

# Policy on Hospital Staff Membership

## Latest Revision

2020

### Purpose

The American Academy of Pediatric Dentistry recognizes that dentists have an 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.

### Methods

This policy was developed by the Hospital Guidelines for Pediatric Dentistry Ad Hoc Committee and adopted in 1977.<sup>1</sup> This document by the Council on Clinical Affairs is a revision of the previous version<sup>2</sup>, last revised in 2015. The update included an electronic search using the terms: hospital medical staff and Joint Commission, AND dentistry; fields: all; 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 oral health care services to patients within an operating room setting. Additionally, the pediatric dentist can provide consultative and emergency services.<sup>3</sup> Team (e.g., cleft lip/palate, hemophilia) evaluations of patients often require dental input, and certain medical protocols (e.g., 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 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

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issued by healthcare accreditation organizations such as The Joint Commission.<sup>4</sup> 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, availability, and the overall medical needs of the community.<sup>5</sup> Select organizations associate a dentist's economic performance and other monetary parameters with their ability to establish privileges. Facilities may employ economic credentialing (i.e., using economic criteria not related 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.<sup>6</sup> 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 should always be guided by concern for the welfare and best interest of the patient.

### 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.
- recognizes the American Dental Association as a corporate member of The Joint Commission and further recognizes the standards for hospital governance, as established by The Joint Commission.
- 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.

## References

1. American Academy of Pedodontics. Hospital guidelines for pediatric dentistry. Chicago, Ill.: American Academy of Pedodontics; 1977.
2. American Academy of Pediatric Dentistry. Policy on hospital staff membership. *Pediatr Dent* 2015;37(special issue):90-1.
3. Weddell JA, Jones JE. 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*. 10th ed. St. Louis, Mo.: Elsevier; 2016:328.
4. The Joint Commission. Electronic Accreditation and Certification. Available at: "<https://www.jointcommission.org/accreditation-and-certification/>". Accessed August 6, 2020.
5. American Medical Association. Staff privileges. American Medical Association Code of Medical Ethics Opinion 9.5.2. November 14, 2016. Available at: "<https://www.ama-assn.org/delivering-care/ethics/staff-privileges>". Accessed August 6, 2020.
6. American Medical Association. Policy H-230.975 Economic credentialing. 2017. American Medical Association PolicyFinder. Available at: "<https://policysearch.ama-assn.org/policyfinder/detail/230.975?uri=%2FAMADoc%2FHOD.xml-0-1606.xml>". Accessed August 6, 2020.