Members of the Dental Council

Dental Council

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

Submitter: Andrew Newsom (Prosthodontist)

Q1. 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:

I, for the following reasons, **do not** agree with the removal of the age limit for restorative activities for the oral health therapist (OHT) scope of practice.

I do not support a move to allow OHT's to provide restorative treatment to adult patients independently, on the basis that provision of comprehensive diagnosis and treatment planning is a prerequisite for the ability to obtain genuine informed consent. Patients should have adequate informed consent. A real informed consent discussion requires the "dentist" to have extensive knowledge regarding treatment options and potential outcomes much more than those learned in the limited scope of oral health therapy on such a short course. Treating adults is often complex and requires an understanding of options, disease processes, outcomes, success rates…… something that OHT's will not be able to do in their "short" course. They will not have time to train if this is packed into their "short" course.

Q2. 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?

I believe it is totally unacceptable for the changes proposed to result in the removal of the requirement for direct supervision or clinical guidance, for oral health therapists providing adult care. They are not safe with their training to treat adults. There is a real risk of harm to patients if this proposed change occurs. When you compare and dental degree to an OHT degree they are worlds apart – how can there be a thought they should treat adults when the training is so different.

I give supervised guidance to the OHT who works for me all the time – I do not think she could work unsupervised and she is very good at what she does.

Adult treatment is complex – complex things are often occurring – medications people are on can be complex, providing options can be complex, making decisions can be complex. I don't want situations where dentists have to keep helping out and making decisions for therapists because they don't have adequate training.

IT IS JUST NOT SAFE FOR THIS TO HAPPEN.

There are medical, social, psychological and biological aspects of care to consider that they will not be trained in.

They will not be fully trained in informed consent and be able to give patients all the options that are available. Patients will not be able to make an informed choice. They will not know all the materials available to be used. OHT's will have good intentions but if they don't know something then they will not know what they are not informing patients about – this is wrong. It is unlikely they will be able to perform with out a lot of supervision.

Q3. Do you have any further comments on the proposal?

OHT's play an essential role in the provision of preventive and restorative dental care for children and adolescents and oral hygiene services for adults – there is a shortage of OHT's in these areas and this I believe will worsen. Why make it even worse by widening their scope of practice.

As noted from the NZDA submission

"The COHS is experiencing significant difficulty recruiting and retaining oral health therapists in many District Health Boards resulting in concerning arrears rates (approximately 100,000 children in arrears), increasing numbers of children requiring treatment under GA (more than 7000 annually) 6 and significant levels of unmet dental treatment need in our child population (40,000 children requiring extraction annually, a more than 10% increase on the previous year) 7 and DHB's with large numbers of children suffering untreated dental decay. "

AND

"This problem is projected to become worse over the next few years as an aging oral health therapy workforce retires (50% in next 5-8 years). This problem will be further exacerbated by a move by OHT's to the provision of restorative dental care for adults. "

The removal of the age limit for restorative care for OHT's, which will divert resources away from children's oral health – this is not fair – who will fill this GAP

THIS IS A BAD IDEA – PEOPLE WILL SUFFER – CHILDREN

SUMMARY

There is a lack of OHT's doing what they are currently doing. Why make the situation worse by widening their scope of practice?

Where are the patients coming from there are supposedly going to train on? There are not enough for dental students anyway as I understand it.

It is disturbing to be made away that it sounds as though provisions are already being made at the dental school for this program to be implemented when it is still in a consultation phase. It almost sounds like this is a wasted effort in writing this submission. I hope this is not the case and I would be very disappointed if it is.

I hope these submissions are taken seriously as this is a serious matter. I do not think OHT are suitably trained or will be in the time they are on their course. I believe their course is already packed with info they have to learn – how are they going to fit in all the extra that will be required, cope with more difficult treatment planning…….. I don't think they will be safe to practice in the time they have to train.

If these changes are made they will impact adversely on dental services for children and adolescents (experiencing current significant workforce problems). This is not fair.

I am very unhappy with the proposed changes.

Thank you

Andrew Newsom

Prosthodontist

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