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Page 2: Your demographics

Q1 Your details

Name	Donna Kennedy
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). **Agree**

Page 4: Your support

Q4 Please describe why you support the proposal

I agree that a proper accredited and gazetted programme is required to be completed by OHT before they could have they could have the restriction on restorative treatment for people over the age of 18 years lifted from their scope of practice.

Page 5: Your concerns

Q5 Please describe your specific concern/s with the proposal

Respondent skipped this question

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.

It is stated that a reason for the NZDC's proposal to remove the age limit on the restorative treatment for OHT is to align them with the current adult scope dental therapists. However currently dental therapists in NZ & in other countries such as the UK must work under direct supervision/clinical guidance of a dentist or dental specialist. This is an essential component to ensure safe dental practice. The limited scope of OHT is not adequate to ensure adequate diagnosis, treatment planning and informed consent (explanation of all treatment options available) when treating adults. I currently work closely with an adult scope dental therapist and while she is very capable of placing routine restorations in the permanent teeth of adults, the type of treatment provided in a low cost environment is NOT LOW COMPLEXITY and the adequate provision of dental care to patients can only be ensured by working as part of a team in close association with dentists and dental specialists.

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

Currently there are significant differences between the training, skills and competencies between OHTs and dentists. The proposed training for OHT does not provide adequate information as to the scope of the extra training required by OHTs to enable them to provide informed consent to restorative treatment to adults. Currently it is significantly easier for students to meet the entry requirements to the OHT course as opposed to the BDS course. This reflects the complexity of knowledge required to become a dentist as opposed to an OHT. There is nothing in the document which suggests that adult scope OHT will undergo a rigorous education programme to expand their scope. Also, it is extremely difficult for the general public to distinguish between dental clinicians - whether they are specialists or therapists how will the public be able to decide who they should receive restorative treatment from? It is naive to suggest that treatment provided by an OHT will be at a lower cost than if the same was provided by a dentist. Overseas research tells us this is not the case. It is my considered opinion that the listed competencies regarding analyzing patient information (medical, social & dental) can only be adequately performed by an OHT with an adult scope if he/she works under clinical guidance of a dentist or dental specialist. If they are providing informed consent for example about the benefits versus risks of a porcelain inlay versus an large composite filling I don't believe this can adequately be done if they are not able to provide both types of treatment.