[redacted]

Page 2: Your demographics

Q1 Your details

Name	**N/A**
Company/organisation	**Australasian Academy of Paediatric dentistry**
City/town	**Australasia**
Email	[redacted]

Q2 Your submission is in the capacity as — **professional body**

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

As a group of Specialist Paediatric dental practitioners across both New Zealand and Australia, we disagree with the proposal for the following reasons:
1) Concerns that the introduction of the proposal will negatively influence the New Zealand school dental service. The New Zealand school dental service (SDS) is already immensely under-resourced, under-staffed and behind with overdue recall examination appointments for both children and adolescents. In fact, an article published in 2018 reported that more than 96000 NZ children were waiting on overdue dental examinations. The major concern envisioned is that with the introduction of an increased scope of practice, many therapists will move into the private sector (based on the assumption that adults are easier to treat in the chair, and increased remuneration in the private sector), leading to less staffing in an already pushed and under-resourced SDS. This will have a significant impact on the workforce capacity of the Community Oral Health Service.
2) What would this mean for New Zealand's adolescents?
The loss of oral health therapists to the private sector will have a significant impact on the workforce capacity and would lead to even fewer adolescents being rendered "dentally fit" by 18 years of age. By limiting the provision of appropriate and interceptive oral care (prevention, treatment and guidance) in the young - more complex and multi-disciplinary problems are expected to develop in adolescents.
3) Concerns that the introduction of the proposal will result in more referrals to the already overwhelmed public Paediatric dental services. It appears that there has been no consideration of how this proposal will affect the hospital system paediatric dental services. Dr Bill O'Connor, NZDA president, reported at the most recent NZDA conference that in 2018, 29000 children had their teeth extracted and 7000 required dental treatment under general anaesthetic. With the likely reduction in the number of therapists working in the SDS, there will be a reduced number of clinicians available to see new and existing recall patients. A reduced ability to provide routine recall of children and adolescents at appropriate intervals will result in:
a. Children and adolescents having less exposure and familiarisation with dental providers in the dental setting (it is well known that less exposure and familiarisation in the dental setting is associated with a higher incidence of behavioural issues)
b. Increased burden of disease and progression of carious lesions
This would lead to an increase in number of referrals to the paediatric dental services in the public system across New Zealand, leading to increased wait times and increased public sector burden.
4) There is no business model. There is no mention of a proposed business model for this 'affordable' service. Will this really make dentistry cheap enough for financially challenged New Zealanders to afford it? There is a bottom-line cost to provide dental services in NZ and many clinics are working at this level already (costs of compliance, cross infection control requirements, staffing, materials). The provision of services to vulnerable patients by practitioners with limited scope will create a multi-tiered system, risking further disadvantage for these groups. New Zealand's highest need patients deserve care from New Zealand's highest level providers.
5) Is there enough evidence-based training? Concerns that oral health graduates do not receive the necessary clinical evidence-based experience during training.
6) Concerns regarding informed consent and patient safety. Therapists will not be able to fully provide informed consent as they will not be completely familiar with more complex treatments (root canal treatments, extractions, implants etc). There is a concern regarding the safety of adults who have complex medical histories being treated by therapists.
7) Why are we not focusing on preventive services instead? Contemporary caries
management philosophies are based on prevention and conservative management of early lesions. Therefore, the most optimal stage of providing effective preventive measures is in the young and adolescent age groups. It feels somewhat futile therefore that proposals aimed at improving oral healthcare outcomes in New Zealand are focusing on increasing the operative scope of mid-level providers for an ever older age group where prevention measures would be least effective.

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.

5) Is there enough evidence-based training? Concerns that oral health graduates do not receive the necessary clinical evidence-based experience during training.There is also a grave concern that increased scope will result in less focus in the curriculum on paediatric dentistry which could lead to a lower standard of care for our NZ children and adolescents

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

Our vocation as paediatric dentists is to advocate for a high standard of accessible dental care for children and adolescents. We believe that the implementation of an increased scope will lead to negative consequences for New Zealand's young people, a group identified as a priority group in New Zealand's oral health strategic vision. We are gravely concerned that there appears to be a lack of planning around what will be done when the increased proposal results in further burden for the SDS and public paediatric dental services. The implementation of an increased scope may benefit a minority of adult patients but the risk of how this will affect New Zealand's children and adolescents, is too big a risk for us to agree with the acceptance of the proposed changes as a suitable step to improving oral healthcare access and outcomes for the public of New Zealand.