Patient safety & Dentistry & Regulations

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FDI Councillor

FDI World Dental Federation
Worldwide, authoritative & independent voice of dentistry

- Non-governmental organization
- One of the oldest international health profession organisations (founded in 1900 – Paris)
- Represent ~1 million dentists worldwide, ~135 Countries and >190 National Associations and Special Interest Groups
- Governed by a Council, elected by FDI General Assembly
- Offices in Geneva
- Official relations with the United Nations (UN) and the World Health Organization (WHO)
- Member of the World Health Professions Alliance

www.fdiworldental.org
FDI & OSAP

Strong relationship / MoU – OSAP

FDI Education Committee - Dr.Eve Cuny

WHO Multiprofessional Patient Safety Curriculum Guide For Health Professions – Dr.Enrique Acosta-Gio

FDI & OSAP partners - Patient safety

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FDI & patient safety
Policy statements

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FDI POLICY STATEMENT

The basic responsibilities and rights of dentists

Adopted by the FDI General Assembly: 26th October 2007, Dubai, UAE

Commonly shared moral values and ethical responsibilities include the duty to:
- recognise, promote and uphold fundamental human rights and the rights of their patients
- represent, defend and advocate for both the oral health needs and best interests of patients and the public
- provide safe, quality, competent and fair oral healthcare to every patient
- improve the oral health, and contribute to the general health and well-being of individual patients and the public at large
- maintain the role, good reputation and dignity of the profession

As with their responsibilities, the interpretation of the professional rights of dentists may vary from country to country. However, in all circumstances this must be:
- in the best interests of individual patients and the public
- in accordance with the professional and ethical codes, and the credibility of the dental profession

Dentists must also recognise and comply with those situations where professional responsibilities should take precedence over their professional rights.
FDI POLICY STATEMENT

The basic rights and responsibilities of dental patients
Adopted by the FDI General Assembly: 26th October 2007, Dubai, UAE

Serving individual patients and the public is a primary focus of modern dentistry. Thus, recognizing fundamental human rights and patient rights - both individually and collectively - is one of the core values and commitments of the dental profession. Upholding these basic rights is a vital component to the provision of quality and ethical oral health care.

The many basic rights of dental patients include:
- to receive oral health care in a healthy and safe environment, and with compassion and respect for their rights and dignity
- access to competent, high quality, fair and ethical oral health information and care
- protection of their personal privacy
- necessary concern for their needs, best interests, reasonable preferences, and complaints
- encouragement to participate in decision-making processes affecting their oral health care

FDI POLICY STATEMENT

Basic Dental Training
Adopted by the FDI General Assembly: 18th September 2003, Sydney, Australia

Reconfirmed by the FDI Dental Practice Committee in March 2007 in Ferney-Voltaire, France

Continuing Dental Education
Adopted by the FDI General Assembly:
12th September 2004 - New Delhi, India

The equivalency of dental diplomas
Adopted by the FDI General Assembly:
October 2006 - Hong Kong SAR China

Mercury Hygiene Guidance
Original version adopted by the General Assembly on October 1998, Barcelona, Spain, Revised version adopted by the General Assembly: 26th October 2007, Dubai, UAE

Possible Local Adverse Effects of Amalgam Restorations
Adopted by the FDI General Assembly: 26th October 2007, Dubai, UAE

Adverse Reactions to Resin-Based Direct Filling Materials
Adopted by the FDI General Assembly: 24 September 2006 - Shenzen, China, Reconfirmed by the FDI Science Committee in September 2009 in Singapore

Amalgam Waste Management
Adopted by the FDI General Assembly: 24 September 2006 - Shenzen, China, Reconfirmed by the FDI Science Committee in September 2009 in Singapore

Bleaching Materials and Tooth Whiteners
Adopted by the FDI General Assembly: 26 August 2005 Montréal, Canada
FDI POLICY STATEMENT
Infection Control in Dental Practice

FDI POLICY STATEMENT
Post-Exposure Prophylaxis for HIV, HCV and HIV

FDI POLICY STATEMENT
Dental Unit Water Systems and Microbial Contamination
Adopted by the FDI General Assembly: 26 August 2005, Montréal, Canada

FDI POLICY STATEMENT
Quality of Dental Restorations
Reconfirmed by the FDI Science Committee in October 2007 in Dubai, UAE, Adopted by the FDI General Assembly: September 2001 - Kuala Lumpur, Malaysia

FDI POLICY STATEMENT
Quality of Dental Implants

FDI POLICY STATEMENT
Endorsement of ISO Standards

FDI POLICY STATEMENT
Oral and Dental Care of People with Disabilities
Adopted by the FDI General Assembly: 18th September 2003, Sydney, Australia

FDI POLICY STATEMENT
Code of practice on tobacco control for oral health organisations
Adopted by the FDI General Assembly: 12th September 2004 – New Delhi, India, Reconfirmed by the FDI World Dental Development & Health Promotion Committee in September 2009 in Singapore

FDI POLICY STATEMENT
Oral Cancer

FDI POLICY STATEMENT
International Principles of Ethics for the Dental Profession
Adopted by the FDI General Assembly: September 1997 – Seoul, Korea

FDI POLICY STATEMENT
Ethical International Recruitment of Oral Health Professionals
Adopted by the FDI General Assembly: 24 September 2006 – Shenzhen, China

FDI POLICY STATEMENT
The Use of Academic, Professional and Honorary Titles
Adopted by the FDI General Assembly: 4th September 2009, Singapore

FDI POLICY STATEMENT
Guidelines for Dentists against Torture
Adopted by the FDI General Assembly: 30th October 2007, Dubai, UAE
Carry out these tasks solely under the supervision of the dentist who shall be present in the dental practice.

Never be allowed to work in the mouth of the patient.

Accept and follow the directions and specifications provided by the dentist including protecting the patient and the relationship inside the team itself.

Patients and the relationship inside the team shall have the right to receive treatment from a competent person (dentist) skilled in the treatment of the dental area.

Provide top patient safety and quality assurance of oral health care.

Ensure that all members of the dental team at all times have the appropriate competence and training for the tasks that are necessary to comply with the dentist's instructions.

The dentist shall have the lead role in the working procedure and the utilised material.

Monitor and supervise the performance of the dental team with actions thereby ensuring the continuing care of the patient.

Be responsible of Safety and Health of the dental team, including ergonomics and working environment.

Be responsible for the disinfection and sterilization control in the dental practice.

Ensure that all members of the dental team at all times have the appropriate knowledge, according to the Country's legislation.

Communicate this statement to the public and to the principles of humanity.

Practice according to evidence based dentistry, in relation to the patient and his/her dental treatments, according to evidence based dentistry.

Continually provide top patient safety and quality assurance of oral health care.

Comply with all legal responsibilities in the performance of all treatments delegated to other duly qualified members of the dental team.

After approval, all member countries should communicate this statement to the public and to the principles of humanity.

The Dental Team shall participate in the delivery of oral health care competencies and be legally allowed to prevent ethically and legally illegal dental practices.

Provide top patient safety and quality assurance of oral health care.

Assume the leader role in the working procedure and the utilised material.

Communicate this statement to the public.

Provide top patient safety and quality assurance of oral health care.

Require the dental laboratory technician and the dental team members other than those holding the appropriate competence and training for the tasks that are necessary to comply with the dentist's instructions.

After approval, all member countries should communicate this statement to the public.

The dentist shall have the lead role in the working procedure and the utilised material.

Monitor and supervise the performance of the dental team with actions thereby ensuring the continuing care of the patient.

Be responsible of Safety and Health of the dental team, including ergonomics and working environment.

Be responsible for the disinfection and sterilization control in the dental practice.

Ensure that all members of the dental team at all times have the appropriate knowledge, according to the Country's legislation.

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The Dental Team shall participate in the delivery of oral health care competencies and be legally allowed to prevent ethically and legally illegal dental practices.
If the human mistake can't be completely eliminated, we need to create ideal working conditions and carry out actions that make it difficult for the single person to do mistakes.

(Reason 1992)

laws & regulations & patient safety

In general in most parts of the world there are no specific documents or direct laws or regulations about patient safety in dentistry.

BACKGROUND: Most patient safety attention has been paid to patient safety in hospitals. However, in many countries, patients receive most of their health care in primary care settings. The aim of this study was to provide insight into the current patient safety issues in Dutch general practices, out-of-hours primary care centers, general dental practices, midwifery practices, and allied healthcare practices. DESIGN AND METHODS: The frequency, type, impact, and causes of incidents found in the records of primary care patients (objective one), an incident-reporting study in each of the participating practices, to determine the type, impact, and causes of incidents reported (objective two), to provide insight into patient safety management in primary care practices (objective three), organizational and cultural items relating to patient safety. DISCUSSION: To estimate the frequency of incidents was difficult. Much depended on the accuracy of the patient records and the professionals' consensus about which types of adverse events have to be recognized as incidents. Harmen N., Gaal S., von Dumen S., de Reitler E., Giesen F., et al. Implement Sci 2010 Jun 28;5:50.
As NDA, do you have any documents or activities regarding a) ‘Risk Management’ in dental practice?

- No knowledge: 5
- No: 13
- Yes: 22
As NDA, do you have any documents or activities regarding:

a) ‘Risk Management’ in dental practice?

- Infection control - best practice modules/guidelines hygiene protocols (Ireland, Netherlands, Portugal, Canada, Belgium)
- Radiation, waste management best practice models (Ireland)
- From Positive Practice Environment Secretariat in Geneva (Uganda)
- Sample document - operating manual of dental practice (Czech Republic)
- Instigating a national practice accreditation programme for safety and quality (Australia)
- Only some information from health authorities (Denmark)

b) ‘Patient Safety’ in dental practice?

- No knowledge
- No
- Yes

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As NDA, do you have any documents or activities regarding:

b) ‘Patient Safety’ in dental practice?

- Clinical Audit in Decontamination of Dental Instruments, Clinical Audit in Radiology (Ireland)
- Infection control, hygiene protocols/guidelines/lectures (Netherlands, Myanmar, Greece, Fiji)
- The clinical protocols is under the development (Kyrgyz Republic)
- From Positive Practice Environment Secretariat in Geneva (Uganda)
- Sample document - operating manual of dental practice (Czech Republic)
- We have policy on Minimum Standards requirement of dental surgery and an nationally adopted infection control manual (Fiji)
- Documents are in a draft form and we have policies in regard to safety and quality (Australia)

As NDA, do you have any documents or activities regarding:

b) ‘Patient Safety’ in dental practice?

- Regulations relating to official registration of qualifications of dentists; CED - Consultation on patient safety Council European Dentists Manual of Dental Practice (Portugal)
- Three documents produced by the Committee on Clinical and Scientific Affairs: Guidance Document Pertaining to Devices for Use in Dental Health Care; Guidance Document for Dentists Providing Human Allogeneic Transplants; Disclosure of Unexpected Outcomes: A Toolkit for Dentists (Canada)
- Health and safety management system (Cyprus)
- We have a publications about legislation and rules regarding patient safety in dental practice (France)
- Booklet “To Ensure the Medical Safety in the Dental Clinics” (Japan)
- Annual dental practice inspection (Thailand)

Are there any national laws/regulations in your country regarding:
a) ‘Risk Management’ in dental practice?

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Are there any national laws/regulations in your country regarding: a) ‘Risk Management’ in dental practice?

- Dental Council guidelines, legislation on Waste management, Health Safety and Welfare at work, National standards for the prevention and control of Healthcare Associated Infections, hand hygiene standards (Ireland)
- Infection prevention and others (Netherlands)
- Only guidelines on Infection control from Ministry of Health (Uganda)
- Sample document - operating manual of dental practice (Czech Republic)
- Dental law (Croatia)

- National Dental Board requirements and a national quality and safety commission (Australia)
- Laws regarding hazardous waste management, hazardous waste disposal and waste collection; Radiation use and protection; Regulations regarding Dental Office environment conditions (Portugal)
- In Canada the regulation of health care workers is a provincial jurisdiction. As a result Risk management in dental practice is regulated at that level and there are no national laws related to this issue (Canada)
- Standards of dental practice document (Albania)
- We have new patient safety legislation in Sweden as from January 1st 2011 in which risk management is involved (Sweden).

- The information of patients and the discussion about advantage and risks between practitioners and patients are legal obligations taken from the Public Health Code; Article L1111-1 and following articles (especially Article L1111-2 for the information on the risks). The risk management (of workers, not patients) is covered by the Labour Code which imposes the preparation of a Single Document in dental office. All the risks must be listed in this document and avoided (chemical, biological, radiological, electrical risks...); article L4121-1 and following articles (France)
- Medical Service Law (Japan)
- Infection control (Belgium)
- Issued by Dental Council of Thailand (Thailand)
Are there any national laws/regulations in your country regarding; b) 'Patient Safety' in dental practice?

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- Dental Council guidelines, also as above (Ireland)
- Infection prevention and others (Netherlands)
- Only guidelines on infection control from Ministry of Health (Uganda)
- Dental law (Croatia)
- Infection Control Protocol (Fiji)
- Regulatory and non regulatory requirements both at a national and state level (Australia)
- Regarding dental professionals qualifications registration and dental office environment (occupational, sanitary, hygiene and safety in general health, radiation management and protection, hazardous waste management) (Portugal)
- Ministerial decrees (Greece)
- But only as pertains to own and use intraoral x-ray machines (Botswana)
- In Canada the regulation of medical devices is done at the national level. A list of Canadian Medical Device Regulations is available at (Canada)
- x-ray radiation control (Mauritius)
- We have new patient safety legislation as from January 1st 2011 (Sweden)
- Medical Service Law (Japan)
- Infection control (Belgium)
Are there any national laws/regulations in your country regarding:

b) Patient Safety in dental practice?

- The code of ethics, which appears in the Public Health Code, imposes safe treatment. Article R4127-204: Dentists must not work in conditions that may jeopardize the quality of the treatment made as well as the patient's safety. Article R4127-269: The property of documents regarding all the personal information on patients. In any case, the quality of the treatments, their confidentiality, and the patient's safety must be guaranteed. Article R4127-270: Dentists make all the arrangements for the response to emergency situations, the quality, the safety, and treatment continuity to be guaranteed on all the sites of exercise (France).

- Issued by Dental Council of Thailand (Thailand).

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Health authorities
- Specific bodies
- Boards
- Medical Chambers / National Dental Associations

Others:

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UK

The NCAS (National Patient Safety Agency) is a division of the National Patient Safety Agency (NPSA), established to ensure that patients have better protection and doctors and dentists have better support. The service aims to help NHS Trusts and Primary Care Organisations (PCOs) to clarify concerns about the performance of doctors and dentists, offering advice and support for local case management and carrying out performance assessments where necessary.

Working Protocol between the British Dental Association and the National Clinical Assessment Service

Patient safety is central to the work of the BDA and the NCAS, and both organizations are committed to ensuring the best possible experience of dentistry for patients by seeking to cultivate the highest possible standards of dental performance. The following are the key areas of communication and collaboration:

i. Sharing of data and planned research work
ii. Training and education
iii. Public announcements
iv. Policy development

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national legislature (as from January 1st 2011). The cleanliness of health care premises and equipment has been firmly fixed on the NHS agenda as a key issue since 2000. Over these years, much has been put into action in ways of advice and guidance but this has, in the main, been focused at the acute sector. The regulation requirements of the Health and Social Care Act 2008, which will apply to primary dental care providers (from 2011) and primary medical care providers (from 2012), state:

Section 2 of the Code of Practice lays on providers a specific duty to: Provide and maintain a clean and appropriate environment in managed premises that facilitate the prevention and control of infections (Health and Social Care Act 2008 Code of Practice criterion 2).

Concerning the work on Patient Safety in Sweden, Swedish Dental Association (SDA) is continuously participating in reference groups for national patient safety consorts for all health professionals (taking place in September 2011) and for a patients' handbook on patient safety (initiated by the Swedish government). SDA also watching over developments concerning the new Swedish patient safety legislation (as from January 1st 2011). SDA is especially interested in the reporting of malpractice and dissatisfaction in dental care – and the consequences for the individual dentist - which is organized as a result of the new legislation. You can read more at the website of the National Board of Health and Welfare www.socistyrelsen.se/reportingmalpractice. SDA has a document on risk management in dentistry with useful advice to our members, but unfortunately we only have a Swedish version.

Regulation of regulated activities

(1) The registered person must, so far as reasonably practicable, ensure that —
(a) the proper use of equipment is made;
(b) persons employed in the purpose of the carrying on of the regulated activity are protected against risks associated with the carrying on of the regulated activity;
(c) others who are affected by a health care associated infection against the risk of the spread of a health care associated infection.

(2) The means referred to in paragraph (1) are —
(a) the effective operation of systems designed to prevent and detect and control the spread of a health care associated infection;
(b) where applicable, the provision of appropriate treatment for those who are affected by a health care associated infection, in accordance with best practice and the maintenance of appropriate standards of cleanliness and hygiene in relation to —
(i) premises occupied for the purpose of the carrying on of the regulated activity;
(ii) equipment and reusable medical devices used for the purpose of the carrying on of the regulated activity, and (iii) materials to be used in the treatment of service users.

(3) The products referred to in paragraph (2) are —
(a) the effective operation of systems safeguarding the regulated activity against the risk of contamination with a health care associated infection.

The Australian Dental Association Inc. (ADA) fears that the South Australian Government’s plan to allow dental therapists to treat adults, against expert advice, poses a risk to patient safety and to their long term dental health. The ADA insists that removing the limitation that these practitioners only treat children from current Regulations dramatically alters the scope of practice for dental therapists by allowing them to perform treatment that is beyond their expertise and as poses a danger to the public. Dental therapists are just not trained or qualified for these duties and should not perform them.
Nothing much **specific** for dentistry...

**Spain**

The Law of cohesion and quality of the health system (Law 16/2003)

Spain operates as a federal state in terms of health policy (each of the regions has its own regulations, although they are all very similar).

General law nationwide on patient safety is a part of the "Law of cohesion and quality of the health system (Law 16/2003), although is very brief. In the Community of Madrid, there is an order opening the Centre of Health Risks (Decree 134/2004) and a Risk Functional Units in each hospital (Order 1087/2006). Such legislation exists in each region. The patient safety system is very active in Spain today.

About patient safety in dentistry, there is nothing specific. The observatory that are about to be launched (the Spanish Observatory for Dental Patient Safety) will be the first, and its scope will be all over Spain.

**Turkey**

6 April 2011 Regulation number 27897
Ministry of Health

Establishment of Safety of Patients and Health Personnel

Goal, content, reason and descriptions
The Council of European Dentists (CED) is the representative organisation for the dental profession in the EU, representing over 320,000 practising dentists through 33 national dental associations. Established in 1961 to advise the European Commission on matters relating to the dental profession, the CED promotes high standards of oral healthcare and effective patient-safety centred professional practice across Europe.

Directives are regulations for action adopted by an institution, legitimized by law, rules of professional conduct or statutes, that are binding within the jurisdiction of that institution and whose non-observance may entail defined sanctions.

There are no direct regulations regarding patient safety within the EU. However CED has ethical codes and directives which indirectly address safety of dental patients (e.g. Cross-border health care directive, directive on medical devices, directives regulating dental education and recognition of professional qualifications, electronic commerce etc.)

Directives regulating dentistry

- 07.09.2005 Directive 2005/36/EC - mutual recognition of professional qualifications comprehensively regulates mobility within the EU by setting minimum training requirements for health professionals, including dentists.

The Directive on the application of patients’ rights in cross-border healthcare COM/2008/414/EC

This directive states that in cases of cross-border healthcare safety and quality standards enforced in the country of treatment apply. The Directive includes provisions on structures and procedures for informing cross-border patients about these standards (transparency) as well as provisions for cooperation between member states aimed at increasing quality and safety.

The CED believes that professional and ethical standards can best be developed at national or regional level.

Directive 2005/36/EC on the Recognition of professional qualifications

Seven sectoral directives for "sensitive" professions: dentists, doctors, nurses, midwives, pharmacists, veterinarians and architects. Principle of free movement of people and services with minimal obstacles/bars. Facilitation of services must be in context of respect for public health and safety and consumer protection.
CED & Standards at the EU Level

No European standards for service provision of dental care is available.

- There are national/regional standards – they reflect national/regional organization of healthcare systems, local needs and capacities.
- There is a general agreement on common values for healthcare (universality, access to good quality care, equity and solidarity), but the organization and reinforcement is up to Member States.
- Quality of provision of dental care to a large extent depends on appropriate education/training of dentists in line with Directive 2005/36/EC.
- Personal responsibility of dentists in delivery of care, guaranteed by respecting ethical codes at local/national/EU level (CED Code of Ethics) is supported.

CED POSITION PAPERS

Education and Professional Qualifications
- CED Resolution on the profile of the dentist of the future November 2007
- CED Resolution on the Bologna Process and dental training November 2005
- Joint statement of the sectoral professions March 2005
- DLC position paper on draft Directive June 2002
- Joint statement of the sectoral professions June 2002

Infection Control
- CED Code on Infection Control May 2009
- Tooth-whitening products
- CED Resolution on tooth-whitening products May 2007
- Amalgam
- CED Resolution on amalgam November 2009
- CED Resolution on amalgam May 2007

Commission consultation on an EU health strategy
- CED position paper – executive summary January 2007

Medical Devices
- CED position paper regarding the review of the Medical Devices Directives May 2006
- DLC contribution to public consultation on amendments to the Medical Devices Directive June 2005

DLC contributions
- Joint statement of European health professional organisations March 2005
- DLC position paper October 2004

INFECTION CONTROL CODE (CED Resolution on decontamination, cleaning, disinfection, sterilisation, waste management and a wide range of hygienic procedures)

ANNEX - \ / RECOMMENDATIONS

These reflect CED-agreed voluntary recommendations for the basic procedures necessary to maintain a safe environment for both dental staff and patients.

Recommendation 1: Choice of equipment
- Recommendation 2: Choice of flooring and bench materials
- Recommendation 3: Patients’ medical records
- Recommendation 4: Immunisation
- Recommendation 5: Gloves
- Recommendation 6: Goggles/dental clothing
- Recommendation 7: Surface protection and covering
- Recommendation 8: Lined disposable items
- Recommendation 9: Disinfectant materials
- Recommendation 10: Instrument decontamination and sterilisation
- Recommendation 11: Instrument decontamination and sterilisation
- Recommendation 12: Sterilisation monitoring and indicators
- Recommendation 13: Handling of blood spills
- Recommendation 14: Inhalation of blood and endodontic instrumentation
- Recommendation 15: Decantation of equipment
- Recommendation 16: Decantation of impression materials
- Recommendation 17: Decantation of sterilisation of orthodontic appliances
- Recommendation 18: Handling of blood spills
- Recommendation 19: Aerosol splatters and air quality
- Recommendation 20: Waste disposal management
- Recommendation 21: Amalgam and toxic material disposal management
- Recommendation 22: Biopsy tissues, teeth and small tissue management
- Recommendation 23: Inoculation injuries protocol

Adopted unanimously at the CED General Meeting in Brussels on 20 November 2009
INTRODUCTION

The dental profession is committed to providing safe dental care, which is necessary for ensuring good general health, and aims to remove risks and establish an open culture of patient safety, in which practitioners learn from their own and others’ experiences.

A number of international studies in recent times have concluded that action is needed to reduce the number of adverse events that occur in the health sector. Various international bodies, such as the World Health Organization (WHO), the Organisation for Economic Co-operation and Development (OECD) and the Council of Europe, have sought to identify patient safety risks and develop recommendations to help prevent adverse events. The European Commission has stressed the importance of patient safety as a political issue at EU level and is preparing proposals on patient safety in 2008. These proposals should build on the international work already done and should primarily seek to encourage action from Member States to implement in their health systems. It has to be remembered here that in accordance with the EC Treaty it is Member States which are primarily responsible for the organisation of healthcare services.

PATIENT SAFETY IN THE DENTAL HEALTHCARE SETTING

It is essential that action to improve patient safety at national, European and international levels take into account the various healthcare settings in which patients are treated, since the types of patient safety risks and the appropriate ways of minimising them may vary in a setting to healthcare setting. Most dental care in Europe is provided in liberal practice, in small practices, and in an environment where dental practitioners have considerable independence for the whole procedure of care of the patient. The risk of adverse events is present throughout that whole process, relating, for example, to diagnosis, faulty equipment, general safety of the practice, poor communication with the patient or other health professionals, inadequate infection control or waste management. It is important to remember that in the field of medical care “zero risk” does not and cannot exist.

Reduction of adverse events and improvement of patient safety is most effectively achieved through prevention, and prevention a action to reduce adverse events is an essential feature of high-quality healthcare. Quality cannot be promoted through force or coercion from outside. It must be ensured that new measures are optimally to improve patient safety, which can often add to the bureaucratic burden in the dental practice. Do not hinder dentists from spending sufficient time with their patients, or add to the bureaucratic burden in the dental practice. Dentists have concluded that action is needed to reduce the number of adverse events that occur in the dental sector. The dental profession seeks to promote quality in many ways, including providing continuing professional development to keep skills up to date, establishing ad hoc study groups for dentists and dental practices to learn from each other’s experiences, developing systems for reporting adverse events or near misses, and ensuring compliance with infection control and waste management laws. Much of this is implemented already in Member States, although action to improve patient safety is an ongoing preoccupation.

PATIENT SAFETY

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From specific competences to broad learning outcomes in dentistry

- Core Competencies respecting different educational methods and approaches. (Global Congress in Dental Education, 2002)
- Profile and Competences for the new European dentist (ADEE Cardiff, 2004)
- Profile and Competences document (PCD) (Plasschaert et al., 2004): seven domains, major competences and supporting competences.
- Profile and Competences for the graduating European dentist - update 2009 (Cowpe et al., 2010):

- Requirement – is a binding or mandatory policy and, in this document, it is also a “best practice”.

- Recommendation (Guideline) – in EU terminology is not binding, or mandatory, and in this document would constitute suggestions for improving practice.

Requirements for dental education

1. Quality management can only be implemented when the explicit goals and objectives of all of the functions of a dental school are clearly defined.
2. Every dental school (and hospital) should pursue explicit quality management, improvement and enhancement.
3. Quality is the responsibility of everybody.
4. Appropriate quality systems should be an integral part of all of the activities at a dental school (and hospital).
5. Schools should have critical self-evaluation systems.
6. Assessment of quality should be systematic, periodic, and cyclic.
7. Continual quality management processes and their outcomes should always be documented properly.
8. Student feedback, obtained through appropriate evaluation mechanisms.
9. Feedback from recent graduates, patients, and support staff.
10. Any quality improvement method employed should ensure that outcomes from the feedback and review mechanisms are communicated to teachers, students, and other staff.
11. All of those involved in, and associated with, learning and teaching should receive a regular formal appraisal.
12. There should be a properly documented period of “educationally related” teaching for all new (and returning) teaching staff with clear guidelines.
13. The management and committee structure within the Dental School, Hospital, and the providers of other “clinical support” training facilities should include systems for quality assurance and improvement at every level.
Laws & Regulations
Guides/manuals are available to assist dental professionals

Centers for Disease Control and Prevention - guidelines, recommendations
http://www.cdc.gov/

There are currently no specific standards for dentistry. However, exposure to numerous biological, chemical, environmental, physical, and psychological workplace hazards that may apply to dentists are addressed in specific standards for the general industry. (OSHA)

DENTAL/OSHA MANUALS
Bloodborne Pathogen Standard [1910.1030]
Recordkeeping Requirements [1910.1040]
Chemical Hazard Communication Standard [1910.1200]
Infection Control in dentistry
CDC’s Sterilization procedures
Tuberculosis (Epidemiology & Exposure Control)
Latex Allergy
Exposure to Beryllium in Dental Laboratories
Exposure to Nitrous Oxide
Safety recommendations for medical facilities - the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

Ethical Dentistry

FDI POLICY STATEMENT
International Principles of Ethics for the Dental Profession
Adopted by the FDI General Assembly: September 1997 - Seoul, Korea

CED CODE OF ETHICS
Against a backdrop of crossborder mobility of patients and health professionals in the EU and the EBA, the CED drew up a Code of Ethics in 1985, which served as a framework for all dentists in crossborder practice.

The Code was most recently updated in 2007. The principles contain the standard of professional conduct held in the same high esteem as the principles enshrined in the FDI’s Code of Ethics. These are general in nature but underpin the codes in the individual Member States.

The national codes reflect the different cultures, traditions and needs of the public and patients in the various countries of the EU. Dentists working in another country should familiarize themselves with the national code of that country, and respect them.
Reduction of adverse events and improvement of patient safety is most effectively achieved through prevention, and preventive action to reduce adverse events is in turn a facet of high quality healthcare.

Quality cannot be promoted through force or sanctions from outside. It must be ensured that new measures ostensibly to improve patient safety, which can often add to the bureaucratic burden in the dental practice, do not hinder dentists from spending sufficient time with each patient, as this is an important parameter of high quality. The dental profession in every Member State has self-regulatory functions in promoting high quality, and works, when necessary, with its respective governments in a co-regulatory context to achieve the same objective.

The dental profession seeks to promote quality in many ways, including providing for continuing professional development to keep skills up to date; establishing local study groups for dentists and dental practices to learn from each others' experiences; developing systems for reporting adverse events or near misses; and ensuring compliance with infection control and waste management laws. Much of this is implemented already in Member States, although action to improve patient safety is an ongoing preoccupation.

Legislations & Laws - Dentistry & Risk Management - Patient Safety - 'immature'

(Especially in the developing world)

I cannot say whether things will get better if we change; what I can say is they must change if they are to get better.

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Thank you..
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