British Society of Periodontology and Implant Dentistry

Parameters of Care

The BSP Parameters of Care statement provides high level summary guidance on the principles of periodontal and dental implant care provision. This policy document should be interpreted with reference to the BSP implementation of the 2017 Classification of Periodontal Diseases and Conditions and The Good Practitioner's Guide to Periodontology.

As with all patient management that involves a team approach, the long-term success of the care pathway depends on good communication between clinicians and the patient. This is to ensure consistency of treatment objectives and appropriate long-term follow up.

i. It is the responsibility of the oral healthcare professional to screen every patient regularly for the presence of periodontal and peri-implant diseases and to record and provide a periodontal diagnosis based on the BSP implementation of the 2017 Classification of Periodontal Diseases and Conditions. This includes risk assessment and the use of appropriate clinical investigations to aid the diagnostic process and formulate a treatment plan with well-defined therapeutic outcomes. An oral healthcare professional may wish to refer a patient for a specialist opinion to assist with patient management.

ii. All periodontal assessments should be recorded in the patient clinical records.

iii. The findings of every periodontal examination should be presented to the patient. All reasonable treatment options should be discussed with the patient prior to treatment commencement, to allow informed consent to be obtained.

iv. Initial therapy, including behavioural modification and oral hygiene instruction, together with professional mechanical plaque removal – PMPR (supra/subgingival scaling and prophylaxis), should be carried out in the primary care/general practice setting by an oral healthcare professional, even when a referral for further treatment is being considered.

v. Control of other modifiable risk factors, where indicated, should also be instigated by an oral healthcare professional with appropriate referral where necessary.

vi. The initial therapy may be the end point of treatment. This may be, for example, as a result of poor systemic health, staging and grading of the periodontal/peri-implant diseases, or patient non-adherence to oral hygiene instructions and/or risk factor control.

vii. The patient should be encouraged by oral healthcare professionals to attend at the appropriate intervals, for needs-driven regular supportive periodontal therapy.

The long-term success of care pathways depends on good communication between clinicians and the patient to ensure consistency of treatment objectives.

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Registered Charity Number. 265815

Version 2.0 20230320 NCC/ID/WT