



Bermuda Dental Board

Standards of Practice for Dentists

Standards of Practice for Dentists

Mailing Address:

Ministry of Health and Seniors
PO Box HM 380
Hamilton HMBX
Bermuda

Physical Address:

25 Church Street
Hamilton HM12
Bermuda

Phone:

Registrations Manager, 278-4904

Email:

OfficeofCMO@gov.bm

Published by:

Bermuda Dental Board (December 2014)
Copyright ©2014 Bermuda Dental Board

Reference as:

Bermuda Dental Board (2014) Standards of Practice for Dentists. Bermuda Dental Board:
Bermuda.

Printed by:

Bermuda Health Council

Standards of Practice for Dentists has benefited from the input of several peer reviewers. The Bermuda Dental Board acknowledges the following who offered their technical critique and feedback: Dr Ronda James (Chair), Dr Lorna Hall, Dr Kevin Harney, Dr Akbar Lightourne, Dr Aleesha Maybury, Dr Celia Nzabalinda, Zuri Samuels and Alex Wheatley. We are also grateful for the guidance and advice of the Bermuda Dental Association (Chair, Dr Kianna Simmons). The Bermuda Dental Board is appreciative for the technical and administrative support provided by Bermuda Health Council including Mrs Tawanna Wedderburn, Director - Health Regulation, Ms Robyn Skinner, Corporate Office Manager, Ms Tiara Carlington, Project Officer and Andrew Simons, Chair of Regulation Committee.

Contents

- Message from the Bermuda Dental Board 4**

- 1. Relationship to the profession - Maintaining confidence in the profession 5**
 - Providing good clinical care 5
 - Maintaining and improving professional performance 5
 - Maintaining good health and well-being..... 6
 - Public health 6
 - Maintenance and management of dental facility 7
 - Business ownership 8
 - Fee schedules and legislation related to fees..... 8
 - Promotional advertising 8
 - Signing authority..... 9
 - Prescriptions 9
 - Self-prescribing and treating close family members 10
 - Referrals..... 10
 - Research 10

- 2. Relationship to patients - Putting patients first 11**
 - Confidentiality..... 11
 - Release of patient records..... 11
 - Complaints handling 11
 - Professional boundaries 11
 - Accepting patients 12
 - Ending the relationship with a patient 12
 - Consent..... 12
 - Advising of fees in advance of treatment..... 12
 - Uninsured dental expenses 13
 - Financial and commercial dealings..... 13
 - Sale of products by dentists..... 13

| | |
|-------------------------------------------------------------------------------------------------|-----------|
| Conflict of interest | 13 |
| Indemnity insurance | 14 |
| 3. Relationship with Colleagues - Working together to keep patient interests first | 14 |
| Working with colleagues..... | 14 |
| Referral for consultation and transfer of care..... | 14 |
| Treatment of patients by specialists..... | 15 |
| Providing a second opinion..... | 15 |
| Arranging office coverage (delegation) | 15 |
| Emergency service | 16 |
| Use of auxiliary personnel | 16 |
| Retirement or discontinuance of practice | 16 |
| 4. Appendix I - Patient record standards..... | 18 |

Definitions

Auxiliary staff refers to any assistants, hygienists and technicians

Dentist means any person registered or practicing dentistry under the provisions within the Dental Practitioners Act 1950

Must refers to a legislated or mandatory requirement reflecting the best practice standard supported by the Dental Board

Should means that the dentist may exercise reasonable discretion

Patient means any individual who seeks treatment or is treated by a dentist

Patient of record or active patient is a patient who has an active treatment plan including maintenance with a specified dentist; where the patient has consented to receive treatment and is meeting the financial and time obligations required for the treatment

Message from the Bermuda Dental Board

Dear Colleagues:

The Dental Board was established in 1950 to ensure high standards of professional competence and conduct in the practice of dentistry in Bermuda. In pursuit of this goal, the Board, in collaboration with the Bermuda Health Council, is pleased to provide dental practitioners with the following Standards of Practice. These Standards of Practice are intended to provide the basis for the Board to review questions concerning professional ethics as well as a guide for what is expected of all dentists registered to practice in Bermuda. The dentist's primary professional obligation is to provide competent care, described here in the Standards. Competent care includes not only the clinical care delivered, but all aspects of the dentist's relationship with patients, colleagues and the community. Violation of these standards may be deemed as unprofessional conduct.

The Dental Board sees this as a document that will require updating from time to time as services and standards of care evolve. An example of this is Section 1.9 which deals with dental waste. It is an area that is not well defined. However, as we develop better means of waste management, we will be able to better define what responsible waste management should be.

In the Standards of Practice, the term "must" refers to a legislative or mandatory requirement; the term "should" means the dentist may exercise reasonable discretion as the principle may not apply in all situations or circumstances.

Dr. Ronda James
Chairman, Bermuda Dental Board

1. Relationship to the profession - Maintaining confidence in the profession

Providing good clinical care

1.1 When providing clinical care a dentist must:

- Assess the patient's condition(s), understanding their dental history (including relevant medical, psychological, social and cultural factors) and the patient's views
- When clinically necessary use appropriate tests and x-rays for assessment
- Create and implement an appropriate management plan including referrals when needed
- Arrange or provide advice, investigations or treatment when necessary
- Respect the patient's right to make his/her own decisions and seek a second opinion
- Use appropriate and evidence-based materials and techniques when treatment is provided
- Avoid providing treatment if you feel that the circumstances make it unsafe for patients

1.2 For safety and the possibility of a medical emergency, the dentist should work with another person at all times when treating patients in a dental setting. Circumstances in which this may not apply are when:

- Treating patients in an out-of-hours emergency
- Providing treatment as part of a public health programme
- There are exceptional circumstances

Maintaining and improving professional performance

1.3 Dentists must develop and maintain their knowledge, skills and behaviour as the dental field develops and technologies evolve. To maintain registration to practice in Bermuda a dentist must:

- Comply with the Bermuda Dental Board's requirements for re-registration
- Adhere to relevant guidelines and legislation that affect dental practice

Disclosing level of skill and training

1.4 Dentists must practice within the skills and knowledge of their training. When delivering dental care, a dentist must:

- Be honest with patients about his/her level of skill and training
- Display or make available copies of his/her qualifications that attest to training
- Only use specialty designations recognized by the Dental Board for which they are registered to use

Maintaining good health and well-being

- 1.5 Dentists should maintain their own health and wellbeing. To maintain his/her own health and wellbeing, a dentist should:
- Strongly consider immunization against common, serious communicable diseases where vaccines are available
 - Consult a qualified professional if a serious condition is suspected that could be passed on to patients or colleagues
 - Avoid relying on a self-assessment, follow all recommended investigations and treatments as prescribed and must avoid practice if risk of infection is probable
- 1.6 Dentists should consider the health and wellbeing of their colleagues by encouraging colleagues who require care to seek appropriate help.
- 1.7 A dentist must notify the Dental Professions Complaints Committee of any dentist whose ability to practice may be compromised by drug or alcohol impairment as required under Section 12A (1) of the Dental Practitioners Act 1950.

Public health

- 1.8 Dentists should encourage and promote the oral and overall health of the community through disease prevention, control, education and screening. This includes understanding the principles of public health and reporting communicable and reportable diseases to the Department of Health. Dentists should report the following information to the relevant authorities:

| Public Health Issue | Legislation | Report to: | When |
|-------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Gross or negligent treatment provided by other dentists* | Dental Practitioners Act 1950 Section 12C (2) (a) (ii) and (iii) | Dental Professions Complaints Committee | As soon as it is suspected |
| Child Abuse* | Children Act 1998 <i>Section 20</i> | Director of Child and Family Services | As soon as it is suspected |
| Senior Abuse* | Senior Abuse Register Act 2008 <i>Section 8</i> | Registrar of Senior Abuse (the Acting Manager, National Office for Seniors and the Physically Challenged) | As soon as it is suspected along with the supporting evidence |
| Communicable and Reportable Diseases* | Public Health Act 1949 <i>Section 68 (1) (b)</i> | Government Medical Officer (orally or in writing); function delegated to the Epidemiology and Surveillance Unit in the Office of the Chief Medical Officer | As soon as aware or suspect a patient has a communicable disease as per the Act |
| Communicable and reportable Diseases and select non-communicable | International Health Regulations 2005* | Communicable and reportable diseases: Office of the Chief Medical Officer who reports to the World Health Organization about | Timely notification as requested |

| Public Health Issue | Legislation | Report to: | When |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| chronic diseases | | <p>smallpox, poliomyelitis due to wild-type poliovirus, human influenza caused by new subtypes and SARS or any other public health emergency of international concern</p> <p>Non-communicable chronic diseases: The Epidemiology and Surveillance Unit in the Office of the Chief Medical Officer about diabetes, heart disease, and select cancers</p> | |
| Controlled Drugs* | Misuse of Drugs Act 1972 <i>Section 20 (1)</i> | Minister | Upon request by the Minister or if concern is raised about extensive misuse of controlled drugs |
| Gunshot Wounds | No current legislation | No legal obligation to report due to confidentiality. Police are usually aware due to public information and the nature of offence. There is reporting of non-accidental injuries to the Epidemiology and Surveillance Unit of Department of Health. | As soon as information received about the nature of the injury; weekly surveillance by the Department of Health |
| Occupational Safety/Accidents* | Occupational Safety & Health Act 1982 <i>Section 3D</i> Occupational; Safety & Health Regulations 2009 <i>Section 26</i> | Minister Employer (given notice of disease, illness or injury) Chief Medical Officer/Government Medical Officer (giving notice of disease, illness or injury) | No time frame listed, but can be assumed that it is as soon as reasonably possible |

**These are legal requirements that must be reported. All legislation is available online at www.bermulaws.bm.*

Maintenance and management of dental facility

1.9 Dentists are responsible for the safety of patients and auxiliary staff. An important component of ensuring safety is the maintenance and management of the dental facility along with appropriate disposal of contaminated and chemical waste. When practicing in a dental facility, a dentist must:

- Use effective sterilization techniques
- Adhere to cross-contamination prevention policies
- Use radiographic equipment that is properly maintained and located in an environment that is safe for both operator and patient

- Dispose of sharps, bio waste, contaminated waste and chemicals so as to protect the environment and persons handling waste

1.10 If the dentist owns radiographic equipment, the dentist must register the equipment with the Department of Health and comply with the Radiation Act 1972 and Occupational Safety and Health Act 1982. The dentist must adhere to any other legislation or regulations related to the importation, operation, maintenance or registration of the equipment.

Business ownership

1.11 Dentists must maintain full direction and control over their dental practice giving precedence to their ethical obligation to act in the patient's best interest.

1.12 If a dental practice is owned or partially owned by a non-dentist, the dentist must be directly involved in the running of the practice and have the ability to make final decisions on operational matters affecting patient care.

1.13 When a dentist is not the owner of the dental practice, he/she must still have the ability to make decisions on matters affecting patient care. Dentists in such arrangements, even if it puts the dentist at odds with the employer/supervisor, must act in the patient's best interest.

Fee guides and legislation related to fees

1.14 Dentists must be aware of all fee guides and legislation related to fees that apply to their services. In the absence of a fee guide, charge reasonable and customary fees. A dentist must:

- Determine fees fairly and carefully, taking into consideration time, responsibility and skills required to provide the service
- Submit health claims on behalf of insured patients
- Not submit multiple claims for the same procedure (unless permitted by claims processing rules and standards) or double bill a patient for a procedure
- Follow billing rules and use the correct diagnostic and procedural code applicable
- Follow the Claims Regulations and any other regulations related to fees and billing

Promotional advertising

1.15 Dentists are responsible for the content of any advertising related to his/her services. When advertising, a dentist must:

- Publish factual and verifiable information about his/her dental services
- Identify himself/herself as a specialist when appropriate and practice within his/her scope
- Reflect fair and accurate information without comparing services to other dentists

- Avoid advertisements that guarantee cures, raise unrealistic expectations, or exaggerate claims about the value of a product or service

Signing authority

- 1.16 Dentists are trusted with the authority to sign a variety of documents on the assumption that their signatures are based on information they know or reasonably believe to be true. To maintain this trust, dentists must:
- Sign documents they believe to be accurate and verify the information before signing a report or certificate
 - If requested to provide evidence or act as a witness in litigation or formal inquiries, be honest in spoken and written statements and be clear about of his/her knowledge or competence
 - Conduct a physical assessment of the patient prior to signing sickness or work release certificates to ensure sufficient evidence of disability

Prescriptions

- 1.17 Dentists should follow best practice prescribing guidelines for patients with common dental conditions. For dentists who are trained to perform medical procedures, he/she must follow best practice prescribing guidelines for patients with common medical conditions.
- 1.18 Dentists should prescribe safe, effective treatments based on the best available scientific evidence.
- 1.19 Dentists should ensure their patient's prescription authorizes the pharmacist to dispense a generic equivalent when such a product is clinically appropriate and available at a lesser price than the brand name prescribed.
- 1.20 Dentists must ensure that it is clearly indicated on the prescription form that when a chemically and therapeutically equivalent drug cannot be substituted for what is prescribed, that this decision is based solely on clinical need.
- 1.21 Dentists must report false prescriptions to the Pharmacy Inspector at the Ministry of Health.
- 1.22 When prescribing drugs listed in the Pharmacy and Poisons Act 1979 Schedule 3 or 4 or the Misuse of Drugs Act 1972 Schedule 2, dentists must adhere to legislative requirements regarding importation, prescribing and record keeping.

Self-prescribing and treating close family members

- 1.23 Professional objectivity must not be compromised when an immediate family member or a closely associated employee is the patient.
- 1.24 Except in emergencies, it is not appropriate for dentists to write prescriptions for controlled substances for themselves or immediate family members or to self-treat.

Referrals

- 1.25 Dentists should avoid making referrals solely for financial gain. If a referral is made to a facility in which a dentist has a financial interest, the dentist must:
- Provide full disclosure of that interest to patients
 - Advise the patient about alternative resources and assure them that they will not be treated differently if they choose an alternative professional or facility
 - Make referrals based only on the needs of the patient

Research

- 1.26 Dentists may conduct research involving patients to improve the care and quality of life for the community. The nature of the research must not pose a health risk to patients. When conducting research, a dentist must follow the Department of Health Research Governance Framework. When conducting research a dentist should:
- Treat participants with respect
 - Act with integrity and honesty
 - Disclose any potential or actual conflicts of interest to patients
 - Ensure that patient participation is voluntary and based on informed consent
 - Monitor research progress and promptly notify authorities of any adverse events or outcomes
 - Allow participants to withdraw from the research at any time without requiring a reason
 - Follow guidelines regarding publication of findings, authorship and peer review

2. Relationship to patients - Putting patients first

Confidentiality

- 2.1 Dentists must treat patient information as confidential including information about a patient who has died unless release of information is required by law or in the public interests or with the consent of the patient. Dentists must not disclose information to anyone including spouse, children, siblings, family member or anyone else without the patient's consent. Information may be disclosed to approved third parties in the case of investigations, accidents, or clinical reviews. Minors and others, where mandatory reporting is required, must be advised of limits to confidentiality.

Release of patient records

- 2.2 Dentists must record each patient contact using a standard recording format. Suggested guidelines for record keeping are included in Appendix A. The record is a confidential document involving the patient-dentist relationship and must not be communicated to a third party without the patient's prior written consent, unless required by law or to protect the welfare of the patient or the community.
- 2.3 If a patient requests digital, written or radiographic dental records (including dental x-rays), a dentist must make reasonable effort to provide a copy or a summary of the record to the patient or to another dentist, an attorney, or other person designated by the patient.
- 2.4 Copies of dental records must not be withheld because of an unpaid bill for dental services or for any other reason. Original records must remain with the dentist due to legislative requirements.

Complaints handling

- 2.5 Dentists should acknowledge a patient's right to complain and work with the patient to resolve the issue if possible. Patients have a right to file a complaint to a regulatory body about their care if they are dissatisfied.
- 2.6 A dentist must comply with all relevant laws and policies, and ensure the complaint does not adversely affect care. Where the dentist feels that the relationship with the patient has been compromised, the dentist has the right to no longer treat the patient but must ensure the safe transfer of the patient.

Professional boundaries

- 2.7 A dentist must never use his/her position to pursue a sexual, exploitative or other inappropriate relationship with a patient.

Accepting patients

- 2.8 A dentist may exercise reasonable discretion when accepting patients into their practice but must not deny dental service to a patient as per Section 2 (2) (a) of the Human Rights Act 1981.

Ending the relationship with a patient

- 2.9 If the patient does not meet the obligations of treatment, for example, attendance and payment of fees not covered by insurance, the dentist may consider the patient to be inactive. In this case the dentist should make reasonable effort to notify the patient in writing about the status of the relationship.

Consent

- 2.10 Dentists are responsible for obtaining patient consent before performing a procedure. The dentist must:
- Give information to patients about procedures involving a significant risk before providing treatment
 - Give patients an opportunity to ask questions about proposed treatment before giving consent
- 2.11 Dentists should obtain written consent before performing surgical procedures with common complications.

Advising of fees in advance of treatment for patients of record

- 2.12 When requested, dentists must provide patients with an estimate of the cost of services before patients consent to and receive services and treatments.
- 2.13 Dentists must be frank and open in all financial discussions with patients.
- 2.14 Dentists should advise the patient when/if prices are subject to change.

Uninsured dental expenses

- 2.15 Dentists should provide necessary care in emergencies even if collection of a fee may never be possible.
- 2.16 A dentist should not demand payment in advance for urgent palliative care and dental emergency services.
- 2.17 Dentists should not jeopardize urgent care due to an uninsured patient's inability to pay.

Financial and commercial dealings

- 2.18 Dentists should be honest and transparent in all financial arrangements with patients and where they have financial interests. A dentist should avoid encouraging patients to give, lend, and bequeath money or gifts that will benefit him/her directly or indirectly.

Sale of products by dentists

- 2.19 Dentists may facilitate patient access to dental products. A product is any item for consumption, device, or appliance offered for the diagnosis, cure, alleviation or prevention of disease, disorders or injuries in a patient.
- 2.20 When a dentist offers products other than prescription drugs to his/her patients the price should not exceed the fair market price. The price of such products and a payment agreement must also be given to the patient prior to the delivery of product.
- 2.21 For quality assurance purposes and in the event of international recalls, the dentist should also keep records of the sale including the price, name of the manufacturer and supplier, date the product was supplied, expiry date and any additional costs to the dentist.

Conflict of interest

- 2.22 Dentists should avoid conflicts of interest that affect patient care. A conflict of interest arises when a dentist entrusted with the care of his or her patient also has financial, professional or personal interests or relationships with third parties, which may affect decisions about the patient's care.
- 2.23 In a small community, conflicts of interests are probable; however a dentist must make all attempts to notify patients about his/her interest. When making appropriate disclosure a dentist must:

- Act in a patient’s best interests when making referrals, providing treatment or delivering care
- Be aware of and disclose conflicts of interest in relation to prescriptions, diagnostic tests, and dental devices
- Avoid accepting any inducement, gift or hospitality which could compromise the way they prescribe for, treat or refer patients

Indemnity insurance

- 2.24 Dentists and dental hygienists must comply with the Dental Board’s requirements to have appropriate insurance or indemnity.

3. Relationship with Colleagues - Working together to keep patient interests first

Working with colleagues

- 3.1 Dentists should develop constructive, supportive and respectful relationships between dental colleagues, dental hygienists, dental assistants and other health professionals. When working as part of a team or in conjunction with dental colleagues a dentist must:
- Communicate clearly, effectively, respectfully and promptly with colleagues about patient care
 - Avoid bullying, harassment or discrimination against colleagues
 - Adequately document patient treatment and use this information for referral or transfer of care purposes when appropriate

Referral for consultation and transfer of care

- 3.2 Dentists must refer or transfer a patient’s care to another dentist or health professional when deemed necessary. This is generally for a defined period of time or for a defined treatment. When referring patients for additional care a dentist must:
- Know his/her limitations and recognize the special skills of colleagues who could assist
 - Be aware of the qualifications, experience, knowledge and skills of the dentist or other health professional to which a patient is being referred
 - Explain to the patient the reasons for the referral or transfer
 - Obtain patient agreement for the choice of dentist or other health professional
 - Document patient disagreement with seeking a consultation in the patient’s file when applicable

- Communicate the patient’s dental history, relevant medical history, investigation results, and current condition to the referred dentist or health professional

Treatment of patients by specialists

- 3.3 A specialist or general dentist receiving referrals, should receive a written referral (unless it is an emergency) from the patient’s primary dentist to provide care to the patient.
- 3.4 Upon receiving referrals, the referred dentist must:
- Be responsible for arranging any necessary after-care relating to the treatment they provided
 - Communicate the outcome of the referral in writing to the referring dentist
 - Return the care of the patient to the referring dentist, unless the patient expressly states a different preference
 - Inform the patient if and when there is a need for further dental care on completion of the treatment
- 3.5 When there is no referral, the specialist dentist should communicate the outcome of the referral in writing to the primary dentist.

Providing a second opinion

- 3.6 A dentist who sees a patient who is seeking a second opinion regarding a diagnosis or treatment plan recommended by the patient’s primary treating dentist should render the requested second opinion in the interest of the patient.

Arranging office coverage (delegation)

- 3.7 Dentists must make suitable arrangements for patients’ emergency dental care when off duty (holiday/sick leave/training). This is known as delegating.
- 3.8 Dentists must ensure that the dentist to whom they have delegated the responsibility is appropriately approved by the Dental Board to provide the care.
- 3.9 The primary dentist is not responsible or accountable for the decisions and actions of the dentist to whom responsibility has been delegated.

Emergency service

- 3.10 Dentists must participate in the on-call rota unless they have applied to the Dental Board for exemption.
- 3.11 When managing dental emergencies, a dentist must:
- Make reasonable arrangements for the emergency care of their patients of record
 - When consulted in an emergency by patients not of record, make reasonable arrangements for emergency care
 - Provide necessary care in emergencies even if collection of a fee may never be possible

Use of auxiliary personnel

- 3.12 When working with dental auxiliaries a dentist must:
- Not ask an employee to participate in providing a service that they are not qualified to give
 - Supervise the work of all auxiliary personnel working under their direction
 - Demonstrate effective management and leadership skills

Retirement or discontinuance of practice

- 3.13 Dentists must give advance notice where possible when closing a dental practice. When closing a dental practice a dentist must:
- Notify patients that the practice will cease to exist
 - Notify the Bermuda Dental Board in writing about the closure, provisions for ongoing patient care and the location and disposition of patient records
 - Facilitate arrangements for the ongoing dental care of all active patients
 - Provide an opportunity for patients to obtain their dental records

4. Appendix A – Patient record standards

Patient record includes paper-based and electronic formats.

A. A patient record should contain enough information for any dentist or other regulated health professional to be sufficiently informed of the care being provided including:

- Clinical notes
- Lab and imaging reports
- Pathology reports
- Referral letters and consultation reports
- Hospital summaries
- Surgical notes

B. A patient record must contain or provide reference to the following minimum information:

- Patient's name, address, phone number, date of birth, gender, and ID number
- Dates seen and identity of the dentist attending to the patient
- Documentation of presenting complaint or injury
- Significant prior history
- Current medications, allergies and drug sensitivity
- Prescription record (when issued, the dose of medication, frequency of administration, duration the patient is to take the medicine, whether there are refills)
- Relevant social history including alcohol or drug use or abuse
- Relevant family history
- Physical examination findings
- Diagnoses
- Investigations ordered and obtained
- Instructions and advice to the patient including follow up care instructions
- Reports sent or received regarding the patient's dental care

C. In addition a patient record should be legible, written in English and with alterations and corrections to the patient record clearly identified showing the identity of the person making the alteration and the date.

D. Patient records should be stored for a minimum of seven years following the date of last service or in the case of minors for seven years or until two years after 18 years old – whichever is longer.