

DERMATOLOGY DEPARTMENT

Level 1, Meade Clinical Centre

**Dental Council**

1 February 2026

Re: Overseas qualification recognition – Oral medicine pathway

I am a consultant dermatologist based in Waikato with 10 years' specialist experience and a total of 23 years in medicine.

There is currently no oral medicine service in our region. In practice, this means dermatology manages many patients who would otherwise be shared with or referred to oral medicine: oral lichen planus, pemphigus vulgaris, mucous membrane pemphigoid, and other mucocutaneous conditions.

I want to be clear: these are among the most medically difficult patients I manage. Pemphigus vulgaris, for example, is challenging even for experienced dermatologists. These patients are not straight forward and require prompt response when things change either in their disease or management.

I would welcome oral medicine colleagues who could share this load. Dermatology has its own workforce pressures, and collaborative oral medicine input would benefit both our specialty and our patients. But that welcome depends on competence. What I need from oral medicine is true shared care: a colleague who can take responsibility for monitoring and adjusting systemic treatment, interpret investigations appropriately, and act when needed.

I can also speak from my background coming from South Africa. Although oral medicine specialists do not undertake medical training there, the training pathway is a minimum of five years: most will have completed an academic MSc in oral medicine (one year), prior to proceeding to 4-5 years of clinical registrar training. This suggests that without medicine, a longer training is required to achieve an equivalent competency in the field.

I am also concerned how a dental-only qualified trainee will access an immersive dermatology training experience comparable to a currently dual-trained trainee. If trainees cannot participate safely in clinical care, they observe ,rather than learn by doing. That affects the quality of training they receive.

I do not oppose the development of oral medicine: I support it! But the training must equip specialists to manage these difficult patients safely and to participate as genuine partners in shared care.

Yours sincerely

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