

[REDACTED]

[REDACTED]

[REDACTED]

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Page 2: Your demographics

**Q1** Your details

Name	Assil Russell
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

<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 disagree</b>
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Page 4: Your support

<b>Q4</b> 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

It is being suggested that allowing oral health therapists to treat adults will improve access to more affordable dentistry for low income New Zealanders. There is no evidence to support this. I do not believe that adult dental treatment provided by oral health therapists will be any more cost effective than that provided by dentists. Currently, in some practices dental hygienists command a higher salary than newly-qualified dentists. I am also aware of practices owned by dental therapists where the fees charged are higher than nearby practices owned by general dentists.

At-need New Zealanders from low decile communities usually present with multiple chronic and acutely infected teeth requiring extensive complex restorative, endodontic and surgical interventions that only a qualified dentist can provide.

Furthermore, New Zealand has an ageing population with a steady increase of tooth retention into old age (Thompson & Ma 2014). Many at-risk patients, and particularly those in the geriatric age bracket, take multiple prescription medications for a variety of complex medical conditions. Such patients often need prophylactic antibiotic cover, and pre-treatment blood tests to ensure they are medically fit to receive dental treatment. Their management requires careful planning and a multidisciplinary approach between dentists, dental specialists and general medical practitioners.

Oral lesions including pre-cancerous lesions are also more common among the elderly and patients of low socio-economic status. All New Zealanders should have the right to access care by dental professionals who are able to competently and safely diagnose, plan and manage their treatment needs. Providing oral health therapists with an adult scope will potentially put already vulnerable patients at-risk of serious medical complications.

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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? **No**

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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. **Respondent skipped this question**

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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

There is already an oversupply of dentists in major cities, and young dentist graduates are finding it difficult to gain full time work. Immigration New Zealand has recently removed dentists from the skills shortages list, indicating that there is a sufficient supply of dentists per capita. I am aware that there is a very large unmet dental need in the adult population, but I do not believe that upskilling oral health therapists to an adult scope will solve this problem. Low-income individuals with poor oral health generally have complex medical histories and dental needs, often associated with dental anxiety, and therefore require treatment undertaken by an oral health professional with a full scope of dentistry.

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