Findings from 2025-26 dental probity reviews *Probity Services*

These findings should be read in conjunction with the findings for 2024-25 (and resultant advice) which is available to read at the following link:
https://bso.hscni.net/directorates/operations/family-practitioner-services/dental-services/contractor-information/probity/

Notification of a probity review and timely submission of patient records
After selection for review**, n**otification of the probity review is sent by a secure email to the dentist's hscni email address (accessed via BSO Dental Portal).
Even though dentists are advised to check their "in-box" regularly for this and other notifications, 38% of submissions in Quarters 3 and 4, 2025, were returned at least four weeks after notification. To address this issue for the Quarter 2, 2026 notifications, a probity officer contacted practices, one to two days after notification emails had been sent out, to remind dentists to check their "in-box". This action significantly improved the timing of submissions.

Incomplete submission of records
Each notification email contains detailed advice on what items are required in a probity submission. It was disappointing to find that in 2025-2026, around 20% of submissions were incomplete. This resulted in many extra contacts from probity staff and prolonged reviews.
The common items left out in ranking order with the most common first, were:

1. Contemporaneous tooth chartings (required to assure all examinations). There was an increase in the number of patient records submitted without a tooth charting.
2. Periodontal records including BPEs – there was an improvement from the high numbers in 2024-25.
3. Radiographs – significant improvement.
4. Part or all of the course of treatment being reviewed – significant improvement.

Codes that caused issues in 2025-26

1. SDR item 1426 is a treatment code for a permanent glass ionomer filling but has been claimed where a GI filling was used as a temporary dressing**.**
2. SDR item 0111 claimed with no contemporaneous BPE recorded or any reference to the patient's periodontal state in the record.
3. SDR item 3701 was incorrectly used for chronic conditions and occasionally, when it was used for acute gingival/mucosal conditions, the site of the condition and/or the treatment details were not recorded.
4. A small number of radiographs had no evidence of being reviewed in the record (not justified, reported-on etc). This is required to assure the claim.

The **"Clarification of codes in the SDR for probity purposes"** paper which is available to download from the probity section provides comprehensive advice on frequently-misinterpreted SDR codes.

In the majority of probity reviews, records received verify the claims made by the dentist. The small number of records which fail to provide assurance for claims will result in a recovery of the corresponding fees.

If a dentist has any queries or concerns about the probity process, they should contact:

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