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Page 2: Your information

**Q1**

Your details

Name	Rebecca
Surname	Woledge
City/town	[REDACTED]
Email	[REDACTED]

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**Q2** dental hygienist

Your submission is in the capacity as

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Page 3: Name of company/organisation

**Q3** Respondent skipped this question

Name of company/organisation

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Page 4: Your Person ID number

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

[REDACTED]

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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.

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**Q6**

Please comment below on your support or concern.

Requiring a "Working relationship" is a contradiction to the requirement of a Dental Therapist, Dental Hygienist, or Oral Health Therapist, Orthodontic Auxiliary to have an APC that makes them self regulating.

It Makes the assumption that a Dentist has increased knowledge about the competency of a Dental Therapist Dental Hygienist, Orthodontic Auxiliary this is usually not the case.

An open consultative approaches that fosters mentoring would provide an increased level of patient safety for all oral health practitioners

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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.

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**Q8**

Please comment below on your support or concern.

a consultative relationship would allow for a more respective approach for all oral health professionals background knowledge and experience.

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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.

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**Q10**

Please comment below on your support or concern.

this approach I would hope would create a two way conversation on treatment and management

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Page 8: Working relationship - proposal 4

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

**Q11**

**Agree**

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.

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**Q12**

Please comment below on your support or concern.

This keeps it open and optional for practitioners and respects the practitioners ability to uphold their professional obligations and responsibilities

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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.

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**Q14**

**Respondent skipped this question**

Please comment below on your support or concern.

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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

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**Q16**

**Respondent skipped this question**

Please comment below on your support or concern.

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

**Q17**

**Agree**

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.

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**Q18**

**Respondent skipped this question**

Please comment below on your support or concern.

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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.

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**Q20**

**Respondent skipped this question**

Please comment below on your support or concern.

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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).

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**Q22** Respondent skipped this question

Please comment below on your support or concern.

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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

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**Q24** Respondent skipped this question

Please comment below on your support or concern.

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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.

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**Q26** Respondent skipped this question

Please comment below on your support or concern.

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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.

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**Q28** Respondent skipped this question

Please comment below on your support or concern.

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Page 17: General

**Q29**

**No**

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

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**Q30**

**Respondent skipped this question**

Please comment below

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