

[REDACTED]

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[REDACTED]

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Page 2: Your demographics

**Q1** Your details

Name	Zohnia McNeill
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

**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

1. By allowing OHT to provide dental care to 18+/adults, will we have enough OHT and therapists to service our children's needs? It seems that most DHBs are facing an aging workforce and large numbers of children requiring treatment. I am worried about the children. To whom can they turn to? To whom can their parents turn to?

2. I have heard discussion in the community about the cost of dentistry being more affordable if an OHT was to do the same restoration compared to a dentist. Are we assuming that the NZDC will cap prices to ensure that happens? Business costs, professional development etc would be much the same for both OHTs and dentists. I wonder if OHT who is doing exactly the same restoration as a dentist colleague would promise to always and forever charge much less. Who are we to say how much an OHT can and can't charge.

3. I regularly volunteer at the ██████████ Charity Hospital. I absolutely love being there. I find it personally rewarding and often I look back on my week and reflect that it was a highlight being there. I also reflect on how challenging those patients are. How they test my clinical skills- to treat or not to treat, to restore or to extract, how their complex medical needs are to be accommodated. The challenges are real and after 18 years of experience I find this group of patients to be the ones that require all of my skills and training to manage effectively.

One of my regular dental assistants was a dental therapist for several years. She too enjoys working with this group of patients but she told me in passing, "I could never do what you do" she went on to explain that these patients are so complicated and that the restorations they require are never straightforward. I don't tell this story for others to admire my handiwork, but rather to consider the challenges and difficulties that come with working on the groups of patients that people are saying an OHT would be able to treat. The folk who come to the Charity Hospital are probably the ones that many hope an OHT would be able to treat. They are not teenagers. They are not children. They are adults with complex and challenging emotional, social, medical and dental needs. They deserve to have a health professional who is able to treat them and their needs to the same standard as those who can afford to visit a dentist for treatment.

There is a problem regarding access for this group but let's provide them with the same level of care and expertise as the rest of society.

If the changes are approved and we have OHTs treating adults I may be proven wrong and the oral health of all New Zealanders vastly improves, with particular benefit seen for our children, elderly and financially vulnerable. I will smile and say I'm glad it changed.

However, if it is approved and the status of our children's oral health falls further and we have inadvertently created a two tier system- those who visit dentists and those who visit the marginally cheaper OHT and the oral health of our elderly and poor kiwis are negatively impacted by poorly executed treatment by OHTs then we are all in trouble. All of us.

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Page 6: Details about OHT scope, qualifications and competencies

**Q6** Do you have any specific feedback on the proposed **Yes** amendments to the OHT scope of practice, prescribed qualifications or competencies as set out in appendices 1 & 2?

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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.

I have seen an example this year of a year 8 girl, with cavitation 37 Occlusal caries. Maybe she is the one that got away, but it sent a chill up my spine. Diagnosing caries in adult teeth, isn't always straightforward. I don't think an OHT has the training required to always diagnose caries in adult teeth. This is an opinion formed from my experience only.

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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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