

## **“Delays in Child Dental Surgery a Symptom of a System in Crisis,” says Oral Health Academic & NZOHA Vice-President**

Ōtepoti, Aotearoa — 29 May 2025

Te Ohu Pūniho Ora o Aotearoa – New Zealand Oral Health Association is calling for urgent action to address a worsening crisis in children's access to urgent dental surgery. New data reveals that more than half of tamariki on the public hospital dental waitlist have been waiting over four months for treatment.

Health NZ data from March shows that 5,564 children aged 14 and under are currently waiting for hospital dental care—2,942 of them for more than 120 days. Samuel Carrington (Te Arawa, Ngāti Whakaue, Ngāti Hurungaterangi), a senior lecturer in oral health and Associate Dean Māori at the University of Otago, says these delays reflect deep systemic inequities.

“These aren’t just numbers — they’re children living in pain, missing school, and often going through repeat antibiotics while they wait,” says Carrington.

“Many of these cases could have been prevented entirely with early access to community care. The fact that Māori and Pasifika children are overrepresented on these waitlists tells us this is not just a clinical issue — it’s a matter of equity.”

Carrington attributes the backlog to a combination of COVID-19 disruptions, a national shortage of oral health professionals in the community oral health service, and chronic underinvestment in prevention-focused, publicly funded dental care.

“The public system is doing its best under pressure, with oral health therapists and dental therapists in the community oral health service doing an amazing job with the resources they have,” he says. “But we need to stop patching a broken system and instead build one that prevents tamariki needing surgery in the first place.”

### **Calls for Action**

Carrington is urging Health NZ and the Ministry of Health to take a dual approach—clearing the current backlog while addressing long-term workforce and access issues:

- Expand mobile surgical and outsourced services to reduce waitlists
- Invest in prevention: fluoride varnish, outreach in kōhanga reo, and school-based care
- Grow the oral health workforce, especially by training Māori and Pacific oral health therapists closer to home
- Recognise oral health therapists and dental therapists as ACC providers for dental trauma

“Right now, oral health therapists like myself are trained to treat dental trauma — like a chipped or avulsed tooth — but we can’t provide ACC-funded care,” Carrington explains.

“This creates delays, forces unnecessary referrals, and particularly disadvantages tamariki seen in schools or rural clinics. That restriction could be lifted tomorrow.”

### **A System Isn't Truly Free If You Can't Access It**

While dental care for children is publicly funded, Carrington says long delays in treatment lead to emotional and financial strain on whānau.

“Some whānau are forced into the private system where a single surgery can cost up to \$6,000. Even staying in the public system comes with hidden costs — travel, time off work, pain relief, and multiple GP visits. A free system is only fair if it's accessible.”

He says oral health must no longer be treated as an afterthought in policy and funding decisions.

“Oral health is essential to overall health. If we want equity in Aotearoa, our oral health system needs to reflect that — in policy, in funding, and in action.”

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