

30 January 2012

Dear Practitioner,

Consultation on the future of the specialty of Oral Surgery in New Zealand

Pursuant to section 11 of the Health Practitioners Competence Assurance Act 2003 (the 'Act'), the Dental Council ('Council') must describe the contents of its professions in one or more scopes of practice.

The purpose of this consultation document is to invite stakeholders to submit comments on the future of the specialty of Oral Surgery in New Zealand, to enable Council to deliberate further on this matter before making a final decision on the Oral Surgery Specialist Scope of Practice.

The consultation document offers stakeholders some detail on the Oral Surgery Scope of Practice; the interface between Oral Surgery and Oral and Maxillofacial Surgery; and international registration numbers within these specialty fields. The document concludes with detailing three options for the future of the specialty of Oral Surgery in New Zealand, two of which are aligned to the Oral Surgery Working Party's main recommendations.

Council therefore seeks any comments on the proposed options by **23 April 2012**. Copies of this letter and the consultation document have been sent to all dentists, dental specialists, relevant vocational scopes' registrants (medical specialists), relevant associations and societies, the Ministry of Health, District Health Boards and other organisations with an interest. This letter and attachment will also be published on Council's website, with a similar invitation to comment.

Responses should be sent to:

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Yours sincerely



Marie Warner
Chief Executive

Consultation Document

The Future of the Specialty of Oral Surgery in New Zealand

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SUBMISSIONS DUE 23 APRIL 2012

Introduction

1. The purpose of this consultation document is to invite stakeholders to submit comments on the future of the specialty of Oral Surgery in New Zealand, and the possible need to amend, revoke, or replace the Oral Surgery Specialist Scope of Practice.
2. This document offers stakeholders some detail on the Oral Surgery Scope of Practice, the Oral and Maxillofacial Surgery Scope of Practice, and their interface with General Dentistry. The paper also highlights international developments and trends in these respective specialty fields.
3. The Dental Council does not have a preference for any of the options contained in this document at this stage. The Council wishes to canvass the views of stakeholders on the options set out in the document and any alternative options that stakeholders consider would be preferable.

Background

4. For the purpose of all stakeholders a brief overview of the background that led to this consultation document is provided.
5. The Oral Surgery Specialist Scope of Practice has been considered by Council on a number of occasions over the past decade. In November 2009 Council decided to consult on the future status of, and issues arising from, the current gazetted Oral Surgery Scope of Practice, including the place of Oral Surgery as a Specialist Scope of Practice in New Zealand.
6. The Australian and New Zealand Association of Oral and Maxillofacial Surgeons (ANZAOMS)¹ challenged Council's decision to consult on the Oral Surgery Scope of Practice and argued that Council had unlawfully "re-opened" the Oral Surgery Scope of Practice without consulting with ANZAOMS. In addition, a Council registration decision of an oral surgeon from New South Wales, who was registered pursuant to the Trans-Tasman Mutual Recognition Act 1997 (TTMR Act), was challenged by ANZAOMS. It was argued that the TTMR Act did not require Council to register an Australian registered Oral Surgeon in the Oral Surgery Specialist Scope of Practice.
7. A settlement agreement was reached with the New Zealand Association of Oral and Maxillofacial Surgeons (NZAOOMS) in August 2010. As part of this settlement, Council revoked its November 2009 decision to consult on the Oral Surgery Specialist Scope of

¹ Challenging Applicant changed during the proceedings from ANZAOMS to the New Zealand Association of Oral and Maxillofacial Surgeons (NZAOOMS)

Practice, and established a Oral Surgery Working Party² ('the working party') of key stakeholders to consider matters relating to the future of the Oral Surgery speciality in New Zealand.

8. The working party submitted a report to an Oral Surgery Committee of Council ('the committee') for its consideration. The committee submitted its report together with the working party's report to Council's August 2011 meeting. At this meeting Council decided to consult on this matter with all key stakeholders.
9. Council acknowledges the work of the Oral Surgery Working Party members and the detailed report submitted. A copy of the working party report is available from Council's Secretariat on request.

Scopes of Practice

10. In the Health Practitioners Competence Assurance Act 2003 ('the Act') a scope of practice is defined under section 11 as: *(a) means any health service that forms part of a health profession.* The principal purpose of the Council, as set out in section 3 of the Act, is to protect the health and safety of members of the public by providing for mechanisms to ensure that dental practitioners are competent and fit to practise their professions. To achieve this any scope of practice must be clear and understandable to the public.
11. The working party report highlighted the rationale and need to define specialist areas or scopes as identified by the General Dental Council (UK):
 - To indicate to patients – recognised skills, knowledge and expertise.
 - Protect patients from unwarranted claims from unqualified [*sic*] practitioners.
 - Enable dentists to refer appropriately.
 - Ensure high standards of care by those qualified to work in that scope.
 - To encourage post graduate educations and CPD³.
12. The working party agreed with this rationale, and was of the view that this was why there needed to be a clear definition of each Scope of Practice in New Zealand.
13. The working party report included some recommendations around the definitions and prescribed qualifications for the Oral Surgery Specialist and Oral and Maxillofacial Surgery Specialist Scopes of Practice. These recommendations will not be considered for the purposes of this consultation, as the future of the specialty of Oral Surgery must first be determined before any of the other working party's recommendations can be considered further.

Current Gazetted Scopes of Practice

14. The current Dental Council Scopes of Practice, as Gazetted, for the Oral Surgery Specialists, Oral and Maxillofacial Surgery Specialists and General Dental Practice are as follows:

² The working party members were: Sue Ineson (Chair, Layperson), Dr Brian Whitley (NZAOMS representative), Dr Robin Haisman (Ministry of Health representative), Dr Glenn Kirk (Oral Surgery representative) and Dr Paul Scott (NZDA representative).

³ General Dental Council review of dental based specialties pages 49-51, June 2004.

Scope of Practice for Oral Surgery Specialists

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.

Specialist Oral Surgery is undertaken by a dental practitioner who possesses additional postgraduate qualifications, training and experience recognised by Council as appropriate for registration.

Prescribed Qualifications:

Specialist registration as an Oral Surgeon with the Dental Council of New Zealand as at 18 September 2004.

Scope of Practice for Oral and Maxillofacial Surgery Specialists

Oral and Maxillofacial Surgery Specialists practise in that part of surgery which deals with the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects of the human jaws and associated structures.

Specialist Oral and Maxillofacial Surgery is undertaken by a dental practitioner who possesses additional postgraduate qualifications, training and experience recognised by Council as appropriate for registration.

Prescribed Qualifications:

- MDS/MBChB (Oral and Maxillofacial Surgery) University of Otago; or
- an ADC accredited MDS or MDSc or DClinDent in Oral and Maxillofacial Surgery from an ADC accredited Australian University; a medical degree from a medical school listed in the WHO World Directory of Medical Schools or the ECFMG Faimer Directory; or
- registration in oral and maxillofacial surgery with the General Medical Council, UK; or
- Board certification in oral and maxillofacial surgery in a USA or Canadian state and possession of a medical degree from a medical school listed in the WHO World Directory of Medical Schools or the ECFMG Faimer Directory and dental degree; or
- two years or more of full time equivalent postgraduate training in the specialty at a recognised tertiary academic institution or equivalent; evidence of research activity; a pass in the New Zealand Oral and Maxillofacial Surgery Specialist Examination.

Scope of General Dental Practice

The scope of practice for general dental practice is the practice of dentistry as set out in the documented “Detailed Scope of Practice for General Dental Practice” produced and published from time to time by the Dental Council.

It involves the maintenance of health through the assessment, diagnosis, management, treatment and prevention of any disease, disorder or condition of the orofacial complex and associated structures within the scope of the practitioner’s approved education, training and competence.

Detailed Scope of Practice for General Dental Practice

The Dental Council defines the practice of dentistry as the maintenance of health through the assessment, diagnosis, management, treatment and prevention of any disease, disorder or condition of the orofacial complex and associated structures within the scope of the practitioner's approved education, training and competence.

This involves:

- diagnosis of orofacial conditions and the provision of appropriate information to patients of diagnosis, treatment or management options and their consequences
- removing tooth tissue and/or placing materials for the purpose of either the temporary or permanent restoration or replacement of tooth structure or the rehabilitation of the dentition
- performing procedures on the orofacial complex, teeth, and the hard and soft tissues surrounding or supporting the teeth
- extracting teeth
- administration of local analgesia and/or sedative drugs in connection with procedures on the teeth, jaws and the soft tissues surrounding or supporting the teeth
- prescribing medicines appropriate to the scope of practice, the sale or supply of which is restricted by law to prescription by designated health practitioners
- prescribing special tests in the course of dental treatment
- using ionising radiation, for diagnostic purposes, in the course of the practice of dentistry
- performing procedures on any person preparatory to, or for the purpose of, the construction, fitting, adjustment, repair, or renewal of artificial dentures or restorative or corrective dental appliances.

Practice in this context goes wider than clinical dentistry to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of dental practice which were not included in a practitioner's training should not be undertaken unless the practitioner has completed appropriate training and practises to the standards required by the relevant Code of Practice.

Prescribed Qualifications:

- Bachelor of Dental Surgery, University of Otago; or
- an Australian Dental Council (ADC) accredited undergraduate dental degree from an ADC accredited dental school in Australia; or
- a Commission on Dental Accreditation (CDA) accredited undergraduate dental degree from a CDA accredited dental school in the USA or Canada; or
- a General Dental Council (GDC) accredited undergraduate dental degree from a GDC accredited dental school in the UK, or Commonwealth as listed below:

<u>Dental School</u>	<u>Dates of recognition</u>
Western Cape	Before 1 January 1998
Hong Kong	Before 1 January 2001
Singapore	Before 1 January 2001
Witwatersrand	Before 1 January 2001
Pretoria	Before 1 January 2001
Stellenbosch	Before 1 January 2001

Medical University of South Africa Between 1 January 1997
and 31 December 2000
Malaysia Between 1 January 1997
and 31 December 2000;

or

- a five year undergraduate dental degree; a pass in the New Zealand Dental Registration Examinations; or
- a five year undergraduate dental degree; a pass in the Australian Dental Council licensing examinations; or
- a five year undergraduate dental degree; a pass in the USA licensing examinations.

Current status of the Oral Surgery Scope of Practice

15. Fundamental to this discussion is the issue of the current status of the Oral Surgery Scope of Practice.
16. Council is of the view that the Oral Surgery Scope of Practice is currently a gazetted Scope of Practice and that while the current prescribed qualification is unobtainable, there are a number of pathways by which registration in this scope may be possible. For example, an overseas trained Oral Surgeon can apply under section 15(2) of the Act to determine if his/her overseas qualification can be deemed equivalent to, or as satisfactory as a prescribed qualification.
17. The committee noted from the working party report that the working party's recommendations are based on the underlying assumption that the Oral Surgery Scope of Practice is "closed" through references in its report such as "reopening the scope of oral surgery".
18. Council acknowledges that the working party report clearly illustrates that there is confusion in the profession about the current status of the Oral Surgery Scope of Practice, and this emphasises the need for this consultation document.

Training pathways for the various Scopes of Practice

19. For the purposes of this consultation the indicative training pathways for the Oral and Maxillofacial Surgery Scope of Practice, the Oral Surgery Scope of Practice and the General Dental Practice Scope of Practice in New Zealand are summarised as follows:

Oral and Maxillofacial Surgery Scope of Practice (Medical Council)		Oral and Maxillofacial Surgery Scope of Practice (Dental Council) ⁴		Oral Surgery		General Dentistry	
BDS	5 yrs	BDS	5 yrs	BDS	5 yrs	BDS	5 yrs
MBChB	4 yrs	MDS/MBChB (OMS)	conjoint 5 yrs	Postgraduate ⁵	3 yrs		
FRACDS(OMS) ⁶	4 yrs						
TOTAL	13 yrs	TOTAL	10 yrs	TOTAL	8 yrs	TOTAL	5 yrs

⁴ The Dental Council issued a consultation on 16 September 2011, on the FRACDS (OMS) as a proposed prescribed qualification for the Dental Specialty: Oral and Maxillofacial Scope of Practice.

⁵ Oral Surgery – no current training programme accredited.

⁶ Fellowship in the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery).

20. As can be seen from the above table the Oral and Maxillofacial Surgery Scope of Practice is a recognised specialty of both the Dental Council and the Medical Council in New Zealand. Practitioners can have dual registration and apply for an Annual Practising Certificate from both Councils.
21. A significant difference in the training, as identified in the table above, is that the Oral and Maxillofacial Surgery training includes a Bachelor of Medicine and Bachelor of Surgery (MBChB) qualification. In principle Oral Surgery training could be expected to follow a similar format as other dental specialties and involve a three year postgraduate training programme. Currently there is no accredited programme in New Zealand gazetted as a prescribed qualification, although there is a postgraduate degree available in Oral Surgery.

Oral and Maxillofacial Surgery related care

22. The working party report reflected that a survey, commissioned by ANZAOMS in the past had indicated that access to Oral and Maxillofacial Surgery related care was currently not a concern as the survey concluded:
 - (a) 80% of the OMS Scope of Practice overlap with the Oral Surgery Scope of Practice ie. dento-alveolar surgery.
 - (b) The 20% balance consists of the broader scope areas such as oncology, TMJ, severe infections and reconstructive surgery ie. maxillofacial surgery.
 - (c) That except for a very few places, patients in provincial areas are no further than 90 minutes travel by car away from Oral and Maxillofacial Surgery treatment⁷.
23. Council would be interested in stakeholders' views on access to Oral and Maxillofacial Surgery and Oral Surgery care, including whether there is adequate acute cover for these services.

International scenario on Oral and Maxillofacial Surgery and Oral Surgery

24. The terms of reference for the working party asked the working party members to consider and advise on international developments and trends, including the status of Oral Surgery as a specialty in Australia and the United Kingdom.

⁷ Information from an ANZAOMS submission to the Dental Council on "The proposed reintroduction of Oral Surgery as a specialist branch of dentistry", May 2007.

25. The working party reported on the current international registration numbers of Oral and Maxillofacial Surgeons and Oral Surgeons, that were detailed as follows:

International jurisdictions⁸	Oral and Maxillofacial Surgeons	Oral Surgeons	Population⁹
New Zealand - Dental Council ¹⁰	41 ¹¹	5	4.4 million
New Zealand - Medical Council	17	N/A	
Australia	86	52	22.7 million
General Dental Council (GDC)	220	749	61.2 million
Europe	2938	4600	514.6 million

26. The working party report stated that international trends indicate increased demand for oral surgery related activities. It was noted that there are overseas practising Oral Surgeons and Oral and Maxillofacial Surgeons that could potentially enter the New Zealand workforce. If there is no Oral Surgery Scope of Practice it may limit international practitioners registering in a scope of practice in which they have training and expertise.
27. There is an existing Scope of Practice for Oral Surgery in Australia. However, there is currently no accredited qualification for this scope approved and published by the Dental Board of Australia (DBA)¹². Council, through its involvement in the joint Australian Dental Council¹³/ Dental Council (NZ) Accreditation Committee, is aware that an Australian University has expressed its intent to the DBA to apply for accreditation of its post-graduate programme in the specialist field of Oral Surgery. Any further developments in this area will have potential implications on future TTMR registration applications received by Council.

The Proposal

28. After consideration of both the working party and Council committee reports, Council is consulting on three options for the future of the specialty of Oral Surgery in New Zealand, two of which are aligned to the Oral Surgery Working Party's main recommendations.
29. Council invites comments on the following three options, listed in no particular order or preference, or any alternative options that arise through this consultation process.

⁸ The GDC and Europe practitioner and population numbers were obtained from the EU Manual of Dental Practice (2009).

⁹ The population column was not reported in the working party report. This was included by the Dental Council.

¹⁰ The New Zealand and Australian practitioner and population numbers are 2011 figures.

¹¹ This includes all 17 OMS practitioners registered with both the Medical Council and Dental Council.

¹² The Dental Board of Australia is the registering body in Australia and carries out similar functions to the Dental Council (NZ).

¹³ ADC is the agent contracted to perform the accreditation and examination functions on behalf of the DBA.

Option 1: Revoke the Oral Surgery Scope of Practice and register Oral Surgeons in the Oral and Maxillofacial Surgery Scope of Practice with conditions to limit their practice.

Option 2: Retain two separate Scopes of Practice - Oral and Maxillofacial Surgery and Oral Surgery.

Option 3: Revoke the Oral Surgery Scope of Practice and register Oral Surgeons in the General Dental Scope of Practice.

General comments

30. The purpose of this consultation is to consider the future of the specialty of Oral Surgery in New Zealand, and the possible need to amend, revoke, or replace the Oral Surgery Specialist scope of practice.

31. Council notes that:

- (a) Under option 1 and option 3, the Oral Surgery Scope of Practice would be revoked and currently registered oral surgeons would be registered in either the Oral and Maxillofacial Scope of Practice with conditions limiting their scope of practice (option 1) or in the General Dentistry Scope of Practice (option 3). This would mean that Oral Surgery would no longer be recognised as a standalone speciality in New Zealand, and that the Council would not accredit any qualification in Oral Surgery.
- (b) Council would consider any application for registration from an overseas registered oral surgeon on a case by case basis. Under option 1, this would include considering whether, in the circumstances of the particular case, it would be appropriate to register the overseas registered oral surgeon in the Oral and Maxillofacial Scope of Practice with conditions limiting their scope of practice or, alternatively, in the General Dental Scope of Practice.
- (c) Under option 2 Oral Surgery would be retained as a standalone speciality in New Zealand. While there is currently no New Zealand accredited academic prescribed qualification for the Oral Surgery Scope of Practice, this option would allow for a programme to be accredited and prescribed for this scope of practice.

The three options

Option 1: *Revoke the Oral Surgery Scope of Practice and register Oral Surgeons in the Oral and Maxillofacial Surgery Scope of Practice with conditions to limit their practice.*

32. The working party report contained the following recommendation (minority support) “to create one scope for Oral and Maxillofacial Surgery and Oral Surgery and use of conditions to limit the scope”, which intent is aligned with option 1 listed.

33. The following points in relation to this option were mentioned in the working party report:

- a) “To create a new category under the Oral and Maxillofacial Scope of Practice called Oral and Maxillofacial - endorsed in Oral Surgery.
- b) The existing and new registered Oral Surgery practitioners be incorporated into the Oral and Maxillofacial - endorsed in Oral Surgery Scope of Practice; with conditions attached to their Scope of Practice based on the activities that they are currently entitled to perform, to limit their practice to their competencies.

- c) The working party noted that one scope for both Oral Surgery and Oral and Maxillofacial Surgery could have the following implications:
- i. Practitioners with two different qualifications and areas of expertise would be included within one scope, with Oral Surgeons' work being limited through the use of conditions as set out in section 22(3) of the HPCA Act.
 - ii. It may minimise confusion for the public who do not understand the difference between the two groups.
 - iii. It would assist integration between the two groups and would improve peer review and collegial relationships between the two groups.
 - iv. It would avoid proliferation of specialties.
 - v. Linking Oral Surgery too closely with the Oral and Maxillofacial Surgery scope would "medicalise" Oral Surgery.
 - vi. A shortened training period for Oral Surgery could be a disincentive for practitioners to take part in the longer Oral and Maxillofacial Surgery training and give the perception that getting an Oral Surgery qualification is an easier way of obtaining the title of the scope and this would diminish the status/"mana" of the Oral and Maxillofacial Surgery speciality.
 - vii. It may lead to a drop of Oral and Maxillofacial Surgery numbers which in turn would result in fewer practitioners able to perform the range of complex activities now performed by Oral and Maxillofacial Surgery, which in turn could impact on the viability of the Oral and Maxillofacial Surgery as a specialty.
 - viii. The viability of Oral and Maxillofacial Surgery may decrease if there are fewer trainees and if Oral and Maxillofacial Surgery were not able to find enough general work to supplement their more specialised work.
 - ix. It is more complex for the Council to administer."
34. Council notes that the recommendation made with minority support was to create a new category under the Oral and Maxillofacial Surgery scope of practice to be called "Oral and Maxillofacial – endorsed in Oral Surgery". Council's view is that if there is to be specialist recognition of Oral Surgery it would be preferable, from an operational and policy (and possibly legal) perspective, to have Oral Surgery as a standalone scope of practice. The option that the Council is therefore consulting on is having one scope of practice for Oral and Maxillofacial Surgery and registering the Oral Surgeons that are currently registered with the Dental Council in this scope of practice with conditions limiting their practice to their competencies.
35. Council further notes that under option 1 Oral Surgery would no longer be recognised as a speciality in New Zealand. Oral Surgeons that are currently registered with the Dental Council would be registered as Oral and Maxillofacial Surgeons with conditions limiting their Scope of Practice, and any Australian registered Oral Surgeons (TTMR applicants) and other international registered Oral Surgeons may be registered as Oral and Maxillofacial Surgeons with conditions limiting their Scope of Practice.
36. Council would be interested in stakeholder views on whether option 1 would minimise or increase confusion for the public who may not understand the difference between the two groups.

Option 2: *Retain two separate Scopes of Practice - Oral and Maxillofacial Surgery and Oral Surgery.*

37. The working party report contained a similar recommendation, supported by the majority of the working party members, which concluded that “*there is a place for the Oral Surgery Scope of Practice as a separate Specialist Scope of Practice in New Zealand*”.
38. The working party report raised the following in relation to option 2:
 - a) “Oral Surgery provides for a shortened training pathway (8 years) with increased number of registered Oral Surgery practitioners, this may improve access to care in underserved areas.
 - b) General dentists are increasingly limiting their range/scope of activities and Oral Surgery can take over the more advanced surgical work not now delivered by general dentists.
 - c) This may mean an increase in the number of Oral Surgeons coming into New Zealand when there may not be sufficient work available for the current Oral Surgery and Oral and Maxillofacial Surgery workforces.
 - d) There was concern that there may be a large increase in Oral Surgery practitioners as the shorter training course may be seen to be more cost effective for students and employers which could result in decreased work available to Oral and Maxillofacial Surgery. This may decrease viability of Oral and Maxillofacial Surgery as a career as there would not be enough general work to supplement their more specialised work.”
39. Council notes that option 2 makes provision for TTMR and other international registrants to register within their original registered specialty.
40. There is currently no New Zealand accredited academic prescribed qualification for the oral Surgery Scope of Practice, however this option allows for a programme to be accredited and prescribed for this scope of practice.

Option 3: *Revoke the Oral Surgery Scope of Practice and register Oral Surgeons in the General Dental Scope of Practice.*

41. The committee reported that option 3 was not included in the working party’s final report recommendations, however it was discussed by the working party during its meeting held in March 2011.
42. Council would like to highlight the following in relation to option 3:
 - a) Oral Surgery would no longer be recognised as a standalone speciality in New Zealand.
 - b) Australian registered oral surgeons (TTMR applicants) and other international registered Oral Surgeons would not be able to transfer into a similar Scope of Practice and will lose their original specialist status.

Conclusion

43. This consultation document serves as an opportunity for all key stakeholders to discuss the future of the specialty of Oral Surgery in New Zealand.
44. Council has issued a copy to all dentists, dental specialists, relevant vocational scopes' registrants (medical specialists), relevant associations and societies, the Ministry of Health, District Health Boards and other organisations with an interest. The proposal will also be published on Council's website, with a similar invitation to comment.
45. Council therefore seeks any comments on the proposal by 23 April 2012.

Discussion/Consultation points

46. Council invites all stakeholders to comment on this consultation document by responding to the following questions:
 1. Do you agree/disagree with option 1: *Revoke the Oral Surgery Scope of Practice and register Oral Surgeons in the Oral and Maxillofacial Surgery Scope of Practice with conditions to limit their practice.*
 2. Please provide any supporting information as to why you agree/disagree with option 1: *Revoke the Oral Surgery Scope of Practice and register Oral Surgeons in the Oral and Maxillofacial Surgery Scope of Practice with conditions to limit their practice.*
 3. Do you agree/disagree with option 2: *Retain two separate Scopes of Practice - Oral and Maxillofacial Surgery and Oral Surgery.*
 4. Please provide any supporting information as to why you agree/disagree with option 2: *Retain two separate Scopes of Practice - Oral and Maxillofacial Surgery and Oral Surgery.*
 5. Do you agree/disagree with option 3: *Revoke the Oral Surgery Scope of Practice and register Oral Surgeons in the General Dental Scope of Practice.*
 6. Please provide any supporting information as to why you agree/disagree with option 3: *Revoke the Oral Surgery Scope of Practice and register Oral Surgeons in the General Dental Scope of Practice.*
 7. If you have an alternative option, please provide Council with the relevant details.