

[Redacted]

[Redacted]

[Redacted]

Page 2: Your demographics

Q1 Your details

Name

Haris

Email

[Redacted]

Q2 Your submission is in the capacity as

dentist or dental
specialist

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

Page 4: Your support

Q4 Please describe why you support the proposal

Respondent skipped this question

Page 5: Your concerns

Q5 Please describe your specific concern/s with the proposal

I have 3 main concerns with the proposed removal of the age restriction of oral health therapists (OHTs). Firstly, the proposed changes are against the treaty. Secondly, OHTs do not have the training required for the task at hand and with the time required to obtain it they may as well do a dental degree. Lastly I believe this will bring unnecessary harm to patients.

The Treaty of Waitangi was signed with the principle of protection, among others, in mind. This dictates that Maori deserve equity with the rest of NZ in terms of everything including health. Removing the age restriction from OHTs will effectively create a two tier system where the poorer get access to much lesser trained OHTs and the rich have access to much better trained dentists. The result of this is a division of the gap between poor and rich and as Maori are disproportionately represented in the lower SES group they will also disproportionately be adversely affected by this, making this move at odds with the treaty.

Even with 5 years at university, my clinical expertise since graduation has required a lot of work to ensure competence and the hardest area is being able to do cross-disciplinary work and diagnose accurately. To provide appropriate and quality treatment you must understand periodontics, endodontics, prosthodontics, orthodontics and every other area of dentistry. An OHT with limited training in these areas may try restore a cracked tooth with a filling, may try restore a structurally undermined tooth with a filling, and would have a conflict of interest in steering the patient toward getting a filling as opposed to other treatment they aren't qualified to do. Another concern is what happens if a filling is undertaken but it becomes evident during the procedure that a root canal must be done instead? The patient will be left in agonising pain until they can see another clinician that's qualified to do a root canal for them. The lack of all this knowledge cannot be bridged with a simple additional course - sure they could do a lot of additional training, but then this begs the question of why not just do a dental degree instead?

We have been taught to operate under a 'do no harm' principle, however there are still cases with unfavourable outcomes. With this inevitability, it is our place to ensure that we, to the best of our ability, minimise these occurrences. After 5 years of training in a more intensive programme than the 3 year OHT programme, and with much more stringent selection criteria, dentists are much better placed to do the restorative procedures and minimise these occurrences. It is to be expected that unfavourable outcomes would be MUCH more prevalent in OHTs treating over 18s as a result of this and the ones losing out here would be the patients, something we can't allow given we operate under a 'do no harm' principle.

All in all, this proposition is a terrible one to say the least. Detractors of this idea are lambasted on the grounds that we are doing it for 'territory protection', however the truth of the matter is OHTs are simply not qualified, and will not be with any course, to do fillings on the more dentally complex over 18 year olds. If this age restriction is removed it will not be so easy to reverse when we find the adverse health outcomes in the people we are supposed to be doing our best to help.

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**

Page 7: Specific comments on the proposal

Q7 Please provide us specific comments related to the OHT scope, qualifications and competencies.

As per my previous answer, the main issue is the removal of the age restriction

Page 8: Anything else

Q8 Do you have any further comments on the proposal?

No

Page 10: Last thoughts

Q9 Please provide us your feedback

Respondent skipped this question
