



— Code Of Practice Australian Dental Industry Association

The purpose of the Code is to ensure high ethical standards and socially acceptable behaviour within the dental industry and ensure that healthcare professionals, regulators and the Australian community can have confidence in their dealings with the dental industry, and its products.

Version 1.02 – November 2014
[Effective 1 July 2015]

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Part A — Background to the code

The ethical promotion of Dental Products is central to the trust-based framework within which healthcare professionals advise and treat patients. In working to provide customer service and support in the provision of evidenced based products and allied treatment, the members of the Australia Dental Industry Association (ADIA) necessarily work closely with dentists and allied oral healthcare professionals. ADIA and its members invest time and resources, working with dental professionals and academics, to develop, monitor and refresh evidence-based approaches to particular treatments, in the development of educational materials on the correct use of products, as well as to support hands-on learning in the correct use of certain products.

However the fundamental trust, and the value of the relationship between healthcare professionals and ADIA members, can be undermined where the independence of decision-making by healthcare professionals may be seen to be compromised by inappropriate promotion. This is not in the best interests of patients or consumers, ADIA members, or the dental industry more generally. The implications of compromised independence include unfair competition or sub-standard product or treatment selection, which can add to the cost of healthcare and diminish the provision of quality dental services to the consumer.

This ADIA Code of Practice (the Code) sets out the standards appropriate to the various forms of relationships entered into by ADIA members in their dealings with other parties in the Australian healthcare environment. The Code is not intended to supplant or supersede Australian Federal or State law, or professional codes, including those that may be applied by individual companies. These may impose particular additional requirements upon members or healthcare professionals who engage in interactions of a professional nature.

The Code represents an act of self-regulation in the first instance. ADIA members should also acknowledge that the Code is to be applied in the spirit, as well as in the letter of the Code.

Any business that is not an ADIA member is also invited to accept and observe the Code because it is considered that the high ethical standards to be followed should apply to the industry as a whole if it is to maintain the confidence of all the stakeholders that it serves.

Members should ensure that employees are familiar with the Code and their obligations to comply with it.

Many member businesses may have internal Codes of Conduct prescribed by their parent organisations. The Code is not intended, however, to override the provisions of any internal code, should that mandate a higher level of performance or a stricter code of behaviour.

Mike Covey
ADIA National President

Troy R Williams FAIM MAICD
Chief Executive Officer

November 2014



Part B — Purpose of the code

The purpose of the Code is to ensure that decisions made by healthcare professionals concerning health needs are based on sound clinical evidence, not driven by incentives or other influences offered by the dental industry. In achieving this outcome, healthcare professionals, regulators and the Australian community can have confidence in their dealings with the dental industry, and its products, given the high ethical standards and socially acceptable behaviour which prevail across the sector.

The advertisements for those products that are directly sold to consumers are regulated through the Therapeutic Goods Advertising Code and ADIA members must adhere to that code in respect of these products, in addition to the broad requirements of the *Competition and Consumer Act (Cth) 2010*.

Part C — The Code

The Dental Industry Code of Practice has two columns on each page. The provisions of the Code are on the left hand side of each page. Further guidance on the Code wording can be found in the right hand column under the heading “Guidance Notes”. The Guidance Notes have been provided to assist with understanding and implementing the Code at an operational level. They do not form part of the Code itself and are not to be relied upon or used for Code compliant or enforcement purposes.

The Code sets out standards which dental industry participants are urged to observe. The Code is compulsory for members of ADIA but as a self-regulatory industry code extends to all businesses in the dental industry.

The purpose of the Code is to ensure high standards of integrity of behaviour across the dental industry to ensure patient and healthcare professional confidence in dealings with the industry and its products.

There are several industry codes applying to different therapeutic sectors.

It is the intention that the Dental Industry Code of Practice apply to the supply of Dental Products. Where there is another therapeutic industry code that is more relevant then that code will generally be the more appropriate code, however this Code is considered relevant to all businesses that supply products to dentists and allied oral healthcare professionals.

The Code is but one part of a wider framework for encouraging compliant behaviour by the dental industry. It is complemented and supplemented by a range of training and related programs to assist awareness of the ethical responsibilities of the dental industry.

Many businesses in the dental industry have their own internal codes of behaviour. The Code aims to set a best practice approach to behaviour but to the extent that a business might require a higher standard of behaviour through its internal code, the provisions of the internal code do not reduce or compromise the standards set out in the Code.

The Code is a self-regulatory code with the consequence that the dental industry assumes the responsibility for maintaining and enforcing the agreed standards of behaviour set out in the Code.

| The Code | Guidance Notes |
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| <p>1 Definitions and interpretation</p> | |
| <p>1.1 In the Code:</p> | |
| <p>1.1.1 Advertisement in relation to a product, includes any statement, pictorial representation or design, however made, that is intended whether directly or indirectly to promote the use or supply of a product and includes a service offered in relation to a product.</p> | <p>These may include: Newspaper advertisements; magazine advertisements; business brochure; website; and social media (e.g. Facebook, Twitter, LinkedIn, etcetera) statements.</p> |
| <p>1.1.2 ADIA means the organisation referenced in Clause 1.1.5</p> | |
| <p>1.1.3 Advertising Code means the Therapeutic Goods Advertising Code as amended.</p> | <p>A copy of this document is available at: www.tga.gov.au/industry/legislation-tgac.htm</p> |
| <p>1.1.4 Appeals Committee means the Code Complaints Appeals Committee established in accordance with Clause 10 to hear appeals.</p> | |
| <p>1.1.5 Association means the Australian Dental Industry Association Incorporated (ABN 32 003 314 096).</p> | |
| <p>1.1.6 Authorised Representative means the person nominated by a member of ADIA under its constitution to represent and vote on behalf of that voting member.</p> | <p>The register of the Authorised Representative for each Member is maintained by ADIA and this list is considered for Code compliance purposes to be accurate at any point in time.</p> |
| <p>1.1.7 Australian Register of Therapeutic Goods (ARTG) means the database of therapeutic goods maintained by the Therapeutic Goods Administration pursuant to the <i>Therapeutic Goods Act (Cth) 1989</i> as amended.</p> | |
| <p>1.1.8 Board means the Board of Directors of ADIA.</p> | |
| <p>1.1.9 Breach means a failure to comply with of any provision of the Code.</p> | |
| <p>1.1.10 Code means the ADIA Code of Practice as amended from time to time.</p> | <p>The text in the column to the left (in blue) is the Code. The guidance notes (in grey) are not part of the code.</p> |
| <p>1.1.11 Code Administration Committee means the committee established in accordance with Clause 8.1.1 to administer the Code on behalf of the Board.</p> | |
| <p>1.1.12 Code Complaint Committee means the committee established in accordance with Clause 8.1.2 to hear complaints brought under the Code.</p> | |
| <p>1.1.13 Complainant means a person who lodges a complaint with ADIA under the Code.</p> | <p>A Complainant may also be a business.</p> |
| <p>1.1.14 Complaint means a complaint lodged with ADIA under the Code.</p> | <p>A complaint only exists when it has been formally tendered in writing and received by the ADIA national office. Verbal complaints cannot be acted upon.</p> |
| <p>1.1.15 Complaints Secretary means the Chief Executive Officer of ADIA or his delegate responsible for the administration of a Complaint under the Code.</p> | |
| <p>1.1.16 Consultant means a Healthcare Professional who is engaged by a Member to act as a consultant to the Member.</p> | |
| <p>1.1.17 Consumer means any person to whom a Healthcare Professional may Provide Care in which Dental Products are used.</p> | |
| <p>1.1.18 Consumer Representative is a representative from a health consumer organisation or patient support group.</p> | <p>This is generally the Consumers Health Forum of Australia but may include other organisations.</p> |

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| <p>1.1.19 Dental Product means any medical device that is any apparatus, equipment, instrument, kit, restorative material, tool, software or system whether used alone or in combination with another Dental Product, intended by the manufacturer or supplier for the purpose of Providing Care by a Healthcare Professional that is a medical device as defined by the <i>Therapeutic Goods Act (Cth) 1989</i> and subordinate legislation, but does not include any over-the-counter products available for general sale to consumers for self-selection.</p> | <p>Typically these are only products (including equipment) directly associated with delivering patient care. For example, the chair, instruments, consumable products and restorative materials. It will not include products and services incidental to the provision of care, such as financial services, accounting software and other aspects of practice administration and management. However, the application of the Code to promotional activities associated with Dental Products needs to be viewed in the context of the principles set out in Clause 2.</p> |
| <p>1.1.20 Disease Education Activity means any activity engaged in by a Member with the purpose of educating a consumer or consumers about a particular disease or condition.</p> | |
| <p>1.1.21 Education and Training means the provision of educational material, product specifications, lectures and / or training sessions in relation to Dental Product/s.</p> | <p>This may include education and training activities that are not clinically related.</p> |
| <p>1.1.22 Entertainment includes sporting event, musical or other forms of entertainment.</p> | |
| <p>1.1.23 Gift includes a product or service offered independently of a commercial transaction associated with the purchase of Dental Product.</p> | |
| <p>1.1.24 Healthcare Professional means any registered dentist, dental specialist, dental therapist, dental hygienist, oral health therapist, dental prosthetist and student of dental or oral health care in addition to any individual in a profession falling within the responsibility of a national board operating under the auspices of the Australian Healthcare Practitioner Regulation Agency (AHPRA). It will also include individuals responsible for the acquisition from Members of Dental Products.</p> | <p>A Healthcare Professional is an individual or entity involved in the provision of healthcare services or items to patients, or which purchases, leases, recommends uses or arranges for purchase or lease of Dental Products.</p> <p>For guidance on the current type of registered dental professionals review the scope of the Dental Board of Australia (DBA) website at www.dentalboard.gov.au</p> |
| <p>1.1.25 Hospitality means the provision of accommodation, food and / or beverage.</p> | <p>The scope is deliberately wide to extend beyond lunch and dinner to include any event where the goods are provided.</p> |
| <p>1.1.26 Institution means an institution, corporation, government body agency or committee or any other organisation engaged in the purchase or other acquisition, supply or distribution, assessment, funding or recommendation in relation to Dental Product, in the administration or regulation of healthcare or medical products, or in the provision of information or education in relation to medical products.</p> | |
| <p>1.1.27 Laws and Regulation means any law or regulation in force in Australia to which any act or omission the subject of the Code applies, including the <i>Therapeutic Goods Act (Cth) 1989</i>.</p> | <p>Specific attention is drawn to the <i>Competition and Consumer Act (Cth)</i> which sets out requirements associated with advertising, product warranties in addition to unlawful market activities.</p> |
| <p>1.1.28 Market Research means the gathering of data on the scope or demographics of a market and its components including the needs of customers.</p> | |
| <p>1.1.29 Member means any business, including its employees, which is a member of ADIA, or any other person or business from the industry who submits to the complaints process and outcomes in accordance with the provisions of the Code.</p> | <p>The Member is deemed to be responsible for the conduct of its (legally) related entities and its downstream suppliers.</p> |

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| <p>1.1.30 Member Representative means any person or entity engaged to act for, employed by or retained for the purpose of advancing the interests of a Member pursuant to any agreement between the representative and the member.</p> | <p>This typically will include staff (marketing, sales, customer service, etcetera) and / or agents acting on behalf of, or selling the products of, a Member including product distributors.</p> |
| <p>1.1.31 Product means any good falling within the scope of Clause 1.1.19.</p> | |
| <p>1.1.32 Product Demonstration means a demonstration of the operation of a product and includes any discussion regarding the product features, benefits and performance and/or terms of sale of a product.</p> | |
| <p>1.1.33 Professional Association means a clinical or other professional body representing Healthcare Professionals.</p> | <p>For a list of recognised organisations visit: www.adia.org.au/professionals/associations</p> |
| <p>1.1.34 Promotional Activity means any activity that directly or indirectly promotes or encourages the use, acquisition, or supply of a dental by purchase, sale or otherwise, or discourages such use, acquisition or supply of a competing dental, and includes the publication or dissemination of an advertisement.</p> | |
| <p>1.1.35 Provide/s Care is defined by the Dental Board of Australia (DBA) from time to time in its <i>Code of Practice For Registered Dental Professionals</i> and may include, but is not limited to any care, treatment, advice, service or goods provided in respect of the physical or mental health of a person, whether remunerated or pro bono.</p> | <p>It is important to consider this in the context of the Code's underpinning principle, this being to limit conduct by Members which may induce a Healthcare Professional to depart from their ethical obligations or deliver care which is inconsistent with the ethical use of therapeutic products.</p> |
| <p>1.1.36 Regulator means a government department, statutory authority.</p> | <p>These may include the Therapeutic Goods Administration (TGA) or a state / territory government instrumentality.</p> |
| <p>1.1.37 Respondent means, in relation to a complaint, the member whose conduct is the subject of the complaint.</p> | <p>This is not necessarily restricted to Members (refer Clause 1.1.29)</p> |
| <p>1.1.38 Sponsor in relation to a dental, means the holder of an Australian Register of Therapeutic Goods (ARTG) entry in relation to that product.</p> | |
| <p>1.1.39 Third Party Educational Conference means a conference or event sponsored or conducted by or on behalf of a Professional Association that is independent, of an educational, scientific or policy making nature and is for the genuine purpose of promoting scientific or medical knowledge or the delivery of effective healthcare.</p> | <p>An example includes the <i>ADA Australian Congress</i>.</p> |
| <p>1.1.40 Trade Display means a display of a product or an advertisement or educational material about a product, where-so-ever presented.</p> | <p>Examples of Trade Displays include the <i>ADX Sydney</i> Dental exhibition or the <i>ADA Australian Dental Congress</i> and similar events.</p> |
| <p>1.1.41 Training Organisation means any hospital, laboratory, university or other organisation (whether public or private) that provides training to Healthcare Professionals.</p> | |
| <p>1.2 In the Code:</p> | |
| <p>1.2.1 The singular includes the plural and vice versa and a gender includes other genders;</p> | |
| <p>1.2.2 Another grammatical form of a defined word or expression has a corresponding meaning;</p> | |
| <p>1.2.3 A reference to a Clause, paragraph schedule or</p> | |

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| <p>annexure is to a clause, paragraph, schedule or annexure of the Code and a reference to the Code include a reference to and schedule or annexure;</p> <p>1.2.4 A reference to a \$ amount is a reference to an amount of Australian currency;</p> <p>1.2.5 The meaning of general words is not limited by specific examples introduced by including, for example or similar expressions and;</p> <p>1.2.6 Headings are for reference only and do not affect interpretation; and</p> <p>1.2.7 This edition of the Code replaces and supersedes all previous editions or drafts of the Code.</p> | |
| <p>2 Principles</p> <p>2.1 The Code operates under a set of general principles that regulate the interaction of members with Healthcare Professionals. These principles are:</p> <p>2.1.1 Members must at all times comply with the provisions of all relevant legislation;</p> <p>2.1.2 Members must not engage in unethical behaviour, misleading or deceptive conduct, or unfair or unconscionable practices; and</p> <p>2.1.3 Members must always respect the ethical requirements and codes of practice which apply to Healthcare Professionals and their members' business associates.</p> <p>2.2 The Australian therapeutic products industry promotes the concept of good health incorporating the quality use of therapeutic products which is based on genuine consumer health needs and supported by the ethical conduct of all parties. The quality use of therapeutic products means:</p> <p>2.2.1 Selecting diagnostic and treatment options wisely based on the best available evidence and the consumer's needs;</p> <p>2.2.2 Choosing suitable therapeutic products if this is considered necessary; and</p> <p>2.2.3 Using therapeutic products safely and effectively.</p> <p>2.3 Therapeutic industry codes have as their primary objective the maintenance of the trust and confidence of, and accountability to, all communities with which they engage, the effectiveness of which is assessed through the eyes of the relevant community.</p> <p>2.4 ADIA will collaborate with relevant stakeholders in code creation, updating, education, monitoring and compliance.</p> | <p>Although there is an expectation that Members will meet the general principles set out in Clause 2.1, this does not make the Code the definitive guidance on such matters, nor necessarily provides ADIA with compliance responsibility. By way of example, the <i>Competition and Consumer Act (Cth) 2010</i> clearly articulates expectations insofar as misleading or deceptive conduct, or unfair or unconscionable practices are concerned and this legislation makes the Australian Competition and Consumer Commission (ACCC) responsible for enforcement of the legislation.</p> <p>Insofar as the Code is concerned, the quality use of therapeutic products principle obliges a Member not to engage in a Promotional Activity beyond the limitations set out in this Code that influences a Healthcare Professional's selection of diagnostic or treatment options where more than one pathway and / or product is available (e.g. different kind of restorative treatments including orthodontic, implants, etcetera). In this context, promotional activities associated with the sale of acquisition of equipment, instruments and other products (e.g. dental chairs, sterilisers, instruments, imaging equipment, etcetera) that are incidental (i.e. does not directly affect) the selection treatment options and / constitute a treatment option in itself are permitted within the context of Clause 2.1.</p> <p>As the Code has been endorsed by the ADIA membership, it is therefore establishes a legally binding framework for member businesses that is deemed to have a common, shared acceptance across the dental industry.</p> |
| <p>3 Objectives</p> <p>3.1 The Code has been developed with a number of objectives in mind:</p> <p>3.1.1 To provide a framework for minimum standards of behaviour, educating members, providing self-regulation of the industry and ensuring integrity in the interactions of members with Healthcare Professionals;</p> <p>3.1.2 To provide a mechanism for complaint handling;</p> <p>3.1.3 To provide a means for the education of members as to best practice in respect of</p> | |

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| <p>interaction with Healthcare Professionals and members' business associates;</p> <p>3.1.4 To improve compliance by the Australian community in their use of Dental Products by providing effective patient protection;</p> <p>3.1.5 To ensure transparency for the dental industry in its dealings with healthcare professionals; and</p> <p>3.1.6 To ensure that the reputation of ADIA and its members is upheld at all times.</p> <p>3.1.7 To encourage free and fair competition in the supply of Dental Products between Members.</p> | |
| <p>4 Scope</p> <p>4.1 It is intended that the scope of the Code will cover the following:</p> <p>4.1.1 All ADIA members; and</p> <p>4.1.2 All interactions with Healthcare Professionals and members' business associates.</p> <p>4.2 Non-members of ADIA operating in the dental industry are encouraged to accept and observe the Code.</p> | <p>All members, at the time of joining and renewing, sign a compliance declaration accepting an obligation to comply with the Code.</p> <p>Businesses that are not ADIA members are encouraged to voluntarily submit themselves to the Code.</p> |
| <p>5 Interaction with healthcare professionals</p> <p>5.1 The Dental industry interacts with a variety of Healthcare Professionals including customers, including dentists, specialists, dental assistants, and administrative staff, and other professionals who Provide Care. The Code is intended to provide guidance on the interactions that members and member representatives have with Healthcare Professionals in the promotion and supply of Dental Products. These interactions can take a variety of forms, including but not limited to:</p> <p>5.1.1 Product education, demonstration and training:</p> <p>a. Where appropriate, members may make education and training available to Healthcare Professionals to facilitate the safe and effective use of Dental Products. Such education and training should take place at an appropriate location bearing in mind the nature of the training and the convenience and availability of the trainers and attendees.</p> <p>b. Programs and events should be conducted in clinical, laboratory, conference or other settings, such as members own premises, which are conducive to the educational nature of the training and to the effective transmission of the knowledge, as well as allowing for any "hands on" component.</p> <p>c. The training staff should have the appropriate qualifications and expertise to deliver the training.</p> <p>d. Members may provide attendees with reasonable Hospitality in connection with the training. For training programmes necessitating overnight stays, additional hospitality may be appropriate. For such training, the hospitality must be incidental to the main purpose of the training, reasonable in cost and extent, and provided only to the</p> | <p>The overarching purpose of the Code is to encourage, educate on and reinforce the need for ethical dealings by the dental industry with Healthcare Professionals. Specifically the dental industry needs to determine with each interaction if the interaction may constitute an inducement or would appear to an ordinary member of the public to be an inducement or dealing that influenced the decision or product choice of the Healthcare Professional.</p> <p>The dental industry invests heavily in training and educating healthcare professionals to ensure that they use the products in the optimal manner.</p> <p>To this end there is extensive training and education conducted by businesses for the benefit of healthcare professionals and ultimately for enhanced patient outcomes. However in conducting the education and training businesses need to ensure that the focus of the relationship is educative and not an opportunity to provide inappropriate hospitality. Training and education includes both formal, structured sessions and the in-service instruction that occurs in a healthcare setting. It can also include working with healthcare professionals to better understand the product and patient benefit to be derived from the product.</p> <p>Any hospitality must be appropriate in value. This will vary from conference to conference and will need to be measured against the overall size and scale of the event. With every event however the business must determine if the event is lavish or excessive, even if the business has not itself organised the event.</p> <p>Training should not be held at a venue deemed appropriate for the professional standing of the professional which is an appropriate location for education purposes. The primary considerations in choice of a venue for any training should be whether it provides an environment that is conducive to the effective transmission of knowledge and would be perceived by an ordinary member of the public to be conducive to learning. The physical attractiveness of the venue or available</p> |

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| <p>Healthcare Professionals involved in the training.</p> <p>e. Members may pay for reasonable travel and accommodation expenses incurred by a Healthcare Professional attending training organised by a member where such training necessitates overnight accommodation. Members must not, however, pay for travel or accommodation for a spouse, partner or guest of such Healthcare Professional, or for any other person who does not have a <i>bona fide</i> professional interest in the information being transmitted during the training.</p> | <p>sporting or leisure facilities should not be a primary determinant factor in venue selection.</p> |
| <p>5.1.2 Hospitality</p> <p>a. Members may only provide hospitality to Healthcare Professionals in conjunction with the provision of training or education or in the context of a third-party educational conference. The hospitality should be limited to those who actually participated in the meeting and be reasonable in nature.</p> | <p>Hospitality should not be provided to healthcare professionals where it may constitute an inducement or would appear to an ordinary member of the public to be an inducement or dealing that influenced the decision or product choice or recommendation of the healthcare professional.</p> |
| <p>5.1.3 Third party conferences</p> <p>a. Participation in third-party educational conferences is an integral part of the marketing efforts of dental supply businesses. These provide an opportunity to launch new products, educate customers about existing products and seek feedback on product performance. They provide a valuable forum for the development of product ideas and for the training of members. They would typically include conferences organised by national, regional or local specialised medical or scientific associations or accredited continuing education providers.</p> <p>b. Members may choose to support such conferences and meetings in a variety of ways. All such support must be clearly documented outlining the nature and conditions of the support. These would include:</p> <p>i. Conference Support – Members may provide financial support to the Conference organisers to cover costs such as reasonable travel and accommodation expenses of healthcare professionals and other medical or scientific professionals in training, where the conference is primarily dedicated to objective medical and scientific educational activities. The Conference organisers should be responsible for and control the program content, educational methods and materials used. Support from a member for such activities should be clearly stated in advance of and at the meeting, and should be</p> | <p>A business may conduct a symposium which it sponsors under the wider umbrella of a third party conference provided that the symposium complies with the hospitality restrictions referred to above for general conference hospitality and uses either a conference speaker or a business consultant who is subject to a contractual arrangement with the business. This is to ensure that a business is not inviting healthcare professionals directly to a conference as a means of avoiding the restrictions on direct individual sponsorship. A business may invite its employees to participate.</p> <p>Where a business takes a booth at a third party educational conference or takes out an advertisement, it is required to meet certain conditions, including the general provisions that regulate an advertisement set out in Clause 5.1.8 of this Code.</p> |

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- acknowledged in the proceedings of the meeting, if published;
- ii. Hospitality – Members may provide financial support to the conference organisers in the form of payment for meals and hospitality for attendees. Such hospitality should be reasonable and in-line with that normally provided at the venue or at similarly organised and attended meetings. Hospitality provided as part of a satellite or ancillary meeting to the conference should bear a direct educational relationship to the conference;
 - iii. Faculty Expense – Members may make grants to conference organisers for reasonable honoraria, and reasonable travel, accommodation, hospitality and meals for healthcare professionals or other individuals who are *bona fide* conference speakers;
 - iv. Advertisements, Demonstrations and Trade Displays – Members may prepare and display advertisements and lease space from conference organisers for the purpose of business displays at such meetings or conferences.
 - v. Documentation – the Conference Organiser and the Member must enter into a written agreement specifying the nature and conditions of the sponsorship or grant;
- 5.1.4 Sales and promotional meetings
- a. Where it is deemed necessary for member employees to meet with Healthcare Professionals to discuss product features, conduct negotiations and arrange sales and deliveries, such meetings as a general rule should be held at a training facility, medical institution, laboratory, or other appropriate facility. In connection with such meetings members may with the agreement of the Healthcare Professional, provide or pay for reasonable hospitality for attendees. Members may also provide or pay for reasonable travel costs of attendees to such meetings. For example, demonstrations of unique or non-portable equipment may necessitate travel to the location of the instrument or equipment.
 - b. However, the Code does not permit the provision or payment of travel for a Healthcare Professional's partner or guest, or any other person who does not have a *bona fide* professional interest in the information being presented at the demonstration or meeting.

Where a product has not yet been registered with the relevant Regulator, the business must make it clear by use of a display notice that the product has not yet been registered and that it is on display for the purposes of a demonstration only. Any claimed use must be consistent with the intended purpose assigned by the manufacturer.

Businesses should use simple agreements with dental professionals to ensure that all parties are clear on the purpose of the event and what will be provided. An agreement is not required for an event that is reasonable in size, such as a short seminar. In these circumstances the program or agenda is sufficient as evidence of the agreed scope of services.

A meeting with Healthcare Professional, practice manager, buyer or procurement manager may address commercial information as part of the interaction. However any hospitality must be reasonable and a business must ensure that the interaction is not simply a social interchange funded by the business. The primary requirement is that any hospitality is reasonable and subordinate in focus to the primary intent of the meeting. In assessing whether hospitality is reasonable, businesses should consider not only the financial cost but whether an ordinary member of the public would consider the venue and hospitality arrangements to be reasonable.

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| <p>5.1.5 Consulting agreements</p> <ul style="list-style-type: none"> a. Healthcare Professionals may serve as consultants to member businesses, providing valuable services including research, participation on advisory boards, presentations at member-sponsored training and in product development. It is permissible to provide reasonable compensation for such services. b. Consulting arrangements must be in written form, signed by all parties to the consulting agreement and specify all services to be provided under the arrangement. Research-based consultancy should have a written research protocol and all appropriate consents and institutional and ethical approvals should be obtained before commencement of the research. c. Consulting agreements should only be entered into where a legitimate purpose for the service is identified in advance. Selection of the consultant must be on the basis of their qualification and expertise to provide the service. Meetings with consultants should be held at venues and in such circumstances as are appropriate to the subject matter of the consultation. d. Compensation must be based on the nature of, and commensurate to, the services provided, and in line with accepted practice. Compensation must not be based on the value of Dental Products or services which consultants may use for, or in, their own business or place of employment. e. Compensation should be paid based on services actually provided and must be in accordance with applicable legislation, including tax legislation. f. Members may pay for reasonable expenses incurred by consultants including travel, accommodation, meals and incidentals as part of the performance of their consulting agreement. Such hospitality, however, should be subordinate in time and focus to the primary purpose of the consultation. g. All Consulting Agreements should be appropriately documented and acknowledged where appropriate. | |
| <p>5.1.6 Gifts</p> <ul style="list-style-type: none"> a. Members may provide reasonable gifts to Healthcare Professionals having full regard for the principles set out in Clause 2.2. b. Gifts must not be in the form of cash or negotiable instruments / monetary equivalents. c. The provision of product samples is not considered to be a gift and the provision of reasonable quantities of sample product or demonstration product for evaluation | <p>Consistent with Clause 2.2, the gift must not influence a Healthcare Professional's selection of diagnostic and treatment options where more than one pathway is available (for example different kind of restorative treatments including orthodontic, implants, etcetera). A discount or rebate (which may include goods or services) applied directly to the Health Professionals' business trading account is not considered to be a Gift.</p> |

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purposes is deemed to be a legitimate marketing activity.

5.1.7 Donations and grants

- a. Members may make donations for charitable or philanthropic purposes such as supporting independent medical or scientific research, patient or community education or for the sponsorship of events where the proceeds are intended for charitable purposes. Donations must only be made to institutions or entities which are able to receive them under applicable laws or regulations and must not be made in order to induce the use of a product or service.
- b. Donations may also include grants to support medical or scientific education of genuine students, residents, fellows and participants in fellowship programs, which are charitable in nature or have an academic affiliation.
- c. Members may make research grants to support genuine medical or scientific research where the purpose of the grant is clearly documented, and the research program is administered by an institution independent of the donor. Members may also make grants to support public education of patients or the wider community in respect of important healthcare topics.
- d. All donations and grants should be appropriately documented and acknowledged where appropriate.

5.1.8 Advertising and promotion

- a. In promoting or advertising their products and services to Healthcare Professionals, members must ensure that the advertisements and related promotional literature (excluding brand name reminders) must contain the following information:
 - i. The brand name of the Dental Product (where appropriate);
 - ii. The name and address of the sponsor; and
 - iii. Any other information as may be required by law or as a condition of a licence.
- b. In advertisements and promotional literature, where claims are made, these must be consistent with the intended purpose of the Dental Product;
- c. In advertisements and promotional literature, the term “safe” should not be used unless clearly qualified;
- d. In advertisements and promotional literature, the term “new” may only be used in the first 12 months of promotion;
- e. In advertisements and promotional

Each business is encouraged to make publicly available on its website, a list of organisations to which it provides financial support and / or significant direct / indirect non-financial support. The list could be updated on an annual basis.

This section of the Code applies to advertisements directed exclusively to healthcare professionals and those with responsibility for the purchasing of medical devices. However, advertisements directed to consumers are regulated by the Therapeutic Goods Advertising Code rather than this Code.

Compliance with the Code does not absolve Members and other advertisers from the need to comply with other common law and statutory requirements, in particular the framework set out by the *Competition and Consumer Act (Cth) 2010*.

Advertisers have a responsibility to ensure the content and presentation of their advertisement and promotional material promotes the quality use of Dental Products through encouraging the healthcare professionals to select, for their patients, appropriate management options, suitable products and then to use those products safely and effectively.

All claims, not just therapeutic claims, which are made, must be truthful, valid and not misleading.

Complaints that allege an advertisement is false or misleading should be directed to the Australian Competition and Consumer Commission (ACCC) which has responsibility for enforcing the *Competition and Consumer Act (Cth) 2010*.

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| <p>literature, Dental Products of other businesses should not be disparaged, compared unfairly or treated with disrespect, either directly or by implication. Comparison must be in the context of peer-reviewed publications available in the public domain (consumer and / or Healthcare Professional feedback should not be used unless referenced in a peer-reviewed publication).</p> <p>f. Members must be able substantiate all claims made through reliable, readily available, medical or scientific evidence;</p> <p>g. Promotional activities must not be designed such that they reflect poorly upon or reduce confidence in the dental industry; and</p> | |
| <p>5.1.9 Competitions</p> <p>a. Members may conduct competitions for Healthcare Professionals directly or through a third party that comply with the following limited provisions:</p> <p>i. The competition must be based entirely on medical or other specialist healthcare knowledge or on the acquisition of such knowledge; and</p> <p>ii. All competition prizes must be directly relevant to the practice of medicine or other specialist field of healthcare and be of minimal monetary value or be an item of an educational nature; and</p> <p>b. Entry to any competition conducted by a Member must not be dependent on the ordering, recommendation, use, testing or prescribing of a product.</p> <p>c. The conduct of the competition must comply in all respects with all relevant laws and regulations.</p> | <p>Any promotion that includes a lottery or some similar promotion is likely to need a permit from the state / territory government in which the promotion is conducted. This is often the case whether or not there is a requirement to purchase a product.</p> |
| <p>5.1.10 Market research</p> <p>a. A member may conduct market research with a Healthcare Professional provided that the market research is clearly identified as such and does not promote a product or reward the participants;</p> <p>b. Any compensation associated with the conduct of market research is kept to a minimum, is reasonable and commensurate with the amount of work performed; and</p> <p>c. Where the market research includes a competition or a prize, it complies with clause 5.1.9</p> | <p>Market research can provide useful feedback to a business about a product and identify issues in design or use. However in undertaking market research a business must not promote a product or reward the participants. It is appropriate for the business to make a payment to the participants in recognition of the time contributed to the research but this must be in line with the usual hourly rate for the level of experience or speciality of the healthcare professional.</p> |
| <p>5.1.11 Business commissioned articles</p> <p>a. Business-commissioned articles must be clearly identified as such.</p> <p>b. The Sponsor must be clearly identified at either the top or the bottom of the article.</p> <p>c. Where a business commissioned article is used solely for the purpose of supporting a</p> | |

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| <p>claim, including a comparative claim, the claim must be referenced.</p> <p>5.1.12 Social media</p> <p>a. Social media is an umbrella term that incorporates the various online platforms and activities that engage users to participate in, comment on and create digital content on the internet and allow them to interact, share information and network with others, including peer-to-peer conversations. Examples of social media include Facebook, Yahoo forums, YouTube, Twitter, LinkedIn, blogs, wikis and similar communication tools.</p> <p>b. All use of social media by Members in the promotion of Dental Products to Healthcare Professionals must comply with the requirements of clause 5.1.8.</p> | |
| <p>6. Interaction with consumers</p> <p>6.1 In general, the dental industry has limited interactions with consumers but in certain areas such oral healthcare, goods are available for general sale / self-selection by patients. Such goods are not covered by this Code as they fall outside the definition of Dental Product as defined in Clause 1.1.19.</p> <p>6.2 The following principles should be observed in respect of interactions with consumers:</p> <p>6.2.1 If a member receives a request from a consumer for advice of a medical or diagnostic nature, the member must recommend that the consumer consult an appropriate Healthcare Professional;</p> <p>6.2.2 Advertisements to consumers must comply with the Therapeutic Goods Advertising Code and any other relevant laws and regulations;</p> <p>6.2.3 Competitions directed at consumers must only relate to over-the-counter products (<i>i.e.</i> products intended for general / retail) or products that are the subject of an ARTG entry permitting sale to consumers;</p> <p>a. To the extent that a competition directed at consumers comprises an advertisement that appears on the ARTG, it must comply with the Therapeutic Goods Advertising Code and with Clause 7.8 of that Code;</p> <p>b. If the competition relates to a product that appears on the ARTG, entry into a competition must not, as a condition of entry, require a consumer to use or purchase a product;</p> <p>c. The conduct of a competition directed at consumers must comply in all respects with all relevant laws and regulations.</p> <p>6.2.4 Media releases to one or more organisations or through one or more channels intended to or likely to result in publication to consumers must not be an advertisement unless they conform to the Therapeutic Goods Advertising Code. Media releases must be issued conditionally upon the</p> | <p>The scope of this Code are those products intended by the manufacturer or supplier for the purpose of Providing Care by a Healthcare Professional that is a medical device as defined by the <i>Therapeutic Goods Act (Cth) 1989</i>. In this context, over-the-counter products supplied by a Member do not fall within the scope of this Code, however Members do have certain obligations that are set out in Clause 6.2.</p> <p>With respect to Clause 6.2.3a and Clause 6.2.3b, these restrictions do not apply for over-the-counter products (<i>i.e.</i> intended for general / retail) and not defined as a medicine or medical device by the <i>Therapeutic Goods Act (Cth) 1989</i>.</p> |

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publisher ensuring that the release or extracts from the release be published in compliance with the Code and all relevant laws or regulations, including the Therapeutic Goods Advertising Code.

- 6.2.5 Disease education activities for Consumers relating to Dental Product may provide information, promote awareness and educate the public about health, disease and their management, however:
- a. A disease education activity may make reference to the availability of different options for diagnosis or treatment but may not direct the Consumer to purchase a specific Dental Product where to do so would be in breach of the Therapeutic Goods Act.
 - b. The emphasis of the disease education activity should be on the condition and its recognition rather than on the specific Dental Product unless discussion of treatment options directly with the public is permissible under the Therapeutic Goods Act. The appropriate treatment for an individual Consumer following use of an over-the-counter Dental Product is for the Healthcare Professional to decide in consultation with the Consumer.
- 6.2.6 ADIA recognises and supports positive and beneficial relationships between the Dental Industry and Health Consumer Organisations. Members may enter into relationships with Health Consumer Organisations with the objective of enhancing the quality use of Dental Product in addition to improving the dental and oral health of the community.

7. Business representatives

- 7.1 Members should ensure that business representatives are adequately trained and possess appropriate technical knowledge to present information on the business's products in an accurate and responsible manner.
- 7.2 Members should also ensure that business representatives are aware of the provisions of the Code and have been trained in ethical and professional behaviour in the performance of their duties.
- 7.3 Business representatives must conduct themselves at all times in an ethical and professional manner. They must not offer any inducement or payment, or engage in unconscionable behaviour in their dealings with Healthcare Professionals that will influence the way the Healthcare Professional Provides Care. They must ensure that their meetings are conducted in a professional manner and that their behaviour is at all times reasonable and responsible.
- 7.4 The wishes of a Healthcare Professional, or any arrangement in place at any particular place of business, must be observed by business representatives.
- 7.5 Business representatives must ensure that their behaviour does not, or does not appear to, compromise the independence or professional integrity of any other Healthcare Professional.

Such wishes may include policies of a dental practice that direct its staff dealings with Dental Products suppliers.

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| <p>8. Administration of the code</p> <p>8.1 Administration of the Code shall be divided between two committees appointed by the ADIA Board:</p> <p>8.1.1 <u>Code Administration Committee:</u> The role of the Code Administration Committee is to implement and review the Code, to ensure that education on the Code is conducted for, and by, members, and to report annually on the Code practices, complaints and outcomes.</p> <p>8.1.2 <u>Code Complaints Committee:</u> The role of the Code Complaints Committee is to hear complaints from members, non-members and the general public regarding the behaviour of members and their employees, and to resolve such complaints either by a Code Complaints Committee hearing or via mediation. Appeals against the decision of the Code Complaints Committee will be heard by a separate Appeals Committee set up by the Code Complaints Committee Secretary.</p> <p>8.2 The Authorised Officer or his delegate shall act as Secretary to the Code Administration Committee and the Code Complaints Committee, and shall be responsible for the management of the committee meetings.</p> <p>8.3 The Code Administration Committee shall consist of:</p> <p>8.3.1 A chair, who may be a former member of the industry, or a person with appropriate experience;</p> <p>8.3.2 Three members from ADIA, elected by the members.</p> <p>8.3.3 Two representatives from professional bodies in the dental sector such as the Australian Dental Association (ADA); Royal Australian College of Dental Surgeons (RACDS); Australian Dental & Oral Health Therapists Association (ADOHTA); Dental Hygienist Association of Australia (DHAA), Dental, or the Assistants Association (DAA); and</p> <p>8.3.4 One consumer representative.</p> <p>8.4 A quorum of the Code Administration Committee shall consist of the chair and three other Members. The committee shall meet at least once per calendar year, although the Chair or Chief Executive Officer may request more frequent meetings as required.</p> <p>8.5 The duties of the Code Administration Committee shall be to:</p> <p>8.5.1 Conduct regular reviews of the Code to ensure that it continues to reflect community, industry and regulatory standards and values;</p> <p>8.5.2 Engage industry and key stakeholders in review processes and consult with industry in relation to any proposed amendments</p> <p>8.5.3 Prepare amendments to reflect the outcome of review processes;</p> <p>8.5.4 Submit amendments as determined to the Board of ADIA for placement before a meeting of members for approval;</p> <p>8.5.5 Ensure that members and the wider dental community are advised of all amendments via</p> | <p>In order to maintain transparency, all matters associated with Code administration and compliance activities must be documented by ADIA. Therefore, questions and complaints must be made in writing and forwarded to the Authorised Officer (usually the ADIA Chief Executive Officer)</p> |

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| <p>application to the Code Complaints Committee, to have their name or identity suppressed in correspondence with the respondent, or from public release.</p> | |
| <p>8.14 Complaints should be clearly and succinctly presented and accompanied by relevant explanatory documents and or photographs. Industry Complainants should include documentary evidence that the requirement of Clause 8.12 has been fulfilled.</p> | <p>Before making a complaint to the Code Complaints Committee, possible complainants should consider two issues:</p> <ol style="list-style-type: none"> 1. Consider approaching the business who you are concerned about (this step is mandatory for industry complainants, that is complaints lodged by a business); 2. Consider whether mediation may be an appropriate avenue for resolving the matter; |
| <p>8.15 The Secretary of the Code Complaints Committee will acknowledge receipt of a complaint lodged and shall, as soon as practicable, advise the respondent that a complaint has been lodged against them, and provide details of the complaint to the respondent and allow sufficient time for the respondent to submit a response to the complaint.</p> | <p>Consumer and non-industry complainants are welcome but not required, to raise their concerns with the business itself before making a complaint to ADIA.</p> |
| <p>8.16 If the complaint cannot be resolved between the complainant and the respondent, the Secretary of the Code Complaints Committee will convene a meeting of the Code Complaints Committee to hear the complaint.</p> | |
| <p>8.17 The Code Complaints Committee shall consider and adjudicate the complaint by:</p> <p>8.17.1 Reviewing material previously submitted by either party; and/or</p> <p>8.17.2 Seeking further material or information from the complainant or respondent; and/or</p> <p>8.17.3 Consulting with any other persons as it shall see fit in regard of the complaint; and/or</p> <p>8.17.4 Referring to publicly available information.</p> | |
| <p>8.18 Neither the complainant nor the respondent shall be present nor be represented during the hearing of a complaint and the Code Complaints Committee shall make its determination solely on the basis of information it has been presented with by the complainant or the respondent. The Code Complaints Committee reserves the right to dismiss any complaint that it decides is frivolous or vexatious or which it considers to be misinformed or lacking in substance or outside its scope to determine. In such cases it may refer the complaint to another authority such as the Therapeutic Goods Advertising Complaints Committee.</p> | |
| <p>8.19 The deliberations of the Code Complaints Committee are confidential and must not be disclosed by a party to the complaint or by a member of the Code Complaints Committee.</p> | |
| <p>8.20 In the matter that is brought-forward by the Complainant is, at any time, the subject of litigation between the Complainant, or either the Complainant and the Respondent has intimated in writing that litigation concerning the matter is pending, the Board may direct the Code Complaints Committee to either suspend or terminate is consideration of the Complaint.</p> | |
| <p>9 Code penalties</p> <p>9.1 In order for the Code to achieve credibility with and compliance by signatories and to engender stakeholder confidence in the industry and its Code, it is necessary that commercially significant sanctions be available to the Code Complaints Committee. Sanctions will reflect the nature, seriousness and frequency of the breach.</p> | |

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| <p>9.2 Where the Code Complaints Committee finds that a business breached the Code, the Code Complaints Committee must apply one or more of the following sanctions:</p> <p>9.2.1 Censure and/ or warning from the Code Complaints Committee as to the serious nature of breach(s) of the Code. This may include a notification to professional associations of the nature of the breach;</p> <p>9.2.2 Written provision of an assurance from the offending party that they will institute immediate action to remedy the breach, and an written assurance regarding ongoing observance of the Code;</p> <p>9.2.3 Corrective advertising and /or a retraction to be published as directed by the Code Complaints Committee;</p> <p>9.2.4 Destruction of offending material such as advertisements, pamphlets or brochures;</p> <p>9.2.5 In the event of serious and/or repeated breaches, a monetary fine to a maximum of \$50,000;</p> <p>9.2.6 Publication of the result of the committee's deliberations.</p> <p>9.3 In the event of continued or repeated breaches of the Code by a member, the Board of ADIA reserves the right, on the recommendation of the Code Complaints Committee, to institute proceedings for the expulsion of such member under clause 12c of the ADIA Constitution.</p> <p>9.4 Once a penalty has been determined by the Code Complaints Committee, the Secretary of the Code Complaints Committee will inform all parties to the complaint of the final decision, the penalties imposed and any further action to be taken.</p> | |
| <p>10 Appeals</p> | |
| <p>10.1 A member who has been found to have breached the Code, or a complainant who has had a complaint dismissed, shall have the right to appeal against the findings or any sanctions imposed.</p> <p>10.2 The appeal should be in writing and should be submitted to the Secretary of the Code Complaints Committee within 10 working days of receipt of the decision.</p> <p>10.3 The Secretary shall establish a Code Appeals Committee to hear the appeal. The Appeals Committee shall be drawn from the members of the Code Complaints Committee with the following conditions;</p> <p>10.3.1 The Chairperson shall be a registered legal practitioner;</p> <p>10.3.2 Three other members drawn from the Code Complaints Committee, none of whom was on the panel that heard the original complaint;</p> <p>10.3.3 Prior to selection the Secretary of the Code Complaints Committee must determine if any proposed member has an actual or perceived conflict of interest;</p> <p>10.3.4 The quorum for the Appeals Committee is the Chair and two other members.</p> <p>10.4 The Appeals Committee must consider only the material</p> | |

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that was previously submitted to the Code Complaints Committee in the matter, together with the appeal papers and any associated response by the complainant or respondent.

- 10.5 The findings of the Appeal Committee are final and binding on the parties. The Secretary will provide notification of the outcome of the appeal to the parties within a 10 working days of the conclusion of the appeal. The deliberations of the Appeal Committee are confidential and must not be disclosed by any party or by a member of the Appeals Committee.

11 Interpretation

- 11.1 The Complaints Secretary or his delegate is authorised to provide written advice to Members on the interpretation of the Code of Practice and its application to actual or proposed activities. The Complaints Secretary may seek an opinion from the Chair, individual members of Code Administration Committee or a meeting of Code Administration Committee to be convened for this purpose before providing advice to the Member. The provision of such advice does not exempt the Member or the situation from subsequently being subject to a complaint.
- 11.2 The Complaints Secretary shall provide a report to each Code Administration Committee meeting on all requests for advice received from Members, the nature of the advice given and any other relevant information. The Code Administration Committee will review the advice and, where considered appropriate, will endorse the advice given for incorporation into explanatory notes to the Code. Explanatory notes will be issued within one month following their endorsement by the Code Administration Committee.

Appendix A — ADIA Introduction

The Australian Dental Industry Association (ADIA) brings together the manufacturers and suppliers of quality products and services used in dentistry.

Since its formation in 1925, ADIA has provided leadership, strategy, advocacy and support to allow businesses across the dental industry understand and positively influence the commercial, technical and regulatory environment in which they work.

ADIA supports a regulatory framework for Dental Products and services that is based upon a risk-management approach designed to ensure public health and safety, while at the same time freeing business from an unnecessary regulatory burden. The Association is recognised by the Australian Government as an authoritative voice on policy issues concerning the manufacture and supply of Dental Products.

Australia's most authoritative assessment on the market for Dental Products is the *ADIA Australian Dental Industry Intelligence Report* which is published annually. This is augmented by the *ADIA Australian Dental Industry Business Conditions Survey* which provides a quarterly assessment of key indices measuring sales prices, sales volumes, business input costs, staff levels and staff employment costs. The latter survey also provides the data that underpins the *ADIA Australian Dental Industry Red Tape Index*.

The Association also supports its members in the development of technical standards for Dental Products and consumables, nominating industry representatives to committees of both Standards Australia and the International Standards Organisation (ISO).

Recognising the need for business across the dental industry to attract and retain skilled staff, the *ADIA Strategic Plan* includes a strong focus on workforce development. Through a ground-breaking alliance with MEGT Recruitment and Employment Services, ADIA assists businesses to employ apprentices and trainees across a range of occupations. In partnership with Charles Sturt University, a graduate-level program is offered to small business operators.

ADIA brings suppliers of Dental Products and services closer to dentists and allied oral healthcare professionals through initiatives such as the highly popular *ADX Sydney* dental exhibition, the nation's premier dental trade show which attracts more than 8,000 stakeholders from the dental community on a biennial basis.

In working towards an environment where member businesses can grow, operate sustainably and create jobs, ADIA is affiliated with the Australian Chamber of Commerce and Industry (ACCI), the nation's foremost grouping of employer organisations. This link ensures the views of the dental industry are taken into account as the Australian Government considers reform across high-level policy issues such as business taxation, international trade, environmental policy, workplace relations, workplace health and safety in addition to vocational education and training.

At an international level ADIA works with the association of International Dental Manufacturers (IDM) and is an affiliate member of the FDI World Dental Federation.

For further information visit:
www.adia.org.au

Appendix B — Abbreviations

The following definitions are provided for information only and do not form part of the Code for the purposes of interpretation, compliance or adjudication:

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| ADA | Australian Dental Association |
| ADIA | Australian Dental Industry Association |
| ARTG | Australian Register of Therapeutic Goods |
| DBA | Dental Board of Australia |
| DoHA | Department of Health and Ageing |
| FDI | World Dental Federation (<i>Fr. Fédération dentaire internationale</i>) |
| IDM | International Dental Manufacturers (association) |
| ISO | International Standards Organisation |
| NeHTA | National eHealth Transition Authority |
| TAFE | Technical and Further Education |
| TGA | Therapeutic Goods Administration |

■ ADIA MEMBER BUSINESSES ■

3M ESPE A.R. Medicom AB Dental Employment Agency Accentu8 Novotecnica Acteon Australia / New Zealand Active Change for Life A-dec Australia AHP Dental & Medical Ainsworth Dental Airport Function Centre AJ Barber Allident Alphabond Dental Amalgadent Dental Supplies Ampac Dental Anthos in Australia AP Design AR Instrumed Argibond Dental Supplies Ark Health Auspharm Australasian Academy of Dento-Facial Aesthetics Australasian Dental Practice Australasian Dentist Australian College of Dental Education Australian Imaging Australian Medical Suction Systems Bien Air Australasia Biodental Technologies BioHorizons Australia Biomedex Biomet 3i Bite Magazine Body Logic Resources BOQ Specialist Bank Borg Dental Bourke Dental Supply Bova Compounding Carestream Dental Carl Zeiss Cattani Australia Centaur Software City Dental Supplies Clare Martin & Associates Clark Jacobs Clisby Engineering Colgate Oral Care Coltene-Whaledent International Commodore Joinery Complete Financial Balance Critical Dental Curaden Swiss Dental Axxess Dental Concepts Dental Depot (QLD) Dental Fitout Projects Dental Innovations Dental Installations Dentalife Dentaaurum Australia Dentavision Dentequip Dentiform Australia Dentist's Choice Dentpro Dentsply (Australia) Designer Project Group Designer Surgeries Designs for Vision Digital Dental Discus Dental Australia DPL Australia DURR DENTAL AG East Coast Dental Services Ecocycle Australia Elite Fitout Solutions Empire Dental Devices EMS Erskine Dental Essology Finlease (Aust) First Dental GC Australasia Dental Glamsmile GlaxoSmithKline Gritter Dental Gulmohar Dental Gunz Dental Hayes Handpiece Australia Heine Australia Henry Schein Halas Heraeus Dental Australia HICAPS High Tech Laser Australia Hogies Australia Horseley Dental Supplies Hu-Friedy Mfg Co Inc ID Health IDOZ Medical iMixwell Impulsedent Australia Independent Dental Supplies Inline Medical & Dental Innovatio Dental Supplies Ivoclar Vivadent Johnson and Johnson Pacific Kerr Corporation Leading Dental Levitch Design Australia Lizard Software Lomax Financial Group Lorchant Dental Marda Investments Marsh Med & Dent (WA) Medfin Australia Medi-Dent Medical Dental Solutions NQ Medical Equipment Services Medifit Medilend Melbourne Dental Miele Australia Miniflam Australia Minimax Implant (Dentium Australia) Mobile Clinics Australia (Kuipers) Mocom Australia Momentum Management Myofunctional Research Co NAOL Australia Neoss Australia Nobel Biocare NSK Oceania One Dental Oral-B (Procter & Gamble) Orien Dental Supplies Osseo Dental Osstem Australia Ozdent Dental Products Australia Pegasus Dental Services Presidential Prime Practice Priority Dental Supplies Professional Dentist Supplies Profile Financial Services Purus Health and Medical Technologies RCR International Ridley Dental Supplies Right Time Business RJ Dental Sales & Service Roland DG Australia Rural Health Workforce Australia RutiniDent Dental Supplies SDI Severon Surgicals Sieverts Radiation Protection Consultancy Siltex (Australia) Sirona Dental Systems Software of Excellence South Austral Southern Implants Australia Specialites Septodont Stoneglass Industries Straumann Summit Healthcare Solutions Suntech Dental Equipment Services Supreme Orthodontic Supply (Aust) The Bambach Saddle Seat The Dental Solution Australia Tri-Dental Implants TrollDental Trustwater Australia Ultimate Dental Supplies Ultimo Health Technologies Ultradent Products Veden Australia VOCO Australia W&H Wellsites West Coast Dental Depot Whiteley Corporation William Buck William Green Wisbey Dental Zenodental

ADIA

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