



Page 2: Your information

Q1

Your details

Name	Bronwyn
Surname	Weaver
City/town	[REDACTED]
Email	[REDACTED]

Q2

Your submission is in the capacity as

other (please specify):
hygienist and therapist

Page 3: Name of company/organisation

Q3

Name of company/organisation

Respondent skipped this question

Page 4: Your Person ID number

Q4

Please add your Dental Council Person ID registration number

Respondent skipped this question

Page 5: Proposal area 1: The requirement for a professional relationship

Q5

Agree

Do you agree/disagree with the proposal to remove the mandated requirement for a professional relationship (dental therapy), working relationship (dental hygiene, orthodontic auxiliary practice), and a consultative professional relationship (oral health therapy) from the respective scopes of practice. Please detail why.

Q6

Please provide comments to support your response.

These written relationship documents are not required between dentists and specialists or why between hygienists/therapists/oral health therapists and dentists? It is expected that they will maintain good working relationships for the benefit of providing the absolute best care to their patients. Whilst I love working with my team of 3 dentists, my view is that this "paternal" written relationship is outdated and devalues some team members without actually improving working relationships and team work. One purpose that it does serve however, it to make it difficult for dental hygienists, therapists and oral health therapists to own their own practices and provide care directly to their communities within their scope of practice, skills and training. Hopefully this is not the goal.

Page 6: Proposal area 1: The requirement for a professional relationship

Q7

Agree

Do you agree/disagree to remove references to working/professional/consultative professional relationships from the dental therapy, dental hygiene, orthodontic auxiliary practice, oral health therapy, dental technology and clinical dental technology scopes of practice? (as detailed in Appendices A – F). Please detail why.

Q8

Respondent skipped this question

Please provide comments to support your response.

Page 8: Proposal area 2: Practising conditions for dental hygiene activities

Q9

Agree

Do you agree/disagree with the removal of the requirement for direct clinical supervision for administration of local anaesthetic and prescription preventive agents? Please detail why.

Q10

Please provide comments to support your response.

Provided adequate training has been received, I agree that administration of local anaesthetic and prescription preventive agents can be undertaken without direct clinical supervision

Page 9: Proposal area 2: Practising conditions for dental hygiene activities

Q11

Agree

Do you agree/disagree with the removal of clinical guidance for the remainder of the dental hygiene scope activities? (excluding the orthodontic activities currently defined as being performed under direct supervision). Please detail why.

Q12

Respondent skipped this question

Please provide comments to support your response.

Page 10: Proposal area 2: Practising conditions for dental hygiene activities

Q13

Agree

Do you agree/disagree to align the description of the following scope activity with current dental hygiene practice in the following way: obtaining and reassessing medical and dental oral health histories? Please detail why.

Q14

Respondent skipped this question

Please provide comments to support your response.

Page 11: General

Q15

No

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

Q16

Respondent skipped this question

Please comment below
