Current Policies

Adopted
1954–2019
Allied Dental Education and Personnel

Statement Supporting the Dental Team Concept (Trans.2013:313)

Resolved, that constituent dental societies, dental educators and dental examiners are encouraged to work closely and cooperatively with the ADA to support the dental team concept to prevent fragmentation of the dental team, and be it further
Resolved, that these parties are urged to support ADA policies on supervision of dental auxiliaries in all settings including, but not limited to, educational institutions, skilled nursing facilities and public health clinics.

ADA’s Position on Dental Mid-Level Provider (Trans.2008:439)

Resolved, that the ADA’s position on any proposed new member of the dental team shall be an individual supervised by a dentist and be based upon a determination of need, sufficient education and training, and a scope of practice that ensures the protection of the public’s oral health.

ADA Support for Constituent Societies in Dealing With Dental Mid-Level Provider Proposals (Trans.2008:502)

Resolved, that the ADA public affairs and advocacy efforts should assist constituent societies in dealing with proposals to change the scope of practice for allied dental personnel by focusing on determining need, promoting sufficient education, training, supervision by a dentist and a scope of practice that ensures the protection of the public’s oral health. The ADA should offer support to those constituent societies facing potential scope of practice changes to enable the best possible outcome.


Resolved, the American Dental Association supports the alternate pathway model of Dental Hygiene Education as used in Alabama.


Comprehensive Policy Statement on Allied Dental Personnel

General Principles

Dentistry is committed to improving the health of the American public by providing the highest quality comprehensive dental care, which includes the inseparable components of medical and dental history, examination, diagnosis, treatment planning, treatment services and health maintenance. Preventive care services are an integral part of the comprehensive practice of dentistry and should be rendered in accordance with the needs of the patient as determined by a diagnosis and treatment plan developed and executed by the dentist.

The dentist is ultimately responsible, ethically and legally, for patient care. In carrying out that responsibility and to increase the capacity of the profession to provide patient care in the most cost-effective manner, the dentist may delegate to allied dental personnel certain patient care functions for which the allied dental personnel has been trained. In an ongoing effort to address the health care needs of the American public, new members of the dental team may be developed. The scope of function and level of supervision should be determined by the profession so as to ensure adequate patient care and safety.

The recognized categories of allied dental personnel are dental hygienists, dental assistants, community dental health coordinators and dental laboratory technicians. (See the glossary for definitions of each category.) A dental laboratory technician who is employed in the dental office is considered to be allied dental personnel. A dental technician who performs a supportive function in an environment outside the dental office may be properly termed a supportive or allied member of the dental health team.

Delegation of Functions

The primary purpose of dentists delegating functions to allied dental personnel is to increase the capacity of the profession to provide patient care while retaining full responsibility for the quality of care. This responsibility includes identification of the need for specific types of allied dental personnel and establishment of appropriate controls on the patient care services provided by allied dental personnel.

The American Dental Association has the responsibility to provide guidance to all agencies, organizations and governmental bodies, such as state