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Page 2: Your demographics

**Q1** Your details

Name	Shomaiya
Company/organisation	[Redacted]
City/town	[Redacted]
Email	[Redacted]

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**Q2** Your submission is in the capacity as **dentist or dental specialist**

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Page 3: The proposal

<b>Q3</b> 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).	<b>Strongly disagree</b>
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Page 4: Your support

<b>Q4</b> 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 see a lot of children who are referred through the SDS/OHSA contract. It is rare for me to find a young child who has had routine check ups every 12 monthly before seeing me for the referral. As I understand a lot of this is due to the fact that the therapists are fully booked/cannot accommodate the needs of the children in the community. If there is need for further dental work such as fillings/extractions etc needed for the child, each of their appointments are booked weeks apart. A lot of the times this allows the child to get lost in the system. Sometimes the work carried out is substandard with incomplete caries removal etc. This may come down to the fact that a dentist graduates with significantly more hands on experience with actual patients (at least 2 extra years) as opposed to a dental therapist. Deciduous teeth eventually exfoliate, hence most of the time there are no long term consequences, what about for adult teeth? Ethically we have been trained to provide care which ensures the best outcome for our patients. That is our number one goal. What would we achieve if we actively remove the workforce designed to treat children which we are currently short staffed on and move this workforce onto treating adults? More children would be dentally neglected and adults would be treated with a workforce who do not have the equivalent training of a dentist.

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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? **No**

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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. **Respondent skipped this question**

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Page 8: Anything else

**Q8** Do you have any further comments on the proposal? **Yes**

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Page 10: Last thoughts

**Q9** Please provide us your feedback

I assume the whole point of this proposal to change is to reduce dental costs in New Zealand. One of the best ways to do that is to further subsidise dental care in NZ through the government. Work and Income NZ only provide emergency funding (i.e. extractions/root canals in most cases). What if the government were to subsidise a yearly check up and clean for every low income adult in NZ? Dental health is neglected a lot of the times is because there is no outward symptoms such as pain/discomfort until it is too late. With a funded/subsidised checkup/clean patients would be aware of the current condition of their mouth and this may help them budget/save towards getting the treatment done. We need to raise oral health awareness in NZ. It is unfortunate that the field of medicine is 100% fully funded in NZ whereas dentistry is fully privatised. There are plenty of other ways of improving access to dental care for low income adults in NZ and pushing a workforce not adequately trained enough to treat adults with the hopes of driving down prices is not the best way to go about it.

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