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Page 2: Your demographics

Q1 Your details

Name	mike smith
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

The current scope for emphasises prevention and health education as the primary roles for OHT's. This is an essential component and is the only true mechanism for reducing health inequality and access in NZ. For many reasons, prevention is not being delivered successfully. I see no reason to add to the OHT scope when there are significant aspects of the current scope not satisfied, particularly when this is the best way to achieve the goals of the Dental Council.

On a secondary observation, the provision of dentistry, and in particular dental interventions such as fillings is complex, with long-term ramifications. Most fillings will fail eventually, and there are many studies demonstrating the consequences of invasive interventions. Typically, the result is a sequence of restorations increasing in complexity and expense. More dentistry does not mean better oral health. I do not believe that having more professionals intervening, especially when clinicians with more training vis-a-vis the actual consequences are available, will benefit patients or NZ public. More dentistry is not wanted or needed. More prevention is the only way to achieve improvements in oral health for all New Zealanders in the long term.

The proposal might satisfy a short term political goal but will ultimately cost New Zealanders more. This is a misguided and unsubstantiated proposal.

There is no adequate provision for emergency cover by OHT's. It is ridiculous to have practitioners unable to manage their own emergency cover and care. The burden will fall on hospitals or private clinics. This is an unfair and poorly thought out policy.

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.

Scope and competency do not align, by training. Emergency cover is not manageable within scope.

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**
