

15 April 2026

Tēnā koe,

Consultation outcome - proposed registration pathways for overseas practitioners and updates to existing prescribed qualifications

On 12 November 2025 the Council issued a [consultation](#) on three new registration pathways for overseas practitioners and updates to existing prescribed qualifications.

The consultation closed on 29 January 2026 with constructive engagement on the proposals. A total of 151 complete submissions were received from a variety of stakeholders.

The Council has now carefully considered all the submission feedback and made the following decisions on its consultation proposals.

Registration pathways

1. The Council **accepted** the following three registration pathways for overseas practitioners:
 - Competent authority – registration based on recent clinical practice experience in a competent authority.
 - Comparable health systems – registration based on recent clinical general dental practice experience in a comparable health system, recognising 21 countries.
 - Teaching and research – registration based on employment in a New Zealand tertiary education institution to provide clinical learning, teaching, and research education for accredited New Zealand oral health programmes.
2. The Council **accepted** the:
 - Dental practice in New Zealand module to support all overseas new registrants, including TTMR registrants, as part of their recertification programme.
 - The proposed new registration fees as per [draft fees notice](#) – appendix 20 to the consultation document.
3. The Council **agreed** to review the new pathways after three years of operation to gain insight on what was working well, and what policy and processes could be improved.

These new pathways will come into effect on **1 November 2026** to allow time for implementation development work to occur. Further details on the pathways will be made available to applicants on our website closer to the implementation date. Application forms will only open on the implementation date.

Prescribed qualification changes

4. The Council **accepted** the following proposed prescribed qualification changes:
 - To remove the requirement for registration in the dental technology scope of practice as a prerequisite to register in the clinical dental technology scope of practice.

- To clarify that USA registration/licensing examinations for dentists who do not have a prescribed qualification, must include a psychomotor clinical skills assessment.
 - Further administrative changes to terminology for consistency, removing out-of-date pathways, and ensuring regulatory compliance with section 12(2) of the Health Practitioners Competence Assurance Act 2003.
5. The Council **deferred** its proposed changes to the prescribed qualifications for oral medicine practice to remove the requirement for a stand-alone medical degree for registration in the oral medicine specialist scope of practice, to enable further engagement on the proposed medical components required for oral medicine practice in New Zealand within the Gazetted qualifications.

The Council will further engage with the practising oral medicine specialists and education providers on the required medical components (didactic and clinical immersive training) to ensure educational standards and appropriate level of competence can be achieved to protect patient safety and meet NZ oral medicine health needs.

The Council will communicate directly with these stakeholders following further work on the areas of concern raised by the submitters.

The gazetting of all the oral medicine prescribed qualification changes proposed in [Attachment 10](#) of the consultation document, including the proposed *competent authority – registration* proposal was deferred until the required medical components have been confirmed. Then a final decision on the proposed removal of a stand-alone medical degree for registration in the oral medicine specialist scope of practice can be made.

6. The Council **did not proceed** with its proposal that admission to the New Zealand oral health therapy registration examination be extended to those holding a dental qualification. The Council decided that for New Zealand registration, examination candidates need to hold a qualification in the profession that the examination is assessing competence in.

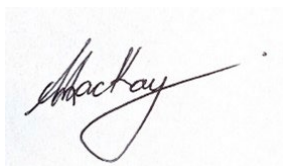
The removal of the dentist qualification from the New Zealand registration examination for oral health therapy will be made to the draft gazette notice consulted on. To reflect the Council position, related changes to remove the dentist qualification from the New Zealand registration examinations for dental hygiene and dental therapy will be consulted on soon.

For those proposals accepted, the relevant gazette notices consulted on will be published as secondary legislation on 16 April 2026, and be made available on our [website](#).

Further details on the consultation proposals, feedback and decisions follow this letter.

The Council thanks everyone who took the time to make a submission on these substantive topics. Your feedback plays an important role in informing and strengthening our decisions.

Ngā mihi nui,



Marie MacKay
Chief Executive

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Details on proposals, feedback and decisions made

1. Submissions received

At the close of the [consultation](#), 151 complete submissions were received from a variety of stakeholders, as detailed in the table below:

Number of submissions received by submitter categories

Category	Volume
Registered oral health practitioner	94
Professional bodies	10
Overseas accrediting or registration/licensing body	9
Employer	3
Educational institution	1
Other (incl. overseas practitioners not registered with Dental Council NZ)	34
TOTAL	151

Not all submitters answered each question. The number of submission responses for each pathway ranged between 132 – 140.

Strong interest was demonstrated from oral health practitioners registered with the Dental Council NZ (62% of submitters).

2. Registration pathways

The following section details the key [proposed](#) changes, feedback and decisions on the three new registration pathways.

Proposals

The Council proposed three registration pathways for overseas practitioners:

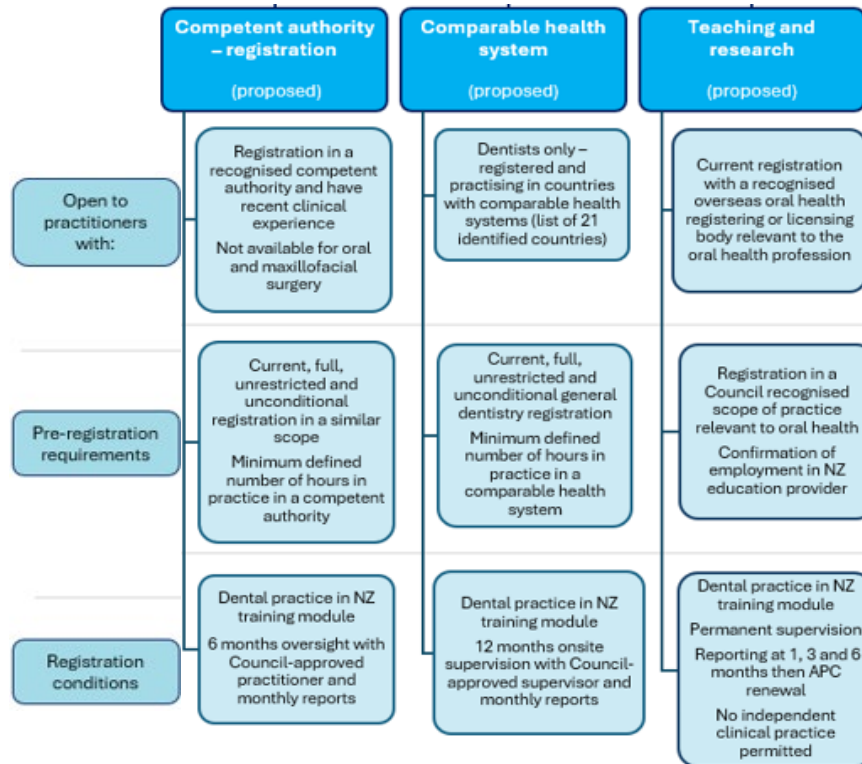
- Competent authority – registration based on recent clinical practice experience in a competent authority.
- Comparable health systems – registration based on recent clinical general dental practice experience in a comparable health system, recognising 21 countries.
- Teaching and research – registration based on employment in a New Zealand tertiary education institution to provide clinical learning, teaching, and research education for accredited New Zealand oral health programmes.

The consultation further included the following proposals:

- Introduction of a Dental practice in New Zealand module to further support all overseas new registrants' transition to New Zealand dental practice

- Proposed new registration fees to support the proposed new registration pathway applications, if introduced
- Draft registration policy to affect the proposed new registration pathway applications, if introduced.

The proposed eligibility and pre-registration requirements, and registration conditions for practising in New Zealand, as consulted on, is summarised in the visual below.



Submission feedback

There was overall support (74%; support/somewhat support) for the proposed pathways and support was consistent across all three pathways. The *competent authority – registration* pathway was the mostly strongly supported (69%) followed by the *teaching and research* pathway (66%) and then the *comparable health system* pathway (64%). In general, about 10% of respondents were neutral on the proposed changes.

Most NZ registrants supported (59%) or somewhat supported (79%) the proposals.

The reasons for support included:

- Reduce unnecessary regulatory barriers
- Provide more accessible and fair pathways
- Shorten timeframes for qualified practitioners to enter the workforce
- Reduce reliance on resource-intensive individual assessments
- The fairness of acknowledging regulated experience rather than only original qualifications
- The benefit of monitored entry to the NZ practice environment

- Reduced duplication of assessment (between the Dental Council and the overseas authorities)
- Essential for addressing workforce shortages, especially in academia.

The areas of key concern raised by submitters are summarised below, with responses to the submission points made:

- Workforce
 - While the sentiment of locally grown workforce is supported, the workforce has been supplemented by overseas trained practitioners for many years (almost 30% of our current workforce).
 - The Council has no control or mandate over funding of NZ training positions which is determined by the Government.
 - The new pathways are not expected to create an oversupply of oral health practitioners. The oversight and supervision requirements mean that the practitioner must have a job offer and approved oversight/supervision agreement in NZ, to obtain a practising certificate. Therefore, the workforce itself will determine opportunities for these applicants to practise in NZ.
- Registration standards
 - The oversight or supervision requirement is a protective mechanism to ensure that the practitioner safely enters the NZ practice environment and maintains their established competence.
 - The teaching and research scope recognises that a career academic may not have the same practice history profile as a practitioner practising full-time as a clinician.
 - Normal registration assurance processes apply. Qualifications are validated between a mix of primary source verification, and certification, and cross referencing with information provided directly from the overseas jurisdiction. Identity checks are also made. The process also includes CV, CPD and referee checks. Inconsistencies are queried.
- Reciprocity
 - The Council remains open to engage with other regulators if they approach us to recognise our qualifications in their jurisdiction, including through formal reciprocal arrangements. However, the Council prioritises public protection through the functions permitted under section 118 of the HPCA Act. Creating pathways for practitioners to practise overseas is not a function set out for the Council.
- TTMR
 - Concerns about practitioners using registration in NZ to apply for registration in Australia via Trans-Tasman mutual recognition (TTMR).
 - While it is disappointing when practitioners apply for registration in NZ solely to make use of TTMR provisions, the requirement to obtain a job offer in NZ and have an approved oversight protocol in place before a practising certificate can be issued (noting a practising certificate is required for TTMR), provides some assurance of the intent to practise in NZ, at least in the short term. It must also be acknowledged that NZ gain registrants via TTMR.

- Equity in assessment
 - Some submitters were of the view that all applicants should undertake a registration examination.
 - To do away with registration pathways and require all applicants to pass a registration examination would not be considered right touch and would be incongruent with section 12 of the HPCA Act – the guiding principles of prescribing qualifications.
- Competent authority and comparable health system recognition
 - Some submitters expressed concern that the recognised countries could be extended without notice. The registration pathways will be prescribed qualifications and to alter a prescribed qualification the HPCA Act requires a public consultation.
 - Should the Council identify jurisdictions that may appear equivalent to New Zealand, then the usual due diligence processes would be followed, and changes consulted on.
- Practice experience and length of oversight or supervision
 - Some submitters questioned whether the length of the practice experience requirements was sufficient. These timeframes are used by the Medical Council, and they have not reported any issue with them. Timeframes are designed to meet recency of practice requirements.
 - As well as providing recency of practice assurance, the practice experience component allows the practitioner to adjust and embed their practice in the recognised jurisdiction. It also allows an opportunity for the regulatory authority to identify and manage competence and conduct concerns if they arise.
 - Concern was raised that the professional practice experience of specialists was less than that of other oral health practitioners. The reduced practice experience timeframe recognises that specialists have undergone extensive advanced training, work under a practitioner referral system, and many hold hospital or tertiary training positions.
- Length of proposed oversight or supervision
 - Some submitters raised concerns that the oversight and supervision periods were not long enough. One responder suggests 24 months were needed for oversight, and another responder suggests that 72 months for supervision.
 - The oversight and supervision requirements are a safeguard to ensure that the practitioner safely enters the NZ practice environment (including the Standards Framework) and maintains their competence to practise during this transition. Risk of barriers to practice in NZ need to be managed by ensuring that the level and length of oversight and supervision is proportionate to the risk.
 - The pretence of the proposed pathways was that we accept that the competent authority jurisdictions have equivalent methods for ensuring that applicants they register have appropriate qualifications, training and experience; and any competence, conduct of health concern are adequately managed; and issues advised as part of the regulator's certificate of good standing. Similarly, the basis of recognition of a comparable health system was that the health system and regulation of health practitioners was comparable to that of New Zealand.
 - The Council can only apply the least restrictive means necessary to protect the public, and may not unnecessarily restrict the registration of practitioners, or have onerous cost impli-

cations on health practitioners or the public. It may be difficult to justify such extended periods of oversight and supervision that do not have verifiable support by other regulatory authorities or jurisdictions.

- Efficacy of oversight and supervision
 - Concern was raised in relation to the understanding of supervision.
 - Oversight and supervision are already in operation at the Council and follow strict processes.
 - Oversight practitioners and supervisors need to be experienced (have been registered and practising in NZ for at least 5 years), be in good standing and have a practising certificate in the same or similar scope of practice to the practitioner.
 - For the teaching and research scope, supervisors will need to have a practising certificate in a scope of practice appropriate to the teaching and research that the practitioner will be doing.
 - Practitioners subject to inquiries or other regulatory processes cannot be approved to provide oversight or supervision.
 - The oversight and supervision models require both practitioners to practise within their legal and professional obligations. There is an agreement that both parties sign up to.
 - NZ practising registrants are subject to audits of their compliance with the standards framework, including ethical and professional standards and practice standards, and their recertification programme.
 - Oversight and supervision conditions can only be removed when sufficient information has been provided by the Council-approved oversight/supervisor practitioner.
 - A practitioner with an oversight or supervision condition on their registration can only practise when that arrangement is active. If an oversight relationship broke down or a job contract ended, the practitioner would need to stand down from practice until a new arrangement was approved.
- Some submitters raised concerns about the impact of these new pathways on conduct and competence processes, APC fees and disciplinary levies
 - A referral for regulatory intervention regarding competence would only be triggered if the supervision or oversight practitioner identified that the practitioner was practising below the standard of competence and normal employment processes had not been able to address this. In turn, a competence programme would only be established if the practitioner chose to remain in NZ. Similarly, a conduct referral would need to follow existing processes.
 - Practitioners with practice experience in competent authority jurisdictions, are already registering in NZ by the *individual assessment* pathway and enter practice with oversight or supervision conditions. These practitioners are not over-represented in the competence review committee and professional conduct committee statistics.
- Potential conflicts of interest in the supervisory/oversight relationship were raised
 - While this conflict is acknowledged, this must be balanced with potential barriers that restricting oversight and supervision may have on smaller practices and rural areas securing practitioners to fill vacancies, and with a potential increased demand for oversight/supervision practitioners.

- Resources will be made available for supervisors and oversight practitioners as part of the implementation phase. These will include clearly articulated expectations in the supervision/oversight protocol, reporting templates and monitoring processes of these reports.

Consideration

While submitters generally supported the proposals, the key area of concern related to the supervision requirements, especially for the *comparable health system* pathway. Regulatory supervision is distinct from clinical supervision, and registration supervision is not the same as supervision orders that follow competence or conduct inquiries.

The Council acknowledged the concern held by some that the quality of the educators could be compromised with the new proposed *teaching and research* pathway, especially with the significant recruitment challenges faced by the Faculty.

The proposed *teaching and research* pathway allows education institutions the ability to employ suitably qualified academic staff to teach into their programmes and recognises those practitioners who are competent in teaching and research. The current *individual assessment* registration pathway is not designed to assess career academics who do not have the same practice history profile as a practitioner practising full-time as a clinician. Practitioners who are eligible to apply for independent registration would be directed to those pathways.

On balance, the Council considered that the academic workforce pressures need support, similar pathway operates successfully in other jurisdictions, several safeguards and other assurances exist within the educational institutions, and the Council's accreditation processes do monitor educational quality, including staffing qualifications and experiences, clinical supervision. This pathway could possibly attract high calibre candidates not previously interested in undertaking existing registration pathways available to them.

Actions:

As part of the implementation project:

- Develop supervision/oversight guidance materials for practitioners and members of the public
- Undertake further work to strengthen the quality assurances around supervision for the *comparable health system* pathway given that this pathway poses a higher risk because we know less about these jurisdictions
- For the *teaching and research* pathway: update the annual accreditation monitoring with focus on these new registrants
- Develop robust reporting to the Council on any issues identified in oversight/supervision reports, other regulatory non-compliance, competence or conduct issues.

Decisions

Following careful consideration of all the views presented, the Council **approved**:

1. The following three new proposed registration pathways as consulted on:
 - Competent authority
 - Comparable health system
 - Teaching and research.

2. The Dental practice in New Zealand module to support all overseas new registrants, including TTMR registrants, as part of their recertification programme.
3. The proposed new registration fees as per [draft fees notice](#) – appendix 20 to the consultation document.
4. Review of the new pathways after three years of operation to gain insight on what was working well, and what policy and processes could be improved.

The approval of the registration policy was deferred following completion of an internal regulatory policies review. The provisions consulted on as part of this process will remain within the registration policy.

Next steps

The three new pathways will open **on 1 November 2026**. Applications beforehand will not be possible.

More details on the pathways will be made available on our website a month before the pathways open.

In the interim, a table in **Appendix 1** summarises the eligibility and pre-registration requirements, and registration conditions for practising in New Zealand as approved following the consultation.

3. Prescribed qualification changes

The following section details the key [proposed](#) changes, feedback and decisions to the existing gazetted prescribed qualifications.

3.1. Oral medicine prescribed qualification

Proposal

For oral medicine practice in New Zealand, remove the requirement for a stand-alone medical degree for registration in the oral medicine specialist scope of practice, and to articulate the necessary medical components required for oral medicine practice in New Zealand within the Gazetted qualifications.

Over 2013 – 2015 the Council engaged with NZ oral medicine dental specialists, and local and overseas oral medicine education providers. From that process the Council agreed:

- a. strong background knowledge in general medicine and skills in the management of in-patients with oral medicine needs is required for effective practice of oral medicine in New Zealand; and
- b. in-principle an undergraduate medicine degree is not required for registration in the oral medicine scope of practice, if the dental postgraduate qualification can demonstrate that the appropriate medicine-related knowledge and skills have been achieved in the programme to ensure competent and safe practice within the oral medicine scope of practice in New Zealand.

The Council proposed the following medical components for oral medicine training in NZ:

At minimum, the following medical didactic learning and clinical training with a focus on manifestation in the oral-facial region is required as part of the specialist training: dermatology, medical and radiation oncology, otolaryngology, systemic disease - gastrointestinal tract, haematology, autoimmune conditions, infectious disease/immunology, neurology/ pain, psychiatry/clinical psychology. These can either be part of a medical degree obtained prior to entering the specialist training or incorporated into the specialist qualification.

Some submitter comments indicated that the draft notice's footnote with the proposed medical components to be embedded into the programme, copied above, was missed. Limited feedback was received on the proposed medical components.

Submission feedback

From a total of 135 responses to this consultation proposal, 43% of submissions fully supported the proposal, 11% somewhat supported the proposal, with 26% opposing the proposal. Submissions and feedback came from a range of stakeholders, including local oral medicine specialists, professional organisations, educators, international UK governance member, international dental regulator, NZ hospital and community oral health services, medical specialists, prospective oral medicine trainees/current medical students.

On balance, while general support for the proposal exists and most submitters acknowledged that equivalent competencies might be achievable through alternative training frameworks, concerns were raised. These concerns came from a range of stakeholders beyond the oral medicine profession itself, some active medical specialists and dentists/dental specialists working alongside oral medicine specialists in the public sector.

Concerns predominantly centred on:

- Robust quality assurances on appropriate breadth and depth of the medical training, structured medical multidisciplinary rotations, immersive clinical experiences, assessments by appropriately qualified medical practitioners, ensuring effective multidisciplinary care continues
- A transition and/or educational framework was recommended by a few submitters, including clarity on expectation of training duration
- Various submitters recommended exploring alternative registration pathway – “a two-pathway model: shorter training for dual-qualified candidates, extended training for single-qualified candidates”
- Support from a range of stakeholders that the Council engages with oral medicine specialists and education providers before a final decision is made
- Some stakeholders requested specific responses to their concerns before a final decision is made.

Consideration

Following consideration of the feedback, the Council agreed that there was a need to further engage with the practising oral medicine specialists and education providers. As highly skilled and respected members of the profession, the oral medicine specialists will add value to articulate the essential medical components (didactic and clinical immersive training) to ensure educational standards and appropriate level of competence are achieved to protect patient safety and meet NZ oral medicine health needs.

Decisions

The Council agreed to:

5. **Defer** its decision on the proposed changes to the prescribed qualifications for oral medicine practice to remove the requirement for a stand-alone medical degree for registration in the oral medicine specialist scope of practice, to enable further engagement on the proposed medical components required for oral medicine practice in New Zealand within the Gazetted qualifications.
6. **Defer gazettement any of the oral medicine prescribed qualification changes** proposed [in Attachment 10](#) of the consultation document, including the proposed *competent authority – registration* proposal until the required medical components have been confirmed. Then a final decision on the proposed removal of a stand-alone medical degree for registration in the oral medicine specialist scope of practice can be made.

Next steps

Based on the feedback received, some further work will be undertaken before meeting with practising oral medicine specialists and education providers.

The Council is committed to progress this matter due to the workforce pressures in oral medicine.

3.2. Clinical dental technology registration

Proposal

The Council proposed to remove the requirement for registration in the dental technology scope of practice as a prerequisite to register in the clinical dental technology scope of practice. Primarily because the current registration requirement does not meet the prescribed qualification requirements under section 12 a–e of the HPCA Act, and that the requirement is an unnecessary regulatory burden that does not align with other Council registration approaches.

Submission feedback

From a total of 127 responses on this consultation proposal, 43% of submissions supported or somewhat supported the proposal, with 28% opposing the proposal.

The rationale offered for support aligned with the reasons detailed in the consultation document.

While only 43% of submitters supported or somewhat supported the proposal, the area of concern related predominantly to assurances of appropriate dental technology foundational knowledge and skills to protect the standard of patient care by clinical dental technicians. Extending this assurance beyond relying on the entry requirements of the university postgraduate programme was recommended.

Responses to some of the concerns raised include:

- While the Council supports the focus on quality dental prostheses work and non-technical skills for good patient care, under the Ministry of Health's definition of restricted activities non-registered persons can design, manufacture and repair fixed and removable oral and extra-oral appliances and prostheses under prescription.
- The proposal focused on meeting the competency requirements for clinical dental technology, like all other Council scopes of practice. Normal assurance of competence for registration apply across all scopes of practices.
- The sustainability of the smaller professions was acknowledged in consultation document and is a strategic consideration for the Council as part of input into legislative reforms.
- The Council has not been advocating for the removal of dental technology as a recognised profession as part of the HPCA Act review. The Ministry of Health is exploring whether some lower-risk professions can have a different regulatory approach. No further detail on this is available.

Consideration

The Council considered the feedback, and reconfirmed its view that the existing requirement places unnecessary registration barriers. Especially, for those University of Otago clinical dental technology (CDT) graduates that obtained their undergraduate dental technology qualification elsewhere, and for TTMR applicants when dental technology is not regulated in Australia. The focus should be on competence assurance to practise clinical dental technology, which inherently relies on sound foundational dental technology capabilities.

It was agreed that the dental technology competencies detailed under providing services (6.8 – 6.14) should be clearly identifiable within the clinical dental technology competencies. That will ensure the foundation dental technology technical skills are explicit within the CDT competency requirements. This would offer assurance through the accreditation processes, and would not only rely on the entry criteria of the CDT programme to ensure an appropriate dental technology qualification.

Decisions

The Council agreed to:

7. **Approve** the proposal to remove the requirement for registration in the dental technology scope of practice as a prerequisite to register in the clinical dental technology scope of practice.
8. **Review** the clinical dental technology competencies to ensure all the dental technology competencies detailed under providing services (6.8 – 6.14) are clearly identifiable within the clinical dental technology competencies.

3.3. Examination changes

Two examination changes were proposed:

- USA Licensing examinations for dentists
- Dental hygiene, dental therapy and oral health therapy examinations.

From a total of 128 responses on this consultation proposals, 63% of submissions supported or somewhat supported the proposal, with only 18% opposing the proposal.

The nature of the consultation question made it difficult to quantify support for the specific proposals. Comments from submitters indicate strong support for a psychomotor clinical skills assessment, but support was not as evident for the entry requirements in the dental therapy, hygiene and oral health therapy registration examinations.

a) USA Licensing examinations

Proposal

The proposal clarified that USA registration/licensing examinations for dentists who do not have a prescribed qualification, must include a psychomotor clinical skills assessment.

Submission feedback

Most feedback supported strong observational clinical assessments. The comments objecting to the proposal appear to have misinterpreted the proposal, or not understood the USA licensing examinations. One submitter indicated that as some States in the USA accepted the new clinical assessments, NZ should as well.

Consideration

The Council noted the strong support. Psychomotor clinical skills assessment protect the standards and offer safeguards.

Decision

9. The Council **approved** the proposal that the USA registration/licensing examinations for dentists who do not have a prescribed qualification, must include a psychomotor clinical skills assessment.

b) Dental hygiene, dental therapy and oral health therapy examinations

Proposal

To ensure consistency across the prescribed requirements for dental therapy, dental hygiene and oral health therapy (OHT) registration based on the New Zealand registration examinations, it was proposed that admission to the New Zealand oral health therapy registration examination be extended to those holding a dental qualification. In addition, clarification that a candidate holding a combined dental therapy/hygiene qualification can apply to sit the oral health therapy registration examination.

Submission feedback

Stronger opposition to the proposal for a dentist to sit the oral health therapy registration examination was received.

Objections included:

- Concern from two Australian organisations about potential misalignment in assessments across different registration divisions, and concern about a regulatory risk that this may result in practitioners possible practising outside of their scope of practice. The Dental Board of Australia's regulatory framework assumes there is consistency between a practitioner's qualification and their protected title.
- Potential that these registrants may over time practise outside of their NZ registered scope due to their previous dentistry experiences.
- Dentistry and oral health therapy are not equivalent professions, and oral health therapy should not be framed as a fallback option for dentists unable or unwilling to pursue dentist registration.
- Periodontal disease treatment and management is complex, and hygienists/oral health therapists are (highly) skilled in their field, and specifically trained within their scope of practice.

Those that supported the proposal saw the proposal as expanding workforce opportunities, and relying on the assessments to determine applicants' competence.

Consideration

The Examinations policy currently precludes dentists from sitting dental hygiene, dental therapy and oral health therapy examinations due to the low pass rate and high examination fees. The consultation wanted to test whether this approach should be changed, and applicants make their own decisions whether to sit the examination.

On balance, the Council accepted the concerns raised by submitters as valid, and agreed to not allow dentists to sit the NZ hygiene, therapy and oral health therapy registration examinations.

The Council considered that the new registration pathways open opportunities for overseas dentists to practice within their scope of practice in NZ, and that regulatory alignment with Australia under TTMR is preferred.

Decisions

The Council agreed:

10. **To not implement the consultation proposal** that admission to the New Zealand oral health therapy registration examination be extended to those holding a dental qualification.

11. For New Zealand registration, examination candidates need to hold a qualification in the profession that the examination is assessing competence in.

The removal of the dentist qualification from the New Zealand registration examination for oral health therapy will be made to the draft gazette notice consulted on. To reflect the Council position, related changes to remove the dentist qualification from the New Zealand registration examinations for dental hygiene and dental therapy will be consulted on soon.

3.4. Administrative changes

Proposal

The consultation proposed further administrative changes to terminology for consistency across all the scopes of practice, and to remove earlier entry pathways that are out-of-date, and ensure regulatory compliance with section 12(2) of the HPCA Act.

One of the proposed administrative changes related to the existing FRACDS(OMS) prescribed qualification. The amended footnote was to be explicit that the prescribed qualification relates to the qualification accredited and gazetted by the Council in March 2012, and monitored for ongoing quality assurance. It does not relate to Fellowship the College may award based on their own criteria and processes.

Submission feedback

The only respondent to the clarification on the FRACDS(OMS) prescribed qualification supported the proposal.

The balance of the feedback related to the proposed registration pathways or the proposed oral medicine proposal. These were considered in earlier sections.

Decision

12. The Council **accepted** the administrative changes to prescribed qualifications as indicated in the draft Gazette notices for the scopes of practice listed as appendices 1 – 18 (excluding appendix 10 – the draft notice for oral medicine, and subject to the OHT examination change reported in the previous section).

Next steps

For those changes accepted, the relevant gazette notices consulted on will be published as secondary legislation on 16 April 2026, and be made available on our [website](#).

Eligibility and pre-registration requirements, and conditions for practising in New Zealand for the three new pathways

	Competent authority – registration	Comparable health system	Teaching and research
Applies to	All scopes of practice except oral and maxillofacial surgery and oral medicine dental specialists	General dental practice	Within any scope of practice
Jurisdictions/Countries	<p>Current recognised competent authorities are¹:</p> <ul style="list-style-type: none"> - Australian health practitioner regulation agency and Dental Board of Australia - Dental Council of Ireland - General Dental Council (United Kingdom) - Commission on Dental Accreditation of Canada and Canadian provincial dental regulators and the National Dental Examining Board of Canada - Commission on Dental Accreditation and USA state dental boards 	<ul style="list-style-type: none"> - Austria - Belgium - Hong Kong - Czech Republic - Denmark - Finland - France - Germany - Greece - Iceland - Israel - Italy - Japan - Netherlands - Norway - Portugal - Republic of Korea - Singapore - Spain - Sweden - Switzerland² 	Applicants must hold current registration with a recognised overseas oral health registering or licensing body in a Dental Council recognised scope of practice, that allows the practitioner to conduct oral health clinical learning, teaching and/or research relevant to the oral health profession
Registration requirements	<p><i>Dentists</i></p> <ul style="list-style-type: none"> - Applicants must hold current, full, unrestricted, and unconditional general dentistry 	<ul style="list-style-type: none"> - The dentist must hold current, full, unrestricted, and unconditional general dentistry registration with a recognised comparable health system authority(s) and be in good standing with that authority(s) 	Confirmation of employment by a New Zealand education institution to provide clinical learning, teaching and/or research education for New Zealand accredited oral health programmes

¹ Authorities with an equivalent regulatory system, including systems for accreditation, setting professional standards, competence assessment and registration, ensuring ongoing competence and fitness to practise.

² Countries with comparable health system infrastructure, population health outcomes, and health regulatory frameworks.

	<p>registration in a recognised competent authority(s) and be in good standing with that authority(s)</p> <ul style="list-style-type: none"> - They must have practised clinically in general dental practice in a competent authority(s) for at least 33 months (working 20 hours or more per week) during the 48 months before applying <p><i>Recognised dental specialists</i></p> <ul style="list-style-type: none"> - Applicants must hold current, full, unrestricted, and unconditional registration appropriate for practice in the specialty applied for, in a recognised competent authority(s) and be in good standing with that authority(s) - They must have practised clinically in their specialty scope of practice in a competent authority(s) for at least 24 months (working 20 hours or more per week) in the past five years, including 12 months within the last 18 months immediately before applying <p><i>Oral health therapists, dental hygienists, dental therapists, clinical dental and dental technicians, and orthodontic auxiliaries</i></p> <ul style="list-style-type: none"> - Applicants must hold current, full, unrestricted, and unconditional registration in the equivalent scope of practice with a recognised competent authority(s) and be in good standing with that authority(s) 	<ul style="list-style-type: none"> - They must have practised clinically in general dental practice in a comparable health system(s)⁴ for at least 33 months (work 20 hours or more per week) during the 48 months before applying 	
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⁴ Competent authority practice experience can count toward this time requirement, if not sufficient for the Competent Authority – Registration pathway.

	<ul style="list-style-type: none"> - They must have practised clinically³ in their identified oral health profession in a competent authority(s) for at least 33 months (working 20 hours or more per week) during the 48 months before applying 		
<p>Conditions for practising in New Zealand</p>	<p>Registration includes a period of oversight as part of a broader oversight programme. This includes:</p> <ul style="list-style-type: none"> - Completion of a Dental practice in New Zealand module aimed at orientating practitioners to the New Zealand healthcare system, regulatory and practising environment - Six months of practice under the oversight of a Council-approved practitioner - Monthly oversight reports and a letter of recommendation at the end of the oversight period. <p>The registration conditions will be removed after application by the practitioner with evidence that demonstrates successful completion of all the programme requirements.</p>	<p>Registration includes a period of supervision as part of a broader supervision programme. This includes:</p> <ul style="list-style-type: none"> - Completion of a Dental practice in New Zealand module aimed at orientating practitioners to the New Zealand healthcare system, regulatory and practising environment - 12 months of practice under direct (onsite) supervision of a Council-approved supervisor - Monthly supervisor reports and a letter of recommendation at the end of the supervision period. <p>The registration conditions will be removed after application by the practitioner with evidence that demonstrates successful completion of all the programme requirements.</p>	<p>Registration will be subject to permanent supervision, specifically:</p> <ul style="list-style-type: none"> - Individual clinical practice i.e. management of patients is not permitted in any location, and the pathway does not lead to general or specialist registration - Supervision by a Council-approved supervisor who is employed by the same teaching institution as the registrant - Supervisor reports are required initially at 1, 3, and 6 months and thereafter with the annual practising certificate renewal, based on the Council's competencies relevant to the registration category - Completion of a Dental practice in New Zealand module aimed at orientating practitioners to the New Zealand healthcare system, regulatory and practising environment will be required within the first six months of supervised practice. <p>To be eligible to practise independently, the practitioner must apply for registration in their relevant scope of practice following the other available registration pathways.</p>

³ For dental technology, practised clinically means undertaking technical work for clinical cases.