



## Feedback template

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### 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](mailto: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](http://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 These submissions will not be published on the website or elsewhere.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

<b>Who is the submission from?</b>	The Cosmetic Physicians College of Australasia
<b>If we need to follow up with someone, who should we contact?</b>	Dr Douglas Grose, President, CPCA To be contact via: Emma Carr
<b>Would you like your submission published on the Board's website?</b>	Yes

### Feedback template

<b>Specific consultation questions and section for responses</b>
<b>Do you understand the reason why we have developed the proposed competencies and how we are going to use them?</b>
Yes
Comments
<b>Is there any content that you think should be changed or deleted in the proposed competencies?</b>
<b>Dento-maxillofacial radiology</b>
Yes/No
Comments
<b>Endodontics</b>
Yes/No
Comments
<b>Forensic Odontology</b>
Yes/No
Comments

<b>Oral Medicine</b>
Yes/No
Comments
<b>Oral Pathology</b>
Yes/No
Comments
<b>Oral Surgery</b>
Yes/No
Comments
<b>Orthodontics</b>
Yes/No
Comments
<b>Periodontics</b>
Yes/No
Comments

<b>Prosthodontics</b>
Yes/No
Comments
<b>Public Health</b>
Yes/No
Comments
<b>Special Needs</b>
Yes/No
Comments
<b>We are proposing that the competencies be reviewed in five years time with the option to review earlier if needed. Do you agree?</b>
Yes/No
Comments
<b>Do you have any other comments?</b>
The CPCA agrees with the DBA that there should be a detailed policy assessment framework that provides for clear, consistent and transparent assessment of applications for specialist registration. However, we believe that there is a flaw in the underlying system of registration and regulation of dentists, namely that the DBA is unable to define the scope of practice for dentists.

The CPCA understands that the scope of practice for dentists is undefined because the current powers given to the Dental Board of Australia do not allow for the Board to determine what activities count as “dental treatment”. Without a definition of what counts as dental treatment, a dentist is free to argue that any procedure they perform is in some way a dental procedure. The CPCA believe that this could apply to specialisms such as those to which the proposed competencies apply. This is evident in the fact that an increasing number of dentists in Australia are using Schedule 4 medicines, specifically cosmetic injections, to perform cosmetic medical procedures, which are unrelated to what most people would think of as the scope of dentistry.

Cosmetic injections can be used by dental practitioners to treat temporomandibular joint disorder/dysfunction, which is why it is appropriate that dentists are able to prescribe this medicine, even though use in this area is off-label. However, the use of cosmetic injections for treatments unrelated to dentistry such as, but not limited to, glabellar (frown) lines, crow’s feet and forehead lines, and the management of any complications, requires a much broader knowledge of cosmetic medicine.

It is appropriate, therefore, that medical procedures involving the use of cosmetic injections be performed by, or under the supervision of, only those medical professionals trained specifically in this field after a face-to-face consultation with the supervising doctor.

By failing to define what constitutes dental practice, the current legislative framework leaves no option for the Dental Board of Australia but to stand aside while dentists perform cosmetic medical procedures for which they are not qualified.

This is obviously an absurd situation, but one which can be easily rectified by providing a clear definition for the scope of dental practice. For example, the definition of the scope of dental practice could be “the treatment of the teeth and the processes of mastication and their disease states only”.

This defining of the scope of practice would undoubtedly be useful in other areas of practice as well, so that medical treatments are proscribed for those without medical qualifications, as dentistry is proscribed for those without dentistry qualifications.

In addition, without a clear definition of what is and what is not dentistry, it is unclear how the DBA can restrict the practice of dental specialisms to only those people who are registered as specialists. Could the same argument that is made about cosmetic medical procedures – that they are in the general vicinity of the mouth or face – not be used in these instances as well? If so, it is even more definitely in the interests of patients and both the medical and dental professions for a clear definition of dentistry to be provided.