

3 August 2015

Dear practitioner,

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Two Dental Council standards finalised

The Council has finalised the following two standards for oral health practitioners:

- Standards Framework for Oral Health Practitioners
- Transmissible Major Viral Infections Practice Standard.

Both these standards will apply to all oral health professionals, including dentists, dental specialists, dental therapists, dental hygienists, orthodontic auxiliaries, dental technicians and clinical dental technicians.

This letter highlights the major changes to the drafts consulted on, and provides details on the implementation date.

Implementation

Both the *Standards Framework for Oral Health Practitioners* and *Transmissible Major Viral Infections Practice Standard* will **come into effect on 15 August 2015**. Practitioners must ensure that they familiarise themselves with the requirements before implementation.

Consequential changes

- *Codes of practice name change*

With the introduction of the standards framework all Council codes of practice will be rebranded as practice standards - effective from 15 August 2015.

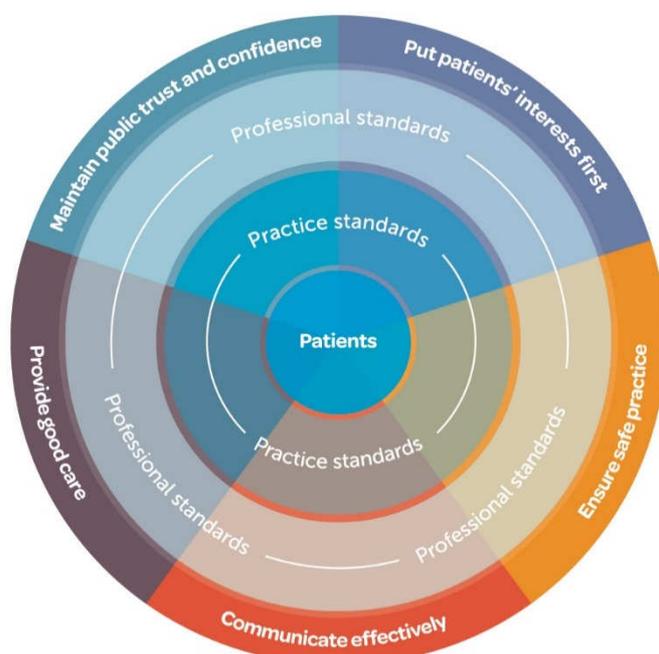
- *Council Statement Principles of Ethical Conduct for Oral Health Practitioners*

The introduction of the standards framework replaces the Council Statement Principles of Ethical Conduct for Oral Health Practitioners, and this document is repealed - effective from 15 August 2015.

Standards Framework for Oral Health Practitioners

The *Standards Framework for Oral Health Practitioners* describes the minimum standards of ethical conduct, and clinical and cultural competence that patients and the wider public can expect from oral health practitioners.

These standards are defined in the ethical principles, professional standards and practice standards.



When the Council first consulted stakeholders in August 2014, the overwhelming support for the development and introduction of a standards framework was very pleasing. Through 2015, the standards framework was further developed taking into account the feedback during the discussion forums and submission comments received.

Following consideration of the submission comments received during the second consultation, only one minor grammatical change was made. Thank you to all those stakeholders that have actively engaged with us during the development process.

The final standards framework is available on the [Council's website](#). It is in an interactive format – by clicking on the various components of the illustration you will be able to access the detailed information. For example by clicking on the *Ethical Principle* you will find the professional standards relevant to that particular ethical principle, and by clicking on *Practice standards* you will get access to all the practice standards relevant to your profession. Practitioners are encouraged to explore this functionality.



A pdf version of the standards framework document is also attached (*Attachment 1*).

Transmissible Major Viral Infections (TMVI) Practice Standard

The Council in consultation with its expert working group, considered the submissions on the draft Transmissible Major Viral Infections (TMVI) consultation. There was general support for the proposals, with a few amendments made as a result of the submissions received.

In addition, the Council requested advice from the Health and Disability Commissioner on a TMVI infected practitioner's obligations to patients under the Code of Rights. Advice was also sought from the Office of the Privacy Commissioner on a TMVI infected practitioner's privacy rights.

The following key changes were made to the TMVI practice standard:

- The term 'non-occupational exposure to blood products' has been replaced by the wording 'non-occupational exposure to potentially infected body fluids (e.g. accident scene)', to address the concern that the initial statement might have been interpreted as meaning giving, or receiving, blood in a regulated setting. (*Introduction, p6 & standard 3*)
- The requirement for follow-up testing following an isolated positive test result for Hepatitis B has been removed – acknowledging that individuals with this test result are not infectious, and do not pose a risk of transmission of infection. (*Standard 3*)
- Provision for individual consideration by the TMVI panel of those Hepatitis C infected practitioners who cannot be cured - to potentially perform exposure prone procedures (EPPs), has been included. It is expected that the majority of HCV infected practitioners will be cured with treatment; this change ensures a consistent approach in the management of TMVI infected practitioners. (*Standard 13*)
- The level of HIV RNA the TMVI panel may consider safe for an HIV¹ infected practitioner to perform EPPs has been amended from 'undetectable', to:
“...consistent high level suppression of HIV RNA, with the overwhelming majority of blood test results showing an undetectable level of HIV RNA...”
This change acknowledges that transient HIV RNA 'blips', to a higher than 'undetectable' level, are characteristic of HIV test results taken over time; and that these minor rises in HIV RNA are not at a level expected to result in a risk of transmission of infection. (*Standard 15*)
- The following delegation provisions for the TMVI panel have been included: The TMVI panel will operate under delegation of the Council for the management of practitioner TMVI cases, and will act in an advisory capacity on the fitness for registration of applicants seeking registration or restoration to the Register. (*Introduction, p5*)
- The notification obligations for practitioners have been amended. The new requirements are:
 - Following an injury resulting in exposure of the patient's tissues to the blood of a TMVI infected practitioner, the practitioner must immediately inform the patient of his/her infected status; and inform the TMVI panel of the exposure.
 - If a practitioner, who is not known to be infected with a TMVI, receives a positive test result from the test taken at the time the practitioner sustained an injury where the patient's tissues was exposed to the practitioner's blood, the practitioner must immediately inform the patient involved and the Council of the positive test result. (*Standard 17*)

¹ human immunodeficiency virus

After consideration of all the evidence made available to the Council it believes that the standards set are based on scientific evidence, in line with similar international practice, proportional to the potential risk to patients, and a balanced approach in managing TMVI infected practitioners to protect the safety of the public.

During review of the final draft the decision was made to revisit the structure of the document by separating the standards (requirements) from the additional information and recommendations, to ensure clarity of the standards that practitioners must meet.

The final *Transmissible Major Viral Infections Practice Standard* is available on the [Council website](#). A pdf version of the document is also attached (*Attachment 2*).

Please feel free to contact the Council at inquiries@dcnz.org.nz or 04 499 4820 if you have any further questions on the new standards or the implementation.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Marie Warner', with a small flourish at the end.

Marie Warner
Chief Executive