

[REDACTED]

[REDACTED]

[REDACTED]

Page 2: Your demographics

Q1 Your details

Name	Lyn Adler
Company/organisation	[REDACTED]
City/town	[REDACTED]
Email	[REDACTED]

Q2 Your submission is in the capacity as **educational institution**

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
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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

I have seen the work of an OHT and it's below the standard of both a dentist and hygienist. The knowledge base is minimal. The patients returning for lost restorations and re treatment for debridement are about 80-90%. They are not qualified or knowledgeable enough to treat adults.

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.

Overall, I think that the scope should be limited to placing temporary restorations and then referred to a GDP or specialist for further treatment, most of the time low income clients only come when they are in pain. And treating the pain is all that they want. Then referral to a GDP for more permanent treatment. This whole thing puts a dental degree to shame and lowers the standards of dental care in NZ

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**
