Records Audit as part of the Trainer Appointment for the year 2016-17

As part of the Trainer Appointment process there is a short self-audit of patient records for you to complete using this pro-forma.

You need to complete this audit before the practice visit

The visiting Training Programme Director will verify the audit at the visit.

Please have the records used in the audit easily available for the visit.

You are asked to audit the treatment for the first 20 suitable patients seen on and after a nominated date. All of the patients included in the audit need to have been treated as NHS patients so patients not treated within the NHS must be excluded. No more than 5 of the courses of treatment to be audited should be examinations only, thus you may need to move sequentially to the next patient seen if this is the case. Similarly there need to be 10 case including items of restorative work, three cases including endodontic work and two cases covering paedodontic work. The audit refers to work done in that course of treatment. Thus a patient contact for a simple restoration may be part of a course of treatment started several weeks earlier, and the audit refers to the entire course of treatment for that patient over that period.

The items that you are required to audit are explained here. In each case if the item is present please insert a tick '✓'if not then please insert a cross '✘':

Patient Identifier.	Please insert a unique code or number so that you can identify the patient for retrieving the records and yet maintain anonymity
Is there a relevant Medical History completed and signed by the patient in the last year present?	There needs to be present a signed Medical History Pro-forma dated within the last year. If it is please insert a tick '✓'if not then please insert a cross '✘'
Has the Medical History been recently updated?	There needs to be evidence that the medical history has been checked in this course of treatment and before invasive treatment is carried out.
Is there a full baseline charting recorded?	There should be available a full baseline charting of the patient.
Is there charting / listing present of treatment proposed and provided?	There should be present listed or charted representation of the treatment proposed for this course and the treatment carried out.
Has an extra-oral soft tissue examination been recorded? **Has an intra-oral soft tissue examination been recorded?**	There should be record of both extra-oral and intra-oral examinations recorded.
Has a diagnosis or a rationale for the treatment	There must be a description of the pathological process recognised: e.g. pericoronitis, acute pulpitis, caries etc.,

carried out been recorded?	or a reason for carrying out the particular treatment?
Is the periodontal status recorded in the last year with BPE scores or similar?	This requires the presence of a BPE score within the last year. If it is not applicable, for example with edentulous patients or child patients, then **N/A** requires to be written
Is relevant periodontal care recorded or diagnosed?	There needs to be evidence that the periodontal care diagnosed and carried out meets with the BPE scores that have been recorded.
Have treatment options been recorded?	There needs to be a record of the appropriate options offered the patient.
Has the caries risk status been recorded? **Has the periodontal risk status been recorded?** **Has the cancer risk status been recorded?**	There should be caries, periodontal and cancer risk assessments recorded.
Are relevant recent radiographs present?	Normally one would expect bitewing radiographs taken in the last two years to be present. For cases involving endodontic treatment there should be suitable radiographs present. If the case is edentulous or a young child then N/A may be applicable. FGDP guidance is the normal standard.
Is a clinical reason for the radiographs recorded?	If radiographs are taken there MUST be a clinical reason; e.g. for bitewings it could state 'to monitor bone and caries'. If none have been taken then **N/A** should be inserted.
Is a radiographic report recorded?	There must be evidence of a report of the radiograph, usually related to the clinical reason for it being taken. If none have been taken then **N/A** should be inserted.
Is there a record of the radiographic QA?	Is there a grading present for the quality of the radiograph? If not this may be because it is recorded elsewhere, but this will need to be explained. We would expect the NRPB grading guidelines to be followed.
Does the recall interval recorded follow NICE guidelines?	There should be evidence recorded of reasons for the recorded recall interval commensurate with the NICE guidelines?

Dental Foundation Training *for* General Dental Practice
East of England

NHS
Health Education England

Records Audit as part of the Trainer Appointment for the year 2017-18

Applicant Name:

Starting date:

	Examination Only					Restorative										Endodontic			Paeds	
Patient Identifier																				
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**
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Is a clinical reason for the radiographs recorded?																				
Is a radiographic report recorded?																				
Is there a record of the radiographic QA?																				
Does the recall interval recorded follow NICE guidelines?																				

References

1. Faculty of General Dental Practitioners (UK) Clinical examination and record keeping. Good practice guidelines. London. FGDP(UK), 3rd Edition, 2016
2. Faculty of General Dental Practitioners (UK) Selection Criteria for Dental Radiography. London. FGDP(UK),3rd Edition, 2013
3. Dental Recall – Recall Interval Between Routine Dental Examinations – Clinical Guidance NICE 2004
4. Delivering Better Oral Health – an evidence-based toolkit for prevention – 3rd Edition DOH 2014
5. Guidelines for Periodontal screening and Management of Children and Adolescents under 18 years of age –British Society of Periodontology 2012
6. Standards for Dental Professionals 2013. (Medical history standard 4)
7. Antimicrobial prescribing for general dental practitioners FGDP (UK) May 2012