

Registration pathways and prescribed qualifications consultation – Q&A guide

December 2025

The Dental Council is consulting on new pathways that will make it easier for suitably trained overseas oral health practitioners to join the register and practise in New Zealand. The proposed changes aim to enable skilled practitioners from overseas to join the workforce more quickly and efficiently, without compromising public safety.

The three new pathways proposed are:

- **Competent Authority Pathway - Registration** – for practitioners with recent clinical experience in a recognised competent authority, that we consider equivalent international regulators. This new pathway is proposed for 17 scopes of practice.
- **Comparable Health Systems Pathway** – opens registration to dentists with recent clinical experience from 21 countries with health systems and regulation assessed as comparable to New Zealand.
- **Teaching and Research Pathway** – for those employed in New Zealand tertiary or academic institutions to support clinical learning and research in our accredited programmes, who cannot use any of the registration pathways (not for independent clinical practice).

Dental Council Chair Dr John Bridgman and Chief Executive Marie MacKay hosted two webinars to address emerging questions on 26th November and 1st December 2025. Below are questions we received and our responses, focused on workforce, supervision, additional courses and detailed queries on the pathways.

Impact on workforce

The proposed pathways may open up eligibility to a large number of international dentists, who will then compete for work in a very small occupation within a very small country?

Overseas practitioners are currently welcome to go through our existing registration processes. The proposed new pathways offer additional and more efficient and effective routes to registration. We achieve this by expanding the options beyond countries we traditionally recognised and across more professions, and reducing the

current onerous processes where there is sufficient assurance about a practitioner's ability to join the register.

The individual assessment pathway is resource intensive for the applicant and the Council – especially to secure appropriate academic and NZ practice expertise to support the increasing volume of applications. Both the individual assessment and examination pathways take extended time and is more expensive due to the level of resources involved.

The introduction of additional pathways will balance the assurance needed with right touch regulation checks at the point of applying for an annual practising certificate (APC).

How do we ensure people aren't going to use the pathways to get registration here just to use TTMR and move to Australia?

The safeguard is that oral health professionals coming in on the new proposed pathways are required to have appropriate supervision or oversight in place before they can be granted an APC. This means that they will need a job to secure a supervisor or oversight practitioner.

Should they then decide to register in Australia, any practice conditions from New Zealand will automatically transfer to Australia.

It is anticipated that most may first want to meet their NZ practice requirements to be able to apply in Australia without any practice limitation – but there is no guarantee. Not dissimilar to the scenario we experience today.

However, it must be recognised that practitioners also register in New Zealand coming from Australia under TTMR.

Why is the Council encouraging overseas practitioners in favour of training more NZ dentists?

There is a focus from the government to address health workforce challenges by encouraging all health regulators to open up pathways and reduce regulatory barriers for overseas practitioners to practise in New Zealand.

Separately, NZ funded training positions for dentists are capped by the government, and dental specialist training programmes are small. Training in NZ is expensive, and while there is a good retention rate of NZ graduates some do leave the country. Health NZ has identified some oral health professions with critical workforce shortages – with some disciplines having challenges to fill vacancies. We understand the reasons may be complex.

Our pathways are currently open to overseas practitioners, and the proposals are focused on expanding the current options beyond countries we traditionally recognised and across more professions, streamlining the existing processes to reduce the time, cost and burden on both the applicant and Council where we have assurance that their registration and clinical practice experience mean they are fit to be registered and practise in NZ – with the necessary safeguards early on.

We also recognise the worldwide shortage of dental academics, and while they are experts within their specific fields, their practice often looks different to those that our processes are traditionally designed for.

Supervision

How will Dental Council choose NZ clinicians to be the supervisors for people applying via the competent authority registration pathway and how will they be standardised?

The applicant will nominate a supervisor, usually from within the practice or service they will be employed. Both parties will sign up to a protocol specifying their roles and obligations. The supervisor must be in good standing and have some level of practice experience to support the supervision (i.e not a new graduate or registrant). Typically, supervisors need to have at least 5 years practice experience in New Zealand.

The supervision reports are standardised and set against the gazetted competencies. Reports are monitored with clinical input. The supervisor and practitioner will be contacted for more information if concerns are raised. Supervisors are also asked to contact the Council outside of the reporting period the supervisor is concerned about risk to public health and safety.

If a supervisor does not believe the practitioner is competent at the end of an extended supervision period, what happens moving forward?

If the supervisor is not in a position to advise that the practitioner is competent and safe to practise independently then the supervision period would extend; the supervision conditions cannot be removed until the practitioner has satisfactorily completed the supervision period. If the supervisory relationship was to breakdown, the practitioner would need to stand down from practice until a new arrangement was found.

Oral medicine

Why has Council embedded the discussion around Oral Medicine in this document rather than a separate consultation?

We recognise this is a big consultation with a wide scope. For efficiency we are using the opportunity to engage with the sector more broadly on all our prescribed qualifications, but with a central theme to identify, and explore ways to remove barriers for entry onto the register.

Will the proposed removal of a medical degree now lower the level of training and ability to practice oral medicine in NZ?

Council doesn't believe that it would, based on evidence from other international programmes, like Australia and other international jurisdictions. Especially, given that we are defining the medical components we consider essential and directly related to oral medicine we expect the training programmes to include.

We look forward to hearing from educational providers and oral medicine specialists to share their expertise and experiences on this.

Teaching and research pathway

What will be the 'checks' on this pathway?

The applicant must hold current registration with a recognised overseas oral health registering or licensing body in a Dental Council recognised scope of practice.

The suitability of the individual to adequately fulfil the teaching or research role will be the decision of the employer, following their usual due diligence and employer checks.

Supervision must be by a Council-approved supervisor who is employed by the same teaching institution.

Supervisor reports are required initially at 1, 3, and 6 months and thereafter with the annual practising certificate renewal.

Individual clinical practice i.e. management of patients is not permitted in any location. This means that if they conduct clinical supervision of students that must be done with support by another registered dental practitioner without practising limitations.

The pathway does not lead to general or specialist registration.

What is the guideline on the recency of clinical practice when applying for the limited registration for teaching and research?

The same recency of practice criteria of 3 years to ensure contemporary practice within the relevant teaching and research discipline would apply.

NZ practice module

What are the contents of the NZ practice module being proposed and how is this module being learnt?

The exact detail is still under development – but broadly is expected to cover introduction to the:

- NZ health system and legislation (such as HPCA Act, HDC, ACC, Medicines Act etc)
- Our standards framework ethical principles, professional standards and practice standards
- Practitioner obligations on annual recertification and practising renewal
- Cultural competence to deliver culturally safe care.

The aim will be to have the resources easily accessible online, with some assessment components at each of the units to ensure appropriate engagement by the practitioner. This is being proposed on all existing and new overseas pathways.

Additional courses

Will the Dental Council support a ‘bridging’ course for those overseas trained practitioners living in NZ to prepare for NZ examinations, who don’t qualify for any of these proposed pathways?

There is currently no such programme operating in NZ. The Council under its legal functions ensures the quality of its New Zealand prescribed programmes that lead to registration, The Council does not develop or deliver courses leading to registration – that is the role of educational providers.

We would work with any willing provider to ensure they fully understand the role and scope of such a programme to support preparing candidates towards achieving a prescribed qualification.