

# 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.  
46

## 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

## 70 **KEYWORDS**

71 Quality, Safety, Transparency, Health Outcomes, Quality Improvement, Management,  
72 Education  
73

## 74 **DISCLAIMER**

75 The information in this Policy Statement was based on the best scientific evidence available  
76 at the time. It may be interpreted to reflect prevailing cultural sensitivities and socio-  
77 economic constraints.  
78

## 79 **REFERENCES**

- 80 1. FDI Working Group 2015, Quality in Dentistry document
- 81 2. Plan Do Study Act PDSA Deming, W.E. 1993. The New Economics. MIT Press.  
82 Cambridge, MA. page 135
- 83 3. Evidence-Based Dentistry (EBD) PS
- 84 4. Self-assessment tool for quality in dental practice (April 2016 FDI-ERO):  
85 erodental.org/publication /resolution
- 86 5. Institute of Medicine. Crossing the quality chasm. A new health system for the 20th  
87 century. Washington, D C: National Academy of Sciences, 2003.  
88