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Page 2: Your demographics

Q1 Your details

Name	Ruixing Lin
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

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

Removing the 18-year age limit of OHT Scope of practice may create and/or exacerbate existing oral health needs in New Zealand.

I would agree that there is a niche for OHT adult scope; in certain controlled environments I feel OHT's, with further accredited training, would be competent to treat patients over the age of 18; such as healthy patients with no or minimal co-morbidities and in cases where treatment has been planned by a Dentist and deemed suitable for the OHT scope. Currently, the group of patients in the population that are not accessing primary health care as much as they should, albeit due to fear, cost or both, are usually the ones with multiple co-morbidities and require treatment beyond the scope of OHT, and their treatment needs can be quite complex.

Furthermore, there exists a large unmet need of oral health care for children as often publicized in the media; what happens when more OHT's choose to work only in the adult scope and less clinicians are able to see these children? "A positive step towards the overall solution required" to me would be to address oral health needs of these children, so by the time they grow up and become adults their oral health condition is in good order, thus preventing further treatment and burden on the healthcare system. If the proposal is to stabilize or treat the adult population, what happens to the next generation of children with poor oral health when they continue through their adult years? To me this is focusing more on the down-stream consequences of oral disease, and not the upstream early management, prevention and oral health education to reduce the prevalence of oral disease.

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**

Page 7: Specific comments on the proposal

Q7 Please provide us specific comments related to the OHT scope, qualifications and competencies. **Respondent skipped this question**

Page 8: Anything else

Q8 Do you have any further comments on the proposal? **No**

Page 10: Last thoughts

Q9 Please provide us your feedback **Respondent skipped this question**
