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Page 2: Your information

**Q1**

Your details

Name	Russell
Surname	Ward
City/town	[REDACTED]
Email	[REDACTED]

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**Q2** dentist or dental specialist

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.

It makes more sense to treat the colleagues we work with as one

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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.

For reasons stated

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

**Q9**

**Agree**

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.

Those who are administrating LA should be competent and not need it.

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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**

Please provide comments to support your response.

These are generally trusted co-workers and should not need close supervision. They can always ask if they need assistance

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

**Q13**

**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**

Please provide comments to support your response.

Obtaining is acceptable but assessing should be left to the treating practitioner.

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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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