

GENERAL DENTISTRY CLINICAL PRIVILEGES

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

All new applicants must meet the following requirements as approved by the governing body.

Effective: ____/____/____.

Initial Privileges (Initial Appointment)

Renewal of Privileges (Reappointment)

Applicant: Please check the **“Requested”** box for each privilege requested.

Applicants have the burden of producing information and documentation deemed adequate by the hospital 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: Check the appropriate box for recommendation on the last page of this form. If not recommended, provide the condition or explanation on the last page of this form.

Other Requirements

- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

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QUALIFICATIONS FOR GENERAL DENTISTRY

Initial Applicants: To be eligible to apply for privileges in General Dentistry, the applicant must meet the following criteria:

1. Documentation of successful graduation from an accredited U.S. dental school OR equivalent foreign dental school.

AND

2. Documentation of provision of care for at least 500 patients, reflective of the scope of privileges requested, during the past 24 months, or successful completion of an accredited U.S. dental school (or equivalent foreign dental school) within the past 24 months. Please provide a clinical activity log, if available.

Renewal of Privileges: To be eligible to renew privileges in General Dentistry, the applicant must meet the following criteria:

1. Current documented competency and an adequate volume of experience (500 patients) with acceptable results, reflective of the scope of privileges requested, within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

Core Privileges: General Dentistry

Requested: Co-admit, consult, evaluate total oral health needs, 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. Assess, stabilize, and determine disposition of patients with emergent conditions, emergency and consultative call services. *If admission is necessary, co-admission is to be done in conjunction with a staff oral & maxillofacial surgeon or staff physician of an appropriate specialty.*

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, as determined by the department chair.

CORE TREATMENT/ PROCEDURE LIST

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

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department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competence, please strike through the procedures that you do not wish to request and then initial and date.

General Dentistry

- Assessment of, consultation for, and preparation of patients for general dental care
- Difficult pedodontics and management of extremely fearful patients
- Frenectomy/frenotomy
- Minor Oral Surgery procedures including alveoplasty, intra-oral incision and drainage
- Minor orthodontics such as space maintenance
- Minor periodontal surgery such as minor bone re-contouring, gingivectomy
- Operative dentistry
- Pedodontics
- Performance of history and dental exam
- Removable and fixed prosthodontics
- Simple and surgical extractions including soft tissue impaction, partial bony impaction, and root resections
- Simple endodontics
- Splinting (fixed)

Non-Core Privileges: General Dentistry with Operating Room Privileges

Requested: Co-admit, evaluate, diagnose, consult, and provide treatment to dental patients in the inpatient/outpatient setting under general anesthesia. Dental treatments and procedures done in an operating room setting.

Qualifications: same as above
Procedure/Treatment List: same as above

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**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
for initial applicants**

1. Chart review (“retrospective proctoring”) of at least 3 charts from 3 different clinic days (totaling a minimum of 9 charts). FPPE/proctoring has to be representative of the provider’s scope of practice.
2. Concurrent proctoring (direct observation) of at least three (3) procedures, reflective of the practitioner’s scope of practice. FPPE/proctoring has to be representative of the provider’s scope of practice.
3. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
4. Completed FPPE forms have to be submitted to the Credentialing Office.
5. It is the applicant’s ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
6. **For low volume providers: please see separate FPPE/proctoring guidelines.**
7. **For more detailed information, please see separate FPPE/proctoring guidelines.**

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable 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** _____

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DEPARTMENT / DIVISION CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend All Requested Privileges**
- Recommend Privileges with the Following Conditions/Modifications:**
- Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

[Department Chair] Signature: _____ **Date:** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Approval	Date _____
Temporary Privileges	Date _____
Medical Executive Committee Approval	Date _____
Board of Supervisors Approval	Date _____