



Te Ao Mārama

The New Zealand Māori Dental Association

Tēnā koutou katoa,

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

Te Ao Mārama (The New Zealand Māori Dental Association) would like to thank the Dental Council for an opportunity to submit feedback on the above consultation.

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).

We agree

Please describe why you support the proposal

Te Ao Mārama was formed 26th May 1995 to address concern over the dismal state of Māori oral health highlighted by research. The Association was ably led by foundation President Mrs Inez Kingi, Kaumātua Mr. Pihopa Kingi and Executive Director Professor John Broughton.

Te Ao Mārama is the professional association for Māori oral health professionals - Dental Therapists, Dental Hygienists, Oral Health Therapists, Dentists, Dental Specialists, Oral Health Promoters, support staff, researchers, teachers, students and other health professionals/workers or those committed to hauora niho and hauora Māori. Collectively we advocate for good oral health for Māori, for life.

Vision:

'Hei oranga niho mo te iwi Māori' – Good Oral health for Māori, for life.

Our Outcome:

Māori enjoying good oral health at all ages

Our Purpose:

To provide leadership for Māori in oral health

Our Role:

To advocate on behalf of Māori for improved oral health and to support and develop initiatives that lead to Māori oral health

Our Objectives:

- Uphold Māori oral health as guaranteed under Te Tiriti o Waitangi
- Pursue the delivery of oral health services to Māori at the optimum level
- Safeguard and promote the oral health of te iwi Māori
- Promote the opportunity for te iwi Māori to access quality oral health services

Inequalities between the health status of Maori and other New Zealanders are well documented. Across Aotearoa, health inequalities are greater for those in more deprived socioeconomic groups. Whānau are not only over-represented in the more deprived groups, but also appear to experience further inequalities over and above those experienced in the same socioeconomic groups. Te Ao Mārama is an assertion of Article II (self-determination) of Te Tiriti o Waitangi/The Treaty of Waitangi, and the NZ government has an obligation to reduce these inequities.

Whānau (kuia, koroua, pakeke, rangatahi and tamariki) is recognised as the foundation of Māori society. As a principal source of strength, support, security and identity, whānau plays a central role in the wellbeing of Māori individually and collectively. The Māori population aged 65 years and over is growing rapidly, having significant implications for future oral health service developments for older Māori, particularly as future generations are more likely to retain some natural teeth.

The predominately unsubsidised private dental care for adults in Aotearoa makes oral health one of the sentinel markers of social inequalities in health. Inequities in the conditions for health and in access to affordable, appropriate, safe and effective health care are evidence of a breach of the right to health for all (Asher 2004)

Allowance for oral health therapists to treat patients over the age of 18 years within their scope of practice, much like what the nine dental therapists holding the 'adult care in dental therapy practice' scope do, will give opportunity for this foundation of Māori society, in most areas of need, access to services which they do not currently have.

Dental therapy skills are one of the subsets of oral health therapy; oral health therapists are already practising hygiene skills on over 18 years old and have the competency and capability to manage patients' basic restorative needs over the age of 18.

Please describe your specific concern/s with the proposal for our most vulnerable high need communities and allow access to services for whānau in these areas most at risk.

Unforeseen impact on services provided to 0-18years.

That Oral Health Therapists may choose to go into private practice rather than into District Health Board's with this change.

That Dental Therapists do not get opportunities to upskill to add to their scope to practice restorative treatment on patients 18 years and older.

That if we stick to status quo we will keep getting the same result!

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

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

There are currently no age limits in restorative care being delivered by oral health therapists who have completed an approved course in Australia. Subsequently, Australia has not seen any adverse outcomes since it was established in 2009 in Victoria and in 2010 nationally. Graduates' ability and scope of practice should rest on their educational preparation and competency for practice and not on artificially imposed age limits without evidence.

There is good evidence to show that oral health therapists can reliably determine the boundaries of their own practice and act accordingly. Sanctions for unprofessional practice are in place to manage deviations from expected standards. Aotearoa was among world leaders when it removed age limits on dental therapy practice in 1988 and, despite the current lack of educational opportunities, this was a positive move.

Do you have any further comments on the proposal?

Yes – see below

Please provide us your feedback

Across Aotearoa, Māori and those living in poverty are predominantly experiencing chronic dental pain, a very preventable disease.

The Māori oral health workforce is highly committed to making an effective contribution to Māori oral health development, especially for those experiencing barriers to access.

Having a highly skilled workforce of Oral Health Therapists to assist in meeting the oral health needs of those most vulnerable and at risk across Aotearoa should also be taken into consideration when making the final decision on this consultation.

We agree with Council that having this exclusion of scope removed for oral health therapists is a start to better access for primary dental health care for those most vulnerable and at risk communities.

This will also help dental therapists who have completed an approved course be able to deliver primary health care as well in the future. Our population is ageing and the role of oral health therapists (and dental therapists) in addressing the unmet need in older adults would be vital for 'Hei oranga niho mo te iwi Māori' – Good oral health for Māori, for life'

Ngā mihinui,

A handwritten signature in black ink that reads "L. Waaka". The signature is written in a cursive, slightly slanted style.

Leeann Waaka

Tūmuaki

On behalf of Te Ao Mārama