



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

16 April 2019

Dear Ms Warner

I write to applaud the proposal to remove the age limit on dental and oral health therapists' practice in New Zealand. New Zealand led the world in establishing dental therapy practice and was at the forefront of enabling that practice with people of all ages in order that the success of the dental therapists' model could be applied across all parts of the population.

All registered health practitioners are required to take responsibility for recognising and practicing within the boundaries of their competence. Dental and oral health therapists have demonstrated over time their ability to practice within their scope and safely and competently recognise the limits of their competence. They, like every other registered health practitioner, are subject to competency standards and sanctions if they practice inappropriately. There is no evidence in Australia (where there is now ten years' experience with this model) or New Zealand that there are risks to the community from the removal of this limit. Indeed, there is research evidence to support the removal of the age limit on practice and regulatory models in Canada, the Netherlands and the USA offering evidence in support of this approach (Satur 2003, Hopcraft et al 2011, Calache et al 2011, Calache & Hopcraft 2012, Nash et al 2013,)

The imposition of a limit on the age of dental and oral health therapists' patients is not only unnecessary over-regulation but also prevents those who are educationally prepared from working to the full capacity or 'top' of their scope. There are significant economic costs to the community in educating dental and oral health therapists and the flow on costs of not using their complete skills sets is high, especially given the inequalities in oral health across the population in New Zealand. It also imposes impediments to the unbundling of oral health services and reduces access to care through patch protection. This is costly to the New Zealand economy, the community, service providers and the regulatory process.

Australia has been providing educational preparation for adult scope of practice in the undergraduate setting since 2010 and in the post graduate setting since 2013. These programs have undergone rigorous review processes by the Dental Board of Australia prior to being accredited to enable their graduates to practice in this scope. In 2019 there are five undergraduate programs preparing oral health therapy graduates for practice without age limits on patients, two post graduate award programs and at least two CPD programs for both dental therapists and oral health therapists. Graduates of these programs include New Zealand registered practitioners. To our knowledge, no graduate has been the subject of a notification in relation to all age practice, to the Dental Board of Australia in this time.

I feel that the current age limits imposed under New Zealand regulation is inconsistent with the Trans-Tasman Mutual Recognition Act established to enable portability of qualifications across the Tasman. Under current New Zealand regulation, Australian qualified dental and oral health therapists who are qualified to provide their services to people of all ages have their practice unreasonably restricted when they practice in New Zealand and risk de-skilling because of their inability to maintain currency of practice

in this scope. This also applies unreasonable restriction of practice on New Zealand registered practitioners who have achieved this qualification in Australia.

The University of Melbourne has now graduated over 100 adult scope qualified practitioners (both dental therapists and oral health therapists) which includes several qualified and practicing in New Zealand. These graduates are currently unable to practice in this scope in New Zealand despite their Australian qualifications and the educational preparation they have received. This represents a 'skills drain' for New Zealand if they do not return to practice, and a restraint of trade if they do, neither of which seem good use of their motivation to continue to develop their education and career. We, at the Melbourne Dental School, are keen to see our program recognised for practice in New Zealand by the DCNZ.

In Australia, many of these all age qualified practitioners are working in rural and remote settings where access to care is challenging; many are also working in successful business models in private practices and providing outreach services in under-served population groups. These practitioners are offering extended reach to dental and oral health services and innovative models of care that benefit their communities. For these reasons, I applaud the move to remove the age limits on practice for dental and oral health therapists and look forward to seeing New Zealand once again lead the way for these professions.

Thankyou for the opportunity to comment and I wish you well in your deliberations. Please feel free to contact me if you would like to discuss this further.

Kind regards



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## References

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