



Page 2: Your demographics

Q1 Your details

Name	Anna
Surname	Holyoake
Company/organisation	New Zealand Dental Hygienists' Association (NZDHA)
City/town	
Email	

Q2 Your submission is in the capacity as **professional body**

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 New Zealand Dental Hygienists' Association (NZDHA) is of the opinion that it is important to improve the oral health professionals' practice transparency for the safety of the public to improve their making informed choices in decision making. Patients have the right to know if oral health practitioners have been imposed any orders or directions against their professional practice and conduct and to decide whether they want to receive services from this oral health practitioner or not. NZDHA is also of the opinion that the Naming Policy must have a rigid process and to be implemented consistently.

Page 6: Your concerns

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