Page 2: Your demographics

Q1 Your details

Company/organisation	**Specialist Paediatric Dentists, New Zealand**

Q2 Your submission is in the capacity as **professional body**

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).

Disagree

Page 4: Your support

Q4 Please describe why you support the proposal

Respondent skipped this question

Page 5: Your concerns

Q5 Please describe your specific concern/s with the proposal

We as the group representing Specialist Paediatric Dentists in New Zealand, enjoy working alongside oral health therapists to prevent, treat and manage children's oral health needs. They form a key component in achieving better oral health outcomes for children in New Zealand. The proposal to remove the 18-year age limit for restorative activities from the OHT scope of practice generates a complex discussion requiring consideration of a number of important issues. We wish to raise the following points.

• This proposal has often been referred to as a solution to improved access for patient groups who experience inequalities in oral health. We disagree with this sentiment and challenge that the provision of services to vulnerable patients by practitioners with limited scope will create a two-tier system, risking further disadvantage for these groups. New Zealand's highest need patients deserve care from New Zealand's highest level providers.
• While there is good evidence to demonstrate that therapists work safely within their scope, it is not possible for patients to appreciate what the limitations of a practitioners scope might be. We know the majority of New Zealanders are episodic dental attenders, attending only when they have a problem. Symptomatic dental presentations are often associated with advanced lesions requiring complex care. This may lead to patients presenting to oral health therapists with complaints that they are unable to address, requiring referral onto higher level providers and additional appointments for the patient. This is an inefficient model of care that delays treatment and contributes to greater indirect societal costs such as time away from work.
• There has also been doubt raised that the provision of restorative treatment will be associated with a lower cost to the patient given that the material and equipment costs will be the same regardless of the practitioner using them. If the proposed lower cost is based on a decreased cost of labour, how can it be assured that this will be transferred to the patient given the corporatisation of dental care?
• There has been reference made to the development of postgraduate programmes that will allow oral health graduates to upskill and provide restorative treatment to patients 18 years and older. There is an appreciable level of uncertainty about the content and duration of such programmes. The concept of 'upskilling' to a knowledge base from which oral health therapists could discuss the comprehensive range of treatment options available to each patient and gain informed consent for procedures is met with a feeling of incongruity when making comparisons to the Bachelor of Dental Surgery.
• It is understood that these programmes have indeed already been developed. While it is appreciated that a certain level of assurance would be required that a course would be available for practitioners to increase their scope if this proposal was accepted, these developments appear to have pre-empted this proposals success. It is important that the existence of a suitable programme to align with the proposed changes should not contribute to our decision to accept them.
• It is foreseen that those oral health therapists who complete additional training will transition either in a part-time or full-time capacity into the private sector. With an already reduced capacity in many areas of New Zealand and an ageing workforce of dental therapists, this additional loss of oral health therapists will have a significant impact on the workforce capacity of the Community Oral Health Service. Children and adolescents were identified as a priority group in our strategic vision. A reduced ability to provide routine recall of children and adolescents at appropriate intervals will result in increased burden of disease, increased referrals to hospital dental services for management under sedation or general anaesthesia and a greater number of 18 year old patients who are not dentally fit at the conclusion of their publicly funded care.
• Contemporary caries management philosophies are based on prevention and conservative management of early lesions. It feels somewhat futile therefore that proposals aimed at improving oral healthcare outcomes in New Zealand are focusing on increasing the operative scope of mid-level providers.
• Dentists and dental specialists who have a consultative relationship with an oral health therapist are going to be jointly responsible and accountable for wider range of presentations – how will that affect these relationships?
• There are requirements for all oral health practitioners to practice evidence-based dentistry. In terms of the efficacy of these proposed changes on the oral health challenges New Zealand faces, do we have any evidence to support them?

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?

No

Page 7: Specific comments on the proposal

Q7 Please provide us specific comments related to the OHT scope, qualifications and competencies.

Respondent skipped this question

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

There are many unknown factors regarding these proposed changes. While there is a collection of strong advocates, we are uncertain of the number of oral health therapists who will choose to undertake additional training if these changes are accepted. We are also uncertain as to what the workforce may look like in the future in terms of employment for oral health therapists. A number of the aforementioned issues may be of lesser impact if an oral health therapist practiced under the supervision or prescription of a dentist or specialist or were employed as a member of an oral health team whereby referral or transition of care could be made without delay. We also maintain that while these changes would provide a greater employment opportunity for oral health therapists and may benefit a minority of patients, we disagree that the acceptance of the proposed changes are a suitable step to creating equitable access and oral healthcare outcomes in New Zealand.