[redacted]

Page 2: Your demographics

Q1 Your details

Name	**Erin Collins**
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 am concerned that this proposal is not transparent. The term "restorative activities" would imply placement of direct restorations in the over 18s, however further reading reading of the competency standards shows the provision for detection and diagnosis and treatment planning. While it is hard to argue against the competency to place relatively simple restorations I have serious concerns around practicing environment and public safety. These changes create a second tier of dentistry which for a country with the high standard of dental care provided to patients is unacceptable. The entry requirements into the the BOH and the courses are less rigorous than the BDS which is the accepted entry level for treating patients across all age groups.
The comparison with DTs adult scope is not relevant as this proposal is far in excess of that scope and there is no provision for oversight/supervision an option this document does not directly address.
I found this consultation document lacking there are several statements made about improved access to dental care and not one piece of evidence presented to support this assertion. In fact there is no evidence provided to support any of the assertions. As stated in many other submissions the provision of care to disadvantaged groups is often complex requiring care by a dentist, what is lacking is funding not a workforce. I do not understand why Dental Council is considering this as a reason when work force issues are not part of its brief.
Why would the Dental Council be part of an accreditation process and then have a consultation to see whether it should be gazetted when it is a regulatory function. Additionally TTMR is already in effect, the practitioners are registered in the scope of the respective country, there is no obligation to provide an Adult scope for that group under TTMR.
The comparisons with several other countries did not include any information about the practicing environment with many it seems working under guidance, supervision or a compulsory team environment. In the main it appears that OHTs are not practicing on adults as independent practitioners.
Having said that there may be a place for OHTs working in a team environment to provide direct restorations under the direction/guidance of a dentist as team leader. I firmly believe that if this the case OHTs and Dentists should train together in this relationship and this should be a requirement for accreditation.
Council has a duty to protect the public and should reflect on its own definitions of harm as they apply to practitioners, particularly with several lesser events across many patients. I do not believe the consultative professional relationship is robust enough to describe the necessary relationship.
In summary I believe this document is lacking and preparatory work should have involved multi interested parties to develop overall positions before this was released. Evidence and background information such as was provided for the Recertification consultation should also have been provided.

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.

I have concerns over the changes to detection, diagnosis developing treatment plans. The training is not comprehensive enough to allow for this. The starting point for unsupervised practice in the field is the 5 year BDS. They may be competent in placing direct restorations but should be cognizant that treating adults is completely different and more complex.

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

It is important that Council remains committed to public safety and I have concerns that these changes have significant potential to lead to harm. It also exposes practitioners as fitting the adult scope into the existing course and potentially any upskilling courses can not possibly provide training equivalent to a dentist, which is the accepted level of training for comprehensively treating adults independently. There is significant risk of patients having conditions not recognised yet being under the misapprehension they have received full examination and treatment. I have concerns about how treatment complications will be handled. I believe more work involving all interested parties on this proposal is needed before a decision of this magnitude is made.