1. **Do you agree with the proposed changes to the oral health therapy scope of practice? If not please explain.**

I strongly agree to remove restorative activities on patients 18 years and over under prescription of a dentist from the proposed oral health therapy scope of practice. But this excludes periodontal treatment provided by the oral therapists under the prescription of dentist.

I. Patients' safety is of paramount importance. Total of three years training on oral therapy doesn't include pharmacology, bacteriology, oral medicine, oral surgery, dental materials, prosthodontics, orthodontics, and periodontics in depth. In order to treat adults oral therapists must have adequate knowledge and training.

Dentistry is advancing fast and in order to cope with these changes and to understand and implement the published evidence and recommendation oral therapists require adequate training and knowledge.

Although they may work under the guidance and follow the treatment plan developed by the dentists there may be opportunities for treatments to be changed and/or modified as per the medical and dental condition of the patient and also to their wishes during the time of treatments. This requires additional knowledge and training.

Treating adults with special needs and medical conditions and understanding the complexity of the treatments and consequences handling medical emergencies require more training and knowledge.

ii. As Barmes, WHO predicted in 1985 when all speciality dental work is taken by the dental specialists and all simple work is done by dental auxiliaries (Oral Therapists) general dentists will not have much work to do.

My argument is that if oral therapists are allowed to do fillings in age groups why should Otago dental school train 50 dentists annually at tax payer's expense.

There is a strong possibility for the oral therapists with time to demand for total independence in doing fillings without any dentist involvement. It could be argued with additional training they should be allowed to do the fillings at their own decision. Universities will strongly support this idea. If that happens a new type 'minii dentists' will be developed and is it the path New Zealand would like to choose for future. If that happens only few dental students will need to be trained as dentists to do post graduate studies and to graduate as specialists. All simple general dentistry work (Dental check-ups, x-rays, oral hygiene, all filings, and removable prosthesis) will be taken over by dental auxiliaries and all specialized treatments (orthodontics, root canal treatments, oral surgery, prosthodontics, implants, maxillofacial surgery) will be provided by the dental specialists. General dentist probably will be left to do only simple extractions of permanent teeth. Again with some training why can't the oral therapists do these as well, same as exodontists working in a few developing countries .So does New Zealand require a general dentist? My answer is no if age limitations are removed.

2. Do you agree with the proposed consultative professional relationship between an oral therapist and one or more dentist/dental specialist without the need for a signed document? If not please explain

I strongly disagree

Oral therapy programmes run by the universities look for a certain number of students every year. So there is no guarantee for high standards of all enrolled oral therapy students. They attend a 3 years course and graduate as oral therapists. But they lack in depth knowledge in pharmacology, bacteriology, oral medicine, oral surgery, dental materials, prosthodontics, orthodontics, and periodontics.

Safety of children and adolescents is important. Adequate knowledge on handling special needs children, those with medically compromised conditions and emergency situation sis important

In New Zealand biggest employers of dual qualified dental therapist /hygienists (oral therapists) are the DHBs and few work at private clincs with dentists. In DHBs all these oral therapists treat children and adolescents. I have worked with dual qualified therapists/hygienists as principal dental officer/clinical director for about 7 years. They mainly practise oral therapy scope when work with DHBs and there are many occasions where they need clinical advice and guidance. Some parents may have different expectations and it is important to listen to them and act accordingly. This may require second opinion.

With the signed document in place there is a requirement for a dentist to be available at all working times to provide clinical advice and guidance within 24 hours. It is clearly understood that whenever a therapist needs clinical advice there is always a dentist available. There is no need for reluctance on the part of therapist to seek advice because it is by law the DHBs have to make a dentist available to provide such assistance. The same applies to private clinics as well.

If this signed professional agreement is made unnecessary and removed even if a dentist is working with DHB there is no any strict requirement to answer the calls seeking advice and there is no need to look for answers or clarification. She/he could simply say ‘Sorry I am too busy, I don’t
know the answers to this or unable to advise on this’.

In summary oral therapists feel safe by having a signed professional agreement because there is a definite assurance of the availability of a dentist and also it is the responsibility of the dentist to find the answers to the questions. Also by signing the document there is responsibility for the therapist to seek clinical advice whenever needed. If safety of the public is to be given importance there is a strong need to continue having a signed professional agreement between dentists and oral therapists.

3. **Do you agree that the following orthodontic activities from the oral health therapy scope of practice be moved from direct clinical supervision to being performed within the com\nsultative professional relationship?**

A) Tracing cephalometric radiographs;

B) Fabricating retainers and undertaking simple laboratory procedures of an orthodontic nature

I agree

4. **Do you agree with the proposal to end-date the two oral health programmes as prescribed qualifications for the orthodontic auxiliary scope of practice? Consequently, oral health graduates that register as an oral health therapists will be removed from the orthodontic auxiliary scope of practice – if registered in the orthodontic auxiliary scope of practice –if registered in the orthodontic auxiliary scope of practice. If you do not agree with the proposal, please explain.**

   I agree

5. **Do you agree with the proposed competency standards for oral health therapists? If not, please explain**

   I agree

6. **Do you agree with the proposed registration transition for oral health graduates? If not please explain.**

   I agree with one condition. There needs to be a professional agreement document signed by the oral therapist and a registered dentist available and no restorative activities in those over 18 years of age.

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