Background

According to the American Dental Association (ADA), hospital dentists treat patients with medical conditions and disabilities. They offer a variety of care ranging from general dentistry and hygiene to specialty care, such as dental implants. In general, hospital dentists work in hospitals and practice in operating rooms and emergency departments. Hospital dentists tend to have a strong interest in medicine and collaborative care; they work with physicians, nurses, therapists, and other healthcare providers to manage patients.

The outpatient population served by hospital dentists may include patients with HIV/AIDS or hematologic disorders, geriatric patients, individuals with physical and mental handicaps, patients who have received bone marrow or organ transplants, patients with head and neck cancer, and patients receiving dialysis for renal disorders. Hospital dentists also provide care to inpatients in the emergency department, such as trauma patients. Hospital dentists spend a year or more training in a hospital-based setting after completing four years of dental school.

Hospitals process requests for dental privileges in the same manner as other privilege requests. The privileges granted to dentists are usually limited to performing certain types of surgery, utilizing the hospital’s operating suites, and performing the part of the patient’s history and physical examination that relates to dentistry. A physician member of the medical staff is responsible for the overall medical care of the patient, including care of any medical problems that are present at admission or that arise during hospitalization. The physician must agree to any surgical procedure performed on the patient.

In addition to hospital dentists, general dentists who practice privately and/or academicians also may give care in a hospital dental service on a part-time basis. They petition for privileges through the hospital’s credentials committee. Such privileges allow dental professionals access to the hospital facilities for patient care. Privileges are restricted to the dentist’s training area.

This white paper covers the general dentist or the specialty dentist who has hospital privileges. Privileges for oral surgeons are covered by Clinical Privilege White Paper, Oral and maxillofacial surgery—Practice area 131.
Involved specialties

Dentists

Positions of specialty boards

**ABGD**

The American Board of General Dentistry (ABGD) provides certification in general dentistry. To be eligible for the certifying examination, candidates must fulfill one of the following requirements:

- Possession of a current license to practice dentistry granted by a dental licensing body with jurisdiction in the U.S. or Canada
- Completion of a General Practice Residency (GPR) or Advanced Education in General Dentistry program accredited by the Commission on Dental Accreditation (CODA)
- Completion of formal training to a DDS or DMD degree from a school accredited by CODA

Candidates for certification must also meet postgraduate professional experience and education or training requirements, including the completion of a postdoctoral general dentistry residency or attainment of mastership from the Academy of General Dentistry.

ABGD does not publish requirements specific to hospital dentistry. However, ABGD does note on its website that board certification provides evidence of an individual’s training and mastery of general dentistry, which credentials committees often seek prior to granting privileges.

Positions of societies, academies, colleges, and associations

**ADA**

The ADA and its associated certification boards do not recognize hospital dentistry as a dental specialty. However, in its INFOpak, *Careers in Dentistry 2011*, the ADA describes the GPR program, a training program suitable for dentists interested in hospital dentistry.

According to the ADA, the GPR program was designed to provide advanced clinical and didactic training in general dentistry with intensive hospital experience at the postdoctoral level. Residents in GPR training programs gain experience in delivering care to a wide range of ambulatory and hospitalized patients. This training and exposure prepares dentists to obtain privileges at local hospitals once in private practice. Most GPR programs are sponsored by either a hospital or a hospital-affiliated institution such as a dental school. GPR residents rotate through a variety of services, including general medicine, general surgery,
Hospital dentistry

and anesthesiology. Each program also includes advanced training and clinical experience in preventive dentistry, periodontics, restorative dentistry, endodontics, and oral surgery. Training in orthodontics and pediatric dentistry is desirable but not mandatory for GPR programs.

During GPR training, the majority of the resident’s experience is gained in the direct delivery of oral healthcare to ambulatory patients. The remaining time may be spent in the operating room involved with inpatient services, as well as the emergency room. Time is also devoted to non-dental services such as lectures, conferences, and seminars. GPR programs can be one or two years in length, the majority being one year. Fellowships are sometimes available to serve as a third non-accredited year of training in a specific field of interest. Upon completion of a GPR training program, residents are awarded a postgraduate certificate.

SCDA/AAHD

The Special Care Dentistry Association (SCDA) is an organization whose members are dedicated to promoting oral health, well-being, and dental care for people with special needs. The American Association of Hospital Dentists (AAHD) is a suborganization of SCDA. Together, they offer a certification for hospital dentistry for dentists who have demonstrated, through a formal evaluation process, that they possess a fundamental level of knowledge related to hospital dental practice. As such, the fellowship provides relevant credentials for individuals seeking or maintaining medical staff appointments and clinical privileges. Certification examinations for the AAHD are administered by the SCDA.

Individuals eligible to obtain credentialing from the AAHD must:
➤ Be a general dentist member in good standing with the SCDA for two years (not including time as a student member)
➤ Possess a DDS, DMD, or internationally equivalent degree
➤ Provide two recommendation letters; one should be from a fellow in the group the fellowship is in, and one must be from a professional colleague familiar with the applicant’s clinical abilities

The certification examination consists of 200 multiple-choice questions that test the basic knowledge of dentists who practice in a hospital setting.

CODA

According to the CODA’s Accreditation Standards for Dental Education Programs, it is the responsibility of each dental school to define its own competencies needed for graduation for a general dentistry program. However, CODA also states some of the competencies that each dental study should achieve prior to graduating:
➤ With respect to biomedical sciences, students must:
  – Understand basic biological principles, including structure/function
relationships that exist in the body
− Realize that the oro-facial complex is an important anatomical area that has numerous relationships with the rest of the body
− Have a high-level understanding of the etiology, epidemiology, differential diagnosis, pathogenesis, prevention, treatment, and prognosis of oral and oral-related disorders
− Integrate new medical knowledge and therapies into oral healthcare

➤ With respect to behavioral sciences, students must be competent in:
− Applying fundamental principles of behavioral sciences as they pertain to patient-centered approaches for promoting, improving, and maintaining oral health
− Managing a diverse patient population and have interpersonal and communication skills that allow them to successfully function in a multidisciplinary work environment

➤ With respect to practice management, students must:
− Be competent in evaluating different models of oral healthcare management and delivery
− Understand the basic principles and philosophies of practice management and be able to lead an oral healthcare team

➤ With respect to ethics and professionalism, students must be competent in:
− Applying ethical, legal, and regulatory concepts to the practice of dentistry
− Applying concepts of ethical reasoning and professional responsibility as they pertain to patient care and practice management
− Recognizing the role of lifelong learning and self-assessment to maintain competency

➤ With respect to management and critical thinking, students must be competent in:
− Critically thinking and solving problems related to patient care
− Using information technology resources in a contemporary dental practice

➤ With respect to clinical sciences, students must be competent in providing oral healthcare within the scope of general dentistry for children, adolescents, adults, and geriatric patients, including:
− Patient assessment and diagnosis
− Comprehensive treatment planning
− Health promotion and disease prevention
− Informed consent
− Anesthesia, and pain and anxiety control
− Restoration and replacement of teeth
− Periodontal therapy
− Pulpal therapy
− Oral mucosal disorders
− Hard and soft tissue surgery
− Dental emergencies
− Malocclusion and space management
– Evaluation of the outcomes of treatment
– Assessing the treatment needs of patients with special needs
– Providing life support measures for medical emergencies

Positions of accreditation bodies

CMS

CMS has no formal position concerning the delineation of privileges for hospital dentists. However, the CMS Conditions of Participation (CoP) define a requirement for a criteria-based privileging process in §482.22(c)(6) stating, “The bylaws must include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges.”

§482.12(a)(6) states, “The governing body must assure that the medical staff bylaws describe the privileging process. The process articulated in the bylaws, rules or regulations must include criteria for determining the privileges that may be granted to individual practitioners and a procedure for applying the criteria to individual practitioners that considers:
➤ Individual character
➤ Individual competence
➤ Individual training
➤ Individual experience
➤ Individual judgment

The governing body must ensure that the hospital’s bylaws governing medical staff membership or the granting of privileges apply equally to all practitioners in each professional category of practitioners.”

Specific privileges must reflect activities that the majority of practitioners in that category can perform competently and that the hospital can support. Privileges are not granted for tasks, procedures, or activities that are not conducted within the hospital, regardless of the practitioner’s ability to perform them.

Each practitioner must be individually evaluated for requested privileges. It cannot be assumed that every practitioner can perform every task, activity, or privilege specific to a specialty, nor can it be assumed that the practitioner should be automatically granted the full range of privileges. The individual practitioner’s ability to perform each task, activity, or privilege must be individually assessed.

CMS also requires that the organization have a process to ensure that practitioners granted privileges are working within the scope of those privileges.

CMS’ CoPs include the need for a periodic appraisal of practitioners appointed to
the medical staff/granted medical staff privileges (§482.22[a][1]). In the absence of a state law that establishes a time frame for the periodic appraisal, CMS recommends that an appraisal be conducted at least every 24 months. The purpose of the periodic appraisal is to determine whether clinical privileges or membership should be continued, discontinued, revised, or otherwise changed.

**The Joint Commission**

The Joint Commission has no formal position concerning the delineation of privileges for hospital dentists. However, in its *Comprehensive Accreditation Manual for Hospitals*, The Joint Commission states, “The hospital collects information regarding each practitioner’s current license status, training, experience, competence, and ability to perform the requested privilege” (MS.06.01.03).

In the introduction for MS.06.01.03, The Joint Commission states that there must be a reliable and consistent system in place to process applications and verify credentials. The organized medical staff must then review and evaluate the data collected. The resultant privilege recommendations to the governing body are based on the assessment of the data.

The Joint Commission introduces MS.06.01.05 by stating, “The organized medical staff is responsible for planning and implementing a privileging process.” It goes on to state that this process typically includes:

- Developing and approving a procedures list
- Processing the application
- Evaluating applicant-specific information
- Submitting recommendations to the governing body for applicant-specific delineated privileges
- Notifying the applicant, relevant personnel, and, as required by law, external entities of the privileging decision
- Monitoring the use of privileges and quality-of-care issues

MS.06.01.05 further states, “The decision to grant or deny a privilege(s) and/or to renew an existing privilege(s) is an objective, evidence-based process.”

The EPs for standard MS.06.01.05 include several requirements as follows:

- The need for all licensed independent practitioners who provide care, treatment, and services to have a current license, certification, or registration, as required by law and regulation
- Established criteria as recommended by the organized medical staff and approved by the governing body with specific evaluation of current licensure and/or certification, specific relevant training, evidence of physical ability, professional practice review data from the applicant’s current organization, peer and/or faculty recommendation, and a review of the practitioner’s performance within the hospital (for renewal of privileges)
- Consistent application of criteria
- A clearly defined (documented) procedure for processing clinical privilege requests that is approved by the organized medical staff
- Documentation and confirmation of the applicant’s statement that no health problems exist that would affect his or her ability to perform privileges requested
- A query of the NPDB for initial privileges, renewal of privileges, and when a new privilege is requested
- Written peer recommendations that address the practitioner’s current medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism
- A list of specific challenges or concerns that the organized medical staff must evaluate prior to recommending privileges (MS.06.01.05, EP 9)
- A process to determine whether there is sufficient clinical performance information to make a decision related to privileges
- A decision (action) on the completed application for privileges that occurs within the time period specified in the organization’s medical staff bylaws
- Information regarding any changes to practitioners’ clinical privileges, updated as they occur

The Joint Commission further states, “The organized medical staff reviews and analyzes information regarding each requesting practitioner’s current licensure status, training, experience, current competence, and ability to perform the requested privilege” (MS.06.01.07).

In the EPs for standard MS.06.01.07, The Joint Commission states that the information review and analysis process is clearly defined and that the decision process must be timely. The organization, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a request for privileges. The criteria must be consistently applied and directly relate to the quality of care, treatment, and services. Ultimately, the governing body or delegated governing body has the final authority for granting, renewing, or denying clinical privileges. Privileges may not be granted for a period beyond two years.

Criteria that determine a practitioner’s ability to provide patient care, treatment, and services within the scope of the privilege(s) requested are consistently evaluated.

The Joint Commission further states, “Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal” (MS.08.01.03).

In the EPs for MS.08.01.03, The Joint Commission says there is a clearly defined process facilitating the evaluation of each practitioner’s professional practice, in which the type of information collected is determined by individual departments
and approved by the organized medical staff. Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege.

**HFAP**

The Healthcare Facilities Accreditation Program (HFAP) has no formal position concerning the delineation of privileges for hospital dentists. The bylaws must include the criteria for determining the privileges to be granted to the individual practitioners and the procedure for applying the criteria to individuals requesting privileges (03.01.09). Privileges are granted based on the medical staff’s review of an individual practitioner’s qualifications and its recommendation regarding that individual practitioner to the governing body.

It is also required that the organization have a process to ensure that practitioners granted privileges are working within the scope of those privileges.

Privileges must be granted within the capabilities of the facility. For example, if an organization is not capable of performing open-heart surgery, no physician should be granted that privilege.

In the explanation for standard 03.01.13 related to membership selection criteria, HFAP states, “Basic criteria listed in the bylaws, or the credentials manual, include the items listed in this standard. (Emphasis is placed on training and competence in the requested privileges.)”

The bylaws also define the mechanisms by which the clinical departments, if applicable, or the medical staff as a whole establish criteria for specific privilege delineation.

Periodic appraisals of the suitability for membership and clinical privileges is required to determine whether the individual practitioner’s clinical privileges should be approved, continued, discontinued, revised, or otherwise changed (03.00.04). The appraisals are to be conducted at least every 24 months.

The medical staff is accountable to the governing body for the quality of medical care provided, and quality assessment and performance improvement (03.02.01) information must be used in the process of evaluating and acting on re-privileging and reappointment requests from members and other credentialed staff.

**DNV**

DNV has no formal position concerning the delineation of privileges for hospital dentists. MS.12 Standard Requirement (SR) #1 states, “The medical staff bylaws
shall include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to those individuals that request privileges."

The governing body shall ensure that under no circumstances is medical staff membership or professional privileges in the organization dependent solely upon certification, fellowship, or membership in a specialty body or society. Regarding the Medical Staff Standards related to Clinical Privileges (MS.12), DNV requires specific provisions within the medical staff bylaws for:

➤ The consideration of automatic suspension of clinical privileges in the following circumstances: revocation/restriction of licensure; revocation, suspension, or probation of a DEA license; failure to maintain professional liability insurance as specified; and noncompliance with written medical record delinquency/deficiency requirements
➤ Immediate and automatic suspension of clinical privileges due to the termination or revocation of the practitioner’s Medicare/Medicaid status
➤ Fair hearing and appeal

The Interpretive Guidelines also state that core privileges for general surgery and surgical subspecialties are acceptable as long as the core is properly defined.

DNV also requires a mechanism (outlined in the bylaws) to ensure that all individuals provide services only within the scope of privileges granted (MS.12, SR.4).

Clinical privileges (and appointments or reappointments) are for a period as defined by state law or, if permitted by state law, not to exceed three years (MS.12, SR.2). Individual practitioner performance data must be measured, utilized, and evaluated as a part of the decision-making for appointment and reappointment. Although not specifically stated, this would apply to the individual practitioner’s respective delineation of privilege requests.

**CRC draft criteria**

The following draft criteria are intended to serve solely as a starting point for the development of an institution’s policy regarding hospital dentists. The core privileges and accompanying procedure list are not meant to be all-encompassing. They define the types of activities, procedures, and privileges that the majority of practitioners in this specialty perform. Additionally, it cannot be expected or required that practitioners perform every procedure listed. Instruct practitioners that they may strikethrough or delete any procedures they do not wish to request.

**Minimum threshold criteria for requesting privileges in hospital dentistry**

**Basic education:** DDS or DMD

**Minimal formal training:** Successful completion of an ADA-approved program of
dentistry accredited by CODA and a hospital-based residency in general dentistry or a dental specialty residency training program, or equivalent experience as a dentist member of a hospital medical staff.

**Required current experience:** At least 10 dental inpatient, outpatient, emergency service, or consultative procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an accredited training program in the past 12 months.

**References**

If the applicant is recently trained, a letter of reference should come from the director of the applicant’s training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

**Core privileges for hospital dentistry**

Core privileges for hospital dentists include the ability to coadmit*, consult, and evaluate total oral health needs and diagnose and provide general dental diagnostic, preventive, and therapeutic oral healthcare to patients of all ages to correct or treat various routine conditions of the oral cavity and dentition. Hospital dentists may provide dental care for:

- Precordiac surgery patients, oncology patients, and emergency patients with trauma to the head and neck regions
- Children 5 years of age and younger who, due to the extensive nature of dental problems or severe anxiety, cannot be treated safely in the dental clinic setting
- Children of any age who, because of mental disability such as autism, Down’s syndrome, etc., or physical disability, such as severe cerebral palsy, cannot be safely treated in the dental clinic setting
- Adults who, because of mental or physical disability, cannot cooperate with dental treatment in the dental clinic setting
- Children and adults with high-risk medical conditions that necessitate having their dental treatment under general anesthesia in the operating room

Hospital dentists should also be able to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

*Coadmission is to be done in conjunction with a staff oral and maxillofacial surgeon or staff physician of an appropriate specialty.

**Non-core privileges in hospital dentistry**
Non-core privileges in hospital dentistry may be requested individually in addition to the core privileges. These privileges may include:

➤ Use of laser
➤ Administration of sedation and analgesia (including nitrox)

**Reappointment**

Reappointment should be based on unbiased, objective results of care according to a hospital’s quality assurance mechanism. To be eligible to renew privileges as a hospital dentist, the applicant must have current demonstrated competence and an adequate volume of experience (20 dental inpatient, outpatient, emergency service, or consultative procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

In addition, continuing education related to dentistry should be required.

**For more information**

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