



ANZAOMS

AUSTRALIAN AND NEW ZEALAND ASSOCIATION OF
ORAL & MAXILLOFACIAL SURGEONS

PRESIDENT:

Dr Dimitrios Nikolarakos

EXECUTIVE OFFICER:

Ms Belinda Mellowes

9 December 2019

Ms Marie Warner
Chief Executive
Dental Council
PO Box 10-448
Wellington 6143
New Zealand

Dear Ms Warner

Consultation on proposed changes to scopes of practice and prescribed qualifications

Thank you for the opportunity to make comment on this consultation process.

ANZAOMS is the peak body representing specialist Oral and Maxillofacial Surgeons (OMS) in Australia and New Zealand. The association is consulted on policy matters around oral and maxillofacial surgery by state and federal governments, Medicare, private health insurance providers, consumer bodies and specialist medical and surgical colleges.

ANZAOMS Members contribute to the training, examination and the governance of OMS surgical training through the Board of Studies of the Royal Australasian College of Dental Surgeons (RACDS). Oral & Maxillofacial Surgery is also recognised as one of the listed principal surgical specialities.

The OMS Training Program of the RACDS is fully accredited by the regulatory bodies in Australia & New Zealand (including the New Zealand Medical Council) and is the only registrable qualification for OMS with the Australian Medical and Dental boards. ANZAOMS suggests that there would be significant merit in New Zealand aligning its registrable qualification with the RACDS training program to ensure uniformity of standards across the 2 countries

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General Feedback

The issues raised by Claro Law highlight a growing concern of ANZAOMS regarding the scope for confusion and legal uncertainty where inconsistent training standards culminate in equivalent specialist registration in New Zealand. At this stage there are two tiers of registration as an OMS surgeon in New Zealand, one with the Medical Council of New Zealand (MCNZ) and the Dental Council of New Zealand (DCNZ) and one with the DCNZ alone.

Specific Feedback

You request our response to one consultation question;

Q1: Do you agree or disagree with the proposed scope of practice amendments, as reflected in appendix 1, to;

- Update the references of 'subset', 'part' or 'branch' of dentistry practice in the scopes of practice to correctly attribute the scope to the profession it describes?
- Remove the references to the detailed scopes of practice, and clearly articulate the scope of practice's definition?

With reference to page 9, "Scope of practice for oral and maxillofacial surgery specialists"

Oral and maxillofacial surgery specialists practise ~~in the branch of dentistry 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.

ANZAOMS does not agree with this proposed change. The Association believes that referring to Oral and Maxillofacial Surgery as a surgical specialty in no way detracts from the core business of DCNZ. Indeed, the specialty feels that the inclusion of the term 'that part of surgery' much more accurately reflects the work of the specialty than 'branch of dentistry' alone. OMS is, in fact, a branch of both Medicine and Dentistry.

By way of example, In Australia, NSW Health, in its defined Scope of Clinical Practice for Oral and Maxillofacial Surgery provides the following definition

https://www.schn.health.nsw.gov.au/files/attachments/final_model_so_cp_for_oral_and_maxillofacial_surgery_1.0_-_november_2019_1.pdf);

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“Oral & Maxillofacial Surgeons specialise in the diagnosis and treatment of diseases, injuries and defects affecting the mouth, jaws, face, neck and associated structures. Oral & Maxillofacial Surgeons require a dual qualification in medicine and dentistry to treat conditions that require expertise from both backgrounds. They treat facial trauma, impacted teeth, cysts and tumours of the jaws, skin and mucosal disease; carry out facial plastic surgery, reconstructive surgery (including harvesting grafts from distant sites), preprosthetic surgery and dental implant surgery; and treat developmental craniofacial abnormalities of the jaws or facial regions, facial disproportion (corrective jaw surgery), facial pain, temporomandibular joint disorders, head and neck cancers, salivary gland diseases”.

Additional credentialing enables our surgeons to undertake work associated with;

- *Primary cleft lip and palate surgery*
- *Surgery for paediatric congenital craniofacial deformities*
- *Head and Neck Oncological Surgery – ablative*
- *Head and Neck Oncological Surgery – microvascular reconstruction*
- *Laser Surgery*

Clearly to label the specialty as only a branch of dentistry would be misleading at best. No dentally trained surgeon can safely undertake these complex surgical procedures, particularly on medically compromised patients. Following are examples of surgery that are often undertaken by OMS surgeons in New Zealand Hospitals today;

- Compromised airway due to infection
- Pan facial fractures in the setting of polytrauma patients.
- Eye socket reconstructions
- Cleft Lip and palate surgery
- Oncological surgery
- Medically compromised patients
- TMJ surgery
- Complex reconstructive surgery
- Orthognathic surgery

Patient safety must always be at the forefront and it would be extremely unwise to allow lesser trained surgeons to undertake the above spectrum of surgery. Maintaining the highest standards of training and scope of Practice for Oral and Maxillofacial surgeons is essential.

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We would also take this opportunity to comment on the existing list of “Prescribed qualifications for the scope and practice for oral and maxillofacial surgery specialists” on page 9. ANZAOMS would recommend that the reference to a Medical degree be amended to read “having a medical qualification registerable with the MCNZ” (rather than “a Medical degree from a Medical school listed in the World Directory of Medical Schools”) as this is a more practical way of ensuring that the medical qualifications of specialists meet the regulatory standards of all New Zealand regulatory bodies.

Additionally, and to greatly simplify the registration process in New Zealand, ANZAOMS strongly recommends that OMS surgeons are vocationally registered with both MCNZ and DCNZ to ensure a minimum standard of training.

Regarding the mark up on page 10

Other

- 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 and a pass in the New Zealand Oral and Maxillofacial Surgery Specialist Examination.

ANZAOMS wishes to note that a “New Zealand Oral and Maxillofacial Surgery Specialist Examination” does not exist. The only specialist examination in the region that has regulatory support in both New Zealand and Australia is the one administered by the Royal Australasian College of Dental Surgeons (RACDS), in Australia.

In summary ANZAOMS respectfully requests that the definition of the scope of practice for OMS remain as it is currently ‘in the branch of dentistry in that part of surgery’.

I welcome the opportunity to discuss further if required.

Your Sincerely,

Dr Dimitrios Nikolarakos
President

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