

Dear Dental Council,

**Re: OHT Scope of Practice**

I agree on the removal of the 18-year age limit for restorative activities from the OHT scope of practice, under the conditions that these OHTs have additional post-graduate training and remain under the guidance of a practising dentist.

Theoretically, it makes sense to enable OHTs to progressively do simpler dental work on a wider adult scope while dentists focus on the natural migration into more complicated dental work. It improves system efficiencies while offering a larger population access to more affordable treatment. An example where this model has proven effective is with the introduction of nurse practitioners.

However, the treatment planning and diagnosis in adult dentistry can be challenging. In general, older patients present with more medical conditions, complications and drug interactions. They also present with more tooth wear and parafunctional habits which crucially affect occlusion. If these medical or dental conditions are not identified, then the corresponding treatment (or non-treatment) may be detrimental to patients. Therefore, incomplete training and knowledge can potentially be dangerous to the public. The team approach of including dentists in treatment planning will protect these OHTs from legal implications as well as ensure patients receive treatment required.

In addition, the dental needs of some of our children in NZ remain unmet and increasing OHTs scope of practice will not address these needs. Hearsay is DHBs do not sufficiently remunerate OHTs, therefore a lot of OHTs are [rightfully] supplementing their income through private practice. The removal of age limits may consequentially result in OHTs leaving the public sector for private and limiting their scope of treatment to adult patients only. In this situation, the dental needs of our children, who are already underserved, will be negatively impacted.

A further expectation of this proposal is the reduction of dental fees, making dentistry more affordable and accessible. OHTs are expected to charge lower fees and this will better serve lower socio-economic groups. Realistically, this group of patients tend to have more complicated dental needs. They usually present in pain, where it is too late to perform simple dental work. Hence the increase in OHT scope will not immediately benefit this group of lower income patients.

However, I do believe that the removal of age limits for OHTs may benefit young adults as a continuation from their under-18 care by these same OHTs. This patient-group is young enough to have less medical and dental conditions whereby the early intervention of simple dental treatment can result in better dental health outcomes later. I feel that in NZ there is a great drop-off of youth accessing dental care after they no longer qualify for the GDB under-18 programme. I support the age limit removal for OHTs as I believe this will potentially provide continual and affordable care for these young adults.

In general, I agree with Dr David Crum's submission regarding this issue. I do not want this discussion to become a divisive matter between dentists and OHTs. I highly respect my OHT colleagues and view them as valuable members of our dental care team. Regardless of outcomes of this proposal, OHTs should remain part of a comprehensive dental team involving

dentists. Regular peer interaction between dentists and OHTs must continue for the growth of both our professions and the benefit of our patients.

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