

Policy on Hospital Staff Membership

Originating Committee

Hospital Guidelines for Pediatric Dentistry Ad Hoc Committee

Review Council

Council on Clinical Affairs

Adopted

1977

Revised

1979, 1991, 1999, 2002, 2005, 2010

Purpose

The American Academy of Pediatric Dentistry (AAPD) recognizes that dentists have the opportunity to play a significant role within a hospital. Staff membership is necessary to provide comprehensive, consultative, and/or emergency dental services for infants, children, adolescents, and persons with special health care needs within the hospital setting.

Method

This document is an update of the previous policy, revised in 2005. The update included an electronic search using the parameters: Terms: “hospital staff” AND “dentistry”; Fields: all fields; Limits: within the last 10 years, humans, English.

Background

Pediatric dentists contribute in multiple ways as members of the hospital staff. Most commonly, the pediatric dentist can provide comprehensive dental services to patients within an operating room setting. Additionally, the pediatric dentist can provide consultative and emergency services.¹ “Team” (eg, cleft lip/palate, hemophilia) evaluations of patients often require dental input, and certain medical protocols (eg, hematopoietic cell transplantation) require an oral examination. Beyond patient services, a pediatric dentist may participate within the hospital’s organizational structure through committee memberships of either clinical or administrative purpose. A pediatric dentist can partner with medical colleagues in self-development through hospital-sponsored continuing medical education.

Pediatric dentists seeking hospital staff membership must contact the medical staff office at an area hospital. Board certification or candidacy (previously known as board eligibility) increasingly is being required for hospital staff membership. Following a credentialing process and appointment to a medical staff, a pediatric dentist must accept and fulfill certain responsibilities. Among them are patient care within the limits of approved clinical privileges, possible participation in emergency department on-call rotations, timely completion of medical records, and compliance with the rules and regula-

tions of the medical/dental staff and the policies and procedures of the hospital.

Although hospital and medical/dental staffs have some individual latitude, the standards for all hospital services are issued by national commissions such as the Joint Commission on Accreditation of Health Care Organizations (JCAHO).² Standards for dental services are integrated intimately and inseparably within the overall hospital organizational structure and, therefore, are stringently subject to the standards established by these commissions.

Economic credentialing (ie, the use of economic criteria not related to quality of care or professional competency) to determine qualifications for granting/renewing an individual’s clinical staff membership or privileges should be opposed. The mutual objective of both the governing board and the medical staff is to improve the quality and efficiency of patient care in the hospital. Decisions regarding privileges should be based upon the training, experience, and demonstrated competencies of candidates, taking into consideration the availability of facilities and the overall medical needs of the community, the hospital, and especially the patient. Privileges should not be based on numbers of patients admitted to the facility or the patient’s economic or insurance status.⁴

Policy statement

The AAPD:

1. Encourages the participation of pediatric dentists on hospital medical/dental staffs. Beyond having the capability to provide valuable services to patients, the pediatric dentist can be an effective, contributing member to the hospital through consultative services, educational opportunities, leadership initiatives, and committee membership.
2. Recognizes the American Dental Association as a corporate member of the JCAHO and further recognizes the standards for hospital governance, as established by the JCAHO.

3. Encourages hospital member pediatric dentists to maintain strict adherence to the rules and regulations of the medical/dental staff and the policies and procedures of the hospital.
4. Is opposed to the use of economic credentialing to determine qualifications for granting/renewing a practitioner's clinical staff membership or privileges.

References

1. Weddell JA, Jones JE. Hospital dental services for children and the use of general anesthesia. In: Dean JA, Avery DR, McDonald RE, eds. *McDonald and Avery's Dentistry for the Child and Adolescent*. 9th ed. Maryland Heights, Mo: Mosby Elsevier; 2011:277.
2. Joint Commission on Accreditation of Health Care Organizations. Medical staff chapter (MS). In: 2009 Comprehensive Accreditation Manual for Hospitals: The Official Handbook. Oakbrook Terrace, Ill: Joint Commission on Accreditation of Health Care Organizations; 2009.
3. American Medical Association. Policy H-230.975 Economic credentialing. Adopted 1991; reaffirmed 1998. Available at: "<http://www.ama-assn.org/ama/pub/physician-resources/legal-topics/medical-staff-topics/economic-credentialing.shtml>". Accessed Jun 22, 2010.
4. American Medical Association. Policy E-4.07 Staff privileges. Issued July, 1983; updated June, 1994. Available at: "<http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion407.shtml>". Accessed June 22, 2010.