



Page 2: Your information

Q1 Your details

Name	rajiv
Surname	rajpal
City/town	[REDACTED]
Email	[REDACTED]

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

Page 3: Name of company/organisation

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

Page 4: Your Personal ID number

Q4 Please add your Dental Council Personal ID registration number



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 oral surgery specialists**

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**

Q7 Please comment below on your support or concern.

I support the addition of the Australian accredited program DClinDent (Oral Surgery) Sydney university as registrable in NZ

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**

Q9 Please comment below on your support or concern.

Agree to amendments

Page 8: Any other comments?

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