

# The audit trail

**U**nder their NHS terms of service, general dental practitioners (GDPs) are required to undertake 15 hours of clinical audit in each three-year cycle. Traditionally, audit has not been a particularly favoured activity of many dentists in the GDS and this has often been reflected in poor levels of compliance.

To help GDPs meet their audit requirements, several topics were considered as focal areas for a national audit, which could be implemented before the deadline set by the Scottish Government Health Department. In June 2011, with the aim of helping GDPs meet the revised audit deadline

**Focal areas for national audit to help GDPs meet their requirements, by Alan Walker and Linda Young**

of 31 August 2011, a national, pre-approved, online audit on Oral Health Assessment (OHA) was made available via the NHS Portal.

The Scottish Dental Clinical Effectiveness Programme (SDCEP), in collaboration with other interested parties within NHS Education for Scotland, was asked to develop the audit tool. The timely development and provision of the audit was only possible due to the recent publication of SDCEP's *Oral*

*Health Assessment and Review (OHAR)* guidance ([www.sdcep.org.uk](http://www.sdcep.org.uk)), and the availability of data collection tools and information from the Translational Research in a Dental Setting (T R i a D S) programme's earlier



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in-practice feasibility study on the OHA component of OHAR.

The aims of the OHA audit were to enable practice teams to evaluate how their current practice, when assessing and recording patient information, differed from recommended practice as described in the SDCEP OHAR guidance; to identify the barriers that prevented them from following the guidance recommendations; and to reflect on how it might be possible to implement the guidance recommendation in their own practice.

A total of 935 GDPs, from 525 practices across Scotland, completed the audit before the deadline. This represents approximately one third of GDPs and half of general dental practices in Scotland. The audit was available for completion until 31 December 2011 and another 116 OHA audits were

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subsequently submitted. The views and experiences of all GDPs who have submitted an OHA audit will be included in the data analyses and the information provided will help inform the development of optimal ways to help support GDPs to implement the SDCEP OHAR guidance.

The data analyses are ongoing and a national report will be published in 2012. Preliminary analyses suggest that several elements of an OHA are already part of routine check-ups which are carried out by many dentists. The vast majority of GDPs fully completed all aspects of the audit and data collection sheets.

They considered and

identified possible barriers to implementing OHA into general practice and developed action plans to help address these barriers.

Many GDPs submitted detailed reflective reports on both the audit process and on OHAs. The reports suggest the audit has provoked thought among the profession and many have indicated that, as a result of participating in this audit, they intend to introduce some aspects of an OHA into their practice.

The national, pre-approved design of this audit with online submission via the Portal enabled the NES audit administrators to process over 900 submissions in an

extremely short timescale. This demonstrated the potential for developing this concept further. The portal developers are already talking to Practitioner Services Division to progress the automation of audit payments, which in turn might ultimately lead to automation of CPDA payments.

While it is accepted that OHA may not have been the ideal topic in the eyes of many GDPs, the wealth of data now available will be an important factor in any future developments and help education providers identify areas for future CPD while keeping hundreds of GDPs compliant with their terms of service. ■



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