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Page 2: Your demographics

**Q1** Your details

Name	Kelsey Spiers
Company/organisation	[Redacted]
City/town	[Redacted]
Email	[Redacted]

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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

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

### Q4 Please describe why you support the proposal

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 is only appropriate for oral health therapists to be able restore 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.

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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?

Yes

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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.

There are currently no age limits in restorative care being delivered by oral health therapists who have completed an approved course in Australia. Subsequently, Australia has not seen any adverse 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

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### Page 8: Anything else

Q8 Do you have any further comments on the proposal?

Yes

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### Page 10: Last thoughts

**Q9** Please provide us your feedback

People in New Zealand are living with chronic dental pain and the lack of access to oral health care is a key concern for the practitioners and public. 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.

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