



Page 2: Your demographics

Q1 Your details

Name

Hugh Trengrove

Company/organisation



City/town



Email



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

- No evidence of thoughtful consultative workforce planning. Auckland Regional Dental Service (ARDS) (and other Community Oral Health Services) across the country have significant staff shortages in oral health therapists and are challenged by ongoing recruitment and retention. The therapist workforce is aging and there are likely to be significant challenges in the future as these therapists leave the workforce. ARDS have very significant arrears (overdue recalls) anecdotally +/- 90,000 children which can be attributed to (at least in part therapist vacancies). There were +/- 35 vacancies last year and currently around +/-15. Expanding the scope, with the risk of more therapists exiting ARDS, is likely to worsen this issue.
 - No evidence was presented to demonstrate that the existing dental workforce cannot deliver the required dental services. The barriers to dental care are financial, cultural etc not workforce – there are enough dentists to do this work.
 - No evidence was presented that extending the scope to include adults will reduce costs to patients. Overseas experience does not support this contention. A subsidy for adult dentistry is likely to have a greater impact on delivery of care than a widened dental therapy scope.
 - No evidence was presented to suggest that extending the scope will reduce inequities – quite the opposite will occur if therapists exit ARDS to take up opportunities in the private sector
 - Auckland Regional Hospital and Specialist Dentistry (ARHSD) has an overwhelming demand on it to provide secondary level care to children – reflects in large part a failure in primary care. This failure has been attributed to staff shortages.
 - No evidence has been provided to demonstrate the ‘additional training’ in the adult scope will cover the complexity of the dentistry and associated medical conditions presented by adults. Good diagnosis and understanding of all management/treatment options is essential without which informed consent may be compromised.
 - The additional scope risks confusing the public in terms of scopes of practice (who can do what)
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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**

Page 7: Specific comments on the proposal

Q7 Please provide us specific comments related to the OHT scope, qualifications and competencies.

There is inadequate information provided to be confident that the competencies described will facilitate the expanded scope

Page 8: Anything else

Q8 Do you have any further comments on the proposal? **Yes**

Page 10: Last thoughts

Consultation on the age limit for restorative activities in the oral health therapy scope of practice

Q9 Please provide us your feedback

DCNZ need to first undertake detailed workforce planning in consultation with the providers of dental services before this proposal can be supported
