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Page 2: Your demographics

Q1 Your details

Name	Colette Khoo
Company/organisation	[Redacted]
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).	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

Consultation on the age limit for restorative activities in the oral health therapy scope of practice

Q5 Please describe your specific concern/s with the proposal

Dental health in children in New Zealand has always been an issue. Due to the shortage of dental therapist, children with high caries risk are not seen as frequently as it should be. There is long waiting time for children to be seen. As we all know, cavities in primary teeth progress very rapidly to the pulp. Do we really want the children to suffer pain and possibly create more dental fear to them by doing more extensive treatments that was preventable in the first place? Prevention is always better than cure. I am concerned by removing this age limit, there will be worst shortages of dental therapists that are available to see these children and will create a higher scale of poor dental health among the children.

Dentistry course is 5 years in total and that has prepared us to deal with all kinds of scenarios. Is the current curriculum of OHT sufficient for them to handle the added complexity of working with the elderly and complex fillings? Treating adults is much more complex than it is imagined. Fillings are the bread and butter of dentistry. We do know the statistic of getting deep cavities is much higher for patients above 18 years old. How often do the OHT treat deep cavities in permanent teeth at the moment? Very often patients come in with deep cavities are mostly 18 years old and older and sometimes a filling may or may not work. I question whether the OHT are trained to deal with these scenarios. As a dentist, sometimes we have to make the call to start a pulpectomy or extraction on the spot. We may even consider temporizing a tooth and monitoring for 3-6 months before replacing it with a permanent restoration. In some cases, the tooth may turn into irreversible pulpitis right after the restoration, emergency pulpectomy or extraction is required. Dentists may often include the restoration fee into the immediate treatment. If this is to be done by the dental therapist, patients will have to be referred to a dentist which may cause more confusion and wasted time to the patients leading to more pain. Patients will then still have to pay to see a dentist and very potentially be fully charged again for work continuation.

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? **No**

Page 10: Last thoughts

Q9 Please provide us your feedback **Respondent skipped this question**
