

### Our position

**Strong clinical governance and leadership are essential to improving oral health outcomes for all New Zealanders, but oral health has been largely absent from health reform conversations. There is no dedicated oral health unit in the Ministry of Health or Health NZ, and clinical leadership roles are under-resourced.**

**Without strong governance, oral health risks remaining disconnected from broader health policy, workforce planning, and service delivery.**

**The NZDA is calling for a renewed focus on clinical governance and leadership in oral health, with clear accountability, adequate resourcing, and recognition of dentistry as an integral part of the national health system.**

### The problem

Oral health lacks visibility and leadership within the health system. Despite the scale of unmet need and its impact on general health, there is no national oral health strategy or central unit responsible for system-level planning. Health reform structures have not meaningfully included dentistry, and there is limited clinical representation at decision-making levels.

This absence of system-level governance has consequences. Policy decisions affecting patients, dentists, oral health therapists and system leaders and managers are often made without meaningful input from those who understand clinical realities. This leads to fragmented policy, poor data, inconsistent standards, and a lack of coordinated investment in workforce and services.

Without dedicated leadership, oral health continues to be seen as optional, rather than a critical component of health equity and wellbeing.

### The background

The *NZDA Roadmap Towards Better Oral Health* identifies a systemic gap in national coordination and leadership for oral health. This absence of a coherent governance structure means there is no consistent voice or accountability for oral health at a national level.

The single part-time national clinical leader role at the Ministry of Health was reduced in 2024, leaving insufficient capacity to provide system-wide oversight or drive policy alignment. Oral health leadership at Health NZ remains embryonic and disconnected from the wider clinical network, and the organisation's structures have not yet evolved to provide a clear mandate for oral health integration.

The NZDA believes that strong clinical leadership must sit alongside effective clinical governance – both are needed to embed oral health into population health strategies, improve quality and safety, and support data-driven decision making.

### The solution

- Re-establish oral health leadership: create and properly resource and fund dedicated oral health units within both the Ministry of Health and Health NZ.
- Strengthen clinical governance: appoint a senior national oral health clinical leader with authority to influence policy, strategy and workforce planning, supported by a multi-disciplinary advisory team.
- Embed oral health in health policy: ensure oral health is included in all relevant government strategies, including health equity, workforce, and prevention frameworks.
- Support collaboration: formalise engagement between government agencies, NZDA, and oral health professionals to drive evidence-based policy and promote best practice.
- Build accountability: establish transparent reporting and data systems to monitor oral health outcomes and service performance across regions.

The NZDA is urging the incoming Government to invest in leadership and governance, through which New Zealand can align oral health with the rest of the health system, ensuring accountability, consistency, and better outcomes for patients.