

[REDACTED]

[REDACTED]

[REDACTED]

Page 2: Your demographics

Q1 Your details

| | |
|-----------|-------------|
| Name | Joanna Lowe |
| City/town | [REDACTED] |
| Email | [REDACTED] |

Q2 Your submission is in the capacity as **dentist or dental specialist**

Page 3: The proposal

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|---|--------------------------|
| 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

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| 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

It is difficult to describe specific concerns when the council has provided no specific information as to the accredited gazetted programme that is being proposed.

Practising a reduced scope does not lessen the requirement of a complete education and training in all areas of dentistry. Any clinician preparing an oral health care plan must have comprehensive understanding in all areas to ensure the safety of the public and to ensure communication of all appropriate information required to give informed consent.

An abbreviated BDS is insufficient to produce a clinician that can safely diagnose, gain informed consent and treatment plan, and as such the council's proposal compromises the rights and safety of the public.

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.

The scope is too broad and as stated above, any programme less comprehensive or rigorous than the current BDS, compromises public safety and public's legal right to informed consent. The proposed scope is inconsistent with the dental therapy adult scope.

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 no evidence that changing the OHT scope of practice will improve oral healthcare access or outcomes. In fact the only predictable outcome of implementing this change of scope, is the reduction of access to oral healthcare by children. The restorative needs of adults, are extremely diverse and can be extremely complex, increasingly so as they age. Management of this group requires a deep understanding of presenting conditions and all treatment modalities and as such, smaller programmes outside the BDS are unable to safeguard the rights and safety of the public.
