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## Page 2: Your demographics

### Q1 Your details

Name	Dr W Lloyd Jerome
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

**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).

**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

OHT's are not, I believe, trained to diagnose oral medicine pathologies. Nor are they trained to provide treatment for the complications that may arise if a permanent restoration has irreversible side-effects. I am very concerned that this may lead to a complicated chain of access for those people who go undiagnosed or incompletely treated.

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.

If OHTs are to provide the range of services as laid out in the appendices, I would be surprised if this could be provided at a lower cost that is already being provided. And if that is impossible, what is the point?

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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 know of no OHTs who are, at present, short of work. All seem to be fully booked, with gaps in the appointment books only because there is a serious issue with attendance rates amongst certain age groups. In the light of this, "allowing" OHTs as a group to widen their scope of practice will serve to make them even busier. If the aim is to provide the same services as GDPs at a fraction of the cost, the proposers must understand little about the actual management of dental practices, as, with 34 years of experience setting up and running dental practices, I know that the profitability of the provision of quality services is not high. Dental services may seem expensive to a lay person, but, compared to any other field of medicine, it is sleek, efficient, and very inexpensive. When was the last time you heard of a surgeon providing a complex operation privately with a cost to the payor of hundreds, not thousands of dollars?

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