

**Submission from Auckland NZDOHTA branch members**

Fundamental to the provision of health care, is researched evidence that supports best practice standards. NZ has delayed the change to remove restrictions on patients an oral health therapist can treat. Britain, Australia and some states in America have implemented these changes and NZ now has the opportunity to base their decision on the international studies that have investigated this topic.

There is no justification for NZ to implement a model for OHTs to practice under a dentist's oversight when providing care for adults. Both Australia and Britain removed their initial approach for OHTs to work under direct oversight of a dentist. The financial implications would continue to be a barrier (if practice oversight was implemented) for access to health care and international studies support the independency of OHT practice, within a team setting.

NZ has continued to follow a system based on science from 100 years ago, which informed us back then, that treating and teaching a child to have good oral health will generate an adult with good oral health. A minimal training (as in teaching) was required for the school dental nurse treating children. Science of this century now does not support this approach. The OHT qualification is now centred in primary health care, with a unique scope of prevention in the dental team, which must be made available to all age groups, without barriers imposed by profession protection, but instead patient protection.

NZ has continued to put immense financial support into providing care for children in isolation of their families, limiting access to treatment, in the main, to children. The likelihood of generating adults with good oral health is extremely unlikely if they have been children with poor oral health. Members of NZDOHTA in Auckland provide care to the largest group of NZ children and we experience the limited effect when treating children with high dental need, who live in a family with poor oral health.

Both Otago and AUT have tripled BOH annual enrolments, so the workforce will not be negatively impacted with change to remove restrictions on patients an oral health therapist can treat. The Auckland branch strongly supports this proposal and recommends NZ universities offer a DCNZ accredited BOH program that removes the current restriction on OHTs scope of practice.

Kind regards  
Helen

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