

[REDACTED]

[REDACTED]

[REDACTED]

Page 2: Your demographics

Q1 Your details

Name	Yaso Ramadas
Company/organisation	[REDACTED]
City/town	[REDACTED]
Email	[REDACTED]

Q2 Your submission is in the capacity as	dentist or dental specialist
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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

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

Q5 Please describe your specific concern/s with the proposal

State funded School dental services started in New Zealand in 1921 as a world first. Since then the school dental service (SDS) has provided essential dental care for almost all children and adolescents. Over the last few years, the SDS has become severely under-staffed and under-resourced, resulting in HUGE delays in providing routine dental care to the children and adolescents of the country. With the addition of hygiene and dental therapy qualification, there was a partial shift of the workforce to private sector, which is more lucrative. This is thought to already negatively influence the SDS. With the suggested change in the scope of practice, this will impact on the SDS work force even more.

Due to the delays with regular recalls and preventive care, the delayed diagnosis of dental disease, particularly dental caries results in large numbers of referrals to secondary and tertiary providers of dental care. If the children and adolescents are seen more regularly, the disease can be diagnosed at an earlier stage where it can be managed in the community. The failure to provide primary care often means children need to be treated under general anaesthesia for multiple extractions and restorations. This preventable disease, now places high demand on hospital surgical services throughout the country.

There is no indication to support that increasing the scope of practice for therapists will increase the accessibility to care. The main barrier to dental care is cost. At present, there is no dentist shortage. There are many new graduate dentists who have adequate skills to provide dental care for this population. This vulnerable population could be given subsidised dental care by the young dentists with salaried positions. In vulnerable populations, medical history, complex dental needs and access to care often involve a multi-disciplinary approach. This is unlikely to be adequately provided by 'upskilled' therapists. I feel that the already vulnerable population at least deserves more respect and care than that.

Where will this care be provided? If it is provided in the private sector, what will be sacrificed to make the cost cheaper? Overhead costs for cross infection control, assistant salary, maintaining compliance, reasonable dental material and equipment will remain the same despite who provides the care.

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? **Yes**

Page 10: Last thoughts

Q9 Please provide us your feedback

The implementation of this increased scope of practice will have dire consequences for the children and adolescent dental health and in turn overall health status. There is no long term planning for the overall provision of dental care for this population. I feel disappointed that there has been no discussion with the profession and it is a politically motivated move with no added value for the New Zealand public.
