



Page 2: Your demographics

**Q1** Your details

Name	Daniel
Surname	Fernandez
Company/organisation	Auckland University of Technology
City/town	Auckland
Email	[Redacted]

**Q2** Your submission is in the capacity as **educational institution**

Page 3: Your Personal ID number

**Q3** Please add your Dental Council Personal ID registration number **Respondent skipped this question**

Page 4: The proposal

**Q4** Do you agree or disagree with the draft naming policy? **Agree**

Page 5: Your support

**Q5** Please describe why you support the policy

The oral health department at the Auckland University of Technology agrees with the proposal. The policy will increase transparency of services delivered by oral health practitioners, so patients are aware of the professional practice and conduct of oral health practitioners. This will promote patients' understanding and knowledge about practitioners and their services so they can make an informed decision about receiving treatment from practitioners. AUT - Oral Health Department is also of the opinion that care needs to be exercised in sensitive matters about practitioners but certainly when competency of practitioners is questioned the public should have the right to know. By regulating practitioners in this way, it should help to serve the purpose of the Council to protect the health and safety of the New Zealand's public.

Page 6: Your concerns

**Q6** Please describe your specific concern/s with the policy **Respondent skipped this question**