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Page 2: Your demographics

**Q1** Your details

Name	Te Wai Tamati
City/town	
Email	

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

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Page 3: The proposal

<b>Q3</b> 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).	<b>Strongly disagree</b>
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Page 4: Your support

<b>Q4</b> Please describe why you support the proposal	Respondent skipped this question
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Page 5: Your concerns

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

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

Bachelor of Oral Health graduate - class of 2014.

Bachelor of Dental Surgery - class of 2019.

What I have learnt, having completed both degrees, is the comprehensive nature of the BDS program; that the BOH program lacks. BDS covers extensive human physiology, pharmacology, biochemistry and anatomy. This also follows into the management of oral, head and neck diseases. BDS students learn comprehensive treatment plans involving all aspects of dentistry including; prosthodontics endodontics, oral surgery, periodontics, paediatrics, oral medicine and oral pathology. Oral health therapists do have the ability to restore teeth and manage people's oral health issues, it's more that, in my experience the BOH program that does not cover some fundamental aspects of dentistry that may need to be addressed amongst adult patients. I am left questioning how a 6-12 month adult scope course will provide adequate training to leave OHTs qualified in this field?

There is a strong suggestion amongst other submissions this will create a potential reduction in costs for adults to see an oral health therapist. However, lower costs can not guarantee quality dental care provision.

There is huge unmet need among children and adolescents who are currently being cared for by oral health therapists. There is a current issue of understaffing in the oral health therapist field largely due to the aging workforce and the loss of oral health practitioners to dental hygiene scope of practice.

I believe that this is not the solution to address the issue of unserved communities. One solution could be better recruitment of new graduate dentists into these areas. These unserved communities are perfect learning grounds for new graduate dentists to gain much needed knowledge and experience while also serving unmet need.

I want to improve the oral health of all New Zealanders. I have seen first hand the devastating effects of oral, head and neck diseases on individual, whānau and those in lower socio-economic communities. This issue is therefore not about dentists vs dental therapists, it is about the most ethical, safe and productive strategies to achieve better oral health for all people.

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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. **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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