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Page 2: Your demographics

**Q1** Your details

Name	James Choo
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

**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

Well-intentioned proposal, however this proposal needs two more elements:

1. Main goal

As a member of the public, we would want good quality and affordable care. I assume all dental council consultation comes with this intention.

Will this proposal make oral healthcare better and more affordable? If so, please provide us with reliable research to support this hypothesis.

We know for that OHTs (that do dental screenings, education, sealants in children) in public sector could improve care to patients (Olmsted JL., et. al., 2013).

However there is a lack of research that this proposal could positively impact the level of oral health care or accessibility to oral health care.

2: Public confidence in oral health care professionals

Many dentists/specialists showed lack of confidence in the provision of restorative care over 18 by OHT. This proposal is likely to create tension between NZDA and NZOHT.

The population that I am serving seemed to show the lack of ability to differentiate a dentist with a OHT. I have a number of patients referring OHT as school dentist.

From the submissions, the public seemed to understand this proposal mainly for accessibility of oral health care. Many patients have the misconception of restorative work done by OHT will be cheaper.

Potential challenges would be the efficiency in health care system (patients may face multiple referrals before getting treatment that they actually need), advertisement which could stir confusion amongst general public, lack of workforce for under 13 New Zealander.

Trickle down effect. If we go ahead with this proposal, will it likely to negatively impact public confidence in oral health professionals? If so, how can we mitigate the risks?

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Page 6: Details about OHT scope, qualifications and competencies

**Q6** Do you have any specific feedback on the proposed **Yes** amendments to the OHT scope of practice, prescribed qualifications or competencies as set out in appendices 1 & 2?

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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.

Please read answer to question 4

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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**

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