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Page 2: Your demographics

**Q1** Your details

Name	Rebecca Ahmadi BHSc (dent therapy) DPH, MPH Otago
Company/organisation	[Redacted]
City/town	[Redacted]
Email	[Redacted]

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**Q2** Your submission is in the capacity as **dental therapist**

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Page 3: The proposal

<b>Q3</b> 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).	<b>Strongly agree</b>
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Page 4: Your support

**Q4** Please describe why you support the proposal

I fully support the removal of the age 18 limit for restorative care by OHT. OHT's care for adults in their current scope - therefore, they are equipped to communicate, understand and appropriately care for the adult patient. As it currently stands the arbitrary age barrier for care is limiting the OHT in what they can offer their patients. I believe the OHT have the competency and capability to manage adult patients' basic restorative needs. Although I will be interested to see what is offered to 'up-skill' the OHT within the accredited adult restorative programme. I am sure it will only enhance the already capable OHT workforce skills to perform restorative care for adults.

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Page 5: Your concerns

**Q5** Please describe your specific concern/s with the proposal

Respondent skipped this question

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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.

In the Australian setting, OHT who have completed approved courses are providing restorative dental care for adults. There have been no reported adverse outcomes since its inception in 2010. The OHT's can reliably determine (as with almost all health professionals) the boundaries of their own scope of practice and act accordingly.

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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

It is time for the oral health profession in Aotearoa to really think about where 'Good Oral Health, for all, for life' has taken us as a nation. This oral health policy is now over a decade old. Are we as dental professionals' best meeting the needs of our population? I do not think so. There are continued conversations in the media and online about lack of access to dental care, affordability of care and the large number of New Zealanders living with symptoms of chronic dental pain. There must be a change to how public and private dental services are offered if we are to see a significant change in the oral health status of our people. Removing the age barrier for the OHT is one positive change. I believe the OHT can appropriately care for the oral health needs of all ages, and appropriately refer when necessary. This is a necessity for dental workforce planning with a great need to improve access to primary dental health care for adults and the looming unmet oral health needs of the ageing population.

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