Medico-Legal Matters

Orthodontic Trainee Dental Nurse Course

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Medico-Legal Matters

1.4 Medico Legal Matters	1.4.1 the relevant legal statutes which apply to the practice of orthodontics and describes how it is regulated, including • consent • malpractice • data protection 1.4.2 how these regulations affect the dental nurse and the rest of the team	1.4.3 use knowledge gained such that regulations are obeyed, and the dental nurse works to uphold ethical behaviour in and beyond the workplace	1.4.4 appreciate the importance of accurate completion of contemporaneous records 1.4.5 recognise the importance of the various articles of legislation and the consequences of disobeying them 1.4.6 recognise how legislation helps protect the vulnerable patient	ST SDL	FA RoC

- General Dental Practitioner
- Senior Clinical Lecturer CoMD / MSc AGDP Programme Lead
- DFT Educational Supervisor NIMDTA
- Clinical Advisor / Clinical Expert witness GDC
- Dental Representative LCG
- Examiner NEBDN, RCSEd & GDC
- Board Member Royal College of Surgeons Edinburgh (Dental Education & Primary Dental Care)

DJ Maguire
Dental Group

- Managing Director / GDP
- Family owned group of 12 dental practices across NI
- Mixed Health Service & private
- Approx. 200 staff (inc 66 dentists)
- Over 80,000 registered patients
- In-house specialities

Importance of Dental Records

- Greater understanding of why dental records are important
- Recognize their function
- Identify all the information to be included
- Assess the consequences of poor or missing records
- Recognize how and why good records enhance clinical care

Standards

General Dental Council

protecting patients,
regulating the dental team

There are nine principles registered dental professionals must keep to at all times. As a GDC registrant you must:

1. Put patients' interests first
2. Communicate effectively with patients
3. Obtain valid consent
4. Maintain and protect patients' information
5. Have a clear and effective complaints procedure
6. Work with colleagues in a way that is in patients' best interests
7. Maintain, develop and work within your professional knowledge and skills
8. Raise concerns if patients are at risk
9. Make sure your personal behaviour maintains patients' confidence in you and the dental profession

Standards for the Dental Team applies to:

- Dentists
- Dental Nurses
- Dental Hygienists
- Dental Therapists
- Orthodontic Therapists
- Dental Technicians
- Clinical Dental Technicians

Throughout this document:

- '**must**' is used where the duty is compulsory;
- '**should**' is used where the duty would not apply in all situations and where there are exceptional circumstances outside your control that could affect whether, or how, you can comply with the guidance. Should is also used when we are providing an explanation of how you will meet the overriding duty.

Standards

You must:

4.1 Make and keep contemporaneous, complete and accurate patient records.

4.2 Protect the confidentiality of patients' information and only use it for the purpose for which it was given.

4.3 Only release a patient's information without their permission in exceptional circumstances.

4.4 Ensure that patients can have access to their records.

4.5 Keep patients' information secure at all times, whether your records are held on paper or electronically.

- Most clinicians
- Most of the time
- Exacerbated when a complaint arises

How effective is your memory?

- Recording any information
- Personal + professional
- How clearly can you remember…?

- **Contemporaneous**
- Definition:
- “Made before the clinician sees their next patient”

Functions of Dental Records

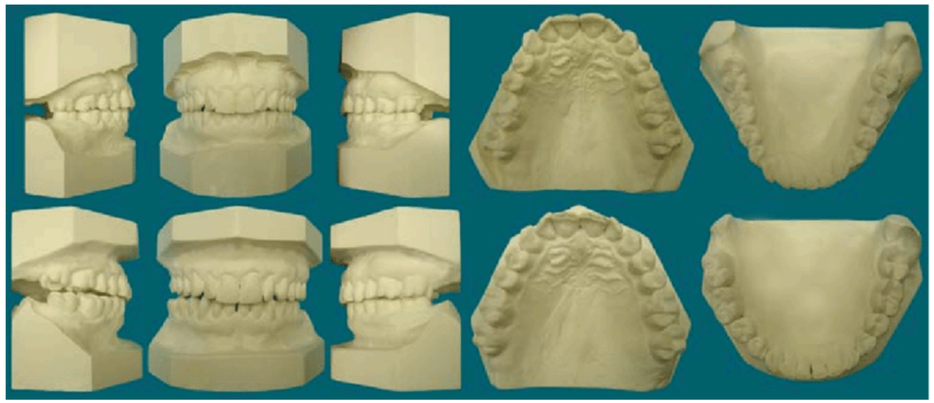
- Enhance clinical care
- Increasingly for non-clinical reasons
- Facilitate care
- Clinical Governance + Audit
- Care of population

What should be included?

A complete record:

- Dated tooth charting
- Treatment plan
- Clinical notes
- Consent forms e.g. RA
- Radiographs
- Lab dockets
- Appointment history (inc. DNA)

- Medical history form
- Clinical photographs
- Study models
- Personal data



- Correspondence (e.g. referral letters)
- Financial records
- HS45 (or HS45PR)
- Prescription details

Paper vs Computerised?

- Easy to update
- Structured
- Accessible
- Clear audit trail
- Detailed
- Legible

Why don’t we always keep good records?

- Human factors
- Work environment
- Other issues

Human Factors:

- Time pressure
- Fatigue
- Unwell
- Stress
- Overload of tasks

Work Environment:

- Distractions (e.g. staff issues)
- Interruptions
- Unfamiliar with surgery / equipment

Other Issues:

- Out of touch
- Multiple patient problems + complex notes
- Patient familiarity
- No recent training

Consequences of Poor / Missing Records

- Adverse Event
- Complaint

Adverse Event:

- Delayed treatment
- Patient harm
- Wrong treatment
- i.e. lack of continuity of care

- Referral of a lesion
- Reviews of a lesion
- Ortho extractions
- Being seen by different dentists / places
- Emergency appointments involved

Complaint:

- Likely to be examined by a third party / regulatory body / court
- Defence difficult if records poor

Summary

- Value of a well-documented record
- What all could be included
- If parts missing or inaccurate
- Potential to affect patient future care
- Present challenges for the current treating dentist

Principles

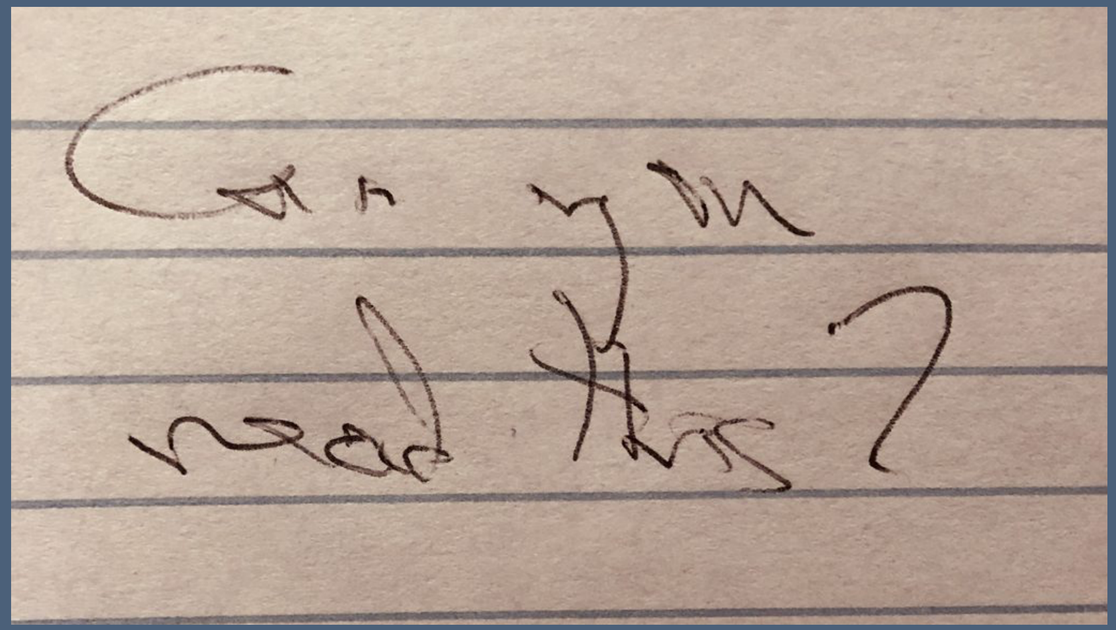
of

Good Record Keeping

- Update your knowledge on principles of good record keeping
- Identify best practice when recording information
- Key acronyms + abbreviations
- Role of dental team in creating comprehensive records
- 6 Key Steps of good record keeping

1) Write legibly + clearly

- Concise
- Legible
- Complete
- Specific
- Contemporaneous
- Signed / dated



- Reconstruct clinical sequence of events
- Computerisation
- ? hybrid system

2) Who + When

- Every entry
- Specific person
- Specific date
- Computers - signed in

3) Acronymns

- Well established
- Professionally accepted
- Single meaning
- NAD, PMH etc

4) Altering Existing Documents

- Very serious potential consequences
- Credibility + honesty
- Clearly labelled, dated, signed
- No intent to mislead
- No correction fluid

5) No offensive, personal or funny comments

- Patient / Colleagues / Solicitor / Court
- e.g. Pop-Up or admin posted note
- Nothing subjective
- Facts
- Sensitively
- Avoid emotive notes

6) Contemporaneous

- At the time
- Or immediately following appointment
- Before next patient comes in
- Domiciliary visits, phone calls with patients, attempts to contact patient
- Dentists responsibility

Example - Emergency Appointment

- **Hx:** C/O, HP/C, PMH
- **O/E:** E/O + I/O
- **Investigations:** Radiographs, Vitality, Photos
- **Diagnosis**
- **Options**
- **Decision**

- Often months or years before a complaint arises
- Records will be **vital**
- What was considered
- Discussed with patient

Getting the Balance Right

How much you feel you need to write

vs

How much time you have available

Appropriate Level of Detail:

- Amount of information you would like to read in a patient's record if you were taking over from another dentist
- Understand the sequence of treatments so far
- Reasons behind the decisions involved
- Reasons behind the actions taken
- Process so far

- Continuity of care
- Sufficient details
- Justify proposed diagnosis, investigations + management
- Sequence of events
- Diagnosis and differential diagnosis
- Valid consent obtained

When to write more?

- Continuity of care
- Dento-legally
- Professional judgement of situation

Example Higher Risk Situations:

- Difference in opinion + patient disagrees
- Declining treatment
- Lack of capacity
- Significant pain
- Cosmetic treatments
- Trauma
- Surgical procedures

- Telephone conversations
- Adverse outcome
- Dissatisfied patients
- Referrals

Structure of Clinical Notes:

- **History**
- **Exam**
- **Assessment** (Investigations + diagnosis)
- **Information** (discussions + consent)
- **Plan** (Management + Treatment)
- **Follow Up**

Information + Discussions

Amount + quality of information

Patient involved in decision-making process

- Costs
- Patient concerns
- Patient expectations

- Options + risks/benefits
- Advice + Recommendations
- Decisions jointly made + consent
- Agreed patient responsibilities
- If patient rejects or declines advice/recommendation

Summary

- Proud!
- Reflection of our professionalism and quality
- “Good Notes”
- “Bad Notes”
- “No notes”

- Patient feels you are well prepared
- You remember them
- **Trust + Rapport**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