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Page 2: Your demographics

Q1 Your details

Name	Andrea Lakeland
Company/organisation	[Redacted]
City/town	[Redacted]
Email	[Redacted]

Q2 Your submission is in the capacity as	dentist or dental specialist
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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
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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

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

Q5 Please describe your specific concern/s with the proposal

The adult population, and especially those on a low income usually have complex dental needs, and frequently have multiple health issues and are taking multiple medications.

For this reason I strongly disagree that it is safe for an oral health therapist to be treating patients without direct supervision (physically present, and available immediately if needed) of a dentist.

The treatment planning aspects seem to have been overlooked also: It is not in the best interests of the patient for an oral health therapist with more limited understanding of all the options to be treatment planning. Separate to this is the issue of informed consent. A full discussion with patients is needed and I don't think OHT's are well placed to provide this.

Pulpal complications are common with the large carious lesions typical of low income adults, and the inability of an oral health therapists to deal with this, or even to hand on in a timely manner, will be problematic.

I am concerned that this is being proposed in a misguided attempt to increase access and lower costs of treatment.

Regarding lowering the cost of care, I would welcome scrutiny of the accounts for my dental practice by anyone on the Dental Council and it will be blatantly obvious that in my practice having an oral health therapist providing care would actually increase the costs of this care, not decrease them. Please contact me to get access to these.

I feel that this proposal will result in an unfair "two tier" system.

Diverting resources away from where they are needed:

I currently practice in a low socioeconomic area. Speaking to parents in the area, the current wait times between examinations for children are over two years. This is an unacceptably long time even for a low risk child, and drawing OHT's away to treat adults is only going to make this worse.

It is important to realise that if someone is in any significant pain then their dental needs are already past what an OHT can provide -They are needing either minor oral surgery to take the tooth out, or root canal treatment. Both of which are for very good reasons out of scope.

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**
