Aide-Mémoire

Meeting with the New Zealand Dental Association on 19 November 2025

Date due to MO:	18 November 2025	**Action required by:**	N/A
Security level:	IN CONFIDENCE	**Reference:**	H2025075631
To:	Hon Simeon Brown, Minister of Health		
Consulted:	Health New Zealand: ☐		
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Contact for telephone discussion

Name	Position	Telephone
Riana Clarke	Clinical Chief Advisor Oral Health	s 9(2)(a)
Rosie Moore	Group Manager, Clinical Quality and Safety	

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Purpose of event You have accepted a meeting the New Zealand Dental Association (NZDA).

Details of Event

Date: Wednesday 19 November 2025
Time: 11:50am – 12:10pm
Venue: 6.6EW Beehive

Organisation

The NZDA is the professional association for dentists with over 2,900 paid members and 98 percent of dentists in New Zealand across the public sector, including the New Zealand Defence Force, as well as the private sector, academia, and in Non-Government Organisations and Not-for-Profit sectors.

Attendees

- Dr David Excell, President
- Dr Mo Amso, Chief Executive
- Dr Robin Whyman, Director (Dental Policy).

Biographies are attached as **Appendix 1.**

Ministry representatives Riana Clarke, Clinical Chief Advisor Oral Health, is available to join online if required.

Other information This Aide-Mémoire includes:

- High-level information on the Roadmap *Towards Better Oral Health for New Zealand 2025-2030*.
- Additional information about matters that the NZDA may raise with you, including their concerns about the New Zealand Dental Council, the Combined Dental Agreement, and oral health clinical leadership at the Ministry and Health New Zealand.
- Talking points

Context

1. Poor oral health is largely preventable, but it is also one of the common chronic health problems experienced by New Zealanders of all ages. Poor oral health affects people's overall health and shares a number of risk factors (such as sugar, tobacco, and alcohol) with other chronic diseases, including cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes. It is also strongly influenced by determinants of health such as poverty.

2. The latest NZ Health Survey shows that people report that their oral health is generally very good, with 76 percent of adults and 91 percent of children reporting having good oral health. However, we know there are areas of need and challenges:

    a. Oral health outcomes for children have not significantly improved in the last decade and disparities remain for Māori and Pacific populations and those living in high deprivation areas.

    b. There is increasing unmet need for adult dental care because of cost. In the past 12 months approximately 44.9 percent of adults, around 1,856,000 people, had unmet need for dental health care due to financial barriers.

Roadmap Towards Better Oral Health for New Zealand 2025-2030

3. During 2024 and 2025 NZDA engaged with its members, communities, and other stakeholders on oral health issues and published a Roadmap *Towards Better Oral Health for New Zealand 2025-2030* [H2025070517 refers]. The roadmap outlines three strategic priorities:

    i. Future-proofing New Zealand's oral health workforce

    ii. Tackling the major risk factors impacting New Zealand's oral health

    iii. Removing access to care barriers and inequities

4. In relation to workforce, the NZDA is concerned about several aspects of the oral health workforce, including the number of Government funded dental student places, regional distribution of workforce, and representation of Māori and Pacific peoples in the dentist and dental specialist workforces.

5. The Government currently provides partial funding for 60 dentist training places per year at the University of Otago Faculty of Dentistry, at a total cost of around $3,720,000.

6. The Ministry provided advice to Minister Reti in late 2024 on increasing the number of government capped places for dental students from 60 to 70 places requiring $4.572m over 4 years for Vote Tertiary Education. ($15,112m over 10 years) [H2024053765 refers]. This initiative was not taken forward in planning for Budget 2025.

7. The roadmap supports the focus on child oral health and improving the outcomes for children and young people. It also calls for improved access to funded dental care for adults.

8. The NZDA strongly supports community water fluoridation (CWF) and calls for more action to improve population-wide oral health e.g. such as reducing sugar consumption and ensuring healthier food environments.

9. While the Government is taking action on several of the areas identified in the roadmap, there are differences in the approach including scope of action e.g. on adult dental care. The roadmap reflects an extensive reform agenda, with a greater level of proposed government intervention and investment across oral health to increase access and reduce the backlog of care.

Government oral health policy

10. The Government's oral health policy is focused on early intervention, prevention, and reducing financial barriers to care. The policy prioritises:

    a. **Good oral health during childhood as a key predictor of lifelong oral health.** Dental services for children and adolescents are free up to the 18th birthday, including check-ups, fillings, extractions, and root canals.[1]

    b. **Community water fluoridation as a key public health measure.** The World Health Organisation and other international and national health and scientific experts endorse water fluoridation as a safe and effective public health measure for preventing dental decay.

    c. **Funding for adult dental care targeted to help those for whom cost is a barrier.** The special needs grant programme for dental treatment, administered by the Ministry of Social Development, provides both recoverable and non-recoverable grants for people on low income. Since 2022, this grant of up to $1,000 per year includes all immediate and essential dental care as well as emergency treatment; with $60 million in non-recoverable and $25 million in recoverable grants per year provided in each of the last 2 years.

11. In relation to community water fluoridation, an additional 500,000 people have access to fluoridated water as a result of the 2022 Director-General of Health directions to fluoridate supplies. Around 60 percent of New Zealand's population now has access to fluoridated water.

12. Funding for the capital works required by Local Authorities has helped achieve the successful extension of water fluoridation since 2022. The Ministry of Health is working with the Department of Internal Affairs to identify opportunities to consider making further directions to fluoridate in the context of the Government's water reforms. The Ministry will be able to look at the water services delivery plans to identify which authorities are planning for fluoridation, as well as for the timing of any infrastructure upgrades.

13. In relation to wider determinants of oral health, Health New Zealand (Health NZ) funds the Heart Foundation to work with food and beverage companies to reformulate their products to reduce the amount of sugar they contain. The Ministry is currently reviewing the dietary guidelines for children and young people (3-17 years old), and this work includes a focus on protecting oral health.

[1] This excludes specialist dental care such as orthodontic care in most instances.

Additional matters the NZDA may raise with you

14. In addition to the roadmap, the NZDA may raise concerns with you about the Combined Dental Agreement (CDA), the New Zealand Dental Council, and Oral Health Clinical Leadership at the Ministry of Health and Health NZ.

Combined Dental Agreement

15. The CDA includes provisions for annual review of the contracting and pricing of services between Health NZ and CDA provider representative bodies.[2] Issues raised by the NZDA in the 2025/26 annual review process mostly related to their position that the prices paid under the CDA are insufficient and have not kept pace with costs of inflation. The NZDA produced a Cost of Dentistry Report to support its negotiating position for the 2025/26 annual review.

16. s 9(2)(g)(i)
However, Health NZ agrees there is a need to review CDA services and how they are funded and contracted and has committed to a review of oral health services for 0-17 year olds.

17. A draft scope for the review was sent to key stakeholders including the NZDA for feedback by 19 November 2025. Its scope is proposed to be within current policy and budget settings and the NZDA still has concerns about the future funding of services and whether the review is likely to improve access.

18. The NZDA may raise with you some potential changes to policy or budget settings to address costs, including changes to eligibility, introduction of co-payments for some 0-17 year olds, or advocate for a budget bid.

19. s 9(2)(f)(iv)

New Zealand Dental Council

20. The NZDA is likely to raise concerns about the processes of the New Zealand Dental Council and oversight of its work. These include the Council's decision to increase the disciplinary levies to be paid by practitioners because it is dealing with a growing number of professional conduct cases.

21. The Council is an independent authority mandated under sections 130 and 131 of the Health Practitioners Competence Assurance Act 2003 (the Act) to prescribe fees and impose disciplinary levies.

22. The Council is required under the Act to deliver a report on its operation you as Minister of Health each year. That report must include the audited financial statements for that financial year. The independent audit is conducted by the Auditor-General and provides assurance that the Council's financial statements comply with generally

[2] Representative bodies include the NZDA, Te Ao Mārama, Te Rōpu Niho Ora, Pasifika Dental Association and the NZ Oral Health Association.

accepted accounting practice in New Zealand and have been prepared in accordance with Public Benefit Entity Reporting Standards Reduced Disclosure Regime.

23. Ministry of Health Officials have contacted the Council about the reasons for the additional disciplinary levy and to interrogate the Council's decision-making process. While unfortunate, the levy was justified by the unforeseen and significant rise in disciplinary matters the Council was managing.

24. The Act also requires that the Council undergo an independent performance review at least once every five years. The first review was conducted in 2021 with positive results. The next review is scheduled for May 2026. The Council must publish the review report on its website and must address any recommendations made following that review in its subsequent annual report.

Clinical Leadership

25. The NZDA may raise what it believes is a lack of oral health clinical leadership both at the Ministry and particularly at Health NZ where there is no National Oral Health Clinical Leadership.

26. Work on oral health policy and the determinants that impact on the oral health of New Zealanders is undertaken by several teams in the Ministry, including clinical, policy, and public health.

    a. The Clinical Chief Advisor Oral Health (employed at 0.4 FTE) is supported by Primary and Community Healthcare Policy Team.

    b. The Public Health Agency leads work on CWF and determinants of oral health such as the food environment, tobacco, and alcohol.

    c. Regulatory issues are dealt with by the Clinical Quality and Safety team.

27. The National Clinical Network Oral Health at Health NZ is working closely with the Chief Medical Officer (CMO) and the national oral health team in planning, funding and outcomes to support the oral health work programme.

28. The Health NZ National CMO has, as of 17th November, agreed to have her Position Description amended to include oral health with particular oversight of Hospital and Specialist Dental Services.

Rosie Moore

Group Manager

Clinical Quality and Safety

s 9(2)(g)(i)

s 9(2)(g)(i)

Appendix 1: Biographies for NZDA representatives

Dr David Excell, President

- His work emphasises improving access to dental care, integrating oral health into broader health systems, and supporting the dental workforce through education and innovation.
- David is a general dentist with extensive clinical experience in private practice. He has contributed to NZDA's policy and advocacy work, including commentary on dental health challenges during COVID-19.
- David has written opinion pieces and contributed to public discourse on oral health challenges in New Zealand, advocating for better funding, access to care, and recognition of oral health as a core component of general health.

Dr Robin Whyman, Director (Dental Policy)

- A qualified dentist with a strong background in public health dentistry and health service leadership. Robin leads the NZDA's dental policy development and advocacy including the organisation's positions, strategies, and advocacy efforts on key oral health issues.
- Represents NZDA in media and public forums on dental health policy. He has spoken extensively on the benefits of community water fluoridation, citing long-term research supporting its role in reducing dental decay.
- Robin is a strong proponent of water fluoridation and public oral health initiatives and prior to joining NZDA, he held senior roles in the public health sector, including Chief Dental Officer at the Ministry of Health.

Dr. Mo Amso, Chief Executive

- A qualified dentist, working 1 day per week in the Auckland Te Toka Tumai Hospital Dental Service.
- Previously held the role of Associate Director, (Development) at NZDA.
- Prior to this he was Oral Health Clinical Director at The Fono, Auckland; a Pacific-led health provider.