



Quality *in*
Dentistry

QUALITY IMPROVEMENT TOOLKIT

THE QUALITY APPROACH

AUTHORS AND CONTRIBUTORS

Authors

Dr Roland L'Herron
Honorary President of Les Chirugiens-Dentistes de France
Paris, France

Dr Michael Sereny, Dentist
Private Practice Hannover, Germany

Contributors

Dr James Zenk
General Dentist - Retired from private practice
Clinical Assistant Professor at University of Minnesota School of Dentistry - Outreach Clinics
Chair, FDI Dental Practice Committee

Dr Mick Armstrong BDS
General Dental Practitioner
BDA Board Member
Vice-Chair, FDI Dental Practice Committee

Dr John Milne FFGDP BChD
General Dental Practitioner
National Dental Advisor Care Quality Commission



FDI is an international, membership-based organization that serves as the main representative body for more than 1 million dentists worldwide, active in some 200 National Dental Associations (NDAs) and specialist groups in close to 130 countries. Founded in 1900, FDI is a pioneer in the field of modern dentistry.

As a convener of the oral health community, FDI fosters exchange and develops a common vision to advance the science and practice of dentistry. FDI delivers innovative congresses, campaigns, and projects to address the global oral disease burden and improve oral health. As the leading global advocate for oral health, FDI strives to achieve our vision of leading the world to optimal oral health by working at both the national and international level.

FDI is committed to representing the interests of member NDAs globally to help support their national efforts to raise awareness on oral health. FDI transforms this commitment into action through active engagement with the World Health Organization, as well as other United Nations agencies, health organizations, governments, and global partners to ensure that oral health is recognized as an essential component of general health and well-being.

CONTENTS

1. Introduction	3
2. Understanding what we are talking about	4
3. Stakeholders: Partners for quality improvement projects	5
4. The legal and regulatory context	6
5. Fundamental principles of the quality approach in healthcare	7
5.1. Listening to and gathering information from patients	7
5.2. A participative approach	7
5.3. An approach for optimizing working conditions	7
5.4. A process-oriented approach	8
5.5. Continuous quality improvement	8
5.6. Measurements	8
5.7. The PDCA Method or Deming Cycle	9
5.8. Quality improvement projects for all clinical settings	10
6. Implementation of the quality approach in a collective project	11
6.1. A steering committee to pilot the project	11
6.2. Taking stock: A factual description of the starting situation	11
6.3. The choice of theme	11
6.4. Finding the project means: The search for partners and project funding	12
6.4.1. Partners	12
6.4.2. Project funding	12
6.5. Ensuring internal and external communication	12
6.6. Training the project participants	12
7. Scientific support	13
8. The practical implementation	14
9. Conclusion	15
Annexe 1	16
Annexe 2	18
References	19

Today, across the world, the provision of healthcare has a prominent place in national political systems, and oral health is increasingly accepted as an integral part of general health.

Simultaneously, as access to information becomes increasingly easy, consumers become increasingly demanding, whatever they are consuming – and oral healthcare is no exception. Patients no longer want to be passive; they want to contribute actively to their treatment and fully understand the details of their treatment plans, which is highly desirable.

Populations have three main requirements: **quality of care, safety of care** - two fundamental and inseparable treatment values - **and transparency**, including the right to be informed about the treatments envisaged, the materials used, the possible risks associated, the expected outcomes, and the treatment costs.¹

In order to meet the requirements of quality, safety, and transparency, the authorities in charge of the population's health adopt legal or regulatory measures (sometimes under media pressure and solely in the name of the precautionary principle) that become increasingly restrictive for healthcare professionals.¹

This situation did not escape FDI: In 2017, FDI made a political declaration on quality in dentistry and set up a working group to produce a framework for a quality improvement toolkit.

If the goal of providing a safe, transparent and quality service for patients is a clearly stated priority for dental teams worldwide, defining quality in dentistry remains particularly challenging as there are different definitions and frameworks to assess quality care.

Moreover, in dentistry, the discussion on quality is often misunderstood and reduced to the quality of clinical acts without taking into account the social and economic environment (healthcare system, remuneration, costs), the organization of the practice, and often without taking into account the people involved, namely patients and staff.

This document outlining a general framework for improving quality and an appropriate toolkit takes into account these different aspects and the involvement of all parties concerned. It does not propose a standard level of quality that can be achieved in every country, nor does it define a minimum level of quality. The document aims to outline criteria that can be used by institutions, funding agencies, professional organizations and practitioners to enable them to set up systems that can help improve quality, whatever their needs, resources, and objectives.



UNDERSTANDING WHAT WE ARE TALKING ABOUT

Quality of care has long been synonymous with the quality of practice, but a model adopted from the industrial field has gradually developed in the health field to meet the expectations of patients and other partners involved in care. Dentists, like other health professionals, are required to put in place systems that help improve the quality and safety of their care: this is called the quality assurance approach.²

What is quality?

According to the International Standards Organization (ISO) quality is “the set of characteristics of an entity that give it the ability to meet expressed and implied needs.”³

Quality approach:

It can be defined as: “the commitment of the producer (the healthcare provider) to the consumer (the user, the patient)) that guarantees the reliability of the product (service) by implementing validated procedures (conformity to rules of good practice and controls).”

But “quality approach” is not a standard term and therefore can have a very broad meaning and refers to a “way of acting” in pursuit of quality.² Applied to the health field, the quality approach must therefore ensure the “quality of care.”

Quality of care:

“An approach that should ensure that each patient has the combination of diagnostic and therapeutic procedures that will ensure the best health outcome, in accordance with the current state of medical science, at the best cost for the same outcome, with the least iatrogenic risk and for their greatest satisfaction in terms of outcome procedure and human contact within the healthcare system.”⁴

Quality assurance:

“All of the pre-established and systematically implemented provisions under the quality system and demonstrated as needed to give the appropriate confidence that a product or service will meet the quality requirements.”³

This ensures an organization has a system in place to detect, measure, and correct potential shortcomings, and implement appropriate preventive actions.

Quality improvement:

The element of quality management that focuses on increasing capacity to meet quality requirements. It focuses on:

- **efficacy**, i.e. the achievement of results that relate to the initially planned quality objectives;
- **efficiency**, i.e. the relationship between the achieved result and the consumed resources (the notion of return, quality is not independent of the economy).⁵

Continuous quality improvement:

The adjective “continuous” is used to indicate that the quality approach aims to gradually and permanently reduce dysfunctional processes, patient complaints or risk.

Whereas quality assurance is intended to give confidence that it will inevitably achieve a specified level of quality, continuous quality improvement instead focuses always ahead in the direction of betterment.

RECOMMENDATION: To spend time on these definitions will make communication easier and more effective.

STAKEHOLDERS: PARTNERS FOR QUALITY IMPROVEMENT PROJECTS

To achieve a satisfactory level of quality, all healthcare stakeholders should be involved and made aware of their responsibilities:

- **Policymakers and institutional players:** In their endeavours to promote the well-being of their country's populations, they must implement an adequate and efficient healthcare system and healthcare delivery structures that meet the needs of the country. The necessary resources must be provided by public funds or private insurance funds so that everyone has access to quality care.
- **Funding agencies:** Whatever the chosen system of healthcare delivery and funding method in the given country - private or public – quality is not possible without appropriate financial resources, suited to the healthcare facilities and the qualifications of the healthcare providers. In countries where private practice is the norm, medical procedures and treatments should be priced at their true value and revaluated regularly in order to enable dental practices to function properly and dentists and their auxiliary staff to receive adequate remuneration in relation to their responsibilities and their competences.
- **Dentists and staff:** They should receive the most extensive and comprehensive training possible to ensure a high level of professional competence. Training is a core component of quality of care. Continuing professional education throughout one's working life, whether compulsory or voluntary, also support the constant improvement of the quality of care.
- **Patients:** The quality of dental care does not imply only technical and clinical considerations. It also largely depends on the patient's understanding and active cooperation. Improving the quality of dentistry therefore implies that patient expectations are adequately taken into account.



RECOMMENDATION: Be sure not to lose sight of the fact that quality assurance requires strong institutional will, appropriate structures, adequate financial and human resources, a high standard of training for personnel, and fair remuneration of personnel.

04.

THE LEGAL AND REGULATORY CONTEXT

The safety of care is governed by a legal framework set by the laws and regulations in force in each country. It cannot be exempted from these obligations.

The quality approach is also relevant to the environment in which care is provided, i.e. with the set up of the dental office or clinic and the services provided. The quality approach has to take into account the following:

- **Administrative regulations:** The “scope of practice” for dentists and staff can be defined and limited. There may be an obligation to take out civil liability insurance or various other types of insurance.
- **Health regulations and good practice recommendations:** Specific measures for patient safety may be required, e.g. regulation on ionizing radiation.
- **Economic regulations:** Dental fees can be set by insurance companies, health authorities; freely or regulated; the practitioner must provide the patient with an estimate for the cost of their care in advance.
- **Ethical regulations:** A code of ethics can define the rights and duties of practitioners in their relationship with patients. An official body, most often the council of the relevant professional association, is responsible for ensuring that these ethical rules are followed.
- **Labour regulations:** As more practitioners choose to own their practices with a team of salaried staff, a profound knowledge of labour law applicable in their country is necessary.

RECOMMENDATION: It is necessary, in the framework of implementing a quality approach in dental practice, to remind practitioners of the different regulations in place in writing, including exact references to the relevant documents. Quality improvement projects can in no case ignore or be in contradiction with these regulations.



FUNDAMENTAL PRINCIPLES OF THE QUALITY APPROACH IN HEALTHCARE

5.1. Listening to and gathering information from patients

Being attentive to what patients say is crucial because patients' satisfaction is conditioned by how they are listened to.

There may be a gap between a patient's expectations in terms of quality and the patient's perception of the care received, which can be referred to as a satisfaction gap. In a similar way, there may be a gap between the practitioner's desired level of quality, i.e. strict conformity of the treatment outcome with the set treatment objectives, and the quality effectively achieved.

There may also be a difference between the patient's expected quality and the practitioner's desired quality, which can be referred to as a design gap.²

Feedback can be actively gathered from surveys, interviews, questionnaires and also by monitoring commercial social media. It may be appropriate to respond in these fora but not in a negative way.

Monitoring and responding to formal complaints is a crucial part of quality improvement. All complaints should be responded to, recorded and regularly audited.

RECOMMENDATION: A quality approach aims at reducing these gaps; listening to patients provides information that can help identify problems before they arise.

5.2. A participative approach

- **Improving processes requires reflection from all those who use these processes daily.** This means that all the analyses, decisions and implementation must be conducted in close collaboration with all members of the dental team (dentist, dental therapists, dental hygienists, dental nurses, receptionists, maintenance staff, etc.)⁵
- **To ensure that all participants fully commit to the project,** the objectives must be clearly defined and detailed. All involved should fully understand the approach, especially that it is a continuous process over the long term as opposed to a series of punctual obligations.

RECOMMENDATION: make sure that these conditions are met because the contribution from all involved will lead to relevant suggestions for improvement. Indeed, many of the changes observed at the end of an improvement project result from the quality of the initial diagnosis made by those involved in the process and from the relevance of the chosen improvement measures.

5.3. An approach for optimizing working conditions

Participants need to be given good reasons to commit to the project. This can be achieved by inviting them to consider their organization, their work methods, their communication with others - patients, collaborators or colleagues - and to envisage ways of improving these various aspects of their work to lessen the organizational malfunctions that cause stress and, consequently, lower quality.⁶

A truly inclusive team approach is necessary so that colleagues regard the project as a benefit that will lead to a better working environment and job satisfaction, rather than an imposition. Financial incentives might be considered, but the feeling of being recognized for a commitment to constant quality improvement should not be underestimated.

RECOMMENDATION: A quality approach provides an opportunity to solve problems that have stayed unsolved because of lack of time, will, or information.

5.4. A process-oriented approach

- **The process approach deals with the identification and description of all the operations** that follow one another from the patient's first contact with the care facility to the moment the patient leaves after having received treatment. Processes, therefore, reflect reality, i.e. what happens in practice.
- **The processes are drawn up freely by all participants**, with the members of the dental team in the forefront. The ensuing process mapping provides an objective view of the dental office's activities, beyond the artificial boundaries of the organizational chart⁵.
- **The process, therefore, helps to identify not only key processes** but also shortcomings (missing resources, duplicates, etc.), in particular in the organization of the interfaces.⁵

RECOMMENDATION: This analytical approach helps to improve quality by improving collective efficiency.

5.5. Continuous quality improvement

Three methodological principles characterize the continuous process of quality improvement:

- **Any activity may be described as a process.** Quality improvement always results from the step-by-step improvement of processes and can be aimed for whatever the initial status.
- **Processes are always analyzed in their initial functioning.** This helps to identify real-life dysfunctions and to define actions for improvement with the persons concerned.
- **The effectiveness of any improvement should be measured** objectively.⁵

RECOMMENDATION: The approach is iterative and aims at achieving successive improvements, hence the reference to continuous improvement.

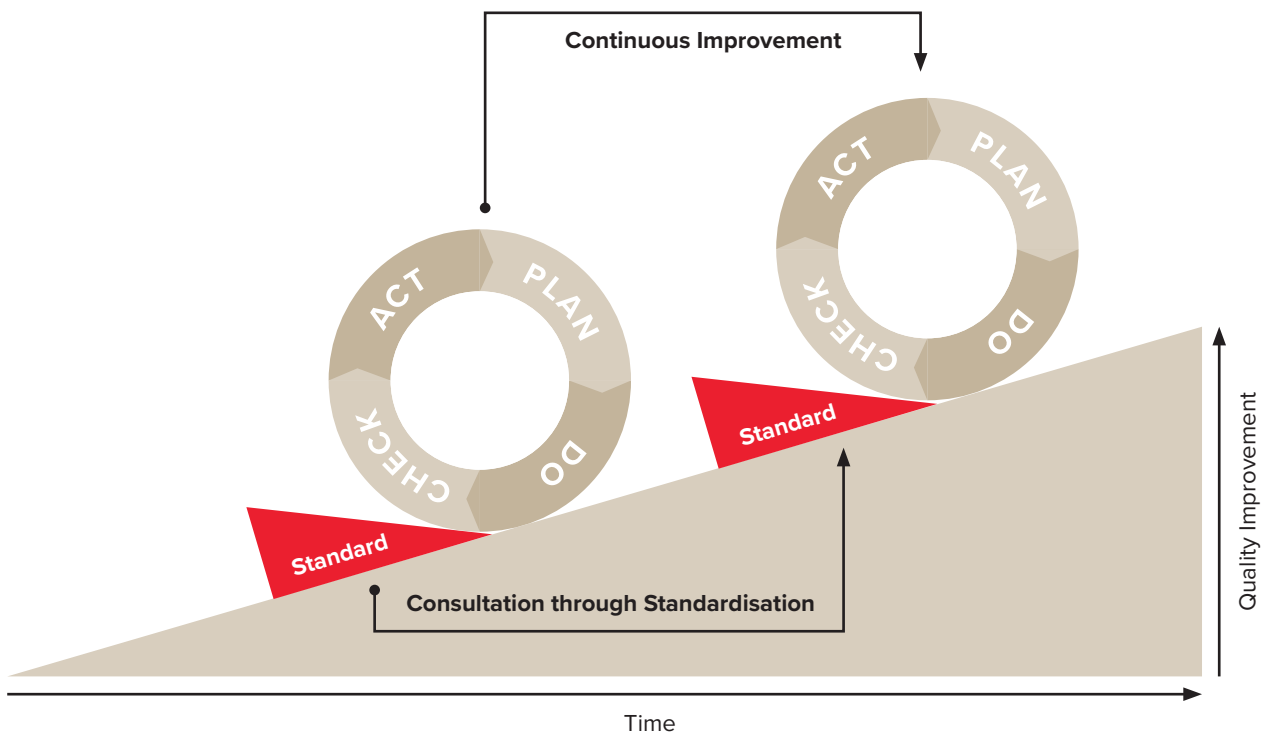
5.6. Measurements

- Measurements are the objective assessment of the actions taken.
- They provide an objective view of the existing level of quality and of the progress made as a result of the actions for improvement that have been conducted. Measurements, therefore, prove that progress has indeed been made.
- They also give value to the work accomplished and confidence to the participants in their capacity to continuously improve the quality of the services they provide and their work organization.⁵

RECOMMENDATION: Listening to patients will identify problems that can best be tackled in a team approach, using collective efficiency to break down all operations into smaller processes to improve performance and enhance the working conditions for all.

5.7. The PDCA Method or Deming Cycle

Several methods are available to assess the results or the progress of the continuous quality improvement approach based on process analysis. The most widely used is probably the PDCA method (Plan, Do, Check, Act), otherwise known as the Deming Cycle, after the name of its inventor. The Deming Cycle is a four-step iterative method represented by a wheel. Quality improvement is therefore obtained over time by the repetition of the cycle.⁵



Depiction of the PDCA cycle (or Deming Cycle). Continuous quality improvement is achieved by iterating through the cycle and consolidating achieved progress through standardization.

[source Wikipedia/Johannes Vietze <https://en.wikipedia.org/wiki/PDCA>]

PLAN (P): Establish quality objectives and processes required to deliver the desired results.

DO (D): Implement the plan, carry out the objectives from the previous step.

CHECK (C): Check that the project is moving towards the objectives, study the results, measure effectiveness.

ACT (A): React and improve. Take the necessary corrective measures to reduce gaps and make sure that what has been achieved will remain stable. Each turn of the wheel takes the project higher until the target is finally reached.

The WEDGE underneath the wheel prevents the project from falling back to a previous level. It represents a consolidation and sustained efforts over time.

Example:

Plan: Avoid stress with emergency patients > **Do:** Direct emergencies to a time reserved for them >

Check: ask staff (and interview patients) if this method reduces stress > **Act:** Adjust reserved time to the need.

RECOMMENDATION: All objectives are rarely achieved in the first assessment. It is important to maintain and sustain good results and to define new corrective actions to be implemented in the following cycle.

5.8. Quality improvement projects for all clinical settings

The basic principles for quality improvement projects can be implemented in the following ways:

- **In a collective project initiated by a regional or national dental association** for their practices and a wish to bring substantial improvements within their dental practice. The aim should be to not only increase patient satisfaction but also other motivations shared with funding bodies or the national health authorities, that may translate (for example) into an increase in treatment fees.
- **In a national healthcare system**, under the supervision of the country's health authorities, to improve the system's efficiency.
- **In a single dental practice or a group practice, organized by the dentist(s) and their team(s).**

RECOMMENDATION: Whatever the case, the principles remain the same and the results must always be quantifiable so that the initial and final situations may be compared, and the level of success or failure of the project may be assessed.



IMPLEMENTATION OF THE QUALITY APPROACH IN A COLLECTIVE PROJECT

Any decision to act in favour of improving quality must correspond to a request made, preferably by colleagues facing problems on the ground. In different care systems, this decision can also emanate from the highest level of the hierarchy.

However, implementing a quality approach requires method and rigour. Several factors are indispensable; structuring the approach is just as important as training the participants, choosing the methods and tools, etc.

6.1. A steering committee to pilot the project

- **The steering committee has both a strategic and a political role** and should be set up as early as possible.
- **The committee should comprise** the project partners, experienced colleagues, and various experts (in methodology in particular).
- **It is in charge**, among other things, of defining the project theme, setting the objectives, providing the necessary means to achieve them, making sure all participants receive adequate training, and ensuring communication.⁵

RECOMMENDATION: The objectives and expected results, on the healthcare level but also the political level, should be clear and precise. Considering the issues at stake, strong commitment to the project is a guarantee of success.

6.2. Taking stock: a factual description of the starting situation

This initial analysis will be used as the basis to assess results and improvements and will also help to determine the project theme, by bringing to light the problems that need solving.

- What are the weak points?
- What are the practitioners' demands?
- Safety of care?
- Emergency management?
- Appointment scheduling (patients wait too long to get an appointment)?
- Something else?

RECOMMENDATION: It is the answers to these questions that will determine the choice of theme, hence the importance of this phase of situation analysis.

6.3. The choice of theme

When the quality approach initially began being implemented, it was oriented mainly towards the theme of care safety. But gradually, especially in the Anglo-Saxon world, quality improvement has also focused on other important factors that can be categorized into four main categories (see Annexe 1 for further information).

- **Safety:** Patient safety is paramount in dentistry.
- **Effectiveness issues:** The system does not deliver the expected performance.
- **Efficiency:** The output you get for a unit of input.
- **Responsiveness issues:** The system does not address the needs of its patients satisfactorily⁷.

6.4. Finding the project means: The search for partners and project funding

6.4.1. Partners

A project on safety - infection control at the dental practice for example - may be of interest to health authorities in charge of population safety, or practice liability insurers.

- **It is very difficult to carry out a project alone.** Hence there is the need to approach partners in the social system and dental care funders who might share the same interest in improving the quality of the proposed theme.
- **Partners may be different depending on the theme chosen** and their interest in the objectives (see 'Quality stakeholders' section).
- **All partners need to strongly support the project**, in writing, so that there is no misunderstanding about the expectations of everyone, including funders.
- **The leadership remains with the initiator** of the project and not with the financial partners so that it is not diverted from its original objectives. Therefore the project centers always on the interest of patients and never loses sight of their well-being and safety.

6.4.2. Project funding

- **Fair co-financing between the initiator of the project and the partner** should be considered as much as possible. It can be tempting to have the bulk of the project financed by investors or even by the dental industry. The initiator then runs the risk of the funder taking over the leadership, which might be problematic if a conflict of interest arises.
- **The project's budget should be precise and take into account all expenses**, especially those that can sometimes be neglected, for example, the production of internal documents, e.g. briefing note for the participants, external documents, e.g. project promotion in the media, and also the training of trainers who will have to follow up and support colleagues.

6.5. Ensuring internal and external communication

- **Internal communication** about the project through an internal documentary system will help to share the meaning of the project with all participants and to federate them around a common goal.
- **External communication** will contribute to emphasizing the importance of quality for the project partners and their commitment to an initiative that will benefit mainly the patients.

6.6. Training the project participants

Implementing a quality approach implies providing information and training tailored to the needs of each participant so that they have the means to measure the decrease in the gap between their practices and the set objectives (the frame of reference).

- **The training will aim at giving each participant the basics of a culture** of quality and, **where necessary**, it will also **detail the principles and concepts** of quality, methods and tools, and technical aspects.⁵

RECOMMENDATION: It is the application of this quality approach method that will allow the participant to measure how the gaps between their practice and the defined objective are reduced.

Structuring a quality approach project also requires, like any other large-scale collective project, scientific support.

- **Scientists should** represent the different stakeholders accompanied by experienced colleagues, and various experts (in methodology in particular, because a frame of reference should be drawn using a specific method - see Appendix).
- **Scientific support will:**
 - > conduct the different stages of the quality approach according to the chosen theme, to help participants meet their set objectives;
 - > analyze the processes; identify dysfunctions and propose actions for improvement and how to implement them;
 - > first and foremost, draw up a frame of reference specific to the project or adapt an already existing one.⁶

The Repository (see Annexe 2 for further information)

- The repository is a key element in improving quality by self-assessment.
- The scientific support will make sure that all regulations in force in the country, be they health, administrative, or ethical regulations, appear in writing and are included and respected as they are considered an integral part of the frame of reference.⁶

The repository:

- **should be adapted to the objectives** of the chosen theme, criteria and priorities;
- **will bring together all elements needed to achieve the defined objective**, to which dentists will have to compare their practice and adjust as necessary;
- **does not necessarily strive to achieve excellence**, it must represent a reasonably achievable objective by the vast majority of practices;
- **needs to be developed by professionals** (with knowledge of the economic and technical constraints on the ground), for professionals, according to a strict methodology and with the input of methodological specialists, in order to avoid the normative impositions and inspections of diverse authorities.⁶

The need to support and train participants

Once fully planned, the project will have to be put in motion and support will have to be given to guide the participants. Training will need to be carried out in parallel to guide participants in continuous quality improvement because it is the application of this method that will allow participants to measure the gaps between their practices and the defined objective, and how these can be reduced.

Always keeping in mind the basics of the approach:

- In practice, a quality approach is not just a compliance check.
- It consists of defining several operating rules and practices that allow us to achieve the quality objectives that are set.
- The practitioner then regularly evaluates their performance against these objectives, a phase during which they usually highlight several opportunities for improvement (gaps, shortcomings).
- The quality approach then prioritizes areas for improvement, and it puts in place a corrective action plan to improve performances.
- The aim is to constantly achieve and maintain the defined quality objectives, to ensure the safety and quality of the services for patients.²

RECOMMENDATION: It is strongly advised for the profession to act before action is demanded or done by others. A steering committee should invest enough time and effort to analyze the situation, put up the theme, acquire funding and partners and assure scientific support. Whatever your intention to improve the quality, know that it takes time and effort, but it increases your job satisfaction, builds your reputation and saves you more effort and time in the long run.

The present work is only the foundation stone of FDI's ambitious mission, outlined below:

- **To produce guidelines to help national or regional dental associations** establish and implement quality dentistry toolkits tailored to their country/region.
- **To help produce tools to assist dentists and dental teams** in implementing continuous quality improvement in their daily practice.

Everyone knows, and we have just experienced, how vast, complex, and difficult it is to pinpoint the subject of quality, so much do the concepts of quality differ depending on culture, economic resources, the healthcare system, and even each practitioner.

We have chosen to highlight the “quality approach” because its philosophy, its principles, and its methodical and rigorous approach to implementation are particularly suited to all forms of dental practice, to all structures. Quality approach and continuous improvement, its corollary, are the foundations of quality practice - the ones you need to have in order to go further.

Many other tools will find their place, we hope, and will add to the FDI “quality toolbox.” Continuing education (which does not yet exist all over the world), the evaluation of professional practices, certification, and accreditation - to name but a few - are all building blocks in this work, in the interest of all, and especially of our patients.

You are invited to consult the FDI website to search for more information and to watch our work on quality grow.
<https://www.fdiworlddental.org/what-we-do/projects/quality-in-dentistry>



ANNEXE 1

How do we define quality in oral healthcare?⁸

One of the most influential definitions for quality in healthcare is the framework put forth by the Institute of Medicine (IOM), which includes the following six aims for the healthcare system:

Patient safety

In order to be considered safe, oral healthcare should:

- avoid, mitigate, or minimize adverse events;
- avoid or minimize medical errors and treatment errors (this includes over- and undertreatment);
- advocate a blame-free culture to facilitate quality improvement;
- learn from safety incidents to improve the quality of care;
- enact minimum safety standards.

Timeliness

In order to be considered timely, oral healthcare should:

- avoid unnecessary delays in access and utilization of care;
- prioritize care based on need, not on demand, e.g. employ checkup and recall intervals based on patient's own risks.
- implement care coordination between healthcare providers and institutions;
- prioritize prevention; avoid too-early use of restorative and other treatments;
- implement school-based oral healthcare if appropriate.

Patient-centeredness

In order to be considered patient-centered, oral healthcare should:

- be respectful of and responsive to individual patient preferences, needs, values, fears, concerns, and/or cultures;
- follow a shared decision-making model when making clinical decisions. To gain a patient's trust, the oral healthcare professional should communicate with and listen to the patient, and then inform, educate, and guide the patient to ensure that patient values shape all clinical decisions.

Equitability

In order to be considered equitable, oral healthcare should:

- not vary in quality and availability because of gender, ethnicity, cultural background, religion and/or beliefs, geographic location, and/or socioeconomic status;
- provide equitable access to all;
- not be compromised in terms of either quality or availability on the basis of a patient's health status;
- address inequities in oral health service design, planning, and commissioning;
- incorporate equitability in the design of policy and clinical practice guidelines.

Efficiency

In order to be considered efficient, oral healthcare should:

- be sustainable; refer to the FDI Sustainability in Dentistry project for guidance
- encourage prevention;
- rely on patients' oral health needs as the central basis for resource and workforce planning;
- form an integral part of medicine and discourage the dental-medical divide.

Effectiveness

In order to be considered effective, oral healthcare should:

- be informed by the most recent available scientific evidence and guidelines;
 - translate scientific evidence into clinical practice;
 - maximize the intended health outcome of care.
 - aspire to minimize harm;
 - provide the best available care for the needs and preferences of each patient.
-

Accessibility

In order to be considered accessible, oral healthcare should:

- be accessible and available, in a timely fashion, to everyone seeking care;
- be independent of personal characteristics, such as gender, ethnicity, cultural background, socioeconomic status, religion and/or beliefs, geographic location, and/or the patient's health status;
- be determined by appointment times and recall intervals that are based on patient needs and preferences.



ANNEXE 2

The development of the quality repository itself: general principles

1. Establishment of a working group composed of qualified practitioners on the selected topic, representatives of the selected expert body and other project partners.

This working group could, for example:

- › identify and analyze existing quality repositories on the same or related subjects;
 - › identify the main themes of the repository to be constructed;
 - › select the criteria that can be used for this repository. This involves, for example, selecting or even reformulating criteria with the help of experts.
 - › agree on the criteria.
2. Establishment of a reading group composed of practitioners who will judge the readability, clarity, and relevance of the proposed criteria and the applicability in the context of daily practice.
 3. Experimentation of the reference system with test practices: One test group, made up of a few practices on a reasonable scale, carries out the self-assessment of their practice with all members of the dental team (dentists, dentists' assistants, partners and salaried employees).

These meetings are accompanied by one qualitiician (or by one expert dental trainer of the project) to serve only as a methodological guide and who in no way controls the self-evaluation itself.

This self-assessment can very well take up the steps of the Deming Cycle (See Continuous improvement of internal quality).

- › Inventory
 - › Selection and implementation of actions
 - › Verification of the implementation of the improvement actions 6 to 12 months after the first meeting, indicating what has been done: implemented actions and those that, although relevant, have not been implemented due to lack of time, cost, lack of willpower or actions deemed impracticable given the expected workload
 - › This third visit completes the quality loop and the firms have now one tool to move forward in the virtuous circle of continuous improvement
4. In light of this test, an evaluation of the criteria (reformulation, deletion, simplification) leads to a second version of the repository, which is either validated or retested for the satisfaction of the test groups' comprehension, before being proposed to all the practices concerned by the action.

Note: The real problem is that the broader the target audience, the more practitioners will not be able to implement a quality repository. The number of proposals that cannot be accepted overnight will be high, but they will still have the elements of the objective to be achieved, gradually according to their possibilities. That is to say that the described quality repository will be the tool of the quality approach, which everyone can enter at their own pace, including the entire dental team.

REFERENCES

1. European Regional Organization. Quality in Dentistry. Switzerland: European Regional Organization; 2016. Available from: <https://www.erodental.org/publications/reports/year/2016> [Accessed 17 December 2020].
2. Gardette V. Principles of a quality assurance approach, evaluation of professional practices. 2010.
3. International Organization for Standardization. Quality management systems - Fundamentals and vocabulary. International Organization for Standardization ISO. ISO 9000:2015(en), 2015. Available from: <https://www.iso.org/obp/ui/#iso:std:iso:9000:en> [Accessed 27 November 2020].
4. World Health Organisation. Quality of care. A process for making strategic choices in health systems. France: World Health Organisation; 2006. Available from: https://www.who.int/management/quality/assurance/QualityCare_B.Def.pdf [Accessed 17 December 2020].
5. Sambuc Roland, Gentile Stéphanie. Principes d'une démarche d'assurance qualité et évaluation des pratiques professionnelles. 1st ed. Vol. 19. Santé publique; 2007.
6. Deschaux S. Quality approach of Liberal Cabinets: Initiate a quality approach to improving organization in the Liberal cabinet. 2010.
7. Institute of Medicine (US) Committee on Planning a Continuing Health Professional Education Institute. Continuing professional development: Building and sustaining a quality workforce. Washington (DC): National Academies Press (US); 2010. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK219809/> [Accessed 17 December 2020].
8. Righolt AJ, Walji MF, Feine JS, Williams DM, Kalenderian E, Listl S. An International Working Definition for Quality of Oral Healthcare. JDR Clin Transl Res. 2020;5(2): 102–106. Available from: doi.org/10.1177/2380084419875442.



FDI World Dental Federation

Avenue Louis-Casaï 51 • 1216 Geneva • Switzerland
T +41 22 560 81 50 • info@fdiworlddental.org

www.fdiworlddental.org

©2020 FDI World Dental Federation