

#42

COMPLETE

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Page 2: Your information

Q1

Your details

Name	Melissa
Surname	Grant
City/town	Dunedin
Email	Mel.r.grant@gmail.com

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

13114

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.

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**Q6**

Please provide comments to support your response.

We hold our own qualification and have passed all the mandatory requirements in the relevant fields for us to safely and confidently and competently treat our patients. Professional relations will continue unofficially anyway between colleagues, both within and externally to our places of work, just as is done between dentists and dental professionals for example.

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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 hold our own APC, and own professional responsibility. We already have to follow those requirements under our APC and HPCAA as stated by MoH and Dental Council, irrespective of working relationships so this won't be affected nor change our ability to practice

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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.

This barely happens in practice now, unless required under local DHB requirements for graduates so feel it has no relevant barring

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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.

OHT have already had this scope removed and DH hold the equivalent LA addition to their scope to unfair to have separate rules for each

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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.

This more closely reflects the in-depth histories for OH and MH that DH are already conducting

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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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