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Page 2: Your demographics

**Q1** Your details

Name **Natalia Pocklington**

City/town [Redacted]

Email [Redacted]

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

Other (please specify):  
Dental  
Student

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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

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Page 5: Your concerns

**Q5** Please describe your specific concern/s with the proposal

I think that oral therapists cannot currently keep up with the workload of under 18s and the backlog for treatment with this age group is so many years behind that with extending the scope of practise will only extend the disparities in these age groups because therapists will be more likely to treat older people with more complex work. I also believe that it will not be a cost effective decision for the country, those with higher SES will have the lowest cost treatment and will be able to be seen by a therapist but those with severe problems will have to pay more to see a dentist, be of low SES, and treatment will more likely be classified as complex and therefore paying more. But in saying this businesses may also be the ones that profit they will hire more therapists who will cost them less but will keep the prices the same regardless of who is treating the cases. To get into Dentistry is a competitive entry for those who work hard and have passion. The degree is already seen by the public as an over qualification that is extremely expensive so what becomes the point of competitive entry if you can do the degree straight out of high school and still have the same scope of practice, this to me seems like it would make the profession seem like a joke to the general public with less prestige. A BOH is suppose to be an upstream prevention approach to dentistry and by increasing the scope is this not providing a downstream intervention and increasing inequalities. A more effective way to deal with these issues would be through fluoridation, government funding and sugar tax before such an extreme measure such as increasing the scope of BOH. It seems like a matter of convenience for an increase in scope as they are too far behind to have all treatment complete by 18 years old and therefore need more time. Overtime would it not result in BOH asking to do crowns and RCT because they can place stainless steel crowns and pulpotomy's.

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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? **Yes**

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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.

Qualifications need to be higher and more recognised within the the NZ society, competency will be low with the new scope meaning treatment will be worse and there will be more restorative work in the long run for failed restorations

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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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