

[Redacted]

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Page 2: Your demographics

**Q1** Your details

Name	Albert Chai
City/town	[Redacted]
Email	[Redacted]

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

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Page 3: The proposal

<b>Q3</b> 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).	<b>Disagree</b>
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Page 4: Your support

<b>Q4</b> Please describe why you support the proposal	<b>Respondent skipped this question</b>
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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

I do not agree with the removal of the age limit for restorative activities for patients under the current proposed discussion document for the following reasons:

- 1) Removing age limit for restorative activities of OHT scope of practice do not make access to primary oral healthcare easier for a broader group of patients, contrary to what was stated in the proposed discussion document. One of the main barriers to access dental healthcare for most people are due to financial reasons. By designating OHT to treat people with financial constraint and people with more financial freedom to be treated by dentist, would this not serve to increase the divide in healthcare inequality? They are multitude of other methods in which we can increase access to dental healthcare without increasing the inequality that is already present. For example, the government could subsidise cost to population older than 18 years old or to remove GST from healthcare services to name a few.
- 2) OHT are not trained to the capacity of a dentist to provide patients and involved parties with prioritised healthcare plans which takes into consideration the multi-faceted medical, dental and social history of patients. As OHT are not able to take into consideration ALL the different treatment options available to the patient without appropriate consultation with the dentist, they are not qualified to independently prescribed restorative treatments and as such fail to provide full informed consent to the patient
- 3) Patients older than 18 years old, or geriatric patient often presents with complex medical, dental and social history. I am concern that OHT with limited extent of knowledge and training due to a shorter programme with entirely different area of study are able to achieve the necessary competencies needed to provide sufficient level of care to geriatric patients
- 4) Limited workforces available to attend to patients 18 years and younger.

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### 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? **No**

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### Page 7: Specific comments on the proposal

**Q7** Please provide us specific comments related to the OHT scope, qualifications and competencies. **Respondent skipped this question**

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### Page 8: Anything else

**Q8** Do you have any further comments on the proposal? **No**

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### Page 10: Last thoughts

**Q9** Please provide us your feedback **Respondent skipped this question**

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