

Bristol Dental School

Patient acceptance criteria

General patient criteria

Since Academic teaching is the primary aim, we are looking for people who meet the following criteria:

- Can commit to multiple appointments some of which may take up to 3 hours
- Can be flexible to attend on different days of the week, and able to attend the School
- Have dental needs that can be managed in a primary care setting
- Are reasonably healthy (See ASA reference table below):
 - ASA 1 – Clinically healthy
 - ASA 2 – Mild systemic disease without significant functional limitation
 - Some ASA 3 – Severe systemic disease with significant functional limitation – clinical discretion advised
- Ambulatory and can transfer to a dental chair and are under the recommended weight limit for the dental chair.
- Non-ambulatory, but can accept treatment safely in a wheelchair in a dental cubicle or be transferred to a dental chair using accepted transfer aids.
- Are willing to have various aspects of their dental needs cared for by different students concurrently, under the supervision of qualified staff

This means we cannot accept patients who:

- Are unable to accept routine dental treatment under local anaesthetic e.g., dental anxiety or phobia which prevents treatment under local anaesthetic alone
- Experience behavioural / personality disorders or communication difficulties which would otherwise require a referral to a Community or Special Care Dentistry service.
- Have a complex medical history (ASA III, IV, or V) which may contraindicate treatment with dental students
- Require complex or Specialist level dental treatment e.g. severe malocclusion, deep bite, insufficient occlusal clearance or insufficient opening, severe wear, occlusal rehabilitation
- Require purely cosmetic dental treatment e.g., tooth whitening, dental veneers or dental “bonding

There will be a zero tolerance of aggression from patients, parents/guardians or carers

Waiting list capacity:

Please note, we are not providing a contracted service in the Dental School, and therefore reserve the right to suspend acceptance for particular treatment needs where we are oversubscribed with patients.

Bristol Dental School: Patient Acceptance Criteria

Reference: ASA classification

ASA PS Classification	Definition	Examples, including, but not limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Current smoker, social alcohol drinker, pregnancy, obesity (30<BMI<40), well-controlled diabetes mellitus/ hypertension, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Poorly controlled diabetes mellitus, hypertension, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, renal disease undergoing regularly scheduled dialysis, history (>3 months) of cardiovascular disease or stroke.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Recent (<3 months) cardiovascular disease or stroke or stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, shock, sepsis, renal disease not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction
ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes	

Pathway-specific criteria

1. Urgent Dental Care

Presenting complaint	What do we need to provide for UG training?
Emergency	
Dental trauma including lacerations and/or dentoalveolar injuries, for example avulsion of a permanent tooth	Oral laceration, dentoalveolar injury, avulsion of permanent tooth only, We would accept luxated teeth as well
Oro-facial swelling including swellings that are significant and worsening	If worsening and patient unwell will need to assess and refer if necessary
Post-extraction bleeding without underlying systemic cause, that the patient is not able to control with local measures	Yes
Dental conditions that have resulted in acute systemic illness or raised temperature as a result of dental infection	If too unwell to treat – onward referral
Severe trismus	If cannot access the oral cavity for treatment – onward referral
Dental conditions that are likely to exacerbate systemic medical conditions such as diabetes (that is lead to acute decompensation of medical conditions such as diabetes)	Yes
Urgent	
Dental and soft-tissue infections without a systemic effect	Yes
Severe dental and facial pain: that is, pain that cannot be controlled by the patient following self-help advice	Yes
Fractured teeth or tooth with pulpal exposure	Yes
Routine	
Mild or moderate pain: that is, pain not associated with an urgent care condition and that responds to pain-relief measures	Yes
Minor dental trauma	Yes
Post-extraction bleeding that the patient is able to control using self-help measures	Yes
Loose or displaced crowns, bridges or veneers	Yes
Fractured or loose-fitting dentures and other appliances	Yes if one of ours only and not for lost appliances.
Fractured posts	Yes
Fractured, loose or displaced fillings	Yes
Treatments normally associated with routine dental care	Yes
Bleeding gums	Yes

2. Oral Surgery

Pain and anxiety management

- Self-assessed as not anxious using a Modified Dental Anxiety Scale (MDAS) questionnaire. Those assessed as very or extremely anxious are excluded.
- Will accept and be suitable for local anaesthesia alone for treatment (treatment under sedation or general anaesthetic not available).

Treatment complexity

Level 1 procedures for which we need to provide UG training (Guide for Commissioning Oral Surgery and Oral Medicine, 2015):

Presenting complaint	What do we need to provide for UG training?
Routine extraction of erupted teeth	Yes
Extraction as appropriate of buried tooth roots (whether fractured during extraction or retained root fragments), including tooth sectioning	Yes
Management of haemorrhage following dental extractions	Yes
Diagnosis and treatment of localised odontogenic infection and post-operative surgical complications e.g., dry socket with appropriate therapeutic agents	Yes
Diagnosis and referral patients with major odontogenic infections with the appropriate degree of urgency.	Yes
Assessment and referral for unerupted, impacted, ectopic and supernumerary teeth	Yes
Recognition of disorders in patients with craniofacial pain including initial management of temporomandibular disorders and identification of those patients who require specialised management or urgent referral e.g., suspected malignancy	Yes

3. Restorative

Dental Hard Tissue Disorders

Presenting complaint	What do we need to provide for UG training?
Evaluation of risk and diagnosis of caries, tooth wear & traumatic tooth tissue loss plus the design of initial care plan within the context of overall oral health needs.	Yes
Measurement & accurate recording of caries, tooth wear and traumatic tooth tissue loss	Yes
Communication of nature of condition, clinical findings, risks & outcomes	Yes
Designing care plan and providing treatment to stabilise disease	Yes
Assessment of patient understanding, willingness & capacity to adhere to advice & care plan.	Yes
Evaluation of outcome of caries, tooth wear or traumatic tooth tissue loss treatment and provision of a preventative plan.	Yes
On-going motivation & risk factor management including preventative advice and plaque biofilm control.	Yes
Diagnosis and management of developmental dental disorders	No

Periodontics

Presenting complaint	What do we need to provide for UG training?
Evaluation of periodontal risk, diagnosis of periodontal condition & design of initial care plan within the context of overall oral health needs.	Yes
Measurement & accurate recording of periodontal indices	Yes
Communication of nature of condition, clinical findings, risks & outcomes	Yes
Designing care plan and providing treatment	Yes
Assessment of patient understanding, willingness & capacity to adhere to advice & care plan.	Yes
Evaluation of outcome of periodontal care and provision of supportive periodontal care programme. ¹	Yes
On-going motivation & risk factor management including plaque biofilm control.	Yes
Avoidance of antibiotic use except in specific conditions (necrotising periodontal diseases or acute abscess with systemic complications) unless recommended by specialist as part of comprehensive care plan.	Yes
Preventive & supportive care for patients with implants.	Yes
Palliative periodontal care and periodontal maintenance ²	Yes

¹ Patient's response to periodontal treatment needs to be reviewed according to disease severity, and patients should be discharged once all planned aspects of periodontal treatment are complete. By default, undergraduate students will not provide supportive periodontal care unless it is deemed in the students' interest.

Endodontics

Presenting complaint	What do we need to provide for UG training?
Root canals with a curvature <30° to root axis and considered negotiable, from radiographic evidence, through their entire length	Yes
No root canal obstruction or damaged access, e.g. perforation	Yes
Previously treated teeth with a poorly condensed root filling short of ideal working length where there is evidence of likely canal patency beyond the existing root filling ²	Yes
Routine dismantling of plastic restorations, crowns and bridges to assess restorability	Yes
Pulp extirpation as an emergency treatment	Yes
Incision and drainage as an emergency treatment	Yes
Straightforward retreatment (exact scope TBC)	No
Root canal curvature >30° but <40o	Yes but considered on a case-by-case basis

Prosthodontics

Presenting complaint	What do we need to provide for UG training?
<p>Diagnosis and management of patients with uncomplicated prosthodontic treatment needs including but not limited to:</p> <p>Straightforward patient factors and medical history represent commonly encountered conditions and a wide range of less common conditions that have no significant implications for routine dentistry</p> <p>Technical treatment delivery at routine level of complexity</p> <ul style="list-style-type: none"> - All routine plastic, fixed and partial removable restorations where conforming to existing occlusion. - Fixed restorations where aesthetic, functional and occlusal stability and control can be maintained. - All removable restorations where the hard and soft tissue anatomy is healthy and reasonably well formed. - Planning and management of localised anterior tooth wear using relative axial tooth movement (Dahl principles) 	Yes
Any prosthodontics care covered in level 2 or 3 complexity	No
<p>Moderately difficult technical treatment needs and/or environment:</p> <ul style="list-style-type: none"> • Pre-prosthetic procedures or optimisation (optimisation of abutments, occlusal adjustments, and minor surgical procedures) required 	<p>Yes</p> <p>No</p>

² Due to the varying complexities of such cases, this will be reviewed on a case-by-case basis by a member of staff to assess suitability for UG treatment

Bristol Dental School: Patient Acceptance Criteria

Presenting complaint	What do we need to provide for UG training?
<ul style="list-style-type: none"> • Occlusal reorganisation is needed and medium term stability can be achieved with plastic restorations, a removable appliance or both 	No
<ul style="list-style-type: none"> • Aspects of occlusion need careful management to avoid premature failure of restorations (e.g. guidance where multiple restorations) 	No
<ul style="list-style-type: none"> • Replacement and temporisation of multiple fixed restorations is required and the stability or control of the oral condition may be at risk <ul style="list-style-type: none"> • There are anatomical difficulties related to soft tissues 	No
<ul style="list-style-type: none"> • There is compromised health of denture-bearing soft tissue 	No
<ul style="list-style-type: none"> • Manageable access difficulties, including minor gagging problems 	No
<ul style="list-style-type: none"> • Raised or critical aesthetic or functional expectations/needs 	No
<ul style="list-style-type: none"> • Some cases following minor orthodontic treatment 	No
<ul style="list-style-type: none"> • The provision of simple implant retained prostheses (single tooth, simple overdenture) that meet NHS criteria. 	

4. Periodontology specific criteria (for BDS students)

Details of the patient's medical history, smoking/vaping history, bleeding and oral hygiene scores and pocket depth scores and radiographs must be included on referral.

The New Dental School reserves the right to decline treatment for a patient after clinical assessment if the patient is deemed unsuitable for undergraduate training. The patient will be referred back to the referrer with a report of findings and recommendations.

Treatment criteria

Localised or generalised periodontitis, stages II/III/IV, grades B/C

Waiting list capacity

Once the waiting list reaches 3 months, the web page will indicate its temporary closure and referrals will be rejected with explanation to the referring oral healthcare professional without the patient being assessed.

5. Paediatric

Patient criteria

Please note the following:

- Patients who are already registered with a GDP can be accepted for treatment at the Dental School where the treatment required is beneficial for the student to gain clinical experience.
- The child would also need to be compliant and cooperative with a clear medical history requiring dental treatment that would fit within the primary care setting.
- If the treatment becomes more complex than anticipated or the child becomes non-compliant for planned treatment, the patient will be discharged back to the general dental practitioner for referral to a specialist / paediatric dentist.

Treatment criteria

Conditions treated

- Trauma - injured teeth- only minor trauma which will include enamel or enamel dentine fracture
- Dental caries - decayed primary and permanent teeth in a compliant child

Treatments offered

- Restorations - fillings in teeth – primary and permanent if compliance is adequate and the tooth is restorable in the primary care setting
- Aesthetic treatments - improvement in the appearance of discoloured front permanent teeth using microabrasion and localised composite veneers
- Preventive care - help with preventing dental disease.

6. Orthodontic

New patients must satisfy the following criteria to be considered for treatment by students at the Bristol Dental School. The criteria cover:

1. *Patient criteria*: is the patient suitable to be treated in an education environment?
2. *Treatment criteria*: can the anticipated treatment be fulfilled by an undergraduate student?

Furthermore, the School will only accept patients who are referred for orthodontic treatment via the following paths:

- Referrals from the Bristol Dental Hospital, where the patient has been assessed and deemed suitable for treatment by an undergraduate student
- Referrals from the School's Paediatric clinic, where the patient has been assessed and identified as requiring orthodontic treatment and which can be performed by an undergraduate student

This will help to ensure that only suitable patients are referred to the School, while still providing students with the opportunity to build up, and demonstrate, the requisite competency in assessing new patients for orthodontic treatment.

Routine removal of teeth as part of orthodontic treatment

The referring GDP accepts that if routine dental extractions may be required as part of orthodontic treatment, this has been discussed and agreed with the patient and it has been agreed that this will be provided by the GDP under routine local anaesthetic, at the practice of referral. I.e. the GDP accepts that the routine removal of any teeth will be their responsibility.

Patient criteria

New patients must meet the following criteria:

- Under the age of 18 (at the time of registering)
- Do not qualify for free NHS treatment or require simple interceptive treatment

If routine extractions are required, the patient accepts that this will be provided by the referring GDP under local anaesthetic; the NDS Oral Surgery department will not treat patient under 16 years of age. Some patients may be accepted by the NDS Paediatric department, with agreement for treatment under local anaesthetic, if deemed appropriate for undergraduate training.

Treatment criteria

New patients will be considered for orthodontic treatment by undergraduate students where they meet the following treatment-related criteria:

- Patients who require simple, straight-forward interceptive treatment, e.g. clip-on braces or fixed-appliance treatment, or treatment that would not require the extraction of teeth
- Where the full course of treatment can be performed by the undergraduate student, at the New Dental School (by exception, there may be a very small number of cases where patients require more complex treatment, which would need to be completed outside of the School).