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: John Twaddle, Dentist

Q1 Do you agree or disagree with the proposal to remove the 18-year age limit for restorative activities from the OHT scope of including – accredited gazetted programmes allowing OHT's to perform restorative treatment on patients 18 years and over.

I have previously worked as Principal Dental Officer for Pacific Health and as such had clinical responsibilities for the work of the therapists I was responsible for. It was a relationship that worked extremely well, in that there were lines of communication and responsibility achieved.
I feel that the Oral Health Therapists' should have the same obligation and duty of care as dental therapists (adult scope). They should be allowed to work ***only*** in conjunction with and under the supervision of a dentist. It is not necessary for this dentist to be on the same site, but the pathways of responsibility should be clearly defined.
I am the owner of a large group practice of five dentists, so I have had a lot of experience in supervising the work of others. Often the supervision only invokes advice and discussion, but the umbrella of responsibility exists.
Without supervision there is a worry that the treatment of patients will be compromised. The safety net for the patients is the dentist being ultimately responsible for the work.
In reality, most patients will only attend clinics when they are in pain; that has always been the case. If they are in pain, there is already a high likelihood of pulpal involvement of the tooth. The adult scope OHT's will already be at the limit of their scope, and the treatment has yet to begin. At this point the dentist should be assessing responsibility for the treatment.
It would be extremely difficult for an Oral Health Therapist adult scope to provide an overview and a treatment plan when they have had no significant training in the scopes of practice they were recommended but unable to perform.
It raises the issue of the resultant deficiencies in the informed consent process.

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 have reason to believe that the Dental Council has been subject to pressure from the Ministry of Health to increase the dental workforce, the implication being that OHT's will be able to provide more accessible treatment.
By creating the change in scope for the OHT's the council is reducing the workforce of dental therapists. There are already over 7000 children each year who require general anaesthetic for their dental problems. The therapists cannot manage the workload they have, and the council is about to ensure their ranks will be further decimated.
I work in an area of high deprivation in the Eastern Bay of Plenty. The actions of the Council in removing the dentist being responsible will create a large gap in the dental work force.

We have cases every day in the practice of small children being referred for treatment of abscessed permanent teeth. This should not be happening. I do not think you have thought through the consequences of your actions. Every child should be entitled to regular effective dental care but because of the stresses in the dental health system, this is not happening.
Early extractions of deciduous teeth mean drifting adult teeth and subsequent orthodontic and periodontal problems.
I hope the Dental council will provide the funding for these children to have their orthodontic needs met, as you Sirs are the perpetrators of the problem.

The disastrous results of an underfunded dental system will not be changed by letting loose, partially trained Oral Health Therapists on unsuspecting adults, and neglecting the dental therapist workforce numbers.