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Page 2: Your demographics

Q1 Your details

Name **Amanda Johnston**

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

OHTs do not have sufficient knowledge to provide complex adult patients with enough information to allow them to gain informed consent. As they cannot provide many treatments they cannot be fully aware of options and consequences of treatment so treatment planning is not possible. Many adult patients have complex medical history which need to be built into a treatment plan. OHTs do not have sufficient training to take the responsibility for potential problems. Also the workforce currently needed to provide dental care to children will be weakened by the possible movement of OHTs into providing adult care.

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 do not believe that even with additional training that the OHT will have the knowledge to "Explain findings, treatment options and likely outcomes in easily understood language to ensure informed consent. " They also will be unable to "Analyse patient information and develop an oral health care plan"- In adults this may require knowledge of consequences of multiple extractions, complications of endodontics, provision of fixed or removable prosthodontics, interpretation of significant medical or dental history. All aspects of the Informed Consent section of Appendix 2 will not be possible. Many aspects of "Restorative Intervention" especially "Alleviate tooth discomfort and/or pain by restorative intervention or deciduous tooth extraction as appropriate" In my experience, alleviating tooth pain in an adult patient is likely to require endodontic treatment, extraction of a PERMANENT tooth or prescription - minimal restorative intervention is often unlikely to be effective.

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

The problems of diagnosis, treatment planning and informed consent can be ruled out if the OHTs were restricted to work under prescription from a dentist. That way, the treatment they are trained to perform can be allocated to them but more complex treatment can be carried out by a dentist, in a team approach. This would make it the same for OHTs as it is for hygienists and dental therapists, who work under supervision of and on prescription from a dentist. Also, these little boxes in this submission form are VERY difficult to use - this is an important process but this system makes it very difficult to write effectively.
