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Tēnā koe,

Consultation on three new proposed registration pathways for overseas practitioners and updates to existing prescribed qualifications

The New Zealand Dental Association (NZDA, the Association) is the professional association for dentists in New Zealand. The Association represent nearly 3,000 members (98% of all New Zealand's dentists) who work across numerous sectors including Public, Private, NGO and Not-for-Profit providers, Academia, and the Defence Force.

In addition to providing professional services to our membership, we advocate on behalf of dentistry and are active in researching and promoting evidence-based policy to improve oral health equity in New Zealand. We seek to ensure that access to oral health services is improved and that there is ongoing improvement in national policies, systems and processes.

The NZDA appreciates the opportunity to provide feedback on the Dental Council's proposed changes to registration pathways for overseas practitioners and revisions to existing prescribed qualifications.

Drivers for the review

The NZDA notes that the Dental Council is proposing to introduce three additional registration pathways which would open registration opportunities for some overseas practitioners.

NZDA is concerned that the document is not explicit about the drivers for the review of the registration pathways, and consequently the document is at times unclear about the issues or problems the review is trying to solve. The Association notes that the consultation focuses on reducing barriers to registration and concludes that the primary goal is to streamline the process for registration of overseas practitioners in New Zealand.

The Association remains concerned about the supply of dentists in New Zealand. We have described these concerns in the NZDA publication *Roadmap Towards Better Oral Health for New Zealand 2025-2030*. Analysis of Dental Council's workforce data reveals that the absolute number of dentists in New Zealand has steadily increased but also notes that practitioner-to- population ratio has decreased by 4.9% over the 12-year period 2012-2024.

Overseas-trained general dentists reached approximately one-third of the total general dentist workforce in 2010 following a period of significant growth; however, this figure has since remained static for the past 15 years. Currently 45% of dental specialists are overseas-trained practitioners.

The Association notes that while the cause of this plateau is uncertain. Members continue to face recruitment challenges particularly in provincial areas. Reports indicate that regulatory hurdles contribute to these difficulties.

The NZDA remains concerned that the New Zealand dentist workforce significantly under-represents Māori (4.4%) and Pacific peoples (1.8%). Furthermore, the Association considers the current workforce size inadequate for New Zealand's 2026 population requirements.

It is argued that the central issue is not the registration of overseas practitioners, but a deficiency in local training capacity. This is evidenced by the fact that government-funded dental student positions have not increased in four decades.

The Association notes that the Dental Council has sought feedback on several questions and has structured the following response to align with those questions.

Proposed registration pathways

1. Overall, do you believe the proposed changes outlined in this document will help reduce barriers to registration for suitably trained overseas practitioners and why?

The Association notes that the Dental Council seeks to practice a right-touch-risk-based approach appropriate to its regulatory functions. The *Annual Report 2024/2025* states that the Council has made moves towards a risk-proportionate removal of registration barriers for overseas practitioners, a strategy apparently reinforced by the risk-based models outlined in the consultation paper.

While these may have been the Dental Council's aspirations, the NZDA observes a significant divergence in practice. Despite the stated "right-touch-risk-based approach, the *Annual Report 2024/2025* reported a 495% increase in competence notifications and a 73% rise in "section 35 risk of harm" notifications since 2019/2020. Consequently, oral health practitioners were required to provide additional funding to the Dental Council through disciplinary levies of \$150-\$350 each in November 2025.

The Association remains concerned that it is unclear whether New Zealand-trained or overseas-trained practitioners are contributing to these large escalations, or if the figures simply represent a growing oral health workforce. These underlying are critical to determining if a right-touch risk-based approach to the registration process is effective, yet they remain unaddressed in the consultation paper.

Consequently, the NZDA's comments are limited to the Association's direct experience and the level of detail provided in the consultation paper. While the Association views some of the proposed pathway changes as reasonable, others appear to depart from the goal of a risk-proportionate removal of registration barriers for overseas practitioners.

2. Do you support the introduction of the 'Competent authority registration' pathway and why?

The NZDA is aware of the current competent authority – qualification pathway and the pathway of Trans-Tasman Mutual recognition that can lead to registration for practitioners from Australia, Ireland Canada, UK and the USA.

The consultation paper states that the Council has undertaken a detailed analysis of the regulatory systems in the United Kingdom, Canada, the United States, the Republic of Ireland and Australia. Based on this review, the Dental Council expresses confidence that these jurisdictions maintain systems equivalent to those in New Zealand. This analysis encompassed professional standards - such as communication skills - and the robustness of processes for monitoring ongoing competence. Furthermore, the Dental Council examined protocols for investigating concerns regarding competence, conduct and health notifications, as well as policies ensuring overseas trained practitioners meet educational standards equivalent to accredited local qualification(s).

While overseas trained practitioners occasionally struggle to practice successfully in the New Zealand context, in general NZDA agrees that the existing competent authority – qualification pathway has been a fair balance of risk, safety and enabling access by overseas trained practitioners to work in New Zealand.

NZDA understands that the amendment of the pathway to one of competent authority registrations would mean that overseas-trained practitioners registered, but not trained, in the UK, Canada, USA and Republic of Ireland may then have relatively straightforward registration pathway in New Zealand. This would have some similarity to the system that exists with Trans-Tasman Mutual recognition.

However, the consultation paper lacks transparency regarding the process the Dental Council used to determine that the proposed countries, particularly the UK and Ireland, have equivalent regulatory systems for the registration of overseas practitioners. The NZDA understands that the existing "competent authority" pathway for graduates of the UK and Ireland has been on the assurance that the qualifications awarded in these countries are equivalent to New

Zealand. The amended proposal, however, is not a like-for-like proposition. Specifically, no detail is provided on how the Dental Council has verified that overseas-trained dentists who are then registered in these countries meet the standards expected of New Zealand and Australian graduates. Historically EU regulations allowed both the UK and Ireland jurisdiction to register practitioners from across Europe with minimal barriers - a factor that must be considered despite recent regulatory changes in the UK.

NZDA notes that the consultation paper is silent regarding any reciprocal arrangements for practitioners registered in New Zealand. In the absence of such reciprocity, the Association contends that the proposal fails to create a level playing field for practitioners or the Dental Council as a regulator. Under existing reciprocal agreements, such as those with Canada and Ireland (noting TTMRA with Australia operates under a distinct framework), an onus exists on the regulatory bodies in both jurisdictions to work cooperatively on regulation and standards. The proposed arrangements lack this reciprocal cooperation, potentially leaving the New Zealand Dental Council (oral health practitioners) to bear the sole responsibility, and associated costs, for maintain these arrangements.

The NZDA notes that practitioners registered via the proposed pathway and the Comparable Health System pathway (see below) would each require onsite supervision and the submission of monthly oversight reports. The consultation paper provides no discussion regarding the potential conflicts of, particularly as most oversight practitioners would also serve as employers. Furthermore, the Association is concerned that the Council has not assessed whether sufficient capacity and capability exist within the current workforce to provide the required volume of onsite oversight and reporting.

The Dental Council already requires a substantial number of practitioners to undertake functions as Competence Review Committee (CRC) members, Professional Conduct Committee (PCC) members and supervisors of practitioners with health, conduct or competence concerns. Indeed, Council has reported the escalation in these issues in their 2024/25 Annual Report.

Excluding those registered under TTMRA, these pathways would necessitate at least 50 more practitioners per annum to provide onsite oversight and supervision reports. Based on the Dental Council's *Annual report 2024/25*, the vast majority of these overseas practitioners are general dentists, meaning this increased supervisory demand will fall primarily to dentists in practice. Data from the NZDA's 2025 *Fee and Workforce Survey* and Dental Council's own workforce reports highlight significant workforce challenges, particularly in regional New Zealand. The Association notes that these proposals fail to address the practical realities of securing sufficient dentists to undertake these tasks, especially in regional New Zealand where the dentist workforce is under some of the greatest pressures.

The NZDA is concerned that while upfront registration and oversight costs may fall to the individual applicants, this represents only the direct financial impact. Should the proposed pathways lead an increase in competence and 'risk of harm' notifications, the resulting financial burden would fall to the wider profession, and ultimately to patients. Furthermore, the Association notes that the Dental Council will incur ongoing costs to maintain assurance with overseas regulators. These systemic risks and expenses, which would be borne by the broader professions, remain unexplored in the consultation proposal.

The NZDA is of the view that the "Competent Authority" registration pathway for dentists from Australia, Ireland Canada, UK and the USA could be successfully implemented. However, the Association maintains that a greater degree of assurance is required before proceeding. Specifically, the Council must demonstrate how it has addressed the risks associated with registration of overseas trained dentists in those jurisdictions, potential conflicts of interests with onsite oversight and supervision models, and the lack of formal reciprocity agreements.

3. Do you support the introduction of the 'Comparable health system' pathway for dentists and why?

As discussed above, the Council has indicated its intent to adopt a risk-proportionate approach to removing registration barriers for overseas practitioners. However, the Association contends that the justification provided in the discussion paper offers no strong evidence that a rigorous risk-proportionate assessment has actually been undertaken for this pathway.

The consultation paper states the proposed pathway is currently limited to dentists and would register dentists from countries "...with a comparable health system infrastructure, population health outcomes, and health regulatory frameworks".

The justification for this proposal is that the "... pathway is based on the MCNZ approach to identify countries with comparable health systems and regulatory environments to New Zealand, and overlayed with oral health statistics and outcomes where available".

In effect, the proposal assumes that because the Medical Council has deemed certain countries health systems comparable for medicine, this equivalence can be directly extended to dentistry and dental practice.

No evidence is provided that these countries have comparable dental health systems or structures, or that their dental practitioner regulatory systems are equivalent. Even within New Zealand, the dental care system and medical care system differ significantly in funding, organisation, access and health outcomes. The NZDA highlights several of these issues in its *Roadmap Towards Better Oral Health for New Zealand 2025-2030*

“...the 2023/24 New Zealand Health Survey reported that of New Zealanders in the highest quintile of deprivation (NZ Dep 5) only 36% visited a dentist in the past 12 months, 72% only attend a dentist for a problem and 52% had avoided dental care in the past 12 months due to cost. In contrast, for adults in the same category 74% had seen a GP in the last 12 months and only 18% avoided a GP visit due to cost. The UK King’s Fund reported in 2023 that in a comparison study of 9 countries New Zealand had the second highest rate of people on lower incomes skipping dental care, after the United States”.

It is not credible to claim that New Zealand has a dental system that is comparable to those of the countries listed in the consultation document, nor that those countries have comparable dental care systems to each other.

If the Council does, in fact, consider that these systems are comparable, it is unclear why the proposal is limited to general dentists. The full range of oral health practitioners should be considered when assessing equivalence of practice environments and outcomes.

The consultation paper offers 4 additional documents that informed the consultation. The WHO *Global Strategy and action plan on oral health 2023-2030* provides little justification for the comparability of dental care systems. The Association views this as an aspirational global framework rather than a technical resource for assessing system equivalence.

The WHO *Tracking progress on the implementation of the Global oral health action plan 2023-2030* collates international epidemiological data, however the Association is aware of significant concerns regarding its accuracy. These concerns have been echoed by New Zealand based experts, leading to the Association to conclude that the document cannot be reliably used to establish the comparability of dental care systems.

The two documents on the European system - Council of European Dentists *EU Manual of Dental Practice* (2015 Edition 5.1), and *Review and mapping of basic dental training in EU member states: Final Report*. (Gale T, et al. University of Plymouth, 2020) - may provide some basis for investigating of dental care system comparability. One describes dental practice systems but is now over 10 years old, and the UK has since exited the EU. The other maps undergraduate training across the EU, conducted largely pre-Brexit (relevant given its UK authorship). Neither addresses the robustness of dental practitioner regulation or risk management approaches across these countries. Moreover, the proposal includes four non-European countries with no provided comparability data.

This proposal in the consultation paper lacks sufficient detail to justify the proposition. It is difficult to reconcile the level of concern outlined on page 22 about the reliance on theory-only licensing examinations in the USA and the specific registration requirements for practitioners from the USA and Canada, with the absence of robust information regarding registration of dentists from countries deemed to have comparable health systems.”

The NZDA does not consider this a robust or risk-proportionate removal of barriers to registration for overseas practitioners and does not support the introduction of a comparable health system pathway

4. Do you support the introduction of the ‘Teaching and research’ pathway and why? Proposed changes to existing prescribed qualifications

The NZDA recognises the international shortage of dentally qualified academic staff and its impact on dental education, teaching, and research.

NZDA agrees that New Zealand must remain competitive in the international market for academic dental staff, who often hold specialised skill and roles in teaching, practice and research.

The NZDA supports the proposal to introduce a scope of practice limited to teaching and research in a New Zealand tertiary education institution, provided it is restricted to institutions that deliver accredited oral health education programmes.

In the Associations view, this proposal aligns more appropriately with the Council's aim of a risk-proportionate removal of barriers to registration for overseas practitioners.

First, overseas practitioners would be required to secure a role with a tertiary education provider and would therefore be subject to that institution's appointment processes, including referee checks and assessment by an employment panel.

Second, applicants must be registered overseas with a registering or licensing authority. Although this may be in a jurisdiction that does not qualify under the competent authority pathway, the practitioner would be working in a defined academic role under supervision in New Zealand.

Third, the proposal requires ongoing supervision by a Council-approved supervisor at the same institution, who reports at 1, 3 and 6 months and at the first APC renewal, and then under continued supervision thereafter.

NZDA recommends that the Council clarify that the approved supervisor must hold registration in a scope of practice other than the teaching and research scope and must be familiar with the practice of dentistry in the New Zealand context. Without this requirement, there is a risk that institutions could employ a high proportion of the staff hold only a teaching and research scope, leading to a loss of sufficient connection to contemporary New Zealand dental practice, particularly in general dentistry and non-specialist oral health scopes.

Overall, the NZDA supports the introduction of a Teaching and Research scope of practice in New Zealand subject to the improvements outlined above.

5. 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, and why?

The NZDA is aware that currently there are Oral Medicine specialists in New Zealand with and without a medical degree.

The Association agrees that specialist training in Oral Medicine in New Zealand must include sufficient medical content and clinical training to ensure adequate exposure to the relevant medical topics and skills required for the speciality which appears to be consistent with the Dental Council's stated intentions.

The NZDA is not aware that any accredited Oral Medicine programme currently operating in New Zealand. Until a provider proposes a programme that demonstrates, in the New Zealand context, that it can incorporate the required medical components and clinical training, it considers it premature to remove the medical degree as a required component of specialist training. In New Zealand, removal of the medical degree requirement may make it more difficult for a programme to achieve accreditation or secure the necessary support

The NZDA believes this is an issue that should be discussed and agreed with potential future providers of Oral Medicine specialist training and with the specialty.

6. Do you support removing the requirement to register in dental technology before registering in clinical dental technology and why?

The NZDA does not hold a strong view on whether registration in dental technology should be a prerequisite for registration in clinical dental technology.

The Association believes this is a matter that should be discussed and agreed with dental technology and clinical dental technology practitioners, and their professional body, the New Zealand Institute of Dental Technologists.

7. Do you support the proposed changes to the New Zealand registration examination requirements?

The NZDA notes that these proposals concern holding a dental qualification that provides eligibility for admission to the New Zealand oral health therapy registration examination. NZDA understands that this would make eligibility for

the oral health therapy registration examination consistent with eligibility for the New Zealand registration examination in dental therapy or dental hygiene.

Given that all activities within the oral health therapy scope of practice fall within the dentist scope of practice, the NZDA considers this is a risk-proportionate removal of a barrier to potential registration for overseas practitioners.

8. Do you have feedback on the proposed administrative changes to the prescribed qualifications for any of the scopes of practice, as reflected in the draft gazette notices? Please include which scope of practice/s your feedback relates to.

The NZDA considers that the concerns outlined in the preceding responses also apply to the proposed changes to the prescribed qualifications, particularly the introduction of a general dental practice prescribed qualification via the comparable health system pathway.

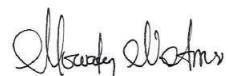
The Association further notes that the proposed teaching and research scope is vague, especially regarding the extent to which a practitioners registered in this scope may undertake clinical practice in their area of expertise. It is unclear whether clinical care provided in the context of teaching is permitted, whether limited clinical practice is allowed within the university setting, and how such practitioners are expected to maintain clinical competence when restricted to university employment. By comparison, the section addressing clinical practice in the context of research is somewhat clearer.

9. Do you find the proposed fees for the new registration pathways reasonable?

The NZDA considers that there is insufficient detail on how these fees have been calculated to allow meaningful feedback.

The NZDA takes the view that these fees should be set on a full cost-recovery basis from applicants and should fully fund the associated supervisory requirements, without any impact on the Annual Practising Certificate fees of other practitioners.

Ngā mihi nui,



Dr Mo Amso
Chief Executive
NZDA