

[Redacted]

[Redacted]

[Redacted]

Page 2: Your demographics

Q1 Your details

Name

Barbara Cox

Company/organisation

[Redacted]

City/town

[Redacted]

Email

[Redacted]

Q2 Your submission is in the capacity as

Other (please specify):

ADHB Hospital & Specialist
Dentistry

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

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

We welcome the opportunity to make a submission to the Dental Council New Zealand in response to the Consultation on the age limit for restorative activities in the oral health scope of practice.

The information provided in the consultation document relating to the age limit for restorative activities in the oral health scope of practice lacks information and detailed analysis on workforce and service delivery impacts with respect this proposed change. The Department of Regional Hospital and Specialist Dentistry at ADHB is supportive, in principle, of expanding the scope of practice for Oral Health Therapists by removing the 18-year age limit for restorative activities, however, in the absence of sufficient information and detailed analysis on workforce and service delivery impacts the Department at Auckland District Health Board (ADHB) does not support this change at this time.

ADHB currently provides regional secondary level hospital-based dental services to 1.7 million (including in excess of 300,000 children and adolescents) people domiciled within the Metro Auckland District Health Boards of New Zealand.

Oral Health and Dental Therapists are an essential part of the oral health workforce providing dental treatment and preventative services to children and adolescents and oral hygiene services to adults. Oral Health and Dental Therapists provide the core dental clinical services, through the Auckland Regional Dental Service (ARDS), to children and adolescents in the wider Auckland region. The oral health services provided by ARDS are supported by private dental practices contracted under the Combined Dental Agreement (CDA) and by hospital based dental services. Hospital based dental services for are provided by ADHB through Auckland Regional Hospital and Specialist Dentistry (ARHSD).

In Auckland the demand on ARDS and ARHSD for child oral health services is overwhelming with very significant numbers of children waiting for care in both the primary care and secondary care settings. Currently in excess of 2500 children are waiting for secondary level dental. The number of children waiting for care is increasing as is the time the children wait. The effect of this is that the oral health of these children is worsening. There are significant disparities in this deterioration in oral health being most marked in Māori and Pacifica children and children from low socioeconomic groups.

The reasons for the high service demands and deteriorating oral health of children are multifactorial, however, the most significant contributor is the chronic Oral Health and Dental Therapists workforce shortage. Inadequate Oral Health and Dental Therapists staffing results in children not being seen in a timely way and delays in delivering the necessary dental prevention and care. These staffing shortages also make it more difficult providing equitable service delivery across the region.

The information provided by the Dental Council in the consultation document does not address the issue of how the proposed change will impact the delivery of care and the oral health status of children and adolescents. The risk of this change worsening the oral health status of children and adolescents by diverting clinical resources away from them has not been addressed. Given this lack of information, at this time, we are unable to support this proposal.

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? **No**

Page 10: Last thoughts

Q9 Please provide us your feedback

Respondent skipped this question
