



Page 2: Your information

Q1

Your details

Name	ANNABEL
Surname	FERREIRA
City/town	[REDACTED]
Email	[REDACTED]

Q2

dental therapist

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

[REDACTED]

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.

The professional relationship does not require a piece of paper, it is a natural interaction

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

Please provide comments to support your response.

as above

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

Q9

Neither agree nor disagree

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.

not applicable to my practice

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

Please provide comments to support your response.

not applicable to my practice

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

Please provide comments to support your response.

not applicable to my practice

Page 11: General

Q15

No

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

Q16

Please comment below

no further comment
