**Clinical Audit Guidelines for the Assessment, Diagnosis and Treatment of Periodontal Disease in General Dental Practice**

**Background & Context**

Periodontitis is a major cause of tooth loss, it impacts speech, nutrition, wellbeing, quality of life and has systemic health consequences. It is however a preventable disease and if diagnosed and managed early, health outcomes are significantly improved. It requires a lifelong commitment by patients and oral healthcare teams and is cost effective if the focus along the stepped care pathway is shifted to prevention (Step-1 of care).

**What is the audit for?**

* Periodontal assessment is vital for diagnosis, treatment planning and the monitoring of any progression of periodontal disease.
* This clinical audit may facilitate the critical analysis of the quality of patient care by reviewing the procedures used for diagnosis and treatment of periodontal disease in general dental practice.
* This audit can be undertaken to assess the standard of treatment provided by individual clinicians and the wider practice team. It should form the basis of discussion around changes that need to be made, to improve the quality of patient care, allow for the systematic implementation of the required changes and the subsequent review of practices to see if change has taken place.
* The audit is aimed to review existing practice in light of the recently published guidance: [NHS Avoidance of doubt: Provision of phased treatment and Delivering phased care for periodontal patients under UDA banding in England: Roadmap to prevention and stabilisation.](https://www.bsperio.org.uk/professionals/publications)
* The guidance aims to provide support for dental teams to focus more on prevention, rather than intervention after the disease has developed.

**Who is the audit for?**

* This is a voluntary audit and is suitable for dental teams wishing to review the governance systems and processes that underpin the delivery of safe and effective periodontal treatment in a primary care, general dental practice setting.
* This audit is suitable for the review of dental records of adult patients who regularly attend the practice, or patients who are new to the practice and have recently completed a course of treatment (COT).

**Before starting the Audit**

* Ensure the practice team understand the reason for the audit, who will complete and facilitate it, when the results will be discussed and how recommendations will be implemented and monitored.
* All patient and dental team identifiable information should be anonymised by using an appropriate coding system developed by the practice.
* No audit data must be recorded on patient record cards.
* Familiarise yourself with the audit standards which adhere to existing good practice guidelines:

* [Dental Record Keeping Standards: A consensus approach](https://www.england.nhs.uk/publication/dental-record-keeping-standards-a-consensus-approach/)
* [BPE Guidelines 2019 (BSP Clinical Guidelines)](https://www.bsperio.org.uk/professionals/publications)
* [BSP Flowchart Implementation the 2017 Classification](https://www.bsperio.org.uk/professionals/publications)
* [Delivering phased care for periodontal patients under UDA banding in England: Roadmap to prevention and stabilisation](https://www.bsperio.org.uk/professionals/publications)
* [NHS Avoidance of doubt: Provision of phased treatments](https://www.bsperio.org.uk/professionals/publications)
* [BSP Guidelines for Periodontal Patients Referral](https://www.bsperio.org.uk/professionals/publications)
* [Selection Criteria for Dental Radiography](https://cgdent.uk/wp-content/uploads/2021/08/FGDP-SCDR-ALL-Web.pdf)
* [The National Health Service (General Dental Services Contracts) Regulations 2005,](https://www.legislation.gov.uk/uksi/2005/3361/regulation/22/made)
* [Healthy Gums Do Matter Toolkit](https://www.bsperio.org.uk/professionals/healthy-gums-do-matter-toolkit)

The audit data collection looks at the quality of care received by patients. You should consider:

* Was there an appropriate assessment of the patient and record of current periodontal diagnostic statement?
* Was the treatment provided in line with up-to-date BPS guidance at the time?
* Was the treatment provided and COT details entered onto the FP17 correctly and submitted in line with NHS GDS Regulations?

The team should reach a consensus on the audit standards to be adopted based on internal (current practice) and external (good practice guidelines) criteria. The team should consider the level at which the standards should be set. To reflect:

* A minimum standard – the lowest acceptable standard of treatment provided which distinguishes between acceptable and unacceptable practice.
* An ideal standard – the standard of treatment that could be provided under ideal conditions when there are no constraints to care delivery.
* An optimal standard – this requires discussion to ensure it represents a standard of care that can be achieved under normal practice conditions and represents a favourable outcome for the individual patient and equity for patients in terms of available resources.

Additional guidance on completion of the data collection is available on the Excel spreadsheet.

**How to use this audit:**

* The audit should be completed by clinical dental team members that have read and understand the audit standards and the existing good practice guidelines.
* For each practitioner, select 10 adult patients that have regularly attended the practice or who are new to the practice but have completed at least one COT.
* Enter the patient information on the Excel spreadsheet.
* Use the information already existing in the record card to complete the data collection process.
* For each COT column, complete the dropdown options, starting with medical history.
* Use the guidance notes to select the most appropriate answer.
* On completion of the data collection, a % compliance achieved score will be available. The Excel spreadsheet is currently set to show
* 0 - 60% minimal standard
* 60 - 80 % optimal standard
* 80 - 100% ideal standard
* Compare existing practice with the current standards.
* Identify strengths and weaknesses.
* List areas where agreed standards have been achieved.
* List any areas that may require improvement. This may include some or all of the following:
* General record keeping
* Diagnosis of periodontal disease for adults
* Recording of risk factors and appropriate advice delivered
* Periodontal assessment including BPE, plaque and bleeding scores
* Radiographic assessment
* Treatment options and Consent
* Monitoring and recording of rate of progression and stability
* Prevention
* Referral of complex cases
* Appropriate recall intervals
* Describe what changes are required to improve existing practises, these could be educational as well as organisational.
* Present and discuss the audit results to the rest of the dental team.
* Following feedback, develop an action plan for the implementation of suggested changes. This should include an agreed timescale in which to implement the changes.
* Review the audit standards and consider if the benchmarks are realistic, achievable and provide a sufficient challenge and will enhance the quality of treatment provided.
* Repeat the audit in full or focus on the areas that required improvement.