Outlook

Overseas registration feedback

[redacted]

Kia Ora ,

Greetings NZ Dental Council team ,

I write in my capacity as Chair of the New Zealand Society of Oral Implantology to formally express our strong opposition to the proposed overseas registration pathways currently under consultation. This proposal represents a dangerous precedent for dentistry in Aotearoa. While it is being framed as a workforce or access issue, it is, in reality, a politically driven response to broader economic pressures rather than a genuine solution to any true dental shortage. New Zealand does not suffer from a lack of dentists. It suffers from structural maldistribution, rising operational costs, and economic pressures that cannot be solved by simply increasing practitioner numbers.

Before addressing the pathways themselves, it is important to acknowledge a pattern we already encounter in clinical practice. New Zealand patients who choose to travel overseas for low-cost implant treatment frequently return with significant complications. These cases often involve poor surgical planning, inappropriate component selection, peri-implant infections, nerve injuries, prosthetic failures, and non-restorable implants. Patients then require complex retreatment in New Zealand, at considerable financial and emotional cost. What initially appears to be "cheap" treatment becomes far more expensive in the long term. This illustrates clearly what happens when dentistry becomes price-driven rather than regulated healthcare. The proposed pathways risk importing this same model into New Zealand.

New Zealand, remains a tier-one dental systems because they have maintained stringent regulatory standards, robust training requirements, and strong professional governance. These safeguards protect patients and preserve public trust. The proposed pathways weaken this framework by placing disproportionate weight on overseas registration history instead of demonstrable local competency. Once standards are diluted, they are extraordinarily difficult to reverse and restore.

From an implantology perspective, this proposal is one of concern. Implant dentistry is one of the most technically demanding areas of oral healthcare. Errors are often irreversible and carry lifelong consequences. Complications such as implant failure, nerve damage, graft loss, periimplantitis, and full arch prosthetic collapse are realities we manage regularly. The New Zealand Society of Oral Implantology exists to elevate standards through structured education, ethical case selection, and evidence-based practice. Any regulatory model that lowers entry thresholds into surgical dentistry directly undermines patient safety.

The proposal rests on the flawed assumption that increasing dentist numbers will improve access and affordability. New Zealand already has approximately 64.4 dentists and specialists per 100,000 adults

as per thelatest document from the DCNZ; a high density by international standards. The problem is not supply; it is maldistribution. Dentists are clustered in metropolitan areas where private practice is viable. Increasing numbers will not compel practitioners to relocate to rural or high-need regions. It will oversaturate cities, intensify competition, and destabilise existing practices. Subsequently, it will nor reduce prices but only compress margins for existing practitioners.

Fundamentally , this is NOT a dental problem but rather an economic issue. The cost of delivering dentistry continues to rise due to materials, laboratories, compliance, indemnity insurance, staffing, and technology. Expanding the workforce does not reduce these fixed costs. Instead, oversupply compresses margins and forces hard working clinicians into unsustainable business models. In healthcare, aggressive price competition inevitably erodes quality. Appointment times shorten, preventive care is deprioritized, and volume-driven treatment replaces comprehensive care.

New Zealand dentists cannot compete with ultra low cost markets in MENA and the Asian region , where regulatory oversight is weaker and labour costs are substantially lower. Attempting to replicate those models domestically will only trigger a race to the bottom, resulting in clinic closures, compromised care, and professional destabilization. In such environments, clinicians feel pressure to practise beyond their scope in order to retain patients. This includes attempting complex implant procedures without appropriate training or referral, directly increasing patient risk. Inevitably , it will only elevate malpractice cases to a new level that the Dental Council would have to deal with.

Cultural safety is also being underestimated. Dentistry in Aotearoa is grounded in Te Tiriti principles and equity focused care. Cultural competence cannot be achieved through short orientation modules or limited supervision. It must be demonstrated longitudinally through understanding Maori and Pacific health frameworks and addressing socioeconomic barriers to care. Large-scale entry of clinicians unfamiliar with this context risks worsening existing inequities.

There is also a regulatory burden to consider. The Dental Council is already managing increasing numbers and complexity of competence and conduct cases, reflected in the most recent elevated levies. Expanding registration pathways will inevitably increase complaints, supervision demands, and investigative workload. Frankly, the Council does not have unlimited administrative capacity to cope with this. Overloading the system compromises regulatory effectiveness and increases costs for all practitioners.

From the Society’s perspective, dentistry in general must remain tightly regulated, with particular emphasis on higher-risk disciplines such as implant dentistry. Our role is not only to advocate for high standards, but also to support and upskill New Zealand general dentists through structured education, mentoring, and evidence-based training pathways. At the same time, we take our professional responsibility seriously in mitigating unsafe practices, addressing substandard care, and calling out inappropriate treatment approaches when they occur. Regulation is not punitive but rather it is protective. It safeguards patients, preserves trust in the profession, and ensures that clinicians practice within their competencies.

The New Zealand Society of Oral Implantology therefore strongly opposes the proposed overseas registration pathways. They lower entry thresholds, increase patient risk, encourage unsafe scope expansion, destabilise professional standards, and shift dentistry away from patient-centred care toward business-driven models.

We urge the Dental Council to maintain robust registration barriers, require meaningful local competency assessment, and preserve the integrity of our profession. The consequences of getting this wrong will be felt for decades. Once standards fall, they rarely recover.

Yours sincerely,