

[Redacted]

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[Redacted]

Page 2: Your demographics

Q1 Your details

Name	To Yang
Company/organisation	[Redacted]
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).	Disagree
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Page 4: Your support

Q4 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

The goal of this initiative is to relieve the burden on the dental workforce, and allow accessibility for adults to have dental treatment done.

1) The oral health course is for 3 years, when the dental degree is 5 years, with the restricted time, information on treatment and diagnosis cannot be fully comprehensive. Treatment is not limited to fillings, and there are variations in treatment, if the practitioner is limited in offering treatment available (i.e. cannot do root canals, cannot do extraction, cannot do crowns, etc.) this is not giving the patient all the options of treatment (part of right) and should further work be required, the oral health therapist is unable to carry on this work.

2) By offering treatment at a lesser cost for people that are unable to afford dental treatment, is putting a bias against those of lower income, i.e. they can only get work done with someone who has had less training, knowledge. It would be assumed that someone who is more wealthy will have more choice, and perhaps better quality treatment.

3) From my perspective there is already a large need for children to be treated, and a lot are required to be seen in hospital for GA for extraction of primary and permanent dentition, or referral to dentist for further treatment. This indicates that the needs of the population are not being met, the dental problems are not being managed, increasing the scope for the dental therapist would mean more kids suffering and missing out on treatment. The referrals also indicate that treatment required is out of the scope for the practitioner, and it is of knowledge the older the individual gets, the more complex the case/treatment becomes with medical history, history of past treatment on teeth. A better way to overcome the current problems would be to focus on prevention, dietary/cleaning/oral hygiene advice for the kids, targeting treatment so that general anaesthesia or referrals are not required due to early detection of dental caries/problems, increasing awareness and knowledge or increase options for regular check ups so that the chance of requiring expensive treatment is reduced (i.e. root canal treatment).

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? **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**
