[redacted]

Page 2: Your demographics

Q1 Your details

Name	**Anne Bush**
Company/organisation	[redacted]
City/town	[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

I am extremely concerned with the proposal to extend the scope for oral health therapists to treat adults for the following reasons:

1(a) There is a well trained current work force of dentists that exists to treat adults. There is not a shortage of dentists in New Zealand and competition is intense.
(b) Children are not being seen as frequently as they should - the OHTs should be treating the children.

2. There is a health and safety issue for the public.
(a) OHTs have a very limited clinical ability. eg in [redacted] they are only allowed to use Fuji IX and Fuji II . The standard I am seeing in [redacted] is very poor.
(b) Patients are going to have multiple operators , especially when the OHT encounters a restorative problem that they cannot solve. When does the dentist take over and who pays for this? Will there be more referrals to specialists? This will result in more expensive treatment for the patients.
Patients will be seen as a series of procedures not as a total person.
In a treatment plan often complex and simple procedures are performed at the same appointment in order to reduce visits, cost and avoid multiple administration of local anaesthetic. With this proposal patients will suffer.

3. Unscrupulous dentists will use OHTs to make money
I am concerned that this could line the pockets of "business " minded dentists and appeal directly to the corporate model of maximum profit at the expense of patient care.

4. How are OHTs going to be monitored and checked that they are adhering to their scope of practice?

Already the Dental Council is unable to protect the public from dentists who should not be practising .
What is to stop the unregistered overseas trained dentists opting to sit an OHT entry exam and pushing the clinical boundaries- who will monitor this and protect the public?

5. This will not decrease the cost of dentistry because the cost of materials, equipment and compliance will be the same . The OHTs' employers will want to to make money from the oral health workers.

6. The public will not know the difference between a fully trained dentist and an OHT. This will have to be explained and consented. How will this be achieved?

7. What are the implications of a much lower academic entry for Oral Health Therapists compared with a B.D.S. ?
(a) When it comes to quick clear decision making and problem solving.
(b) What about monitoring changes in pathology from healthy to disease or Medical History changing during treatment?

8. The Dental School will provide courses for upskilling oral health workers . What sort training? More money for the university?

9. The proposal will lead to a greater shortage of school dental therapists as they will be enticed by private renumeration. This has already happened with oral health workers preferring to do hygiene over therapy in Canterbury.

10. In conclusion this proposal would present a serious "Health and Safety" issue for the public. Due to the fragmentation that would occur in dental care, the NZ public will end up paying more for an inferior service.

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.

I am extremely concerned with the proposal to extend the scope for oral health therapists to treat adults for the following reasons: 1(a) There is a well trained current work force of dentists that exists to treat adults. There is not a shortage of dentists in New Zealand and competition is intense. (b) Children are not being seen as frequently as they should - the OHTs should be treating the children. 2. There is a health and safety issue for the public. (a) OHTs have a very limited clinical ability. eg in [redacted] they are only allowed to use Fuji IX and Fuji II . The standard I am seeing in [redacted] is very poor. (b) Patients are going to have multiple operators , especially when the OHT encounters a restorative problem that they cannot solve. When does the dentist take over and who pays for this? Will there be more referrals to specialists? This will result in more expensive treatment for the patients. Patients will be seen as a series of procedures not as a total person. In a treatment plan often complex and simple procedures are performed at the same appointment in order to reduce visits, cost and avoid multiple administration of local anaesthetic. With this proposal patients will suffer. 3. Unscrupulous dentists will use OHTs to make money I am concerned that this could line the pockets of “business “ minded dentists and appeal directly to the corporate model of maximum profit at the expense of patient care. 4. How are OHTs going to be monitored and checked that they are adhering to their scope of practice? Already the Dental Council is unable to protect the public from dentists who should not be practising . What is to stop the unregistered overseas trained dentists opting to sit an OHT entry exam and pushing the clinical boundaries- who will monitor this and protect the public? 5. This will not decrease the cost of dentistry because the cost of materials, equipment and compliance will be the same . The OHTs’ employers will want to to make money from the oral health workers. 6. The public will not know the difference between a fully trained dentist and an OHT. This will have to be explained and consented. How will this be achieved? 7. What are the implications of a much lower academic entry for Oral Health Therapists compared with a B.D.S. ? (a) When it comes to quick clear decision making and problem solving. (b) What about monitoring changes in pathology from healthy to disease or Medical History changing during treatment? 8. The Dental School will provide courses for upskilling oral health workers . What sort training? More money for the university? 9. The proposal will lead to a greater shortage of school dental therapists as they will be enticed by private renumeration. This has already happened with oral health workers preferring to do hygiene over therapy in Canterbury. 10. In conclusion this proposal would present a serious “Health and Safety” issue for the public. Due to the fragmentation that would occur in dental care, the NZ public will end up paying more for an inferior service.

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