Page 2: Your demographics

Q1 Your details

Name	**Susan Moffat**
City/town	
Email	

Q2 Your submission is in the capacity as — **dental therapist**

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

These are my own personal views as a registered dental therapist practising in New Zealand for 35 years.

Removing the age restriction on the oral health therapist (OHT) scope of practice, enabling OHTs to provide restorative care for over 18-year-olds, will provide consistency between the dental therapy and OHT scopes of practice. Prior to November 2017, Oral Health graduates registered in both the dental therapy and dental hygiene scopes, and would have been able to register in the 'scope of practice for adult care in dental therapy practice' ('adult scope') (if they had been able to complete a Dental Council-accredited course). The only thing that has changed since then is that OHTs now have their own scope of practice, which means they can no longer register in the 'adult scope' for dental therapy. Their education/qualification is still the same, and of particular note is that, unlike dental therapists, OHTs already use some of their skills and knowledge to provide care to adults; therefore, they should have a pathway to also be able to provide restorative care to adults.

While the Council will also need to have discussions around practising conditions with removing the age limit for restorative care, OHTs already treat adults and have the skills and knowledge to do so, within a consultative relationship with a dentist. The scope remains the same and both dental therapists and OHTs are very aware of their scope and the need to work within that scope. The consultative relationship with a dentist (or clinical guidance/direct supervision in term of the dental therapy 'adult scope'), along with the Council requirements to prove competency, should ensure that dental therapists and OHTs are not treating patients outside their scope, or treating adults with complex restorative needs.

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? — **Yes**

Page 10: Last thoughts

Q9 Please provide us your feedback

The Council's role is to ensure the safety of the public. While we are all concerned about whether we have the workforce available to care for children and adolescents, the dental therapy and oral health therapy professions cannot be held responsible for the care of these groups. This is not a professional issue but a Government policy and funding issue. We have known for many years that the dental therapy workforce is ageing and these same concerns were expressed prior to the implementation of the HPCA Act 15 years ago. We now have a situation where we have two peaks in the workforce available for the public sector – an older group (mainly dental therapists) and a younger group (mostly recently-graduated oral health therapists). Most oral health therapy graduates go and work for DHBs on graduation because they see the advantages in a stable position and having excellent opportunities in the form of mentoring. However, they move on because they are able to earn more in private practice (and pay off their student loans etc.), and because they are more likely to be able to practise to the full extent of their scopes in private practice. As well as investigating initiatives to provide dental care for low-income adults, the Government needs strategies to ensure the retention and recruitment of dental and oral health therapists (as originally stated in their oral health policy document 'Good Oral Health for All, for Life'). DHBs could employ dentists as well to work in Community Oral Health Services. They would most likely encounter the same issues; if dentists were willing to accept the pay that DHBs offer, many would also eventually prefer to work in private practice for better pay and the ability to use their full scopes of practice. As far back as the 1970s, the dental profession in New Zealand have talked about dental teams and the need for professions to work together. More teamwork is required to improve the oral health of New Zealanders. OHTs are part of the dental/oral health team and have the skills and knowledge to contribute to improving oral health. Their scope needs to enable them to do so.