Re: Consultation – Registration Standards

As you are aware, the Oral Medicine Academy of Australasia is the peak body representing Oral Medicine Specialists and the field of Oral Medicine, and is the authoritative advisor and policy maker on matters related to education, training, assessment and accreditation in Oral Medicine.

The Academy has worked closely with the Dental Board of Australia since 1 July 2010 and appreciates the inclusion of the revised definition of the specialty of Oral Medicine in the Public Consultation Paper, as we have previously requested.

The Academy has reviewed the Public Consultation Paper dated May 2014

Review of registration standards:
• Professional indemnity insurance
• Continuing professional development
• Recency of practice
• Endorsement for conscious sedation
• Specialist

Review of guidelines:
• Continuing professional development

This Public Consultation Paper was circulated to all members to provide feedback for preparing the Academy’s response. Members were also encouraged to complete the word document with their individual opinion and send it directly the Dental Board of Australia.

Professional Indemnity Insurance
The current registration standard is working effectively and there are no specific issues OMAA are aware of from applying the existing standard. A review period of at least five years is appropriate.
Continuing Professional Development
OMAA supports mandatory CPD for registration. As per the Constitution of the Academy, members are required to attend the Annual Scientific Meeting of the Academy to maintain good standing within the Academy.

The Academy does not support a percentage of total CPD hours being allocated to non-scientific activities. Topics such as marketing or personal finance do not contribute to making that individual a better dentist. We would suggest however, reviewing the topics of Ethics and Dento-legal issues / responsibilities being classified as non-scientific based. These are important issues that form part of both clinical decision-making and also management and hence should be considered as “scientific or clinically based”.

In addition, the Academy urges the Dental Board of Australia to recommend certain topics in CPD guidelines. Although the Board cannot specify mandatory CPD activities, there are certain skills and key areas of knowledge that have a direct effect on patient survival outcome, namely;

- Oral cancer detection
- Infection control
- Medical emergencies in the dental setting

Recently the General Dental Council of the United Kingdom made the recommendation of including Oral Cancer Detection as a recommended subject for compulsory CPD (2012).

Recency of Practice
Since July 2010, the recommendation has been for training programs to be exclusive in Oral Medicine, rather than as previous which were combined Oral Medicine and Oral Pathology. Most Universities with post-graduate training programs changed their programs to be “Oral Medicine” to fall in line with the list of recognized specialties by the Dental Board of Australia.

Some States appear to still have combined postgraduate training programs (DClinDent Oral Medicine and Oral Pathology). Although oral pathology is a significant component of oral medicine curriculum and training, individuals seeking specialist registration in Oral Medicine should have completed a three-year full time course exclusively in the field of Oral Medicine. This presents a significant problem for graduates of those University programs who have not adapted to current practice. To our knowledge, currently this includes the University of Western Australia (UWA) DClinDent program in Oral Medicine and Oral Pathology. We urge the Dental Board of Australia to notify the University of Western Australia Dental School in this regards, so their graduates are not disadvantaged at the time of specialist registration with the DBA, and also application for membership/fellowship with the OMAA. We feel it is important that UWA falls into line with current DBA specialty listings, and amends the name and content of its DClinDent Oral Medicine and Oral Pathology to that of DClinDent Oral Medicine alone.

Endorsement for Conscious Sedation
No specific comments.
Specialist

There is some concern for the requirement of recency of practice in general dentistry for specialists. The Academy would support the proposed change of removing the mandatory requirement for dental specialists to be registered as general dentists as it eliminates the problem of meeting recency of practice in general dentistry. However, the foundation of all specialties is general dentistry and it is important that this training in general dentistry is at a level that would be recognized by the Dental Board of Australia.

There is the potential for “restricted scope of practice” for those specialists who elect not to register as general dentists, due to the inability to meet recency of practice requirements, to be misinterpreted by the general public with other restrictions or conditions that are placed on some individuals as Specialists. It is not necessary for that information to be on the public Specialist Register as it does not have any impact on their registration or ability as a Specialist.

Although the Academy agrees with the points above, it would not wish to see removal of a requirement for general dental registration to be held prior to initial application for specialist registration. The Academy believes very strongly that registration as a general dental practitioner (dentist) is mandatory before such a dentist can apply for registration as a specialist on completion of a recognized program of training.

The Academy supports the change to the definition of Oral Medicine.

The Academy supports the change to the definition of Forensic Odontology.

The Academy supports the change in the name of the specialty Oral Pathology to Oral and Maxillofacial Pathology.

We look forward to hearing the outcome of this public consultation document and continuing to work together closely with the Dental Board of Australia.

Yours sincerely,

Anastasia Georgiou