Policy on Hospital Staff Membership

Latest Revision

2024

How to Cite: American Academy of Pediatric Dentistry. Policy on hospital staff membership. *The Reference Manual of Pediatric Dentistry*. American Academy of Pediatric Dentistry; 2026:191-192.

Purpose

The American Academy of Pediatric Dentistry recognizes that dentists 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.

Methods

This policy was developed by the Hospital Guidelines for Pediatric Dentistry Ad Hoc Committee and adopted in 1977.[1] This document by the Council on Clinical Affairs is an update of the previous version,[2] last revised in 2020. For this revision, literature searches of the PubMed/MEDLINE and Google Scholar databases were conducted using the terms: *hospital medical staff* AND *Joint Commission* AND *dentistry*; fields: all; limits: within the last 5 years, humans, English. Eight articles matched these criteria; 7 systematic reviews and/or meta-analyses were reviewed for this revision. When data did not appear sufficient or were inconclusive, policy was based upon expert and/or consensus opinion by experienced researchers and clinicians.

Background

Pediatric dentists contribute in multiple ways as members of the hospital staff. Most commonly, the pediatric dentist can provide comprehensive oral health care services to patients within an operating room setting. Additionally, the pediatric dentist can provide consultative and emergency services.[3] Interdisciplinary hospital teams (eg, craniofacial, hemophilia) often consider dental specialists integral to their ability to provide comprehensive evaluations and therapeutic services, and patients undergoing certain medical interventions (eg, hematopoietic cell transplantation, cardiac surgery) require a preprocedural 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 where they desire privileges. Each hospital will have established processes for credentialing and hospital privileging in order for practitioners to provide services at that particular institution. A hospital's bylaws address eligibility, rights, and responsibilities of qualified providers. Privileges may be granted (or renewed) for applicants based upon current credentials and past experiences. Board certification or candidacy routinely is 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 regulations of the medical/dental staff and the policies and procedures of the hospital.

Although hospitals and medical/dental staffs have some individual latitude, the standards for all hospital services are issued by health care accreditation organizations (eg, The Joint Commission[4]). 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.

As per the American Medical Association's Code of Medical Ethics, "the purpose of medical staff privileging is to improve the quality and efficiency of patient care in the hospital", while selection should be based on a candidate's training, experience, competence, and availability and the overall medical needs of the community.[5] Select organizations associate a dentist's economic performance and other monetary parameters with their ability to establish privileges. For example, facilities may employ economic credentialing (ie, using economic criteria unrelated to quality of care or professional competency) to protect their financial interests. The use of economic credentialing to determine qualifications for granting/renewing an individual's clinical staff membership or privilege is strongly opposed by the American Medical Association.[6] Economic credentialing may present in a variety of forms such as providing individuals with contract exclusivity, profiling practice habits, or identifying potential conflicts of interest. Objective credentialing decisions reflect concern for the welfare and best interest of patients.

Policy statement

The American Academy of Pediatric Dentistry

- 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.

- 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.
- is opposed to the use of economic credentialing to determine qualifications for granting/renewing a practitioner's clinical staff membership or privileges.
- supports the American Dental Association as a corporate member of The Joint Commission and further acknowledges standards for hospital governance as established by The Joint Commission or a comparable accrediting organization approved by the US Centers on Medicare and Medicaid Services.

References

1. American Academy of Pedodontics. Hospital guidelines for pediatric dentistry. American Academy of Pedodontics; 1977.
2. American Academy of Pediatric Dentistry. Policy on hospital staff membership. *The Reference Manual of Pediatric Dentistry.* American Academy of Pediatric Dentistry; 2020:129-130.
3. Jones JE, Emhardt JD, Yepes JF. Hospital dental services for children and the use of general anesthesia. In: Dean JA, ed. *McDonald and Avery's Dentistry for the Child and Adolescent.* 11th ed. Elsevier; 2022:380.
4. Wadhwa R, Boehning AP. The Joint Commission. [Updated 2023 Mar 16]. In: *StatPearls.* [Internet]. StatPearls Publishing; 2024. Accessed March 8, 2024. January. https://www.ncbi.nlm.nih.gov/books/NBK557846/
5. American Medical Association. Staff privileges. American Medical Association Code of Medical Ethics Opinion 9.5.2. 2017. Accessed February 1, 2024. https://policysearch.ama-assn.org/policyfinder/detail/%229.5.2%20Staff%20Privileges%22?uri=%2FAMADoc%2FEthics.xml-E-9.5.2.xml
6. American Medical Association Policy Finder. Policy H-230.975 Economic credentialing. American Medical Association; 2020. Accessed February 1, 2024. https://policysearch.ama-assn.org/policyfinder/detail/economic%20credentialing?uri=%2FAMADoc%2FHOD.xml-0-1606.xml