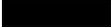




Page 2: Your information

Q1

Your details

Name	Elyzia
Surname	Arreola
City/town	
Email	

Q2 oral health 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

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

Respondent skipped this question

Please provide comments to support your response.

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

Q7

Neither agree nor 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.

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

Respondent skipped this question

Please provide comments to support your response.

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

Q11

Neither agree nor 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.

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
