

National Survey of Audit Activity

Forms returned covering the period 2007

A survey of the regional orthodontic audit groups across the UK has taken place using the downloadable BOS audit survey forms 1, 2a and 2b. The survey established what projects were ongoing (Form 2a) and what were completed (Form 2b) during the period 2007. This should provide a useful reference for planning future audits and for BOS members to be aware of audit activity nationally. Each regional coordinator will doubtless be pleased to provide more details of individual audits upon request.

INDEX

Section A) Ongoing projects for survey period Pages 2 - 7

Section B) Completed projects for survey period Pages 8 - 16

Table 1. Summary of responses by section Page 17

A) ONGOING PROJECTS FOR SURVEY PERIOD

EASTERN

Title. Communication in Combined Orthodontic & Orthognathic Surgery Clinics

Aims & standards. Initial pilot project being run at King's Lynn Hospital

Preliminary results of King's Lynn audit will be presented at the June 2008 Regional Audit meeting. Thereafter, standards will be set, and the remaining units in the Region will then begin data collection.

Title. Dental Unit Waterline Disinfection (DUWL)

Aims & standards. To achieve EU potable (drinking) water quality standards for the water emanating from the hospital DUWLs. To have less than 100 colony forming units per ml of water (<100 cfu / ml)

Title. Accuracy of pre-surgical predictions for Le Fort 1 Osteotomies

Aims & standards. To examine the discrepancies between the total pre-surgical predictions and the final post-operative outcomes retrospectively for 10 consecutive cases operated on between June 2006 and June 2007.

Standards adopted:

1) Jacobson & Sarver AJODFO 2002; 122: 142

- 80% of cases fell within 2mm of prediction & 43% fell within 1 mm.

2) Semaan & Goonewardene Angl Orthod 2005; 75: 964

- 66% of cases fell within 2mm of prediction & 26% fell within 1mm

LONDON EASTMAN

Title. Patient satisfaction with the joint orthodontic paedodontic clinic

Aims & standards. 100% patient satisfaction with the clinic

Title. Audit on the age of referral of patients with impacted canines

Aims & standards. 100% of patients with impacted canines must be referred by age 10

Title. Audit on the use of eye protection among patients and staff in the orthodontic department

Aims & standards. 100% of patients, clinicians and DSAs use eye protection

Title. Consent form compliance

Aims & standards. 100% of patients have provided written consent to their treatment which has been recorded in the patient folder

Title. An audit on cross infection control within the orthodontic department

Aims & standards. 100% of clinicians and DSAs comply with cross infection control guidelines

MERSEY

Title. The impacted maxillary canine

Aims & standards. Aim: To determine the age at which referrals for impacted maxillary canines are received across the Mersey region. Standard: Referrals should be received by the age of 12 years (Royal College of Surgeons guidelines)

Title. Audit of attendance at regional audit meetings

Aims & standards. To monitor overall levels of attendance by hospital based staff at Regional Orthodontic Audit Meetings and also to contribute to establishing a national minimum standard. In the absence of definite national standards we would aim to achieve a minimum of 75% attendance levels annually.

Title. New Patient Waiting Times: A Regional follow up audit

Aims & standards. The aim of this audit is to assess the mean waiting time for new patient consultations and compliance with the current 13 week wait target and compare it with the results of a previous LUDH audit. The likelihood of attaining future goals, related to the implementation of the 18 week referral to treatment pathway will also be assessed.

Title. Audit to categorise treatment need of malocclusion being placed on the orthodontic waiting list at Liverpool University Dental Hospital using the Index of Orthodontic Treatment Need (IOTN) to assess occlusal traits.

Aims & standards. To assess which IOTN ranking is placed on the waiting list at Liverpool University Dental Hospital after consultation and any reasons given for such waiting list allocation.

Gold Standard to be used:

1. All minimum orthodontic data sets will have the IOTN (DHC) assessed and completed at the time on consultation.
2. IOTN of 4 and 5 should be placed on the hospital waiting list, IOTN 1-3 if placed on waiting list should be for reasons, for example, for teaching purposes.

Title. Extraction referral letters: Do we comply with BOS guidelines?

Aims & standards. Gold standard for writing an extraction referral letter is the BOS Advice Sheet on Extraction Referral Letter Guidelines.

The expected standard will be that 95% of extraction referral letters sent from the departments comply 100% with the guidelines.

Title. Guidelines for Minimum Records for patients undergoing orthognathic surgery

Aims & standards Aim. Assess if we are complying with the BOS/BAOMS guidelines for minimum record collection for patients requiring orthognathic surgery?

Gold Standard: BOS/BAOMS Minimum dataset Proforma for Surgical-Orthodontic Patients

NORTHERN IRELAND

Title. Audit of consecutive completed cases personally treated by consultant orthodontist

Aims & standards. 75% of cases should exhibit a reduction in PAR score of >70% with 3% or fewer having a reduction in PAR of <30%

Title. Audit of sensory loss post orthognathic surgery

Aims & standards. There should be 90% recovery of sensory loss 6 months post orthognathic surgery

Title. Audit of retention compliance

Aims & standards. To assess the patient compliance with retention protocols and to see if there was a reduction in patient compliance with full time or night time retention

Title. Audit of sensory loss post orthognathic surgery

Aims & standards. There should be 90% recovery of sensory loss 6 months post orthognathic surgery

OXFORD GROUP

Title. Canine audit

Aims & standards. Retrospective audit of cases

SCOTLAND

Title. Assessment of caries in pre-bone graft OPG for CLP patients

Aims & standards. To determine DMFT using pre-ABG OPG and age of assessment

Title. Audit of ABG outcome vs length of wait for surgery when ready

Aims & standards. To audit ABG outcome and to determine whether wait for surgery is an important factor

Title. Audit of compliance with BOS/BAOMS recommended record taking for orthognathic surgery cases

Aims To assess clinical record collecting using proforma developed by the joint BOS/BAOMS working group.

Title. Bond failure audit

Aims & standards. An audit to compare failure rates of bands and bonded buccal tubes

Title. An audit of Clinical note keeping at the CLP clinic

Aims & standards. An audit to assess basic note keeping in relation to professional standards

SOUTH EAST

Title. New patient referral audit

Aims & standards. Investigating patient journey through and to services. Data sheet collected on clinic

Title. Orthognathic patient satisfaction

Aims & standards. Investigating patient satisfaction with joint surgical treatment

SOUTHWEST THAMES

Title. A Regional Audit on Orthognathic Surgery

Aims & standards. Aims •Audit record collection •Process of Orthognathic Surgery

n Length of pre-surgical orthodontics n Length of in-patient stay n Length of post-surgical orthodontics. •Outcomes of Orthognathic Surgery n Patient satisfaction questionnaires n Severity and Outcome Assessment of Surgical-Orthodontics n PAR score

Standards. •Record Collection: 100% Compliance with the BOS/BAOMS Dataset

•Process: 90% Pre-surgical Ortho < 18 mths

90% Post-surgical Ortho < 12 mths

•Outcomes: 90% Patients highly satisfied

90% PAR score reduction 90%

90% Outcome Assessment < 5

TRENT

Title. Accuracy of maxillary Osteotomies

Aims and standards. To assess the difference between the planned move and that obtained surgically

Title. Consent Audit

Aims and standards. To assess the effectiveness of consent - Do patients and parents understand and remember the consent process and information given

WALES

Title. Survey of Patients Wearing Braces – satisfaction questionnaire

Aims & standards. British Society of Orthodontists Patient Satisfaction Questionnaire

Title. BOS treatment modalities – regional audit

Aims & standards. BOS Clinical Standards Committee project looking at treatment trends and in particular extractions in orthodontics

Title. An Audit of the Use and Availability of Orthodontic Instruments

Aims & standards. To ensure kits were appropriate for each procedure. To find if instruments were usable. To investigate if smaller or fewer kits could be used

Title. Satisfaction with Orthognathic Surgery

Aims & standards. To assess both the patient's and clinician's satisfaction with the outcome of orthognathic surgery

Title. Audit to compare the complexity of treatment need and the complexity of treatment provided between patients seen in Morrision Orthodontic department 1996-1997 and 2005-2006

Aims & standards. Identify pts treated in timeframe. Identify clinician level, treatment complexity, treatment provided. Baseline records.

WESSEX

Title. Orthodontic Treatment Survey 2008

Aims & standards. The 'Dispatches' programme on Channel 4 exposed the lack of basic knowledge within the orthodontic profession regarding the percentage of treatments where extractions were carried out. The aim of the original audit was to set a baseline for future comparison. The first audit was completed in 2001 and repeated in 2004. It is now being repeated as part of a national BOS project.

WEST MIDLANDS

Title of project. An audit of Lab consistency of PAR scoring

Aims & standards To assess the variability of PAR scores from different labs across the West Midlands. PAR scores consistent

Title of project. Regional audit of PAR scoring of Completed cases

Aims & standards. To assess the pre and post treatment PAR scores of treated cases.

YORKSHIRE

Title. A re-audit of the use of fluoride mouthwash use in orthodontic patients

Aims & standards Aims – To assess whether patients know how frequently they should use fluoride m/w/. To assess whether pts feel they have had appropriate advice & encouragement. Attempt to assess pt compliance. Standards – 100% of pts to be given fluoride mouthwash. 95% to use fluoride mouthwash. 95% to use it daily. 95% to have had additional encouragement. 95% to have received warnings about risk of overdose

Title. Audit of lateral cephalogram radiographs, St Luke's Hospital, Bradford

Aims & standards. Asses standard of Lateral cephalograms

NRPB standards: not less than 70% excellent; not more than 20% diagnostically acceptable; not more than 10% unacceptable

Title. Lateral Cephalogram Audit at Pinderfields General Hospital

Aims & standards. Aim – To assess the quality of lateral cephalogram radiographs taken

Standards – As per according to NRPB original standards

Not less than 70% should be excellent, not greater than 20% fall into the diagnostically acceptable category, and 10% into the unacceptable category

Title. How well do we treat cases with overjets greater than 9mm

Aims & standards. To assess the effectiveness of consultant treatment of cases with overjets greater than 9mm

EASTERN REGION

Title. Level of Use and Support of CSSD

Aims & standards To determine the number of hospital units which use CSSD, either in part, or entirely, as well as the associated costs

Title. Level of Consultant Supervision for SpRs: Part IV

Aims & standards To undertake another audit of the percentage of Consultant availability to cover SpR clinical sessions, as well as the mean time taken to respond to a request for support. Standards: The previous Eastern Region Audit 2004 standards that 70% of all SpR sessions should have consultant cover, and that consultants should take no longer than 7 minutes to respond to a request for advice were adopted.

Title. An audit of knowledge and clinical protocols for managing patients sensitized to Natural Rubber Latex (NRL)

Aims & standards. To screen for the levels of understanding of the problems associated with NRL Allergy, as well as the safe clinical practices which should be employed.

LONDON EASTMAN

Title. Information governance audit

Aims & standards. Adequate knowledge of the Data Protection Act, Caldicott Principles, and Trust Information Governance Policy. 100% correct responses to all questions as assessed with a questionnaire

Title. Information governance audit

Aims & standards. Adequate knowledge of the Data Protection Act, Caldicott Principles, and Trust Information Governance Policy. 100% correct responses to all questions as assessed with a questionnaire

Title. An audit of patient compliance with headgear

Aims & standards. Determine the level of compliance with headgear among patients

Title of project. Audit of quality of orthognathic photography

Aims & standards. To compare current practice with recently published guidelines:

Standards for digital photography in Cranio-Maxillo-facial surgery – Part I: Basic views and guidelines. Ettorre G., et al, 2006 J Cranio-Max Surgery 34: 65-73

Title of project. Audit of care pathways for management of infra-occluded teeth

Aims & standards. A flow chart for the management of all categories of infra-occlusion was used. 100% compliance with the criteria was set as the gold standard

Title. Audit on the availability of patient records at all appointments

Aims & standards. 100% availability of patient records was set as the gold standard

Title. Audit on patient outcomes from the Joint Orthodontic Paediatric dentistry clinic

Aims & standards. Criteria were set as to the suitability of patients referred to this clinic. 100% compliance with the criteria

Title. Hypodontia Care Pathway Waiting Times

Aims & standards. To re-evaluate care pathway from assessment through to discharge for hypodontia patients. The gold standard was that :

- a. Treatment initiated within 3 months of waiting list placement.
- b. Additional treatment phases commenced also within 3 months of last phase.
- c. For bone grafting / implant cases, no longer than 6 months wait before implants placed.

Title. Audit on the clinical evaluation of IRMER guidelines in patient records

Aims & standards. 100% compliance with the IRMER guidelines in patient records

MERSEY REGION

Title. Extraction referral letters audit: Do we comply with BOS guidelines?

First Cycle (baseline) results for Liverpool University Dental Hospital and Whiston.

Aims & standards. Aim: To assess the compliance of extraction referral letters sent from LUDH and Whiston with the BOS guidelines

Gold standard: BOS Advice Sheet 12: Relevant points were point 1-3 and point 5

Scoring system devised giving each inclusion a score of 1 point and so a letter could be scored out of 10.

Target – 90% of letters from each unit should get 10/10 score (ie be 100% compliant with the gold standard)

Title. New Patient Waiting Times: An follow up audit

Aims & standards. The aim of this audit was to assess the mean waiting time at LUDH for new patient consultations and compliance with the current 13 week wait target and compare it with the results of a previous audit. The likelihood of attaining future goals, related to the implementation of the 18 week referral to treatment pathway was also assessed.

Title.: The 18 week patient pathway: An audit

Aims & standards. To determine the current compliance with the 18-week referral to treatment (RTT) pathway target.

Gold Standard: 90% of patients should start treatment within 18 weeks of being referred.

NORTHERN IRELAND

Title. To assess treatment efficiency of 30 consecutively completed cases treated with In-Ovation R brackets matched with 30 cases treated with GAC Omni SWA brackets

Aims & standards. There should be improved efficacy of treatment using In-Ovation bracket systems

Title. Outcome audit of 30 consecutively completed cases treated with U&LFA

- Aims & standards.
1. Mean reduction in PAR should be > 70% (Richmond et al)
 2. 75% of cases should exhibit a reduction in PAR > 70% with 3% or less having a reduction in PAR < 30% (McMullan et al)

Title. Audit to monitor appropriateness of referrals to Orthodontics

Aims & standards. To assess the appropriateness of referrals

Title. To assess record keeping in orthognathic surgery cases

Aims & standards. Re-audit. To have 100% compliance with BOS/BAOMS protocol. To have improved from previous audit where only 43% cases had 100% compliance.

Title.: Audit to monitor New Patient Attendance Rate after the introduction of the Partial Booking system

Aims & standards. To monitor DNA rate of New Patient Clinics

Title. Audit of consecutive completed cases personally treated by consultant orthodontist

Aims & standards. 75% of cases should exhibit a reduction in PAR score of >70% with 3% or fewer having a reduction in Par of <30%

Title.: Audit to monitor New Patient Attendance Rate after the introduction of the Partial Booking system

Aims & standards. To monitor DNA rate of New Patient Clinics

Title. Audit of Quality of Radiographs and Comparison to NRPB Standards

Aims & standards. To assess quality of dental radiographs taken at two hospitals within the Northern Health and Social Care Trust and to compare to national standards

Title. Audit of referrals to the Hospital Orthodontic Service.

Aims & standards. To identify source of referrals over a three month period and compare to last year

NORTHERN REGION

Title.: Wear of safety spectacles for patients whilst undergoing orthodontic treatment.

Aims & standards. 100% compliance of wear of safety spectacles for patients supine in the dental chair.

Title.: Band & Bond Failure Audit

Aims & standards. There should be no band or bond failure throughout treatment.

Title. Headgear Safety.

Aims & standards. There should be zero accidental/inadvertent dislodgement of Kloeohn Bow whilst patients wear headgear.

Title.: PAR scores of 100 consecutive finished cases.

Aims & standards. All finished scores should be higher than start scores.

Title.: PAR scores of 50 hypodontia consecutively finished cases.

Aims & standards. To show that PAR scoring is not appropriate in hypodontia cases.

Title. Prescription and uptake of prescribed fluoride mouthwash.

Aims & standards. That all prescribed mouthwash would be collected.

OXFORD GROUP

Title. Functional Audit

Aim & Standards. To determine the success rate of functional appliances used to treat Class II division 1 malocclusions. i) Treatment with a functional appliance should achieve at least a 50% reduction in overjet. This standard is based on previous audits (York District Hospital and St George's Hospital orthodontic departments) and the Twin-Block study by O'Brien et al. which showed a mean reduction of 64% in overjet.

ii) The change in overjet should be visible within six months of fitting the appliance.

The Twin-Block study of O'Brien et al. states that a patient is non-compliant if there was not at least a 10% reduction in overjet after 6 months.

Title. Success of functional appliance treatment in Class II div i malocclusions

Aim & Standards. To determine the success rate of treatment of Class II div i malocclusions with functional appliances. 50% reduction in OJ should be visible within six months of fitting the appliance.

SCOTLAND

Title. Orthognathic outcome using PAR

Aims. To assess the orthodontic outcomes of orthognathic patients using the PAR index

Title. Random 'dip' of treated cases using PAR index

Aims. To assess outcomes of treated cases of in one DGH unit. (20 cases)

Title. Orthodontic Manpower audit

Aims. To assess the current orthodontic manpower levels in both primary and secondary care and current workload data (waiting list data)

Title. Bond failure rates of gold chains bonded to ectopic canines

Aims. Retrospective audit of failure rates of bonded gold chains

Title. New patient referral outcome audit.

Aims. To determine treatment need of referred patients

Title. Patient satisfaction Audit

Aims. To establish patient satisfaction with orthodontic consultation.

Title. Emergency drug audit

Aims. To establish levels of knowledge about emergency drugs with clinicians

Title. Audit of clinic running times

Aims. To establish compliance with gold standard of all patients seen within 20 minutes of their appt carried out over 4 month period

Title. An audit of MDT cases

Aims. To establish current waiting times and treatment times for multidisciplinary patients

Title. Multicentre Radiographic audit

Aims. To assess compliance with BOS radiographic guidelines. Comparing a teaching hospital , 3 DGH units and specialist practice

SOUTH WEST REGION

Title. Occlusal Outcome for Consultant based treatment in 2007

Aims. To assess current standard of provision within the Consultant group assessed via PAR index.

Title. Care pathway for palatally ectopic canines

Aims & standards

- To review of referral patterns across region

- Standards used – 100% pts had tooth/teeth exposed within 6 months of initial ortho consultation; 100% of pts undergone ortho review within 3 months of exposure

Title. Referral Patterns

Aims & standards

- To review of referral patterns across region

- Standard used – previous year referrals

SOUTH WEST THAMES

Title. An audit of orthodontic breakages.

Aims & standards. Gold Standard of 0% debonded brackets

Title.: Orthodontic Casualties

Aims & standards. To set a baseline level of data on Orthodontic casualties for future audits.

Title.A Two-Cycle Audit of Clinical Note Documentation

Aims & standards. To comply with Local Trust Policy

Title. An audit on patient satisfaction following orthognathic surgery

Aims & standards. Aims •Determine reasons for undergoing orthognathic treatment •Determine satisfaction with explanations of the treatment process •Determine satisfaction with treatment and care as an in-patient •Determine satisfaction with outcome•Highlight any areas of dissatisfaction •To institute changes

Standards. Information received by patients before treatment started: 90%

Treatment/care as an in-patient rated as excellent/good: 90%

Patient satisfaction with outcome of treatment: 85%

TRENT

Title. Orthognathic patient satisfaction survey

Aims and standards. Baseline survey

Title. Caries Audit

Aims and standards. To investigate the incidence of caries detectable clinically and radiographically in new patients referred to the Orthodontic department in Lincoln

Title. The Effectiveness of Orthodontic Consent

Aims and standards. To assess the effectiveness of the consent protocol in Derby. Standard measured in comparison to Lincoln

Title. Audit of new patient referrals

Aims and standards. To assess the change in referrals since the new contract instigated. using data from 2005 to compare to Oct- Dec period 2006

Title. Orthodontic Patient Satisfaction

Aims & standards. To assess the satisfaction patients have with their treatment. Set up as a trial for the BOS – Baseline collection

Title. Orthodontic patient satisfaction survey

Aims and standards. To assess how satisfied patients are with orthodontic treatment

Title. RME

Aims and standards. To assess how stable surgical RME has been in Sheffield

Title. Instrument quality and usage audit

Aims and standards. To assess how many broken or damaged instruments resulted from sterilisation and how many instruments required for centralisation of sterilization

WALES

Title. Appropriateness and Adequacy of Orthodontic Referrals

Aims & standards Objective

- to ensure that adequate information is provided in GDP referral letters and that the referral is appropriate

Reason

- to reduce the number of inappropriate referrals and ensure that adequate information is received

Title. Audit of Impacted Canines

Aims & standards. To assess the interceptive success of extracting deciduous canines in improving the eruptive pathway of palatally impacted permanent canines and to assess the success of open exposure of the canines compared to alignment with gold chain.

Title. Suitability and Management of New Patients Referrals

Aims & standards. Establish if new patients referred are of sufficiently high treatment need. Assess the quality of referrals with respect to the use of the designation of 'urgent'. Establish the clinical management of patients following new patient clinic.

Title. Audit to assess compliance with guidelines for dataset of orthognathic surgery cases

Aims & standards. The aims of the Audit were to assess the compliance with the BAOMS/BOS Guidelines on minimum dataset for clinical records for patients undergoing orthognathic surgery and to assess the quality of the records taken.

WESSEX

Title. An audit of unerupted maxillary incisors

Aims & standards. To review 89 consecutively treated cases presenting with unerupted upper incisors. To compare the outcomes with the RCS guidelines

Title. Audit of Bonded molar tubes

Aims & standards 1)Prospective audit of bonded molar tubes.

Follow up of X sectional audit carried out in 2005 looking at bonded molar tubes. Following that audit some suggestions were made regarding techniques for bonding molar tubes. It was decided to look at failure rates for molar attachments during fixed appliance treatment.

Operators asked to record 15 consecutive cases with fixed appliances. Recorded for 18 month treatment period. Molar bond failures noted – which tooth, time of failure, archwire in place, patients age and malocclusion

WEST MIDLANDS

Title. Audit of the referral patterns to University Hospital of North Staffs and Stafford Foundation Trust

Aims & standards All referrals acceptable and cases accepted for treatment IOTN 4 and 5 and multidisciplinary.

Title of project. Audit of retainer loss

Aims & standards. It has been suggested that spare retainers should be supplied to the patient in case the originals are lost. However, this could have

significant cost implications, and it was decided to audit the incidence of retainer loss over a twelve-month period to ascertain whether such a policy would be cost effective

Objectives:

- 1.To ascertain the number of retainers reported lost over a 12-month period
- 2.To relate this to the total number of retainers constructed during that period
- 3.To determine whether relapse occurred during the period whilst patients were waiting for replacement retainers

Title. Audit of compliance with revised retention regime

Aims & standards.

- 1.To check that treatment outcome was not being compromised by advised change from full-time to night-time wear of retainers after initial 3/12 of retention period.
- 2.To check if patients did remember to bring retainers to all review appointments

Title. Audit of the records and PAR scoring of completed cases at Stafford

Aims & standards. All records (photos, SMS) complete and accurate, PAR score reduction of greatly improved

Title. Audit of treatment discontinuation

Aims: 1) To compare rates of treatment discontinuation (early debonds, etc.) with nationally-published data. 2) To determine if appropriate follow-up procedures are applied when patients fail to return for continuation of treatment

Standards: 1) Overall discontinuation rate should be no higher than previously published data relevant to consultant-led service. 2) PAR scores for discontinued cases (where able to obtain these) comparable to published data. 3) In 100% of cases where treatment has been discontinued early, referring practitioner should have been notified specifically that this has occurred. 4) In 100% of cases where patients have failed to return for completion of treatment, and where casenotes indicate fixed appliances are still in place, that a specific letter has been written to patients/parents as appropriate advising them of the need to make a further appointment (even if just for appliance removal). 5) Referring practitioner has been informed of the outcome for all patients who fail to attend for completion (i.e lost contact, eventually reattended for appliance removal , etc.)

YORKSHIRE

Title. An Audit of the Availability of Patient Notes and Instruments on the Orthodontic, Paediatric Department and the Oral Surgery Department

Aims. Assess casenote availability at Leeds Dental Institute as reported difficulties/delays in patient treatment. Assess availability of instruments, also been reported as a problem with frequent reports of missing/broken/ wrongly packed instruments in kits. Standards: 95% of patient notes should be available at the start of the appointment [95% of patient notes should be available during the appointment](#)

Title. Recorded consent for orthodontic treatment at St. Luke's Hospital

Aims & standards. To systemically assess the orthodontic records from all patients, currently under treatment, who attended in the third week of June 2007. Auditing whether an orthodontic consent form is present and, if so, what details are provided on the form. Gold Standard - 100% of the records should have a signed consent form present in the notes, 100% of the consenting clinician's details should be recorded, 100% of the clinical notes should have the consent process event recorded in them.

Title. The failure rate of removable retention devices

Aims. 1) To determine the failure rate (failure = remake). 2) To examine the causes of failure & deduce if these are preventable. Standards. A failure rate of not greater than 10% over a period of a year

Title. Functional Appliance Compliance

Aims. To assess how many CII div 1 patients are compliant with functional appliances and to assess whether there is a relationship with success and age.

Gold Standard – 66% success rate (O'Brien, 2003) to less than a 4mm overjet

Title. An audit of Orthognathic team Working at Hull Royal Infirmary

Aims. To ascertain the degree of team-working between the maxillofacial and orthodontic departments with respect to orthognathic patients with regard to 5 specific criteria. Gold Standard -100% of orthognathic cases to fulfill the criteria

BOS CEC NATIONAL AUDIT SURVEY

REGIONAL COORDINATORS REPORTS

2007

Regions	Responded	Projects	
		ongoing	complete
Eastern	Yes	3	3
London (Eastman)	Yes	5	9
Mersey	Yes	6	3

North Manchester and Lancashire	Yes	0	6
Northern Ireland	Yes	4	9
Northern Region	Yes	0	6
Oxford Group	Yes	2	1
Scotland	Yes	5	10
South East	Yes	2	3
South West	Yes	0	3
South West Thames	Yes	1	4
Trent	Yes	2	8
Wales	Yes	5	4
Wessex	Yes	1	2
West Midlands	Yes	2	5
Yorkshire	Yes	4	7
Totals	Responded	42	83
	16 yes	ongoing	completed

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