



17th April 2019

Dental Council of New Zealand

Consultations Committee

PO Box 10-448

Wellington, NZ

6143

via Email: consultations@dcnz.org.nz

RE: [Consultation on the age limit for restorative activities in the oral health therapy scope of practice.](#)

The Australian Dental and Oral Health Therapists' Association Inc. (ADOHTA) is pleased to provide the following responses to the questions raised in the DCNZ consultation.

Q1. 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, *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).

If you disagree, please detail why.

The ADOHTA fully supports the removal of 18-year age limit for restorative activities from the OHT scope of practice and acknowledges that an exclusion should be in place until an OHTs scope of practice reflects adult restorative treatment on patients 18 years and older.

Q2. 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?

There are currently no age limits in regulation in Australia and this 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

dental and oral health therapists can reliably determine the boundaries of their own practice and act accordingly¹. 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. ADOHTA suggests New Zealand regulation should not impose age limits on practice to 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 as there is no evidence to support the need for age based regulation. Indeed, based on Australia's experience, we argue that age limits on dental therapists' scope of practice should also be removed.

Australia has been providing educational preparation for adult scope of practice in the undergraduate setting since 2010 and in the post graduate setting since 2013. These programs have undergone rigorous review processes by the Dental Board of Australia prior to being accredited to enable their graduates to practice in this scope. In 2019 there are five undergraduate programs preparing oral health therapy graduates for practice without age limits on patients, two CPD programs and two post graduate award programs for both dental therapists and oral health therapists. Graduates of these programs include New Zealand registered practitioners. To our knowledge, no graduate has been the subject of a notification in relation to all age practice, to the Dental Board of Australia in this time.

The current age limits imposed under New Zealand regulation is inconsistent with the Trans-Tasman Mutual Recognition Act established to enable portability of qualifications across the Tasman. Under current New Zealand regulation, Australian qualified dental and oral health therapists who are qualified to provide dental and oral health therapy services to people for all ages have their practice unreasonably restricted when they practice in New Zealand and risk de-skilling because of their inability to maintain currency of practice in this scope. This also applies unreasonable restriction of practice on New Zealand registered practitioners who have achieved this qualification in Australia. Removing this regulatory inconsistency would reduce the costs of regulation and enable all practitioners to work to their full scope of practice. This would provide economic benefits to New Zealand, reduce the costs of regulation and the costs to consumers and service providers, thus improving access to oral health care

Professional boundaries regarding scope of practice are mandatory for all the dental practitioner divisions and we argue that dental and oral health therapists should not be regulated any differently to any other registered health practitioner. These limitations on patient groups by age are not applied to any other health practitioner and may be considered as inequitable in a female dominated profession and to challenge the ethical delivery of care for all New Zealanders where there is no evidence to support any increased risk.

¹ Calache H, Hopcraft M. Provision of oral health care to adult patients by dental therapists without the prescription of a dentist. *Journal Public Health Dentistry* 2012; 72(1):19-27

Calache H, Shaw J, Groves V, Morgan M, Gussy M Marino RJ, **Satur JG**, Hopcraft MS, (2011) The capacity of dental therapists to provide direct restorative care to adults, *ANZ Journal Public Health* Vol 33, No 5 :424-429

Hopcraft MS, Morgan MV, **Satur JG**, Wright FA, (2011) Utilizing dental hygienists to undertake dental examination and referral in residential aged care facilities. *Community Dent Oral Epidemiol*, 2011 Aug; Vol. 39 (4), pp. 378-84

Therefore, ADOHTA respectfully argues that wording consistent with the Dental Board of Australia's Scope of Practice Standard would enable safe and competent practice, transparency and portability of qualifications:

2. Dental practitioners must only perform dental treatment:

- a) for which they have been educated and trained in programs of study approved by the National Board, and*
- b) in which they are competent.*

Q3. Do you have any further comments on the proposal?

The proposal to remove unnecessary age limits will provide more people access to prevention and lower cost dental treatments. This improved access to services will increase efficiency and bring oral health practice and dentistry into line with contemporary health practices.

ADOHTA supports the direction of this proposal to enable all Dental and Oral Health Therapists' to work the way they were trained in more places and with more people. This can help reduce the costs of dental care and put dental services into communities where dental care is too expensive, limited or not available.

ADOHTA also requests that the Dental Council of New Zealand recognise the Australian programs providing qualifications in dental therapy practice for people over the age of 18 years as suitable preparation for practice New Zealand.

ADOHTA appreciates the opportunity to comment on the age limit for restorative activities in the oral health therapy scope of practice.

Kind regards



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