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Page 2: Your demographics

Q1 Your details

Name	Charlotte Pinto
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).	Strongly 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

- 1) I do not believe it will reduce the cost of dental treatment as overheads/chair time remain much the same and cost increases with treatment complexity. The Government would do better by establishing measures to make dentistry affordable such as taking off GST, regulating the cost of dental materials and funding annual dental checkups for adults.
 - 2) OHTs already treat caries in permanent teeth. However, they are not trained to follow through with potential consequences of deep caries management, including RCT and extraction. This is best covered in the BDS degree and those OHTs interested in extending their scope in patients who often have complex medical histories should consider training equivalent to the BDS degree.
 - 3) If OHTs shift focus away from the preventative dental care of children, who will then address the needs of these children? Will children by default then need to wait longer to be treated as adults are prioritised because of the greater remuneration? How will this reflect on the number of GA cases for dental care of children and resultant cost to the taxpayer?
 - 4) If OHTs employed by DHBs are permitted to treat adults, does this mean that the DHBs will allow adult patients to be seen at DHB community clinics? Wouldn't this be best served by arranging contracts with dentists rather than training OHTs in extended scope?
 - 5) When there are adequate numbers of dentists available and looking for jobs, why is there a need to train a workforce in skills well-covered in the BDS degree?
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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? **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**
