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"AN INVESTIGATION IN ORAL SURGERY SERVICES AND TRAINING
WITH PARTICULAR REFERENCE TO SOUTH AUSTRALIA."

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Declaration

This thesis is submitted in part fulfilment of the requirements for the Degree of Master of Dental Surgery in the University of Adelaide. Candidature for the Degree was satisfied by a Qualifying Examination in 1976.

This thesis contains no material which, except where due mention is made, has been accepted for the award of any other degree or diploma in any University. To the best of my knowledge, this thesis contains no material previously published or written by another person, except where due reference has been made in the text.

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Abstract

In order to provide efficient oral surgery services of the highest standard, there must be competent oral surgeons and general practitioners who have graduated from training programmes of an appropriate quality.

Précis

Whereas all forms of surgery originally were performed by the medical profession, it became evident that the study of dentistry was of prime importance to the treatment of disorders of the mouth and jaws. Therefore, oral surgery developed as a specialty of dentistry.

Previous publications have presented the general opinion that oral surgery is a specialty of dentistry and necessarily must be based on that profession (Thoma 1957, Amies 1966, Cameron 1968, Hayward 1968, Shira 1969, Hayward 1971, De Fries 1971, Hale 1974).

Some controversy also is evident regarding the need or otherwise of a medical as well as a dental qualification for this specialty. The concensus of opinion evidently is opposed to the claim that both qualifications are necessary, partly on the basis of perceived waste of resources. Whilst medical courses were relevant to this discipline, they evidently offer no advantage that could not be obtained from a dental course with subsequent postgraduate training tailored to the needs of the specialty (Christensen 1963, Fitzpatrick 1965, Amies 1966, Hayward 1971, Laskin 1972, Hillenbrand 1973, Hall 1973, Eisenbud 1973, Edelberg Tryon and Jerge 1973, Porterfield 1973, Pleasants 1974).

It is considered essential that training programmes should be so structured that graduates are competent to manage all aspects of oral surgery (Shira 1969, Revzin 1973, Hall 1973, Pizer 1973, Bear 1973, Pleasants 1974).

The present socio-political benefits for oral surgeons to possess a medical qualification nevertheless are noted (Christensen 1963, Fitzpatrick 1965, Hayward 1971).

A number of writers have stressed the competence of oral surgeons in the complete management of oral surgery (Hayward 1961, North 1965, Hillenbrand 1967, Cameron 1968, Hayward 1968, Shira 1969, De Fries 1971, Levant 1971, Hillenbrand 1973, Hall 1973, Pizer 1973, Poore 1973, Wilson 1973, Eisenbud 1973, Hale 1974), and the philosophy of a team approach to the oro-facial region has been presented (North 1965, Hayward 1968, Glass 1970, Levant 1971, Chase 1971, Small 1971, De Fries 1971, Fickling 1972, Sissman 1973, Wilson 1973, Bear 1973, Bright 1973, Health Services Seminar 1974). With the desirability of a multidisciplinary approach, emphasis is placed on the apparent need for equal status of all members of the team, with the oral surgeon being accorded primary responsibility for areas within his scope.

In a review of training programmes, some variation has been found in the lengths of oral surgery courses and the requirement for a medical qualification. Even so, the indispensibility of dental training is stressed unanimously, and a common grouping of essential subject matter is evident.

According to the standards outlined at the Madrid Workshop (1974), adequate training is attainable in Australia, but only in Adelaide where the course is the sole one accepted by the Royal Australian College of Dental Surgeons as a satisfactory pre-requisite for the Diploma at an Advanced Level in Oral Surgery.

A survey by questionnaire of 990 registered dentists in South Australia and Queensland elicited information regarding their descriptive characteristics. The decision of general practitioners and dentists, who were "approved" by the Commonwealth Department of Social Security for their patients to receive reimbursement for some oral surgery, was analysed with regard to the provision of certain aspects of oral surgery.

Similar information was obtained for "approved" dentists throughout Australia and some comparisons made between information for dentists classified according to various descriptive features.

The purpose of the survey was to discern what oral surgery services were being provided by these personnel, who were expected to provide a representative range of dental practice. Associations between these services and certain descriptive characteristics were analysed.

Information from the survey revealed that advanced training was required for the provision of comprehensive oral surgery services.

At present the full scope of practice is being provided by only a few practitioners, and the provision of care is concentrated mainly in the capitals.

It seems that undergraduate training has been orientated towards the treatment of hard as opposed to soft tissues. The survey revealed that general practitioners were less likely to provide oral surgery that is not directly "tooth related".

Generally, Queensland dentists were more likely to provide oral surgery treatment than their South Australian counterparts.

From the information compiled, certain conclusions were drawn and recommendations made to facilitate the more ready availability of high quality oral surgery services throughout urban and rural areas.

Further investigation is required to detail specific quantitative oral surgery needs in individual locations.

Country areas might require general practitioners with extended oral surgery training plus specialist oral surgery centres supported by rapid transit systems.

To guarantee appropriate standards of care, national accreditation of training courses and specialty registration seem relevant, with specialty hospital appointments restricted to registered specialists.

Oral surgeons without medical backgrounds should not receive prejudicial treatment. In fact, the author considers that the pursuit of a medical degree as a precursor to specialising in oral surgery should be discouraged.