

[REDACTED]

[REDACTED]

[REDACTED]

Page 2: Your demographics

Q1 Your details

Name **Xian Zhuo**
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

1. There are SO MUCH unmet dental demand for people under the age of 18 across NZ. I currently work part time in [REDACTED]. The amount of rampant caries I see for the U18s are just beyond the description of words-----who is looking after these kids? If this is not met, why are we stretching the workforce even further?
2. The quality of work. I have worked alongside with two different therapists in [REDACTED]. I will not mention their names of course. From what I have witnessed first hand. Neither of them were able to CLEAN patients' teeth properly in ONE FULL HOUR in multiple [REDACTED]. Patients would often be passed onto me for restorative work that's beyond what I can do. I had to be a double of restorative [REDACTED]

Consultation on the age limit for restorative activities in the oral health therapy scope of practice

occasions. Patients would often be passed onto me for restorative work while I would find large chunks of calculus.

The restorative work is not even worth mentioning. My manager had to ask them to STOP doing fillings because they were so bad. The first rule for a health practitioner is to do no harm. I often question if the patient is better or worse off after having restorative work done with the two therapists.

3. Out of control situation. Some restorative work can easily require endodontic procedure on the spot. How will this be controlled? Does that mean they need to be trained to do endo as well? If the endo access cavity is not well done, are the patients better or worse off? Who is going to pay for the botched work?

4. Burden of disease. If a patient is not able to afford to see a dentist for some BASIC filling work. The likelihood of this person being able to take care of their oral hygiene is very questionable. Patients like this are likely to be burdened with more complex and more severe dental diseases. If we open the gate for a cheaper (but not better) option, guess where will they go? So, are we not putting a lot of trust on some less well trained therapists to more complex situations? Won't this lead onto more problems? Won't this put more burden on these already worse off patients? In my opinion, this is no different from buying these patients a ticket overseas and just have the work done there.

5. Government involvement. I agree the dental disease must be reduced. I agree there needs to be governmental intervention. However, there has to be better ways. I often see people grab a large bottle of coke and pie for lunch in [REDACTED]. This is a frequent occurrence on a daily basis for a LARGE proportion of the people. I can tell you this with much accuracy because there are a bakery and a takeaway shops next to my practice. I see this WAY TOO OFTEN. WHY are the soft drinks so cheap? Why is there no extra tax like cigarettes. It causes diabetes and obesity.

Why is dentistry not subsidized???? You mentioned in your proposal it would be an option for NZ to follow the rest of the world. So why couldn't NZ follow Australia to remove all GST on dental care???? This just seems to be a much easier way to make dental treatment more affordable to people. Imagine everything 10% off their current fare for dental!

Why couldn't the government allocate a set amount of funds for each person each year for some dental entitlement?

6. Skill level. It takes years after graduation for a dentist to reach the level of being called "skilled". Who is going to provide the therapists the training ground? Innocent patients??? It honestly took me a few years and some very expensive courses (a few thousand dollars each) to get really good at doing white fillings. How on earth are they going to make it happen? If its going to take 1 to 2 years of training, wouldn't it be better off for them to do dentistry to start off with? So, are we giving a group of people who were not "good enough" to get into dentistry, or who were not committed enough to do dentistry an easy way out?

7. Cheap good. The principal that I go by when it comes to health is: It's a good deal if you get the same quality work but less cost. It's not so much of a good deal when you get cheaper but worse quality work. It's even a worse deal when it's cheaper and you have to get it redone. We all know what happens with work done overseas. When was it last time you actually got something thats good and cheap-----it happens occasionally, but def not on a regular basis. The more worrying part is, how on earth can a normal patient tell??????

8. Making it worse. If the work is done poorly and resulted in the need for endodontic treatment. First, the patient is going to be in pain, second, the patient's wallet is going to be in pain when he pays for a Root canal treatment. Who is responsible for it? Should the therapist's license to treat over 18s be suspended after a few occurrences? Should the dental council be held account for because of the rule change?

In my opinion, there are so many BETTER ways to help with the situation than opening up a route that could likely make the whole situation worse than better.

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**
