

FDI POLICY STATEMENT

Quality in Dentistry

Submitted for adoption by the FDI General Assembly: August 2017, Madrid, Spain

CONTEXT

Healthcare professions have undertaken significant efforts to improve their quality of care, thereby responding to the public's ever-increasing demand for improved safety, higher quality and more transparency. This applies equally to dentists, who want to improve the outcomes of care in the interest both of their patients and of public health. The aim of this Policy Statement is to highlight the imperative for quality in dentistry.

All stakeholders share a joint responsibility for defining the fundamental principles of quality to achieve the desired outcomes for patients, bearing in mind that dentists have the primary responsibility.

SCOPE

This Policy Statement defines quality in dentistry and highlights key components to meeting quality standards and the importance of continuous quality improvement cycles to enhance outcomes for patients, the roles that dentists and dental organizations play and strategies for pragmatic applications of quality improvement in dentistry.

DEFINITIONS

Quality in dentistry: an iterative process involving dental professionals, patients and other stakeholders to develop and maintain goals and measures to achieve optimal health outcomes.

Continuous quality improvement cycle: recurrent planning, executing, measuring/ interpreting/ evaluating and then acting on results.

Outcome: a measured output of a healthcare delivery system.

PRINCIPLES

- Improving quality in dentistry is a universal aspiration.
- Quality safety and transparency are inseparable.
- Quality is influenced by political, ethical, social and economic context and, as such, imposition of a universal set of standards is not always appropriate.
- Quality improvement is the collective responsibility of many stakeholder groups, which need to communicate and work transparently and collaboratively.
- Improving quality should reflect the best available evidence applied in accordance with the expertise of clinicians and the expectations of the patient.
- A global understanding of quality, along with open processes, would encourage shared learning and building a knowledge base for quality improvement.
- Quality improvement requires expenditure of resources, e.g. intellectual, educational, research, financial and time.
- Adoption of a continuous quality improvement cycle shall result in better and more

- 43 cost-effective health outcomes for patients.
- 44 • Quality management should be an integral component of dental education and
- 45 training.
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47 **POLICY**

48 FDI and its members will:

- 49 1. Advocate recognition of the importance of quality in dentistry for better health including
- 50 oral health worldwide.
- 51 2. Encourage and enable education, research, policy advancement and resource allocation
- 52 to promote and improve the quality of dentistry for individuals, communities and
- 53 populations.
- 54 3. Network and consult on quality in dentistry with national and international organizations
- 55 and stakeholders.
- 56 4. Promote relations on quality between organizations that regulate the dental profession
- 57 at the national level with national and international organizations.
- 58 5. Promote and conduct quality-related activities at global and national meetings and
- 59 congresses and through their websites and publications.
- 60 6. Maintain up-to-date policies, guidelines and tools on quality for the practice of dentistry,
- 61 including leading international activities on the development of a quality improvement
- 62 toolkit.
- 63 7. Promote the inclusion of competencies on quality as part of the full range of dental
- 64 education and training,.
- 65 8. Recognize the central importance of the dentist-patient relationship in quality
- 66 improvement.
- 67 9. Advocate implementation of continuous quality improvement cycles in dental practices.
- 68 10. Promote research to support the development of better metrics to assess and maintain
- 69 oral health

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71 **KEYWORDS**

72 Quality, Safety, Transparency, Health Outcomes, Quality Improvement, Management,

73 Education

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75 **DISCLAIMER**

76 The information in this Policy Statement was based on the best scientific evidence available

77 at the time. It may be interpreted to reflect prevailing cultural sensitivities and socio-

78 economic constraints.

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