Dental Council
Te Kaunihera Tiaki Niho

12 November 2026

Tēnā koutou katoa,

Standards framework consultation outcome

On 27 July 2026 the Council issued a consultation to 5698 practitioners and 119 stakeholders on proposed updates to the *Standards framework for oral health practitioners* (standards framework).

The Council is grateful for the constructive feedback received. Three submissions were received from individual oral health practitioners, two from professional associations and one government agency. The submissions can be found here.

The Council has considered the feedback and has amended some aspects of the proposed standards framework in response.

The updated standards framework is available here.

Updates to the *Responsible use of AI in oral health practice* guidance were also made.

The Council would like to thank the individuals and organisations who provided feedback through the consultation process and acknowledge their valuable input in finalising the standards framework.

Executive summary

There was general support for:

- The consolidated list of mandatory standards
- Introduction of patient expectations
- The express statement that guidance is not mandatory
- The qualification of the health and safety guidance
- The principle underlying new standard 20
- Alignment of guidance on radiographic justification with the Code of Practice for Dental Radiology: ORS C4
- The guidance for practitioners to address issues with colleagues in a collaborative and supportive manner; and expanded guidance for notifications related to fitness to practise, practice or conduct.

While generally supported, some aspects required further refinement and clarification. Key feedback centred on:

- Retaining focus on competent practice; knowledge and skills do not guarantee competent practice
- Some obligations may be difficult to always be achieved by employees
- Clarification on complaints processes
- Placing obligations on organisations is outside the Council's role
- Retaining the importance of oral health promotion for patients and the public
- For clarity and completeness in interpreting the professional standards - to keep some guidance statements initially proposed to be removed
- Clarity on the standing and scope of the *Responsible use of AI in oral health practice* document referenced.

After considering the consultation feedback, changes were made to nine professional standards, some current guidance restored, and amendments made to some guidance. Further tightening of the definition descriptions was made.

The Council considered that none of these changes altered the intended obligations consulted on. The updated standards framework comes into effect on 14th December 2026.

Details on the submission feedback, commentary and responses to address the feedback are reflected in Appendix 1.

Thank you for participating in the consultation process.

Ngā mihi nui,



Marie MacKay

Chief Executive

Summary of changes made to the standards framework

Appendix 1

The tables below detail the changes made to the standards framework following consultation feedback. Changes marked in red.

Table 1: Changes to the standards

Professional standards		Patient expectations	Feedback and response
1	You must ensure the oral health needs and safe care of your patients are your primary concerns	Your oral health needs will be prioritised and your oral health practitioner will provide safe ~~dental~~ care	*Feedback:* Standard 1 read "safe care of your patients" on page 4 and "safe care of patients" on page 8 *Response:* Updated to match list of standards. Wording of standard and patient expectations aligned more closely.
6	You must respect patients' right to complain and ~~facilitate~~ enable them to seek resolution	You can make a complaint if you are unhappy with the care or treatment you receive from your oral health practitioner who will help you to find a resolution	*Feedback:* The proposed change in wording to the standard from 'enable them to seek redress' to 'facilitate' - along with the removal of guidance to inform patients of internal and external complaints procedures narrowed the obligation. *Commentary:* Intent was not to limit the process to facilitate a resolution, or to only have an internal focus in finding a resolution. *Response:* Reinstated 'enable them to seek resolution' (retained resolution instead of redress).

			Patient expectations: added ‘you’ to clarify the role of the practitioner in finding a resolution.
8	You must practise within your professional knowledge, ~~and~~ skills and competence, and offer referral to another health professional where appropriate	Your oral health practitioner will work within their knowledge and capabilities and offer to arrange referrals where appropriate	*Feedback:* Knowledge and skills are not the same as competence, and the Council’s statutory function under section 118(1)(i) is framed around competence. The silence around competence weakens the framework. *Commentary:* It was not the intent to lower the standard or disregard the importance of practitioner competence. Point taken that having the knowledge and skills does not automatically equate to competent practice. *Response:* Reinstated the original standard wording that includes ‘competence’.
10	You must maintain ~~appropriate~~ your skills ~~and equipment~~ to manage medical emergencies and have ready access to emergency drugs and equipment	Your oral health practitioner has the skills, emergency drugs and equipment needed to manage a medical emergency	*Feedback:* The proposed wording “maintain appropriate… equipment” transfers what should be an employer responsibility onto individual practitioners to ensure that equipment is maintained. In hospital, defence and university settings, emergency equipment and response belong to the institution or service, not the individual practitioner. Requested that the Council confirm the standard can be met by having assured access to institutional equipment and response. *Response:* Rephrased standard to highlight requirement for skills maintenance and have ready access to emergency drugs and equipment.

			Language aligns with standards in the draft Medical emergencies practice standard currently being consulted on.
12	You must identify ~~and manage~~ health and safety risks within your practice environment and take reasonable steps to manage these risks	Your oral health care will be provided in a safe environment	*Feedback:* The ability of individual practitioners to 'manage' health and safety risks within their workplace is necessarily limited. This is recognised in the guidance, 'take reasonable steps' and 'within your control', but compliance is assessed against the standard which has no such qualification. Request to add the qualifier 'take reasonable steps' to manage health and safety risks in the standard. *Response:* Standard rephrased to include 'take reasonable steps' to manage health and safety risks, in acknowledgement of the concerns raised. The health practitioner's role in ensuring health and safety is retained. 'Within your control' retained in the guidance.
16	You must ensure informed consent ~~always~~ remains valid at all times	Your oral health practitioner will check that you understand and agree to care as it progresses or changes	Consistency in wording.
18	You must behave respectfully in communication to and about your colleagues and other health professionals~~, and health related organisations~~	Your oral health practitioner will communicate respectfully with their colleagues and other health practitioners ~~and within the health sector~~	*Feedback:* Requirement for respectful communication supported, however concern that extending this to 'health related organisations' may have the unintended consequence of constraining evidence-based professional advocacy, public interest comment or academic criticism directed at such organisations.

			In agreement with the general premise of the standard but it is overreach and effectively introduces silencing mechanisms for individuals speaking out against their employer or critiquing government actions in the interests of patient safety. *Commentary:* It was never the intent to limit people's right to express different views or concerns, or limit advocacy; the focus was on the way those are raised. However, reflected on concern raised about the Council's ambit in regulating oral health practitioners, and not organisations or practices. *Response:* Removed 'health related organisations' from the standard.
20	*Consultation proposed:* You must take responsibility for the assessment, diagnosis, treatment planning, and care you provide; including when you rely on external advice, technologies, and services directly related to the care *Following consultation:* You must take responsibility for the assessment, diagnosis, treatment planning, and care you provide, and use your professional judgement when making use of technologies, external advice and services	*Consultation proposed:* Your oral health practitioner will take responsibility for your assessment, diagnosis, treatment planning, and care, including when using emerging technologies or external advice *Following consultation:* Your oral health practitioner will take responsibility for your assessment, diagnosis, treatment planning, and care they provide, and use their professional judgement when making use of technologies, external advice and services	*Feedback:* The consultation document ties the standard to AI, digital tools and overseas parties, however the wording of the standard is wider than that purpose in three respects: • Third-party professional reports – appears to capture a radiologist's report, pathology result or a specialist colleague's opinion. A referring practitioner should not be responsible for the professional judgement of another registered health practitioner whose report or opinion has been properly sought. • Supervised care – standard related to the care 'you provide'. In a teaching clinic care is provided by a student under supervision. There is no provision for this in the standard or guidance. • Institutional systems – practitioners rely on institutional radiology, pathology and laboratory services, and increasingly AI tools procured at an institutional level. They neither select nor procure these tools. Looking for clarification as to where responsibility begins and ends.

			Phrasing of the standard is ambiguous – particularly the references to ‘external advice’ and ‘services related directly to care’ – what constitutes these? Recommend updating guidance to clarify these terms or remove them. *Response:* Standard has been reworded so that when making use of technologies, external advice and services, the practitioner is to use their professional judgement - rather than being explicitly responsible for them. However, using them does not abrogate the practitioner’s responsibility for the overall care provided. Additional guidance explains what ‘external advice’ and ‘services’ might be; and provides direction for practitioners when using their professional judgement in this context.
22	You must promote the oral health ~~needs~~ of patients and the public ~~the community~~	Your oral health practitioner will act in ways that enhance your oral health, and that of the public ~~the public’s best interest~~	*Feedback:* Agreement with the removal of ‘protect’ because it is not always achievable. Concern that a subtle change in wording may set an expectation that oral health practitioners are obliged to fulfil the wishes of the community they serve, as determined by the members of the community. *Commentary:* Simplification unintentionally created a potential shift to practitioner obligations. The Council acknowledges the importance of oral health promotion, and those practitioners involved in those activities. *Response:* Standard restored to original wording, without ‘protect’.

Table 2: Changes to introduction and guidance

Practitioner guidance to professional standards 1 – 7:

- Consider patients' individual needs, values, and preferences ~~backgrounds~~.
- Be open and honest, courteous, empathetic and supportive in all your interactions with patients.
- Do not discriminate against patients by reason of sex, marital status, religious or ethical belief, colour, race, ethnic or national origins, disability, age, political opinion, employment status, family status or sexual orientation; or because of your own political, religious or moral beliefs.
- "Cultural values" are the beliefs common to a particular group of people; culture is not confined to ethnic origin.
- Be aware of cultural diversity when treating people of all cultural backgrounds and treat patients in a culturally sensitive manner.
- Recognise the unique place Māori hold as tangata whenua in New Zealand and honour Te Tiriti o Waitangi.
- Respect patients' views and preferences, including their right to a support person; and do not make assumptions about how they want to be treated.
- Respect patients' freedom of choice, including the choice to decline treatment or seek a second opinion.
- ~~You must~~ Do not coerce a patient's treatment choice for financial purposes, professional development or inappropriate self-gain.
- Make patients aware that they have options to find resolution if they have concerns about the care received.
- Ensure patients are aware of the Code of Health and Disability Services Consumers' Rights.
- Follow your complaints process to facilitate fair, simple and timely resolution of complaints.
- Inform the patient of any relevant external complaints procedures if they do not wish to engage in the internal complaints process, or resolution can't be reached.
- Protect patient records so information is not revealed to unauthorised staff, patients or members of the public, including when using new technology to support your practice.
- Obtain the written consent of the patient before you use patient information for any reason other than the purpose for which it was gathered.
- Allow patients access to the information you hold about them. Do not withhold information on the basis of an unresolved dispute.

Commentary	2017 guidance points retained, as requested through consultation: - Be open, honest, courteous, empathetic and supportive in all your interactions with patients - Allow patients access to the information you hold about them. Do not withhold information on the basis of an unresolved dispute - Obtain the written consent of the patient before you use patient information for any reason other than the purpose for which it was gathered
	Submission request to retain guidance related to internal and external complaints procedures. Guidance expanded to emphasise: - Patients have a range of options when they have concerns about care provided or the health practitioner - Acknowledge internal and external complaints processes and options
	The right to have a support person present retained, as requested. It has been combined with an existing guidance point.
	Mandatory language in non-mandatory guidance – ‘must’ has been removed. Now reads ‘Do not coerce a patient’s treatment choice…’

Practitioner guidance to professional standards 8 – 12:

- Only carry out a task or a type of treatment if you have the knowledge and skills to do so competently within your scope of practice.
- Recognise your own limitations and the special skills of others in diagnosis, prevention and treatment.
- Where referral is appropriate, it might be to another oral health practitioner, other health professional or support agency.
- Comply with Dental Council's annual recertification programme.
- ~~When integrating new technology within your practice, apply your professional knowledge to assessments, diagnosis, treatment, and holistic patient care.~~
- Ensure you have the appropriate understanding and training before you start using new technology; and apply your professional judgement to ensure safe and competent care, appropriate for the patient's particular circumstances.
- Check patient records for accuracy and completeness, including when records have been prepared using new technology.
- The medical emergencies practice standard details the specific emergency drugs and equipment required for the different professions.
- ~~Identify and take reasonable steps to~~ Manage health and safety risks within your control, which ~~This~~ may include knowing who the health and safety officer is, raising concerns, following workplace policies, and reporting risks where they cannot be addressed directly.

Commentary	First guidance statement retained on submission request, in support of standard 8.
	The guidance that references 'holistic' care has been removed; 'holistic' removed for consistency with re-worded standard 19. The guidance statement on use of new technology has been extended to highlight the need for professional judgement to ensure the care provided is safe, competent and appropriate; consistent with the guidelines for advanced and new areas of practice.
	Last guidance statement has been amended, with 'take reasonable steps' being incorporated into the standard 12 wording.

There are no substantial changes to the guidance for standards 13-18. The guidance requiring a practitioner to check that the patient can access and use the digital platform before a virtual consultation was questioned. The submitter commented that it assumes the practitioner chooses the platform which is not the case in hospital and defence settings. The comment is acknowledged, but regardless of policies or systems, or who chose the platform, it remains the practitioner's responsibility to ensure the communication method is suitable for the patient, and if not, make alternative arrangements to support effective communication, informed consent and safe care. A footnote reference to the AI guidance was added, and guidance between two documents aligned: Before using emerging technologies in patient care, explain how it will be used, and its benefits and limitations, so patients can make an informed decision ~~get informed consent~~.

Guidance to professional standards 19 – 22:

- Provide patients with oral health advice and treatment options relevant to their situation, having~~. This includes~~ consider~~eding~~ the patient's overall health, their psychological and social situation, their oral health needs (immediate and long term), and desired outcomes.
- Carefully balance the patient's oral health needs with their wishes, and be able to explain your approach to care, which may include declining to treat.
- ~~Clinical justification involves the~~ Ongoing evaluation of treatment outcomes ~~as~~ is part of professional accountability and is particularly important when treatment occurs over an extended period.
- Radiographs should be individually prescribed when there is a clear, documented clinical justification. Dental radiology requirements are described on the Ministry of Health website.[1]
- Prescribing should follow principles for quality and safe prescribing. National principles for prescribing practice can be found on the Dental Council website.[2]
- Assess treatment outcomes at regular intervals to determine whether treatment should continue, change, or stop, and whether referral to another health practitioner is appropriate.
- Use the best available evidence to inform your care, drawing on scientific research where available, or, where evidence is limited, a strong theoretical rationale, suggestive evidence, or the opinions of respected authorities.
- You remain responsible for clinical decisions when using artificial intelligence tools. This may involve overriding digital outputs to ensure they are accurate and appropriate for the individual patient.
- Practitioners may consult other health practitioners, locally or overseas, to inform or support the care they provide, or outsource some services to others. When using external sources to inform or support care, use your professional judgement to ensure they are legitimate and appropriate for the circumstances.
- Clinical practice goes wider than clinical dentistry to include teaching, research, and management, given that such roles influence clinical practice and public safety. When students provide care to patients as part of their learning, the supervising practitioner is responsible for the care provided.
- Further guidance on responsible use of artificial intelligence in oral health practice can be found on the Dental Council website.[3]
- Work effectively with your colleagues, health practitioners, and others to provide appropriate care to patients.
- Respect the contribution of all team members involved in patients' care.
- Enable patients to maintain and enhance their individual wellbeing by increasing their awareness and understanding of oral health matters.
- Initiate and/or participate in broader based community intervention or setting of public policy, where necessary and practicable.
- If your personal position on any aspect of oral health differs from that of the relevant profession, inform your patients and the public of this fact and of the extent

[1] Code of Practice for Dental Radiology: ORS C4 and Code of Practice for Diagnostic and Interventional Radiology: ORS C1 2024, MInistry of Health - Manatū Hauora

[2] Principles for quality and safe prescribing practice, joint statement by seven New Zealand responsible authorities who regulate prescribers

[3] Dental Council guidance: Responsible use of AI in oral health practice

to which your position differs from the collectively held view.

Commentary	Minor wording changes to the first and third guidance statements, for readability and consistency with the intention of newly worded standard 19.
	Additional guidance for newly worded standard 20, in response to submission comments requiring clarification of ‘external advice’ and ‘services directly related to the care’; provides direction for practitioners when using their professional judgement in this context.
	Retained bullet points related to health literacy and community intervention and public policy, as submission requested. Submitter indicated that their removal was a loss for academic, hospital and public health practitioners whose roles include exactly that work.

Guidance to professional standards 23 – 26:

- You are always a professional. Treat all team members, colleagues, patients and members of the public fairly, with respect and in accordance with the law, in all personal and professional dealings.
- Do not make malicious or unfounded criticisms of colleagues or patients that may undermine patients' trust in the care or treatment they receive, or the profession.
- Be honest and open in dealings with patients, employers, insurers or other organisations and individuals.
- Understand that laws and regulations may change and it is your responsibility to keep up-to-date with those affecting your work.
- ~~Inform the Dental Council immediately if a matter arises that could impact on your fitness to practise, such as a significant health condition, an investigation into your practice or conduct (in New Zealand or overseas), criminal proceedings, or a conviction.~~
- Co-operate fully with any investigatory or legal processes and be honest and accurate in your responses.
- Address issues with colleagues in a collaborative, supportive manner and elevate if necessary.
- Do not take advantage of your position as an oral health professional in your interactions with patients and the public.
- Maintain clear professional boundaries in all interactions, including avoiding inappropriate personal, financial, or social relationships.
- You must be familiar with your legal obligation to notify the Council if:
    - a matter arises that could impact on your fitness to practise, such as a significant health condition, an investigation into your practice or conduct (in New Zealand or overseas), criminal proceedings, or a conviction.
    - you are an employer of a practitioner who resigns or is dismissed from their employment for reasons relating to competence.[4]
    - you know, or suspect, that patients or colleagues may be at risk because of your health[5], competence or conduct, or that of a colleague or an employee.
- Mental and physical health conditions may include substance use disorders (including addictions). Seek appropriate medical advice as soon as possible.

Commentary	The three guidance statements related to reporting obligations were combined into sub-bullets, with a new leading statement; for conciseness and clarity. This change resulted from internal review.

[4] Section 34 of the Health Practitioners Competence Assurance Act 2003
[5] Section 45 of the Health Practitioners Competence Assurance Act 2003

Table 3: Summary of general feedback

Feedback	Commentary and response
Guidance is no longer tied to individual standards Grouping guidance by ethical principle removes the four "There is no guidance for this standard" notations, which is welcome. It also loosens the link between an obligation and the guidance that explains it. A standard number beside each guidance point would restore that link at no cost.	It is recognised that guidance may apply to multiple professional standards. Grouping the guidance for the professional standards, rather than linking them directly, is considered to allow a more flexible approach in applying the guidance. For this reason, the Council does not consider it necessary to place a standard number beside each guidance point.
Acknowledgements The 2017 framework acknowledges the bodies whose work informed it. The draft has no acknowledgements page. The Council is asked to confirm whether this is an omission from the draft or an intended change.	The original development work in 2015 heavily relied on the various resources acknowledged at the time. Over time, different factors influence proposed standards, including all submission feedback, notifications, legal challenges, practical application. It is difficult to accurately acknowledge and define those. Alongside, the Council is preparing to have all standards gazetted as secondary legislation. Consequently, the acknowledgement section is removed in the updated version.
Renumbering Standards within "Ensure safe practice" have been re-sequenced and the three mergers renumber standards 19 to 28. Request made for Council to publish a mapping table with the final framework.	A mapping table is provided in Appendix 1, Table 4.
Patient expectations for Standard 7 Submission request for guidance on how confidentiality of patient information and patient primacy operate where the practitioner is employed by someone other than the patient.	Any disclosure request, regardless by whom and in what format, must meet the legal obligations of the Privacy Act 2020, Health Information Privacy Code 2020 and other related legal requirements. Patient expectations for standard 7 remain unchanged: ‘Your oral health practitioner will protect your privacy and keep your information confidential, except in situations where the law requires it to be shared’. No change made.

The weight of patient expectations Submission request for clarification as to how patient expectations will be used in complaints and disciplinary processes. The framework should state expressly that they do not create or extend obligations.	The standards framework states that: • All oral health practitioners are required to meet professional standards 1 – 26 and comply with the practice standards. • Patient expectations represent the patient centred nature of the framework. They describe what a patient can expect when a practitioner meets a professional standard [emphasis added]
AI in oral health practice resource Clarity was requested on the status and coverage of the *AI in oral health practice* resource referenced. Alignment between the standards framework guidance and the AI resource was requested. Clarity on endorsement, or otherwise, of Heidi AI scribes was requested. Referencing approach. Support members with practical resources on AI.	*Responsible use of AI in oral health practice* is a guidance document that assists practitioners to understand how their existing professional obligations apply to the use of AI in practice. The standing as a guidance document was clarified, and alignment with guidance in the standards framework made. We removed the specific reference to the "then new" AI platform adopted by Health NZ when the information was first shared with practitioners, as this will continue to evolve. The guidance may need further updates over time, which will be communicated to practitioners along the way. For this reason, specific versions or dates are not included in the standards framework. The link within the document will point to the latest version of the various reference documents. As reflected in the consultation document, the AI guidance was helpful within this new, fast-paced environment; whereas the introduction of new technologies and virtual consultations is not new to dentistry. The scope of the AI guidance was not extended. It does not preclude professional bodies offering guidance in other practice areas they consider would add value for their members. The updated *Responsible use of AI in oral health practice* is available here.
Standards framework introduction Internal review identified opportunities for tightening the introduction and definitions to the standards framework.	No positional change • The standards framework describes standards ~~of professional behaviour~~ for ethical conduct, and clinical and cultural competence that must be met by all oral health practitioners. • Added: The components of the standards framework are the ethical principles, professional standards, practice standards and patient expectations. • Professional standards: describe the actions and behaviours ~~expected from~~ required of practitioners to ensure they provide competent and safe ~~practice~~ care, and meet the Dental Council's standards for ethical conduct. • Practice standards: contain standards for specific areas of practice where additional detail is needed ~~to ensure practitioners meet the professional standards.~~

	• Patient expectations definition move to front definition page to support understanding of the framework's visual illustration.

Table 4: Standards mapping table

Bold where the numbering changed, shaded light-blue where the standard has changed, and light grey where there is no corresponding standard.

Current version		**2026 version**	
Put patients' interests first			
1	You must ensure the health needs and safe care of your patients are your primary concerns	1	You must ensure the oral health needs and safe care of your patients are your primary concerns
2	You must put the interests of your patients ahead of personal, financial or other gain	2	You must put the interests of your patients ahead of personal, financial or other gain
3	You must treat patients with dignity and respect at all times	3	You must treat patients with dignity and respect at all times
4	You must treat patients fairly and without discrimination, respecting cultural values, personal disabilities and individual differences	4	You must treat patients fairly and without discrimination, respecting cultural values, personal disabilities and individual differences
5	You must respect the autonomy and freedom of choice of the patient	5	You must respect patients' autonomy and freedom of choice
6	You must respect patients' right to complain and enable them to seek redress	6	You must respect patients' right to complain and enable them to seek resolution
7	You must protect the confidentiality of patient information	7	You must protect the confidentiality of patient information
Ensure safe practice			
8	You must practise within your professional knowledge, skills and competence, or refer to another health practitioner	8	You must practise within your professional knowledge, skills and competence, and offer referral to another health professional where appropriate
9	You must identify and manage health and safety risks within your practice environment	**12**	You must identify health and safety risks within your practice environment, and take reasonable steps to manage these risks

10	You must maintain accurate, time-bound and up-to-date patient records	**11**	You must maintain accurate, time-bound and up-to-date patient records
11	You must keep your professional knowledge and skills up-to-date through ongoing learning and professional interaction	**9**	You must keep your professional knowledge and skills up-to-date through ongoing learning and professional interaction
12	You must have arrangements in place to manage medical emergencies	**10**	You must maintain your skills to manage medical emergencies and have ready access to emergency drugs and equipment
Communicate effectively			
13	You must communicate honestly, factually and without exaggeration	13	You must communicate honestly and provide accurate, factual information without exaggeration
14	You must listen to your patients and consider their preferences and concerns	14	You must listen to your patients and consider their preferences and concerns
15	You must give patients the information they need or request, in a way they can understand, so they can make informed decisions	15	You must give patients the information they need or request, in a way they can understand, so they can make informed decisions
16	You must ensure informed consent remains valid at all times	16	You must ensure informed consent remains valid at all times
17	You must communicate openly in inter- and intra- professional healthcare teams for the enhancement of patient care	17	You must communicate effectively with others to co-ordinate and support patient care
18	You must behave respectfully in communication to and about colleagues or other health professionals	18	You must behave respectfully in communication to and about your colleagues and other health professionals
Provide good care			
19	You must take a holistic approach to care appropriate to the individual patient		
20	You must provide care that is clinically justified and based on the best available evidence	**19**	You must provide clinically justified care that considers a person's overall health and wellbeing, and is based on the best available evidence

		20	You must take responsibility for the assessment, diagnosis, treatment planning, and care you provide, and use your professional judgement when making use of technologies, external advice and services
21	You must collaborate with colleagues and other health practitioners, and contribute to teamwork for enhanced patient outcomes	21	You must collaborate with others to facilitate appropriate care
22	You must protect and promote the health of patients and the public	22	You must promote the oral health of patients and the public
Maintain public trust and confidence			
23	You must ensure your professional and personal conduct justifies trust in you and your profession	**23**	You must act with honesty and integrity to ensure your professional and personal conduct enables trust in you and your profession
25	You must act with honesty and integrity at all times with patients, colleagues and the public		
24	You must be familiar, and comply, with your legal and professional obligation	24	You must be familiar and comply with your legal and professional obligations
26	You must maintain appropriate boundaries in your interactions with patients, colleagues and the public	**25**	You must maintain appropriate boundaries in your interactions with patients, colleagues, and the public
27	You must protect the interests of patients and colleagues from any risk posed by your personal issues or health, or those of a colleague	**26**	You must protect the interests of patients and colleagues from any risk of harm posed by your health, competence, or conduct, or that of a colleague or an employee
28	You must protect the interests of patients and colleagues from any risk posed by your competence or conduct, or that of a colleague or an employee		