

8 November 2024

Ms Deborah Frew
Executive Consultant
Miller Blue Group
Via email: [REDACTED]

Dear Ms Frew,

AHPRA Rapid Review of the use of the title 'Oral Surgeon'

The Health Ministers of Australia (HMM) have identified potential patient and consumer confusion with the use of the title 'Oral Surgeon' by dental practitioners. The HMM has instructed AHPRA to undertake a review of the title in order to provide advice back to the HMM. AHPRA is currently conducting a rapid review with a limited scope of consultation.

Recent reforms to Health Practitioner Regulation National Law in 2023 has protected the use of the title 'surgeon' and restricted its use within the medical profession to increase regulation around cosmetic surgery. As a byproduct of this amendment, podiatry and dentistry's use of the title 'surgeon' without medical training has been overlooked.

The Australian Society of Orthodontists (ASO) is the peak representative body of specialist orthodontists in Australia. We write to you in support of the HMM to restrict the use of the title "surgeon" for medical and surgically trained health professionals for public safety. The decision to close the loop across dentistry will reduce the confusion that exists in the general public between Oral Maxillofacial Surgeons and Oral Surgeons.

There is a clear distinction between the quality and breadth of training of Oral and Maxillofacial Surgeons versus Oral Surgeons. This weight of this important difference is lost by the bipartisan use of the title 'surgeon'.

Whilst Oral Surgeons have a dental qualification and a university-based post-graduate qualification (by coursework), they lack medical qualifications or any significant in-hospital surgical training. In contrast, Oral and Maxillofacial Surgeons have both medical and dental degrees, a 1-year rotation in general surgery and a 4-year (in hospital) surgical training fellowship, accredited by the Australian Medical Council (AMC). Achievement of set competencies to high standards is integral to the rigorous training of Oral Maxillofacial Surgeons in Australia.

The use of the title "surgeon" interchangeably between these groups blurs the lines of understanding of qualifications and scope of practice to the general public. It is near impossible for laypeople to navigate the litany of post-nominals available for health professionals, nor figure out the level of qualification of their health professional to calculate risk profile of procedures. For example, the qualification for a basic dental degree to gain registration as a

Dentist at the University of Melbourne is now a Doctor of Dental Surgery as opposed to the superseded Bachelor of Dental Science. This graduate would have limited exposure to complex third molar removal and soft tissue biopsy at best with no medical training.

By and large, the community believes that a 'surgeon' is a suitably qualified medical surgical practitioner and does not understand the distinction in qualifications. Protecting the title of 'surgeon' and restricting its use moving forward to graduates with medical and surgical training is the responsible step forward in protecting the public.

In March 2024, an independent review of the regulation of podiatric surgeons recommended the change from title 'podiatric surgeon' to 'surgical podiatrist'. The final anomaly for AHPRA to resolve would be 'Oral Surgeon' to be consistent with their message to the public.

On this basis, the ASO supports changing the dental specialist title 'Oral Surgeon' to a title that does **not** create patient confusion through the natural assumption of medical or surgical qualifications. This can only be solved by the changing of the name so that the title of Oral Surgeon unambiguously describes their origins and scope of practice in dentistry; and does not overstate the qualifications of the health professional.

The ASO advocates for maintaining high standards of care for specialist services and similar high standards of specialist training for registration. We support ANZAOMS in their position to raise awareness of this anomaly and mitigate risk to the public.

In the interest of consistency and efficiency in the health system, we ask that AHPRA undertake one concurrent process in order to give effect to both these changes.

Yours Sincerely,

Dr Roslyn Mayne

President

Australian Society of Orthodontists