

# **Clinical Audit and Peer Review in General Dental Practice**

*Department of Health, Social Services and Public Safety  
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## **Foreword**

### **Clinical Audit and Peer Review**

Clinical Audit will be a Terms of Service requirement from 1 October 2001. Every principal dentist will also be required to have in place a practice based quality assurance system such as that described in the BDA publication "*Quality Systems for Dental Practice*" and ensure that all members of the practice participate in the programme.

All Principals will be required to participate in a rolling programme of Audit/Peer Review and to take reasonable steps to ensure the participation of any Assistant (including a Vocational Dental Practitioner [VDP]). Initially, the requirement will be to undertake a total of 15 hours in each successive period of three years.

Demonstration of participation in Clinical Audit (or Peer Review) will be accepted by the General Dental Council as verifiable CPD within the GDC's recertification scheme. This health service requirement will therefore contribute 15 hours of verifiable CPD over a three year period for all participating dentists irrespective of their level of commitment. Anything in addition to these requirements will be voluntary.

This document contains revised guidance on the new arrangements for Clinical Audit/Peer Review.

## Introduction

1. This handbook sets out the conditions for the operation of the new Clinical Audit and Peer Review Scheme in the General Dental Services with effect from 1 October 2001. The new scheme builds on the best features of the previous “voluntary” Peer Review and Clinical Audit schemes in general dental practice. The new scheme will underpin clinical governance in the GDS. In the new scheme dentists may take part in either Clinical Audit or Peer Review

## Background

2. A Peer Review scheme for general dental practitioners (GDPs) was introduced as a pilot in April 1992. Following positive reports from the Assessment Panel it was subsequently made a substantive scheme.
3. A scheme for Clinical Audit in general dental practice was introduced in April 1997. The scheme was open to all GDPs and priority was given to those who had had experience of Peer Review. Arrangements for Clinical Audit were run in parallel with those for the Peer Review scheme.

## Clinical Audit in the General Dental Services

4. All Principals will be required to demonstrate that by the end of a three year period, they have participated in a minimum of 15 hours of Clinical Audit or Peer Review and have also taken reasonable steps to ensure the participation of any Assistant (including a VDP). The initial period will run from 1 October 2001. Activities do not necessarily need to be undertaken in any one year and can be split between years.
5. There are many different definitions of Clinical Audit. The one used in the Clinical Audit in General Dental Practice Scheme, which will operate up to 30 September 2001 is “*Clinical audit is the systematic, critical analysis of the quality of dental care, including the procedures and processes used for diagnosis, intervention and treatment, the use of resources and the resulting outcome and quality of life as assessed by both professionals and patients.*” The expected outcome is improved service and care for patients.
6. The aim of Clinical Audit is to encourage individual GDPs to self-examine different aspects of their practice, to implement improvements where the need is identified and to re-examine, from time to time, those areas which have been audited to ensure that a high quality of service is being

maintained or further improved. Thus in a three year cycle an initial audit could take place in year one with follow ups in years two and three. The GDP, not an outside body, audits his/her own practice. Only an initial 15 hours will be funded in any three year period.

7. The scheme is overseen locally by the Clinical Audit and Peer Review Assessment Panel (CAPRAP).
8. All Principals, Assistants and VDPs will be eligible for funding within the Clinical Audit and Peer Review scheme. However, the clinical audit allowance, including that in respect of an Assistant or VDP, will be payable only to a Principal. Other dentists may take part but will not qualify for funding.
9. Clinical Audit may be undertaken by individual GDPs or by a group of GDPs, who may not necessarily be in the same practice, working together in a Collaborative Clinical Audit. However, it is for the CAPRAP to decide whether or not the distances between practices are reasonable and can refuse permission for dentists to join in a collaborative audit if it would involve excessive travel.
10. Dentists can receive help in structuring their Clinical Audits from an Audit Facilitator.
11. It is necessary to contact the CAPRAP before starting a Clinical Audit (see paragraph 21).
12. Guidance on how to obtain payment on completion of a Clinical Audit is given in paragraphs 37 – 45.

#### **Peer Review in the General Dental Services**

13. Peer Review is open to GDPs as an alternative to Clinical Audit.
14. Peer Review provides an opportunity for groups of dentists to get together to review aspects of practice. The aim is to share experiences and identify areas in which changes can be made with the objective of improving the quality of service offered to patients. It is for dentists to take the initiative in contacting other dentists in other practices to form a Peer Review group. One dentist should act as the convenor (organiser) for the group.
15. It is entirely for the Peer Review group to decide on the frequency of meetings, the venues and other details of the group's proposed review. It is important that each participating dentist is willing to have some aspect of his/her own practice reviewed.
16. A Peer Review project must be completed within 6 months from the date that the convenor receives approval for the project. The first 15 hours of a project can be funded within the new scheme, subject to satisfactory approval (see paragraph 19). It is for the group to decide what

aspects of their practices will be reviewed. The Peer Review may cover clinical, as well as administrative, aspects of practice.

17. Participating dentists can use a variety of source material for their review projects. The following are examples:

- the Faculty of General Dental Practitioners (UK)'s Self-Assessment Manual and Standards (SAMS) which was funded by the Department of Health and other FGDP (UK) publications relevant to standards;
- advice sheets and dental journals from professional organizations, such as the BDA, and specialist societies.

18. In preparing a proposal for a Peer Review project, dentists should bear the following points in mind :

- (a) It must be well structured and include clearly defined goals;
- (b) It must have substance, but should not be too ambitious. It is better to concentrate on a few topics in some depth, rather than have a superficial look at a wide range of topics;
- (c) There must be some potential benefit for GDS patients;
- (d) It must not be purely research or be appropriate for Article 44 funding. A clear distinction must be made between Peer Review and other educational programmes. A Peer Review may highlight the need for dentists to pursue some educational activity in a particular area, but the educational activity, itself, cannot be part of the Peer Review;
- (e) A Peer Review project must not consist solely of meetings at which a guest speaker gives a talk on a particular matter, although a presentation by a guest speaker might be part of a group discussion on the subject;
- (f) It should not consist of dentists meeting to prepare for a postgraduate degree or diploma examination and be used as a vehicle to fund such meetings.

19. On completion of the Peer Review project the convenor must ensure that a typed report on a form GDS 2, or in the format set out on form GDS 2, is submitted to the CAPRAP. The report may be submitted in paper or electronic form. Members of the group can only be authorised to receive payment for taking part once the CAPRAP has checked the report.

### **Conditions for undertaking Clinical Audit and Peer Review**

20. All Principals, Assistants and VDPs will be eligible for funding within the Clinical Audit and Peer Review Scheme. However, the clinical audit allowance, including that in respect of an Assistant or VDP, will be payable only to a Principal. Other dentists may be invited to join in Peer Review Groups or take part in Collaborative Clinical Audits but will not be eligible for funding.

21. A dentist should contact the CAPRAP if he/she wishes to carry out an audit. An approved facilitator will contact the GDP concerned to discuss the proposals for the audit. If the dentist has already undertaken Clinical Audit or wishes to carry out an audit with a pre-designed methodology and considers that assistance from a facilitator is not required, this should be stated on the application form CA 1 (available from the Agency), which must be completed and submitted to the CAPRAP, in paper or electronic form, via the Agency.

### **Clinical Audit**

22. If the CAPRAP approves the application, the dentist must complete the Clinical Audit within 6 months from the date when he/she receives approval for the audit. Only 15 hours of Clinical Audit activity will be paid for in a three year period. GDPs may carry out more than these 15 hours if they wish but will not receive funding for these additional hours from GDS clinical audit funds. On completion of the audit dentists should submit a claim for payment on form CA 2 (available from the Agency) to the CAPRAP via the Agency. This may be in paper or electronic form.

### **Collaborative Clinical Audit**

23. A dentist may consider that a proposed audit may best be undertaken in collaboration with other dentists. This should be discussed with the audit facilitator before an application is submitted. However, it is for the CAPRAP to decide whether or not Collaborative Clinical Audit is appropriate in a particular case. When it does take place, Collaborative Clinical Audit should normally involve between 2 – 8 dentists. If, exceptionally, a group considers that it needs to be larger, an explanation should be given on form CA 1. Collaborative Clinical Audits must be completed within 6 months from the date when the group concerned receives approval for the audit.

24. In Collaborative Clinical Audit at least two dentists must be involved. It is essential for all the names of participating dentists to be included on the application form CA 1.

### **Peer Review**

25. A dentist participating in Peer Review should join a group of between 4 – 8 dentists. The group must identify a convener and it will be his/her responsibility to submit the application for funding on behalf of the group. It is essential for all the names of participating dentists to be included on the application form GDS 1.

### **Confidentiality and Anonymity**

26. Dentists must ensure that patient anonymity is protected in all projects (Clinical Audit, Collaborative Clinical Audit or Peer Review). It is unnecessary for the end of project report to be considered by any group other than the CAPRAP and the nature of the Clinical Audit or Peer Review and its outcomes should remain confidential.



## **The Administrative Structures for the New Scheme**

27. The administrative work in support of Clinical Audit and Peer Review will continue to be carried out by the Central Services Agency (Agency). The Agency should:
- (a) Provide information to dentists who require it and issue forms as necessary;
  - (b) Acknowledge receipt of all applications;
  - (c) Scrutinise applications to ensure that all the information has been provided before applications are passed to CAPRAP. If there are any omissions or discrepancies, the Agency should take this up with the individual dentist or the convenor, as appropriate. If necessary the application form should be returned to the dentist or convenor;
  - (d) Check that each dentist is eligible. All Principals, Assistants and VDPs will be eligible for funding within the new scheme. Other dentists may take part but will not qualify for funding;
  - (e) Submit completed application forms GDS 1/CA 1 to CAPRAP;
  - (f) Confirm that individual dentists have not used up their allocation of 15 hours of Clinical Audit or Peer Review funding within the current three year cycle;
  - (g) Contact the dentist or convenor concerned, as appropriate, should CAPRAP decide that a particular application cannot be approved for funding, to explain why;
  - (h) Pass an explanation for non-approval to the facilitator concerned;
  - (i) Receive completed GDS 2 and CA 2 forms;
  - (j) Pass the forms to the CAPRAP for approval and, when this approval is given, make relevant payments to each Principal;

- (k) Agree the number of hours that CAPRAP members should be paid for attendance at CAPRAP meetings.

### **Role of the Clinical Audit and Peer Review Assessment Panel (CAPRAP)**

- 28. The function of the CAPRAP is to oversee Clinical Audit and Peer Review. More specifically, it will:
  - (a) Consider the application forms GDS 1/CA 1;
  - (b) Ask for additional information, if necessary, before deciding on an application;
  - (c) Give an explanation for its decision when an application is turned down;
  - (d) Aim to give its decision within three months of receipt of the application;
  - (e) Re-consider applications which have earlier been turned down;
  - (f) Receive reports GDS 2/CA 2 on completion of projects and scrutinise these reports to see that all the relevant information has been included;
  - (g) Ensure that an explanation is given to the project convenor/facilitator should an end of project report be unsatisfactory;
  - (h) Identify the number of facilitators needed, arrange for their selection and ensure that the numbers remain adequate to meet demand;
  - (i) Direct and monitor the level of facilitator support given to each project;
  - (j) Ensure that all facilitators are trained on a course approved by CAPRAP and that they receive regular refresher training;
  - (k) Manage facilitators in a systematic way and on a regular basis;

- (l) Provide feedback to help dentists improve their practice, giving examples of best practice;
- (m) Monitor the ongoing operation of the scheme and advise the Department of any areas of concern or suggestions for improvement;
- (n) Confirm approval for payments to the Agency and ensure that all claims are processed promptly;
- (o) Produce an annual report on Clinical Audit/Peer Review and make this available to the profession, Boards and the Department.

29. The CAPRAP should decide on the frequency of meetings, bearing in mind that decisions should normally be made within three months of receipt of applications. Any member of CAPRAP who makes an application for funding, or is aware of an application from a colleague in the same dental practice, must declare an interest to the Chairman and must not take part in the consideration of the application.

#### **Membership of CAPRAP**

30. The CAPRAP has 8 members and is chaired by a nominee of the Dental Practice Committee (NI). The remaining 7 members are:

- 4 GDPs nominated by LDCs;
- the Clinical Audit Adviser;
- a Dental Officer of the Department; and
- a Director of Dental Services from one of the Boards.

31. Fees for members of the CAPRAP (excluding representatives in salaried employment) will be paid at the same hourly rate as those paid to dentists taking part in Clinical Audit and Peer Review.

#### **Role of the Clinical Audit Adviser (CAA)**

32. The Clinical Audit Adviser (CAA) is a member of the CAPRAP with direct responsibility for:

- (a) Advising the CAPRAP on all Clinical Audit matters;
- (b) Overseeing the work of Clinical Audit facilitators; and
- (c) Helping Convenors of Peer Review groups if required.

The CAA must have been trained as a facilitator but should not work as a facilitator at the same time as holding the appointment of CAA. He/she can return to the role of a facilitator after serving as CAA.

#### **Role of Clinical Audit Facilitators**

33. A number of dentists have received appropriate training to undertake the role of Clinical Audit facilitator. Their role is not to audit a practice but to be available to provide help, advice and support for dentists who wish to undertake audit. The facilitator will generally assist dentists in the design and implementation of their audit or may suggest sources to select "cookbook" topics and methodologies. The facilitator should liaise with the Clinical Audit Adviser before they undertake any facilitation.
34. Facilitators do not necessarily need to meet those who wish to be facilitated in person and may, if appropriate facilitate by telephone, video-conference, e-mail, etc. They must maintain a log book of their activity and submit claims regularly to the Agency which will scrutinize both the log book and the claims. The log book (and subsequent claims) should include time spent travelling to dentists' practices, if this is appropriate, and details of why it was necessary to facilitate an audit. Facilitators should agree the form of their log with the Clinical Audit Adviser. Claims should be submitted at least quarterly and cannot be backdated more than 6 months.
35. Facilitators may review a completed project before it is finally submitted to the CAPRAP and provide the dentist with feedback and guidance on any educational requirements or opportunities that may have been highlighted. It is therefore essential that facilitators have a broad knowledge of the educational opportunities available and can direct dentists as appropriate. Facilitator's comments and recommendations can be included with any CA 2 when it is submitted.
36. CAPRAP approved training should be provided to all facilitators. Facilitators cannot undertake their role until they have been appropriately trained. Refresher training should be provided and all facilitators should attend refresher training at least once every three years.

#### **Funding**

##### **For dentists undertaking Clinical Audit and Peer Review**

37. All Principals (irrespective of their annual earnings from the GDS) will be required to participate and will also be required to take reasonable steps to ensure that any Assistant (including a VDP) also participates. Funding is available for participation by Principals, Assistants and VDPs but only Principals will be eligible to claim reimbursement. In each three year cycle, reimbursement up to a maximum of 15 hours can be paid for each participant.
38. The Convenor of a Peer Review Group, or the leader of a Collaborative Clinical Audit, will also be entitled to claim an additional sum (see Annex) for the extra work that these tasks entail.
39. Additionally, a Peer Review or Collaborative Audit group can claim financial help towards the cost of secretarial support, up to a maximum of 2.5 hours per completed Peer Review or Collaborative Audit. Claims for such expenses should be submitted on form CA 2.

40. Dentists will also be entitled to claim travel expenses at Public Transport rate (see Annex) in line with their project submission which should not normally involve more than 6 return journeys. Approval of all travel will be subject to CAPRAP consideration.
41. All claims should be submitted on completion of a project.
42. Payment for all claims will be authorised by the CAPRAP. Once authorised all claims will be paid on the next appropriate schedule.
43. All claims must be submitted on the appropriate form CA 2.
44. If a Peer Review project is not completed, a report, with supporting papers, should be submitted to the CAPRAP detailing how many sessions were completed and why it was not possible to complete the project. The CAPRAP will then consider whether or not some payment should be made. Should it decide that payment should be made it will pass the claim form CA 2 to the Agency.
45. The same procedure should be followed in the event that a Collaborative Clinical Audit is not completed.

#### **For CAPRAP Members**

46. Non-salaried members of the CAPRAP will be paid per hour for work both in committee and outside of committee, at the same hourly rate as that paid to dentists who take part in Clinical Audit and Peer Review (see Annex). If work takes place out of committee, members are expected to keep a logbook. Funding will be provided up to a maximum of 7 hours in any 24 hour period.

#### **For Clinical Audit Facilitators**

47. Facilitators will be paid per hour for their activities, validated by production of their logbooks, at a rate shown in the Annex. The higher fee takes into account out-of-pocket expenses such as telephone calls, stationery etc. The claim must be approved by the CAPRAP on the recommendation of the Clinical Audit Adviser.

#### **General**

48. All rates of pay will be subject to periodic review. Revisions to rates of pay and other allowances will be notified to CAPRAP at the earliest possible opportunity and can be found in the Statement of Dental Remuneration. The hourly rate for clinical audit and peer review will be the same as the hourly rate for CPDA.
49. **This booklet replaces all guidance previously issued by the Department of Health, Social Services and Public Safety regarding Peer Review and Clinical Audit in general dental practice.**

#### **Enquiries**

50. Enquiries about this guidance should be addressed to:

The Secretary  
Clinical Audit and Peer Review  
Assessment Panel (CAPRAP)  
Business Services Organisation  
2 Franklin Street  
BELFAST  
BT2 8DQ

e.mail [Gillian.weir@hscni.net](mailto:Gillian.weir@hscni.net)

**Rates of payment applicable to Clinical Audit & Peer Review in the GDS from 1 May 2004**

All activity will be funded in hours.

**DENTISTS**

Dentists will be entitled to a maximum of 15 hours payment in any 3 year period. The hourly rate at 1st October 2001 will be **£57.35**

**CONVENORS**

Convenors will be entitled to additional payments of not more than 2.5 hours at the rate of **£57.35**

**SECRETARIAL SUPPORT**

Secretarial support will be funded up to a maximum of **£120.00**

**CAPRAP**

Members of CAPRAP will be funded at the hourly rate of **£57.35**. This will cover all "in Committee" activity". All activity "out of Committee" will be paid at an hourly rate of **£57.35**. This activity must be supported by completed log books and is subject to approval of the CAPRAP. This activity will be for a maximum of 7 hours in any 24 hour period.

**FACILITATORS**

Facilitators will be paid for facilitation activity at the hourly rate of **£57.35**. To address out-of-pocket and practice expenses such as telephone, stationery, postage the facilitator will be reimbursed an extra hour for every 7 hours worked. This will be calculated on a rolling basis centrally.

Training or attendance at Committee meetings or workshops will be paid at the hourly rate of **£57.35** This activity must be supported by completed log books and is subject to approval of the CAPRAP.

Travel will be paid at public transport rate, currently 23p per mile.

