

6 November 2024

Ms. Deborah Frew Executive Consultant Miller Blue Group

Regarding rapid Review of the use of the title Oral Surgeon

Dear Ms. Frew,

I very much enjoyed our chat this morning via the Teams application. I hope my input complements the information you already have.

I am writing as President of the Australian and New Zealand Association of Oral Surgeons and Clinical Coordinator of the D. Clin Dent Oral Surgery run by the University of Sydney for the achievement of Specialty status as an Oral Surgeon in Australia and New Zealand. This is a postgraduate degree for dental surgeons.

The Association is recognised as a governing body of Oral Surgeons and is involved in policy making, education and negotiations with Government for people who have an interest in Oral Surgery. It is a two-tiered organisation, full members being registered Oral Surgeons and associate members who can be of any profession with an interest in Oral Surgery.

The three-year full-time training course conducted by the University of Sydney is hospital based with a requirement that over 1000 supervised surgical operations be the minimum activity in those three years. There is a research component as demanded by the University, but this is directed towards provision of publications rather than being a robust body of research. The candidates are rotated through multiple hospitals and supervised by consultants. The hospitals engaged are Wagga Wagga Base, Orange Base, Dubbo Base, Nepean, Royal North Shore and Hornsby, Sydney Dental and Westmead. In the city hospitals the candidates rotate through Emergency Department, Head and Neck Oncology and radiation and participate in Multi Discipline sessions for inpatient care.

The course was set up to supply Oral Surgeons to the Public Health Sector and in this aspect it has been successful. Since talking to you I have phoned the graduates of the programme. Of the sixteen graduates only three are solely in the private sector., one in New Zealand. The public positions are visiting due to public health employment policy, and they work in multiple hospitals. Like myself, they work at least one day a week in the private sector. The Association has been advocating to NSW Health for an increase in positions devoted to Oral Surgery because of the enormous waiting lists for this service. More particularly it has been lobbying for staff specialist positions; the establishment of such allows for integrated discipline care of patients through networking and relationships within the health service. This has been achieved in the Murrumbidgee Health District with the creation of a full time oral surgery position and it is hoped that this precedent will flow to other LHDs.

If I may draw your attention to recent publications which illustrate the need: "Hospitalisations Due to Dental Infection: A Retrospective Clinical Audit from an Australian Public Hospital. Mafaz Ullah, Muhammed Irshad, Albert Yacoub, Eric Carter, Stephen Cox Dent J 2024 12.

Health Stats NSW for 2021-22 reveals that there were 20,000 admissions to NSW hospitals for preventable dental causes. The need is more than substantial, and the admissions are separate from the waiting lists for surgery procedures especially in the rural sectors.

You specifically asked if I thought the title Oral Surgeon could be misleading to the public. My answer is no. In my long career I have never been challenged by a patient as to my credential as an Oral Surgeon.

A surgeon is specially trained to perform operations; the training is directed to evaluating and treating conditions that require surgery. Surgery implies physically changing aspects of the body. There are many types of surgeons, general, colon and rectal, ear nose and throat, neurosurgery and maxillofacial and oral surgery to name a few. Each speciality requires years of training and assessment by peers. The courses are rigorous and demanding. The title surgeon describes the attainment of skills in that field. To alter the title would diminish the status of the attainment of those skills.

The current Oral Surgery Course conducted by the University of Sydney is a hands-on clinical course conducted in hospitals, totally patient directed and assessed each of the three years by two external examiners. Multidiscipline management in the hospital setting is a core aspect of the training. The hours are long, and the standard subjected to external and international assessment. The title Oral Surgeon implies that oral surgery is the specialty of that graduate and is recognised by referring doctors and dentists alike. The title is the root of assurance for the patient and it more than adequately describes the talents of specialty for that operator.

We briefly touched on the Scope of Practice of Oral Surgeons. Within the NSW Health system the scope of practice of oral surgeons is clearly defined with access to on-going training in aspects of patient care possible. The scope of practice for individual practitioners is influenced by the settings in which they practice and are secured by their training. All surgeons are aware of the perils of loss of indemnity by straying beyond one's competency and recognised scope of practice.

As President of the Association, I am pleased that the graduates of the programme are venturing into the Australasian College of Dental Surgeons as Members. I am a life member of the College, and I have long been an educator and examiner. I foresee increased engagement of the Members in the educational aspects of the College which remains a pillar of education of dentistry in the Asian-Australian scene. You are aware of my long association with Asia and the Oral Surgery scene there. The College holds substantial importance in postgraduate education in all aspects of dentistry and is heavily engaged with Asian Associations.

To return to the issue of discussion I see no need for alteration of the title of Oral Surgeon. To assume that the public could be deluded or misinformed by the title I believe is near-sighted or better, incorrect. Surgery in the oral cavity is very personal and exacting. The skill set to be titled an Oral Surgeon is difficult to achieve. Not all candidates are successful in the course conducted by the University of Sydney, hand skills and patient care being examined intensely. Many of the candidates put their lives on hold for the three years moving families, sometimes, to Sydney to pursue the title

of Oral Surgeon. To change the title would dilute the achievement and, quite frankly, be a major rebuff to their efforts to achieve their dream.

As President of the Association, I am in routine contact with Maxllo-facial Surgeon Colleagues and, as in all professions, there are differences of opinion as to worthiness and functional ability of each. The differences are petty in the main and do not detract from the real focus of both the University and the Australasian College, that being provision of education, the welfare of patients and provision of evidence-based care. The individual criticisms make for an entertaining work scene and, sometimes, rigorous debate which enriches the work environment and keeps us all focused-on standards of care.

I am hopeful that the information provided in this letter and the interview is constructive in your review.

Dr Eric Carter BDS, FRACDS, FDSRCS, FHKAM, MRACDS, FHKADS President Australian and New Zealand Association of Oral Surgeons Specialist Oral Surgeon; Senior Lecturer in Oral Surgery the University of Sydney

References:

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Health Stats NSW. Potentially preventable hospitalisations: Conditions. NSW combined admitted patient epidemiology data.