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Page 2: Your information

**Q1**

Your details

Name	<b>Bernard</b>
Surname	<b>Pollard</b>
City/town	<b>[REDACTED]</b>
Email	<b>[REDACTED]</b>

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**Q2** **dentist or dental specialist**

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: Proposal area 1: The requirement for a professional relationship

**Q5**

**Disagree**

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.

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**Q6**

Please provide comments to support your response.

A professional and/or working relationship between clinicians is both a natural and necessary process for the best overall care of the patient. Collaboration is necessary in the dental office. Isolation of practitioners must be discouraged.

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

**Q7**

**Disagree**

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.

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**Q8**

Please provide comments to support your response.

Why remove it? We SHOULD be doing this. Some of us might need reminding of our responsibilities.

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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.

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**Q10**

Please provide comments to support your response.

If you are trained, confident and registered in a technique (including the equipment & drugs) WHY would you need supervision. If you are not trained, confident & registered then you should not do it!

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

**Q11**

**Disagree**

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.

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**Q12**

Please provide comments to support your response.

Guidance is an integral part of complex patient treatment planning and care.

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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.

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**Q14**

Please provide comments to support your response.

All parties are trained to take Med & Health histories. Each should take or confirm their own.

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Page 11: General

**Q15**

**No**

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

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**Q16**

**Respondent skipped this question**

Please comment below

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