



Page 2: Your demographics

Q1 Your details

Name	Samuel Carrington
Company/organisation	[Redacted]
City/town	[Redacted]
Email	[Redacted]

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

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

Page 4: Your support

Q4 Please describe why you support the proposal

Firstly, I would like to thank Te Kaunihera Tiaki Niho (Dental Council) on having the opportunity to comment on the consultation on the age limit for restorative activities in the oral health therapy scope of practice. My comments and opinions are expressed in my capacity as a registered and practicing oral health therapist.

1. There seems to be a wide misconception among the dental community (mostly dentists and dental specialists) that oral health therapists (OHTs) do not treat adults, and subsequently should not treat adults. This is untrue. OHTs treat adults on a daily basis within their scope of oral health therapy. Subsequently, OHTs are well equipped to communicate, appropriately care for and treat the over 18

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their scope of oral health therapy. Subsequently, OHTs are well equipped to communicate, appropriately care for and treat the over 18 year old population in Aotearoa within the OHT scope of practice.

2. I fully support the proposed removal of the age of over 18 year olds for restorative care by an OHT. The arbitrary age limit currently imposed on the OHT scope of practice is a colossal barrier for basic dental care we can offer our patients.
3. I believe OHTs have the competency and capability to manage the adult populations' basic restorative needs. Te Kaunihera Tiaki Niho already registers OHTs after completing an accredited programme in Aotearoa and part of the training at both Universities is restorative care for primary and permanent dentition.
4. Prior to 1 November 2017, OHTs were registered as a dental therapist and a dental hygienist. If there were an approved and accredited course in Aotearoa for the 'adult care in dental therapy practice' scope exclusion, I am sure there would have been some practitioners who would like to have complete this. Now that oral health therapy is a separate scope, we now need a course offered to OHTs (as well as one for dental therapists) to remove this exclusion of scope. Having this proposed consultation come to fruition would allow that.
5. There has been a course offered in Australia since 2009 and to date (and to my knowledge), there has been no negative adverse outcome to public safety of an OHT treating anyone over the age of 18 years. OHTs work in a professional relationship with a dentist and this is proven to work well. I do not see why this cannot be done and extended here in Aotearoa.
6. From some submission, I am reading that certain professions are wanting to have OHTs work under the prescription of a dentist / dental specialist. If we take a look at the 'adult care in dental therapy practice', dental therapists who have this exclusion removed from their scope of dental therapy, practice this exclusion under 'clinical guidance'. Why would we want to impose further restrictions (i.e. under prescription) when there are already nine dental therapists registered with Te Kaunihera Tiaki Niho who are working under clinical guidance? This seems rather subjective.
7. There is a vast need for the dental workforce in Aotearoa to start planning ways to improve access to primary dental care for adults and the looming unmet dental needs of our aging population. Having this removal of age will be a step in the right direction for better dental public health.
8. There seems to be a misconception that OHTs will want to do more complex restorative work and take away the work from dentists / dental specialists. I think there needs to be better education aimed at the dental profession on teaching exactly what an OHT is, our scope of practice, how OHTs have a more community dental public health and health promotion focus and how we already deliver oral health care currently. OHTs who completed an approved, accredited undergraduate degree did so because they are wanting to give back to the community in a positive way, and doing basic restorative care on over 18 year olds is one way OHTs can provide care for a population that is urgently needing care due to many negative social determinant of health.
9. There seems to be a narrative out there that OHTs should only be focusing on the children within the Community Oral Health Service (COHS). DHBs need to start looking at ways to retain OHTs. It is not the COHS's fault that there is lack of retention of OHTs within its service. Another incentive could be employing dentists and dental specialists to work in community clinics alongside OHTs and dental therapists. We already work as a team, so why can't dentists and dental specialists come and work in the COHS and help the already underfunded and constrained COHS eliminate dental inequalities?
10. I believe OHTs know when to refer within their scope of practice, much like when other oral health professionals know when to refer within their scope of practice.
11. One study conducted in Melbourne (Calache, H. & Hopcraft, M.S. (2012). Provision of Oral Health Care to Patients by Dental Therapists without the Prescription of a Dentist. *Journal of Public Health Dentistry*, 72, 19-22) aimed to implement an educational programme developed for university-educated dental therapists to translate their current scope of clinical practice to adult patients' ages 26+ years. Feedback from patients and dentists indicated that, following the completion of an educational bridging programme, dental therapists were able to develop the knowledge and skills required to treat adult patients aged 26+ years without the prescription of a dentist. Enabling dental therapists to treat adult patients may have a role to play in improving access to dental care for underserved

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...ensuring better therapies to meet their patients' needs and to play an important role in improving access to dental care for underserved populations.

12. The twelve month follow up to the above study showed that dental therapists had gained more confidence. Dental therapists and mentoring dentists did identify further education was needed in areas such as oral medicine, pathology, medically compromised patients, medications, prosthodontics and referrals. All of these areas are already taught within the BOH degree and should also be incorporated into any approved course to mitigate any lack of knowledge. I will also point out that the dental therapists who completed the course have not, and did not until doing the course, work with adults. OHTs do work with adults and have knowledge on the above areas identified.

13. Since the publication of 'Good oral health for all, for life' in 2009, are dental professionals best meeting the needs of the population in Aotearoa? The answer is no. I believe having the age limit for restorative care completed by an oral health therapist will start momentum moving in the way dental care is delivered in Aotearoa. It is totally unacceptable that there are people in our population who suffer from chronic dental and oral pain. We are not meeting their needs and as a dental profession, this is a disgrace. There must be a change and I believe removing the age limit for restorative care for oral health therapists is a long-overdue and necessary step in the right direction.

Kia haere tahi tatou me te awhina I te whakahaere I nga rereke me te hauora ora mot e katoa o Aotearoa – We need to come together to help reduce the inequalities and better the oral health for all of New Zealand.

Page 5: Your concerns

Q5 Please describe your specific concern/s with the proposal

Respondent skipped this question

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

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

Page 8: Anything else

Q8 Do you have any further comments on the proposal?

No

Page 10: Last thoughts

Q9 Please provide us your feedback

Respondent skipped this question