

[Redacted]

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Page 2: Your demographics

Q1 Your details

Name

Lynie Tan

City/town

[Redacted]

Email

[Redacted]

Q2 Your submission is in the capacity as

Other (please specify):

Student, studying Bachelor of Oral Health

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 stand by the proposal to remove the age limit for restorative activities from the OHT scope of practice. The removal of the age limit will make dental care more approachable and increase accessibility to those who don't seek dental care due to financial limitations. Approximately 50% of New Zealand's adult population don't seek for routine dental care, main reason being due to the high cost. The high cost of dental care encourages an episodic mindset where individuals only seek for dental care when a problem arises, usually leading to complex treatment. Like any health condition, poor dental health is progressive, cumulative and can be aided in early stages before it requires complex treatment. The role of health professionals is to prioritise and respond to the needs of the community, all dental practitioners included. If the community's needs are not being met due to high cost of treatment for issues that could've been prevented or intercepted at early stages, then isn't that enough of a reason for health professionals to support the passing of this proposal? Why are we compromising the dental health of our community because some are unable to overlook their decreased job satisfaction and potentially threatened earnings?

In regard to those questioning the competency for diagnosis and skills for restorative treatment, OHT's already diagnose and practice treatment planning for both adults and children. The measures taken to appropriately diagnose a lesion is standard across all dental professions and the same measures are taken for patients across all ages. A standard requirement to take radiographs before planning any sort of restorative treatment is required to accurately and affectively diagnose lesions. We too, adhere to these diagnostic tools and systems. If OHT's are competent to diagnose a lesion on the permanent and primary teeth of children and adolescents below the age of 18, why are we deemed incompetent once the individual turns 18? The tooth morphology of a permanent dentition doesn't change once an individual turns 18 and the diagnostic procedure, tools and specifications of a lesion remains consistent. So, if we are deemed competent to diagnose, plan and treat an individual below the age of 18 without the approval and assistance of a dentist, why is this competency questioned once the individual turns 18?

Some may argue that there are more health complications involved in adult patients such as involvement of medications and systemic variables. That is true but OHT's are trained to accommodate for limitations due to medications and systemic conditions as we too treat patients above the age of 18 with limits to our hygiene skills. The preparation work that is done prior to an initial appointment doesn't change. We still read up on the side effects, oral manifestations, impacts, limitations of medications and systemic conditions. These variants are still accommodated for in each individuals treatment. We go through the same medical history examination as a dentist would to acquire and document patient related information. We dental chart and identify restorations, broken restorations, tooth wear, decay, oral and oropharyngeal anomalies, clinically and radiographically as well as make referrals.

I think interprofessional education of what each dental practitioners' roles, differences and scopes of practice should be revisited by all practicing and training operators. OHT's are trained and qualified to work on both adults and children and acquire both therapy and hygiene skills. We aren't just designated to work on children.

Oral health is a part of the primary health care system in New Zealand. The whole idea of primary health care is to shift people's mentality and approach towards their health, shifting the focus from downstream, intervention at incidence to more a more upstream, preventative and interceptive approach. The removal of the age limit for simple restorative activities from the OHT scope of practice will enable equal opportunities for everyone to access dental care and create a positive impact on the dental health of New Zealanders.

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**
