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Page 2: Your demographics

Q1 Your details

Name	Belinda Hsu
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). **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

With respect to this proposal of removing the 18-year age limit for restorative activities from the Oral Health Therapist (OHT) scope of practice, several issues come to mind. Mainly:

1. Workforce issues: A lack of care providers for children and adolescents

a. OHTs are specifically trained with a focus on providing dental care for children and adolescents. There is a known shortage (and retention) of people in the Dental Therapy workforce, reflected in the large and growing numbers of children with unmet treatment need in New Zealand. OHTs play an important role in upstream preventative care and oral health guidance (e.g. home care education) for the young. Ideally, children with guided, improved oral health will carry this through adulthood. Hence there is a critical need to retain providers in the already thinly stretched dental therapy workforce. Introducing an adult scope will likely siphon providers from their much-needed role of 'looking after the kids' towards an area where there is no provider shortage (see b).

b. To clarify, there is already a trained workforce (Dentists and Dental Specialists) to provide adult restorative care – it seems rather redundant to train a separate workforce to provide a limited scope of restorative care to the same group of people.

2. The 'Improved Access to Care' ideology

a. This proposal has been marketed as a means of improving access to care by lowering costs of dental treatment – how will the costs be lowered, in the absence of government funding? Will OHTs simply charge less? This is bearing in mind that many dentists are already operating at low margins – there are high overheads in running a dental practice (facilities, staffing, material fees etc.). Rather than introducing an alternative workforce to an existing workforce not lacking in numbers, there are alternative (and likely more efficient) ways of lowering the cost of dentistry such as government-aided reduction of dental overheads through removal of GST on services, reduction of import fees / duties for dental equipment and materials, and (speaking somewhat optimistically) – introduction of subsidised dentistry for adults.

3. 'You don't know what you don't know'

a. I believe that if implemented, the accreditation programme to enable OHTs an adult scope will run strictly with best interests in mind – to enable provision of a high standard of care for patients. However, the large amount of additional training required makes one a sceptic – if an individual provider wishes to practice a full range of dental treatment, why not be a dentist?

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**