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Page 2: Your demographics

**Q1** Your details

Name	Charlotte
Company/organisation	[Redacted]
City/town	[Redacted]
Email	[Redacted]

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

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Page 3: The proposal

<b>Q3</b> 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).	<b>Strongly disagree</b>
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Page 4: Your support

<b>Q4</b> 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

My first concern is that the already struggling SDS, currently considered to be understaffed, will suffer further if this proposal goes through. Due to challenges experienced by the SDS, there is a huge burden placed upon the public health system. The number of children waitlisted to see hospital dental services for treatment due to extensive caries is in the thousands. Dental caries should be able to be minimised or prevented by oral health promotion and early diagnosis and treatment; all activities that oral health therapists are highly trained and skilled in providing. If given the adult scope, this will reduce the number of clinicians in the SDS and further compound the current problem. Children are a vulnerable population without a voice, who we need to protect. Without evidence that this change in scope will not harm or disadvantage New Zealand children in need of dental care, this proposal should not go through.

A driving factor for this proposal is that it will allow better access to more affordable dental care - yet I do not see how this is possible. This is not reflected overseas, and the provision of safe dental care still requires the same equipment, support staff and sterilisation services. Therefore, there will be little to no difference in cost to patients regardless of practitioner. A preferable alternative would be to subsidise dental care for New Zealand adults.

The patients most likely to uptake this service, if it were to actually be less expensive, are those patients of a low SES. Multitudes of studies have shown that those of a low SES have poorer health statistics. Therefore, this patient population is a complex group to treat, and will only become more so with the ageing but dentate status of New Zealand. The suggested twelve week programme could not accurately prepare any person to safely and appropriately manage patients with increasing levels of polypharmacy, comorbidity, and mortality. Furthermore this population will have complex dental needs. The ability to accurately diagnose, plan, provide informed consent, and treat complex dental issues is not able to be taught in a short course which is what is being proposed. Further questions should be raised as to what happens when treatment needs blur between what is able to be provided by the OHT under an adult scope, and what can only be provided by a dentist - e.g. reversible/irreversible pulpitis, cracked teeth, etc.

There is no evidence to suggest a new workforce is needed in order to reduce barriers to dental care, with these barriers to dental care instead being financial, cultural, etc. Therefore, what is the driving force behind this proposal? How sustainable is this proposal? Why should we not focus on primary and preventive care for our younger generations who are currently suffering, in the hope that this has a flow on effect to improve oral health standards in New Zealand for years to come? Why do we restrict ourselves to being the ambulance at the bottom of the cliff?

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### 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**

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### 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**

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### 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**

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