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

| Page 2: Your demographics | | |
|---------------------------|--|--|
| | | |
| Q1 Your details | | |

| Name | Cindy Liu |
|--|---------------------------------------|
| Company/organisation | |
| City/town | |
| Email | |
| 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

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Q4 Please describe why you support the proposal

I agree with the proposal to remove the 18-year age limit for the OHT scope of practice as I believe that the Bachelor of Oral Health course adequately prepares an Oral Health Therapist to treat an adult that may require the same complexity of treatment as that of child. Whilst the length of the course, being three years, may not be as long as the four years that is dedicated specifically to dentistry in the Bachelor of Dental Surgery course, I believe that the BoH programme thoroughly prepares the clinician to treat less complex cases of practice. Those that graduate with an Oral Health Therapist scope of practice already see adult patients in the hygiene scope of practice, so readily practice referral when necessary when executing an exam on an adult. I strongly believe that oral health therapists would be able to refer when necessary if dental work was outside of their scope of practice.

One of that main reasons that I feel passionate about opening up the scope of practice to adult care is that there is a high prevalence of adults requiring dental treatment, however, many find that they cannot afford it, and often go without. Some people do not place high importance on dentistry, and I find it really disheartening that someone would have to choose between eating for two weeks, or getting a filling replaced. Most adults only go to the dentist if they have pain/problems, and opt out of going for a yearly check-up due to the high cost. However, due to the time it may take them to see a dentist, the problem which may have been able to be detected in the early stages with a cheaper appointment, and fixed as a simple filling that an OHT currently do on children anyway, may end up being an abscessed tooth that now needs to be extracted. If the scope was opened to treating adults, the general public would benefit with possibly reduced dental treatment care, especially in the more remote areas that OHT's could travel to on dental busses, if dentist's did not want to. As the New Zealand government is closely considering subsidised dental care for adult patients, I think it is important to take into consideration that an Oral Health Therapists could bridge the gap in the public system to encourage change in how oral health community care is provided. Those that are most vulnerable to poor dental health, are usually the ones that cannot afford it.

Lastly, I believe that opening up the scope of practice would bring about more career satisfaction. As the scope of practice for adults is currently transferrable to Australia, among other countries, many of our New Zealand graduates are moving elsewhere to work. Having more variety in the patients that OHT's treat, and being able to help those in the community, and seeing whole families, not just their children, would benefit the Te Whare Tapa Wha whanau involvement, as well as possibly increasing interest and therefore numbers in the workforce in years to come.

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 **No** amendments to the OHT scope of practice, prescribed qualifications or competencies as set out in appendices 1 & 2?

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

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Q8 Do you have any further comments on the proposal?

Page 10: Last thoughts

Q9 Please provide us your feedback

Respondent skipped this question