Dental contract reform programme:

Tooth assessment guide

Tooth assessment guide

Introduction

The purpose of this guidance note is to explain the data collection requirements relating to tooth assessments and to set out the rule set for calculating the required values for prototype practices. The latter is particularly important for several reasons:

- clinicians are asked to validate the data
- there will be occasions when clinicians will need either to enter or amend these values themselves
- dmf/DMF data will be used in DQOF

What is recorded and collected

Tooth surface data is not transmitted, though there is a requirement to chart at tooth surface level. Aggregated counts of tooth status will be collected at the Oral Health Assessment (OHA) or Oral Health Review (OHR) for:

- DMF
- dmf (certain age groups only)
- number of standing teeth in upper and lower arch
- number of decayed teeth
- number of teeth with defective restorations requiring replacement (included in order to gather full information on need)

Usually, these values will be automatically generated by the software, based on a specific rule set for the clinical charting.

Declaration at OHA/R

It is mandatory for the clinician to confirm that the tooth status data is correct at OHA/R. This information is not transmitted but is required to be completed. Provided the clinical charting has been completed, the software will automatically calculate the values, so all that needs to be done is to confirm either that the values are correct, or to make amendments where necessary. Values will be presented to the clinician to review and amend as necessary.

Filling in missing values or correcting mistakes

If clinical charting has not been completed for any reason, or if values need to be amended, the clinician will need to use the rule set below to enter the correct information.

There is no need to re-chart the entire dentition from scratch (but please note paragraph on charting below).

Charting

The system-calculated values are derived from the charting. It is not mandatory, where a value(s) has been inserted or amended, to re-set the charting in line with the changes made. Therefore, if the charting is not re-set, the system-calculated value at any subsequent OHA/R will be based on the existing charting, not on the amended values.

Charting DMF missing teeth

The aim of prototyping is to capture information about treatment need (not epidemiology) and the general rule is that a missing tooth is one that has been extracted. However, where the patient cannot remember if 8s were extracted or not, these should be charted as missing (unless there is a radiograph showing the teeth clearly as unerupted).

The reason why a tooth was extracted (e.g. orthodontic extraction) does not need to be recorded for prototype purposes.

For more detail on the charting rules and values, see the table below.

Charting rules and values

Data item	Rules	Max/min values
DMF Decayed teeth (permanent)	• Count total number of decayed permanent teeth • Age range: all patients aged 6 years and over	Minimum = 0 Maximum = 32
DMF Missing teeth	• "Missing" means tooth has been extracted • Count total number of missing permanent teeth • Count any tooth only once • Age range: all patients aged 12 years and older	Minimum = 0 Maximum = 32
DMF Filled teeth	• Count total number of permanent filled teeth • Count any tooth only once • If a restored tooth is decayed, count as decayed • Age range: all patients aged 12 years and older	Minimum = 0 Maximum = 32
dmf Decayed teeth (deciduous)	• "Decayed" means teeth with established caries • Count total number of decayed deciduous teeth • Age range: all patients aged 0 up to and including 11 years	Minimum = 0 Maximum = 20
dmf Missing teeth (deciduous)	• "Missing" means tooth has been extracted • Count total number of missing deciduous teeth • Age range: all patients aged 0 up to and including 6 years	Minimum = 0 Maximum = 12
dmf Filled teeth (deciduous)	• Count total number of deciduous filled teeth • Age range: all patients aged 0 up to and including 6 years of age • If a restored tooth is decayed, count as decayed	Minimum = 0 Maximum = 20
Number of standing teeth in upper arch	• Exclude teeth charted as missing, unerupted, bridge pontic or artificial • If deciduous and permanent successor are both present only count permanent successor • Do not count supernumerary teeth	Minimum = 0 Maximum =16
Number of standing teeth in lower arch	• Exclude teeth charted as missing, unerupted, bridge pontic or artificial • If deciduous and permanent successor are both present only count permanent successor • Do not count supernumerary teeth	Minimum = 0 Maximum =16
Number of decayed teeth	• "Decayed" means established caries • Count total number of decayed permanent teeth • Age range: all patients aged 6 years and over	Minimum = 0 Maximum = 32
Number of teeth with defective restorations requiring replacement	• Count only deciduous and permanent teeth with non-carious defective restorations that need replacement	

Notes to accompany table:

1. Filled Teeth: where a tooth has previously been charted as filled it can subsequently be counted as decayed or missing.
2. Missing Teeth: where a tooth has previously been charted as missing it cannot subsequently be counted as present.
3. Sound Teeth: if a tooth is charted as 'sound' and has been previously charted it can only be excluded from dmf/DMF if it was previously sound, otherwise it would be decayed or filled.
4. Retained deciduous teeth in adulthood should be charted as status
5. If both deciduous tooth and permanent successor present, only count permanent successor

Urgent patients

For urgent patients, there is no OHA/R so no tooth assessment is required.

Correcting charting errors

There may be situations where an error has inadvertently been made in the original charting. The software allows mistakes to be corrected and for the chart to be re-set – please refer to your supplier's guidance.

This paper has been produced by the dental contract reform programme.