

[REDACTED]

[REDACTED]

[REDACTED]

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Page 2: Your information

**Q1** Your details

Name	Matthew [REDACTED]
Surname	Davies
City/town	[REDACTED]
Email	[REDACTED]

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

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Page 3: Name of company/organisation

**Q3** Name of company/organisation **Respondent skipped this question**

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Page 4: Your Personal ID number

**Q4** Please add your Dental Council Personal ID registration number

[REDACTED]

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Page 5: List of scopes of practice

**Q5** Please choose which scope of practice below you would like to comment on? **Scope of practice for general dental practice**

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Page 6: Comment on proposed scope of practice amendments

Consultation on proposed changes to scopes of practice and prescribed qualifications

**Q6** For the scope/s you have selected, do you agree or disagree with the proposed scope of practice amendments, as reflected in Appendix 1, to: update the references of 'practice', 'branch', 'part' or 'subset' of dentistry in the scopes of practice to correctly attribute the scope to the profession describes remove the references to the detailed scopes of practice, and clearly articulate the scope of practice's definition other minor refinements for this scope, as reflected in Appendix 1? **Agree**

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**Q7** Please comment below on your support or concern.

I support the proposed changes.

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Page 7: Comment on proposed prescribed qualification amendments

**Q8** For the scope/s you have selected do you agree or disagree with the proposed prescribed qualification amendments, as reflected in Appendix 1? If you have any concerns, please describe these. **Agree**

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**Q9** Please comment below on your support or concern.

I have read through the proposed draft and agree with it.

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Page 8: Any other comments?

**Q10** Would you like to comment on another scope of practice? **No**

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