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Page 2: Your demographics

**Q1** Your details

Name	Wing Hong Terence Yu
Company/organisation	[Redacted]
City/town	[Redacted]
Email	[Redacted]

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**Q2** Your submission is in the capacity as **dentist or dental specialist**

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Page 3: The proposal

<b>Q3</b> 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).	<b>Strongly disagree</b>
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Page 4: Your support

<b>Q4</b> 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

My biggest concerns are the following:

1: There is a significant difference on the training scheme between OHT and BDS, with more focus on medical emergencies, managing on deep carious lesions. Identification on pathology (Clinically and radiographically) as well as the understanding on occlusion in general. Most of the under 18 patients have straight forward dental needs (In terms of treatment) but as the patient is getting old, the needs becomes more complex and hence extra 2 years full time training, with further CPD training course is needed to manage those cases

2. By allowing OHT to practice on adult scope, it is not going to resolve the current dental issues. In Auckland region as well as other main centres in NZ, there is no shortage on dental professionals. The costs on running the dental practice, with the taxation (such as GST) are the main reasons on the cost of tx, rather than the lack of supply issues. By providing a second tier of clinician to do basic restorative treatment is going to confuse the public even more. The public will simply not know when to see an OHT and when to seek treatment from dentists as well.

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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? **Yes**

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Page 7: Specific comments on the proposal

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

adult restorative scope is unspecific; it can mean a small occlusal restoration to all the way on cuspal coverage restoration. Need more clarification

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Page 8: Anything else

**Q8** Do you have any further comments on the proposal? **No**

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Page 10: Last thoughts

**Q9** Please provide us your feedback **Respondent skipped this question**

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