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Page 2: Your demographics

Q1 Your details

Name	David Crowther
Company/organisation	[Redacted]
City/town	[Redacted]
Email	[Redacted]

Q2 Your submission is in the capacity as **dentist or dental specialist**

Page 3: The proposal

Q3 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
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Page 4: Your support

Q4 Please describe why you support the proposal	Respondent skipped this question
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Page 5: Your concerns

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

Q5 Please describe your specific concern/s with the proposal

I believe the oral restorative needs of our people should be restricted to trained dentists.

Dentists have earned the trust of the public by gaining entry into and completing a highly competitive five year training program.

It is not competitive to gain entry into a three year Bachelor of Oral Health program. I think it is irresponsible to allow a person to restore adult teeth when they were unable to gain entry to a dentist training program or didn't have the commitment to spend five years training to do so.

It is a serious problem that dentistry is too expensive for many people living in New Zealand. I don't believe that the answer to this problem is to allow lesser trained oral health professionals to do the work. I believe that this will lead to the situation where lower socioeconomic people will have no choice but to see an oral health therapist for their treatment and people who are well off wouldn't seriously consider seeing an oral health therapist. Bearing in mind many low income people will only see an oral health therapist or dentist when they are in pain, how is it going to affect their care when they present to an oral health therapist who is unable to treat them because they need more than a simple filling? It seems to me that low income people will end up receiving lower standard care than high income people. That seems unfair to me.

I believe that all people in NZ deserve the highest standard health care. If dentistry is too expensive then the government needs to consider subsidising oral health (like they do all other health) rather than offering low income people a lower standard service.

I don't believe that oral health therapists have enough training in and understanding of the biological sciences to serve the public at the same level that dentists currently do and I don't believe a short training program will raise them to the standard of a dentist. Only doing a bachelor of dental surgery will achieve that.

Page 6: Details about OHT scope, qualifications and competencies

Q6 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? **No**

Page 7: Specific comments on the proposal

Q7 Please provide us specific comments related to the OHT scope, qualifications and competencies. **Respondent skipped this question**

Page 8: Anything else

Q8 Do you have any further comments on the proposal? **No**

Page 10: Last thoughts

Q9 Please provide us your feedback **Respondent skipped this question**
