

Health Professionals (ACT Dental Technicians and Dental Prosthetists Board Standards Statements) Approval 2007 (No 1)*

Notifiable instrument NI2007–8

made under the

Health Professionals Regulation 2004, Section 134 (Standard's Statement)

1. Name of instrument

This instrument is the *Health Professionals (ACT Dental Technicians and Dental Prosthetists Board) Standards Statements) Approval 2007 (No 1)*.

2. Commencement

This instrument commences on the day after notification.

3. Standards Statements

In accordance with Regulation 134 (3) of the *Health Professionals Regulation 2004* the *ACT Dental Technicians and Dental Prosthetists Board* has approved the following Standards Statements.

Terry McHugh
President

21 December 2006

*Name amended under Legislation Act, s 60

ACT DENTAL TECHNICIANS AND DENTAL PROSTHETISTS BOARD

STANDARDS STATEMENTS

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Standards Statements issued by the ACT Dental Technicians and Dental Prosthetists Board are designed to raise awareness of the standard of practice required from a dental technician or dental prosthetist to be competent to practise, or to help the dental technician or dental prosthetist improve his or her suitability to practice. The information contained in these statements is to be used as a guideline for dental technicians and dental prosthetists to follow and reflects the interpretation of the *Health Professionals Act 2004* by the Board. Non-adherence or breach of the statements may be grounds for a finding of a breach of the Act.

Disclaimer

In the case of any conflict or discrepancy between this document and legislation, the legislation prevails.

PREFACE

The ACT Dental Technicians and Dental Prosthetists Board has developed a number of standards statements to guide dental technicians and dental prosthetists on technical, legal and ethical issues. The Board believes that these standards reflect the high standards of service and care expected in the ACT. The legislation governing practice in the Territory is the *Health Professionals Act 2004*. In the case of any conflict or discrepancy between the standards statements and Act, the Act prevails.

Comments about the policies would be welcomed and should be directed to the Board's Executive Officer.

Members of the Board hope you will find these statements useful.

ACT DENTAL TECHNICIANS AND DENTAL PROSTHETISTS BOARD

STANDARDS STATEMENT

1. Standards of Practice for ACT Allied Health Professionals

The Board endorses the Standards of Practice for Allied Health Professionals ACT Health September 2004 published in May 2005 – Publication No 05/0471 (2000). Dental technicians and dental prosthetists are required to comply with the standards of practice included in that publication.

Incorporated dental technicians and dental prosthetists will meet the Board's standard if each registered director of the incorporated dental technician and dental prosthetist meets the standard.

ACT DENTAL TECHNICIANS AND DENTAL PROSTHETISTS BOARD

STANDARDS STATEMENT

2. Competency Standards for Dental Technicians and Dental Prosthetists in Australia

Registrants must be competent to provide the services that they offer. A registrant must not practise in an area in which he or she is not competent to practise unless under the supervision of a registrant who is competent to practise in the area until competency is established.

The Board endorses competency standards for dental technicians and dental prosthetists that have been endorsed by the Council of Registering Authorities for dental technicians and dental prosthetists (CORA).

Incorporated registrants will meet the Board's competency standard if each director of the incorporated registrants meets the competency standard.

A registrant must provide evidence that he or she is competent to provide the services that he or she offers when applying for registration or for renewal of registration. A person may declare that he or she is competent if the person has appropriate qualifications, has recency of practice and has complied with the Board's standards statement on continuing professional development.

The Board may require applicants to complete, to the satisfaction of the Board, training courses and/or supervised practice determined by the Board before approving applications for renewal of registration or re-registration.

Registrants who have not practised for a period of two years must demonstrate to the satisfaction of the Board that they have maintained competencies to the satisfaction of the Board during the period in order to be registered.

ACT DENTAL TECHNICIANS AND DENTAL PROSTHETISTS BOARD

STANDARDS STATEMENT

3. Professional Practice Standards - Records

1.1 Purpose

This Code of Practice has been developed to ensure that dental care providers (dental technicians and dental prosthetists) maintain records that serve the best interests of their patients by ensuring patient safety and continuity of patient care.

1.2 Scope

All dental care providers must, while exercising their professional judgement in each particular case, maintain their records at a standard that satisfies the purpose of this code.

This code prescribes minimum requirements for dental records whether they are in paper-based or electronic form.

There are a number of laws that impinge on the keeping of records and dental care providers must manage their dental records in accordance with both this Code of Practice and the requirements of State and Commonwealth law. If there is an inconsistency between this Code of Practice and the provisions of any Act or Regulation, the provisions of the Act or Regulation prevail.

2 INTRODUCTION

2.1 Why make records?

- A record of each patient visit is an essential part of the practice of dentistry.
- Accurate dental records assist in the efficient and complete delivery of care in the event of another clinician assuming that patient's treatment. Records also provide a means of continuity in documentation and patient care.
- Good dental records facilitate high-quality, comprehensive care by making detailed and relevant patient information (both current and historical) readily available to treating dental care providers.
- Dental records can play an important role in the identification of deceased persons.
- Dental records can provide a repository of valuable information for teaching, education and research.
- Dental records form the basis for retrieval of treatment details in the case of a dispute or the requirement to provide evidence.

3 MINIMUM REQUIREMENTS FOR DENTAL RECORDS

The following describes the minimum requirements for dental records. This is, in the Board's view, the minimum standard for public safety. The details that are recorded for any specific patient will be determined on a case by case basis, but practitioners must always be guided in their decisions by the purpose for which records are kept, as detailed in this Code of Practice.

3.1 The Requirements

How and when is information to be recorded?

- A dental record must be made at the time of the appointment or as soon thereafter as practicable.
- Entries on dental records must be made in chronological order.
- Records must be accurate and concise and be promptly retrievable when required.
- Dental records must be readily understandable by any third party (particularly another dental care provider).
- Corrections made to records must not remove the original information - the person must strike out the incorrect words and rewrite the correct words.
- All comments must be couched in objective, unemotional language.
- The treating dental care provider must not delegate responsibility for the accuracy of medical and dental information to another person.

What information is to be recorded?

- Identifying details of the patient.
- The date of each visit.
- Clear documentation describing:
 - the presenting complaint
 - relevant history
 - clinical findings
 - diagnosis
 - treatment plans
 - patient consent
- Completed and up to date medical history questionnaires.
- Information about the type of examination that has been conducted.
- All findings, observations made and procedures carried out.
- Any relevant communication with or about the patient.
- Details of people contributing to the dental record.
- The date, the treatment and identification of the dental care provider for each appointment.
- Unusual sequelae to treatment.
- Estimates or quotations of fees.
- All referrals to and from other practitioners.

4 OTHER MATTERS

4.1 The duty to keep patient information confidential

Dental care providers have a legal and ethical responsibility to keep patient information confidential. Obligations are set out in a number of State and Commonwealth statutes, including the *Health Records (Privacy and Access) Act 1997*. This legislation prescribes how an individual's information is to be handled by a dental care provider. The Community and Health Services Complaints Commissioner can provide advice on the provision of access to records by persons.

Patients in the public sector may access or correct their dental records by applying under the *Freedom of Information Act 1982* to the institution currently providing their dental care.

4.3 Retention of dental records

The circumstances in which records may be deleted or transferred are detailed in privacy legislation and dental care providers must comply with those legal requirements.

3.1 Privacy and Access Laws

A summary of the principles is as follows:

1. Personal health information must only be recorded when it is relevant to the health service being provided.
2. The consumer should know why the information is being collected and who will have access to it.
3. Requests for information should not be intrusive. The collector must ensure that the information is accurate and relevant to the purpose for which it is collected.
4. Information must be stored safely and securely.
5. If consumers ask, providers must let consumers know whether they possess records containing their personal health information and how to go about obtaining access to the information.
6. The only people who can have access to information in a personal health records are:
 - the consumer;
 - members of the treating team;
 - people with responsibility for the management, funding or quality of the health service; and
 - any others with specific legal authority.
7. Health records cannot be altered, but:
 - Accurate information can be added by record keepers where inaccurate information is found in a record;
 - Statements provided by consumers can be added where the consumer disagrees with information or opinions in the record; and
 - Incorrect or misleading information can be kept separate from the copy of the record which is used on a day to day basis.
8. The record keeper must ensure that the information in the record is up to date and accurate, particularly if the information is provided in confidence and therefore not available to the consumer.
9. Information in a health record must only be used for treatment purposes, unless:
 - The consumer has consented to its use for another purpose;
 - The use is necessary to avoid a risk to life or health; or
 - The use is required or authorised by law.
10. Information in a health record can only be disclosed to people other than the consumer and the treating team if:
 - The consumer has consented to its disclosure;
 - The disclosure is necessary to avoid a risk to life or health;
 - The disclosure is required or authorised by law; or
 - An immediate family member needs to be consulted in an emergency.
11. Subject to the specific provisions of the legislation:
 - records must be kept for at least seven years after the final entry;
 - records relating to the treatment of children should be retained at least until the individual attains the age of 25 years.

Dental care providers should bear in mind the forensic use of dental records and wherever practicable retain records beyond these legislated minimum periods.

4.4 Consent

In order to practise in a professionally responsible manner, a dental care provider must assist patients to make well-informed decisions about treatment procedures. Treatment cannot be forced on a patient without his or her consent. The law of consent is summarized in a document published by the Board entitled *Consent: Assisting patients to make well-informed decisions* <http://www.dentprac.vic.gov.au/docs/infoconsent.pdf>.

4.5 Unprofessional conduct

The Board will use the minimum standard described in this Code of Practice in evaluating the professional conduct of dental care providers, particularly in the context of disciplinary hearings. Failure to comply with this Code of Practice may be considered unprofessional conduct.

5. SURVEYS

5.1 The Board requires registrants to complete any national survey which has been approved or deemed worthy by the Board.

5 RESOURCES

5.1 A.C.T.

<http://www.legislation.act.gov.au/a/1997-125/default.asp>

5.2 Commonwealth

The Office of the Federal Privacy Commissioner

website: <http://www.privacy.gov.au/>

Privacy Act 1988 (as amended by the private sector amendments 2000)

ACT DENTAL TECHNICIANS AND DENTAL PROSTHETISTS BOARD

STANDARDS STATEMENT

4. Continuing Professional Development

The Board endorses the Continuing Professional Development information for Health Profession Boards published by ACT Health in May 2005 – Publication No 05/0471 (2000).

The Board will accept a program that meets the requirements of a professional association that is relevant to the health professional's practice as meeting the Board's requirements.

Incorporated registrants will meet the Board's standard if each director of the incorporated registrant meets the standard.

For registrants who do not undertake a program that meets a professional association's requirements the following code of practice is a standard:

1. The Board has decided to introduce a system of Mandatory continuing, professional development (CPD) for dental care providers in the Australian Capital Territory. It will require practitioners to attend a specified number of hours of appropriate educational activities each two-year cycle. Such a system should merely formalize study that most registered persons already undertake voluntarily. A commitment to career-long learning indicates an acceptance of professional responsibilities, and the requirements of this code will represent a bare minimum expression of that commitment. Practitioners are encouraged to reflect further on their own practices to identify areas in which they can derive maximum benefit from CPD.

Purpose

2. This code of practice has been developed pursuant to Health Professionals Act (A.C.T.) 2004 (the Act). Its purpose is to ensure that registered dental care providers maintain a commitment to education that promotes high professional standards and enhances public safety.

Scope

3. This code applies to all persons with current registration under the Act, except those:
 - (a) who have notified the Board that they have ceased practice and whose registration therefore bears an appropriate condition; or
 - (b) who have been granted specific registration only (under the terms of the Act); or
 - (c) who have been granted provisional registration as a student only (under the terms of the Act).

IMPLEMENTATION

4. There will be an introductory period from the date of promulgation of this Code of Practice which will allow all persons who are registered at that time to prepare for the introduction of the mandatory scheme on 1 January 2006. During this introductory period, CPD hours will be able to be accumulated and can be carried over to the commencement of the first cycle.
5. In order for an activity to count towards a practitioner's CPD requirement, it must be approved by the Board or be run by a provider that is approved by the Board. The Board will establish an advisory committee to evaluate and approve providers and activities. The Board will publish a list of approved CPD activity providers and activities.

REQUIREMENTS

The cycle and its commencement date

6. The CPD program will operate on a two-year cycle.
7. The first two-year cycle will commence on 1 January 2006.
8. When a person registers for the first time in the A.C.T. or has his or her registration restored after it has lapsed, the number of CPD hours the person needs to complete will be calculated on a pro rata basis according to the formula published by the Board from time to time.

Maintenance of records

9. All registered persons will be responsible for maintaining their own CPD records.

Number of hours of CPD each cycle

10. For **dental prosthetists** a minimum of **30 hours** of continuing education each two-year cycle is required. These 30 hours must include attendance at courses of training in:
 - (a) infection control of not less than three hours in every twoyear period; and
 - (b) CPR of not less than two hours in every two-year period.
11. Eighty percent (80%) of CPD hours (that is, 24 hours per two-year cycle for dental technicians and dental prosthetists) must be scientific or clinically based.

Annual attestation of compliance

12. At the time of the annual renewal of registration, dental care providers must make a declaration about their participation in CPD in the preceding 12 months.

Production of evidence of compliance

13. Dental care providers must produce evidence of their CPD activities when requested to do so by the Board. Evidence will take the form of a logbook that provides details of the activities and the number of hours spent. In some cases the Board may ask for additional supporting information such as certificates of attendance.

14. The Board may request such evidence at any time, for example during an inspection of a practice for any matter which it is investigating, or at the time of a random audit of CPD compliance conducted by the Board, or at any other time as determined by the Board.

NON-COMPLIANCE

15. The Board may take disciplinary action against practitioners who fail to comply with these CPD requirements.

Lifelong Learning Commitment

Given the changing nature of the health professions and the plethora of new therapies and technology, it is essential that all registrants remain competent to practise. It is difficult for this competence to be maintained unless there is a continued commitment to continuing education, and this commitment should continue throughout a registrant's professional life.

ACT DENTAL TECHNICIANS AND DENTAL PROSTHETISTS BOARD

STANDARDS STATEMENT

5. Scope of Practice for Dental Prosthetists

The Board has determined to promulgate a code of practice, pursuant to the *Health Professionals Act 2004* to define the practice of dental prosthetics.

This Code of Practice will be subject to continuing review in the context of:

- evolving dental workforce needs;
- new technological developments; and
- the objectives of the Dental Practice Board.

There will be a formal review process within five years. In the meantime the Board encourages research to examine the boundaries defined by this code.

The Board requires registered practitioners to possess the competencies set out in the Advanced Diploma in Dental Prosthetics accredited, under the Health Training Package, by the Australian National Training Authority. It is fundamental to this Code that, within the defined range of competencies, dental prosthetists must practise only those skills for which they are registered and competent. Individuals may extend their range of skills within the parameters set out in Part 2 by undertaking training programs that the Board has approved.

PART 1

This Code acknowledges that the dental prosthetist may work as an independent practitioner.

A dental prosthetist who has not completed a course of training approved by the Board in the making, fitting and repairing of partial dentures shall have a condition placed on his or her registration: "Not registered to deal directly with the public in the provision or repair of partial dentures."

PART 2

This Part sets out the areas of dentistry in which dental prosthetists may practise. It is fundamental to this Code that, within the defined range of competencies, dental prosthetists must practise only those skills for which they are registered and competent.

- .1. A dental prosthetist may work as an independent practitioner in making, fitting, supplying, repairing or taking impressions for:
 - b) removable full and partial dentures;
 - b) flexible, removable mouthguards of a type used by persons engaged in sporting activities.
 - b) immediate dentures on a written referral to or from a registered dentist.

2. Before taking any impression or fitting any removable dental appliance a dental prosthetist must take reasonable steps to ensure that the patient's mouth is fit for the purpose, and free of disease, disorder or abnormality.
3. Apart from the use of tissue conditioners and soft lining materials, a dental prosthetist must not adjust, modify or treat the natural dentition, bone, soft tissue or dental restorations.
4. A dental prosthetist may take impressions for, make, fit or supply:
 - a) removable implant-retained overdentures;
 - b) stents for the purpose of supply to dentist or surgeon;
 - c) Removable treatment denture over healing caps.

A dental prosthetist may not:

- a) remove or replace any implant or abutment component; or
- b) otherwise deal directly with the public in taking impressions for, making, fitting or supplying any implant-retained prosthesis.

ACT DENTAL TECHNICIANS AND DENTAL PROSTHETISTS BOARD

STANDARDS STATEMENT

6. Scope of Practice for Dental Technicians

The Board has determined to promulgate a code of practice, pursuant to the *Health Professionals Act 2004* to define the scope of practice of dental technicians.

This Code of Practice will be subject to continuing review in the context of:

- evolving dental workforce needs;
- new technological developments; and
- the objectives of the Dental Practice Board.

The Board encourages research to examine the boundaries defined by this code.

The Board requires registered practitioners to possess the competencies set out in the Diploma in Dental Technology accredited, under the Health Training Package, by the Australian National Training Authority. It is fundamental to this Code that, within the defined range of competencies, dental technicians must practise only those skills for which they are registered and competent. Individuals may extend their range of skills within the parameters set out in Part 2 by undertaking training programs that the Board has approved. Reference Schedule 5 – Continuing Professional Development (CPD).

PART 1

This Code acknowledges that the dental technician may work as an independent practitioner.

PART 2

This Part sets out the areas of dentistry in which dental technicians may practise. It is fundamental to this Code that, within the defined range of competencies prescribed by the Act in conjunction with the Health Training package, dental technicians must practise only those skills for which they are registered and competent as listed below:

1. A dental technician may not work direct to members the public and must work to a registered dentist and/or dental prosthetist in the following range of competencies:
 - a) Construct models
 - b) Construct custom impression trays
 - c) Construct registration rims
 - d) Articulate models and transfer records
 - e) Arrange artificial teeth for complete dentures
 - f) Wax, process and finish acrylic dentures and appliances
 - g) Construct immediate dentures
 - h) Set up and wax movable partial dentures
 - i) Cast metal alloy removable partial denture framework
 - j) Construct metal, crown and bridge structures

- k) Join alloy structures
- l) Take tooth shades
- m) Construct ceramic restorations
- n) Construct orthodontic appliances
- o) Construct thermoformed bases and appliances
- p) Construct indirect composite/polymer fixed restorations
- q) Construct oral splints
- r) Repair and modify dentures and appliance
- s) Work effectively in the health industry
- t) Maintain infection control in small to medium sized health care establishments

2. A dental technician may not: *(as opposed to what a prosthetist may do)*

work as an independent practitioner in making, fitting, supplying, repairing or taking impressions for:

- removable full and partial dentures;
- flexible, removable mouthguards of a type used by persons engaged in sporting activities.
- immediate dentures on a written referral to or from a registered dentist.

Apart from the use of tissue conditioners and soft lining materials, a dental prosthetist must not adjust, modify or treat the natural dentition, bone, soft tissue or dental restorations.

4. A dental prosthetist may take impressions for, make, fit or supply:
- d) removable implant-retained overdentures;
 - e) stents for the purpose of supply to dentist or surgeon;
 - f) Removable treatment denture over healing caps.

A dental prosthetist may not:

- b) remove or replace any implant or abutment component; or
- b) otherwise deal directly with the public in taking impressions for, making, fitting or supplying any implant-retained prosthesis.

ACT DENTAL TECHNICIANS AND DENTAL PROSTHETISTS BOARD

STANDARDS STATEMENT

7. Infection Control

1. The purpose of this standards statement is to ensure that dental care providers practise in a way that maintains and enhances public health and safety by ensuring that the risk of the spread of infectious diseases is prevented or minimized.

Scope

2. This code applies to all persons with current registration under the Health Professionals Act 2004.

REVIEW

3. This code of practice will be reviewed and updated regularly to ensure it accords with legislation, national and international standards and any developments in the provision of dental care.

INTRODUCTION

4. Many infectious agents are present in health care settings.
5. The purpose of infection control is to prevent the transmission of these disease-producing micro-organisms:
 - from one patient to another;
 - from dental care provider to patient;
 - from patient to dental care provider or other staff (such as an assistant, receptionist, laboratory technician).
6. Effective infection control requires attention to the following matters:
 - a. applying basic measures for infection control (this includes observing standard and additional precautions, identifying hazards and minimizing risks, identifying who is at risk and from what);
 - b. adopting quality management practices (this includes administrative arrangements such as a documented infection control program in which staff are educated and regularly retrained, understanding the ethical and legal considerations that affect the delivery of dental care);
 - c. developing effective work practices and procedures that prevent the transmission of infectious agents (such as correct handwashing and personal hygiene, use of personal protective equipment; environmental hygiene including the design and maintenance of premises, management of clinical wastes, handling and disposal of sharps, handling of blood, the management of incidents involving exposure to blood or body fluid, environmental cleaning and spills management and protection for dental care providers including health status records, immunisation and testing of immune status);

- d. managing specific infectious diseases (this includes identifying the major risk factors and establishing management procedures for patients, dental care providers and their staff, instruments, the practice etc);
- e. identifying infection control strategies in a specialized health care setting such as dental premises (i.e. identifying the major risk factors and management procedures that specifically pertain to dental practice).

[Taken from Commonwealth Government Department of Health & Ageing Infection control guidelines for the *prevention of transmission of infectious diseases* in the health care setting]

REQUIREMENTS

Documentation

7. Every place where dental care is being provided must have the following three documents in either hard copy or electronic form. "Electronic form" includes guaranteed internet access. Every working practitioner must have access to these documents:
 - a. a manual setting out the infection control protocols and procedures used in that practice, which is based on the documents listed at b. and c.;
 - b. the Commonwealth Government Department of Health and Ageing's *Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting* (published January 2004);
 - c. the Australian and New Zealand Standard **AS/NZS 4815:[current edition]** *Officebased health care facilities not involved in complex patient procedures and processes - cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of the associated environment*. (dental care providers work under AS/NZS 4815 unless they work within an organization and that organization operates under AS/NZS 4187:[current edition] *Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities*).

Behaviours

8. Every practitioner must:
 - a. ensure the premises in which he or she practises are kept in a clean and hygienic state to prevent the spread of infectious disease;
 - b. ensure that in attending a patient he or she takes such steps as are practicable to prevent or contain the spread of infectious disease; and
 - c. act in accordance with the requirements set out in the three documents referred to at point 7 above.

NON-COMPLIANCE

9. The Board may take disciplinary action against practitioners who fail to comply with these infection control requirements.

RESOURCES 10. Department of Health & Ageing's Infection control *guidelines* is available online at: <http://www.icq.health.gov.au>

11. Standards Australia documents are available from:

<http://www.standards.com.au> 19-25 Raglan Street, South Melbourne Victoria 3205 C 1300 65 46 46

12. Dental Practice Board of Victoria's publications are available from:

<http://www.dentprac.vic.gov.au> 2 +61 3 9694 9900

13. An example of a procedures manual for infection control in dental practice can be found at the Australian Dental Association Victorian Branch Inc's website at: www.adavb.com.au (under Member Services/infection Control)

14. National Health & Medical Research Council The *Australian Immunisation Handbook (current edition)* available at: <http://www.nhmrc.gov.au/publications/cdhome.htm>

15. Department of Health and Human Services Centers for Disease Control and Prevention (USA) *Guidelines for Infection Control in Dental Health-Care Settings - 2003* available at: <http://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm>

ACT DENTAL TECHNICIANS AND DENTAL PROSTHETISTS BOARD

STANDARDS STATEMENT

8. Recency of Practice

The Board has determined the following standard for Recency of Practice.

1. An applicant wishing to apply for registration after a two-year period out of the profession must undertake the actions in paragraph 2 to the Board's satisfaction.
2. The applicant will need to undertake one of the following:
 - a) If self employed, undertake a refresher course approved in writing by the board or submit to an examination to re-instate registration
 - b) if employed by a laboratory, the applicant must work under the supervision of a registered technician or prothetist until competence is established
 - c) sit an examination as determined by the Board
3. To demonstrate recency of practice at the time of application for registration (including at renewal of registration), the applicant must include in the application—
 - a) evidence that the applicant has completed on average at least 10 hours of practice each week during the two-year period before the day the application is made; or
 - b) evidence of the applicant's attendance and satisfactory completion of a refresher course approved in writing by the board; or
 - c) other evidence that demonstrates the applicant's recency of practice (for example - Continued Professional Development (CPD) as required in the board's standards statement on CPD).

Restricted Practice

4. The Board may place conditions on a person's registration if it is not satisfied that the person has sufficient recency of practice to demonstrate competence in an area of practice.

Temporary Registration

5. The Board may register a person with conditions to gain experience necessary to demonstrate competence or to gain a necessary qualification.

ACT DENTAL TECHNICIANS AND DENTAL PROSTHETISTS BOARD

STANDARDS STATEMENT

9. Code of Ethics

A code of ethics has been introduced by the ACT Dental Technicians and Dental Prosthetists Board to give a reference of standards to the registered Dental Prosthetists in the ACT.

The basis of all codes shows this vocation's services to the community before personal gain.

Between fellow practitioners, oral undertakings are accepted without a thought of writing, and it is etiquette that older members assist the younger by every means in their power.

Dental Prosthetists do not act for or attend the patients of fellow practitioners, without good cause.

Members of this vocation shall only advertise in accordance with the Dental Technicians and Dental Prosthetists Act 1988.

Moral fitness is essential in the aspirant to a true vocation, and dereliction of duty is a matter for discipline under Section 44 of the Act.

In regard to all rules, members shall be wittingly subject to inspection and approval by the members of the Dental Technicians and Dental Prosthetists Board or its duly appointed representatives.

ARTICLE 1: CONCERNING THE DENTAL PROSTHETIST

Section 1. Dental Prosthetists' consciences must always govern their motives, aims and purposes, and must always be inspired by unselfishness, self-improvement and service to others.

Section 2. Dental Prosthetists shall be free to choose whom they shall serve.

Section 3. Dental Prosthetists shall not attend a patient while under influence or effects of drugs, alcohol or sedatives.

Section 4. Dental Prosthetists shall always observe the laws and accept rules governing personal conduct, modesty and propriety at all times.

Section 5. Dental Prosthetists shall be properly dressed and of clean appearance at all times, while attending a patient.

ARTICLE 2: CONCERNING THE PATIENT

Section 1. Confidences of a patient, facts concerning his or her domestic life, character and disposition shall be considered as a secret never to be divulged to anyone except by consent of the patient, or when required by law.

Section 2. Dental Prosthetists must restrict their work for a patient to the construction of dentures and mouthguards, fitting, supply, repairs **and** servicing thereof.

Section 3. Other forms of dental prosthesis shall only be done to the order of a registered dentist.

ARTICLE 3: CONCERNING COLLEAGUES

Section 1. If a Dental Prosthetist is called by a patient whose regular Dental Prosthetist is temporarily unavailable, the necessary services should be rendered.

Section 2. Whenever a Dental Prosthetist shall refer a patient to a colleague, the colleague shall send the patient back to the first Dental Prosthetist as soon as possible.

Section 3. A Dental Prosthetist shall never criticise, berate, condemn or otherwise belittle a colleague or his method of examination or treatment in any way, while in the presence of a patient or a layman.

ARTICLE 4: CONCERNING ETHICAL CONDUCT

Section 1. It shall be unethical for a Dental Prosthetist to advertise, claim or boast possession of secret methods of treatment, the availability to produce phenomenal results, or superior knowledge, school connection or illustrious associates, either now or in the past.

Section 2. It shall be unethical for a Dental Prosthetist to exploit a patient for financial gain by misrepresentation of a difficult problem.

Section 3. It shall be unethical for a Dental Prosthetist to reduce his regular fees for the purpose of enticing patients away from his colleagues.

ARTICLE 5: RELATING TO OCCUPATION

Section 1. A Dental Prosthetist must do all in his or her power to uphold the dignity of his or her vocation at all times, and defend the honour and reputation of fellow practitioners.

Section 2. A Dental Prosthetist shall not reveal to outsiders any confidential information concerning fellow practitioners.

Section 3. Where a Dental Prosthetist is invited to give public lectures, addresses, etc., all personal references must be minimised as far as possible.

Section 4. A Dental Prosthetist shall abide by the Dental Technicians and Dental Prosthetist Act of the ACT 1988.

Section 5. A Dental Prosthetist must maintain high standards of health, hygiene and infection control.