



Page 2: Your demographics

Q1 Your details

Name	Simon Templeman
Company/organisation	[Redacted]
City/town	[Redacted]
Email	[Redacted]

Q2 Your submission is in the capacity as **company/organisation**

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).	Strongly disagree
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Page 4: Your support

Q4 Please describe why you support the proposal	Respondent skipped this question
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Page 5: Your concerns

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

Q5 Please describe your specific concern/s with the proposal

The provision of restorative activities to an adult population includes a range of complexities that are beyond simply transferring a set of skills already in existence. Treatment planning and providing informed consent requires the ability to manage complex medical and social histories, to determine advanced oral needs and treatment plan with consideration to the entire oral environment. It is our opinion that this treatment planning should fall within the scope of the dentist/dental specialist and that the oral health therapy scope, even with additional training, would not achieve the above adequately.

This organisation's experience is that OHT's emerging from training require help and guidance within their first few years of practice to achieve a competent standard of care and be able to work independently. The infrastructure present as it stands does not support this ongoing learning in its current state. DHB's are stretched already with staffing and cannot provide sufficient resources to train and mentor clinicians within their scope as it stands. This will only worsen with time as the senior workforce diminishes with significant retirements over the next few years. It is concerning therefore, that even with a dedicated training course that is of sufficient quality, the ongoing support, training and development may not be available or sought by OHT's to maintain a reasonable standard of practice.

The perception that lifting the age limit of restorative practice will result in more affordable/accessible dental care for adults is not proven. Within the current structure of dental care in New Zealand, there is limited public funding of dental care, and this is reserved to relief of pain and infection. Restorative care therefore would still be funded privately. The overheads of providing quality restorative dental care will only be altered slightly by employing an OHT over a dentist to provide care would be minimal. What is needed is not a broadening of the scope of one group of clinicians, but a better funding model for those who cannot afford dental care.

Extending the scope of practice as proposed in this organisation's opinion will:

Lead to a decline in oral health therapists remaining in roles within DHB funded care for children as they pursue private opportunities. This is already occurring, as OHT's opting for hygiene only roles within private practice and the decline of the aging therapy workforce.

An ongoing and worsening decline in the oral health of young people in NZ as staffing is insufficient to meet the already high demand demonstrated by worsening oral health statistics in the young.

An uncertainty regarding the oral health outcomes for adults receiving direct restorations from OHT's

A confused public with regards to what scope of practice is appropriate for their oral health needs.

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

One option, assuming appropriate training needs could be met, would be for an extended restorative scope under the direct clinical supervision of a dentist or dental specialist. That is, the treatment planning is provided by the dental specialist and the OHT works under this guidance. The responsibility of informed consent and final outcomes would therefore be that of the dentist/specialist.
