

[REDACTED]

[REDACTED]

[REDACTED]

Page 2: Your demographics

Q1 Your details

Name	Dave Excell
Company/organisation	[REDACTED]
City/town	[REDACTED]
Email	[REDACTED]

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).	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

Q5 Please describe your specific concern/s with the proposal

I feel patients are best served if the diagnosis, treatment plan and informed consent are undertaken by a dentist and that treatment carried out by OHT's is carried out under prescription of that dentist. With the dentist ultimately being the one responsible for all clinical decisions and treatment outcomes.

OHT's do not have sufficient knowledge to be able to obtain informed consent in adult patients

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.

An exclusion, 'Restorative treatment on patients 18 years and older', should be placed on oral health therapists' scopes of practice until they complete an accredited adult restorative programme. I also believe that it is entirely appropriate for the Council to duplicate the requirements of the dental therapy (adult scope) in the oral health therapy scope, if they are to practise on adults ie that they are to practise their adult scope under direct supervision or clinical guidance of a dentist, or dental specialist. This is to ensure the provision of treatment to adults under this scope is safe and effective.

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

There is an implication that extending the scope of OHT's will assist with addressing the significant degree of unmet dental need in the adult population. There is no evidence to support this and considerable risk that there will be serious impact on the provision of children's dental care. This will not improve access or decrease the cost of dentistry to the public of New Zealand. Adding OHT's into the mix has potential to create further workforce problems for New Zealand graduates of the future. If the council wants to improve access to oral health services for low income adults, then the we already have a workforce of dentists willing and able to do this work. The answer is to provide funding so that they can do it, not to register a new type of dental practitioner that can treat adults, hoping to drive down the cost of dentistry, as this is doomed to fail. Furthermore, many at-risk, low-income patients (and particularly older New Zealanders) take multiple prescription medications for a variety of medical conditions. These patients often need prophylactic antibiotic cover and pre-treatment blood tests, to ensure they are medically fit to receive dental treatment. Their management requires careful planning and a multidisciplinary approach.
