

Changes to Your Dental Record Keeping Obligations

Presented by Dental Compliance Australia

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By the end of
this session...

Recognise

Recognise recent changes implemented by AHPRA and the Dental Board of Australia pertaining to dental records

Locate

Locate the key documents that now guide practice

Learn

Learn what tends to go wrong with dental record keeping

Identify

Identify the features of a complete dental record

Create

Create a plan for how you will use dental records to improve patient care

Dental Compliance ADPA Course



Evidence-based approach to dental records training



E-learning program based on Delphi consensus-building process



Update to the course including review by experts in dento-legal/complaints considerations in 2020

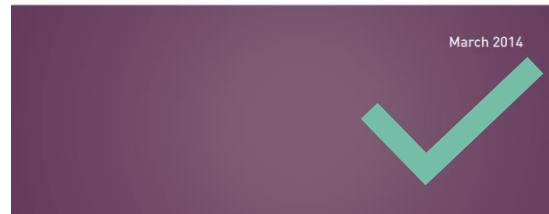


Our 'why'

As of Oct 1st 2020



For registered health practitioners CODE OF CONDUCT



Fact sheet

September 2020

Maintaining your patient health records

The Dental Board of Australia (the Board) expects all registered dental practitioners to maintain health records that serve the best interests of patients or clients and that contribute to the safety and continuity of their dental care.

What you need to know

The Board expects you to:

- Practise in accordance with the Board's regulatory standards, codes and guidelines by:
 - adhering to the obligations set out in the [Code of conduct](#) including about confidentiality, privacy and informed consent
 - completing ongoing [continuing professional development](#) (CPD) that contributes to the development, maintenance and enhancement of knowledge, skills and performance. CPD courses on record keeping are readily available for dental practitioners and can cover topics such as privacy and consent, legislative requirements, access and retention, and
 - ensuring you have appropriate [professional indemnity insurance](#) (PII) arrangements in place for all aspects of your practice. PII providers can provide guidance on maintaining adequate health records.
- Be aware and comply with:
 - state and territory legislative requirements including (but not limited to) authorities that regulate health records or any other relevant legislation and/or regulatory requirements, and
 - privacy legislation and/or any other relevant privacy requirements related to health-record management.
- Understand the principles of maintaining health records by being aware of:
 - what constitutes a health record
 - your obligations and responsibilities when making a health record, and
 - what information should be recorded in a patient or client's health record.

Resources to help you

Code of conduct

The [Code of conduct](#) is a crucial part of the Board's regulatory framework for setting minimum standards and regulatory guidance¹ for the profession to protect the public and support the objectives of the National Registration and Accreditation Scheme.

The [Code of conduct](#) outlines the Board's expectations for dental practitioners' professional conduct, including the importance of maintaining a high level of professional competence to provide quality dental care to patients or clients.

It also describes the Board's expectations of what constitutes good practice when maintaining health records.

¹ The Health Practitioner Regulation National Law, as in force in each state and territory, allows for National Boards to set standards, codes and guidelines for the regulated professions.



September 2020

A self-reflective tool to support record keeping by dental practitioners

Introduction

The Dental Board of Australia (the Board) expects all registered dental practitioners to maintain clear and accurate health records that serve the best interests of patients or clients and that contribute to the safety and continuity of their dental care.

The regulatory obligations about health records are outlined in the Board's [Code of conduct](#). More information is available in the Board's fact sheet, [Maintaining your patient health records](#).

Purpose

As a registered dental practitioner, it is your responsibility to ensure you comply with the Board's registration standards, codes and guidelines. This self-reflective tool can help you to comply with your obligations to maintain health records, as set out in the [Code of conduct](#).

This tool is designed to help you reflect on your record-keeping practice and identify areas for development or improvement. Maintaining and developing knowledge, skills and professional behaviour are core aspects of good practice. This requires self-reflection and participation in relevant professional development, practice improvement and performance-appraisal processes to continually develop professional capabilities.

How to use the self-reflective tool

This self-reflective tool is a series of questions and statements about maintaining health records for which written responses are recommended. The frequency of use of the tool and level of detail you provide in your written responses is up to you. The tool is designed to help you, so the more you consider and reflect, the greater the benefit you will gain. At the end of the self-reflection process, you can identify and address any gaps in your knowledge, skills, systems and protocols in relation to record keeping.

In addition to using the tool, dental practitioners are encouraged to engage in reflective discussions about record keeping with their teams, mentors and other colleagues, including in peer-based and continuing professional development (CPD) settings. If, in your practice setting, some of the components listed below are managed by other people, we encourage you to use this tool as a 'conversation starter' with your colleagues to ensure that the systems and processes in place are adequate. As a registered dental practitioner, you still have responsibility to ensure your record keeping complies with the [Code of conduct](#).

This tool is not a substitute for the obligations described in the [Code of conduct](#). It is a comprehensive or definitive list of requirements for record keeping designed to help you to monitor and assess whether you meet regulatory standards and expectations relating to record keeping. However, the tool will not provide a conclusive outcome as to whether or not you are meeting the requirements for safe and effective record keeping. The onus is still on you to ensure

Where to find these...

Policies, Codes and Guidelines

Policies, Codes, Guidelines and FAQ

Policies, Codes and Guidelines ^

- Code of conduct
- Social media: How to meet your obligations under the National Law
- Guidelines for mandatory notifications
- Guidelines for scope of practice

Advertising a regulated health service v

FAQ and Fact Sheets v

Continuing professional development (CPD) resources

Infection control obligations of dental practitioners v

Know your scope v

Dental records



The Dental Board of Australia has developed policies, codes and guidelines for the dental profession. These also help to clarify our views and expectations on a range of issues.

Policies

Document	PDF	Access format
Dental policy - acupuncture	PDF (57.8 KB)	Word v (69.5 KB)
Common Protocol - Informing notifiers about the reasons for National Board decisions	PDF (91.8KB)	Word v (58.6 KB)

Codes and guidelines

Document	PDF	Access format
Registered health practitioners and students in relation to blood-borne viruses	PDF (80.6KB)	Word v (938KB)
Guidelines for scope of practice	PDF (182 KB)	Webpage

*Find the [reflective practice tool](#) in the [know your scope](#) hub.

The Guidelines have been retired, so what are the key references now?

The Code of Conduct

Maintaining clear and accurate health records is essential for the continuing good care of patients or clients. Practitioners should be aware that some National Boards have specific guidelines in relation to records. Good practice involves:

- a) keeping accurate, up-to-date, factual, objective and legible records that report relevant details of clinical history, clinical findings, investigations, information given to patients or clients, medication and other management in a form that can be understood by other health practitioners
- b) ensuring that records are held securely and are not subject to unauthorised access, regardless of whether they are held electronically and/or in hard

- c) ensuring that records show respect for patients or clients and do not include demeaning or derogatory remarks
- d) ensuring that records are sufficient to facilitate continuity of care
- e) making records at the time of events or as soon as possible afterwards
- f) recognising the right of patients or clients to access information contained in their health records and facilitating that access, and
- g) promptly facilitating the transfer of health information when requested by patients or clients.

Alignment of old and new

DBA CODE	PRIOR GUIDELINES ON DENTAL RECORDS
Clinical history	Identifying details of the patient, complete and current medical history, date of visit, details of practitioner providing treatment, presenting complaint, relevant history
Clinical findings	Type of exam conducted, clinical findings and observations
Investigations	Radiographs and other relevant diagnostic data, other digital information including CAD-CAM files
Information given to patients or clients	Diagnosis, treatment plan and alternatives, consent process, estimates or quotations of fees, any relevant communication with the patient
Medication and other management	All procedures conducted, instrument batch (tracking) control, any medicine/drug prescribed, administered or supplied or therapeutic agent, details of advice provided (as part of management), instructions to and communication with laboratories, all referrals to and from other practitioners,

What does the DBA Fact Sheet contribute?

- Reinforces it is the Code of Conduct that will be the primary tool
- Clarifies the expectation from the DBA that practitioners will undertake CPD relating to dental record keeping
- Points out the sections of the Code of Conduct that are relevant: 2.2, 2.2, 3.3, 3.4, 3.5, 3.13, 3.14, 3.16, 8.4.
- Recognises the role of professional associations, insurers (including professional indemnity providers) and government health departments to give *'more detailed guidance and advice on health record management'*

What does the DBA Reflective Tool Contribute?

- Provides guidance on what specific elements should be included as part of the dental record
- Gives a self-directed checklist for making sure your record-keeping systems are compliant
- Substantial overlap with previous Guidelines document, which I'll point out in just a moment after Dom advises what some of the common problems with Dental Records are...

- Details identifying the practitioner providing care, including professional division or specialty
- Date care was provided
- Radiographs, scans, images models, charts (including a record of your interpretation radiographic/scan/images/models/charts)
- Other diagnostic data (e.g. dental charting of examination findings, soft tissue and temporomandibular joint examination findings, pulp sensibility tests, percussion tests, mobility tests, palpation tests, periodontal probing, etc.)
- Diagnosis/diagnoses
- Treatment options and agreed treatment plan(s)
- Details of discussions of the diagnosis/diagnoses and treatment plan(s)
- Advantages and disadvantages of plan(s)
- Details of referral(s) and handover to other practitioners
- Details of referral of work to laboratories
- Procedures carried out
- Relevant infection control details, e.g. instrument batch processing where appropriate
- The prescription or administration of therapeutic agents including the name, quantity, dose and instructions (note: for

What tends to go wrong with dental records?

Google

🔍 how to make a complaint against your prosthetist



🔍 how to make a complaint against your prosthetist - Google Search

The AHPRA website

Why am I raising this concern?

If you are raising this concern for:

- an explanation
- an apology
- a refund or compensation
- access to your health records or to amend them
- change in policy or practice at a hospital, medical/dental practice, pharmacy, ambulance, community health service.

▶ Submit a complaint to a **health complaints organisation**

If you are raising this concern because you think:

- a practitioner's behaviour is placing the public at risk
- a practitioner is practising their profession in an unsafe way, or
- a practitioner's ability to make safe judgements about their patients might be impaired because of their health.

▶ Submit a concern to **AHPRA**

You can also [download and complete a PDF form](#)

Please describe what occurred*

Tell us:

- what happened
- who was involved
- when and where it happened
- when you became aware of the problem
- the main issues you are concerned with.

You may want to provide supporting documentation about your complaint or concern. Use the related documents section below to upload documents with this form, or contact AHPRA on 1300 419 495.

I needed a new denture and all of my teeth were perfect. After I got my new denture my teeth started falling out. The prosthetist doesn't know what they're doing and I want to protect everyone else from this horrible work. I'm now too sad to smile.

Do you have related documents?*

Yes No

Have you discussed your complaint or concern with the health practitioner?*

Yes No

Have you made a complaint or raised a concern about the health practitioner to any other organisation?*

Yes No

Previous Step

Next Step



Contemporaneous
records

There are two ways this can go...

Option 1

- There are no or minimal dental records
- They do not document the teeth present, their condition or any referrals/recommendations
- There is no documentation of previous dental history, medical history or clinical findings
- There is no mention of a discussion of treatment options

Option 2

- There is a complete dental record available – Kate will outline this shortly

THE FACTS

So what happened?



Discontinued or escalated for further investigation?

How can good clinical records improve patient outcomes?

CLINICAL HEURISTICS – practical decision making by clinicians





AS CLINICIANS WE MANAGE
UNDER UNCERTAINTY



OUR DECISION MAKING IS
LIMITED BY SEVERAL FACTORS



SYSTEMS CAN IMPROVE
DECISION MAKING

The 6 steps of decision making

Collecting information	History of condition, medical dental, social history, examination, radiographs, diagnostic tests
Reacting to and consider the information	Probing depths or mobile teeth may lead to consideration of an x-ray. Discoloured tooth may warrant further investigation etc.
Incorporating emotional responses to possible choices	Managing the anxiety of the patient and dealing with historical experiences of your own
Evaluating alternatives	Differential diagnosis and possible treatment options
Reacting and responding to risk and uncertainty	Reviewing the risk-benefit for that patient, biological/ financial/ psychological
Making a judgement or choosing a course of action	Definitive diagnosis and management plan.



Decision making under uncertainty is what we do every day

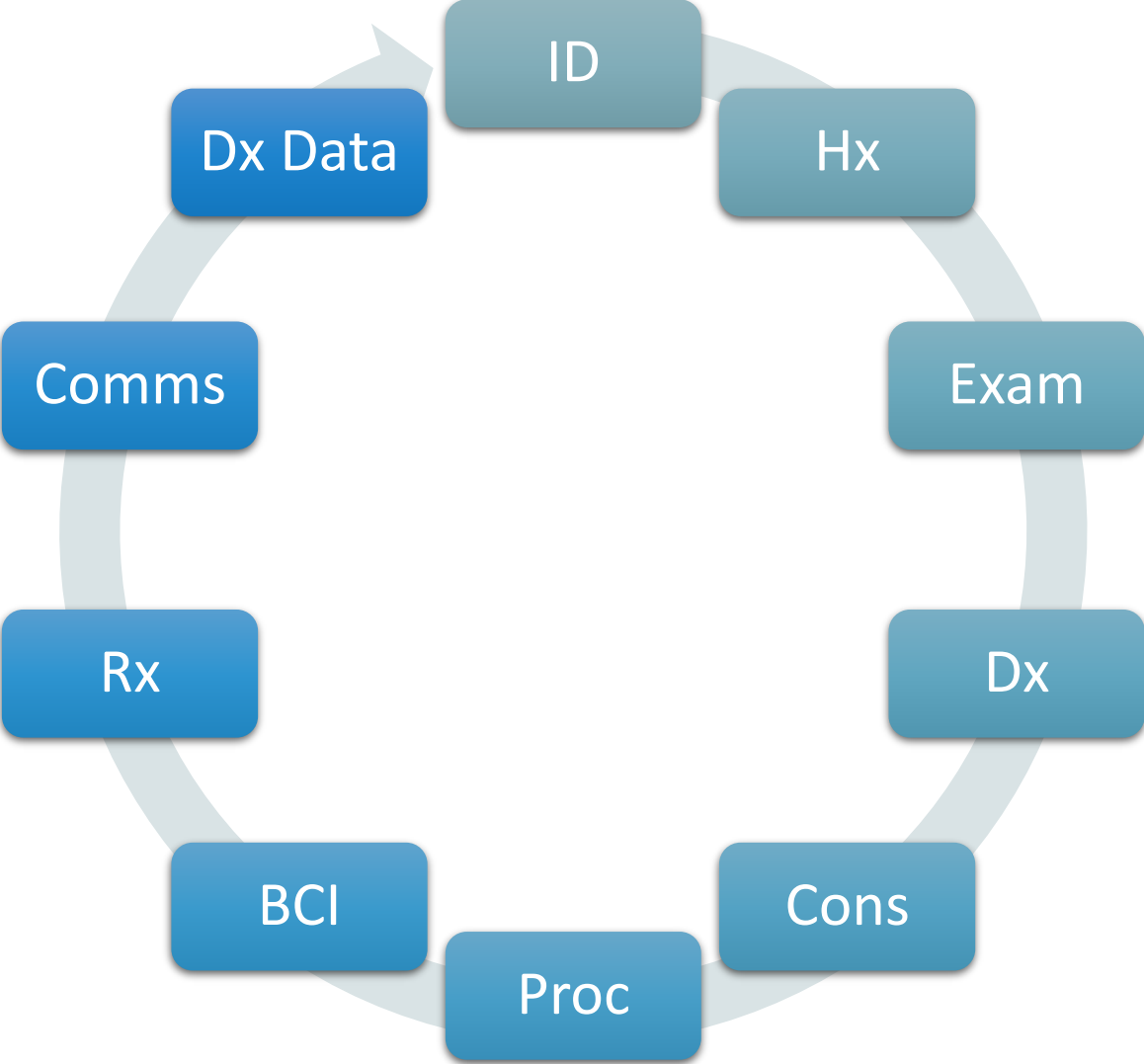


Decisions are limited by a number of factors including time, knowledge, skills, money and biases



Decision-making is improved by being aware of our biases and creating systems that are clear and consistent

Combat
bias and aid
decision
making with
structure
and systems




DBA CODE	PRIOR GUIDELINES ON DENTAL RECORDS
Clinical history	Identifying details of the patient, patient history applicable to decision making including health, social and cultural factors, complete and current medical history, patient capacity and special needs, patient or guardian consenting, date of visit, details of practitioner providing treatment including professional division or specialty presenting complaint, relevant history
Clinical findings	Type of exam conducted, clinical findings and observations
Investigations	Radiographs and other relevant diagnostic data/scans (including a record of your radiographic/scan interpretation), other diagnostic data (e.g. dental charting of examination findings, pulp sensibility tests, percussion tests, mobility tests, palpation tests, periodontal probing etc.) other digital information including CAD-CAM files
Information given to patients or clients	Diagnosis, treatment plan and alternatives, advantages and disadvantages of plan(s), consent process, estimates or quotations of fees, any relevant communication with the patient
Medication and other management	All procedures conducted, instrument batch (tracking) control and relevant infection control details where appropriate, any medicine/drug prescribed, administered or supplied or therapeutic agent, details of advice provided (as part of management), instructions to and communication with laboratories, all referrals (and handover) to and from other practitioners, adverse or unusual outcomes

What are the features of a complete dental record ?

A quick self AUDIT: is it clear that there was inherent CONSENT?

Pneumonic	Considerations
C = Clinical history	Complete and current relevant dental and medical history
O= Observations	Clinical findings and observations, radiographs and other relevant diagnostic data/scans (including a record of your radiographic/scan interpretation), other diagnostic data (e.g. dental charting of examination findings, pulp sensibility tests, percussion tests, mobility tests, palpation tests, periodontal probing etc.)
N = New findings	Diagnoses
S = Strategies discussed	Treatment alternatives and plans discussed
E = Expectations	Advantages and disadvantages of plan(s) discussed, estimates or quotations of fees
N = Names of involved parties	Identifying details of the practitioner and patient or guardian consenting, patient history applicable to decision making including health, social and cultural factors, patient capacity and special needs
T = Treatment delivered	All procedures conducted, instrument batch (tracking) control and relevant infection control details where appropriate, any medicine/drug prescribed, administered or supplied or therapeutic agent, details of advice provided (as part of management), all referrals (and handover) to and from other practitioners, adverse or unusual outcomes

A large teal circle is positioned on the left side of the slide, partially overlapping the white background. It contains the text 'How can we make sure we meet the mark?' in white font.

How can we
make sure
we meet the
mark?

- Aide memoire / prompt
- Template / autonotes
- Structured approach to records and consent to avoid missing important steps

Reference: Journal of dental education 2015

[Evidence Regarding Teaching and Assessment of Record-Keeping Skills in Training of Dental Students.](#)

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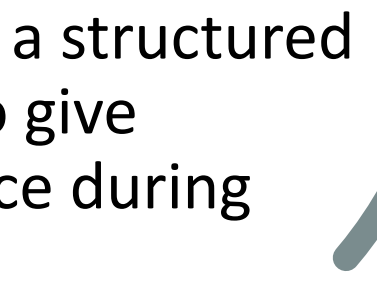
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Final tips on how to improve dental records

The bus test... if I was hit by a bus (or Covid) tomorrow, could you continue the care for this patient? Would it be clear:

- What I did
- Why I did it (including diagnostics and pt. preferences)
- What's next

It remains to be seen what the interpretation of the new documents will be, but keep a structured consistent approach to note taking to give yourself the best chance of compliance during this transition period.



Member training access

- \$275 incl GST for ADPA members
- Available from <https://www.adpa.com.au/events/event/record-keeping-online-course>
- Approx. 2-hours on-demand online step by step training on how to meet record keeping requirements



What other references can help?

- **ADA Policy on Dental Records** available from:

https://www.ada.org.au/Dental-Professionals/Policies/Third-Parties/5-17-Dental-Records/ADAPolicies_5-17_DentalRecords_V1

Charangowda BK. **Dental records: an overview.** *J Forensic Dent Sci* 2010; **2**: 5– 10.

Royal College of Surgeons Faculty of Dental Practice Clinical Examination and Record Keeping Good Practice Guidelines: <https://www.fgdp.org.uk/clinical-examination-record-keeping-standards/title-page>

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