



Page 2: Your demographics

Q1 Your details

Name	James Dawson
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
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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

Patient safety. Adult patients often have more complex medical co-morbidities and there is insufficient detail about how the DCNZ can ensure adequate training has occurred. The current BOH program takes 3 years full time study to meet clinical competency in the current scope and I do not feel that they will be able to include sufficient content to ensure adult patients are treated safely by BOH graduates. Also, there will be confusion for the patient between who to see for treatment - what may have started as an incorrectly diagnosed filling, becomes a root canal or extraction and then the OHT cannot complete - who pays for the initial treatment?

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.

Who is going to be the treatment co-ordinator? can the OHT operate independently and therefore what is the referral pathway for fail/ overly complex treatment? How can OHT provide truly informed consent if they do not know the treatments? Regarding the comments on workforce - why do we need an additional workforce? We have dentists that are trained to perform this treatment, and we have a training program to increase this workforce if required. There is currently no adult scope training programs - what will this entail?

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 **Respondent skipped this question**
