Page 2: Your demographics

Q1 Your details

Name	**Susan Church**
Company/organisation	
City/town	
Email	

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**

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

It has never been made clear who the driver is of this proposal and what this proposal hopes to achieve. The two obvious drivers are
1. the government who wants to get dentistry provided at a cheaper cost in order to win votes
2. OHT who wish to increase their scope (read potential earning power)

If the primary aim is to reduce the cost for the adult population who currently cannot afford to be treated by a dentist then I would like someone to show me how a therapist can provide a surgical setting and run a practice any cheaper than a dentist can.

Will there be sufficient differences in remuneration expectation between an OHT and a dentist that it will save the public money?

If the proposal being driven by OHT who want to increase their scope why don't they go to Otago and do a BDS?

The primary concern is that we currently have a massive paediatric population in dire need of treatment. Surely the focus must be on these children before dealing with adults.
My second concern is that the public will not understand the limitations of what an OHT can do. Their first point of call will always be what they percieve as the cheapest option. What happens when the treatment required is outside the scope of the OHT. Will they be charged for the consultation and xrays only to then be passed on to a dentist to complete the work. What happens when treatment is done which then proves to be more extensive that the scope of the OHT. The patient didn't consent to then paying for the additional treatment by a dentist.

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.

Obtaining and assessing medical and oral health histories-does an OHT know enough to assess the medical status of the adult population?

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

The issue is not the size of the workforce. There are a lot of dentists with space in their books. We do not need more treatment providers and the associated costs of training and administering them. We need more treatment subsidies for those who can't afford the current cost of dentistry.