**Clinical Management Quality Mark**

**2023-2025 Application Form**

**Please read through all the sections and the accompanying Conditions of Award before completing this form. Online guidance to help you complete a successful application**

**is available** [**here**](https://rcc.elearning247.com/course/fa3eeced-1b4d-4960-b67f-dde884d0a33b)**.**

***About you and your practice...*** *(all the following details must be provided)*

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| Name of applicant: |  | | |  |
| College membership no (if known): |  | | |  |
| Qualifications: |  | | |  |
| Status of applicant in the practice (Principal, Partner, Associate etc.) |  | | |  |
| Contact tel: |  | | |  |
| Contact email: |  | | |  |
| Website address: |  | | |  |
| Practice name: |  | | |  |
| Practice address: |  | | |  |
|  |  | | |  |
| No. chiropractors in the practice: |  | | |  |
| No. treatment rooms: |  | | |  |
| Number of non-chiropractic personnel working at the practice (please specify profession and/or role as appropriate): |  | | |  |
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| Approx. number of chiropractic patient visits to the practice per month: | New patients: Total patients: | | |  |
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***About the management of your practice…***

*All the following sections of the form must be answered. Responses should be complete but succinct (typically between 250 and 750 words for each section) and must be completed on a computer. The white boxes will expand as required.*

***The CMQM is an evidence-based award. Your application WILL NOT be successful if you do not provide the required documented evidence for each section.***

***If you are unable to provide the documented evidence required to support your written descriptions/explanations, you must provide a valid reason, otherwise it will be deemed missing.***

***In order to assist the assessors, you must ensure the documented evidence you provide is securely bound in numbered sections that correspond with your answers to each section on this form.***

***Assessors do not have time to browse your website. You must provide hard copy for all web-based evidence you wish to be considered.***

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| 1. Clinical Audit In order to satisfy the audit requirements of the CMQM, you must provide evidence to show that your practice has established ongoing clinical audit procedures.  With reference to a specific example of a clinical audit already undertaken in your practice, you must explain:   1. Why the topic was chosen for audit 2. What best-practice, statutory or other standard you used on which to base your audit (or explain how you set your own criteria / standards for best practice) 3. How relevant information was gathered 4. How the information was analysed and what were the findings 5. How and what was changed as a result of your findings 6. How the topic was subsequently monitored to determine the outcome of any changes made   N.B. Your response **must** relate to a clinical audit, i.e. concerned with improvements in patient care, such as, for example, adherence to elements of the Code, adherence to a specified clinical guideline or quality standard, adherence to a defined clinical protocol etc. Helpful toolkits for clinical audit are provided when you log in to the RCC website at <https://rcc-uk.org/clinical-audit/> | | | |
|  | *Type your explanation here:* | |  |
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| Evidence to support your explanation **must** include:  A summary of the findings of the clinical audit described showing the comparison of actual practice against the baseline standard you used (tick here  to confirm this is enclosed), **and**  Your practice’s written clinical audit policy which includes an ongoing commitment to routine clinical audit (tick here  to confirm this is enclosed). | | | |

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| 2. Clinical Risk Management In order to satisfy this requirement of the CMQM, you must explain how you manage clinical risk, i.e. how you identify circumstances that put patients at risk of harm or adverse effects as a result of treatment (e.g. osteopenia/osteoporosis) and how you act to prevent or control those risks.  Please note: This section does not relate to the general, operational risk of eventualities such as fire.  You must explain:   * How you identify what could go wrong * How you decide who might be harmed * How you evaluate the risk and decide on precautions to be taken * How you document and act on your findings | | |
|  | *Type your explanation here:* |  |
| Evidence to support your explanation **must** include:  Documentation of an actual clinical risk assessment process undertaken in your practice, including action taken to reduce risk/s to an acceptable level (tick here  to confirm this is enclosed). | | |

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| 3. Outcome Measurement In order to satisfy this requirement of the CMQM, you must explain:   * How your practice uses a validated tool/s (either independently or through use of Care Response) e.g. Bournemouth Questionnaire, PGIC etc. to measure and improve patient outcomes; and * How patients/other stakeholders are made aware of the practice’s outcome data. | | | |
|  | *Type your explanation here:* | |  |
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| Evidence to support your explanation **must** include:  Documentation detailing the findings of your outcome measurement activities to date (tick here  to confirm this is enclosed). | | | |

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| 4. Reporting of patient safety incidents In order to satisfy this requirement of the CMQM, you must describe:   * How practitioners in your practice share details of any patient safety incidents occurring within the practice (if a multi-practitioner practice); * How clinical personnel in your practice periodically review and discuss patient safety incidents reported to CPiRLS; * How you ensure clinical personnel in your practice are committed to reporting patient safety incidents to CPiRLS. | | |
|  | *Type your description/reflections here:* |  |
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| 5. Evaluation of patient satisfaction and experience To satisfy this requirement of the CMQM, you must explain:   * How your practice actively monitors patient experience (either independently, through the RCC or through use of Care Response) using a validated tool, e.g. CPAQ, and responds to the results; * How patients/other stakeholders are made aware of the practice’s patient experience data. | | | |
|  | *Type your explanation here:* | |  |
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| Evidence to support your explanation **must** include:  Results of your last patient satisfaction survey together with a copy of the survey form (tick here  to confirm this is enclosed). | | | |

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| 6. General operational policies and procedures In order to satisfy this requirement of the CMQM, you must demonstrate that your practice has operational policies and procedures in place that are developed/modified to be *specific to your practice* and cover the core elements of your activities (in addition to those required for previous sections of this application).  Please tick the relevant boxes to indicate the policy documents you have in place and attach a copy of each to your application.  If any of the boxes remain unticked, you must explain in the text box provided why you feel these policies are not necessary, relevant or appropriate for your practice. You should also use the text box to list any additional policies your practice has in place (please attach copies of these policies too).  Cleanliness/infection control policy  Patient complaints policy  Equality and diversity policy  Consent policy  Referral policy  Candour/openness policy  Records management policy (normally to include confidentiality, access and data protection)  Safeguarding policy  Examples of employment contracts &/or self-employed service agreements where relevant | | |
|  | *Use this box to provide an explanation, should any policy documents be missing, and to list any policies in addition to those listed above which you have developed and wish to enclose:* |  |
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| 7. RCC Quality Standards In order to satisfy this requirement of the CMQM, you must explain what your practice has done to implement at least one of the RCC’s Chiropractic Quality Standards (<http://rcc-uk.org/quality-standards/>). Your explanation must include the following:   * How you implemented the Quality Standard in your practice; * The barriers you encountered, if any, to implementing the Quality Standard; * The extent to which the implementation of the Quality Standard has improved the quality of care your clinic provides. | | |
|  | *Type your commentary here* |  |
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| 8. Demonstrable Practice Development Is this your practice’s first CMQM application? (please circle the appropriate answer) **YES / NO**  If **NO**, please complete sections 8 and 9.  If **YES** please skip this section and go straight to section 9  With reference to the Practice Development Plan from your last CMQM application (please contact [admin@rcc-uk.org](mailto:admin@rcc-uk.org) if you need to obtain a copy), please provide a commentary on the extent to which your practice has satisfied the objective of the PDP. This must include reference to the following:   * *Identified objective:* Which of the areas of the CMQM did you identify that you wished to develop/improve upon? * *Actions:* What learning did you/your personnel undertake to enable this development? * *Implementation:* What changes did you make? * *Successes:* What were the outcomes and how did you measure success?   If you revised the objectives of your Practice Development Plan, please explain these revisions and outline progress, structured according to the bullet points above.  [If your most recent, prior application was before 2012-2014, you will not have been prompted to provide a practice development plan. If this the case, please simply provide an overview of how you feel your Practice has improved since your last CMQM application.] | | |
|  | *Type your commentary here* |  |
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| 9. Practice Development Plan Please provide a Practice Development Plan for the coming three-year period. The purpose of this is to demonstrate a commitment to continuing improvement in areas relevant to the CMQM, and to provide a point of reference and comparison for future CMQM applications from your practice.  To satisfy the requirements of this section, you must:   * Identify one of the seven areas of the CMQM, e.g. clinical audit, that you want your practice to be able to learn to do or manage better over the next three years (= objective) * Explain how you will recognise and measure improvement in this area of activity   (= success criteria)   * Describe the learning that will be undertaken by individuals in order to achieve your objective for the practice (= actions) * Explain how you intend that this learning will be implemented (= implementation) | | |
|  | *Type your Practice Development Plan here:* |  |
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***Final checklist of enclosed evidence***

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| **Section** | **Evidence required** |  |
| **1** | A summary of the findings of the clinical audit described, showing the comparison of actual practice against the baseline standard you used |  |
| Your practice’s written clinical audit policy, which includes an ongoing commitment to routine clinical audit |  |
| **2** | Documentation of an actual clinical risk assessment process undertaken in your practice, including action taken to reduce risk/s to an acceptable level |  |
| **3** | Documentation detailing the findings of your outcome measurement activities to date |  |
| **5** | Results of your last patient satisfaction survey together with a copy of the survey form |  |
| **6** | Cleanliness/infection-control policy |  |
| Equality and diversity policy |  |
| Consent policy |  |
| Referral policy |  |
| Candour/openness policy |  |
| Records management policy (normally to include confidentiality, access and data protection) |  |
| Safeguarding policy |  |
| Examples of employment contracts &/or self-employed service agreements where relevant |  |
| Patient complaints policy |  |

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| ***Declaration:***  I apply for my Practice to be recognised with The Royal College of Chiropractors Clinical Management  Quality Mark (CMQM). By signing this declaration, I confirm that:   * To the best of my knowledge, all the information provided is true and correct. * I have read, understood and agree to adhere to the CMQM Conditions of Award and have referred to the online guidance available [here](https://rcc.elearning247.com/course/fa3eeced-1b4d-4960-b67f-dde884d0a33b). I understand that my application may not be successful, or may be withdrawn, if I do not adhere to these conditions in full. * Please telephone me using the number given on page 1 of this form so that I can pay the application fee of £50 by card over the phone **Y/N**   **or** please send an electronic invoice to the email address given on page 1 of this form so that I can pay online by card **Y/N** | | | | |
| Signature of applicant: |  | | |  |
| Date: |  | | |  |
| If the applicant is not the Practice Principal or a Partner, a countersignature from the  latter is required before this application can be considered: | | | | |
| Name of Practice Principal or Partner: |  | | |  |
| Signature of Practice Principal or Partner: |  | | |  |
| Date: |  | | |  |
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**Please send your completed application to:**

CMQM

The Royal College of Chiropractors

Chiltern House

45 Station Road

Henley on Thames

RG9 1AT

**Deadline for receipt of applications: Friday 4th November 2022**

Any queries that remain should be addressed to Dessi Sekulova in the first instance

at admin@rcc-uk.org