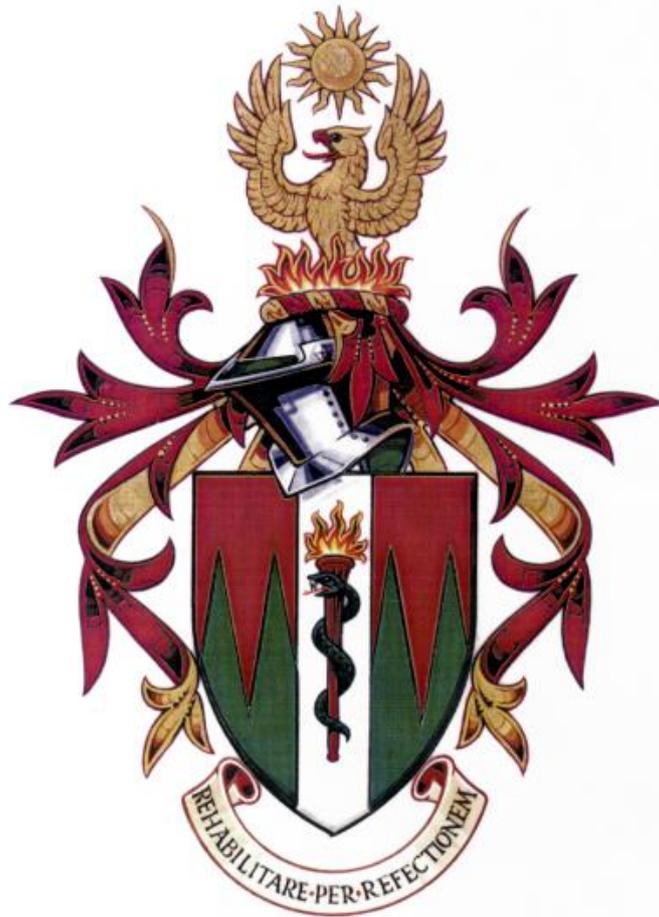


INSTITUTE OF MAXILLOFACIAL PROSTHETISTS & TECHNOLOGISTS



Application for
MEMBERSHIP
(MIMPT)

Please read the information enclosed carefully.
Complete relevant sections in black ink and block capitals

Internet Website: www.impt.co.uk
Registered as a charity. Registered in England under Charity Number 1013059
A Company Limited by Guarantee. Registered in England under Company Registration Number 2334615
Registered Office: 50 Summer Hill, Halesowen, West Midlands B63 3BU

Thank you for your Associate Membership enquiry. The Institute is an international organisation with membership affiliation in over 20 countries. The Institute's objectives are to establish, oversee and maintain best practise alongside the study, qualification, advancement and knowledge of maxillofacial prosthetics.

The Institute is a mature and established professional body that oversees the training, qualifications and practice of the Maxillofacial Prosthetist (MfP) while maintaining a communication and support network for the membership. The Institute also works alongside, and advises, regulatory, medical, professional and governmental groups on issues relevant to the specialty.

The foundations of the Institute were set down during the period immediately after the second world war. Technical staff working in oral surgery units alongside their dental and medically qualified surgical colleagues met for mutual support and to establish relevant qualifications. During the late 1950s this group became a formal Association with the first scientific congress being held in the early 1960s. Key objectives of the Institute are;

- 1) Promote the study of Maxillofacial Prosthetics, to improve standards and advance knowledge.
- 2) Provide a qualifying basis for the regulation of all Maxillofacial Prosthetists.
- 3) Advise appropriate bodies and agencies regarding best practise.
- 4) Liaise with other professional healthcare organisations.
- 5) Encourage the interchange of knowledge and standards beneficial to patient care.

The Institute is a registered charity and a Company Limited by a Guarantee. It is a requirement that you sign and return the attached "*Membership Agreement*" with your application. When completing this application please provide FULL details as requested.

Your application, and such copies provided as required by the Applicant, will be presented before the designate Assessment Interview Board (AIB). Please send your completed application, with all other documents, to the IMPT AIB Chairman:

Stefan Edmondson MIMPT
Department of Maxillofacial Prosthetics OPD
Queen Elizabeth Hospital Birmingham
Mindelsohn Way
Edgbaston, Birmingham
B15 2WB
UNITED KINGDOM

Membership Levels

The Institute of Maxillofacial Prosthetists & Technologists (IMPT) maintains incremental levels of membership, these being;

Associate AIMPT

An individual who expresses a warrantable commitment to the specialty.

Member MIMPT

A Maxillofacial Prosthetist who has passed the IMPT Assessment Interview Board.

Fellow FIMPT

A Maxillofacial Prosthetist who is able to satisfy Council of their professional contribution.

Common entrance and annual subscription fee

Common Entrance Fee	£30	on joining
	+	
Members	£100	annual subscription fee
	+	

Assessment Interview Board fee
(see AIB preparation document for details).

Associates	£79	annual subscription fee
Fellows	£100	annual subscription fee
<i>Retired</i>	£25	annual subscription fee

Codicil

Any individual who has rendered outstanding service to maxillofacial prosthetics and reconstructive science may be awarded *Honorary Membership* at the discretion of the Council of IMPT.

IMPT members over sixty years of age, and having retired from employment, may apply for *Retired* membership.

Education Requirements.

At IMPT Council (October 2011), decision was reached outlining qualifications required for individuals applying to sit the Assessment Interview Board (AIB).

- **Diploma in Professional Studies** (Maxillofacial Prosthetics and Technology) Manchester Metropolitan University – Note: Applicants with this qualification must apply by 1 January 2015.
- **MSc in Maxillofacial & Craniofacial Technology** (Kings College, London).
- **MSc in Maxillofacial Prosthetic Rehabilitation** (Kings College, London). Note: Applicants must also complete additional modules in Craniofacial Development, Osteotomy and Trauma at KCL before applying for AIB. They must also be mentored by a full member of the IMPT during their entire course.

Ethical Code and Professional Conduct

Intent of IMPT ethical code is to provide a common frame of reference for the ethical practice of maxillofacial prosthetics for members. By accepting IMPT Associateship, Membership or Fellowship status, an individual recognises IMPT Council as the professional disciplinary body.

This code does not claim to resolve all issues associated with the practice of maxillofacial prosthetics. However, should conduct be brought into question, this code provides core elements of professional practice that the IMPT member will be measured against.

IMPT Professional & Ethical Code

- I Care of the patient is your primary concern.
- II Be honest & trustworthy.
- III Treat every patient with consideration; respect their dignity & privacy.
- IV Be prepared to justify actions.
- V Recognise limits of competence. If required, liaise with colleagues in the patient's best interest.
- VI Maintain your own health & well-being appropriate to your practise.
- VII Never discriminate against patients or colleagues or let personal beliefs effect patient care.
- VIII Act quickly if you suspect a colleague is failing & patients maybe put at risk.
- IX Safeguard confidential information & record relevant details for patient care and legislative purposes.
- X Provide appropriate information that the patient or their carers can understand.
- XI Continually update professional skills & knowledge.
- XII Do not abuse position as a maxillofacial prosthetist.
- XIII Provide comprehensive supervision and instruction for less experienced or knowledgeable maxillofacial prosthetists, with patient care & safety the primary consideration.

I *Care of the patient is your primary concern.*

You will - with the skills, resources and options available to you - make attainment of the optimum outcome your objective with patient care and safety as your primary concerns.

II *Be honest & trustworthy.*

You must be truthful and ethical in your professional practice and your dealings with patients, their relatives and carers.

III *Treat every patient with consideration; respect their dignity & privacy.*

To establish a constructive professional relationship with your patient you must be courteous, listen to their views, and treat all personal information volunteered by the patient as confidential.

IV *Be prepared to justify actions.*

If problems arise, which call your conduct or methods of practice into question, the IMPT ethical & professional code will form the basis for consequent investigations made and any conclusions drawn, regarding your conduct.

V *Recognise limits of competence. If required, liaise with colleagues in the patient's best interest.*

You must acknowledge the bounds of your skills and knowledge and, if necessary, be willing to confer with or seek guidance from colleagues.

VI *Maintain your own health & well-being appropriate to your practice.*

If a patient poses a risk to your health and safety you must take reasonable steps to protect yourself or your colleagues before treatment begins. If you have a condition which could be passed onto your patient, or significantly affects your performance as a safe practitioner, you must follow advice from your own GP or Occupational Health doctor.

VII *Never discriminate against patients or colleagues or let personal beliefs effect patient care.*

Your opinions regarding an individual's lifestyle, race, gender, religion, sexuality, social status or age must not affect the quality of care you provide or prejudice a professional relationship with a colleague.

VIII *Act quickly if you suspect a colleague is failing & patients maybe put at risk.*

If you have good reason to believe a colleague's performance, conduct or health is a threat to patient care you must take action. You must, if necessary, follow your employer's procedures. If you are unsure what to do contact a council officer of the IMPT. Your actions and comments must be honest and objective with patient safety your primary concern.

IX *Safeguard confidential information & record relevant details for patient care.*

You must be vigilant against the improper disclosure of confidential information in whatever form it may take. If you choose to disclose confidential information, without the patient's consent, you must be able to explain and justify your actions. For reasons of patient care and for legislative directives, you are required to make a record of clinical episodes and details of medical devices supplied to a patient.

X *Provide appropriate information that the patient or their carers can understand.*

All advice and information must be communicated in a form that the patient or their carers will understand. When providing a patient with a medical device you must ensure the patient, or their carers, are informed & educated in the safe and effective use of such a device.

XI *Continually update professional skills & knowledge.*

You should constantly update your knowledge and skills for all of your working life. You should participate in activities that develop your competence and respond constructively to knowledgeable assessment of your conduct or practise.

XII *Do not abuse position as a maxillofacial prosthetist.*

You must not establish an improper relationship with a patient or seek improper financial reward. You must not assist or instruct an individual or group in the practise of maxillofacial prosthetics who, in your judgement, have qualifications unsuitable to do so.

XIII *Provide comprehensive supervision and instruction for less experienced or knowledgeable maxillofacial prosthetists, with patient care & safety the primary consideration.*

The IMPT encourages qualified and experienced members to instruct junior colleagues in the practice of maxillofacial prosthetics. If you have special responsibility for teaching or examination you must ensure adequate supervision and be honest and objective in your assessment of those you have examined.

Declaration

I, the undersigned, hereby recognise and acknowledge the Institute of Maxillofacial Prosthetists & Technologists ETHICAL AND PROFESSIONAL CODE.

I declare that I will abide by the aforementioned Ethical and Professional Code in the execution of my practice as a Maxillofacial Prosthetist.

I assume that, should my practice as a Maxillofacial Prosthetist be brought into question, the aforementioned Ethical and Professional Code is the standard against which my actions will be assessed.

Signed:

Date:



The Institute of Maxillofacial Prosthetists & Technologists

**INSTITUTE OF MAXILLOFACIAL PROSTHETISTS & TECHNOLOGISTS
PRIVATE LIMITED COMPANY INCORPORATED UNDER
THE COMPANIES ACT 1985
UNDER COMPANIES REGISTRATION No. 2334615**

I
(Name in full)

of.....
(Address in full)

being a *member of the unincorporated Institute of Maxillofacial Prosthetists & Technologists, hereby Irrevocably undertake to the Company now incorporated as a Company Limited by Guarantee under the above heading and details that, in the event of the liquidation or other determination of the above named company, I will pay a sum not exceeding £1.00 (ONE POUND) STERLING to the Liquidator or Receiver or other appointed Officer appointed by the members of the Company or the High Court for the purposes of winding up, resolving or otherwise determining the Company's affairs.

DATED this day of (year).....

(SIGNED)

**this maybe as an Associate, Full Member or Fellow, and includes those holding Honorary status.*

PERSONAL DETAILS
(BLOCK LETTERS PLEASE)

surname:

forename(s)

date of birth:

professional address (to be used for postal contacts)

.....
.....
.....
.....

telephone number:

E mail:

Signatures of IMPT Full Members or Fellows who support this application:

My application is sponsored by: (signature)

My application is seconded by: (signature)

Declaration

I certify that, to best of my ability, the above details are accurate and correct. I do this in the understanding that should, at any time, Council of IMPT find that any or all of these freely given particulars be untrue then my registration with this Institute of Maxillofacial Prosthetists & Technologists will be made null and void. I enclose with this application all appropriate fees and subscriptions to signify my good intent.

signed:

date: