

Model Scope of Clinical Practice – Dento-Maxillofacial Radiology

This document has been prepared in consultation with the State Scope of Clinical Practice Dento-Maxillofacial Radiology Working Group, which includes representation of Specialist Dento-Maxillofacial Radiologists.

Information about the State Scope of Clinical Practice Unit and the project to develop Model Scopes of Clinical Practice (SoCPs) for use within NSW Health facilities can be found here: www.schn.health.nsw.gov.au/ssocpu.

The Model SoCPs are intended to assist Local Health Districts and Specialty Networks to achieve clarity and consistency in the way practitioners' scope of clinical practice is defined, whilst still allowing for local decisions to be made in accordance with the facility's need and its role delineation. The Model SoCPs will provide a measure of expert input and advice when considering the credentials appropriate for the practice of particular specialties and sub-specialties.

Dento-Maxillofacial Radiologists require a degree in dentistry and completion of a three year full time post graduate degree in Dento-Maxillofacial Radiology from an accredited post graduate training course (or approval through the Qualification Equivalence Pathway) to gain registration as a Dento-Maxillofacial Radiologist with the Dental Board of Australia.

Please note that the Dento-Maxillofacial Radiology SoCP as presented in the eCredential system may appear differently to the format shown here.

Queries regarding the Model Scope of Clinical Practice for Dento-Maxillofacial Radiology document can be submitted to the State Scope of Clinical Practice Unit on the contact details below:

Dr Roger Boyd, Director

Tel: (02) 9887 5674

Email: nswh-ssocpu@health.nsw.gov.au

See next page

DOCUMENT CONTROL

Status	Date	Authorised	Change
Version 1	9 October 2019	Dep. Sec. PCG, MoH	Approved initial version

Core Scope of Clinical Practice for the Specialty of Dento-Maxillofacial Radiology	Core Scope of Clinical Practice granted?
<p>Dento-Maxillofacial Radiology (otherwise known as Oral and Maxillofacial Radiology) specialises in diagnostic imaging procedures applicable to the dental, bony and soft tissues of the oral and maxillofacial region, and to other structures that are relevant for the proper assessment of oral and maxillofacial conditions.</p> <p>Core scope of clinical practice includes:</p> <ul style="list-style-type: none"> - acquisition and interpretation of plain film radiographs of the oral and maxillofacial region - acquisition and interpretation of cone beam computed tomography of the oral and maxillofacial region - interpretation of multislice computed tomography of the oral and maxillofacial region - interpretation of MRI of the temporomandibular joints (TMJ) <p>Dento-Maxillofacial Radiologists deal with patients of all ages, subject to the age limits pertaining to the facility.</p> <p>See ‘specific credentialing’ for items not included within ‘core’.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Yes with exclusions <input type="checkbox"/> No</p>
Qualifications Required for Core Scope of Clinical Practice	Qualifications Met?
<p>Eligible for registration with the Dental Board of Australia as a Dento-Maxillofacial Radiologist/Oral and Maxillofacial Radiologist/Dental Radiologist.</p> <p>Radiation User License IA20 <i>Use radiation apparatus for general dental radiography</i> required if the dentist is using orthopantomogram (OPG) apparatus for extra-oral dental radiography. (Registered Dentists are exempt from the requirement to hold a radiation user licence in relation to the use, for dental diagnostic purposes, of extra-oral x-ray apparatus used with intra-oral image receptors.)</p> <p>Radiation User License IA24 <i>Use cone beam computed tomography for dental radiography</i> required if operating this apparatus.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>This document is focused on defining qualifications related to competency to exercise scope of clinical practice. The applicant must also adhere to any additional organisational, regulatory, or accreditation requirements that the organisation is obliged to meet.</p>	

Service Role Delineation		
<p>Note that scope of clinical practice granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the scope of clinical practice. For more information, see www.health.nsw.gov.au/roledelineation</p>		
<p>Dento-Maxillofacial Radiology at [location] is a level X service.</p>	<p>Patient Age Limitation for Dento-Maxillofacial Radiology at [facility]</p>	
<p><i>Optional free-text field for LHD/SNs to add more information about a department's role delineation, if desired.</i></p>		
Clinical Duties		
Admitting	<p>May admit patients within the designated specialty under the practitioner's own name. May accept transfer of care to the nominated practitioner. (Restricted admitting rights means that limited rights can be exercised within specific parameters.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Res- tricted <input type="checkbox"/> No
On-call	<p>Participation in the appropriate specialty on-call roster and other on-call rosters as required and requested.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consulting	<p>May be invited for consultation on patients admitted (or being treated) by another practitioner.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnostic	<p>May sign out or authorise reports on diagnostic investigations requested by another practitioner.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outpatients	<p>May hold an outpatient or privately referred non-inpatient clinic in the practitioner's own name or to participate in a multidisciplinary clinic taking final responsibility for the care of patients attending.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Procedural	<p>May open an operating theatre or a day procedure unit.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Teaching	<p>May access patients for the purpose of teaching.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Research	<p>May participate in research projects or clinical trials.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Scope of Clinical Practice Requiring Specific Credentialing

This section describes procedures or practices which require specific credentialing for safe and effective performance, but which are within the practice of Dento-Maxillofacial Radiology. Specific credentialing and determination of a specific scope of clinical practice is required where it cannot be reasonably assumed the practitioner's qualifications include the specific competency. The gaining of the specific competency may involve additional training, experience, or both training and experience. Requests for specific scope of clinical practice should be specified in the credentialing application.

Areas of Practice Requiring Specific Credentialing	Qualifications/experience required	Standards/ Guidelines	Patient Age Limitations	Specific Scope of Clinical Practice Granted?
1a. Interventional Radiological Procedures - Sialography	Appropriate training, experience and recency of practice.	None identified	All ages	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not performed at [facility]
1b. Interventional Radiological Procedures - therapeutic TMJ injections	Appropriate training, experience and recency of practice.	None identified	All ages	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not performed at [facility]
1c. Interventional Radiological Procedures - fine needle aspiration biopsy in the oral and maxillofacial region	Appropriate training, experience and recency of practice.	None identified	All ages	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not performed at [facility]
1d. Interventional Radiological Procedures - core biopsy in the oral and maxillofacial region	Appropriate training, experience and recency of practice.	None identified	All ages	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not performed at [facility]
2. Interpretation of MRI of all Oral and Maxillofacial Structures	Appropriate training, experience and recency of practice.	None identified	All ages	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not performed at [facility]
3. Ultrasound of Oral and Maxillofacial Structures	Appropriate training, experience and recency of practice.	None identified	All ages	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not performed at [facility]

Model Scope of Clinical Practice for Dento-Maxillofacial Radiology

Areas of Practice Requiring Specific Credentialing	Qualifications/experience required	Standards/ Guidelines	Patient Age Limitations	Specific Scope of Clinical Practice Granted?
4. Co-reporting of oral maxillofacial nuclear medicine studies (in conjunction with a Specialist Nuclear Medicine Physician or a Specialist in Nuclear Medicine)	Appropriate training, experience and recency of practice.	None identified	All ages	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not performed at [facility]
<p>Any standards for attainment or maintenance of competence suggested as a threshold are developed by specialist medical/dental colleges, specialty societies or NSW Health organisations with expert guidance. They are not intended as an automatic barrier to practice or service delivery. Such standards should be treated as a guideline only and a trigger for review. Regardless of the threshold, acceptable results must be demonstrated, especially for procedures with significant risk. In some situations accreditation standards or NSW Health policy directives may be cited and credentials/medical appointments committees should give these due consideration.</p>				

Extended Scope of Clinical Practice

This will be a free text field, no list created. This section is for areas of practice outside the range of Dento-Maxillofacial Radiology outlined above for which the practitioner may have training and experience. If the clinical work falls within the remit of a different specialty, the scope of clinical practice for that specialty may be applied.

Emergency Practice

In an emergency situation, any health professional may provide any treatment immediately necessary to save the life of a patient or prevent serious injury to a patient’s health, whether or not such treatment is within their approved clinical privileges. NSW Health policy on consent in emergency situations must be followed.¹ The health professional should give consideration to whether there are any better means of proceeding within the time available, including considering whether a more qualified clinician is available, before providing treatment outside of approved clinical privileges in an emergency. Any emergency treatment provided should subsequently be documented.

¹ Consent to Medical Treatment - Patient Information (PD2005_406), or any replacement policy.

Exclusions from Core Practice

This will be a free text field. This section will list clinical work within the normal and customary practice of Dento-Maxillofacial Radiology, which may not be conducted by the practitioner.

Areas of Practice Excluded from Core SoCP	<i>[list here any clinical work that may not be undertaken by the practitioner, including temporary restrictions]</i>
Time frame for review (if exclusion is temporary)	<i>[specify time frame if applicable]</i>

Practice Conditions, Undertakings, Reprimands, Endorsements and Notations as per the Medical/Dental Board of Australia

[automatic feed from AHPRA public database to appear in eCredential]

Outcomes of Credentialing and Scope of Clinical Practice

Practitioner Name		
AHPRA Registration Number:		
Head of Department		
Scope of Clinical Practice granted for the period of (maximum five years):	Start Date	DD/MM/YYYY
	Finish Date	DD/MM/YYYY