

Chiropractors Registration Boards of Australasia

Supplemental Submission to the Senate Community Affairs Committee Inquiry into the National Registration and Accreditation Scheme for Doctors and Other Health Workers

Prepared by the Working Party of the Australasian Conference of Chiropractic Registration Boards for the Chiropractors Registration Boards of Australia

9th July 2009

Background.

Australasian Conference of Chiropractic Registration Boards (ACCRB) is a non corporate entity that represents the Chiropractic Registration Boards in Australia and New Zealand.

The Chiropractic Registration Boards are responsible for the regulation of some 4500 practitioners across Australia and 300 plus in New Zealand.

The Chiropractors Registration Boards believe that any change to the current structure of the Boards must ensure that the quality of health services provided by the chiropractic profession in Australia is not jeopardised and that the cost of accessing professional health care to the consumer is not increased.

Overview.

Since the previous submission of 24th April, the Chiropractic Registration Boards are aware that the National Registration & Accreditation scheme is proceeding largely as outlined in the consultation papers and Bill B.

The Chiropractic Registration Boards have serious concerns about a number of the areas covered in the draft legislation in Bill B.

There are a number of significant drafting errors in Bill B. The Chiropractic Registration Boards will provide recommendations as part of our submission to NRAIP by 17th July.

1. Restriction on spinal manipulation

The main objective of the Chiropractors Registration Boards is the protection of the public.

To this end six of the eight jurisdictions in Australia restrict the practice of spinal manipulation to the spine or spine and pelvis, to those with specific training in that area i.e. Chiropractors, osteopaths, physiotherapists or those with medical knowledge i.e. medical practitioners. (See Appendix A)

The restrictions have been in existence since most jurisdictions first enacted chiropractic legislation in the 1970s and 1980s

The restrictions were included at the respective time because legislators recognised that there was a large body of evidence that the practice of spinal manipulation can lead to injury to the recipient, especially when performed by untrained persons.

The Exposure draft of the Health Practitioner Regulation National Law has as its first objective “to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered.”

The exposure draft Sect. 137 contains a restriction on practice relating to cervical manipulation and does not contain any restriction on the manipulation of any other area of the spine. (see Appendix B)

This effectively reduces the protection the public have enjoyed for the last three decades.

The Chiropractors Registration Boards of Australia respectfully submit that the proposed removal of protection offered to the public is in breach of the first objective of the Health Practitioner Regulation National Law Act.

It has been reasoned, on a number of occasions by some personnel on the Health Workforce Committees and others, that the restrictions on spinal manipulation should be removed as there is no evidence to suggest that the community is more vulnerable in those jurisdictions where no restriction applies.

The Boards contend that, in the six jurisdictions where it has been illegal for unqualified people to manipulate the spine for the last 30 years, instances of spinal manipulation by people without legitimate training have been minimal due to the restrictions.

A recent review of complaints made to the NSW Chiropractors Board over a period of thirty years revealed numerous complaints about unregistered people in the first 5 – 10 years but only rare instances in the last 20 years.

The Boards further contend that in the two jurisdictions where spinal manipulation is unregulated most injuries are likely to remain hidden as those injured have no responsible body to report to and matters are most likely handled in civil proceedings. Furthermore the Chiropractors Registration Boards in those jurisdictions holds no authority over unqualified people and do not receive such complaints as they do not breach any Act, Regulation, code or policy in those states.

A person injured by manipulation in the hands of an unqualified or unregistered person such as a masseur, naturopath or Chinese medicine practitioner is, in unrestricted jurisdictions, unlikely to be reported to a regulatory body.

Evidence does indeed exist regarding adverse reactions and complications from spinal manipulation of the thoracic and lumbar spines. These injuries can have significant consequences to a person's health.

Trained practitioners should only be allowed to provide spinal manipulation as they:

- Are able to identify risks, complicating factors and contra-indications to the procedure, through appropriate appraisal of history and examinations, and
- subsequently select appropriate treatment methods, customised for each patients specific condition, including a decision to not treat
- Must obtain informed consent
- Possess training/knowledge to offer immediate assistance and first aid in the event that the condition deteriorates
- Are required to participate in ongoing Continuing Professional Development, therefore keeping abreast of best practice.
- Are required to hold Professional Indemnity Insurance so that, in the event of an injury, a person is able to obtain compensation.

The Chiropractors Registration Boards submit that the Section 137 of the Health Practitioner Regulation National Law Act (Bill B) should restrict the practice of spinal manipulation in all areas of the spine to appropriately qualified Health Professionals.

The Chiropractors Registration Boards would support the following amendment:

137 Restrictions on spinal manipulation

(1) A person must not perform manipulation of the spine unless the person:

2. Competency to perform a restricted practice: Spinal Manipulation.

Bill B does not contain competency clauses for persons eligible to provide spinal manipulation that exist in some jurisdictions.

Only Chiropractors and Osteopaths have spinal manipulation taught as significant components of the double degree courses in Austrasia.

The majority of spinal manipulation in Australia is provided by chiropractors and osteopaths.

There are substantive postgraduate courses for Physiotherapists in spinal manipulation. There are courses available to medical Practitioners in spinal manipulation.

Bill B provides no requirement for Physiotherapists and Medical Practitioners to have completed any accredited course prior to performing spinal manipulation.

The two most recent Chiropractor's Acts (ACT, and NT, see Appendix A) include, as a condition of the restriction of practice: ***"Has completed an accredited course in spinal manipulation"***;

The Chiropractors Registration Boards submit that the Section 137 of the Health Practitioner Regulation National Law Act (Bill B) should include:

137 Restrictions on spinal manipulation

(1) A person must not perform manipulation of the spine unless the person:

- (a) is registered in an appropriate health profession, & has completed an accredited course in spinal manipulation; or.....*

3. **Provision of chiropractic services to the Temporo-mandibular joint and Mandible.**

Chiropractors provide services where the chiropractor examines, diagnoses , provides treatment in and around the mouth, mandible, musculature of the jaw, Temporo-mandibular joint and cranial bones including intra-oral contacts.

These procedures are taught in the undergraduate programs or in post graduate courses and have formed a component of chiropractic practice for decades.

Propose Bill B dental legislation contains restrictions on procedures involving the mouth and Temporo-mandibular Joint. The Chiropractors Registration Boards contend that the current restrictions inadvertently include common chiropractic practice and procedures.

The Chiropractors Registration Boards are concerned that the proposed restricted Dental practice in Bill B impinges on the normal scope of chiropractic practice.

Current Dental legislation does not limit normal chiropractic practice with respect to the examination, diagnoses , and treatment in and around the mouth, mandible, musculature of the jaw, Temporo-mandibular joint and cranial area. (Appendix C)

Subdivision 2 Practice protections 135 Restricted dental acts Bill B

(1) A person must not carry out a restricted dental act unless the person:

- (a) is registered in the dental profession or medical profession, or
- (b) is a student who carries out the restricted dental act in the course of activities undertaken as part of an approved program of study for the dental profession or medical profession, or
- (c) is a dental technician who carries out the restricted dental act in the course of carrying out technical work on the written order of a person registered in the dentists or dental prosthetist's division of the dental profession, or
- (d) is a person, or a member of a class of persons, prescribed under a regulation as being authorised to carry out the restricted dental act or restricted dental acts generally.

Maximum penalty: \$30,000.

(2) In this section:

restricted dental act means any of the following acts:

- (a) performing any permanent procedure on the human teeth or jaw or associated structures,
- (b) correcting malpositions of the human teeth or jaw or associated structures,
- (c) fitting or intra-orally adjusting artificial teeth or corrective or restorative dental appliances for a person,
- (d) performing any permanent procedure on, or the giving of any treatment or advice to, a person that is preparatory to or for the purpose of fitting, inserting, adjusting, fixing, constructing, repairing or renewing artificial dentures or a restorative dental appliance.

Technical work means the mechanical construction or the renewal or repair of artificial dentures or restorative dental appliances.

The Chiropractors Registration Boards submit that the Section 135 of the Health Practitioner Regulation National Law Act (Bill B) should allow an exemption from Part 2 (a) and (b) for chiropractors.

4. **Drafting Errors**

There are a number of major difficulties with Bill B draft. Given that there will be significant re-drafting required to correct major concerns in addition to drafting errors. There is no provision for stakeholders beyond response deadline 17th July 2009 to see a second draft of the proposed Bill B., or any proposal for the initial regulations.

The Chiropractors Registration Boards submit that there should be provision for a review of the second draft of the Health Practitioner Regulation National Law Act (Bill B) by stakeholders.

5. Public Interest Assessor

The Public Interest assessor (PIA) is a new position with the intent of providing an independent review in determining the course of action in dealing with complaints. The role is not well defined, does not allow for complaints with multiple offences, will add a significant extra cost to be borne by the National Boards.

Recognising that each National Boards has 3 independent persons representing the consumer, the Chiropractic Registration Boards question the value in adding another layer to the legislation.

There is provision for an independent assessor to assist in the review of complaints at a state / territory level in conjunction with each state/territory board. This role would easily be performed by the respective Health Complaints Commissioner as is current practice. The Chiropractic Registration Boards Support this.

The Chiropractors Registration Boards submit that the role of Public Interest Assessor at the National Board is not necessary in the Health Practitioner Regulation National Law Act (Bill B).

5. Other concerns mentioned in previous submissions

1. The budget is to be nominally set by the National Board but will be in effect be determined by the costs assigned to the particular profession by the Australian Health Professions Registration Authority (AHPRA). The number and location of committees to be established to undertake delegated functions from the national boards will depend on budget constraints. **This is still likely with current proposal.**
2. As the representative of Registration Boards with a small number of registrants in the smaller jurisdictions the Chiropractors Registration Boards have concerns about the future representation of these jurisdictions with their unique requirements and the potential threat to public safety as a consequence.

Bill B allows for one nominee to the Chiropractors Registration Board of Australia to represent the A.C.T, N.T. & Tasmania.

The Chiropractors Registration Boards strongly support a Chiropractors Registration Board of Australia with an additional two members to allow for representation from all Australian jurisdictions.

3. There is no guarantee that there will be committees of the chiropractic professions in the smaller jurisdictions or that there will be any representation from each of these jurisdictions

on any regional committees (conduct/ impairment/ competence) that may be established.

The Chiropractors Registration Board of Australia must ensure that the safety of the public in the smaller jurisdictions is not compromised.

4. An administrative office is to be established in each State and Territory which will handle local registration issues, enquiries and complaints and provide support to any local committees that are established. This office will deal with all 10 professions which are part of the scheme. The proposed staffing strategy for the state administrative offices indicates that positions will effectively be filled by staff presently employed with the Nursing Board and Medical Council. **This is a reality however assurances have been given by NRAIP team that part-time employment can be granted to current employees of the smaller boards to complete necessary functions.**
5. Serious complaints are to be referred to a tribunal., with provision for each state/territory to use an established tribunal system. As yet the model and funding for this tribunal has not been clarified. In Tasmania there is no tribunal system for all health professions. This is a particular concern with the new system to be in effect for 1 July 2010.

The Chiropractors Registration Boards thanks the committee of inquiry for the opportunity to provide the above submission. Please contact the ACCRB if you need further information or clarification

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On behalf of :
Chiropractors & Osteopaths Registration Board of ACT
Chiropractors Registration Board of SA
Chiropractors & Osteopaths Registration Board NT
Chiropractors Registration Board of QLD
Chiropractors Registration Board of WA
Victorian Chiropractors Registration Board
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Chiropractors & Osteopaths Registration Board of Tasmania.

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Appendix A. - Current legislation regarding restrictions on spinal manipulation.

1. NSW

Section 10AC of the *Public Health Act 1991*

- (1) A person must not engage in spinal manipulation in the course of providing a health service unless the person:
- is a registered chiropractor, or a chiropractic student acting under the appropriate supervision of a registered chiropractor, or
 - is a registered medical practitioner, or a medical student acting under the appropriate supervision of a registered medical practitioner, or
 - is a registered osteopath, or an osteopathy student acting under the appropriate supervision of a registered osteopath, or
 - is a registered physiotherapist, or a physiotherapy student acting under the appropriate supervision of a registered physiotherapist.
1. Maximum penalty: 50 penalty units or imprisonment for 12 months, or both.
- (2) For the purposes of this Division, spinal manipulation is a restricted health service.

(4) In this section:

"spinal manipulation" means the rapid application of a force (whether by manual or mechanical means) to any part of a person's body that affects a joint or segment of the vertebral column.

2. Queensland

Part 4 Division 1A of the Queensland Chiropractors Registration Act 2001

120A Restriction

(1) A person who is not a registrant, medical practitioner, osteopath or physiotherapist must not, in the course of providing a health service, perform spinal manipulation on a person.

Maximum penalty--1000 penalty units.

(2) This section does not prohibit spinal manipulation on a person by a student, under the immediate personal supervision of a registrant, medical practitioner, osteopath or physiotherapist, in the course of the student's training and instruction for a qualification as a chiropractor, medical practitioner, osteopath or physiotherapist.

(3) In this section--

osteopath means a person registered under the Osteopaths Registration Act 2001.

physiotherapist means a person registered under the Physiotherapists Registration Act 2001.

spinal manipulation means the high velocity application of force to a person's body that affects a joint, or group of joints, of the person's spinal column.

3. Tasmania

Chiropractors and Osteopaths Registration Act 1997

56. Offence to practise chiropractic or osteopathy if unregistered

(1) A person who is not a registered chiropractor or osteopath must not –

- manipulate the joints of the spinal column or its immediate articulations; or
- use or apply a prescribed procedure.

Penalty:

Fine not exceeding 50 penalty units and a daily fine not exceeding 5 penalty units.

4. South Australia

Chiropractic and Osteopathy Practice Act 2005 .

37—Restrictions on provision of chiropractic or osteopathy by unqualified persons

(1) A person must not provide restricted therapy unless—

- (a) the person is a qualified person; or
- (b) the person provides that therapy through the instrumentality of a qualified person.

"restricted therapy" means physical therapy consisting of or involving—

- (a) the manipulation or adjustment of the spinal column or joints of the human body involving a manoeuvre during which a joint is carried beyond its normal physiological range of motion; or
- (b) any other therapy declared by the regulations to be restricted therapy;

5. Northern Territory

Health Professions Licensing Authority

Title: Spinal Manipulation Policy

POLICY STATEMENT

Spinal manipulation is defined as the rapid application of high velocity / low amplitude force whether by manual or mechanical means to any part of a person's body that affects a joint or segment of the vertebral column. Only practitioners who have successfully completed the relevant accredited training should conduct spinal manipulation.

OBJECTIVE

To ensure public safety through ensuring good professional judgement is exercised by restricting the practice of spinal manipulation to registered Chiropractors, Osteopaths, Physiotherapists and Medical Practitioners who have completed the recognised relevant training.

BACKGROUND

Studies on spinal manipulation suggest that the rate of serious complication of spinal manipulation are rare and ranges from 1 incident for every 400,000 to 2 million treatments by qualified practitioners.

The Boards are aware that prevention of complications from any health care treatment is facilitated when good professional judgement is exercised and quality care is provided. It would follow that improper manipulative techniques are a major risk factor of spinal manipulation and the greatest contraindication to spinal manipulation is a lack of training and skill of the person performing the procedure.

The Boards acknowledge that Chiropractors, Osteopaths and Physiotherapists are the only professions that are nationally and internationally recognised as having the appropriate training, knowledge and skills to conduct spinal manipulation. However, it is aware that there are some accredited training programs available to other professions.

POLICY

A person must not engage in spinal manipulation in the course of providing a health service unless the person:

- a) *Has completed an accredited course in spinal manipulation;*
- b) Is a registered chiropractor, or a chiropractic student acting under the direct supervision of a registered chiropractor in the course of the student's training and instruction for a qualification as a chiropractor; or
- c) Is a registered osteopath, or an osteopathy student acting under the direct supervision of a registered osteopath in the course of the student's training and instruction for a qualification as an osteopath; or
- d) Is a registered physiotherapist, or a physiotherapy student under the direct supervision of a registered physiotherapist in the course of the student's training and instruction for a qualification as a physiotherapist; or
- e) Is a registered medical practitioner, or a medical student under the direct supervision of a registered medical practitioner who has successfully completed the relevant accredited training to conduct spinal manipulation.

BREACH OF POLICY

The Health Practitioners Act provides the authority for the Board to take appropriate action against those unqualified persons conducting spinal manipulation.

6. Australian Capital Territory

Health Professionals (ACT Chiropractors and Osteopaths Board Standards Statements)

Approval 2008 (No 1) Notifiable instrument NI2008–128

7. Spinal Manipulation

GENERAL

Spinal manipulation is defined as the rapid application of force whether by manual or mechanical means to any part of a person's body that affects a joint or segment of the vertebral column. Only practitioners who have successfully completed the relevant accredited training may conduct spinal manipulation.

AIM

To ensure public safety through ensuring good professional judgement is exercised and quality care is provided by restricting the practice of spinal manipulation to registered chiropractors, osteopaths, medical practitioners and physiotherapists. Suitably trained members of these health professions are nationally and internationally recognised as having the appropriate training, knowledge and skills to conduct spinal manipulation.

BACKGROUND

Studies on spinal manipulation suggest that the rate of serious complication of spinal manipulation is low and ranges from one incident for every 400,000 to one incident for every two million treatments by qualified practitioners.

The Board is aware that prevention of complications from any health care treatment is facilitated when good professional judgement is exercised and quality care is provided. It would follow that improper adjusting techniques are a major risk factor of spinal manipulation and the greatest contraindication to manipulation is lack of training and skill of the person performing the procedure.

POLICY

A person must not engage in spinal manipulation in the course of providing a health service unless the person:

- a) has completed an accredited course in spinal manipulation;
- b) is a registered chiropractor, or a chiropractic student acting under the direct supervision of a registered chiropractor in the course of the student's training and instruction for a qualification as a chiropractor; or
- c) is a registered osteopath, or an osteopathy student acting under the direct supervision of a registered osteopath in the course of the student's training and instruction for a qualification as an osteopath; or
- d) is a registered medical practitioner, or a medical student under the direct supervision of a registered medical practitioner; or
- e) is a registered physiotherapist, or a physiotherapy student under the direct supervision of a registered physiotherapist in the course of the student's training and instruction for a qualification as a physiotherapist.

7. Victoria

No Restriction

8. Western Australia

No Restriction

APPENDIX B - Current wording – Bill B**137 Restrictions on spinal manipulation**

(1) A person must not perform manipulation of the cervical spine unless the person:

- (a) is registered in an appropriate health profession, or
- (b) is a student who performs manipulation of the cervical spine in the course of activities undertaken as part of an approved program of study in an appropriate health profession, or
- (c) is a person, or a member of a class of persons, prescribed under a regulation as being authorised to perform manipulation of the cervical spine.

Maximum penalty: \$30,000.

(2) In this section:

appropriate health profession means any of the following health professions:

- (a) chiropractic,
- (b) osteopathy,
- (c) medical,
- (d) physiotherapy.

manipulation of the cervical spine means moving the joints of the cervical spine beyond a person's usual physiological range of motion using a high velocity, low amplitude thrust

APPENDIX C DENTAL RESTRICTIONS

Jurisdiction	Definition
ACT Health Professions Act 2004	<p>Section 16 - What is a <i>regulated health service</i>? In this Act: regulated health service means a health service ordinarily provided by a health professional in a regulated health profession.</p> <p>Section 17 - When is someone a <i>registered health professional</i>? (1) In this Act: registered, in relation to a health professional, means registered under this Act.</p> <p>Section 72 - Provision of regulated health services by unregistered people (1) A person commits an offence if: <ul style="list-style-type: none"> (a) the person intentionally provides a regulated health service, and (b) the person is not registered in a health profession. Maximum penalty: 50 penalty units, imprisonment for 6 months or both.</p>
NSW Public Health Act 1991	<p>Section 10AF – Restricted dental practices</p> <ul style="list-style-type: none"> (a) The performance of any operation on the human teeth or jaws or associated structures. (b) The correction of malpositions of the human teeth or jaws or associated structures. (c) The performance of radiographic work in connection with the human teeth or jaws or associated structures. (d) The mechanical construction or the renewal or repair of artificial dentures or restorative dental appliances. (e) The performance of any operation on, or the giving of any treatment or advice to, any person that is preparatory to or for the purpose of the fitting, insertion, adjusting, fixing, constructing, repairing or renewing of artificial dentures or restorative dental appliances.
Northern Territory Health Practitioners Act 2004	<p>Section 31 - Restricted practice areas</p> <ul style="list-style-type: none"> (1) A Board may, in respect of the category of health care practice for which it is established, declare an area of health care practice to be a restricted practice area. (2) A declaration under subsection (1) may be included in a code adopted by the Board under section 12. <p>Dental Codes available at: www.health.nt.gov.au – <i>Authorisation to practice in a restricted practice area – Practice of dentistry policy</i> Code states: ‘Dentistry is a restricted practice area. This means that only dental practitioners who are authorised to practise dentistry may practise dentistry’.</p> <p>The practise of dentistry is defined as ‘the diagnosis or management of conditions of the mouth of a person, the performance of any invasive or irreversible procedure on the natural teeth or the part of the person’s body associated with their natural teeth or the provision to a patient or the insertion or intraoral adjustment of artificial teeth or dental appliances for a patient.’</p>
Queensland Dental Practitioners Registration	<p>Section 139A – Restriction</p> <ul style="list-style-type: none"> (1) A person who is not a general registrant, provisional general registrant, or medical practitioner must not practise dentistry. (2) – list of exempted persons

<p>Act 2001</p>	<p>(4) dentistry means all or any of the following:</p> <ul style="list-style-type: none"> (a) diagnosis of conditions of the mouth (b) fitting or intra-oral adjustment for a person of artificial teeth or corrective or restorative dental appliances, and (c) performance of exposure prone or irreversible procedures on a person's teeth, jaw, mouth and associated structures. <p>Direction means direction by phone or other technology allowing reasonably contemporaneous and continuous oral communication</p> <p>Exposure prone procedure means:</p> <ul style="list-style-type: none"> (a) a sub-mucosal invasion with a surgical instrument (b) a procedure dealing with sharp tissues or bone spicules in a body cavity or site. <p>Irreversible procedure means a treatment or series of treatments that causes a permanent change to the affected hard or soft tissues.</p>
<p>South Australia Dental Practice Act 2001</p>	<p>Section 3 - "dental treatment" means:</p> <ul style="list-style-type: none"> (a) advice, attendances, services, procedures and operations relating to the treatment of human teeth, gums, jaws and proximate tissue (b) the fitting of, and the taking of impressions or measurements for the purpose of fitting, dental prostheses and corrective dental appliances, and (c) the making of dental prostheses and corrective dental appliances, but does not include any treatment excluded from this definition by the regulations. <p>Section 45 – Restrictions on provision of dental treatment by unqualified persons A person must not provide dental treatment for fee or reward unless the person is a qualified person or the person provides treatment through the instrumentality of a qualified person.</p>
<p>Tasmania Dental Practitioners Registration Act 2001</p>	<p>Section 3 - "dentistry" means any one, or any combination of, the following:</p> <ul style="list-style-type: none"> (a) the diagnosis of conditions of a person's mouth (b) the management of conditions of a person's mouth (c) the performance of invasive or irreversible procedures on a person's natural teeth or on a part of a person's body associated with their natural teeth (d) the provision to a person, or the insertion or intraoral adjustment for a person, of artificial teeth or dental appliances. <p>Section 64 – Unregistered persons must not practise dentistry A person who is not a registered practitioner must not practise dentistry.</p>
<p>Victoria Health Practitioners Registration Act 2005</p>	<p>Section 98 – Restriction on practising dentistry</p> <p>(1) A person who is not registered as a dental care provider under this Act must not knowingly do any of the following:</p> <ul style="list-style-type: none"> (a) diagnose or manage conditions of the mouth of a person (b) perform any invasive or irreversible procedure on the natural teeth or the parts of a person's body associated with their natural teeth (c) provide artificial teeth or dental appliances to a patient or insert artificial teeth or dental appliances for a patient (d) make an intraoral adjustment of artificial teeth or dental appliances for a patient.
<p>Western Australia Dental Act 1939</p>	<p>Section 4 - "dentistry" means and includes any operation on or service in connection with the human teeth or jaws, and the artificial restoration of lost or removed teeth, or jaws and the treatment of diseases or lesions, and the correction of malpositions in human teeth or jaws, and any operation, treatment, or service on or to any person as preparatory to or for the purpose of or in connection with the fitting, insertion, or fixing of artificial teeth, and also every dental service, act, or operation of any kind or nature whatsoever.</p> <p>The term does not include the mechanical construction of artificial dentures by an artisan employed or engaged by a dentist.</p> <p>The performance of a single operation, service, or act of dentistry shall be deemed to be practising dentistry.</p>

Section 50(1)(a) – Practice of dentistry by certain persons prohibited

No person, other than a dentist and no company shall practise dentistry or perform any dental act.