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Page 2: Your demographics

**Q1** Your details

Name	Dr Usha Narshai
Company/organisation	[Redacted]
City/town	[Redacted]
Email	[Redacted]

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**Q2** Your submission is in the capacity as **dentist or dental specialist**

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Page 3: The proposal

<b>Q3</b> 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).	<b>Strongly disagree</b>
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Page 4: Your support

<b>Q4</b> Please describe why you support the proposal	Respondent skipped this question
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Page 5: Your concerns

**Q5** Please describe your specific concern/s with the proposal

My main concern with this proposal is the potential of the medium and long-term impact on children's oral health. The government and particularly the Prime Minister, is presenting a clear wish to address child poverty issues. Poor oral health is a significant contributor to one's quality of life. Within our current system staffed by Oral Health Therapists, large numbers of children (1 in 6) are not being seen on time, and the statistics (particularly for those in lower socioeconomic groups) suggests what's in place is not adequately looking after the needs of our children.

It is often assumed that the free dental healthcare system for our children under 18 years old means that at least all New Zealanders start life with good oral health. But sadly this does not appear to be the case. The reality is that the school dental service is overwhelmed, overstretched, underfunded, and severely understaffed. I am extremely concerned about the arrears rates, the worsening situation with respect to Oral Health Therapists moving out of the service, and the higher retirement rate that will impact over the coming years.

It seems that the attraction to private practice is not being met with sufficient advocacy for improved conditions to retain those available to provide care for children in the public sector. Many DHBs are already having trouble recruiting and retaining oral health therapists to work with pre-school and school-age children. The children of New Zealand whom there is already unacceptably long wait-lists in DHBs, will be further neglected as OHTs pursue the proposed increased scope. This neglect will have long-term health consequences for children into their adulthood, which further burdens an already overstretched public health system.

We need to find solutions to the dwindling number of therapists wanting to work in delivering oral healthcare. This service provides the crucial building blocks for our children's oral health and their adult quality of life. The challenge for all of us (dental healthcare workers, Dental Council, and the parents/caregivers of our nation's children) is to seek solutions and answers from our Government as to how they will allocate essential resources that look after our present and future generation's mouths. We need to work together and we need to act now!

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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**

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Page 7: Specific comments on the proposal

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

Currently in New Zealand we have an aging population with increasingly complex medical and health issues. Dentists have the academic, clinical and diagnostic training to provide comprehensive treatment options and fully-informed patient treatment. We have a workforce of dentists who are able, willing, and ready to enact now. All we require is the Government's support.

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Page 8: Anything else

**Q8** Do you have any further comments on the proposal? **No**

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Page 10: Last thoughts

**Q9** Please provide us your feedback **Respondent skipped this question**