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Page 2: Your demographics

Q1 Your details

Name	Katie Cooper
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

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 proposed changes to the OHT scope of practice concerns me greatly. I am seeing many children in my chair who haven't been seen by the dental therapist for 2 years (and in fact that is the accepted frequency of the DTs visiting schools as parents have told me). Yes, the aging population will see more of the baby boomers, who have kept their teeth, needing a high level of care, but those boomers had children, who had children meaning there is a huge population of kids. Dental caries is a significant problem in our New Zealand children. I think that the oral therapists need to get that right before they start treating older ones. Not to mention the clinical difficulties that will crop up if there is a change to the OHT. Our aging population is medically compromised, polypharmacy is very common, the demands of their treatment is high. As a dentist, we are able to go onto plan B if stuffs up, for example thinking there's caries, but low and behold it's external resorption, pulp exposures, things dentists deal with most days. Are the OHTs going to be able to do this? With their 4 year degree and limited anatomic and physiologic knowledge. It takes an understanding of how the body works to apply options to what is in front of you, and I don't think someone who hasn't gone through the health science foundation year will know this. I could go on and on, but I think these are the largest part of the iceberg of my concerns.

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**
