

# Policy Statement 5.10 – Dental Practice Accreditation

## Position Summary

Dental practice accreditation should be led by the ADA, independent of government regulation, and be a voluntary, educational and supportive process. Specific office-based national dental practice accreditation standards should be used.

### 1. Background

- 1.1. The dental profession has a long and strong commitment to safety and quality. The ADA and its Branches publish and distribute policies, guidelines, protocols and templates that provide members with guidance and resources to ensure the safety and quality of dental service delivery. These reference materials are regularly reviewed by expert committees within the ADA to ensure they remain contemporary.
- 1.2. The ADA is best placed to lead professionally the practice accreditation process for dentistry and to provide advice in the application of accreditation standards to dental practice and the suitability of evidence that would support compliance to standards.
- 1.3. As part of the national health reform agenda, the accreditation of health services has received considerable focus. The Australian Commission on Safety and Quality in Health Care is proposing that office dental practice accreditation may be mandated in the future.
- 1.4. In Australia dental care is very safe and highly regulated via registration and other regulatory measures imposed on dental care providers and their surgeries, which have a strong record of protecting public health and safety and improving patient healthcare outcomes.
- 1.5. The vast majority of dental services are provided in local individual settings through a fee-for-service private practice-based model, principally funded through payment by individuals.
- 1.6. Available evidence indicates that many issues of patient safety common to other areas of health delivery are not experienced within the dental practice setting.
- 1.7. The ADA and Branches are actively involved in facilitating the development and promotion of formal, voluntary dental practice accreditation.
- 1.8. There is no financial support or incentive provided by the government for dental practices to participate in formal dental practice accreditation.
- 1.9. Dental practitioners use audit exercises to maintain quality and assurance.

### Definition

- 1.10. DENTAL PRACTICE ACCREDITATION is independent certification that the requirements of relevant defined standards are met by an internationally-recognised evaluation process used to assess the quality of care and services provided in an office-based dental practice.

### 2. Position

- 2.1. Any regulation should not be duplicated.
- 2.2. Practice accreditation must be independent of Government regulation.
- 2.3. Practice accreditation must be a voluntary, educational and supportive process.
- 2.4. National dental practice accreditation standards and associated processes should be tailored for office-

*This Policy Statement is linked to other Policy Statements: 5.8 Dental Acts, the National Law and Boards, 5.9 Dental Accreditation Authority, 5.21 Regulatory Authorities & 6.8 Evidence-Based Dentistry.*

based dental practice and implementable in a cost-effective way.

- 2.5. The standards and processes should be written in plain English and use a straight-forward style and format, be patient-focused and promote the use of continual quality improvement principles in the delivery of care and services.
- 2.6. Practice accreditation standards and processes for health services should be nationally-based and should be encouraged where there are demonstrable clear benefits to patients, are evidence based and have a cost structure that is sustainable.
- 2.7. Accreditation standards for health services should distinguish between hospital, community- and office-based practice. The standards guidance and evidence of compliance should reflect relevance to the setting being accredited.
- 2.8. There must be specific dental requirements under the National Safety and Quality Health Service Standards for office-based dental practice and they must not duplicate other regulatory requirements.
- 2.9. The ADA should lead the practice accreditation process for Australian dentistry and provide advice in the application of accreditation standards to dental practice and the suitability of evidence that would support compliance to standards.
- 2.10. The standards should harmonise with Federal, State and Territory regulatory requirements, jurisdictional standards and processes, promote the elimination of regulatory duplication and recognise other relevant assessment processes.
- 2.11. An educative approach with guidance should be the initial regulatory response to a practice site that has shortfalls in meeting accreditation standards.
- 2.12. It is appropriate to conduct desktop and short notice surveys for verifying compliance of a practice with accreditation standards. Unannounced surveys or tracer methodologies should not be used as these methods have potential for considerable disruption to patient care and the practice.
- 2.13. Surveyors assessing a healthcare setting for accreditation purposes should be skilled in their role, have appropriate education to fulfil the role and a good understanding of office-based dental practice.
- 2.14. ADA Branches are encouraged to assist members in implementing and complying with practice accreditation requirements.
- 2.15. Third party funding of dentistry should not be contingent on dental practice accreditation.
- 2.16. Financial assistance by governments should be given to all dental practices engaged in practice accreditation.
- 2.17. Dental practitioners should apply ongoing and continuous quality improvement processes.

#### **Policy Statement 5.10**

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