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Page 2: Your demographics

Q1 Your details

Name	Liza Lai
City/town	[Redacted]
Email	[Redacted]

Q2 Your submission is in the capacity as Other (please specify):
Student

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).

Strongly agree

Page 4: Your support

Q4 Please describe why you support the proposal

I believe that removal of the age limit from the OHT scope of practice will aid in achieving better oral health for all. The current dental system should be restructured to enforce stronger working relationships between OHTs and dentists, allowing dentists to delegate appropriate restorative treatment to OHTs, and thus, shift their focus to complex restorative work. Complex restorative work is becoming increasingly prominent due to an ageing population who retain their teeth for longer and have more restorative dental work completed previously.

Currently, the majority of opposition to the proposal comes from a concern that it will result in a loss of income and patients for businesses rather than a genuine concern for improvement of the oral health of New Zealanders. Another concern that has arisen, is that the removal of the age limit will result in neglect of the oral health of children under 18 years old as there will be a shift in focus onto adults. The responsibility of managing and improving the poor oral health of New Zealand children and adolescents cannot solely be taken on by OHTs alone. There needs to be an improvement on collaborative and consultative correspondence between OHTs and dentists. Additionally, it is clear that the OHT scope of practice is not well-known nor understood by many, due to a lack of interprofessional education on the role and abilities of OHTs.

Many adolescents cease regular dental visits once they turn 18 years of age due to cost, and, the burden of seeking a dentist whom they have no relationship with. By allowing over 18 year old's to continue dental visits with their OHT, with whom they have built a strong rapport and are comfortable with, they are thus more likely to stay a regular dental attendee and maintain good oral health.

Approximately 50% of adults in New Zealand do not regularly access dental care. Factors such as cost and restrictions to accessibility have a considerable effect on this statistic. By removing the age limit on restorative activities, OHTs will be able to provide restorative treatment to over 18 year old's, thereby increasing accessibility. This is particularly important in areas where there is a shortage of dentists, resulting in patients waiting for long periods of time to be seen, while their oral health condition increasingly worsens.

OHTs possess knowledge on both primary and permanent tooth morphology and have received comprehensive training to carry out high quality restorative treatment on both primary and permanent dentition. An accredited programme would further develop and refine OHTs skills on restorative work in adults. It must be reiterated however, that the structure of a permanent tooth in a person who is 17 years and 364 days old does not differ from a permanent tooth in a person who is 18 years and 1 day old.

Furthermore, OHTs and BOH students already treat patients with complex medical histories, polypharmacy and a range of medical conditions. Through the study of pharmacology and human diseases, OHTs possess the knowledge necessary to formulate treatment plans, that place the safety and overall wellbeing of the patient first and foremost.

Page 5: Your concerns

Q5 Please describe your specific concern/s with the proposal

Respondent skipped this question

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**
