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Page 2: Your demographics

**Q1** Your details

Name

**Alinda Coetzee**

City/town



Email



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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

Dentists undergo extensive education in health sciences before being taught restorative skills and this is necessary in order to thoroughly understand human physiology, pharmacology, biochemistry, anatomy etc. in order to practice safely on adult patients. A significant part of training for dentists is also to understand and carry out all manner of specialist dentistry in order to develop comprehensive treatment plans and carry out or coordinate these treatments for adults (unlike the simpler restorative needs of children). The saying "You don't know what you don't know" comes to mind with this proposal to remove the age limitation on OHT scope. There are grave concerns that NZ adults will expect the current standard of comprehensive dentistry but instead receive poor quality dental treatment delivered by OHTs. Not because of their inability to restore teeth but because of their insufficient training causing poor clinical decision making. If you want adult scope by all means requalify as a dentist.

When considering the recent statistics and the media coverage of the large amount of untreated dental caries in NZ children (in part due to a lack in OHT workforce), shouldn't it be more important to focus on improving dental care to our children first? By the large amount of referrals received currently by dentists from OHTs for help with general restorative needs in children, I question how adding extra responsibilities (especially longer lifespan expectancy of dental treatment in adults) is appropriate or ethical.

If this proposal is suggesting OHTs work on adults under the supervision of a dentist who would ultimately be responsible for the treatment plan fabrication, I have concerns that this will place undue responsibility on dentists. How can you constantly monitor and be in control of quality restorative treatment provided by a OHT when you're not involved in the delivery of that treatment? There is no incentive for any dentist other than a business owner (who would make profit from outsourcing simple restorative treatment to an OHT) to take on this added responsibility.

If this proposal is suggesting private dental treatment would become cheaper to the public by increasing the scope, I question where this data is coming from and how it can be verified. Expenditure and tax would be exactly the same so unless OHTs could carry out the same treatment standard more quickly, I don't see how this will result in significantly cheaper (but same quality) dentistry. I urge the council not to be persuaded by media sensationalism and biased opinions from NZDOHTA.

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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? **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.

See previous discussion.

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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**