

# Introduction

## Definition and scope of pediatric dentistry

Pediatric dentistry is an age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.<sup>1</sup>

To become a pediatric dental specialist, a dentist must satisfactorily complete a minimum of 24 months in an advanced education program accredited by the Commission on Dental Accreditation of the American Dental Association (ADA). Such programs “must be designed to provide special knowledge and skills beyond the DDS or DMD training...”<sup>1</sup> The curriculum of an advanced program provides the dentist with necessary didactic background and clinical experiences to provide comprehensive primary oral health care and the services of a specialist. Pediatric dentists provide care, conduct research, and teach in a variety of clinical and institutional settings, including private practice and public health. They work in coordination with other health care providers and members of social disciplines for the benefit of children.

The primary focus of most dental specialties is a particular area of dental, oral, or maxillofacial expertise. Pediatric dentistry encompasses a variety of disciplines, techniques, procedures, and skills that share a common basis with other specialties, but are modified and adapted to the special needs of infants, children, adolescents, and those with special health care needs. By being an age-specific specialty, pediatric dentistry encompasses disciplines such as behavior guidance, care of the medically and developmentally compromised and disabled patient, supervision of orofacial growth and development, caries prevention, sedation, pharmacological management, and hospital dentistry, as well as other traditional fields of dentistry. These skills are applied to the needs of children throughout their ever-changing stages of development and to treating conditions and diseases unique to growing individuals.

The American Academy of Pediatric Dentistry (AAPD), founded in 1947, is the membership organization representing the specialty of pediatric dentistry. The membership provides care to millions of our nation’s infants, children, adolescents, and persons with special health care needs. They are the primary contributors to professional education programs and publications on pediatric oral health.

The AAPD, in accordance with its vision and mission, advocates improved oral health for all children. Its advocacy activities take place within the broader health care community and with the public at local, regional, and national levels. The reference manual is one of the components of the AAPD’s advocacy activities.

## Intent of the AAPD Reference Manual

The AAPD Reference Manual is intended to encourage a diverse audience to provide the highest possible level of care to children. This audience includes, but is not limited to:

1. pediatric dentists;
2. general dental practitioners and other dental specialists;
3. physicians and other health care providers;
4. government agencies and health care policy makers;
5. individuals interested in the oral health of children.

The AAPD Reference Manual is divided into 5 sections: (1) definitions; (2) oral health policies; (3) clinical guidelines; (4) endorsements; and (5) resources. Oral health policies are statements relating to AAPD positions on various public health issues. Clinical guidelines are practice recommendations designed to assist the dental provider in making decisions concerning direct patient care. Adherence to the guidelines increases the probability of a favorable practice outcome and decreases the likelihood of an unfavorable practice outcome.

Proper utilization of this reference manual necessitates recognizing the distinction between “standards” and “guidelines.” Although there are certain instances within the guidelines where a specific action is mandatory, the AAPD Reference Manual is not intended nor should it be construed to be either a standard of care or a scope of practice document. The AAPD Reference Manual contains practice guidelines which are intended to be recommendations for care that could be modified to fit individual patient needs based on the patient, the practitioner, the health care setting, and other factors.

## Definitions

For the purpose of this document, the following definitions shall apply. They are based on definitions established by the ADA, the Institute of Medicine, and the Joint Commission on Accreditation of Health Care Organizations.

**Standards:** Any definite rule, principle, or measure established by authority.

Standards are intended to be applied rigidly and carry the expectation that they are applied in all cases and any deviation from them would be difficult to justify. A standard of care indicates that measurable criteria are present and these criteria shall be used to arrive at a given level of outcome. Standards say what must be done. The courts define legal standards of care.

**Guidelines:** Systematically developed recommendations designed to assist the practitioner and the patient in making decisions relating to specific clinical situations.

Guidelines are intended to be more flexible than standards. Guidelines should be followed in most cases, but they recognize that treatment can and should be tailored to fit individual needs, depending on the patient, setting, and other factors. Deviations from guidelines could be fairly common and could be justified by differences in individual circumstances. Guidelines are designed to produce optimal outcomes, not minimal standards of practice.

Guidelines originate in an organization with recognized professional expertise and stature. Although they may be unsolicited, they usually are developed following a stated request or perceived need for clinical advice or instruction. Guidelines are kept current by regular review and modification by the developing body.

**Must or shall:** Indicates an imperative need and/or duty; an essential or indispensable item; mandatory.

**Should:** Indicates the recommended need and/or duty; highly desirable.

**May or could:** Indicates freedom or liberty to follow a suggested alternative.

**Parent:** Unless otherwise indicated, the term “parent” as used in these oral health policies and clinical guidelines has a broad meaning encompassing a natural/biological father or mother of a child with full parental legal rights, a custodial parent who in the case of divorce has been awarded legal custody of a child, a person appointed by a court to be the legal guardian of a minor child, or a foster parent (a non-custodial parent caring for a child without parental support or protection who was placed by local welfare services or a court order).

### Policy and guideline development

The oral health policies and clinical guidelines of the AAPD are developed under the direction of the Board of Trustees, utilizing the resources and expertise of its membership operating through the Council on Clinical Affairs (CCA).

Proposals to develop or modify policies and guidelines may originate from 4 sources:

1. the officers or trustees acting at any meeting of the Board of Trustees;
2. a council, committee, or task force in its report to the Board of Trustees;
3. any member of the AAPD acting through the Reference Committee hearing of the General Assembly at the Annual Session;
4. officers, trustees, council and committee chairs, or other participants at the AAPD’s Annual Strategic Planning Session.

Regardless of the source, proposals are considered carefully, and those deemed sufficiently meritorious by a majority vote of the Board of Trustees are referred to the CCA for development or review/revision.

Once a charge (directive from the Board of Trustees) for development or review/revision of an oral health policy or clinical guideline is sent to the CCA, it is assigned to 1 or

more members of the CCA for completion. CCA members are instructed to follow the specified format for a policy or guideline. All oral health policies and clinical guidelines are based on 2 sources of evidence: (1) the scientific literature; and (2) experts in the field. Members may call upon any expert as a consultant to the council to provide expert opinion. The Council on Scientific Affairs provides input as to the scientific validity of a policy or guideline.

The CCA meets on an interim basis (midwinter) to discuss proposed oral health policies and clinical guidelines. Each new or reviewed/revised policy and guideline is reviewed, discussed, and confirmed by the entire council.

Once developed by the CCA, the proposed policy or guideline is submitted for the consideration of the Board of Trustees. While the board may request revision, in which case it is returned to the council for modification, once accepted by majority vote of the board, it is referred for Reference Committee hearing at the upcoming Annual Session. At the Reference Committee hearing, the membership may provide comment or suggestion for alteration of the document before presentation to the General Assembly. The final document then is presented for ratification by a majority vote of the membership present and voting at the General Assembly. If accepted by the General Assembly, either as proposed or as amended by that body, the document then becomes the official AAPD oral health policy or clinical guideline for publication in the AAPD’s Reference Manual and on the AAPD’s Web site ([www.aapd.org](http://www.aapd.org)-click on *Policies and Guidelines* on the left sidebar).

### Review and revision of existing policies and guidelines

Each AAPD oral health policy and clinical guideline is reviewed for accuracy, relevance, and currency by the CCA no less than once every 5 years and more often if directed by the Board of Trustees. The council, thereby, may recommend retention of the document without change, propose revision, or recommend elimination of a policy or guideline. Policies and guidelines of other organizations that have been endorsed by the AAPD are reviewed annually to determine currency as well as appropriateness for the AAPD’s continued endorsement.

### References

1. Commission on Dental Accreditation. Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry; 2000.

# American Academy of Pediatric Dentistry

## Vision Statement/Mission Statement

Revised  
January 2003

### **Vision statement**

The vision of the American Academy of Pediatric Dentistry is optimal health and care for infants, children, adolescents, and persons with special health care needs.

The Academy is the leader in representing the oral health interests of children. The pediatric dentist is a recognized primary oral health care provider and a resource for specialty referral.

### **Mission statement**

The mission of the American Academy of Pediatric Dentistry is to advocate policies, guidelines, and programs that promote optimal oral health and oral health care for children.

The Academy serves and represents its membership in the areas of professional development and governmental and legislative activities. It is a liaison to other health care groups and the public.

# American Academy of Pediatric Dentistry Core Values

Adopted  
January 2003

## AAPD values

### 1. Health and health care equity

- A. AAPD values oral health as an inseparable part of the overall health and welfare of the infant, child, and adolescent.
- B. AAPD values universal access to comprehensive dental care that meets each child's unique needs and promotes optimal oral health.
- C. AAPD values effectiveness and efficiency in providing oral health services to infants, children, and adolescents and supports efforts that improve access through effective and efficient delivery systems.
- D. AAPD values improvements in access to dental care that reduce or eliminate financial, logistic, and cultural barriers to care.
- E. AAPD values dental care for children that is safe, comprehensive, accessible, affordable, high quality, continuous, and respectful of individual children and their families.
- F. AAPD values volunteerism and charitable care that improves children's health but rejects these approaches as significant solutions to reducing disparities in dental care for infants, children, and adolescents covered by public insurance programs.

### 2. An effective dental workforce

- A. AAPD values a dental workforce that can meet the needs of infants, children, and adolescents by being adequate in size, distribution, diversity, and competency.
- B. AAPD values the unique skills and knowledge that pediatric dentists bring to children's oral health care.
- C. AAPD values the role of other dental specialists and general dentists in caring for children.
- D. AAPD values programs that improve the capacity of general dentists, hygienists, and assistants to improve children's oral health by providing appropriate care and effectively referring to pediatric dentists when unable to meet the comprehensive needs of individual infants, children, and adolescents.
- E. The AAPD values the educators who mentor those who treat children, including pediatric dentists, general dentists, dental hygienists, and auxiliary personnel, by teaching the skills and promoting the professional behaviors that serve children's interests.

### 3. Effective public programs

- A. AAPD values government's role in assuring comprehensive dental care for vulnerable children and values the legal requirements of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), which ensure ac-

cess for covered children that is equivalent to access for noncovered children in the same geographic area.

- B. AAPD values public health programs proven to prevent or minimize disease in infants, children, and adolescents.

### 4. Oral health promotion

- A. AAPD values health promotion and disease prevention, including effective anticipatory guidance beginning with comprehensive dental care in a dental home starting at age 1.
- B. AAPD values the critical role of the dental home in promoting optimal oral health for all children.
- C. AAPD values health promotion and disease prevention as integral components of perinatal care.

### 5. Child and adolescent welfare

- A. AAPD values health, health equity, and the quality of life that results from health attainment, including oral health attainment.
- B. AAPD values society's recognition of oral disease as a significant health problem for infants, children, and adolescents that needs to be addressed in all pediatric health policies.
- C. AAPD values society's recognition of oral diseases that affect children's function, development, and quality of life as significant health problems.

### 6. Science, education, research, and evidence-based care

- A. AAPD values the scientific basis of its profession and the need to continue improving that base through research, experimentation, and the promotion of "evidence-based care."
- B. AAPD values the critical role of clinical judgment to promote primary and comprehensive preventive and therapeutic oral health care for which evidence is incomplete or unavailable.
- C. AAPD values professional education programs and their faculties, community service, scientific contributions to pediatric dentistry, and the preparation of skilled practitioners.
- D. AAPD values the dissemination of valid information about children's oral health to the professions and the public.

### 7. Children with special health care needs

- A. AAPD values the unique qualities of each person and the need to ensure maximal health attainment for all regardless of their developmental or other special health needs.

**8. Collaborations**

- A. AAPD values the appropriate contributions of all who promote health/oral health and health care/dental care for infants, children, and adolescents, including health professionals in the public and private sectors, advocates, policy makers, grant makers, and researchers.
- B. AAPD values dentists' unique roles and responsibilities in diagnosing oral conditions and in coordinating, managing, and directing the oral health care of infants, children, and adolescents.

**9. Families and communities**

- A. AAPD values the roles of families and communities in promoting infant, child, and adolescent health and welfare and attaining maximal oral health.
- B. AAPD values the diversity of children, their families, and their communities and respects the contribution of culture to the attainment of oral health and use of dental services.

**10. Membership**

- A. AAPD values its members—their involvement with the Academy, their commitment to children and youth, their professional endeavors, and their support of policies that improve the health and welfare of children and youth.

# American Academy of Pediatric Dentistry 2003-06 Strategic Plan

Revised  
May 2003

## Goal 1: Optimal health for all children

- Objective 1.1 An oral disease-free population
- Strategy 1.1.1 Promote universal acceptance of anticipatory guidance and preventive dental care in a dental home beginning at age 1
  - Strategy 1.1.2 Support water fluoridation efforts and appropriate use of other topical and systemic fluoride vehicles
  - Strategy 1.1.3 Increase public awareness and education regarding pediatric oral health strategies
  - Strategy 1.1.4 Encourage research in oral disease prevention and "evidence-based care"
  - Strategy 1.1.5 Employ risk assessment and tailored interventions
- Objective 1.2 Access to appropriate oral health care for all children
- Strategy 1.2.1 Recognize and address barriers to access and quality care
  - Strategy 1.2.2 Assure adequate and appropriate financing in public sector programs
  - Strategy 1.2.3 Recognize and support appropriate provision of care by safety net providers
  - Strategy 1.2.4 Increase the availability of reimbursement for medically necessary adjunctive care (general anesthesia and conscious sedation)
- Objective 1.3 Recognize and address barriers particular to special needs patients
- Strategy 1.3.1 Recognize and address barriers to access and quality care

## Goal 2: Valued and worthwhile membership services

- Objective 2.1 An informed membership
- Strategy 2.1.1 Provide valuable continuing education
  - Strategy 2.1.2 Using *Pediatric Dentistry Today* and other appropriate venues, communicate Academy activities and programs on behalf of the membership
  - Strategy 2.1.3 Produce respected scientific publications
  - Strategy 2.1.4 Maximize utilization of information technology
- Objective 2.2 A membership adept at adapting to changes in delivery of care and technological advances

- Strategy 2.2.1 Provide contemporary guidance in practice administration, communication, and marketing skills in pediatric dentistry
- Strategy 2.2.2 Assist in disseminating information concerning member career transitions and business opportunities, including those designed for the new pediatric dentist
- Strategy 2.2.3 Involve the Academy in the dissemination of information regarding new products and techniques

- Objective 2.3 Maximize membership dues value
- Strategy 2.3.1 Support the personal issues of Academy members
  - Strategy 2.3.2 Provide office brochures and other valuable materials
  - Strategy 2.3.3 Monitor and evaluate membership benefits on a continuing basis
- Objective 2.4 Ability to respond to emergent membership issues
- Strategy 2.4.1 Identify and anticipate emergent membership issues
  - Strategy 2.4.2 Develop an interactive mechanism for responding to emergent membership issues
- Objective 2.5 Effective representations on crucial pediatric dental issues
- Strategy 2.5.1 Develop and maintain a network of trained spokespersons

## Goal 3: Recognized authority in pediatric oral health

- Objective 3.1 Optimal standards of care, including translation of science into clinical practice
- Strategy 3.1.1 Develop optimal standards through the AAPD's policies, guidelines, and other venues
  - Strategy 3.1.2 Promote optimal standards through the AAPD's policies, guidelines, and other venues
  - Strategy 3.1.3 Maintain optimal standards through the AAPD's policies, guidelines, and other venues
  - Strategy 3.1.4 Sponsor and support a strong and vital American Board of Pediatric Dentistry

- Objective 3.2 Expert resource on children's oral health recognition
- Strategy 3.2.1 Build and maintain coalitions with other health care organizations
  - Strategy 3.2.2 Anticipate and respond effectively to changes in the clinical and scientific environment
  - Strategy 3.2.3 Identify areas of clinical and scientific research important to pediatric oral health
  - Strategy 3.2.4 Communicate about pediatric oral health to the profession and public issues
  - Strategy 3.2.5 Encourage and support volunteer leadership by pediatric dentists in all organizations involved in oral health or child welfare
- Objective 3.3 Effective advocate of public policy
- Strategy 3.3.1 Coordinate all elements of advocacy resources, including the congressional liaison, child advocate, political action committee (PAC), Children's Dental Health Project (CDHP), volunteer advocates, and lobbyists
  - Strategy 3.3.2 Identify public policy issues, conduct policy research and development, and develop implementation strategies
  - Strategy 3.3.3 Develop an effective advocacy network
- Objective 3.4 Strong representation of pediatric dentists
- Strategy 3.4.1 Develop international membership
  - Strategy 3.4.2 Sustain recruitment and retention efforts, including programs and policies directed to the new pediatric dentist and dental faculty
- Goal 4: Satisfy workforce issues**
- Objective 4.1 Enlarged and appropriately distributed pediatric dental workforce
- Strategy 4.1.1 Encourage effective geographic distribution of pediatric dentists
  - Strategy 4.1.2 Expand pediatric dental residency and fellowship programs
  - Strategy 4.1.3 Innovate and support programs to assure a well-qualified applicant pool for pediatric dental training
- Objective 4.2 Greater engagement of the general dentist and dental specialists in the treatment of children
- Strategy 4.2.1 Improve predoctoral education and experience in pediatric dentistry
  - Strategy 4.2.2 Develop continuing education programs
  - Strategy 4.2.3 Utilize ASDC Affiliate membership category
- Objective 4.3 Appropriate and optimized utilization of allied dental health professionals
- Strategy 4.3.1 Develop continuing education programs
  - Strategy 4.3.2 Identify appropriate roles for allied dental health professionals, which include dental assistants, expanded function dental assistants (EFDA), and hygienists
- Objective 4.4 Appropriate and effective utilization of nondental health care providers
- Strategy 4.4.1 Develop continuing education programs
  - Strategy 4.4.2 Identify appropriate roles for physicians and nondental health care providers
- Goal 5: Meet dental education needs**
- Objective 5.1 Academic faculties of excellent caliber and sufficient number
- Strategy 5.1.1 Educate AAPD membership on academic crisis issues
  - Strategy 5.1.2 Foster a fundraising campaign for academic support
  - Strategy 5.1.3 Foster improved business practices in teaching clinics
  - Strategy 5.1.4 Foster academic career loan forgiveness programs
  - Strategy 5.1.5 Foster creative use of private clinics and practitioner mentors in residency programs
  - Strategy 5.1.6 Foster effective modeling, mentoring, and education for potential academicians
  - Strategy 5.1.7 Foster development of shared basic information distance learning modules
  - Strategy 5.1.8 Increase the transition of "master clinicians" into teaching, including full-time positions
  - Strategy 5.1.9 Foster dissemination of "best-practice" models
- Objective 5.2 Physical plants of educational institutions adequate to support educational objectives
- Strategy 5.2.1 Aid and support facility development programs
  - Strategy 5.2.2 Support legislation to secure capital funding for pediatric dentistry education facilities
- Objective 5.3 Increased standardization of pre- and postdoctoral training experiences
- Strategy 5.3.1 Implement consistent standards in pre- and postdoctoral program
- Objective 5.4 Appropriate accreditation standards for the pre- and postdoctoral level
- Strategy 5.4.1 Support Academy initiatives on pre- and postdoctoral curriculum standardization
- Goal 6: Efficient and effective organization**
- Objective 6.1 The structure of the Academy serves and represents its membership

- Strategy 6.1.1 Increase communication between membership and leadership
- Strategy 6.1.2 Review the mechanism of accountability of the headquarters office to leadership
- Objective 6.2 Adequate funding for academy operations, programs, and initiatives
  - Strategy 6.2.1 Offset expenses by appropriately maximizing corporate and other outside support of Academy projects and endeavors
  - Strategy 6.2.2 Assure an appropriate dues structure and other sources of income
- Objective 6.3 Efficient headquarters office operations
  - Strategy 6.3.1 Assure a technologically advanced communication to the membership
  - Strategy 6.3.2 Provide an appropriately sized and adequately equipped facility for business operations
  - Strategy 6.3.3 Support a qualified and well-motivated staff in appropriate numbers and responsibilities to accomplish Academy business operations
- Objective 6.4 Effective volunteer leadership
  - Strategy 6.4.1 Assure appropriate leadership training
  - Strategy 6.4.2 Assure objective assessment of the volunteer leadership
  - Strategy 6.4.3 Assure a fair and equitable process to identify and select individuals at all volunteer leadership levels
- Objective 6.5 Effective tripartite organizational structure
  - Strategy 6.5.1 Improve the role of district trustee in Academy operations
  - Strategy 6.5.2 Promote efforts to strengthen effectiveness and number of district organizations and state units
  - Strategy 6.5.3 Explore opportunities for increased membership participation in Academy decision making
- Objective 6.6 Effective relationship between the Academy and its Foundation
  - Strategy 6.6.1 To be determined in concert with the Foundation