



Page 2: Your demographics

Q1 Your details

Name	Sarah Kelly
Surname	[REDACTED]
Company/organisation	[REDACTED]
City/town	[REDACTED]
Email	[REDACTED]

Q2 Your submission is in the capacity as

other (please specify):
I work as a dentist and dental council mentor and supervisor

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

I do agree that considering our standards and legal frameworks patients have the right to know that a dentist has conditions upon them to practice. However after the last 15 months contracting for the council I believe that the policies downsides for clinicians mental health would be so massive as to make this onerous. I believe supervision is the way to go. I feel desperately proud of how good my supervised dentist has become, how humble yet confident and clinically proficient with hard work and close monitoring. If [REDACTED] was named I think there is a risk of business meltdown and we would have lost a great clinician who serves a high needs group with compassion and now great education and understanding.

Page 6: Your concerns