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the anniversary issue



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^{1#} Compared with the result of CPC (0.07%) after a single use

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LISTERINE

Editor's note

The first issue of 2014 marks the 20th anniversary of *The DentalSURGEON*, featuring an interview with the founder - Dr Shahul Hameed.

Indeed it has been an honor for me to be part of the current team to see how *The DentalSURGEON* has evolved over the years; from how it used to look like an institution newsletter to the existing modern, *chic* version.

Nevertheless, there is still much room for improvement. We hope you could bear with us as we continue to work through the content, quality and layout as part of our objectives in getting *The DentalSURGEON* as the leading professional newsletter.

With this, may I ask for more writers to come forward with your expansive knowledge to share with the rest of our community!

There has been recent update on DPL's new subscription category – 'Dental Aesthetics', affecting dentists who practice Aesthetics Dentistry procedures. Read more about it in our President's message as well as the latest issue of *Riskwise* from DPL.

The most exciting and anticipated 'must-attend' IDEM: Asia-Pacific Dental Trade Fair and Scientific Conference, is here again this year for the 8th time! Look out for the latest cutting edge technology and innovations in our community.

See you at IDEM 2014!

Dr Seow Yian San
Editor-in-Chief
Assistant Honorary Secretary
SDA Council 2012-2014



President's message

Dear Esteemed Members,

Financial Discipline

I was in Kuala Lumpur recently for the MDA Scientific Convention & Trade Exhibition with the SDA team to promote IDEM 2014.

Though our bottom line continues to be strong, we must remain vigilant and respect our members' money.

We are prudent as much as possible and I am personally very grateful for our volunteers to put up with certain austerity measures like flying budget airlines. It is always a balance between being prudent and being punishing. Decisions like using budget airlines for a short hop and a normal service economy for long haul flight are made with such thoughts in mind.

Dental Protection Ltd

The introduction of new DPL subscription categories has understandably caused concerns for many members especially the Oral Surgeons and/or those practicing dental facial aesthetics procedures. At the meeting with them at the FDI Istanbul last September, there was absolutely no indication of such a development.

A new category called 'Dental Aesthetics' is applicable for all dentists (except OMFS) who want to practice Aesthetics Facial procedures. When we received the notice on 5th November 2013, we immediately circulated the news to all members. Simultaneously, we liaised with



SDA Team
(From Left)

Lim Lii,
Wendy Wang,
Tang Panmei,
Terence Jee,
Kuan Chee Keong,
Su Shengle,
Ng Sihao,
Darrell Ong,
Seow Yian San

AOMS to address this new development. Both SDA and AOMS wrote officially to Dr Kevin Lewis, the Dental Director of DPL, to seek clarifications on a number of issues.

We raised a number questions and requested a delay of this implementation till 2015. Dr Lewis answered our queries directly and advised our members to read the latest issue of Riskwise, which offered many explanations to these developments. I would urge all members to give this issue a special attention. A PDF version is available for download from the SDA website.

In Riskwise, Dr Jane Merivale commended the tireless and selfless effort of our Ethics Committee. She also warned, "...we will be seeing more cases in the future arising from techniques such as implants, veneers and other forms of cosmetic dentistry and orthodontics carried out by non-specialist general dental practitioners." Particularly, the clear aligner techniques have been singled out by DPL.

We again had a chance to meet up with Drs Jane Merivale and Stephen Henderson in Kuala Lumpur in January. Drs Lim Lii, Seow Yian San and I had a fruitful discussion with them on a range of issues that will be reported

in subsequent paragraphs.

Oral Maxillofacial Surgeon (OMFS)

The confusion of this OMFS category was whether it was based on specialist registration or OS procedures. We queried DPL and Dr Kevin Lewis stated that this new category applies only to those who are registered as specialists in Oral and Maxillofacial Surgery. A few members who are not Oral Surgeons but perform quite a fair amount of surgical procedures expressed their worries that they may be denied coverage. DPL agreed that there was ambiguity in the wordings of the new subscription and will provide more clarity in the near future. As for now, it is sufficient to say if you are not a registered Oral Surgeon, you do not need to pay the OMFS subscription.

The AOMS had a meeting with DPL when they were in Singapore in January to address all their concerns. I am sure AOMS has updated all their members regarding this meeting.

Aesthetics Facial Procedures for Dental Surgeons

The SDC is fully cognizant of the need to protect the patients and thus, the Guidelines on Aesthetic Facial Procedures for Dental Practitioners was introduced on 3 Jun 2013. The SDC should be lauded for the initiative to publish this Guideline that distinguishes 'aesthetic' from 'therapeutic' procedures. One can only imagine what would happen if SDC did not attempt to regulate these procedures.

This Guideline has been misinterpreted by some segments of the medical profession and the ensuing media made matters worse with sensational headlines. Nevertheless, SDA tried to collaborate

with National Skin Centre to conduct a symposium titled 'SOFE' with the subsequent aim to tailor COC courses specifically for dentists.

Unfortunately, it did not materialize because the NSC, the Chapter of Dermatology and the Dermatology Society of Singapore, was not in favour of training dentists in facial aesthetics. SOFE went ahead in February without speakers from the NSC.

Many dentists have been practicing Botox and fillers treatment in Singapore for years. It is actually part of the so-called "smile-makeover" treatment, which is prevalent in many countries like US, UK, Australia and South Korea. In fact, quite a few dentists have been attending courses at the National Skin Centre too.

I could understand their opposition but the fact remains there is no

delineation to define the area of management in the head and neck for dentists or dermatologist or plastic surgeons. Regardless, I still dread the day when a dental aesthetics patient with an unhappy outcome would bring his/her grievances to a dermatologist or plastic surgeon!

We should also take heed of events in USA and South Korea where the use (or misuse) of neurotoxin and other aesthetic material or procedures has provoked litigations. Dr David Tay commented at the recent SOFE symposium that the litigation arising from the misuse of Botox by dentists in the USA had reached a level that several state dental boards are considering prohibiting all non-medically qualified dentists from using it.

A blanket ban would definitely have a negative impact on the therapeutic applications of neurotoxins in Dentistry. By having this Guideline to ring fence the use of neurotoxins and fillers for aesthetic reasons by dentists, the therapeutic component could then continue to flourish.

Other DPL Matters

The year 2014 started with a couple of members in the news headlines. A few members have expressed concerns that the legal fees and fines in such cases were paid for by DPL. We raised this matter with DPL during the meeting in KL.

The DPL Advisors clarified that in general, professional indemnity does not provide coverage for cases that are purely unrelated to patient management, for example, cheating or fraud. However, there are cases whereby there is a mix of both treatment and non-treatment related situation and DPL would proportionate the coverage accordingly.

We also raised concerns that some members seemed to utilize DPL's services more frequently than the majority and asked what could be done. DPL recognized this fact on a worldwide basis and admitted this would result in higher subscriptions. This was inevitable due to the fact that MPS and DPL are mutual organizations and not for-profit-companies.

DPL revealed that they have rolled out a three-prong measure for these 'frequent flyers' for the first time in one Asian country. Firstly, they would be required to attend DPL workshops more intensively. Secondly, they would be supervised and mentored by a local colleague. This mentor may even conduct audit into his/her clinical practice. Finally, DPL would use their last resort, which is to terminate the membership. The Singapore situation is thankfully low and stable so there is no such plans for us.

Dr Merivale encouraged members to communicate with her if there are queries in order to keep the cost of billings low. When DPL contacts the panel lawyers, the billings are generally lower than when members request guidance directly. In addition, members should direct queries to her (as DPL advisor) instead of to MPS. Although DPL is a subsidiary of MPS, DPL deals with Dental Protection and Dr Merivale is the advisor responsible for Singapore.

Personal Data Protection Act (2012)

By now, the 'Do-Not-Call Registry' should be well known and it is a part of the Personal Data Protection Act (PDPA) enacted in 2012. PDPA actually has a significant impact on the Medical/Dental Record Retention Period.

PDPA may be new to Singapore but is very much established in countries like USA, UK or Ireland. The establishment of the DNC Registry since the start of the year was a hot topic in Singapore but this Act will have a much widespread ramification when it comes fully into force in July.

The PDPA, in the simplest form, states that personal information must not be kept any longer than is necessary for the original, business or legal purpose e.g. patient care. Fortuitously, the PDPA does not spell out a specific retention period but rather leave it to organizations to comply with any legal or industry-standard requirements that may apply.

Dr Myint Soe has provided his legal opinion: *"The word 'document' in the Act includes information recorded in any form. Therefore, computerized records now kept by doctors and dentists would also be covered. The Act is mainly concerned with the protection of data. The data protected is to be collected first and this is why some problems would arise as to the use of such data, which has been collected. Sometimes, you do not know what you have collected. However, this would not concern doctors and dentists; what they have collected is mainly in their case notes and is usually very short. It is 'confidentiality' they have to worry about. This 'protects' the patients."*

Traditionally, we have been advised to keep our records for 7 years. This is in compliance with the Income Tax Act which states that the business record must be kept for 7 years. The matter is further complicated by other laws that govern the medical/dental record retention periods include Coroners Act, Infectious Diseases Act and Limitation Act as well as whether the patient is a minor or mentally incapacitated.

Aside from abiding with the PDPA, we also want to balance the need to retain records for direct patient care, forensics, researches and dento-legal purposes against the ever-rising cost of data retention, administrative overheads, maintenance and storage space.



At the moment, the PDPA Commission, overwhelmed with the brouhaha over DNC Registry, has no time to address concerns in other sectors. The healthcare sector will just have to wait for our turn. The MOH Holdings, to its credit, has started developing a Medical/Dental Data Retention Period Guideline. SDA, together with a cross-section of the dental community, offered our input to assist them.

SDA will publish our own recommendation in due time. Meanwhile DPL emphasized the need to retain accurate and concise records for as long as possible. We are still studying the guidance from Dr Myint Soe and will seek further clarifications before publishing it for all members.

Continuing Dental Education Collaborations

There is an effort to increase collaboration both with regional organizations as well as within Singapore. We have signed MOU Agreements with South Korea, Vietnam and Malaysia. We have also agreed to support FDI Asia Pacific CE Program and several other countries' CE programs like Cambodia and in the near future, Brunei and Myanmar.

Every 2 years, we worked with the Faculty of Dentistry to organize the NUS-SDA Distinguished Speaker event. With CAPP, we jointly hosted the Asia Pacific CAD/CAM event and we have expanded collaboration with many parties. In February, the SOFE Aesthetic Facial symposium was jointly organized with a private dental group, Le Mint's Dental Practice. We have a few more collaborations upstream with an Orofacial Pain Symposium, collaborating with the Pain Association of Singapore.

I would like to encourage more such collaborations to maximize benefits of economy of scale as well as to foster closer ties. It is not just closer ties within the dental community but also with other professions like medicine, pharmacy, law and others. However I do recognize the difficulties with such collaborations. The proposed Joint MDA-SDA Scientific Convention was

scrapped due to cross-border difficulties. The collaboration with Skin Centre collapsed due to pressure from the medical sector. Other proposals were rejected due to lack of transparency or which bring little benefit to our members.

IDEM and AGM 2014

Though the current Council will step down in April, many of our projects are ongoing for the years ahead. In early April, our most important event is IDEM and SDA will be signing a new agreement with Koelnmesse for future editions of IDEM. Future Councils will have to work within the framework of this agreement.

The Council has proposed to confer Honorary Membership to Dr Myint Soe for his years of dedicated service to our profession and SDA. We have also received a nomination for Dr Lewis Lee to be conferred the Roll of Honour. More details will be announced and this matter will be debated at our AGM on 27th April 2014. Dr Myint Soe, if approved by the majority at the AGM, will be SDA's first Honorary Member.

Hope to see you at IDEM 2014 and AGM!

On behalf of the Council, I wish all members a happy and prosperous Year 2014.

Dr Kuan Chee Keong
President
SDA Council 2012-2014

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MAR'14 ISSUE
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CONTENTS

**CAD/CAM, Digital Dentistry &
Importance of CPD for Dental Professionals**
by John Battersby, PR consultant for Bridges M&C

SDA year end thank you Dinner for our volunteers
by Dr Darrell Ong

Healthcare Bulletin
by the Workplace Safety and Health Council

Masters in Forensic Odontology @ the University of Dundee
Dr Gabriel Chong

Interview with The Originator of *DentalSURGEON*.
Dr Shahul Hameed
by Dr Yeo Jing Ting

Cambodia Trip 2013
by Rebecca Cheah, Elyssa Yap, Ho Wan Zhen, Priscilla Chao

A Dentist with A Passion
Dr Jimmy Yap

Nepal & India Dental Camp
by Dr Joanne Colahan

SDA @ surprising SPATHE!
by Dr. Michael Lim the Travelling Gourmet™

THREE 3
Ferrari F12 Berlinetta + Audi R8 V10 Plus + Jaguar F-type V8 S
by Dr Kevin Co

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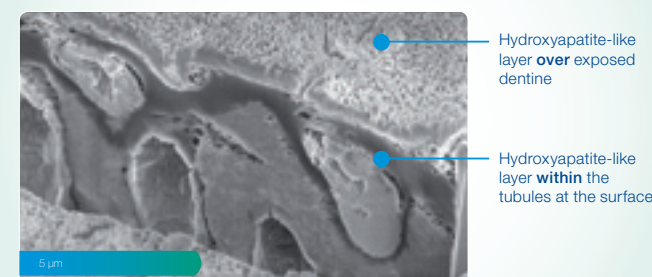
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In vitro studies show that a hydroxyapatite-like layer forms over exposed dentine and within the dentine tubules.^{7,9,10,12,13}



Adapted from Earl *et al.*, 2011 (A).¹³ *In vitro* cross-section SEM image of hydroxyapatite-like layer formed by supersaturated NovaMin® solution in artificial saliva after 5 days (no brushing)¹³

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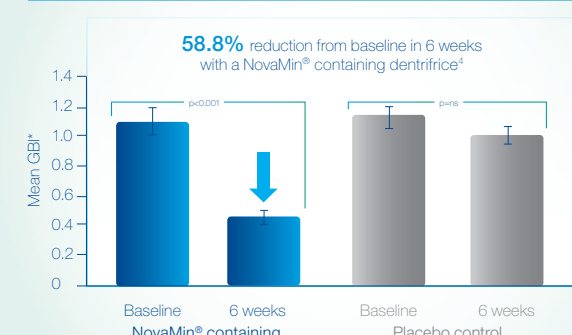
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Adapted from Tai *et al.*, 2006.⁴ Randomised, double-blind, controlled clinical study of 95 volunteers given NovaMin® containing dentifrice or placebo control (non-aqueous dentifrice containing no NovaMin®) for 6 weeks. All subjects received supragingival prophylaxis and polishing and were instructed in brushing technique.* GBI scale ranges from 0–3.



All-round care for dentine hypersensitivity patients¹⁻⁶

CAD/CAM, DIGITAL DENTISTRY & IMPORTANCE OF CPD FOR DENTAL PROFESSIONALS

John Battersby, PR consultant for Bridges M&C, commissioned to undertake PR for the IDEM Singapore 2014 event
Contact: +65 97541092, john@bridges-mc.com



We caught up with Dr Mollova in Singapore for the second Asia-Pacific edition of the CAD/CAM and Digital Dentistry International Conference, held there in October. A well-known advocate of technology and continuing education for all dental professionals she was happy to give us her take on the adoption of both in Asia.

? You have been involved in promoting continuing education for dental professionals for quite a few years, what are the major changes you have seen in that time?

I think in recent years there has been a growing acceptance of the need for continuing education for the entire dental team not just the dentists. That is especially true for dental technicians as without constant training they can't hope to keep up with the rapid advances in technology. I hope that in the future we will see more countries in the Asia-Pacific region requiring a minimal number of CPD/CME credit hours per year for dental technicians as Singapore already does.

? Has the emphasis of the Centre for Advanced Professional Practices (CAPP) training programmes altered since you started the company?

The most obvious and biggest change since CAPP was set up 10 years ago has to be the exponential growth in CAD/CAM technology and digital dentistry in general. And I think they will remain the fastest growing technology in dentistry for some years to come.

? Your events are well established in Europe and Middle East but this is only your second event in Asia-Pacific, is the region lagging behind in the adoption of CAD/CAM and other digital technologies?

The Asia-Pacific is a huge and very diverse region so it is difficult to generalise. Some countries like Singapore and Australia are advanced and wealthy economies while others like Vietnam and Cambodia are still developing so it is unfair to compare them to more established or wealthier markets such as Europe and the Middle East.

There certainly seems to be a growing appetite for conferences and seminars dealing with the topics. I will be back in Singapore in April for IDEM Singapore 2014 which is introducing a new track especially for dental technicians called the Dental Technician Forum in partnership with CAPP. The new track will include lectures on the topic of CAD/CAM as well as other subjects such as the latest implant products and techniques.



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Speakers Highlights:



NEW Programmes for 2014:

April 4 - 5, 2014 – #NewDentistForum (Full)
April 5 - 6, 2014 – Dental Technician Forum | Dental Hygienist and Dental Therapist Forum

The Dental Technician Forum at IDEM Singapore 2014 will be the first time that IDEM Singapore has featured a track specifically designed to meet the needs of today's dental technicians and as well as offering the opportunity to network with peers, log CPD hours, and visit the Asia-Pacific's most important dental conference and trade fair. It also is an acknowledgement of the importance of the role dental technicians play and their status as highly skilled dental professional.

? For a country generally thought of as pro technology and innovation Singapore has been surprisingly slow in adopting CAD/CAM and Digital Dentistry, do you think that will change?

I think that is already changing, the fact that their is a Dental Technician Forum at IDEM Singapore next year is proof of that; as is the overwhelmingly positive response that our own CAD/CAM and Digital Dentistry International Conferences have received.

? So you don't think there is reluctance on the part of some labs and technicians to adopt CAD/CAM and other Digital Dentistry technologies for fear of being replaced by them?

I doubt that is the case. There will always be a need for technicians, for highly skilled professionals who are experts in the use of the machines that make the prosthodontics that modern dental practices rely on to stay in business. The machines and technologies they use may change from generation to generation but the need for experts to operate them will always remain. So as long as technicians keep their skills and knowledge up to date they will always be a vital part of the dental team.

? What do you think will be the next big thing in CAD/CAM and Digital Dentistry; do you see 3D printing making a big impact?

Predicting the impact of new technologies is always difficult; in the 1980's all the pundits were predicting that computers would lead to paperless offices by the end of the century but instead in the second decade of the next century we see that because computers have made the handling of data and the process of document printing so much easier we use more paper than ever.

Having said that, I have a feeling 3D printing will have a big impact on everything and every industry in the future but I think it is too early to predict which industries in particular and to what extent. Of course 3D printing is already with us in dentistry and I am sure that as new materials and technologies develop, to exploit it, it will become more common place but like all the other new manufacturing technologies it will still need technicians to run it.

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HEALTHCARE BULLETIN

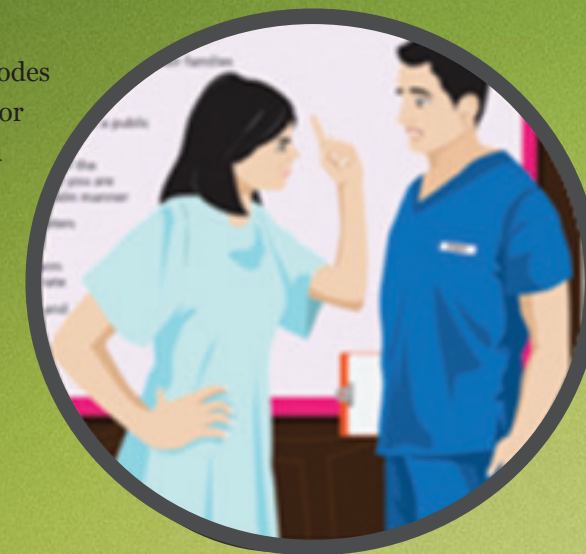
*Requested to be reprinted
 from the HC e-Bulletin on workplace aggression.*

Workplace Aggression in Healthcare

Aggression at the workplace can be associated with episodes where healthcare workers encounter threats, verbal or physical abuse, and is triggered by agitated or distressed individuals, who can be patients, family members or members of the public.

In Singapore, doctors, nurses, allied health and administrative workers usually encounter instances of workplace aggression in verbal form, such as abusive language and intimidation. The Workplace Safety and Health (WSH) Council did a baseline study in 2009 to understand the WSH landscape of the healthcare industry¹. A third of the surveyed employees responded that they had experienced violence, verbal or physical abuse at work, with over 60% of these respondents experiencing abuse up to 6 times a year. More recently, *Chan et al* (2012) conducted a study on public hospital staff in Singapore and found more than 70% of the healthcare workers (HCWs) responding to the survey experienced workplace aggression from patients and/or their relatives². These findings suggest that workplace aggression is a significant issue in healthcare professions and HCWs are at risk for experiencing aggression of some sort at the workplace.

Workplace aggression continues to promulgate, especially when there is inadequate prevention methodologies and lack of support within the institutions. HCWs may not also acknowledge the risk of aggression as they account it as part of their job. Underreporting of workplace aggression is not unusual too when HCWs empathise with patients and their family members or there is fear of retaliation. The stigma of victimisation could further add on to the prevalence of aggression in the healthcare sector.



Why It Happens?

In most healthcare institutions such as hospitals, operations run round the clock. HCWs have to cope with the stressful work environment of increasing patient acuity, shortage of staff, and impatient public and patients. This stress may then translate to tension in the workplace, resulting in aggression incidences such as hostile behaviours and raised voices. At the customer front, HCWs may suffer verbal abuses or intimidations from frustrated patients and visitors.

References and Further Reading

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Consequences

Physical abuse on healthcare workers can result in bodily injuries or disabilities, depending on the severity of the situation. The affected workers may also suffer from psychological trauma or post-traumatic stress. In a particular incident, a nurse was threatened verbally by a patient who was asked by the nurse to lower the volume of the television set. As a result, the nurse suffered psychological trauma and was unable to return to work for some time.

The mismanagement of aggression at the workplace can diminish healthcare workers' professional self-esteem and decrease their job satisfaction. This may then result in negative organisational outcomes, such as lower staff morale and increased job stress, and create an unpleasant work environment.

Managing Workplace Aggression

As the healthcare sector continues to grow, the number of workplace aggression incidents may increase inevitably. Coupled with the undesired consequences, aggression is a workplace safety and health issue that requires attention and intervention. To prevent further exacerbation, resources need to be committed and appropriate measures put in place to manage workplace aggression.

The following table shows some possible measures and good practices that healthcare stakeholders can adopt when dealing with distressed individuals or situations.

Table 1: Measures to Prevent and Manage Workplace Aggression.

Organisation and Environment	Staff Training and Development	Situation Management
<ul style="list-style-type: none"> Establish visiting hours and visitor identification Ensure sufficient staffing at reception and Accident and Emergency (A&E) Department Implement buddy system for frontline staff Display warning signs at front counters Provide panic alarm for frontline staff and medical practitioners to warn other healthcare workers of a conflict situation Install close-circuit television (CCTV) at potential incident locations such as reception counters 	<ul style="list-style-type: none"> Recognise signs of aggression (e.g. nervous movements and gestures, raised voice tone, hitting themselves in the chest or head) Learn techniques for conflict resolution and crisis intervention Educate staff on the proper incident reporting procedures 	<ul style="list-style-type: none"> Use calm but directive voice tone Maintain adequate distance from the aggressive person Stay alert and ensure that there is an open route of escape Communicate with the aggressive person in a public and visible area Acknowledge the behaviour of the aggressive person (e.g. "I can see that you are upset") and offer help in a calm manner Carry a personal duress alarm and initiate where appropriate

⁴Occupational Safety and Health Administration (OSHA). Healthcare Wide Hazards – Workplace Violence
<http://www.osha.gov/SLTC/etools/hospital/hazards/workplaceviolence/viol.html>

⁵Workplace Safety and Health (WSH) Council. WSH Guidelines – Healthcare
https://www.wshc.sg/wps/themes/html/upload/infostop/file/WSH_Guidelines_Healthcare.pdf



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CHAS Criteria	CHAS 2014	
	Blue Tier	Orange Tier
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Citizenship, Age & Disability Status	All Singapore Citizens	
Annual Value (AV) of Residential Properties (for households with no income)	\$13,000 and below	\$13,001 to \$21,000

Please refer to the summary table of subsidy rates for the various dental services covered by CHAS:

Type of Dental Treatment	Subsidy Rates (\$)	
	Blue Tier	Orange Tier
Cementation	35	NA
Consultation (w/o treatment)	20.50	
Curettage	20.50	
Crown (Metal, Porcelain)	127.50	84.50
Complete Denture, Acrylic™ (upper or Lower)	256.50	170.50
Partial Denture, Acrylic™ (upper or Lower)	98 - 210*	65.50 - 140*
Denture Reline	98	65.50
Denture Repair	43	NA
Extraction (per tooth)	28.50 - 68.50*	
Filling, Amalgam	20.50 - 43*	
Filling, Tooth-coloured	35 - 68.50*	
Polishing^	20.50	
Root Canal Treatment	164 - 256.50*	109.50 - 170.50*
Scaling^	20.50 - 43*	NA
Topical Fluoride^	20.50	
X-ray	11	

^ Limited to 2 procedures per patient per calendar year. * Limited to 1 set (upper and lower) per patient per calendar year.
 * Amount of subsidy varies with complexity of dental treatment provided.

For more info, visit www.chas.sg or call AIC at 6632 1199
 or email dental@chas.sg.

Cambodia Trip 2013

By Rebecca Cheah, Elyssa Yap, Ho Wan Zhen, Priscilla Chao (Year 3 Dental Undergraduates)



In September 2013, we joined a dental team comprising dentists and dental therapists on a mission trip to Siem Reap, Cambodia. Years ago, with the aim to improve oral health in developing countries, Dr Paul Lim, Dr Noeline Tan and Dr Loganathan Vijayan pioneered annual mission trips to Cambodia. This year, the same dental team, now headed by Dr Lee Bing Wen, continued to provide the underprivileged

with dental treatment in terms of restorative work and extractions for both adults and paediatric patients.

Partnership was made with the Cambodian liaisons as well as Republic Polytechnic volunteers prior to the trip. The student volunteers spared no effort in providing the logistical and manpower support throughout the trip. On the other hand, the Cambodians were wonderful

hosts who helped to orientate us within their geography and aid us in overcoming our language barriers with the locals. Of particular interest would be our interaction with the Cambodian dental students through which we were able to learn more about the Cambodian local dental education system.

During our stint in Cambodia, we also witnessed the lack of dental awareness amongst the locals

and the stark difference between the availability and affordability of dental facilities from those we have back home in Singapore. Villagers would arrive exceptionally early every morning to queue up for dental treatment. Some were excited to get an aesthetic makeover in the form of fillings or dentures, while others were desperate to alleviate unbearable toothaches. It pained us to witness young children with rampant caries on their permanent teeth with some children only having root stumps remaining on their dental arches.

Our primary objective was to arrest carious lesions and relieve any form of pain or discomfort experienced by the patient. However, it was definitely impossible to give every patient



A dentist giving LA before performing normal extraction on a Cambodian patient



Screening the patients at the triage

comprehensive treatment given the constraints of facilities and time. But the dental team painstakingly treated every patient as fairly as they could, and it was heartening to know that each patient's primary dental complaints were being addressed and that their oral health was bettered in some ways.

Not only was it a gratifying experience to be able to help the less fortunate, it was also delightful to partake in the mission trip and put what we have learnt to good use.



Anniversary of *DentalSURGEON*



Interview with

The Originator of *DentalSURGEON*, Dr Shahul Hameed

Interviewed by Dr Yeo Jing Ting

1. What inspired you to start the *DentalSURGEON* newsletter back in 2004?

DentalSURGEON newsletter was started by myself in 2004. I was the Hon Secretary then. Prior to the *DentalSURGEON* newsletter all the SDA information was by photostated/xeroxed circulars; of poor quality.

2. What were some challenges you faced in publishing the magazine then?

This was prior to the digital age as we know. All editing and proofs had to be done in hard copies. Either by or the actual final proofs. I had to personally go down to the printer's office regularly for the amendments.

3. Do you have any suggestions for coping with set-backs, dealing with adversity?

Never give up. Believe in yourself. Try and try again.

4. Can you share some of the biggest lessons you have learned personally and as a dentist as things have grown? If you were to start again, what might you do differently?

Be humble. there will always be somebody better than you. Be grateful. Be thankful to your patients and the people closest to you.

5. Is there anyone that you look up to and model yourself on?

Yes. He is a regular businessman. Probably one of the wealthiest persons in Singapore. But many will never ever heard of him. Most will remember his humility, kindness and desire to help those less fortunate than him.

6. What was your vision for the future of the *DentalSURGEON*?

To be the vehicle of information for dental profession here and to do away with printed information circulars. Unfortunately, both co-exist now.

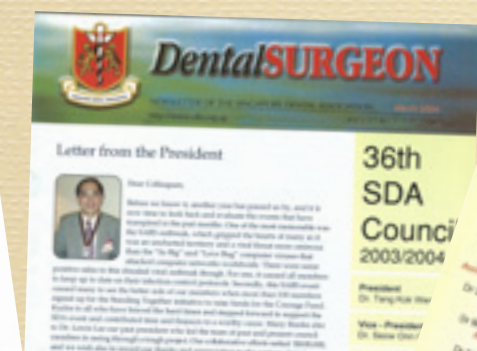
7. You kept the subscription free to the end user. How has this strategy been for you?

it was never meant to be a paid subscription. This is one of the benefits of membership. Furthermore the adverts will pay for the magazine. I never meant it to be a paying magazine

8. What do you think of how the *DentalSURGEON* has evolved till now and any advice on how we can improve?

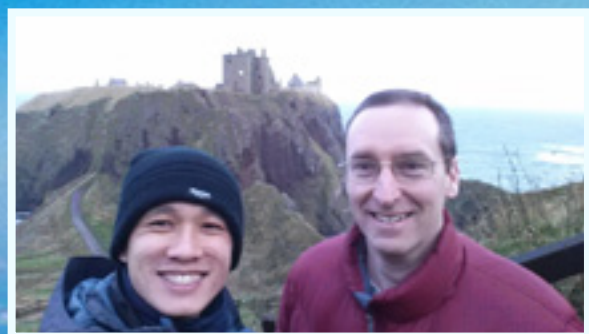
Personally it's too many pages for me. Also too much on leisure. Would I keep it after browsing for a few minutes? The answer is NO. The challenge for any bulletin is to have readers keep it for as long as possible. Perhaps do away with the circulars and incorporate everything into a more compact DS.

PS: Dr Shahul has requested not to include his photograph



NAME: _GABRIEL CHONG TSE FENG
CITY, COUNTRY: _DUNDEE, SCOTLAND, UK
UNIVERSITY: _UNIVERSITY OF DUNDEE
SPECIALITY: _FORENSIC ODONTOLOGY

Gabriel is currently pursuing a Masters in Forensic Odontology (MFOdont) at the University of Dundee under the auspices of a Singapore Armed Forces Postgraduate Study Scholarship. The duration of the course is for a year and he has been in the UK since September 2013.



Gabriel with Dr Andrew Forgie, MFOdont course director. Dunnottar Castle, along the east coast of Scotland.



View of the City of Dundee, from across the bay (Location: Fife-on-Tay).
 Note, the Law stands out in the city's skyline.



About the Course

The Masters in Forensic Odontology program at the University of Dundee is, at the point of writing, the only forensic dentistry speciality course in the United Kingdom. The curriculum covers all aspects of forensic odontology: dental identification; disaster victim identification; bite mark analysis; age estimation from dental sources; comparative dental anatomy; dental report writing and evidence; dental embryology and anatomy. In addition, students have formal instruction on complementary subjects of forensic medicine and forensic science. Similar to other dental postgraduate courses, the degree culminates in a research project.

The strengths of the course are plentiful: (i) Dr Andrew Forgie, the course director, who zealously mentors your professional growth and, if need be, your personal welfare too; (ii) joint teaching by other forensic dentists in the UK; (iii) the interdisciplinary nature of the course fosters the necessary skills essential for managing real life issues; (iv) the ability to observe post-mortems in an active mortuary and job shadow police surgeons (forensic medical examiner).

About the City of Dundee

Dundee is Scotland's 4th largest city and was historically built on "Jam, Jute, and Journalism". Presently, there is one sole surviving maker of Dundee Marmalade and the Jute industry is represented only by Verdant Works, recommended as a tourist destination by Lonely Planet. The last 'J' still survives – the publishing house that gave birthplace to famous childhood comics such as Beano and Desperate Dan still operates out of Dundee (in addition to London, of course).

Nowadays, the city has earned the epithet "One City, Many Discoveries" in honour of the city's legacy of discovery. These include, but are not limited to, the historic RSS Discovery, which was built and launched in Dundee to bear Captain Scott's exploration crew to the Antarctic (and now berthed along the waterfront), video gaming industry (the games Lemmings and Grand Theft Auto were created here) and biomedical (3 of the UK's top 20 academics in this field are based at the University of Dundee).

The city feels more like a big town and is easily explored on foot since everything is within walking distance. The Law (a dormant volcano) looms over the city's skyline and offers impressive vistas of Dundee and its surroundings. The River Tay separating Dundee and Fife-on-Tay is wide enough to offer spectacular and literally breath-taking (think wintery winds) views. The city is also central enough to reach other Scottish cities (like Edinburgh, Glasgow and Aberdeen) and its scenic east coast towns in an hour or two.

About the University of Dundee

The University of Dundee was founded as a constituent college of the University of St Andrew's, when it was decided that the professional schools (such as medicine, dentistry and law) would be situated in nearby Dundee while the humanities remain sited in the original location.

Amongst other disciplines, the University of Dundee is internationally renowned for forensics (after all Scotland is the birthplace of forensics) and biomedical and life sciences research – particularly diabetes, cancer, neuroscience.

The School of Dentistry is particularly strong for its research in Dental Public Health, Cariology (housing the famous Dental Health Services Research Unit), craniofacial abnormalities (a WHO collaborating centre), and oral cancer.

Your advice to interested applicants to the course

Applicants who are considering forensic odontology should first and foremost consider the graphic nature of the speciality and must be able to work under stressful and demanding situations. Applicants should ideally be open minded and think laterally, have an eye for detail, be able to critically analyse problems and preferably have some years of clinical experience under their belt. For example, the role of identifying human remains from oro-dental structures sometimes requires the 'retrospective' application of clinical knowledge in novel and creative ways.

Finally, for those considering yea to Dundee, do bring a lot a thick water proof jacket and Gore Tex boots. Dundee's claim to being the Scottish city in receipt of the most generous dose of sunshine is probably true; however without contradiction to its Scottish character, i.e. Dundee is still cold, wet and rainy.

The University of Dundee



View of the City of Dundee from the Law

Do not leave the place without trying.....

For the gourmets – Cullen Skink (Scottish soup with a creamy base, made with smoked haddock, potatoes and onions);
 For the adventurous ones - Haggis (National dish with seemingly disgusting ingredients but has a nice nutty flavour);
 For the unhealthy ones – Deep fried Mars bars (enough said);
 For the healthy ones – Hike the Scottish highlands;
 For those with a sweet tooth – Dundee cake (fruit cake that has a distinctly “orangey” taste);
 For those who love jam and spreads - Dundee Marmalade (the Jam industry that Dundee was famous for);
 For the teetotaller – Irn Bru (Scottish national drink that is more popular than Coke... no comments on the alleged cariogenic and diabetogenic effects that consumption may produce);
 Not for the teetotaler – Single Malt Whisky (Scottish whisky is famous the world over; the author personally recommends Laphroaig);
 For the military buff – Black Watch (Enlistees into what is arguably Scotland's most famous and elite regiment was initially drawn from Men in the Angus region that includes Dundee);
 For those who love to travel – British Cities and the Countryside within easy reach;
 For the rest – history (understand Scotland's rich and often tumultuous history with its neighbour); politics (the Scots will vote in a referendum this September on whether Scotland should be an independent country); and assimilating the Scottish accent.



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A DENTIST with A PASSION

Dr Jimmy Yap has been a member of the Singapore Police Force's Volunteer Special Constabulary (VSC) since 1988. He is a Deputy Superintendent of Police (V), and is also a career advisor and panel interviewer for the VSC.

Dr Jimmy Yap remembers his days as a rookie Volunteer Special Constabulary (VSC) Officer at the old police station at Pearls' Hill.

This was where he was first posted in 1988, after about six months of basic training. He would report for duty, to go on patrols or attend meetings, on Monday and Thursday evenings. During the weekends, he would take part in operations.

"If there's any major event, I will join them. Basically it's gaining as much police experience as I can," he recalls. "Most of the time, we will just go on ACR – anti-crime rounds."

He remembers, for instance, taking part in a raid targeting dormitories of construction workers. The operation caught some workers gambling illegally in the premises. The 58-year-old dentist has come a long way since those early days. He is now a

Deputy Superintendent of Police (V) managing 120 VSC Officers as Head VSC in the Central Police Division.

Career Crossroads

Dr Yap had considered a career as a police officer, before he went overseas for undergraduate studies. As a national serviceman, Dr Yap had served in the Military Police. There, he had the opportunity to help out with investigation work. This sparked in him an interest in policing work, which led to a dilemma.

"My dad – he was a dentist. So for very long, since I was a teenager, I used to help him in his clinic. I developed a love for dentistry. So I was more or less torn between being a dentist and going into a full-time police job," says Dr Yap.

He decided to go with his first love and follow in his father's footsteps. He had already learnt much from

helping out at his father's busy dental practice, at times as the only assistant.

"By the age of fifteen, when I was in Sec 3 or Sec 4, I already knew all the procedures – basically fillings, and even extraction. I knew exactly the instruments that he wanted," says Dr Yap.



Volunteering in the VSC

As it turned out, Dr Yap did not have to give up entirely on his hopes of becoming a police officer. After completing his studies, he found out from a friend that he could join the police force as a volunteer.

VSC Officers work side by side with regular police officers, doing similar work and even wearing the same uniform. This is something that pleases Dr Yap.

"Most of the time when we're on the ground, you can't tell between the volunteers and the regulars," he says.

Some VSC officers know their work so well that they are even asked to supervise new regular police officers attached to their division.

"To me, I think this is something to be proud of," says Dr Yap.

Dr Yap says that many of his contemporaries in the VSC go well beyond the minimum duty commitment of 16 hours a month. Some put in as many as 40 hours,

or even 100 hours when they are involved in operations.

The VSC has been proactive in developing its officers, to the extent of sending them on overseas study trips. Some have gone to places like London, Hong Kong and Malaysia. Dr Yap himself has been on a study visit to the Shanghai Police College.

Changing demands

In recent years, the changing operating environment has placed new demands on VSC Officers. Dr Yap feels that in the 1980s and 1990s, people were more accepting of instructions from police officers. Nowadays, he says, people tend to be more vocal. Some may even take a photo, "stomp you" (post it online), and file a complaint.

"That's where communication comes in," Dr Yap says. "You have to handle the member of the public with more tact. And also you have to be seen to be very impartial and very fair to everyone. I'm not saying that previously we didn't do that, but maybe we didn't have to explain so much to them. Now you have to

spend more time to explain it."

Dr Yap is at the same time keenly aware of the challenges faced in recruiting the right people to join the VSC. He was previously Head (Recruitment) in VSC, and is a career advisor and panel interviewer. The recruitment process and selection criteria for VSC Officers are as rigorous as those for regular police officers. The basic training course, which now stretches up to nine months, and other life priorities, may also deter some people.

"Nowadays a lot of us are graduates or diploma holders. We always weigh our opportunity costs, and ability to first and foremost feed ourselves," he says.

The VSC has nevertheless attracted a wide cross-section of volunteers – professionals, businessmen, workers and the self-employed. Dr Yap feels that they hold in common the belief that joining the VSC is a rewarding way of contributing back to society.

Besides Police National Servicemen and former police officers, VSC

recruits also include those with no prior involvement in police work.

Of these officers, Dr Yap has this to say, “They have this strong sense to really want to come in and contribute to the society - not so much as grassroots leaders, but to be really into policing and help maintain the security of the country.”

Leading and motivating

As a Head VSC in Central Police Division, Dr Yap places emphasis on managing the welfare and motivation of the volunteer officers. He likens it to being in a family, and tries to give his officers a listening ear. He wants to ensure that deserving officers are recognised, promoted or given avenues to contribute in their areas of strength.

He makes it a point to be available during major events like the National Day Parade, Chingay, General Election and Presidential Election. Yet for his officers, he is mindful of the importance of work-life balance.



“Of course as the head, I want to make sure that they’re balancing their family life, their professional life, and whatever they do outside, with the VSC work. As long as they don’t get burnt out, that’s the most important thing,” he says.

So what has motivated him to stay in the VSC for over twenty years? Dr Yap finds it hard to pinpoint the reason.

“I believe that as I always say, dentistry itself is actually very solitary work. You’re seeing patients who come to you. Well, to me, it’s an interesting job; it’s my passion. But I find that in joining the VSC, or I

believe any voluntary organisation, you have the opportunity to meet people from all walks of life. And that increases and widens your perspective in life,” he ventures.

Police work also has its unique and interesting aspects.

“You actually go out and patrol, and then you’ll be seeing day-to-day cases and things that happen on the streets. So basically, it also helps us to become more street-wise,” he says.

The support of his family - his wife and two children - has also been a source of encouragement for Dr Yap. This is despite the sacrifices made in terms of family time, including on occasions like Chinese New Year’s Eve.

Dr Yap is open to the possibility of volunteering beyond the retirement age of 60 for VSC Officers of his cohort (the usual retirement age for senior officers is 55). That is, if his drive is still there, he says.

Yet his dedication to the VSC is palpable. The word “passion” crops up often in conversation, whether he is talking about his profession as a dentist or his VSC work. For example, when asked about the small allowances paid to VSC Officers compared to the monetary rewards for regulars, Dr Yap’s response is simple but heartfelt.

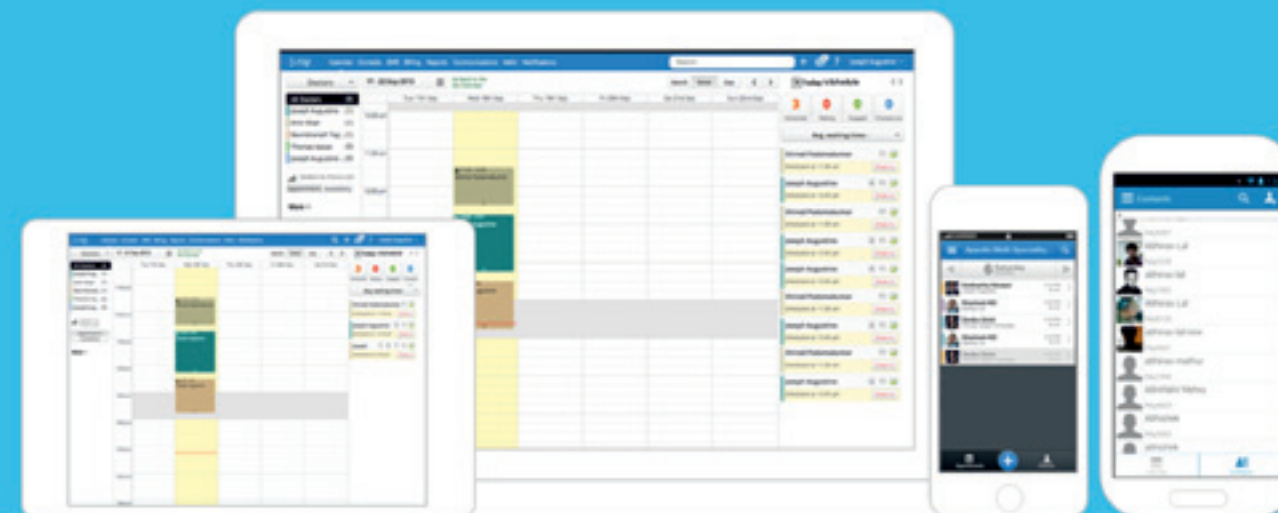
“But then, we’re here just for the passion. We really want to volunteer our services.”

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Nepal & India Dental Camp

Sometimes an opportunity presents itself, one where you may hesitate for a moment; do I do this? One where you will look back later and say to yourself, my life will be forever enriched by that experience. The 2013 Ilam/Sikkim dental mission was one such opportunity for me.

Our mission, organized by a very capable motivator and all round great person, Dr Sapphire Gan, started in Kathmandu, Nepal. We arrived, after a very early start at Changi airport along with two portable drill kits and compressors, two ultrasonic scalers and all the instruments and materials to set up a basic clinic thanks to the generous donations from some of our sponsors. This added up to 10 large suitcases in all and left us with only 7kgs of personal check-in each which proved quite challenging in itself!

Eight dentists and two trained volunteers left Singapore shores; our “veterans” - Drs Sapphire Gan Tsering, Kaan Sheung Kin and Tay Chong Meng; our youthful energetic Drs Jessica Widiyati, Adeline Chai Sy Yin, Kueh Ling Hui, Kam Ning Hui and myself (I’ll reserve classification). Our volunteers, Eileena Lee and Shawn Toh Wei Lin, having spent an afternoon with a Singapore Optometrist, Chui Wenjuan, had been trained to be



able to fit and supply reading glasses. Once in Kathmandu we were joined by the Thai component of the team, the supremely talented oral surgeon Dr Thanaporn Thongjood “Odile”.

After an evening in Kathmandu with our Nepalese organizers, Nicky Glegg and Patricia O’Sullivan, we flew “Buddha Air”, an amazing flight affording glimpses of Mt Everest, (a sight to behold) and landed in Bhadrapur. Here we were picked up in jeeps and our equipment loaded on top, ready to set off to the tea-terraced hills of Ilam. Our local volunteers and interpreters Urygen, Ngawang, Niema, Muna, Prajwal, Naren and Bhuwaneshwori joined us too. Along the drive, we were fortunate to be joined by two Nepalese dentists, Drs Asal Acharya and Abhinaya Luitel, completing our

team of 10 doctors, 2 “stand-in optometrists” and general assistants.

Our jeep convoy was not complete without the addition of a group of incredible monks, senior monks - Opak Lama, Sherab Phuntsok, Buchung Nawang (our hero!), Lhundrup Dorje, Lungtok Sangpo and Wangyal and four younger monks - Duedul Namgyal, Sangay, Urgen Tenzin and Pema Gyalpo.

The beginning of our long drive started fairly uneventfully though very scenically with a bumpy jeep ride up the mountain on our way to Lapse Bote, Ilam. Heavy rain however provided a snag in the form of a small landslide and muddy conditions bogging one of the jeeps in the convoy. This resulted in a 3-hour

trek in wet and muddy conditions in the dark to get to our final destination. We quickly found out that the Nepalese work on different clocks to us as “5mins” quickly became hours! We were rewarded at the end with a delicious welcome dinner provided by the monastery and locals in a softly lit cabin, the floor festooned in aromatic pine leaves.



During our stay in Ilam, we were lucky enough to have the experience of staying with a lovely local family who welcomed us as members of their family. Our “cabin”, just above the goat pen, provided breathtaking views of the surrounding mountains. The beautiful surrounds later inspired our artist/orthodontist in residence,

Sheung, to paint a watercolour of the main house with its rows of drying corn h a n g i n g

along the veranda which he then gifted to our appreciative hosts. Next day it was time to set up the clinic. It was incredible to witness our team of monks and local volunteers fashion a temporary shelter from bamboo poles, cut on site with a tarpaulin roof and electricity sourced from the local school, the site of our outdoor clinic. It wasn’t long before we were up and running with a consulting station, eye station, two restorative stations, two “scalodontic” stations and up to four extraction stations running very efficiently. All from 10 suitcases!

We had 3 full clinic days in Ilam and saw 452 very happy and grateful patients. The eye clinic was a successful addition to the clinic with many patients who had been unable to read or do their craft for many years, suddenly able to see again. It was met with much rejoicing (dancing on one occasion!) and well worth the 80 cents per pair of glasses! Many of our brave patients sported cavities that must have given them considerable pain and their relief after the removal of these teeth was obvious. Our scaling stations also proved very popular with much calculus being “planed” away in the 3 days!

Our time spent in beautiful Ilam was very memorable. It wasn’t all work and no play. On one evening we had a bon fire where we roasted potatoes and had a sing along and on the last evening we tried a drop of the local brew, a

fermented rice spirit called “Chhaang” (I’m sure it could launch rockets too). We attempted the local dance and then were presented with gifts of tea, sweet hard cheese sticks and a CD from a local artist by the organizers as thanks (not for the dancing!)

The next day saw a very early start and we had much travelling to reach Tashiding Sikkim. It was with much sadness that we had to farewell Ling to Singapore and our two Nepalese dentists, Asal and Abhinaya, who had all been very valuable members of the team and lots of fun too.

I would like to say the journey went off without a hitch but after a relatively smooth transit through the Nepalese/ India border, involving changing our vehicles to our Indian drivers, we hit our first “snag” when we reached the



border of Sikkim at 7pm. Despite being given information to the contrary, we discovered that the border closed at 6.30pm. Our two “dignitaries” Drs Sapphire and Sheung, accompanied by two of the senior monks Sherab and Buchung; all forces to be reckoned with, managed to get some action and the most senior official came down especially to process our 10 Sikkim



visas. A long winding, bumpy ride up to an elevation of almost 5 000 ft saw us arrive at 2am in the beautiful “Tashiding” Sikkim India.

Tashiding is considered by many to be the holiest monastery in Sikkim. With its surrounding mist covered peaks, wild flowers and colourful prayer wheels and gompas it is easy to see why. The local buddhist community had constructed one of the prettiest outdoor clinics, complete with curtains and lacquered cabinets and a sign boasting “Renowned dentists from Singapore!” Here we set up a similar clinic to our Ilam clinic and in two and a half clinic days, managed to see 408 patients. We were also given guided tours by the monks and managed an early sightseeing expedition most mornings with morning prayers by the monks in a naturally formed cave being one of the highlights

for me.

The clinic was extremely well received and even managed to attract the attentions of the local newspapers, a journalist having been sent to capture shots of us in action!

Our scenic trip back unveiled the spectacular views we had missed travelling in the dark on the night we arrived. We even managed a stop at some “holy” hot springs before just making the border crossing back into Nepal.

Despite our Indian drivers being of questionable sobriety, and a suspected bed bug encounter at a hotel in Birtamode, our journey was a once in a lifetime adventure. We saw a total of 860

patients during the mission. I hope they got as much from the encounter as I know I did.

I have made lifelong friends and shared an unforgettable experience with them.

Special mention must be made of Dr Sapphire Gan, Nicky Glegg and Buchung Nawang who planned what was one of the most logistically difficult mission trips, due to it spanning two countries and two borders, with very few hitches. It would also be remiss of me not to mention our precious monk friends who looked out for us and made our journey so special.

A big thank you also to Chokgyur Lingpa Foundation, B.P. Koirala Institute of Health Sciences (Dharan, Nepal), Dusche Committee (Tashiding Monastery), Singapore Dental Association, and all our sponsors and donors without whom the trip would never have come to fruition. I have already put my hand up for the next mission trip and I urge anyone who has ever considered one to do so too. It will change your life!

Namaste !
Dr Joanne Colahan



The Royal Australasian College of Dental Surgeons

RACDS Membership and Fellowship Programs in General Dental Practice

The Membership Program in General Dental Practice (MRACDS(GDP)) is a pathway to the acquisition of further knowledge in general dentistry.

The Fellowship Program in General Dental Practice (FRACDS(GDP)) is a process of peer review and assessment of higher level competency. Both the Membership and Fellowship programs in General Dental Practice provide structured education and learning for qualified General Dental Practitioners (GDPs).

RACDS Membership and Fellowship Programs in Specialist Dental Practice

Membership in Specialist Dental Practice is granted in recognition of a candidate's standing as a specialist in their discipline.

After attaining Membership (SDP), candidates can advance to Fellowship (SDP). Candidates for Fellowship (SDP) are required to have a broad and deep theoretical knowledge with clinical application in all aspects of their specialty.

Fellowship in a Specialist Dental Practice discipline represents assessment and peer review of a candidate at an advanced level. This follows the completion of a period of specialist experience gained after the completion of a higher university qualification in that specialty and is seen as a continuation of learning and professional development.

About the College

The RACDS Membership and Fellowship programs provide the opportunities for specialist dental study, training and qualifications and continuing professional development.

Our qualifications are recognised internationally where we have an active presence throughout Australia, New Zealand, Asia and Europe. Our Members and Fellows live and work in all corners of the globe.

We strive to adhere to high educational standards as provided by the Australian Dental and Medical Councils. The College has conjoint arrangements with four of Australia's top University dental schools and our Dental College partners throughout the UK and Asia. We encourage and are engaged in research through our Education Policy Board and Boards of Studies. We promote optimal dental health care and treatment in the community through advanced education.

Please visit the College website at www.racds.org for more information about the College and our programs.

Contact Us RACDS, Level 13, 37 York Street, Sydney, NSW 2000 AUSTRALIA
Tel: +61 2 9262 6044 Fax: +61 2 9262 1974 Email: registrar@racds.org

www.racds.org

SDA year end

Thank you Dinner for our volunteers

What a year it has been! With many milestones achieved in 2013, the Singapore Dental Association held its Annual Appreciation Dinner for her volunteers on the 19th of December 2013.

This year, the SDA welfare committee decided to abandon the usual hotel buffet, instead opting for something different. After much venue hunting, the yearly get-together event was held at Spathe Public House along Mohamed Sultan Road.

In a setting of good food and wine, the night was made perfect by the presence of many familiar faces, some whom we call friends and classmates, others we addressed as 'Prof'. After a rousing opening speech by President of SDA, Dr Kuan Chee Keong, the sumptuous feast began. Amidst the feasting and mingling, the dinner was punctuated by our exciting lucky draw, hosted by our very own firecracker, Dr Terence Jee.

By the end of the night, everyone left, not only with full stomachs and high spirits, but with gifts and prizes made available by our very kind sponsors. It was indeed a very enjoyable night where we could reminisce to the highs and lows of 2013. On behalf of the welfare committee, we would like to thank all who have made 2013 a splendid year for SDA and we hope to see you at next year's 'Thank you' dinner!

Dr Darrell Ong



SDA @

surprising SPATHE!

Story & photos by
Dr. Michael Lim the Travelling Gourmet™



The intrepid Travelling Gourmet goes to a

Public House on... MOHAMED Sultan Road,

an area notorious for sleazy clubs, filles des joie and bars... BUT this event was perfectly RESPECTABLE! It was SDA's End of Year Party 2013 to thank our...

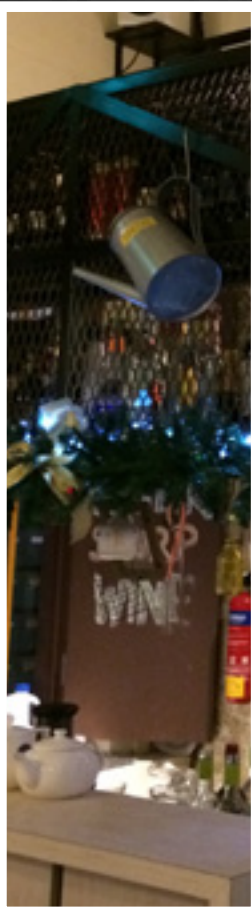
MOST dedicated, tireless and selfless

volunteers who give their time and energy for

our Singapore Dental Association, serving on

many committees for the good of all...

SPATHE Pub does not look like much from the pavement outside. Inside, it was a very different story. Suprisingly warm, happy, boisterous with wooden slated benches for communal dining. Yes, Spathe is a Gastro-Pub...and the Chef is Swiss-German with Italian parents. How unique is that! The food is not Michelin Star or pretentious Molecular Cuisine BUT plain, good, wholesome comfort food in the southern Swiss-German style Portions are big and very satisfying.



Before the food, all our esteemed

colleagues listened to a SAS (short

& sweet) speech by our dynamic and

cheerful President, none other than

Dr. Kuan Chee Keong!

Super Salmon and more...

The big Salmon Steak still juicy in the middle made me happy...the Slow Cooked for 12 hours Pork Belly was knife-tender and flavoursome, accompanied by a Poached Egg. I put the wobbly egg in my mouth... rolled it against my palate...the liquid yolk

burst releasing all its flavours to pleasure my eager taste-buds! Oh! La! La! Yummy! Observing my pals and colleagues, I could tell they felt the same way too. Cream of Smoked Tomato Soup with Goat Cheese Croutons was fabulous. My boisterous pals and companions, including charming Dr. Asha, tucking with gusto into the Salmon Steak... agreed wholeheartedly with me. If there was a freezing winter season in sunny Singapore, all you would need for a hearty, comforting

dinner or supper would be this super soup! As we dined, my good friend, happy Dr. Teo Hiow Hoong regaled me with his true amusing anecdotes.

Say CHEESE!

The Goat Cheese Croutons were crisp to the bite like a very good potato crisp...then my mighty molars bit into yielding, slightly gooeeey aromatic Goat Cheese. Good thing we all have good teeth and not dentures like our

patients! Ha! Ha! Some do not care for Goat Cheese but I adore Goat Cheese. Well, one man's meat is another's poison.

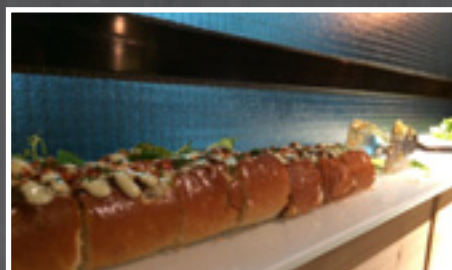
There are no rights or wrongs

in gastronomy.

Eat what you like

because that is the best food for you... Who cares if people with bad taste say Durians are smelly and horrible. As long as YOU like them, that is what counts! Choose Tiger Prawn Salad with Mayo and Avocado for a healthy weight watcher's option.

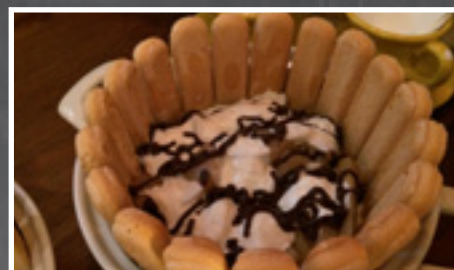
The eclectic decor is cool...A gigantic red bird, probably a Robin Redbreast, adorns the far wall by the kitchen. Big Blackboards neatly written in coloured chalk announce the Specials and implore you to drink wine. I tried 2 wines both from Portugal. Luke, the cheerful "Geordie" Bartender from Newcastle upon Tyne poured the



wines for me. They were not the kind of wines "label drinkers" like. They were the kind of wines, a true wine connoisseur appreciates and "label drinkers" disdain. You see, they are from Portugal, not Bordeaux, and they are not super expensive like Chateau Petrus 1998 which costs US\$3,458 per bottle ...I liked the red Portuga Vinho Regional Lisboa 2011 which was well-balanced & not over-oaked. It matched well with the Slow-Cooked succulent Pork Belly! Our hard working Admin Staff, including Jon, also enjoyed themselves tremendously. Many prizes were also won by our lucky colleagues in the Lucky Draw!

Swiss Chef Claudio...

I was pleased to practise my German with tall & dashing Swiss Chef/Owner Claudio Sandri from Basel. Claudio speaks Italian too and kindly showed me his compact kitchen explaining, "I worked in London for many years... this inspired me to open Spathe." The PAP (pretty and polite) servers are mainly from the Philippines...Jaddel the Manager is very kind & helpful. Another Filipino told me, "I'm from Mindanao but I'm not with the MILF



(Moro Islamic Liberation Front)." I was relieved to hear that, Ha! Ha!

SWEET Surprises include Sticky Toffee Pudding...so traditionally British...so sweet and good (it's ok, a good fluoride mouth rinse will remineralize your enamel...) Pear Charlotte is beautiful too. I took the ivory coloured Lady Finger biscuit from the Charlotte and dipped it into my foamy Cappuccino...Bon appetit! Life is like good ice cream. Enjoy it before it melts...

Come here for a drink or a comfort meal with friends and family...you won't regret it. As Arnold Schwarzenegger said as The Terminator, "I'll be back..."

SPATHE Public House

(Spathe means a bract or pair of bracts, often large & colored, subtending or enclosing a spadix or flower cluster.)

8 Mohamed Sultan Road
Singapore 238958
Tel: +65 6735 1035

Sunday Brunch goes all the way till 5PM!

THE FUTURE IS HERE

▶ The 36th Australian Dental Congress

Brisbane Convention and Exhibition Centre - an AEG 1EARTH venue



Wednesday 25th to Sunday 29th March 2015

Invitation from the Congress Chairman

On behalf of the Local Organising Committee of the 36th Australian Dental Congress, it is with great pleasure that I invite you to attend Congress and enjoy the river city of Brisbane.

Over three and a half days, highly acclaimed International and Australian speakers supported by contemporary research, will present a wide range of subjects relevant to practice. These presentations will be complimented by hands on workshops, Lunch and Learn sessions, specific programmes for members of the dental team. Social activities will be available for relaxation purposes.

The Brisbane Convention and Exhibition Centre is adjacent to the Southbank Precinct on the banks of the Brisbane River. Nearby is the Queensland Performing Arts Complex, the Queensland Museum and the Queensland Art Gallery and Gallery of Modern Art. A comprehensive industry exhibition will be held alongside the Congress enabling delegates access between scientific sessions to view the latest in equipment and materials.

Come and join us for the scientific programme, the opportunity to meet colleagues and the experience Brisbane has to offer.

Dr David H Thomson

Congress Chairman
36th Australian Dental Congress

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DENTAL AND PUBLIC HEALTH LEADERS COMMIT TO STOPPING CARIES NOW FOR A CAVITY-FREE FUTURE

Cavities Are Preventable and, In the Early Stages, Reversible



PETALING JAYA, MALAYSIA (25 OCTOBER 2013) –The Alliance for a Cavity-Free Future (ACFF) are a worldwide group of experts who joined together to promote integrated clinical and public health action in order to stop caries. ACFF launched a Malaysian chapter on 25th October 2013, chaired by the country’s pioneer preventive cariologist, Professor Dr. Rahimah Abdul Kadir. The ACFF-Malaysia Chapter calls for national collaborative action to encourage leaders and stakeholders in the community to learn the importance of caries as a disease continuum, by recognizing that cavities are preventable and, in the early stages, reversible, and to develop comprehensive programs for its prevention and management in Malaysia.



The guest of honour Dr. Khairiyah Abdul Muttalib, Principal Director of Oral Health Malaysia, officiated the launch of the ACFF-Malaysia Chapter. Professor Nigel Pitts, Chairman of ACFF in announcing the appointment of Professor Dr. Rahimah Abdul Kadir as Chairman of the Malaysian Chapter, believed Malaysia can contribute significantly to the aspirations and objectives of ACFF to meet the goal of a cavity free global population in the future. He is hopeful that Professor Dr. Rahimah with her vast network in the region will also inspire other countries in the region to work towards the same goal.

In her acceptance speech, Professor Dr. Rahimah pledged to work towards achieving the three ACFF Malaysia Chapter goals:

- By 2017, seventy percent of dental schools and dental associations should have embraced and promoted the “new” approach of “caries as a continuum” to improve the dental caries prevention and management.
- By 2020, to work towards integrating locally appropriate, comprehensive caries prevention and management systems and monitoring approaches.
- Every child born in 2026 onwards should stay cavity free during their life.



Photo: At the launch of ACFF-Malaysia Chapter.
(L-R) **Professor Nigel Pitts**, ACFF Chairman;
Prof. Dr. Rahimah Abdul Kadir, ACFF-Malaysia Chapter Chairman;
Prof. Dr. Mohamed Ibrahim Abu Hassan, Chairman of Dental Deans’ Council;
Dr. Khairiyah Abdul Muttalib, Principal Director of Oral Health Malaysia, Oral Health Division, Ministry of Health, Malaysia;
Dr. Sharol Lail Sujak, President of Malaysian Association of Dental Public Health Specialists (MADPHS);
Mr. John Hazlin, Managing Director, Colgate-Palmolive Malaysia.

This can only be achieved by having collaborative and integrated efforts with all relevant stakeholders. It is also essential to have a comprehensive prevention and management of caries by having a population-based approach and, a clinical approach through committing to develop appropriate and evidenced based strategies at a national and local level that encourage the public health, clinical and dental education communities to work together. This collaboration with a worldwide group of experts of ACFF will benefit not only the individual Malaysian, but the profession as well and more so the nation.

The official launching of ACFF-Malaysia Chapter culminated with the signing of the *Alliance for A Cavity-Free Future Malaysia Chapter Declaration* between the ACFF Chairman and, Chairman of ACFF-Malaysia Chapter as well as supporting signatories who were the Director of Oral Health representing the Oral Health Division, Ministry of Health, Malaysia, Chairman of the Dental Deans’ Council and President of Malaysian Association of Dental Public Health Specialists (MADPHS). In attendance was Mr. John Hazlin, Managing Director of Colgate-Palmolive Malaysia.



Audi R8 V10 Plus Cost: \$985,000

The Audi R8 has always been the described as the most affordable supercar. With the latest incarnation - R8 V10 plus, it is setting sights on the big boys. The new R8 looks relatively similar to the previous model, but it is still stunning.

The R8 has always been sharing the same chassis platform, engine & drivetrain as the Lamborghini Gallardo, since they are the owned by the same company. With this new update, the R8 finally has a new seven speed dual clutch S Tronic transmission. So the shifts are smoother and lighting fast.

The 5.2 litre V10 engine produces 550 bhp which makes the car go from 0-100km/h in 3.5 seconds, which is really quick. The braking department is outstanding due to the standard fitted carbon ceramic brakes. The fun part about the R8 Quattro all-wheel drive system is that it can deliver 85% of the power to rear wheel.

The Plus comes with track day ready suspension, which also means you will feel more of the road, but in Singapore it still feels pretty comfortable.

The interior is like any Audi; functionality is all there but lacks some aesthetic appeal of the Italians. The sports seats hold you

THREE 3

Ferrari F12 Berlinetta + Audi R8 V10 Plus + Jaguar F-type V8 S.

Text & Photos by Dr Kevin Co



in very snugly but I would have love more back support.

R8 is an awfully quiet car during normal commute. Only when you activate the sport button that opens the bypass valves that you can hear the nice exhaust note, but when you rev it all the way the redline the sound of the V10 behind you is absolutely incredible.

The length of the car is actually the same as a Honda Civic which makes parking a breeze and the clearance is not ridiculously low either so slopes and humps are of no issue. So the R8 is one of the few supercars that can just be driven without hassle.

The new R8 has one of the coolest indicator lights ever! It is called 'dynamic' rear indicators, where the light moves towards the outside edge of the car, effectively pointing to the direction the driver is turning. The V10 engine is proudly on display via the rear glass panel with addition lighting for night viewings.

Even after 6 years it still looks modern and special. With the new transmission it is even more desirable.



Ferrari F12 Berlinetta Cost: \$1,500,000

The breath-taking design of the F12 is hard not to like. An impeccable combination of engineering and art. You have to appreciate that all the exterior design features are all serving specific aerodynamic and temperature regulating purpose. Truly an Italian masterpiece with amalgamation of elegance and passion.

The F12 not surprisingly has a V12 engine. A massive 6.3 litre no less. It is unashamedly loud, yet still

pitch prefect. The scarlet engine by itself is already an enthralling sight. The engine produces 730hp and has 690Nm of torque. With the 0-100km/h at 3.1 sec, it will either keep you smiling or petrified for a while. You have to appreciate that this is quicker than the Enzo and 599GTO!

The drive is fabulous as we already know since it is a Ferrari's flagship, can't expect anything less than flawless. The whole experience with

the Berlinetta was very calm and composed, even with the colossal power on tap, everything was under control. At no time I felt that this machine is going to spring a surprise or try to kill me when I push it hard. The carbon ceramic brakes can be enhanced further to give even more driver confidence. This car is obviously aimed at a totally different audience from the Aventador.

The ride comfort is an absolute charm, like the 458 spider I drove last year, you tend to wonder how a car that can eat tarmac for breakfast can be so docile during every day driving, including getting stuck in a traffic jam. There are minimal blind spots to content with especially in tight situations, for those who have experience in other sports car makes will agree that it's a nightmare. It is probably a good idea to add the suspension lifter option as you never know when you need those precious centimetres of clearance.

Ferrari engineers even decided to equip the car with cameras to make sure parking is a breeze, and that really says a lot about the future direction of the prancing horse. From my point of view it makes a lot of business sense to move towards effortless driving but enthusiast may have a different kind of worry. But with the ever growing competition, increasing their reach to new customer profile is critical for long term survival of the brand.

The sound proofing is first-class, so good that I was trying to find the switch to open the exhaust flap, which is great but not so great if you enjoy the absolute glorious sound of the V12 more than the radio.

The 458 spider is certainly more entertaining but Ferrari has completed an amazing feat- which is to make a 730hp monster suitable for daily commute.



Jaguar F-type V8 S Cost: \$520,000

It has been difficult for Jaguar as old, mediocre products and poor marketing has made the brand hide behind in the shadows. However, with the introduction of the XF in 2009, Jaguar is poised to make a comeback. And what a comeback it is! In the past, everyone would love to own a Jaguar but bought a BMW instead. However, in the last few years things has changed dramatically.

All thanks to Ian Callum the genius behind the new Jaguar designs. He also previously directed the design for Aston Martin. The F-type is the newest kid on the block and it is good. The 5 litre V8 supercharged engine churns out 488 bhp and does 0-100 km/h in 4.3 seconds, and it can be done topless. The dynamic suspension absorbs all the imperfections brilliantly.

Being a Jaguar, the interior will be leather + more leather, always a welcomed prospect away from cheap plastics that most cars are fitted with. There is an interesting built in passenger grip bar in the middle of the console; my guess is for the passenger to hold on to dear life if the driver decides to have a bit of fun?

The soft top deploys in 12 seconds and can be done on the move. If you intend to give your kid a ride make sure you deactivate the passenger airbags. I sent my son to school and the child seat adapted nicely even with the contoured seats.

The ZF 8-speed gearbox is excellent, although not a dual clutch system, the shifts are nippy.

The best part of the car is the sound! It growls so ferociously that almost all cars on the road can hear you coming and somehow subconsciously give way. Even the backfire of the exhaust is savagely loud. I think I probably woke the whole neighbourhood up in the middle of the night.

But interestingly you tend to slow down as the loud exhaust makes our sensory believe that we are going very fast but you are actually not. Reverse psychology perhaps? It's like those slow cars with modified exhaust that you can hear from miles away and you were expecting to see a Ferrari zoom past in the next few seconds but you waited and waited ... and waited, then a Perodua Kancil appeared.

And if you are wondering, YES! You can turn off the exhaust sound with a push of a button. But I haven't found any reason to do so.



Systema



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Gum care is the foundation of oral health. Poor gum care can lead to gum disease and tooth loss. Using advanced dental technology from Japan for superior gum protection, Systema Complete Gum Care System helps you build a strong foundation. That means healthier gums, healthier teeth, and a healthier you.

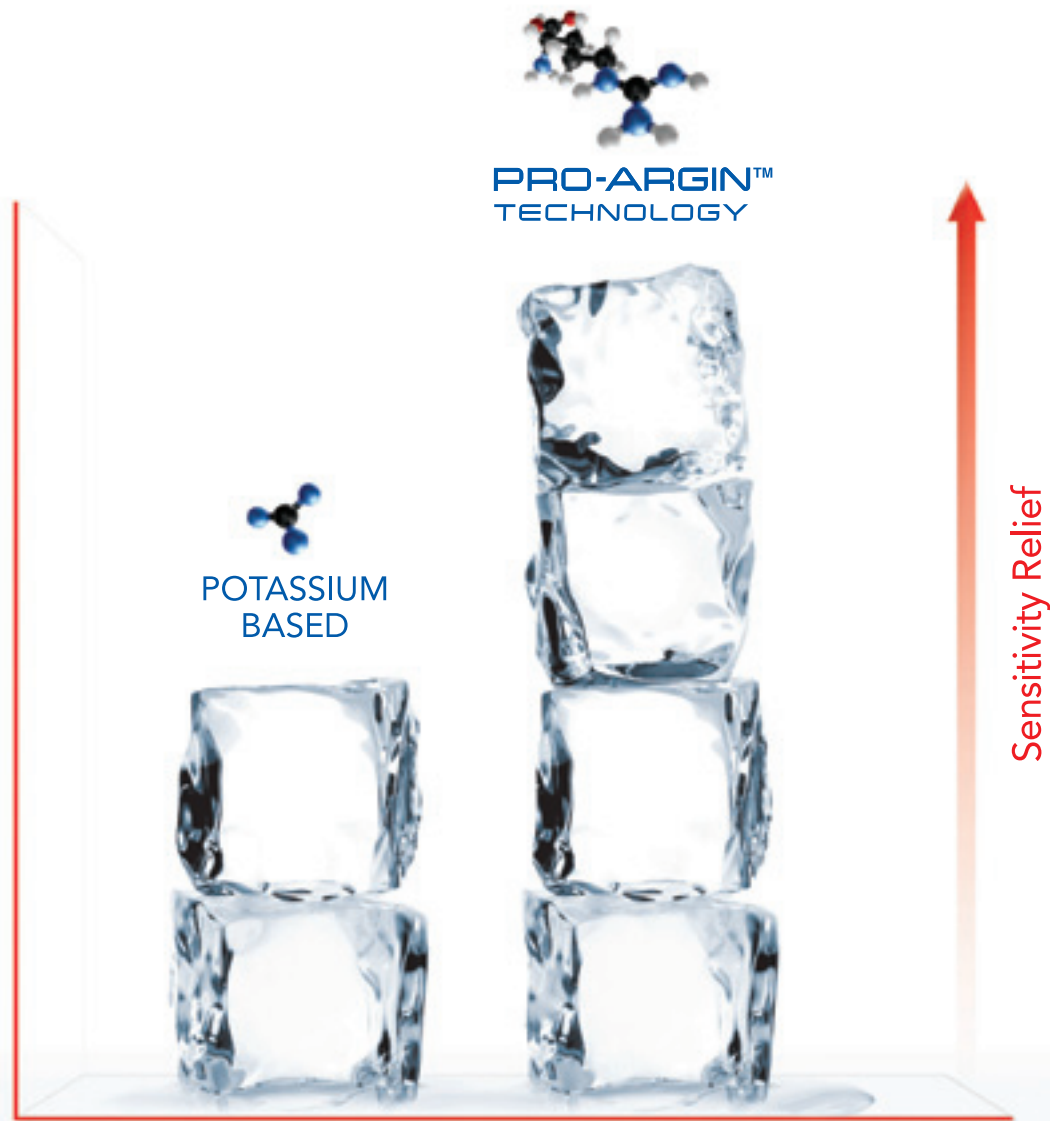
Advanced Gum Care System from Japan

Toothbrush Super-Tapered soft & slim bristles clean effectively yet are 3X gentler on gums*	Toothpaste Clinically proven to help give 4X better gum protection*
Mouthwash Alcohol-free with long-lasting gum protection	Interdental Brush & Gel Removes up to 95% of plaque between teeth & gums*

*As compared to ordinary round-ended bristles. *As compared to ordinary toothpaste. *When used together with toothbrushing. Source: Journal of Japanese Society of Periodontology 78-258 (1975).



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Scientific Work Cited: 1. Data on file; Colgate-Palmolive, December 2011. Publication in progress. *With regular use.

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