



Page 2: Your information

Q1

Your details

Name	Annalise
Surname	Wood
City/town	██████████
Email	██

Q2 oral health therapist

Your submission is in the capacity as

Page 3: Name of company/organisation

Q3 Respondent skipped this question

Name of company/organisation

Page 4: Your Person ID number

Q4
Please add your Dental Council Person ID registration number

██████

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.

Q6

Please provide comments to support your response.

There will be no impeding consequences to the patients health if this is to go through. Practitioners always have access to a dentist/ another colleague to gain second opinions for a patients treatment if required and generally a lot of the time the orthodontic auxiliary will be working under an orthodontist therefore this admin change would not change their working relationship.

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.

Q8

Please provide comments to support your response.

All these professions are highly trained and become somewhat experts in their own sector as it is , thus having a restriction like this on their scope of practice allows these parties to appear inadequate to do their job and allows the public to have less faith in them. Everyone works in the best interest of their patients and knows when to gain second opinions/discuss situations with their colleagues and it should be as simple as that rather than having something admin enforced.

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.

Q10

Please provide comments to support your response.

Hygienist have been administering local for years now. This shows a lack of faith in these practitioners that after all these years they are not capable in administering local anaesthetic without a dentist present.

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.

Q12

Respondent skipped this question

Please provide comments to support your response.

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

Q13

Agree

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.

Q14

Respondent skipped this question

Please provide comments to support your response.

Page 11: General

Q15

No

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

Q16

Respondent skipped this question

Please comment below
