



# International College of Dentists Australasian Section

## Newsletter

Issue Number 35, November 2011

### PRESIDENT'S REPORT



At this time of the year I find that I am again wondering where the year has gone. Is it getting shorter as I become older? Then I look back on what has happened during the past twelve months and realize that I have been busy and time does fly when you are engaged in several activities some

of which may be classed as fun but most are work related. I am sure that many Fellows are in similar situations – busyness not age.

For many the past twelve months have not been easy. There have been natural disasters and severe weather related events which have impacted on many dental practitioners including Fellows.

The motto of the College is “Recognizing Service and the Opportunity to Serve”. I believe that this is not restricted to dental activities but extends to community deeds. As a relatively small and close profession, we have put this motto into practice by helping in various ways those who have been affected by these sometimes devastating incidents.

Of course we are fortunate to have many Fellows who extend this helping hand to those many overseas communities where oral and dental care is not of the same standard as practiced in Australasia.

It always makes me feel honored to be an ICD Fellow when I read the reports of our Section VIII Fellows who unselfishly give their time and clinical skills in many South East Asian communities.

The end of the year is also a time to be looking forward and planning for what lies ahead. As someone who is involved at the University of Queensland Dental School, I wonder what lies ahead for the many final year students who are about to graduate and become our colleagues in dental practice. Many of these new dentists will work alongside Fellows who I know will guide and mentor them in those first few weeks and months of their professional life. This again is putting our motto into practice. The new graduates of today are the Fellows of the future.

With the establishment of new dental schools in Australia, the number of graduates entering the workforce certainly is increasing to a level where one has to ask if there are opportunities there for these new dentists. Is there a general shortage of dentists that this will solve? Are new graduates going to practice in rural areas where the need for dentists seems to be more urgent? What is the role of third parties and the corporates? I certainly do not have the answers, but I do hope that these are some of the questions being considered by our dental associations.

I do not wish to appear pessimistic because the dental profession is strong at all levels. It is just that it is the end of the year and a time for thought. All Fellows need to think about the future of our profession and, if not already doing so, should endeavor to seek opportunities to become involved in or to influence the decision making that will shape the dental profession in the years ahead.

In closing I wish all Fellows and their families a happy Christmas and may 2012 be all that you wish.

David Thomson

**President:** David Thomson  
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**Registrar:** Jackie Robinson

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Dick Cook AM RFD  
Clive Ross CNZM  
David Crum, John Owen AM, Keith Watkins

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**Editor:** Jennifer Smyth AM

# REGISTRAR'S REPORT

## 2011 - 2013 OFFICERS FOR SECTION VIII (AUSTRALASIAN SECTION)

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Jackie Robinson, Vice-President/Registrar  
Peter Noblet AM, Treasurer  
Jenny Smyth AM, Editor  
David Crum, Regent  
Keith Watkins, Regent  
John Owen AM, Regent

## Membership

The Australasian Section of the International College of Dentists currently has 591 Fellows comprised of:

Active Members	505
Retired Members	75
Masters	2
Honorary Life Members	6
Honorary Members	3

527 Fellows live in Australia. 65 Fellows live in New Zealand and 9 Fellows live in other parts of the world (Cambodia, Eritrea, Fiji, Malaysia, Singapore, South Africa, The Netherlands and the USA).

## Queen's Birthday Honours

Members of Section VIII continue to be recognised at the highest levels for their services to dentistry and to community oral health. Recipients of 2011 Queen's Birthday Honours included John Lockwood AM for service to dentistry through executive roles at state and national level and Newell Johnson CMG for services to oral medicine and to public health. Congratulations to these Fellows on this well-deserved recognition

## Future Section VIII inductions

The next ICD induction ceremony will be held in New Zealand in 2012 at the time of the NZDA Biennial Conference which is to be held between August 15th – 18th 2012.

The next ICD induction in Australia will be held in Melbourne in 2013 in early April at the time of the ADA Biennial Congress. For further information contact the Registrar: [jackie\\_robinson@iinet.net.au](mailto:jackie_robinson@iinet.net.au).

## 50th Anniversary of the Australasian Section

2014 will mark the 50th anniversary of the Australasian Section (Section VIII) of the International College of Dentists. Plans to celebrate the 50th anniversary of Section VIII are under consideration. The International Council has been asked to consider holding the 2014 Council meeting in Australia or New Zealand as part of the 50th anniversary celebration of Section VIII.

## Vale Fellows

Sadly we have learned of the passing of a number of Section VIII Fellows since the last newsletter:

- Neil Burman, Western Australia
- Maurice Dingle, Queensland
- John Hawke, New Zealand
- Stanley Kings AM, Victoria
- Henry Lamplough, Western Australia
- George Linn, New Zealand

## Obituary

Maurice William Dingle  
MDSc FICD FADI 1922 - 2011

There were very few facets of dentistry that were not visited at some period by Maurice William 'Mo' Dingle, an Honorary Life Member of the College, who quietly passed away on 8 June 2011.

Mo showed early promise in his army career which began as soon as he graduated and continued in some form or other right to the end. He served overseas in the South Pacific region in the Royal Australian Army Dental Corps of whose Association he was later to become Patron and post-war served in the Occupation Force in Japan. He was the first Queensland dental officer to be promoted to the rank of Colonel.

He took on the task of acquiring a Masters degree while still running a dental practice and this led to his registration as a specialist in Conservative Dentistry. He was President of the Queensland Branch of the ADA and was awarded Life Membership of the Branch.

The College and his Adelaide-born wife Betty have lost a precious companion.

## SECTION VIII PROJECT SUPPORT

### Cambodia Project

ICD Fellow Callum Durward is the Dean of the Faculty of Dentistry at International University (IU) in Cambodia and Executive Director of the NGO One-2-One Cambodia, which provides free dental and medical services for the poor in Cambodia.

ICD Section VIII has agreed to provide funding for three years to help support the education of dental students at IU and the work of One-2-One among the poor.

The ICD agreement will provide some funds to assist in the following projects:

- Translation of dental teaching materials into Khmer
- Emergency and basic dental care in prisons
- Journals for dental school; electronic access to Dental Update journal
- Community oral health education for children – develop/translate/print OHE materials
- Water fluoridation of Phnom Penh (project proposal)
- CD Travelling Fellowship for overseas teaching expertise

This year a range of projects has been supported by ICD. Funds have been spent to translate some educational resources for dental students into Khmer language. At present, there are almost no textbooks or manuals in Khmer, so this translation work is very valuable.



IU has also been able to purchase one mannequin (phantom head) for helping teach preclinical dentistry. Although it is only one, it is a step in the right direction and over the years we hope to be able to purchase more.

Every Saturday, a One-2-One team of 35 dentists, dental students, doctors, and medical students visit one of the four Phnom Penh prisons to provide basic medical and dental care for the prisoners and prison staff. This program has now been running for almost four years and is well regarded by the prisoners and prison authorities. The team uses mobile equipment and focuses on relief of pain. Visiting overseas dentists and dental students also take part from time to time. The conditions in the prisons are very basic and the dental needs are very great. Every two months, a one-week visit to one of the 21 provincial prisons is also arranged. ICD has been supporting this work, as it receives little outside support and the costs are significant.



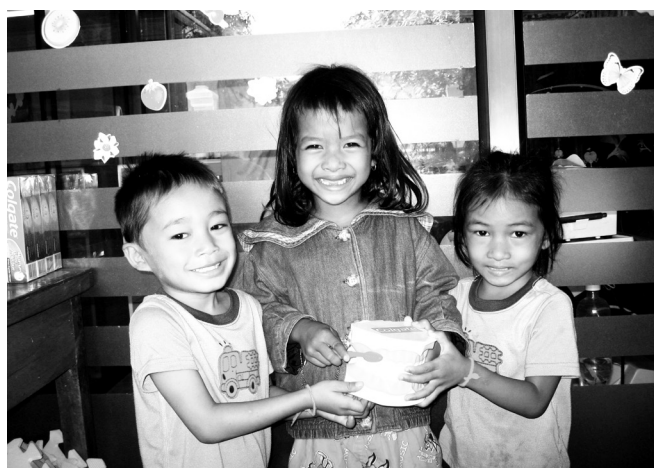
*Prison Dental Service*

Both IU and One-2-One also see and treat hundreds of orphans and disadvantaged children from the slums each month. One challenge has been the lack of resources for oral health education. With the support of ICD and in cooperation with the Ministry of Health, an educational flip chart is being developed for use in schools. It will be made available in the future to teachers, dentists and dental nurses.

In the province of Kampong Cham, “dental nurses” (therapists) are trained to work in the rural areas where there are no dentists. They are actually trained as both medical and dental nurses and provide simple treatments (eg extractions, ART restorations, sealants, scaling) as well as oral health education and fluoride applications. The dental nurses also learn how to make oral health education posters and run school tooth brushing programs. One of the problems is that the Dental Nurses School does not have enough dental instruments to use during the training. ICD funds have been used this year to support the purchase of some basic instrument sets.

One of the main oral health problems in Cambodia is Early Childhood Caries. The average 5 year old has almost 10 decayed teeth and children as young as two often have rampant decay. This seems to be related to early feeding practices, along with the lack of any tooth brushing. One-2-One has started a program targeting mothers and preschool children called Cambodia Smile. The One-2-One dental nurses are sent to provincial areas where the problem is worst to provide basic treatment for the mothers and preschool children, as well as education, fluoride varnish, tooth brushes and toothpaste. In addition, children are de-wormed and have their hair and skin checked for lice and scabies – they are treated where necessary.

A short workshop is also conducted at each location on basic health and first aid for the village women and community leaders. A colourful flip chart targeting the preschool children and mothers has been printed and is used in this program.



Thanks to the support of ICD, many of these projects will continue for the next two years. Members who wish to volunteer at the dental school or at One-2-One, should go to website: [www.one2onecharitabletrust.org](http://www.one2onecharitabletrust.org) or email Callum Durward at [callum\\_durward@hotmail.com](mailto:callum_durward@hotmail.com)

Callum Durward  
October 2011

## Gareth Ivory Foundation



Graca Febrionetty do Carmo Guterres

The Gareth Ivory Foundation (GIF) was founded in 2005 and exists to provide health, education and income earning opportunities to improve the quality of life for people from disadvantaged communities in the Australia Asia Pacific region. To date, the work has focused on East Timor where GIF has supported schools and other educational institutions. As well as scholarships for primary and high school students, GIF has provided support to students of the trades and professions to commence, continue and/or complete their studies.

Suitable scholarship recipients are identified by GIF's contacts in East Timor. One such nomination was Graca Febrionetty do Carmo Guterres, whose home village is Venilale. Graca did very well at high school, obtaining high grades and wished to study dentistry to contribute to the building of her home nation. Her parents were, as with most East Timorese families, unable to afford the high cost of university education, especially as studying dentistry meant leaving home to go to university in Indonesia.

GIF undertook to assist Graca to enroll and complete her studies in dentistry and the ICD has become our partner, providing financial support to pay Graca's university fees and for necessary equipment and other study costs. As a consequence, she has commenced her studies at the Institut Ilmu Kesehatan, Jakarta.

Graca has completed the first phase of her degree and has obtained good grades, receiving one A, two Bs and a B/C in her four subjects.

Catherine Scott October 2011



## Bhattedande Village School Dental Program, Nepal Update

The NGO, Community Health Development Society (CHDS) Nepal, continues to work with the Shree Himaljyoti School at Bhattedande to guide teachers in the supervision of the school based toothbrushing program. Funds from the International College of Dentists are used to purchase toothpaste and toothbrushes, as well as to provide onsite dental programs where children are examined annually and appropriate preventive based dental care is provided.

The school program is well supported by the villagers and school staff and is part of the “Teeth and Toilets” programs implemented by CHDS and the villagers with the support and technical advice from Australian volunteers.

Sandra Meihubers  
3 October 2011

## Vietnam Long Tan Dental Clinic Update

The Australia Vietnam Volunteers Resource Group (see website) is an NGO registered in Vietnam. I, as a member of the organisation, was tasked to set up a dental program for children of the village of Long Tan which is immediately adjacent to the famous battle field. A dental clinic was established within a polyclinic adjacent to Long Tan a few years ago and this was financed by donations from veterans, principally from Western Australia.

There is a primary school of some 500 children situated a kilometer away and this distance has proved too great to enable us to treat the children at the clinic. However, we recently gained access to an idle dental surgery within the school and will now be providing treatment to those children as well. This will greatly extend the effectiveness of the program as, with time, we should be able to turn out teenagers with healthy dentitions.

The preventive program at the primary school has not been neglected and we have visual evidence that they now have a weekly fluoride mouth wash which is a WHO sanctioned method of caries prevention.



*Fluoride mouthwashing*

We now have posters and educational aids in Vietnamese and I am pleased to report that the school staff are very enthusiastic about our efforts.

If any Fellows would like to spend a week in Vietnam participating in a worthwhile project while having the unique opportunity of living in a modern Vietnamese town where you are the only white face, please contact me. The clinic is located in a rural area but the teams stay in a town called Ba Ria which is a two hour drive southeast of Ho Chi Minh, near the resort of Vung Tal. If you are not comfortable travelling in Asia then we can make all arrangements for you including having you collected at the airport by private car and driven to Ba Ria where all accommodation and transport are arranged. You need to pay your own air fares and accommodation costs which are extremely modest.

This project is a joint collaboration of AVVRG with the Dental Hygienists Association of Australia but we are funded by the International College of Dentists who pay the incidental expenses associated with this trip as well as supplying the equipment.

Please email me at [twelftree@internode.on.net](mailto:twelftree@internode.on.net) if you would like more information or wish to offer your services.

Colin Twelftree, October 2011

## Projects by Australasian ICD Members

### Dental Volunteering in Cambodia

Petrina Bowden is a newly elected Fellow of Section XIII, ICD and has been visiting Cambodia as a volunteer for a number of years.



M'lop Tapangba, a Cambodian charity for street children, has been working with the street children of Sihanoukville since 2003. In 2008 a dental clinic was established with the help of Australian dentists.

The Tapang tree, also known as the umbrella tree, provides shelter from the elements. M'lop means shade or protection in the Khmer language. They work with over 3000 children and 900 families at nine specialized centers in the Sihanoukville area providing shelter, medical care, sports and arts, education and training, counseling, family support and protection from all types of abuse.

Cambodia is one of the poorest countries in the world, with approximately 30% of the population living on less than \$1 a day. In a country where extreme poverty is pervasive, the tourism and port activities in Sihanoukville, a popular beach resort on the southern coast, continue to attract economic migrants seeking employment and better living conditions. The result is the expansion of slums and increased numbers of street children and youth.

These street-working children not only miss out on education, but become the most vulnerable children in the community, exposed to street and gang violence, child abuse, drug use and isolation from their peers as well as the community at large.

The new Medical Clinic now also has a designated area for providing dental care. Working with international volunteers, the medical team provided 649 dental treatments in 2010.

### Dental Clinic

In 2008 we departed Australia with 74kg of dental equipment and started seeing children in a borrowed dental surgery. Many of the children had suffered dental pain for months and a few for years.



Today there is a permanent dental clinic with a chair, light, suction and a trained Cambodian dental nurse. There is also a mobile unit that can visit outlying slums and villages. In 2010 we managed to have no more than 12 weeks without a volunteer dentist visit. This is a huge difference to 2 years previously where many children had no access to dental treatment.

The infection control and dental treatment are western standard. This is especially important as many children have hepatitis and other infectious diseases. Full sterilization or disposable equipment is used.

There are many systemic diseases which we do not often see in Australia such as Ricketts and lead poisoning from wearing homemade lead amulets made from fishing sinkers combined with lead from car battery lighting in the slums and fishing villages.

A number of unrepaired cleft palates are seen in 14 and 16 year boys. These were repaired with the aid of other international volunteers.

We have progressed from acute dental pain management to restorative treatment and dental prevention including dental health posters and information supplied to outlying villages.

There is an old X-ray machine which has allowed some anterior teeth to be root filled rather than extracted. This is especially important as many children are the primary income earners in the family. Begging with front teeth is more profitable.

Over 270 children are fed twice daily consuming a total of 56 kilos of rice at each meal. To encourage tooth brushing they are asked to clean their teeth at meal times under supervision. Many street children literally have nowhere to keep their toothbrush (or any personal belongings) so they are stored at the center.

### **Volunteering**

We have volunteered with many members of our dental team, nurses and practice managers who assist during the busy week we treat the children. All have provided unique insights to benefit these marvelous children. It has inspired us to be health care providers making a real difference.

Helping establish this dental clinic has expanded my dental karma. This dental clinic is made possible by volunteer dentists who visit usually for a week. It will continue to provide ongoing dental care only with the regular volunteers.

It is possible to volunteer for any week and the staff at Mlop Tapang will give you a friendly Cambodian welcome and assistance.

Petrina Bowden, October 2011

## **Kimberley Dental Team Update**



Kimberley Dental team (KDT) recently returned from Halls Creek in June 2011 having provided 6 weeks of dental care and dental health education in the East Kimberley region. As with previous trips, Jan and I travelled from Perth by helicopter and pushed straight through to Kalumburu where we provided two and a half days of dental care. We then flew across the Durack Range to Halls Creek to meet our son, David, and his family who had driven our vehicle and equipment trailer from Perth. The first team of volunteers flew into Kununurra and drove the 400 kms south to Halls Creek on Sunday the 15th May and the final team helped with the huge pack down task and pulled out of Halls Creek on Saturday 19th June.

**The Team:** Our KDT team for the six weeks was made up of 30 members.

**Clinics:** The Halls Creek hospital clinic made an excellent clinical base for the entire trip, providing essential sterilizing and x-ray facilities. For the first time Halls Creek, Yuri Yungi Aboriginal Medical Service (YYAMS), provided KDT with a clinical room which we set up on Friday mornings to provide dental care for their clients.

**Schools:** The Government dental therapy van was based at the school so one of our tasks this trip was to screen the Halls Creek and community children in their schools. KDT also provided a dentist for one session each week, acting as dental officer, to work in and with the van to supervise and manage certain cases.

**Communities:** The team worked out of medical centres in several communities over the six weeks. These included Balgo Hills, Mulan, Billiluna, Ringers Soak, Yiyili and Gibb River. For the most part, these communities were visited by helicopter. However, two trips were made to Billiluna, a 2 ½ hour drive, allowing us to take larger teams. YYAMS also provided two charter flights to move a larger team to and from Ringers Soak near the Northern Territory border. As well as carrying out dental treatment in the medical centres, children at the schools were screened and provided toothbrush packs.

**Cooperation:** Wherever we go the Kimberley Dental Team enjoys great success and this is largely due to the generous and very friendly staff at the various community schools and clinics. They are happy to see us as they are well aware how more settled the residents are after our visits. When it came to the final pack down YYAMS generously provided an area for us to store KDT gear until we return in 2012.



Dental Health: As well as providing dental treatment KDT educates and encourages teachers, health care workers and parents in the importance of healthy diet and good oral hygiene. We interact with local people whenever possible including having a presence in local playgroup sessions and the Department of Child Protection hostel. The Team even manned a dental health table at the community Big Morning Tea in the park on Saturday 28th May. This was a great opportunity for KDT to engage with the local people.

Strong Teeth, Strong Body and Strong Mind booklet: After a concerted effort to complete the project, Jan and I were able to launch the KDT dental health booklet at the District School assembly. Local people were very happy with the style and content and we were able to distribute several thousand while in the region.

Over 20,000 copies have now gone throughout Northern Australia. Yiyili people were especially thrilled as all illustrations are based loosely on their community and the children could recognize themselves even though others could not. They said “ we are famous”.

John Owen, October 2011

## Bali Anak Anak Update



Our first contact with Bali Kids occurred in 2008 when we visited the orphanage at Mengwi as volunteers with the mobile dental clinic operated by the Bali International Women's Association ( BIWA).

This is an update to the article which appeared in the May newsletter.

With the facilities now available, we are in a position to provide a comprehensive range of care to the children at Anak Anak Bali. This includes pain relief, restorative care, preventive care, orthodontics (with the support of our Indonesian colleagues) and, most importantly, preventive health education.

The essential premise on which we base all our treatment decisions is that there be no compromise in the care provided to the children. The treatment provided to the children must be that which we provide to our own private patients, without any qualification.

In the future we will establish a computer based record facility to replace the current paper based system to allow other dental volunteers to come to work at the centre and continue on with the treatment plans developed for each patient. This will minimise concerns regarding continuity of care. We have developed a set of protocols which dental volunteers will have to read and sign off on before working at the centre.

We will also continue to screen all dental volunteers (and others as required) to ensure that they supply appropriate documentation, evidence of registration in the country of origin, professional Insurance and a “Working with Children” clearance from the Australian Federal Police or similar police agency, if not from Australia. We have a list of dental volunteers who wish to offer their services to Anak Anak Bali. This includes colleagues and friends from Australia, Indonesia, Holland, Canada and the US. Once the new centre is fully operational, we will establish a roster so that a continual spectrum of care may be maintained. All volunteers are, of course, fully self funded.

The details of a new facility to house the health care centre and orphanage were described in the May newsletter. This new centre will be completed in March 2012 and currently it is ahead of schedule and under budget, in itself a small miracle.

Barry Walsh, October 2011