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Page 2: Your demographics

**Q1** Your details

Name	Shelley Mo
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).

**Agree**

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Page 4: Your support

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

I agree with this proposal mainly because there are unmet needs at rural parts of New Zealand. Removing the age limit does not widen the scope of oral health therapy. Oral health therapists should be aware of their scope of practice and refer appropriately.

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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**

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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.

OHT scope with removal of age limit should be restricted to practitioners that are willing to locate at rural parts of New Zealand where access to dental care is limited. I am unsure if having Australia as a comparison is appropriate, because it is geographically bigger and more populated with a different health care system. My other concern would be the proposed postgraduate course by the two universities. I would like to see how the course is structured, such as the clinical time involved. Without knowing how the curriculum will be on the postgraduate course, it is hard to convince other dental profession and the public on practitioner competence. I think there should be criteria on the number of years OHTs should have worked, the areas they worked before being admitted to this postgraduate course. It should also stay as a postgraduate course, not incorporate it into the undergraduate course.

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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

I am unsure on whether removing the age limit for restorative activities of the oral health scope of practice would benefit the low SES group and make dental care more accessible. Having experience in helping set up a new dental practice, I do not see this would help lowering the cost of dental treatment in a private setting. The materials etc would still cost the same. But would an OHT charge less than a dentist doing the same filling? Would a more experienced dentist charge more than a less experienced dentist doing the same filling? Since some of the dentists are worrying about job security, competencies of the OHTs, I think DCNZ needs to clarify strongly to other dental professionals including the dentists that increasing age limit does not mean expanding the scope of practice. We supposed to be in a collaborative working relationship. It would also be helpful that DCNZ can develop a brochure or some information sheet to explain what an oral health therapist is and what they do for the public.

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