Clinical governance in South African health systems

Clinical governance is a framework according to which healthcare organisations are accountable for continuously improving the quality of their services, and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. Clinical governance demands a major shift in values, culture and leadership, to place greater focus on the quality of clinical care, and to make it easier to bring about improvement and change in clinical practice in order to implement the seven pillars of clinical governance: clinical effectiveness; clinical risk management; patients’ experience and involvement; communication; resource effectiveness; strategic effectiveness; and learning effectiveness.

The concept of clinical governance was first introduced in the UK and elsewhere in the late 1990s. In South Africa (SA), it is being introduced into different policy frameworks during the current decade. For example, on 2 February 2018, the Minister of Health published a regulation entitled ‘Norms and standards applicable to different categories of health establishment to promote and protect the health and safety of users and healthcare personnel’. This regulation contains 22 sub-regulations across the following domains: user rights; clinical governance and clinical care; clinical support services; facilities and infrastructure; governance and human resources; and general provisions. The sub-regulations under the clinical governance and clinical care domain include the following: user health records and management; clinical management; infection prevention and control programmes; and waste management. In September 2018, the National Department of Health launched the ‘Ideal hospital realisation and maintenance framework’ to extend the goals of universal health access, and cost-effective and efficient services of a high quality and standard for hospitals. This ideal hospital framework consists of nine components (administration, clinical organisation, clinical governance, diagnostic and therapeutic services, human resources for health, support services, infrastructure, operations management and governance), 40 subcomponents and 305 elements. Among these components, clinical managers were specifically cited as responsible for two components: clinical organisation (including sub-components clinical services and referrals), and clinical governance (including subcomponents clinical guidelines and protocols, clinical audits, clinical effectiveness, clinical risk management, infection prevention and control). However, there is no training programme currently available in SA to train clinical managers to acquire knowledge and skills in these areas. A number of countries (developing and developed), such as Australia, Canada, Hong Kong, India, Italy, Pakistan and Sri Lanka, have recognised the need for professionalising this cadre of medical professionals, and developed specialist programmes in medical management and administration. There is an urgent need in SA to develop similar programmes to equip clinical managers to manage these important components.

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