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From: Andy Wong <>

Sent: Thursday, 18 April 2019 4:52 PM

To: Consultations <Consultations@DCNZ.org.nz>

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

Kia ora,

My name is Andy Wong, I am a dental surgeon with 9 years of clinical experience in both hospital and private dentistry; I am a fellow of the Royal College of Dental Surgeons; I am also currently a 5th year medical student.

I disagree with the removal of the age limit for restorative activities in the oral health therapy (OHT) scope of practice (SoP) due to three main concerns: the ability of OHTs to adequately provide informed consent for complex dental treatment plans; the ability of OHTs to manage adult patients with complex co-morbidities; and the attrition of OHTs from treating under-18 year olds into treating adults.

1. Providing informed consent on complex dental treatment plans.

Currently, the restorative work done by OHTs are on patients who are under 18 years of age. This demographic tend to have had fewer and less complex dental treatment done. OHTs with adult scope will encounter a wider range of patients who will have a wider and more complex range of dental needs. My concern is that the adult scope OHTs will not have had the adequate training to be able to discuss and consent for more complex dental treatments (e.g. root canal treatments, surgical extractions, dental implants and dental prosthesis). Because their scope is only limited to restorative activities, will they get enough clinical experience to consent for these more complex dental treatments?

2. Management of complex co-morbidities

I assume that the main demographic that is targeted by adult-scope OHTs will be low-income adults. From my clinical experience, this demographic generally has a greater disease burden. My concern is that an adult-scope OHT will not have the necessary scientific and medical knowledge to be able to recognise and manage co-morbidities that may affect dental treatment; and alternatively when dental treatments may affect a patient's overall health.

3. Attrition from Regional Oral Health Services.

Currently, the clinical role that OHTs play in the greater dentistry team is to provide dental care for under 18 year olds. This care is provided in regional oral health services and in private clinics treating adolescents. My concern with the adult scope OHT is that it will drive OHTs into treating adult patients to the detriment of the younger demographic (in which there is still a great oral health need).

Thank you for taking the time to consider my submission.

Yours sincerely,

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