

Working as an Oral Health Practitioner in New Zealand

Handbook for the New Zealand Conditions of Practice (NZCOP)

Information for oral health practitioners including
codes of practice, relevant legislation and
other conditions of practice

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Introduction

This document is designed to give you easy access to the information you need for working as an oral health practitioner in New Zealand. The first part of the document gives you basic summaries of the information in key areas. This information is split into sections to help you find what you need:

- Section 1 – Working as an oral health practitioner in New Zealand
- Section 2 – The New Zealand practice environment
- Section 3 – Running your practice
- Section 4 – Treating your patients
- Section 5 – Your support network
- Section 6 – Further information

To find more information, click on the links throughout the document and see Section 6.

If you need to find out more, or you would like help with any areas, look up the ‘Contacts’ section at the beginning of Section 6 to find the right people to help you.

Further Information
Refer to the Council website www.dcnz.org.nz

Section 1

Working as an Oral Health Practitioner in New Zealand

This section details the important information you need before you can begin to practise in New Zealand.

Working as an oral health practitioner in New Zealand

All oral health practitioners **must** be registered with the Dental Council and hold an Annual Practising Certificate (APC) in order to practise in New Zealand.

WARNING! It is an offence to practise if you are not registered with the Council. It is an offence to practise without an APC. Anyone practising without an APC risks disciplinary action and substantial fines.

The statutory framework governing oral health practitioners is set out in the Health Practitioners Competence Assurance Act (HPCAA) 2003 which came into force on 18 September 2004. This legislation replaces 11 previous occupational statutes, such as the Dental Act and Medical Practitioners Act, with a unified regulatory framework across 20 health professions.

The principal purpose of the HPCAA is to protect the health and safety of the public by ensuring that health practitioners remain fit and competent to practise within a defined scope of practice throughout their working lives.

Under the HPCAA, oral health practitioners may be registered in one or more scopes of practice. A “scope of practice” describes what a practitioner is entitled to do. Practising outside a designated scope of practice will attract significant penalties. Under the Act the Council has defined the following scopes of practice:

- General dental practice
- Specialist dental practice (10 specialist scopes)
- General dental therapy practice
- Additional scopes for dental therapy practice
- General dental hygiene practice
- Orthodontic auxiliary practice
- Additional scopes for dental hygiene and auxiliary practice
- Dental technology practice
- Clinical dental technology practice
- Additional scopes for clinical dental technology practice

To be registered in a scope of practice, applicants must:

- have a prescribed qualification for that scope of practice
- be competent to practise in the scope(s) of practice
- be fit for registration.

Applicants who hold prescribed qualifications and satisfy all the competence and fitness for registration requirements of the HPCAA can expect to gain registration in the scope of practice they apply for.

A pass in the Dental Council Registration Examinations is a prescribed qualification for registration. Overseas-qualified practitioners with non-prescribed undergraduate qualifications can apply direct to the relevant registration examination process and avoid the costly qualification assessment process.

Applicants with non-prescribed qualifications can apply for registration and individual consideration by Council if they believe that special circumstances exist in respect of their qualifications and that the Council might therefore consider these to be equivalent to a prescribed qualification (s.14(2)).

Such applications are subject to additional fees to cover the costs of the individual assessment of the applicant's qualifications and experience.

Oral health practitioners who are registered in Australia and who satisfy fitness and competence requirements may apply for registration under the Trans-Tasman Mutual Recognition Act (TTMRA).

Further Information
Refer to the Council website for Scopes of Practice
Refer to Appendix 8 or the Council website for registration requirements

Competency Standards

Under the HPCAA the Council is required to:

- set out the entry level competencies which applicants for registration must meet in order to be registered
- provide criteria for which an individual's performance may be measured.

The Council considers that a competent practitioner is one who applies knowledge, skills, attitudes, communication and judgement to the delivery of appropriate oral health care in accordance with the scope of practice within which they are registered. Competency review assesses how well a practitioner is actually performing.

Further Information
Refer to Appendix 2 or the Council website for Competency Standards and performance measures for other oral health practitioner groups

Recertification and Competence

Under the HPCAA the right to practise as an oral health practitioner in New Zealand requires:

- initial registration
- ongoing compliance with competency requirements.

There are two strands to the HPCAA competency provisions. The first, recertification, is focussed on the profession as a whole and is aimed at ensuring that its members continue to be competent. The second strand, competency review, relates to the few practitioners whose competence has been called into question.

Recertification

The HPCAA requires the Council to protect the public by ensuring that oral health practitioners are fit, safe and competent to practise. Specifically, the Council applies standards for registration to ensure that the high standards of dental practice in New Zealand are maintained. Post-registration the Council needs to ensure that all the oral health practitioners under its jurisdiction maintain their competence.

To practise as an oral health practitioner in New Zealand you **must** be registered and hold an Annual Practising Certificate (APC).

Section 27.1(a) of the HPCAA prohibits the Council from issuing an APC if “the applicant has, at any time, failed to maintain the required standard of competence”. Thus, the issue of an APC certifies to the public that a registered oral health practitioner continues to be competent and fit to practise.

The recertification requirements for oral health practitioners have been developed by the Council in consultation with the professions and other interested parties. The requirements are designed to assist practitioners maintain and enhance their practice by:

- engaging in continuing professional development (CPD) activities
- maintaining contact with their peers
- complying with professional standards.

Further Information

Refer to the Council website for recertification requirements for each oral health profession

Benefits

Participation in recertification activities enables oral health practitioners to:

- keep up to date
- benefit from peer interaction
- ensure their practice meets accepted standards
- satisfy the HPCAA requirements for protecting public safety.

Who participates?

Under section 41 of the HPCAA the Council has determined that in the interests of public protection and equity, all practising oral health practitioners must participate in recertification activities. Practice in this context is wider than just clinical activity. It includes reporting or giving advice in an oral health capacity and those involved in teaching, research and management positions, given that such roles influence clinical practice and public safety.

The requirements are the same for full-time and part-time practitioners.

For newly registered practitioners or those returning to work the amount of CPD required will be in proportion to when they enter the recertification cycle.

Continuing professional development

Continuing professional development (CPD) activity is continuing dental education and interactive peer contact activities aimed at ensuring your continuing competence to practise.

Verifiable CPD

CPD is verifiable if you can provide documentary verification of attendance or participation and the activity has been approved or accredited for verifiable CPD purposes e.g. conferences, courses and workshops; postgraduate study leading to a relevant qualification; web-based learning with verifiable outcomes; publication of a scientific paper in a refereed publication.

Non-verifiable CPD

Non-verifiable activities are learning opportunities that are beneficial to practice but do not generally have specific outcomes e.g. journal reading; examining; supervision and mentoring of colleagues; in-practice training.

Interactive peer contact activities

Peer contact activity is interactive, outcome oriented and promotes reflective practice.

Peer contact activities count towards CPD hours.

Most oral health practitioners currently engage in regular interactive peer contact activities and should have no difficulty in meeting the requirements. There will however be some for whom interactive peer contact will be a new activity.

The interpretation of acceptable peer contact activities is liberal. Provided the activity is interactive and promotes reflective practice a wide range of activities will be acceptable including:

- participation in study groups
- hands on clinical courses

- NZDA branch meetings where peer interaction and collective participation comprises part of, or the entire, meeting
- attendance at formal presentations/lectures/conferences where group discussion and/or a question and answer session comprise part of the session
- peer discussion and review activities within a group dental practice
- participation in peer groups
- joint treatment planning/patient management sessions
- providing or receiving mentoring or supervision
- practice audit and/or peer appraisal.

Compliance with Codes of Practice

Under the HPCAA the Council is responsible for setting the standards of clinical competence, cultural competence and ethical conduct to be observed by oral health practitioners.

These professional standards are set out in Codes of Practice and in Council statements.

You have a responsibility to conform to all the professional standards articulated for your oral health profession. For annual recertification purposes, however, you will only be asked to formally declare your compliance to those standards considered to be most important for protecting public safety.

These are set out in the following Codes of Practice or Council statements:

- cross-infection control (not relevant to dental technicians)
- medical emergencies in dental practice
- informed consent (not relevant to Dental Technicians)
- patient information and records (not relevant to dental technicians)
- conscious sedation for dental procedures (if providing sedation to patients)
- professional relationships and legal responsibilities
- transmissible major viral infections
- sexual boundaries in the dentist-patient relationship
- principle of ethical conduct for oral health practitioners
- working relationships between dentists and other oral health practitioners (where relevant)

Further Information

Refer to the Council website for the Codes of Practice or Appendix 1

Maintaining a record

You must keep a record of your CPD activities, which may be required by Council as proof that you are complying with the CPD requirements.

As a minimum this record should include:

- a list of the continuing professional development and peer contact activities undertaken including date, time involved, location and a description of the activity
- supporting documentation e.g. certificate of attendance, programme of event.

Compliance monitoring

Compliance with professional standards

Each year up to 10% of practitioners are randomly selected from each profession to complete a questionnaire as the first step in checking compliance with the professional standards articulated in selected codes of practice. From this group a number of practitioners are selected and visited to confirm compliance.

CPD and peer contact requirements

From January 2009 up to 10% of oral health practitioners will be randomly selected to submit their CPD records within ten working days. Where an approved recertification provider (such as NZDA or NZAO) has supplied the Council with a report on who has met the CPD requirements those practitioners will be exempt from this monitoring.

The Council reserves the right to request evidence of compliance with recertification requirements at any time, for example during a competence review or investigation of a complaint.

Further Information

Refer to the Council website for competence and recertification information

The website contains more detailed information on:

- scopes of practice
- professional standards (including codes of practice and checklists)
- competency standards and performance indicators
- verifiable and non-verifiable CPD (acceptable CPD activities)
- interactive peer contact activities
- guidance on setting up peer groups
- recency of practice.

Competence

The Council is responsible under the HPCAA for protecting the health and safety of the public by ensuring that oral health practitioners are competent and fit to practise.

The Council is required to meet certain legal obligations under the Act, including overseeing a system to review the competence of oral health practitioners, and set in place educational programmes, if required, in a meaningful, fair and manageable way.

Under the HPCAA oral health practitioners can have their competence reviewed at any time or in response to concerns about their practice. The Council has agreed that competency review procedures will only be instituted when public safety issues arise about a practitioner with identified or alleged competency deficiencies. It is not intended that competency review procedures will be introduced for the profession at large.

What does a competency review involve?

A competency review aims to ensure that an oral health practitioner is practising at the required standard. Competency review is not a disciplinary process. It is designed to review and educate. Understandably a practitioner will still feel anxious about a competency review and the trained competency reviewers are aware of this and aim to be as supportive as possible.

Where do concerns about oral health practitioners come from?

The Council may be notified of concerns about a practitioner's competence from any source including:

- other health practitioners
- the Health and Disability Commissioner (HDC)
- employers
- patients
- a Professional Conduct Committee (PCC).

What happens when a concern is received?

The oral health practitioner will be told about the concern and asked to comment. The matter will not be taken any further if the notification is considered to be frivolous or vexatious.

The Council considers the concern, the practitioner's comments and any other information it may have about the practitioner's performance against strict guidelines and decides whether a competence review is required.

The Council considers that the following factors increase the probability of underlying incompetence and are likely, in combination or on their own, to lead to a competence review:

- a pattern of poor standards of care or competence – several instances, or one instance over a sustained period
- the magnitude of the mistakes, including the size of the suspected deficit, and the possible degree of serious departure from normal safe and accepted standards of practice
- the practitioner belongs to an 'at risk' group which includes practitioners working in a professionally isolated environment (e.g. working alone in private practice and/or not affiliated with any professional body) and those working at the outer boundaries of, or beyond, their scope of practice.

Who will review competence?

If the Council considers that a competence review is required it will appoint a Competence Review Committee (CRC) comprised of two (trained) peers and one (trained) lay person. The peers usually include a practitioner familiar with education, examinations or peer review and a true peer. In rare instances, a one-person review may take place. The reviewer in this instance will be a practitioner who practises in the same scope(s) of practice as the practitioner under review.

CRC members must sign a confidentiality agreement in which they undertake not to reveal or release any personal or health information obtained about the practitioner or his or her practice and patients except as legally required during the course of the review.

The practitioner being reviewed is informed of the names and qualifications of the CRC members. The practitioner may request a change if he or she perceives a conflict of interest or lack of expertise to review his or her specific practice.

Terms of reference for competence review

If a competence review is required the Council will develop terms of reference for the review, which provide a summary of why the competence review is being carried out, the scope of the review and the recommended assessment methods to be used. Most reviews will be focussed on particular areas of concern, but on occasions the terms of reference may be wider if there are indications of a more general competence problem.

Communicating with the oral health practitioner

If the Council decides a competence review is required it will advise the oral health practitioner giving detail on:

- the substance of the concerns, and the grounds on which the Council has decided to carry out a review
- information relevant to his/her competence that is in possession of the Council
- the terms of reference and proposed committee membership for the competence review.

The practitioner is given the opportunity to make written submissions and/or be heard on the nature of the planned review and the committee membership, either personally or through a representative. When a practitioner is heard personally he or she is entitled to have a support person present.

After considering any submissions by the practitioner and making any agreed changes to the format of the review or committee membership, the Council sends the CRC a copy of the terms of reference for the competency review so members can plan the review and tailor it accordingly.

The CRC chair will contact the practitioner concerned to fix a date for the review and to discuss how the review will be carried out.

The competence review process

The CRC will visit the practitioner in his or her practice. The practitioner can expect the onsite part of the review to last one day and may have a support person present.

The review will be limited to particular areas of concern unless there are indicators of a general competence problem.

The competence review may review clinical management, practice systems, record keeping, prescribing, communication skills and may involve direct observation. Wherever possible the CRC will use carefully developed and standardised tools to assess the practitioner's performance.

Within one month of conducting the review, the CRC writes a report to the Council with a recommendation that the practitioner either does or does not meet the required standard of competence.

The Council sends the report to the practitioner for comment.

The Council then considers all the information before it and decides what, if anything, happens next.

Outcomes of competence review

If having considered all the information before it the Council considers that the practitioner's **practice of the profession does not meet the required standard of competence** it will require one or more of the following:

- that the practitioner undertakes an educational programme
- that one or more conditions be included on the practitioner's scope of practice
- that the practitioner sits an examination or undergoes an assessment
- that the practitioner is counselled or assisted by one or more nominated people.

An educational programme may consist of one or more of the following:

- a period of practical experience and/or training
- the practitioner passing a further examination or assessment
- undertaking a course of instruction
- the practitioner working under supervision
- a review of the practitioner's clinical records.

The Council will specify how soon the practitioner must comply with the requirements of an educational programme and will appoint educational and clinical supervisors if appropriate.

The aim of an educational programme is to produce the best possible outcome for the practitioner.

Confidentiality of information

No information, statement or admission that is disclosed or made by any health practitioner in the course of, or for the purposes of satisfying the requirements of, any competence review or competence programme and that relates to any conduct of that health practitioner (whether that conduct occurred before or during that review or programme):

- (a) may be used or disclosed for any purpose other than the purposes of that review or programme; or
- (b) is admissible against that person, or any other person, in any proceedings in any court or before any person acting judicially.

Costs

The Council meets the costs of a competence review but the practitioner pays educational programme costs.

Appeal Rights

The competence review process observes the statutory requirements of the HPCAA and the principles of natural justice. The practitioner has the right of appeal when the Council imposes conditions on his or her scope of practice or suspends registration or the practising certificate.

Summary

Competence review is not a punitive or disciplinary process. Nor is it normally a re-examination of knowledge or skill. Rather it is an assessment of performance in actual practice.

Specific complaints are not investigated as part of the competence review process - although they may give an indication where the review should be focussed.

Competence review is an educative opportunity where the practitioner is assessed and where necessary assisted through a training programme to ensure they are practising to the required standard of competence.

Further Information

Refer to [Appendix 2](#) for competency standards and performance measures

Setting up your practice

Legal advice

Before setting up in practice, you should seek legal advice. There are a number of Acts and Regulations that may affect the setting up of your practice. Discussion with your local District or City Council is essential, as they will provide advice on planning provisions, and regulations and bylaws enforced by Council staff such as the Building Act 1991, the Resource Management Act 1991, trade and waste bylaws, etc.

You should seek legal advice on a number of practical issues such as:

- tax laws
- the Health and Safety in Employment Act 1992 (providing a safe working environment)
- the Injury Prevention, Rehabilitation and Compensation Act 2001
- the Smoke-free Environments Act 1990.

Insurance

Before beginning in practice, you are strongly advised to obtain legal expenses insurance that provides cover for the cost of defending any legal proceedings that might be brought against you. This is in the interests of both your patients and yourself.

Practice agreements

Before entering into a partnership, other association or employment arrangement in dental practice, you should sign a formal written agreement about the practice or employment arrangements.

You are strongly advised to seek professional advice before signing any agreement.

Tax laws

A taxpayer's tax obligations differ according to employment status. The issue of 'am I an employee or an independent contractor?' arises. It is important to know if you are an employee or not.

The employment status of a person has the following consequences for tax purposes:

- payments to employees from their employer are salary or wages which must have PAYE deducted at source;
- employees cannot register for or charge GST for services they supply as employees.

Independent contractors:

- may deduct certain expenses incurred in deriving assessable income
- must account to Inland Revenue for tax, and ACC earner and employee premiums for themselves and any employees

- must meet all the requirements of the Goods and Services Tax Act 1985 if the services they supply are in the course of a taxable activity and they are registered (or liable to register) for GST.

Further information is available from
<http://www.ird.govt.nz/technical-tax/interpretations/>

Employing staff

When employing oral health practitioners, you have a statutory responsibility to ensure that they are registered and hold an APC.

**The NZDA has detailed advice available for members
on setting up your practice.**

Your duties and responsibilities as an oral health practitioner

Being registered with the Council gives you rights and privileges. In return, you are expected to fulfil the duties and responsibilities of oral health practitioner.

These duties and responsibilities relate to:

The provision of a high standard of care

A patient is entitled to expect that you will provide a high standard of care, which includes:

- adequate assessment of the patient's condition
- adequate explanation of the state of the patient's health, any disease diagnosed, the probable cause, available treatment options, likely costs, benefits and risks
- provision of appropriate treatment
- referral for further professional advice or treatment if proposed treatment is beyond your own skills.

Acting in the best interests of the patient

You have a responsibility to put the interests of your patient first. The professional relationship between you and your patient relies on trust and the assumption that you will act in their best interests. This ethical responsibility is reinforced by New Zealand legislation.

You should familiarise yourself with the Code of Health and Disability Services Consumer's Rights (Appendix 4) and The Privacy Act (Appendix 6). To establish and maintain trust, you must:

- listen to patients and respect their views
- treat patients politely and considerately
- respect patients' privacy and dignity
- treat information about patients as confidential
- give patients the information they ask for or need about their oral health and treatment
- give information to patients in a way they can understand

- be satisfied that the patient has understood treatment that is proposed and consents to it before treatment is provided
- respect the rights of patients to decline treatment or seek a second opinion
- not allow your own views about a patient's lifestyle, culture, beliefs, race, colour, gender, sexuality, age, social status, or perceived economic worth to prejudice the treatment provided
- have an awareness of the cultural factors which affect dental practice in New Zealand
- deal with complaints constructively and honestly
- not use your position to establish improper personal relationships with patients
- not make any statements or declarations that are untrue or misleading
- not allow motives of profit to override other factors in the treatment of patients
- inform the Council if you have a serious condition which you could pass on to patients or which significantly affects your judgement or performance
- make reasonable arrangements for the emergency care of your patients – you are also obliged when consulted in an emergency by patients other than your own to make reasonable arrangements for care
- make sure when delegating to other dental care providers that the provider is legally recognised and is competent to carry out the procedure involved.

Presenting and discussing estimates and charging fees

You have a responsibility to present to the patient an estimate and associated fees for the implementation of the treatment plan.

Maintaining appropriate standards of personal behaviour

You should not engage in any behaviour that is liable to bring your profession into disrepute.

A criminal conviction carrying a penalty of 3 or more months of imprisonment could jeopardise your registration.

Mentorship

It is recommended that new registrants have a mentoring relationship in place. This role may be undertaken by an immediate supervisor or principal partner in some practices or someone outside the immediate practice environment. The mentor should be a senior and experienced oral health practitioner who is able to discuss matters and provide professional advice and support to the new registrant.

Providing accurate information about your services

Any information that you publish or broadcast about your services must be factual and verifiable. It must be published in a way that conforms with the Fair Trading Act and with Advertising Standards Authority guidelines.

The information you publish should not compare your services with those of your colleagues or make a claim that you cannot prove.

In relation to the use of qualifications, material on public display should only include:

- qualifications gained by examination and recognised by the Council as additional qualifications for inclusion on the New Zealand Register
- “Member of the New Zealand Dental Association” (or other professional association where appropriate)
- civilian and military decorations which have been published in the NZ Gazette.

Dentists may use the courtesy title “Doctor”, provided it is used in a way that does not mislead the public. To ensure that the use of the title does not imply that you are a medical practitioner or holder of a doctorate, the Council recommends that you only use “Dr” with a description, e.g. “Dentist”, “Orthodontist”.

Only a dentist who is registered as a specialist is entitled to use the specialist title associated with that particular branch of dentistry. If you are not registered as a specialist, the HPCAA prohibits you or anyone else using any words implying that you are. If you are not a specialist, but have a special interest in a particular branch of dentistry you may use such terms as “practice limited to” or “with an interest in” that branch.

Ethics

The Council considers that all registered oral health practitioners should adhere to the following principles.

Principle One: Providing good clinical care

This principle recognises the responsibility to provide competent delivery of quality health care and includes:

- working within your limits of competence
- working within your scope of practice
- knowing when to refer
- providing treatment in emergencies
- keeping clear and accurate records
- maintaining your professional knowledge and competence.

Principle Two: Maintaining effective communication

This principle recognises the importance of trust and good communication in order to establish and maintain successful relationships between oral health practitioners and patients and includes:

- treating patients politely and with respect
- respecting patients’ privacy and dignity
- treating patient information as confidential
- explaining options and providing full information on proposed treatment and costs
- not discriminating on grounds of race, culture, beliefs, gender or sexuality
- providing factual and verifiable information about your services
- dealing with complaints constructively and honestly
- informing your colleagues or employer if you are subject to restrictions or conditions on practice.

Principle Three: Cooperating with other members of the dental team and other health care colleagues in the interest of patients

This principle recognises the importance of the oral health team for the successful treatment of patients and includes:

- cooperating with other team members and colleagues and respecting their role in caring for patients
- communicating effectively and sharing your knowledge and skills with other team members and colleagues in the interests of patients
- when delegating treatment ensuring the person to whom you delegate is authorised and competent to provide the treatment
- when referring a patient ensuring you provide all relevant information about the patient's history and condition (if you are a specialist, providing the general practitioner with information on investigation and treatment and any other information necessary for ongoing care of patient)
- treating team members and staff fairly and in line with the law.

Principle Four: Upholding trust and professional integrity

This principle sets out the need for oral health professionals to act honestly, fairly and professionally.

- Acting to protect patients if you believe the health, conduct or performance of an oral health practitioner or colleague is a threat to them. In the case of a practitioner's ill-health adversely affecting patient care you must advise the Council.
- Advising the Council if you have a condition that has the potential to affect your practice.
- Being honest in financial and commercial dealings relating to your work.
- Maintaining appropriate boundaries in relationships with patients.
- Not engaging in behaviour that may bring the profession into disrepute.

You should also make yourself familiar with and adhere to the Code of Ethics developed by your professional association.

The NZDA Code of Ethics is attached as [Appendix 9](#).

Responsibilities under the HPCAA

As a registered oral health practitioner you have certain responsibilities under the HPCAA. In particular you must:

- not practise outside the scope of practice in which you are registered
- not describe yourself or imply that you are a health practitioner of a particular kind unless you are qualified and registered to be a practitioner of that kind (for example if you are registered as a dentist you may not describe yourself as or imply that you are a particular type of dental specialist unless you are registered in a scope of practice for the speciality concerned)
- comply with any conditions that the Council may place on your scope of practice

- not perform certain activities restricted to health practitioners unless these activities fall within your scope of practice
- not practise without a current APC
- provide the information determined by the Council along with the appropriate fee when applying for an APC
- meet the requirements of a recertification programme as determined by the Council
- comply with any orders that the Council may make following a review of your competence
- comply with the requirements of any competence programme that the Council may set
- allow the Council to inspect all or any of your clinical records for the purpose of a competence review, competence programme or recertification programme
- inform the Council of the current postal address, residential address and (if applicable) work address, and promptly advise the Council of any changes in your address
- advise the Council of any changes in your name within one month
- promptly notify the Registrar of the Council if you have reason to believe that another practitioner is unable to perform the functions required for the practice of dentistry because of some physical or mental condition (note that if you have similar concerns over a health practitioner registered with another authority you may notify the Registrar of the authority concerned).

Note furthermore that the Council strongly recommends that you:

- display your APC prominently in your office
- notify the Registrar in writing if you believe that another dental practitioner poses a risk of harm to the public by practising below the required standard of competence (note that if you have similar concerns over a health practitioner registered with another authority you may notify the Registrar of the authority concerned)
- assist in the regulation of the dental profession, for example by participating in Professional Conduct Committees or a Competence Review Committee when asked by the Council to do so (note that as dentistry operates in a self-regulating environment the Council depends on the active participation of the profession for this process to be effective).

Keeping the Register up to date

The names of all registered oral health practitioners holding current APCs must appear in the Register, which is a public document. As such, the [Register](#) is available for public scrutiny on the Council website, www.dcnz.org.nz. Being on the Register shows that an oral health practitioner has met the standards for safe practice in New Zealand.

**You have a statutory obligation to make sure that the Council has your current contact address. If you don't do this, you may be taken off the Register.
It is your responsibility to let the Council know when you change address.**

If you successfully complete a recognised course of training or study (that the Council considers relevant to competence in your scope of practice), you can apply to include your new qualifications on the Register.

Registration as a dental specialist

The Council can register dentists as a specialist if they have the appropriate postgraduate training and experience in a specialty area of dental practice.

The Council currently recognises the following specialist branches:

- prosthodontics
- oral and maxillofacial surgery
- oral surgery
- orthodontics
- periodontics
- endodontics
- public health dentistry
- hospital dentistry
- paediatric dentistry
- oral medicine
- oral pathology.

To be registered as a specialist a dentist must hold a prescribed postgraduate qualification or have sat and passed the relevant New Zealand Dental Specialist Registration Examination for the branch of dentistry they have applied for. The prescribed qualifications for registration as a dental specialist are listed on the Council website. In addition applicants must satisfy the Council of their fitness and competence to practise as a specialist.

Dentist applicants with non-prescribed postgraduate qualifications can apply direct to the NZDREX specialist examination process but only if they hold a prescribed registration in the general dental scope of practice (which includes a pass in the NZDREX general dental practice examination) or are registered in the general dental scope of practice. For other entry requirements please see Council's Policy on [Entry Requirements](#) to the Specialist Registration examinations.

Further Information

Refer to the Council website for application [forms](#) for registering as a specialist or contact the Council office

Note: If you are planning postgraduate training, you should contact the Council before you make any arrangements for advice on the sufficiency of your proposed course of study and qualification to meet specialist registration requirements in New Zealand.

Section 2

The New Zealand Practice Environment

The dental health system

The New Zealand dental workforce is currently made up of:

Dentists

Dentists train in a five-year course oriented to the total management of oral health care. Dental specialists have had additional training (2–3-year Masters Degree, Clinical Doctorate or other higher training) in a particular branch of dentistry. Most dentists are in private practice; others are employed by District Health Boards (DHBs) or the School of Dentistry at the University of Otago. Private solo practice dominates.

Dental therapists

Dental therapists train in a three-year degree course oriented toward providing basic dental care, including preventive care and oral health promotion for children and adolescents. Some DHBs have extended the role of therapists by occasionally involving them in providing basic dental services to low-income earners, and 16- and 17- year-olds on benefits or undertaking approved training, or for basic services for older people.

Dental Therapy practice is a subset of the practice of dentistry and is commensurate with a dental therapist's approved education, training and competence. Practising dental therapists are registered with the Council in one or more scopes of Dental Therapy Practice.

The Code of Practice on “professional relationships associated with the practice of dental therapy” aims to protect the health and safety of members of the public by describing the professional relationships that must exist between dental therapists and dentists in the practice of dental therapy in New Zealand.

Further Information

Refer to the Council website for the Code of Practice on Professional Relationships Associated with the Practice of Dental Therapy

Dental care for children and adolescents up to age 18

Dental therapists can practise independently for the care of children and adolescents up to age 18 years within the scopes of practice described for dental therapy.

Dental therapists and dentists have a consultative working relationship that is supported by a written professional agreement between a dental therapist and a dentist or dentists.

Adult dental therapy care

Dental therapists undertaking dental care for adult patients (all patients aged 18 and over) must be registered with the Council for the scope of practice “Adult dental care in dental therapy practice”. This scope of practice is additional to and separate from the scope of practice for general dental therapy.

Dental hygienists

Dental hygienists evaluate and assess periodontal tissue, scale and polish teeth and teach patients oral hygiene techniques. Dental hygienists train in a three-year degree course. Dental Hygiene is a subset of the practice of dentistry and is commensurate with a dental hygienist's approved education, training and competence. Practising dental hygienists are registered with the Council in one or more scopes of practice.

The HPCAA promotes the continuation of the team approach between dental hygienists/orthodontic auxiliaries and dentists/dental specialists in relation to the delivery of dental hygiene services within the provision of integrated dental care for patients.

The code of practice on “working relationships between dental hygienists and dentists” is designed to assist practitioners to understand the requirements of dental hygiene and auxiliary practice.

Further Information

Refer to the Council website for the Code of Practice on Working relationships between dental hygienists and dentists

Dental technicians and clinical dental technicians

Dental technicians design, make and repair fixed and removable oral and extra-oral appliances and prostheses e.g. dentures, crowns, bridges and implant supported prostheses, to the prescription of another registered health practitioner e.g. dentist, dental specialist, clinical dental technician or medical practitioner who is authorised by their scope of practice to fit the appliance or prosthesis. Clinical dental technicians design, make and repair fixed and removable oral and extra-oral appliances and prostheses in the same way as dental technicians. Clinical dental technicians can also work as independent practitioners and deal directly with the public in making and fitting complete removable dentures and some other types of removable dentures and oral and extra-oral appliances under specific conditions.

Dental technicians train in a three-year Bachelor of Dental Technology degree offered at the University of Otago. To qualify as a clinical dental technician, a registered dental technician must successfully complete a one-year accredited postgraduate programme in clinical dental technology.

Dental technology and clinical dental technology practice are subsets of the practice of dentistry and are commensurate with a dental technician's or clinical dental technician's approved education, training and competence. Practising dental technicians or clinical dental technicians are registered with the Council in the appropriate scope of practice.

The Code of Practice on the “practice of dental technology and clinical dental technology and the working relationship within the Practice of Dentistry” aims to protect the health and safety of members of the public by:

- describing what dental technicians and clinical dental technicians can do
- providing guidance to dentists, dental specialists, dental technicians and clinical dental technicians on their legislative and professional responsibilities when sourcing or providing dental technology and clinical dental technology

- assisting consumers to understand the professional relationships which apply between technicians and dentists when providing services which involve designing, making, repairing or fitting dental appliances.

Further Information
 Refer to the Council website for the Code of Practice on Practice of Dental Technology and Clinical Dental Technology and the working relationship within the Practice of Dentistry

Dental assistants

A dental assistant supports dentists and dental therapists in the provision of patient care and the running of the dental practice. Dental Assistants train in a one-year course. The NZDA runs annual courses for dental assistants in work, both through polytechnics and by correspondence. Dental Assistants are not required to be registered.

The Dental Council

The Council is the self-regulatory body for the oral health professions constituted under the HPCAA. In partnership with the oral health professions the Council seeks to ensure:

- a transparent regulatory environment which is fair, understood and trusted
- a dental workforce which is safe and competent to practise
- effective working relationships with and between the New Zealand public, educators, regulators, oral health practitioners and others
- high standards of corporate governance and management in the conduct of its business.

The professions regulated by the Council are dentists, dental specialists, dental therapists, dental technicians, clinical dental technicians, dental hygienists, dental auxiliaries and orthodontic auxiliaries.

Who sits on the Council?

The Council is appointed by the Minister of Health. It has 11 members currently made up of eight professional members (four dentists, one dental therapist, one dental hygienist, one dental technician or clinical dental technician and one educationalist who has an overview of all the oral health education programmes) and three lay members. Members are usually appointed for terms of three years.

Cultural competence

New Zealand has a culturally diverse population. The different cultures affect the ways people understand and respond to health care. Cultural competence requires an awareness of cultural diversity and the ability to function effectively and respectfully when working with and treating people of different cultural backgrounds.

Oral health practitioners should learn the preferences of each patient, and strive to put them at ease in order to create and sustain a respectful and trusting relationship. Most patients consider that respectful questions about cultural background and preferences demonstrate concern and respect.

A culturally competent practitioner demonstrates the appropriate attitudes, awareness, knowledge and skills.

Some areas where cultural differences may arise and cause confusion include:

- interpreting and sending non-verbal signals
- methods of expressing agreement and disagreement
- communicating technical information
- presence and inclusion of family members in the health care setting.

Te Ao Marama (the New Zealand Maori Dental Association)

The Association was set up in 1996 and is open to all Maori dental health care workers and other Maori health professionals. The Association aims to:

- uphold Maori oral health in accordance with the Treaty of Waitangi
- pursue the delivery of oral health services to Maori at the optimum level
- safeguard and promote the oral health of *te iwi Maori*
- promote the opportunity for *te iwi Maori* to access quality oral health.

Section 3

Running Your Practice

You have a responsibility to maintain professional standards and to comply with legislation that affects your practice. Your responsibilities are set out below.

Keeping accurate records

You must always obtain a medical history from a patient before commencing treatment, and you must check their history for any changes at subsequent visits. Changes must be recorded on the patient's notes.

You must keep full, up-to-date and legible records for all dental treatment you provide.

You must keep patients' dental records for a minimum of 10 years from the last date of treatment or care.

Patients have the right of access to (and copies of) any information held about them.

A request for access cannot be refused on the basis of non-payment of accounts.

Further Information
Refer to the Council website for the Code of Practice on
Patient Information and Records

Dental radiography and radiation protection

New Zealand Radiation Protection Legislation

The New Zealand radiation protection legislation consists of the *Radiation Protection Act 1965* and the *Radiation Protection Regulations 1982*. The legislation controls the hazards from apparatus that generates ionising radiation, and from radioactive material.

Responsibility for administration of the Act lies with the Minister of Health and the Ministry of Health. Most of the powers and functions have been delegated to the National Radiation Laboratory (NRL).

The use of radioactive materials or irradiating apparatus for any purpose is restricted to people holding a licence under the Act for that purpose, or anyone acting under the supervision or instruction of a person with a suitable licence. A licence is solely a "user's" licence (rather like a driving licence). Any person who is independently using a source of radiation must have an individual licence. While the Act allows persons to act under the supervision or instruction of a licensee, this applies to persons in training or genuinely working under supervision or instruction. It does not allow one professional to hold a licence, with his or her professional peers working "under that licence".

Licences to use x-rays in dental diagnosis

Any oral health practitioner who wishes to use x-rays in oral health diagnosis must hold an individual licence. Currently, to be eligible for a licence oral health practitioners must be a registered dentist or dental specialist with a current practising certificate. Licences granted to practitioners are normally for dental radiography only.

A licence information pack, containing relevant information can be obtained by contacting the NRL. Licences are renewable annually.

Code of Safe Practice

Compliance with the requirements of the *Code of safe practice for the use of x-rays in dentistry, NRL C7*, is a standard condition placed on all licences to use x-rays in dental diagnosis. The purpose of the *Code* is to provide mandatory requirements for the protection of dental patients, dental staff who work with x-rays, other dental staff, and members of the public by ensuring that:

- any use of radiation is justified – namely that the benefits from performing a given x-ray exposure outweigh any harm arising from patient, staff and public doses
- the dose and risk from any actual or potential exposure to radiation is as low as reasonably achievable
- the relevant dose limits are not exceeded
- there is sufficient documentation to enable verification of compliance.

In essence, the Code specifies radiation safety management requirements, x-ray machine performance and facility requirements, and occupational and public dose limits.

Use by an unlicensed person

The *Radiation Protection Act* allows x-rays to be used by unlicensed persons under the supervision or instruction of a licensee. However there are restrictions on who may act in a supervised or instructed role.

Further Information
Refer to the Council website for the National Radiography Laboratory's dental radiography rules on use of x-rays where persons are acting under the supervision or instruction of a licensed dentist

In summary:

- A registered dentist cannot work under the supervision or instruction of another dentist and must hold his or her own license.
- Instruction relates to the situation where the user works remotely from the licensed dentist.
- Supervision relates to the situation where a licensed dentist is physically present.
- Under supervision or instruction the unlicensed user must know the identity of the licensee he or she is working under and the licensee remains responsible for the overall safety of the procedure.

The overriding consideration is the safe use of the radiation. If the supervised practitioner is inexperienced then “physical presence” and “ability to intervene” require direct visual contact and oversight by the supervisor.

The rules are applied to actual circumstances as follows:

- Registered dentists must have their own license.

- Therapists and hygienists can operate under instruction if they are registered in an additional scope of practice relating to the taking of x-rays. Otherwise they can only operate under the supervision of a licensed dentist.
- Dental students must act under supervision initially.
- Dental assistants can only operate under supervision.

The Source, NRL Matters and the NRL website

The Source is a quarterly publication produced by NRL distributed free to users of ionising (and non-ionising) radiation in New Zealand. It is intended to provide information across a wide range of topics and issues of interest. A regular feature of *The Source* was the “Dental Drill” where, in past issues, a different topic of radiation safety in dental practice was discussed.

NRL Matters is a regulatory affairs newsletter which keeps licensed users and other parties informed of emerging legal and regulatory issues that may affect them. These newsletters are issued as required.

The NRL website <http://www.nrl.moh.govt.nz/> offers information on a wide range of topics including (under Legislation & Licensing) how to apply for a licence, renewals, fees, licence categories and compliance monitoring. All past issues of *The Source* and *NRL Matters* are available from the website.

The NRL can be contacted at National Radiation Laboratory, PO Box 25 099, Christchurch.
Ph: (03) 366 5059. Fax: (03) 366 1156.
Email: enquiry@nrl.moh.govt.nz

The Privacy Act and the Health Information Privacy Code

The Privacy Act 1993

This Act aims to promote and protect individual privacy. It applies with few exceptions across the public and private sectors. The Privacy Act is directly concerned with information privacy about specific individuals. It contains 12 information privacy principles about the collection, holding, use and disclosure of personal information and assigning of unique identifiers. The principles also give rights to individuals to access personal information and to request correction of it.

The Health Information Privacy Code 1994

Health information is recognised as being highly sensitive. The Health Information Privacy Code concerns the management of information about an individual’s health and disabilities and sets out rules which oral health practitioners must follow when collecting, storing, using and disclosing information. These rules are a form of self-regulation that protects practitioners from breaching the principles of privacy of health information.

Further Information
Refer to the Information Privacy Code
Or access the Privacy Commissioner’s website on www.privacy.org.nz

Restrictive trade practices

The 'Commerce Act 1986' is designed to protect and promote competition in markets. The Act applies to all areas of the health sector and to everyone involved in the provision of health and disability services, whether public or private, in the same way that it applies to other businesses. The Act views dental practices - whether run by one practitioner, a partnership, a company, or a public sector organisation - as businesses.

The Act provides that price-fixing is deemed to be anti-competitive. For example, a group of practitioners meeting informally and discussing their fee structure could be seen as colluding or acting in an anti-competitive manner.

Contracts, arrangements, and understandings that constitute collusive behaviour in a market may be prohibited by the Act. For example, if there was evidence that a group of providers agreed not to provide services to a particular purchaser, then that arrangement might breach section 27 of the Act.

Other examples might be where two groups providing similar services agreed not to compete within certain geographic areas, or where a group of practitioners or their professional association made arrangements to boycott or exclude another competitor. Organisations or bodies representing members, or negotiating on their behalf, are considered to be associations of persons for the purposes of the Act.

Complaints and criticism

Complaints are fairly common occurrences for health professionals. Applying goodwill and common sense can solve most problems. If you act quickly and appropriately, you will minimise the negative effects of complaint and criticism.

Patients' rights and policy

- Patients have the right to complain in any way they choose.
- You, the practitioner, must comply with the Code of Health and Disability Services Consumers' Rights 1996, Right 10 - The Right to Complain, and have in place an established complaints procedure which complies with the Code.
- After a complaint, you must work to provide a fair and immediate resolution.
- If you can't resolve a complaint yourself, you must direct the patient to either the Consumer Complaints Officer of the local branch of the NZDA (if you are an NZDA member), the Health and Disability Commissioner or the Council.

What steps should you take to deal with the complaint?

You must use the documented complaint procedure given in the Code.

- You must reply to acknowledge a complaint in writing within 5 working days (unless it is resolved within that time).

- You must tell the person making the complaint that they can contact the Consumer Complaints Officer of the local branch of the NZDA (if you are an NZDA member), the Health and Disability Commissioner or the Council.
- You must write down the details of the complaint and what you have done in response to it.
- If you think that the complaint may be valid, you have 10 days in which to let the patient know:
 - how the complaint is going to be investigated
 - how long the investigation is expected to take (if the investigation is expected to take more than 20 days, why a longer period is needed).
- If you think that the complaint is **not** valid, you must tell the patient why you do not accept the complaint and let them know the further options they have.

Further Information
Refer to the Code of Health and Disability Services Consumer's Rights

What happens if a complaint is not resolved?

If a complaint is not resolved directly with the practitioner, there are various steps a complainant can take. There are different types of help available for different types of problems.

Complaints about a breach of patients' rights

All complaints against health care providers made to the Council by members of the public must be passed on to the ***Health and Disability Commissioner***. The Commissioner may decide to refer the complaint to an advocacy service or s/he may decide to investigate. The Commissioner examines the case and decides what action to take. The Council is kept up to date with what is happening with the cases and may be consulted by the Commissioner if appropriate.

If the Commissioner decides that a practitioner has breached the Code of Health and Disability Services Consumers' Rights, the Director of Proceedings may bring charges before the Health Practitioners Disciplinary Tribunal (HPDT).

Further Information
Refer to Appendix 3 for the structure and role of the
Health and Disability Commissioner's Office

Complaints about a practitioner's standard of work or conduct

If someone wishes to complain about your work or conduct, they can contact the Health and Disability Commissioner's Office or the NZDA. Members of the public may also contact the NZDA in relation to concerns about the work or conduct of its members.

NZDA Consumer Complaints Officer

The first step is for the complainant to contact the secretary of the local branch of the NZDA. If the dentist concerned is an NZDA member, the branch secretary will then contact the Consumer Complaints Officer who will make contact with the complainant.

The NZDA does not deal with complaints, which are solely related to fees.

If the Consumer Complaints Officer is unable to resolve the complaint, it may be referred to the Peer Review System.

NZDA Peer Review System

The NZDA provides this as a free service to the public and NZDA member-dentists. The system deals specifically with complaints about dentists' treatment of patients.

As the name implies, a Peer Review Panel consists of a chairperson, one or more other registered dentists (who are considered peers of the dentist) and a lay person. The Peer Review Panel assesses all available evidence and follows specific procedures to make a fair and unbiased decision.

Discipline

The Health and Disability Commissioner receives all complaints against health practitioners. However, it can decide to refer cases to the Council to investigate.

Professional Conduct Committee (PCC)

If the case is referred to the Council from the Commissioner the Council may decide to establish a PCC in order to review the complaint. A PCC consists of two peers and a layperson. The role of the PCC is to:

- investigate cases of criminal convictions
- investigate professional conduct outside of the Commissioner's jurisdiction
- act under terms of reference set by the Council where there are questions about the safety of a practitioner's practice.

The HPCAA mandates the Council to assess all matters referred back from the Commissioner. There is a requirement that the Council act on the complaint which may include referral to a PCC.

The PCC is required to complete an investigation and make a specific determination, a specific recommendation or both. This may be that no further action is taken, that in the case of a complaint the complaint be submitted for conciliation or that the case should be referred to the Health Practitioners Disciplinary Tribunal (HPDT) for a hearing.

Health Practitioners Disciplinary Tribunal (HPDT)

The HPDT consists of a chairperson who is a barrister or solicitor and four persons selected from a panel maintained by the Ministry of Health, three of whom must be from the same profession as the practitioner under investigation and one of whom must be a layperson.

The HPDT may regulate its own procedures and has powers to summon witnesses and records. It has the power to suspend the practitioner and/or impose conditions on his or her practice pending the hearing.

The HPCAA introduced one level of charge; professional misconduct. The HPDT may make an order against a practitioner if it is satisfied that the practitioner has:

- been guilty of professional misconduct
- been convicted of an offence against various health related statutes

- been convicted of an offence punishable by imprisonment for a term of three months or longer and that offence reflects adversely on his or her fitness to practise
- failed to practise exclusively within and in accordance with his or her scope of practice
- practised while not holding a current APC
- breached any order of the HPDT.

Penalties

Penalties ordered by the HPDT include: cancellation of registration, conditions to be complied with before re-registration, practise subject to conditions, suspension, a fine or censure.

The Dentists Disciplinary Tribunal set up under the previous Dental Act continues in the short term to hear charges laid under that Act.

Occupational Safety and Health (OSH)

The principal object of the Health and Safety in Employment Act 1992 is to prevent harm to employees while at work. Employers and others are also expected to ensure that their actions at work do not result in harm to other people including members of the public.

The Occupational Safety and Health Service of the Department of Labour (OSH) is responsible for this Act.

The Act promotes high standards in managing health and safety, and sets clear definitions of the legal duties of employers and employees. It sets out procedures that **MUST** be followed in all places of work to identify, assess and control hazards in the workplace.

For more detailed information on the legal obligations of employers and employees under the Health and Safety in Employment Act see the Occupational Safety and Health Service website at www.osh.dol.govt.nz.

Dental benefits

State Funded Dental Care

New Zealand's dental care system for children and adolescents has attracted attention from around the world. State-funded basic dental care is available at no cost, for children from birth to Year 8 at school through the school dental services, and for adolescents through the Adolescent Oral Health Services Agreement (AOHSA) and General Dental Benefits (GDB) scheme. In addition, the Special Dental Benefits scheme exists to support the care provided by the school dental services, because not all treatment required by children falls within the dental therapist's scope of practice.

There are two critical age-associated transition points in the New Zealand dental care system. The first is the transfer from the school dental service to AOHSA or GDB care, typically at age 12 or 13 when a child enters secondary school. The second transition is that from AOHSA or GDB care to the adult system where aside from a limited amount of

treatment available through hospital dental departments, various low income pilot schemes and a no-fault accident compensation scheme, the role of the State in the provision of dental care ceases once an individual reaches 18 years of age. After that, people's dental care must be paid for out of their own pockets.

Dental Benefits cover a range of basic oral health services for children and adolescents to assist in the maintenance of a functional natural dentition. The care includes preventive care, chair side education and treatment for oral disease and the restoration of tooth tissue. Orthodontic treatment is excluded from state funded care.

Adolescents are entitled to free basic dental care from Education year 9 until their 18th birthday.

Special Dental Benefits

Special Dental Benefits cover a range of services provided to children from birth to Year 8 at school who are enrolled at a school dental clinic and who require treatment that is outside the scope of treatment provided by a dental therapist. Special Dental Benefits also cover emergency services (apart from services for which there is an Accident Compensation Corporation entitlement) provided to children and adolescents who are unable to access their regular oral health provider.

Children whose parents choose to have their teeth treated privately without referral from the school dental service are not eligible for state funded treatment.

Types of treatment programmes

Dentists are currently providing care to these groups in three ways. They are the AOHSA, the section 88 Special Dental Benefit notice and the section 88 General Dental Benefit notice. Both of these notices were withdrawn on 31 December 2005 and a new contract combining the SDB and adolescent service was implemented on 1 January 2006.

The GDB service is a fee-for-service system (dentists are contracted under section 88 of the New Zealand Health and Disability Act 2000). The service provides regular examinations, fillings and extractions. Tooth-coloured fillings in posterior teeth are not funded. A limited range of preventive treatment is funded, but fissure sealant and fluoride treatment is not included. Special Dental Benefits are currently a sub-set of Dental Benefits.

The OHSA provides similar services to those available on the Dental Benefit programme. The OHSA is a partial capitation programme. The capitated package includes a range of diagnostic and preventive services and all necessary one surface fillings in posterior teeth. Other treatment items are on a fee-for-service basis. Tooth-coloured filling materials may be used on the occlusal surfaces of posterior teeth. Preventive services, including fissure sealant and fluoride treatment are provided, if required.

Dentists' responsibilities under Dental Benefits

A dentist wishing to provide Dental Benefit services should apply to the Funding arm of their District Health Board. A substantial volume of documentation about Dental Benefits is

available from District Health Boards. Prior approval from specified District Health Board dental officers is required for certain items of dental treatment. Standard claim forms for Dental Benefits are available from HealthPAC, PO Box 1026, Wellington.

For more information on dental benefits see the Ministry of Health website at www.moh.govt.nz or the HealthPAC website at <http://www.moh.govt.nz/healthpac>.

Accident Compensation Corporation (ACC)

ACC is a Crown entity that manages the Government's accident compensation scheme. Its key role is to prevent injury, treat it where it occurs, and rehabilitate people back to work and independence as soon as practicable.

ACC will provide a contribution towards the costs of treatments by dentists and dental specialists for dental injuries caused by accidents:

- at home
- at work
- playing sport
- during other recreational activities
- while using New Zealand roads.

It will also contribute to the costs of treating injuries caused by medical misadventure.

How to get started as a dental provider for ACC

To receive payment for services from ACC, a dentist must first individually register with ACC to receive an individual provider number. A vendor number is also required for the Dental Practice.

Patients claim help from ACC by seeing an approved dentist who will register the dental injury by completing and submitting the appropriate form. See **Appendix 10** for further detail on the applicable forms.

Dentists' Costs of Treatment Regulations 2006 (ACC1522: *Dentists Costs*) is the treatment list with the descriptors and cost contribution ACC pays for general dental treatment.

Dentists' responsibilities under ACC

ACC legislation requires dental treatment to be necessary and appropriate. In each individual case, you must complete and send the appropriate form(s) to ACC. When registering a dental claim ACC requires diagnostic information such as x-rays.

Practitioners need to understand the impact of pre-existing dental disease on definitive treatment options following injury. In some cases dental disease is wholly or substantially present at the time of injury and therefore ACC does not provide entitlement to treat disease.

Practitioners should advise the patient what costs they will have to bear and what contribution ACC will make. Information about this is provided in the Dentists' Costs of Treatment Regulations 2006 (ACC1522: *Dentists Costs*). It is advisable that prior approval is sought for definitive treatment plans that involve high cost items such as crowns, bridges and implants to ensure that ACC will pay for them according to the Dentists' Costs of Treatment.

ACC will only pay you for an ACC injury claim if:

- you provide treatment that is necessary and appropriate, and carried out at the appropriate time
- you refer the patient urgently to a suitable qualified treatment provider if you are not qualified to make a clinical judgement on the treatment required, or if the injury is not within your usual scope of practice
- your annual practising certificate was current at the time you treated the patient.

For more information on dental injuries, treatment providers and working with ACC see the ACC website www.acc.co.nz.

Further Information
Refer to [Appendix 10](#) for guidance from ACC on forms and other matters

Section 4

Treating Your Patients

You have a responsibility to maintain professional standards and to comply with legislation that impacts on practice. Your responsibilities are set out below.

Professional standards

Cross-infection control

There is always a risk of cross-infection in dental treatment. You have a professional responsibility to take appropriate precautions to ensure the safety of patients and the members of the dental team.

You have an ethical responsibility to ensure that every patient you treat receives compassionate and skilled care. It is unethical for you to refuse to treat a patient solely on the grounds that they have a blood-borne virus, unless you have made other appropriate arrangements for their care.

If you fail to employ adequate methods of cross-infection control, you will almost certainly face action before the Council.

Further Information
Refer to the Council website for the Code of Practice on Infection Control

Dealing with transmissible diseases

Oral health care workers are often exposed to blood and to mixtures of blood and saliva. This could be contaminated with a wide variety of micro-organisms, including blood-borne viruses. Patients carrying blood-borne viruses may not have any symptoms and may not even know that they are infectious or that they are carrying a virus.

Note: Because you can't screen all your patients for known infections you must treat every patient's blood and saliva as infectious.

If you know you are infected (or have reason to believe you might be infected) with a blood-borne virus or any other transmissible disease or infection that might endanger your patients' health, you have an ethical responsibility to seek testing in order to ascertain your own serological status.

You must obtain medical evaluation to assess the potential for transmission of the infection. You should also advise the Council. Oral health workers who **test positive** for conditions that are highly infectious must not perform exposure-prone procedures until such practice is endorsed by the Council.

Further Information
Refer to the Council website for the Code of Practice on
Transmissible Major Viral Infections (TMVI)
Refer to the HRANZ guidelines

Dealing with medical emergencies in the dental premises

A medical emergency could occur at any time in premises where dental treatment takes place. It is therefore vital for you to ensure that all members of your dental team are properly trained and prepared to deal with an emergency, including a patient collapsing.

It is essential that you have appropriate emergency equipment and drugs available.

Further Information
Refer to the Council website for the Code of Practice on
Medical Emergencies in Dental Practice

Conscious sedation

Conscious sedation can be an effective method of facilitating dental treatment, and is normally used along with appropriate local anaesthesia.

The level of sedation must be such that the patient remains conscious, retains protective reflexes, and is able to understand and respond to verbal commands.

Conscious sedation is not without risk. To ensure that standards of patient care are maintained you should ensure that you comply with the requirements of the NZDA Code of Practice on Sedation for Dental Procedures, which includes appropriate training.

Further Information
Refer to the Council website for the Code of Practice on
Sedation for Dental Procedures

General anaesthesia

General anaesthesia is a procedure that is never without risk. In assessing the needs of an individual patient, you should consider all aspects of behavioural management and anxiety control before deciding to proceed with treatment under general anaesthesia.

General anaesthesia is not in the scope of practice for any oral health practitioner.

General anaesthesia **must** be undertaken by a specialist anaesthetist who is registered with the Medical Council, or by a trainee anaesthetist supervised in accordance with the Guidelines of the Faculty of Anaesthetists.

Emergency care for your patients

As an oral health practitioner, you have an ethical obligation to make sure that your patients can get emergency care at times when your practice is closed. If you are consulted in an emergency by patients other than your own, you are also obliged to make reasonable arrangements for their care.

Referrals and advanced or new areas of practice

When accepting a patient, you assume a duty of care that includes the obligation to refer the patient for further professional advice or treatment if the task is beyond your own skills. A

patient is entitled to a referral for a second opinion at any time and you are obliged to comply with the request and to do so promptly.

Under the provisions of the HPCAA you may only provide services which fall within the scope of practice within which you are registered. If you are registered in the general dental scope of practice you may practise in all areas of dentistry **subject to the boundaries of your education, training and competence.**

Those registered in the general dental scope of practice must not hold themselves out, either directly or by implication, to be a specialist in any area of dentistry unless the Council has granted specialist registration in the relevant scope of practice.

Practitioners offering services in an advanced area of dentistry or procedures using new techniques or equipment:

- must be able to demonstrate that they have the requisite knowledge and training to undertake such services/procedures including knowledge of the relevant scientific literature – this means having documented evidence of training including formal qualifications, courses, CPD and supervised or self directed training and evidence of logged experience in the advanced or new area of practice.
- must ensure the patient's informed consent to the service or procedure – the patient should be aware of the methods you have been trained in and the other options available to them such as treatment by a specialist or other practitioner; must understand the nature of the service/procedure and the possible risks and side effects; and should have a realistic expectation of the results that can be achieved. There must be a clear and comprehensive record of the consent process. The patient's written consent must be obtained in the case of research or an experimental procedure.
- must ensure that any new technique or procedure falls within the practice of their particular profession as defined by the Council in the "Detailed Scopes".
- should be aware of the indemnity position in relation to new techniques and procedures.

Practitioners should also ensure that they are competent to provide the appropriate level of expertise in the area of dentistry they are undertaking **in each specific case**. This should be done by appropriate case selection, full diagnostic information and treatment planning, and prior clinical and theoretical preparation.

Where diagnosis and treatment-planning indicate that the patient requires a level of skill greater than you are able to demonstrate, then you should refer the patient to more highly qualified colleagues for advice or treatment.

When deciding whether to treat or refer, your patient's informed consent is of paramount importance. The decision to refer may be influenced by access or economic considerations as well as clinical factors, and should be made in consultation with the patient. Patients should be given full information on the complexity of the case, the likely outcomes of treatment by either provider, along with the relative costs.

Botox

- The scope of general dental practice includes the administration of botox restricted to the nasolabial folds and/or perioral area
- The administration of botox is regarded as an advanced area of practice

This means that dentists wishing to administer botox (in the nasolabial folds and/or perioral area) must abide by the requirements of the Council's policy on advanced and new areas of practice, as detailed above.

Informed consent

Informed consent means that the patient has been given information on the proposed treatment and, on the basis of this information, consents (i.e. agrees) to the treatment.

You must explain to each of your patients:

- the state of their oral health, details of any disease diagnosed and its likely cause
- available treatment options and whether this treatment is established or developmental; the purpose of the treatment and its expected benefits
- the chance of success
- likely emotional, mental, functional and social effects of the proposed treatment
- significant known risks, including the general risks associated with procedures such as anaesthesia
- possible complications or side effects
- probable consequences of not getting the treatment
- all relevant options for managing the side effects and results of the treatment
- likely costs of the treatment
- the name and position of the person who will carry out the treatment
- any other information your patient asks for.

You must then be satisfied that your patient has understood what is proposed and consents to it before treatment is provided.

A written treatment plan and estimate will avoid misunderstandings and should always be provided for extensive or expensive courses of treatment.

Patients are entitled to an itemised account of the treatment they receive, and should normally be provided with one.

Further Information

Refer to the Council website for the Code of Practice on Informed Consent

Refer to the Code of Health and Disability Services Consumer's Rights

Misleading claims

You should not make any misleading claims in relation to treatment, whether with regard to the efficacy of any treatment or to misleading claims about your own skill and expertise in relation to a particular treatment.

You should take particular care when employing techniques and forms of therapy that are unproven. The informed consent of your patients in such circumstances is crucial.

Treating medically compromised patients

Oral health practitioners, particularly dentists have an opportunity to play a significant role in managing patients with complex underlying medical conditions. Your role may be to provide consultation and emergency dental care or more comprehensive care. Extra care may be required when treating patients at risk of certain infectious diseases or those with particular health issues. It is therefore important to ensure that the medical histories of all patients are up to date. In some situations, you may find it necessary to consult with the patient's medical practitioner in order to plan and provide dental treatment.

If you consider that you do not have the expertise or facilities to treat such patients, you should refer them to colleagues who can provide the appropriate treatment.

Examples are as follows:

Prevention of infective endocarditis

Patients with specific cardiac conditions are considered at risk of developing infective endocarditis following particular dental procedures, this can have very serious consequences.

**For detail about managing patients at risk of endocarditis, see
the National Heart Foundation *Guideline for the Prevention of Infective Endocarditis
Associated with Dental and Other Medical Interventions 2008***

Managing the treatment of anticoagulated patients

Deliberate anticoagulation is used to manage a range of acute and chronic medical conditions. The most important to the dental profession are patients who are chronically anticoagulated to prevent life-threatening thrombosis and who may require oral/dental surgical intervention. An example is a patient who needs life-long anticoagulation to reduce the rate of thrombosis formation on a prosthetic heart valve. The most commonly used drug is Warfarin. However, there are many other medications that can affect haemostasis and therefore it is important to keep up to date with prescription medicines and their side effects.

Most patients on anticoagulant or other medications that affect bleeding can be safely treated for routine dental procedures by following appropriate guidelines.

**For more details on managing the treatment of anticoagulated patients
see Purcell CAH. 'Dental management of the anticoagulated patient'
*New Zealand Dental Journal 93:87-92, 1997.***

Patients who are immunosuppressed

Many patients in the community have underlying disorders or are on medications that lead to immunosuppression. The consequences of dental sepsis or poor cross-infection control for such patients can be very serious. It is important to work with the patient's medical practitioner in provision of dental care, particularly if the procedure can lead to development of an infection.

Creutzfeldt-Jakob Disease (CJD)

As with all health workers, oral health practitioners have a responsibility to help minimise the risks of CJD transmission.

Be aware of the potential risks posed by patients in CJD risk groups. Ensure that adequate decontamination procedures are implemented to minimise the risk of transmission of CJD to other patients, yourself and other co-workers and that your staff have adequate training to enable procedures to be carried out with minimum risk of transmission. Ensure that equipment is maintained in sound working order and is subject to regular quality checks (e.g. steam sterilisation should comply with AS 4187¹, and corroded instruments which may not be effectively decontaminated should be replaced).

Responsibilities of people at risk of CJD

It is expected that patients (or those responsible for them) will tell their oral health practitioner or any other health workers if they have CJD, so that appropriate infection containment can be arranged. This is particularly important for high-risk individuals. As with other infections (e.g. Hepatitis B or HIV), the patient has an obligation to avoid passing the infection to others.

Standard infection-control precautions that apply to the prevention of blood-borne pathogens, such as Hepatitis B and HIV, should apply to patients with an increased risk of CJD.

Legislative requirements

Code of Health and Disability Services Consumers' Rights

The Code of Health and Disability Services Consumers' Rights gives consumers of health and disability services statutory rights in relation to respect, fair treatment, dignity and independence, proper standards, communication, information, consent, support, research and teaching, and complaints.

You must make sure that you tell your patients about their rights and make it easy for them to exercise those rights. Refer to the Code of Health and Disability Services Consumers' Rights.

Establishing appropriate boundaries

It is important to establish appropriate standards of behaviour with your patients and staff. Patients should have trust and confidence in their practitioner. The relationship must be a professional one. Relating with patients in a sexual way can cause devastating harm to the individuals involved.

You should use the following safeguards to help you avoid misunderstandings or inappropriate conduct:

¹ AS/NZS 4187:2003 – cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care.

- Keep to relevant personal details when taking a patient’s history.
- Never use sexually demeaning words or actions.
- Get help early if you have any personal problems.
- Do not involve patients in your personal problems, instead seek professional help.
- Talk to your colleagues about difficult situations.
- Ensure that you are never alone with a patient recovering from treatment under intravenous or general anaesthetic.
- Ensure a dental surgery assistant is present during patient consultations and treatment.
- Never engage in sexual innuendo, even if initiated by the patient.
- Respect patients’ rights to have a support person present.
- Recognise and acknowledge cultural differences.

What is sexual harassment?

Sexual harassment means behaviour of a sexual nature that is unwanted or uninvited. It usually involves an abuse of power – it is not a mutual attraction between two people.

What kinds of behaviour could be called sexual harassment?

In New Zealand sexual harassment is regarded as including things like:

- sexual jokes and innuendo
- displaying offensive pictures and posters
- rude or offensive gestures
- unnecessary physical contact
- requests or demands for dates or sexual favours
- physical sexual assault
- comments about a person’s body, clothes, relationships or social activities.

Sexual harassment is unacceptable behaviour that carries serious consequences.

Further Information
Refer to the Council website for the Code of Practice on Sexual Boundaries

Your obligation to protect children

The ‘Children, Young Persons and their Families (CYF) Act 1989’ provides for voluntary reporting of suspected cases of child abuse by anyone in the community. Section 15 of the Act states that:

“Any person who believes that any child or young person has been or is likely to be harmed (whether physically, emotionally or sexually), ill-treated, abused, neglected or deprived, may report the matter to a Social Worker or member of the Police.”

It is important that you (and any staff) understand your reporting responsibilities under the Act. Your role is to observe, document and report – **not** to conduct an investigation into suspected abuse. You can call and discuss any situations that concern you with a social worker in the Child, Youth and Family service.

You are encouraged to seek out educational opportunities to help you recognise signs of abuse or neglect, and to learn how to adapt dental treatment to meet the specific needs of a young person or child whose behaviour may be affected.

**For more information on dealing with suspected child abuse see the
Child, Youth and Family website www.cyf.govt.nz.**

Prescribing

Dentists and most dental specialists are authorised by their scope of practice to prescribe medicines and controlled drugs in connection with the provision of bona fide treatment.

There are several pieces of legislation that impact upon prescribing. The main two are the 'Medicines Act 1981' and the 'Misuse of Drugs Act 1975', along with their regulations.

Dentists have a duty of care to write legibly, as mistakes or illegibility may have serious consequences not only for the patient, but for the dentist as well. A lack of care could be the basis for disciplinary action.

Every prescriber is advised to have on hand a current edition of the *MIMS New Ethicals* catalogue. You should also be familiar with the NZ Pharmaceutical Schedule that lists the pricing and subsidy information for all approved pharmaceutical products eligible for Government subsidy. Particular attention needs to be paid to brands of products that have become sole supply brands.

You must retain the responsibility when prescribing, and make clinically based decisions. Prescription pads should be kept secure, as they are very valuable to forgers.

A dentist may communicate a prescription orally to a pharmacist who he/she knows personally for any prescription medicine required urgently. The dentist must forward a written prescription confirming the oral communication to the pharmacy within seven days (Regulation 40, Medicines Regulations 1984). If the prescription is needed urgently, it can also be faxed to the pharmacy. Again, the original signed prescription must be forwarded to the pharmacy within seven days.

Generic substitution

Unless a prescription has been endorsed with 'generic substitution allowed' or similar, or the pharmacy holds a written authority for generic substitution from that particular prescriber for that medicine, the pharmacist must contact the prescriber for that particular script to substitute one brand with another.

Inappropriate prescribing

Inappropriate prescribing can include activities which are not strictly illegal under the Medicines Act or the Misuse of Drugs Act, but which may be regarded as a significant deviation from good prescribing practice.

Prescribing legislation requires that the prescribing of medicines and controlled drugs by dentists should only be in connection with the provision of dental treatment. Dentists should not prescribe medicines and controlled drugs for themselves and should not prescribe for

family members or friends, unless they are patients and the medicine or drug relates to dental treatment requirements.

Ministry of Health

The Ministry of Health's Business Unit, Medsafe, is responsible for the regulations governing prescribing. Medsafe operates four regional offices:

- Auckland Tel: (09) 441 3670
- Wellington Tel: (04) 496 2437
- Christchurch Tel: (03) 372 3047
- Dunedin Tel: (03) 474 8592

The main focus of the regional offices is on the surveillance and administration of the 'Medicines Act' and the 'Misuse of Drugs Act'.

The Medicines Control Advisors maintain supplies of controlled drug prescription pads and will supply information on regulations governing prescriptions for medicines and controlled drugs (mainly narcotics and psychotropic substances). If you are in any doubt, contact your Medicines Control Advisor for further advice.

The 'Medicines Act 1981' and 'Medicines Regulations 1984'

The 'Medicines Act 1981' and 'Medicines Regulations 1984' contain the legislation relating to the manufacture, sale and supply of medicines (other than controlled drugs), medical devices and related products.

Recalls/Alerts

If you have any concerns about the quality or safety of a medicine/controlled drug or medical device, you should report it to Medsafe, Wellington (Tel: (04) 496 2437).

Adverse reactions

If your patients have any adverse reaction to a medicine/controlled drug, you should report it to the Centre of Adverse Reactions Monitoring (CARM). The address is:

Centre of Adverse Reactions Monitoring (CARM)
University of Otago Medical School
PO Box 913, Dunedin
Tel: (03) 479 7247 or (03) 479 5164
Fax: (03) 479 7150.

Note: A distributor is required under the Medicines Act 1981 to first obtain consent from the Minister of Health before marketing any medicine in New Zealand.

The Misuse of Drugs Act 1975 and the Misuse of Drugs Regulations 1977

The 'Misuse of Drugs Act 1975' and the 'Misuse of Drugs Regulations 1977' govern the prescribing and supply of controlled drugs, and provide for the prevention of the misuse of controlled drugs. Controlled drugs are arranged in classes and have varying rules applying to their prescribing, ranging from most of class A being almost non-prescribable, to those in

class B containing the better-known controlled drugs: for example, morphine, pethidine, and methadone. Class A and Class B drugs require a special triplicate prescription form [H572]. Class C controlled drugs are of high abuse potential.

Controlled drugs should be prescribed for patients on an individual basis rather than bulk ordering. The storage of drugs of this nature could place the surgery at risk if it became known that such drugs were on site.

Note: All scripts for controlled drugs given by a dentist must bear the words “for dental treatment only”.

Dentists should be aware of the following when prescribing medicines:

- Medicines Control is responsible for monitoring the prescribing of medicines, including controlled drugs.
- A person who is seeking medicines can be put on a restriction notice.

Restriction Notices

Medicines Control on behalf of the National Medical Officer of Health issues and manages restriction notices.

- A Restriction Notice prohibits the prescribing or supply of any controlled drug or specified medicines to a named person. The person named is then known as a Restricted Person.
- The restriction notice may contain an exception to the prohibition to allow prescribing for the person by a Gazetted Drug Treatment Clinic or (much less commonly) a named general practitioner.
- It is an offence for a restricted person to obtain or attempt to obtain a supply of the prohibited medicines or drugs from any other practitioner or pharmacy other than those named on the Restriction Notice.
- It is an offence for any practitioner (other than the exempted prescriber) to prescribe or supply the prohibited medicines or drugs to a restricted person.
- Restriction notices are legally applicable throughout New Zealand. They remain in force until revoked. Medicines Control policy is to review restriction notices 12 monthly.
- A doctor, dentist or nurse can contact Medicines Control if they are suspicious about a certain patient, to ascertain if they have a restriction notice.

Further Information
Refer to Appendix 5 for the Misuse of Drugs Regulations

Keeping up-to-date on topical issues

Fluoride

Fluoride has been shown to have a beneficial effect in preventing and limiting tooth decay. The key Ministry of Health public health messages about fluoride are summarised below.

Toothpaste

- Teeth should be brushed twice a day with a toothpaste containing approximately 1,000 ppm fluoride.
- Children under age 5 should use no more than a smear of fluoride toothpaste on a small toothbrush.
- Children should be discouraged from swallowing or eating toothpaste.

Water fluoridation

The adjustment of fluoride to between 0.7ppm and 1.0ppm in drinking water is the most effective and efficient way of preventing dental caries in communities that have a reticulated water supply.

Fluoride tablets

Fluoride tablets have a very limited application and are no longer recommended as a public health measure in New Zealand. Fluoride tablets should be considered a personal health measure for individual prescription for at-risk individuals.

Dental amalgam

Studies show that small amounts of mercury vapour inhaled from amalgam fillings are partially absorbed into the blood. The acceptable, safe or tolerable level of total mercury exposure from amalgam, diet and other sources is still debated medically and scientifically. Some believe that the exposure of the general population is within safe limits, while others promote the view that mercury in amalgam fillings can adversely affect health. A 1997 NZ Report on Amalgam commissioned by the Ministry of Health found no evidence of amalgam contributing to adverse health outcomes.

Informed consent

The recommended course of action from the Ministry of Health is to make sure that your patients are made aware of the restorative material options through the informed consent process. This means that you must tell your patients of the comparative risks and benefits of using amalgam, compared with alternative filling materials, before you carry out any restorative treatment.

The Ministry of Health does not recommend removing or replacing amalgam fillings for health reasons, except where an individual has an allergic or sensitivity reaction to mercury.

Tobacco

Tobacco use is associated with many adverse effects on body tissue and organs. There is a large amount of scientific research that demonstrates the effects of tobacco on the oral tissues (an increased risk of neoplastic change in the oral mucosa and an increased risk of developing destructive periodontal disease). Tobacco use is also associated with a reduced healing capacity of oral and periodontal tissues.

Tooth whitening/bleaching

Tooth whitening/bleaching today is based upon hydrogen peroxide as the active agent. Hydrogen peroxide may be applied directly, or produced in a chemical reaction from sodium perborate or carbamide peroxide. Hydrogen peroxide acts as a strong oxidising agent through the formation of free radicals, reactive oxygen molecules and hydrogen peroxide anions. These reactive molecules attack the long-chained, dark-coloured chromophore molecules located within tooth enamel and dentine and split them into smaller, less coloured, and more diffusible molecules. The outcome of the bleaching treatment depends upon the ability of the agent to penetrate tooth tissue and reach the chromophore molecules, and the duration and number of times the agent is in contact with chromophore molecules.

The Dental Council has a strong view that bleaching should be a restricted activity, especially if it is performed where the integrity of the surface of the tooth is broken. If this occurs there is a risk that caustic oxidising agents could enter the dentine below the surface of the tooth and severely damage the pulp or result in pulp necrosis.

Further Information

Refer to the Council website for the Policy Statement
on Practice of Bleaching by non-registered practitioners

Section 5

Your Support Network

The oral health professions are demanding, but there are many resources available to help you with any problems you may have – whether professional or personal.

Professional Associations

NZDA

The New Zealand Dental Association (NZDA) is the professional association for dentists. As well as providing services for its members, the NZDA is the one body able to speak on behalf of NZ dentistry as a whole. It also provides information and advice to consumers. For information see their website www.nzda.org.nz.

NZAO

The New Zealand Association of Orthodontists (NZAO) is the professional association for orthodontists. Orthodontics is a specialist area of dentistry concerned with improving the appearance, function and stability of the teeth and jaws by straightening the teeth and correcting the bite. For information see their website www.orthodontists.org.nz

NZDOHTA

The purpose of the New Zealand Dental Oral Health Therapists' Association (NZDOHTA) is to preserve and promote the interests of the dental therapy profession, to enhance the professional profile of dental and oral health therapists and dental therapy services. For further information see their website www.nzoral.co.nz.

NZDHA

The New Zealand Dental Hygienists' Association (NZDHA) operates on behalf of the New Zealand Dental Hygiene Profession. For further information see their website www.nzdha.co.nz.

NZIDT

The New Zealand Institute of Dental Technologists (NZIDT) exists to facilitate the professional development of Dental Technicians and Clinical Dental Technicians in interests of its members and the communities they serve. For further information see their website www.nzidt.org.nz.

The Doctors Health Advisory Service (DHAS)

This independent service was set up to help stress- or health-impaired medical practitioners and dentists get the treatment and rehabilitation they need. It is partly funded by the Council.

The service operates through the central Director and uses local dentists who are trained in intervention skills. The aim is to help affected dentists well before there is any risk of harm to themselves or their patients.

DHAS is a way for colleagues and relatives to get help for any dentist who might be having problems. Dentists can also contact the service themselves.

You can contact the DHAS on a 24-hour confidential freephone number: 0800 471 2654. You can also write to the service at PO Box 812, Wellington or email dhas@clear.net.nz.

DHAS does not have a direct link with the Council. The service is confidential, but if the intervention does not work, then the need for confidentiality has to be balanced against the need to make sure that patients are not put at risk.

Self-care

The aim of self-care is to help you to take positive actions towards looking after your own needs. Oral health is a demanding job and can be stressful. The Council and the NZDA have produced a booklet called 'Self Care for Dentists' to help you assess your own well-being, spot the warning signs of stress, and take steps early to get the help you need. This booklet is applicable to all oral health professions.

Further Information
Refer to the Council website for the Self Care for Dentists booklet

Section 6

Further Information

Contacts

Accident Compensation Corporation
Shamrock House, 81-83 Molesworth St
PO Box 242, Wellington 6140
Tel: (04) 918 7700
Fax: (04) 918 7701
Website: www.acc.co.nz

Advertising Standards Authority
Ground Floor, 79 Boulcott St
PO Box 10675, Wellington 6143
Tel: (04) 472 7852 or 0800 234 357
Fax: (04) 471 1785
Website: www.asa.co.nz

Australian and New Zealand College of Anaesthetists
43 Kent Terrace,
PO Box 7451, Wellington 6242
Tel: (04) 385 8556
Fax: (04) 385 3950
Website: www.anaesthesia.org.nz

Centre of Adverse Reactions Monitoring (CARM)
University of Otago Medical School
PO Box 913
Dunedin 9054
Tel: (03) 479 7247
Fax: (03) 479 7150
Website: <http://carm.otago.ac.nz/carm.asp>

Child Youth and Family
National Office, Bowen State Building
34 Bowen Street, Wellington
PO Box 2620 Wellington 6140
Tel: (04) 918 9100
Fax: (04) 918 9299
Website: www.cyf.govt.nz

Dental Council
Level 5, 138 The Terrace
Wellington
Postal address: PO Box 10448, Wellington 6143
Tel: (04) 499 4820
Fax: (04) 499 1668
Email: inquiries@dcnz.org.nz
Website: www.dcnz.org.nz

Doctors Health Advisory Service (DHAS)
PO Box 812, Wellington 6140
Freephone: (04) 471 2654 (24 hours)
Fax: (04) 498 4003
Email dhas@clear.net.nz

Health and Disability Commissioner

Level 10 Tower Centre 45 Queen Street PO Box 1791 Auckland Tel: (09) 373 1060 Fax: (09) 373 1061	Level 13 Vogel Building Aitken Street PO Box 12299, Wellington Tel (04) 494 7900 Fax (04) 494 7901
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Freephone 0800 112233
Website: www.hdc.org.nz

HealthPAC
Health Payments, Agreements and Compliance
(Corporate Office)
PO Box 1043 Wellington 6140
Tel: (04) 381 5300
Fax: (04) 381 5301
Customer services free phone: 0800 252 464
Website: www.moh.govt.nz/healthpac

Health Research Council
Level 3, 110 Stanley Street
PO Box 5541 Auckland 1141
Tel: (09) 303 5200
Fax: (09) 377 9988
Website: www.hrc.govt.nz

Medsafe
Level 6, Deloitte House
10 Brandon Street
PO Box 5013 Wellington 6145
Tel: (04) 496 2000
Fax: (04) 819 6806
Website: www.medsafe.govt.nz

Ministry of Health
133 Molesworth Street
PO Box 5013 Wellington 6145
Tel: (04) 496 2000
Fax: (04) 496 2340
Website: www.moh.govt.nz

National Heart Foundation
PO Box 17160, Greenlane, Auckland 1546
Tel: (09) 571 9191
Fax: (09) 571 9190
Website: www.nhf.org.nz

National Radiation Laboratory
108 Victoria Street
Christchurch 8013
Tel: (03) 366 5059
Fax: (03) 366 1156
Website: www.nrl.moh.govt.nz

New Zealand Commerce Commission
PO Box 2351, Wellington 6140
Tel: 0800 924 3600
Fax: (04) 924 3700
Website: www.comcom.govt.nz

New Zealand Dental Association (NZDA)
1/195 Main Highway, Ellerslie, Auckland 1051
PO Box 28-084, Remuera 1541
Tel: (09) 579 8001
Fax: (09) 580 0010
Email: nzdainfo@nzda.org.nz
Website: www.nzda.org.nz

New Zealand Dental Hygienists' Association
PO Box 36529, Merivale,
Christchurch
Website: www.nzdha.co.nz

New Zealand Institute of Dental Technologists
PO Box 290, Waipukurau 4242
Tel: (06) 858 5303
Email: nzidtadmin@clad.co.nz
Website: www.nzidt.org.nz

New Zealand Dental Oral Health Therapists' Association
PO Box 24557
Royal Oak, Auckland 1343
Website: www.nzoral.co.nz

Occupational Safety and Health Service
Department of Labour, PO Box 3705, Wellington 6140
Tel: (04) 915 4444
Free phone: 0800 209 020
Fax: (04) 499 0891
Website: www.osh.dol.govt.nz

Privacy Commissioner
109 Featherston Street, Wellington
PO Box 10-094 Wellington 6143
Tel: (04) 474 7590
Fax: (04) 474 7595
Website: www.privacy.org.nz

Registration Boards Secretariat Ltd
Level 21, Grand Plimmer Tower
2 – 6 Gilmer Terrace, PO Box 10-140
Wellington
Tel: (04) 499 7979
Fax: (04) 472 2350
Website: www.regboards.co.nz

School of Dentistry, University of Otago
310 Great King St, PO Box 647
Dunedin 9016
Tel: (03) 479 1200
General enquiries – (03) 479 7036
Website: <http://dentistry.otago.ac.nz/>
Email: dentistry@otago.ac.nz

List of Appendices

Appendix 1

Codes of Practice and Council Statements

Control of Cross Infection in Dental Practice

- For [dentists and dental specialists](#)
(http://www.dcnz.org.nz/Documents/Codes/COP_Infection_Control.pdf)
- For [dental hygienists, dental technicians, dental therapists](#)
(http://www.dcnz.org.nz/Documents/Codes/COP_Infection_Control_Generic.pdf)

Medical Emergencies in Dental Practice

- For [dentists and dental specialists](#)
(http://www.dcnz.org.nz/Documents/Codes/COP_Emergency.pdf)
- For [dental hygienists, dental technicians, dental therapists](#)
(http://www.dcnz.org.nz/Documents/Codes/COP_Emergency_Generic.pdf)

Informed Consent

- For [dentists and dental specialists](#)
(http://www.dcnz.org.nz/Documents/Codes/COP_InformedConsent.pdf)
- For [dental hygienists, dental technicians, dental therapists](#)
(http://www.dcnz.org.nz/Documents/Codes/COP_InformedConsent_Generic.pdf)

Patient Information and Records

- For [dentists and dental specialists](#)
(http://www.dcnz.org.nz/Documents/Codes/COP_RecordKeeping.pdf)
- For [dental hygienists, dental technicians, dental therapists](#)
(http://www.dcnz.org.nz/Documents/Codes/COP_RecordKeeping_Generic.pdf)

Transmissible Major Viral Infections

- For [dentists and dental specialists](#)
(http://www.dcnz.org.nz/Documents/Codes/COP_TransmissibleMajorViralInfections.pdf)
- For [dental hygienists, dental technicians, dental therapists](#)
(http://www.dcnz.org.nz/Documents/Codes/COP_TransmissibleMajorViralInfections_Generic.pdf)

[Sedation for Dental Procedures](#)

(http://www.dcnz.org.nz/Documents/Codes/COP_Sedation.pdf)

The Practice of [Dental Technology](#) and Clinical Dental Technology and the Working Relationship within the Practice of Dentistry

(http://www.dcnz.org.nz/Documents/Codes/Technicians_CodeOfPractice.pdf)

Working Relationships between [Dental Hygienists](#) and Dentists

(http://www.dcnz.org.nz/Documents/Codes/Hygienists_CodeOfPractice.pdf)

The Professional Relationships Associated with the Practice of [Dental Therapy](#)

(http://www.dcnz.org.nz/Documents/Codes/Therapists_CodeOfPractice.pdf)

[Sexual Boundaries](#) in the Dentist-Patient Relationship

(http://www.dcnz.org.nz/Documents/Codes/COP_SexualBoundaries.pdf)

Council Statement: Principles of [Ethical Conduct](#) for Oral Health Professionals

(http://www.dcnz.org.nz/Documents/Codes/Statement_OralHealthPractitioners_PrinciplesEthicalConduct.pdf)

Appendix 2

Competency Standards and Performance Measures

[Dental Hygienists](#)

(<http://www.dcnz.org.nz/Documents/Policy/HygienistsCompetencyStandardsMeasures.pdf>)

[Dental Technicians](#)

(http://www.dcnz.org.nz/Documents/Policy/DT_CompetencyStandardsMeasures.pdf)

[Clinical Dental Technicians](#)

(http://www.dcnz.org.nz/Documents/Policy/CDT_CompetencyStandardsMeasures.pdf)

[Dental Therapists](#)

(<http://www.dcnz.org.nz/Documents/Policy/TherapistsCompetencyStandardsMeasures.pdf>)

[Dentists and Dental Specialists](#)

(<http://www.dcnz.org.nz/dcStandardsRecertificationDentist>)

Appendix 3

[The Health and Disability Commissioner](http://www.hdc.org.nz/) (<http://www.hdc.org.nz/>)

Appendix 4

The Health and Disability Commissioner (Code of Health and Disability Services Consumer's Rights) Regulation 1996 (<http://www.hdc.org.nz/theact/theact-thecodedetail>)

<p>Government Legislation – please note that the links are to a “temporary website” (http://www.legislation.govt.nz/) until the PAL project has been completed.</p>
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Appendix 5

[Misuse of Drugs Regulations 1977 \(Part 5 Part 6\)](#)

(http://www.legislation.govt.nz/browse_vw.asp?content-set=pal_statutes)

Appendix 6

[The Privacy Act](#) (http://www.legislation.govt.nz/browse_vw.asp?content-set=pal_statutes)

Appendix 7

[Health Information Privacy Code 1994](#)

(<http://www.privacy.org.nz/privacy-act/health-information-privacy-code>)

Appendix 8

Information for [Overseas Qualified Dentists](#)

Appendix 9

[NZDA Code of Ethics](#)

Information for dentists with overseas qualifications

Registration criteria

Under the HPCAA the Dental Council may register an applicant within a scope of practice if the applicant: is fit for registration, has the qualifications that are prescribed for that scope of practice, and is competent to practise within that scope of practice.

The HPCAA allows the Council to require an applicant to take and pass an examination or assessment that is set or recognised by Council for the purpose of satisfying Council that the applicant is competent to practise in the scope of practice applied for, and is able to communicate in and comprehend English.

Fitness for registration

The HPCAA states that no applicant may be registered if:

- he or she does not satisfy Council that he or she is able to communicate effectively
- he or she does not satisfy Council that he or she is able to communicate and comprehend English sufficiently to protect the health and safety of the public
- he or she has been convicted of an offence punishable by imprisonment for a term of three months or longer which reflects adversely on his or her fitness to practise
- he or she is unable to perform the functions required for the practice of dentistry because of a mental or physical condition
- he or she is the subject of professional disciplinary proceedings and those proceedings reflect adversely on his or her fitness to practise
- he or she is under investigation in respect of a matter that may be the subject of professional disciplinary proceedings and that investigation reflects adversely on his or her fitness to practise
- he or she is subject to an order which reflects adversely on his or her fitness to practise
- Council has reason to believe that the applicant may endanger the health and safety of the public.

Applicants who can demonstrate that their first language is English and that they have studied for and gained their dental degree in English are usually considered to have satisfied Council that they have sufficient communication skills. All other applicants are normally required to sit and pass a Council approved English examination (IELTS Academic and OET) to the required level.

The prescribed qualifications for General Dental Practice are as follows:

Bachelor of Dental Surgery, University of Otago; or

an Australian Dental Council (ADC) accredited undergraduate dental degree from an ADC accredited dental school in Australia and a pass in the New Zealand Conditions of Practice Examination; or

a Commission on Dental Accreditation (CDA) accredited undergraduate dental degree from a CDA accredited dental school in the USA or Canada and a pass in the New Zealand Conditions of Practice Examination; or

a General Dental Council (GDC) accredited undergraduate dental degree from a GDC accredited dental school in the UK or Commonwealth as listed below and a pass in the New Zealand Conditions of Practice Examination;

Dental School	Date of recognition	Expiry date of recognition
Western Cape	1/9/97	31/12/1997
Hong Kong		31/12/2000
Singapore		31/12/1999
Witwatersrand		31/12/2000
Pretoria		31/12/2000
Stellenbosch		31/12/2000
Medical University of South Africa	1/1/1997	31/12/2000
Malaysia	1/1/1997	31/12/2000

or

a five year undergraduate dental degree; a pass in the New Zealand Dental Registration Examinations (NZDREX) and a pass in the New Zealand Conditions of Practice Examination; or

a five year undergraduate dental degree; a pass in the Australian Dental Council licensing examinations and a pass in the New Zealand Conditions of Practice Examination; or

a five year undergraduate dental degree; a pass in the USA licensing examinations and a pass in the New Zealand Conditions of Practice Examination.

What is the NZDREX?

The NZDREX consists of three parts: a written exam, a clinical exam and the New Zealand Conditions of Practice examination.

The written exam tests whether applicants have a reasonable understanding of the scientific basis of dentistry and can apply that knowledge to clinical situations.

The clinical exam tests oral health care planning, management, delivery and evaluation skills. This includes determining whether applicants:

- can obtain and utilise patient information
- demonstrate competence in New Zealand's preventive approach to oral health care for individuals and the community

- are competent in a wide range of interventive strategies to manage oral disease and disability
- can assess the effectiveness of intervention.

The New Zealand Conditions of Practice Examinations tests whether applicants have sufficient understanding of the cultural and legislative framework for the delivery of dental care in New Zealand.

Note: The standard of knowledge and experience expected of examination candidates is equivalent to that of the New Zealand qualifying BDS standard. However, the Dental Council takes the view that candidates will often have completed their formal studies some time ago so that the standard is set at the 5th year graduating level where the scope of basic sciences and theoretical knowledge is focussed on areas directly relevant to appropriate patient care and treatment. Emphasis is on having the knowledge and skills needed for the safe practice of dentistry.

Further Information
Refer to the Council website for more detail on the
[registration of overseas dentists and NZDREX](#)

Non-prescribed individual consideration of registration applications

Applicants with non-prescribed qualifications can apply for registration and individual consideration by Council if they consider Council might regard their qualifications as equivalent to a prescribed qualification. Such applications are subject to additional fees to cover the costs of the individual assessment of the applicant’s qualifications and experience.

Direct Entry to the Registration Examination Process

A pass in the NZDREX is a prescribed qualification for registration as a dentist. Dentist applicants with non-prescribed undergraduate qualifications can apply direct to the NZDREX examination process and avoid the costly qualifications assessment process.

Further Information
Refer to the Council website for the
[Council's Policy on Entry requirements to the NZDREX examinations](#)

Assessment interview

Applicants are normally required to attend an assessment interview in New Zealand to verify their identity and qualifications before registration is granted.

Competence and Recertification

The HPCAA provides registration authorities with mechanisms to ensure that practitioners are competent and fit to practise, not just at the point of registration but on an ongoing basis.

Competent to practise

In determining whether an applicant is competent to practice the Council will consider the following matters:

- a) the applicant's training, experience and formal qualifications (including when the applicant undertook their relevant formal qualifications)
- b) recency of practise (has the applicant practised in the last 3 years²)
- c) evidence of appropriate continuing professional development within the last 3 years
- d) referee and assessor reports
- e) where the applicant is applying for registration in a specialist scope of practice, whether the applicant has practised the speciality to the required level in the last three years
- f) where the applicant is applying for registration in a specialist scope of practice, whether the applicant has appropriate skills and knowledge of general dental practice³
- g) what type of practice the applicant will be entering (sole, associate, employee etc), and the nature of the employment arrangement
- h) whether the applicant needs to pass NZDREX or the Specialist Registration Examination or NZCOP or any other examination or assessment set or recognised by Council to satisfy Council of their competence to practise
- i) whether the applicant intends to reside and practice in New Zealand⁴
- j) whether the applicant needs to attend an assessment interview to verify their identity, immigration status and qualifications.

² Under sections 27 and 29 of the HPCA Act 2003 an APC cannot be issued to a practitioner who had not held an APC in the past three years unless the Council is satisfied that the applicant meets the required standard of competence.

³ Applicants with a prescribed undergraduate qualification or who are registered in the general scope of dental practice will normally be considered to have satisfied this requirement. Council may require other applicants to sit and pass all or part of the NZDREX general dental examination or any other Council approved examination or assessment to demonstrate the appropriate level of skills and knowledge of general dental practice.

⁴ This requirement would normally be satisfied by applicants providing proof of permanent residence or proof of an application for permanent residence with the New Zealand Immigration Service.

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New Zealand Dental Association Inc Code of Ethics

Reviewed and Adopted by NZDA Board April 2005

Introduction

A profession is characterised by the knowledge, skills and experience with which it serves both individuals and society, and by its regulatory performance.

As a health profession, dentists are part of a team dedicated to safeguarding the health of people, and a dentist's primary duty is to the welfare of his/her patients. The trust that patients place in a dentist imposes many obligations, which need to be accepted and fulfilled.

Ethical behaviours and actions are those which are widely accepted as being desirable and correct, whilst unethical conduct is considered to be neither in the best interests of the patient nor of the profession.

The Code of Ethics is a guideline for personal and professional behaviour, based essentially on moral principles. It cannot be a complete guideline of all ethical obligations. Dentists should use a process of ethical reasoning and consider the ethical principles, the patient's needs and interests, and any applicable laws, when a conflict arises.

Members must abide by the Rules of the New Zealand Dental Association, and must comply with all legislation that governs and impacts upon the practice of dentistry. This Code complements legislation, but it is not a substitute for legislative provisions; in the event of any doubt or conflict, the legislative provisions take precedence.

The Code is binding on all members of the New Zealand Dental Association. This Code will be reviewed at regular intervals and, to this end, comments and feedback are invited.

Note: Where the descriptor 'dentist' is used in this Code, it is intended to include dental specialists.

Principles of Ethical Behaviour

1. The first responsibility is to the health and wellbeing of the individual patient and that of the wider community.
2. Dentists should aim to establish relationships with patients that are based on trust, and mutual respect, so that patients can feel confident that their privacy, safety and best interests are being served.
3. Dentists must strive to continually improve their knowledge and skills so that optimal information, advice, and treatment can be provided for patients.

4. Dentists should acknowledge their own limitations, and recognise and utilise the special skills of others in both the prevention and treatment of oral disease, and in the maintenance of oral health.
5. Dentists must respect a patient's right to freedom of choice, but ensure the patient has received appropriate information and advice before making that choice, to ensure the patient is able to give informed consent to treatment options.
6. In all dealings with patients and colleagues, dentists must strive to be open and honest, courteous, empathetic and supportive.
7. It is unethical to practice whilst abusing controlled substances, alcohol or other chemical agents, which impair the ability to practice. Dentists must recognise when emotional, physical and mental health issues may compromise their service to patients, and quickly take appropriate remedial action.

Responsibilities to Patients

1. **The dentist's first responsibility is to the patient.** The most important aspect of that responsibility is the competent delivery of quality care appropriate to the circumstances presented by the patient.
2. **Access.** Dentists may exercise reasonable discretion in selecting patients for their practices but it is unethical to refuse to treat a patient solely on grounds such as the patient's race, creed, gender or national origin.

Patients have the right to choose an individual dentist, to change their dentist and to refuse to consent to treatment in whole or in part.

The dentist has an equal right to refuse to render treatment if complying with the patient's wishes or beliefs would be inconsistent with sound dental practice, or in violation of ethical practice.

Except in emergencies, or where dentists would be failing in their duties on humanitarian grounds, dentists have the right to decline to treat, or to continue to treat a patient for professional or personal reasons. In this case the dentist should endeavour to assist the patient to make other arrangements for treatment or for any uncompleted treatment.

3. **Emergency Service.** Dentists are obliged to make reasonable arrangements for the emergency care of their own patients.

Dentists are obliged, when consulted in an emergency by patients other than their own, to make reasonable arrangements for emergency care. If emergency treatment is provided, the dentist, upon completion of such treatment should return the patient to his or her regular dentist, with a communication as to treatment carried out, unless the patient expressly reveals a different preference.

4. **Referral.** Dentists shall provide only those treatments for which they are qualified and competent, and which come within their Scopes of Practice.

Otherwise a consultation with, and /or referral to, an appropriate practitioner is warranted whenever the welfare of the patient will be safeguarded or advanced by having recourse to those with special knowledge, skills or facilities.

5. **Competency.** All dentists must keep their knowledge of dentistry contemporary, and must provide treatment in accordance with currently accepted professional standards, and within their scope of practice. This implies provision of comprehensive, patient-centred, sequential care, delivered in the patient's best interests.

6. **Complaints.** Dentists have an obligation to be fully conversant with consumer complaint and Peer Review procedures, and should give assistance to patients who seek access to such procedures for consumer advice, mediation, or to redress a grievance. Dentists should readily comply with, and facilitate patients' requests for a second opinion or a report of their current oral status.

Any comments critical of previous dentistry must be based on thorough examination, and with a full and factual knowledge of the circumstances pertaining to the treatment. It may prove difficult to substantiate criticism based on assumptions or the assertions or recollections of the patient.

7. **Record Keeping.** Dentists shall maintain full, accurate, legible and contemporaneous records in a manner consistent with the protection of the welfare of the patient. Dentists are obliged to safeguard the confidentiality of patient records, and they must ensure that staff and auxiliary personnel observe that confidentiality. Dentists may only provide information contained in patient records with the consent of the patient or to comply with legal requirements.

8. **Treatment Outcomes.** Dentists have the responsibility to provide a high standard of care and accept responsibility for treatment rendered. Although providing guarantees for treatment outcomes is not advisable, goodwill is more likely to be maintained where dentists adopt a reasonable and supportive approach in situations where treatment has not fulfilled expectations.

9. **Auxiliary Personnel.** Dentists should protect the health, safety and welfare of their patients by delegating to legally recognised auxiliaries, only those duties in which those auxiliaries are competent and which fall within their Scopes of Practice.

10. **Cultural Safety.** Patients have the right to be treated in a manner that allows for different cultural, religious, social, and ethnic values. Good communication should ensure this right is met, but the need to provide treatment of an appropriate clinical standard must be maintained.

Responsibilities to the Public

1. **Service to the Public.** The dentist's primary obligation of service to the public shall include the delivery of quality care, in a competent and timely fashion, within the bounds of the clinical circumstances presented by the patient.
2. **Health Promotion.** Members of the dental profession have a duty to the public to consistently promote oral and general health.
3. **Discipline.** The public expects a profession to discipline itself in a fair and open manner. The New Zealand Dental Association provides for this through a local complaints system at NZDA Branch level, and via Peer Review, with which all members are obligated to comply. The New Zealand Dental Association endorses the procedures of The Dental Council, and The Code of Health and Disability Services Consumers' Rights.
4. **Contractual Services.** When a contract is entered into with an organisation or other party involved with the practice of dentistry, dentists must retain their professional responsibilities and not attempt to transfer any of their legal or ethical responsibilities to that organisation or party.
5. **Inducements to Treat.** Although sponsorship and support from various companies are acknowledged, dentists should not be influenced in their clinical decisions by inducements from such companies.

A dentist should not enter into an arrangement whereby the referral of patients results in a fee paid, a commission, a discount or other consideration to the dentist or any other party.

6. **Third-Party Involvement.** In dealings with any third-party insurer or payer, all matters must be fully and factually represented.
7. **Market Advocacy.** Dentists must not lend their name or provide written testimonial for reward, to any product or material offered to the public. This does not, however, preclude advocacy or recommendation when the value or superiority of a product or material is clearly supported by reliable, independent evidence.
8. **Evidence-Based Dentistry.** Evidence-based practice requires the integration of current best evidence with clinical expertise and patient preferences, and therefore it informs, but never replaces, clinical judgement. From the mass of information available, dentists must make efforts to filter what is relevant to clinical decision-making, being careful not to select only that evidence which confirms personal viewpoints, and thereby dismissing contrary viewpoints. Strongest reliance can be placed on systematic reviews, which use explicit standards for evidence, retrieval, assessment and synthesis.
9. **Abuse and Neglect.** Dentists should be aware of the signs of abuse and neglect, and report suspected cases to the proper authorities, if appropriate.

Responsibilities to Colleagues

1. **Collegiality.** A dentist is one of a team of professionals united by bonds of similar education and common purpose, and should treat professional colleagues cooperatively and with courtesy and consideration.
2. **Referral.** The patient may require diagnosis or treatment beyond the expertise of their dentist, and in these circumstances it is appropriate to refer to those with special knowledge, skills or facilities. The patient's consent should be obtained first, and then referral made with appropriate supporting information. The second dentist should maintain communication with the referring dentist, and return the patient back to the referring dentist for ongoing care.

If the second dentist considers referral to a third party is required, the prior assent of the first dentist should be obtained.

3. **Criticism of another Dentist.** There are often a variety of treatment options for any given dental problem. Ethical dentists do not pass judgement on the qualifications of or procedures carried out by colleagues except as may be required to protect public safety.

The dentist who has reason to be concerned about the standard of care provided by another dentist should consider seeking advice from the New Zealand Dental Association.

Correspondingly, a dentist should not hesitate to comment in recognition of good work. Such recognition can give confidence to the patient and encouragement to fellow practitioners.

4. **Support of Colleagues.** Dentists should endeavour to support colleagues professionally (e.g. by sharing information and techniques).

Dentists with firsthand knowledge that a colleague's ability to practise effectively is in question because of a health reason, should refer to an appropriate service such as the Doctors' and Dentists' Health Advisory Service.

5. **Support of Staff.** All staff members have a right to expect they are not subject to harassment of any form in the workplace, either from patients or from work colleagues.

Responsibilities to the Profession

1. **Professionalism.** Dentists have an obligation to participate in the advancement of the profession, support its professional organisations, observe the New Zealand Dental Association Codes of Practice, and support the advancement of knowledge through research and its dissemination within the peer-reviewed literature.
2. **Advertising.** Dentists should build their reputation on their professional ability and integrity. Ethical advertising should not be false, misleading or deceptive.

It should not have the effect of promoting a dentist or group of dentists ahead of the dental profession overall.

3. **Inappropriate Conduct.** A dentist should consider seeking advice from the New Zealand Dental Association to report unprofessional conduct or failure to provide treatment in accordance with currently accepted professional standards.
4. **Involvement in the Profession.** Dentists have differing interests and expertise, but are all colleagues who have an equal moral obligation to contribute to the decision-making processes, and the activities

The Accident Compensation Corporation (ACC)

About ACC

ACC is a Crown entity that manages the Government's accident compensation scheme. The Injury Prevention, Rehabilitation and Compensation Act 2001 (IPRC) is the current legislation that ACC applies to operate the scheme.

ACC's key role is to prevent injury, treat it where it occurs, and rehabilitate people back to work and independence as soon as practicable.

The scheme began in 1974 and is unique in the world. It provides comprehensive, 24-hour no fault personal injury and entitlements for everyone in New Zealand – whether they are a citizen, a resident or a temporary visitor. In exchange for this comprehensive cover, people do not have the right to sue for personal injury, other than for exemplary damages.

How to get started as a dental provider for ACC

To receive payment for services from ACC, a dentist must first register with ACC to receive an individual provider number. A vendor number is also required for the Dental Practice for payment to be paid into the correct account.

Patients claim help from ACC by seeing the dentist who will register the dental injury by completing an ACC42: *Dental Injury Claim Form*. It is very important that the information provided on the ACC42: *Dental Injury Claim Form* is accurate and complete; ACC2099: *Dental injury claim form completion guide* is a guide for dentists and outlines how to correctly complete the ACC42: *Dental Injury Claim Form*.

Dentists' Costs of Treatment Regulations 2006 (ACC1522: *Dentists Costs*) is the treatment list with the descriptors and cost contribution ACC pays for general dental treatment.

There are other forms you will need to use, for re-registering an old dental injury for continuing care (ACC1345: *Request for prior approval of simple dental treatment*) and treatment planning and assessment for dental implants (ACC899: *Assessment and treatment plan for dental implants* and ACC737: *Dental implant surgery standard price form*). Please note: ACC899 and ACC737 forms are not available on the ACC website and if required this can be ordered over the telephone on 0800 222 070 – stationery line, using your provider number.

For invoicing the ACC47: *Treatment service invoice* form is required.

All of these forms can be requested from Wickliffe Press following registration with ACC. [More information about dental forms is also available on the ACC website]

<http://www.acc.co.nz/for-providers/index.htm>

Dentists' responsibilities as an ACC provider

ACC legislation requires dental treatment to be necessary and appropriate, the generally accepted means of treatment in New Zealand. Providers also need to understand the impact of pre-existing dental disease on definitive treatment options following injury. In some cases dental disease is wholly or substantially present at the time of injury and therefore ACC does not provide entitlement to treat disease.

When registering a dental claim ACC requires diagnostic information such as x-rays. These can be sent by email to the Hamilton or Dunedin ACC Customer Service Centres where the dental entitlement decisions are made. The email addresses are hndental@acc.co.nz or dndental@acc.co.nz. These addresses can be used for any inquiries for any additional information you may need.

ACC has best practice guidelines for Dento-Alveolar Trauma and Dental Implants. All providers are expected to comply with these guidelines.

It is advisable that prior approval is sought for definitive treatment plans that involve high cost items such as crowns, bridges and implants to ensure that ACC will pay for them according to the Dentists' Costs of Treatment.

ACC wants to work with its providers in a positive and constructive manner so that New Zealanders get fair entitlement to evidenced based dental rehabilitative treatment.

Source: Accident Compensation Corporation (ACC), 18 July 2007.

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