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Page 2: Your demographics

Q1 Your details

Name	Rohan Saini
Company/organisation	[Redacted]
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). **Disagree**

Page 4: Your support

Q4 Please describe why you support the proposal **Respondent skipped this question**

Page 5: Your concerns

Q5 Please describe your specific concern/s with the proposal

- OHTs or in the past, DHTs, have as recently as end/start of 2016/2017 been considered for adult scope with regard to restorative procedures.
- Following this, only three years later in the present I feel the process to reassert the past proposition has been hurried along. What scientific or published literature evidence has there been to drive this change? If we base our argument on sound basis as we should, the main problem in NZ dentistry from a PATIENT perspective, (to my knowledge it is not too dissimilar to Australia and to some extent the NHS in the UK) is access to care and financial burden - as evidenced widely in more informal 'literature' published in the gazettes of today.
- I am of the belief that the main issue here - access to care, particularly in rural environments/low SES environments where there has been shown to be larger disparities (Maori vs non-maori, non community water fluoridation vs water fluoridated areas..etc etc) can be singled down to finances and social factors which are the larger issues here. Why not funnel resources towards this rather than trying to over saturate and throw a blanket over areas of care where the ambulance has left the hospital well more than 3 years ago? (Foster-Page and Thompson, NZDA J, 2011)
- Other concerns are well enough voiced, complications of treatment of deep caries, even moreso root caries in medically complicated geriatric/polypharmacy patients. The experience of treating these patients, particularly rurally, cannot be compared to the preparation of sim teeth or root planing in learning environments

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**

Page 7: Specific comments on the proposal

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

Ensure or at least encourage reciprocity similar to TTMR before approving Australian programmes for those registering in any future updated scopes.

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

- Through attending urban meetings I know I am not alone in the viewpoint of inevitability - I do not stand under the illusion that this proposed change will not go ahead given the impetus expressed by some parties. Just that if it does go ahead, I am of the hope a certain subset on both sides of the table may be prepared to cope, in a timely manner, to the bigger aforementioned issues at hand. That is as long as, in this case, the guiding principle is "good for the many and not for the few."