



Allied Health

National Directors of Allied Health, Scientific & Technical

8 April 2019

Consultations Committee  
Dental Council of New Zealand  
Level 8  
Kordia House  
109 – 125 Willis Street  
Wellington  
6011

By email [consultations@dcnz.org.nz](mailto:consultations@dcnz.org.nz)

Dear Marie,

**RE: Consultation on the age limit for restorative activities in the oral health therapy scope of practice**

The National DHB Directors of Allied Health, Scientific and Technical welcome this opportunity to provide feedback on the “Consultation on the age limit for restorative activities in the oral health therapy scope of practice” consultation document.

We are the national group representing the collective voice of the allied health, scientific and technical professions within the District Health Boards (DHBs) who employ more than 11,000 Allied Health, Scientific and Technical employees. Our professions work across the health system in aged care, primary care, community care, hospital care and the private sector.

The group is very supportive of the proposed changes to the scope and associated changes to the education programmes which will allow oral health graduates to utilise their skills to make primary oral health care more accessible for a wider range of our community.

We strongly support the removal of the 18-year age limit for restorative activities from the oral health therapy scope of practice as a positive initiative to improve access to dental health services, which contribute to overall health, for a wider group of New Zealanders. We believe this initiative is a positive action to contribute to improving health equity- a key priority for New Zealand DHBs and the wider health sector.

Please find our response as follows:

**Consultation Question One:**

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).

**Response**

We fully support the removal of 18-year age limit for restorative activities from the OHT scope of practice.

**Rationale/Comments**

Dental therapists currently have an approved "Adult care in dental therapy practice" scope that is issued when a practitioner completes and accredited training programme. We recognise that oral health therapists already treat adults and therefore acknowledge why this proposed exclusion is for restorative care for over 18-year olds and not an 'adult scope'. We believe it is appropriate for oral health therapists to undertake restorative interventions on patients over the age of 18 years within their scope of practice, in the same way the nine dental therapists currently holding the 'adult care in dental therapy practice' scope do. Dental therapy skills are one of the subsets of oral health therapy; oral health therapists are already practising hygiene skills on over 18 years old and have the competency and capability to manage patients' basic restorative needs over the age of 18.

**Consultation Question Two:**

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?

**Response**

Yes

**Rationale/Comments**

In Australia, there are no age limits in restorative care being delivered by oral health therapists who have completed an approved course. Subsequently, Australia 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 rather than on artificially imposed age limits without evidence.

There is good evidence to show that oral health therapists can reliably determine the boundaries of their own practice and act accordingly. 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. We strongly recommend the Dental Council of New Zealand regulation enables practice to match educational preparation and competence. We do not believe regulation should contain wording that limits patient age and dental caries diagnosis and restorative procedures for oral health therapists

**Consultation Question Three:**

Do you have any further comments on the proposal?

**Response**

Yes

## Rationale/Comments

People in New Zealand are living with chronic dental pain and the lack of access to oral health care is a key concern for the practitioners and public. Having a highly skilled workforce of oral health therapists to assist in meeting the oral health needs of New Zealanders should also be taken into consideration when making the final decision on this consultation.

We agree with the Dental Council that having this exclusion of scope removed for oral health therapists is a start to better access for primary dental health care for the general population. This will also assist in improving outcomes for Maori.

This will also help dental therapists who have completed an approved course be able to deliver primary health care as well in the future. Our population is ageing, and it is evident that the needs of older New Zealanders will not be met by the existing workforce and current model of dental care for people over the age of 18. The role of oral health therapists (and dental therapists) in addressing the unmet need in older adults would be vital for good oral health for all.

We welcome the opportunity to engage, provide further information and clarification if required.

Kind regards



Sue Waters  
Chair  
National DHB DAHST Group

