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Via email
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Tēnā koutou katoa,

RE: Dental Council's Consultation on Budget, APC Fees & Disciplinary Levy 2026/27

Te Ohu Pūniho Ora o Aotearoa – NZOHA represents over 1,100 oral health therapists, dental therapists, and dental hygienists across Aotearoa. Our members form the backbone of public and community oral-health delivery, and they play a vital role in achieving equitable access to care for tamariki, rangatahi, and whānau.

We appreciate the opportunity to provide feedback on the Dental Council's proposed 2026/27 budget, APC fees, and disciplinary levies.

After reviewing the consultation document in detail, NZOHA does not support the proposed increases to APC fees and disciplinary levies for oral health therapists, dental therapists and dental hygienists. The scale, volatility, and cumulative impact of these changes are unsustainable and pose a serious threat to workforce retention, sector stability, and public access to oral-health services.

This submission outlines our core concerns and recommendations.

Significant and Unpredictable Increases

DCNZ proposes substantial increases to APC and disciplinary levy costs for the majority of our professions.

According to the consultation table on page 2 of the DCNZ proposal, the new totals (excl GST) are :

- Dental therapists: increasing to \$1,298.31 (from \$933.78 in 2025/26)
- Oral health therapists: disciplinary levy rising from \$149.41 to \$230.04
- Dental hygienists/orthodontic auxiliaries: rising to \$1,128.57

These are steep, year-on-year increases that far exceed inflation and exceed what many practitioners—particularly public-sector and community-based clinicians—can reasonably afford.

NZOHA members are already reporting hardship linked to rising APC costs. These increases will worsen inequities both within the profession and for the communities we serve.



Volatility in Disciplinary Costs

DCNZ's consultation document explicitly states that further disciplinary levies may be imposed at any stage if case volume or reserve levels change unexpectedly (see page 8).

For practitioners, this creates:

- Financial unpredictability, especially for part-time clinicians, parents returning to the workforce, or semi-retired practitioners
- Employer uncertainty, as Te Whatu Ora Health NZ, Māori oral health providers, NGOs, and private practices must manage fluctuating staff cost
- Anxiety, as practitioners face uncapped liability for circumstances beyond their control

A regulatory regime that allows for unlimited mid-year levy impositions is neither fair nor aligned with good regulatory practice.

Disproportionate Burden on Lower-Paid Scopes

The consultation confirms that APC fees cannot be cross-subsidised between professions (p.4).

While we understand this legislative constraint, the effect is that:

- Declining professions (e.g., dental therapists) face increasing fees even as their workforce shrinks
- Lower-paid professions end up paying APC totals close to or exceeding those of dentists, despite earning significantly less
- This model accelerates attrition, particularly in public services where remuneration is lowest

This runs counter to the Government's own health-workforce priorities (noted in the consultation overview on pp.6–7), which emphasise improved workforce access and retention.

Lack of Cost-Containment Strategies

While DCNZ acknowledges increased complexity and volume of conduct cases, the consultation document does not provide detail on:

- Efficiency measures
- Use of shared regulatory services
- Alternative dispute resolution pathways
- Early-resolution models
- Investment in prevention rather than escalation
- Long-term financial planning to reduce levy volatility

Given the proposed increases, practitioners should expect greater transparency about disciplinary drivers and mitigation strategies—not simply higher levies.

Increased Minimum Reserves Without Rationale

The consultation proposes raising minimum disciplinary reserves for oral health therapists, dental hygienists/orthodontic auxiliaries, and dental therapists from \$27,000 to \$100,000, a nearly fourfold increase (page 8).

The basis for these thresholds is not clearly explained, nor is profession-specific disciplinary trend data provided.



Before imposing such significant reserve increases, we believe DCNZ must provide:

- Case volume and complexity data by profession
- Modelling that justifies reserve levels
- Better explanation of why some professions' reserves rise sharply while others (e.g., dental technicians) remain comparatively small

Without this transparency, practitioners cannot meaningfully assess the fairness of the proposed levy structure.

Workforce Sustainability Risks

Aotearoa New Zealand is experiencing:

- Severe shortages of OHTs, DHs, and DTs
- Long waitlists in the Community Oral Health Service
- Escalating burnout and attrition
- High overseas migration of mid-career clinicians

Increasing APC and levy costs will:

- Discourage clinicians from retaining multiple scopes
- Push practitioners into non-practising status
- Deter graduates entering the workforce
- Make the scopes less attractive relative to international markets
- Further erode access to care for tamariki, rangatahi and whānau

These increases directly undermine the Government's stated objectives of improving access to timely, high-quality oral-health care.

Recommendations

NZOHA respectfully proposes the following:

Reduce or reject the proposed increases for 2026/27

- Maintain 2025/26 fee levels while undertaking a deeper cost review.

Establish an upper limit ("cap") on disciplinary levy increases

- Practitioners must not be exposed to unlimited levy escalation. Improve transparency and data reporting.

Strengthen transparency on disciplinary case data and trends

- Provide profession-specific breakdowns and cost drivers.

Implement cost-containment measures

Including

- shared services with other regulatory authorities
- streamlined PCC processes
- early-resolution pathways
- triaged or stepped disciplinary responses

Review the basis for minimum reserve increases

- Justify the fourfold increase for particular professions.

Consider an equity impact assessment

- Assess financial impacts on lower-paid professions and on workforce retention.

Develop long-term planning to smooth volatility

- Use multi-year modelling to avoid sharp annual increases.



Conclusion

NZOHA acknowledges the Council's mandate to protect the public and ensure practitioner competence. However, the scale and nature of the proposed APC and disciplinary levy increases are unsustainable, inequitable, and inconsistent with the realities of the current oral-health workforce crisis.

We urge DCNZ to work collaboratively with professional bodies to develop a fairer, more transparent, and more stable regulatory cost model, one that supports both public safety and the long-term viability of the professions that care for Aotearoa.

NZOHA would welcome the opportunity to meet with DCNZ to discuss solutions.

Ngā mihi nui,

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NZOHA

