

Dental Council Consultation on the age limit for restorative activities in the oral health therapy scope of practice

Consultation submission questions 3 to 8

3. Do you agree or disagree with the proposal to remove the 18-year age limit for restorative activities from the **OHT** scope of practice including:
- accredited, gazetted programmes allowing oral health therapists to perform restorative treatment on patients 18 years and older
 - an exclusion, such as "Restorative treatment on patients 18 years and older", being placed on oral health therapists' scopes of practice until they complete an accredited adult restorative programme which will allow them to apply to have the exclusion removed (noting that the activities registered oral health therapists can currently perform within their scope of practice remain unchanged).

Strongly disagree

4. Please describe your specific concern/s with the proposal.

The issue here we are trying to deal with is that the majority of people cannot afford dentistry at its current high price. Would it not be a better solution to get government funding for those who cannot afford it? Rather than trying to train OHT who did not go through health science first year and has only 3 years training to go out and practice on the population. What this would achieve is still overpriced dentistry with less quality work, leading to a lot more problems for dentists to clean up. There is no regulation on how much OHT can charge patients, therefore essentially out in private practice, patients will get less quality work for similar costs. What is the point?

Dentistry is a lot more than just teeth, medical health, drug interactions, the general head and neck anatomy etc are all very intertwined, and OHT simply do not have enough training in dental school for this. I have seen OHT's work on the children, with a lot of the fillings leading to pulpotomies and extractions so young in time.

Bringing OHT into the adult workforce may lead to a lot more extractions and root canals down the track. And as seen in Australia, a lot of OHT will move out of public health care and move into treating adults in private practices, therefore we will see a lack in public health with the already shortage of public care. Do we really want that?

5. Do you have any specific feedback on the proposed amendments to the OHT scope of practice, prescribed qualifications or competencies as set out in appendices 1 & 2?

Dental Council Consultation on the age limit for restorative activities in the oral health therapy scope of practice

Consultation submission questions 3 to 8

6. Please provide us specific comments related to the OHT scope, qualifications and competencies

7. Do you have any further comments on the proposal?

8. Please provide us your feedback