POLICY

Dental Council
Te Kaunihera Tiaki Niho

Oversight and supervision

Approved:	8 June 2026
Issued:	8 July 2026
For review:	31 March 2029

Scope and purpose

1. This policy applies to all registered oral health practitioners in New Zealand. Its purpose is to protect the public by ensuring the Dental Council (the Council) applies a consistent approach when it decides that a practitioner must practise under oversight or supervision.

2. Oversight and supervision are tools used by the Council in a range of situations, including (but not limited to):
   - for new registrants or new practising certificate holders requiring support into practice; and
   - where there are competence, health, or conduct concerns about a practitioner, and monitoring is required.

3. When considering and applying oversight or supervision requirements, the Council will comply with its obligations under the Health Practitioners Competence Assurance Act 2003 (the HPCA Act).

4. For the purposes of this policy:
   - The phrase “oversight or supervision” may also be referred to as “professional support.”
   - The practitioner receiving oversight or supervision will be shortened to “the practitioner.”
   - The Council-approved practitioner providing oversight or supervision will be “the support provider.”

5. This policy should be read in conjunction with:
   - Oversight and Supervision Guidance; and
   - Any individualised oversight or supervision protocol.

Forms of professional support

Oversight

6. The Act defines “oversight” as professional support and assistance provided to a health practitioner by a professional peer for the purposes of professional development.

Purpose of oversight

7. Oversight is generally used in the registration context to support a new registrant's safe entry into the New Zealand practice environment. It is often used to allow the practitioner to adjust to working within the *Standards Framework for Oral Health Practitioners,* cultural competence and safety, other Council requirements (including, but not limited to, recertification) and broader New Zealand specific laws and regulations.

8. The oversight relationship is intended to provide professional support, assistance, and education for the purpose of ensuring that the practitioner:
   - is aware of, and using, techniques and treatment methods consistent with the safety and well-being of patients.
   - is practising within the competencies for the relevant scope of practice.
   - is familiar with and understands their responsibilities under the Standards Framework for Oral Health Practitioners and is meeting those responsibilities.
   - has read and familiarised themselves with the Council's Working in Aotearoa New Zealand handbook.

9. In the registration context, the Council requires the support provider to report to the Council on the oversight of the practitioner, at intervals determined by the Council. In other contexts, oversight generally does not require any reporting to the Council other than at the completion of any specified oversight period.

10. The support provider must promptly notify the Council if:
   - there are concerns about the practitioner's competence, fitness, conduct, or general safety to practise; or
   - there is a breakdown in the oversight relationship.

11. The requirements of the oversight arrangement will be set out in an oversight protocol, which both the practitioner and the support provider will be required to comply with.

Supervision

12. The Act defines "supervision" as the monitoring of, and reporting on, the performance of a health practitioner by a professional peer.

13. Supervision may include the review of clinical records and provision of clinical guidance.

Purpose of supervision

14. The purpose of any Council required supervision will depend on the reason for the supervision. Generally, Council supervision will either be:

   - *Registration:* Some registration pathways include a requirement that the practitioner undergoes a period of supervision. This is intended to:

- support the practitioner into safe independent practice in the unique cultural and legal context of healthcare in New Zealand
- provide the Council with assurance of the practitioner's ongoing competence to practise during this transitional period.

- *Responsive:* When there are questions or concerns about a practitioner's conduct, competence, or fitness, supervision may be used to protect public safety while:
  - Council makes inquiries into the matter; or
  - After making inquiries, the Council considers that supervision is necessary to ensure competent or safe practice.

15. The support provider must promptly notify the Council if:
    - there are concerns about the practitioner's competence, fitness, conduct, or general safety to practise; or
    - there is a breakdown in the supervision relationship.

16. The requirements of the supervision arrangement will be set out in a supervision protocol, which both the practitioner and the support provider will be required to comply with.

Levels of support

17. There are several levels of support that the Council may set. The level required will depend on any statutory provisions, Council policy and registration pathways, or (if arising from a notification) the individual circumstances of the case. **Appendix 1** sets out the types of professional support the Council may use, and the general form and requirements of each type.

18. The Council recognises any approved support provider as an agent of Council for the purpose of providing the relevant support. They are protected from civil liability in that role provided they act in good faith.

Oversight or supervision protocols

19. Each practitioner working under oversight or supervision will be subject to a customised 'oversight protocol' or 'supervision protocol.' The protocol sets out the general terms of the arrangement, including:
    - parties involved
    - scope and method of support
    - duration
    - level of support required
    - reporting requirements (if any)
    - costs to the practitioner receiving support (if any).

20. The protocol may also include any specific additional requirements relevant to the individual circumstances of the case.

Guidance for parties to an oversight or supervision relationship

21. The Council has developed guidance for practitioners and support providers. The guidance includes:
    - conflicts of interest
    - roles and responsibilities of each party
    - raising and resolving issues in the relationship.

Administration

Related policies

1. Registration Policy
2. Notifications Policy
3. Health (Fitness to Practise) Policy

Version control

Approved by Council:	
Policies replaced or revoked by this policy	

Appendix 1 – Types of oversight and supervision

	Oversight	Remote supervision	Indirect supervision	Direct (onsite) supervision	Direct (continuous) supervision
Type of relationship	Collegial relationship/ mentorship	The supervisor is contactable to review and discuss clinical activities but is not necessarily on the premises or required to directly observe or participate in clinical management in the presence of the patient	The supervisor is contactable to review and discuss clinical activities but is not on the premises or required to directly observe or participate in clinical management in the presence of the patient	Supervisor is onsite and available to consult with, observe or assist the practitioner as needed	Continuous observation by the supervisor and intervention if necessary (may be limited to specific procedures, and/or specific patients).
Onsite requirement?	No	No	No, but must be easily contactable, and can attend the practice, on short notice, if required.	Yes, in the same practice.	Yes, in the consulting room.
Access to patient records required?	No	Yes	Yes	Yes	Yes
Reporting requirements	**At any time, if the support provider believes that the practitioner may pose a risk of serious harm to the public; AND**				
	Reporting may be required. If so, template to be completed by support provider and signed by each party. Frequency specified in oversight protocol.	Reporting template to be completed by supervisor and signed by each party. Frequency specified in individual supervision protocol.	Reporting template to be completed by supervisor and signed by each party. Frequency specified in individual supervision protocol.	Reporting template to be completed by supervisor and signed by each party. Frequency specified in individual supervision protocol	As determined by Council. May be required promptly after initial observation(s) then reduced if performance is satisfactory.
Purpose	Provision of professional support as the practitioner adjusts to the practice environment and requirements	Council monitoring is required to assure Council of the practitioner's competence and safety to practise, but direct supervision is not warranted. Appropriate for cases where immediate availability is not required, and (for example) where the practitioner is geographically isolated.	Council monitoring is required to assure Council of the practitioner's competence and safety to practise, but direct supervision is not warranted.	Used when Council is of the view that there is an issue requiring closer Council monitoring, to assure Council of the practitioner's competence and safety to practise as an independent practitioner.	Used when Council is of the view that this level of supervision is necessary to protect the public May be combined with another form of supervision.