



Feedback template

Public consultation on proposed entry level competencies for dental specialties

Public consultation

The Dental Board of Australia (the Board) in partnership with the Dental Council of New Zealand (the Council) is releasing this public consultation paper on the proposed entry level competencies for dental specialties.

Your feedback

You are invited to provide feedback by email to dentalboardconsultation@ahpra.gov.au by close of business on Monday 15 February 2016.

You are welcome to supply a PDF file of your feedback in addition to the word (or equivalent) file, however we request that you do supply a text or word file. As part of an effort to meet international website accessibility guidelines, AHPRA and the National Boards are striving to publish documents in accessible formats (such as Word), in addition to PDFs. More information about this is available at www.ahpra.gov.au/About-AHPRA/Accessibility.aspx.

How your submission will be treated

1. Submissions will generally be published unless you request otherwise. The Board publishes submissions on its websites to encourage discussion and inform the community and stakeholders. However, the Board retains the right not to publish submissions at their discretion, and will not place on their website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the consultation.
1. Before publication, the Board will remove personally-identifying information from submissions, including contact details.
2. You are encouraged to complete the feedback template to assist in focussing responses and to ensure clear presentation and interpretation of your submission.
3. The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.
4. The Board also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cwlth), which has provisions designed to protect personal information and information given in confidence.
5. Please let the Board know if you do not want your submission published, or want all or part of it treated as confidential.

General information about your submission

Who is the submission from?	Oral Medicine Academy of Australasia (OMAA)
If we need to follow up with someone, who should we contact?	Ramesh Balasubramaniam – Secretary
Would you like your submission published on the Board's website?	Yes

Feedback template

Specific consultation questions and section for responses
Do you understand the reason why we have developed the proposed competencies and how we are going to use them?
Yes
Comments <p>Whilst OMAA supports the development of specialist competencies, there should have been representation of all Specialties on the expert group, not just consultation with the stakeholders. Content specialists are required in the careful distillation of information provided and preparation of these important documents. Peak bodies representing each of the specialties were requested to submit competencies. OMAA submitted its document titled "Specialist Level Competencies in Oral Medicine" which outlines over forty specific areas of competency in line with our Academic International Partners. This was condensed to four specific competencies without any rationale or discussion. No feedback has been received regarding accepting or declining the Academy's suggested changes which incorporated 2 more core competencies to cover all areas of clinical oral medicine practice.</p>
Is there any content that you think should be changed or deleted in the proposed competencies?
Dento-maxillofacial radiology
No
Comments
Endodontics
No
Comments

Forensic Odontology
No
Comments
Oral Medicine
Yes
Comments
<p>As outlined by Executive Member representing OMAA at the meeting held on 30th July 2015 with the working group, request was made that the current clinical competencies in the Patient Care Domain be changed from:</p> <p>A graduate specialist is expected to be competent in the following where relevant to the specialty:</p> <ul style="list-style-type: none"> a. diagnosis and management of oral mucosal and soft tissue disease including the oral manifestations of systemic disease b. diagnosis and management of disorders of major and minor salivary glands c. diagnosis and management of disorders of the temporomandibular joint and masticatory apparatus, and d. diagnosis and management of orofacial pain. <p>To (changes highlighted in bold and italics) :</p> <p>A graduate specialist is expected to be competent in the following where relevant to the specialty:</p> <ul style="list-style-type: none"> a. diagnosis and management of oral mucosal and soft tissue diseases b. <i>diagnosis and management of the oral and maxillofacial manifestations of systemic diseases and disorders</i> c. diagnosis and management of disorders of major and minor salivary glands d. diagnosis and management of disorders of the temporomandibular joint and masticatory apparatus e. diagnosis and management of orofacial pain, and f. <i>clinical diagnosis of pathology of the oral and maxillofacial region.</i> <p>Specifically introducing point b) above is important given that the discipline of oral medicine is the one speciality that deals with patients with systemic conditions on a regular basis, and it is the single speciality that deals with the diagnosis and management of the oral manifestations of such systemic conditions. In light of the importance of oral health to general health, this is an important</p>

distinction to draw and warrants a separate entry.

Likewise, the oral medicine practitioner is involved in the diagnosis of various pathologies of the oral and maxillofacial region where treatment or management is undertaken by another speciality eg oral and maxillofacial surgery. To not acknowledge the role of the oral medicine clinician as the ultimate diagnostician of the oral and maxillofacial region, is to ignore the importance of the speciality to patient care, and to limit the role of the specialist to looking only within the oral cavity and not extend beyond it. This underlies the reason for inclusion of the new point f).

This issue is further brought to the fore when examining the competencies for the speciality of Oral Pathology. It is unacceptable that a histopathologist would be undertaking **clinical** diagnoses of “oral and maxillofacial pathology (and adjacent structures)”. Oral Pathologists are trained to undertake histopathological assessments of diseased tissue, not clinical assessment and diagnosis. This is clearly within the remit of oral medicine and its training programs and competencies and inclusion of this in the competencies of Oral Pathology, not only brings patient safety into question, but is clearly outside the training and core competencies of the Oral Pathology pathway, especially that supported by the Royal College of Pathologists of Australasia (RCPA) and any predefined pathway through the University system. Clinical assessment and diagnosis of disorders of the oral and maxillofacial region is explicitly within the scope of practice and core competencies of specialist in Oral Medicine. To omit this from the competencies of Oral Medicine, and include that in the competencies of Oral Pathology shows a clear lack of understanding of the areas of expertise, skill, experience, training and competencies of both areas of speciality training, and should be remedied immediately.

Furthermore, consultation between the OMAA representative and also the heads of training in Oral Medicine and the DBA very clearly articulated these points, which seem to be ignored by the DBA. OMAA strongly requests that the Specific Patient Care domains be reviewed to include those expressly articulated by the Academy and Heads of Training in Oral Medicine on multiple occasions.

Oral Pathology

Yes

As stated above the Academy does not believe that an Oral Pathologist should be engaging in clinical diagnosis of oral and maxillofacial disease.

The Specific Patient Care domain d) “providing clinical and histopathological diagnosis of oral and maxillofacial pathology (and adjacent structures)” should be changed to read

“providing histopathological diagnosis of oral and maxillofacial pathology (and adjacent structures) and”. Hence the term clinical should be removed from this domain.

Competency b) already takes into account the correlation of the histopathological diagnosis with the clinical and radiographic features.

For more details on the issue please revert to the discussion above under the heading Oral Medicine.

Oral Surgery

No

Comments

Orthodontics
No
Comments
Periodontics
No
Comments
Prosthodontics
No
Comments
Public Health
No
Comments
Special Needs
No
Comments

<p>We are proposing that the competencies be reviewed in five years time with the option to review earlier if needed. Do you agree?</p>
<p>Yes</p>
<p>Comments</p> <p>We support review of these competencies, in particular the option for earlier review if required.</p>
<p>Do you have any other comments?</p> <p>The definition of Oral Medicine is incorrect and has not been updated to the revised definition as per the Public Consultation document dated May 2014.</p> <p>The Academy's submission to the Dental Board of Australia has not been acted on despite repeat assurances that it would.</p> <p>The Academy's definition of Oral Medicine is:</p> <p><i>“Oral Medicine is that specialist branch of dentistry concerned with the diagnosis, prevention and predominantly non-surgical management of medically-related disorders and conditions affecting the oral and maxillofacial region, in particular oral mucosal disease and orofacial pain as well as the oral health care of medically complex patients.”</i></p> <p>The current definition utilized by the Dental Board of Australia is “The branch of dentistry concerned with the oral health care of patients with chronic and medically related disorders of the oral and maxillofacial region and with their diagnosis and nonsurgical management”.</p> <p>This definition does not properly, nor accurately represent the scope of practice of Oral Medicine in Australia and should be amended as per our previous request.</p>

Dr Anastasia Georgiou
BDS, MDS (OralMed OralPath), MRACDS (Oral Med), FRACDS, FOMAA, FICD
President, Oral Medicine Academy of Australasia

14th February 2016

Michelle Thomas
Dental Board of Australia
GPO Box 9958
Melbourne, Victoria 3001

Dear Michelle,

Re: Consultation on proposed entry level competencies for dental specialties

The Oral Medicine Academy of Australasia (OMAA) has received the Public consultation document on proposed entry level competencies for dental specialists dated November 2015 for feedback and submit the required template response.

OMAA 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.

OMAA has engaged with AHRPA regarding this consultation process, providing documentation as requested titled "Essential Competencies for Specialists in Oral Medicine as defined by the Oral Medicine Academy of Australasia" which outlines over forty specific competencies in line with our International Academic Associates. This was condensed to four specific competencies in the area of Oral Medicine without any rationale or discussion. The Academy would have preferred to see content specialists represented on the working group with a representative from each of the recognised specialties when drafting these competencies.

As per previous consultation by Professor Camile Farah, representing OMAA on the 30th July 2015, and subsequent consultation with Heads of Training Programs Professors Camile Farah and Michael McCullough from the Universities of Western Australia and Melbourne respectively, the Academy requests that the current clinical competencies in the Patient Care Domain be changed from four to six to reflect the true comprehensive nature of these competencies (**bold italics**); namely:

A graduate specialist is expected to be competent in the following where relevant to the specialty:

- a. ***diagnosis and management of oral mucosal and soft tissue disease including the oral manifestations of systemic disease***
- b. ***diagnosis and management of disorders of major and minor salivary glands***
- c. ***diagnosis and management of disorders of the temporomandibular joint and masticatory apparatus, and***

d. diagnosis and management of orofacial pain.

To:

A graduate specialist is expected to be competent in the following where relevant to the specialty:

- a. diagnosis and management of oral mucosal and soft tissue diseases
- b. *diagnosis and management of the oral and maxillofacial manifestations of systemic diseases and disorders***
- c. diagnosis and management of disorders of major and minor salivary glands
- d. diagnosis and management of disorders of the temporomandibular joint and masticatory apparatus
- e. diagnosis and management of orofacial pain, and
- f. *clinical diagnosis of pathology of the oral and maxillofacial region.***

Urgent attention is required regarding the outstanding matter regarding the definition of Oral Medicine. The definition of Oral Medicine has been requested to be modified to, *“The branch of dentistry concerned with the diagnosis, prevention and predominantly non-surgical management of medically-related disorders and conditions affecting the oral and maxillofacial region, in particular oral mucosal disease and orofacial pain as well as the oral health care of medically complex patients”*.

This was initially raised with the Dental Board of Australia in 2011 and again by formal correspondence dated 30th April 2014. It was included in the Public Consultation - Review of the registration standards and guidelines, released on 19th May 2014 with majority support. No feedback or action has been received from the outcome of this Consultation, in this particular section (Specialist Registration Standards).

We look forward to continuing to work closely with the Dental Board of Australia and Dental Council of New Zealand on these important matters and would appreciate your attention on the outstanding matter regarding the definition of Oral Medicine.

Yours Sincerely

Dr Anastasia Georgiou
President, Oral Medicine Academy of Australasia