

Monitoring Protocol for the Referral Dental Service

Updated January 2026 (Highlighted in Yellow)

1. Introduction

1.1 Background

The Referral Dental Service (RDS) was established in 1980 and initially based in the Department of Health and Social Services, and subsequently the Department of Health, Social Services and Public Safety (DHSSPS), as a monitoring division within the Dental Branch.

The role of the RDS was to conduct post-treatment examinations of patients who had recently completed a course of treatment provided under the General Dental Services (GDS).

The function of the RDS officially transferred in August 2009 from DHSSPS to the Directorate of Integrated Care within the Health and Social Care Board (HSCB) as a result of the reforms under the Review of Public Administration.

Following the closure of the HSCB in March 2022 the RDS officially transferred to the Strategic Planning and Performance Group (SPPG) of the Department of Health (DoH).

Referral Dental Officers are employed by the Business Services Organisation as defined in the General Dental Services Regulations (Northern Ireland) 1993.

1.2 The role and remit of the RDS

The DoH commissions the GDS against the Minimum Standards for Dental Care and Treatment. The GDS Regulations, schedule 2, paragraph 20 details the Standards of Care required of a dentist when provided care under the GDS, whilst paragraph 31F details the practice based quality assurance system which must operate under the GDS. The RDS plays a key role in providing assurances that these statutory requirements are being met under the GDS.

The RDS therefore exists primarily to provide an assurance to the SPPG and the DoH that treatment provided under the GDS is carried out to a satisfactory standard and that relevant regulations and standards are being adhered to.

The RDS conducts post-treatment examinations of patients who have recently completed a course of treatment provided under the GDS alongside a review of the relevant clinical records. In some circumstances post-treatment examinations are not required.

The RDS is run by a small team of Dental Advisers employed by the Business Services Organisation (BSO) but working within the SPPG of the DoH. In carrying out the role of the RDS these Dental Advisers are deemed to be Referral Dental Officers (RDOs) and are registered dentists with experience of working in the GDS.

The RDS will produce an annual report summarising the findings of the RDS including a summary at the end of each three-year-cycle.

1.3 Legislative Framework

The DHSSPS publication “Minimum Standards for Dental Care and Treatment” outlines the standards of care that patients should expect from their dental practice and lists the HSCB (now known as the SPPG of the DoH) amongst the “organisations responsible for regulation, setting guidance and standards and monitoring of dental services in Northern Ireland.” Included amongst its activities is that “Dental Advisers carry out post-treatment examinations of patients to assure the quality and probity of health service work.”

In particular Standards 4, 5, 6, 7, 8 and 10 will be reviewed by the RDS.

The General Dental Services Regulations (Northern Ireland) 1993 defines a Referral Dental Officer as “a dental officer in the employment of the Agency” and outlines the authority of the RDO to request clinical records and to carry out examinations of GDS patients.

2. Practitioner Selection

2.1 Routine Monitoring

The RDS runs on a three yearly cycle. All practitioners providing GDS treatment should expect to be reviewed once within any three year cycle.

Practitioners working in multiple locations should normally expect to be reviewed in just one location.

When planning the three yearly cycle best efforts will be made to ensure multiple practitioners within the same practice are not reviewed at the same time.

The RDOs liaise with BSO Probity Services to ensure, as far as possible, that routine RDS reviews and routine Probity Reviews do not occur at the same time.

2.2 Targeted Monitoring

GDS practitioners may be identified for targeted monitoring for any of the following reasons:

- As a result of information collected during routine RDS reviews

- As a result of information or concerns raised by dental officers during probity reviews
- As a result of routine treatment pattern monitoring or identification of atypical treatment patterns by the Family Practitioners Services Information Unit within the BSO.
- As a result of concerns or complaints by patients
- As a result of information received from other dental professionals
- As a result of concerns raised at SPPG practice inspections
- As a result of concerns raised by the Regulatory and Quality Improvement Authority (RQIA)

Any decision to place a GDS practitioner under targeted monitoring will be taken by the RDO and the Regional Lead for GDS and Governance. The local Dental Adviser and the Head of Dental Services will be informed.

In exceptional circumstances, when a practitioner is under targeted monitoring, the practitioner may not be notified of the RDS review. In some circumstances the patient examinations will be carried out by two RDOs.

In some circumstances targeted reviews will be a records review only with patients not invited to attend for examination. For example to review radiograph interpretation or the quality of root canal treatments.

3. Routine RDS Reviews

3.1 Patient Selection

Upon selection of a practitioner the RDS will randomly select ten patients for review. The patients will have received a GDS course of treatment to the value of £36.25 or more within the past 3-4 months **and in which a radiograph was taken**. The £36.25 cut-off will be altered in line with any SDR uplifts. Patients below 8 years of age and above 75 years of age are excluded from the review.

A larger number of patients, usually up to 30, may be selected for targeted reviews.

Practitioners will receive a letter via their HSCNI email account advising them of the RDS review. This letter will request the clinical records of the courses of treatment being reviewed, and invite any relevant comments in relation to the patients and courses of treatment being reviewed. It is important that dentists regularly check their HSC e-mail accounts.

Post-COVID RDS reviews normally take the form of post-treatment records reviews only without patient examinations. Patient examinations will be arranged on an ad-hoc basis if deemed necessary. The possibility of resuming routine patient

examinations will be monitored on an on-going basis. If patient examinations have been arranged the letter to practitioners will advise them of the date and location of the RDS patient examination clinic.

If, in agreement with the dentist, the RDS patient examination clinic is due to take place in the practitioner's surgery the appointment schedule will also be provided.

Patients will receive a letter via post inviting them to an appointment with an RDO along with information explaining the reason for the appointment. Normally all ten of the selected patients will be invited to attend. There is limited flexibility to re-arrange patient appointments.

Letters will normally be issued 2-3 weeks prior to the patient examination clinic.

3.2 The Records Review

As per the GDS Regulations practitioners should submit the requested clinical records within 14 days of receiving the records request. Extensions may be granted upon request.

Computerised records can be forwarded digitally from practitioners secure HSCNI email accounts. Secure post or hand delivery should be used if printouts or hand-written records are being forwarded. When hand-written records are being forwarded it is advised that practitioners retain copies in the practice.

Practitioners should forward the full clinical records associated with the course of treatment being reviewed including:

- Patient details
- Medical history
- Tooth chartings
- Periodontal chartings and/or BPEs
- Progressive clinical notes
- Radiographs including radiograph reports
- Lab documentation
- Consent forms where written consent is required

Clinical records should not be redacted as per paragraph 25 of Schedule 2 of the GDS Regulations.

HS45 forms are not normally required as part of a routine RDS review.

Practitioners should also include the clinical records associated with any subsequent treatment as well as any other information that may be relevant to the treatment being reviewed e.g. historical radiographs or recent relevant treatment.

Outstanding or missing information will be requested by the RDO and may result in a delay in the issuing of the RDS reports.

Clinical records are reviewed and assessed for the following:

- Quality of care
- Quality of record keeping
- Compliance with the GDS Regulations
- Compliance with IR(ME)R
- Probity

In reviewing clinical records the RDO will refer to professional guidelines and standards which are widely used by the profession and by national and local regulatory bodies. The RDOs will refer to the extant regulations and legislation set by government bodies if necessary.

Examples include:

- GDS Regulations
- GDC Standards for the Dental Team
- Minimum Standards for Dental Care and Treatment
- NICE Guidelines
- IR(ME)R
- Guidance Notes for Dental Practitioners on the Safe Use of X-Ray Equipment
- SDCEP Publications endorsed in NI
- Patient Safety Alerts
- College of General Dentistry publications
 - Standards in Dentistry
 - Selection Criteria for Dental Radiography
 - Clinical Examination and Record Keeping
 - Anti-microbial Prescribing for General Dental Practitioners

This list is not exhaustive and other relevant guidance, standards and regulations will be referenced as appropriate.

Each clinical record will receive a code based on the records review:

- Code A
 - The record review is satisfactory and no further action is necessary
- Code B
 - The record review is generally satisfactory however comments, information, or advice for the practitioner is necessary which will be included in the RDS Practitioner Report
 - Practitioner comments will not normally be requested
- Code C

- The record review is not satisfactory with comments, information, or advice for the practitioner necessary which will be included in the RDS Practitioner Report
- Practitioner comments **may** be requested following the issuing of a code C in the records review. As per the GDS Regulations the requested comments should be submitted within 14 days
- A code C will be further classified as:
 - Code C (care) Quality of care
 - Code C (records) Quality of record keeping
 - Code C (IR(ME)R) Compliance with IR(ME)R
 - Code C (GDS Regs) Compliance with GDS Regs
 - Code C (probity) Probity
- Records may be assigned a code C for multiple reasons
- The coding may be reviewed following receipt of any requested comments or information
- Code D and E
 - The record review falls far below that of the expected standard
 - Practitioner comments **will** be requested following the issuing of a code D or E. The requested comments should be submitted immediately.
 - The coding may be reviewed following receipt of any requested comments or information

Digital records will be deleted, printouts of records will be securely disposed of, and hand-written or original records will be returned following the RDS review.

3.3 The Patient Examination Clinic

Post-COVID RDS reviews normally take the form of post-treatment records reviews only without patient examinations. Patient examinations will be arranged on an ad-hoc basis if deemed necessary. RDS patient examination clinics are normally carried out in a local Community Dental Services clinic or in a local regional hospital out-patient clinic. In some circumstances the examination clinic may be held at the practitioner's surgery.

Patients will receive a letter inviting them to an appointment with an RDO along with information explaining the reason for the appointment. Patients are invited to contact the RDO via the local Directorate of Primary Care office if they are unable to attend or do not wish to attend. There is limited flexibility to re-arrange patient appointments.

The GDS Regulations state where a patient has been called for examination by an RDO a dentist "shall not otherwise than in an emergency, provide care and treatment to that patient and shall take all reasonable steps to facilitate the examination."

Should the need for emergency or urgent treatment arise the practitioner should inform the RDO in advance of the patient examination clinic.

Patients who choose to accept the invitation and attend will be examined by the RDO. Patients do not receive fees for attending the RDS examination clinic.

The examination by the RDO follows a standardised format and is recorded using standardised templates on the RDS database. This forms the basis of the RDS Patient Report.

Practitioners may attend the examination clinic and should inform the RDO prior to the clinic if they wish to attend. Patient consent will be required on the day of examination and will be sought by the RDO.

3.4 The RDS Patient Report

The RDO produces an RDS Patient Report for each patient who attends based on the clinical examination and any relevant information provided by the practitioner including the clinical records.

The RDS Patient Report should be retained in the patient's clinical record.

The RDS Patient Report will contain a coding based on the above:

- Code A
 - The treatment provided is satisfactory and no further action is necessary
- Code B
 - Treatment provided is satisfactory however further treatment may now be necessary
 - Practitioner comments will not normally be requested
- Code C
 - The treatment provided is not satisfactory
 - Practitioner comments **will** be requested following the issuing of a code C in an RDS Patient Report. As per the GDS Regulations the requested comments should be submitted within 14 days
 - The coding may be reviewed following receipt of any requested comments or information
- Code D and E
 - The treatment provided is not satisfactory and falls far below that of the expected standard
 - Practitioner comments **will** be requested following the issuing of a code D. The requested comments should be submitted immediately
 - The coding may be reviewed following receipt of any requested comments or information

3.5 The RDS Practitioner Report

Upon completion of the records review and patient examinations the practitioner will receive the following normally within 2-3 weeks:

- RDS Cover Letter summarising the key findings of the RDS review and outlining any further action required
- RDS Practitioner Report containing the findings of the records review and a summary of the findings of the patient examinations
- RDS Patient Reports for each patient who attended for examination

The RDS reports will be retained by the SPPG. **The RDS Patient Reports should be retained in the patient's clinical record.** Anonymised copies of the above could be retained in your professional development plan.

3.6 Management of Identified Concerns

RDS reviews in which further comments are not required or requested will be automatically closed.

If comments are requested by the RDO the RDO may close the review if a satisfactory response is provided and will advise the practitioner accordingly. The RDS Practitioner Report and/or the RDS Patient Report may be updated to reflect any comments or further information that is received.

Where appropriate the RDO and the practitioner may discuss the findings of the report and agree a way forward which should then be confirmed in writing to the RDO by the practitioner before the review can be closed.

Significant probity issues will be forwarded to BSO Probity Services for consideration. Each case will be reviewed individually. Further action may include issuing of advice, a one-off fee recovery, or a targeted Probity Review.

Where the RDO identifies specific or recurring record keeping issues, including compliance with IR(ME)R, the RDO may provide appropriate advice and may recommend or request an audit or targeted CPD. A further RDS review may be instigated within a stated period. This further review will normally be a records review only with patients not invited to attend for examination. Upon successful completion of the second review the case will be closed. Where the second review identifies similar concerns the practitioner will be referred to the Regional Lead for GDS for further consideration.

Where the RDO identifies a specific or recurring quality of care issue the RDO may provide appropriate advice and may recommend or request an audit or targeted

CPD. The case will be discussed with the Regional Lead for GDS who may advise a further RDS review to be instigated within an agreed period. Where the second review identifies similar concerns the practitioner will be referred to the Regional Lead for GDS for further consideration.

Where a code D or E has been issued the practitioner will always be immediately referred to the Regional Lead for GDS. The Head of Dental Services and the local Dental Adviser will also be informed. The RDO will seek advice and direction from the Regional Lead in determining any immediate action.

Where a code D or E has been issued the RDS review will automatically be expanded from ten patients to at least 30 patients. The additional 20 patients will be invited to attend for examination as soon as reasonably possible. Treatments may be targeted at the identified area of concern. In exceptional circumstances the practitioner may not be notified of the expanded RDS review. In some circumstances the patient examinations will be carried out by a different RDO or by two RDOs.

The preliminary findings of the examination clinic will be shared on the day of the clinic to the Regional Lead for GDS. Following completion of the expanded review the RDS reports will again be discussed with the Regional Lead as soon as reasonably possible.

In exceptional circumstances practitioners will be invited to select two additional cases to be included in any follow-up RDS review. This allows the practitioner to present cases with positive outcomes and give feedback if large discrepancies are observed.

Where significant concerns have been identified following an RDS review and referred to the Regional Lead for GDS further action may be required. This may include:

- Issuing of advice
- A further RDS review to be instigated within an agreed period
- Placement of the practitioner under annual review
- Local management between the RDO, the local Dental Adviser and the practitioner including the development of a mutually agreed action plan. Such action plans may include development of a targeted PDP, audit, CPD, mentoring, and a follow-up RDS review.
- **Referral to SPPG Head of Dental Services**
- Referral to the Reference Committee
- Referral to the HSC Disciplinary Procedures
- Referral to NHS Resolution
- Referral to the General Dental Council

Management of cases are discussed at regular meetings of the Dental Advisers to ensure consistency of approach.

4. Specialist Practitioners

4.1 Specialist Oral Surgeons

Specialist oral surgeons and practitioners working in specialist oral surgery practices should expect to be reviewed once within any three year cycle.

Practitioners working in specialist oral surgery practices who also provide general dental services should expect to have their specialist treatment reviewed once within any three year cycle alongside their routine review once every three year cycle.

Upon selection of a practitioner for review the RDS will randomly select ten patients for review in the same way as other routine reviews.

Due to the nature of the specialist treatment being provided, the RDS review will normally be a records review only with patients not invited to attend for examination.

The specialist oral surgeons will normally be reviewed concurrently with a summary report prepared for the Regional Lead for GDS and the Head of Dental Services.

The RDO will liaise with the clinical lead for each specialist practice to complete the records review “on-site.” Personalised feedback may be provided in person prior to the issuing of the RDS reports.

Practitioners working in multiple locations should expect to be reviewed in just one location.

4.2 Specialist Orthodontists

Specialist orthodontists and practitioners working in specialist orthodontic practices should expect to be reviewed once within any three year cycle.

Upon selection of a practitioner for review the RDS will randomly select ten patients for review. The patients will have received a GDS course of treatment including the taking of study models and fixed appliance therapy or functional appliance therapy normally completed within the past 12 months.

If appropriate the orthodontist will be invited to select two additional cases to be included in the RDS review. This allows the orthodontist to present cases with positive outcomes and give feedback if large discrepancies are observed.

Due to the nature of the specialist treatment being provided the patient examinations are replaced with an assessment of pre-treatment and post-treatment study models. The Peer Assessment Rating (PAR) Index will be used to provide an objective assessment of orthodontic treatment outcome. There are three outcome assessment measures that will be evaluated as part of the PAR Index including the reduction in PAR score, the percentage reduction of the PAR score, and the overall assessment of the outcome improvement. As per the Index a 70% improvement in PAR score is deemed to be a satisfactory standard with the outcome improvement categorised as greatly improved, improved, or worse or no different.

The RDO will liaise with the practitioner to complete the records review and the assessment of study models “on-site” or for the necessary records and models to be submitted to the SPPG offices. Personalised feedback may be provided in person following an on-site reviews and prior to the issuing of the RDS reports.

Practitioners working in multiple locations should expect to be reviewed in just one location.

General dental practitioners who also provide orthodontic treatment should expect to have their orthodontic treatment reviewed once within any three year cycle alongside their routine review once every three year cycle.

The criteria for a general dental practitioner to require an orthodontic review includes:

- A third of their item of service claims to be from Section VIII of Determination I of the SDR
or
- A third of their gross payments to be from item of service claims from Section VIII of Determination I of the SDR
or
- They have provided ten courses of treatment including fixed appliance therapy or functional appliance therapy within the past 12 months

5. Foundation Dentists

Foundation dentists (FDs) will normally have an RDS review as part of their training year.

The reviews are carried out by an RDO at the request of NIMDTA and are normally a records review only with patients not invited to attend for examination. Patient examinations will be arranged if requested by NIMDTA or if the records review identifies any significant specific or recurring clinical issues.

The focus of the review is primarily as a learning exercise with feedback provided to the FD and their Educational Supervisor.

A summary report will be prepared for NIMDTA to assist with future training provision. The Regional Lead for GDS and the Head of Dental Services will also receive copies of the summary report.

The findings of the summary report will be incorporated into the “Transferring from DFT to joining the NI Dental List” annual training provided by the SPPG to the FDs.

6. Appendices

1. Referral Dental Officers
2. RDS Patient FAQ Sheet
3. Peer Assessment Rating Index Scoring Sheet

Appendix 1: Referral Dental Officers

The RDS is run by a small team of two Dental Advisers employed by the BSO but working within the SPPG of the DoH. In carrying out the role of the RDS these Dental Advisers are deemed to be Referral Dental Officers and are registered dentists with experience of working in the GDS.

Julie Collins BDS, MPhil, MOrth, MFDS joined the team in 2022 having worked in general practice and the hospital service prior to completing her fellowship exams. She then commenced specialist training in Orthodontics in Northern Ireland followed by a two year period working in Australia. She returned home in 2008 and worked in a number of specialist orthodontic practices and is a member of the Royal College of Physicians and Surgeons of Glasgow and the Northern Ireland Orthodontic Group.

William Priestley BDS, Dip.MJDF, MCGDent, MDTFEd, joined the team in 2014 and has carried out over 1000 RDS reviews in his time at the HSCB/SPPG. His work in dental education and dental training includes representing SPPG on the Clinical Audit and Peer Review Assessment Panel and the Committee on Dental Foundation Training NI. He is a full member of the College of General Dentistry, the Faculty of Dental Trainers of the Royal College of Surgeons of Edinburgh.

Appendix 2: RDS Patient FAQ Sheet



Examination by a Referral Dental Officer Answering your Questions



QUESTION	ANSWER
Why is this happening?	A process exists to ensure that health service dental treatment is carried out to a satisfactory standard and that the fees claimed by dentists are appropriate. Your appointment forms part of this process and helps to maintain the standard of dental treatment in Northern Ireland.
Why have I been chosen? Why has my child been chosen?	Your name was randomly chosen because you have recently had some treatment with your dentist. It is important that you know that this invitation for you to attend does not imply any criticism of your dentist or the treatment you have received. When you signed the form at your dentist's surgery, you agreed to be seen by a Referral Dental Officer. RDOs are experienced dentists who give unbiased, independent clinical opinions to the DoH and a number of other organisations. Further information can be obtained from the BSO website: http://www.hscbusiness.hscni.net/services/2649.htm
Will my dentist be told about my examination?	Health service dentists will have a random selection of patients chosen to be examined every three years and is a normal part of their career. Your dentist has been told about you being invited for examination and is being kept fully informed.
What happens at the examination?	The examination should only take about 15 minutes and includes an assessment of your mouth, teeth, gums and any treatment you have recently received. No treatment will be done. Your dentist is free to attend, but normally their commitment to patients makes this unlikely.
What happens if I'm not able to come on the date you invite me?	If you cannot attend, please telephone us as soon as possible on 02895 363926.
Do I need to bring anything to the appointment?	Please bring any dentures, bite-guards or orthodontic appliances, including any that you are not using at present.
Do I need to tell my employer?	If you need time off work to attend, please ask your employer. If you show them this information sheet and your invitation letter, it should help them understand why we need you to attend.
What happens now?	If you can come, we look forward to seeing you at the time and place detailed in the invitation letter sent to you.
I have more questions. Who can I ask?	If you have any further questions, we will be happy to answer them. Either telephone us on 02895 363926 or write to Referral Dental Service, SPPG, 12-22 Linenhall Street, Belfast, BT2 8BS.

Also available at <https://bso.hscni.net/directorates/operations/family-practitioner-services/dental-services/contractor-information/referral-dental-service/>

Appendix 3: Peer Assessment Rating Index Scoring Sheet

PAR SCORING SHEET

Name

CASE NUMBER		Pre-Treatment			Date					UN-WEIGHTED TOTAL	WEIGHTED TOTAL				
PAR COMPONENTS		RIGHT							LEFT						
Upper anterior segments		3-2		2-1		1-1		1-2		2-3		X1			
Lower anterior segments		3-2		2-1		1-1		1-2		2-3		X1			
Buccal occlusion		Antero-posterior			Right		Left					X1			
		Transverse			Right		Left					X1			
		Vertical			Right		Left					X1			
Overjet		Positive		Negative								X6			
Overbite		Overbite		Openbite								X2			
Centre line												X4			
											TOTAL				

CASE NUMBER		Post-Treatment			Date					UN-WEIGHTED TOTAL	WEIGHTED TOTAL				
PAR COMPONENTS		RIGHT							LEFT						
Upper anterior segments		3-2		2-1		1-1		1-2		2-3		X1			
Lower anterior segments		3-2		2-1		1-1		1-2		2-3		X1			
Buccal occlusion		Antero-posterior			Right		Left					X1			
		Transverse			Right		Left					X1			
		Vertical			Right		Left					X1			
Overjet		Positive		Negative								X6			
Overbite		Overbite		Openbite								X2			
Centre line												X4			
											TOTAL				

ASSESSMENT OF OUTCOME

PAR SCORE		IMPROVEMENT	
Change in PAR score		Greatly improved	
% change in PAR score		Improved	
		Worse or no different	