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Page 2: About your submission

**Q1**

First name

Brendon

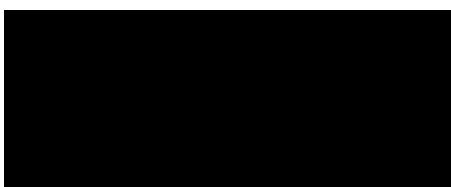
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**Q2**

Last name

Johnson

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**Q4**

**New Zealand**

Are you primarily based in New Zealand or overseas?

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**Q5**

**Respondent skipped this question**

Company/organisation name

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**Q6**

**Employer**

In what capacity are you making this submission?

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Page 3: About your submission

**Q7** **Respondent skipped this question**

What is your profession?

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**Q8****Respondent skipped this question**

Please enter your Dental Council Person ID, if applicable

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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:

Ever hopefully there will be a more open-minded approach to achieving registration of suitably qualified overseas trained Oral Health professionals. Over the last decade we have employed two Korean trained Hygienists both of whom I would employ in their Hygienist scope of Practice should they satisfy a competent authority approach. They are both tremendously skilled chairside assistants and are both continuing with this to this day. I'm certain that their clinical work would exhibit the same attention to detail and high skill . I have heard this echoed by close friends and colleagues with their chairsides assistants too

I have acted as a mentor previously for a Dentist in their efforts to gain NZ registration and I would do so again for suitably qualified practitioners . My previous experience informs me , that - certainly a year of mentorship at least is probably the minimum time frame required to gain a reasonable perspective . I do feel that the ethical boundaries as well as the clinical performance and psychological assessments need to be all given weight and suitably assessed and discussed / instructed with potential candidates .

I feel that there are a number of potential candidates who are extremely well qualified who are not being utilised by NZ to our benefit , and being knocked back for failure to achieve a very rigorous English standard on a paper based / written examination , when on interview for chairside positions I really couldn't understand why they hadn't been looked at more holistically given- in this circumstance they were double Masters level qualified Specialists with decades of Hospital dental experience. When we are understaffed for their level of expertise around NZ and there is a huge need for Hospital based dentistry .

There needs to be alternative paths to gaining registration - we have more than a third of our population having been born overseas and as much as we stipulate a need to speak and write in English , many foreign nationals would of course feel a sense of comfort being able to seek care with fluent speakers of their language .

There is no end to our education as professionals and indeed that is also part of the interest and joy of our profession . Over many years I have had the good fortune to have been able to seek on going education throughout South East Asia and Northern Europe and I have found that there have been many occasions where I have had my eyes opened to alternative paths to treatment and techniques that benefit my patient base and could do so locally for many Dental Professionals should there be a more holistic approach to registration .

The current default position is to have candidates pursue registration through re-examination though only having achieved a suitable English standard first .

This is tremendously costly , a huge financial strain and an emotional one , when these professionals are seeking a better life for their families in NZ . There needs to be a more measured yet still stringent approach . Particularly when we now - to the best of my knowledge do not even set the examinations in NZ - rather deferring to Australian and Canadian examination boards .

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Page 5: Introduction of the proposed 'Competent authority - registration' pathway

**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:

As stated above , this seems to be an holistic win for our profession and the growing population . There is a branch of Otago at Middlemore for the final year class , There was an option for clinical training on the Northshore AUT campus , which I believe is now unavailable though given the size and difficulty of traversing Auckland it should be .

There are many Hospital Dental departments around the country that would benefit from having additional staff even if on a trainee basis .

They typically have multiple Dental House surgeons who are typically new graduates and there would obviously be an educational exchange both ways at that level as well as the normal supervised education given from the senior staff

There are many Dentists who deeply historically trained their own hygienists with candidate clinicians who were deemed qualified suitably from accepted Universities - and many who as with our practice continue to upskill our junior staff for their benefit and that of our shared patients . There is a new graduate mentoring program well established in NZ , there is no reason why this couldn't be extended to include suitable Overseas Graduates

Page 6: Introduction of the proposed 'Comparable health system' pathway

**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:

6 months is too short for some - perhaps this could be a staggered approach with 6 months close supervision and 6 months mentoring continued or layered based upon the candidates previous extent of clinical experience . Particularly given new graduates are supervised / mentored for a year ?

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

**Q15**

**Partially support**

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

**Q16**

Please tell us why:

Who determines which countries , and which universities therein ? Will these be regularly reexamined for their suitability and stringency of examination / academic standard ? And on what frequency ? 12 months is a more reasonable period of mentorship .

As stated above I have participated in this path and feel it is suitable , with a proviso that the candidate perhaps be discouraged from being in a solo self employed situation too soon for their relative clinical experience , which is probably the situation with our own recent graduates .

Again the length of mentorship perhaps needs to be a sliding scale based upon the documented clinical experience the candidate may be able to provide and to demonstrate and this needs consideration of flexibility both ways should a younger candidate show ability beyond their years of experience

If in a Teaching research position , I would also hope that there would be a suitable volume of and variety of general procedures within their eventual proposed scope of practice being achieved during this period and that there be an open minded approach and availability to achieve this by utilising all the existing training facilities we have in NZ and considering reopening the North Shore campus should it still be a possibility , and adding others in regions where there would be a great benefit to those populations. As well as considering having general practices that are possibly included in the education provider classification if they meet that standard .

I would also hope that their clinical experience would not take a back seat to their research position or the gearing they may provide to that of others in senior Academic positions . That is , sufficient clinical hours available and sufficient flow of sufficient variety of procedures available to allow for this observation and skill level to be achieved and demonstrated .

Monthly or six weekly reports , At least the diarising on a more frequent time stamped basis to ensure a more reliable and accurate documentation for all parties . This could be easily done though this surveymonkey portal . It would also be less burdensome should their list of necessary achieved procedures need to be separately recorded by other staff members . It would also prompt efforts to get the candidates those yet to be achieved procedures should there have been an insufficient flow of patients in some areas of practice .

Again it can be extremely financially burdensome for some if not many candidates to achieve this so some flexibility in pathways and time frames and centres within reason may be helpful .

While I understand this is anonymous , I'm happy to be contacted should this find a way into general practices being a part of the assessment procedure as stated I have an enthusiastic employee who I would be very happy to assist .

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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:

As long as it is truly relevant and embedded , it seems inline with today's overseas practice pathways .

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Page 10: Proposed removal of requirement to register in dental technology before registering in CDT

**Q19**

**Oppose**

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:

I agree with the incumbent Dental Techs that we need locally qualified people to provide for our profession and to sustain the viability of these businesses. The alternative is an ever increasing flow of work to other countries for the availability and affordability of these services. There is a limit to the AI / robotisation in these areas for the foreseeable future. This is little different to the exportation of many of our manufacturers over many decades and only serves to make us further subservient to overseas markets while exporting our economy. It is also arguably contrary to an ever demanding carbon footprint position as typically the goods are sent and received or at least received via air freight.

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

**Q21**

**Partially support**

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

**Q22**

Please tell us why:

Needs stringent assessment of clinical ability. There will be many who are poor clinical operators or very inexperienced seeking an examination only based entry. This doesn't allow for a gradual mentorship and public protection in the case of the USA based grads. Again in the case of the Oral Health Therapy examination pathway, I think there needs to be an assessment of clinical competence, again for public protection.

Page 12: Proposed administrative changes to the prescribed qualifications

**Q23**

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?

**All scopes,**

Multiple scopes (please specify):

This comes down to Academic standard and clinical ability, there needs to be protections to these respective scopes and the public and professionals they interact with. My main concern is that of Hygiene and Oral Health therapy

**Q24**

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

As above I think

NZ is missing out on having more availability of practitioners to support the Public health sector and private clinics and we need a balanced approach . there will be costs involved to do this to the high level we have come to expect and maintain in NZ . That is not to say that there cannot be multiple pathways and a more holistic open minded way to assess suitable candidates . While hopefully still protecting these professions and the public and not exporting our economy further - be it for the professions or even the assessments thereof .

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Page 13: Proposed fees for the new registration pathways

**Q25**

**Yes**

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

**Q26**

Please tell us why or why not?

Yes as long as balanced against similar international programs and against probably an American default dollar position . Also some consideration given to candidates from weaker currency backgrounds showing absolute commitment to our Public system and our education system .

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Page 14: Thank you for your time

**Q27**

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

A more interactive / spoken English standard qualification , one that is a little more forgiving of clear and understandable communication if and though sometimes not perfect grammatically or purely academically , particularly in an age of instant AI based translation . Especially when refusing the application of very highly qualified and experienced clinicians who want to work in our public system .

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