Consultations Committee Dental Council of New Zealand Level 8 Kordia House 109 – 125 Willis Street Wellington 6011

8<sup>th</sup> March 2019

Dear Marie,

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

I would like to take this opportunity to provide feedback on the "Consultation on the age limit for restorative activities in the oral health therapy scope of practice" consultation document sent on 28<sup>th</sup> February 2019

My response to the consultation questions are as follows:

Consultation Question	Response	Rationale/Comments
<ul> <li>1. Q1. 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: <ul> <li>• accredited, gazetted programmes allowing oral health therapists to perform restorative treatment on patients 18 years and older</li> </ul> </li> </ul>	I fully support the removal of 18-year age limit for restorative activities from the OHT scope of practice.	Dental therapists currently have an approved "Adult care in dental therapy practice" scope that is issued when a practitioner completes and accredited training programme. According to Council's register, there are currently nine dental therapists who have this exclusion <sup>1</sup> . I recognise that oral health therapists already treat adults and therefore acknowledge why this proposed exclusion is for restorative care for over 18 year olds and not an 'adult scope'. I believe it isonly appropriate for oral health therapists to be able restore

<ul> <li>an exclusion, 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).</li> </ul>		on patients over the age of 18 years within their scope of practice, much like what the nine dental therapists holding the 'adult care in dental therapy practice' scope do. Dental therapy skills are one of the subsets of oral health therapy; oral health therapists are already practising hygiene skills on over 18 years old and have the competency and capability to manage patients' basic restorative needs over the age of 18.
Q2. Do you have any specific feedback on the proposed amendments to the OHT scope of practice, prescribed qualifications or	Yes	limits in restorative care being delivered by oral health therapists who have completed an approved course in Australia. Subsequently, Australia has

competencies as set out in	not seen any adverse
appendices 1 & 2?	outcomes since it was
	established in 2009 in
	Victoria and in 2010
	nationally. Graduates'
	ability and scope of practice
	should rest on their
	educational preparation and
	competency for practice
	and not on artificially
	imposed age limits without
	evidence.
	There is good evidence to
	show that oral health
	therapists can reliably
	determine the boundaries
	of their own practice and
	act accordingly. Sanctions
	for unprofessional practice
	are in place to manage
	deviations from expected
	standards.
	New Zealand was among
	world leaders when it
	removed age limits on
	dental therapy practice in
	1988 and, despite the
	current lack of educational
	opportunities, this was a
	positive move. I strongly
	suggest that Dental Council
	of New Zealand regulation
	should not impose age
	limits on practice but enable
	practice to match
	educational preparation and
	competence: regulation
	should not contain wording
	that limits patient age and
	dental caries diagnosis and
	restorative procedures for
	oral health therapists
	People in New Zealand are
	living with chronic dental
	pain and the lack of access

Q3. Do you have any	Yes	to oral health care is a key
further comments on the	165	concern for the
proposal?		practitioners and public.
proposare		Having a highly skilled
		workforce of oral health
		therapists' to assist in
		meeting the oral health
		needs of New Zealanders
		should also be take into
		consideration when making
		the final decision on this
		consultation. I agree with
		Council that having this
		exclusion of scope removed
		for oral health therapists is
		a start to better access for
		primary dental health care
		for the general population.
		This will also help dental
		therapists who have
		completed an approved
		course be able to deliver
		primary health care as well
		in the future. Our
		population is ageing and it is
		evident that the needs of
		older New Zealanders will
		not be met by the existing
		workforce and current
		model of dental care for
		over the age of 18. The role
		of oral health therapists
		(and dental therapists) in
		addressing the unmet need
		in older adults would be
		vital for good oral health for
		all; for life.
		aii, iui iiie.

If you have any questions or require clarification about my submission, please feel free to contact me using the contact information below.

I look forward to reading Council's decision.

Kind Regards

Leanne Parsons Registered Oral Health Therapist



References:

1. Dental Council of New Zealand (2019). <u>https://www.dcnz.org.nz/practitioners/PractitionerSearchForm?Practice=&Surname</u> <u>=&Name=&Address=&PersonID=&action\_doPractitionerSearch=Search</u>. Accessed 4<sup>th</sup> March 2019.