



CDA BULLETIN

The Newsletter of the Commonwealth Dental Association
CDA is supported by The Commonwealth Foundation

MESSAGE FROM THE CDA PRESIDENT

Dr Brian Mouatt CBE

It's time for change. The elections to the Executive Committee will soon be on the agenda in preparation for the 4th Triennial Meeting for the CDA.



*Dr Brian Mouatt (CDA President) and
Dr Serge Roquette (President GADEF)*

There is a nomination form on page 3 of this issue, it is important that candidates declare their intentions as soon as possible so that colleagues can arrange to support their choice either in person or by proxy. There is one vote per National Dental Association. Some of us have been associated with the CDA in one form or another for quite some time and if we are to have new ideas and new enthusiasm we now need to bring on our younger and more active colleagues.

Although I shall be relinquishing my Presidency of the CDA at the Nairobi meeting on 12-14 December 2003, the well-being of CDA will always be in my heart. Let us have the excitement of some contested elections and the benefit of all that talent that lies out there as yet untapped.

Certainly there is much to do and the arrival on the scene of the new FDI World Dental Development Committee, WDDC, gives us much encouragement that FDI and WHO are taking the plight of developing countries seriously. CDA and WDDC must continue to work closely together since we share the same mission, that of overcoming inequalities in oral health and of promoting oral health as a basic human right. The Triennial event in Nairobi is an opportunity to confirm and strengthen this partnership - try to be there.

EDITORIAL

Professor Martin Hobdell, Editor

It is sad that following my remarks concerning the unprecedented violence of the 20th century and the ominous start made in the 21st century, in the last editorial, that yet another war has been waged. The television coverage of the violence in Iraq is a far cry from the values expressed in the affirmations of those gathered with Her Majesty Queen Elizabeth II, in Westminster Abbey on Commonwealth Day 2003 (see page 12).

War always marks the failure of diplomacy and reason. The CDA is founded upon diplomacy and reason and is dedicated to the principles of the Westminster Abbey affirmations and its success as an organisation should therefore be measured by the extent to

which its member associations and their individual members put these principles into practice on a daily basis.

Just how difficult this can be and the obstacles that have to be overcome are carefully recorded in the address given by Dr Olaitan to the inaugural meeting of the Alumni Association of the University of Ibadan Dental School, Nigeria (see page 8).

How we can play our part in working together '*in partnerships for the development among the many peoples of the Commonwealth*' is well illustrated, in this issue, in the article by Dr Hunt of his visit with a Quality Assurance team to the Dental School of the University of the West Indies in Trinidad (see page 5). A similar illustration is to be found in the article by Dr Thurairatnam reporting on the Commonwealth Medico-Legal Conference in Kuala Lumpur, Malaysia (see page 4).

So what can you do? The upcoming elections for the CDA Executive are an opportunity to recognise those who we believe are willing and able to uphold and promote the principles of the Commonwealth within our area of competence - dentistry.

Finally, if you have a report or an article that you think will illustrate the CDA at its work of promoting and fulfilling its obligation to work for oral health for all, please send it in. Please email your contribution to JuliaCampion@cdauk.com

WEBSITE

CDA would like to add the E-mail addresses and any website addresses of NDAs to the CDA UK website so as to provide a gateway to information and activities across the Commonwealth. Please could all NDAs supply this information to:

webmaster@cdauk.com

While some people might be reluctant to have their E-mail address on the website it would nevertheless be helpful to have website addresses. At the same time a confirmation that the mailing addresses shown on the website are correct would also be helpful.

BRITISH DENTAL ASSOCIATION

Congratulations to Ian McIntyre who was installed as President of the British Dental Association at their National Annual Conference in Manchester on 24 April 2003.



Ian McIntyre has had a long and distinguished career in the RAF. In 2001 he retired from the RAF to take up the post of Consultant in Dental Public Health to the Solihull and Warwickshire Health Authorities. In 2002 he was appointed as Honorary Senior Clinical Lecturer at the University of Birmingham. He has served as a tutor for six years on the Central London MGDS Study Group and as a committee member of the UK Conference of Advisers in General Dental Practice. He is a past President of both the British Society for General Dental Surgery and the Anglo-Asian Odontological Group. The CDA sends its best wishes to Ian McIntyre during his term of office as President of the BDA.

ADOPT-A-DENTIST

The CDA recently received a donation of dental books and journals. We are very grateful to Dentaid, particularly to Dr Jenny Wordley (Dental Executive), who facilitated the transportation of these to the Zambian Dental School as part of a Dentaid consignment.

CDA FRIENDS

CDA would like to thank the Friends who have renewed their membership for the year 2003. Your support is very much appreciated.

Stanley Gelbier, a long-standing CDA Friend who has been very supportive to us, has recently retired from King's College London. The CDA sends best wishes to Stanley in his retirement and for all his diverse interests that he will be pursuing. We hope that he will continue to support the Commonwealth Dental Association.

If you are not already a member and would like to become a CDA Friend please complete the form below.

To: Julia Campion, CDA Administrator
13 Rodney House, Pembridge Crescent
London W11 3DY, UK

Please make me a CDA Friend

Minimum Subscriptions:
Individual Member £10
Corporate Member £100

I enclose a donation of £

PLEASE PRINT IN CAPITALS

Name:

Address:

.....

.....

.....

HONOURS IN DENTISTRY

Congratulations to the following who received awards in Her Majesty The Queen's New Year Honours:

John Gamon CBE
Late, Royal Army Dental Corps

Patricia Harle MBE
For services to Dental Nursing

Gay Gettle MBE
For Services to Dental Therapy

Anthony Kravitz OBE
For services to Dentistry

Thomas Lehner CBE
For services to Oral Immunology and Dental Health

GENERAL DENTAL COUNCIL

Best wishes to the recently elected members of the new Council of the GDC which takes office in April 2003. In particular, to David Phillips OBE and to Raj Rayan OBE who have been very supportive to the Commonwealth Dental Association (CDA).

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CDA 4th TRIENNIAL MEETING

Nairobi, Kenya
12-14 December 2003

The CDA 4th Triennial Meeting is scheduled to take place in Nairobi, Kenya, 12-14 December 2003, as part of a tripartite event between WHO/ FDI and CDA. The theme of the meeting 'Oral Health for African Leaders' is for all leaders, not just dental leaders, the aim being to try and move Oral Health up the ladder. Full details will be available shortly.

Nominations of CDA Officers

During the 4th Triennial Meeting, elections for CDA Officers for the next triennium (2003-2006) will take place. National Dental Associations are invited, if they have not already done so, to send us their nominations by completing the form below and returning it by 31 August 2003 to:

Julia Campion, CDA Administrator
13 Rodney House, Pembridge Crescent, London W11 3DY, UK
Fax: +44 20 7681 2758
Or email your nominations to JuliaCampion@cdauk.com

PLEASE PRINT CLEARLY

Nominee:

Email:

Nominated by:

Name of National Dental Association:

Contact Name and address:

.....

Email: Fax:

Nominated for (please tick relevant box)

- CDA President-Elect
- CDA Executive Secretary
- CDA Treasurer

CDA Regional Vice-Presidents

- Europe
- South East Asia
- Pacific/Australasia
- Canada/Caribbean
- West Africa
- East, Central & Southern Africa

COMMONWEALTH MEDICO-LEGAL CONFERENCE

Dr T Thurairatnam
CDA Regional Vice-President (SE Asia)

The Commonwealth Medico-Legal Conference which was jointly organised by the Commonwealth Medical Association, the Commonwealth Dental Association, the Commonwealth Lawyers Association and the Royal Commonwealth Society of Malaysia was held in Kuala Lumpur 17-19 January 2003. The theme was 'Perspectives in Tackling Medico-Legal Controversies'.

The Conference was attended by some 350 participants from Australia, Hong Kong, India, Malaysia, New Zealand, Singapore and South Africa.



Delegates at the Commonwealth
Medico-Legal Conference

The Opening Ceremony was officiated by H E The British High Commissioner, Mr Bruce Cleighorn

The 16 speakers who participated in the 3-day conference covered the following topics:

- ◆ *The Legal Dimensions of Negligence.*
- ◆ *Medical Misadventures.*
- ◆ *Risk Management.*
- ◆ *Providing Protection to Doctors.*
- ◆ *The Role of Hospitals in Reducing Medical Error.*

At the conclusion of the conference the following Resolution was adopted:

'This Conference advocates that the various national Medical, Dental and Legal Associations of the Commonwealth countries discuss

and actively move towards the formation of a Commonwealth Medico-Legal Society for the mutual benefit of the Medical, Dental and Legal professions as well as the people of the Commonwealth'.

There were other Resolutions as well but this was the most significant to the Region.

BARBADOS DENTAL COUNCIL

Examination for the Registration of Candidates holding Qualifications not registerable with the Barbados Dental Council - October 2001

Dr D Y D Samarawickrama
External Supervisor of Examinations

Introduction

This was the first examination to be held by the Barbados Dental Council (BDC). The need arose

because three dentists whose qualifications were not recognised by the BDC had applied for registration with the Council.

The examination was held at two locations; written papers were held at the Ministry of Health and the practicals/clinicals at the Barbados Defence Force

Dental Clinics.

Two meetings were held just before the examination to present the examination protocol to the potential examiners and the Barbados Dental Association. There was a wide-ranging debate covering many issues surrounding the examination both political and educational.

Written Examination

The Examination Board had set the papers. The written examination consisted of a multiple choice question (MCQ) paper and an essay Question (EQ) paper.

Clinical/Practical Examination

There were practical exercises covering operative, endodontic, periodontal and prosthetic disciplines. No oral surgical skills were tested.

Conclusion

A great deal of effort has gone into setting this examination. The Chairman of the Examination Board, Dr Victor Eastmond has to be commended for his efforts in organising a comprehensive examination. The internal Supervisor of Examinations, Dr Fanny Thompson, also played a major role. The Chief Examiner, Dr Allison Mayers, and all the participating examiners showed a great deal of commitment to make this examination a success. They were very welcoming of suggestions to improve the quality of the examination. The examination as conducted was both thorough and fair. It was remarkable that the examiners gave their time and effort freely and willingly often foregoing their earnings.

The External Supervisor was shown a great deal of courtesy, kindness and hospitality by all concerned, especially the Chairman of the Examination Board, Dr Eastmond. The atmosphere was very cordial even though robust discussions took place before, during and after the examination. It has been a pleasure and a privilege to have been invited to serve the Barbados Dental Council in this capacity.

NEWS FROM THE REGIONS

From the East, Central & Southern African Region

Dr Pashane Mtolo

The Zambia Dental Association has a new Executive Committee consisting of:

Dr Joseph Kabwe (President)
Dr Fernandes (V/President)
Dr Sathyanathan (General-Secretary)
Dr Muteba (V/General-Secretary)
Dr Njje (Treasurer)
Dr Kalusokoma (Editor)
Dr Shawa (Committee Member)

The major activity which will be held is the Dental Health Month with the theme 'HIV/AIDS and Your Mouth' from 15 May to 15 June 2003. We expect to perform oral examinations, distribute tooth

brushes and Colgate toothpaste to about 400,000 people between 15-49 years.

Teeth Savers International is starting a School to train *Oral Health Educators* whose major role will be Health Education to school children with a focus on 6-year molars. The students will also learn to use ART technique. Another development is the finalisation and approval of the Curriculum for the Department of Dentistry, which will be part of the School of Medicine, University of Zambia.

I have been acting as Director for Health Services Planning for Zambia.

**QUALITY ASSURANCE
AT THE UNIVERSITY
OF THE WEST INDIES'
SCHOOL OF DENTISTRY**

*John M G Hunt OBE FFGDP(UK) BDS
CDA Treasurer*

Nearly two years ago the University of the West Indies (UWI) established a Quality Assurance Unit. It has two main aims. One is to maintain and enhance the quality of the learning experience of UWI students and to ensure the maintenance of appropriate output standards. The other aim is to provide assurance to the stakeholders, that is, the students, their parents, employers and the regional governments, of the continuing high quality and standards of the work of UWI.

Recently the Quality Assurance Unit invited a small team to conduct a Review of the UWI's School of Dentistry. The School, which is located within the Faculty of Medical Sciences in Trinidad, was built and equipped in the late 1980s and the first students enrolled in 1989. The Review Team visited the School for five days in mid-March. Its members were Peter Carotte from the University of Glasgow; Anthony Pogrel from the University of California, San Francisco; John Hunt from the Common-

wealth Dental Association, London; Hilda Shaw from the UWI Mona Campus in Jamaica and two members of the Trinidad and Tobago Dental Council, Claude Harper and Brian Wallace.

This Review Team's Report has been submitted to the University of the West Indies. What follows are some personal reflections from John Hunt, one of the members of the team. He is currently the Treasurer of the Commonwealth Dental Association and was Chief Executive of the British Dental Association in the 1990s.

"Over the past ten years or so I had been made aware of some of the problems that had beset the new School of Dentistry in Trinidad so my invitation to visit the School as a member of the Review Team came as a welcome opportunity to assess the situation for myself. It also enabled me to experience the wonderful climate and friendliness of the West Indies for the first time. I travelled from the UK with Peter Carotte and during our ten hour flight we were able to study the documents that had been sent to us. This included 'Some Notes for the Review Team', which spelt out our task, and a very comprehensive Self Assessment Report that the School's management team had prepared. In no time at all we landed for a brief stopover in Barbados and then on to Trinidad. So named because of the three hills that form its backbone and which we were able to see as we circled prior to landing.

In a twenty year old Datsun we were driven slowly to the modest guest-house which was to be our base for the next six days. During the twenty minute drive our driver answered many of the questions we had about the island, its population, its industry, its upsides and its downsides. His forbears had come from India about 150 years ago, he had children living in the USA and he and his wife owned the guest-house and a few apartments. He was a wonderfully calm person determined to drive at a

very modest speed whilst being overtaken by more aggressive drivers in more modern cars - mostly Japanese models. It was likely that the next day, Sunday, would provide the only real opportunity for sightseeing so we agreed that he would take us on a tour of part of the island.

Tony Pogrel (a UK graduate now working as Professor of Oral Surgery in San Francisco) flew in late on the Saturday and he joined us for the tour. First we went to Port of Spain where, apart from the Government buildings and the Cathedral, the important sights to see were the Oval and Brian Lara's house, a gift from a grateful nation! Then off to the Maracas beach driving first along a brand new highway and then along a narrow, twisting and occasionally steep old road over the mountain range to the coast beyond. It was well into the nineties and we enjoyed a welcome dip in the ocean followed by a traditional 'bake and shark' lunch. Then back to the guest house before taking a trip to the Caroni Bird Sanctuary to see hundreds of magnificent scarlet ibis (the national bird of Trinidad and Tobago) coming in their droves to roost in the trees just before dusk. The sun set on a perfect first day in Trinidad and the next day we got down to work.

The Review Team met in its entirety for the first time on the Monday morning. Ahead of us lay five days of visits, interviews and discussions. We met the Dean of the Faculty of Medicine, the Acting Director of the School, Dr P Murti and virtually all the full-time members of staff. We also talked to a large number of students, recent graduates and employers of those graduates. We observed classes in action, practical work in the phantom head laboratory, operative work on patients in the polyclinic and the children's clinic. We toured the splendid library with an extensive range of journals, books and video and other distance learning materials.

The building in which the School is located and the dental units and other equipment have generally been well looked after but some refurbishment and phased replacement is required and this was one of the many recommendations that we made. But our main task was to review the aims and objectives of the School and the degree to which the curriculum had been designed to deliver those aims and objectives. We had to consider the currency, relevance and appropriateness of the curriculum as well as the range and appropriateness of the teaching strategies, the learning opportunities and the assessment methods. We looked at the adequacy of the human and physical resources and the quality assurance procedures in place. All this took a great deal of time; we read a vast portfolio of documentation and asked many challenging questions. At all times we were received with great courtesy and provided with any information we sought. We were especially pleased to see that recent graduates had acquired postgraduate qualifications in the UK and had now returned to join the teaching staff. They are an enthusiastic group. We learnt that to date there have been 124 graduates, 65% of whom are in practice in Trinidad and Tobago, 25 are abroad and practise in the rest of the Caribbean, the US, Canada and the UK and 19 are in the internship programme. 15% of the graduates have pursued postgraduate education.

Our Report has been forwarded to the University and it is for the University and the School to decide on how much of the Report, with its many recommendations will be published, but we did give our feedback to the teaching staff before we dotted the 'i's and crossed the 't's and I can reveal some of what we said to them. In essence we had been impressed with what we had seen and heard. We were satisfied that the students would graduate with the skills for diagnosis, treatment planning and operative treatment comparable to

similar international undergraduate dental schools. We were pleased that there are positive moves towards a competency based assessment procedure. We hoped that the vacant post of Director, and the vacant Professorial Chairs would soon be filled for their continuing absence created an unwelcome vacuum and delayed the start of meaningful postgraduate and research activity - an essential for any University School today. We also felt that the enthusiastic younger members of staff would soon become frustrated if it proved difficult for them to undertake research and work for their doctorates. We suggested some minor changes and additions to the curriculum but most of these had already been identified in the Self Assessment Report that had been prepared by the School before our arrival. In essence the School would benefit from some refurbishment of the physical resources; the appointment of additional senior staff; some relatively small additions and amendments to the curriculum; some exposure to more sophisticated clinical activity and research and with these improvements the School could become one of the best.

We completed our Report on the Friday evening and the next day we reluctantly left a warm and friendly island to return home. We were much the wiser for our trip and, I hope, we were of some help to our hosts".

WORLD DENTAL DEVELOPMENT - PROGRESS AT LAST

*Dr Brian Mouatt CBE
CDA President and Chairman WDDC*

The Commonwealth Dental Association (CDA) was represented at an important international meeting held under the auspices of the Federation Dentaire Internationale (World Dental Federation (FDI)). The location was near the relatively new FDI Headquarters in Fernez-Voltaire, France, which has been chosen to be in easy reach

of the WHO Headquarters in Geneva, just 15 minutes across the French/Swiss Border.

More than seventy delegates from 35 countries around the world were there to involve themselves in a workshop on Global Oral Health Planning. What was especially important was the top-level involvement of WHO personnel in a new spirit of cooperation between WHO and FDI which has been personally fostered by their FDI Executive Director, Dr JT Barnard and the Head of Oral Health at WHO, Professor Poul-Erik Petersen. This is a good demonstration of the powerful effects personal dedication and enthusiasm can bring to difficult situations.

The organisation of the workshop was the initiative of the FDI World Dental Development Committee (WDDC) aided by the chairman Brian Mouatt (CDA President) and Dr Habib Benzian, the energetic FDI Development Manager who is a seemingly tireless supporter of the oral health issues for the underserved populations in the developing world.

The aims of the workshop were ambitious and were:

- ◆ To raise awareness, enthusiasm, responsibility and support for oral health development among identified aid organisations and other stakeholders.
- ◆ To facilitate networking, information exchange and development of mutual trust.
- ◆ To introduce the concept of the Basic Package of Oral Care, explore variations addressing the local cultural and economic situations and to get reactions to the concept.

These were more specifically refined into these objectives:

- ◆ To introduce participants to the dimensions of poverty, the real health needs of poor communities and the importance of affordability and sustainability of basic oral care.
- ◆ To exchange updated information about current approaches to

oral health promotion and to introduce the concept of the Basic Package or Oral Care.

◆ To exchange practical experiences on project planning and evaluation.

◆ To develop and agree to a charter/declaration on World Dental Development based on the key issues of the Planning Workshop.

◆ To explore the way forward in relations between all stakeholders in oral health and the FDI and to create a dynamic network of partners.

The workshop opened with an explanation of WHO's role in oral health development by Professor Poul-Erik Petersen which was further enlarged by the WHO Regional Leader in Oral Health, Dr Charlotte Ndiaye. Brian Mouatt then detailed the aims and ambitions of the WDDC, a new and potentially highly effective engine for change in the fight for improved oral health in developing countries.

The programme was built around the Basic Package of Oral Care (BPOC) developed at the University of Nijmegen and about which we are likely to hear much more in the future. More details of this exciting development are to be found in another article in this edition of the Bulletin.

The basic principles of BPOC are encapsulated on three components each with a suitably appropriate acronym:

OUT - Oral Urgent Treatment

AFT - Affordable Fluoride Toothpaste

ART - Atraumatic Restorative Treatment

Each of these components was discussed in detail with the participants who had the benefit of the excellent team from the University of Nijmegen who had designed and developed BPOC. As always with new concepts there are those who are able to embrace change more readily than others. This brought an excitement and tension to the discussion, which gave an extra-ordinary "buzz" to the whole event. The meeting was anxious to maintain the momentum of the

enthusiastic progress and networking which had been achieved and a full report will be available soon from FDI.

Dr Marie Klaipo from Cambodia and Dr Moshi Ntabaye from Tanzania described the practical use of OUT and Professor Robert Yee from Nepal with Dr Seydou Ouattara from Burkina Faso told of their experiences with AFT. The series was completed by Dr Chris Holmgren's fulsome exposition of the benefits of ART.

A fascinating update on changing scientific concepts from Professor Stephen Moss gave much food for thought on the latest view of the interaction of fluoride, saliva and plaque in the aetiology of dental caries.

However, to mark the decisions and aspirations of the participants, the workshop formulated a declaration which was distilled out of the complex issues discussed by the expert and sympathetic Professor Martin Hobdell who was the workshop facilitator:

The Ferney-Voltaire Declaration

Noting that - 'Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures' (Article V Declaration of Alma Ata, 1978), and

Recognising that - Oral health is an integral part of general health and subject to the same determinants, all participants of the FDI Global Oral Health Planning Workshop expressed concern over the growing disparities in oral health and access to affordable oral health care between rich and poor throughout the world and consequently:

Support - The FDI Statement 'Improving Access to Oral Health Care'.

Acknowledge - The central role of the FDI World Dental Federation and WHO in providing infor-

mation, support and Facilitation in the building of partnerships between national dental associations, NGOs and civil society, national governments and industry,

Affirm - Their commitment to health as a basic human right for all peoples, and

Urge - All concerned with health to work together in a network of formal and informal partnerships to reduce inequalities in health and to increase access to affordable oral health care by developing policies that focus on:

◆ Improving living and working conditions

◆ Enabling people to adopt healthier lifestyles

◆ Encouraging communities to participate in every stage of the policy planning process

Enabling all people to access an appropriate locally determined programme of basic oral health care that includes: relief of pain, promotion of oral health and the management of oral diseases and conditions.

The Ferney-Voltaire Declaration is likely to enter into dental development history as a landmark from which new progress began in the quest for equity and access to oral health for all.

WHITHER DENTAL EDUCATION IN NIGERIA TODAY?

Dr A A Olaitan

Maxillofacial Unit, Department of Dental and Maxillofacial Surgery, National Hospital, Abuja, Nigeria

*Based on a paper presented at the Inauguration of the University of Ibadan Dental School Alumni Association, University College Hospital, Ibadan
14 December 2002*

Preamble

May I take this opportunity to congratulate the organisers of this meeting for the brilliant idea and the vision of bringing together the alumni of this great Dental School (now Faculty of Dental Surgery). May I also take this opportunity of congratulating the first Dean of this Faculty, Dr J O Lawoyin for initially steering the Faculty and, to one of our own, Professor Emeka Ambrose Obiechina who recently succeeded him. This step from a School to a Faculty is a giant stride.

Having been involved in the training of dental surgeons at the post-graduate level for over 15 years, and therefore with the benefit of hindsight, I can look back at the practice of dentistry and dental education. When I compare graduates of the past in this country with the quality of practice and the level of knowledge of more recent graduates, there is a wide gulf in knowledge, commitment, dedication and ethics between these generations of dental surgeons. The realisation that the cream of people present here today have the potential of changing the dwindling fortunes of dentistry as a profession directed my choice of topic for this lecture: Whither Dental Education in Nigeria today?

This is an important strategic question, which I will try to address. My purpose is not to try to answer all the questions that may be raised, but to challenge your minds and thought patterns with the readiness to make the necessary changes.

Dentistry is almost as old as the human race. Evidence of the prac-

tice of dentistry abounds in all civilisations that have existed over the face of this planet. The profession, however, in Nigeria is relatively young. Although pockets of early dental surgeons trained abroad and came back to the country to practice, the training of dental surgeons in Nigeria itself, started with the admission of the first set of Dental Students to the Dental School of the College of Medicine of the University of Lagos in 1967. The University of Ibadan consolidated the training of dental surgeons in the country by the admission of the first set of Dental students in 1975. Thereafter, the University of Ife (now Obafemi Awolowo University) and the University of Benin commenced training of dental surgeons. The University of Nigeria, Nsukka's attempt at establishing a dental school has not been successful.

Having recounted briefly the history of the practice and training of dental surgeons and the inevitable gaps, what are those problems that have reduced the quality of oral health care we render to our patients?

Under funding

The first identifiable problem is under-funding of Dentistry and Dental Education. The reasons for this are not hard to find: successive administrations and governments in Nigeria have never pretended that dental health needs of the population, dental education or dentistry as a profession are a priority in their programs. Under-funding is further compounded by the lack of appreciation of those in authority of the huge cost implications of training of dental surgeons. It is not out of place to mention that the cost of training a dental surgeon is about ten times that of training his or her medical colleague.

A further contributory factor to the under-funding of dentistry is the perception by government and its agents, medical doctors, administrators and those in position of

authority and ironically, quite a good number of dental surgeons too that dentistry is a sub-unit of medicine just as paediatrics, haematology, histopathology, obstetrics and gynaecology to mention a few. In consequence when fiscal allocations are considered, dentistry is rated at the same level of financial needs as say paediatrics or medicine. Despite this the dental profession in Nigeria has rendered useful services to its clientele and patients. Adequate statistics are however lacking at the various levels of government (local, state or federal) to quantify the financial implications and the man-hours lost as a result of dental ill-health and subsequent presentation at dental clinics. This is another cause of under-funding.

Inadequate Equipment

Technical problems related to equipment and instruments are another major drawback to dental health and dental education in this country. Dentistry is a highly technical profession that relies on heavy and light precision equipment and instruments. These items range from dental chairs that are electronically controlled and computerised to panoramic radiographs, electronic amalgamators, handpieces, curing lights and a host of other clinical equipment and instruments. Other heavy laboratory equipment such as furnaces, casting machines and die-making machines abound. Unfortunately, none of the equipment is manufactured in Nigeria. Procuring such heavy equipment is very expensive. The effect of the huge cost is that most dental clinics cannot afford them. Teaching Hospitals are not left out of this inability to purchase them with the effect that students undergoing training are not exposed to the use of some of these facilities. On occasions, which are the exceptions rather than the norm, where these items can be purchased, their servicing and maintenance is difficult. Therefore, the equipment becomes obsolete and spare parts become difficult to source. Break-

down of equipment further increases the use of the remaining functional items, which more rapidly breakdown without being serviced. Students, in consequence, have limited access to the use of such equipment.

Expensive Consumables

Prohibitive prices of imported dental consumables is another limiting factor in the training of dental personnel. Mastering of the use of these materials requires proper training in their handling and manipulation. The learning process often requires the use of larger quantities of such materials than in a general dental practice setting. Consideration of cost however may take precedence over the need to acquire the necessary skills. The result is improper training of students because of inadequate exposure.

Lack of basic infrastructures

The erratic supply of utilities, such as water and electricity, constitute further problems that militate against high quality dental practice and training in Nigeria. These cause unnecessary delays with the loss of useful time to both patients and practitioners and result in prolonged periods of training for students. Infrequent and erratic supply of water and electricity present additional problems that result in damage to expensive equipment that may not be easily replaceable, wastage of dental consumables with possible dire consequences and further expenses. [This may also endanger infection control procedures, Editor]

Lack of Directive Policy

Present legal frameworks within the country are another factor that adversely affects dental practice and dental education in Nigeria as it pushes the profession to a position of disadvantage. The Medical and Dental Council of Nigeria presents a clear example. There is no Division of Dentistry or a particular officer charged with the coordination of the affairs related to Dentistry in this large and impor-

tant establishment of doctors and dental surgeons. Similarly the Federal Ministry of Health, whose duties include the control, coordination and training of health personnel, lacks a Directorate of Dentistry or a Director to see to the issues that affect Dentists and the Dental profession.

Holistic Teaching

The educational environment does not readily enable student learning. The training of dental surgeons in this country has been so structured that it puts limitations on the quality of professionals produced and the practice of the profession. The current training patterns concentrate on the use of dentists to train dentists. Consideration is never given to possible cooperation with other professionals in the training of important support staff - like dental engineers who could design and maintain dental equipment and adapt them to our environment.

The inclusion of dental sociology would help to guarantee or sustain keep dentists in business is another enabling factor that is lacking.

A critical look at society reveals that there are no companies (private or governmental) that would undertake to set up a new dentist on the weight of his/her certificate alone, as is done in some other countries. If fresh graduates do not deserve such financial support because of lack of experience, those dentists with experience do not fare better as bank loans are not easy to come by for them either. While the society is not that friendly to the dental profession during the period they are engaged in active duties; there is little or no change in this attitude as the dentist grows old or becomes disabled, because there is no social security in place for the dentist.

Over population and Disruptions in the School Calendar

Academic issues are another major problem that confronts dental

practice and dental education. These problems are varied. Inadequate facilities and infrastructures such as limited chairs, handpieces, phantom heads and overcrowded lecture and seminar rooms are principal problems. The student population explosion, occasioned by government directive to increase the student intake, despite the backlog of students who are unable to make it to the next stage of their academic career, is the next academic limitation. The increased student number reduces exposure to learning and breeds truancy and idleness. Truancy and idleness we all know can never produce the quality and calibre of dentists that this country requires.

Difficulties with books

Another major hindrance to dental education and dental practice is the non-availability of books on Dentistry. Their prohibitive and exorbitant price is a further limitation even where the books are available. In short, if students cannot get books to read; your guess is as good as mine regarding the consequences.

Admission Policies

Admission selection policies in most dental schools are another limitation in achieving the required quality of dental education. The policy of not organizing interviews to determine ability, interest and manual dexterity in a profession that is technical and requires manual dexterity is a serious issue that needs to be looked into. In addition, the practice of admitting students to read Dentistry from those candidates that fail to secure placement for MBBS or Pharmacy programs is another serious issue. Candidates admitted in such a manner experience psychological trauma, emotional imbalance, lack of interest and commitment to the course. Such candidates direct all their efforts towards getting the course of their choice.

The Brain Drain

The problem of the 'brain drain' is

a big negative influence on the training of dental surgeons. The brain drain was the result of the unstable government and economic downturn of the 1980s that forced experienced Nigerian academicians to seek greener pastures outside the shores of this country leaving the young and the inexperienced to continue the training of dental personnel.

Recommendations

I have enumerated these problems so that we know where we stand today, and proffer solutions to them in order that the future of our profession might be brighter. Having enumerated these problems, what are the ways forward?

Creation of dental awareness among the populace is an important and vital aspect in selling the dental profession to the public. The people have the right to know what dentists and the dental profession stand for. The benefits and the advantages of a properly trained and equipped dental profession should be made known to policy makers, government, others in position of authority and the general public.

Creation of this awareness will be better achieved through personal contact by dental personnel, the satisfactory conduct of dentists and by the rendering of excellent services to patients under our care. A public dental awareness campaign through the print and the electronic media may also yield excellent results. The dental profession should advocate and solicit government and public support.

The dental profession will benefit immensely if it employs the team approach in the training of the dental personnel. I am not advocating the establishment of a dental University for now but cooperation could be established between the Faculty of Dental Surgery and the Faculty of Technology in the designing and fabrication of dental instruments and equipment.

This step could be taken further by encouraging the Faculty of Technology to train Dental Engineers who would maintain dental equipment and assist in the manufacturing of the type of dental equipment that will be suitable for our environment. In addition to this the Faculty of Dental Surgery should cooperate and encourage Departments of Chemistry and Biochemistry in the teaching of material science in Dentistry with the hope of encouraging these departments to research and manufacture dental materials suitable and adaptable to our environment.

Dental surgeons should encourage each other to take up post-graduate training in engineering and other related courses for a better grasp and appreciation of these courses in relation to dentistry.

The dental profession should lobby and ensure the creation of a separate Board or Council for Dentistry and the related fields. Other professionals in the dental field such as the Dental Therapists, Dental Technologists and Dental Surgery Assistants should come under this Council to ensure proper coordination of the practice of Dentistry. In the set up of this proposed Council, the Registrar or Secretary in all circumstances should be a Dental Surgeon. Other professional units in the proposed Council will have chief officer not above the rank of Deputy Registrar/Deputy Secretary as their head and should be answerable to the Registrar/Secretary. In the interim, there should be representation to government or any agency supervising the Medical and Dental Council of Nigeria to establish a Division of Dentistry in the Council. This may transform into the Dental Council eventually.

Furthermore, dental associations at both state and Federal levels need to encourage members to participate in their activities. The associations will, through that, be able to increase their financial

base. They may, by that, be properly placed to negotiate bank loans for their members or stand as surety for members who may wish to be assisted by investment companies. If these types of steps are taken, more interest in the association will be rekindled and the dental profession will be better for it.

The policy on selection for student admission needs to be reviewed. Admission of students should be decided on the basis of the available facilities and infrastructure. Government should be properly advised by the Universities to stop imposing on them more candidates than they can cater for. A standing policy of admitting only those candidates who choose Dentistry as their first choice would be a nice way of limiting the number of candidates to a manageable level. If this policy is combined with arrangement for interviews of candidates and selection is based on interest, manual dexterity and motivation, a generation of dental surgeons who would take the profession to greater heights would have been produced.

In conclusion, I have enumerated some of the problems militating against the practice of Dentistry and dental education in this country and have suggested some ways of overcoming them. Dentistry can attain greater heights in this country. We do not expect other professionals to project the image of our profession for us. The dental profession has to set its house in order and take the bull by the horns. The destiny of our profession is in our hands.

Many thanks for your patience.
May God bless you all!

FDI 2002 - Annual World Dental Congress

Julia Campion
CDA Administrator

The venue of this year's FDI Annual World Dental Congress was Vienna, during which CDA held a



Dr Brian Mouatt with delegates at the CDA Meeting

very successful seminar on *Partners in Oral Health*, attended by delegates from Canada, Ghana, India, Namibia, New Zealand, Nigeria, Oman, Rwanda, South Africa, Sri Lanka, UK, USA and Zambia. Dr Brian Mouatt (CDA President), who chaired the meeting, opened the session by welcoming those present and talking about the work of FDI's *World Dental Development Committee*. *The Role of the Commonwealth* was presented by Dr S Prince Akpabio (CDA Executive Secretary) and *The Role of FDI* by Dr Habib Benzian (FDI). Dr L K Gandhi (CDA President-Elect) told us about *Aid in India*. Two executives from Dentaaid gave presentations, Dr David Purdell Lewis on *Questions to Industry* and Dr Jenny Wordley spoke on *Dentaaid - Dentistry and Oral Health in the Developing World*. All these presentations were well received and gave way to questions and a lively discussion. There was an *Open Forum* which included an update and discussion on the CDA 4th Triennial Meeting due to be held later this year. The meeting culminated in an informal reception which gave the delegates an opportunity to meet and talk amongst themselves. The CDA would like to thank the speakers who gave their time and the FDI for having allocated time and a venue for this successful meeting.

BDA ASSISTS IN FOUNDATION OF NEW DENTAL SCIENCE MUSEUM

Dr S Prince Akpabio OBE
CDA Executive Secretary

On celebrating the 30th Anniversary of the establishment of the Faculty of Dentistry of Chiang Mai University, it was a great honour that Her Royal Highness Princess Galyani Vadhana Kromluang Naradhiwas Rajanagarindra travelled from Bangkok to Chiang Mai to preside over the Grand Openings of the Faculty's new Dental Science Museum '*Thaworn A Rajadhon*' and the Dental Research Centre in the Faculty of Dentistry, Chiang Mai University, which took place on 18 October 2002. Associate Professor Virush Patanaporn (Dean, Faculty of Dentistry) and Assistant Professor Dr Nipon Tuwanon (President, Chiang Mai University) gave the welcoming speeches. Professor Dr Dieter K Schlegel (Munich) gave an introductory speech on the '*30th Anniversary of the Faculty of Dentistry, Chiang Mai University*' and Professor Dr Peter A Reichart (Humbolt University, Berlin) gave a lecture on the '*30th Anniversary of the Faculty of Dentistry - A Story of Success*'; both professors have had a long-standing professional relationship with the Faculty and have encouraged and supported its academic and research activities since the Faculty's early days until the present time. Many other distinguished international academics attended this historic occasion.

The main aims in selecting items for display in the Dental Science Museum were to:

- ◆ *Highlight and encourage the development of intellect.*
- ◆ *Emphasise the importance of materials.*
- ◆ *Underline the significance and value of collaboration.*
- ◆ *Display materials, tools and instruments concerned with den-*

tistry, the history of dentistry and future developments in the dental field and research work.

Significant support had been received from the British Dental Association (BDA) Museum, through Dr Roxanne Fea (Head of Museum Services) and the Odontological Museum of the Royal College of Surgeons of England, through Dr Simon Chaplin (Curator, Museum).

The Dental Research Centre has been established to:

◆ *Encourage support and develop research work.*

◆ *Promote research to the highest level for the Faculty's staff.*

The Faculty has been able to incorporate findings from the Research Centre to improve results in the Faculty's clinics and to resolve dental problems and, also, to provide new information.



Dr S Prince Akpabio and Dr Patcharawan Srisilapanan (Chiang Mai University) at the British Dental Association Museum

The first Dentistry Department was established in 1952 at Nakorn Chiang Mai Hospital. Dentistry became part of the Faculty of Medicine in 1965 where Dentistry was first taught in 1966, with only 2 students. The Dental Faculty now has 10 academic departments, housed in 7 buildings, with about 500 undergraduate and postgraduate students each year, and has collaborated in academic activities and research with other institutes in Thailand and other countries. Foreign students come to the Faculty to observe the work of the departments, and foreign staff and instructors undertake research and training at Chiang Mai.

**AN OBSERVANCE FOR
COMMONWEALTH
DAY 2003**

Held at Westminster Abbey, in the presence of HM The Queen, Head of the Commonwealth

*Dr Brian Mouatt CBE
CDA President*

In a quietly inspiring service of re-dedication to our principles, the assembled congregation of young and old from all over the world made the following affirmations:

- ◆ We affirm that every person of whatever colour, class or creed - posses unique worth and dignity.
- ◆ We affirm our respect for the world and pledge that we will be its stewards by caring for every part of it.
- ◆ We affirm our belief in justice for everyone and peace between peoples and nations.
- ◆ We affirm faith and love as the foundation of all human relationships.
- ◆ We affirm that we each belong to our own nation and to the whole human family: to the service of both we pledge ourselves.
- ◆ We affirm our belief in partnerships for the development among the many peoples of the Commonwealth and pledge ourselves to play our part.

When people ask us what the Commonwealth is for, the answer must be contained in these messages of intent. The CDA dedicates itself to upholding these principles in its work for oral health for all.

**A MESSAGE FOR
COMMONWEALTH DAY
FROM HER MAJESTY
QUEEN ELIZABETH II,
HEAD OF THE
COMMONWEALTH**

Among my cherished memories of my Jubilee celebrations last year were those connected with the Commonwealth - in particular the visits to Jamaica, New Zealand, Australia and Canada.

There was also the undoubted success of the 2002 Commonwealth Games in Manchester both as a great sporting and Commonwealth occasion, and as a tremendous expression of the host city's community spirit. Launching the Baton Relay from Buckingham Palace on Commonwealth Day last year was one of the many colourful events leading up to the Games.

A few days before, I had opened the 2002 Commonwealth Heads of Government Meeting in Coolumb, Australia. That summit charted a new course for the Commonwealth, confident of the important contribution the association can play as a force for good in the world.

What we have in common makes the choice of this year's theme for Commonwealth Day, '*Partners in Development*', so fitting. We are reminded daily that we live in an interdependent world. And yet there exist great global inequalities, with millions living lives of deep poverty and deprivation, which present a great and constant challenge to the notion of commonwealth. Under these conditions, peace is often more difficult to sustain while precious natural resources and the environment are threatened, economic growth and activity may be impeded as well as the benefits of modern technology denied to many.

Working in partnership is essential if the nations of the earth, whether they be developed or de-

veloping, are to build a better, more secure and more sustainable world. Only together can governments and peoples create just, open and democratic societies. And through a sense of partnership and mutual respect we should be able to recognise that we all share a common humanity, regardless of who we are or where we may be from.

In all this, the Commonwealth has much to offer. It is a unique global grouping, spanning every region of the world and including in its membership countries of all sizes and stages of development. It is an association of peoples as well as governments and, as we particularly celebrated last year, it is a body which cherishes the richness of its diversity. The special role of the Commonwealth in development was spelt out once again in the Coolumb Declaration and at the meeting of Commonwealth Finance Ministers in London last September.

2002 was for me personally a special year - and it was also an opportunity to recall those elements of my life, notably the Commonwealth, which have been of enduring importance. Appreciating just how far the Commonwealth has developed in the last fifty years is surely a cause for great hope in the future.

*Elizabeth R
10 March 2003*

STOP PRESS

Hew Mathewson took office as the President of the General Dental Council (GDC) on 10 April 2003. He is an elected dentist member of the GDC from the constituency of Scotland. He worked as an associate in general dental practice and as a clinical assistant in oral surgery before setting up his own practice in Edinburgh in 1977, which he continued to run today. The CDA sends its congratulations and best wishes to Hew Mathewson during his term of office as President of the GDC.