



CODE OF PROFESSIONAL DISCIPLINE

**FOR THE GUIDANCE OF
DENTAL PRACTITIONERS IN HONG KONG**

**THE DENTAL COUNCIL OF HONG KONG
(revised in December 2019)**

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THE DENTAL COUNCIL OF HONG KONG**

PRE-AMBLE

The Dental Council of Hong Kong (“the Council”) is established under the Dentists Registration Ordinance (Chapter 156). The Council has the statutory duty to protect public interests and to maintain public confidence in the dental profession. The Council is responsible for the registration of dentists, the conduct of the Licensing Examination, the maintenance of ethics, professional standards and discipline of the profession.

As a profession, dentists possess important and exclusive competency in providing oral care to the community. Professional autonomy can only be granted by society based on the trust from the public and through a robust, open and fair system of self-regulation with appropriate participation of the community.

In order to serve these purposes, the Council always bears in mind in consciously adhering to the working principles that are proportionate, accountable, transparent, consistent, targeted and responsive to changing community and patient needs and demands, risks and priorities in a timely manner.

This pamphlet sets out certain guidelines for the proper behaviour of dental practitioners whether they are registered dentists or dentists who are deemed to be registered under the provisions of the Dentists Registration Ordinance (Chapter 156). It also sets out certain kinds of offences and unprofessional conduct which may lead to disciplinary proceedings by the Council.

All dental practitioners are earnestly advised to read through this pamphlet and to acquaint themselves thoroughly with its contents, thereby avoiding the danger of inadvertently transgressing accepted codes of professional ethical behaviour which may lead to disciplinary action by the Council.

Complaints made to, or information received by, the Secretary of the Council are dealt with in accordance with the provisions of the Dentists (Registration and Disciplinary Procedure) Regulations (Chapter 156A).

All dental practitioners should in their own interests have professional indemnity cover and be familiar with the provisions of the following legislation and guidelines:-

- (i) Dentists Registration Ordinance (Chapter 156);

- (ii) Dentists (Registration and Disciplinary Procedure) Regulations (Chapter 156A);
- (iii) Relevant Ordinances and their subsidiary legislation on the use and prescription of drugs such as Dangerous Drugs Ordinance (Chapter 134), Antibiotics Ordinance (Chapter 137) and Pharmacy and Poisons Ordinance (Chapter 138);
- (iv) Radiation Ordinance (Chapter 303) and its subsidiary legislation;
- (v) Personal Data (Privacy) Ordinance (Chapter 486) (in particular, Data Protection Principles 1 to 6 in Schedule 1);
- (vi) Electronic Health Record Sharing System (eHRSS) Ordinance (Chapter 625);
- (vii) Private Healthcare Facilities Ordinance (Chapter 633);and
- (viii) Relevant guidelines on infections and infection control.

The Ordinances and Regulations are published at the Hong Kong e-Legislation website at <http://www.elegislation.gov.hk>.

Copies of the Ordinances and Regulations may be purchased through the following means:-

- Calling the Publications Sales Unit of the Information Services Department at 2537 1910
- Visiting the online Government Bookstore at <http://bookstore.gov.hk>
- Downloading the order form from the Information Services Department website at <https://www.isd.gov.hk> and submitting the order online or by fax to 2523 7195
- Placing order with the Information Services Department by e-mail at puborder@isd.gov.hk

Guidelines on infections and infection control may be found at the website of the Centre for Health Protection at <https://chp.gov.hk>.

Advice on HIV infection may be sought from the Secretary of the Expert Panel on HIV Infection of Health Care Workers, c/o Department of Health, 3rd Floor, Wang Tau Hom Jockey Club Clinic, 200 Junction Road East, Kowloon.

INTRODUCTION

The Dentists Registration Ordinance (Chapter 156) states that “unprofessional conduct” (不專業行為) means an act or omission of a registered dentist which would be reasonably regarded as disgraceful or dishonourable by registered dentists of good repute and competency. What will amount to unprofessional conduct is likely to vary with the circumstances at the time. The Council will decide in each case whether the conduct of an individual dental practitioner constitutes unprofessional conduct. It may assist dental practitioners, however, to describe two kinds of conduct which are likely to be viewed as unprofessional.

The first is dental treatment to patients which no dental practitioner of reasonable skill exercising reasonable care would carry out.

The second is conduct, connected with his profession, in which the dental practitioner has fallen short, by omission or commission, of the standards of conduct expected among dental practitioners.

The question of whether any particular course of conduct amounts to unprofessional conduct, and the gravity of such unprofessional conduct and of any conviction, are matters which the Council will determine after considering the evidence in each individual case. The Council, having regard to its quasi-judicial function, is not able to advise individuals. Dental practitioners desiring detailed advice on questions of professional conduct arising in particular circumstances may consult professional organizations or societies such as Hong Kong Dental Association and/or seek professional legal advice.

The pamphlet is thus **NOT** a complete code of professional ethics, nor can it specify all offences which may lead to disciplinary action.

This Code was promulgated by the Council on 1 September 2000. This revised version was issued in December 2019.

THE CODE OF PROFESSIONAL DISCIPLINE

1. PROFESSIONAL COMMUNICATION AND INFORMATION DISSEMINATION

1.1 Principles for Good Communication and Accessible Information

1.1.1 Good communication between dentists and patients, and between dentists, is fundamental to the provision of good patient care.

1.1.2 A key aspect of good communication in professional practice is to provide appropriate information to users of a dentist’s service and to

enable those who need such information to have ready access to it. Patients need such information in order to make an informed choice of dentists and to make the best use of the services the dentist offers. Dentists, on their part, need information about the services of their professional colleagues, in particular information about specialist services so that they may advise patients and refer them, where appropriate, for further investigations and/or treatment.

- 1.1.3 Persons seeking service for themselves or their families can be vulnerable to persuasive influence, and patients are entitled to protection from misleading advertisements. Promotion of dentists' services as if the provision of dental care were no more than a commercial activity is likely both to undermine public trust in the dental profession and, over time, to diminish the standard of dental care.

1.2 Rules of Good Communication and Information Dissemination

- 1.2.1 Any information provided by a dentist to the public or his patients must be:-

- (a) accurate;
- (b) factual;
- (c) objectively verifiable; and
- (d) presented in a balanced manner (when referring to the efficacy of particular treatment, both the advantages and disadvantages should be set out).

- 1.2.2 Such information must **not**:-

- (a) be exaggerated or misleading;
- (b) be comparative with other dentists;
- (c) claim undue superiority over other dentists;
- (d) aim to solicit or canvass for patients;
- (e) be laudatory;
- (f) be persuasive or sensational;
- (g) arouse unnecessary concern or distress;
- (h) generate unrealistic expectations; or
- (i) disparage other dentists (fair comments expected).

- 1.2.3 Practice promotion

- 1.2.3.1 Practice promotion means publicity for promoting the professional services of a dentist, his dental practice or his group, which includes any means by which a dentist or his

dental practice is publicized, in Hong Kong or elsewhere, by himself or anybody acting on his behalf or with his forbearance (including the failure to take adequate steps to prevent such publicity in circumstances which would call for caution), which objectively speaking constitutes promotion of his professional services, irrespective of whether he actually benefits from such publicity.

1.2.3.2 Practice promotion by individual dentists, or by anybody acting on their behalf or with their forbearance, to people who are not their patients must comply with section 1.3.

1.2.3.3 Dentists must never give the impression that they, or the institutions with which they are associated, have unique or special skills or solutions to the patients' dental/oral problems.

1.3 Dissemination of Service Information to the Public

A dentist, whether in private or public service, may provide information about his professional services to the public only in the ways set out below. Where the provision refers to dental practice groups, it means a group in which all dentists in the group practise in the same premises and are governed by a genuine management structure.

1.3.1 Signboards

1.3.1.1 Signboards include any signs and notices exhibited by a dentist to identify his practice to the public.

1.3.1.2 Dentists in group practice may exhibit either their own individual signboards or a shared signboard.

1.3.1.3 Both individual and shared signboards must comply with the requirements set out in Appendix A.

1.3.1.4 A signboard may carry only the following information :-

- (a) name of the dentist in Chinese and English with the prefix "Dr." or the Chinese suffix "牙科醫生" or "牙醫";
- (b) the term "Dental Surgeon" or "Registered Dentist" (牙科醫生/註冊牙醫);
- (c) name and logo of the dental practice (if applicable) provided that sections 1.8.2 and 1.8.3, and the requirements set out in Appendix E, are complied with;

- (d) Chinese and English qualifications registered with the Council, including the approved abbreviated forms;
- (e) specialist title approved by the Council;
- (f) consultation hours at the clinic;
- (g) telephone number(s) of the clinic; and
- (h) indication of the location of the clinic in the building.

1.3.1.5 A dentist should not allow his name to appear on any signboard which carries merchandise or service promotion. He should not allow the placement of his signboard in a way which gives the appearance that he is associated with other signboards which do not comply with section 1.3. He should not allow the placement of his signboard in close proximity to signboards or advertisements which carry dental related merchandise or service promotion, and which give the appearance that he is endorsing or promoting those merchandise or service.

1.3.2 Stationery

1.3.2.1 Stationery (visiting cards, letterheads, envelopes, prescription slips, notices, medicine bags, etc.) may only contain those particulars which may appear on signboards together with details of the dentist's practising address(es), telephone, fax and pager numbers, e-mail address, practice website, and consultation hours.

1.3.2.2 If a dentist wishes to display the honours and awards granted to him other than those by the HKSAR Government or by the British/HK Government before 1 July 1997, he must seek prior approval from the Council.

1.3.2.3 A dentist may include in his visiting cards and letterheads such title relating to Continuing Professional Development ("CPD") for a particular CPD cycle as specified by the Council only if he has been awarded a Certificate of Continuing Professional Development for that CPD cycle by the Council.

1.3.3 Commencement/change announcements

1.3.3.1 Announcement of commencement of practice or altered conditions of practice (e.g. change of address, change of partnership) are permissible to be published only in newspapers, professional publications relating to dentistry and on the dentist's practice website.

- 1.3.3.2 All announcements in newspapers or in professional publications relating to dentistry can only be published within two weeks before and after the commencement/change taking place **AND** must comply with sections 1.2.1 and 1.2.2.
- 1.3.3.3 All announcements on the dentist's practice website can only be displayed within two weeks before and after the commencement/change taking place **AND** must comply with sections 1.2.1 and 1.2.2 and Appendix F.
- 1.3.3.4 The size of the announcement in newspapers or in professional publications relating to dentistry must not exceed 300cm² and the announcement may contain only the information specified in section 1.3.2 together with the date of the commencement/ change. Photographs are not allowed. Samples of permitted announcements are given in Appendix B.
- 1.3.3.5 The size of the announcement displayed on a dentist's practice website must not exceed one-fifth of the size of the homepage screen and may contain only the information specified in section 1.3.2 together with the date of the commencement/change. Photographs are not allowed. Samples of permitted announcements are given in Appendix B.
- 1.3.3.6 A dentist is allowed to send letters by post and e-mail only to his existing and bona fide patients, to announce altered conditions of practice within two weeks before and after the change taking place **AND** must comply with sections 1.2.1 and 1.2.2. The contents of the letter or e-mail may contain only the information specified in section 1.3.2 together with the date of the change. Photographs are not allowed to be enclosed or attached in the letters or e-mails.

1.3.4 Telephone directories published by telephone companies

- 1.3.4.1 Entries in telephone directories published by telephone companies in respect of subscribers to their telephone services may be listed under the appropriate descriptive heading.

1.3.4.2 All entries should be of uniform size and format, and particular entries should not be accentuated by bordering, highlighting or otherwise.

1.3.4.3 Telephone directory entries may only carry the information permitted under section 1.3.2.1.

1.3.5 Practice websites

1.3.5.1 A dentist may publish his professional service information in his practice website or the website of a bona fide dental practice group. If a dentist is a member of more than one dental practice group, he may publish his service information in the group websites. However, in each of these websites, the information must be relevant to that practice only.

1.3.5.2 The website must comply with the requirements set out in Appendix F.

1.3.6 Service information notices

A dentist may display at the exterior of his clinic a service information notice in printed format, bearing the fee schedules and the dental services provided by him. The service information notice must comply with the guidelines set out in Appendix C.

1.3.7 Directories of dentists

A dentist may be listed in directories of dentists published by organizations approved by the Council. The directory must comply with the guidelines set out in Appendix D. A dentist who provides information for publication, or permits publication of such information, in the directory has a personal responsibility to ensure that the directory is in compliance with the guidelines.

1.3.8 Newspapers, magazines, dental/medical journals and periodicals

1.3.8.1 A dentist may publish his service information in bona fide newspapers, magazines, dental/medical journals and periodicals for the purpose of enabling the public to make an informed choice of dentists.

1.3.8.2 A publication published for the predominant purpose of promotion of products or services is not regarded as an acceptable newspaper, magazine, dental/medical journal or periodical for this purpose.

1.3.8.3 A dentist who publishes his service information in these publications must ensure that –

- (a) the published information includes only the information which is permitted in service information notices and directories of dentists;
- (b) a written undertaking is secured from the publisher that his service information will not be published in a manner which may reasonably be regarded as suggesting his endorsement of other dental or health related products/ services, such as publication in close proximity to advertisements for those products/services;
- (c) the published information does not exceed the size limit of 300cm², and not more than one notice is published in the same issue of a publication; and
- (d) a proper record of the published information and the arrangements for its publication is kept for two years.

1.4 Dissemination of Service Information to Patients

A patient of a dentist means someone who has, at any time, consulted that dentist, a partner in his dental practice, or a dentist in a practice which that dentist has taken over, and whose name appears in the records of the practice.

1.4.1 A dentist may provide information about his service to his patients provided that such information:-

- (a) is not disseminated in such a way as to constitute practice promotion to patients not under his care;
- (b) conforms with section 1.2;
- (c) does not involve intrusive visits, telephone calls, fax or electronic communications by himself or by people acting on his behalf;
- (d) does not abuse the patient's trust or exploit his lack of knowledge;
- (e) does not put the patient under undue pressure; and
- (f) does not offer guarantees to cure particular conditions.

1.4.2 A notice must be exhibited in the waiting area of the clinic to inform patients of their right to ask before treatment for a quotation of the fees involved.

1.4.3 Consultation fees must be made known to patients on request. In the course of investigation and treatment, all charges to the dentist's best

knowledge must be made known to patients on request before the provision of services.

- 1.4.4 Although there is no obligation to give advance quotation of fees without request by patients, dentists should give quotation to patients before providing services if substantial fees will be incurred. What amounts to substantial fees will depend on the facts and circumstances relating to each individual patient.
- 1.4.5 A dentist may provide information about the acceptance of credit facilities inside his clinic.
- 1.4.6 A dentist who employs a locum dentist in his stead should display his name in the clinic or display a notice to this effect inside the practice premises and ensure that patients are informed about the change of dentist prior to any consultation.

1.5 Unsolicited Visits or Telephone Calls

Dentists' services may not be promoted by means of unsolicited visits, telephone calls, fax, electronic communications or publications by dentists or persons acting on their behalf or with their forbearance.

1.6 Dental/Oral Health Education Activities

- 1.6.1 It is appropriate for a dentist to take part in bona fide dental/oral health education activities, such as lectures and publications. However, he must not exploit such activities for promotion of his practice or to canvass for patients. Any information provided should be objectively verifiable and presented in a balanced manner, without exaggeration of the positive aspects or omission of the significant negative aspects.
- 1.6.2 A dentist should take reasonable steps to ensure that the published or broadcasted materials, either by their contents or the manner they are referred to, do not give the impression that the audience is encouraged to seek consultation or treatment from him or organizations with which he is associated. He should also take reasonable steps to ensure that the materials are not used directly or indirectly for the commercial promotion of any dental or health related products or services.
- 1.6.3 Information given to the public should be authoritative, appropriate and in accordance with general experience. It should be factual, lucid

and expressed in simple terms. Information should not be presented in such a way that it furthers the professional interests of the dentists concerned, or attracts patients to their care.

1.7 Information about Dental Practitioners Practising in a Particular Field

Members of the public who are seeking dental advice or treatment occasionally approach an association of dental practitioners for a list of its members or a list of specialists. The dental practitioner(s) belonging to the association who actually prepares and/or approves such a list for its release, in response to a direct public request, should ensure that the list contains only those dental practitioners who are recognised by the Council and/or the Hong Kong Academy of Medicine as having completed higher specialist or vocational training.

1.8 Misleading and Unapproved Descriptions and Announcements

- 1.8.1 In general the Council considers that any act or omission by a dental practitioner in connection with his practice which may mislead the public may be held to constitute unprofessional conduct.
- 1.8.2 Unless otherwise permitted by the Council, a dental practitioner, other than a dental practitioner practising in partnership, may only practise under his own name or under the name of a dental company. Dental practitioners practising in partnership may only practise under the name of one or more of the existing partners of that practice unless otherwise permitted by the Council. Reference should be made to section 1.9 for group practices. This section does not apply to a dental practitioner who is acting as a locum at the practice.
- 1.8.3 Where a dental practitioner intends to carry on a practice in a name other than that permitted by section 1.8.2, he must apply to the Council for permission to practise under that name. Provided that such application is made to the Council within one month of the change of circumstances whereby section 1.8.2 is not being complied with.
- 1.8.4 Where a dental practitioner no longer practises at the premises and his name forms part or the whole of the name of the practice, every dental practitioner who continues to practise in those premises is responsible to ensure that the name of the former dental practitioner is removed from the name of the practice or there is displayed in the waiting area of the dental surgery a notice that the former dental practitioner is no longer practising in the premises.

- 1.8.5 The name of every dental practitioner regularly attending patients shall be displayed in a prominent position in the waiting area of the premises where he practises. The display of qualifications registered with the Council is also allowed. The names of any enrolled dental hygienists regularly attending the practice may also be displayed.
- 1.8.6 No names other than those of dental practitioners and enrolled dental hygienists may appear outside the premises of the practice or be used in any professional communications relating to the practice.

1.9 Group Practices

- 1.9.1 The Council recognises that dental practitioners practising as a group may consider it necessary to identify the practice by the use of a collective title. The name chosen for the group must be in compliance with all guidelines given above.
- 1.9.2 Prior approval of the Council must be sought if any dental practitioner wishes to practise in any name other than his own name, or the name of a dental company, or the name of one or more of the existing partners of that practice.
- 1.9.3 Signs should not be designed to draw public attention to the services of one practice at the expense of others. In selecting a name, and particularly a collective title for a group, it is desirable to avoid a name which could be interpreted as implying that the services being provided have received some official recognition not extended to other local dental practitioners. Names using the local district or street names or implying exclusiveness or superiority should be avoided.
- 1.9.4 Any change of title or cessation of use of title should be reported to the Council within one month.

1.10 Personal Homepage on the Internet and Other Social Media

- 1.10.1 The Council accepts in principle that all dental practitioners should be allowed to set up personal homepage on the internet, and to make use of social media tools.
- 1.10.2 All dental practitioners must observe specifically the format and rules governing personal homepage on the internet and social media as published from time to time by the Council.

1.11 Specialist Title

A dental practitioner may be accredited as a specialist and authorised by the Council to use a specialist title. The objective of granting such a title is to recognise his expertise in practising dentistry in that particular field so that patients may be referred for opinion and/or treatment. The specialist title accredited by the Council may appear on the practitioner's signboards, visiting cards and stationery, etc.

1.12 Information about Medical and Dental Innovations

Dentists who directly or indirectly release information to the public on new discoveries, inventions, procedures, or improvements should ensure beforehand that:-

- (a) the relevant medical or dental innovation has been adequately tested;
- (b) the value of the innovation is evidence-based;
- (c) the evidence-based research has been properly documented and completed with peer approval. It is the duty of the author to seek peer approval from the relevant professional or academic bodies;
- (d) sections 1.2.1 and 1.2.2 are complied with; and
- (e) such release of information does not amount to practice promotion or imply that the dentist may be consulted by individual patients.

2. CANVASSING

2.1 Canvassing for the purpose of obtaining patients, either by himself, his servants, agents or others whether directly or indirectly, and association with or employment by persons or organisations which canvass, may lead to disciplinary proceedings. Except in an emergency the Council does not consider it permissible for a dental practitioner to call upon or communicate with any person who is not already a patient of his practice with a view to providing advice or treatment unless expressly requested to do so by that person or by a parent or guardian of that person. Moreover, the Council does not consider it permissible for a dental practitioner to canvass by means of the distribution of visiting cards other than as a result of a request for a card by an individual.

- 2.2 Association by dental practitioners with nursing homes, dental benefit societies, insurance companies, etc. which advertise clinical and diagnostic services but which allow a free choice of dental practitioner does not violate ethical codes. However, dental practitioners are warned that association with any such institution, company, etc. which advertises clinical or diagnostic services to the general public and directs patients to particular dental practitioners may be regarded as canvassing. This does not preclude any dental practitioner or panel of dental practitioners from being employed by an organisation, company, school etc. which does not advertise clinical or diagnostic services provided that the names of such dental practitioners are supplied only to bona fide members, employees, scholars and their families by the management.
- 2.3 A dental practitioner in a contractual relationship with an organisation which refers patients to him as employees of that organisation, as members of an insurance scheme, or otherwise, must ensure that its advertising and promotion of any scheme conforms with all previous paragraphs of this section. This is applicable to all dental practitioners.

3. DISREGARD OF PROFESSIONAL RESPONSIBILITIES TO PATIENTS

Disciplinary proceedings may be instituted in any case in which a dental practitioner appears to have disregarded his professional responsibility to adequately treat or care for a patient or otherwise to have neglected his professional duties.

4. DENTAL RECORD AND CONFIDENTIALITY

4.1 Dental Record

- 4.1.1 Dental practitioners should keep accurate and contemporaneous records of dental treatment and should keep them for a minimum of six years since the patient's last treatment, or for such longer duration as required by the circumstances of the case and other relevant requirements. It is the responsibility of the dental practitioner to safely maintain these records against loss and to safeguard their confidentiality.
- 4.1.2 Dental record is the formal documentation maintained by a dentist on his patients' history, physical findings, investigations, treatment, clinical progress, advice provided to patient, consent given by patient, finance transaction, correspondence related to patient care, etc. It may

be handwritten, printed, or electronically generated. Special dental records include study model, images, audio and visual recording. Working models do not have to be retained for any specific period of time. The decision to keep them should be based on the complexity of the case.

- 4.1.3 Electronic record keeping as the main patient record system must allow audit trail so the authenticity of the record can be verified. Digital record should be retained in their original digital form, and should allow the capability to provide good quality physical copies of the record and digitized images.
- 4.1.4 Dental record documents the basis for the clinical management of a patient. The content, format, type and level of detail of a record should be appropriate and proportionate to the treatment planned and rendered. It reflects on the quality of care and is necessary for continuity of care. It protects the legal interest of the patient and the dental service provider.
- 4.1.5 All dentists have the responsibility to maintain systematic, properly dated, true, adequate, clear, and contemporaneous dental records. Material alterations to a dental record can only be made with justifiable reason which must be clearly documented.
- 4.1.6 All dental records should be kept secure. This includes ensuring that unauthorized persons do not have access to the information contained in the records and that there are adequate procedures to prevent improper disclosure or amendment.
- 4.1.7 Dentists should have due regard to their responsibilities and liabilities under the Personal Data (Privacy) Ordinance (Chapter 486), in particular, patient's rights of access to and correction of information in the dental record and the circumstances under which dentists may refuse to entertain such requests.

4.2 Dental Examination and Subsequent Reporting

- 4.2.1 Whenever a dentist conducts a dental check-up on a person there exists a dentist-patient relationship which should be respected at all times. The dental information should not be disclosed to a third party without the prior consent of the patient. If consent is withheld or withdrawn, the dentist must respect this.
- 4.2.2 A dentist is advised to ensure that the patient fully understands what may be involved in furnishing a dental report and his contractual liabilities with the third party. A dentist should ensure that the patient

understands his right of not giving consent to disclose certain parts of his dental information.

- 4.2.3 If a patient being examined under the arrangement of a prospective employer or insurance company wishes to obtain dental service beyond the scope of the prescribed examination, the dentist should always define his role as an examiner and explain to the patient the cost for which the patient will be personally responsible before providing such additional services.

4.3 Handling of Dental Records upon Transfer or Cessation of Practice

It is the responsibility of the dentist who intends to transfer or cease his practice, either generally or in a particular area, to ensure that his patients' dental records are properly handled and preserved. This could be achieved either by giving the dental record or a copy of it to the relevant patient, if appropriate, or by transferring the record to another dentist who is, in his opinion, competent to look after the patient. Dental records contain personal data of patients. All dental practitioners must observe relevant ordinances on personal data handling and transfer.

5. CONSENT TO DENTAL TREATMENT

- 5.1 In law, a dentist cannot perform diagnostic procedures and dental treatment on a patient who does not consent to the treatment. A dentist who does so is liable to be sued for the tort of battery or prosecuted for criminal offences such as wounding and assault occasioning actual bodily harm.
- 5.2 Treatments for dealing with emergency situations may be given without obtaining prior consent.
- 5.3 Consent may be either implied or express. In respect of minor and non-invasive procedure, consent can usually be implied from a patient's conduct in consulting the dentist for his illness.
- 5.4 Oral consent is acceptable for minor invasive procedures. Documenting oral consent in the patient's dental record offers protection to dentists, in case of subsequent dispute as to whether consent has been given.
- 5.5 Express and specific consent in writing is required for major treatments, invasive procedures, and any treatment which may have significant risks. For written consent, a reasonably clear and succinct record of the explanation given should be made in the consent form. The patient, the dentist and the witness (if any) should sign the consent form at the same time. Each signatory must specify his name and the date of signing next to his signature.

- 5.6 Where there are statutory requirements that consent in specified circumstances be given in prescribed forms, those requirements must be complied with.
- 5.7 Consent is valid only if:-
- (a) it is given voluntarily;
 - (b) the dentist has provided proper explanation of the nature, effect and risks of the proposed treatment and other treatment options (including the option of no treatment); and
 - (c) the patient/his family member(s) or legal guardian(s) (for child patients or elderly patients or patients with intellectual disability, where appropriate) understands the nature and implications of the proposed treatment.
- 5.8 After the explanation, the patient should be given reasonable time to enable the patient (or his family members in applicable cases) to make the decision properly, depending on the complexity of information, the importance of the decision and the urgency of the proposed treatment.
- 5.9 A patient's refusal of proposed investigation and treatment must be respected and documented.

5.10 Proper Explanation of Proposed Treatment and Risks

- 5.10.1 Explanation should be given in clear, simple and consistent language. Explanation should be given in terms which the patient can understand. It is the dentist's duty to ensure that the patient truly understands the explanation by being careful and patient.
- 5.10.2 The explanation should be balanced and sufficient to enable the patient to make an informed decision. The extent of explanation required will vary, depending on individual circumstances of the patient and complexity of the case.
- 5.10.3 The explanation should cover not only significant risks, but also risks of serious consequence even though the probability is low.
- 5.10.4 A dentist should not withhold information necessary for making a proper decision for any reason, even if the patient's family members ask for the information to be withheld from the patient,

unless in the dentist's judgment the information will cause serious harm to the patient (such as where the information may have a serious effect on the patient's mental health). However, the threshold for withholding information is high, and upsetting the patient or causing him to refuse treatment will not be proper justification for withholding information.

- 5.10.5 A dentist who withholds from the patient information necessary for making a proper decision must record the reason in the patient's dental records. The dentist should regularly review his decision to see whether the information could be given at a later stage without causing serious harm to the patient.

5.11 Patients Who Refuse to Listen

If a patient wishes to give consent but refuses to be given the details of the proposed treatment, a dentist must assess the situation carefully before providing the treatment as the validity of consent in such circumstances may be questionable. The patient's refusal to be given explanation must be fully recorded in the patient's dental records.

5.12 Child Patients

- 5.12.1 Consent given by a child under the age of 18 years is not valid unless the child is capable of understanding the nature and implications of the proposed treatment. If the child is not capable of such understanding, consent has to be obtained from the child's parent or legal guardian.
- 5.12.2 The degree of maturity and intelligence required for a child to understand the nature and implications of the proposed treatment will depend upon the importance and complexity of the case. It is the dentist's duty to ensure that the child is truly capable of such understanding before acting in reliance on the child's consent.
- 5.12.3 While a child may be competent to give valid consent, the child should be encouraged to involve the parents or legal guardian(s) in the decision-making in respect of important or controversial procedures.
- 5.12.4 It is usually sufficient to have consent from one parent. However, in relation to major or controversial dental procedures, it may be advisable to consult the other parent as well. If the parents cannot agree and the dispute cannot be resolved, the dentist should seek legal advice as to whether it is necessary to apply to court for an order.

- 5.12.5 A dentist should consider seeking legal advice if the parents or legal guardian(s) refuse treatment which is clearly in the best interest of the child, particularly where the treatment is necessary to save the child's life or to prevent serious deterioration of the child's health.
- 5.12.6 In exceptional situations (such as emergency, parental neglect, abandonment of the child, and inability to find the parent), treatment without parental knowledge and consent may be justified.

5.13 Incompetent Patients

When a patient is unable to give consent because of reasons such as dementia, the views of the family members should be considered, provided that such views are compatible with (i) the patient's best interests; and (ii) the choices that the patient would have made for himself had he been competent.

6. TERMINATION OF DENTIST-PATIENT RELATIONSHIP

- 6.1 A dentist has the primary responsibility to provide proper dental care to his patients. However, there may be situations where it is in the best interest of the patient for such dental care to be provided by another dentist. Examples of such situations include loss of trust between the dentist and the patient, and where the treatment requested or offered is beyond the dentist's competence. In such situations the dentist may terminate the dentist-patient relationship, provided that the patient's health interest is not jeopardized. Dentists should exercise their professional judgment before terminating the dentist-patient relationship.
- 6.2 When it is decided to terminate the dentist-patient relationship, the dentist should inform the patient of his decision at the earliest opportunity. He should explain the reasons for terminating the relationship and offer to refer the patient to another dentist who has the ability to provide the necessary services.

7. THIRD PARTY INVOLVEMENT

- 7.1 A dental practitioner may enter into an agreement with individuals and/or organisations in any form to provide dental health care services provided that the agreement does not permit or compel practices which lead to unethical conduct. In performance of such contracts the dental practitioner is required to deal fairly with the public and fellow practitioners. It is unethical for a

dental practitioner to contract his services under conditions that make it impossible to render service to his patients in a timely and reasonable manner.

7.2 Dentistry is inherently an intimate and individual relationship and every effort must be made to preserve it as such. There is a place for third party involvement but the role must be within well defined parameters. Many plans have been proposed over the past years but few have met the ethical criteria. Dental practitioners are advised to be extremely discerning when dealing with third parties to provide dental care programmes and to ensure that:-

- (a) there is no canvassing;
- (b) there is no dichotomy (fee splitting);
- (c) these parties should not act as agents;
- (d) these programmes are open to participation by all dental practitioners;
and
- (e) there is no restriction in clinical autonomy and responsibility.

Examples of bona fide third parties would be insurance plans bought on an individual basis or supplied as an employee benefit plan, employed dental practitioners, reimbursement schemes and capitation programmes sponsored as employee benefits. The Council cannot, however, foresee all circumstances where third party involvement may or may not be ethical.

8. IMPROPER FINANCIAL TRANSACTIONS

8.1 A dental practitioner may not receive any payment by way of commission, rebate or otherwise from another dental practitioner or organisation for referring a patient for consultation or treatment. A dental practitioner may not offer or pay any commission, rebate or otherwise to another dental practitioner or organisation who refers a patient to him for consultation or treatment.

8.2 Sharing fees with any person who has not taken a commensurate part in the service for which the fees are charged is considered to be an unethical practice, as also is the receipt of rebates from diagnostic laboratories etc.

8.3 A dental practitioner shall not share his fees with any other person except with his partners in a bona fide dental practice.

8.4 A dental practitioner shall not receive any rebate from any commercial organisation to whom he refers patients.

8.5 If a dentist has financial or commercial interests in organisations providing health care or in pharmaceutical or other biomedical companies, these must not affect the way he prescribes for, treats or refers patients.

- 8.6 A dentist, before taking part in discussion with patients or their relatives about buying goods or services, must declare any relevant financial interest or commercial interest which he or his family may have in the purchase.
- 8.7 The seeking or acceptance by a dentist from a hospital, nursing home, health centre or similar institution of any inducement for the referral of patients to the institutions, such as free or subsidised consulting premises or secretarial assistance, is considered improper. Similarly the offering of such inducements to colleagues by dentists who manage or direct such institutions may be regarded as improper.
- 8.8 Sponsorship from commercial organisation for participation in scientific meetings, or for educational and charitable services is acceptable provided the amount sponsored is reasonable and not excessive.

9. DEPRECIATION OF OTHER DENTAL PRACTITIONERS

- 9.1 A dental practitioner should always speak out in recognition of good work. Such recognition is just and generous and gives pleasure to the patient and much encouragement to a fellow practitioner.
- 9.2 When called upon to express a view about a colleague's professional practice, honest comment is entirely acceptable in such circumstances, provided that it is carefully considered and can be justified, that it is offered in good faith and that it is intended to promote the best interests of patients.

10. CONVICTIONS PUNISHABLE WITH IMPRISONMENT

- 10.1 It is emphasised that any conviction in Hong Kong or elsewhere of any offence punishable with imprisonment will lead to subsequent disciplinary proceedings, irrespective of whether a prison term is imposed or not.
- 10.2 A particularly serious view is likely to be taken if a dental practitioner is convicted of criminal deception (e.g. obtaining money or goods by false pretences), forgery, fraud, theft, indecent behaviour or assault in the course of his professional duties or against his patients or colleagues.
- 10.3 It is the duty of a dental practitioner who has been convicted within or outside Hong Kong of an offence punishable with imprisonment, regardless of whether imprisonment is imposed by the court or whether an appeal is made against the conviction, to report the matter to the Council within one month from the date of conviction. Failure to do so may lead to disciplinary action for unprofessional conduct. In case of doubt, the conviction should be reported.

11. ABUSE OF ALCOHOL OR DRUGS

A dental practitioner who treats patients or performs other professional duties while under the influence of drink or drugs to such an extent as to be unfit to perform his professional duties is liable to disciplinary proceedings.

12. ABUSE OF DANGEROUS OR SCHEDULED DRUGS

Disciplinary proceedings (a) may be taken in any case in which a dental practitioner has been found or alleged to have prescribed or supplied drugs of addiction or dependence otherwise than in the course of bona fide treatment; (b) will be taken against a dental practitioner convicted of offences against the Dangerous Drugs Ordinance (Chapter 134) and the regulations made thereunder committed in order to gratify the dental practitioner's own addiction; and (c) may be taken against any dental practitioner who permits unqualified assistants to be left in charge of any place in which scheduled poisons or preparations containing scheduled poisons are sold to the public.

Note: All dental practitioners are strongly advised to familiarise themselves with and to keep available their own copy of the Dangerous Drugs Ordinance (Chapter 134) and its subsidiary legislation.

13. MANDATORY LABELLING OF ALL DISPENSED MEDICINES

All dental practitioners are required to properly label all medicines they dispense in the course of their professional practice, directly or indirectly, with the following essential information:-

- (a) name of patient;
- (b) date of dispensing;
- (c) trade name *or* pharmacological name of the drug;
- (d) dosage;
- (e) method and dosage of administration; and
- (f) precaution(s) where applicable.

Exemptions are only allowed under the following situations:-

- (a) medicines for clinical trials with informed consent from patients; and
- (b) situations in which it may not be in the interests of the patient to label the medicine, such as medicines supplied solely for psychological effect on the patient.

14. IMPROPER RELATIONSHIP BETWEEN DENTAL PRACTITIONERS AND PATIENTS

A dental practitioner who abuses his professional position in order to pursue an improper relationship of a personal nature with a person with whom he stands in a professional relationship may be subject to disciplinary proceedings. He is therefore urged to take special care and prudence in circumstances which could leave him open to allegation of abuse of his position of responsibility and trust.

15. ABUSE OF PROFESSIONAL CONFIDENCE

Disciplinary proceedings may be taken where it is alleged that a dental practitioner has improperly or carelessly disclosed information which he has obtained in confidence from or about a patient.

16. UNTRUE OR MISLEADING CERTIFICATES AND OTHER PROFESSIONAL DOCUMENTS

Dental practitioners are required to issue certificates for a variety of purposes, (e.g. incapacity to work through illness or injury certificates, insurance forms and receipts, etc.) on the assumption that the truth of the certificates can be accepted without question. In some cases the certificates are required to include a statement that a patient has been examined on a particular date. Dental practitioners are expected to exercise care in issuing certificates and kindred documents, and should not include in them statements which the dental practitioner has not taken appropriate steps to verify. Any dental practitioner who in his professional capacity gives any certificate or similar document containing statements which are untrue, misleading or otherwise improper, renders himself liable to disciplinary proceedings. In particular, dental practitioners are warned that the signing of blank certificates is prohibited by the Council.

17. COVERING

17.1 The Council considers that a dental practitioner should in no way countenance, help, encourage or assist, either wilfully or by neglect, the practice of dentistry by an unregistered person.

17.2 Section 27 of the Dentists Registration Ordinance (Chapter 156) reads “Any registered dentist who practises dentistry in premises in which an unregistered person practises dentistry commits an offence...”.

17.3 Section 2(2) of the Dentists Registration Ordinance (Chapter 156) sets out in what circumstances a person practises dentistry and includes a person who suggests that he is prepared to practise dentistry or to give treatment, including the insertion of artificial teeth or other dental appliances.

18. IMPROPER DELEGATION OF PROFESSIONAL DUTIES

A dental practitioner who improperly delegates to a person who is not a dental practitioner duties or functions in connection with dental treatment on a patient for whom the dental practitioner is responsible or who assists such a person to treat patients as though that person were a dental practitioner, is liable to disciplinary proceedings. The proper employment of ancillary personnel trained to perform specialised functions relevant or supplementary to dentistry is entirely acceptable provided that the dental practitioner concerned exercises effective personal supervision over any persons so employed and retains personal responsibility for the treatment of the patients.

19. RESPONSIBILITY OF PARTNERS AND DIRECTORS

The Council wishes it to be understood that a dental practitioner who enters into a partnership for the purpose of carrying on a dental practice and, more specially, a dental practitioner who becomes a director of a body corporate carrying on the business of dentistry thereby accepts responsibility for the maintenance of a high standard of professional conduct in that practice or business and may be required to answer to the Council for any act or omission in the conduct of that practice or business which appears to the Council to be such as would, if attributed to an individual dental practitioner, constitute unprofessional conduct. Attention is directed to Section 12 of the Dentists Registration Ordinance (Chapter 156).

CONCLUSION

It must be emphasised that the categories of unprofessional conduct described in this Code cannot be regarded as exhaustive, since from time to time with changing circumstances, the Council's attention may be drawn to new forms of unprofessional conduct. Any abuse by a dental practitioner of any of the privileges and opportunities afforded to him, or any dereliction of professional duty or breach of dental ethics, may give rise to a charge of unprofessional conduct.

The Dental Council of Hong Kong

SIGNBOARDS AND NOTICES

I. Signboards

A dentist is permitted to display:-

- (a) two signboards, either on or beside the door at the immediate entrance to his clinic; and
- (b) signboards facing the street:-
 - (i) (for clinic with direct access from pavement) one signboard below first floor level; or
 - (ii) (for clinic with no direct access from pavement, in a building with only one public entrance) one signboard at floor level of the clinic, and one signboard adjacent to public entrance of building; or
 - (iii) (for clinic with no direct access from pavement, in a building with more than one public entrance) one signboard at floor level of the clinic, and two signboards adjacent to public entrances of building.

The size of a signboard is the aggregate area of all surfaces on which service information is displayed, including all borders.

The size limits for individual signboards are:-

- (a) a signboard permitted under paragraph I(a) must not exceed 1m^2 ;
- (b) a signboard permitted under paragraph I(b) must not exceed 1m^2 (if at ground floor level), 1.5m^2 (if at mezzanine or first floor level), or 2m^2 (if above first floor).

The size limits for shared signboards are:-

- (a) (for a clinic with 2 dentists) not exceeding 2m^2 ;
- (b) (for a clinic with 3 or more dentists) not exceeding 3m^2 .

Signboards should not attract public attention by ornate design or blinking lights. Illumination is allowed only to the extent required to enable the contents to be read.

II. Building Directory Boards

The particulars of a dentist may be entered on the building directory boards maintained by the building management. An entry may contain the same information which may appear on signboards. Each entry must conform to the standard size for every other entry on the directory board.

III. Directional Notices

Directional notices may be exhibited inside the building in which the clinic is situated. Each notice must not exceed 0.1m² including all borders. A directional notice may contain only the name of the dentist, the permitted prefix and the room number of the clinic. The dentist may decide the number of notices, subject to the guidance in section 1.3 of the Code.

IV. Notices of Consultation Hours

A dentist is permitted to exhibit one separate notice of consultation hours not exceeding 0.2m² including borders, provided that this information is not already shown on other signboards or notices. The notice may only contain his name and consultation hours. The dentist may decide the location of the notice.

(SAMPLE 1)
COMMENCEMENT OF PRACTICE

Dr.

*

wishes to announce
the commencement of his practice
as from

..... (date/day)

at

..... (address)

Tel.: Fax: Pager:

Mobile Phone: E-mail Address:

Consultation Hours:

* the specialist title and qualifications approved by the Dental Council in their English forms may be shown

(SAMPLE 2)
REMOVAL NOTICE

Dr.

*

wishes to announce
the relocation of his practice
as from

.....(date/day)

at

.....(address)

Tel.: Fax: Pager:

Mobile Phone: E-mail Address:

Consultation Hours:

* the specialist title and qualifications approved by the Dental Council in their English forms may be shown

GUIDELINES ON SERVICE INFORMATION NOTICE

A dentist may display a Service Information Notice bearing the fee schedules and the dental services provided by him at the exterior of his clinic. He must ensure that the displayed consultation fees truly reflect his normal charges. He must also ensure compliance with the provisions of sections 1.2.1 and 1.2.2 of the Code.

The Service Information Notice must comply with the following guidelines:-

Location of Notices

At the exterior of the clinic on or immediately next to the entrance for patients

Number of Notices

Maximum number of notices allowed is 2

Size of Notice

A3 size

Format of Notice

- Single colour print
- Uniform font size
- Plain text only without graphic illustrations
- The notice should not be ornate

Permitted Contents of Notice

- All information presently permitted on signboards and stationery under section 1.3 of the Code
- Language(s)/dialect(s) spoken
- Dental services and procedures provided by the dentist and range of fees
- Availability of emergency service and emergency contact telephone number

GUIDELINES ON DIRECTORIES OF DENTISTS

A dentist may disseminate his service information through Directories of Dentists published by professional dental organizations approved by the Dental Council of Hong Kong (“the Council”) for that purpose. He must ensure that the published consultation fees truly reflect his normal charges. He must also ensure compliance with the provisions of sections 1.2.1 and 1.2.2 of the Code.

A Directory of Dentists must comply with the following guidelines:-

Parameters of Directory

- (a) A Directory should be open to all registered dentists. Inclusion in a Directory should not be restricted to members of particular associations or organizations, except for directories established and maintained by the College of Dental Surgeons of Hong Kong of the Hong Kong Academy of Medicine and specialty associations approved by the Council for that purpose.
- (b) Dentists may be categorized as specialist practitioners according to their specialties or general practitioners.
- (c) Each dentist should be given the same choice of information for inclusion in the same Directory.
- (d) Professional dental organizations fulfilling the following criteria may apply to the Council for approval to set up their Directories:-
 - (i) an established body which is legally recognized;
 - (ii) non-profit sharing in nature; and
 - (iii) having the objectives of promoting dental care and safeguarding the interests of the community
- (e) Approved organizations are responsible for verifying the accuracy of the information before publication. They should establish a mechanism for regular updating of the published information.
- (f) A dentist providing information for publication in a Directory should ensure compliance with the relevant provisions in the Code.

Format of Directory

A Directory may be in electronic or printed format.

For printed format, the following rules should apply:-

- Single colour print
- Uniform font size
- Plain text only without graphic illustration
- Accentuation of particular entries by bordering, highlighting or otherwise is prohibited

For electronic format, the following rules should apply:-

- In a printable format
- Single colour and uniform font for particulars of individual dentists
- Graphic illustrations limited to logos of the organizations and icons for accessing different categories or locations of dentists
- Accentuation of particular entries by blinking, bordering, highlighting or otherwise is prohibited
- If possible, random listing of same category or location of dentists in each search is advisable.

Permitted Contents of Directory

- All information presently permitted on signboards and stationery under section 1.3 of the Code
- Language(s)/dialect(s) spoken
- Dental services and procedures provided by the dentist and range of fees
- Availability of emergency service and emergency contact telephone number
- Information on dentist's participation in insurance/other payment scheme
- Gender of dentist

Distribution of Directory

Publishing organizations are encouraged to distribute their directories of dentists to the public widely. Individual dentists may also assist in the distribution of the directories, provided that particular entries are not highlighted and that the complete directory is distributed.

LOGO

Definition of Logo for Use by Dental Council of Hong Kong

A logo is a badge used on stationery, signboards, visiting cards, practice homepage, and newspaper announcements for the identification of a dentist or a dental practice group.

Description of Logo

- A logo must not be ornate in design.
- A logo must reflect the good image of the profession.

Permitted Number of Logo

- Only one logo is permitted for one dentist. This may be the dentist's own logo or the dental practice group logo; he may not use both.
- Only one logo is permitted to appear on the stationery, signboard, visiting card, practice homepage or newspaper announcement. It should not appear more than once on any such surface.
- No logo is allowed on any other surfaces e.g. telephone directories, journals, books, and any other forms of mass media communication.

Permitted Size of Logo

- On visiting card and homepage: no larger than one-fifth of the size of name card and homepage screen.
- On a signboard, stationery, newspaper announcement regarding the commencement and altered conditions of practice: no larger than one-fifth of the size of the signboard/stationery/newspaper announcement.

GUIDELINES ON DENTAL PRACTICE WEBSITE

A dentist may disseminate his professional service information through his practice website or the website of bona fide dental practice group. If a dentist is a member of more than one dental practice group, he may publish his service information in the group websites. However, in each of these websites, the information must be relevant to that practice only. He must also ensure compliance with the provisions of sections 1.2.1 and 1.2.2 of the Code.

A dentist shall not enter into any form of arrangement, whether by way of advertising or otherwise, with telephone companies or companies of web based search engines, for prioritization of his search ranking or the search ranking of the dental practice group or groups which he belongs to.

A dental practice website must not be sponsored by any pharmaceutical or commercial company or group.

A dental practice website must comply with the following guidelines:-

Permitted Contents of Dental Practice Website

- All information presently permitted on signboards and stationery under 1.3 of the Code
- Language(s)/dialect(s) spoken
- Dental services and procedures provided by the dentist and the range of fees which reflect his normal charges
- Availability of emergency service and emergency contact telephone number and pager number
- Registration Number of the dentist with the Council
- One photograph only of the dentist
- Year of graduation of the dentist
- Address of the practice
- Map showing the exact location of the practice
- Practice telephone number and mobile telephone number
- Practice fax number
- E-mail address
- Information on dentist's participation in insurance/other payment scheme
- Announcement of commencement of practice or altered conditions of practice
- Availability of enrolled dental hygienist
- One photograph only of each enrolled dental hygienist working in the practice of the dentist

Contents Strictly Prohibited in Dental Practice Website

- Any reference made to or any mentioning of any publication or article written by the dentist or by any practitioner of the dental practice group or related dental practice group
- Any reference, association, hyperlink or any form of linking to or from any commercial or promotional site, whether dentally or non-dentally related, with the exception of linking to a bona fide dental database which contains all registered dentists in Hong Kong
- Any reference, association, promotion, advertising or mentioning of other dental or health related products/services
- Any reference or mentioning of sponsorship by any pharmaceutical or commercial company or group
- Any reference or mentioning of sponsorship of any matters or events by the dentist or his practice group
- Any testimony from patients or related persons
- Any testimony from dental practitioner
- Photograph, video clip or case discussion relating to any clinical case
- Any section that allows the public to leave comments or queries
- Any guestbook or area or form which collects personal particulars of people who log into the web site
- Any link to or from any personal webpage or social media
- Any link to any oral health education web pages

Format of Dental Practice Website

- Single colour and uniform font for particulars of individual dentists
- Graphic illustrations limited to logos of the dentist or of the dental practice group, and icons for accessing different categories or locations of dentists
- It should not be ornate in design
- Accentuation of particular entries by blinking, bordering, highlighting or otherwise is prohibited

Prohibited Internet Applications and Technologies

Any web component or technology in any form that invites or solicits contact with the dental practice, or may lead to invitation or solicitation of contact with the dental practice, or may amount to touting or leading to any unfair advantage over other dentists, is strictly prohibited.

In view of the evolving technologies, without being exhaustive, the following Internet applications and technologies are strictly prohibited –

- Banner Advertisements in any form

- Cookies or such technology on the server to obtain an unsolicited database of information about users that login to the web site
- Newsgroups in any form
- Active Channels/Push technology/Broadcast channel technology in any form
- List server in any form, with the exception of list server used within the dental profession
- Bulk/Mass E-mailings in any form, with the only exception that when bulk/mass e-mailings are sent to bona fide patients of the practice and under one or more of the following circumstances:-
 - the commencement of practice
 - altered conditions of practice
 - notice of removal of practice to new premises
 - the cessation of practice