



المديرية العامة
للمؤسسات الصحية الخاصة
Directorate General of
Private Health Establishments

POLICY OF THE SPECIAL PRIVILEGES IN AESTHETIC RESTORATIVE DENTISTRY

October 2023



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Acronyms

All-on-X	All-on -4 or all-on-6 or All-on-8 Implant Prosthesis
CPD	Continuous Professional Development
CAD-CAM	Computer Aided Design-Computer Aided Manufacturing
DGPHE	Directorate General of Private Health Establishments
FDA	Food and Drug Administration (USA)
FPD	Fixed Partial Denture (Conventional Bridge)
MoH	Ministry of Health
PG	Postgraduate
PMH / PDH	Past Medical History / Past Dental History
TSL	Teeth Surface Loss
VDO	Vertical Dimension of Occlusion

Intent Statement

Privileging dentists to perform advanced aesthetic restorative dental practice ensures optimal and effective delivery of dental care to the public. This is achieved by regulating the provision of certain procedures that are considered to be “advanced” due to their high technical demand and costs, performed by licensed dentists and specialists in their clinical practice, and usually require certain level of competency by the dental lab technician. The policy of privileging also ensures the safety of health care professionals and patients during provision of aesthetic restorative dental services.

Definitions

The Facility	The eligible health care facility
The Committee	Dental Committee/Team assigned by the DGPHE

Introduction

Clinical privileging for dentist is the process of providing a licensed dental practitioner (general or specialist) the permission to carry out specific duties or procedure as per health care facility scope of practice. This involves the review of qualifications, training, competence, and experience as well as the minimal requirements to perform such duties or procedure in the facility.

Any additional clinical privilege is only given in considerations of the clinical needs, resources and capacity of the services provided within the health facility to ensure the delivery of safe and high-quality dental services.

Policy statement

DGPHE assesses and approves submitted applications for additional dental (clinical) privileges for licensed dentists/dental specialists to perform the specified procedure in eligible private health care facility using a well-structured process, based on a well-defined criteria and standards.

Policy Implementation

Professional Titles	Dentists or dental specialists who are granted additional special clinical privileges should adhere to title mentioned in the original license. The use of additional titles is <u>not permitted</u> (e.g. Cosmetic Dentist) .
Validity Terms	Special Clinical privilege is granted for a maximum of two years and must be renewed with practice license. Specific terms and conditions for renewal apply.
Renewals	Granted privileges must be supported by international standards and best practices. Each renewal must involve the review of clinical competence, malpractice, incident reporting and patient outcomes. Renewals must also be supported by evidence of maintaining the required minimal CPDs.

Target Audience

The policy is designed to establish and enforce minimum requirements for licensed dentists and dental specialists practicing aesthetic restorative dentistry in their clinical practice. It aims to ensure provision of the greatest level of public safety and work quality delivered at the highest standards.

Responsibilities of Actors:

Background

On a continuum, aesthetic restorative dental treatment ranges from tooth whitening (bleaching), direct composite fillings, indirect veneers, crowns, and bridges to complex implant therapy. Today, we are fortunate to have at our disposal sophisticated restorative materials, predictable clinical techniques, digital acquisition devices (intra-oral scanners for digital impressions, cone beam computed tomography for 3D visualization of osseous anatomy, facial scanners for emulating facial expressions), CAD/CAM fabrication, 3D printing, and innumerable software for diagnosis, treatment planning and digital smile design. Dentistry is currently undergoing a period of renaissance. Clinicians should treat aesthetic/ dental restorative cases according to their scope of knowledge, skills and level of competency they acquired based on received advanced training. Cases are divided into SIMPLE or ADVANCED based on the scope of complexity. Although, majority of cases can be treated by general dentists, some cases are best managed by specialised dentist. Some advanced complex cases and procedures require additional training for general dentists to enable them master the basic knowledge and skills required to achieve optimal treatment outcomes. These procedures must be added to individual dentist license scope of work as “additional” clinical privileges.

List of Aesthetic Dental Procedures:

1. Orthodontics – conservative standard of care for treating cases of malocclusion, malalignment, or irregularities in teeth and/or jaws.
2. Professional teeth bleaching or whitening.
3. Minimally invasive treatment using selective enamel recontouring (reshaping)
4. Enamel Micro-Abrasion: This technique removes the teeth superficial stains and subtle irregularities of the enamel followed by polishing with a fluoride paste to restore the enamel to a cleansable smooth finish.
5. Minimally invasive techniques: by adding tooth-coloured materials through utilising adhesive bonding techniques, technologies, and FDA approved materials
6. Periodontal role in dento-facial aesthetic enhancement: starting from simple scaling and polishing, aesthetic soft tissue recontouring in the aesthetic zone and aesthetic crown lengthening for the

treatment of gummy smiles. This therapy can be performed alone, to correct soft tissue irregularities or in combination with other specialities (like prosthodontics/orthodontics)

7. Fixed Prosthodontics limited to the aesthetic zone: utilizing laminate veneers or crowns – anecdotally known as the **Hollywood Smile**. Provided the laminate veneers / crowns, conforming to the patient’s existing occlusal scheme.
8. Conventional full mouth rehabilitation / total mouth reconstruction using veneers, crowns, FPDs in combination on natural teeth – Those cases can be subdivided into:
 - A): cases managed with confirmative occlusion
 - B): cases managed with re-organised occlusion / alteration to the exiting Vertical dimension of occlusion (VDO)
9. Conventional removable prosthodontics
10. Implant-based prosthodontics:
 - A) Simple implant-supported crowns, FPDs, removable Protheses (confirmative occlusion)
 - B) Full mouth Implant-based Reconstruction / rehabilitation including hybrid or, All-on-X implant-based prosthesis (reorganized occlusion / alteration to the exiting VDO)

Introduction to Clinical Privileges:

Clinical Privileges are divided into two board categories: **Core (General) Privileges** and **Non-Core Privileges (Special or Advanced Clinical Privileges)**. Core Privileges eligibility granted to any licenced practicing dentist. A practitioner requesting special non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required experience, and maintenance of clinical competency.

There are three categories for clinical privileging in dental prosthodontic work:

Category A: Allows the management of cases as part of the core competency (General Clinical Privileges, Scope of work) of MoH licensed dentist.

Category B: Management of cases as part of the non-core competency (Special Clinical Privileges is requires as per listed requirements).

Category C: Only specialist prosthodontists are allowed to perform case-types of this category.

Clinical Privileges Entitlement Related to Aesthetic Dentistry:

Case-type#	Procedure/s	Who can perform it	Addition privilege for dentist	Other requirements	Category
1	Orthodontics – conservative standard of care for treating cases of malocclusion, malalignment, or irregularities in teeth and/or jaws.	Licensed orthodontists only.	General dentists are not allowed to perform these procedures. The use of clear aligners is only allowed to be provided by licensed orthodontists.	Orthodontists only.	NA
2	Professional teeth bleaching or whitening	Licensed dentists/ dental specialists.	Additional privilege is not required, however professional training is advisable.	Registered materials and equipment only	A
3	Minimally invasive treatment using selective enamel recontouring (reshaping)	Licensed dentists/ dental specialists.	Additional privilege is not required, however professional training is advisable.		A

4	<p>Enamel micro-abrasion: This technique removes the teeth superficial stains and subtle irregularities of the enamel followed by polishing with a fluoride paste to restore the enamel to a cleansable smooth finish.</p>	Licensed dentists/ dental specialists.	Additional privilege is not required, however professional training is advisable.		A
5	<p>Minimally invasive techniques: by adding tooth-coloured materials through utilising adhesive bonding techniques, technologies, and FDA approved Materials</p>	Licensed dentists/ dental specialists.	Additional privilege is not required, however professional training is advisable	Use registered materials only	A
6	<p>Periodontal role in dentofacial aesthetic enhancement: starting from simple scaling and polishing, aesthetic soft tissue recontouring in the aesthetic zone and aesthetic crown lengthening for the treatment of gummy smiles. This therapy can be performed alone, to correct soft tissue irregularities or in combination with other</p>	Licensed dentists/ dental specialists.	<p>Use of laser requires additional Dental LASER privilege.</p> <p>Only periodontist is allowed to perform advanced periodontal surgery procedures.</p>		A*

	specialities (like Prosthodontics/Orthodontics)		With the necessary privileges granted, single crown lengthening is allowed at the discretion and responsibility of the dentist.		
7	Fixed prosthodontics limited to the aesthetic zone: utilizing laminate veneers or crowns – anecdotally known as the “Hollywood Smile”. Provided the laminate veneers / crowns, conforming to the patient’s existing occlusal scheme (no alteration in the existing occlusion).	Dental specialist in prosthodontics & Dentists with additional clinical privilege.	Can be done as additional Clinical Privilege (Aesthetic dentistry course of minimal 36 CPDs hands-on (practical) training on these specific procedures)	*Approved Dental Laboratory for specific dental prosthetic work	B
8	Conventional full mouth rehabilitation / total mouth reconstruction using veneers, crowns, FPDs in combination on natural teeth – Those cases can be subdivided into:	Dental specialist in prosthodontics.	Not allowed	*Approved Dental Lab for specific dental prosthetic work	C

	<p>A: Cases managed with conformative occlusion</p> <p>B: Cases managed with re-organised occlusion / alteration to the exiting vertical dimension of occlusion (VDO)</p>				
9	Conventional removable prosthodontics	Licensed dentists/ dental specialists.	Additional privilege is not required, however professional training is advisable		A
10	<p>Non-surgical “Restoring of dental implants” (Implant-based prosthodontics):</p> <p>a. Simple implant-supported crowns, implant fixed partial bridges maximum 4 units) (conformative occlusion)</p> <p>b. Implant retained overdenture, implant retained removable denture</p> <p>c. Full mouth Implant-based reconstruction /</p>	<p>All case-types 10a/10b/10c can be performed by dental specialist in prosthodontics</p> <p>Dentists who have full implant privilege (see related</p>	<p>Case-type 10a: Can be done as additional clinical privilege (Aesthetic dentistry course of minimal 36 CPDs hands-on (practical) training on these specific procedures)</p> <p>Add note: This is not a privilege for</p>	<p>*Approved Dental Lab for specific dental prosthetic work</p>	<p>Cases 10.a (Category B)</p> <p>Cases 10.b/10.c (Category C)</p>

	rehabilitation including hybrid or, All-on-X implant- based prosthesis (Reorganized occlusion / alteration to the exiting occlusal vertical dimension)	Policy) are allowed to provide 10.a	inserting dental implants. It only concerned with post- implant insertion procedures at the prosthetic phase. Case-types: 10b and 10c is not allowed by general dentist.		
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(Case type #1) Orthodontics: management should be done by MoH -DGPHE licenced Orthodontist. In cases of clear aligners e.g., Invisalign or equivalent, it should be as per the additional clinical privileges granted for orthodontists by the DGPHE as laid out in different policy.

Cases according to the three categories for clinical privileging in aesthetic dental work:

Category A: Allows the management of cases as part of the core competency (General Clinical Privileges) of MoH licensed dentist; this includes cases in case-types# 2,3,4,5,6*,9

* N.B. Advanced procedures in case-type #6 must be done by specialists.

Category B: Management of cases as part of the non-core competency (Special Clinical Privileges is requires as per listed requirements): This includes cases in case-type # 7,10a.

Category C: Only specialist prosthodontists are allowed to perform case-types #: 8, 10b, 10c.

General requirements for performing prosthodontic service:

- 1- Full documentation of clinical and radiographic pre-operative examinations including vitality testing and dental impressions.**
- 2- Consent must be taken prior to any prosthodontic procedure, as per recommended template.**
- 3- Standard operative procedures must be followed: note that temporization of prepared teeth is a requirement, single-jaw phased treatment is advised.**
- 4- Ensuring dental laboratory quality is the sole-responsibility of treating dentist/prosthodontist.**
- 5- Ensuring adequate emergence profile, contouring of the dental prosthesis, adequate soft tissue health surrounding the dental prosthesis is the responsibility of the treating dentist/prosthodontist.**
- 6- Ensuring adequate crown/bridge final fit, colour shade and aesthetic/function is responsibility of the treating dentist/prosthodontist.**
- 7- THIS POLICY IS NOT PERTAINING IMPLANT PLACEMENT PRIVILEGE.**

APPLICATION FOR THIS ADDITIONAL CLINICAL PRIVILEGE are outlined below

** N.B. important ethical clinical decision and obligation is to filter out the cases based on their level of complexity and to know when to refer cases to the right specialist if the case is beyond the clinician skills, knowledge, and expertise. This is significant in conditions which require advanced periodontal aesthetic recontouring or prosthodontic advanced rehabilitation or combination of different dental specialities (requiring multi-disciplinary teamwork approach.)

Policy Monitoring

Minimum Aesthetic Restorative Dentistry Provider Requirements for Application	<ul style="list-style-type: none"> - Primary Dental Degree (BDS/BDS_c), and - Specialist qualification of relevant field (assessed and approved individually): Specialist Prosthodontist or Restorative Dentist <p>OR</p> <ul style="list-style-type: none"> - Primary Dental Degree (BDS/BDS_c), and - Evidence of OMSB or Equivalent approved training in the requested privileges through the application process form below
Dental Practice Requirements	<p>As per MoH DGPHE practice requirements checklists</p>
Materials And Equipment Requirements	<p>All dental Aesthetic dentistry equipment and materials must be approved for use in dental practice use by at least one of the recognised organisations (or equivalent) to establish that the equipment fulfils all the essential safety and environmental requirements, e.g., Food and Drug Administration (FDA), Conformité Européenne (CE) etc.</p> <p>In all cases, for approval, there must be a Local Dealer available for specific equipment installation and maintenance support (e.g., CAD-CAM device).</p>
Training	<ul style="list-style-type: none"> - The Applicant should demonstrate proficient clinical training under MOH accredited Educational Program (for each application) - Dentist should not practice beyond their scope of license
Minimal Record Keeping (For Privileges Renewal / Moh Inspections)	<ul style="list-style-type: none"> - Specific equipment purchase, maintenance contract and inspection/maintenance entries - Full clinical notes, PMH, PDH and logbook of all treated cases - Informed signed consent forms of all treated cases - Reporting of any incidents or adverse effects - Relevant CPD records (30 total CPD every 2 years)

<p>Withdrawal Of Special Clinical Privileges</p>	<p>General dentists or dental specialists are prohibited from practicing beyond their scope of their license. For treatments outside of the scope of practice, the patient should be referred accordingly.</p> <p>Examples of scenarios that lead to revoking clinical privileges:</p> <ul style="list-style-type: none"> - Falsified or inaccurate documentation - Malpractice leading to suspension of license -Reporting of ethical concerns or patient complaints - Resignation or transfer of staff - Termination of license
<p>CPD Record</p>	<p>CPD hours related to Aesthetic Restorative Dentistry special clinical privileges should be documented by the privileged GDP or Specialist.</p>
<p>Requirements Related to Aesthetic Cases' Management</p>	<p>Requirements to follow:</p> <ul style="list-style-type: none"> – Updated PDH /PMH records: include habits (parafunctional, smoking), relevant medical conditions related to the case management, list of prescribed medications – Types of Temporary Prosthetic Materials, Luting / Adhesive Cement, which were used should be all recorded in the patient clinical notes. – Final Permanent Prosthetic Materials, luting cement, adhesives agents, shade used in the case should be clearly documented for reference, follow up, complications and inspections. – Protective mouth guards, Splints should be documented if prescribed. – Scheduled Recall visits, follow-ups, or periodic Maintenance Programs should be logged with clinical visit dates.

Document History and Version Control

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01	Initial Release		October 2023
02			

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Appendix 1: Application form:

APPLICATION FOR ADDITIONAL CLINICAL PRIVILEGE (DENTAL)

INSTRUCTIONS FOR THE APPLICANT

- This form should be completed by the applicant.
 - Policy of the clinical privilege you are applying for must be read and understood and necessary requirements fulfilled prior to submitting this application.
 - Requirements for renewals (including CPD, case record keeping, and specific maintenance records) must be provided before submitting renewal application (All specified in the specific clinical privilege policy).
 - Clinical privileging involves prior arrangement with the health care facility where the health care service or procedure is going to be provided.
 - You must submit a separate application for each healthcare facility you intend to perform the specified clinical privilege.
 - Each granted clinical privileges has an expiry date, please make the necessary arrangements to renew before expiry.
 - This application is handled by the Specific Clinical Privileging Subcommittee for further action (approval, interview, renewals inspection etc.)
 - Some clinical privileges require an interview with operator, you will be notified if you are required to appear for the interview.
 - Some clinical privileges require inspection of the healthcare facility. The facility manager will be notified if this is required.
 - General dentists or dental specialists are prohibited from practicing beyond their scope of their license. For treatments outside of the scope of practice, the patient should be referred accordingly.
 - Misconduct may lead to revoking of clinical privilege at any time, this include submitted falsified or inaccurate documentation, reports of ethical concerns or filed complaints (details in specific clinical privilege policy)
 - Granted clinical privilege does not entitle the dental practitioner for any additional titles. (i.e., use of titles such as Laser specialist, implantologist, cosmetic dentists etc. is not allowed).
 - Changing place of work and the health care establishments requires submitting new application for review and approval.
 - All declarations must be signed to process this application
-

New Application* **Renewal**** **Modify existing****

Applicant Name		
Name of Special Clinical Privileges	Advanced Aesthetic Restorative Dentistry Practice	
Date of application		
License to practice number and date of expiry		Expiry date
Name of Health Establishment		
Basic Dental Qualification (Name, Institution and Year)		
Specialist Dental Qualifications (Name, Institution and Year)		
Courses attended		

*New applications must include copies of qualifications, attendance certificates evidence of performed cases, and CV of applicant

**Renewal and modification forms must include: CPD evidence, case logbook, specific equipment maintenance record (refer to policy)

Advanced Aesthetic Restorative Dentistry Practice Applications Involving (Veneers, Crowns, FPDs, prosthetic part of implants restoration or in combination) to re-organize the occlusion / alteration the existing VDO	Select the requested items (attach training evidence)	Decision of the privileging subcommittee	
		Granted	Denied
1. Case-type: 7 Fixed prosthodontics limited to the aesthetic zone: utilizing laminate veneers or crowns (Hollywood Smile)			
2. Case-type: 10.a (note this is not a privilege for placing dental implants) Simple implant-supported crowns, implant fixed partial bridges maximum 4 units) (conformative occlusion)			

DECLARATIONS

- I declare that the above information is correct, and all attached documents are authentic (including copies), and accurate.
- I declare that the health care establishment that I will practice in has the suitable resources at the time of performing the procedure.
- I fully understand that this privilege is only valid for the selected and approved procedures, and only applicable to use in the specified healthcare establishment.
- I understand that this privilege has an expiry, and it must be renewed with the practice license.
- I understand that I must submit a new application if place of work has been changed or if I wish to apply for the same privilege in another location.
- I declare that to my knowledge, there are no complaints or warnings have been filed or issued against me.

Name of Applicant: _____ Signature _____

Date: _____

Name of Health Establishment: _____ Seal & Signature: _____

Address of Health Establishment: _____ Date: _____

FOR OFFICIAL USEDocuments complete: Yes No Interview needed: Yes No

Date of Interview (if needed): _____

Decision of Clinical Privilege (Dental) Subcommittee:

Approved Not Approved

Date: _____

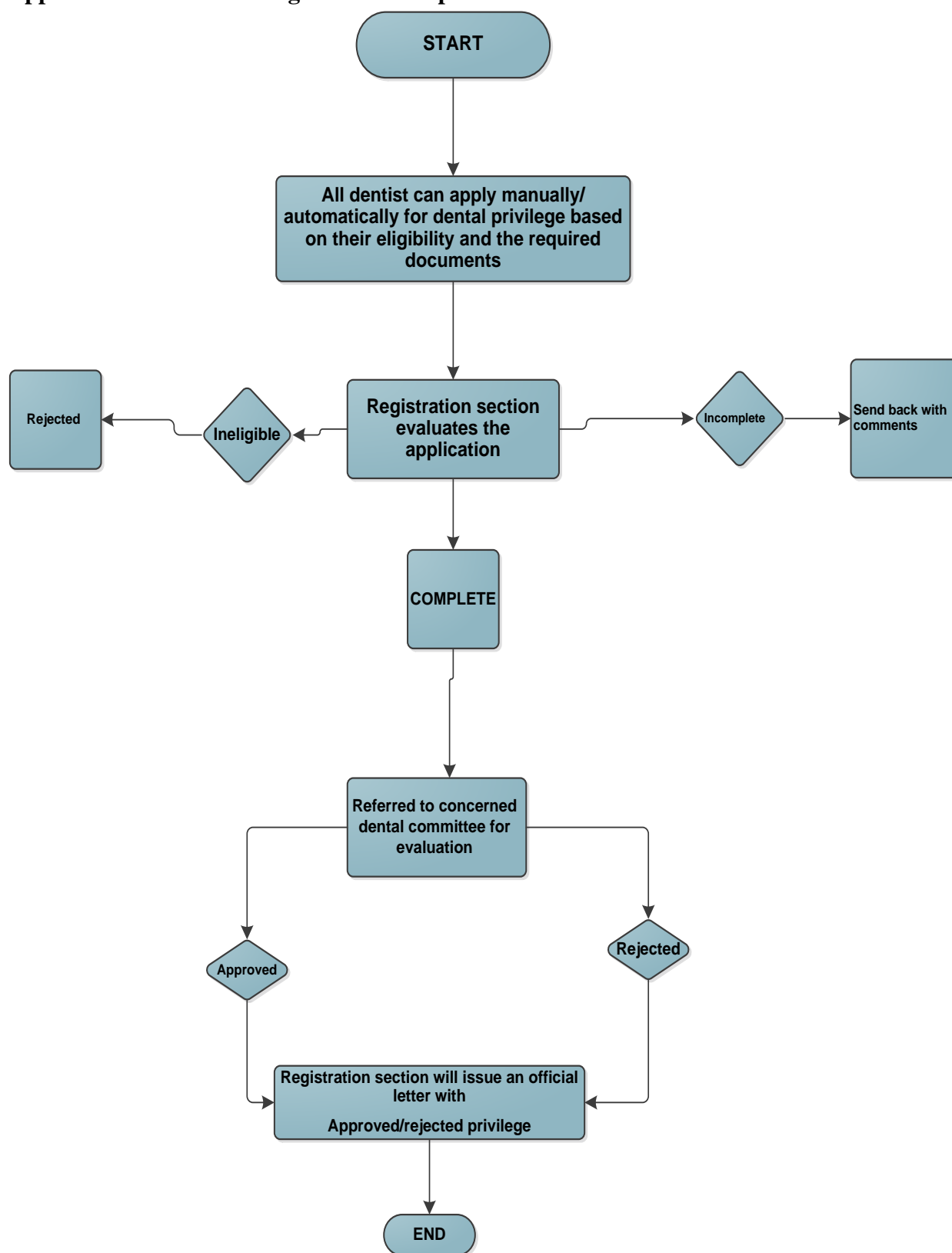
Names of and signature of subcommittee members:

	Name	Signature
1-		
2-		
3-		

Appendix 2: Consent Form Example

Example of patient consent for Aesthetic Restorative Dental Treatment And Smile Make over (Must be retained in records) نموذج موافقة المريض على علاج الأسنان التجميلي وإعادة تأهيل الابتسامة بواسطة التركيبات والعلاج التحفظي (يجب الاحتفاظ بالموافقة ضمن ملف المريض)	
Clinic name: _____ اسم العيادة: _____	
Patient Consent Full name: _____ Date of birth: _____ Address: _____ Contact number: _____ File number: _____	موافقة على خطة علاج اسم المريض: _____ تاريخ الميلاد: _____ العنوان: _____ رقم الهاتف: _____ رقم الملف: _____
<p>I confirm that details of intended dental Aesthetic procedure have been explained to me by the treating dentist. The following have been also discussed:</p> <ul style="list-style-type: none"> - Goals of Aesthetic Prostheses treatment in my case. - Alternative Treatments to using Aesthetic Restorative Dental Prostheses in my case. - Reasons for using Aesthetic Dental Prosthesis over other Treatment options in my case. - Risks associated with using Aesthetic Dental Prosthesis in my case. - The need for optimal oral hygiene practice, periodic recall/reviews to ensure long term successful results. <p>Generally, Aesthetic Dental Prosthesis is a successful and safe procedure, but short-term complications may happen. These may include mild temporary post-operative sensitivity, gum inflammation etc. The dentist will be taking all measures to prevent or reduce these complications and by receiving the necessary training continuously. Based on the above, I understand that Aesthetic Dental Prostheses have its risks, benefits, and alternative treatment options. I have been briefed about details of each, and therefore, I am giving my consent by signing below to having the Aesthetic Dental Prosthesis procedure done in my case.</p>	<p>أؤكد أن الطبيب المعالج قام بشرح كافة التفاصيل المتعلقة بإعادة شكل أسناني وتأهيل الابتسامة بواسطة التركيبات السنية. وقد تم شرح التفاصيل المتعلقة بالتالي:</p> <ul style="list-style-type: none"> - الهدف من استخدام هذا النوع من العلاج في حالتي. - البدائل المتوفرة لعلاج حالتي عوضاً عن التركيبات السنية. - أسباب تفضيل هذا النوع من العلاج في حالتي. - الأخطار المصاحبة لاستخدام التركيبات على المدى البعيد. - الحاجة للعناية والتنظيف والمراجعة الدورية لضمان جودة العمل وصحة الفم والأسنان. <p>بشكل عام تعتبر التركيبات السنية تقنية ناجحة وأمنة لكن بعض المضاعفات المحتملة قد تحدث، على سبيل المثال وليس الحصر: ألم أو حساسية مؤقتة بعد التركيب، حدوث التهاب بسيط باللثة من جراء العلاج.. الخ.</p> <p>لذلك يقوم الطبيب المعالج باتخاذ كافة الإجراءات لمنع حدوث أو التقليل من هذه المضاعفات بالإضافة لتلقي التدريب المناسب بشكل متواصل.</p> <p>-بناءً على ما سبق وما تم شرحه لي، فإنني أثبت فهمي أن تقنية تركيبات الأسنان التجميلية لها مضاعفات، كم لها استخدامات ناجحة وخيارات بديلة، وقد تم شرح هذه التفاصيل لي عن طريق الطبيب المعالج، لذلك فإنني أوافق على تلقي هذا الخيار كعلاج لتعديل أسناني وتجميل ابتسامتي بواسطة الطبيب الموقع أدناه.</p>
Patient name (print): _____ Patient/parent signature: _____ Date: _____ I have been offered a copy of this consent form. _____ Dentist name and signature: _____ Date: _____ Witness signature date: _____	اسم المريض: _____ توقيع المريض أو أحد الوالدين التاريخ تم تزويدي بنسخة من هذه الموافقة اسم وتوقيع الطبيب المعالج: _____ التاريخ توقيع الشاهد والتاريخ: _____

Appendix 3: Dental Privilege Process Map



اشتراطات الحصول على الإمتيازات السريرية في طب الأسنان

Requirements for clinical privileging in dental practice

1. **The owner/medical director/administrative establishment is responsible for ensuring the efficiency and facilitating the performance of all practicing dentists within the establishment. Therefore, all dentists must have their clinical privileges specified at the time of employment and renewals and part of the performance review process.**

MoH/DGPHE/F/046/Vers.01

1. يتحمل المالك / المدير الطبي / المدير الإداري للمؤسسة الصحية لطب الأسنان مسؤولية ضمان الكفاءة وتيسير أداء جميع أطباء الأسنان الممارسين داخل المؤسسة، لذلك يجب أن يكون لجميع أطباء الأسنان امتيازاتهم السريرية المحددة عند التعيين وفي وقت تجديد التراخيص، كما يجب مراجعة الامتيازات الممنوحة كجزء من إجراءات التدقيق الداخلي ومراجعة الأداء.
2. **The privileges of all dental practitioners must be reviewed every two years upon renewal of a dental practice license throughout the term of employment.**

2. يجب أن تتم مراجعة امتيازات جميع الممارسين الصحيين كل سنتين عند تجديد ترخيص الطبيب طوال فترة التوظيف داخل المؤسسة.
3. **Clinical Privileges Assessments should be conducted by Dental privileges Committee.**

3. يجب التأكد من أن المؤسسة الصحية الخاصة مجهزة بالكامل قبل تحديد الامتيازات السريرية المسموح بها.
4. **It must be ensured that the private health establishment is fully equipped before determining the permissible clinical privileges for dental practitioners.**

4. يتم إجراء تقييم الامتيازات السريرية من قبل فرق خاصة تابعة للمديرية العامة للمؤسسات الصحية الخاصة.
5. **Clinical privileges can be reviewed at any time based on the request of Dental Team or upon notification of incidence report or violation.the**

5. يمكن للجهة المختصة مراجعة الامتيازات السريرية في أي وقت بناءً على طلب اللجنة المختصة بطب الأسنان والامتيازات السريرية أو بناءً على وقوع بلاغ أو مخالفة.

To support the implementation of the above-mentioned principles, ensure the effectiveness of the following measures

1. The owner / medical director / administrative director of the dental health establishment is required to keep a record of all documentation related to the results of the employment process, including the approved clinical privileges.

1. يجب على المالك / المدير الطبي / المدير الإداري للمؤسسة الصحية المقدمة لخدمة طب الأسنان الاحتفاظ بسجل لجميع المعلومات المتعلقة بنتائج عملية التعيين بما في ذلك استمارة تحديد الامتيازات السريرية الممنوحة.
2. The owner / medical director / administrative director of the dental health establishment should conduct a regular review of the performance of practitioners to evaluate improvement in performance and progress in skills and competencies and to ensure early identification of matters that may affect the quality of care, and the dental health institution must adopt strategies to address such ma

2. يجب على المالك / المدير الطبي / المدير الإداري للمؤسسة الصحية لطب الأسنان إجراء تقييم دوري منتظم لأداء الممارسين لرصد الأداء والتقدم في المهارات والكفاءات ولضمان التعرف المبكر على الإشكاليات التي قد تضر بنوعية الرعاية، حيث يجب على المؤسسة الصحية المقدمة لخدمة طب الأسنان اعتماد استراتيجيات لمعالجة مثل هذا

المؤسسة الصحية
Health Establishment

The role of the dental health establishment

دور المؤسسة الصحية المقدمة لخدمة طب الأسنان:

1. Every owner / medical director / administrative director of the dental health establishment must ensure that dentists are recruited in accordance with the needs of the health establishment and its available resources so they can ensure that there are appropriate procedures for determining the number and scope of these recruitments.

1. يجب على المالك / المدير الطبي / المدير الإداري للمؤسسة الصحية المقدمة لخدمة طب الأسنان التأكد من تعيين الأطباء وفقاً لاحتياجات المؤسسة ومواردها المتاحة بحيث يضمن وجود إجراءات مناسبة لتحديد عدد ونطاق هذه التعيينات.
2. Owner/medical director/administrative director of the dental health establishment is responsible for making the final decision on whether to recruit a dentist with approved additional dental clinical privileges. The owner/medical director/administrative director of the dental health establishment also retains responsibility for the consequences of recruiting general dentists and specialists to the work team as part of the overall responsibility.

2. يعتبر المالك / المدير الطبي / المدير الإداري للمؤسسة الصحية لطب الأسنان مسؤولاً عن اتخاذ القرار النهائي بشأن ما إذا كان سيتم تعيين طبيب أسنان بامتيازات طب الأسنان المعتمدة أم لا، كما يحتفظ المالك / المدير الطبي / المدير الإداري للمؤسسة الصحية المقدمة لخدمة طب الأسنان بالمسؤولية عن عواقب تعيين الأطباء والمتخصصين في فريق العمل كجزء من المسؤولية الشاملة.
3. All approved clinical privileges must be recorded and kept in staff file.

3. يجب تسجيل وحفظ جميع الموافقات الصادرة عن المديرية للامتيازات السريرية في ملف الطبيب.

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4. Owner/medical director/administrative director of the dental health establishment is responsible for ensuring that the documents are up-to-date and that each dentist is sufficiently familiar with his specific responsibilities and privileges.

4. يتحمل المالك / المدير الطبي / المدير الإداري للمؤسسة الصحية المقدمة لخدمة طب الأسنان مسؤولية ضمان تحديث المستندات والتأكد من أن كل طبيب على درايه كافيه بمسؤولياته وامتيازاته المحددة.

5. The owner/medical director/administrative director of the dental health establishment must ensure that the recruitment process is adhered to, that the policies and guidelines are followed, and that dental practitioner comply with these policies.

5 يجب أن يضمن المالك / المدير الطبي / المدير الإداري للمؤسسة الصحية المقدمة لخدمة طب الأسنان الالتزام بعملية تعيين الممارسين الصحيين، واتباع السياسات والمبادئ التوجيهية وامتثال الممارسين الصحيين لهذه السياسات.