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Page 2: Your demographics

Q1 Your details

Name	Soon Keat Ng
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). **Disagree**

Page 4: Your support

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

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

The dental health of children of New Zealand is already at a very poor state with high DMF percentages across all age groups. The change in scope would further exacerbate this issue with less focus given to kids due to a reduced workforce dedicated to young Kiwis. With no solutions in sight, I question the timing to change scopes at this time.

Besides that, with the increase in scope comes an added layer of complexity. As dentists, we have had thorough medical training which allows us to confidently deal with the ageing population with a multitude of medical conditions and medications which I would assume the OHT curriculum does not equip OHTs for.

Fillings are the bread and butter of dentistry and would generally be easy for trained OHTs to pick up. However, I question what happens in scenarios where the fillings are deep with possible pulpal involvement? Would this not lead to a plethora of referral letters to the dentist and an added layer of complexity, paperwork and possibly painful waiting time for the patients to be seen by a dentist picking up the case? In many instances, I have had to commence a root canal therapy or an extraction during the same filling appointment, if initial exploration of the tooth reveals a likely unsuccessful outcome with just a filling.

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**
