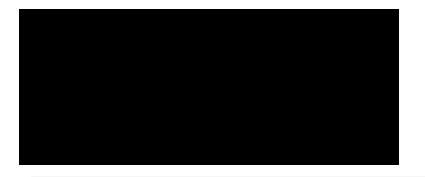
Follow up consultation on proposed changes to the working relationship requirements for oral health practitioners with dentists, and the practising conditions for dental hygiene activities



## Page 2: Your information

Q1	
Your details	
Name	Joanne
Surname	Sole
City/town	
Email	
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

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

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

### 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.

As a professional we can seek advice if and when needed

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.

## **Q**8

Please provide comments to support your response.

Support is not direct but by engagement

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.

N/A

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

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## 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 Neither agree nor disagree 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