

Foreword

This is the first anniversary of CDO News - we know you appreciate reading the snippets of information that we put out and we hope that it gives an insight into the various areas of work where we have links. Your comments are always welcome and it is as a result of these comments we have an item on the GDS expenditure in this issue.

As work progresses on the Oral Health Strategy the whole question of the cost of dentistry and value for money will arise. I hope that you will take the opportunity and contribute your views as to how we deliver dental services here. We are following developments in Options for Change closely but there is an opportunity to have a 'tailor made' option here. We envisage that development of a new "Options" will make up the majority of our work for next year and there will be a report in each issue of CDO News. Don't forget you can use our new e-mail address for comments (dentalbranch@dhsspsni.gov.uk) and we will also have a website for chat.

CDO News is no use if it isn't distributed or available to all the dental team so don't hog this issue - pass it around!

Looking back over the year I feel it has been very busy - I'm sure you feel that as well. But I hope you have a lovely break over the Christmas period. From all the staff here we wish you a very happy Christmas and a peaceful and prosperous New Year.

Regards - Doreen Wilson
Chief Dental Officer

CDS Review

The summer edition of CDO News gave details of the Review of the CDS project. The objectives of the Review were to assess the current performance of the service, decide upon the future role and structure of the CDS and devise an action plan to move the service from the current position to the desired position. Although completed in April 2003, the Report required further redrafting for the Departmental Board. The Report is ready to go out for consultation as soon as the normal business of government resumes after the elections. It is hoped that the document will be out for consultation early December 2003. If you are interested in commenting, a copy can be obtained from (dentalbranch@dhsspsni.gov.uk).

FOCUS AWARDS

Chief Dental Officer, Doreen Wilson, presents first prize in the Focus Award category 'Excellence in Children's Dental Care' to Community Dental staff from Newry and Mourne Trust.



Several of the dental staff from the SHSSB and Trust travelled to London for a

Presentation Lunch in the lovely old surroundings of the Insurer's Hall. The Minister of Health, Rosie Winterton was the guest speaker and it was nice to see her taking the opportunity to speak to all the prize winners and ask sensible questions.

Positive Assurance

The first tranche of positive assurance examinations have been completed and reports produced. We apologise for the delay in returning the first batch of record cards to the practices from which they came. This problem arose because the RDOs experienced considerable difficulty in determining the acceptability of the information (or lack of) contained in the records. Many of the records were of poor quality. The main problems in relation to record keeping encountered so far have been:

- No charting to support examination claims (Items 0111 & 0121 also require periodontal charting)
- No written evidence to support individual items claimed (including materials used)
- HS 45 PR either absent or not properly completed
- Poor legibility
- Lack of free text in computer generated records
- Orthodontic models are being submitted unwrapped

So what are a dentist's obligations in relation to record keeping under *General Dental Services (GDS)*?

- Paragraph 25, (Schedule 2, Part IV) of the Dental Regulations states that, sub para 1, 'a dentist shall keep a full, accurate and contemporaneous record ...',
- Paragraph 25, sub para 2, 'the records forms, radiographs, photographs and study models referred to in sub para 1 shall be retained for a period of 2 years after completion....'
- Paragraph 25, sub para 3, 'the dentist shall, during the period in which he holds any records, forms, radiographs, photographs and study models referred to in sub para 1 - (i) produce them to a dental officer of the relevant Board or a referral dental officer for inspection; or (ii) produce them to a referral dental officer, the committee, the Agency or the Board within 14 days....'
- Paragraph 25, sub para 4, 'a dentist may keep the records (other than the practice record form) referred to in sub para 1 in computerised form.'
- Para 41, schedule 2, Part VI relates to additional terms of service, in relation to record keeping, for salaried GDS dentists (none currently employed in Northern Ireland)

What do these regulations mean in practice? They require that every record should be contemporaneous, accurate, logical and legible, and should give sufficient information to enable another dentist to elicit (and not guess at) what has been

done. Users of computerised records should be wary of presenting computer generated entries as full and accurate - all contemporaneous records of treatment should be of the free text variety. **It is very important for computer users to realise that Paragraph 25 in its entirety applies just as much to them as it does to their colleagues who use paper based systems.**

In reaching their decision as to what is acceptable in order to provide positive assurance, the RDOs have consulted widely with the four Dental Directors to reach a consensus opinion. They have also sought advice from the CSA, DPB in England and Dental Protection. Some practitioners have argued that records that fall short of what is required in the Regulations can still be positively assured and this point leaves the RDOs in a dilemma. The position that they find themselves in is that they have detected records which do not meet Terms of Service and as Officers of the Department they have a duty to make a note of this and refer to the appropriate Dental Director. If they accept inadequate records they will in effect be setting up a two tier system which will not only lead to confusion but might set a new baseline against which practitioners may set their records standards. There is still room to manoeuvre in this debate and this point will form part of the evaluation and ongoing feed back from Dental Directors.

The RDO reports have been issued and should be acted upon in the normal way. The positive assurance score sheets have been collated and sent to the appropriate Dental Director. It now up to the Dental Directors to make the decision as to whether they are happy to positively assure the claims against the information gathered and recorded by the RDOs. We would advise LDCs to contact their Dental Directors to determine what the outcomes of the exercise are likely to be. The Directors will in turn feed back the views of their LDCs to the Department.

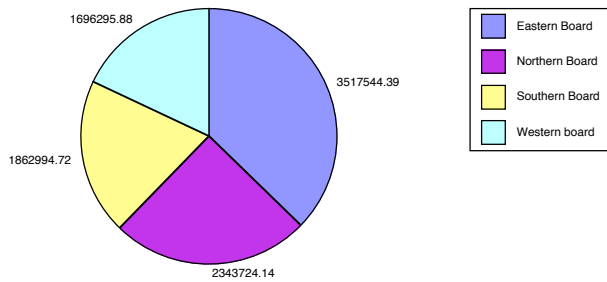
Practitioners should ensure that their records meet their Terms of Service as failure to achieve positive assurance on a claim may result in fees being clawed back.

Finally, Dental Protection have advised us that if practitioners have doubts or concerns in relation to records then they would recommend that the practitioner contacts their defence organisation for advice.

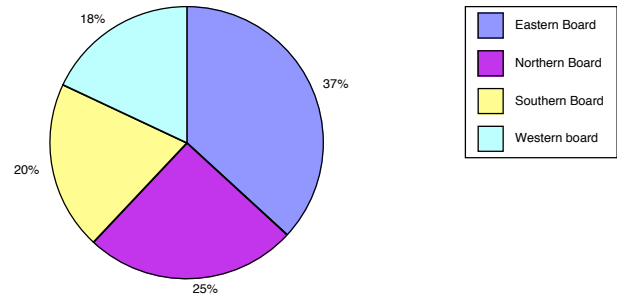
CSA Facts and Figures

Gross cost figures for financial year 2002/03

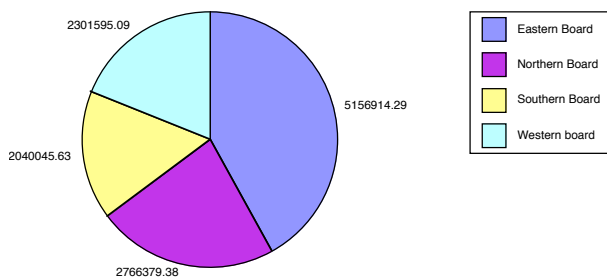
1) IOS and Capitation Fee payments by Board



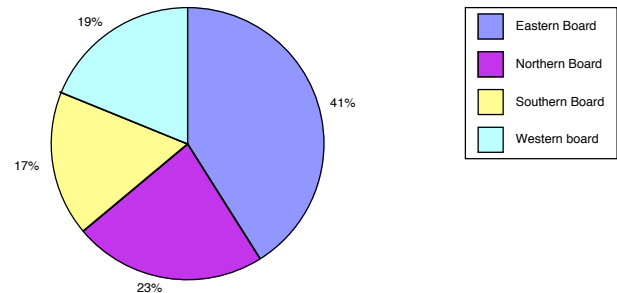
% IOS and Capitation Fee payments by Board



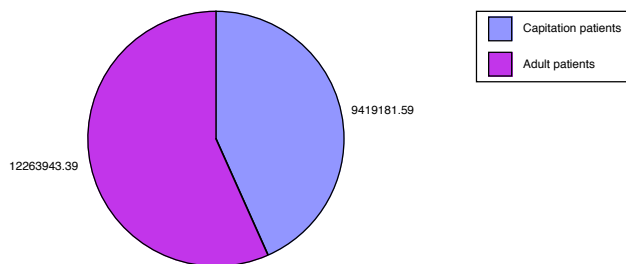
2) Continuing Care and IOS Fee payments by Board



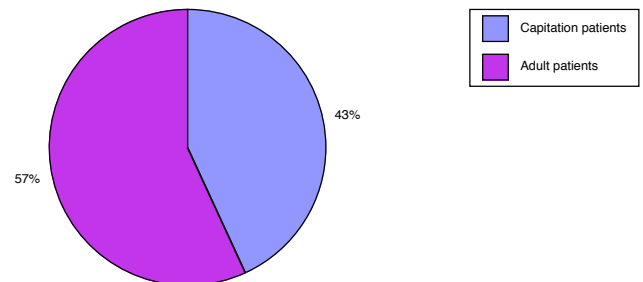
% Continuing Care and IOS Fee payments by Board



3) Payments for capitation patients and adult patients for Northern Ireland



% Payments for capitation patients and adult patients for Northern Ireland



4) Average cost per capitation treatment = £58.33;
Average cost per continuing care treatment = £42.19

5) Gross NI Total = £66.2 million
Patients Contributions = £16.8 million
Net Total = £49.4 million

Included in this issue are graphical illustrations which show:

1. Payments by capitation fees & IoS for < 18's by Board (figures in £'s)
2. Payments by continuing care & IoS for >18's by Board (figures in £'s)
3. Payments for 1 & 2 for NI
4. Note on average cost per estimate for capitation & CC treatment for Northern Ireland
5. Total expenditure

Council of European Chief Dental Officers Meeting

Belfast was proud to host the autumn meeting of the CECDO. In collaboration with the RoI, the Dental Health Foundation and the Institute of Public Health in Ireland, there was a 2-day Masterclass examining the role of CECDO in tackling oral health inequalities at a European level.

It was a fascinating experience working with dental health advisers who have different structures and systems. You realise there are other ways of doing things! The delegates enjoyed their Northern Ireland programme of visits, culture and food which included an on-site visit to Bushmills!

Radiology Requirements - Setting the Record Straight

In the summer 2003 edition the *GDC Gazette*, in the article entitled 'CPD Urban Myths' it was stated that a dental practitioner does **not** have to spend 5 hours in each 5 year recertification cycle doing CPD in radiology. This statement has added to the confusion among the profession around radiology and CPD and we have been made aware, through NICPMDE, that practitioners would like clarification on the whole issue. So what are you required to do? :

- 1) Under GDC Recertification Scheme there is no mandatory requirement under the Rules to undertake CPD in a specific subject (the nature of the CPD is left up to the individual practitioner)
- 2) The Ionising Radiation (Medical Exposures) Regulations 2000, Regulation 4(4)b, requires that 'employers shall take steps to ensure that all practitioners and operators carrying out medical exposures undertake continuing education and training after qualification'.
- 3) The 'Guidance Notes for Dental Practitioners on the Safe Use of X-Ray Equipment' (June 2001) Appendix 6, point A6.3 notes that training is an essential legal requirement. Appendix 3, point A3.6 recommends 5% of the 250 CPD hours in the 5 year cycle should be CPD in radiology/radiation protection, while point A3.7 recommends 5 hours of verifiable CPD in the 5 year recertification cycle. While this last point has no specific legal backing it does represent the Working Party's interpretation of what is necessary to achieve good practice.

Thus, we have two separate sets of statutory requirements with different commitments in relation to CPD but they are not necessarily mutually exclusive. In a nutshell, dental practitioners have a legal requirement under IR(ME)R 2000 to do some verifiable CPD in radiology (5 hours is recommended) and this **verifiable** CPD can count towards the GDC CPD scheme. If dentists have not done the recommended 5 hours and are visited by the IR(ME)R Inspectorate or fall foul of any of the radiological requirements, then they will have to be able to justify their reasons for their lack of CPD in radiology. Our advice from the IR(ME)R Inspectorate is that fulfilling the recommendations will help to safeguard dentists' position should they be in any way challenged in relation to Radiological Protection.

Dental Branch DHSSPS have written to the GDC in relation to the matter and they have undertaken to clarify the issue in the next *GDC Gazette* and in *Maintaining Standards*.

Bye Bye Basil!

December sees the retirement of Basil Gibson, Director of General Dental & Ophthalmic Services in the Department. Basil held this post for 8 years and has worked with many of the political representatives of the profession. To the rest of the profession Basil may not be familiar but he has had a significant input into the working lives of most GDPs. Among the areas that Basil and his colleagues have worked on are, the Mid Term Evaluation of 1995 OHS, CDS Review 2003, reimbursement of clinical waste disposal fees, practice quality improvement money as well as the day to day running of business such as drafting the SDR and the Dental Regulations.

Although Basil's expertise and support will be missed in Dental Branch, we wish him a healthy and happy retirement which has been well earned.

1995 Oral Health Strategy (OHS)/New OHS

As mentioned in the autumn edition of *CDO News* the Full Term Evaluation of the 1995 OHS has been brought forward. A Steering Group to oversee this full term evaluation has been convened and is being chaired by Heather Clarke, Consultant in Dental Public Health (SHSSB). The group are looking at the current status of the 23 recommendations from the Mid- Term Evaluation and hope to produce a report in December 2003. Work has been slow to get under way on the New OHS. However, it is hoped that the Strategy will be up and running in the New Year with a series of workshops and a user survey to be undertaken. Following on from the new OHS, a Dental Strategy will be developed to determine the future delivery of primary care dental services.

GDC Visit to Northern Ireland

The President of the GDC, Hew Mathewson, along with the Chief Executive and Registrar, Antony Townsend, visited Belfast on 10 & 11 December. GDC staff were keen to discuss the wide range of issues which the profession currently face and to inform the profession of the ongoing work of the reconstituted GDC. Meetings, workshops and discussions were held with staff from the Dental School, representatives from general dental practice, community dental service and the professions complimentary to dentistry. The CDO currently sits on three of the GDC Committees - the Governance Group, Fitness to Practise and the Registration Committee. It is a big commitment in time and travel but GDC is central to the profession and at a critical time in its development.