[redacted]

Page 2: Your demographics

Q1 Your details

Name	**Anna Dawson**
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

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 note Council has proposed the reasons of international educational benchmarks, inconsistency between dental therapy and oral health therapy registration and the need to provide New Zealand primary dental care with a flexible workforce as reasons for the proposed change but has provided little evidence to support these reasons.

The United Kingdom, the Netherlands and Australia have different provision and funding models for primary care dentistry to New Zealand. Additionally, New Zealand has a unique model of free primary dental care up to the age of 18, provided in community clinics, mostly by dental and oral health therapists. Provision of care to this age group is currently dependent on these therapists and it is well known that the current workforce is ageing and Community Oral Health Services are struggling to recruit and retain therapists.

The need for a flexible workforce has no evidence to support this. Adults in New Zealand have access to primary dental care through dentists and hygiene services with hygienists and oral health therapists. The main barrier to accessing primary dental care in this country is not workforce, but finances; people struggle to pay for dental care. Provision of safe dental care still requires the same equipment, support staff and sterilisation services and the small amount of published international evidence available shows little to no difference in cost to patients regardless of practitioner. Also, if flexibility means access to dental care in rural or hard to staff areas, there has been no evidence presented as to why oral health therapists would work in these areas if dentists won't.

My main objection though is my concern that removing the age limit will increase inequities in primary oral care for the children of New Zealand. I work for a large hospital oral health service and weekly triage paediatric referrals and treat children under general anaesthetic. The numbers of children and the extent of the dental treatment they require is overwhelming. We have thousands on our waiting list. They are referred from a community oral health service that is anecdotally 90 000 children in arrears and was short 35 dental therapists in 2018.

It breaks my heart as a mother and a dental professional to tell parents who telephone because their child is in pain or can't eat properly that they are no different to the hundreds above or below them on the waiting list and that I can't accelerate their child up the list. I am appalled that I've come to see extraction of 8 or more primary teeth under general anaesthetic as routine and that it's taken 10 months from referral to treatment for a child due to the pressure on our secondary service.

This is treatment for a preventable disease. A disease that should be minimised or prevented by oral health promotion activities and early diagnosis and treatment in primary care; all activities that oral health therapists are highly trained and skilled in providing.

I cannot agree to a proposed amendment in the OHT scope of practice that has a high chance of increasing inequities for a vulnerable section of our population. Adults in New Zealand have a voice and they have access to primary dental care through dentists. Children do not have a voice and it is our responsibility as dental health professionals and adults to advocate for and protect their needs. Until I can be convinced or evidence is presented to show children will not be disadvantaged by amending the scope of practice of oral health therapists, I cannot support removing the age limit restriction.

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

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

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**