

[REDACTED]

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[REDACTED]

Page 2: Your demographics

Q1 Your details

Name	Yash Khan
Company/organisation	New Zealand Dental Association Otago Branch
City/town	[REDACTED]
Email	[REDACTED]

Q2 Your submission is in the capacity as **professional body**

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
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Page 4: Your support

Q4 Please describe why you support the proposal	Respondent skipped this question
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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

The discussion document states that “the proposal to remove the age limit for restorative activities from the oral health therapist (OHT) scope of practice could support initiatives to make access to primary oral healthcare easier for a broader group of patients”. The population groups that OHTs will provide service to are the low-income adults and older adults. These population groups experience greater dental decay, often need complex dental treatments and have complex medical histories. Provision of dental care requires far more extensive knowledge. OHTs do not have the knowledge to make a proper diagnosis and provide patients with all the options available for the provision of quality dental care. We, the NZDA Otago Branch suggest that oral health therapists (OHTs) work under supervision for any adult age-related expanded scopes.

OHTs also provide dental treatment to under the 18's through the COHS/AOHS. Given that findings from the Dunedin Study provides support for maximizing the opportunities of children to have good oral health as it can have foreshadowing effects on later adult oral health, we are concerned that this proposal will dilute the workforce currently providing care for our children.

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**

Submission from the Otago Branch of the New Zealand Dental Association

Submitter: Yash Khan, President

The Otago Branch of the NZDA wishes to provide input into the consultation on the age limit for restorative activities in the oral health therapy (OHT) scope of practice. This submission is based on views expressed by members of our Branch.

The majority do not agree with the proposal to remove the 18-year age limit for restorative activities from the OHT Scope of Practice. Our reasons are as follows:

1. Lack of competencies and concerns about quality of care

Below are some responses received from our branch members

“Restorative dentistry is a huge component of the general dental practitioners scope. Seems to take the point away from having a dental degree. Also where is the line going to be drawn regarding what they can restore - compromised root filled teeth? Large complex restorations with tricky subgingival margins? I think there would end up being a lot of retreatment or patient complaints to be fair”

“Allowing dental therapists to restore adult dentition extends beyond just the practical side but also to a whole different range of diagnostic possibilities that they’re not trained on. A single course to train them to “fill teeth” won’t prepare them for what restoring adult dentition implies. It has the possibility of returning a frustrated patient back to the care of the dentist, but perhaps with not much tooth structure left to be saved or and endo that could have been avoided.”

“They are not adequately educated or experienced enough to safely perform this work or to give the public true and accurate informed consent regarding their choices for restoring their dentition. If they want to perform full restorative work on permanent teeth in adults, then they should get a Bachelor of Dental Surgery.”

“Grave concerns regarding training in scope of practice and level of supervision must be by a dentist on the premises at all times when patients are being treated. Who is responsible when the situation becomes more than their training has provided for?”

2. Unmet dental needs of under 18’s and dilution of the OHT workforce currently providing service to this group.

Below are some responses received from our branch members

“I am also concerned that their present target group of under 18’s is presently not being treated adequately due to a lack of trained therapist particularly working in DHB’s. I worry that this policy change will draw therapists away from treating under 18’s further exacerbating the dental issues we see in this vulnerable group.”

“The under 18 year age group is under resourced currently and expanding scope will potentially dilute available personal. The current training is not broad enough to cope with aging population and those managing multipharmacy and increasingly complex medical

histories. There are existing pathways e.g BDS that could be undertaken to expand scope and independence of practice.”

“Instead of doing more restorations, the emphasis should be on public education and prevention. There is a huge unmet need already in children and adolescents under 18 and in geriatric care.”

To summarize

Patients have the rights to services of appropriate standard. Provision of good and safe dental treatment encompasses many factors including diagnosis, a good understanding of options available, the possible complications that may arise. We are concerned that the appropriate training cannot be provided within a three-year curriculum or a short training program. We do not agree that OHT's should be allowed to work independently, and should work under supervision for any adult age-related expanded scopes. We are concerned that this proposal will dilute the workforce currently providing care for our children.