

18 April 2019

Marie Warner  
Chief Executive  
Dental Council of New Zealand  
PO Box 10-448  
Wellington 6143

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

Dear Ms Warner,

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

The Australian and New Zealand Society for Geriatric Medicine (ANZSGM) is grateful for the opportunity to provide a submission to the Dental Council of New Zealand (DCNZ) in response to the *Consultation on the age limit for restorative activities in the oral health therapy scope of practice* released February 2019.

The ANZSGM is the peak body of consultant physicians or geriatricians with expertise in the care of older people. By virtue of their training and professional experience, geriatricians are uniquely placed to provide specialist medical services to older Australians and New Zealanders across the continuum of care that includes acute care, rehabilitation, geriatric evaluation and management, chronic care and residential care.

ANZSGM welcomes DCNZ's decision to review the restorative treatment age limit of the oral health therapy (OHT) scope of practice and strongly supports the proposal to remove the 18-year age limit for restorative activities. We believe that over time, this shift will enable greater access and more equitable primary oral health care for older New Zealanders.

The proposed change responds appropriately to the Ministry of Health's Healthy Ageing Strategy aim to improve oral health in all community and service settings as part of their action plan to ensure older people spend more of their lives in good health living independently. Enabling appropriately trained OHTs to conduct restorative treatment on older New Zealanders would be in alignment with the strategy's aim to develop clinical pathways for optimal dental care throughout ageing for all older people, including those living in residential aged care<sup>1</sup>. Furthermore, older adults have been identified by the Ministry of Health as a priority group for oral health improvement<sup>2</sup>.

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<sup>1</sup> Associate Minister of Health, Healthy Ageing Strategy, The Ministry of Health, December 2016

<sup>2</sup> Good Oral Health for All, for Life (Ministry of Health 2006)

As New Zealand's population ages, just under half of its older people are retaining their natural teeth and among this group there are high rates of oral disease and unmet need<sup>3 4</sup>. Many older New Zealanders do not routinely engage in oral health care practices and almost half who are living in residential care and their own homes require one or more restorations. Concerning levels of decay have been reported along with a large proportion of heavy plaque, calculus deposits and mucosal conditions. Older adults living in residential aged care facilities experience poorer oral health than those living in their own homes<sup>4</sup>. Perceived barriers to accessing conventional dental care are the financial cost, difficulty getting to dentist and failure to recognize their own dental issues.

These oral health issues and associated chewing problems can result in significantly poorer health status, including an increased mortality. Poor nutrition and weight loss is associated with poor muscle strength and physical performance, leading to increased disability in basic activities of daily living.<sup>5</sup>

Improving oral healthcare access for older people will require a multi-faceted approach that should start with the inclusion of their needs in the OHT scope of practice. This must be instituted concurrently with effective training and, as outlined in the consultation paper, would indeed work most effectively with an accredited adult restorative program that will then allow OHTs to apply to have the exclusion removed. Undergraduate and postgraduate programs that allow oral health students to up-skill and provide restorative treatment to older frail patients must also be developed.

Many older New Zealanders in residential care are dependent on caregivers for their oral healthcare which is variably delivered resulting in considerable burden of unmet need<sup>3</sup>. Improving this situation will require considerable upskilling of oral health care knowledge of long-term care facility staff through formal training programs.<sup>6</sup> Appropriately trained OHTs, working within their scope of practice helping to educate this workforce, could be one component to assist this frail older cohort. Indeed OHTs working with nurses have been shown to improve the oral health of older patients in hospitals<sup>7</sup>

Dentists may assume that the expansion of an OHT's role may place these frailer older people at risk of substandard dental care. We would argue that there is currently a large cohort of older New Zealanders with unmet needs who are not being treated by dentists at all. The Oral Health survey of 2012 supports this viewpoint. Appropriately trained OHTs may be able to manage some of these oral health needs, supported by dentists for the management of more complex problems. We see the potential use of OHTs in older people as being complimentary to, and expanding the role of, existing

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<sup>3</sup> Carter, Gordon et al, Oral Health Status and Oral Treatment Needs of Dependent Elderly People in Christchurch, The New Zealand Medical Journal, 21st May 2004

<sup>4</sup> Our Older People's Oral Health, Key Findings of the 2012 New Zealand Older People's Health Survey

<sup>5</sup> Onder G et al. Chewing Problems and Mortality in Older Adults in Home Care: Results from the Aged in Home Care Study, Journal Compilation, The American Geriatrics Society 2007 Dec;55(12):1961-

<sup>6</sup> McKelvey, VA, Thomas, WM, Ayers, KM, A qualitative study of oral health knowledge and attitudes among staff caring for older people in Dunedin long-term care facilities, The New Zealand Dental Journal, December 2003

<sup>7</sup> Gibney JM et al. Australasian Journal on Ageing, 2019; Vol 38 No 1 March, 33-38

dental care. A structured tiered approach is needed to care for older dental patients and this should be based on levels of dependency.<sup>8</sup>One such approach is the Seattle Care Pathway –this can incorporate the skills of both OHTs and dentists. The ANZSGM encourages the decision to expand the Scope of Practise of OHTs to include patients over 18. Building a highly skilled workforce of Oral Health Therapists that will serve the oral health needs of adults including vulnerable elderly people will lead to improved oral health across New Zealand.

The ANZSGM is happy to provide further input, should this be required please contact Lynda Donaldson, Executive Officer on ++61 2 9256 5460 or [admin@anzsgm.org](mailto:admin@anzsgm.org). Thank you again for the opportunity to comment on this important review.

Yours sincerely,

**Dr Carl Hanger**

**MB ChB, FRACP**

**President, NZ division of the Australian and New Zealand Society for Geriatric Medicine**

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<sup>8</sup> Pretty, Iain A., The Seattle Care Pathway for securing oral health in older patients, Gerodontology, 2014; 31 (Suppl. 1): 77–87.