NZSHCD
NEW ZEALAND
SOCIETY OF HOSPITAL AND COMMUNITY DENTISTRY

27 January 2026

Dear Dental Council of New Zealand

Re: Proposed Changes to Prescribed Qualifications for Oral Medicine Specialists

Thank you for the opportunity to contribute to the review of the training of oral medicine specialists in Aotearoa New Zealand. I write on behalf of the executive members of the New Zealand Society of Hospital and Community Dentistry (NZSHCD) which represents members working in hospital oral health and community oral health services throughout Aotearoa. We regularly refer patients to oral medicine specialists and have direct experience of the clinical value this service provides.

This submission is based on our experiences with oral medicine specialists who have been trained within the current framework. The dual medicine and dentistry training requirement has served our patients and referring clinicians extremely well. However, we acknowledge workforce supply issues impact on the access to this specialty for our patients. Therefore, we appreciate the thorough exploration of training channels for the speciality of oral medicine.

The purpose of this submission is two-fold. Firstly, to describe aspects of patient care that we encounter in clinical practice. Secondly, to consider the broader implications for patient safety and service quality if changes to the training pathway are implemented.

We oppose the removal of the medical qualification requirement in oral medicine specialist training.

Our experience of the current oral medicine workforce is that medical training provides a critical foundation for integrated, specialist care. The adequacy of foundational medical knowledge must remain central to the qualification and indeed will only become more crucial as clinical complexity increases alongside the medical complexity of our patients.

We accept that equivalent competencies might be achievable through alternative training frameworks. However, we are not aware of these frameworks within New Zealand, and the consultation document does not specify what they would entail. Before supporting removal of the current requirement, we would need clarity on how these foundations would be preserved, how competence would be assessed, and how patient safety would be monitored over time.

Our collective experience is that New Zealand's population is ageing and living with increasing levels of chronic disease. Patients are presenting with multiple comorbidities,

polypharmacy, and conditions requiring coordinated medical and dental management. The consequence is a steadily rising level of medical complexity in the patients we refer.

Medical training and registration remain the most established means by which clinicians are prepared to manage these patients. Given that oral medicine is a specialty focused on diseases of the oral and maxillofacial region, particularly in medically complex individuals, many with systemic disease; it is difficult to reconcile this reality with proposals to remove the medical qualification from the training pathway.

Hospital and community dental services serve patients who are among the most vulnerable in the health system. These include children with complex syndromes, people with intellectual or developmental disabilities, and medically complex individuals who may struggle to advocate for themselves or navigate fragmented care pathways.

NZSHCD members not only refer to oral medicine specialists but frequently co-manage these individuals under guidance from specialists. We rely on case discussions with specialists who have broad training, who can assess problems in their systemic context, and who can communicate fluently across medical and dental domains. Their advice provides appropriate expertise precisely as it is grounded in both disciplines.

From direct clinical experience, we are also seeing increasing rates of oral dysplasia, oral mucosal disease associated with new immunotherapies, and bullous disorders with serious, and sometimes life-threatening, consequences. These conditions demand timely recognition, thorough investigation, and coordinated medical management.

Under the current training framework, referral to oral medicine generally works well. Patients receive integrated care without being passed between multiple services. There are real risks of delays in diagnosis when care is fragmented across disciplines. For patients who cannot easily advocate for themselves, or whose families are already navigating complex health systems, such fragmentation causes real harm.

We believe the current training framework supports the needs of these patients effectively. We do not suggest that single-qualified specialists could never achieve similar outcomes. However, the bar for safe and effective practice is high, and it is rising as patient's medical complexity increases. Any alternative pathway would need to meet that bar clearly and consistently.

We respectfully request that the Dental Council address the following matters, which we regard as central to clinical confidence in any revised training model:

- **Evidence of equivalent safety:** What evidence has the Council considered to demonstrate that patient safety would be maintained if the medical degree requirement was removed? The consultation document does not set out such evidence, and we would welcome its publication.

- **Specification of required competencies:** The consultation refers to "necessary medical components" being embedded within training but does not define them.

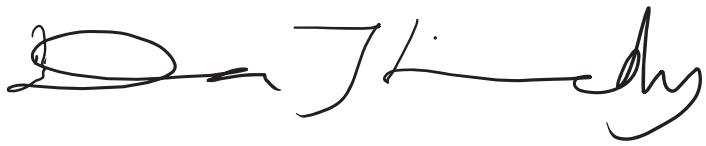
We request clarity on which medical competencies are considered essential for oral medicine practice, and how their attainment and assessment would be assured.

- **Consistency with Oral and Maxillofacial Surgery:** The Council has retained the medical degree requirement for oral and maxillofacial surgery on explicit patient safety grounds. We would welcome a clear explanation of why oral medicine, which also manages medically complex patients, warrants a different approach.

- **Monitoring and review:** If changes are implemented, are there mechanisms to monitor outcomes for graduates of any new pathway? The patients we refer to oral medicine are not straightforward. From our perspective, the central issue is whether the specialty will continue to meet the needs of these patients under alternative training models?

We welcome substantive responses to the issues raised above, before any final decision is made. We are happy to discuss the issues raised in person if an opportunity for a more in-depth discussion is possible. However, if the Council is satisfied that patient safety and service quality will be maintained, we will respect that judgement. We believe, however, that these matters warrant careful consideration and a transparent response.

Yours sincerely,



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On behalf of the NZSHCD Executive