



miller blue group

Rapid targeted review of the use of the title 'oral surgeon'

Commissioned by the Australian Health Practitioner Regulation Agency

December 2024

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Glossary

Term/Acronym	Definition
Ahpra	Australian Health Practitioner Regulation Agency
DClinDent (OS)	Doctor of Clinical Dentistry (Oral Surgery) offered at the University of Sydney
Health Ministers	Commonwealth, State and Territory Ministers for Health who together constitute the Ministerial Council under the National Law
National Law	Health Practitioner Regulation National Law as applied in each Australian State and Territory
National Law co-regulators	The Dental Council of New South Wales and the Office of the Health Ombudsman in Queensland who exercise regulatory functions in accordance with the National Law as applied in those States.
National Scheme	The National Registration and Accreditation Scheme as established by the National Law
Notification	A notification made under the National Law, including a complaint made under the National Law as applied in New South Wales

1 Executive summary

This review into the use of the title oral surgeon has been commissioned by Ahpra to assist it in advising Australian Health Ministers of the need for any change to, or reconsideration of, the title oral surgeon in order to meet the statutory objectives and guiding principles of the Health Practitioner Regulation National Law (the National Law). The two paramount guiding principles of the National Law are:

- protection of the public; and
- public confidence in the safety of services provided by registered health practitioners and students.¹

Objectives of the National Law include:

- to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered;
- to facilitate access to services provided by health practitioners in accordance with the public interest; and
- to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.²

The review takes place in the context of the reconsideration of two other titles: “cosmetic surgeon” and “podiatric surgeon”. Consideration of both these titles was in the context of evidence that they led to demonstrable harm to the public.

The review was conducted as a “rapid review” within a timeframe of 12 weeks. The methodology of the review was developed to meet this timeframe and involved three elements:

- research, including a literature review and search of online databases;
- data and information collection and analysis;
- seeking submissions through a targeted consultation process.

There was some criticism of the targeted nature of the review process and its ability to provide a comprehensive analysis of the issues in the timeframe. The review has considered ways that any deficiencies in this regard may be addressed.

¹ National Law, s3A.

² National Law, s3.

“Oral surgery” and “oral & maxillofacial surgery”³ are two of the 13 approved specialties for dental practitioners. “Oral & maxillofacial surgery” is a field of specialty practice within surgery, surgery being one of the 23 approved specialties for medical practitioners. The specialties have an intertwined history with oral & maxillofacial surgery emerging from oral surgery to encompass more complex procedures and a wider scope of practice. Oral surgery may therefore be seen as a subset of oral & maxillofacial surgery.

The qualifications and training of both specialties reflect this. Oral surgeons have dental qualifications and are required to undertake two years in general dental practice followed by a post graduate university qualification (the Doctor of Clinical Dentistry (Oral Surgery), University of Sydney) which includes hospital-based training in oral surgery. Oral & maxillofacial surgeons have both dental and medical qualifications, have undertaken a medical internship to be registered as a medical practitioner and undertake hospital-based training leading to a fellowship with the Royal Australasian College of Dental Surgeons (RACDS).

Both qualifications, the DClinDent (OS) and the RACDS (OMS) are accredited under the National Law by relevant accreditation authorities. This distinguishes them from cosmetic surgery, which has never been an approved specialty under the National Law and no training courses for cosmetic surgery have been assessed and accredited by National Scheme accreditation authorities.

The Australian qualifications and training for both specialties and the processes for their approval under the National Law are set out in this report. The process for the assessment of overseas trained practitioners has also been examined. These processes support the objective of the National Law that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. This was generally reflected in the submissions to the review, which did not suggest that oral surgeons are unsafe per se, or that oral surgery should not be an approved specialty under the National Law. Rather, the main issue of contention in the submissions was whether the title oral surgeon needed to be changed to better protect the public and enhance public confidence. As a result, the review’s analysis is restricted to this proposition.

At the time of writing, there were 66 oral surgeons in Australia, with 42 being registered in New South Wales. They are a small workforce but serve an important workforce need, particularly in rural and regional areas of New South Wales. They are safely able to conduct less complex oral surgery procedures that do not require the more specialised skills of an oral & maxillofacial surgeon. They generally incur lower workforce costs to health services than oral & maxillofacial surgeons and allow oral & maxillofacial surgeons to concentrate

³ The approved specialty is “oral and maxillofacial surgery”, and the approved title is “oral and maxillofacial surgeon”. However, for ease of reading, this report uses “oral & maxillofacial surgery” and “oral & maxillofacial surgeon”, except in references to published documents or names of organisations.

their expertise at the higher end of their scope of practice. This maximises the flexibility of the oral health workforce and contributes to sustainability of services.

To examine evidence of harm from the use of the title oral surgeon, data regarding notifications under the National Law were provided by Ahpra and National Scheme co-regulators. There are a small number of notifications for oral surgeons, and the number of notifications fluctuates each year (between 1 and 6 notifications per year in the previous five years). The notification percentage for oral surgeons is less than for oral & maxillofacial surgeons. The five-year average for notifications about oral surgeons is 5.8%, which is higher than the rate for all dental practitioners which is 3.8% but in some individual years it has been lower (noting the impact of the small number of oral surgeons). This distinguishes oral surgeons from podiatric surgeons, who had a notification rate five times higher than podiatrists generally. Similarly, complaints regarding advertising offences for oral surgeons were minimal. Of the notifications received during the last five years for oral surgeons, one resulted in a caution. The rest resulted in either discontinuation of the notification or no further regulatory action. No conditions were imposed on registration, nor was registration suspended or cancelled for any oral surgeon.

Some stakeholders submitted examples of harm that they consider were caused by the use of the title oral surgeon. However, in summary, it is unclear the extent to which any harm that arose could necessarily be attributed, solely or substantially, to the use of the title oral surgeon, as opposed to other factors.

The review agrees that consumers and the general public are likely to be confused by the difference between oral surgeons and oral & maxillofacial surgeons. However, many of the specialist titles in dentistry and medicine are confusing and even consumers with high levels of health literacy are unlikely to be able to articulate the scope of practice of many specialties or the differences between them. Although transparency of health services is important, it would have far-reaching consequences for many current specialist titles if confusion, in the absence of harm, were the threshold test for a change of title.

It was submitted that the term “surgeon” is misleading to the public, and that no specialist title should contain the word “surgeon” unless the specialist practitioner holds a medical qualification and has undertaken surgical training accredited by the Australian Medical Council (the accreditation authority for medicine under the National Law). There are various arguments for and against this proposition that are examined in this report. However, there is insufficient independently assessed evidence to establish that harm is being caused by the term “surgeon” within the title “oral surgeon”. Potential harm that is submitted to be caused by this confusion could be addressed in other ways that are less restrictive than a change in title.

The title oral surgeon is well recognised in other countries, appears in NATO documentation, and is used and regulated in a similar manner in the United Kingdom, Aotearoa New Zealand and Ireland. If Australia’s use of the title is not commensurate with

the use of the title internationally, there could be consequences for recruitment of overseas trained oral surgeons. In light of the considerable resources being expended to increase Australia's ability to attract a safe and appropriately trained overseas workforce, these consequences are an important factor for consideration. Other consequences of a change of title are examined in the report, including possible ramifications for training the domestic workforce, flow on consequences to qualifications and other professional titles, costs to practitioners and health services and effects on competition in the provision of private oral surgery services.

It is noted that the rapid and targeted nature of the review did not allow it to conduct comprehensive consultation on "consumer and patient understanding of title protection as it relates to oral surgeons and oral & maxillofacial surgeons, including their understanding of the skills and qualifications of the practitioners providing their care" as required by the Terms of Reference. However, in the absence of evidence of substantial harm to the public, it is considered that this consultation could be undertaken at a later date. Some recommendations for how this should occur are included in the report.

It is also noted that stakeholders who may have been able to provide evidence of financial harm arising from use of the title "oral surgeon" were not included in the list of stakeholders for targeted consultation. This financial harm is said to occur as a result of consumers making incorrect assumptions about the extent of their health insurance coverage or the availability of Medicare rebates, because they believe oral surgeons are medical practitioners. It is unclear whether a change of title would address this, and this may depend on the chosen alternative title. There are also other ways of correcting information asymmetry between consumers and governments/health insurers. The report provides some recommendations on opportunities for the consideration of financial harm in the future and for providing more comprehensive information for consumers.

The review also considered the question of an alternative title to oral surgeon, as any alternative title must also be accurate, not mislead consumers or have unintended consequences. The consultation process in relation to an alternative title to "podiatric surgeon" is likely to provide important information in this regard which may inform processes for the amendment of titles generally.

The review finds as follows.	Findings
1.	There is insufficient reliable and independently assessed evidence to indicate that the use of the title “oral surgeon” has caused serious harm to the public or led to a substantial loss of public confidence in the safety of services provided by oral surgeons. The mechanisms in the National Law provide a sufficient level of protection to the public and support public confidence in the safety of both oral surgeons and oral & maxillofacial surgeons.
2.	Confusion in the minds of the public and any confusion in the minds of other health professionals regarding the terms oral surgeon and oral & maxillofacial surgeon may be mitigated in other ways, in accordance with the National Law guiding principle that restrictions are to be imposed under the National Scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.
3.	<p>There are foreseeable consequences that could flow from changing the title oral surgeon. A change of title:</p> <ul style="list-style-type: none"> • would result in Australia using a different title to other countries with comparable health systems; • may hamper efforts to recruit an appropriately qualified overseas trained oral surgery workforce; • may send a signal to the potential domestic oral surgery workforce that their specialty is devalued; • would result in relevant practitioners, health services, government and non-government organisations incurring costs; and • may have effects on competition in the market for private oral surgery services which have not yet been subject to a cost benefit analysis.
4.	<p>The Dental Board of Australia reviews its regulatory instruments including the <i>Dental list of recognised specialties, related specialist titles and definitions</i>. Reviews include a public consultation process. The next scheduled review would be an appropriate time to conduct more comprehensive consumer consultation on the title oral surgeon as described in this report and to test whether any financial harm arises from the use of the title that does not also arise in respect of other titles and cannot be addressed in other ways.</p>

The review makes the following recommendations:

Recommendations	
1.	Ahpra should consider the above findings in providing any advice to Health Ministers on the use of the title oral surgeon.
2.	<p>As part of the Dental Board of Australia's next review of dental specialties and specialist titles, the Board should consider ways of seeking consumer feedback in a manner that allows consumers to consider all relevant information about protected titles, including:</p> <ul style="list-style-type: none"> the use of the title in the context of all the regulatory protections available under the National Law; and the possible consequences of a change in title as outlined in this report, such as access to services, flexibility and sustainability of the workforce, international usage of the title, costs to practitioners and health services, and alternative mechanisms of addressing any harm.
3.	<p>Ahpra and the Dental Board of Australia should consider ways of enhancing consumer and health professional knowledge about dental specialties in general and the titles oral surgeon and oral & maxillofacial surgeon in particular. This could include:</p> <ul style="list-style-type: none"> expanding the information in its Fact sheet <i>Guidance for registered dental practitioners: Obligations regarding use of title</i> (or another appropriate document) to provide guidance to dental practitioners on informing patients of the qualifications and scope of practice of dental specialists to whom they make referrals; and producing accessible information on the qualifications and scope of practice of all dental specialties.
4.	Ahpra and the Dental Board of Australia should consider whether any new evidence submitted to this review regarding information currently in the public domain warrants the taking of regulatory action under section 133 of the National Law or the Board's <i>Guidelines on advertising a regulated health service</i> .

2 Introduction

This rapid review has been commissioned by Ahpra pursuant to an agreement by Australian Health Ministers in August 2024 to refer the use of the title “oral surgeon” to Ahpra for consideration and advice, to ensure patients and consumers have a clear understanding of the skills and qualifications of the practitioners providing them care.⁴

The review was undertaken by Miller Blue Group, which has been commissioned by Ahpra for this purpose, and was conducted according to the Terms of Reference developed by Ahpra. The purpose of the review is to examine whether the use of the title “oral surgeon” by dental practitioners registered in the recognised dental specialty of oral surgery meets the statutory objectives and guiding principles of the National Law.

2.1 Context of the review

Amendments were made to the National Law in 2023 to prevent the use of the title “surgeon” by medical practitioners who did not hold certain specialist registration. This amendment was made to protect the public in circumstances where medical practitioners performing cosmetic surgery were describing themselves as surgeons and it was found that the public was misled into believing such practitioners held specialist medical qualifications in surgery.⁵ The amendment does not cover non-medical registered practitioners such as dental practitioners (for example, oral surgeons) or non-health practitioners (for example veterinary surgeons).

In 2023, Ahpra and the Podiatry Board of Australia commissioned the *Independent review of the regulation of podiatric surgeons in Australia* to obtain an independent view of the current regulatory framework for podiatric surgeons and any risks to patient safety and to recommend improvements to better protect the public. The review report was published in March 2024 and made 14 recommendations, all of which have been accepted by Ahpra and the Podiatry Board of Australia.

Recommendation 4 of that review is that “*following consultation, the Podiatry Board seek Health Ministers’ approval to change the protected title for the specialty from ‘podiatric surgeon’ to an alternative title, such as ‘surgical podiatrist’*”.

At the time of writing, Ahpra and the Podiatry Board of Australia have sought feedback on a proposal to change the protected title for the specialty of podiatric surgery, but the proposed change has not yet been finalised.

⁴ Australian Health Ministers Meeting Communique, August 2024

⁵ Review Terms of Reference

2.2 Terms of Reference

The terms of reference for the review were agreed by Ahpra in October 2024. The full Terms of Reference are in **Appendix A**.

The review is required to examine whether the use of the title “oral surgeon” by dental practitioners registered in the recognised dental specialty of oral surgery meets the statutory objectives and guiding principles of the National Law, in particular, whether the protection and use of the title:

- provides for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered;
- facilitates access to services in accordance with the public interest;
- enables the development of a flexible, responsive and sustainable Australian health workforce;
- promotes public confidence in the safety of services provided by registered health practitioners, including patients and consumers understanding of the skills and qualifications of the practitioners providing their care.

In providing advice on the above matters, the review is to inquire into and report on:

- consumer and patient understanding of title protection as it relates to oral surgeons and oral & maxillofacial surgeons, including their understanding of the skills and qualifications of the practitioners providing their care;
- the currently regulatory framework to support safe practice by oral surgeons, including the Dental Board of Australia’s *Scope of practice registration standard*, supporting guidance and entry-level professional competencies;
- the education and training required to register as an oral surgeon, including a summary of how a practitioner is determined to be qualified for registration in the specialty;
- the workforce implications of recognising the specialty and the impact on accessing safe and quality specialist dental care;
- the risk assessment of notifications about oral surgeons and oral & maxillofacial surgeons (as a comparator) and the understanding of the differences between the specialties;
- complaints about, and management of, advertising offences;
- approaches adopted by professional regulators in other comparable countries to the title oral surgeon;
- the need for any changes, clarifications or further actions in relation to the current regulatory approach to the use of the title oral surgeon.

The Terms of Reference specify that “although use of the title “oral & maxillofacial surgeon” is not subject to review under these Terms of Reference, it is relevant to this review,

because of how the titles of “oral surgeon” and “oral & maxillofacial surgeon” are understood by patients and consumers, and the consequent implications for patient safety.

2.3 Methodology

Ahpra determined that a rapid targeted review be undertaken to explore the use of the title “oral surgeon”. The review had a 12-week timeframe and was conducted as follows.

1. Research	<p>A literature search was undertaken on:</p> <ul style="list-style-type: none"> the scope of practice of oral surgeons and oral & maxillofacial surgeons; the history of oral surgery and oral & maxillofacial surgery in Australia and comparable countries, including the history of the titles; understanding of the titles oral surgeon and oral & maxillofacial surgeon; the training and qualifications of oral surgeons and oral & maxillofacial surgeons; and the curriculum content for approved courses of study.
2. Data and information collection	<p>This included:</p> <ul style="list-style-type: none"> notifications data from Ahpra and National Scheme co-regulators in respect of oral surgeons and oral & maxillofacial surgeons for the period July 2019-June 2024; data from Ahpra on advertising complaints under the National Law; and information on the training and qualifications, regulatory framework and scope of practice of oral surgeons and oral & maxillofacial surgeons in Australia and overseas, particularly the comparable countries of Aotearoa New Zealand, Ireland and the United Kingdom.
3. Targeted consultations	<p>A number of stakeholders whose purpose and objects were considered most relevant to the Terms of Reference by Ahpra and the review team were approached to provide information and/or submissions to the review. Other organisations that became aware of the review also provided submissions. The list of stakeholders that provided written submissions is at Appendix B.</p>

Table 1 - Review Methodology

3 The regulation of health practitioners in Australia

To understand the importance of specialist titles in the Australian regulatory context, it is necessary to understand the regulatory scheme for health practitioners in Australia and the basis of that regulation, which is title protection.

3.1 The Health Practitioner Regulation National Law

The Health Practitioner Regulation National Law (the National Law) provides for the regulation of 16 health professions under the National Registration and Accreditation Scheme (the National Scheme). Both dentistry and medicine are regulated professions under the National Law, which outlines the powers, functions and membership of the Dental Board of Australia and the Medical Board of Australia. Relevant functions of the Boards include to:

- register suitably qualified and competent persons as practitioners
- decide the requirements for registration
- develop or approve standards, codes and guidelines
- approve accredited programs of study as providing qualifications for registration
- make recommendations to Health Ministers about the operation of specialist recognition and the approval of specialties.

3.2 Specialist and general registration

Dentistry and medicine are professions that have both general and specialist registration. The Boards make, and Health Ministers approve, registration standards that govern the requirements for registration in each category. Health Ministers have approved 13 categories of specialist registration in dentistry and 23 categories in medicine. A practitioner's type of registration is recorded and publicly available in the public national register, managed by Ahpra.

Each category of registration has a corresponding protected title. In dentistry, the protected title for dentists with general registration is 'dentist'. For dentists registered in the specialty of oral surgery, the protected title is 'oral surgeon'.

Both medicine and dentistry have a specialty of oral & maxillofacial surgery,⁶ with the protected title of 'oral & maxillofacial surgeon'. Oral & maxillofacial surgery is the only specialty where specialist registration is available with both the Medical Board of Australia and the Dental Board of Australia. An oral & maxillofacial surgeon may be registered with

⁶ In medicine, oral & maxillofacial surgery is a field of specialty practice within the specialty of surgery.

either of those Boards, or both. That is, they may be “single registered” or “dual registered”. The majority of oral & maxillofacial surgeons are dual registered.

3.3 Title protection

The National Law operates on a title protection model. Apart from a few exceptions where certain practices and procedures are proscribed,⁷ the National Law regulates what practitioners may call themselves (their title) rather than what they can do (their scope of practice).

A range of offences exist under the National Law, which together render it unlawful for a person who is not registered in the dental specialty of oral surgery to hold themselves out as an oral surgeon. Similarly, it is an offence for a person to hold themselves out as an oral & maxillofacial surgeon unless they are registered in that specialty in either dentistry or medicine. It is also an offence for a dentist to hold themselves out as a “specialist dentist” or a medical practitioner to hold themselves out as a “specialist medical practitioner” unless they hold registration in one of the specialist registration categories for those professions.

Dental speciality	Specialist title
1. Dentomaxillofacial radiology	Dento-maxillofacial radiologist Oral and maxillofacial radiologist Dental radiologist
2. Endodontics	Endodontist
3. Forensic odontology	Forensic odontologist Forensic dentist
4. Oral and maxillofacial surgery	Oral and maxillofacial surgeon
5. Oral medicine	Specialist in oral medicine Oral medicine specialist
6. Oral and maxillofacial pathology	Oral and maxillofacial pathologist
7. Oral surgery	Oral surgeon
8. Orthodontics	Orthodontist
9. Paediatric dentistry	Specialist in paediatric dentistry

⁷ See National Law, Div 10, Sub 2, Practice protections.

Dental speciality	Specialist title
	Paediatric dentist Paedodontist
10. Periodontics	Periodontist
11. Prosthodontics	Prosthodontist
12. Public health dentistry (Community dentistry)	Specialist in public health dentistry
13. Special needs dentistry	Specialist in special needs dentistry

Table 2 - DBA List of recognised specialities and related specialist titles

In medicine, 11 protected titles contain the word surgeon, including specialist surgeon, specialist oral & maxillofacial surgeon, specialist plastic surgeon, and specialist otolaryngologist – head and neck surgeon. Medical specialties and their related protected titles are in **Appendix C**.

Until recently, the term “surgeon” was not protected under the National Law. Amendments were made to the National Law in 2023 to prevent medical practitioners from using the title “surgeon” unless they hold certain specialist registration. However, the amendment allows for the use of the title surgeon by non-medical practitioners in certain circumstances, including use of the title “oral surgeon” by practitioners registered in the specialty of oral surgery.

Apart from medicine and dentistry, podiatry is the only health profession regulated under the National Law to have a protected title containing the word “surgeon”. At the time of writing, specialist registration in podiatric surgery is available with the related protected title of “podiatric surgeon”. The use of this title by appropriately registered podiatrists was not prohibited by the above amendments to the National Law, which apply only to medical practitioners. However, the appropriateness of the title “podiatric surgeon” has also been the subject of an independent review.⁸

Actions and reviews relating to the use of the title cosmetic surgeon and podiatric surgeon are discussed in section 10.3.

It should also be noted that the National Law does not restrict the use of the title surgeon outside the field of health practitioner regulation. For example, “veterinary surgeon” or colloquial terms such as “tree surgeon” are not regulated by the National Law.

⁸ Paterson, R. (2024). *Independent review of the regulation of podiatric surgeons in Australia*.

3.3 Regulation of practice

The National Law does not regulate scope of practice per se. However, there are various mechanisms under the National Law which allow National Boards to provide guidance on scope of practice and accordingly, for these to be used in relevant regulatory action taken under the National Law to protect the public. In particular, the Dental Board of Australia has issued a *Scope of practice registration standard*, which is discussed in section 4.

4 Scopes of practice

4.1 The history of oral surgery and oral & maxillofacial surgery

The history of the current specialties of oral surgery and oral & maxillofacial surgery are intertwined, with oral & maxillofacial surgery developing from previous oral surgery practice. Oral surgery originated in continental Europe as a result of interest by some general surgeons in surgery of the face and mouth, often out of necessity from war injuries during the first and second world wars.

In the post war period, speciality training in oral surgery in Australia was university based and highly individual. The first attempt at standardisation of training was in the 1970s with the introduction of the Diploma in Oral Surgery of the Royal Australasian College of Dental Surgeons (RACDS). In the early 1970s some individual surgeons were promoting the view that surgery should be restricted to those with medical degrees and Royal Australasian College of Surgeons (RACS) qualifications. A Faculty of Oral & Maxillofacial surgery within RACDS was established in 1988. Dual degrees (dental and medical), plus four years advanced oral & maxillofacial surgery training, as well as completion of the FRACDS(OMS) were required from 1995.⁹

From 1996 the existing accredited university training programs for oral surgery in Australia ceased, with only the oral & maxillofacial training pathway available. Those recognised as oral surgeons but with only a dental degree were grandfathered into the specialty of oral & maxillofacial surgery. However, New South Wales and Western Australia continued to provide for the registration of oral surgeons. When the National Scheme commenced in 2009, oral surgery was retained as a specialty to ensure continuity of registration for those practitioners who held oral surgery registration in those jurisdictions at the time.

The University of Sydney was approached in the early 2000s by dental representatives of NSW public hospitals and the Armed Forces requesting the reinstatement of specialist oral surgery training services for their staff due to the lack of available public oral surgery services. Sydney University developed the curriculum for oral surgery based largely upon the scope of practice in the United Kingdom. The 'graduate diploma' was commenced in 2012 and the Doctor of Clinical Dentistry (Oral Surgery) (DClinDent (OS)) commenced in 2016.¹⁰

⁹ History on oral surgery and oral & maxillofacial surgery taken from Goss, A.N., Linn, R. (2018). Extractions to reconstruction: The Development of Oral & Maxillofacial Surgery in Australian and New Zealand. *Australian Dental Journal*, 63(1).

¹⁰ Submission of the Dental School, Faculty of Medicine and Health, University of Sydney

Countries such as the UK have followed a similar path, with oral & maxillofacial surgery becoming a recognised medical specialty in 1994 while oral surgery was reintroduced as a dental specialty regulated by the General Dental Council in 2009.¹¹

4.2 Scopes of practice of the specialties

Each specialist category listed in the Dental Board's *List of Recognised Specialities, Related Specialist Titles and Definitions* has a description of the specialty. The description of the dental specialty of oral surgery is:

'The branch of dentistry concerned with the diagnosis and surgical management of conditions affecting the oral and dento-alveolar tissues.'

The description of the dental specialty of oral & maxillofacial surgery is:

'The part of surgery that deals with the diagnosis and surgical and adjunctive treatment of diseases, injuries and defects of human jaws and associated structures.'

The Medical Board of Australia's *List of specialties, fields of specialty practice and related specialist titles* does not have a description of the field of specialty practice of oral & maxillofacial surgery.

The review invited stakeholders to provide a lay explanation of the two fields of specialty practice and the difference between them. Independent research was also conducted and reference made to relevant documents.¹² Generally, the areas of specialty practice and their differences can be summarised as follows.

Oral surgery	<p>Oral surgery involves diagnosing and treating conditions, the safe management of which requires qualifications and experience in general dentistry as well as additional specialist dental qualifications. It involves surgery within the mouth, including the teeth and gums and their associated structures, such as roots and sockets which contain roots. It also extends to some other procedures associated with this type of surgery. Procedures performed by oral surgeons include:</p> <ul style="list-style-type: none">• Removal of teeth and roots (including wisdom teeth and roots) and treating associated complications, such as sinus conditions that arise from oral surgery• Managing oral infections and diseases of the teeth and associated structures, for example, cysts and other pathology• Certain types of dental implant surgery and surgery that may be necessary for orthodontic treatment
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¹¹ NHS England. (2015). *Guide for Commissioning Oral Surgery and Oral Medicine*.

¹² NSW Health. (2023). *Model Scope of Clinical Practice – Oral surgery and Model Scope of Clinical Practice – Oral and maxillofacial surgery*.

	<ul style="list-style-type: none"> • Diagnosing and treating pain of the teeth and associated structures • Identification and referral of conditions requiring more complex treatment to other appropriate practitioners.
OMS	<p>Oral and maxillofacial surgery involves diagnosing and treating conditions, the safe management of which requires qualifications and experience in both medicine and dentistry and additional specialist qualifications. It involves surgery not only within the mouth but also of the jaw, face, neck and associated structures.</p> <p>Oral and maxillofacial surgeons may perform all those procedures performed by oral surgeons, but may also:</p> <ul style="list-style-type: none"> • Perform surgery in relation to facial trauma more generally • Carry out facial plastic surgery and reconstructive surgery • Treat abnormalities of the jaws or facial regions with corrective surgery • Undertake surgery associated with head and neck cancers.

Table 3 - Areas of OS and OMS speciality practice

In summary, oral surgery can be seen as a subset of oral & maxillofacial surgery. That is, the scope of practice of oral & maxillofacial surgery includes all of oral surgery but extends beyond it to encompass a wider and more complex scope of practice.

5 Qualifications and training

An overarching comparison of the oral surgery and oral & maxillofacial surgery training pathway is as follows. Further detail is provided in the sections below.

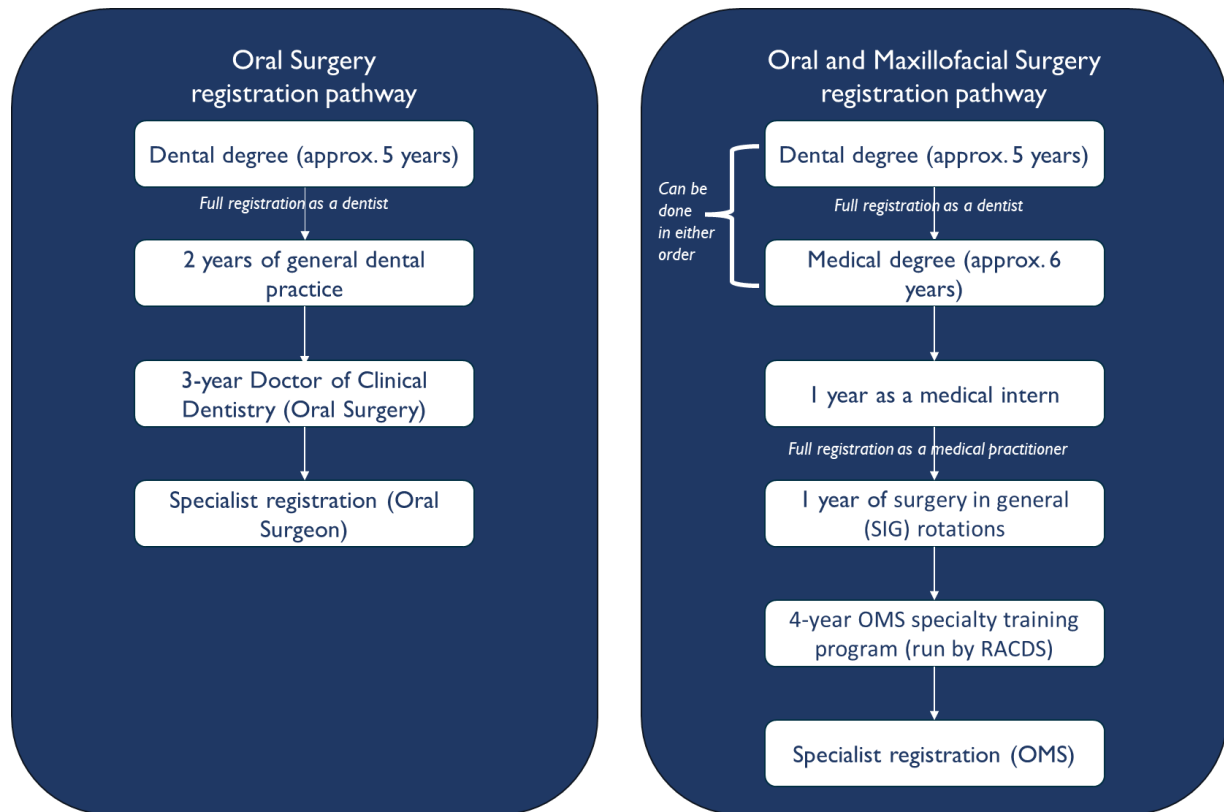


Figure 1 - Comparison of training and registration pathway: OS and OMS

5.1 Oral surgeons

5.1.1 Training and education

To be registered as an oral surgeon, an Australian trained practitioner must:

- Meet the requirements for registration as a general dentist. The minimum requirements for being a general dentist include completion of an approved dental qualification such as a Bachelor of Dental Science or Bachelor of Dental Surgery;
- Complete a minimum of two years general dental practice (this requirement may be achieved by experience outside Australia, subject to assessment and approval by the Dental Board); and
- Hold a qualification in oral surgery approved by the Dental Board of Australia.

There is only one Australian qualification for oral surgery approved by the Dental Board of Australia, being the DClinDent (OS) offered by the University of Sydney. As a requirement for approval, this qualification has been accredited by the Board's accreditation authority, which is the Australian Dental Council.

5.1.2 The approved specialist qualification

The DClinDent (OS) is offered by the University of Sydney. It is a three-year, full-time course. Between two and four students are accepted per year, with approximately 70 applications, and 16 students have graduated to date.¹³

2019	2020	2021	2022	2023	2024	Total
2	4	2	2	2	4	16

Table 4 - Number of students graduated from the DClinDent (OS) at University of Sydney since its inception in 2016

The course develops skills in the surgical management of the full range of oral diseases in hospital and non-hospital settings, complemented by a research project in the field of oral surgery and oral pathology under the supervision of an academic staff member. It is based at Nepean Hospital with rotations available to the hospitals listed below. Rotations involve experience working in multi-disciplinary teams.

Metropolitan hospitals	Regional Hospitals
<ul style="list-style-type: none">• Nepean Hospital• Katoomba Hospital• Hawkesbury Hospital• Sydney Dental Hospital• Campbelltown Hospital• Royal North Shore Hospital• Royal Prince Alfred Hospital• St George Hospital	<ul style="list-style-type: none">• Wagga Wagga base Hospital• Orange-base Hospital• Dubbo-base Hospital <p><i>From 2025: Broken Hill Base Hospital</i></p>

Table 5 - Teaching Hospitals for the DClinDent (OS) in 2024

Admission into the Doctorate requires:

- a Doctor of Dental Medicine, Bachelor of Dentistry or Bachelor of Dental Surgery from the University of Sydney or equivalent institution *or* an equivalent qualification that is registerable with the Dental Board of Australia and with a curriculum acceptable to the faculty;
- unless exempted by the relevant delegate, at least two years of general dental practice experience; and

¹³ Data provided by University of Sydney

- a pass in a written or practical entry examination and/or performance in an interview to a standard considered satisfactory by the relevant delegate may also be required.

Local applicants must be registered with the Dental Board of Australia for practice and international applicants must have limited registration for postgraduate training or supervised practice with the Dental Board of Australia.

To qualify for the award of the DClinDent (OS), a candidate must:

- complete the prescribed 144 credit points of units of study as listed for the relevant stream; and
- submit a research treatise that meets the requirements of the Doctor of Clinical Dentistry Research Provisions.

5.1.3 Accreditation of the approved specialist qualification

The DClinDent (OS) is accredited by the Australian Dental Council and involves the qualification being assessed against the Australian Dental Council / Dental Council (New Zealand) accreditation standards for dental practitioner programs. These accreditation standards have six domains, as follows.

ADC Domain	Standard statement	Criteria
Domain 1: Public Safety	Public safety is assured.	9 criteria
Domain 2 Academic governance and quality assurance	Academic governance and quality assurance processes are effective.	3 criteria
Domain 3: Program of study	Program design, delivery and resourcing enable students to achieve the required professional competencies.	11 criteria
Domain 4: The student experience	Students are provided with equitable and timely access to information and support.	7 criteria
Domain 5: Assessment	Assessment is fair, valid and reliable to ensure graduates are competent to practise.	5 criteria
Domain 6: Cultural safety	The program ensures students are able to provide culturally safe care for Aboriginal and Torres Strait Islander Peoples.	6 criteria

Table 6 - Australian Dental Council/Dental Council (New Zealand) accreditation standards for dental practitioner programs

Part of the accreditation process involves mapping the qualification to achieving the entry level competencies for dental specialists that have been developed by the Dental Board of Australia in collaboration with the Dental Council (New Zealand). These are in **Appendix D**.

Specialist programs are accredited for a maximum of five years. The ADC guidelines for the review of specialist dental practitioner programs outline the process for accreditation.

The monitoring framework outlines the monitoring activities the ADC undertakes to ensure accredited programs continue to meet the Accreditation Standards throughout the period of accreditation.

The most recent accreditation of the course took place in 2021, and the course was reaccredited until 31 December 2026. Key findings of the 2021 accreditation assessment were as follows:¹⁴

The evidence gathered by the accreditation team indicates that the DClinDent (Oral Surgery) program is providing students the opportunities needed to develop the competencies expected of a specialist in oral surgery. The program is well structured, with students well supported by a dedicated and well qualified teaching staff.

The School has at the forefront of its program a focus on patient safety and the provision of patient-centred care is prominent in learning outcomes and the preparation of students in providing care. The accreditation team explored the range of case, clinical experiences, and opportunities for students to develop the knowledge and skills needed for specialist practice in the discipline and was satisfied that this is achieved and well understood by all involved with the program.

The assessment practices are robust and are clearly linked to the learning outcomes. Assessment strategies are appropriate, and there are clear processes in place to ensure consistency of assessment practices across clinical educators.

Students are well support by the program, both professionally and pastorally, and appropriate support services are available to assist students in achieving in the program. The academic governance processes incorporate both internal and external feedback, professional peer review and consumer input.

The accreditation team were advised of the work being undertaken across the Faculty and School to address the requirements to ensure students are culturally safe in the provision of care, including for Aboriginal and Torres Strait Islander peoples. Cultural safety can be

¹⁴ Australian Dental Council. (2021). *Report of an evaluation of The University of Sydney Doctor of Clinical Dentistry (Oral Surgery)*.

further embedded within the program, with the school already working to ensure this occurs.

5.1.4 Assessment of overseas trained oral surgeons

Overseas trained practitioners wishing to obtain registration as an oral surgeon in Australia must meet all the requirements for registration as a general dentist in Australia. In addition, they must have completed two years of general dental practice and have their overseas qualification assessed by the Board. In assessing the overseas qualification, the following criteria apply:

1. The qualification specifically prepares the applicant for practice in a single specialty.
2. The qualification is three to four equivalent full-time years following completion of a minimum of a four-year qualification in general dentistry.
3. The education institution where the applicant studied was externally accredited during the period when they undertook their studies. That is, during the time they studied the education institution must have been:
 - subject to regular review by an external quality assurance agency, and
 - registered or accredited by that agency.
4. The program of study was externally accredited and provided successful graduates with a qualification in the dental specialty for which the applicant is applying for registration. That is, during the time they undertook the program of study:
 - the program of study must have been subject to regular review within a system of external accreditation implemented by the relevant dental regulatory authority or agency
 - the program of study must have been accredited or recognised by that authority or agency, and
 - the system of external accreditation included the application of accreditation standards specific to dental specialist education that are comparable to the current dental accreditation standards and system in Australia.
5. The qualification is comparable to a Board approved specialist program at AQF Level 9 Masters Degree (Extended).
6. The curriculum of the program of study included the following components:
 - didactic component
 - clinical and/or professional practice component, and
 - research component.

The Board may assess the qualification as:

- substantially equivalent to a qualification approved by the Board
- not substantially equivalent to a qualification approved by the Board and the deficits can be met with supervised practice and/or further training/education, or

- not substantially equivalent to a qualification approved by the Board and the deficits cannot be met with supervised practice and/or further training/education.

Under Trans-Tasman Mutual Recognition laws, an oral surgeon registered in Aotearoa New Zealand is entitled to be registered as an oral surgeon in Australia.

5.2 Oral and Maxillofacial Surgeons

5.2.1 Training and education

To be registered as an oral & maxillofacial surgeon in both medicine and/or dentistry, an Australian trained practitioner must:

- Meet the requirements for registration as a general dentist and as a medical practitioner. The minimum requirements for registration as a dental practitioner are the same for oral surgeons and oral & maxillofacial surgeons. The minimum requirements for registration as a medical practitioner include completion of an approved medical qualification and completion of one year internship. Approved Australian qualifications include Bachelor of Medicine/Bachelor of Surgery; Bachelor of Medical Science/Doctor of Medicine; Bachelor of Medicine; Doctor of Medicine.
- Hold a qualification in oral & maxillofacial surgery approved by the Dental Board of Australia and/or the Medical Board of Australia.

There is only one approved Australian qualification for oral & maxillofacial surgery approved by both Boards, being the Fellowship qualification of the Royal Australasian College of Dental Surgeons in Oral and Maxillofacial Surgery (FRACDS (OMS)). As a requirement for approval, this qualification has been accredited by the accreditation authorities for both the Medical Board of Australia (the Australian Medical Council) and the Dental Board of Australia (the Australian Dental Council).

5.2.2 The approved specialist qualification

The Oral & Maxillofacial Surgery program is developed by the Royal Australasian College of Dental Surgeons (RACDS) and involves trainees undertaking hospital-based training accredited by the College. As with other specialist medical colleges, the training is completed under the supervision of college fellows and other surgical consultants. The number of RACDS (OMS) fellowship graduates since 2016 is as follows:

2016	2017	2018	2019	2020	2021	2022	2023
9	11	11	5	11	9	9	12

Table 7 - Number of RACDS (OMS) Fellowship graduates

To be eligible for RACDS(OMS) training, applicants must have completed the following pre-requisites:

- dental qualifications and registration in dentistry
- medical qualifications and registration in medicine
- full year of surgery in general rotations with a minimum of 9 months in related surgical disciplines (e.g., neurosurgery, orthopaedic surgery, otolaryngology, head and neck surgery, plastic and reconstructive surgery, ophthalmology). If undertaking a first-year general surgical resident position in oral and maxillofacial surgery, three months to a maximum of six months duration will be considered.

To be awarded fellowship trainees must:

- Pass the Surgical Science and Training Examination in OMS 1 to progress to OMS 2 training¹⁵
- Complete the required clinical training assessments. This includes a research requirement
- Pass the OMS fellowship examination.

As of 2025, a new curriculum will be introduced as the primary resource for training and assessment in oral & maxillofacial surgery.

5.2.3 Accreditation of the approved specialist qualification

The RACDS (OMS) training program is accredited by both the Australian Dental Council and the Australian Medical Council (AMC). This accreditation is normally undertaken through a joint assessment process between the organisations. Accreditation involves assessment against the Australian Dental Council/Dental Council (New Zealand) accreditation standards for dental practitioner programs (described above) and also the AMC Standards for Assessment and Accreditation of Specialist Medical Programs. The AMC's accreditation standards have nine domains, as follows:¹⁶

AMC Standard	Heading	Criteria
Standard 1	The context of training and education	7 criteria
Standard 2	The outcomes of specialist training and education	3 criteria
Standard 3	The speciality medical training and education framework	4 criteria

¹⁵ Note that as at 13 May 2023, the College will no longer accept applications for exemption to sit the SST Examinations from trainees or non-trainees who have passed both the Royal Australasian College of Surgeons (RACS) Generic SET Surgical Science and SET Clinical Examination (GSSE & CE) or the Intercollegiate MRCS (United Kingdom) Part A & B Examinations.

¹⁶ Noting that in 2024, the AMC has commenced a review of the *Standards for Assessment and Accreditation of Specialist Medical Programs*.

AMC Standard	Heading	Criteria
Standard 4	Teaching and learning.	2 criteria
Standard 5	Assessment of learning.	4 criteria
Standard 6	Monitoring and evaluation	3 criteria
Standard 7	Trainees	5 criteria
Standard 8	Implementing the program – delivery of education and accreditation of training sites	2 criteria
Standard 9	Assessment of specialist international medical graduates	4 criteria

Table 8 - AMC accreditation standards for specialist medical programs

The joint process undertaken by the ADC and the AMC recognises similarities between the accreditation standards of both councils, and a process to minimise duplication of effort has been developed.¹⁷

The RACDS (OMS) program was conditionally re-accredited in 2022 until 31 December 2027. The most recent assessment noted:¹⁸

The OMS program is a well-constructed program with appropriate assessment of training and outcomes to ensure OMS trainees are competent when they graduate. The program consists of one year of basic surgical training followed by three years of progressively advanced surgical and patient management training. The Standards and Criteria for Oral & Maxillofacial Surgery require a range of minimum clinical exposures – such as elective and acute admissions and care, pre-operative care, major/complex cases, ward rounds, consultative clinics, and operative experience. The modular curriculum provides horizontal and vertical integration for progression through the program. The curriculum is divided into clinical education and clinical training, which are embedded in the trainees' experiences during their hospital rotations, planned learning sessions and self-directed learning. Trainees rotate through a number of sites during their program...with the location of training in major public hospitals, trainees have regular exposure to routine interdisciplinary meetings and participation in multidisciplinary clinics, including implant planning clinics, orthognathic surgery clinics, facial trauma meetings, head and neck oncology multi-

¹⁷ Australian Dental Council. (2022). *Report of an evaluation of The Royal Australasian College of Dental Surgeons Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) program.*

¹⁸ Ibid

disciplinary team meetings and craniofacial surgery clinics. This is in addition to the interprofessional teams in which trainees are involved in operating theatres.

The entry-level competencies for oral & maxillofacial surgery are referred to as part of the accredited process and may be found in **Appendix D**.

5.2.4 Assessment of overseas trained oral & maxillofacial surgeons

Overseas trained practitioners wishing to obtain registration as an oral & maxillofacial surgeon in Australia must have their qualifications assessed by the RACDS before applying for specialist registration. They must meet all the requirements for registration as a specialist in medicine and/or dentistry.

Under Trans-Tasman Mutual Recognition laws, an oral & maxillofacial surgeon registered in Aotearoa New Zealand is entitled to be registered as an oral & maxillofacial surgeon in Australia.

6 Safeguards for the public

6.1 Registration standards, guidelines and codes of practice

To achieve and maintain registration, both oral surgeons and oral & maxillofacial surgeons must meet the common registration standards that apply to all registered practitioners. These requirements are set out in the:

- *Criminal history registration standard;*
- *English language skills registration standard; and*
- *Professional indemnity insurance arrangements registration standard.*

The following guidelines and code also apply to all registered practitioners:

- *Code of conduct;¹⁹*
- *Guidelines for advertising a regulated health service; and*
- *Guidelines on social media (Social media: How to meet your obligations under the National Law).*

In addition, oral surgeons and oral & maxillofacial surgeons registered with the Dental Board must meet the following requirements:

- *Scope of practice registration standard (see 6.2);*
- *Continuing professional development registration standard;*
- *Recency of practice registration standard; and*
- *Guidelines for scope of practice.*

Oral & maxillofacial surgeons must meet the common registration standards that apply to all registered practitioners and comply with the common guidelines and code of conduct. In addition, oral & maxillofacial surgeons registered with the Medical Board must also meet/comply with the following:

- *Continuing professional development registration standard*
- *Recency of practice registration standard*
- *Sexual boundaries in the doctor patient relationship*
- *Guidelines - telehealth consultations with patients*
- *Good medical practice: a code of conduct for doctors in Australia.*

¹⁹ Twelve health professions, including dental practitioners, share a code of conduct. Medical, nursing, midwifery and psychology professions have their own separate codes of conduct.

All National Board registration standards, guidelines and codes may be found on each respective National Board website.²⁰

6.2 Scope of practice registration standard

The Dental Board's scope of practice registration standard states that:

1. All dental practitioners are members of the healthcare team. They are expected to work with other members of the healthcare team to provide the best possible care and outcome for their patients.
2. Dental practitioners must only perform dental treatment:
 - a. for which they have been educated and trained; and
 - b. in which they are competent.
3. A dental practitioner must not direct any person, whether a registered dental practitioner or not, to undertake dental treatment or give advice outside that person's education or competence.
4. All dental practitioners are expected to practise within the definition of dentistry and their dental practitioner division.

There is no scope of practice registration standard that applies to oral & maxillofacial surgeons not registered with the Dental Board.²¹

6.3 Workplace credentialing

Hospitals generally have "credentialling" procedures for certain specialists. In NSW, where most oral surgeons are located, public hospitals credential both medical and dental specialists and the process is guided by statewide "model scopes of clinical practice". There are model scopes of clinical practice for both oral surgery and also for oral & maxillofacial surgery.²²

Credentialing, or defining the scope of clinical practice, is a process undertaken by hospitals to verify the qualifications and experience of a clinician to determine their ability to provide safe, high quality health care services within a specific hospital setting and role. It is a key hospital process for protecting patient safety.

²⁰ <https://www.ahpra.gov.au>.

²¹ The Medical Board of Australia does not have a scope of practice registration standard.

²² NSW Health. (2023). *Model Scope of Clinical Practice – Oral surgery and Model Scope of Clinical Practice – Oral and maxillofacial surgery*.

6.4 Referrals

Both oral & maxillofacial surgeons and oral surgeons see patients that have been referred to them by other clinicians, either in hospitals or private practice/outpatient settings. In community/outpatient settings, the most common referral pathway is through a general dentist.

Oral & maxillofacial surgeons also see patients in the private practice/outpatient setting on referral from general dentists, but referrals are also made by medical practitioners.

In hospitals, both specialists will see patients through a referral pathway appropriate to the hospital.

For DClinDent (OS) clinics, referrals are received from private dentists and doctors, other specialists (medical and dental), Aboriginal medical services (AMS) and from Emergency Departments.²³

²³ Submission of the Dental School, Faculty of Medicine and Health, University of Sydney

7 Workforce

7.1 Registration data

In Australia, as at 30 June 2024, there were 66 registered oral surgeons (registered with the Dental Board) and 260 registered oral & maxillofacial surgeons (registered with the Medical Board, Dental Board or both). The state breakdown of these is as follows:²⁴

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total
Total OS	0	42	0	8	0	1	7	2	6	66
OMS										
<i>OMS - Dental</i>	1	20	0	11	5	2	16	7	2	64
<i>OMS – Medical</i>	0	4	0	2	2	0	2	1	2	13
<i>OMS - Both</i>	5	41	2	52	15	3	44	15	6	183
Total OMS	6	65	2	65	22	5	62	23	10	260

Table 9 - Number of OS and OMS by State, 30 June 2024

Most oral surgeons in Australia are registered in NSW.

Ahpra data is available on “principal place of practice”. However, as both oral surgeons and oral & maxillofacial surgeons often practice in both public and private settings, and may also travel from setting to setting, this is not a reliable indicator of all the locations where they may practice or where services are delivered.

The review has relied on information from stakeholders to describe the practice settings of oral surgeons.

7.1.1 Oral surgeons

Oral surgeons work in both public and private practice in Australia.

NSW Health employs the largest number of oral surgeons in the public sector.

²⁴ Data provided by Ahpra

NSW Health provides public dental services through dental clinics which are generally located in hospitals and community health centres throughout the State. The majority of NSW Local Health Districts provide some level of public dental services. Major services include Sydney Dental Hospital, as well as Westmead and Nepean hospitals.

NSW Health employs oral surgeons to provide services that are beyond the scope of practice of general dentists. Oral surgeons have been engaged in both metropolitan and rural locations including Wagga Wagga, Queanbeyan, Goulburn, Moruya, Young, Dubbo and Orange. Oral surgeons performing oral surgery within their scope of practice would free up oral & maxillofacial surgeons to undertake more complex work that is not within the scope of oral surgery.

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NSW Health also provides hospital-based training for all students of the University of Sydney DCLinDent (OS) course which contributes to service provision, as well as contributing to the future workforce pipeline. This includes rural service provision via training placements in Wagga Wagga, Orange and Dubbo. Many students of this course seek employment in the NSW public health system upon graduation.

Within NSW Health, patients treated by oral surgeons are first seen by a general dentist who makes appropriate referrals for the patient's condition.

The majority of work undertaken by oral surgeons involves non-admitted patients. Some oral surgeons have admitting rights. Any overnight stay generally requires medical co-management of the patient.

Dental Health Services Victoria (funded by the Victorian Government) employs four oral surgeons, all working at the Royal Dental Hospital, Melbourne.

Tasmania retains the services of one oral surgeon.

The other Australian jurisdictional public health services do not employ/engage oral surgeons in their public dental workforce.

The University of Sydney has provided information regarding graduates from its DCLinDent (OS). This indicates graduates have appointments in both regional and metropolitan public health services in NSW, an appointment in Tasmania, and undertake private practice work. The Australian Defence Forces also employ one oral surgeon.

Information from ANZOS indicates that of the 16 graduates from the DCLinDent (OS), only three practice solely in the private sector, one of these in New Zealand. The remainder all undertake some level of public sector work.

Hospital/dental clinics at the following hospitals	General Anaesthetic (GA's) for oral surgery procedures at the following public hospitals	Queensland	Tasmania
<ul style="list-style-type: none"> • Wagga base Hospital • Queanbeyan, • Goulburn, • Moruya, • Young • Dubbo • Orange • RNSH • Nepean • Hawkesbury 	<ul style="list-style-type: none"> • Wagga, • Goulburn, • Queanbeyan • Young • Dubbo • Orange • RNSH • Nepean • Katoomba • Camperdown • Concord 	<ul style="list-style-type: none"> • Townsville ADF facilities • Cairns ADF facilities 	<ul style="list-style-type: none"> • Royal Hobart Hospital

Table 10 - List of Public Hospitals which have engaged DCLinDent (OS) University of Sydney graduates to date

7.2 Overseas workforce

Overseas trained oral surgeons are a significant part of the small, but important, oral surgery workforce. Since 2018, a total of 9 overseas-trained oral surgeons have been conditionally or unconditionally registered in the specialty.

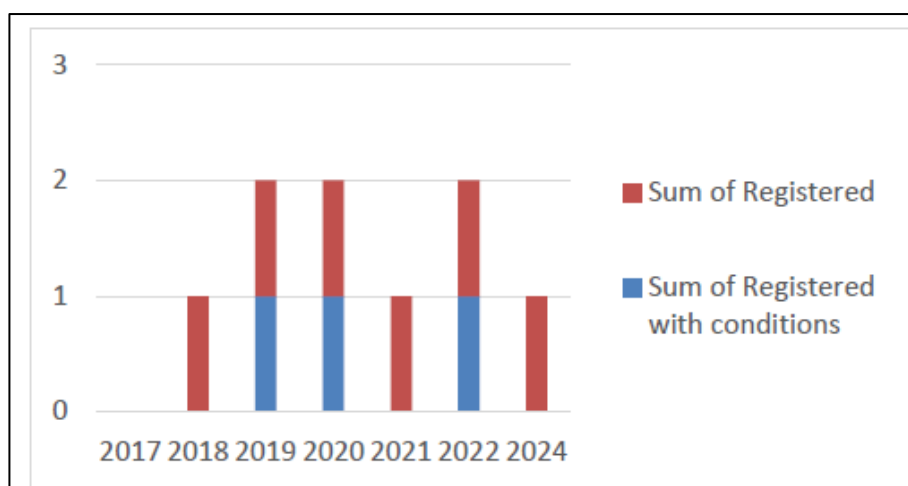


Figure 2 - Number of overseas-qualified oral surgeons registered by year²⁵

²⁵ Submission of the Dental Board of Australia

8 International perspectives on oral surgery

Oral surgery is recognised as a specialty in the United Kingdom, the Republic of Ireland and Aotearoa New Zealand.

8.1 Training and qualifications in comparable countries

8.1.1 Aotearoa New Zealand²⁶

The Dental Council of New Zealand *Te Kaunihera Tiaki Niho* has specialist registration for “oral surgery specialists”. For oral & maxillofacial surgery, the title is “oral and maxillofacial surgery specialist”. Oral surgery specialists practise in the branch of dentistry concerned with the diagnosis and surgical management of conditions affecting the oral and dento-alveolar tissues. The registration requirements are similar to those in Australia.

There is one postgraduate course available in New Zealand to become a registered oral surgery specialist, the DCLinDent (Oral Surgery) offered by the University of Otago (Dunedin campus), a full-time three-year residential course. As in Australia, entry requirements include a primary dental qualification and all applicants should be at a minimum two years post-graduation of their primary dental qualification.

The oral surgery and oral & maxillofacial surgery dental programs in Australia and New Zealand are comparable, as the Australian Dental Council and the Dental Council (New Zealand) jointly developed the current accreditation standards. All programs are assessed against these standards.

Additionally, the Dental Board of Australia and the Dental Council (New Zealand) collaboratively developed the specialist competencies for all dental specialists.

Under Trans-Tasman mutual recognition laws, registration in either specialty in one country entitles the practitioner to registration in that specialty in the other country.

8.1.2 United Kingdom

The General Dental Council in the United Kingdom provides for specialist registration in oral surgery. The protected title is “specialist” with the specialty being “oral surgery” which was previously known as “surgical dentistry”.²⁷ It is one of 13 dental specialties recognised by the Council. The change in title of the specialty from surgical dentistry to specialist oral

²⁶ Information provided by the Dental Council, New Zealand *Te Kaunihera Tiaki*.

²⁷ Taken from NHS England ‘Overview of Oral Surgery’ [webpage](#)

surgery took place in 2009 to comply with European Union regulations as no specialty of surgical dentistry existed in the EU.²⁸

NHS England is responsible for educating and training doctors, dentists, nurses and all healthcare professionals in England. Medical and dental training programs in England are managed locally by NHS England's local offices, whilst training programmes in Wales are managed by Health Education and Improvement Wales (HEIW) and training programmes in Northern Ireland and Scotland are managed by deaneries. This is a point of difference between the training programs for oral surgery in the United Kingdom and those in Australia, Ireland and New Zealand, which are university based.

Applicants to the training program must have a Bachelor of Dental Surgery or equivalent dental qualification recognised by the General Dental Council and be eligible for registration with the Council.

Training typically takes three to four years full time.

8.1.3 Ireland

The Dental Council of Ireland, *An Comhairle Fiachlóireachta*, provides for specialist registration in oral surgery. It is one of two dental specialties recognised by the Dental Council in Ireland, the other being orthodontics.

There are two qualifications recognised for specialist registration in oral surgery:

- Doctorate of Clinical Dentistry (DClinDent) In Oral Surgery, Cork University, a three-year full-time postgraduate training programme
- Doctorate Course in Oral Surgery (D.Ch.Dent), University of Dublin (Trinity College Dublin), a three year full-time postgraduate training programme based in the Dublin Dental University Hospital.

As in Australia, a minimum of two years postgraduate experience in dentistry is generally required.

8.2 International use of the title “oral surgeon”

As noted above, the title oral surgeon is recognised in Aotearoa New Zealand, the United Kingdom and Ireland. Oral surgery and orthodontics are also recognised as dental specialities in the European Union (EU), as per Article 35 of Directive 2005/36/EC and Annex V point 5.3.3. It is a matter for each EU country to determine if other dental specialities are recognised.

²⁸ Fullarton, M., Jadun, S., Begley, A., Magennis, P. (2019). 'The oral surgery specialist list: what will happen as the 'grandfathers' disappear? *Faculty Dental Journal* 10:2.

A 2023 research article²⁹ analysed 20 European Economic Space countries plus the United Kingdom and found a total of 15 different specialties were officially recognised, with Orthodontics (90%) and Oral Surgery (81%) the two most frequently recognised specialties.

	Aus	Bel	Cyp	Cze	Den	Fra	Ger*	Gre	Ire	Ita	Lit**	Lux	Net	Nor	Pol	Por	Rom	Spa	Swe	Swi	UK	TOTAL
Orth		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		•	•	•	19
OSur			•	•	•	•	•	•	•	•	•	•		•	•	•	•		•	•	•	17
Per		•									•			•	•	•	•		•	•	•	9
PedD										•	•			•	•	•			•		•	7
Prost														•	•		•		•	•	•	6
End											•			•			•		•		•	5
Rest				•											•		•				•	4
Rad														•	•				•		•	4
MSur											•		•									2
OMed						•															•	2
Sp C																					•	1
PHea																					•	1
OPat																					•	1
Micr																					•	1
Phy																			•			1
	0	2	2	3	2	3	2	2	2	3	6	2	2	7	7	4	6	0	8	4	13	

Figure 3 - Recognised dental specialties in every analysed country (EU)

A wider analysis of 31 countries³⁰ around the world found that a total of 32 different specialties were officially recognised among all the analysed countries. Orthodontics and oral surgery (100% and 93.1%, respectively) were the two most frequently officially recognised dental specialties worldwide.

Oral surgeon is also a recognised dental care role under the North Atlantic Treaty Organisation (NATO) standards. STANAG 2453 *'The Extent of Dental and Maxillo-Facial Treatment AT Roles 1-3 Medical Support'* describes the different dental care modules and the different medical roles in order to ensure interoperability and interchangeability related to dental and maxillofacial treatment during deployment. These include:

- **Dental Officer (DO):** Person licensed in accordance with their national legislation to perform dental care or/and dental surgery.
- **Oral Surgeon (OS):** DO licensed in accordance with their national legislation to perform oral surgery in addition to general dentistry.
- **Oro-MaxilloFacial Surgeon (OMFS):** Specialist licensed in accordance with their national legislation to perform surgery in the oro-maxillofacial area.

STANAG 2465 *'Tasks and Skills for Appropriate Staffing of Dental Personnel for Operational Deployments'* describes the skill sets to fulfill the capabilities needed to provide dental care and dental/oral maxillofacial surgery on each role deployed on NATO operations and recommends the use of oral surgery and oral & maxillofacial surgeons across these.

²⁹ García-Espona, I., García-Espona, E., Alarcón, J.A. *et al.* (2023). European inequalities and similarities in officially recognized dental specialties. *BMC Oral Health*, 23(280).

³⁰ Garcia-Espona, I., Garcia-Espona, C., Alarcón, J.A. *et al.* (2024). Is there a common pattern of dental specialties in the world? Orthodontics, the constant element. *BMC Oral Health*, 24(49).

9 Notifications and advertising offences

9.1 Notifications

The review obtained notification data from Ahpra and National Scheme co-regulatory authorities, which is set out in tables below. Data is provided for the most recent five-year reporting period. This period was chosen, both because of the time required to extract and collate the data, and because 2019/2020 was the first year that graduates of the DClinDent (OS) at the University of Sydney became eligible for specialist registration as an oral surgeon.

9.1.1 Notes for interpretation of data

Ahpra provides data by profession. In the tables below marked with an *, data is provided separately against oral & maxillofacial surgeons that are registered with the Dental Board (Dental – OMS) and oral & maxillofacial surgeons that are registered with the Medical Board (Medical – OMS). Accordingly, the data for oral & maxillofacial surgeons who are dual registered will appear twice – once against the dental category and once against the medical category. The majority of oral & maxillofacial surgeons are “dual registered”. As a result, the total number of notifications for oral & maxillofacial surgeons is not the sum of the dental and medical categories as notifications for a dual registered OMS are recorded twice.

Table 14 provides data on notifications per percentage of oral surgeons and oral & maxillofacial surgeons. There are only 66 registered oral surgeons, therefore a single notification can lead to a large percentage increase or decrease in these percentages.

Oral & maxillofacial surgeons have a wider scope of practice and treat more complex cases than oral surgeons. It would therefore be expected that their notification rate is higher than the notification rate for oral surgeons. Similarly, oral surgeons would be expected to have a higher notification rate than general dentists.

9.1.2 Number of practitioners

	Jun-20	Jun-21	Jun-22	Jun-23	Jun-24
Dental - OS	56	55	61	62	66
Dental - OMS*	229	237	236	241	247
Medical - OMS*	160	171	177	187	196

Table 11 - Total number of registered specialists by year

9.1.3 Notification trends

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	TOTAL
Dental - OS	3	6	6	1	3	19
Dental - OMS*	23	22	21	25	30	121
Medical - OMS*	22	14	15	13	26	90

Table 12 - Notifications received trend for specialist practitioners

9.1.4 Notifications by individual practitioner

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	Practitioners	TOTAL Notifications received
Dental - OS	2	6	5	1	3	17	19
Dental - OMS*	18	16	17	21	16	84	121
Medical - OMS*	17	14	13	12	13	58	90

Table 13 - Number of individual practitioners receiving one or more notifications per financial year

9.1.5 Percentage of practitioners the subject of a notification

The percentage figure in the tables below is calculated by dividing the notifications data of the individual practitioner by the number of specialists for that year. This is in line with the methodology Ahpra uses to report the percentage notification rates in its annual report for all dental practitioners Australia wide.

The table shows, for example, that the average percentage of oral surgeons who were the subject of a notification in the last 5 years is 5.8%. The average percentage of oral & maxillofacial surgeons who were the subject of a notification in the last 5 years is 7.4%. The notification percentage for all dental practitioners was 3.8% in the 2023-24 financial year.

	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	5 year average
Dental - OS	3.6%	10.9%	8.2%	1.6%	4.5%	5.8%
Dental - OMS*	7.9%	6.8%	7.2%	8.7%	6.5%	7.4%
Medical - OMS*	10.6%	8.2%	7.3%	6.4%	6.6%	7.8%

Table 14 - Percentage of practitioners that received a notification in any given year

9.1.6 Notifications closed by outcome

Of the notifications received during the last five years for oral surgery, one resulted in a caution. The rest resulted in either discontinuation of the notification or no further regulatory action. No conditions were imposed on registration, nor was registration suspended or cancelled for any oral surgeon.

9.1.7 Analysis

There are a small number of notifications for oral surgeons, and the number of notifications fluctuates each year. The notification percentage for oral surgeons is less than for oral & maxillofacial surgeons. The five-year oral surgeon notifications average of 5.8% is higher than the rate for all dental practitioners which is 3.8% but in some individual years it has been lower (noting the impact of the small number of oral surgeons). This is significantly

different to what was found by the review of podiatric surgeons, which reported a rate of notifications for podiatric surgeons five times that of podiatrists.³¹

9.2 Advertising offences

Section 133 of the National Law sets out offences in relation to advertising, providing that a person, including a registered health practitioner, must not advertise a regulated health service in a way that:

- is false, misleading or deceptive or is likely to be misleading or deceptive;
- offers a gift, discount or other inducement to attract a person to use the service unless the advertisement also states the terms and conditions of the offer;
- uses testimonials or purported testimonials;
- creates an unreasonable expectation of beneficial treatment;
- directly or indirectly encourages the indiscriminate or unnecessary use of services.

Ahpra has also developed *Guidelines for advertising a regulated health service* and information on *Social media: How to meet your obligations under the National Law*. These are aimed at ensuring public protection and to help to ensure the public receives accurate and honest information about healthcare services. The advertising guidelines are used when assessing notifications about advertising and offences against section 133 of the National Law.

Four advertising offences have been identified over the past five years, one related to an oral surgeon, the rest related to oral & maxillofacial surgeons. Due to the small numbers, it is not possible to provide further information on these without risking identifying a notifier or practitioner.

³¹ Paterson, R. (2024). *Independent review of the regulation of podiatric surgeons in Australia*.

10 Consultation, submissions and reports

Targeted consultation was carried out to explore the Terms of Reference and the views of stakeholders on the use of the title oral surgeon. The list of stakeholders who responded with a written submission is at **Appendix B**.

One stakeholder submitted that the rapid and targeted consultation process was insufficient to fully examine the views of all relevant stakeholders. It was submitted that because the consultation process was not public and the review was not publicised on the Ahpra or Dental Board's website, the review lacks transparency.³²

This stakeholder further submitted that the list of stakeholders that were targeted for consultation was too narrow particularly in relation to consumer consultation. This concern is addressed in this report in section 10.7. It was also submitted that the targeted consultation was biased in favour of the dental profession. These concerns have been passed on to Ahpra.

One stakeholder that was not included in the targeted consultation process contacted the review to submit that the consultation process did not allow for the collection and analysis of data regarding financial harm that may be caused by confusion between the titles oral surgeon and oral & maxillofacial surgeon. This concern has also been passed onto Ahpra and the review addresses this in section 10.6.

10.1 The difference between the specialties

Several submissions provided detailed information on the difference between the training and scope of practice of oral surgeons and oral & maxillofacial surgeons. In general, this information was not disputed in the submissions. As noted throughout this report, there is a significant difference between the training, qualifications and scope of practice of the two specialties. The training of oral & maxillofacial surgeons is more comprehensive and enables a wider and more complex scope of practice than the training for oral surgeons.

10.2 The safety of oral surgeons

In general, submissions did not argue that oral surgeons were unsafe per se, or that the dental specialty currently named oral surgery should be retired from the list of dental specialties.³³ Rather, the argument was about the name of the specialty of "oral surgery" and the related protected title of "oral surgeon".

³² Confidential submission No 1.

³³ One submission provided information to indicate some harmful practices by oral surgeons.

One stakeholder, which represents both oral surgeons and oral & maxillofacial surgeons stated that:³⁴

Through our advisory and professional indemnity services, [we] support consumers with challenges either accessing care or when they are unhappy with the services they have received from a dentist or dental specialist as well as supporting our dentist members...We do not believe that there is any evidence through professional indemnity providers that oral surgeons have a high claims profile. In fact, the opposite is reported as they have a lower claims profile.

Examples of harm were provided in relation to the proposition that the title is confusing and/or misleading and that this confusion leads to harm. These are considered in section 10.6.

10.3 The term “surgeon”

The majority of submissions that advocated for a change in the title oral surgeon did so on the basis that the title was misleading to the public, because the term “surgeon” implies medical qualifications. Several submissions referred both to the amendments to the National Law in relation to the title “surgeon” and to the recent independent review into podiatric surgeons. A short background on these is provided for context.

10.3.1 Amendments to the National Law in relation to the title surgeon

In November 2021, Ahpra and the Medical Board of Australia announced the establishment of an independent review of the regulation of medical practitioners who perform cosmetic surgery. This followed media reporting that raised various concerns about alleged conduct of some medical practitioners, including alleged serious hygiene breaches, patient safety issues, poor patient care, unsatisfactory surgical outcomes and aggressive and inappropriate advertising.³⁵

Separately, Health Ministers agreed amendments to the National Law regarding the use of the title “surgeon” by medical practitioners and the Law was amended in 2023. Section

³⁴ Submission of the Australian Dental Association

³⁵ Brown, A. (2022). *Final report: Independent review of the regulation of medical practitioners who perform cosmetic surgery.*

115A was inserted into the National Law which generally provides that a medical practitioner who is not “a member of a surgical class”³⁶ must not knowingly or recklessly:

- take or use the title “surgeon”;
- take or use a title, name, initial, symbol, word or description that, having regard to the circumstances in which it is taken or used, indicates or could be reasonably understood to indicate, the practitioner is a member of a surgical class; or
- claim to be, or hold out as being, a member of a surgical class.

Section 115A provides that the prohibition does not apply to practitioners who hold registration in the dentists division of the dental profession, that is, it does not apply to oral surgeons.

10.3.2 Review of podiatric surgeons

In October 2023 an independent review of the regulation of podiatric surgeons in Australia was commissioned by the Podiatry Board of Australia and Ahpra, triggered by the high rate of complaints or notifications about podiatric surgeons.³⁷ The use of the title “surgeon” was explored in this report. One of the key findings of the report was:

“When people hear the term ‘podiatric surgeon’ they assume the practitioner is medically qualified. Confusion about the qualification of a podiatric surgeon matters since a patient may feel misled when informed that the practitioner they consulted was not, after all, medically qualified....The continued use of the title ‘podiatric surgeon’ is confusing and problematic.”

Recommendation 4 of the report was that *“Following consultation, the Podiatry Board seek Health Ministers’ approval to change the protected title for the specialty from ‘podiatric surgeon’ to an alternative title, such as ‘surgical podiatrist’.”*

This recommendation was accepted in principle by the Podiatry Board and Ahpra, with the Board and Ahpra agreeing to undertake consultation on a proposed change to the protected

³⁶ Surgical class in s 115A of the National Law means the following classes of medical practitioners:

- a) a medical practitioner holding specialist registration in the recognised specialty of surgery;
- b) a medical practitioner holding specialist registration in the recognised specialty of obstetrics and gynaecology;
- c) a medical practitioner holding specialist registration in the recognised specialty of ophthalmology;
- d) a medical practitioner holding specialist registration in another recognised specialty in the medical profession with the word “surgeon” in a specialist title for the specialty;
- e) another class of medical practitioner prescribed as a surgical class by regulations made by the Ministerial Council.

³⁷ Paterson, R. (2024). *Independent review of the regulation of podiatric surgeons in Australia*.

title, prior to seeking Health Minister’s approval. As part of that consultation, stakeholders were asked to make submissions on the following specific questions:

- 1. Do you agree with the proposal to change the protected title for the podiatry specialty of podiatric surgery to ‘surgical podiatrist’ to make it clear that the practitioner is a specialist podiatrist who performs surgery? Why or why not?*
- 2. Do you have an alternative suggestion for the protected title? If yes, how would your suggested title achieve the same result as ‘surgical podiatrist’ in providing greater clarity to consumers?*
- 3. What are the potential impacts for consumers of the proposed change in title?*
- 4. What are the potential impacts, including potential costs, for podiatric surgeons of the proposed change in title?*
- 5. Are there any unintended consequences the Board might not have considered in relation to the proposed change of title?³⁸*

At the time of writing, Ahpra and the Podiatry Board were considering the consultation feedback.

10.3.3 Submissions on the term surgeon

Several submissions from medical stakeholders argued that the public associates the term “surgeon” with medical practitioners who have undertaken surgical training accredited by the Australian Medical Council and/or are members of a medical surgical college.

Surgeon’ is a medical term and should be reserved for medical practitioners who have obtained Fellowship of an Australian Medical Council (AMC) accredited specialist medical college or equivalent, whose training program includes a surgical component relevant to their field of expertise.³⁹

Several submissions expressed the view that failing to extend the prohibition on the use of the term “surgeon” to non-medical health practitioners was “an anomaly” under the National Law that should be corrected. It was suggested that applying the prohibition to all registered practitioners, including dentists and dental specialists was the “natural conclusion” to the reform process undertaken in respect of cosmetic surgeons and podiatric surgeons.⁴⁰

³⁸ Ahpra & Podiatry Board of Australia. (2024). *Public consultation document: proposed change to the protected title for the speciality of podiatric surgery*.

³⁹ Confidential submission No 2.

⁴⁰ Confidential submission No 9.

One stakeholder provided unpublished survey results to show that the vast majority of consumers and GPs surveyed believe the title ‘surgeon’ implies the practitioner has a medical degree..⁴¹

It was also argued that amendments to the National Law regarding the use of the word surgeon had further embedded in the public’s mind and in the minds of health professionals the assumption that the term “surgeon” implies medical qualifications.

Those who argued against the title “oral surgeon” being misleading noted that the term oral surgery is a correct description of what an oral surgeon does. If surgery is defined as treating injuries and diseases by cutting open parts of the body and removing or repairing tissue, then surgery is a core part of the practice of both general dentists and oral surgeons.

It was submitted that oral surgeons have extensive training in surgery, both as part of their primary dental qualifications, and in their three years additional, hospital-based training in oral surgery.

It was noted that the Dental Board of Australia’s entry level competencies for oral surgery include:

- undertaking surgical procedures to the oral and dentoalveolar tissues, and
- managing oral and dentoalveolar trauma, including associated soft tissue injury.⁴²

One stakeholder noted possible consequential effects from extending the prohibition on the title “surgeon”, such as an “effect on the everyday use of the phrase "dental surgeon" to describe a general dentist. "Dental surgeon" is a term commonly used by dentists in Australia and globally, many of whom qualified for registration with a “Bachelor of Dental Surgery”.⁴³

10.4 Confusion between titles

Submissions were divided as to whether there is confusion regarding the title oral surgeon. One stakeholder representing both oral surgeons and oral & maxillofacial surgeons submitted:⁴⁴

We have not received reports that there is confusion among the community or the profession about the difference in the scope of practice of either group. [We} believe that the scope of practice of each specialist is well defined and well understood by the profession and the community.

⁴¹ Confidential submission No 1.

⁴² Dental Board of Australia. (2016). Entry-level competencies: oral surgery.

⁴³ Confidential submission No 5.

⁴⁴ Submission of the Australian Dental Association

Other submissions, including some from dental stakeholders, agreed that there may be confusion between the two titles. Some submitted that this may be partially attributable to the shared history of oral surgery and oral & maxillofacial surgery (see section 4.1) both in Australia and overseas.

Where it was agreed that confusion could arise, there was a difference of opinion regarding:

- who might be confused (consumers only, or consumers and clinicians, or the health eco-system as a whole);
- whether this has a material effect on patient safety;
- whether there were other ways of addressing the confusion other than changing the title oral surgeon.

In respect of confusion by consumers, one stakeholder recommended⁴⁵

“Reconsideration of the term ‘oral surgeon’ as patients will not know the difference between an oral surgeon and an oral & maxillofacial surgeon and will assume they are the same type of practitioner.”

In respect of confusion by health practitioners and within the health system generally, it was submitted that:⁴⁶

“There are many instances of end-to-end confusion regarding delivery of healthcare amongst patients, referrers, and administrators in distinguishing between the two groups of specialists”.

Examples included:

- information that was submitted to be confusing on various websites, including websites with information on oral surgeons and oral & maxillofacial surgeons;
- hospital website listings and staff directories of departments/specialties of “oral (maxillofacial) specialists” which include listings for both oral surgeons and oral & maxillofacial surgeons;
- requests to professional bodies for clarification on the scope of practice of oral surgeons.

One stakeholder noted that it was aware of instances where health services have shortened the names of departments resulting in oral & maxillofacial surgeons both working in a unit called the oral surgery unit.⁴⁷

⁴⁵ Confidential submission No 7.

⁴⁶ Confidential submission No 1

⁴⁷ Confidential submission No 2.

Other stakeholders submitted that confusion was limited in scope and not present within the dental profession. It was submitted that:

“the regulatory background of the specialty [of oral surgery]... has existed in Australia since before the start of the National Law and is a recognised specialty in many overseas jurisdictions. ...Among the dental profession, the scope of practice of the specialty and referral pathways are understood, serving to enhance consumer access to specialist dental care when needed”.

Several other submissions noted that oral surgeon is a well-recognised and well understood title in both Australia and overseas, and that changing the title would increase, rather than decrease, confusion amongst the profession and the public.

10.5 Public confidence

Submissions were also divided on whether the use of the title “oral surgeon” enhanced or undermined public confidence in the safety of registered practitioners under the National Scheme.

Some submissions pointed to the findings of the review into podiatric surgeons regarding patients being misled and let down upon finding that their podiatric surgeon was not a medical practitioner and suggested that this undermines confidence in the safety of registered health practitioners.

Others argued that the title oral surgeon is an accurate description of the scope of practice and training of oral surgeons, and that the various safeguards within the National Law that apply to oral surgeons ensure that the public can have confidence in the safety of services provided by oral surgeons.

The question about whether an alternative title would be misleading or confusing was also raised. The podiatric surgeon review suggested the title “surgical podiatrist” as an alternative to “podiatric surgeon”. However, it was submitted the title “surgical dentist” would fail to distinguish between a general dentist and an oral surgeon, as general dentists are also trained to carry out surgery and certain dental surgical procedures are within their scope of practice.

10.6 The question of harm

Some submissions asserted that there was harm caused by the confusion between the titles oral surgeon and oral & maxillofacial surgeons, for example, in an emergency setting, and that this could result in harm to patients. However, specific examples of this harm were not provided in all of these submissions.

One submission did provide examples of harm that it considered arose from confusion between the two specialist titles and/or the misleading nature of the title oral surgeon.⁴⁸ For reasons of confidentiality, details regarding these examples cannot be provided. However, one example was a delay in the provision of appropriate treatment to a patient who was not referred to an oral & maxillofacial surgeon in a timely way, and therefore suffered serious physical harm. It was submitted that the delay in referral was because relevant referring/triaging/clinical staff did not understand the difference between an oral surgeon and an oral & maxillofacial surgeon and were therefore unable to make an appropriate referral. Other examples given involved treatment being rendered by an oral & maxillofacial surgeon after treatment had previously been provided by an oral surgeon.

It has also been submitted to the review that the use of the title oral surgeon can cause financial harm to consumers. This can occur when consumers assume, from the title, that their oral surgeon is a medical practitioner and that the services provided to them will attract Medicare rebates and/or health insurance coverage. Consumers can suffer financial harm after proceeding on this basis and then discovering that their practitioner is a dentist and the assumed Medicare benefit or health insurance rebate is not available.

The timeframe for the review did not allow for the collection of relevant data from Medicare and health insurers or relevant representative organisations which may have been able to quantify the extent and level of such harm.

One submission noted that confusion may arise in the minds of the public or patients regarding the difference between an oral surgeon and an oral & maxillofacial surgeon. However, rather than support a change in the title of oral surgeon, the submission argued for a greater consumer understanding of the differences between the specialties and the critical role each plays in dental health care delivery.⁴⁹ Consumer views

The timeframe for the review did not provide the opportunity to conduct extensive consultation with consumers and the public regarding their understanding of the titles oral surgeon and oral & maxillofacial surgeon.

The review met with Ahpra's Community Advisory Council to seek guidance on:

- The factors that may be important to consumers and patients in deciding whether the title "oral surgeon" should be changed;
- How Ahpra would go about conducting appropriate consultation with consumers regarding those factors.

The Community Advisory Council noted the following.

⁴⁸ Confidential submission No 1.

⁴⁹ Confidential submission No 5.

- Transparency to the public is important, and this includes transparency in titles. Titles that are misleading or confusing are not supportive of transparency.
- There are likely to be a range of views about whether the title oral surgeon implies medical surgical qualifications and is therefore misleading and/or confusing (the Council itself reflected a range of views on this matter).
- Other factors are also likely to be relevant to consumers and patients when forming their views about the title oral surgeon, such as whether the practice of oral surgery is safe, whether appropriate safeguards are in place to regulate the practice of oral surgeons, and whether a change in title would have an effect on the oral surgery workforce or the provision of oral surgery services, particularly public oral surgery services and oral surgery services in rural and regional communities.
- Understanding the different perspectives of consumers is likely to involve a sophisticated consultation process where the above issues are explored in an open and unbiased manner. Instruments such as surveys on the meaning of the title “surgeon” are unlikely to uncover the complexity of the issues that are important to consumers when considering specialty titles.
- There are specific consumers who need to be sensitively approached in an appropriate manner to gather their opinions about these issues. These include teenagers and their parents, Aboriginal and Torres Strait Islander persons in rural and remote communities, older persons and persons receiving ‘cosmetic dentistry’.

The Council also noted that:

- Regardless of the chosen title, guidelines for referrers need to be strengthened such that consumers can be educated about the qualifications, registration and appropriateness of specialist oral practitioners.
- To address potential concerns about the ‘cosmetic’ nature of some dental interventions, referral processes to dental professionals for cosmetic interventions should be robust.
- If there is a change in any title, it should be reviewed after a suitable period, approximately 18 months, to identify any unintended consequences arising from the change.

11 Analysis and conclusions

11.1 Guiding principles

The Terms of Reference set out the relevant matters to guide this review, including the objectives and guiding principles of the National Law. Sections 3 of the National Law states that the objectives of the National Scheme include:

- to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered;
- to facilitate access to services provided by health practitioners in accordance with the public interest; and
- to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

Section 3A states that the protection of the public and public confidence in the safety of services provided by registered health practitioners and students are the paramount considerations of the National Scheme. Section 3A also provides that restrictions on the practice of a health profession are to be imposed under the Scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.

The Commonwealth Government of Australia has developed principles for the development of regulatory policy which have also been used to guide the review's analysis. The *Australian Government Guide to policy impact analysis* sets out a number of steps that should be taken in developing sound regulatory policy, including:

- Defining the problem that needs to be solved and the objectives that need to be met by the regulatory proposal;
- Considering all the viable options to solve that problem and meet those objectives, including consideration of the consequences of all options;
- Undertaking consultation that is focused on the costs and benefits of each option, rather than whether certain stakeholders prefer a particular pathway;
- Identifying the option with the greatest net benefit for the public.

11.2 The regulatory proposal

There is no substantial evidence before the review to indicate that oral surgeons are unsafe per se, or that the dental specialty currently named oral surgery should be retired from the list of dental specialties. Nor did submissions advocate for this. Rather, the main difference of opinion among stakeholders is whether the name of the specialty of oral surgery and the related title of oral surgeon should be changed. Accordingly, the review has determined that

it does not need to consider a proposal to abolish the specialty of oral surgery under the National Law.

The remaining regulatory proposal that requires consideration can therefore be summarised as a proposal to change the protected title “oral surgeon” to another protected title.⁵⁰

11.3 Relevant matters under the Terms of Reference

11.3.1 Protection of the public and public confidence

The review is required to consider whether the use of the title oral surgeon adequately provides for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

The National Law has mechanisms to safeguard the public from harm from oral surgeons. These include:

- An approved specialty for oral surgery, allowing the public to check a practitioner’s registration and establish that they have specialist qualifications in oral surgery.
- The assessment of specialist qualifications by independent accreditation authorities, guided by accreditation standards and entry level competencies, and approval of those qualifications by the Dental Board of Australia.
- Transparent processes for the assessment of overseas trained specialists.

Oral surgery can be distinguished from cosmetic surgery in this regard. Cosmetic surgery is not a recognised specialty in medicine and there are no approved qualifications leading to registration in that specialty that have been independently assessed by an accreditation authority under the National Law. Prior to amendments to the National Law, there was no ability for consumers to check whether their cosmetic surgeon had approved qualifications in cosmetic surgery.⁵¹

Other mechanisms exist to protect the public, including:

- compliance with the Dental Board’s registration standards, guidelines and the code of conduct, including the registration standard for continuing professional development and the scope of practice registration standard;
- mechanisms for reporting, investigating and monitoring notifications.

⁵⁰ The review notes the question of whether it is possible to retain the dental specialty of “oral surgery” but amend the specialist title “oral surgeon” or regulate the title in a different way. For example, the United Kingdom focuses on the protection of the title “specialist” rather than the title “oral surgeon”. However, such an approach would have implications for the National Scheme as a whole and is outside the Terms of Reference. The review is therefore restricted to the title “oral surgeon” and leaves the question of any change to the name of the specialty for separate consideration.

⁵¹ The National Law has now been amended to allow medical practitioners to obtain an endorsement for cosmetic surgery if they have an approved qualification. However, no qualification is currently approved.

Ahpra notification data does not indicate that the provision of oral surgery by oral surgeons has led to a disproportionate number or rate of notifications for oral surgeons over and above oral & maxillofacial surgeons, or other dental practitioners. Oral surgery can be distinguished from podiatric surgeons in this regard, where the reported rate of notifications was five times that of podiatrists overall.

The review is aware that, in the case of cosmetic surgery, analysis of notification data did not necessarily indicate a significant number or disproportionate rate of notifications for cosmetic surgery, due to several factors that appear to have inhibited consumers and patients from making notifications. However, there was certainly evidence of harm as demonstrated through matters brought to the attention of the media and other forums. Cosmetic surgery practices had also been the subject of investigation by government since at least 2018.⁵²

The examples submitted to the review as instances of physical harm are noted. However, in the absence of investigation of these examples by an independent body, the review cannot verify the extent to which any harm arising from these examples was solely or partly attributable to the use of the title oral surgeon. There may have been other contributing factors such the conduct of an individual clinician(s) or issues with the admission/triage/referral processes in a hospital. Further, it is unclear the extent to which a change in title would have mitigated any harm that did arise, or whether the issue has already been addressed through other means. Registered practitioners and patients are encouraged to report cases of harm to Ahpra or the relevant National Scheme co-regulator for investigation so the relevant causes of any harm may be identified and considered.

In respect of examples of information submitted to be misleading or deceptive, action is available to Ahpra and the Dental Board to address this. It is understood that Ahpra has previously reviewed the online presence of each oral surgeon. A small number of oral surgeons have been identified as needing to review their advertising to ensure it complies with the *Guidelines for advertising a regulated health service* and requirements of the National Law. Ahpra has been liaising with each entity where it has identified an issue to ensure it is corrected. Submissions identifying information considered by the stakeholder to be misleading or confusing have been referred to Ahpra to determine if they contain any new information which it has not previously reviewed.⁵³

In the timeframe of the review and due to the targeted nature of the consultation, a firm conclusion cannot be reached as to whether the use of the title oral surgeon causes significant financial harm to consumers through misunderstanding of their health insurance coverage. This is likely to require information on the number of claims made and refused,

⁵² Parliament of New South Wales Committee on the Health Care Complaints Commission. (2018). *Inquiry into cosmetic health service complaints in New South Wales*.

⁵³ Confidential submission No. 1

their quantum, the reason for the refusal and the analysis of the significance of this harm compared to other financial harms that consumers may incur through misunderstanding their health insurance policies.

Similarly, it is difficult to quantify any financial harm that may arise from patients misunderstanding whether particular services are covered by Medicare rebates. This is likely to involve an analysis of Medicare items, the services for which they are available and relevant rebates granted. It would also involve a comparative analysis of the significance of identified harm compared to financial harm that patients may incur through misunderstandings in relation to other registered health practitioners, including specialist practitioners.

Ahpra may wish to consider seeking this data. However, if the issue is that consumers do not have enough information to (a) understand the coverage provided by their health insurance policies or (b) understand which services attract Medicare rebates, there would be other less restrictive means of addressing this rather than changing the title oral surgeon. There is also the question of whether an alternative title would be effective to reduce or eliminate any such harm.

The Terms of Reference also require an examination of the public's confidence in the title oral surgeon, in particular, public confidence in the "safety of services provided by registered health practitioners, including patients and consumers understanding of the skills and qualifications of the practitioners providing their care".

The transparency of health services is an integral part of public confidence in the regulatory system as whole. Understanding the skills and qualifications of one's health practitioner is important to consumers.

The review agrees that there is likely to be confusion in the minds of the public about the difference between an oral surgeon and an oral & maxillofacial surgeon, in relation to their training, qualifications and scope of practice, and this is reflected in the literature.^{54 55 56}

However, caution should be exercised in advocating for a change of a specialist title on this basis, in the absence of any demonstrated harm that may arise from that confusion. Even a consumer with high levels of health literacy is likely to be confused by many of the

⁵⁴ Cooper T., Schenberg, K., Smith L., Bobinskas A. (2020). Oral and Maxillofacial Surgery and Oral Surgery — what's the difference? A Western Australian dental student survey. *British Journal of Oral and Maxillofacial Surgery*, 58(10).

⁵⁵ Guerrero, A.V., Altamirano, A., Brown, E., Shin, C.J., Tajik, K., Fu, E., Dean, J., Herford, A. (2014). What is in a name? Oral and maxillofacial surgeon versus oral surgeon. *Journal of Oral and Maxillofacial Surgery*, 72(1).

⁵⁶ Mane, R., Sharpe-Davidson, W., Silva, H., Choi, J. (2024). The perception of the scope of oral and maxillofacial surgery and differentiation from similar specialities among dental students, medical students, trainee interns and pre-vocational junior doctors. *Oral and Maxillofacial Surgery*, 28.

protected specialist titles in both medicine and dentistry⁵⁷ and are unlikely to be able to give an explanation of the differences between them. In these situations, consumers rely on the expertise of their primary referring clinician. In the case of oral surgeons, this is most likely to be a general dentist. From the evidence before it, the review is unable to conclude that general dentists are incorrectly referring patients to oral surgeons in circumstances where they should be referred to oral & maxillofacial surgeon. The review accepts the submissions that indicate that the scope of practice of oral surgeons is understood by the dental professionals who make referrals to them.

The question of whether the title is misleading because of the use of the term surgeon is more complex. There is certainly evidence that some consumers equate the title “surgeon” with training in medicine. As noted in this report, the review was not able to conduct widespread consumer consultation on this issue in the timeframe available.

However, the question of the extent to which consumers are guided by a specialist title in understanding the skills and qualifications of their treating practitioner is likely to require a more complex consultation process than merely conducting surveys about the public’s understanding of the word “surgeon”. Specialist medical treatment generally takes place in the context of discussion and referral between patients and their referring practitioners, or within the complex environment of a hospital emergency department presentation, where many factors play a part in the patient’s treatment. Exploration of what is important to consumers and patients when they are involved in these processes would be a valuable area of research.

Consumers, when informed of other consequences that may result from a change in title (some of which are outlined below) are able to weigh up the importance of all the relevant factors and contribute to decision making in the regulatory context. A well-structured consultation process could provide an opportunity for consumers and patients to consider all the relevant information.

11.3.2 Workforce and access to services

Australian trained oral surgery workforce

Oral surgeons play an important workforce role in NSW, particularly in rural and remote areas. They undertake less complex surgical procedures that do not require the expertise of an oral & maxillofacial surgeon but require greater expertise than a general dentist. This assists with providing timely and equitable access for patients. Oral surgeons are part of the public health workforce which provides these services.

It is difficult to assess the impact that a change in title would have on the domestically trained oral surgery workforce. It could be argued that it would be of no consequence to

⁵⁷ Laskin, D, M. et al. (2002). Public recognition of specialty designations. *Journal of Oral and Maxillofacial Surgery*, 60(10).

those who are currently registered as oral surgeons and would have no effect on those general dentists considering undertaking oral surgery training. However, the review considers that a change of title, depending on what alternative title is chosen, could send a signal to the current and potential workforce regarding the value that government, regulatory authorities and the community place on their role and specialty. What impact that signal may have on actual workforce numbers is not possible to estimate with any accuracy.

Overseas trained oral surgery workforce

Changing the title oral surgeon would lead to Australia's use of the title not being aligned to the United Kingdom, Aotearoa New Zealand, Ireland and the European Union. The specialty of oral surgery and the title oral surgeon are well understood internationally. The United Kingdom, Ireland and Aotearoa New Zealand recognise the title as indicating similar competencies and a similar scope of practice as in Australia. The title is used in international documents which are referred to in Australia.

In 2022, the Australian National Cabinet commissioned the *Independent review of Australia's regulatory settings relating to overseas health practitioners*. The review was commissioned because Australia is facing a shortage of key healthcare workers, which was heightened by the COVID-19 pandemic and is expected to continue as Australia's population ages.⁵⁸ The review report noted that access to services in regional and remote parts of Australia is being restricted in certain areas and there are shortages in particular health professions, including dentistry.⁵⁹ The report made 28 recommendations and Australian governments and regulatory authorities are now investing significant resources to enhance Australia's recruitment of appropriately qualified overseas trained health practitioners.

Overseas-trained oral surgeons make up a significant proportion of the registered oral surgery workforce. Since 2018, a total of 9 overseas-trained oral surgeons have been registered in the profession. Consistency in titles is likely to be useful when advertising and recruiting to oral surgery positions in Australia, and in assisting overseas trained oral surgeons to understand if their skills are transferrable to Australia. A change of title may undermine Australia's efforts to attract an overseas oral surgery workforce.

It was raised by one stakeholder that Australia could "lead by example" in finding a more suitable title that may be adopted by other countries. However, it is noted that the UK changed the title "surgical dentist" to "oral surgeon" in 2009 and this is likely to have a bearing on whether the UK would consider changing the title again in the near future. Regulatory agencies that the review contacted in the United Kingdom, Ireland and Aotearoa

⁵⁸ Department of Finance website: <https://www.regulatoryreform.gov.au/priorities/independent-review-health-practitioner-regulatory-settings/health-review-terms-reference>, accessed 4 December 2024.

⁵⁹ Kruk, R. (2023). *Independent Review of Australia's regulatory settings relating to overseas health practitioners - Final Report*.

New Zealand were not aware of any regulatory proposals in those jurisdictions to change the title “oral surgeon”. The evidence indicates that the title is well embedded in other countries and unlikely to be changed as a result of any change in Australia.

11.3.3 Other consequences of changing the title

Some submissions expressed the view that a change in the title oral surgeon would have no consequences or relatively minor consequences other than to enhance protection of the public and public confidence. The review does not agree with this proposition. Possible consequences of a title change are set out below. These are important when considering the guiding principle in the National Law that “restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality”. Further, the *Regulatory principles for the National Scheme*⁶⁰ require Ahpra and the National Boards to respond to risks in a proportionate manner, and this involves considering all the consequences of proposed regulatory action and weighing them up against the benefits.

It is noted that, under the National Law, protection of the public and public confidence are paramount over other considerations, and where these conflict with the consequences enumerated below, protection of the public and public confidence would be the overriding consideration. However, where the safety of the public is otherwise protected and public confidence is maintained, other consequences are relevant to decision making.

Changed costs of doing business

A change in title has business and regulatory-related costs for those whose title is affected or who are involved in the regulation of the title. These would relate to possible business name changes, advertising costs, and amendments to those regulatory instruments and related materials that go towards supporting the current specialist title. There may be costs to hospitals that employ/appoint oral surgeons in relation to amending miscellaneous documents, policies and rostering artefacts.

The review timeframe does not allow for an analysis of the likely quantum of these costs or the significance of the costs to those individuals, businesses, public health services and regulatory and accreditation organisations that currently use or refer to the title oral surgeon. However, some level of cost will be incurred by those stakeholders if the title is changed.

Flow on effects to qualification names

The question has been raised as to any unforeseen consequences to the name of general dental qualifications if the title “surgeon” is further restricted, for example, qualifications such as Bachelor of Dental Surgery. Similar issues would have arisen in medicine when the

⁶⁰ <https://www.ahpra.gov.au/About-Ahpra/What-We-Do/Regulatory-principles.aspx>

current restrictions on the use of the title “surgeon” were introduced. The review is not aware of whether any substantial issues arose in medicine, but it is assumed that if these issues were adequately managed in medicine they could be adequately managed in dentistry.

In respect of the current Australian qualification of DClinDent (Oral Surgery), it is more likely that the name of the qualification may change if the title oral surgeon is changed or the name of the specialty is changed. The qualification is the only approved qualification and it was specifically designed to allow for registration in the specialty of oral surgery. Those administering the qualification may wish to examine whether the name of the qualification remains fit for purpose if the specialty for which it provides training has a different name. If so, there would be costs to the University of Sydney and foreseeable implications for the understanding of the course internationally.

Flow on effect to other professions or specialties

If the title “oral surgeon” alone is changed to another title, it would mean that “oral surgeon” is no longer a protected title. Legal advice could clarify whether this would lead to a risk of other less qualified practitioners lawfully holding themselves out as qualified to undertake oral surgery.

Some concern has been expressed that restricting the title “surgeon” may have the consequence of general dentists no longer being able to refer to themselves as dental surgeons. Some submissions were explicit in the view that the title “surgeon” should no longer be used in dentistry. The scope and timeframe of this review does not allow for conclusions to be drawn on whether any legislative change regarding the title oral surgeon would also have the effect of prohibiting general dentists from describing themselves as dental surgeons, or what the costs and benefits of this would be.

Effect on competition

The scope of practice of oral surgery is a subset of that of oral & maxillofacial surgery. Oral surgery and oral & maxillofacial surgery are carrying out some of the same procedures in the private sector for profit, most notably, the extraction of wisdom teeth. Oral surgeons and oral & maxillofacial surgeons can therefore be said to be “in competition” with each other in relation to those procedures. Competition is said to have a public benefit in that it leads to lower prices and more choice for consumers.⁶¹

The timeframe for the review did not allow for a thorough analysis of whether a change in the title “oral surgeon” would have an effect on competition and what the results of that may be for consumers and patients. This would be a relevant factor in decision making if a change of title were to be pursued.

⁶¹ Australian Competition and Consumer Commission <https://www.accc.gov.au/business/competition-and-exemptions>

There is no suggestion that any of the submissions to this review were made on the basis of a desire to restrict competition. None of the submissions noted competition as a relevant factor. It is not suggested that any stakeholders have been motivated in their views by considerations of competition.

Effect on international commitments

In the timeframe provided, the review was not able to reach any detailed conclusions about whether a change in the title oral surgeon would affect any operations in respect of overseas military deployments due to the use of the terms oral surgery and oral surgeon in certain NATO documents. This should be considered if the title is to be changed.

11.4 The question of an alternative title

One issue that was raised by stakeholders is that of identifying an alternative title to oral surgeon that accurately describes the training, qualifications and scope of practice of that specialty and is recognisable in other countries.

There are foreseeable problems with identifying an alternative title. The review into podiatric surgery suggested the title “surgical podiatrist” as an alternative to podiatric surgeon because it would inform consumers that the practitioner’s primary qualification is in podiatry and not medicine. However, this does not necessarily translate to dentistry. The title “surgical dentist” could imply that a general dentist does not have the training and qualifications to practice “surgery”, when it is clear that surgery is within the training, competencies and scope of practice of general dentists.

The review considers that there may be lessons to be learned from the current consultative process that is underway in respect of the title “podiatric surgeon”. This process could assist in understanding the consequences that may arise when a title is changed and in identifying issues regarding suitable alternative titles. It is noted that the consultation document for the change of title seeks submissions on many of the issues that this review has identified as being relevant to a change of title for oral surgeons, including:

- which alternative titles would provide greater clarity;
- impact of a change of title on consumers and other stakeholders;
- costs of a change of title;
- unintended consequences of a change of title.

Completion of the process in relation to the title “podiatric surgeon” may provide valuable information that is also relevant to the title “oral surgeon”.

11.5 A way forward

The review’s Terms of Reference require it to report on the need for any changes, clarifications or further actions in relation to the current regulatory approach to the use of the title oral surgeon.

In the absence of reliable and independently assessed evidence that the use of the term “oral surgeon” has caused serious harm, and where there are alternative mechanisms to address any harm that may arise, immediate action to change the title “oral surgeon” is not needed to support public safety or public confidence.

The mechanisms in the National Law provide a sufficient level of protection to the public and support public confidence in the safety of both oral surgeons and oral & maxillofacial surgeons.

Changing the title may have implications in facilitating access to services, in that a different title may hamper efforts to recruit appropriately qualified overseas trained health practitioners, which may appear to be contrary to efforts being made in response to the *Independent Review of Australia’s regulatory settings relating to overseas health practitioners*. It may also send a signal to the potential domestic oral surgery workforce that their specialty is devalued, and hence affect the desirability of pursuing that specialty.

A change in title also has possible consequences for developing a flexible, responsive and sustainable workforce. Employers and health services aim to allow more highly qualified practitioners to work at the top of their scope of practice, with suitably qualified (and less expensive) practitioners practicing safely in “lower scope” areas. This is essential for a sustainable workforce in circumstances where demand for health services is growing and finite resources need to be expended in the most efficient manner.

It is also a guiding principle under the National Law that restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality. Although a change of title is not a restriction on practice, a change of title, depending on the alternate title, could have the effect of restricting the way in which oral surgeons describe their training and qualifications. This could also have an effect on competition in the provision of private oral surgery services.

As part of its usual operations, the Dental Board reviews relevant regulatory instruments, including the *Dental list of recognised specialties, related specialist titles and definitions*.

These reviews are undertaken in accordance with Ahpra’s usual processes which involve public consultation. The next scheduled review of the dental list of recognised specialties could be an opportunity to explore some of the issues in the Terms of Reference that could not be comprehensively considered in this rapid review.

One such issue is that of consumer and patient understanding of the title. The Terms of Reference require the review to consider “consumer and patient understanding of title protection as it relates to oral surgeons and oral & maxillofacial surgeons, including their understanding of the skills and qualifications of the practitioners providing their care”. Any exploration of consumer and patient understanding would be incomplete without appropriately rigorous consultation with patients and consumers. The review has not had the opportunity to undertake this consultation in the timeframe available. The review

makes various recommendations below as to how this consultation could be effective in assisting regulatory decision making in the future.

Allowing the review of the dental list of recognised specialties to take place as scheduled would also allow for completion of the consultation and recommendation process in respect of the title “podiatric surgeon”, which could provide valuable guidance in relation to other specialist titles.

The review also did not have the opportunity to fully explore the issue of financial harm arising from the use of the title. Although it is considered that there are alternative avenues for addressing information asymmetry that may lead to financial harm, a public consultation process as part of the next scheduled review of specialties and specialty titles could provide the opportunity for stakeholders to raise concerns and provide data about financial harm and this may assist in the development of means to address any such harm.

11.6 Findings and recommendations

This review has been commissioned by Ahpra to assist it in advising Health Ministers on the use of the title oral surgeon. In this context, the following findings and recommendations are made.

Findings

Findings	
1.	There is insufficient reliable and independently assessed evidence to indicate that the use of the title “oral surgeon” has caused serious harm to the public or led to a substantial loss of public confidence in the safety of services provided by oral surgeons. The mechanisms in the National Law provide a sufficient level of protection to the public and support public confidence in the safety of both oral surgeons and oral & maxillofacial surgeons.
2.	Confusion in the minds of the public and any confusion in the minds of other health professionals regarding the terms oral surgeon and oral & maxillofacial surgeon may be mitigated in other ways, in accordance with the National Law guiding principle that restrictions are to be imposed under the National Scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.
3.	<p>There are foreseeable consequences that could flow from changing the title oral surgeon. A change of title:</p> <ul style="list-style-type: none"> • would result in Australia using a different title to other countries with comparable health systems; • may hamper efforts to recruit an appropriately qualified overseas trained oral surgery workforce; • may send a signal to the potential domestic oral surgery workforce that their specialty is devalued; • would result in relevant practitioners, health services, government and non-government organisations incurring costs; and • may have effects on competition in the market for private oral surgery services which have not yet been subject to a cost benefit analysis.
4.	The Dental Board of Australia reviews its regulatory instruments including the <i>Dental list of recognised specialties, related specialist titles and definitions</i> . Reviews include a public consultation process. The next scheduled review would be an appropriate time to conduct more comprehensive consumer consultation on the title oral surgeon as described in this report and to test whether any financial harm arises from the use of the title that does not also arise in respect of other titles and cannot be addressed in other ways.

Recommendations

Recommendations	
1.	Ahpra should consider the above findings in providing any advice to Health Ministers on the use of the title oral surgeon.
2.	<p>As part of the Dental Board of Australia's next review of dental specialties and specialist titles, the Board should consider ways of seeking consumer feedback in a manner that allows consumers to consider all relevant information about protected titles, including:</p> <ul style="list-style-type: none"> the use of the title in the context of all the regulatory protections available under the National Law; and the possible consequences of a change in title as outlined in this report, such as access to services, flexibility and sustainability of the workforce, international usage of the title, costs to practitioners and health services, and alternative mechanisms of addressing any harm.
3.	<p>Ahpra and the Dental Board of Australia should consider ways of enhancing consumer and health professional knowledge about dental specialties in general and the titles oral surgeon and oral & maxillofacial surgeon in particular. This could include:</p> <ul style="list-style-type: none"> expanding the information in its Fact sheet <i>Guidance for registered dental practitioners: Obligations regarding use of title</i> (or another appropriate document) to provide guidance to dental practitioners on informing patients of the qualifications and scope of practice of dental specialists to whom they make referrals; and producing accessible information on the qualifications and scope of practice of all dental specialties.
4.	Ahpra and the Dental Board of Australia should consider whether any new evidence submitted to this review regarding information currently in the public domain warrants the taking of regulatory action under section 133 of the National Law or the Board's <i>Guidelines on advertising a regulated health service</i> .

Appendix A: Terms of Reference

Rapid targeted review of the use of the title ‘Oral Surgeon’

October 2024

Background

The Dental Board of Australia (Board) works in partnership with Ahpra to regulate the dental profession. The respective functions of the Board and Ahpra are set out in the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory.

Since the National Law came into effect on 1 July 2010, specialist registration has operated for the dentists division of the dental profession. There are 13 recognised dental specialties in Australia with corresponding specialist titles, including the specialty of oral surgery and the protected title oral surgeon.

As at 30 June 2024, 66 oral surgeons were registered with the Board, representing 0.2% of the registered dental profession. Oral surgeons work across a range of practice settings, including in private and public hospitals, and private practice to provide specialist dental services.

Amendments were made to the National Law in 2023 to prevent the use of the title “surgeon” by medical practitioners who did not hold certain specialist registration. This amendment was made to protect the public in circumstances where medical practitioners performing cosmetic surgery were describing themselves as surgeons and it was found that the public was misled into believing such practitioners held specialist medical qualifications in surgery. The amendment does not cover non-medical registered practitioners such as dental practitioners (for example, oral surgeons) or non-registered non-health practitioners (for example veterinary surgeons). See Attachment A: regulatory framework.

Referral by Health Ministers to Ahpra

At their meeting on 16 August 2024, Health Ministers agreed to refer the use of the title of ‘Oral Surgeon’ to Ahpra for consideration and advice to ensure patients and consumers have a clear understanding of the skills and qualifications of the practitioners providing them care. Ahpra has determined that a rapid targeted review be undertaken to provide this advice to Ministers and on the matters set out below.

Purpose

The review will examine whether the use of the title “oral surgeon” by dental practitioners registered in the recognised dental specialty of oral surgery meets the statutory objectives and guiding principles of the National Law, in particular, whether the protection and use of the title:

- provides for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered;
- facilitates access to services in accordance with the public interest;
- enables the development of a flexible, responsive and sustainable Australian health workforce; and
- promotes public confidence in the safety of services provided by registered health practitioners, including patients and consumers understanding of the skills and qualifications of the practitioners providing their care.

Scope

In providing advice on the above matters, the review will inquire and report on:

- consumer and patient understanding of title protection as it relates to oral surgeons and oral & maxillofacial surgeons, including their understanding of the skills and qualifications of the practitioners providing their care;
- the current regulatory framework to support safe practice by oral surgeons, including the Dental Board of Australia's Scope of practice registration standard, supporting guidance and entry-level professional competencies
- the education and training required to register as an oral surgeon, including a summary of how a practitioner is determined to be qualified for registration in the specialty;
- the workforce implications of recognising the specialty and the impact on accessing safe and quality specialist dental care;
- the risk assessment of notifications about oral surgeons and oral maxillofacial surgeons (as a comparator) and the understanding of the differences between the specialties;
- complaints about, and management of, advertising offences;
- approaches adopted by professional regulators in other comparable countries to the title oral surgeon; and
- the need for any changes, clarifications or further actions in relation to the current regulatory approach to the use of the title oral surgeon

Review completion date

Monday 22 December 2024

Attachment A: Regulatory framework

Specialist registration in dentistry

Section 13(1)(b) of the National Law provides for specialist registration to operate for the dentists division of the dental profession. Under the National Law, the Ministerial Council

may approve the list of specialties and one or more specialist titles for each specialty on the recommendation of the relevant National Board.

The current [List of recognised specialties, related specialist titles and definitions](#) was approved by the Australian Health Workforce Ministerial Council on 11 July 2017 and came into effect on 1 October 2017. This includes the title for the specialty of oral surgery.

The specialty of oral surgery is defined under the List of recognised specialties as:

‘The branch of dentistry concerned with the diagnosis and surgical management of conditions affecting the oral and dento-alveolar tissues.’

It is noted that the current list of recognised specialties also includes the specialty of oral & maxillofacial surgery, which requires training in both medicine and dentistry. Oral & maxillofacial surgery is defined as:

‘The part of surgery that deals with the diagnosis and surgical and adjunctive treatment of diseases, injuries and defects of human jaws and associated structures.’

Although use of the title “oral maxillofacial surgeon” is not subject to review under these Terms of Reference, it is relevant to this review, because of how the titles of “oral surgeon” and “oral & maxillofacial surgeon” are understood by patients and consumers, and the consequent implications for patient safety.

Regardless of the division or specialty, all registered dental practitioners, including oral surgeons, are required to comply with the Board’s standards, codes and guidelines, including the Board’s [Scope of practice registration standard](#).

The Standard requires practitioners to only perform dental treatment:

- a) for which they have been educated and trained, and
- b) in which they are competent.

The Standard also requires practitioners to work with the definition of dentistry and their dental practitioner division.

The Board’s [Guidelines for the scope of practice](#) includes the definition of dentistry as follows:

“Dentistry involves assessing, preventing, diagnosing, advising on, and treating any injuries, diseases, deficiencies, deformities or lesions on or of the human teeth, mouth or jaws or associated structures. It includes restricted dental acts (see section 121 of the National Law).”

Title protection and use of the title surgeon

The National Scheme uses a ‘protection of title’ model, which restricts who can use specified professional titles, including specialist titles. It provides powers to prosecute or take disciplinary action against persons who unlawfully use a protected title or falsely hold themselves or another person out as holding registration or a particular type of registration,

specialty or endorsement that they do not hold. This model protects health care consumers by ensuring they are not misled. Specifically, title protections allow members of the public to be confident that a health practitioner is in fact registered under the National Law and appropriately qualified and competent to practise the profession.

Section 115 of the National Law restricts the use of the title “dental specialist” unless the person holds specialist registration in dentistry. Similarly, the title “medical specialist” is restricted to those hold specialist registration in medicine.

The National Law was recently amended to prevent medical practitioners from using the title surgeon unless they held certain specialist registration. However, the amendment allows for the use of the title surgeon by non-medical practitioners in certain circumstances. The explanatory note to the amendment states *there are some circumstances in which it is lawful for a non-medical practitioner to use the title ‘surgeon.’ For example ... the title ‘oral surgeon’ is approved for use by members of the dental profession who hold specialist registration in that field. Additionally, for historical reasons, some dentists may still use the informal title ‘dental surgeon’ in their practice. The Bill does not restrict the use of the title by practitioners outside of the medical profession.*⁶²

Accordingly the National Law does not prevent the use of the title “surgeon” or “dental specialist” by oral surgeons.

⁶² See Explanatory Notes for *Health Practitioner Regulation National Law (Surgeons) Amendment Bill 2023*; page 6

Appendix B: Written submissions

Written submissions received from:
Confidential submission No 1
Australian and New Zealand Association of Oral Surgeons
Australian Dental Association
Australian Dental Council
Confidential submission No 2
Confidential submission No 3
Australian Society of Anaesthetists
Australian Society of Orthodontists
Council of Procedural Specialists
Confidential submission No 4
Confidential submission No 5
Confidential submission No 6
Confidential submission No 7
Private Healthcare Australia
Confidential submission No 8
Confidential submission No 9
Confidential submission No 10
Confidential submission No 11
Paul Coulthard, Professor of Oral and Maxillofacial Surgery, Consultant Oral Surgeon
Sydney Dental School, Faculty of Medicine and Health, University of Sydney

Appendix C: Protected titles-medical specialties

Specialty	Fields of speciality practice	Specialist titles
1. Addiction medicine		Specialist in addiction medicine
2. Anaesthesia		Specialist anaesthetist
3. Dermatology		Specialist dermatologist
4. Emergency medicine		Specialist emergency physician
	Paediatric emergency medicine	Specialist paediatric emergency physician
5. General practice		Specialist general practitioner
6. Intensive care medicine		Specialist intensive care physician
	Paediatric intensive care medicine	Specialist paediatric intensive care physician
7. Medical administration		Specialist medical administrator
8. Obstetrics and gynaecology		Specialist obstetrician and gynaecologist
	Gynaecological oncology	Specialist gynaecological oncologist
	Maternal–fetal medicine	Specialist in maternal–fetal medicine
	Obstetrics and gynaecological ultrasound	Specialist in obstetrics and gynaecological ultrasound
	Reproductive endocrinology and infertility	Specialist in reproductive endocrinology and infertility
	Urogynaecology	Specialist urogynaecologist
9. Occupational and environmental medicine		Specialist occupational and environmental physician
10. Ophthalmology		Specialist ophthalmologist

Specialty	Fields of speciality practice	Specialist titles
11. Paediatrics and child health		Specialist paediatrician
	Clinical genetics	Specialist paediatric clinical geneticist
	Community child health	Specialist in community child health
	General paediatrics	Specialist general paediatrician
	Neonatal and perinatal medicine	Specialist neonatologist
	Paediatric cardiology	Specialist paediatric cardiologist
	Paediatric clinical pharmacology	Specialist paediatric clinical pharmacologist
	Paediatric emergency medicine	Specialist paediatric emergency physician
	Paediatric endocrinology	Specialist paediatric endocrinologist
	Paediatric gastroenterology and hepatology	Specialist paediatric gastroenterologist and hepatologist
	Paediatric haematology	Specialist paediatric haematologist
	Paediatric immunology and allergy	Specialist paediatric immunologist and allergist
	Paediatric infectious diseases	Specialist paediatric infectious diseases physician
	Paediatric intensive care medicine	Specialist paediatric intensive care physician
	Paediatric medical oncology	Specialist paediatric medical oncologist
	Paediatric nephrology	Specialist paediatric nephrologist
	Paediatric neurology	Specialist paediatric neurologist
	Paediatric nuclear medicine	Specialist paediatric nuclear

Specialty	Fields of speciality practice	Specialist titles
		medicine physician
	Paediatric palliative medicine	Specialist paediatric palliative medicine physician
	Paediatric rehabilitation medicine	Specialist paediatric rehabilitation physician
	Paediatric respiratory and sleep medicine	Specialist paediatric respiratory and sleep medicine physician
	Paediatric rheumatology	Specialist paediatric rheumatologist
12. Pain medicine		Specialist pain medicine physician
13. Palliative medicine		Specialist palliative medicine physician
14. Pathology		Specialist pathologist
	General pathology	Specialist general pathologist
	Anatomical pathology (including cytopathology)	Specialist anatomical pathologist
	Chemical pathology	Specialist chemical pathologist
	Haematology	Specialist haematologist
	Immunology	Specialist immunologist
	Microbiology	Specialist microbiologist
	Forensic pathology	Specialist forensic pathologist
15. Physician		Specialist physician
	Cardiology	Specialist cardiologist
	Clinical genetics	Specialist clinical geneticist
	Clinical pharmacology	Specialist clinical pharmacologist
	Endocrinology	Specialist endocrinologist
	Gastroenterology and hepatology	Specialist gastroenterologist and hepatologist

Specialty	Fields of speciality practice	Specialist titles
	General medicine	Specialist general physician
	Geriatric medicine	Specialist geriatrician
	Haematology	Specialist haematologist
	Immunology and allergy	Specialist immunologist and allergist
	Infectious diseases	Specialist infectious diseases physician
	Medical oncology	Specialist medical oncologist
	Nephrology	Specialist nephrologist
	Neurology	Specialist neurologist
	Nuclear medicine	Specialist nuclear medicine physician
	Respiratory and sleep medicine	Specialist respiratory and sleep medicine physician
	Rheumatology	Specialist rheumatologist
16. Psychiatry		Specialist psychiatrist
17. Public health medicine		Specialist public health physician
18. Radiation oncology		Specialist radiation oncologist
19. Radiology	Diagnostic radiology	Specialist radiologist
	Diagnostic ultrasound	Specialist radiologist
	Nuclear medicine	Specialist in nuclear medicine
20. Rehabilitation medicine		Specialist rehabilitation physician
21. Sexual health medicine		Specialist sexual health physician
22. Sport and exercise medicine		Specialist sport and exercise physician

Specialty	Fields of speciality practice	Specialist titles
23. Surgery		Specialist surgeon
	Cardio-thoracic surgery	Specialist cardio-thoracic surgeon
	General surgery	Specialist general surgeon
	Neurosurgery	Specialist neurosurgeon
	Orthopaedic surgery	Specialist orthopaedic surgeon
	Otolaryngology – head and neck surgery	Specialist otolaryngologist – head and neck surgeon
	Oral and maxillofacial surgery	Specialist oral and maxillofacial surgeon
	Paediatric surgery	Specialist paediatric surgeon
	Plastic surgery	Specialist plastic surgeon
	Urology	Specialist urologist
	Vascular surgery	Specialist vascular surgeon

Table 15 - MBA List of specialties, fields of specialty practice and related specialist titles

Appendix D: Entry-level competencies-dental specialties

Taken from the entry level competences for oral surgery and the entry level competencies for oral and maxillofacial surgery available at <https://www.dentalboard.gov.au/Registration/Specialist-Registration/Specialist-competencies.aspx>

	Oral Surgery	Oral & Maxillofacial Surgery
1. Professionalism On graduation a dental specialist will have the knowledge and skills to demonstrate autonomy, expert judgement, adaptability and responsibility as a practitioner and show leadership in the dental profession.	Generic A graduate specialist is expected to be competent in the following, as relevant to the specialty: <ol style="list-style-type: none"> recognising the personal limitations and scope of the specialty and knowing when to refer or seek advice appropriately practising with personal and professional integrity, honesty and trustworthiness providing patient-centred care, including selecting and prioritising treatment options that are compassionate and respectful of patients' best interests, dignity and choices and which seek to improve community oral health understanding and applying the moral, cultural, ethical principles and legal responsibilities involved in the provision of specialist dental care to individual patients, to communities and populations displaying appropriate professional behaviour and communication towards all members of the dental team and referring health practitioner/s understanding and applying legislation including that related to record-keeping demonstrating specialist professional growth and development through research and learning supporting the professional development and education for all members of the dental and/or health community, and demonstrating leadership in the profession. 	
2. Communication and social skills On graduation a dental specialist will be able to interpret and transmit knowledge, skills and ideas to dental and non-dental audiences.	Generic A graduate specialist is expected to be competent in the following, as relevant to the specialty: <ol style="list-style-type: none"> identifying and understanding a patient's, or their parent's, guardian's or carer's expectations, desires and attitudes when planning and delivering specialist treatment communicating effectively with patients, their families, relatives and carers in a manner that takes into account factors such as their age, intellectual development, social and cultural background use of technological and telecommunication aids in planning and delivering specialist treatment 	

	Oral Surgery	Oral & Maxillofacial Surgery
	d. communicating effectively in all forms of health and legal reporting, and e. interpreting and communicating knowledge, skills and ideas.	
3. Critical thinking On graduation a dental specialist will have the expert, specialised cognitive and technical skills in a body of knowledge or practice to independently analyse critically, reflect on and synthesise complex information, problems, concepts and theories and research and apply established theories to a body of knowledge or practice.	Generic A graduate specialist is expected to be competent in the following, as relevant to the specialty: a. critically evaluating scientific research and literature, products and techniques to inform evidence-based specialist practice, and b. synthesising complex information, problems, concepts and theories.	
4. Scientific and clinical knowledge On graduation a dental specialist will have a body of knowledge that includes the extended understanding of recent developments in a discipline and its professional practice, as well as knowledge of research principles and methods applicable to the specialty and its professional practice.	Generic A graduate specialist is expected to be competent in the following areas of knowledge, as relevant to the specialty: a. historical and contemporary literature b. the scientific basis of dentistry including the relevant biological, medical and psychosocial sciences c. development, anatomy, physiology and pathology of hard and soft tissues of the head and neck d. the range of investigative, technical and clinical procedures, and e. management and treatment planning with multidisciplinary engagement for complex cases, including compromised patients.	
	Specific A graduate specialist is expected to be competent in the following areas of knowledge, as relevant to the specialty: a. the recognition of disorders affecting the oral and dentoalveolar tissues and differentiate those amenable to operative and non-operative treatment b. the basis and management of orofacial pain	Specific A graduate specialist is expected to be competent in the following areas of knowledge, as relevant to the specialty: a. general medical assessment and peri-operative management of the surgical patient b. conditions, deformities and reconstructive procedures in the oral and maxillofacial region

	Oral Surgery	Oral & Maxillofacial Surgery
	c. the basis and management of dentoalveolar trauma d. the appropriate use of sedation and anaesthetic techniques, and e. the principles and application of pharmacology.	c. manifestations of systematic disease, infections and pathologies of the oral and maxillofacial region d. oral and maxillofacial oncology e. disorders of the temporomandibular joint, masticatory apparatus and orofacial pain f. recognition of disorders and differentiate those amenable to operative and non-operative treatment g. the principles and management of the trauma patient, h. the appropriate use of sedation and anaesthetic techniques, and i. the principles and application of pharmacology.
5. Patient care On graduation a dental specialist will, with a high level of personal autonomy and accountability, be able to apply highly specialised knowledge and skills within a discipline or professional practice. This includes clinical information gathering, diagnosis and management planning, clinical treatment and evaluation.	Generic A graduate specialist is expected to be competent in the following, as relevant to the specialty: a. applying decision-making, clinical reasoning and judgement to develop a comprehensive diagnosis and treatment plan by interpreting and correlating findings from the history, clinical examinations, imaging and other diagnostic tests b. managing complex cases, including compromised patients with multidisciplinary management, and c. managing complications.	
	Specific A graduate specialist is expected to be competent in the following, as relevant to the specialty: a. diagnosing and managing orofacial pain b. managing odontogenic and other oral infections c. managing pathology of the oral and dentoalveolar tissues d. undertaking surgical procedures to the oral and dentoalveolar tissues, and e. managing oral and dentoalveolar trauma, including	Specific A graduate specialist is expected to be competent in the following, as relevant to the specialty: a. undertaking general medical assessment and peri-operative management of the surgical patient b. surgically managing conditions, deformities and reconstruction of the oral maxillofacial region c. managing infections and pathology of the oral and maxillofacial region d. managing oral and maxillofacial trauma

	Oral Surgery	Oral & Maxillofacial Surgery
	associated soft tissue injury.	e. diagnosing and managing disorders of the temporomandibular joint, and f. diagnosing and managing orofacial pain.

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