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Page 2: Your demographics

Q1 Your details

Name	Kathryn Fuge
Company/organisation	Wellington Regional Dental Service
City/town	[Redacted]
Email	[Redacted]

Q2 Your submission is in the capacity as Other (please specify):
Community Oral Health Service

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

As a Dental Service currently responsible for oral health care for 0-18 year olds, given the current political spotlight on publicly funded or subsidised oral health care for low-income adults, it would be prudent to acknowledge that if funding were made available for this adult group, it is likely that DHB-run Community Oral health Services would be involved at some level in the future (administration, reporting and/or service provision). In this scenario, a mixed team model, OHT, Dentist and Dental Specialist all working within scope together to provide simple and complex care respectively, would be a fiscally responsible way of using taxpayer funds.

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.

Workforce Preparedness. As the National regulatory body, any course approved by DCNZ needs to produce graduates with the competencies outlined in the document. Wellington Regional Dental Service (WRDS) would like to note that currently Oral Health Therapists graduate from the University Of Otago School Of Dentistry and Auckland University of Technology with the expected academic knowledge required to perform within their current scope of practice but with little hands-on experience treating children and adolescents. As a result, the mentoring process in the DHB is heavily focused on giving them this experience in a safe manner for the first half of their new graduate year. This has a huge impact on service provision as requires a large input of time from our experienced clinicians' year-on year. Although the quality and 'readiness for the workplace' is not within the scope of this consultation, at the next stage (accreditation of the oral health programmes for the expanded scope), this shortfall in clinical experience needs to be addressed by the training institutions as part of the training programme approval and gazetting process. DCNZ must only approve oral health programmes that provide the necessary hands-on experience that therapists need, in order to graduate ready to provide care to this unlimited age range.

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

Workforce Availability. In the scenario of publicly funded or subsidised oral health care for low-income adults with a mixed team model, OHT, Dentist and Dental Specialist all working within scope together, adequate numbers in workforce need to be available to provide this. DCNZ and central government must demonstrate that in approving competency training for such a workforce, there will remain enough OHTs to recruit into the already established child oral health service.