

[Redacted]

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Page 2: Your demographics

**Q1** Your details

Name	Daniel Kennedy
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) Treating adults requires far more complex treatment planning, and a greater understanding of the different modalities of treatment in addition to the complex polymedication that comes with treating adults – especially in the “at risk groups”. The BDS degree is considerably longer than that of therapists because it takes that long to train to be competent with the extended scope, and complexities of treating adults.

2) I am not aware of any evidence to demonstrate there this need is not being met by dentists. The problems with accessing care are largely financial and cultural.

3) There is unmet need in our health care system for children’s dental care. Drawing these therapists out of the public sector to private will worsen the situation – where there are already shortages. Childhood caries is a huge problem. The Dunedin multidisciplinary study showed that children who have caries are more likely to have caries as adults – so working within their current scope to meet the needs of children should be a priority.

4) I suspect you will have support for this from therapists, why wouldn’t they? It gives them an increased earning power being able to work in private. I think there may well be support from corporate dental practices and large group practices where they see an opportunity to charge the patient the same and pay the practitioner less so the margins are bigger for the shareholders or principals or company. There is no evidence that this will decrease the cost for dental care to New Zealanders, it does however have the potential to decrease the quality of care.

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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? **No**

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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.

If the training is increased to improve the ability to diagnose and treat adults, why not go back and study dentistry? Surely some of the course would cross credit and

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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**