

[Redacted]

[Redacted]

[Redacted]

Page 2: Your demographics

Q1 Your details

Name

Neil Piccione

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

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

Dentists must undertake 5 years of intensive education and training to be able to treat the NZ public.

Unless the additional training for OHTs will be commensurate with that of the dentist, then the treatment age restriction should not be removed.

Without the knowledge, skills and training of a dentist, it is not appropriate for OHTs to provide restorative services to older adults. This lack of knowledge will also impact on an OHTs ability to create an appropriate treatment plan.

A common theme in the submissions of Oral Health Therapists in favour of the removal of the restriction is “there is no difference in anatomy between a young adult and an older adult”. This may be true, but fails to take into account the often complex needs of the older patient.

As the population ages, needs become more complex and dentists have the appropriate knowledge and understanding of the pharmacological, physical, medical and dental aspects to be considered, that OHTs are unlikely to gain from limited additional training.

We agree that access to dental care, especially for lower socio-economic communities, needs to be improved, but this is not the way to achieve it. Aside from the clinical considerations, the removal of treatment age restrictions will also lead to:

- a shortage in OHTs available to treat children, our most vulnerable health population
- inequalities in treatment and treatment quality for the public
- a movement of OHTs to private practices, where any assumed lower costs to the public may not be passed on
- additional resources will be needed by for supervision, mentoring and monitoring

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**