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Page 2: Your demographics

**Q1** Your details

Name

**Michelle Tan**

Email



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**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

I am writing in opposition of the proposed change. As a dentist, I have undergone 5 years of training, in practicals almost exclusively on late mixed dentition to full adult dentition, to be able to diagnose, formulate a plan, and treat patients. We are held to high standards from admittance and throughout this long course. The rigorous training prepares us for not just a wide range of practical skills, but also a deep understanding of human physiology, disease, pharmacology and management of complications to treat our scope of patients.

The training for an OHT is 3 years, which is 2 years shorter than the Bachelor of Dental Surgery programme. The OHT training programme trains its students in the fields of Dental Hygiene, and Dental Therapy. This not only means that they have LESS time to train in TWO fields, but Dental Therapy trains students to treat limited diseases in deciduous, or children's teeth. The length and focus of the programme does not prepare its students for treating an adult population that will have far more complex diagnoses and treatments, but also complex medical histories as New Zealand is having an aging population. They are also not prepared to deal with complications that may arise, which are more safely dealt with by a workforce trained in the dental scope, i.e. dentists.

The current scope of an OHT, as mentioned, is the limited treatment of dental disease in children. There is already a huge amount of need among the children of New Zealand, with unacceptable waiting times. These children will be further neglected with this proposed increased scope. The effects of this on the population are long reaching. Early treatment and dental education is vital in establishing good hygiene and dietary habits, prevention of dental pain in children which is traumatic for both the child and its parents as well as sets in a fear of dental professionals, often for life, as the child then needs to undergo more involved and sometimes painful procedures, and could lead to poor control of medical issues such as diabetes.

Patients who have a history of dental pain and traumatic visits as children tend not to seek dental care regularly as adults, leading to accumulation of bigger, more complicated issues. Poor early dental and dietary education leads to dental issues occurring earlier and at a higher rate. As a dentist, I am passionate about improving oral health education and awareness in adults, and reducing dental phobia. Conversations with these dental phobic patients most often come back to not being aware of how to look after their teeth as children, and having traumatic visits as they then present with toothache.

OHT's already have a vital role to play within their current scope in New Zealand's dental system. As laid out above, early regular preventative treatment and education will reduce occurrence of dental issues as adults, which then reduces the burden on our presently overburdened health system. We cannot afford to decrease the number of OHT's treating children for which they have been trained, into treating adults for which we as dentists have been trained to do.

Prevention of disease is a far better thing to do than treating it. There are many ways to do this, which include but are not limited to, taxing sugary drinks, removing GST on dental treatment, and as explained above, increasing awareness and education from an early age.

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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? **No**

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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? **Yes**

**Q9** Please provide us your feedback

I strongly believe in focusing on prevention and early treatment of dental diseases. As dentists working on in the our scope, I believe we are doing the best we can. However, I hope you can see how vital it is that this education be increased among children as well! I feel strongly that this will result in the long term reduction of dental disease in our population and promotion of health. I believe the proposed increase in scope will dilute the dental workforce treating adults, while reducing the size of a much needed workforce treating the children of our population.

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