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Page 2: Your demographics

Q1 Your details

Name	Rebecca Cribbin
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

I do not support the removal of an exclusion, 'Restorative treatment on patients 18 years and older' from the oral health therapists' scope of practice.

The following are the reasons as consideration should be more than about preparing decayed teeth and placing simple restorations.

Oral health therapists were created to address the dental needs of children. The current 3 year training program creates a dual qualification in both oral health therapy and as hygienists. To add the relevant training to this current scheme, to provide adult scope, would need to make the current training programme longer so that the two current qualifications taught, are still done so in their current depth. Treating adults is more complicated than children as their dental and medical conditions can be complex. Which in part is why the OHT training is currently shorter than the 5 year dental degree. The dental degree was intended for adult scope and as a result has comprehensive training to deal with the medical complications and medications that can impact dental treatment as well as the ability to assess and preform a comprehensive diagnosis and treatment planning for the entire dentition. Without this knowledge a complete discussion of the relevant treatment options, risk/benefits and priorities of treatment cannot be discussed. Without this informed consent cannot be gained from the patient.

The additional training time would be significant to cover all the relevant information to safely treat adult patients. At which point the question to be asked is if the population of New Zealand is best served by paying to create a new workforce for adult treatment who can only preform a limited number of treatments that adult patient's require. Instead, creating a new pathway for OHT who wish to treat adults to become Dentist would be better for the population. In Australia, the adult scope of OHT has lead to difficulties in staffing the services for under 18s. It is very likely that the NZ school dental programme, which is already not managing to see every under 18 yearly, would also struggle to maintain staffing and would result in worsened oral health of the under 18 population. As this is the population the OHT scope and training was created to serve, it is a disservice to the population as a whole to direct these individuals away from treatment of under 18s.

The current recommendations for the OHT changes allow for therapists to work without a dentist in the same environment to provide support and supervision. In a setting where there is no dentist to preform the complex treatments, what would the adult scope OHT be able to offer the patient when the decay is deeper than expected and involves the pulp or the patient returns with irreversible pulpitis after a restoration? The patient would need to be treated elsewhere. One issue of this occurring is that the already negative opinion of the general public of the dental team would be worsened. If instead OHT with adult scope were to treat with the prescription of a dentist there would be the availability of a dentist to treat what is outside the therapists scope. This cooperation allows for the clinicians trained in differently to provide an effective and safe treatment for the patient.

There is a suggestion that by removing the age restriction on OHT there will be an increased access and reduced cost of dental treatment for the NZ population. Looking at Australia this has not been the case. There are many reasons that adults do not assess dental care but availability of a clinician to provide simple restorative work is unlikely to be a major one. Dentistry is not funded by the Government and instead a user pays system is the standard, unlike the rest of the medical field. For low income individuals the reality is that dental treatment is only a priority if there is pain. There is little financial assistance from the government to help these individuals. Despite research showing that low SES has worse outcomes in all areas of health these individuals are expected to pay for dental treatment but receive free or highly subsidized treatment for any other medical complaint. The result is that these people often have complicated medical conditions on top of complex dental treatment needs beyond the scope of an adult scope OHT as the proposal stands.

I have read and support the submission by the New Zealand Dental Association written by David Crum.

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**
