Page 2: Your demographics

Q1 Your details

Name	**Justin Kabir**
Company/organisation	
City/town	
Email	

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

1. Lack of training - OHTs are not trained as dentists. Nor do they have the capabilities or knowledge of performing as one. If OHTs would like to be able to carry out restorative work on 18+/ adults, they too should go through the training dentists go through - as such it only makes sense that they go back for a further 2-3 years of education.

2. The DB scheme taking care of under 18s is already stretched thin, with OHTs constantly claiming that they're under pressure and unable to meet the rising demands. A policy like this only takes away from the under 18 DHB scheme, places further pressure on the system. Prevention is better than cure, shouldn't we be focused at treating and educating the under 18s so they don't run into a life time of dental issues? The DHBs are already under pressure, the focus should be on funding the OHT in DHBs so they decide to stay back and treat the children.

3. I understand the entire target of this policy is to bring the cost of dentistry down - however if the patient has a deep cavity/ unrestorable tooth/ tooth needing endodontic treatment - and they see an OHT, who's unable to treat the issue, they'll have to be referred to a dentist. Hence the patient now has paid twice for a consultation and now has delayed treatment. And this is going to be a common scenario specially for the low SES patient group - exactly the population it's supposed to benefit. Yet it's pretty clear that it'll have the opposite effect, it'll lower the cost of dentistry for High SES patients that need preventative restoration while hurting the ones that need the help most.

4. I fail to see who this policy would serve best - apart from the OHTs. It will not bring the cost of dentistry down, but will simply lower the standard of work. Majority of patients that don't go to the dentist due to cost don't have little p1 lesions that require duraphat and a fissure seal - but have a p4 or p5 lesions and cavities with pulpal involvement. An OHT is unable to deal with situation like this - in fact are more likely to expose the pulp and necessitate endodontic treatment - which could be argued to be borderline malpractice and poor outcome.

5. In terms of dealing with badly broken down teeth that require gingivectomy/laser/electrosurgery to restore properly - OHTs are not trained to use any of those. Neither are trained to diagnose cracks in teeth and how to deal with it accordingly, as such you'd be doing disservice to the patient.

6. OHTs quality of work on children from my experience is quite sub par. The quality and longevity of restorations I've seen coming out of school clinics have average at best with majority being of poor quality. OHTs can often get away with it as most of the restorations they are placing are on deciduous teeth, however when we're dealing with permanent dentition, the approach needs to be minimally invasive and long lasting - which something at this point only dentists can offer consistently.

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**

Page 7: Specific comments on the proposal

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

If OHTs would like to treat adults, they should train for a further 2-3 years and go through a similar program to dentists.

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

Were dentists even consulted before drafting this plan? It seems that DCNZ has taken this industry for the wild west and is going ahead and doing whatever it wants. I get the impression that regardless of overwhelming negative reception from the dental community, this wil still go through purely because DCNZ has already decided that beforehands. Just listening to the disgruntled professionals should give you the idea that most people are starting to feel that this is a bit of kangaroo court situation, and we're only being asked to put our opinions as an after thought