

## Dentistry Clinical Privileges

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Initial privileges (initial appointment)

Requested
-----------

Renewal of privileges (reappointment)

Requested
-----------

Expansion of privileges (modification)

Requested
-----------

Dental Location(s):  Dental Clinics  ASC

### Instructions

**Applicant:** Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the UNMMG Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Department Chair & Clinic Medical Director:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

### Other Requirements

1. Note that privileges granted may only be exercised at UNMMG clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
2. This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

## Dentistry Clinical Privileges

### Policies Governing Scope of Practice

#### **Medical Record Charting Responsibilities**

Clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

#### **Periodic Competence Assessment**

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the Practice Oversight Committee's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

### ***Qualifications for General Dentistry***

***Initial privileges:*** To be eligible to apply for privileges in general dentistry, the applicant must meet the following criteria:

Successful completion of an American Dental Association–approved school of dentistry accredited by the Commission of Dental Accreditation and a residency in general dentistry or a dental specialty residency training program or have equivalent experience as a dentist member of a hospital medical staff.

AND

**Required current experience:** Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results, in the past 12 months or completion of training in the past 12 months.

***Renewal of privileges:*** To be eligible to renew privileges in general dentistry, the applicant must meet the following criteria:

Current demonstrated competence and an adequate volume of experience 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.

**Required current experience:** Provision of care, reflective of the scope of privileges requested, for an adequate number of inpatients or outpatients as the attending physician during the past 12 months or successful completion of a Commission of Dental Accreditation -accredited residency or clinical fellowship within the past 12 months.

***Continued...***

## Dentistry Clinical Privileges

### **CORE PRIVILEGES: *General Dentistry***

Dentistry is defined as the evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body; provided by a dentist, within the scope of his/her education, training and experience, in accordance with the ethics of the profession and applicable law. (As adopted by the 1997 ADA House of Delegates)

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.

#### Requested

### ***General Dentistry core procedures list***

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

**To the applicant:** If you wish to exclude any procedures, please strike through the procedures that you do not wish to request, then initial and date.

- 1) the diagnosis, treatment, correction, change, relief, prevention, prescription of remedy, surgical operation and adjunctive treatment for any disease, pain, deformity, deficiency, injury, defect, lesion or physical condition involving both the functional and aesthetic aspects of the teeth, gingivae, jaws and adjacent hard and soft tissue of the oral and maxillofacial regions, including the prescription or administration of any drug, medicine, biologic, apparatus, brace, anesthetic or other therapeutic or diagnostic substance
- 2) Performance of history and physical exam
- 3) Bone grafting, ridge augmentation, socket preservation, periodontal defects
- 4) Comprehensive dental examination, consultation, and treatment planning, including the use of
- 5) radiographs, photographs, diagnostic tests, impressions, jaw relation records, and diagnostic casts
- 6) Closed Reduction Alveolar Fracture
- 7) Endodontics

*Continued...*

*UNM Medical Group, Inc., is a part of an association of healthcare providers established by the UNM Health Sciences Center Board of Directors under and pursuant to the provisions of the Review Organization Immunity Act, Section 41-9-1 et seq., NMSA 1978 ("ROIA"). The information and materials identified in this document were prepared for the purposes of peer review as described and defined in ROIA and are, therefore, confidential and not to be disclosed except as provided in ROIA.*

**Page 4 of 12 Initials \_\_\_\_\_**

## Dentistry Clinical Privileges

- 8) Exposure and interpretation of dental intraoral and extraoral radiographs including cone beam
- 9) computed tomography (CBCT)
- 10) Fixed appliances to effect minor tooth movement
- 11) Fixed Prosthodontics
- 12) Frenectomy - labial, lingual
- 13) Inhalation sedation or analgesia with nitrous oxide and oxygen
- 14) Management of odontogenic infections and diseases through pharmacologic means and incision and
- 15) drainage
- 16) Nonsurgical management of temporomandibular disorders
- 17) Operative restorations
- 18) Periodontal surgery
- 19) Preprosthetic surgery, alveoloplasty, Torus mandibularis (exostosis), Torus palitnus
- 20) Removable appliances to effect minor tooth movement, space maintenance or habit correction
- 21) Removal Prosthodontics
- 22) Repair facial lacerations (intraoral/extraoral)
- 23) Sedation and analgesia (oral)
- 24) Soft tissue excision/biopsy, simple intraoral
- 25) Splinting (fixed)
- 26) Surgical extractions of erupted teeth
- 27) Surgical implant placement
- 28) Surgical removal of embedded teeth, Tooth exposure, surgical,
- 29) Surgical removal of mucoceles
- 30) Tongue surgery (Minor)
- 31) Tooth extraction (routine) including vertical or mesioangular, high partially encapsulated third molars
- 32) Tooth extraction; mesiodens, anterior supernumeraries, immature premolars in conjunction with
- 33) serial extraction treatment
- 34) Transplantation/implantation of teeth
- 35) Uncomplicated extractions

## Dentistry Clinical Privileges

### ***Special Non- Core Privileges (See Specific Criteria)***

If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required experience, and maintenance of clinical competence.

### ***Qualifications for Use of laser***

**Criteria:** Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or completion of an approved 8- to 10-hour continuing medical education course that included training in laser principles. In addition, an applicant for privileges should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges acting as a preceptor. Practitioner agrees to limit practice to only the specific laser types for which he or she has provided documentation of training and experience. The applicant must supply a certificate documenting that he or she attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course.

AND

**Required current experience:** Demonstrated current competence and evidence of the performance of an adequate volume of procedures with acceptable results, in the past 12 months or completion of training in the past 12 months.

**Renewal of privileges:** Demonstrated current competence and evidence of the performance of an adequate volume of procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### **NON- CORE PRIVILEGES: *Use of Laser***

**Requested**

## Dentistry Clinical Privileges

### **NON-CORE PRIVILEGES: *Minimal (CS I) Sedation***

#### ***Qualifications for Minimal Sedation***

***Initial Applicant*** - To be eligible to apply for privileges in minimal sedation, the initial applicant must meet the following criteria:

DDS or DMD

AND

Applicant will need formal class/training program in nitrous and enteral sedation.

And

Basic Life Support

And

Permit by New Mexico Dental Board

### **NON-CORE PRIVILEGES: *Minimal (CS I) Sedation***

**Minimal sedation:** A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Practitioners must be competent to rescue patients from a more profound level of sedation, which may involve airway support. Privileged providers may administer or supervise qualified allied health professionals in the administration of moderate sedation. Moderate sedation may only be administered in accordance with relevant UNMMG Dental policies and procedures

**Requested**

## Dentistry Clinical Privileges

### **NON-CORE PRIVILEGES: *Moderate (CS II) Sedation***

#### ***Qualifications for Moderate Sedation***

***Initial Applicant*** - To be eligible to apply for privileges in moderate/conscious sedation, the initial applicant must meet the following criteria:

DDS or DMD

AND

Formal class/training program in sedation and airway management, or residency-based educational training

AND

Supervised clinical training or practice

AND

Age-appropriate ALS (ACLS or PALS ) certification

AND

Successful completion of written competency in Moderate/Conscious Sedation module and posttest every two years

***Required previous experience:*** Applicants must be able to demonstrate active clinical practice since completion of training, reflective of the scope of privileges requested, or supervised clinical practice if training completed within the past 12 months.

***Continued...***

## Dentistry Clinical Privileges

***Reappointment (Renewal of Privileges) Requirements*** - To be eligible to renew privileges in moderate/conscious sedation, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Renewal of written competency in Moderate/Conscious Sedation module and post test

AND

Maintenance of age-appropriate ALS (Current ACLS or PALS) certification

AND

Current demonstrated competence and an adequate volume of experience 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.

### **NON-CORE PRIVILEGES: *Moderate (CSII) Sedation***

**Moderate/Conscious Procedural sedation** A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Practitioners must be competent to rescue patients from a more profound level of sedation, which may involve airway support. Privileged providers may administer or supervise qualified allied health professionals in the administration of moderate sedation. Moderate sedation may only be administered in accordance with relevant UNMMG Dental policies and procedures.

These procedures do not apply to anxiolysis (minimal sedation) or for sedation used for therapeutic management of pain control or management of seizures. The qualified dental provider managing the anesthesia care of the patient receiving moderate sedation must have no other responsibilities that would require leaving the patient unattended or compromising continuous patient monitoring for the duration of the procedure.

**Requested**

## Dentistry Clinical Privileges

### **NON-CORE PRIVILEGES: *Qualifications for Deep Sedation/General Anesthesia [Dental Medicine Department]***

**Qualifications:** To administer deep sedation/general anesthesia in the oral surgery/dental clinic, the dental anesthesia professional provider must satisfy the following criteria:

- Completed a residency training program of two years or more in general anesthesia.
- Without a dedicated anesthesia residency, the individual must be able to document their residency had the equivalent time and training in general anesthesia.
- Requires a general anesthesia certification permit by the New Mexico State Board of Dental Healthcare
- The New Mexico State Board required elements for general anesthesia permit.
  - Completion of an advanced training program in anesthesia per ADA guidelines for teaching and comprehensive control of anxiety and pain in dentistry.
  - Completion of a post-doctoral training program, which affords comprehensive and appropriate training in adult and pediatric cases necessary to administer and manage general anesthesia.
- Board Certification/Recertification: Must be admissible or certified by a National certifying board and must maintain board certification:
  - With the National Board of Anesthesiology or National Dental Board of Anesthesiology or American Dental Board of Anesthesiology.

**Required current experience:** Demonstrated current competence and evidence of the performance of an adequate volume of procedures with acceptable results, in the past 12 months or completion of training in the past 12 months.

**Renewal of privileges:** Demonstrated current competence and **evidence** of the performance of an adequate volume of procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

## Dentistry Clinical Privileges

### **NON-CORE PRIVILEGES: *Deep Sedation/General Anesthesia*** ***[Dental Medicine Department]***

Represents a drug-induced depression of consciousness during which patients cannot be easily aroused but will respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained but may be impaired. If the patient loses consciousness and the ability to respond purposefully, the anesthesia care is a general anesthetic, irrespective of whether airway instrumentation is required. Unrestricted general anesthesia shall only be administered by dental anesthesia professionals within their scope of practice.

These procedures do not apply to anxiolysis (minimal sedation) or conscious (moderate) sedation, or for sedation used for therapeutic management of pain control or seizures. The qualified dental provider managing the anesthesia care of the patient receiving deep sedation must have no other responsibilities that would require leaving the patient unattended or compromising continuous patient monitoring for the duration of the deep sedation episode. Privileged providers may administer or supervise qualified allied health professionals in the administration of Deep Sedation or General Anesthesia.

**Requested**

### **Acknowledgment of Practitioner**

*UNM Medical Group, Inc., is a part of an association of healthcare providers established by the UNM Health Sciences Center Board of Directors under and pursuant to the provisions of the Review Organization Immunity Act, Section 41-9-1 et seq., NMSA 1978 ("ROIA"). The information and materials identified in this document were prepared for the purposes of peer review as described and defined in ROIA and are, therefore, confidential and not to be disclosed except as provided in ROIA.*

## Dentistry Clinical Privileges

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNMMG Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by UNMMG Clinic and medical staff policies and rules applicable to generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Signatures

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Notes: \_\_\_\_\_

**Department Chair: :(print & sign)** \_\_\_\_\_ Date: \_\_\_\_\_

**Clinic Medical Director: :(print & sign)** \_\_\_\_\_ Date: \_\_\_\_\_

**CMO or ACMO** \_\_\_\_\_ Date: \_\_\_\_\_

Criteria Approved by UNMMG Executive Committee on **5/28/15**