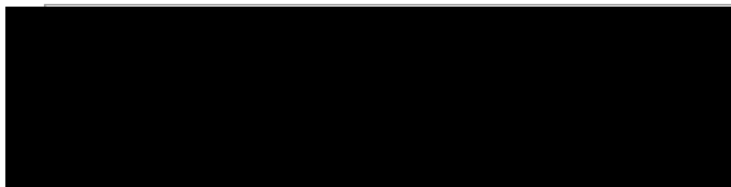

ion and the Role of Postgraduate Qualifications



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I am writing to provide further comments on the proposed Comparable Health Systems pathway, with particular reference to international regulatory precedents, transitional fairness, and the role of recognised postgraduate qualifications.

I commend DCNZ for exploring alternative registration models that recognise equivalent health systems while maintaining a strong focus on patient safety. This approach is consistent with developments seen across other well-regulated jurisdictions.

I would, however, like to comment on the proposed requirement that applicants must demonstrate at least 33 months of clinical practice (20 hours or more per week) within the 48 months immediately preceding application. While the intention to ensure clinical currency is understandable, this requirement may have unintended consequences for dentists who have already committed to pathways historically recognised by New Zealand.

Many internationally trained dentists from recognised jurisdictions have relocated to Canada to undertake the NDEB Equivalency Process, which until recently has been the only clearly defined route to eligibility for dental registration in New Zealand. The NDEB process is widely acknowledged to be lengthy and examination-intensive, often spanning several years. During this period, unavoidable gaps or reductions in clinical practice may occur due to examination preparation, regulatory requirements, and financial constraints. These gaps do not reflect disengagement from the profession, but rather active participation in a pathway aligned with New Zealand's regulatory expectations.

Other highly regulated jurisdictions have addressed similar issues through supervised or conditional registration models rather than strict recent-practice thresholds.

In Hong Kong, the Dental Council of Hong Kong operates a Limited Registration system, under which overseas-trained dentists may practise in approved institutions under defined supervision and scope of practice.

Similarly, in Singapore, the Singapore Dental Council provides a Conditional Registration pathway, allowing internationally qualified dentists to practise under supervision while their competence and suitability within the local healthcare system are assessed over time.

Both systems prioritise patient safety through structured supervision, institutional accountability, and clearly defined limitations on practice, while recognising that clinical competence can be demonstrated and maintained under oversight.

In addition, DCNZ may wish to consider recognised postgraduate dental qualifications—such as MRACDS(GDP) (Australia) and MFDS (United Kingdom)—as part of a broader competency assessment framework. These qualifications represent structured postgraduate training, formal assessment, and ongoing professional development. Notably, comparable medical regulators, including the General Medical Council (United Kingdom) and the Medical Board of Australia, have considered recognised postgraduate qualifications when assessing international medical graduates for registration pathways. This demonstrates an established regulatory approach whereby postgraduate credentials supplement, rather than replace, other safeguards.

Should there be ongoing concerns regarding clinical currency or familiarity with the New Zealand healthcare system, an extended period of supervised practice—such as 24 months—could serve as a proportionate and patient-centred safeguard. This would allow competence to be directly observed within the New Zealand context while ensuring fairness for applicants who have invested significant time in recognised equivalency processes.

I respectfully encourage DCNZ to consider these international precedents and assessment mechanisms as the Comparable Health Systems pathway is further refined.

Thank you for the opportunity to contribute to this important consultation.

Yours sincerely,
Joe Yeung