



Page 2: Your information

Q1

Your details

Name	Maree Mcelrea
Surname	Mcelrea
City/town	[REDACTED]
Email	[REDACTED]

Q2 dental hygienist

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: Working relationship - proposal 1

Q5 Disagree

Retain a 'working relationship' as a scope of practice requirement for the dental therapy, dental hygiene, oral health therapy and orthodontic auxiliary professions.

Q6

Please comment below on your support or concern.

I feel we work in a more consultative role with a dentist. We work along side each and consultative relationship when it comes to all aspects of our work

Page 6: Working relationship - proposal 2

Q7

Agree

The current working relationship for dental therapy, dental hygiene and orthodontic auxiliary practice be redefined as a consultative professional relationship, in line with oral health therapy.

Q8

Please comment below on your support or concern.

We work in an environment where we consult on a case to case basis in the best outcome for our patients

Page 7: Working relationship - proposal 3

Q9

Agree

The consultative professional relationship be defined as: The arrangement between an oral health practitioner and dentist to provide professional advice about treating and managing patients, within the oral health practitioner's scope of practice. It provides a clear and reliable way for the oral health practitioner to seek advice, and a potential pathway for referral.

Q10

Please comment below on your support or concern.

Because we work in a holistic practice where all practitioners share diagnosis and treatment plans to achieve the best outcome for all patients including referrals

Page 8: Working relationship - proposal 4

Q11

Disagree

A signed written agreement is no longer be required for dental therapy, dental hygiene or orthodontic auxiliary practice, as it is anticipated that practitioners will reliably meet their responsibilities in the consultative professional relationship, consistent with the position held for oral health therapy. Practitioners may still choose to have a written agreement, or employers may require one.

Q12

Please comment below on your support or concern.

We have a signed agreement every year with the Dental Council with our APC which legally requires us to work within our scope of practice. So therefore no more documentation should be required

Page 9: Working relationship - proposal 5

Q13

Agree

Describe the current working relationship for dental technology and clinical dental technology practice as a professional relationship between a technician and other health practitioners, to acknowledge the professionals involved and the oral health practitioners' professional obligations under the standards framework.No changes to the nature of this relationship are proposed, or to the current professional responsibilities of practitioners in this relationship.

Q14

Please comment below on your support or concern.

As a Dental Hygienist This isn't applicable to me and I am unsure of there working relationship

Page 10: Working relationship - proposal 6

Q15

Agree

Remove the multiple 'working relationship' practice standards from the standards framework for oral health practitioners, and to publish the following two guidance documents to help practitioners understand and meet their professional relationship responsibilities: Guidance for the consultative professional relationship between an oral health therapist, dental therapist, dental hygienist, or orthodontic auxiliary and dentist/dental specialist Guidance for the professional relationship between a dental technician or clinical dental technician and other health practitioners

Q16

Please comment below on your support or concern.

Yes as we need to be able to refer to the document and keep as a reference

Page 11: Practising conditions for dental hygiene activities - proposal 7

Q17

Disagree

All activities in the dental hygiene scope of practice be performed within a consultative professional relationship without the need for clinical guidance or direct clinical supervision for the administration of local anaesthetic and application of prescription preventive agents. Direct clinical supervision will remain for dental hygienists undertaking orthodontic activities currently specified as being performed under direct clinical supervision.

The specific requirements for the dentist to: implement the orthodontic treatment plan; be responsible for the patient's clinical care outcomes; and be on-site at the time of the orthodontic activities being performed, to be included in the relevant scope activity description.

Q18

Please comment below on your support or concern.

If the Dental Hygienist already has the orthodontic scope of practice then they shouldn't require direct supervision as per the Australian Dental Council guidelines

Page 12: Practising conditions for dental hygiene activities - proposal 8

Q19

Agree

The clinical guidance and direct clinical supervision definitions to be removed from the hygiene scope of practice.

Q20

Please comment below on your support or concern.

As per previous comments in the first comment box

Page 13: Practising conditions for dental hygiene activities - proposal 9

Q21

Agree

Update the Medical Emergencies practice standard to require dental hygienists to have access to and obtain the necessary training to safely administer adrenaline (1:1000) to manage an anaphylactic event (with an implementation period of a year to allow for training to occur).

Q22

Please comment below on your support or concern.

Yes as Safety for my patients is paramount and also having the skills and proper training to do so is important

Page 14: Practising conditions for dental hygiene activities - proposal 10

Q23

Agree

Update the dental hygiene scope of practice with the following activity being performed within a consultative professional relationship: obtaining and reassessing medical and dental oral health histories

Q24

Please comment below on your support or concern.

This is a basic requirement before treating any patient. As a professional if there was anything on the medical form I was concerned with I would consult with a Dentist before proceeding with any treatment

Page 15: Practising conditions for dental hygiene activities - proposal 11

Q25

Agree

To not replicate the guidance ('should statements') in the current dental hygiene working relationship relating to a patient's initial assessment into the new consultative professional relationship guidance document. The new consultative professional relationship guidance document contains the following guidance: Identify any specific circumstances where you expect the oral health practitioner will ask for professional advice or assistance, for example: The interpretation of significant or complex medical histories and their potential influence when providing oral health care, including when planning to administer local anaesthetic.

Consultation on proposed changes to the working relationship requirements for oral health practitioners with dentists, and the practising conditions for dental hygiene activities

Q26

Please comment below on your support or concern.

If there was a complex medical history I would always ask for guidance before proceeding with any treatment

Page 16: Minor scope changes for orthodontic auxiliary practice for consistency across activities

Q27

Agree

Make minor wording changes to the orthodontic auxiliary scope of practice to align the description of the same activities across the relevant scopes of practice.

Q28

Please comment below on your support or concern.

If it helps clarify those activities across the scope of practice

Page 17: General

Q29

No

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

Q30

Respondent skipped this question

Please comment below
