[redacted]

Page 2: Your demographics

Q1 Your details

Name	**Wendy Lidgard**
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).

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

This is going to decrease the standard of oral health care adults receive in NZ and will do little to lower the cost of dental treatment. In the countries that OHT's are treating adults of 18 years and over, has this treatment been audited to review its success, appropriateness and effectiveness, or the standard and quality of care that is being provided; and where are the results of these audits?
While realising that OHT's are supposed to be practising collaboratively with other oral health practitioners to provide care in a consultative professional relationship, this is surely left open to interpretation or worse, misuse. It is not clear who is then held accountable for work that was done in good faith but perhaps not ideal.
Does the Dental Council see the role of dentists in the future in a supervisory capacity rather than oral health practitioners.
This opens itself up to exploitation by unscrupulous businesses to increase profits while reducing the quality of care and little change in the end cost of treatment.

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.

If an increase in the OHT scope of practice does go ahead, a document containing agreed processes between practitioners should be mandatory, as part of their working relationship and like health and safety protocols, should be reviewed quarterly. The cost of these reviews will then be passed on to the patient. Obtain advice from colleagues where necessary - who decides when this is necessary; this is subjective when advice should be sought. Why would you choose to study for a much harder 5-year degree and incur significant financial debt when you can complete a 3-year qualification which can basically allow you to do the same job. Is it going to be clear to the public that they are being treated by an OHT and not a dentist? Since “rebranding” school dental nurses as OHT’s there is confusion by the general public because OHT’s are commonly referred to as “the school dentist” which they are clearly not. Increasing OHT’s scope of practice will further compound this confusion. Other specific comments as per answer to question 4.

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

If the increase scope of practice of OHT's goes ahead, it will devalue the professional dental degree (BDS). It is a sad reflection of how dental treatment is viewed by society; that it's not that hard being a dentist, that our profession is undervalued and disparaged, and we don't deserve to earn a professional living from providing health care. Dentistry can be a very rewarding career which involves dealing with multiple complex facets of humanity and provides challenges daily. If the Dental Council is serious about reducing the cost of dentistry in NZ, they should be lobbying with the Ministry of Health to provide funding for dental treatment in-line with general medical practitioners, or getting Pharmac to supply dental materials using their buying power to decrease costs to the dentist. Over 26 years of practice, dental material costs have increased at a much higher rate than CPI. Combined with the Commerce Commission allowing one dental supply company to have a majority share of the market, and increasingly stringent codes of practice for sterilising, these factors have contributed to rising costs of dentistry in NZ. If cost of dentistry is the issue, then why not concentrate efforts on reducing that cost, rather than reducing the quality of the care provided.