[redacted]

Page 2: Your demographics

Q1 Your details

Name	**L Y Lin**
Company/organisation	[redacted]
City/town	[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).

Agree

Page 4: Your support

Q4 Please describe why you support the proposal

I am in favour of an added exclusion of an adult scope (removal of age restriction).
As an OHT, I believe that we can thoroughly care for the oral health needs of all ages, and refer appropriately when necessary as we know clearly where our boundaries are within our scope of practice.

An experienced OHT is confident in making diagnoses, treatment planning and carrying out the appropriate treatment required. There is no difference in tooth structure between someone who is 17y 11months to someone who is 18y 1day old.

While I understand the concerns of some regarding treating geriatric patients with complex medical conditions and polypharmacy, OHTs who also work as hygienists in the private sector care for these patients as well - we are not unaware of the extra planning and care required in providing treatment to these patients. There are also children out there with medical complications we care for while working as therapists in DHBs. We are like any other healthcare provider and will always take precaution and update medical history at every appointment.

While there is a high rate of children with rampant caries in NZ, good oral health for young ones begin with their parents/caregivers. If parents/caregivers do not access dental care for themselves due to whatever reason (cost, time, availability, anxiety etc), there is a high probability they will not seek out dental care for their child until their child is pain (despite dental care for children being fully funded and free) - until its too late and teeth have abscessed, warranting an extraction. If an extraction is the first dental experience a child ever has, they may not allow for further treatment thus leading to sedation or Hospital Dental referrals. If parents/caregivers have a mouth full of caries, we all know cariogenic bacteria can spread through saliva, every kiss they give to their child, every time food/drink/eating utensils are shared within a household the child's caries risk increases. If parents/caregivers - adults, do not or can not access dental care for themselves, it will be very difficult to expect the same for their children.

We need to bridge the current gap in the system where dental care for 18 year olds go from zero to hundreds of dollars quite literally within a day. The adults who are not accessing dental care today, were they once young adults who turned 18 and did not have the financial means to go for yearly dental checks, resulting in neglect of their oral health until they eventually have no choice but to make an appointment due to dental pain? This is where the addition of the adult scope can bridge this gap. Instead of losing this patient group, we need to maintain their attendance. If young adults could access more affordable dental care and maintain good oral health, then we would see a decrease in an older population suffering from chronic dental pain in the future.
The dental workforce can be restructured to utilise OHTs with the adult scope to maintain and increase accessibility of dental care to those 18 years and above.

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?

Yes

Page 7: Specific comments on the proposal

Q7 Please provide us specific comments related to the OHT scope, qualifications and competencies.

The adult scope of practice should be provided as a post graduate qualification for oral health therapists and dental therapists rather than be immersed in the under graduate programme. There should also be a required number of years of OHTs have to work after graduating before they can apply for the adult scope. For example 2-5 years of clinical practice in their therapy scope should be mandatory, so the applicants are already confident in restorative work (only working in hygiene after graduating should not qualify as limited to no restorative work experience). This will encourage more OHT new graduates to seek work in DHBs to begin with and prevent a quick transition for anyone to get into treating adult dental patients. This may in itself help alleviate any concerns about having the market flooded with oral health therapists and also not deprive the under 18's of any care.

Page 8: Anything else

Q8 Do you have any further comments on the proposal? **Yes**

Page 10: Last thoughts

Q9 Please provide us your feedback

If this proposal is approved and implemented, the adult scope courses provided by tertiary institutions should be well planned, well developed and comprehensive before it is opened for enrolment.