Policy Statement 6.8 – Evidence-Based Dentistry

Position Summary

The concept of Evidence-Based Dentistry should be encouraged where quality evidence exists and reinforces the need for ongoing dental research. However, the need for dental care must be determined by the treating dentist in consultation with the patient and in accordance with the Code of Conduct as published by the Dental Board of Australia and the Australian Dental Association's Code of Ethics.

1. Background

1.1. The application of an evidence-based process has the potential to provide appropriate care, decrease inappropriate care, and increase the effectiveness of care.

1.2. Evidence based practice drives new research and promotes the use of the best available evidence to inform clinical decision-making.

1.3. Evidence based dentistry (EBD) informs the standard of care and is a scientific and clinical concept.

1.4. There are established centres and significant resources on EBD available nationally and internationally.

1.5. Practice based research provides a valuable knowledge base to inform treatment choices.

1.6. Evidence-based practice relies on the intersection of three components:

- clinicians skills;

- best available evidence; and

- patient needs, preferences and values.

1.7. There are five steps in the EBD process:

1. The Question: define a clinically relevant and focused question where the evidence may promote the oral health of patients;

2. The Search for Information: systematically conduct searches for best evidence of all studies, grade the strength of the evidence using pre-defined criteria, and identify gaps in the evidence;

3. The Appraisal: critically appraise the evidence for validity with an understanding of the research methods using pre-appraised secondary sources or critical evaluation tools;

4. The Application: apply the results of the evidence to patient care or practice in consideration of clinical skills and patients' preferences, values and circumstances; and

5. The Evaluation: assess the health care outcome and patient reported outcomes following the EBD process to inform future patient care.

Definitions

1.8. DENTISTRY is defined as the evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical, or reversible and irreversible procedures) of diseases, disorders, irregularities or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body.

1.9. EVIDENCE-BASED DENTISTRY (EBD) is an approach to oral health care which requires the judicious integration of systematic assessments of the best clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs, values and circumstances. (See Appendix 2 for schematic).

2. Position

2.1. All practitioners should provide evidence based dental care in the context and provision of patient-centered management.

2.2. All parties with an interest in patient care must take responsibility for identifying relevant questions to be addressed by EBD Clinicians, researchers, and the community must play key roles in identifying these issues.

2.3. Governments, industry, research foundations, universities and the profession must ensure that sufficient funds and research workforce are available to support research, and that conflict of interest and bias are minimised.

2.4. The EBD process must not be used to interfere in the dentist/patient relationship, nor should it be used as a cost-containment tool by funding agencies.