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Page 2: Your information

**Q1**

Your details

Name	Nikki
Surname	Coltellarro
City/town	[REDACTED]
Email	[REDACTED]

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**Q2** oral health therapist

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



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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.

I support the councils recommendation of redefining the working relationship to be redefined as a consultative professional relationship, without the need for a signed document.

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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.

Due to practitioners requirement to practice within their scope of practice and uphold the oral health standards framework, I agree a signed document should not change how a practitioner operates. Guidance on how to best communicate between practitioners is helpful.

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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.

Clear, concise and consistent across the different oral health professions for guidance around team work.

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Page 8: Working relationship - proposal 4

**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.

Signed agreement does not or should not influence practitioners treatment of patients. If practitioners feel the need for a signed document the option is available.

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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**

Please comment below on your support or concern.

This relationship is clear.

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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**

Please comment below on your support or concern.

This supports the concept of practitioners autonomy over practice but gives guidance on how to achieve this.

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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**

Please comment below on your support or concern.

If a practitioner has been given the appropriate training to preform LA and administer prescribed drugs they should be able to do this without direct supervision. Orthodontic's is more of a prescribed based care rather than a practitioners own decision on care and therefore agree this should remain supervised.

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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**

Please comment below on your support or concern.

To obtain an APC one must abide by their scope of practice and competences. The APC is awarded where the appropriate training has been achieved. Therefore if one holds an APC they should have autonomy over their respective practice without the need for direct supervision.

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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**

Please comment below on your support or concern.

Training more people to be able to help in a medical emergency, especially providers in a health care setting I believe is beneficial to everyone.

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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**

Please comment below on your support or concern.

Having ownership of your practice starts with being able to obtain and assess information to provide safe, quality care. If a provider is qualified in the ability to perform oral health procedures on a person they should have the ability to obtain and assess medical and oral health histories.

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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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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.

Dental hygienists are capable of interpreting medical histories and identify when they require consultation with another provider.

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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**

Please comment below on your support or concern.

Keeping practitioners consistent in their guidance allows for easy interpretation and guidance.

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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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