

**Audit – Guidelines relevant to Paediatric Dentistry**

**Who is the audit for?**

This audit is suitable for practices or practitioners wishing to review the dental records of children of primary school age that have regularly attended the practice over a period of three or more years. It does not matter if the patient has been treated by different dentists/therapists within the practice. The audit focuses instead on the care received by the patient at the practice.

**What does it measure?**

The audit measures whether preventive, diagnostic and recall guidelines were followed, including whether fluoride varnish and fissure sealant applications, radiographic exposure and recall intervals were in line with guidelines related to the ‘caries risk’ category.

**Who can complete the audit?**

The audit can be completed by any member of the dental team that has read and understood the guidelines detailed within the audit (links provided within the excel spreadsheet) and understands the categories of high/medium/low risk for caries in children.

**How many records should be audited, and how long might it take?**

A minimum of six primary school aged patients (three thought to be high caries risk patients, three not thought to be high caries risk patients) that have regularly attended the practice over a minimum of three years should be selected. The time taken to complete the audit will depend on your familiarity with the guidelines and how many times the patients have attended the practice, however it is estimated that it will take three-four hours. More than six patient records can be selected, if desired.

What are the possible outcomes of the audit?

* Improved prevention and caries diagnosis for children of primary school age.
* Improved recall attendance in line with caries risk assessment.
* Improved record keeping.
* Improved awareness/refresh of guidelines relevant to children.

How to use this audit.

1. First audit cycle.

a) Familiarise yourself with the guidelines and also the high/medium/ow risk categorisation for caries in children. Links are provided within the excel spreadsheet.

Establish gold standards in relation to the following five questions, e.g. the gold standard set might be that for five out of the six patients, the five guidelines were adhered to.

i) Were Faculty of General Dental Practice (FGDP) guidelines related to frequency of radiograph exposure for caries detection followed?

ii) Were Delivering Better Oral Health guidelines related to frequency of topical fluoride varnish application adhered to?

iii) Were Delivering Better Oral Health guidelines related to preventive fissure sealants adhered to?

iv) Were Delivering Better Oral Health guidelines related to diet advice adhered to?

v) Was the recall interval recorded appropriate for the caries risk?

b) Select six patients of primary school age that have been regular attenders over a period of at least three years. This should include a range of caries risks, ideally three thought to be high caries risk patients, three not thought to be high caries risk patients. Enter the patient details on the excel spreadsheet, using one tab per patient.

c) For each patient tab, enter the dates of each course of treatment at the head of the results column for each patient. For NHS patients, these dates will correspond to a course of treatment claimed.

d) For each course of treatment column, complete the drop down options, starting with ‘Was "examination" recorded in the clinical notes?’ and finishing with ‘Was an extraction provided?’. Use the drop down options to complete each answer. Complete all dated columns for each patient.

e) For each patient tab, complete the patient summary using the drop down options provided, starting with the question ‘Overall, considering OH/caries/filling/extraction experience, would you say this child is high, medium or low risk for caries?’ and finishing with ‘In your opinion, was the recall interval recorded appropriate for the risk?’

f) For each patient tab, copy the patient summary onto the ‘All-Patient summary’ tab and complete the row ‘Was the gold standard achieved?” with a response of yes or no for each patient.

g) Identify and **list areas for improvement**. This may include some or all of the following:

i) Improving aspects of record keeping.

ii) Improving appropriate recall intervals, in line with guidelines.

iii) Improving frequency of preventive advice.

iv) Improving frequency of fluoride and/or fissure sealant application, in line with guidelines.

v) Improving radiographic diagnosis, in line with guidelines.

vi) Improving understanding of caries risk classification and/or recording of caries risk.

h) Present and discuss the results of the first cycle with the whole team at the practice. Implement any required changes.

2. Second audit cycle:

1. 12-18 months after completion of the first cycle, repeat the audit. However, records should only be reviewed since changes were implemented. Therefore, this cycle will be reviewing a shorter time period (and could be viewed as an interim cycle).
2. Compare the achievement of the gold standard between cycle one and cycle two, and also any changes in the listed areas for improvement.
3. Report the results of the second cycle with the whole team, discussing achievements and if necessary, reinforcement of any changes that had been implemented. If necessary, consider a third cycle.