

Information for staff participating in the National 3rd Molar Audit – Version 5

Contents

Background.....	1
Aims/Objectives of the National 3 rd Molar Audit.....	2
Aims:	2
Objectives:.....	2
Who manages the audit?	2
Local arrangements	2
HSCIC on-line database.....	2
Patient Information – clinician’s responsibilities.....	3
Obtaining consent	3
Document Management	3
Management of signed consent forms.....	3
What to do if a patient no longer wishes to take part in the audit	3
Locally held data.....	3
Centrally stored data.....	3
Data storage.....	3
Patient Confidentiality.....	4
Data entry using HSCIC on-line database	4
Data entry using Excel data forms	4
How to password protect your Excel data files	4
File Transfer.....	4
The process of data collection	5
Contact details	5

Background

The surgical treatment of the third molar is one of the priority areas identified by The British Association of Oral and Maxillofacial Surgeons (BAOMS) for a national audit. Wisdom teeth may erupt normally into correct dental alignment and function. Sometimes they develop in non-functional or minimally functional positions. Impaction occurs when there is prevention of complete eruption due to lack of space, obstruction or development in an abnormal position. This may result in a tooth erupting partially or not at all. Impaction may be associated with pathological changes including infection in the overlying tissues, an increased risk of caries and periodontal disease in adjacent teeth, and cyst formation. Current best practice according to the National Institute for Health and Care Excellence (NICE) guidelines ([Technology Appraisal No. 1 – Guidance on the Extraction of Wisdom Teeth, issued March 2000](#)) recommends the removal of impacted third molars which have caused these pathological changes.

This audit will record patients’ symptoms and allow comparison of practice to the current NICE guidelines. It will also assess if the referral letter is an accurate reflection of the symptoms. Using patient-reported outcome measures (PROMs) will help to determine whether the treatment was of benefit and will record any treatment- related problems. Ultimately, higher case submission rates will lead to a more comprehensive picture of patient care and help improve patient care in the future.

Aims/Objectives of the National 3rd Molar Audit

This will be the first national audit on third molars examining the incidence of problems from third molars, the treatment decisions made and the long-term outcomes of those decisions.

Aims:

- To determine the extent of morbidity caused by third molar pathology in the UK
- To determine whether patients are referred with relevant problems related to their third molars
- To determine whether patients are offered treatment that is in accordance with relevant guidelines ([NICE Technology Appraisal No 1 – Guidance on the Extraction of Wisdom Teeth, March 2000](#))
- To determine whether patients are benefiting from their treatment
- To determine whether innovative treatments such as coronectomy are safe in the long-term
- To determine any significant longer-term clinical or economic implications of following the current NICE guidance for third molar treatment

Objectives:

- To support clinicians in satisfying revalidation requirements relating to participation in clinical audit and improvement activity
- To ensure that surgery resolves the patients' problems with minimal morbidity
- To provide clinically meaningful information for comparative purposes and to help explain variations
- To confirm best practice and provide an opportunity to share this
- To provide a basis for the development of local action plans

Who manages the audit?

The project has been instigated by the Council of BAOMS and been developed and approved by its Clinical Effectiveness Sub-committee. It is being funded by Saving Faces - The Facial Surgery Research Foundation and co-ordinated by the National Facial and Oral Research Centre (NFORC), a branch of Saving Faces. The Health and Social Care Information Centre (HSCIC) is providing the IT infrastructure and data management support.

Local arrangements

Clinical audit is a quality improvement activity which does not usually require direct ethical approval. However, it is best practice to register your clinical audit projects locally and in some trusts this may be mandatory. The clinical audit staff in your hospital's Clinical Audit Unit, Clinical Effectiveness Unit or Quality Department will be able to offer expert advice and support in undertaking and registering all clinical audit activities. As this is a national audit badged by the British Association of Oral and Maxillofacial Surgeons (BAOMS) there should be no obstacle to local registration. Please contact James Gallagher, Chair of BAOMS CEC, or Iain Hutchison, Director of NFORC if you experience any local difficulty.

HSCIC on-line database

Data from all participating sites will be entered and/or uploaded to a secure web-based database. This is now up and running and we would welcome user feedback. Registered users will be able to enter and review patient data. Registration forms are available now.

Users will have access to their own electronic data and will be able to run simple reports or download it as a 'comma separated value' (csv) file at any time. HSCIC will provide a help line and can assist with data entry and data transfer. Registered users will also have access to some fields of aggregate pseudonymised data from other participating units for the purpose of their revalidation.

Patient Information – clinician’s responsibilities

As patient-identifiable data are being collected you will need to obtain explicit consent from patients for their information to be included in the audit. It is the clinician’s responsibility to inform patients about all aspects of the project in a way that they are able to understand both verbally and in writing in the form of the leaflet ‘National 3rd Molar Audit – Information for Patients’. If the patient indicates they would like to take part in the project, the person taking consent must be confident that the patient has a good understanding of how their details will be collected, stored and used before the consent form is signed. Patients may decline to participate in the audit without this decision affecting their treatment in any way.

Obtaining consent

When obtaining the participant’s consent, check that the participant initials the boxes adjacent to the questions on the consent form and that the participant prints and signs their name together with the date in the appropriate place on the consent form.

The consent form should be countersigned and dated by the person taking consent in the appropriate place on the consent form.

Document Management

It is good practice to maintain an Audit Master File containing relevant documents and copies of all patient consent forms. You might find it useful to record the date of treatment using the attached Follow-up Schedule template. Alternatively, you could file the completed “Operation Notes” proformas by month of follow-up.

Management of signed consent forms

If they wish, let the participant keep a copy of the patient information sheet and their completed consent form. After signature, the original consent form should be placed in the Audit Master File and a copy kept in the patient’s medical notes, in addition to the copy given to the patient.

What to do if a patient no longer wishes to take part in the audit

Patients may withdraw from the audit at any time. Once data collection has started, they have the right to refuse to allow any further data to be collected. They can also ask for the data that has already been collected to be deleted.

Locally held data

It is good practice to document any withdrawal requests and to file them in the Audit Master File noting whether the withdrawal was from all components of the audit. If applicable, ensure that the patient is informed that the data has been destroyed.

Centrally stored data

If a patient wishes to withdraw consent they should first contact the practitioner who treated them and ask for their data to be deleted from the system. If this approach is not possible or not preferred by the patient, he or she may contact HSCIC directly (0845 3006016 or email enquiries@hscic.gov.uk) and ask for their information to be deleted.

Data storage

All data should be kept in accord with your local data security policy. Audit proformas should be locked in a filing cabinet, electronic files should be password protected and kept on a secure, restricted access server, ensuring that only clinical professionals with a duty of confidentiality are able to access the data. All data submitted to the HSCIC database will be retained for the duration of the audit and for a minimum of 5 years after closure.

Patient Confidentiality

Data entry using HSCIC on-line database

When the on-line database is up and running HSCIC will establish and maintain all reasonable technical and organisational measures against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.

Meanwhile please be aware of some patient confidentiality issues regarding the storage and transfer of data in *Excel files*.

Data entry using Excel data forms

Always:

- Give passwords/access only to those members of staff who need it for the clinical audit.
- Encrypt data in Excel files before sending it by email or over the internet. However, if you have an nhs.net email account then password protection is not needed.

Never:

- Transfer data without ensuring it is being done securely
- Pass any data used in your audit to anyone who does not have a legitimate right to use the information (i.e. third parties inside or outside of your organisation).

How to password protect your Excel data files

A secure password should contain a combination of upper and lower case letters, numbers and characters. It should be random and not be able to be easily guessed by those who do not require access to the information.

In Excel 2010:

- On **File** menu click **Info**,
- Select Protect Workbook, then Encrypt with Password
- Type password and click OK

In Excel 2003:

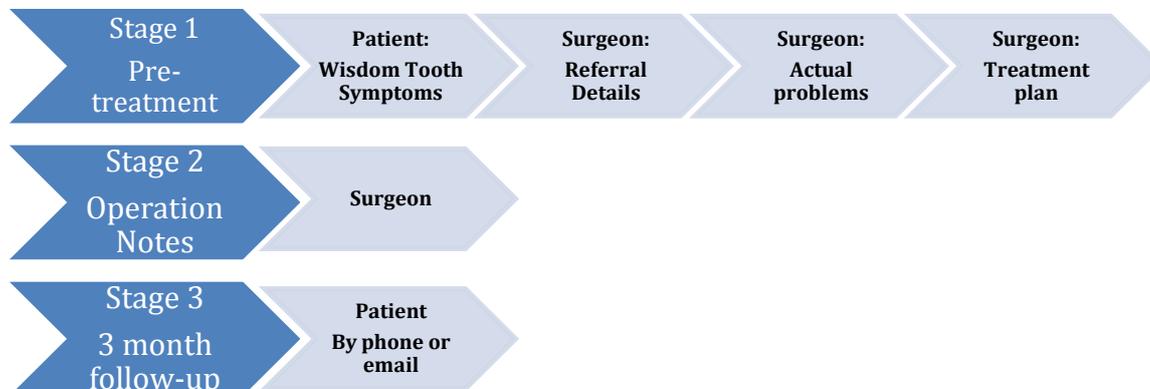
- On the **File** menu, click **Save As**.
- On the **Tools** menu, click **General Options**.
- Type a password in the "Password to Open" box and then click OK.

File Transfer

You should adhere to your own organisation's procedures for encrypting and transferring information.

The process of data collection

Data will be collected both before and after treatment in a 3 stage process, see diagram:



Contact details

BAOMS and James Gallagher

Website: <http://www.baoms.org.uk/>

Email enquiries: office@baoms.org.uk

Tel: 0207 405 8074

NFORC/Saving Faces and Professor Iain Hutchison

Website: <http://www.nforc.co.uk/>

E-mail enquiries: info@nforc.co.uk

Tel: 020 8223 8049

Health and Social Care Information Centre

Website: <http://www.hscic.gov.uk/>

E-mail enquiries: enquiries@hscic.gov.uk

Tel: 0845 3006016