

Policy Statement 6.2 – Quality Assurance

Position Summary

Improving the quality and safety of dental care must incorporate standard principles of Quality Assurance and Total Quality Management.

1. Background

- 1.1. The exercise to improve the quality and safety of dental care must embrace the relevant elements of all established systems within the quality assurance and quality management spectrum.
- 1.2. The standard methods of quality of care audit used in the health professions (i.e. criteria audit, utilisation review and case review) have limited applications in dentistry because of the diverse nature of dental practice.
- 1.3. Record audits may be included in any audit exercise, but the recalling of patients for examination is unnecessary in most circumstances.
- 1.4. Patient satisfaction surveys are considered to be relevant to the quality improvement exercise.
- 1.5. The principles of Total Quality Management are a valid part of any quality improvement system.
- 1.6. Continuing Professional Development (CPD) forms an important pathway towards improved quality of dental practice.
- 1.7. Provision of feedback following a review is seen as an essential part of the quality assurance process.

Definitions

- 1.8. CRITERIA AUDIT is a technique for the measurement of the quality of care rendered against a set of predetermined criteria, with the aim of attaining an acceptable standard.
- 1.9. QUALITY is the achievement of an appropriate standard [of dental practice] recognised by the profession at a given time.
- 1.10. QUALITY ASSURANCE is the systematic monitoring and evaluation of the various aspects of service and/or facility to attain maximum potential that minimum standards of quality are being obtained.
- 1.11. TOTAL QUALITY MANAGEMENT is an integrative philosophy of management for continuous improvement of service products and management processes which includes the use of statistical data, involvement of all staff, a focus on process and the premise that continual small incremental improvements can be achieved.
- 1.12. UTILISATION REVIEW is the measurement of the frequency of occurrence of a particular service, treatment process or modality.

2. Position

- 2.1. Development of quality assurance activities suitable for both private and public sector dentistry should be encouraged.
- 2.2. Self-assessment programs should be encouraged, particularly in private practice where the implementation of more formal review processes is more difficult.
- 2.3. Quality assurance should not be confused with or override the administration of relevant legislation and regulations for dental practice.

This Policy Statement is linked to other Policy Statements: 4.1 Continuing Professional Development, 5.10 Dental Practice Accreditation, 6.1 Infection Control, 6.6 Work Health and Safety, 6.8 Evidence-based and Dentistry 6.14 Radiation Safety.

- 2.4. The costs associated with implementation of quality assurance programs should be minimised by attention to methodology.
- 2.5. Legislation should provide immunity for declared quality assurance activities conducted by bona fide accreditors and accrediting agencies.
- 2.6. The principles of Quality Assurance and Total Quality Management when tailored to the practice of dentistry are applicable.
- 2.7. CPD activities should focus on proven effective means to improve the quality of the delivery of dental care and optimum outcomes for patients. As such, the ADA supports any research to measure the effectiveness of CPD.
- 2.8. Clinical practice should be evidence-based wherever practical.
- 2.9. Any dental practice accreditation program should be evaluated and benchmarked to ascertain its effect on quality and safety of dental care and improved treatment outcomes taking into consideration cost effectiveness and impositions on access.

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