[redacted]

Page 2: Your demographics

Q1 Your details

Name	**Alix Stephen**
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**

Page 4: Your support

Q4 Please describe why you support the proposal — **Respondent skipped this question**

Page 5: Your concerns

Q5 Please describe your specific concern/s with the proposal

I must object to the proposal.

Having had the opportunity to work alongside many OHTs in both public and private sectors I fully applaud the work they do within their limited skill set. However, unfortunately we see already an unmet need within the SDS and I believe the focus within this subset of our dental workforce should be on ensuring appropriate care to all under 18s, rather than reallocating them to over 18s.

A concerning theme that appears upon review of many of the OHTs that have submitted a proposal in support of this is that it shall

A concerning theme that appears upon review of many of the OHTs that have submitted a proposal in support of this is that it shall allow cheaper access to dental care for people above 18. I fail to see how this will be achieved unless there is also a change in the age limit related to free dental care within NZ. If OHTs are working in the public sector it will still be a fee related to WINZ or CSC treatment – this subsidy presumably will not change nor will the co-payment, this is a service already provided by dentists within the public and private sectors.

If OHTs will be working in the private sector they will be subject to all the costs of being a sole trader – GST, tax etc. Should they wish to run a practice they will also be subject to the running costs of a business – employing staff, costs involved to maintain standard of care to an auditable level, materials, building leases etc etc. It is clear to me that should OHTs be working in a private setting there is no way that this will be able to reduce the costs of dentistry.

"As an OHT we are able to provide excellent care for 18+ patients under the supervision of a dentist and do not need to charge as much as a GDP" How???????

"It will improve accessibility to those who are disadvantaged or live in remote areas of the country, again improving overall health of New Zealanders" Again….. How?????

Further to this, I have concerns that if they were working independently they will often be out of their depths. I have worked alongside many OHTs that lack a basic understanding of principles such as bonding, cavity preparation and occlusion. These skills and knowledge should have been perfected in dental school. It is clear that the three-year program does not prepare them for the realities of more complex dental treatment. Adding on another year of training I do not believe will be sufficient to strengthen this understanding as it is only just covered in barely acceptable detail in the BDS degree.

I believe my sentiments are supported by the comments in their submissions that say there is 'no difference between treating a 17 years olds tooth compared to a 65 year olds tooth' and that 'the structure and anatomy of the tooth is the same as it is a permanent tooth' or that they would like to do it 'to broaden their scope'. These comments clearly show a lack of understanding of how we should provide dentistry as a holistic approach to each individual – factors such as past extensive dental treatment on one tooth or multiple teeth, dental wear, occlusal considerations must be considered. And this is before we even start to look at medical and psychological factors which play a massive part in being able to treat and manage a patient, even if it is a seemingly 'simple restoration' and particularly in relation to the issues we face with an ageing population and their associated dentition. Our patients should not be an experimental group to allow a lesser-trained individual to broaden their scope beyond what they are trained for. Another comment is that they hygienist portion of the OHT already covers the pharmacological and medical portion of treating a patient – many of the hygienists that I have worked with on a regular basis are not confident in making basic decisions even around antibiotic cover, let alone complex factors related to poly-pharmacy and multiple co-morbidities.

I believe one of the most important factors in treating all patients is continuity of care and having fully informed choices as a patient. It would be difficult to provide this if the provider changes based on the service provided. What happens if the provider is only able to offer a basic treatment such as an overlay restoration when maybe the best treatment would be a crown? I believe this goes against the Health Practitoners' Act Code of Conduct. How do we ensure patients are able to make a fully informed decision when they are not being presented with all possible treatment options? What if they have a filling that fractures as it was inappropriately treatment planned and then needs a crown – who pays for the crown? The patient? The OHT? The dentist doing the work?

The OHT program was designed to focus on education and prevention of dental disease in a vulnerable group – our tamariki. We need to remember that this is where their skills have been developed and where their strength lies. We have enough dentists to do restorations on adults. Giving adult scope to OHTs is not going to reduce the burden of dental disease on adults but I believe is going to have a negative impact long-term on the care provided to our children – a service that is already struggling.

Should the proposal be accepted I urge the Dental Council to please consider the following;

1. Entrance in to the adult scope program must be based on performance in a clinical and theoretical examination with a minimum pass rate.
2. Application to enter adult scope must be after a minimum 2 years work experience.
3. Limited entry (such as there is with Clinical Dental Technicians) – not every therapist should be able to do it.
4. Once qualified, they must work alongside a dentist. I wholeheartedly believe they should not be able to operate sole charge.

5. Adult scope OHTs will need to be accountable for treatment in the same way as a dentist – they will need to have peer review as dentists will need to have. I believe at the very least it will need to be a dentist who peer reviews them, not another OHT.
6. If it is to go ahead, under no uncertain terms should it be included in the undergraduate program, as indicated in the proposal that one institution is preparing for this. The reasons I have discussed above go to prove exactly why the current program, even with modifications is not sufficient to provide fully trained and capable OHTs with the required level of education. It should be akin to doing specialist study; such as dentists do for postgraduate training and technicians do for clinical technician training. I think any responsible and ethical dental practitioner will agree with the statement that treating a 17 year olds tooth IS different to a 65 years olds and this illustrates why it is imperative to have further training to understand the key concepts of how it differs and how to effectively and ethically manage all our patients.

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**

Page 7: Specific comments on the proposal

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

Please see above comment regardging considerations the Dental Council must take in to account if they do proceed with the proposal - limited entry, examination for entry, minimum work experience and definitely additional study NOT included in the undergraduate degree.

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**