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Page 2: Your demographics

**Q1** Your details

Name **Georgina Welsh**

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**Q2** Your submission is in the capacity as **oral health therapist**

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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 agree**

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Page 4: Your support

**Q4** Please describe why you support the proposal

- I strongly agree and support the proposed recommendations for oral health therapists being able to restore dentition on people over the age of 18.
- Good Oral Health for Life for all New Zealanders? The New Zealand Dental system is failing. It's time for a change.
- Having the ability to allow oral health therapists has been shown to improve access to the public. Our overall goal is to reduce health inequalities and meet the dental needs of New Zealanders
- If high charge out rates are forming a barrier to dental health the answer lies in providing a more cost-effective service.
- Currently the New Zealand Dental Council already recognises 9 dental therapists with adult scope in dental therapy care who are providing New Zealanders with dental treatment without complaint. Why can't this be extended to include oral health therapists?
- OHTs/dental therapists are already currently doing restorations on permanent teeth. Structurally, teeth do not change after 18 years of age.
- Through the new scope of practice, OHTs undergo more extensive training in regards to medical and dental histories compared to dental therapists. OHTs are competently working with adult patients and are equipped to communicate, treat and manage the patients' dental needs appropriately in a team environment.
- I believe OHTs know when to refer to dentists/specialists when treatment is beyond their scope, much like when dentists know when to refer to specialists when they feel the treatment is beyond their scope/do not feel competent to complete the treatment.
- Prevention should be the main focus in New Zealand, having OHTs as an option may help avoid the ambulance at the bottom of the cliff, especially providing access to affordable preventative and less invasive (minimal) interventions for vulnerable groups such as low socio-economic communities and other at risk groups.
- Fears about the public not knowing the difference of OHTs/dentists can be negated by using similar international models.
- There appears to be general acceptance of this scheme by the academic community. Internationally, benchmarks are changing. New Zealand has a highly ranked Dental School and should be following suit and supporting all dental professional practice.
- Currently Australia and other countries have implemented OHTs doing restorative care for over 18 year olds and there has been no issues of public safety that has been reported.

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Page 5: Your concerns

**Q5** Please describe your specific concern/s with the proposal

Respondent skipped this question

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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?

No

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Page 10: Last thoughts

**Q9** Please provide us your feedback

**Respondent skipped this question**

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