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Page 2: Your demographics

Q1 Your details

Name	Trish Leabourne
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

There is no clear path at the present time to address current and future concerns with the oral health needs of children age 0-18. Current data shows a large number of children within the current system (1in6) are not being seen on time, with treatment data suggesting this is even more concerning in some demographic groups including those in most need. This will continue to feed the development of a legacy of unmet treatment needs that will serve only to burden the future healthcare system, to say nothing of the detrimental effect on those children later in life.

There is an enduring theme of apparent benefits to adoption of this proposal with little or no comment about how the continuing treatment needs of children will be met. A plan for adoption of this proposal without planning, resourcing and delivery of an oral health system for our children will only result in further neglect of this group

There is a requirement within the detailed Scope of Practice for Oral Health Therapists to obtain informed consent including findings of diagnostic tests and examination, treatment options and likely outcomes. OHTs are therefore required to provide a patient with a full explanation and information to make informed decisions about their care. A 3 year programme of study does not provide sufficient base knowledge for this as many aspects of adult treatment are not included in the current curriculum. Informed consent by the Council's own definition will therefore not be possible

Patient wellbeing and health outcomes regardless of patient age should be the guiding principle in any consideration of this issue. There does not appear to be any clear indication from Council if they intend, under this proposal, for OHTs to work in independant practice. I would not support any proposal for OHT to work in independant practice should the restriction on age for restorative procedures be removed. An OHT should be working as part of a collaborative professional relationship within a workplace, with examples within NZ of how this has worked to good effect. Examination and assessment should be completed by an appropriately trained dental professional, with referral for aspects of care as required following fully informed consent of the patient. In a practical sense that would mean a continuation of the requirement for direct clinical supervision or clinical guidance in order for patient safety to be assured

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.

The mention of a requirement for completion of an accredited adult restorative programme is noted. A significant concern amongst the profession is the value of that course in firstly introducing the complexity of adult treatment but also the development of clinical skills to the point where a patient can have confidence in the training, skills and knowledge of the treating clinician. It seems impossible to expect informed feedback to the proposal when no details are provided about Council expectations of such a course. Given each practicing dentist has another two years of fulltime tertiary study and clinical work it is difficult to believe that level of confidence and competence in clinical decision making and restorative work can be acquired within a three year undergraduate programme or topped up by completion of a shorter duration accredited programme such as that proposed.

Page 8: Anything else

Q8 Do you have any further comments on the proposal? **Yes**

Page 10: Last thoughts

Q9 Please provide us your feedback

There is an emotive aspect to this issue around affordability of care, with an assumption that an OHT will be able to provide care at reduced cost. There is no information available to either the profession or the public about how this might be achieved. The fixed costs of dentistry (compliance, facilities, materials and equipment etc) are the same regardless of who is delivering the care. This leaves a key question unanswered - will the proposed changes result in the benefits being referred to. These emotive aspects of the discussion are muddying the waters and diverting discussion away from the key issues of patient wellbeing and health outcomes regardless of age. The current requirements for direct clinical supervision or clinical guidance would be considered an essential part of any future professional working relationship for an OHT if Council is to consider the extended practice of dentistry on adults. I do not support any move to allow OHTs to provide restorative treatment to adults independantly of such a relationship
