

[Redacted]

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Page 2: Your demographics

**Q1** Your details

Name	Beth Yeung
Company/organisation	[Redacted]
City/town	[Redacted]
Email	[Redacted]

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

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Page 3: The proposal

<b>Q3</b> 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).	<b>Strongly disagree</b>
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Page 4: Your support

<b>Q4</b> 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

1. People are being told that this will be cheaper. However, in reality this will not be any cheaper. Dentistry is expensive. There are many overhead costs (sterilising, materials, auxiliary staff etc) which will not drastically change the cost of dentistry for the consumer. The difference in cost will be determined by the clinician's time and experience. If it is truly cheaper, does this mean also mean a cheaper restoration which will require replacing more often?

2. For consumers which cost is a limiting factor, they often present with complex medical histories and higher rates of DMFT. These patients often have co-morbidities and have require more extensive dental work. These patients often require large, deep fillings if not root canals and/or extractions which is outside the BOH scope. This will necessitate a referral to a dentist for treatment, which only increases time and money for the patient.

3. The BOH course is limited in what they can teach students. The discussion makes a point of having a postgraduate course prior to being able to practice on adults. However, this does not mention anything about what the course will entail. Will it be a week long course? Will it be a year long course? With the current training, they do not have an adequate understanding of the science behind why we do things in dentistry (e.g. bonding, enamel bevels etc). I am concerned that they will be lacking the knowledge to take an accurate medical history and manage these patients. These patients are most vulnerable and will often be the most complex to manage medically and dentally.

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### 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**

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### Page 7: Specific comments on the proposal

**Q7** Please provide us specific comments related to the OHT scope, qualifications and competencies.

I am strongly opposed to the OHT scope being expanded to allow treatment of those over 18. It is mentioned that there will be some form of postgraduate study involved but does not detail anything further. There is no mention of what the relationship between OHTs and dentists will be.

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### Page 8: Anything else

**Q8** Do you have any further comments on the proposal? **No**

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### Page 10: Last thoughts

**Q9** Please provide us your feedback **Respondent skipped this question**