



The Australasian College of Cosmetic Surgery **Raising Standards, Protecting Patients**

19 June 2013

Dental Board of Australia

VIA EMAIL

Comments to Dental Board of Australia *Guidelines – Scope of practice registration standard*

The Australasian College of Cosmetic Surgery welcomes the opportunity to provide comment on the Australian Dental Board's consultation on its *Scope of practice registration standard*. The College wishes to comment specifically on the Board's draft guidelines.

Established in 1999, the Australasian College of Cosmetic Surgery (ACCS) is a not-for-profit, multi-disciplinary fellowship based body of general surgeons, cosmetic surgeons, plastic surgeons, maxillofacial surgeons, cosmetic physicians, dermatologists, ear nose and throat surgeons, ophthalmologists, general practitioners and other doctors who practice in cosmetic medicine and surgery – Cosmetic Medical Practice.

The primary goal of the ACCS is to ensure the safe provision of cosmetic medicine and cosmetic surgical procedures to the Australian general community through the supply of appropriately trained and certified practitioners.

The ACCS is the only medical college which provides education and training leading to fellowship specifically in cosmetic medicine and surgery. Fellows of the College are medical doctors who have completed post-graduate education and training and demonstrated competency specifically in cosmetic medicine and surgery. To become an ACCS Fellow, doctors must typically complete a minimum of 12 years of medical and surgical education and training.

The College also seeks to work cooperatively with government and other stakeholders to improve standards and safety and to educate health care consumers. Its Fellows and spokespeople are regularly quoted in the media and consulted by federal and state health and consumer regulators.

ACCS comments on the draft guidelines

Although the normal practice of dentistry may involve cosmetic procedures, to repair or replace teeth, the ACCS would not typically consider commenting on Dental Board policy. However, it has come to the College's attention that a number of dentists have been offering to provide cosmetic medical procedures, specifically, Botulinum toxin and filler injections, outside of general dentistry's scope of practice and appear to be uncertain or confused about the appropriateness of



dentists providing these treatments, despite the Dental Board's position that the use of Botulinum toxin by dentists "whether trained or not is not appropriate".

The College understands that the Dental Board has been considering the matter and has issued an interim policy with respect to the use of Botulinum toxin for the treatment of Temporomandibular joint disorder – the board approves its use with the appropriate education, training and demonstrated competency.

The College has the greatest respect for the skills and competency of dentists practicing within the commonly understood definition of general dentistry, but the College concurs with the Board's current policy and the College does not support dentists administering Botulinum toxin for cosmetic purposes. The reasons for the College's position are based on education, training and competency of general dentists and have been outlined by the head of the University of Queensland's School of Dentistry Professor Laurence Walsh, who we understand has been consulted by the dental board on this issue.

General dentistry training in pharmacology and anatomy of the mid-face, orbit, upper face and neck is insufficient for the safe use of Botulinum toxin by dentists. As Prof Walsh has noted, "The fact that we as dentists are experienced at administering injections of local anaesthetic solutions into the oral and peri-oral regions does not mean it is appropriate for dentists to inject Botox across the neck and face... and should be confined to appropriately trained medical practitioners, and should be considered a medical procedure".¹

The College understands that Dentists may obtain additional training to become Dental Specialists, and some, such as Maxillofacial Surgeons, have an MBBS degree – the College has one among our fellowship – while some do not, though we understand that the requirement now is to obtain a medical qualification. However, the College does not believe that general dentistry training provides the whole body and disease knowledge necessary to practice cosmetic medicine, which requires general medical knowledge, beyond general dentistry's curriculum. Additional training in some cosmetic techniques such as use of Botulinum toxin and fillers does not equip a dentist with the broad medical knowledge necessary to properly manage cosmetic patients.

Once again, I wish to extend our appreciation to the Dental Board for providing an opportunity to comment on the draft scope of practice guidelines. The College makes these comments in a spirit of collegiality and goodwill and hopes the Dental Board will find them useful. Please do not hesitate to contact me or Alan Jones, our regulatory and government affairs director, should you require clarification or elaboration of any comments and observations.

Yours sincerely,

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President

¹ Commentary: use of Botox is a medical procedure, Prof. Laurence J. Walsh, *Dental Tribune*, 30 Nov 2011: http://www.dentaltribune.com/articles/news/asiapacific/6890_commentary_use_of_botox_is_a_medical_procedure.html (accessed, 11 Jun 2013).