

From: Rose Davies [mailto:]
Sent: Wednesday, 28 June 2017 11:22 a.m.
To: Consultations <Consultations@DCNZ.org.nz>
Subject: Professional Boundaries Practice Consultations

Hi

Thank-you for the opportunity to be involved in this consultation.

The Council has reviewed its *Sexual boundaries in the dentist-patient relationship* practice standard, and as a result has developed an updated draft practice standard—*Professional boundaries*, that will replace the existing sexual boundaries practice standard; and apply to all oral health practitioners.

As the title reflects, the updated draft practice standard is not limited to sexual boundaries. It represents a broader approach, covering other areas of practice where boundary issues may arise.

The consultation is open to all oral health practitioners - dentists, dental specialists, dental hygienists, oral health therapists, dental therapists..

As an oral health practitioner I put forward the following comments that are critical importance.

They concern the following questions:

Q1. Do you agree/disagree with the draft professional boundaries practice standard? I agree with the consultation as a whole.

Q3. Are there areas you consider to be important that have not been covered in the draft professional boundaries practice standard?

Q4. Do you have any further comments on the proposed professional boundaries practice standard?

"You must identify and maintain appropriate professional boundaries in your interactions with your patients and those close to them, including their families and whanau."

The current sexual boundaries practice standard for dentists/dental specialists suggests that a chair-side assistant 'should' be present during all patient contact time.

" Manage the risk of boundary crossings and violations occurring by: Having a chair-side assistant or a third person (support person or chaperone) present during patient contact time wherever possible. This is of particular importance for more vulnerable patients; patients who have received sedation; and patients with a history of boundary crossings or violations" The guidance to this proposed standard states that a third person is desirable - "wherever possible". Practitioners should use judgement how to handle individual scenarios.

Dental hygienists/oral health therapists see self referred patients and are therefore vulnerable to sexual boundary crossings or any boundary issues. It is therefore obvious and critical that the 'should' element of having a chair-side assistant available at all patient time be applicable here and amendments be made to this affect. The guidance need also be applied to these practitioners of having that third person available for vulnerable patients as outlined above.

It is of critical importance to have gender equality for all oral practitioners and so that the vulnerabilities and rights of the predominately female workforce of dental hygienists/oral health therapists be protected.

It is highly probable that dental hygienists and oral health therapists will be open for problems if they don't have an assistant and this is something that has been picked up by indemnity insurers.

Thank-you again for the opportunity to give feedback regarding this consultation.

Kind regards

Rose Davies
Registered dental hygienist