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Page 2: Your information

**Q1**

Your details

Name	Kelsey
Surname	Spiers
City/town	[REDACTED]
Email	[REDACTED]

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**Q2**

oral health therapist

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** **Neither agree nor 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.

I don't agree with the current status, apart from the consultative relationship should be mandate over all scopes.  
I agree the professional and working relationship should be changed to the same standard as an OHT.

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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.

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**Q8**  
Please provide comments to support your response.

We should have a consultative relationship with our peers.  
We are our own health practitioners with our individual licences, we shouldn't be treated that we don't have responsibilities within our fields.  
Our relationships should be supportive, not mandatory.

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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.

Our scope of practice needs to keep up to date with the times.

The council should have an understanding on the current university standard. As dual grads, we are educated for both scopes, so how is it that half our scope allows us indirect supervision but the other half doesn't?

To practitioners who have not completed the degree which supports dual grads, there are LA courses to update practitioners, and as long as they have completed this course. Then why shouldn't they have the same entitlement?

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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.

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**Q12**

Please provide comments to support your response.

As long as the practitioner has completed subsequent training to keep up to date with current practices, then why wouldn't you allow them this right?

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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.

The council has a responsibility to keep our scope of practices up to date, this is showing that we, as health practitioners, are competent enough to have this responsibility.

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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**

Please comment below

No comment

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