



Page 2: Your demographics

Q1 Your details

Name	Natalie
Surname	Stent
Company/organisation	[Redacted]
City/town	[Redacted]
Email	[Redacted]

Q2 Your submission is in the capacity as **dentist or dental specialist**

Page 3: Your Personal ID number

Q3 Please add your Dental Council Personal ID registration number



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

I was involved in the HDT hearing when Practitioner A was brought before the Tribunal. If his name was able to be published at an earlier time, then possibly less harm would have resulted to the patients who were acting as witnesses in front of the Tribunal. If his name was published to alert the general public that his APC was suspended, then patients would (hopefully) have not sought his professional opinion on their dental health.

Page 6: Your concerns

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