**Patient Partnership Quality Mark**

**2025-2027 Application Form**

**Please read through all the questions 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/4321bcb3-9efa-46cf-a0bb-e4c159865253)**:**

***Part I. About you and your Practice.*** *All the following details must be provided:*

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| Name of applicant: |  |  |
| RCC membership no. (if known): |  |
| Status of applicant in the practice (Principal, Partner, Associate etc.) |  |
| Contact tel: |  |
| Contact email: |  |
| Website address (if applicable): |  |
| Practice name: |  |
| Practice address: |  |
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| No. chiropractors in the Practice: |  |
| No. treatment rooms: |  |
| Number of non-chiropractic personnel (please specify profession and/or role as appropriate): |  |
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| Typical number of patient visits to the Practice per month (approx): |  |
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***Part II. About******the patient experience in your Practice…***

*All the following sections of the form must be answered. Responses should be complete but succinct (not normally exceeding 500 words for each section) and must be completed on a computer, not handwritten.*

***The PPQM 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, the documented evidence you provide must be securely bound in numbered sections that correspond with the question numbers on this form.***

***The assessors do not have time to browse your website so please provide hard copy (i.e. printed screen grabs) for all web-based evidence you wish to be considered.***

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| **1. How do you promote your Practice to encourage patients to attend?**Chiropractors promote their Practices in many different ways. In order to satisfy this requirement of the PPQM, you must provide a description of the different forms of promotional activity\* you undertake. **You must also explain the measures you take to ensure any advertising you undertake complies with ASA/CAP regulations.** |
|  | *Type your description here:*  |  |
| Evidence to support your explanation **must** include examples of your advertising materials **and/or** other promotional materials used (tick here [ ]  to confirm this is enclosed and marked ‘Section 1’).\* ‘Promotional activity’ may include advertising, press releases, community activities, referral activities, presentations to patient/public groups, presentations to GPs and other similar activities. |

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| **2. What are your processes for booking in patients (new and returning)?**In order to satisfy this requirement of the PPQM, you must provide a description of your appointments system, including arrangements for out-of-hours care and when a given chiropractor is unavailable, and how this is communicated to patients.  |
|  | *Type your description here:*  |  |
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| **3. How accessible are your premises?** In order to satisfy this requirement of the PPQM, you must include an explanation of the arrangements you have in place to ensure ease of access for all patients.  |
|  | *Type your explanation here:*  |  |
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| **4. How clean and safe is your Practice?**In order to satisfy this requirement of the PPQM, you must include an explanation of the measures that are in place to ensure infection control, and suitable cleanliness and safety for patients within the Practice. **Note that the panel will wish to see evidence that *patients* are being actively considered with regard to health and safety arrangements generally, and risk assessment procedures in particular, in your premises.** |
|  | *Type your explanation here:*  |  |
| Evidence to support your explanation **must** include:Documented evidence of infection control policy/procedures, [ ]  **and**The relevant excerpt from yourHealth and Safety policy/statement which specifically refers to the safety of patients while in the Practice, [ ]  **and**Written documentation of risk assessment in terms of the practice environment [ ] (tick the boxes to confirm each item is enclosed and each marked ‘Section 4’) |

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| **5. How do you ensure patients’ personal privacy and dignity are respected, and comfort ensured, while their condition is discussed, during treatment and at all other times?**In order to satisfy this requirement of the PPQM, you must describe the arrangements and facilities that are in place/provided to ensure each patient’s personal privacy and comfort\* is maintained in preparation for and throughout the consultation and treatment sessions. |
|  | *Type your description here:*  |  |
| \* ‘Comfort’ refers to such factors as temperature, ambience, availability of drinking and toilet facilities, reading materials, suitable furniture etc. |

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| **6. How effectively do you communicate with patients?**In order to satisfy this section of the PPQM, you must explain what measures are taken in your Practice to ensure communication with patients is effective in terms of explaining:* Their diagnosis/prognosis
* Their options for care
* The proposed care plan and its benefits
* Any foreseeable risks of care
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|  | *Type your explanation here:*  |  |
| Evidence to support the above **must** include relevant policy/procedures documentation **and/or** examples of anonymised notes/correspondence **and/or** staff induction/training materials (tick here [ ]  to confirm this is enclosed and marked ‘Section 6’). |

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| **7. How do you inform and educate your patients?** In order to satisfy this section of the PPQM, you must explain the measures taken in your Practice to ensure patients are appropriately informed and educated, particularly in terms of self-management and public health issues such as smoking and weight management. You must include a list of the information leaflets and other relevant items that you make available to patients.  |
|  | *Type your explanation here:*  |  |
| Evidence to support the above **must** include examples of educational materials you use including relevant treatment description, rehabilitation and exercise advice, lifestyle and self-management guidance (tick here [ ]  to confirm this is enclosed and marked ‘Section 7’). |

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| **8. How do you maintain your patient records?**In order to satisfy this section of the PPQM, you must include an explanation of the steps taken and the means used to ensure secure and effective record keeping (paper or electronic).  |
|  | *Type your explanation here:*  |  |
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| **9. What other forms of care are offered, and what are your procedures for patient referral?**In order to satisfy this section of the PPQM, you must include a description of any non-chiropractic care available in your Practice. Suitable evidence would include advertisements or treatment menus issued. Please simply state if this is not available in your Practice.In this section, you must also describe the procedures that are in place for referral to other chiropractors, medical practitioners and complementary healthcare practitioners.  |
|  | *Type your description here:*  |  |
| Evidence to support the above **must** include:Referral policy/procedures documentation [ ]  (tick the boxes to confirm these items are enclosed and marked ‘Section 9’). |

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| **10. How are patients made aware of the cost of their care?**In order to satisfy this section of the PPQM, you must include an explanation of the processes that are in place to ensure that patients, particularly new patients, are fully aware of charges prior to, and after, treatment. You must include a description of the processes you have in place to secure any overdue patient payments. |
|  | *Type your explanation here:*  |  |
| Evidence to support the above **must** include:The written information available to patients regarding treatment charges and payment arrangements in the Practice [ ]  **and** The written information available to patients regarding how the Practice deals with private healthcare insurance cover [ ]  (tick the boxes to confirm these items are enclosed and marked ‘Section 10’). |

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| **11. How do you manage complaints?**In order to satisfy this section of the PPQM, you must include an explanation of what procedures are in place to deal with complaints against chiropractic and non-chiropractic staff.  |
|  | *Type your explanation here:*  |  |
| Evidence to support your explanation **must** include a copy of the Practice’s documented patient complaints policy/procedures (tick here [ ]  to confirm this is enclosed and marked ‘Section 11’). |

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| **12. RCC Quality Standards**In this section, please describe the extent to which your Practice has adopted elements of the RCC Quality Standards (<https://rcc-uk.org/quality-standards/>) in the context of improving the service you provide to patients. A suitable response will include an explanation of how you are ensuring, or working towards ensuring, key quality standard objectives relating to patient expectations are met. Please choose 3-5 examples, which might include:* Waiting times *(see Acute Neck Pain, Acute LBP & Chronic LBP Quality Standards)*
* Early monitoring *(see Acute Neck Pain & Acute LBP Quality Standards)*
* Aspects of patient self-management *(see Chronic LBP & Supportive Self-Management Quality Standards)*
 |
|  | *Type your response here:*  |  |
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| **13. Has the applying Practice held the PPQM before? YES** |  |  **NO** |  |  |
| **If YES, you must complete the section below.****If NO, please skip this question and go straight to question 14.**In order to satisfy this section of the PPQM, you must highlight how your Practice has improved since your last PPQM application in terms of satisfying the outcomes you identified in your Practice Development Plan (please contact admin@rcc-uk.org if you need to obtain a copy). The assessors wish to see that the Practice has not stood still but has progressed in terms of meeting patient expectations and built on its good work.If your development plans changed, please explain why and explain the outcomes of these revised plans.If your most recent, prior application was before 2017-2019, 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 PPQM application. |
|  | *Type your response here:*  |  |
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| **14. 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 PPQM, and to provide a point of reference and comparison for future PPQM applications from your Practice.To satisfy the requirements of this section, you must:* Identify one or more of the various areas of the PPQM, e.g. patient communication (Q6), 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)
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|  | *Type your response here:*  |  |
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**Final checklist of enclosed evidence**

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| **Section** | **Evidence required** |  |
| **1** | Examples of your advertising materials **and/or** other promotional materials used | [ ]  |
| **4** | Documented evidence of infection control policy/procedures | [ ]  |
| The relevant excerpt from yourHealth and Safety policy/statement which specifically refers to the safety of patients while in the Practice | [ ]  |
| Written documentation of risk assessment in terms of the practice environment | [ ]  |
| **6** | Evidence to support the above **must** include relevant policy/procedures documentation **and/or** examples of anonymised notes/correspondence **and/or** staff induction/training materials | [ ]  |
| **7** | Examples of educational materials you use including relevant treatment description, rehabilitation and exercise advice, lifestyle and self-management guidance | [ ]  |
| **9** | Referral policy/procedures documentation | [ ]  |
| **10** | The written information available to patients regarding treatment charges and payment arrangements in the Practice | [ ]  |
| The written information available to patients regarding how the Practice deals with private healthcare insurance cover | [ ]  |
| **11** | A copy of the Practice’s documented patient complaints policy/procedures | [ ]  |
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**Declaration**

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| I apply for my Practice to be recognised with The Royal College of Chiropractors Patient Partnership Quality Mark (PPQM). 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 PPQM Conditions of Award and have referred to the online guidance available [here](https://rcc.elearning247.com/course/4321bcb3-9efa-46cf-a0bb-e4c159865253).
* Please telephone me using the number given on page 1 of this form so that I can pay the PPQM application fee of £50 by card over the phone[ ]

**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 [ ]  |
| 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: |  |  |
|  |

**Please send your completed application to:**

PPQM

The Royal College of Chiropractors

Chiltern House

45 Station Road

Henley on Thames

RG9 1AT

**Deadline for receipt of applications: Friday 11th October 2024**

Any queries that remain should be addressed to Sophie Miller in the first instance

at admin@rcc-uk.org