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## Scope of Practice and Core

## Competencies for General and Specialist Dentist

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Health Policies and Standards Department

Health Regulation Sector (2023)

## INTRODUCTION

Health Regulation Sector (HRS) forms an integral part of Dubai Health Authority (DHA) and is mandated by DHA Law No. (14) of the year (2021), amending some clauses of law No. (6) of 2018 pertaining to the Dubai Health Authority (DHA), to undertake several functions including, but not limited to,

- Developing regulation, policy, standards, guidelines to improve quality and patient safety and promote the growth and development of the health sector,
- Licensure and inspection of health facilities as well as healthcare professionals, and ensuring compliance to best practice,
- Managing patient complaints and assuring patient and physician rights are upheld,

The Scope of Practice and Core Competencies for General Dentist and Specialist Dentist aims to fulfil the following overarching DHA Strategic Priorities (2026):

- Pioneering Human-centred health system to promote trust, safety, quality and care for patients and their families,
- Make Dubai a lighthouse for healthcare governance, integration and regulation,
- Foster healthcare education, research and innovation.

## ACKNOWLEDGMENT

The Health Policy and Standards Department (HPSD) developed this Standard in collaboration with Subject Matter Experts and would like to acknowledge and thank these health professionals for their dedication toward improving quality and safety of healthcare services in the Emirate of Dubai.

**Health Regulation Sector**

**Dubai Health Authority**

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## EXECUTIVE SUMMARY

Applying the scope of practice for General and Specialist Dentists helps to delineate the roles and responsibilities of different dental professionals, and to promote collaboration and communication within the dental care team. Professional competence changes over time as the profession integrates new information and technologies into clinical practice, expanding the body of knowledge and skills needed. Hence, this scope of practice provides the most up-to-date guidance available, guaranteeing improving the services, and ensuring that safe, high-quality and effective services are in place. It enhances the trust between the patients, their families and the healthcare providers in the field. The document is the updated version of the previously published Scope of Practice and Core Competencies for General Dentist and Dental Specialist (2016).

## DEFINITIONS

**Clinical Privileging:** is the process of giving a DHA licensed Healthcare Professional (HP) permission to carry out specific duties as per health facility scope of practice and licensure. This involves the review of credentials and qualifications, training, competence, practical independence and experience.

**Competency:** includes knowledge, experience, critical thinking and problem-solving skills, professionalism, ethical values, diagnostic and technical and procedural skills. These components become an integrated whole during the delivery of patient care by the competent practitioner. Competency assumes that all behaviours are performed with a degree of quality consistent with patient wellbeing and high-quality treatment outcomes.

**Dentistry:** is 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.

**Dental Implantology:** is the branch of dental practice pertaining to the restoration and maintenance of oral function, appearance and health of the patient through the replacement of teeth and contiguous structures with endosseous dental implants and associated prosthetic components.

**Dental Specialist:** are licensed healthcare professionals by DHA fulfilling the Unified Healthcare Professional Qualification Requirements (PQR) requirement.

**Endodontics:** is a branch of dentistry concerned with the morphology, physiology and pathology of the human dental pulp and peri radicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated peri radicular conditions.

**Forensic Odontology:** is a subspecialty of dentistry, in the interests of justice, deals with the proper examination, handling, and presentation of dental evidence in a court of law.

**General Dentist** is a DHA licensed healthcare professional who has completed basic dental degree fulfilling the PQR.

**Oral Surgery:** is a specialty of dentistry which deals with the diagnosis and management of pathology of the mouth and jaws that requires surgical intervention. Oral Surgery involves the treatment of children, adolescents and adults, and the management of dentally anxious and medically complex patients. Oral Surgery is provided by Oral Surgeons and by Oral & Maxillofacial Surgeons as the clinical competencies of these two specialties overlap.

**Oral and Maxillofacial Surgery:** is a specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial region.



**Oral Medicine:** The specialty of dentistry that is concerned with maintenance of oral health, diagnosis and non-surgical management of patients with chronic and medically related disorders of the oral and maxillofacial region.

**Orthodontics:** is a specialty of dentistry that includes the diagnosis, prevention, interception and correction of malocclusion, as well as neuromuscular and skeletal abnormalities of the developing or mature orofacial structures.

**Paediatric Dentistry:** is a specialty of dentistry concerned with preventive and therapeutic oral healthcare for children from birth through adolescence. It includes the management of orofacial problems related to medical, behavioural, physical, or developmental disabilities.

**Periodontics:** is a specialty of dentistry that deals with the prevention, diagnosis and treatment of diseases affecting the gums and supporting structures of the teeth.

**Prosthodontics:** is a dental specialty that deals with the restoration or replacement of missing, deficient, or damaged teeth and oral structures by using artificial devices or prostheses. It also involves the diagnosis, treatment planning, rehabilitation, and maintenance of the oral function, comfort, appearance, and health of patients with these conditions. It also includes the rehabilitation of patients with tissue lost as a result of injury.

**Restorative Dentistry:** is the specialty of dentistry that is concerned with the diagnosis and treatment of diseases and disorders of teeth and their supporting structures, including their repair and replacement.

**Special Care Dentistry:** Is the branch of dentistry concerned with the oral health care of people with an intellectual disability, medical, physical, or psychiatric conditions that require unique methods or techniques to prevent or treat oral health problems or where such conditions necessitate individual dental treatment plans.

**Temporomandibular Joint (TMJ):** The connecting hinge mechanism between the base of the skull (temporal bone) and the lower jaw (mandible).

## ABBREVIATIONS

<b>CBT</b>	:	Computer Based Testing
<b>CME</b>	:	Continuous Medical Education
<b>CBCT</b>	:	Cone Beam Computed Tomography
<b>CPD</b>	:	Continuing Professional Development
<b>DHA</b>	:	Dubai Health Authority
<b>FANR</b>	:	Federal Authority for Nuclear Regulation
<b>GDC</b>	:	General Dental Council
<b>HRS</b>	:	Health Regulation Sector
<b>PQR</b>	:	Unified Healthcare Professional Qualification Requirements
<b>TMJ</b>	:	Temporomandibular Joint
<b>UAE</b>	:	United Arab Emirates

## 1. BACKGROUND

Dubai Health Regulatory Sector (HRS) is responsible for regulating General Dental and Dental Specialities practice in the Emirate of Dubai, United Arab Emirates. The Scope of Practice (SOP) refers to what the dentist is allowed to do based on their education, training, competence, and experience. The scope of practice of a dentist may vary depending on the needs and expectations of the patients and the society. It may also change over time due to advances in dentistry, further education and development, or new evidence and guidelines.

Over time, dentistry has evolved into a sophisticated science that uses cutting-edge technology, research, and evidence to improve oral health and well-being. Dentistry comprises many fields and branches that specialize in different aspects of oral care, such as orthodontics, periodontics, prosthodontics, endodontics, oral and maxillofacial surgery, oral and maxillofacial pathology, oral and maxillofacial radiology, paediatric dentistry, public health dentistry, and more. Such activities are established through the legislated definition of licensed General Dentist and Specialist Dentist practice, complemented by standards, competency assessments, limits, conditions, and education, and influenced by task, setting, environment, complexity and health needs of the population, and the evolving situation in health care practice. This document is an updated version of the previously published Scope of Practice for Scope of Practice and Core Competencies for General Dentist and Dental Specialist (2016).

## 2. SCOPE

2.1. Governing the practice of General and Specialist Dentistry as a profession, and the relevant statutory, ethical and professional codes and privileges issued by DHA.

## 3. PURPOSE

3.1. To ensure the best standards of safety and quality for dentistry services are adopted by health facilities licensed by Dubai Health Authority.

3.2. Outline the regulatory requirements for specific therapies to deliver safe clinical practice to the patients.

## 4. APPLICABILITY

4.1. DHA licensed healthcare professionals and health facilities providing Dental services.

4.2. This scope of practice applies to DHA licensed General Dentists and Specialist Dentists: Endodontist, Periodontist, Prosthodontist, Paediatric dentist, Orthodontist, Oral surgeon, Special care dentist, and Restorative Dentist who wish to practice in public or private healthcare facilities in the Emirate of Dubai, and to all public and private healthcare providers licensed by DHA who wish to provide and operate Dental services.

## 5. PRACTICE SETTING

5.1. General and Specialists Dentists licensed by DHA can practice in the following settings:

5.1.1. Hospitals;

5.1.2. Day Surgery Centre;

5.1.3. Outpatient care facilities including polyclinics or specialty clinics;

## 6. GENERAL REQUIREMENTS

6.1. All dentists, both General and Specialists, are legally committed to fulfil their duties and obligations within local and federal laws and regulations and international professional associations applicable to their professions.

6.2. Healthcare Professional Competencies

6.2.1. Dentists are expected to have a range of personal qualities, cognitive abilities, and applied knowledge and skills which are clustered into the following six domains:

- a. Professionalism; covering personal values, attitudes and behaviours demonstrating all interactions focus on the patient's best interests and providing patient-centred care, respecting patients' dignity, rights and choices.
- b. Communication and leadership; covering the ability to work cooperatively and to communicate effectively with team members and colleagues, and through engaging and communicating with patients, families and communities.

- c. Critical thinking; covering the acquisition and application of knowledge through applying clinical reasoning and judgement in a reflective approach to oral health care.
- d. Health promotion; covering the health education and the promotion of health in the community through understanding the determinants of health, risk factors and behaviours that influence health.
- e. Scientific and clinical knowledge; covering the underlying knowledge base required by dental practitioners including understand the scientific principles and application of infection prevention and control.
- f. Patient care; covering the assessment, treatment planning, management and monitoring of the patient, as well as maintaining patient records, privacy and confidentiality.

#### 6.2.2. Understanding limitations and importance of referrals

- a. Dental professionals may have limitations in treating complex cases that require specialized expertise. In such situations where, dental professionals encounter complex cases that demand specialized expertise, it is crucial to refer the patient to an expert in the field to ensure that patients receive the best possible care and achieve optimal outcomes.

6.3. It is essential for all dentists to have the ability to:

- 6.3.1. Build and sustain positive relationships with colleagues and respecting the boundaries of professional roles are important skills for working effectively in multidisciplinary teams.
- 6.3.2. Maintain patient records organized, confidential and accurate and to practice by legal and regulatory requirements at all times.
- 6.3.3. Treat patients with dignity and respecting their cultural values and diversity, regardless of their ethnicity, race, and faith and showing compassion and kindness to all people, including those with disabilities.
- 6.3.4. Respect patients' right of independence and self-determination in their oral health choices.
- 6.3.5. Rely on clinical guidelines based on evidence and critically assess medical literature.

## 7. GENERAL DENTIST

7.1. General Areas of Competency

- 7.1.1. Obtaining a detailed dental history from patients and evaluate their medical history.
- 7.1.2. Gather comprehensive information about the patients' dental and medical conditions and design a suitable oral health care plan for them.



## 7.2. The Clinical Core Competency

- 7.2.1. Performing a comprehensive examination and diagnosis of oral health conditions for patients of all ages and needs, including infants, children, adolescents, and adults, as well as addressing the specific needs of women, geriatric and special needs patients.
- 7.2.2. Gathering and analysing patient/medical data, information and diagnostic images and using them to accurately assess and treat patients and/or plan for their referral and management.
- 7.2.3. Obtain and interpret patient/ medical data, including a thorough intra/ extra oral examination and use these findings to accurately assess and manage patients.
- 7.2.4. Performing non-Invasive diagnostic aids such as pulp sensitivity test, caries detector and dental diagnostic casts.
- 7.2.5. Choosing the appropriate cases for treatment based on diagnosis, patient considerations and treatment options. (e.g. patient medical and mental health, radiographic difficulties, morphological difficulties) inclusive of salivary glands, oral soft tissues diseases, facial asymmetry, head and neck lymph glands and Temporomandibular Joint (TMJ).

7.2.6. Recognizing the signs and symptoms of medical conditions and how they and their treatment may affect the oral health care provision such as diabetes, cardiovascular disease, providing referral to specialist care.

#### 7.2.7. Restorative Management and Treatment

- a. Manage dental caries using prevention and restoration techniques including temporary and permanent restorations for both primary and permanent dentition.
- b. Direct and in-direct restorations using different techniques such as inlays, onlays, partial crowns, complete crowns, and simple fixed bridge and coronal restorations involve the root canal space using post and cores.
- c. Veneers; with adherence to attend an advanced veneer course (not less than three months duration), after two years of experience as general dentist.
- d. Remove tooth tissue and/or place materials for the purpose of either temporary or permanent restoration, replacement of tooth structure or the rehabilitation of the dentition.
- e. Direct and indirect pulp capping.
- f. Use Computer Aided Design (CAD)/ Computer Aided Manufacture (CAM) for direct and indirect restorations.

- g. Dentists should be able to provide simple veneers/crowns but not part of a full rehabilitation once the correct diagnosis has been made.

#### 7.2.8. Surgical Management and Treatment

- a. Simple extraction Uncomplicated surgical extraction (complicated extraction or cases that developed unexpected complications such as displacement into the sinus, to be referred to the specialist).
- b. Removal of pathological tissues associated including of biopsy for suspicious tissue after consultation with an oral surgeon.

#### 7.2.9. Prosthodontics Management and Treatment

Provide replacement of lost teeth using different fixed and removable prostheses such as:

- a. Single crown and bridges that do not require major modification of the surrounding tissue and the existence of favourable crown-to-root ratio and physiologic-soft tissue, and an occlusion is within normal.
- b. Partial denture, and complete denture where no modification to the occlusion is required and implant-supported crowns (requires specific training and privileging).

- c. Preparation of cases requiring a referral to prosthodontist such as interim prosthesis for complete mouth rehabilitation and cases requiring anterior prosthesis with aesthetic demand.
- d. Repairs of removable and fixed prosthodontic appliances and performance of denture rebase and reline procedures.
- e. Non-surgical management of TMJ Disorders.

#### 7.2.10. Endodontics Management and Treatment

Perform root canal therapy for simple cases that are considered “low in difficulty” on both primary and permanent teeth. Evaluate cases that are considered “moderate to high difficulty” and refer for advanced care by an endodontist such as:

- a. Root canal systems with unusual anatomy, anomalies, iatrogenic or with paradicular pathologies (cyst or perio-endo lesion), or other dentoalveolar complications.
- b. Treatments that require elective endodontic (working with multi-disciplinary team) or endodontic treatment as part of joint care with prosthodontist for occlusion rehabilitation.

#### 7.2.11. Periodontal Management and Treatment

- a. Treatment & prevention and of periodontal diseases, including the treatment of simple gingivitis and periodontitis conditions with a limitation of deep-debridement that needs referral to the specialist (e.g True pockets exceeding 5 mm depth).
- b. Performing interdisciplinary procedures to coordinate with other dental specialists or health professionals in complex cases involving periodontics
- c. Evaluate and manage the peri-implant health and stability of dental implants.

#### 7.2.12. Paediatrics Management and Treatment

- a. Dental caries removal, pulpotomy and Root canal therapy for primary teeth
- b. Prosthetic replacement of missing teeth either by removable or fixed appliance and manage passive space maintainers
- c. To address their special needs, children who are uncooperative, anxious, or afraid of the dentist or show signs of growth abnormalities should be referred to a paediatric dentist.

#### 7.2.13. Oral Disease Management and Treatment

- a. Identify conditions such as chronic, soft tissue or hard tissue mucosal lesions and refer to concerned specialist.

- b. Provide treatment of oral infections by using antibacterial, antiviral, anti-inflammatory, and anti-fungal medicaments.
- c. Manage patients with a history of cancer therapy (evaluation, diagnosis, intervention, and referral when needed).

#### 7.2.14. Preventive

- a. Performing regular dental check-ups, scaling and dental prophylaxis.
- b. Promoting oral hygiene habits and practices.
- c. Performing all steps of topical fluoride treatment and carrying out fissure sealant and Silver Diamine Fluoride (SDF) application.

#### 7.2.15. Emergency

- a. Provide pain relief, infection control, temporary restoration or stabilization of teeth, and referral to a specialist or hospital if needed.
- b. Managing injuries to the teeth, gum, and oral tissue such as fracture, avulsion, luxation, laceration, hematoma, and/or post-surgical complications.
- c. Manage treatment of dentoalveolar injuries, including facial fracture, through urgent intervention, providing dressing, re-attachment, re-implantation, and splinting and consider referral to specialist when needed.

#### 7.2.16. Medication Prescription

- a. Dentists may prescribe medications and controlled substances only for dental-related conditions, such as: medication to control pain and anxiety; local and topical anaesthetics; anti-inflammatory, antibiotic, anti-viral, anti-septic, and anti-fungal drugs; fluoride application; and preparations to manage xerostomia.
- b. Prescribe-Controlled drugs (CD-A) up to 3 days only. Such prescription shall be in hospitals' emergency department only and prescribe semi controlled drugs (CD-B) up to 30 days with no refill.

#### 7.2.17. Anaesthesia

General dentists can provide local and regional block anaesthesia confined to the head and neck area,

#### 7.2.18. Laser Dentistry

- a. The facility must verify that a general dentist has the necessary education and training to perform laser services. (Refer to section 22 Laser Dentistry)

#### 7.2.19. Dental Implantology

- a. Only general dentists who have undergone formal training and assessment in implantology from a DHA recognized institution are allowed to perform this procedure. (Refer to section 21 Dental Implantology).

#### 7.2.20. Dental Bleaching:

- a. The facility must verify that a general dentist has the necessary training to perform dental bleaching.

#### 7.2.21. Out of Scope of General Dentist

General dentists should not practice the areas of practice that are not part of their education or training, as mentioned below:

- a. Clear aligner and shall refer the patient to an orthodontist.
- b. Major maxillofacial surgeries excluding impactions.
- c. Aesthetic facial procedures including Botox and fillers.

## 8. ENDODONTIST

### 8.1. Diagnosis and Evaluation

- 8.1.1. In addition to the general diagnosis and evaluation mentioned in general dentist section (7.2.13) the endodontist should also gather information about any other relevant factors that may affect the endodontic diagnosis and treatment, and perform necessary advanced endodontic diagnostic procedures (such as prescribing and reading limited field of view CBCT) to diagnose endodontic pathosis, evaluate tooth/root anatomy and plan for complex endodontic procedures like retreatment or endodontic microsurgical procedures.



### 8.1.2. Endodontic Disease Management

- a. Perform vital pulp therapy, such as pulp capping, pulpotomy, apexogenesis, non-vital pulp therapy, such as apexification and pathologic or iatrogenic defect in the pulp system.
- b. Provide non-surgical endodontic treatment; for primary and permanent teeth and deliver endodontic care to both healthy patients and those with medical diagnoses utilizing evidence-based and best practice techniques (i.e., regeneration, apexification, and calcification).
- c. Perform surgical removal of apical root end (apicoectomy), and retrograde filling and endodontic treatment for complicated cases, including teeth with curved-, narrow-, or calcified-root canals or fractured teeth or roots.
- d. Diagnose and differentiate between periradicular lesions in multi-rooted teeth and non-odontogenic pathoses and odontogenic infections (of pulp origin) and the necessary management.
- e. Collaborate with other dental specialists to assess and treat complex endodontic cases, including elective procedures and dentoalveolar injuries' complications.
- f. Perform Bleaching for endodontically treated teeth.

- g. Management of teeth with previous endodontic treatment or failure, which may require retreatment or surgical intervention.
- h. Surgical Procedures:
- Management of large lesions of endodontic origins in collaboration with oral surgeons.
  - Surgical drainage such as and cortical trephination.
  - Peri radicular surgery such as root end resection.
  - Corrective surgery, root perforation repair and tooth transplantation.
  - Replacement surgery such as intentional replantation.
- i. Restorative Procedures
- Restore vital and none vital teeth using different restorative techniques or with intra-canal support i.e. posts and core.
  - Direct and in-direct restorations using different techniques such as inlays, onlays, veneers, partial crowns.
- j. Emergency management (Refer to emergency management by general dentist 7.2.15)
- k. Oral disease prevention management (Refer to 7.2.13 and 7.2.14 by general dentist).

- i. Medication Prescription: (Refer to medication prescription by general dentist 7.2.16).
- m. Anaesthesia:  
  
Endodontists can provide local and regional block anesthesia confined to the head and neck area.

## 9. PROSTHODONTIST

### 9.1. Diagnosis and Evaluation

9.1.1. In addition to the general diagnosis and evaluation mentioned in general dentist section (7.2.13), the prosthodontist should obtain information about any other relevant factors that may affect the prosthodontic diagnosis and treatment such as clinical examination of occlusion, teeth, and Periodontium, with specific consideration to mastication, speech, and aesthetic and its impact on the patient well-being.

- a. Assess geriatric patients' needs for dental prosthetics.
- b. Advise and interpret oral and maxillofacial related x-ray images and evaluate the images obtained from Cone Beam Computed Tomography (CBCT) and how they are connected to the occlusion and the placement of dental implants.

### 9.1.2. Prosthodontics Management of Dental Disease

- a. Diagnose and manage malfunction related to occlusion, mastication, and speech of healthy, elderly, and special needs patients.
- b. Work with a team of experts from different fields to assess, identify and plan treatment for patients with prosthodontic dental needs or patients who have medical conditions that complicates dental rehabilitation plan.
- c. Evaluate TMJ and head and neck tissues. Diagnose TMJ dysfunctions and manage them by teaming up with other dental specialists as per the case need.
- d. Treatment of patients requiring full mouth rehabilitation, either due to loss of teeth or due to loss of tooth structure.
- e. Evaluates the cases of Oro-facial disease, providing treatment as part of a multidisciplinary team for patients with craniofacial defects, cleft lip/palate, head and neck cancer, and craniofacial trauma.
- f. Treat the patients who have defects in the soft/hard tissues of the maxillofacial and craniofacial regions by using orofacial prosthesis and obturators.
- g. Perform occlusal therapy to equilibrate patients' natural dentition, or occlusion restoration or full-mouth rehabilitation, that may or may not involve changing the vertical height and elective root canal treatment such as:

- Interim prosthesis in preparation for complete mouth rehabilitation analysis and treatment.
  - Crowns, bridgework, overdentures and Multi-unit fixed partial denture utilizing different materials and techniques.
  - Management of dentures; such as Complete or Immediate maxillary and/or mandibular denture, removable partial denture designs and denture repair procedures; such as including rebase/reline procedure.
- h. Provide single or multiple tooth restorations, with appropriate fixed or removable prostheses, to restore anatomic form, function and esthetics for patients of all ages.
- i. Restore extensive destructed teeth with prefabricated post/ core build-up and casted post and core.
- j. Provide implant-supported or implant-retained prosthetic solutions for the patients with partial or complete edentulism by using various types of attachment systems.
- k. Restore patients requiring fixed prosthesis with partially covering restoration or full tooth coverage restoration with direct and indirect material and technique.

I. Provide care for partially and completely edentulous patients by diagnosing and developing a sequenced treatment plan and appropriate dentures construction.

9.1.3. Emergencies management (Refer to emergency management by general dentist 7.2.15 ).

9.1.4. Oral disease prevention management (Refer to 7.2.13 and 7.2.14 by general dentist).

9.1.5. Anaesthesia

Prosthodontist can provide local and regional block anaesthesia confined to the head and neck area

9.1.6. Medication Prescription: (Refer to medication prescription by general dentist 7.2.16 ).

## 9.2. Dental Implantology

9.2.1. Prosthodontist to refer to 7.2 for Dental Implantology privileging and other details.

9.2.2. Evaluate the patient clinical needs with attention to mastication, speech, and aesthetics and refer the complex dental implant cases to oral and maxillofacial surgeons for advanced surgical procedures.

9.2.3. Improve alveolar ridge height and thickness to receive implant such as socket preservation, and internal sinus lift.

9.2.4. Dental implant restorations such as:

- a. Implant-supported crowns and bridges and repair of implant-supported prosthesis
- b. Implant-supported fixed partial, complete denture and overdenture.

## 10. ORAL SURGERY

### 10.1. Diagnosis and Evaluation

10.1.1. In addition to the general diagnosis and evaluation mentioned in general dentist section (7.2.13), the oral surgeon should obtain information about any other relevant factors that may affect the surgical diagnosis and treatment such as mucosal tissue health, salivary glands dysfunction, oral cancer screening, odontogenic and all other oral infections and pathologies while considering its impact on their well-being.

10.1.2. Provide head and neck evaluation and diagnose dentofacial deformity, oral cancer screening, oral cancer and pre-malignant diseases.

10.1.3. Work with a with multi-disciplinary team to evaluate and plan the management for patients requiring dentoalveolar surgery in relation to orthodontic treatment and maxillofacial rehabilitation care.

10.1.4. Evaluate and diagnose dental and non-dental chronic orofacial pain, TMJ dysfunction and orofacial or maxillofacial prosthetics.

10.1.5. Interpret intraoral and extraoral diagnostic images for the head and neck region, including x-rays and Cone Beam Computed Tomography (CBCT) as they relate to oral and maxillo-facial diagnosis and dental implant therapy utilising adjunctive medical laboratory studies as needed.

10.1.6. Oral surgery Disease Management

- a. The following surgical procedures but not limited to tooth Extraction (simple and complex) including impacted, submerged, hemisection, root amputation, and those in un-usual anatomic locations. Which may or may not involve elevation of muco-periosteal flap and bone resection
- b. Surgical removal of pathological tissues resulting from pulpal pathosis or periradicular surgery such as cysts or granulomas.
- c. Surgical exposure of un-erupted tooth and Apicectomy.
- d. Minor oral surgeries of the soft tissue and hard tissue, including alveoplasty, apically repositioned flap, autogenous/non-autogenous graft, excision of intra oral sialolit, excision of mucous extravasation and mucous retention cysts, curettage, biopsy, frenectomy, intra-oral incision and drainage, open flap debridement, oroantral fistula management, tooth re-implantation, vestibuloplasty, removal of exostosis, and partial ostectomy.



- e. Perform surgical management of salivary gland disorders limited to the oral cavity.
- f. External and internal sinus lift.
- g. Surgical management of dentoalveolar traumas and fractures and ridge augmentation.
- h. Surgical management of patient with history of cancer therapy (or undergoing cancer therapy).
- i. Surgical management of post-surgical complications and can assist an Oral and Maxillofacial Surgeon in major surgeries in areas within their scope of practice.

#### 10.1.7. Surgical Disease Management:

- a. Provide the care to children, adolescents, and adults in both out-patients and in-patient set up.
- b. Manage chronic pain conditions such as oral mucositis, bisphosphonate-related osteonecrosis of the jaws, oral pathology related to radiation therapy, neuralgias.
- c. Manage non-dental chronic orofacial pain such as burning mouth syndrome, neuralgias myofascial and atypical facial pain, autonomic cephalalgias, headaches and migraines and temporomandibular joint (TMJ) disorder.

- d. Manage pre-malignant lesions of the oral cavity such as leucoplakias or erythroplakias.
- e. Manage Oral health of patient undergoing cancer therapy, organ transplant and other conditions that requires concurrent oral intervention during the course of medical care.
- f. Manage patient with history of cancer therapy (evaluation, diagnosis, intervention, and referral whenever needed).
- g. Work as an effective member within a multidisciplinary team to provide the care to patient in need of full mouth rehabilitation.
- h. Collaborate with other dental specialists' colleague to fulfil the surgical component of patient oral care as part of a comprehensive treatment plan.

#### 10.1.8. Emergencies management

- a. Refer to emergency management by general dentist 7.2.15..
- b. Repair fractures of the jaws and facial skeleton bones, lacerations of the soft tissues, dento-alveolar trauma and injuries to the nerves and blood vessels.
- c. Manage TMJ dislocation and oral post-surgical complications.

#### 10.1.9. Oral disease prevention management (Refer to 7.2.13 and 7.2.14 by general dentist).

#### 10.1.10. Medication Prescription: (Refer to medication prescription by general dentist 7.2.16).

#### 10.1.11. Analgesia

Oral Surgeon can provide local and regional block anaesthesia confined to the head and neck area.

#### 10.1.12. Dental Implantology:

- a. Oral surgeon to refer to 7.2 for Dental Implantology privileging and other details.
- b. Evaluate the patient from a periodontal perspective and in relation to vital structures, in addition to the patient's medical history.
- c. Be an effective part of a multidisciplinary team or with the prosthodontist that carries out the treatment plan with the aim of achieving the best treatment results for dental implant surgical placement as per the planned treatment.
- d. Work to prepare dental implant site by means of soft tissue, and hard tissues preservation or reconstruction.
- e. Dental implant monitoring and maintenance and complication management of dental implants.

## 11. ORAL AND MAXILLOFACIAL SURGERY

### 11.1. Diagnosis and Evaluation

11.1.1. In addition to the general diagnosis and evaluation mentioned in general dentist section (7.2.13), the oral maxillofacial surgeon should obtain information about any

other relevant factors that may affect the maxillofacial surgical diagnosis and treatment.

11.1.2. Diagnose and manage the treatment of facial pain and dento-facial deformities (acquired, developmental or congenital).

11.1.3. Evaluate and plan a course of treatment, and perform pre-prosthetic and prosthetic surgery (such as dental implant)

11.1.4. Prescribe and interpret oral and maxillofacial related x-ray images.

11.1.5. Diagnose and manage TMJ disorders and salivary gland diseases.

## 11.2. Surgical Management of Oral Disease

11.2.1. The following Surgical procedures but not limited to management of Cranio-maxillofacial trauma (e.g. fracture fixation, soft tissue repair).

11.2.2. Dento-alveolar procedures management including but not limited to extractions and pre-prosthetic surgeries.

11.2.3. Perform facial aesthetic cosmetic procedures.

11.2.4. Reduce and fix fracture(s) of bone(s) or dislocation of a joint of the orofacial complex via open or close approach.

11.2.5. Management of Head & neck cancer through surgical removal of tumours and subsequent reconstruction, including microvascular free tissue transfer.

## 11.3. Emergencies management

11.3.1. Refer to emergency management by general dentist 7.2.15.

11.3.2. Refer to emergency treatment by oral surgeon 10.1.8.

11.3.3. Emergencies related to fracture(s) of bone(s) or dislocation of a joint.

11.4. Oral disease prevention management (Refer to 7.2.13 and 7.2.14 by general dentist).

11.5. Analgesia

Oral maxillofacial Surgeon can provide local and regional block anaesthesia

confined to the head and neck area.

11.6. Medication Prescription: (Refer to medication prescription by general dentist 7.2.16).

11.7. Dental Implantology: (Refer to Dental Implantology by Oral surgeon 10.1.12.)

## 12. ORAL MEDICINE

12.1. Diagnosis and Evaluation

12.1.1. In addition to the general diagnosis and evaluation mentioned in general dentist section (7.2.13), the oral medicine specialist should obtain information

12.1.2. about any other relevant factors that may affect the management of various oral diseases and disorders that affect the mouth, jaws, face, and neck.

12.1.3. To diagnose and manage a range of oral medicine conditions, such as infections, inflammatory diseases, immune-mediated disorders, premalignant and malignant lesions, salivary gland disorders, orofacial pain syndromes, temporomandibular disorders, and nerve injuries.

12.1.4. Diagnosis and manage orofacial diseases of the odontogenic and non-odontogenic region.

- 12.1.5. To collaborate with other dental and medical specialists to provide comprehensive and holistic care for patients with oral medicine conditions.
- 12.1.6. Prescribe and interpret oral and maxillofacial related x-ray images.
- 12.1.7. Diagnose and manage chronic pain conditions of the orofacial region and TMJ disorders.
- 12.1.8. Interpret appropriate investigations, such as laboratory tests, imaging studies, biopsies, and allergy tests, to aid in diagnosis and management of oral medicine conditions.

## 12.2. Oral Medicine Disease Management

- 12.2.1. Undertake safe and effective operative techniques for the management of localized benign lesions, or establish tissue diagnosis in case of suspected soft tissue malignancies.
- 12.2.2. Diagnose and manage chronic pain conditions of the orofacial region and TMJ disorders.

12.3. Emergencies management (Refer to emergency management by general dentist 7.2.15).

12.4. Oral disease prevention management (Refer to 7.2.13 and 7.2.14 by general dentist).

12.5. Medication Prescription: (Refer to medication prescription by general dentist 7.2.16).

## 12.6. Anaesthesia

Oral Medicine specialist can provide local and regional block anaesthesia confined to the head and neck area

## 13. PERIODONTIST

### 13.1. Diagnosis and Evaluation

13.1.1. In addition to the general diagnosis and evaluation mentioned in general dentist section (7.2.13), the periodontist should obtain information about any other relevant factors that may affect the periodontal diagnosis and treatment such as clinical examination of occlusion, teeth, and teeth supporting structure (Periodontium). In addition to identify risk factors for periodontal treatment prognosis.

13.1.2. Interpret intraoral and extraoral diagnostic images, including Cone Beam Computed Tomography (CBCT) as they relate to periodontal and dental implant therapy.

13.1.3. Utilize adjunctive medical laboratory studies to diagnose oral pathologies and plan the surgical procedure accordingly

### 13.2. Periodontal Disease Management

13.2.1. Diagnose patient with periodontal diseases, develop a proper treatment plan.

13.2.2. Monitor disease progression and treatment outcomes.

13.2.3. Manage pre-malignant lesions of the oral cavity and periodontal diseases in patients with a history of cancer therapy and medically compromised patients.

13.2.4. Check the TMJ and head and neck tissues.

13.2.5. Treat TMJ dysfunctions with other dental specialities as needed.

13.2.6. Non-surgical management techniques for plaque-induced and non-plaque-related periodontal diseases and disorders of the periodontium using, not limited to, the following:

13.2.7. Biofilm control.

13.2.8. Mechanical scaling and root planing therapy including periodontal curettage.

13.2.9. Local and systemic adjunctive therapies, occlusal therapy and splinting for periodontal reasons.

13.2.10. Surgical management techniques of soft and hard tissues for plaque-induced, non-plaque-related periodontal diseases and disorders of the periodontium which include, but not limited to:

13.2.11. Resective periodontal surgical procedures: such as periodontal open flap debridement, apically positioned flap and root resection and curettage.

13.2.12. Regenerative and reconstructive periodontal surgical procedures: such as periodontal osseous grafting -Autogenous and non-autogenous-, guided tissue regeneration and guided bone regeneration.

13.2.13. Aesthetics Periodontal and Surgical procedures such as gingival augmentation, root coverage procedures and aesthetic crown lengthening surgery.

a. Surgical-Endodontic procedures including, but not limited to:

- Resection of tooth or root Apicectomy, root amputation, and hemi-section in collaboration with the endodontist



- Gingival margin relocation
  - Removal of tooth & remaining roots (simple, surgical & impacted extractions) during of periodontal and implant therapy
- b. Other surgical procedures such as, but not limited to:
- Repair of soft or hard tissue defects such as oroantral fistula management, vestibuloplasty procedures and alveolar bone and soft tissue ridge augmentation.
  - Periodontal therapy in conjunction with orthodontic procedures such as surgical exposure of un- erupted tooth.
    - Management of Alveolar ridge height and thickness to for implant such as alveolar ridge preservation, and internal sinus lift.

### 13.3. Emergency management:

13.3.1. Diagnose and manage dento-alveolar trauma as well as fractures of the jaws and facial skeleton [the level of involvement depends on the location/complexity of the fracture].

13.3.2. Manage TMJ dislocation and pain.

13.3.3. Manage oral post-surgical complications.

13.4. Oral disease prevention management (Refer to 7.2.13 and 7.2.14 by general dentist).

13.5. Medication Prescription: (Refer to medication prescription by general dentist 7.2.16).

### 13.6. Anaesthesia

Periodontist can provide local and regional block anaesthesia confined to the head and neck area.

### 13.7. Dental Implantology:

- 13.7.1. Periodontist to refer to 7.2 for Dental Implantology privileging and other details.
- 13.7.2. Evaluate the patient to identify different clinical needs with special consideration to periodontal health. Refer the complex dental implant cases to oral and maxillofacial surgeons and prosthodontists for advanced surgical and prosthodontic procedures respectively.
- 13.7.3. Work as an effective member of a multidisciplinary team to execute the plan with the vision of best treatment outcomes.
- 13.7.4. Preserve or reconstruct soft and hard tissues for dental implant site development, using techniques such as but not limited to ridge augmentation, internal sinus floor elevation and minimal traumatic extraction.
- 13.7.5. Dental implant surgical placement as per the planned treatment with the multidisciplinary team.
- 13.7.6. Dental implant monitoring and maintenance and management of complication: management of short term and long-term complications that may occur around dental implants through non-surgical and surgical management of peri-implant disease including implant removal.

## 14. PAEDIATRIC DENTISTRY

### 14.1. Diagnosis and Evaluation:

- 14.1.1. In addition to the general diagnosis and evaluation mentioned in the general dentist section (7.2.13), the pediatric dentist should obtain additional information about any other relevant factors that may affect the diagnosis and treatment, such as children with medical, genetic, or behavioural conditions, and children with cognitive disorders and developmental anomalies. The pediatric dentist should conduct proper clinical assessments, conduct parental interviews, evaluate growth and development using physical, motor, sensory, and cognitive assessment, and perform Laboratory investigations as needed.
- 14.1.2. Work as with a multidisciplinary team to treat complex cases such as craniofacial and orofacial defects such as cleft lip and palate.
- 14.1.3. Recognize and report any signs of suspected child maltreatment, intentional injury” to “Recognize and report any signs of suspected child safeguarding issues, neglect and non-accidental injuries.
- 14.1.4. Diagnose and manage oral manifestation and related complication of the medically compromised child patients.
- 14.1.5. Work with other specialists, such as oncologists, surgeons, and radiologists, to provide comprehensive care for a child with oral cancer.

## 14.2. Restorative & Aesthetics Procedures

- 14.2.1. Applying temporary or permanent restorations; direct and in-direct restorations using different techniques such as inlays, onlays, veneers, and partial /provisional crowns
- 14.2.2. Manage teeth with structural abnormalities such dentin dysplasia: and amelogenesis imperfecta.
- 14.2.3. Improving the appearance of teeth, with techniques such as tooth bleaching, enameloplasty, microabrasion, and chair-side or lab-fabricated veneers.
- 14.2.4. Manage TMJ disorders in the children through diagnosis of TMJ dysfunction, and collaboration with other specialties care.
- 14.2.5. Occlusion Improvement (but not limited to):
  - a. Replace missing tooth/teeth using interim fixed or removable prostheses such as but not limited to immediate partial dentures, partial dentures, maryland bridges.
  - b. Space management in the primary and mixed dentition by means of space maintenance, space regaining, balancing and compensation extractions.
  - c. Provide chair-side, pre-fabricated, and lab-fabricated crowns and veneers for teeth with developmental defects.
  - d. Apply interceptive orthodontics techniques to manage a range of conditions such as dentoalveolar growth modification with functional appliance, Simple

crossbites and functional occlusal shift and treat malocclusion resulting from dental anomalies such as exposure of impacted teeth and forced eruption of submerged teeth with referral to orthodontist as needed.

#### 14.3. Surgical Procedures:

14.3.1. Refer to surgical procedures by general dentist 7.2.8.

14.3.2. Conduct minor oral surgeries and referral to specialists as needed.

#### 14.4. Endodontic procedures:

14.4.1. Refer to endodontic procedures by general dentist 7.2.10.

14.4.2. Manage vital and non-vital pulp therapy in immature permanent teeth.

#### 14.5. Periodontal Disease Management

Manage and monitor oral lesions and diseases, including gingival and periodontal diseases through treatment of simple gingivitis and periodontitis cases and referral to periodontist for advanced cases.

14.6. Emergencies management: (Refer to emergency management by general dentist 7.2.15).

#### 14.7. Oral disease prevention management

14.7.1. Oral disease prevention management

a. Refer to 7.2.13 and 7.2.14 by general dentist.

b. Support with dental care education to both child and guardian.

14.8. Medication Prescription: (Refer to medication prescription by general dentist 7.2.16).

#### 14.9. Anaesthesia

Paediatric dentist can provide local and regional block anaesthesia confined to the head and neck area.

### 15. ORTHODONTICS

#### 15.1. Diagnosis and Evaluation

- 15.1.1. In addition to the general diagnosis and evaluation mentioned in general dentist section (7.2.13) the orthodontist should obtain information about any other relevant factors that may affect treatment with conditions such as malocclusion, orofacial skeletal growth abnormalities, craniofacial anomalies, cleft lip and palate, sleep-related breathing disorders and speech problems.
- 15.1.2. Interpret intraoral and extraoral diagnostic images, including x-rays and Cone Beam Computed Tomography (CBCT).
- 15.1.3. Use advanced diagnostic techniques to plan the treatment for patient with malocclusion with or without orthognathic abnormalities
- 15.1.4. Diagnose oral-facial pain of pulpal and peri radicular origin.
- 15.1.5. Identify non-dental chronic orofacial pain and referring the cases to the related specialty.

## 15.2. Orthodontic Oral disease Management

- 15.2.1. Manage cases with malocclusion and or dentofacial growth abnormalities of all age groups and different medical and behavioural disabilities.
- 15.2.2. Collaborate with other dental specialties to execute (interdisciplinary) treatment plans to address all dental needs prior, during and post orthodontic treatment.
- 15.2.3. Apply evidence-base orthodontic techniques whenever available in addition to best practices in the management of different malocclusions and craniofacial abnormalities. Clinical services might include: The use of removable appliances, fixed appliances, functional appliances, and orthopaedic appliances, Temporary anchorage devices assisted orthodontic treatment (all with(out) tooth/teeth extraction).
- 15.2.4. Clear Aligner Therapy (CAT) through completion of training from a certified facility.
- 15.2.5. Work as an effective member in multidisciplinary team to manage malocclusion and other craniofacial abnormalities in patients with un-usual conditions such as:
- 15.2.6. Patient with cleft lip and palate, periodontal disease and history of dentoalveolar trauma.
- 15.2.7. Patient with under oncology therapy or with history of cancer therapy
- 15.2.8. Patient with TMJ disorders.
- 15.2.9. Work as an effective member in a multidisciplinary team to treat and manage major dentofacial abnormalities prior, during and after orthognathic surgery.

15.2.10. Capture and maintain pre-operative and post-operative images and radiographs to assess, monitor and record treatment progression.

15.2.11. Emergencies Management

Refer to emergency management by general dentist 7.2.15.

15.2.12. Prevention of Oral disease:

Provide dental prophylaxis, oral hygiene education, oral habit education, and dietary counselling as part of continues monitoring and motivation of patients.

15.3. Oral disease prevention management (Refer to 7.2.13 and 7.2.14 by general dentist).

15.4. Medication Prescription: (Refer to medication prescription by general dentist 7.2.16).

15.5. Anaesthesia

Orthodontist can provide local and regional block anaesthesia confined to the head and neck area.

## 16. RESTORATIVE DENTISTRY

16.1. Diagnosis and Evaluation

In addition to the general diagnosis and evaluation mentioned in general dentist section (7.2.13), the dentist will develop a treatment strategy in conjunction with the patient, producing a plan according to their needs, including future needs for further corrective or supportive therapy.



## 16.2. Treatment Planning & Management

Dentists specialized in restorative dentistry practice within the scope of practice of a general dentist with an expanded skill in the fields of endodontics, periodontics, and prosthodontics with the expanded functions granted through the facility clinical privileging system based on evidence of training and competency.

## 17. SPECIAL CARE DENTISTRY

### 17.1. Diagnosis and Evaluation

17.1.1. In addition to the general diagnosis and evaluation mentioned in general dentist section (7.2.13), the special need dentist should obtain information about any other relevant factors that may affect treatment considering behaviour, anxiety and dental phobia of individuals with medical condition and special needs of all age groups behaviour guidance, and pharmacological techniques (anxiolysis, sedation, and general anaesthesia).

17.1.2. Managing complex cases, including those requiring multidisciplinary management and collaborate with other specialities of different relevant professions to provide oral/dental care.

17.1.3. Diagnose mal-occlusion, dental decay, caries risk assessment, periodontal disease, oral hygiene status, oral mucosal lesions, salivary glands dysfunction, TMJ disorders, oral cancer, teeth anomalies, and oro-facial defects/abnormalities.

17.1.4. Interpret intraoral and extraoral diagnostic images, including x-rays and Cone Beam Computed Tomography (CBCT).

17.1.5. Report suspected signs of abuse and neglect.

## 17.2. Oral Disease Management

17.2.1. Refer to Oral Disease management by general dentist.

17.2.2. Diagnose and manage oral disease and or oral manifestations of medical conditions/medications in individuals with special need (medically compromised, physically disabled, cognitive disabled).

17.2.3. Manage patient under cancer therapy (pre-cancer therapy, during cancer therapy, and post cancer therapy).

## 17.3. Prosthodontics:

17.3.1. Refer to prosthodontic procedures by general dentist 7.2.9.

17.3.2. Develop a comprehensive treatment plan (in collaboration with multidisciplinary team) for complex cases that require full mouth restoration.

17.3.3. Surgical Procedures: Refer to surgical procedures by general dentist

## 17.4. Endodontics treatment

17.4.1. Refer to endodontics procedures by general dentist.

## 17.5. Emergencies Management

Refer to emergency management by general dentist 7.2.15.

## 17.6. Oral Disease Prevention Management

Oral disease prevention management (Refer to 7.2.13 and 7.2.14 by general dentist).

17.7. Medication Prescription: (Refer to medication prescription by general dentist 7.2.16).

## 18. DENTAL RADIOLOGY

### 18.1. Diagnosis and Evaluation

18.1.1. The Dental radiologist should obtain information about any relevant factors that may affect treatment considering interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases.

18.1.2. Perform all intra-oral and extra-oral dentoalveolar radiographic (x-ray) techniques.

18.1.3. Interpret and report plain intra-oral and extra-oral dento- alveolar radiographic images and describe their limitations.

18.1.4. Determine optimal dento-alveolar imaging examinations and recognise atypical appearances of common conditions.

18.1.5. Select imaging protocols, interpret and report dento-alveolar CBCT images.

18.1.6. Write clear concise reports which emphasise the key findings and differential diagnosis.

### 18.2. Protection

18.2.1. Demonstrate appropriate use and operation of medical and dental imaging equipment.

- 18.2.2. Ensure patient safety in a practical situation.
- 18.2.3. Optimise radiation dose in radiographic and radionuclide imaging and select the most appropriate modality for a particular clinical scenario. Select optimal operating factors.
- 18.2.4. Recommend colleagues on different imaging modalities and good and effective knowledge in using digital imaging devices.
- 18.2.5. Interpret images, communicate the results and discuss the complete imaging process with professional colleagues and write accurate reports (Electronic) with relevant information and clear outcomes, and customize the written communication according to the referrer's needs.
- 18.2.6. Recognise and manage adverse reactions to contrast media and prove ability to reduce risk from all dental imaging modalities.
- 18.2.7. Implement UAE/FANR legislation and guidance.

## 19. FORENSIC ODONTOLOGY

### 19.1. Diagnosis, Evaluation and Disease management

- 19.1.1. Ability to perform dental examinations and findings concise manner.
- 19.1.2. Antemortem and post-mortem dental identification through comparing, reconstructing or investigating dental evidence (bones, teeth, radiographs, serologic and genetic remnants) in cases of violent crimes, missing person or mass disaster scenarios.

19.1.3. Document and analyse bite marks and human abuse.

19.1.4. Estimate age from dental development and morphology and determine patient gender.

19.1.5. Provide expert testimony in criminal and civil litigation.

## 20. GENERAL PRIVILEGING REQUIREMENTS

20.1. Health Facilities should ensure that they follow the Clinical Privileging Policy for granting any privilege to their healthcare professionals.

20.2. The scope of practice sets the boundaries of what a dentist can do, but it is essential that dentists only perform the clinical procedures that they are authorized to do by the DHA and the healthcare facility they work in. This is vital to ensure the safety and effectiveness of patient care. The clinical privileges are given only after verifying the dentist's competence through their education, training, and experience.

20.3. All General Dentists and dental specialities are not allowed to perform Botox and filler procedures except for the following DHA licensed specialist dentists: Orthodontic, prosthodontic or maxillofacial surgeon and should adhere to the privileges of the non-surgical cosmetic procedures. Refer to DHA standards for Non-Surgical Cosmetic procedures for details.

## 21. DENTAL IMPLANTOLOGY PRIVILEGING

21.1. Dentists who wish to practise dental implantology must obtain dental implant privilege from

the DHA before engaging in such practice, as it is not recognised as a separate dental specialty. They must also demonstrate their training and competence and make sure that their procedures coincide with the issuance or renewal of the DHA Healthcare professional License.

21.2. DHA licensed General Dentist and Dental Specialists, except Dental Radiologists are eligible to apply for dental implantology privileges. Refer to DHA Dental Implantology Privilege Requirements.

21.3. The applicant shall provide one of the following:

21.3.1. Proof of completion of a DHA recognized dental implantology course based on the criteria set in this document. Refer to DHA Dental Implantology Privilege Requirements.

21.3.2. Proof that dental Implantology treatment (surgical and prosthetic and periodontics) was part of their recognized post-graduate specialty program. Refer to PQR for more details.

21.4. Only Oral Surgeons, Oral and Maxillofacial Surgeons and Periodontists can perform advanced surgeries related to dental implants e.g. sinus lift surgery and advanced bone grafting.

21.5. The healthcare facility privileging system validates the DHA dental implant privilege by allowing the dentist to perform a specific set of procedures that are based on a certain standard that considers the following factors: duration of dental implantology training,

quantity of cases handled, level of difficulty of the cases handled, evidence of proficiency, facility resources, and the presence of multidisciplinary team. Refer the DHA Dental Implant Guidelines for more additional information.

## 22. LASER DENTISTRY PRIVILEGING

22.1. Laser dentistry can provide benefits such as less pain, bleeding, swelling and post-operative discomfort, as well as enhanced accuracy, sterilisation and healing. The use of lasers in all fields of dentistry is regarded as a transformative treatment modality.

22.2. Dentists who wish to use lasers in their practice must obtain certified training that meets the requirements of the facility's clinical privileges committee. They should not perform laser dentistry unless they are confident that they have the necessary skills and are adequately trained, competent and indemnified. Furthermore, the facility must adhere to the laser safety standards to ensure the protection of patients and staff. Refer to DHA Standards for the use of Laser in Dentistry for more details.

## 23. SEDATION PRIVILEGING

23.1. Sedation dentistry can be delivered in different ways, such as inhalation, oral, intravenous and general anaesthesia. They are methods of managing anxiety and dental phobia among patients in dentistry. These methods require specific training, which is typically provided as part of the post-graduate specialty programs in paediatric dentistry and oral surgery, or as an independent certified professional training. Specialist Dentists who wish to apply

sedation in their practice must have certified training and competency in sedation and obtain sedation privileges from the facility clinical privileges committee / Medical Director. Furthermore, the facility must have a DHA license to offer sedation services. Refer to DHA Standards for Standalone Day Surgery Centre for more details.

23.2. All members of the delivery and care team must have undertaken appropriate validated education and training and demonstrated an acceptable level of competence by means of a robust assessment process.



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