[redacted]

Page 2: Your demographics

Q1 Your details

Name	**Frances Ruddiman**
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).

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

I have several concerns with the programme as outlined:
1. Unmet need of the vulnerable child population. Currently there is a huge number of New Zealand children who are not having their dental needs met by the community dental service. Why should we decimate the already struggling number of people delivering this service and place it under more strain?

2. Inferior care provided to adult patients: there is a lack of information on exactly how this change will be enforced but I fail to see how OHTs providing restorative care will have enough training to be able to determine a comprehensive treatment plan. i.e. the do not know what they do not know. Their course lacks the comprehensive focus on medical conditions and pharmaceutical knowledge. Fully informed consent also means being able to offer alternative treatment. I also believe that a practitioner should be expected to manage any complications that arise during treatment. If a filling is deeper than anticipated (something all clinicians will have experienced) are OHTs going to be able to carry out pulp capping or proceed with a pulpectomy (or indeed, know which treatment would be the best in that individual situation?)

3. No evidence that this will lower costs. Many of the fixed costs will be the same (rent, sterilising, staff, materials). Are OHT prepared to work for a pittance to deliver adult restorative care? I suggest prices will be similar or reduced marginally at best, at the cost of creating a confusing two tier health system.

4. Politically driven. There are other methods which can be considered if the aim is to increase accessibility to dental care for adult patients. But I do not believe it is the job of the Dental Council to do this. Their stated purpose is as a regulatory body to ensure oral health practitioners meet and maintain standards in order to protect the health and safety of the New Zealand public. No where does the mandate extend to workforce manipulations. If a OHT has restorative scope but not the full and comprehensive training offered by the BDS degree, I fail to see how they can truely offer informed consent and a comprehensive treatment plan. In this way the NZDC is potentially endangering the health and safety of the NZ public.

5. Training. There is evidence that the undergraduate programmes are trying to add in that adult restorative activities will be a part of the undergraduate training for the OHT scope. I seriously question whether adequate teaching can be provided within the already short time frame of the OHT course. Already it appears that OHTs are graduating with limited clinical exposure to restorative work in children, with graduates sometimes starting work in the DHBs having completed just two fillings. If this does go ahead, the Dental Council should seriously consider adding a clause that restorative scope in adults needs to be completed as a seperate POSTGRADUATE programme only.

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.

1. Any restorative work in adult patients carried out by a OHT should have had the treatment prescribed by a dentist. I.e. the dentist is then responsible also for clinical outcomes and complications. This way the patient is fully informed and other treatment options will have been able to be offered and discussed. 2. OHT adult scope should be a postgraduate course only, not part of the already crammed undergrad degree.

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**