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Page 2: About your submission

**Q1**

First name

Calebe

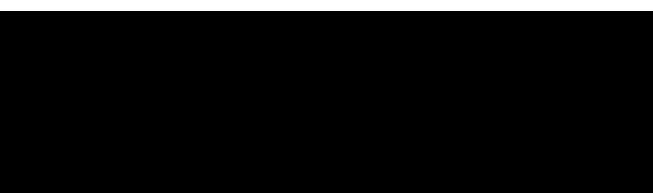
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**Q2**

Last name

de Melo

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**Q4**

**New Zealand**

Are you primarily based in New Zealand or overseas?

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**Q5**

**Respondent skipped this question**

Company/organisation name

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**Q6**

**Registered oral health practitioner**

In what capacity are you making this submission?

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Page 3: About your submission

**Q7**

**Dentist**

What is your profession?

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**Q8**

**Respondent skipped this question**

Please enter your Dental Council Person ID, if applicable

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Page 4: Proposed registration pathways

**Q9**

**Somewhat**

Do you believe the proposed changes will help reduce barriers to registration for suitably trained overseas practitioners?

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**Q10**

Please tell us why:

The proposals do reduce barriers, but at the cost of essential clinical assessment standards. Registration should not rely solely on where someone graduated or has worked recently. Competence in dentistry requires the ability to apply knowledge safely in practice to perform procedures correctly, communicate risks to patients, and follow local clinical protocols.

These pathways assume that origin or academic titles equate to ability, ignoring significant variation in training quality even within "comparable" countries. This puts patient safety at risk and is unfair to those who completed rigorous assessments like the ADC in Australia. It may also encourage use of New Zealand as a shortcut to other systems, without long-term commitment to local care.

Reducing barriers is important, but must come with individual clinical assessment to maintain safety and fairness.

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Page 5: Introduction of the proposed 'Competent authority - registration' pathway

**Q11**

**Partially support**

Do you support the introduction of the 'Competent authority - registration' pathway? [Click to learn more](#) about the proposed pathway

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**Q12**

Please tell us why:

I partially support this pathway because it reduces bureaucracy for experienced overseas practitioners. However, it presents serious risks by not requiring clinical assessment. Registration in a "competent authority" country does not guarantee the practitioner is competent in real-life procedures, communication, or clinical decision-making.

There is also an inconsistency: if this pathway is valid for general dental practitioners, why is it excluded for oral and maxillofacial surgeons? If clinical standards and safety are the concern, then general practitioners should also be subject to clinical verification.

Additionally, practitioners from countries with similar systems can still vary greatly in quality. Some may not have practiced independently or may lack recent clinical exposure. Without a hands-on assessment, the system assumes competence based on registration, not on demonstrated ability.

The pathway must include a practical evaluation to ensure patient safety and professional integrity.

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Page 6: Introduction of the proposed 'Comparable health system' pathway

**Q13**

**Oppose**

Do you support the introduction of the 'Comparable health system' pathway for dentists? [Click to learn more about the proposed pathway](#)

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**Q14**

Please tell us why:

I oppose this pathway in its current form. Assuming that dentists from 21 "comparable" countries are clinically competent without assessing their practical skills is unsafe and unfair.

Educational standards, clinical exposure, and supervision levels vary widely even within these countries. A degree from a "comparable" country does not mean the graduate is ready to treat patients independently. Many newly qualified dentists from these nations seek experience abroad and treat countries like Australia or New Zealand as temporary training environments before returning home or migrating again. This undermines patient follow-up, cultural integration, and long-term accountability.

A dentist's actual experience, cases performed, clinical technique, and patient communication must be assessed. If a practitioner has strong clinical experience and can demonstrate technical competence through a fair, transparent clinical access pathway (not the competitive or opaque model used by ADC), then they should be considered but not just because of their country of origin.

Without clinical assessment, this pathway risks admitting practitioners who have never been tested on their ability to apply knowledge safely. In Australia, even dentists from "comparable" systems have made serious errors, such as performing procedures on the wrong tooth according to ADC reports. These are not rare exceptions they reflect the risks of skipping practical evaluation.

Finally, when these errors happen, existing registered professionals are affected. In New Zealand's shared indemnity model, fines and liabilities may fall on all practitioners. It is unethical and demoralizing to expect registered, competent dentists to absorb the consequences of systemic leniency for newcomers who have not proven their clinical readiness.

This pathway must be restructured to prioritize clinical assessment, regardless of the practitioner's country. Equal standards protect patients and strengthen the profession.

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Page 7: Introduction of the proposed 'Teaching and research' pathway

**Q15**

**Oppose**

Do you support the introduction of the 'Teaching and research' pathway? [Click to learn more about the proposed pathway](#)

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**Q16**

Please tell us why:

I oppose this pathway in its current form. Academic titles do not guarantee clinical competence. Many professionals around the world hold teaching or research positions without having treated patients for years, or without ever having developed strong technical skills. Granting registration based on academic roles, without verifying clinical abilities, is risky and misleading. Even if these professionals won't perform independent clinical work, they are still responsible for shaping future dentists. Teaching clinical skills requires not only theoretical knowledge but the ability to demonstrate, supervise, and model safe, current, and effective procedures. Without up-to-date clinical practice, this becomes impossible. The pathway assumes that being a professor or researcher from a recognized institution is enough. It is not. Competence must be demonstrated. Clinical access and assessment even if simplified should be mandatory for all who will influence dental students in accredited programs. Exempting these individuals also sends a dangerous message: that status or titles outweigh practical skill. This weakens the credibility of New Zealand's dental education and introduces double standards into the profession.

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Page 9: Proposed removal of requirement for a medical degree for oral medicine specialist registration

**Q17**

**Partially support**

Do you support removing the requirement for a medical degree for oral medicine specialist registration in New Zealand, subject to the relevant medical training and clinical experiences being embedded into the specialist training programme? Click to learn more about the proposed changes.

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**Q18**

Please tell us why:

I partially support this proposal. Requiring a full medical degree may be unnecessary if the oral medicine training program provides strong medical education, hospital rotations, and interdisciplinary clinical experience. However, this change must not weaken the medical and diagnostic foundations of the specialty.

Oral medicine specialists frequently manage patients with complex systemic conditions, and understanding the broader medical context is essential. Simply "embedding" medical training into the program is not enough unless the depth and clinical exposure are clearly defined and verified through practical assessment.

It is also important to recognise the cultural and clinical differences in how healthcare is delivered in New Zealand. A practitioner may have excellent theoretical training overseas, but that does not mean they can apply their knowledge safely and effectively within the New Zealand context. They must understand the local culture, communication style, and patient expectations.

Therefore, any applicant regardless of qualification should undergo a structured clinical and cultural assessment to ensure competence and adaptation to New Zealand's health environment. Only then can this pathway maintain both public safety and cultural integrity in oral medicine practice.

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Page 10: Proposed removal of requirement to register in dental technology before registering in CDT

**Q19**

**Partially support**

Do you support removing the requirement to register in dental technology before registering in clinical dental technology? Click to learn more about the proposed changes.

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**Q20**

Please tell us why:

I partially support this proposal. Streamlining

registration can make the process more efficient, but removing the requirement for prior dental technology registration carries risks if not replaced by a robust clinical competency assessment.

Clinical dental technology is not only about manufacturing prostheses – it involves direct patient care, communication, and problem-solving that go far beyond laboratory skills. Someone who has never been registered or evaluated as a dental technician may lack the technical foundation and understanding of material behavior essential for safe and precise clinical work.

If the goal is to simplify bureaucracy, that's reasonable, but only if the Council ensures that every applicant's technical and clinical skills are properly assessed before registration. A structured clinical access process or supervised practical evaluation should be mandatory to verify both technical competence and readiness to work with patients in the New Zealand context.

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Page 11: Proposed changes to the New Zealand registration examination requirements

**Q21**

**Partially support**

Do you support the proposed changes to the New Zealand registration examination requirements? Click to learn more about the proposed changes.

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**Q22**

Please tell us why:

I partially support the proposed changes. Modernising the New Zealand registration examination can make the process more efficient and aligned with current practice, but it must not weaken the system's ability to ensure clinical competence, cultural integration, and professional accountability.

The examination must remain rigorous. It should not only test academic knowledge but also evaluate clinical reasoning, hands-on skills, communication, and ethics. Dentistry is a practical profession where small technical or judgment errors can seriously affect patients. Written or multiple-choice tests cannot replace a practical clinical assessment that proves a candidate can diagnose, plan, and execute treatment safely.

The process should also be transparent and educational. The current ADC model in Australia, while strong in technical content, has serious weaknesses – it is competitive, offers no feedback, and often leaves candidates without knowing what went wrong. New Zealand should not copy that aspect. Every candidate deserves constructive feedback to understand their gaps and improve, fostering competence instead of competition.

Cultural understanding must also be included. Being clinically skilled abroad does not mean being ready to practise safely in New Zealand. Practitioners need to show they can adapt to local patient expectations, communication styles, and cultural norms. A clinical and cultural integration module or assessment should therefore be part of the process for all candidates.

Finally, there are real risks in lowering assessment standards. Under New Zealand's shared accountability system, disciplinary costs and liabilities are distributed among all registered dentists. If poorly evaluated practitioners are allowed to practise and mistakes occur, the financial and reputational burden will fall on competent dentists who have upheld the profession's standards. This is unfair and damaging to morale, trust, and the integrity of the profession.

Examination reform is welcome, but it must strengthen – not dilute – public safety, fairness, and professional responsibility. Every dentist, regardless of origin, should meet the same clinical and cultural standards before being entrusted with New Zealand patients.

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Page 12: Proposed administrative changes to the prescribed qualifications

**Q23**

**All scopes**

Do you have feedback on the proposed administrative changes to prescribed qualifications for any of the scopes of practice, as reflected in the draft Gazette notices?

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**Q24**

Please tell us your feedback. When discussing multiple scopes, please indicate clearly which scope of practice you are referring to in your comment.

As an overseas-trained dentist who has completed the full registration process, I truly value the Dental Council's effort to modernise and make registration more accessible. Bringing skilled international practitioners into New Zealand is beneficial for the profession and for patients. It enriches the workforce, encourages diversity of experience, and strengthens collaboration between professionals from different systems.

However, accessibility must come with responsibility. Completing a full assessment pathway taught me far more than technical dentistry. It helped me understand how to practise within a new cultural, ethical, and clinical framework. That experience shaped me into a safer and more confident practitioner, and I believe every dentist entering the New Zealand register should go through a process that ensures the same readiness.

New Zealand should take inspiration from well-established systems such as the Australian Dental Council (ADC) and the National Dental Examining Board of Canada. These institutions have decades of experience in evaluating competence and setting clear clinical and ethical benchmarks. Their structured assessments – both theoretical and practical – have proven to uphold public safety and professional consistency.

That said, there is room to improve on their weaknesses. The ADC model is rigorous but overly competitive and lacks clear feedback. Candidates often finish the process without understanding their mistakes, which limits the educational value of the assessment. New Zealand could create a stronger, fairer system by adopting the ADC's depth of evaluation but ensuring transparency, guidance, and constructive feedback for candidates.

If the country faces workforce shortages, adapting the process to make it more supportive – without lowering standards – would be the ideal path. This means maintaining high-quality clinical and cultural assessment while making the experience more transparent, educational, and locally relevant.

Balancing accessibility and accountability is key. A system that values both fairness and excellence will attract skilled overseas practitioners, protect patients, and reinforce New Zealand's reputation for integrity and quality in dental care.

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Page 13: Proposed fees for the new registration pathways

**Q25**

**No opinion/NA**

Do you find the proposed fees for the new registration pathways reasonable? Proposed fee notice

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**Q26**

Please tell us why or why not?

I have no strong opinion on the proposed fees at this stage.

The reasonableness of the costs depends on how the final pathways are structured and whether they include transparent, fair, and comprehensive assessment processes. Once the content and quality of these pathways are confirmed, it will be easier to evaluate whether the fees are appropriate and proportionate.

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Page 14: Thank you for your time

**Q27**

Is there any additional feedback you would like to share on the consultation?

However,

accessibility should always align with accountability and public safety. As an overseas-trained dentist who has completed the full registration process, I have experienced how thorough assessment both theoretical and clinical shapes competence, judgment, and cultural awareness. It does not only test skill; it prepares practitioners to understand how dentistry is practised safely and ethically within the New Zealand and Australian contexts. Without that experience, it is difficult to fully adapt to the local culture of care and patient expectations.

The Council should take inspiration from well-established systems such as the Australian Dental Council (ADC) and the National Dental Examining Board of Canada (NDEB), which have spent decades refining fair and evidence-based assessment models. These frameworks are not perfect for example, the ADC lacks transparency and constructive feedback and can feel overly competitive but they set strong technical and ethical standards. New Zealand has the opportunity to create something even better: a model that retains their rigour while improving feedback, fairness, and educational value.

If the country faces workforce shortages, solutions should be adaptive but never compromising. The key is to maintain clinical, theoretical, and cultural assessment for all practitioners, regardless of their country of origin or academic title. That ensures every dentist who joins the register is prepared not only to treat safely but also to communicate effectively, respect local culture, and uphold professional integrity.

Finally, assessment protects everyone the patients, the profession, and the practitioners themselves. In New Zealand's shared accountability model, disciplinary costs are distributed among all registered dentists. Lowering standards could increase the risk of mistakes and spread the consequences across the entire profession. A strong, transparent, and educational registration process is the best safeguard against that.

By combining inclusivity with responsibility, and by learning from established systems while improving upon them, the Dental Council can build a world-leading registration framework one that welcomes overseas talent while maintaining New Zealand's high standards of safety, fairness, and trust.

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