

[Redacted]

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Page 2: Your demographics

**Q1** Your details

Name	Sarah
Company/organisation	[Redacted]
City/town	[Redacted]

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

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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). **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

**Q5** Please describe your specific concern/s with the proposal

Greater workforce to treat adults is not required. We have unemployed dentists struggling to get jobs. There is a still huge need in the child population. Why take the children's workforce and have them treat adults when the children so desperately need them?

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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? **Yes**

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Page 7: Specific comments on the proposal

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

Reliant on dentists to provide supervision. Scope is too limited to deal with the dental complexity and particular medical complexity of the adult population.

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Page 8: Anything else

**Q8** Do you have any further comments on the proposal? **Yes**

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Page 10: Last thoughts

**Q9** Please provide us your feedback

There is an assumption that this proposal will improve access to dental care for low income adults. Unfortunately low cost dentistry does not equal low complexity. Low income patients have more complex dental needs incl endodontics, extractions and large restorations. They also carry a higher burden of chronic disease, polypharmacy, psychiatric and psychological problems. In my experience, basic restorative dentistry is rarely sufficient management for this patient group.

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