

Overview

Definitions 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.¹

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...”¹ 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 unique requirements 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 optimal oral health and health care for all children and persons with special health care needs. 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. Practice recommendations that have been developed by the AAPD appear in the “Clinical Guidelines” section. “Endorsements” includes clinical guidelines relevant to the practice of pediatric dentistry that have been developed by another organization with recognized expertise and adopted by the AAPD. “Resources” contains supplemental information to be used as a quick reference when more detailed information is not readily accessible, as well as clinical forms offered to facilitate excellence in practice.

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, patient, and caregiver 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, practitioner, 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 noncustodial 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 (BOT), utilizing the resources and expertise of its membership operating through the Council on Clinical Affairs (CCA). CCA is comprised of individuals representing the 6 geographical (trustee) districts of the AAPD, along with additional consultants confirmed by the BOT. Council members and consultants derive no financial compensation from the AAPD for their participation and are asked to disclose potential conflicts of interest.

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

1. the officers or trustees acting at any meeting of the BOT;
2. a council, committee, or task force in its report to the BOT;
3. any member of the AAPD who submits a written request to the BOT as per the AAPD Administrative Policy and Procedure Manual, Section 9 (the full text of this manual is available on the Members' Only page of the AAPD Web site at: “<http://www.aapd.org/members/resources/pdf/PolicyProcedure.pdf>”);
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 BOT are referred to the CCA for development or review/revision.

Once a charge (directive from the BOT) 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. Oral health policies and clinical guidelines utilize 2 sources of evidence: the scientific literature and experts in the field. CCA, in collaboration with the Council on Scientific Affairs, performs a comprehensive literature review for each document. When scientific data do not appear conclusive, experts may be consulted.

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

Once developed by the CCA, the proposed policy or guideline is submitted for the consideration of the BOT. 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. The Reference Committee hearing is an open forum for the membership to provide comment or suggestion for alteration of the document. CCA carefully considers all remarks presented at the Reference Committee hearing prior to submitting its final document 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 website (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 BOT. AAPD members may submit (through a website survey) suggestions and/or resources for consideration during CCA's review of existing documents. After completing a new literature review, the council may recommend retention of the document without change (ie, reaffirm), 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.

Reference

1. American Dental Association Commission on Dental Accreditation. Accreditation standards for advanced specialty education programs in pediatric dentistry. Chicago, Ill; 2000.