

Clinical Audit and Peer Review Assessment Panel Advice Sheet

Schedule II paragraph 31E of the General Dental Services (GDS) Regulations¹ outlines the regulatory requirement for practitioners working under the GDS to undertake at least 15 hours of clinical audit activities every three years. Clinical audit activities may include clinical audits or peer review groups.

The Department of Health (then the Department of Health, Social Services and Public Safety) issued guidance in September 2001 entitled "Clinical Audit and Peer Review in General Dental Practice."²

Determination IX of the Statement of Dental Remuneration outlines allowances payable for completion of clinical audit activities.³ Further clinical audit activities can be completed within the three year period however allowances are not available beyond the 15 hours as required by the GDS Regulations.

The Clinical Audit and Peer Review Assessment Panel (the Panel) was first established in 1992 to oversee a voluntary pilot peer review scheme. Following its success the scheme continued on a voluntary basis with clinical audit introduced in 1997. The Clinical Audit and Peer Review scheme became mandatory in 2001; the Panel meet regularly to ensure compliance with the relevant GDS Regulation and to approve activities for payment.

The following paper has been produced by the Panel to provide practical advice to practitioners in regards to submission and completion of Clinical Audits and Peer Review projects.

¹ GDS Regulations available at:

[http://www.hscbusiness.hscni.net/pdf/General_Dental_Services_Regulations_NI_\(1993\).pdf](http://www.hscbusiness.hscni.net/pdf/General_Dental_Services_Regulations_NI_(1993).pdf)

² Clinical Audit and Peer Review in General Dental Practice available at:

http://www.hscbusiness.hscni.net/pdf/Caprap_Guidlines_pdf.pdf

³ Statement of Dental Remuneration available at: <http://www.hscbusiness.hscni.net/services/2069.htm>

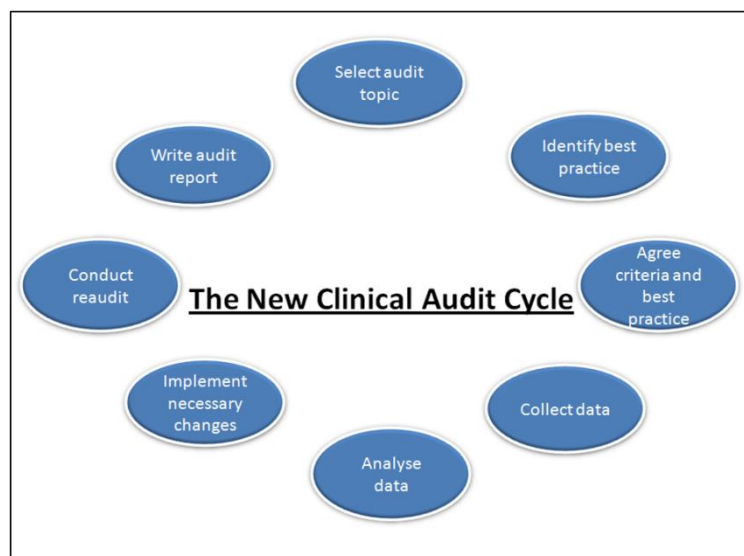
Clinical Audit

Introduction

Clinical Audit is defined by the General Dental Council as “the systematic critical analysis of the quality of dental care, including the procedures used for diagnosis, intervention and treatment, the use of resources and the resulting outcome and the quality of life for the patient.”⁴

Simply put clinical audit is self-assessment of your current practice and procedures with a view to improving patient care by modifying your current practice if necessary.

A typical clinical audit follows the following pattern:



Administrative Aspects

Clinical Audits require approval by the Panel before proceeding; an application should be made through the submission of a CA1 form to the CAPRAP Secretary.^{5 6} You are required to contact one of the local Audit Facilitators **prior** to submission of the form who will advise you on the setting up of the audit, the CA1 submission, the completion of the audit and the submission of the audit evaluation (using the CA2 form). The list of current local Audit Facilitators is available from the CAPRAP Secretary. Audits should contain some potential benefit for GDS patients to be approved by the Panel. The completed audit will be reviewed by the Panel prior to payment of allowances.

⁴ Clinical Audit may qualify as verifiable CPD and shows compliance with GDS Standard 7. GDC guidance is available at: <https://www.gdc-uk.org/api/files/Quality%20Controls%20for%20Verifiable%20CPD%20advice%20sheet.pdf>

GDS Standards available at: <https://www.gdc-uk.org/api/files/Standards%20for%20the%20Dental%20Team.pdf>

⁵ CA1 form available at: http://www.hscbusiness.hscni.net/pdf/CA1_Revised_May_2011.pdf

⁶ Based in the Business Services Organisation; 03005550113 or caprap.bso@hscni.net

In some circumstances an audit may be undertaken by a group of dentists from within a single practice or across multiple practices. In these cases a Collaborative Audit could be undertaken; the submission should be made by a nominated lead dentist who may also claim an additional payment of £120 for secretarial support. Collaborative Audits should consist of between two and eight dentists.

Clinical Audits should be completed within six months of being approved. Audit Facilitators provide anonymous feedback to the Panel in regards to the quality of Clinical Audits and the identification of educational needs.⁷

Suggestions/Links

Process maps for audits assessing cross-infection control, radiograph quality, record keeping, soft tissue screening and medical history taking are available on the BSO website: <http://www.hscbusiness.hscni.net/services/2335.htm>

GAIN's (Guidelines and Audit Implementation Network) role within Northern Ireland was to promote leadership in safety and quality in health and social care through regional integration of guidelines and audit. GAIN has recently be absorbed into the RQIA's Clinical Audit Programme with more information available at: <https://www.rqia.org.uk/what-we-do/rqia-clinical-audit-programme/>

New Principals for Best Practice in Clinical Audit: <https://www.crcpress.com/New-Principles-of-Best-Practice-in-Clinical-Audit/Burgess-Moorhead/p/book/9781846192210>

Antibiotic Prescribing Toolkit jointly produced by the Faculty of General Dental Practitioners (FGDP), British Dental Association and Public Health England: <https://www.gov.uk/guidance/dental-antimicrobial-stewardship-toolkit>

⁷ Educational needs from both Clinical Audits and Peer Reviews are shared with the Northern Ireland Medical and Dental Training Agency.

Peer Review

Introduction

Peer Review is an opportunity for dentists to get together to review aspects of their practice; to share their experiences and to identify changes that could lead to improved patient care for GDS patients.. Although a meeting may include a formal presentation the emphasis of Peer Review is on the group discussion and learning.

Peer Review groups consist of between four to eight dentists from at least two different practices. It is the Panel's recommendation that group practices include dentists from other practices in their peer review groups; the Panel also recommends that Peer Review groups should not remain the same every three years but that a fresh perspective from a new dentist will improve group discussions. Dentists from outside of the GDS (for example community dentists) may take part in a Peer Review group although allowances are not payable.⁸

Topics should be agreed by the group prior to commencing the Peer Review. It is advised that a smaller number of topics, perhaps two to four, be chosen and looked at in depth rather than a larger number of topics looked at superficially.

Administrative Aspects

Peer Review projects require approval by the Panel before proceeding; an application should be made by the nominated convenor using a GDS1 form.⁹ On completion of the Peer Review the **typed** evaluation should be submitted to the CAPRAP Secretary using the GDS2 form. The evaluation should include a **typed report** for each meeting highlighting the topic and the discussion as well as the completed Peer Review Evaluation Tool. Signed attendance registers should be supplied to verify completion of the review and payment of travel expenses.

Peer Reviews should be completed within six months of being approved. The completed Peer Review is reviewed by the Panel prior to payment of allowances. The convenor may also claim an additional payment of £120 for secretarial support.

Suggestions//Links

FGDP guidance: <https://www.fgdp.org.uk/standards-online>

Scottish Dental Clinical Effectiveness Programme guidance: <http://www.sdcep.org.uk/published-guidance/>

Faculty of Dental Surgery guidance: <https://www.rcseng.ac.uk/dental-faculties/fds/publications-guidelines/>

National Institute for Health and Care Excellence guidance: <https://www.nice.org.uk/>

⁸ Peer Review may qualify as verifiable CPD and shows compliance with GDS Standard 7. Please review footnote 4.

⁹ GDS1 form available at: http://www.hscbusiness.hscni.net/pdf/GDS1_Revised_May_2011.pdf