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Page 2: Your information

**Q1**

Your details

Name	Shelley
Surname	Mo
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 have a strong feeling about agreeing or disagreeing on removing the requirement as I am more interested in the reason for doing so. Whether there is a requirement, the patient's best interests should be the priority. We are guided by the codes of practice and professional standards set out by the Council.

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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.

I still think we should still be working as part of the team and having the references to the consultative professional relationships will bind all professionals together as a mandatory agreement. It also depends on whether an OHT/DT/DH is competent enough to diagnose and set out a treatment plan that looks after the patient's best interests.

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Page 8: Proposal area 2: Practising conditions for dental hygiene activities

**Q9** **Neither agree nor disagree**

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.

I don't hold the dental hygiene scope so won't comment on this.

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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.

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**Q12**

Please provide comments to support your response.

I don't hold the dental hygiene scope so won't comment on this.

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Page 10: Proposal area 2: Practising conditions for dental hygiene activities

**Q13**

**Neither agree nor disagree**

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.

I don't hold the scope so won't comment.

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Page 11: General

**Q15**

**Yes**

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

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Follow up consultation on proposed changes to the working relationship requirements for oral health practitioners with dentists, and the practising conditions for dental hygiene activities

**Q16**

Please comment below

If the proposals do get approved by the council, the dentists should be aware that other oral health professionals will still seek advice and guidance as required.

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