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Page 2: Your demographics

Q1 Your details

Name	Desmond Cheong
Company/organisation	[Redacted]
City/town	[Redacted]
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
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Page 4: Your support

Q4 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

The proposal aims to provide a wider recognised accreditation and overseas opportunities for oral health therapists(OHTs). As much as it is a progressive move forward, this move neglects the present oral health needs of New Zealand.

Firstly, there is a high unmet need in the dental health of children. OHTs working in DHBs are in high demand, and many children are unable to be seen on a regular recall. Besides, dental hygienists who are also trained with the OHTs are also in high demand. The reason why dental nurses was introduced in New Zealand and was once admired world wide was solely to treat and prevent decay in children, and with more modern needs the scope has been expanded to treat adult teeth decay up to 18 years of age. However, OHTs have not achieved their role and there is rampant decay in children before they even go to schools; giving a huge backlog in general anaesthetic treatment for children; and unfortunately huge amounts of government money spent on preventable disease. Expanding the scope of OHTs will distract the workforce from their original goals and neglect the upstream work on early prevention and treatment, therefore increasing the downstream complex treatment and rehabilitation such as general anaesthetic treatment, large fillings and indirect restorations, or even dentures which should be phasing out in view of the services we can offer today.

Following on that, there is close to an oversupply of dentists in New Zealand, although the dental needs remain very high. Spreading the scope of work for OHTs and doing the work that dentists are already doing today would exacerbate the issues raised in my first point. Graduate dentists are struggling to find a supportive work environment today, while OHTs are in high demand generally by DHBs and private clinics for both hygiene and therapy. Dentists have been removed from the skill shortage lists a few years ago; despite many of the Otago graduates emigrating New Zealand for potentially better work prospects overseas.

In terms of technicality, the qualification of dentists and OHTs are very different, not to mention with AUT and Otago having the Bachelor of Oral Health programme which has difference in the educational and training curricula/programme. Dentists receive intense medical foundation, with significant barriers of entering the profession; including pre-university or undergraduate grades, interviews and UMED scores. However, the entrance to Bachelor of Oral Health degree has lesser requirements in comparison. In Otago, dental students have 3 years of clinical sessions, seeing a wide range of patients from all ages; and for BOH students they are given adequate training seeing patients for hygiene and children from surrounding schools. To address the disparity, postgraduate courses to upskill oral health graduates have been suggested in the proposal. However, this is a very important and significant programme to be introduced, requiring increased planning, funding and staff to allow for the proposal to pull through. The adult dentition involves years of historical dentistry, occlusion concepts, complex diagnosis and restorative methods which require adequate education for a certain standard of treatment. In the New Zealand context, a postgraduate entry (4 years) into dentistry may prove to be the best and safest way towards the expansion of the scope of the OHT and even more.

In conclusion, the proposal presents suggestions which may work for other countries but is not well-thought through enough to be carried out in New Zealand today. There are avenues where people who cannot afford dentistry may access dental services (WINZ, finance solutions, volunteer dentistry, dental school) and plenty of ways to accommodate that (more public dentistry avenues, incorporate dental students in providing affordable treatment). Also, the standard of care provided to all patients should be of a certain standard as advised by DCNZ for dentists. Without the proper education and supervising dentists, the proposal places the patient at risk of substandard treatment.

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

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

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

OHTs will require supervision of dentist and understand limitations of treating deep decay with possible involvement. Qualifications to enable the adult restorative scope will require diagnoses of dental decay and pulpal diseases, restorative prognosis and need for possible indirect restorations, occlusal concepts; and understanding on scope of the OHT and when a dentist opinion is required.

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**
