



Page 2: Your information

Q1

Your details

Name	Melody
Surname	Shewan
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

Please provide comments to support your response.

More and more hygienist/OHTs are working independently in their own clinic. Naturally we will always have relationships with dentists/Specialist as we often rely on these relationships for the patients best care. It doesn't need to be a requirement on paper.

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.

Q8

Please provide comments to support your response.

Removing the references would encourage more accountability and responsibility for those hygienists/OHTs working independently and therefore best practice undertaken at all times.

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

Please provide comments to support your response.

We are highly skilled and trained practitioner's offering the best care to our patients. We are well versed with what to do in medical emergencies, and local anesthetic is something we use regularly, whether a dentist is on site or not we know our role and what to do.

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.

Q12

Please provide comments to support your response.

Again we are skilled practitioners, who know how to communicate when we are not 100% confident when performing a task. We need to be trusted that we can make this call. Providing our patients with the best care/treatment is always our first priority and if we feel we cannot do this we will always refer/discuss with the dentist/supervisor. We don't need to be babysat with these tasks and decisions

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

Please provide comments to support your response.

We are qualified, skilled dental practitioner's who often undertake many hours of CPD courses related to health , medical and dental history. Trust that if we feel our patients medical history is complex and feel that we are not capable of assessing this, then we will refer and seek advice.

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
