Feedback session on dental classification and dental procedure accreditation

Date:
Sunday, 7th July 2019

Time:
1.00pm Registration & Lunch
2.00pm Feedback Session

Venue:
Auditorium @ The Academia (Building beside Alumni Medical Association)
Level 1, 20 College Road, Singapore 169856

The SDA Standing Committee (SDA-SC) would like to hold an engagement session for members on the proposed regulatory framework.

The SDA-SC is seeking contribution of viewpoints from members. The preliminary draft containing the proposed discussion issues that will be put to the House for a vote is attached for reference. We will add your views to the preliminary draft and re-circulate it prior to the meeting to allow members time to consider their merits.

Please send your views by 30 June to: sdasc@sda.org.sg

In addition, we would like to request members to complete a simple poll by clicking the following link: https://www.surveymonkey.com/r/PVWC62G

Agenda for Engagement session

1400-1415 hrs - Summary of work done by the Standing Committee
1415-1420 hrs - Briefing on how the engagement will be conducted
1420-1500 hrs - Discussion on “Framework for Competencies”
1500-1520 hrs - Vote on “Framework for Competencies”
1520-1600 hrs - Discussion on “Certificates of Competency”
1600-1620 hrs - Vote on “Certificates of Competency”
1620-1640 hrs - Summary of key discussion points
1640-1700 hrs - Discussion on next steps and closing remarks by SDA-SC Chairman

We strongly encourage members to turn up and actively participate in the discussion. This will lend greater weight to the final recommendations that will be presented to MOH.

Let us work together as a united House for the good of our patients.

RSVP by Wednesday, 3rd July 2019.
Note: For SDA Members Only

You may indicate your attendance via the following
- Email to jy.lee@sda.org.sg or
- Click here to register via the Survey Monkey or
- Scan the QR code

By The Standing Committee for Dental Classification and Dental Procedures Accreditation

Discussion on better competency development for safe and quality dental care for patients

SDA Standing Committee

Table of Contents

Setting the context

Addressing increasing patient demands and need for safe and quality dental care

Rising trend in complaints received by SDA on treatment outcomes across most procedures

Table 1: Classification of Complaints Received		2018	2017
Unsatisfactory Treatment Outcome	*Orthodontics*	18	4
	Bridges	1	
	Cracked Tooth	1	4
	Crown	5	4
	Dentures	2	1
	Drug Allergy / Medication	1	
	OMS		1
	Extraction	4	2
	Filling	3	3
	Scaling & Polishing	4	2
	Implant	12	6
	Root Canal Treatment	8	10
	Wisdom Tooth	4	5
Total for Unsatisfactory Treatment Outcome		**63**	**42**
Fees		**18**	**14**
Service Experience		**19**	**9**
Total of Number of Complaints Received		**100**	**65**

Further analysis shows lapses in care form a small percentage of complaints

- Assuming that settlements represent some degree of lapses in care, 5 to 7% of overall complaint cases in 2018 are estimated to have care lapses.

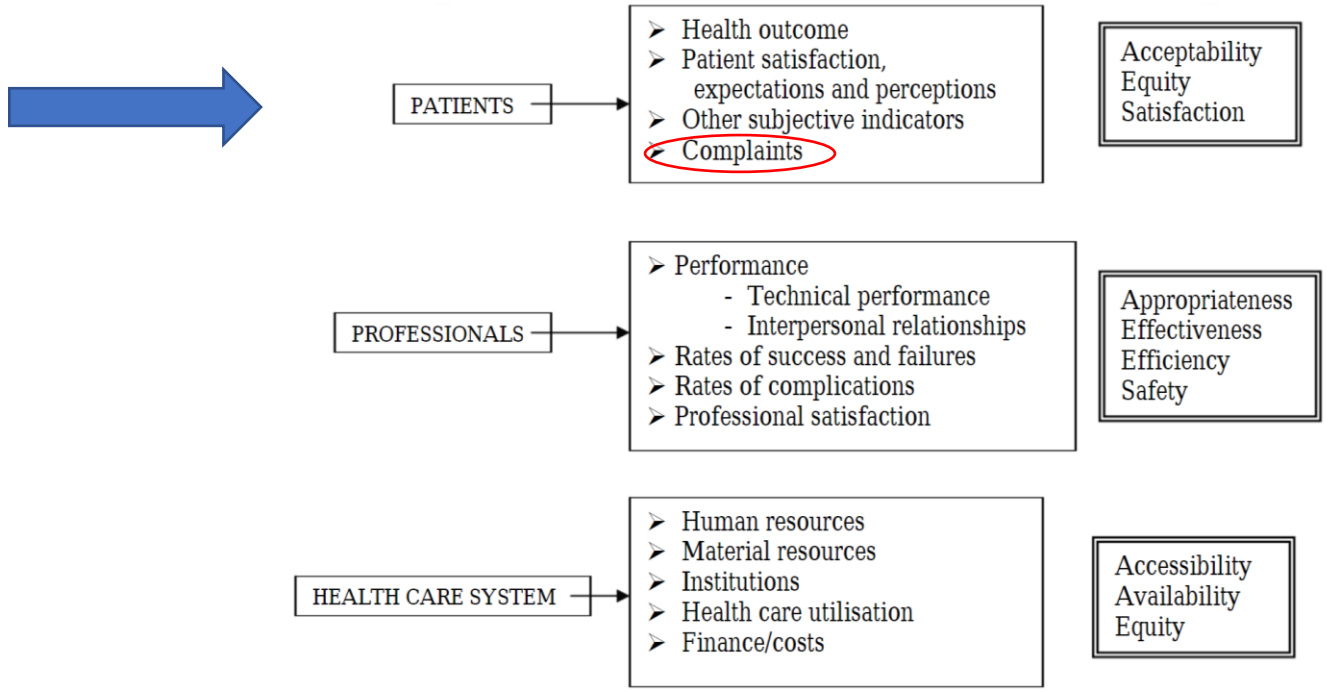
Table 2: how mediation cases were resolved	**Year 2018**	**Year 2017**
Complaints assigned for mediation	10* (from 100 cases)	4 (from 65 cases)
Resolved with mediation: settlement paid	5	2
Resolved with mediation: no payments involved	1	0
Unresolved cases	2	1
Highest payout	$5,492.40	$921.00
Lowest payout	$60.00	$370.00
Total payout	**$10,659.10**	***$1,291.00**

*2 cases - Mediation still in progress

To address safety and quality, complaints is a single performance indicator which should not be used in isolation

Some studies suggests that patient satisfaction is more an indicator for patient-doctor relationship

Figure 1. Framework for obtaining and evaluating information and reaching conclusions about quality from a managerial perspective.

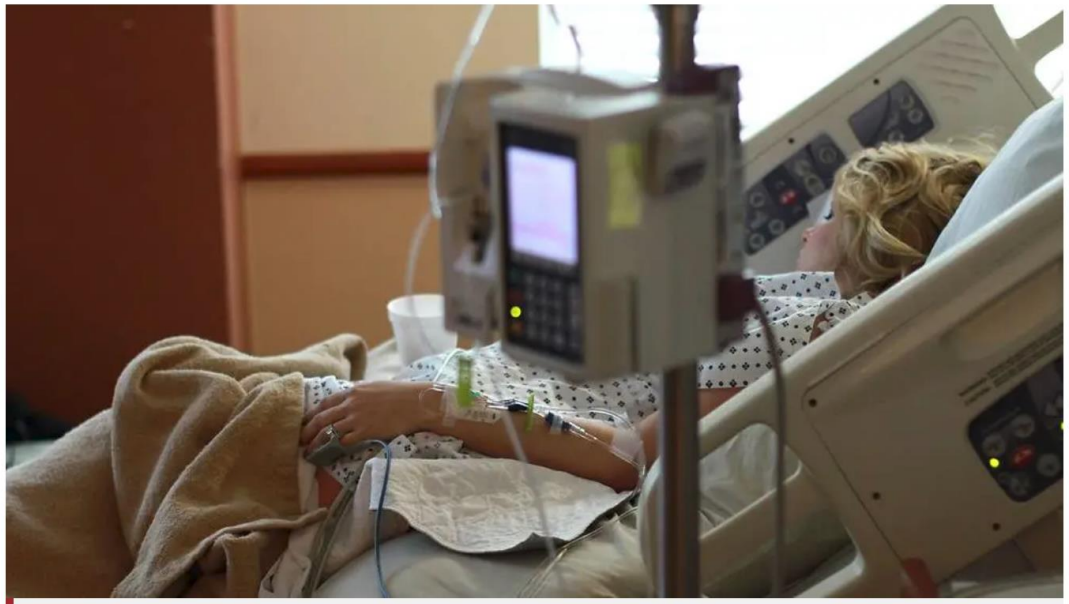


Source : https://www.researchgate.net/publication/6606737_Performance_indicators_used_to_assess_the_quality_of_primary_dental_care

Complaints itself may not be related to clinical quality

Health

Patient satisfaction not influenced by surgery complications



(Photo: Pixabay/Parentingupstream)

Patients' satisfaction with surgeon care doesn't seem to be tied to whether or not they have complications after a procedure, a small US study suggests.

Researchers compared how 529 patients rated their surgeons in satisfaction surveys after their operations and the number and severity of any complications these patients might have experienced.

Overall, 72 per cent of the patients rated their surgeons as the "best possible" in satisfaction surveys.

Fourteen percent of patients had complications after their operations, and about 27 per cent of these were major or severe complications.

But neither the number of complications nor the severity of complications appeared to influence whether patients gave their surgeons top marks in satisfaction surveys, researchers report in the journal Surgery.

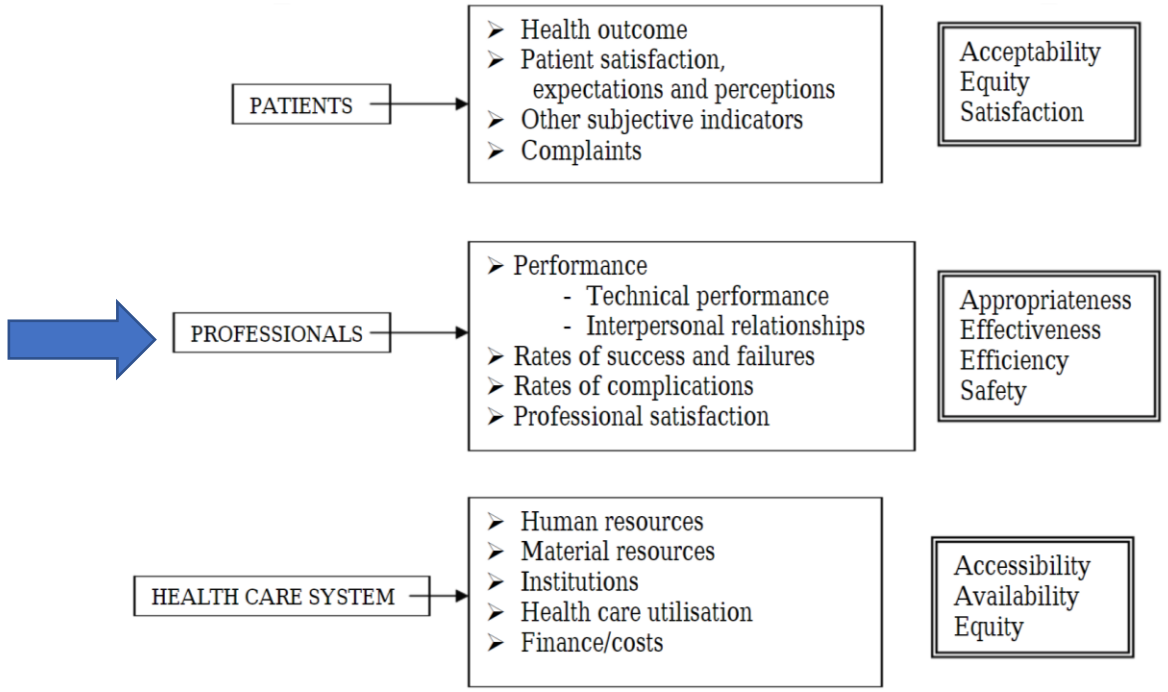
Source: https://www.channelnewsasia.com/news/health/patient-satisfaction-not-influenced-by-surgery-complications-10960214

There is little publicly available data on clinical performance measurements in public institutions to benchmark for safety and quality

“Performance in clinical practice is assessed by selecting a topic and developing the indicator. (Bailit, 1980). For example the assessment of restorative care using the ARC Index. This instrument measures the quality of restorative dental care, conceptualised as the diagnosis of caries and the assessment of restoration in the molar and pre-molar regions (Poorterman, 1993).

Another way to assess a dentist’s performance is to determine the rates of success, failure and complications. These measurements can be collected prospectively, currently or retrospectively from dental records or surveys. They imply the performance of the service: for example, a high rate of alveolitis/extraction could be related to incorrect procedures during the extraction of the teeth, but it could also be the consequence of a lack of hygiene in the dental office.”

Figure 1. Framework for obtaining and evaluating information and reaching conclusions about quality from a managerial perspective.



Source : https://www.researchgate.net/publication/6606737_Performance_indicators_used_to_assess_the_quality_of_primary_dental_care

Recent study does not recommend regulation as a way to improve quality in advanced area of dental care

The New Zealand Dental Council established an orthodontic working group in September 2015 in response to concerns from patients, general dentists and orthodontic specialists concerning the quality and appropriateness of orthodontic treatment provided by general dentists. Some of the key conclusions include

6. Orthodontic treatment had a limited risk of serious harm with most procedures being reversible; the risk associated with orthodontic treatment was not significantly greater than other advanced areas of dental practice.

7. The size of the problem with inappropriate orthodontic treatment was small; with the number of practitioners with identified concerns about their orthodontic practice being very small.

10. Peer-contact between dentists providing orthodontics, and orthodontists would be beneficial; improved collegial and professional relationships would be more constructive in changing behaviour than the introduction of increased regulation.

11. There was no need for changes to the general dental scope of practice, or a new practice standard related to the practice of orthodontics, at this point in time. It was considered that the Council's Standards Framework for Oral Health Practitioners adequately covered the professional and ethical behaviour required from oral health practitioners.

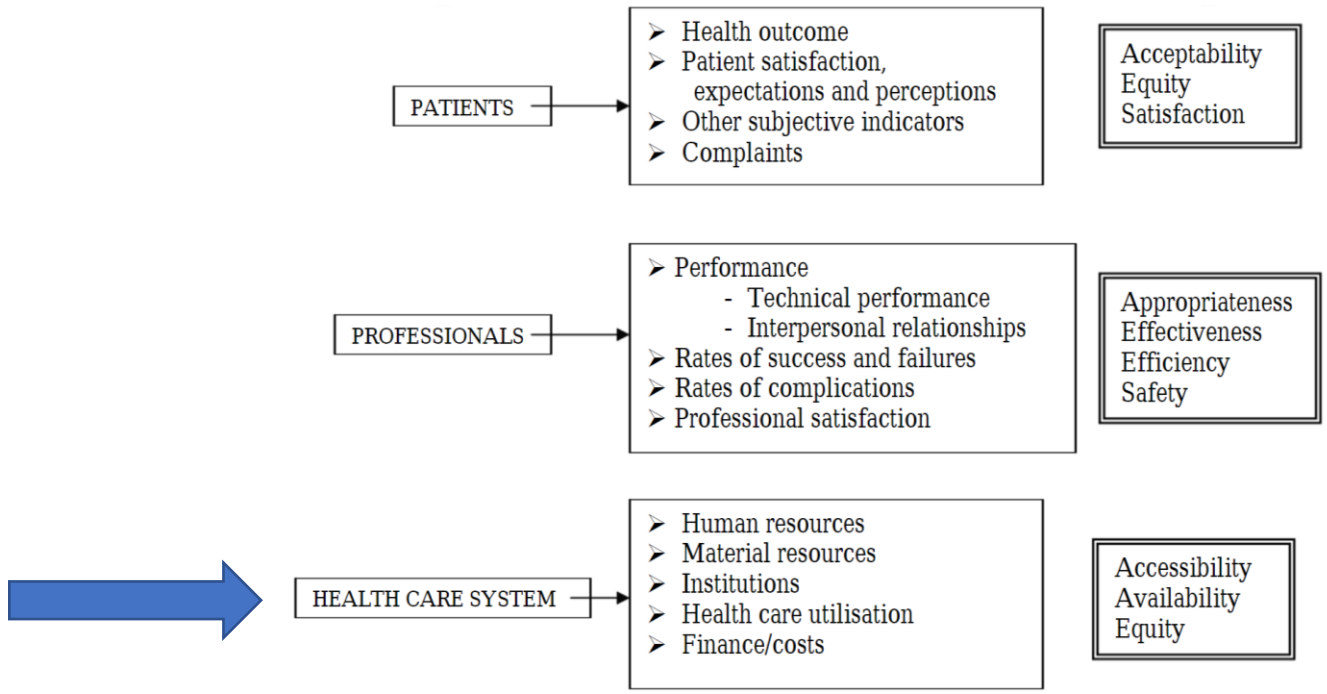
Source : Orthodontic working group report 2016 to the New Zealand Dental Council

Proposed policy does not address how Efficiency and Equity issues will be affected

"The indicators workforce, facilities and resources for education are parameters that determine the availability of and accessibility to dental care. This relationship to quality can be explained by the system's ability to generate resources and allocate and use them appropriately (effectiveness) and at a minimum cost (efficiency).

Therefore, efficiency, effectiveness and equity should be reflected by the delivery of good-quality care. These parameters are influenced by how the health care system is financed and the economic situation."

Figure 1. Framework for obtaining and evaluating information and reaching conclusions about quality from a managerial perspective.



Source : https://www.researchgate.net/publication/6606737_Performance_indicators_used_to_assess_the_quality_of_primary_dental_care

Setting the context

Accessibility and affordability of Dental Services

Proportion of General Dental Practitioners providing advanced dental work.

Poll for GP members – Kindly select the services that you are providing and estimated frequency

	Service provision		Frequency per month	
	YES	NO	<4	>4
(a) Wisdom tooth surgery				
(b) Veneers				
(c) Cone Beam CT				
(d) Dental Implants				
(e) Molar Endodontics				
(f) Open Flap/regenerative surgery				

Note: For frequency of veneers, count by unique number of patients, NOT units of veneers done

More public monies are used to train specialists

- Private practice GPs undertake skills upgrading courses at their own expense
- Masters of Dental Surgery (M.D.S) courses at NUS are subsidised.
- Patients treated by Dental Residents attract further MOH subsidies/subvention.

Upskilling General Dental Practitioners help reduce Fragmentation of Care

Case Study

Patient presents with pain on the second molar due to decay on distal of second molar (#47) involving pulp. Impacted wisdom tooth (#48) noted.

	GP Referring to specialists	Upskilled GP	Multi-disciplinary care
Visit 1	Pulpectomy of #47 done by GP	Pulpectomy of #47 and LA op removal of #48	Pulpectomy of #47 and LA op removal of #48
Visit 2	LA Op removal of #48 by OMS	C&S of #47	C&S of #47
Visit 3	C&S of #47 by endodontist	Obturation and crown prep for #47	Obturation and crown prep for #47
Visit 4	Obturation of #47 by endodontist	Issue of #47 crown	Issue of #47 crown
Visit 5	Crown prep of #47 by Prosthodontist		
Visit 6	Issue of #47 crown by Prosthodontist		

Reduction in supply of GPs providing advanced dental care will result in widening price gradient

- Downward pressure on prices for advanced dental procedures due to increased supply of GPs providing the services
- Any regulation that reduces supply of services will result in higher prices for the service
- Widening price gradient between private pricing and subsidised pricing will move more demand toward public subsidised services

Discussion 1

Arguments for and against “Framework for Competencies”

Discussion on Framework for Competencies

Proposal from SDC Circular on Better Competency Development for safe and quality dental care for patients

(I) Framework for Competencies

7. The Working Committee has proposed the following draft framework to categorise the competences for dental care.

a. Competencies for Basic Dental Care – to be attained by dentists who have completed undergraduate dental training (i.e. Bachelor of Dental Surgery, FoD, NUS or equivalent), and with ongoing Continuing Dental Education courses.

b. Competencies for Intermediate Dental Care Requiring Additional Training – to be attained by dentists registered with the SDC through additional training for selected procedures of higher risk that require skills beyond what is taught under undergraduate dental training but without the need for specialist training. The number of such procedures is expected to be small, and the list can be reviewed by the SDC on a periodic basis as dental practice evolves. The procedures can continue to be provided at both general dental clinics and specialist dental clinics. Some of these procedures being looked into include implant dentistry and wisdom tooth surgery.

c. Competencies for Specialist Dental Care – to be attained by dentists through specialist training (i.e. Master of Dental Surgery, FoD, NUS or equivalent).

Arguments for accepting Framework of Competencies “Basic, Intermediate and Complex”

Arguments for accepting Framework of Competencies “Basic, Intermediate and Complex” without restrictions

Arguments for rejecting Framework for Competencies

House to Vote

This House is in favour of

	GP		Specialist
	< 5	≥ 5	
(a) Accepting a framework consisting of “Basic, Intermediate, Complex”			
(b) Accepting a framework consisting of “Basic, Intermediate, Complex” as guidelines, without restrictions			
(c) Rejecting the need for a categorisation framework			
(d) *any other options proposed by house members			

Note: “< 5” and “≥ 5” years refers to number of years after graduation

Discussion 2

Arguments for and against “Certificates of Competency”

Discussion on Certificates of Competency

Proposal from SDC Circular on Better Competency Development for safe and quality dental care for patients

(II) Certificates of Competency for Identified Higher-Risk Intermediate Dental Care Procedures

8. To help dentists attain the competencies for the identified higher-risk intermediate dental care procedures and provide confidence to dental patients, the Working Committee has proposed the development of new training courses leading to Certificates of Competency (COC) in the identified higher-risk procedures. Suitable existing courses can also award COCs. The accreditation of the courses would be done by the SDC.

9. The Committee has recommended that dentists planning to perform the identified higher-risk intermediate dental care procedures be encouraged to undergo the relevant courses and attain the COCs as part of good clinical practice. However, the COCs need not be mandatory at this time.

House to Vote

This House views that the following procedures require accredited training

	GP (<5)		GP (≥5)		Specialist	
	YES	NO	YES	NO	YES	NO
(a) Wisdom tooth surgery						
(b) Veneers						
(c) Cone Beam CT						
(d) Dental Implants						
(e) Molar Endodontics						
(f) Open flap / regenerative surgery						
(g) *any other options proposed by house members						

Note: "< 5" and "≥ 5" years refers to number of years after graduation

House to Vote

This House is in favour of

	GP		Specialist
	<5	≥5	
(a) Status Quo			
(b) Accept non-mandatory CoCs only			
(b) Accept CPGs without CoCs			
(c) Accept CPGs and non-mandatory CoCs			
(d) *any other options proposed by house members			

Note: "< 5" and "≥ 5" years refers to number of years after graduation
CPG refers to Clinical Practice Guidelines