



**Departments of Dentistry in Academic Health Science Centres
A Position Statement by the Canadian Association of Hospital Dentists**

Dental departments in Academic Health Science Centres (AHSC) deliver highly specialized care to patients with complex medical conditions, provide hospital-based training for dental students and residents from the affiliated university and may carry out clinical/biomedical research. Dental services are essential in an AHSC for both inpatients and medically complex outpatients who require hospital-based expertise for the delivery of safe care. Dental departments provide crucial support for trauma, cancer, cardiac, transplant and other strategic programs of hospitals which are important to the health of Canadians.

There are many challenges in providing oral maxillofacial and dental care for high risk and increasingly medically complex patients. A high degree of specialized expertise and clinical skill is required to deliver this care. The dental needs of these patients may also be complex, at a time when their medical health is fragile. At the same time, many medically complex patients or those with disabilities face financial constraints in a health care system that is not designed to provide financial support for their dental care.

In addition to exceptional clinical care, Departments of Dentistry in AHSC's are expected to support the academic vision of their organization in education and knowledge creation/dissemination.

Elective one year hospital based dental training programs called General Practice Residency (GPR) Programs are offered in most AHSC dental departments. These programs train future dental hospitalists, as well as future community practitioners who have a high degree of expertise in the management of medically complex or disabled individuals and who have advanced dental skills necessary for practice in small community and rural settings. Education of practitioners, through general practice residencies, who can manage medically complex dental patients in the community is critical to sustaining a viable health care system. While hospital medical resident salaries are funded by provincial governments, most hospital based dental residents are not. Inadequate or no funding of these programs has resulted in increased financial burden to those departments that elect to fund residents from their own incomes or in fewer residents trained. With the reduction of residents trained to provide complex care in the community and "closer to home" for rural patients, there is increased onus on underfunded AHSC dental departments to provide medically necessary care, as well as high travel and other costs for patients.

Self-assessment and external peer assessment through accreditation is important to continuous quality improvement for the department and ensures the hospital and the public that accepted standards are met for both the dental service and hospital based general practice residency program. Accreditation Canada does not accredit dental programs, and like some medical specialties, there is a specialty-specific accreditation process for dentistry. The Commission on Dental Accreditation of Canada (CDAC) is the body responsible for accrediting dental services and training programs.

Structure and Leadership

It is appropriate for the Dental Services within an AHSC to be a Department of the Hospital, with the same rights and responsibilities as other medical departments, with a Dentist-in-Chief who participates in the governance structure of the hospital. The Department of Dentistry should have a vision, mission and strategic plan that aligns with the strategic directions of the Hospital. “Dentistry” involves a number of unique specialties which compromise maxillofacial sciences – for example, maxillofacial surgery, oral medicine and pathology, maxillofacial prosthetics, general dental care for medically complex patients. Like medical departments, its faculty have responsibilities to the university and have a tripartite mission within the hospital related to patient care, teaching and creation of new knowledge and therefore should not be subsumed into a medical department. Dental chiefs should be offered the same leadership development opportunities as their medical counterparts, to allow them to build the desired culture within the department, steward the department in a fiscally responsible manner and ensure excellence in patient care; and the leadership skills to participate fully with their interprofessional peers, within the hospital governance structure and the health care system in general.

Funding

The ability of the dental department to thrive depends on its funding as well as on its structure and the quality of its faculty and leaders.

An understanding of the impact of the exclusion of dental care from Canada’s universal health care coverage is imperative to grasping the difficulties faced by hospital dental departments. Only 5 per cent of dental services are covered through a hodgepodge of public health programs offered federally and provincially, targeting the needs of specific populations – to a large extent, youth and those on public assistance – in severely underfunded models. While 70 % of Canadians have some private dental insurance coverage, a large proportion of those requiring medically necessary dental care in a hospital setting face financial difficulties (often because of their illness), do not have dental insurance, are underfunded by government plans and/or require procedures not covered by universal health care.

In contrast to medicine, provincial governments do not support academic clinical dentistry through alternate or academic funding plans (AFP’s) or enhanced fee for service arrangements. These arrangements, designed to provide funding that recognizes the unique contributions of academic physicians who deliver clinical services and academic activities in an integrated manner and to enhance the recruitment and retention of academic physicians, are absent for dental members of the hospital medical-dental staff.

In recognition of the above, most AHSC dental departments are funded to some extent from the global budget of the hospital. However, in many provinces, funding has eroded to the point that it is becoming increasingly difficult to keep departments operational and to recruit and retain the exceptional dental staff required in the hospital environment.

Given provincial, regional and institutional diversity, funding and operational models will vary according to the unique features and needs of the individual health care system. Nevertheless, the goals and outcomes should be the same throughout the country, guided by principles of equity, excellence, accountability and access to appropriate care for patients. Models may include full salary, partial salary or an administrative stipend for the dentist in chief, at a similar remuneration provided to the chief of a similar sized medical department, to allow the chief to provide appropriate oversight of quality of care,

clinical operations, recruitment and retention of faculty, and academic matters within the department. Since most, if not all, of the revenues for the department derive from clinical revenue from caring for patients directly, often at a low rate of remuneration, support of the operations for the department from the hospital global budget is needed. This should include rent-free clinic and office space, capital equipment and budgetary support.