Page 2: Your demographics

Q1 Your details

Name	**Nicky Hale**
Company/organisation	
City/town	
Email	

Q2 Your submission is in the capacity as

Other (please specify):
Dental 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 disagree

Page 4: Your support

Q4 Please describe why you support the proposal

Respondent skipped this question

Page 5: Your concerns

Q5 Please describe your specific concern/s with the proposal

I don't believe the age limit for restorative activities for oral health therapists should be lifted. I feel this is a quick and simple attempt at improving New Zealand's oral health, but it has not been thought through nor properly planned in order to achieve the desired result.

The restorative needs of adults compared with children or adolescents can be far more complex, and the current BOH degree does not allow for these complexities. Various medical conditions, medical histories and other factors can affect the patients' oral condition and can also be likely to alter proposed treatment, often after treatment has commenced. Diagnosing and treating caries isn't as simple as looking at a tooth and deciding where the restoration will go. Surrounding factors that may contribute to the condition of patients' hard and soft tissues must be understood, taken into account and treated accordingly. The particular patients this proposal appears to be aimed towards are often likely to present with more difficult cases which demand the provision of restorative treatment autonomously. I question how the proposed 6-month gazetted program will be sufficient to equip OHTs with the additional knowledge and information for them to adequately inform patients of their treatment options and deliver the required treatment.

Already, there are massive waiting lists for children to be examined and treated in the under-18 dental benefit scheme. Over 7,000 children had dental treatment under general anaesthetic last year, many of whom may have avoided the trauma and emotional cost if they were up-to-date with their dental check-ups. It seems logical that the removal of the age restriction will only negatively affect the children in New Zealand, with a high chance it will increase inequities for them once the focus is shifted to adults. Figures suggest there are already sufficient numbers of highly trained OHTs to undertake treatment on under 18 year olds, therefore, perhaps future funding could be aimed at OHT positions within the DHBs, in order to provide adequate remuneration and retain publicly practicing therapists.

Furthermore, it doesn't appear to be the lack of dentists that is causing huge disparities in the oral health of the public. Graduate dentists can now struggle to find jobs due to a saturation of dentists, particularly in high density areas. This issue will soon be exacerbated with the increased intake of dental students with the new dental school. Instead of recruiting OHTs to carry out restorative work on adults, why not utilise the workforce we have already and put funding into providing best care practice for the public. Wouldn't a better solution be to look at introducing government funded dental clinics in low SES areas and fill them with graduate dentists? This helps with the shortage of jobs for dental graduates and provides low cost dental care in rural/deprived areas. There would certainly be a place for OHTs in these clinics who would benefit from working in a team of dental professionals too.

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? **Yes**

Page 7: Specific comments on the proposal

Q7 Please provide us specific comments related to the OHT scope, qualifications and competencies.

Amendments to the proposed OHT scope may result in therapists prescribing and providing treatments without fully understanding all the possible consequences for their patients

Page 8: Anything else

Q8 Do you have any further comments on the proposal? **Yes**

Page 10: Last thoughts

Q9 Please provide us your feedback

I urge the Dental Council to listen to the feedback of their qualified professionals who are experts in their fields, instead of focusing on the emotive responses by those who think they may be benefiting from this change, and those who will be benefiting from providing the means to this change.