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Page 2: Your demographics

Q1 Your details

Name	Inah Mundy
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
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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

1. Older patients, particularly with the ageing population with complex medical histories and co-morbidities, will risk the safety of these patients. The comparatively shorter time frame in OHT education, cannot cover the full extent to which dentists have thorough understanding of how multiple medical issues/complex medication lists can adversely impact dental treatment
2. Funnelling more OHT away from the already under-treated, increasing high rate of decay in NZ children- will not help the disease prevalence. The argument that more therapists going through the universities, will not encourage more therapists working under the MOH/OHSA public system- as working privately and treating adults is going to seem more appealing. This will take away from treating children where there is a much greater need. The children waitlist in many areas is already not being met.
3. Therapists will not be able to provide fully informed consent, due to limitations in their scope and understanding with complex adult treatment (e.g. crowns, root canal treatment, dentures, implants, extractions in permanent teeth)- How can they provide all the options, if they are limited to fillings? What will be the consequence of a deep filling of a P5 caries lesion, and therefore irreversible pulpitis? Where does the patient go from here in pain? Who performs the extraction or root canal treatment? If the treatment progression cannot be carried through by the same practitioner/profession- it ethically should not be started in the first place. The proposal lacks clarification on how patients will be referred when the treatment becomes outside the scope of the therapist
4. There proposal shows no indication of direct supervision from a dentist
5. This proposal will not reduce the cost of dentistry in NZ, as there is a bottom line cost/expenses to provide dental services in NZ and many clinics are already working at this level. Changing one practitioner type to another will not help to reduce this cost in any way.
6. Disappointingly there has been a lack of consultation, collaboration, clarity from the Dental Council once again. It appears that the submission process is flawed, with a lack of proper consultation (which involves both parties discussion)- it seems very much unidirectional.

***This revision, will be ultimately affecting the oral health children of NZ which is already very poor
- the patient safety of adults in particular those with complex medical co-morbidities,
-but also the lack of full patient consent (due to limited scope, and no full discussions with the patient is possible with all complex treatment options)

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? **Yes**

Page 10: Last thoughts

Q9 Please provide us your feedback

Disappointingly there has been a lack of consultation, collaboration, clarity from the Dental Council once again. It appears that the submission process is flawed, with a lack of proper consultation (which involves both parties discussion)- it seems very much unidirectional.
