Notice Under the Legislation Act 2019 of Scope of Practice, Qualifications and Competencies for Oral and Maxillofacial Surgery

Under the Legislation Act 2019, notice is given of the making of the following secondary legislation:

Title	*Empowering provision(s)*	*Administering agency*	*Date made*
Health Practitioners Competence Assurance Act 2003	Sections 11, 12 and 118(i)	Dental Council	5/12/22

This secondary legislation can be accessed here.

The following replaces the scope of practice and prescribed qualifications for oral and maxillofacial surgery published in the *New Zealand Gazette*, 10 March 2020, Notice No. 2020-gs883.

This notice is issued by the Dental Council pursuant to sections 11, 12 and 118(i) of the Health Practitioners Competence Assurance Act 2003.

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.

Specialist oral and maxillofacial surgery is undertaken by a dental practitioner who possesses additional postgraduate qualifications, training, and experience recognised by the Dental Council as appropriate for registration.

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 oral and maxillofacial surgery 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 Standards Framework for Oral Health Practitioners.

Prescribed qualifications for the scope of practice for oral and maxillofacial surgery specialists

New Zealand

- MDS/MBChB (Oral and Maxillofacial Surgery) University of Otago
- DClinDent (Oral and Maxillofacial Surgery) University of Otago[1,2]

Australia

- an ADC accredited MDS or MDSc or DClinDent programme in oral and maxillofacial surgery[3], and a medical degree from a medical school listed in the World Directory of Medical Schools[4]
- a Dental Board of Australia approved programme of study providing a qualification for the purposes of specialist registration in oral and maxillofacial surgery in Australia[5], and a medical degree from a medical school listed in the World Directory of Medical Schools.

Australasia

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

United Kingdom

- registration in oral and maxillofacial surgery with the General Medical Council, United Kingdom.

USA and Canada

- Board certification in oral and maxillofacial surgery in a United States of America or Canadian state and possession of a medical degree from a medical school listed in the World Directory of Medical Schools and dental degree.

Other

- two years or more of full-time equivalent postgraduate training in the specialty, evidence of research activity and a pass in the New Zealand Oral and Maxillofacial Surgery Specialist Examination.

Entry-Level Competencies: Oral and maxillofacial surgery

This document describes the entry-level competency standard for oral and maxillofacial surgery expected of applicants for registration with the Dental Council (New Zealand) ("Council") and the Dental Board of Australia ("Board").

How will the competencies be used?

The competencies will be used to support a number of regulatory functions by the Council. These functions include:

- Accreditation, to determine if prescribed specialist qualifications in New Zealand or approved specialist qualifications in Australian[7]:
  - is at the expected qualification level
  - produces graduates at the expected level of competence for dental specialist registration
- Registration of overseas qualified applicants to:
  - assess qualifications for equivalence to a prescribed specialist qualification in New Zealand or an approved specialist qualification in Australia
  - develop assessments or examinations to determine if candidates are at the expected level of competence for dental specialist registration, and
- Evaluating the competence of dental specialists in the context of regulatory processes such as those returning to practice and in the management of a notification.

Domain	Competencies
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: a. recognising the personal limitations and scope of the specialty and knowing when to refer or seek advice appropriately b. practising with personal and professional integrity, honesty and trustworthiness c. 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 d. 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 e. displaying appropriate professional behaviour and communication towards all members of the dental team and referring health practitioner/s f. understanding and applying legislation including that related to record-keeping g. demonstrating specialist professional growth and development through research and learning h. supporting the professional development and education for all members of the dental and/or health community, and i. 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: a. 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 b. 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 c. use of technological and telecommunication aids in planning and delivering specialist treatment 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. general medical assessment and peri-operative management of the surgical patient b. conditions, deformities and reconstructive procedures in the oral and maxillofacial region 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. 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 e. diagnosing and managing disorders of the temporomandibular joint, and f. diagnosing and managing orofacial pain.

To come into effect from 1 January 2024:

In addition, a graduate specialist registered with the Dental Council (New Zealand) is expected to meet competencies for haumarutanga ahurea/cultural safety.

6. Haumarutanga ahurea/Cultural safety Cultural safety extends beyond a practitioner's cultural awareness or cultural sensitivity. It requires the practitioner to examine themselves and the potential impact of their own culture on clinical interactions and the care they provide. This means the practitioner needs to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, characteristics, and hold themselves accountable for providing culturally safe care. Key to providing culturally safe care is that the practitioner understands the inherent power imbalance in the practitioner-patient relationship, recognises and respects each patient as an individual, and enables meaningful two-way communication to occur. Cultural safety requires that all people receive oral health care that takes into account their uniqueness. It is the person and/or their community, whānau or family, hapū or iwi receiving the care who determine what culturally safe care means for them. A well-referenced definition of cultural safety is: an environment which is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening[8]. This definition supports the understanding that the relationship between a practitioner and patient is a partnership based on trust and respect, where communication is key in meeting the patient's needs and goals.	**Generic** A graduate specialist will be able to: a. Understand Te Tiriti o Waitangi and their application of the articles, as described in Wai 2575, when providing care. b. Recognise and respect the cultural diversity of the Aotearoa New Zealand population. c. Describe the Māori world view of hauora, tikanga and kawa and apply this knowledge to their practice. d. Use knowledge of Te Kawa Whakaruruhau and Te Tiriti o Waitangi as a basis for their practice, to achieve whanaungatanga-based relationships. e. Understand the following concepts in relation to hauora Māori and Māori oral health outcomes: ◦ tino rangatiratanga which provides for self-determination and mana Motuhake ◦ equity[9] which focusses on equitable health outcomes for Māori ◦ active protection to achieve equitable health outcomes ◦ options which focus on access to oral health care, and delivering the care in a culturally appropriate way that recognises hauora Māori models of care ◦ partner with Māori on delivery of oral health care to Māori to improve access, equity and oral health outcomes. f. Understand that a patient's cultural beliefs, values and practices influence their perceptions of health, illness and disease; their health care practices; their interactions with health professionals and the health care system; and treatment preferences. g. Understand the impacts of racism, colonisation and power imbalance on Māori oral health, and the current state of inequitable access to care and hauora outcomes. h. Provide culturally safe care - as determined by the patient, their whānau or family, hapū or community. i. Recognise that the concept of culture extends beyond ethnicity and includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. Patients may identify with several hapū, iwi and/or cultural identities. j. Reflect on their own culture (including their own biases, attitudes, assumptions, stereotypes, prejudices and characteristics) and its impact on clinical interactions and the care they provide. k. Understand the inherent power imbalance that exists in the practitioner-patient relationship and commit to work in partnership with their patients and whānau or family to enable culturally safe care.

Dated this 11th day of January 2023.

MARIE MacKAY, Chief Executive, Dental Council New Zealand.

Endnotes

1. Entry criteria require completed undergraduate dentistry and medical degrees.

2. Accreditation ended 31 December 2019. Graduates before this date are eligible for registration.

3. Before 30 June 2010, and before 17 October 2010 for Western Australia.

4. WHO World Directory of Medical Schools replaced by Avicenna since August 2008, and the Faimer IMED Directory signed an agreement in March 2012 with WFME's Avicenna Directory to collaborate in single directory - World Directory of Medical Schools.

5. From 1 July 2010 onwards, and 18 October 2010 onwards for Western Australia.

6. Conferred from 15 March 2012.

7. The Australian Dental Council is the assigned accreditation authority for the dental profession in Australia and undertakes accreditation functions on behalf of the Board.

8. Williams, R. (1999). Cultural safety – what does it mean for our work practice? Australian and New Zealand Journal of Public Health, 23(2), 213–214.

9. In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.