

Stakeholder details

Initial questions

To help us better understand your situation and the context of your feedback please provide us with some details about you. These details will not be published in any summary of the collated feedback from this consultation.

Question A

Are you completing this submission on behalf of an organisation or as an individual?

Your answer:

Organisation

Name of organisation: Australian and New Zealand Association of Oral and Maxillofacial Surgeons

Contact email: [REDACTED]

Myself

Name: [Click or tap here to enter text.](#)

Contact email: [Click or tap here to enter text.](#)

Question B

If you are completing this submission as an individual, are you:

A registered health practitioner?

Profession: [Click or tap here to enter text.](#)

A member of the public?

Other: [Click or tap here to enter text.](#)

Question C

Would you like your submission to be published?

Yes, publish my submission **with** my name/organisation name

Yes, publish my submission **without** my name/ organisation name

No – **do not** publish my submission

Your responses to the consultation questions

1. Is the content and structure of the draft revised specialist registration standard helpful, clear, relevant and workable?

Yes

2. Is there any content that needs to be changed, added or deleted in the draft revised specialist registration standard?

No

3. Are there any impacts for patients and consumers, particularly vulnerable members of the community that have not been considered in the draft revised specialist registration standard?

Yes - In the specialty of OMFS, there is a huge variation worldwide in the scope and training of oral and maxillofacial surgeons. For example, the need to be dual qualified, the scope of practice (e.g. anaesthetics in USA) and the type of examinations required for surgeons to complete their training (e.g. board exams in US are not compulsory). One could argue that;

A - Australia and NZ have one of the most rigorous OMFS training pathways worldwide and

B - There are no directly comparable training pathways

Introducing an expedited pathway for SIMG would possibly open up a new "tier" of OMF surgeons that do not have equivalency.

ANZAOMS would also like to query the science behind the stated need to fast track specialists into the Australian health sector, particularly if this results in a reduction in the training standards expected of overseas trained specialists versus those of Australian trained specialists. ANZAOMS would like to see workforce data that supports such a significant and potentially dangerous step, particularly as relates to Oral and Maxillofacial Surgery. If the goal is to draw larger numbers of specialists into the public health system, ANZAOMS would also like to understand how the Australian Government is going to fund these additional resources.

4. Are there any impacts for Aboriginal and Torres Strait Islander Peoples that have not been considered in the draft revised specialist registration standard?

As above

5. Are there any other regulatory impacts or costs that have not been identified that the Board needs to consider?

As above

6. Do you have any other comments on the draft revised specialist registration standard?

ANZAOMS holds concerns regarding the potential for creating a lack of clarity regarding training and expertise requirements for practising as an OMFS in Australia. A splintering of pathways has the potential to lead to significant confusion over who is qualified to register and practice as an OMFS in Australia at a time when the Australian healthcare system is actively working to provide clarity to Australians regarding the skills and qualifications of the practitioner that they are seeing.