

[REDACTED]

[REDACTED]

[REDACTED]

Page 2: Your demographics

Q1 Your details

Name **Joanna McKINNON**

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). **Agree**

Page 4: Your support

Q4 Please describe why you support the proposal

I do think there might be a use for a properly trained auxiliary to work under the supervision of a dentist. They would need to have had additional training to the current scope

Page 5: Your concerns

Q5 Please describe your specific concern/s with the proposal **Respondent skipped this question**

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**

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**

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

The Adult population has many complicating factors that affect dental treatment. Past Dental treatment & Medical issues in particular. An OHT working on adults over the age of 18 should not work independently as unfortunately for us all the dental requirements of this age group are not just simple Class 1, 2 & 3 restorations. I believe patients are best served if the diagnosis, treatment plan and informed consent are undertaken by a dentist and the clinical operative tasks with the current scope of OHT are then performed either by the same dentist, or under prescription from that dentist, by an OHT. And I can imagine a team approach like this working well. I am also concerned about the likelihood that extending the scope will result in a further reduced workforce for the treatment of the under 18s. I am not familiar with the actual figures but my impression while working is that the treatment of this age group, especially those under 13 is falling further and further behind with a much increased need for general anaesthetic treatment for young children. This is outrageous, especially when considering the past history of the 'School Dental Service' as it was. I realise there is concern about access for some to dental treatment due to cost. I do not believe extending the scope to OHTs to work independently will achieve this. They would have exactly the same expenses, compliance costs, responsibilities and right to a reasonable income as a dentist does. The DCNZ would be better to lobby for the WINZ allowance of \$300 per year for urgent care to be A. increased - it has been \$300 for as long as I can remember, so I am going to say at least 20 years, probably more, and has not been adjusted for inflation, and B. replaced with an amount to cover a Dental examination and say two items of treatment, rather than emergency care. The provision of the following years 'allowance' to be dependent upon a person having actually had an examination in the previous year. So as to encourage people into a preventive frame of mind, instead of leaping from one expensive emergency to the next.
