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Page 2: Your information

**Q1**

Your details

Name	Joanne
Surname	Sole
City/town	[REDACTED]
Email	[REDACTED]

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**Q2**

dental therapist

Your submission is in the capacity as

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Page 3: Name of company/organisation

**Q3**

Respondent skipped this question

Name of company/organisation

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Page 4: Your Person ID number

**Q4**

Please add your Dental Council Person ID registration number

[REDACTED]

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Page 5: Proposal area 1: The requirement for a professional relationship

**Q5**

**Agree**

Do you agree/disagree with the proposal to remove the mandated requirement for a professional relationship (dental therapy), working relationship (dental hygiene, orthodontic auxiliary practice), and a consultative professional relationship (oral health therapy) from the respective scopes of practice. Please detail why.

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**Q6**

Please provide comments to support your response.

As a professional we can seek advice if and when needed

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Page 6: Proposal area 1: The requirement for a professional relationship

**Q7**

**Agree**

Do you agree/disagree to remove references to working/professional/consultative professional relationships from the dental therapy, dental hygiene, orthodontic auxiliary practice, oral health therapy, dental technology and clinical dental technology scopes of practice? (as detailed in Appendices A – F). Please detail why.

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**Q8**

Please provide comments to support your response.

Support is not direct but by engagement

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Page 8: Proposal area 2: Practising conditions for dental hygiene activities

**Q9**

**Neither agree nor disagree**

Do you agree/disagree with the removal of the requirement for direct clinical supervision for administration of local anaesthetic and prescription preventive agents? Please detail why.

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**Q10**

Please provide comments to support your response.

N/A

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Page 9: Proposal area 2: Practising conditions for dental hygiene activities

**Q11**

**Agree**

Do you agree/disagree with the removal of clinical guidance for the remainder of the dental hygiene scope activities? (excluding the orthodontic activities currently defined as being performed under direct supervision). Please detail why.

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**Q12**

**Respondent skipped this question**

Please provide comments to support your response.

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Page 10: Proposal area 2: Practising conditions for dental hygiene activities

**Q13**

**Neither agree nor disagree**

Do you agree/disagree to align the description of the following scope activity with current dental hygiene practice in the following way: obtaining and reassessing medical and dental oral health histories? Please detail why.

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**Q14**

**Respondent skipped this question**

Please provide comments to support your response.

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Page 11: General

**Q15**

**No**

Are there any further comments you would like to made on the proposals?

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**Q16**

**Respondent skipped this question**

Please comment below

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