[redacted]

Page 2: Your demographics

Q1 Your details

Name	**Lucky**
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

There is a lack of training, information and foresight with this proposal. OHTs struggle to tackle a lot of things within their scope. I have received many SDS referrals over the years due to their self assessed lack of confidence in restorative treatment. I think the current system allows 13-18 year olds to have a say about who they see, whether it be an OHT or a dentist. This 5 years of transition period works well as a communication between dentists and OHTs. Over the years teenager start to see qualified dentists for their checkups and treatment. It is not something that should be seen as a negative towards OHTs. They have completed three years of training and have received a scope in which they are comfortable, and if they are not comfortable have many avenues to refer out. The concern comes when they see over 18's. Part of this concern is not age related as such, but more about the financial aspect of over 18 year olds no longer being under the dental benefit scheme. I believe that allowing OHTs to charge privately can have many negative outcomes. The first comes to mind are the corporate or 'business driven' practices. This can mean OHTs are performing complicate restorative treatment purely for the financial benefit of the practice owner/s. The public seem to think that they will receive cheaper dentistry if OHTs are allowed to perform restorative dentistry on adults. Private dentistry is expensive due to the overheads. The only way to reduce it with OHTs would be if they are paid significantly less than a dentist. This concern of them being taken advantage of is quite clear. OHT may feel pressured, be taken advantage of and/or produce dental work that is not satisfactory. There is already a lack of the NZDC addressing this with dentists that are producing far from adequate dentistry. It concerns me to think that this problem may increase and that poor quality dentistry will increase without any consequences. The other concerns of course is that as OHT's move to the private sector, the public sector will be hurt. Children are already on waiting lists to receive dental treatment. Prevention in dentistry has always been something that we are aware we need to focus on. Taking away from the body of the public children dental clinicians can only increase this deficit. One more concern I have regards the misinformation in the public. Patients rarely understand the difference between specialists, general dentists, surgeons and OHTs. I think it is naive to believe that people will be informed when making choices on their dental health providers. Patients don't understand what secondary decay, open contacts, leakage, over hangs, high points, pulpitis etc have to do with restorative dentistry and the quality in which it is delivered. If the plan is that OHT received dentistry will be cheaper this is likely only going to further increase the gap between rich and poor. People in poor financial situations are going to be more vulnerable and will opt for the cheaper option. People in lower SES tend to have more complicated treatments that an OHT is really not trained for. There is going to a situation in which both patients and OHTs feel unsupported and let down by the system.

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?	**Yes**

Page 10: Last thoughts

Q9 Please provide us your feedback

It has become apparent that dentists are feeling unheard. The NZDC seem to go ahead with whatever idea they have decided is best, regardless of the feedback received from dentists and their branches. There is an impression that regardless of what we submit, it will not be taken in to consideration. Please listen to the submissions as well as the spokes people for the branches so that you can actually hear the opinions of people who work in the industry on a daily basis.