[redacted]

Page 2: Your demographics

Q1 Your details

Name	**William Nelson**
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

My main concerns relate to;
1.) The provision of (oral) health care without the necessary ability to provide adequate informed consent, through a distinct lack of comparable knowledge gained between the Bachelor of Dental surgery and the Bachelor of Oral Health Therapy.

Informed consent ensures full information provided in relation to the patient's overall health, an entire treatment plan and all possible treatment options, risks and outcomes (successful or adverse). Based simply on the difference in length of time of degrees, but more importantly the huge difference in content between the two degrees, it is not possible that the OHT are able to obtain informed consent from patients. They have not obtained adequate knowledge to enable them to do so. Whether they want to or not. Because of this, patients would be given a 'lesser' service if they were to be treated by an OHT without supervision of a dentist providing the information to enable informed consent to be obtained. Every patient has the right to informed consent to enable autonomy and choice of treatment options and therefore every effort needs to be in place to ensure each and every patient has this right.

2.) Patient safety:

There is an implied notion that removal of age restriction will enable an improved access to primary oral health care and help reduce unmet need in the adult dental population.

Working in the hospital setting I see daily those patients in the most need and with the most unmet need. The treatment required is often complex relating to acute and chronic infections, often presenting as potentially life-threatening facial space infections. Multiple surgical and endodontic procedures (open and dress) are commonly required. This is compounded by the fact that these patients are also the more likely to have comorbidities, and a multitude of medications, further complicating their care and often requiring interdisciplinary approaches in relation to management of the patient as a whole. For example, patients with bleeding conditions, those requiring antibiotic prophylaxis and those with any number of immunosuppressive disorders or undergoing immunosuppressive therapies. These patients require the utmost care and can be the most difficult to manage.

As David Crum noted in his submission on behalf of the NZDA
"All New Zealanders should have the right to access care by professionals who are able to competently and safely diagnose, plan and manage their treatment needs. Providing OHT's with an independent adult scope would put already vulnerable patients at-risk of serious medical complications"

I wholeheartedly agree with this statement.

3.) Potential decrease of treatment provided to the children and adolescents of New Zealand.

Again, through working in a hospital setting I have seen countless children referred to the hospital dental department(s) for comprehensive dental treatment, often acutely due to untreated decay resulting in facial swellings and abscesses. A large proportion of the children who are seen will then require treatment under a general anaesthetic. The reasons often being because they are so young, have such extensive decay and/or have complicated medical and behavioural conditions.

In my experience the majority of referrals come from the community dental therapists/OHTs and almost all of these are appropriate hospital referrals. The OHTs and therapists do an incredible job of treating such young, and often difficult to manage children. There is no doubt that the work they do with and for paediatric patients considerably reduces the number of paediatric dental cases required to be completed under general anaesthetic in NZ. If the Dental Council is to remove the age restriction for OHTs I have a real fear that this will divert OHTs away from treating children and adolescents and we will see a steady rise in the number of children requiring a general anaesthetic for dental treatment, putting further strain on the hospital system which is already under immense pressure, with increasing demand and limited capacity to treat so many children. We will see more children suffering and more unmet dental need. We need to have our OHTs continuing the exceptional work they do with our paediatric population.

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 previously mentioned in relation to the inability to complete a proper comprehensive informed consent WITHOUT working under the supervision of a dentist who is able to obtain informed consent

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**