

CREDENTIALLING FOR HOSPITAL PRACTICE¹

1 Introduction

- 1.1 Australian public and private hospitals make decisions about credentialling and defining the scope of practice of dentists seeking to be engaged by hospitals or to make use of hospital facilities.
- 1.2 Qualifications from Australian and New Zealand universities have been accredited by the Australian Dental Council on behalf of Boards. Dentists trained in the UK and Ireland have completed courses accredited by the General Dental Council and can also register in Australia. Graduates from other countries must successfully complete the ADC assessment and examination processes prior to registration in Australia.
- 1.3 Every Board publishes a register of general and specialist dentists. Several Boards publish the register online.
- 1.4 Each register of dentists includes any conditions or restrictions imposed on a dentist by the Board as the consequence or disciplinary or other action by the Board.
- 1.5 **Definitions**
 - 1.5.1 CREDENTIALLING is verification of the qualifications, experience and professional standing of dentists in order to decide whether they are professionally capable and suitable to provide safe, high quality dental services within specific organizational environments.
 - 1.5.2 DEFINING THE SCOPE OF CLINICAL PRACTICE is delineating the extent of an individual dentist's clinical practice within a particular organisation based on his or her credentials, competence, performance and professional suitability, and the needs and capability of the organization to support his or her clinical practice.
 - 1.5.3 BOARD is a Federal, State or Territory dental registration board.

2 Principles

- 2.1 All dentists are registered to provide all dental treatment modalities unless restricted by a condition imposed by a Board.
- 2.2 The need to provide treatment for some patients under general anaesthesia usually pertains to the particular needs of the patient not the risk of the dental procedure.
- 2.3 All types of treatments described in *The ADA Schedule of Dental Services and Glossary* fit within the scope of dental practice acceptable within hospital clinics and operating theatres.

¹ This Policy Statement is linked to other Policy Statements: 2.2 *Dentists*, 2.4 *Specialisation in Dentistry*, 2.8 *Overseas Trained Dentists* & 4.7 *Regulatory Authorities*.

- 2.4 Dentists in operating theatres will usually need the same range of equipment as in a normal dental clinic and their own dental assisting staff to perform dental services.
- 2.5 This policy should apply where dentists are employed on a part-time or full-time basis by hospitals with dental clinics or when dentists seek to make use of hospital operating theatres, usually for patients requiring treatment under general anaesthesia.

3 Policy

- 3.1 Credentialling by hospitals should comply with the Australian Council for Safety and Quality in Health Care: Standard for credentialling and defining the scope of clinical practice, July 2004.
- 3.2 Credentialling committees should recognise *The ADA Schedule of Dental Services and Glossary* as the scope of practice for dentists they credential.
- 3.3 The scope of dental practice to be undertaken in hospitals must recognise that all dentists are registered to provide all dental treatment modalities unless restricted by a condition imposed by a Board.
- 3.4 Dentists should be credentialled, depending on their registration as general or specialist dentists.
- 3.5 Limitations should only be placed on the scope of practice of a particular dentist if:
- a Board has imposed a condition or restriction on the registration of the dentist;
 - the facilities available at the hospital do not permit certain treatment activities;
 - the rostering of theatre access limits activities by allocating insufficient time to complete a procedure, or
 - the dentist considers that an area of practice is beyond their skill and training.
- 3.6 When the credentialling of a dentist is undertaken by a credentialling committee, there should be a dentist nominated by the ADA on that committee.

Policy Statement 4.13

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