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

Submission: **Wellington Branch of the New Zealand Dental Association**

Submitter: **Wellington Branch of the NZDA Committee**

The Wellington Branch of the NZDA represents approximately 190 dentists in the greater Wellington area and we thank you for the opportunity to provide a submission on the above topic.

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, 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). If you disagree, please detail why.
Q4. Please describe your specific concerns.

We are not fundamentally opposed to the removal of the age restriction for restorative activities for OHT's. But we do have some concerns around this and the scope, as it stands, that they would be practicing under.
Therefore, we do not support a move to allow OHT's to provide restorative treatment to adult patients independently.
We feel patients are best served if the diagnosis, treatment plan and informed consent are undertaken by a dentist and that treatment carried out by OHT's is carried out under prescription of that dentist. With the dentist ultimately being the one responsible for all clinical decisions and treatment outcomes. OHT's do not have sufficient knowledge to be able to obtain informed consent in adult patients.

Informed consent for adult patients, requires the provider to have extensive knowledge regarding treatment modalities and potential outcomes, risks and complications. OHT's, under their current training programme, simply do not have the knowledge to be able to do this for adult patients who often have complex treatment needs and medical co-morbidities. Accredited training programmes are required for registration in all scopes of practice and we do not believe the current OHT programme sufficiently prepares OHT graduates to be able to independently practice dentistry on adults.
The quality of the post graduate programmes, which would then allow for the exclusion to be removed so that OHT's could provide treatment to patient over the age of 18 years, is vital. We believe these programs are currently being developed by AUT and the University of Otago Dental School. But we still feel strongly that even with the appropriate training to the highest level, there needs to be a working relationship with a dentist or dental specialist to ensure public safety and the scope of practice needs to be changed to reflect this.
An exclusion, 'Restorative treatment on patients 18 years and older', should be placed on oral health therapists' scopes of practice until they complete an accredited adult restorative programme.
We also believe that it is entirely appropriate for the Council to duplicate the requirements of the dental therapy (adult scope) in the oral health therapy scope, if they are to practise on adults ie that they are to practise their adult scope under direct supervision or clinical guidance of a dentist, or dental specialist. This is to ensure the provision of treatment to adults under this scope is safe and effective.

Q5. 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?

Yes, please see above. We believe it is unacceptable for the changes proposed to result in the removal of the requirement for direct supervision or clinical guidance and that this has the potential to compromise patient safety. There could also be public confusion regarding the difference between the qualifications, skills and competencies for OHT's and dentists if an adult OHT restorative scope is introduced, and particularly if it is a scope that may be practised independently. In addition to this, it introduces a third tier of dentistry for adults in New Zealand. (see work force issues below).

Q7. Do you have any further comments on the proposal?
The Wellington Branch of the NZDA is concerned that the proposed change will impact negatively on an already strained Community Oral Health Service, while at the same time having minimal impact on oral healthcare access and outcomes for low income adults.
OHT's play an essential role in the provision of preventive and restorative dental care for children and adolescents and oral hygiene services for adults.

The Community Oral Health Service is experiencing significant difficulty recruiting and retaining oral health therapists in many District Health Boards resulting in concerning arrears rates and increasing numbers of children requiring treatment
There is an implication that extending the scope of OHT's will assist with addressing the significant degree of unmet dental need in the adult population. There is no evidence to support this and considerable risk that there will be serious impact on the provision of children's dental care. This will not improve access or decrease the cost of dentistry to the public of New Zealand. Currently we are experiencing an over-supply of dentists in the New Zealand workforce. Adding OHT's into the mix has potential to create further workforce problems for New Zealand graduates of the future.
If the council wants to improve access to oral health services for low income adults, then the we already have a workforce of dentists willing and able to do this work. The answer is to provide funding so that

they can do it, not to register a new type of dental practitioner that can treat adults, hoping to drive down the cost of dentistry, as this is doomed to fail.
Furthermore, many at-risk, low-income patients (and particularly older New Zealanders) take multiple prescription medications for a variety of medical conditions. These patients often need prophylactic antibiotic cover and pre-treatment blood tests, to ensure they are medically fit to receive dental treatment. Their management requires careful planning and a multidisciplinary approach between dentists, dental specialists and general medical practitioners.

Thank you for the opportunity to provide a submission.
We look forward the next phase of consultation.

Regards
The Wellington Branch of the NZDA Committee