



Page 2: Your demographics

Q1 Your details

Name	James Joung
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).

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

There were no scientific evidences regarding the success of OHT serving for adults. Only self reported confidence levels are available with no clinical data. Success, in this case, may be partially defined by restoration survival and complication rates, patient satisfaction as well as financial benefits. However there were no data to be found and it is unethical for the general public to be a cohort without informed consent of the public.

If the scope for type of treatment is maintained, how will they deal with episodic patients who seek low cost dental care who we see on a daily basis? Its wasting patients' time and money as they are likely to be referred to a dentist. Or worse, they might decide to do a restoration and patient is left with pain and distrust towards dental professionals.

Perhaps extending the public dental sector for adults with informed consent may at least benefit the immediate financial status of the communities. Data can be gained from consenting patients ethically and eventually we may reach a general consensus. But that sounds too good to be true in the near future.

literature regarding OHT treatment on adults lack clinical outcomes etc. Success in this case may be partially defined by restoration survival, complication rates, patient satisfaction and financial benefits - None of these data is available. The only data available is self reported confidence level which does not support anything to be honest. Based on the absence of clinical data, it will be very unethical for the general public to be a cohort with no informed consent.

Also, if the type of treatment is restricted to restorations of adult teeth, how will the OHTs deal with episodic patients seeking low cost dentistry? Most of us see episodic patients on a daily basis and we all know restorations will not resolve all toothaches. Its wasting patients' time and money since most of these patients will be referred to a dentist. Or worse, they may decide to do a restoration and patient will be left with more pain and distrust towards the dental professionals.

Perhaps extending the public dental sector for adults together with the proposal and informed consent may at least benefit the immediate financial status of the communities. Data can be gained from consenting patients ethically and eventually we may reach a general consensus. But that sounds too good to be true in the near future.

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**

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**

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**