

Q1. I am supportive of the proposal to remove the age limit. But I am not supportive of having an exclusion placed on the scope of practice of all current OHT registrants. The Council does not do this for dentists, so there is no reason why it should do this for OHTs. For example, not all dentists do permanent tooth endodontics or surgical removal of wisdom teeth - and they don't have exclusions.

Q2. I am not supportive of this list of procedures in Appendix 1. Australia has completely moved away from a prescribed list. Again, you do not have a list like this for dentists but someone keeps wanting to have a list for OHTs. This is not a contemporaneous method of dealing with ever-changing safe and competent clinical practice.

I am also not supportive of a consultative professional relationship with a dentist in Appendix 1. The Dental Board of Australia has recommended removing this impediment to our clinical practice. Moreover, as no other health profession has this requirement, there is no evidence-based justification to have it for OHTs, DTs and DHs. Apart from dentists keeping their 'gatekeeper' role and hierarchical position in the dental profession, there is no reason to pursue this line of argument.

I am also not supportive of the more prescriptive language in Appendix 2. This document should be broader and less specific - more like the Australian Dental Council's Attributes and Competencies of a Newly Graduated Oral Health Therapist
<https://www.adc.org.au/Program-Accrediation/Professional-Competencies>.

Q3. New Zealand lead the world in the education and practice of dental therapists and oral health therapists. Please do not keep living in the past – it is time to move forward by embracing the OHTs, DTs and DHs who are your colleagues and team members – not your competitors.

Kind regards, Leonie