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Page 2: About your submission

**Q1**

First name

Sundar

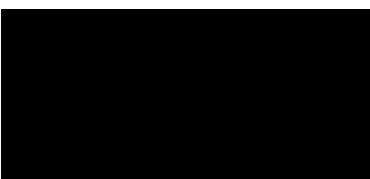
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**Q2**

Last name

Jagadeesan

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**Q4**

**New Zealand**

Are you primarily based in New Zealand or overseas?

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**Q5**

Company/organisation name

DENTIQ

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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**

Please enter your Dental Council Person ID, if applicable

9855

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Page 4: Proposed registration pathways

**Q9**

**Yes**

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:

### Why the Current ADC and Canadian Board Exam Pathways

Are Ineffective for Attracting Overseas Dentists to New Zealand

#### 1. Overreliance on External Examination Pathways

New Zealand currently recognises the Australian Dental Council (ADC) and Canadian National Dental Examining Board (NDEB) assessment routes as the principal pathways for overseas-trained dentists. However, these examinations are:

Extremely costly (often exceeding NZD \$25,000 - \$35,000 including travel and preparation costs).

Logistically inaccessible, requiring candidates to travel to Australia or Canada for practical assessments.

Oversubscribed, with limited exam slots and long waiting lists.

These factors deter capable dentists who might otherwise consider practising in New Zealand.

#### 2. No Tangible Incentive to Choose New Zealand

For an overseas dentist, the return on investment is far more attractive in Australia or Canada, where:

Immigration pathways are clearer, with faster permanent residency and citizenship options.

Remuneration and cost-of-living balance are stronger.

The population base and demand for dentistry support higher income potential.

If both countries accept the same qualifying exam, there is no rational reason for a dentist to choose New Zealand over these alternatives.

#### 3. Administrative and Regulatory Inflexibility

The Dental Council of New Zealand (DCNZ) has tied its registration process too closely to external boards, resulting in:

Loss of national autonomy over workforce planning.

Inability to respond to the specific shortages and demographics of the NZ dental workforce (particularly rural and community settings).

Delays in integration of skilled practitioners who are already trained to international standards.

#### 4. Workforce Shortages Unaddressed

New Zealand faces an escalating shortage of general and specialist dentists, particularly outside major cities. Yet, the current pathway:

Filters out mid-career dentists who could contribute immediately.

Offers no bridging or mentorship pathway for supervised practice entry.

Does not support structured transition programmes or provisional registration models that allow real clinical exposure under supervision.

#### 5. Re-introducing NZDREX or Adopting the Three-Pathway Model

The NZDREX (New Zealand Dental Registration Examination), previously administered locally, was both practical and contextually relevant. Reintroducing it or adopting the three proposed pathways (local NZDREX, supervised practice, and academic pathway) would:

Restore New Zealand's control over standards and workforce intake.

Provide flexibility and fairness while maintaining patient safety and professional competence.

Encourage dentists genuinely interested in contributing to NZ's healthcare system rather than merely using it as a secondary option after Canada or Australia.

#### Conclusion

The current reliance on ADC and Canadian Board exams is unsustainable, uncompetitive, and ill-suited to New Zealand's dental workforce needs. Without a distinct and accessible New Zealand pathway such as NZDREX or the proposed three-stream model, the country will continue to lose potential clinicians to larger, better-incentivised markets.

**Q11****Support**

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

**Q12**

Please tell us why:

## Support for the Competence (Supervised Practice) Pathway for Overseas-Trained Dentists

I strongly support the introduction and formal adoption of a Competence or Supervised Practice Pathway as a key route for registration of overseas-trained dentists in New Zealand. This model represents a balanced, evidence-based, and contextually appropriate approach that maintains high professional standards while addressing New Zealand's pressing dental workforce shortages.

Unlike the existing dependence on external examination systems such as the ADC or Canadian NDEB pathways which are costly, exclusionary, and detached from New Zealand's clinical realities the supervised practice pathway provides a locally contextual and competency-based alternative. It allows qualified dentists to demonstrate their clinical proficiency, ethical standards, and patient-care capabilities within real clinical environments under approved supervision. This continuous, practice-based evaluation is more accurate and reflective of genuine clinical performance than a single high-stakes examination.

Through this model, overseas dentists can begin contributing to the workforce immediately, under safe and structured oversight. They gain exposure to New Zealand's clinical protocols, infection-control practices, health-system structure, and cultural expectations, all while receiving active mentorship from experienced practitioners. This ensures not only technical competence but also professional integration and cultural alignment factors critical to patient safety and public trust.

Furthermore, the supervised practice pathway promotes workforce retention and stability. Candidates who build professional and community relationships during their supervised period are far more likely to remain in New Zealand long-term, addressing ongoing shortages in both metropolitan and regional areas. It transforms registration into a process of partnership rather than exclusion one that benefits both the practitioner and the public.

**Recommended Duration: 24 Months**

I advocate that this supervised practice pathway be structured over a minimum of 24 months. A two-year duration provides adequate time for clinicians to demonstrate sustained competence across the full range of general practice dentistry, including preventive, restorative, surgical, and interdisciplinary care. It allows for the progressive development of clinical judgment, patient management, and professional independence areas that cannot be adequately assessed over a shorter timeframe.

From a workforce and economic perspective, a 24-month framework also provides a stable return on investment (ROI) for supervising practices. Mentoring and supervision demand considerable time, resources, and oversight, which initially reduce productivity. A two-year engagement ensures that the supervising practice benefits from the clinician's growing contribution to patient care and service continuity, thereby making the mentorship relationship viable and sustainable.

In addition, a 24-month period discourages candidates from using New Zealand as a transient stepping-stone for migration through the Trans-Tasman Mutual Recognition (TTMR) pathway to Australia. It ensures that those who enter the programme are genuinely committed to integrating into the New Zealand dental system and contributing meaningfully to its communities.

**Conclusion**

The Competence (Supervised Practice) Pathway implemented over a 24-month period offers a pragmatic, fair, and sustainable solution for integrating qualified international dentists into the New Zealand workforce. It upholds patient safety, rewards genuine commitment, and restores national autonomy over professional standards. This pathway not only strengthens the profession but also aligns with New Zealand's long-term vision for equitable and accessible oral health care.

**Q13****Partially support**

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

**Q14**

Please tell us why:

Position on the

Comparable Health System Pathway

While I acknowledge the intent behind the Comparable Health System Pathway, I do not view it as a robust or sufficient long-term solution for New Zealand's workforce and registration challenges. The underlying rationale to align with the Medical Council's precedent and recognise jurisdictions with comparable infrastructure, regulation, and health outcomes is sound in principle. However, the practical impact of this pathway will likely be minimal.

The countries identified such as Austria, Belgium, Denmark, Finland, France, Germany, Japan, and Singapore are all advanced economies with well-established dental systems and limited graduate surplus

Comparable-health-system-pathway

. These jurisdictions are not producing dentists in significant excess of their domestic demand. Consequently, there is no meaningful pool of candidates actively seeking to migrate to a smaller, more isolated market such as New Zealand.

Moreover, practitioners from these nations already enjoy stable career structures, higher remuneration, and social infrastructure that make relocation to New Zealand unattractive unless for personal reasons. Therefore, while the comparable pathway may be academically elegant and defensible in regulatory terms, it will not contribute in any measurable way to alleviating our clinical workforce shortages especially in regional and community-based practices.

That said, something is better than nothing. Having an additional entry stream, even with modest numbers, is preferable to the current situation where the ADC and NDEB pathways dominate and exclude many competent dentists due to cost and logistical barriers. If properly implemented, the comparable health system pathway could complement, but never replace, more functional routes such as the NZDREX or the Competence (Supervised Practice) Pathway.

For meaningful reform, New Zealand must reassert control over its own credentialing and supervision processes. The supervised 24-month competence pathway, in particular, remains the most pragmatic, scalable, and workforce-relevant option ensuring safety, local adaptation, and tangible return on investment for both the practitioner and the supervising practice.

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

**Q15****No opinion/NA**

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

**Q16****Respondent skipped this question**

Please tell us why:

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

**Q17****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:

Support for the Proposal

to Remove the Stand-Alone Medical Degree Requirement in Oral Medicine

I strongly support the Dental Council's proposal to remove the requirement for a stand-alone medical degree for registration in the Oral Medicine Specialist scope of practice. This change is both timely and necessary to ensure that New Zealand's specialist framework remains contemporary, internationally aligned, and accessible to competent clinicians trained under recognised systems.

The previous requirement for a separate medical degree was a legacy of an older conjoint training model offered by the University of Otago, which no longer exists. Continuing to insist on that structure is no longer consistent with global best practice, as none of the current accredited oral medicine programmes in leading jurisdictions such as the UK, USA, Canada, or Australia require a dual dental and medical qualification. Instead, these programmes comprehensively integrate the necessary medical and systemic health components into the specialist curriculum itself, ensuring graduates possess the clinical knowledge and diagnostic competence expected of an oral medicine practitioner

Medical-degree-for-oral-medicin...

Removing the stand-alone medical degree requirement will open pathways for qualified overseas specialists to contribute to New Zealand's healthcare system, addressing a serious and growing gap in oral medicine expertise. The present restriction has effectively excluded many highly trained clinicians who hold accredited specialist qualifications but lack a separate MBBS or MD degree. The consequence has been a reliance on Australian registration and Trans-Tasman mutual recognition, which unnecessarily limits the country's ability to recruit specialists directly.

This proposal maintains the Council's commitment to safety and competence, as the updated gazetted qualifications will still require evidence of strong medical didactic and clinical content within the specialist training. It therefore preserves clinical quality while modernising entry criteria. Embedding explicit expectations for medical competencies within the gazetted qualification criteria will ensure transparency, accountability, and consistency for both local accreditation and the assessment of overseas applicants under section 15(2) of the HPCAA.

From a workforce perspective, this reform is not only logical but essential. New Zealand currently lacks an accredited local oral medicine training programme, following the expiration of the University of Otago accreditation in 2023. Without this change, the pipeline of eligible specialists will remain severely constrained, perpetuating shortages and limiting access to advanced diagnostic and interdisciplinary oral medicine care.

In summary, the Council's proposal represents a measured, evidence-based reform that aligns New Zealand with international standards, reduces unnecessary barriers to specialist registration, and safeguards the public by maintaining clear expectations for medical competence within oral medicine training. I commend and fully support this direction as a necessary evolution in ensuring that New Zealand's oral medicine services remain sustainable, modern, and globally credible.

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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.

**Q20**

Please tell us why:

Position on the

## Proposed Change to Clinical Dental Technology Registration

I partially support the Dental Council's proposal to remove the requirement for registration in the Dental Technology scope of practice as a prerequisite for registration in Clinical Dental Technology (CDT). While I recognise the intent to modernise regulatory structures and reduce unnecessary administrative barriers, I believe the broader implications of this proposal warrant careful consideration.

The rationale presented that this dual registration requirement is inconsistent with other scopes, such as the distinction between general dentists and dental specialists is valid. Clinical Dental Technology is indeed a distinct and recognised profession under the HPCAA, and simplifying the registration process could streamline entry for those who have completed accredited postgraduate CDT programmes

Clinical-dental-technology-reg

However, complete removal of the Dental Technology registration requirement may inadvertently create a "low-cost" or "shortcut" entry tier into prosthetic services. This could have unintended consequences on the quality of denture work, particularly if technical competencies traditionally grounded in dental technology training are not consistently reinforced or regulated. Denture fabrication demands not only clinical skill but deep technical understanding of materials science, occlusion, and laboratory precision areas that risk being diluted if the foundational linkage between dental technology and clinical dental technology is weakened.

Rather than decoupling these scopes entirely, I believe the Council should invest in strengthening the removable prosthodontics training of existing practitioners particularly dentists, CDTs, and dental technicians. A national emphasis on postgraduate or continuing education programmes in removable prosthodontics would raise competency and consistency across all providers, rather than inadvertently stratifying the profession into varying tiers of cost and quality.

Such upskilling would also address the current shortage of practitioners capable of delivering high-quality complete and partial denture care, while maintaining the collaborative synergy between clinical and technical disciplines that has historically defined this field.

In conclusion, while I support the Council's intent to simplify registration and reduce bureaucratic duplication, I recommend a cautious and quality-focused implementation. The pathway forward should emphasise advanced, structured training in removable prosthodontics and maintain a strong interdependence between clinical and technical expertise to safeguard the standard of care for New Zealanders.

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

**Q21****Respondent skipped this question**

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

**Q22****Respondent skipped this question**

Please tell us why:

Page 12: Proposed administrative changes to the prescribed qualifications

**Q23**

**Respondent skipped this question**

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**

**Respondent skipped this question**

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

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Page 13: Proposed fees for the new registration pathways

**Q25**

**Respondent skipped this question**

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

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**Q26**

**Respondent skipped this question**

Please tell us why or why not?

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Page 14: Thank you for your time

**Q27**

**Respondent skipped this question**

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

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