



**New Zealand
Dental Assoc.**

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Marie Warner
Chief Executive
Dental Council
P.O. Box 10-448
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26th June 2017

SUBMITTED VIA EMAIL & POST

Dear Marie

Re: Consultation on a professional boundaries practice standard

The Association welcomes the opportunity to make comment on the proposed Professional Boundaries Practice Standard and does so in the requested format of answers to the questions posed by the Dental Council.

Q1 Do you agree/disagree with the draft professional boundaries practice standard?

Standard 1 *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 Association agrees with this standard.

Comment - Guidance - bullet point 7. The mention of 'third person' should be further defined by adding the words 'patient requested' i.e to '*a third person (patient requested support person or chaperone)*'. There are occasions when the dentist may request a third person (not a dental chairside assistant) as chaperone or supervisor and in that circumstance the patient should be informed of, and their consent obtained for this. This should also be stated at this point in the guideline.

Comment: Guidance – Final bullet point. When seeking advice (consulting) it is important that an appropriate person is consulted.

Recommendation: It is suggested this guidance note be reworded to include the words '*experienced and trusted colleague and/or professional indemnifier*'.

Standard 2 *You must ensure the integrity of the professional relationship is not compromised when you have a pre-existing relationship with a patient, and refer appropriately if you cannot.*

The Association agrees with this standard.

Standard 3 *You must identify and maintain appropriate personal boundaries in your interactions with your patients and those close to them, including their families and whanau.*

The Association agrees with this standard.

Standard 4 *You must not breach sexual boundaries in your interactions with your patients and those close to them, including their families and whanau.*

Comment: The Association agrees with the first part of this standard - '*you must not breach sexual boundaries in your interactions with your patients*'. We are unclear as to why the Standard then expands to non-patients (*those close to them, their families and whanau*). Is the Council stating that practitioners are not able to form sexual relationships with non-patients if those non-patients are in some way related to a patient within the practice?

Recommendation: The Standard be reworded to – '*You must not breach sexual boundaries in your interactions with patients*'.

Comment: The Association is of the view that this standard should be the 'first' of the six listed standards. The 'order' and implied priority of the standards should be reconsidered. The issue of sexual boundaries in the dental practitioner / patient relationship should take precedence over the other Standards and accordingly Standard 4 should appear as the first Standard.

Recommendation: the reworded Standard - '*You must not breach sexual boundaries in your interactions with patients*'. Be listed as Standard 1 within this Practice Standard.

Standard 5 *You must maintain appropriate professional boundaries when using social media and other forms of electronic communication.*

The Association agrees with this standard and it is timely to give such guidance.

Standard 6 *You must protect patients from boundary breaches by other practitioners, and inform the Council Registrar of any boundary violations or unresolved boundary crossings.*

Comment: The Association agrees with the principles underpinning this standard but suggests alternative wording as presented in the following recommendation:

Recommendation: The wording of Standard 6 be amended to '*Should you become aware of boundary breaches by other practitioners, you must act to protect patients and inform the Council Registrar of any boundary violations or unresolved boundary crossings*'.

Q2 Does any element of the draft professional boundaries practice standard require further clarification or guidance?

Nothing that has not been covered off elsewhere in this submission.

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

No

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

The format and structure of the practice standard is good. The clear delineation (within the document) of the standard and the guidance elements is especially helpful.

The Practice Standard states that a practitioner must not breach sexual boundaries. It would seem unnecessary to sub-categorise breaches in sexual boundaries (sexual impropriety, sexual transgression and sexual violation) as it implies that some actions are more acceptable than others as they are lower on the 'scale'. Any breach in sexual boundaries is unacceptable. Including a list of actions that breach sexual boundaries is helpful. It is suggested that the Council consider also including the following examples of possible breaches in sexual boundaries in Appendix A.

- Requesting details of a sexual nature which are not relevant to the patient's care
- Inappropriate examination of a patient
- Inappropriate draping practices and the use of the chest area as a work surface
- Soliciting a date, romantic relationship or propositioning a patient
- Soliciting images of a sexual nature from a patient, whether this be of them, a family member or another person(s)
- Sending images of a sexual nature to a patient
- Engaging in online or text communication of a sexual nature with a patient or family member of a patient
- Obtaining patient sexual acquiescence through inducement. For example, offering treatment, services or drugs for sexual favours.
- Sexual intercourse with a patient (including when initiated by the patient)
- Actions involving other forms of sexual connection

The Association remains committed to the reestablishment of a profession-led joint process for the development of Practice Standards such as this and attaches for information its most recent draft of the relevant Code of Practice. It is anticipated that this draft Code of Practice will be approved or further amended and approved at the Association's August 17 Board Meeting

Kind regards



David Crum
Chief Executive Officer
New Zealand Dental Association

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