

The background of the cover is a photograph of a modern, multi-story building with a complex facade of white panels and glass windows. In the foreground, there is a lush, green garden with various trees and plants, including a prominent palm tree. The sky is blue with scattered white clouds. The title 'THE DENTAL Surgeon' is prominently displayed at the top, with 'THE DENTAL' in a bold, black, serif font and 'Surgeon' in a large, elegant, black script font.

THE
DENTAL *Surgeon*

MICA (P) 027/01/2010

JULY 2010

WHY WE NEED WATER
FLUORIDATION

AGM 2010 REPORT

INTERVIEW WITH THE
NEW DEAN

FUN TAIWAN

new

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*When used as directed on pack

References:

1. Banfield N and Addy M. J Clin Periodontol 2004; 31: 325-335.
2. Parkinson C and Willson R. J Clin Dent 2010. Accepted for publication.
3. Mason S *et al.* J Clin Dent 2010. Accepted for publication.
4. Hughes N *et al.* J Clin Dent 2010. Accepted for publication.



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Editor's note

Time flies. One minute you are slogging it out in dental school dreaming of graduation, and the next you are waiting to finishing your bond. Before you know it, the 4 years are done, and the world is your oyster. Crossroads lie in front of you, what's next? And maybe life is like that, a series of neverending crossroads, be it regarding your career or whether to start a family; each decision resulting in a sometimes same, sometimes starkly different path, until you reach the next fork again.

Well, I have decided to pursue a Masters in Public Health over the next 2 years, and as this will be my last issue, thanks are in order!

Most importantly, a big thank you to our contributors, this newsletter wouldn't exist without you. Thank you for allowing me to harass and plead with you. Special thanks to our regular contributors like Dr Raymond Ang, Dr Asha Karunakaran and Dr Kuan Chee Keong, for consistently taking the time and effort to write without any reward.

Thanks to the editorial team, especially dear Ivan my long-suffering layout designer who tolerates my last minute changes and Dr Teo for his guidance. Dr Teo is leaving the editorial board after this issue having served for more than 10 years.

Lastly, thank you to our readers, for bearing with us as we changed our covers, layout, type size and paper size several times over the past 2 years. Undoubtedly you have your preferences so please tell the incoming editorial team what worked and what did not! I too look forward eagerly for what's to come next!

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July 2010 Issue

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Cover Photo: Khoo Teck Puat Hospital by Dr Wong Chin Wee

DentalSURGEON

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IDEM 2010 : SPEAKER'S NIGHT @ EQUINOX

16-18 APRIL 2010, SUNTEC SINGAPORE INTERNATIONAL CONVENTION & EXHIBITION CENTRE

6,057 participants (including dental traders and practitioners) flocked to the 6th installment of the biennial IDEM exhibition. The 352 exhibitors spread out over 10,000 sqm impressed the participants with the latest gadgets and technology and made valuable business contacts, while 17 % of the delegates attended the scientific conference focused on dental implants. We are proud to note that the local dental fraternity showed their support for this homegrown event and made up about a third of the total attendees! 🦷



Just the guys



The rose among the happy thorns



The thorn among the roses

IDEM 2010: SDA NIGHT

17 APRIL 2010, RESORTS WORLD SENTOSA

By Dr Charlene Goh

This year's SDA night was a memorable one as we witnessed the unveiling of the President's Medallion. One by one, past presidents came on stage to pin their names on the medallion ribbon. The significance of this was not lost on the audience as they heartily applauded the efforts of all the men who had contributed to SDA.

The night's biggest award, the prestigious Roll of Honour, was presented to A/Prof Teo Choo Soo and A/Prof Keson Tan.

Congratulations to them and the recipients of the inaugural SDA Meritorious and Commendation Awards! 🙌



Roll of Honour -A/Prof Keson Tan



Past presidents of SDA



Roll of Honour -A/Prof Teo Choo Soo



Roll of Honour

Teo Choo Soo

Tan Beng Choon, Keson

SDA Meritorious Award

Lim Lii

SDA Commendation Award

Mok Yuen Yue, Betty
Lee Kee Kai, Victor
Jee Shizhuan, Terence
Goh Enhui, Charlene



The happy SDA 2010
Award recipients

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What is DentinSeal Protection?



Systema Sensitive's unique DentinSeal Protection with Aluminum Lactate fills and seals exposed dentine surface, building a protective layer for better longer-lasting pain-relief.

Toothbrushing |

Systema Sensitive Pro Toothbrush has patented super-tapered soft and slim bristles in a unique 2-level design that penetrates and cleans effectively while being extra soft and gentle on teeth and gums.

Systema Sensitive Toothpaste offers Triple Impact Protection to numb pain, care for gums, and provide DentinSeal Protection.



Mouthwash |

In addition to keeping breath fresh, Systema Sensitive Soothing Mouthwash, with an alcohol-free formula, cares for even hard-to-reach places, providing better, longer-lasting Triple Impact Protection.



Interdental Brush & Gel |

Systema Interdental Brush & Gel removes 95% of plaque* between teeth and gums and provides longer-lasting anti-bacterial protection.

*When used together with toothbrushing



3RD NITEC IN DENTAL ASSISTING CONVOCATION 18 MAY 2010, NATIONAL DENTAL CENTRE

By Dr Charlene Goh

SDA would like to congratulate the 28 graduates (15 from NDC and 13 from SDA) at the recent Nitec in Dental Assisting Convocation. In the presence of family and friends, the graduates received their certificates from SDA President, Dr Philip Goh. Chief Dental Officer, A/Prof Patrick Tseng was also present as the Guest-of-Honor and gave out the prizes for the top students Ms Wong Liong Ming (SDA) and Ms Zhang Lifang (NDC).

Congratulations and we wish you all a fruitful career ahead! ✚



Top SDA Trainee-
Ms Wong Liong Ming



3rd Batch of Nitec Dental Assisting Graduates

ITI WORLD SYMPOSIUM 2010 APRIL 2010, GENEVA, SWITZERLAND

By Dr Lin Gengfeng

The International Team for Implantology (ITI) World Symposium took place in Switzerland, Geneva, in April of this year. The symposium was highly anticipated, with a total turnout of over 4000 participants from all over the world. The venue was the Geneva Palexpo, a short walk from the Geneva Airport.



A series of limited attendance workshops was held the day prior to the start of the symposium itself. These were focused on smaller groups and the topics were split into either soft tissue management or bone grafting for implant site development.

The symposium started with a keynote address by the renowned adventurer and scientist Bertrand Piccard, who achieved fame as the first person to complete a non-stop flight in a balloon around the world. He captivated the participants with a recount of his adventures. Drawing from his experience in adventuring, he encouraged all participants to challenge the norms and try to

seek new frontiers, especially so in implant dentistry.

The scientific program itself focused on three main facets of implant treatment: new clinical methods for diagnosis and treatment planning; new and proven treatment procedures and complications in implant dentistry. Each of the numerous presenters provided an in-depth view of their various topics, complete with evidence mostly coming from the recent ITI Consensus meeting. In addition to enjoying an intensive update on the latest in implant dentistry, I had the opportunity during the symposium, to catch up with several friends and colleagues from other countries, such as Indonesia, Thailand and Malaysia.

Our prosthodontist, Dr Christina Sim, also did Singapore proud by beating out several other participants to win the coveted poster presentation.

The next edition of the symposium will take place in 2014. ↑

Dr Lin Gengfeng is a general practitioner in private practice who enjoys aesthetic, restorative and implant dentistry.

GUILD OF DENTAL GRADUATES WINE PAIRING DINNER

5 JUNE SATURDAY, 6PM

RICCIOTTI PIZZA PASTA & DELI

By Dr Charlene Goh

Everybody loves Italian food, but not that many people know about Italian wines!

This intimate event introduced 20 dentists and friends to the joys of Chianti and Pinot Grigio (in addition to other great Italian wines) accompanied by the tasty food from the Ricciotti kitchen. Our host, Mr Eugenio Amedi fielded questions on pairing wines with local food while generously topping up our glasses.

Soon everyone was merry, toasting to new-found friends and looking forward to future events. 🍷

Photos courtesy of eunicelim.com



Dr Tristan Peh cant get enough of a good thing!



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SDA 43RD AGM 2010

25TH APRIL 2010, NUSS KENT RIDGE GUILD HOUSE

By Dr Charlene Goh

Perhaps it was the door gifts of specially commissioned SDA umbrellas and mousepads, but this year's meeting saw the excellent turnout of 56 members.

After some catching up over lunch, the meeting began on a sombre note. The room rose to observe a moment of silence in remembrance of our Dental Year 4 student Tan Shyn Lyn's sudden passing. Shyn Lyn, with her great personality, was one of the "cheongsam girls" hand-picked to serve as special FDI ushers during the Welcome Ceremony and the Singapore Night.

The attention then turned to the business at hand. Perennial topics such as tooth whitening and cheaper CDE events were discussed and the idea of holding a Channel News Asia forum for dentistry was mooted. Committee reports and the Financial Statement were presented.

Of notable mention was the fact that MPS has contributed more than \$90,000 to the Mediation Fund for the mediation work done by the Ethics and Management Committee. The good work done by this committee has kept our MPS fees low. Chief Dental Officer, A/Prof Patrick Tseng also pointed out that the Singapore Medical Council was facing a backlog of cases due to a lack of an well-established mediation system like SDA's.

The highlight of the meeting was the Amendment of the Constitution which got members up to the microphone often, voicing their opinions on hot topics like the eligibility for Associate

Membership and Life Membership as well as the possible inclusion of OHTs as Associate Members. After much discussion, the motion for the Constitution Amendment was finally passed.



Dr Lewis Lee handing over the President's Medal to the incoming President Dr Philip Goh.



The attendees fueling up before the grueling session ahead

Report
AGM

The meeting ended with the election of the 41st Council (2010-2013) and the lucky draw which saw Dr Wong Sue Lin taking home the grand prize.

This was the first AGM I have attended and it made me realize the passion and dedication of some of our members who regularly attend and actively participate in SDA AGMs. These members willingly give up an entire Sunday afternoon to debate over Constitution Amendments and ensure that the Council's actions are accountable and in the interest of all our members; I take my hat off to them.

As for those who complain or disagree with the eventual decisions and directions of the Association, there can only be one question: "Where were you?" 🏥

SDA 41st Council (2010-2013)	
President	Dr Philip Goh
Vice President	Dr Edwin Heng
Hon. Gen. Sec.	Dr Kenny Poh
Asst. Hon. Gen. Sec.	Dr Susan Ang
Treasurer	Dr Chang Kok Meng
Council Members	Dr Kuan Chee Keong Dr Michael Mah Dr Seow Yian San Dr Kelvin Chye Dr Tang Panmei



Farewell to the outgoing SDA Council 2007-2010.



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Applications should be forwarded by email to sarah.white@mps.org.uk or mail to:

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INVESTOR IN PEOPLE

WATER FLUORIDATION: PART ONE – WHY THE CONTROVERSY AND DEBATE?

RECENTLY, A PARLIAMENT QUESTION ON THE NEED FOR CONTINUED WATER FLUORIDATION WAS RAISED AND THE CORRESPONDING REPLY CAN BE FOUND ON THE MOH WEBSITE. THIS 2-PART SERIES AIMS TO KEEP DENTAL PROFESSIONALS ABREAST OF THE RATIONALE FOR WATER FLUORIDATION. THE FIRST PART EXPLAINS THE REASONS FOR THE CONTROVERSY AND THE SECOND PART WILL ADDRESS THE SCIENCE AND ETHICS OF WATER FLUORIDATION.

By Dr Gabriel Chong

From a public health dentist's perspective, Singapore is fortunate on at least two counts. First, there is universal coverage of the population by water fluoridation, which is the gold standard of all public health measures to improve the community's oral health. Second, there is muted opposition to the measure.

However, the dental profession must not rest on its laurels and we must remain vigilant. As the slogan of the Singapore Police Force goes: "Low crime does not mean no crime"; likewise there is still opposition to water fluoridation here. In fact, recently the Dental Branch (headed by the Chief Dental Officer), Manpower Standards and Development Division, Ministry of Health, was tasked to respond to a few 'enquires from concerned members of the public' regarding water fluoridation. In reality, they were really just anti-fluoridation attacks camouflaged as such.

Opposition to water fluoridation in many democratic societies around the world (for example, Australia, Canada, Europe, Japan, UK, and USA) is usually active, well-organised and vociferous compared with the passive, ad-hoc and reactive support that is lent to water fluoridation. In truth, water fluoridation is perhaps the most studied public health intervention, with decades of research published in peer-reviewed journals supporting its safety, effectiveness, efficiency, cost-effectiveness and equitability; and

also perhaps, the only public health intervention to be put to the public vote where the outcome is, regrettably, usually unfavorable.

Why is there so much controversy surrounding community water fluoridation? This article aims to examine some of the reasons for this controversy. However, a detailed exposition is beyond the scope of this article and interested readers are encouraged to peruse the literature for what makes for very scintillating reading.

There are two main arguments which make the claims and allegations of anti-fluoridationists so emotive: that of 'poisoned water' – fluoride that is added to drinking water is a toxic industrial by-product; and 'doctoring the water' – water fluoridation is portrayed as involuntary mass medication which curtails civil liberties and personal freedom of choice.

To the layperson, most of these claims can appear scientific and therefore convincing; and in turn, cause confusion or outright fear of this public health measure. However, the material that is often quoted by anti-fluoridationists in their arguments is, at best, spurious, selective and partial reporting and, at its worst, simply a mischievous attempt to use "science" and "statistics" to bamboozle and mislead public opinion.

Unfortunately, it is not just a simple case of ‘fact versus fiction’. Water fluoridation is perceived by politicians to be a politically sensitive issue and would therefore be decided mainly on public opinion. Very often, Science does not prevail as the anti-fluoridationists’ claims instinctively stir feelings of primal fear, paranoia and indignation and hence are so poignant. Furthermore, the stakeholders in any community who make a decision, say to implement or cease water fluoridation, are also lay persons and could very well themselves fall prey to the scare-mongering tactics of anti-fluoridationists.

If a concerned individual were to run an on-line search for articles on water fluoridation, the search results would predominately be negative or outright hostile. Unfortunately, there is also an inherent bias in the mass media towards the publication of articles that portray water fluoridation negatively. Furthermore, it has been reported that use of the media is amongst the most effective tactics used by anti-fluoridationists.

There are two reasons for this bias exhibited in the media. Firstly, journalists are just lay people and cannot be expected to dissect the vast field of studies that have been conducted on water fluoridation, let alone distinguish between fact and fiction in what can appear to be a legitimate scientific debate with the anti-fluoridationists and health authorities citing their respective claims and counter-claims.

“Journalists are just lay people and cannot be expected to (...) distinguish between fact and fiction in what appears to be a legitimate scientific debate”

Secondly, the livelihoods of journalists depend on them selling media units and nothing sells better than sensationalism and controversy (case in point: trashy tabloids). This might come as a shock to readers who would expect the media to uphold journalistic ethics and report only the facts. This was sadly also not the case with the media reportage of Gardasil (a vaccine for cervical cancer) in Australia – readers were more likely to hear about a single case of post-vaccination adverse events than the rigorous clinical safety trials that were carried out prior to its release.

The bias in media reportage could be devastating. Important stakeholders in society and decision makers (politicians) look towards the media as the voice of the people and as a valid source of public opinion. The one-sided presentation of articles on water fluoridation would naturally lead one to assume there is unanimous opposition.

Not all anti-fluoridationists can be tarred with the same brush because not every person who raises doubts or concerns about water fluoridation is a ‘true’ anti-fluoridationist. The anti-fluoride camp can be divided broadly into two groups – those who are “crusaders” (those who want the truth, can be reasoned with and potentially converted to the pro-fluoridation camp) and the “campaigners” (who would stop at nothing to ‘win’ no matter what it takes, regardless of whether the points they raise are true or not; these individuals are almost impossible to reason with).

The initial management and response to anti-fluoridationists is the same regardless of which camp they belong to – that is to educate and repeat the message that water fluoridation is safe and effective. Case reports show that it is possible to implement water fluoridation in a community that has traditionally been hampered by opposition, with a campaign involving comprehensive community education.

Unfortunately, there will always be those

who choose to peddle mistruths, allegations and assertions without recourse to Science, Evidence and Data and their enthusiasm borders on religious zealotry. I strongly recommend readers to refer the management of such cases to Dental Public Health specialists or individuals trained to do so.

How might this affect you as an individual clinician? 'I'm not in public health', you might say. A couple of scenarios might arise. You might have a patient who may be concerned after reading a couple of websites or one who has recently immigrated to Singapore and the water supplies in his/her home country/city are not fluoridated. Perhaps, a member of parliament might ask for your opinion on water fluoridation after the issue was brought up during a meet-the-people session. Maybe a journalist might approach you for your professional opinion after receiving an anti-fluoridation letter to the editor.

Therefore, it is imperative that members of the dental profession arm themselves with the facts about water fluoridation. This is the first of a two-part series on water fluoridation. The second of this series will appear in the next issue of the SDA's Dental Surgeon and it shall discuss the literature behind the safety and ethics of water fluoridation, and thus provide some facts with which you can arm yourself.

If the situation arises, members of the dental team should educate their patients on the benefits of water fluoridation, just as they have an ethical and professional duty to provide tobacco and alcohol abuse cessation advice. It is also just as important that should the circumstances arise, we should act as steadfast advocates (collectively as a profession and individually as its members) for the maintenance of water fluoridation in Singapore. Let us remember, that the children who otherwise face a visit to the dentist to have their decayed teeth extracted and filled do not have a voice. †

“How might this affect you as an individual clinician? ‘I’m not in public health’, you might say.”

Disclaimer: Due to the space constraints, references are not included in this article. However, they can be provided by the author upon request. The author can be reached via email at Gabriel.chong@mohh.com.sg



Dr Gabriel Chong received his basic dental training from the National University of Singapore. He subsequently pursued his Masters of Public Health at the University of Sydney and graduated as the top student of his Dental Public Health specialty cohort with honours. He has previously taught at the Faculty of Dentistry, University of Sydney, and would also be contributing as a part-time staff to the undergraduate Dental Public Health curriculum at the National University of Singapore. His research interests include strategies utilised in water fluoridation campaigns and anti-fluoridation activities.

DENTAL IMPLANTS- A CONSUMER EDUCATION FORUM

By Dr Asha Karunakaran



The Singapore Dental Health Foundation organised a consumer education forum on dental implants to coincide with IDEM 2010.

The forum was held on Sunday afternoon, April 18th and attracted an attentive and appreciative crowd of 250 people, each of whom paid \$11 to attend.

The speakers at the forum were Drs Vijayan Loganathan, Dr. Eugene Poh and Dr. Asha Karunakaran. Amongst them, they covered a range of topics like how implants are used, the surgical considerations and the kind of questions the patient should ask of the dentist.

Following the presentations by the three speakers there was a lively question-and-answer session that lasted more than an hour with members of the audience lining up to ask questions. The Q-n-A was chaired by Dr. Lewis Lee.

Apart from the forum, public awareness on implants was generated through paid ads in the English newspapers and radio.



Both the audience and the speakers had a good time.
Shown here, on the right, are panellists, Dr. Eugene Poh and Dr. Vijayan.

The audience was both attentive and participative



Singapore Dental Health Foundation

SDHF: A STATUS UPDATE AND THE DIRECTION AHEAD

By Drs Seow Onn Choong & Charlene Goh

Started over 20 years ago as a charitable offshoot of SDA, SDHF has grown from strength to strength under the leadership of Dr Asha Karunakaran and Dr Victor Lee who have served as the only presidents in the last 20 years.

But with few volunteers and no successors, the future of the organization was uncertain and for a while it seemed the best option was to cease operations. SDA Council then stepped in and nominated a new President, Dr Seow Onn Choong, who was elected in April 2010. Dr Seow was tasked with keeping SDHF operational, ensuring the continuity of current programmes, and priming it for the next generation to take over. Dr Seow, who set up the chain of Aaron Seow clinics and retired recently, will face a few immediate challenges.

At the heart of SDHF activities is the promotion of dental health in Singapore. However a large part of its activities is also centered on charity work. Ironically though, SDHF failed to qualify under the Charities Act as it does not spend the required percentage of its total budget on charitable work locally. Since its removal from the list of charities, SDHF will have a harder time sourcing for donations as their tax-deductible status has also be withdrawn. Fortunately, SDA and its members along with the dental suppliers and service providers have always been supportive of SHDF, thus Dr Seow does not see a drop in future contributions.

As Singapore society matures, there have been more groups of dentists doing charity work overseas. In fact, individual groups have set up clinics in Ladakh, and been to far-flung places such as Bintan, Sri Lanka, Nepal and even

Dr Seow at the same time would also like to encourage all SDA members to take up the SDHF membership as membership is “not automatic” as commonly believed.

Mongolia to do Singapore dentistry proud. Current SHDF constitution states that funds can only be spent on local charity work. However with the lost of charity status, SDHF constitution may be amended to allow activities for the increasing number of dentists keen on providing charity abroad. Dr Seow envisions SDHF as the umbrella for all dental charity. He says, “SDHF will be a one-stop centre for fund-raising and coordination of all dental charity done locally and abroad by our oral health professionals.”

After the success of the implant forum held at the recent IDEM 2010, SDHF hopes to collaborate with more dentists to cater to the public interest in dental topics. Dr Seow is clear to point out though, “These talks are non-biased and are not advertorial in nature. They are purely to educate the public and hopefully cultivate our own home-grown speakers and educators who can then go on to lecture overseas.”

In response to the shortage of volunteers Dr Seow hopes to boost membership by reaching out to more SDA members. Also he welcomes the participation of OHTs and sees in them a good pool of volunteers for SHDF activities. He believes that this will increase both the acceptance and awareness of OHTs with the public,



Dr Seow chilling in Cuba.

through screenings conducted by OHTs together with SDA members. Dr Seow at the same time would also like to encourage all SDA members to take up the SDHF membership as membership is “not automatic” as commonly believed.

The role of SDHF is oft overlooked by busy dentists working long hours to earn a livelihood. SHDF plays an important role not only in educating the public, but also through its activities enhances the image of the profession. Only then will the public respect and seek the services of the dental profession. Thus in a classical chicken-and-egg situation, without dentists participating in SHDF activities, the dental profession will not make progress in the eyes of Singaporeans.✿



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ABOUT THE RACDS

The College provides an opportunity for new graduates or experienced dentists to improve their skills, knowledge and understanding.

Participation in College programs is suited to all career paths in Dentistry including private practice, government health service, academia, armed service and university postgraduate study.

Recognition of the College is widening as closer links and alliances are developed with agencies and institutions within Australia, New Zealand, Asia, the U.K, and the Middle East.

GENERAL STREAM FELLOWSHIP

The examination pathway in the General Stream comprises a Primary and a Final Examination.

The Primary program covers six areas of study and examination including areas of anatomy, biochemistry, histology, microbiology, pathology and physiology. The aim of the program is to enable candidates to demonstrate an understanding of fundamental principles of the basic sciences and their relationship to clinical practice.

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MRACDS

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SPECIAL FIELD STREAM

The Special Field Stream provides a pathway to Membership and Fellowship in the specialist fields of Dental Public Health, Endodontics, Oral Medicine, Orthodontics, Paediatric Dentistry, Periodontics, Prosthodontics and Special Needs Dentistry.

Membership is a pre-requisite to Fellowship in the above fields. Membership can be achieved through examination by the College, or jointly with institutions with which the College has an MOU. It can also be awarded to specialists who completed postgraduate programs prior to 30 June 2009 and satisfy the criteria. Following a period of independent specialist practice a member can apply for assessment of eligibility to present for Final Examination for Fellowship in that field.

The College training program in Oral and Maxillofacial Surgery is accredited by the Australian Medical and Dental Councils and is the registerable qualification in that Special Field.

LOCATION OF ACTIVITIES

It is possible to sit written paper components of some examinations at a number of centres including Hong Kong, Perth, Sydney, Melbourne, Brisbane

and Auckland. Clinical examinations are held in Sydney or rotated through other regional centres.

The 21st College Convocation will be held in 2012 in Queenstown, New Zealand.

CURRENT TIMETABLE FOR CANDIDATES

January

Final Examination General Stream

April

Applications close for Assessment of Eligibility for Examination in a Special Field.

May

Registrations close for Primary Examination Orientation Course
Registrations close for Final Exam Workshop

June

Final Examination Workshop
Registrations close for Special Field Examinations (except MOU)

July

Orientation Course for Primary Examination
Registrations close for Web based program

August

Applications close for Assessment of Eligibility for Special Field Exams held jointly.

August/September

Web based education program Part I
Special Field Examinations

September

Registrations close for Primary Examination

October

Web based education program Part II
Registrations close for Final Examination

November

Special Field conjoint examinations

November/December

Primary Examination

2 NEW TOWERS OF DENTISTRY: KHOO TECK PUAT HOSPITAL & NUS FACULTY OF DENTISTRY

Photos By Dr Wong Chin Wee
Text by Dr Charlene Goh

KTPH

Spread out over 1000 sqm, the new KTPH Dental Clinic has 20 chairs and an in-house lab providing the full range of dental services. Having everything in one location, patient confusion is minimized when referring to different departments for treatment.

With framed artworks decorating the walls and a cafe-like waiting area, the facility can easily rival some town practices. Like the rest of KTPH, the layout is patient-centered and intelligent. This is not isolated to the interior design but also the equipment and seamless use of technology. KTPH has their own electronic record system, the brainchild of KTPH staff, which includes fully digital X-rays and even an instant messaging system so doctors can communicate with each other without picking up the phone! In addition to the X-ray machines and ceiling-mounted microscopes, some rooms also have cameras so “live” surgery broadcasts are possible for continuing dental education workshops.

As Dr Eugene Poh so aptly quips, “It’s so luxurious and beautiful it makes me look forward to work everyday!”





NUS Faculty of Dentistry

The newest building on the block at the corner on 11 Lower Kent Ridge Road stands apart from its surroundings. 4 stories high with a total area of more than 6,000 sqm, this spanking new glass building is our alma mater's new home!

Perhaps as an indication of the rising prominence of dentistry, this \$20 mil structure is the first building in our 80-year history solely dedicated to the Faculty of Dentistry. With 4 laboratories, 7 seminar rooms and 3 student clinics serving a maximum of 120 patients at any one time, the new building will provide additional space for the planned increase in intake; from the current 230 undergraduates and postgraduates to 260 by 2012. Our state-of-the-art facilities are also used by our medical colleagues who use the 3D imaging system (3dMDface System®) in the Dental Imaging Unit for their nasal, facial and eye research.



The faculty was designed with staff-student interaction in mind, evident from the open linkways lined with benches that provide a bird's eye view of the faculty. In fact, the view from most parts of the building is uninterrupted, making it easy for students to spot staff and get their work cards signed! A roof garden on the 4th floor acts as a place for students to relax and for future functions.

So pay the alma mater a visit, and look out for the clove tree (eugenol, anyone?) planted outside the Dean's office! 🌿



INTERVIEW WITH A/PROF GRACE ONG – THE NEW DEAN OF DENTISTRY

Photo by Dr Wong Chin Wee
By Dr Charlene Goh

Q: CONGRATULATIONS OF BEING THE FIRST FEMALE DEAN OF DENTISTRY! HOW DOES IT FEEL TO BE THE FIRST WOMAN HOLDING THIS JOB?

A: (laughs) I have been asked this question countless times since my appointment. I honestly do not feel it makes a difference. I would like to think I got the job based on my abilities and not my gender! I do not prescribe to the stereotypes of women bosses. To me, there are only good and bad leaders, regardless of gender.

Q: TAKING OVER, WHAT ARE SOME OF THE TOUGHEST CHALLENGES YOU FACE?

A: Recruitment and retention. We need good academic staff, especially as we are expanding to increase the intake of students. Our teaching is strong and over the years we have turned out students who become good clinicians. (This does not mean we are not resting on our laurels, and a critical review of the curriculum is being carried out.) Our priority now is to build up our research. We have been recruiting both globally and locally. Gone are the days we are just a teaching university.

Q: WHY DO YOU THINK RETENTION IS SUCH A PROBLEM? DO YOU THINK INCREASING THE PAY WILL HELP?

A: Juggling teaching, research and clinical work can be quite a challenge. Also private practice is just too lucrative! However I think our remuneration is quite fair, but of course it can never compare to the private sector. Folks joining academia should have other goals which drive them.



We are trying our best to improve the working environment for academics. Funding, protected time and more administrative support are some measures.

Q: IN LIGHT OF A RECENT TRAGIC EVENT INVOLVING AN UNDERGRADUATE, DO YOU THINK THE STRESSES OF THE CURRICULUM ARE TOO GREAT?

A: Dentistry is a stressful course. But over the last 15 years many changes have been made to decongest the course. I do not think that the curriculum is the only stress point. Students'

expectations and motivation also play a big role. There are other pressures from peers, family, society, etc.

We are currently reviewing the curriculum again and studying options to decongest the course without compromising quality of training.

Q: WHAT IS YOUR VISION FOR THE SCHOOL IN THE NEXT FEW YEARS?

A: I hope to see research productivity grow with more external grants and publications in the next 3 years. My aim is to recruit more scientists. About 25% of FTEs (full-time employees) should be scientists. The formation of the National University Health System (NUHS) has been synergistic and will facilitate our academic mission. Lastly, I look forward to better alumni relations with our graduates.

Q: HOW DO YOU SEE NUS-SDA TIES DEVELOPING FURTHER?

A: SDA has been a great collaborator in events, eg.SDA-NUS Distinguished Speaker CDE series. I sincerely hope SDA would encourage more students to join SDA. Starting from student members will mean building lasting relationships with the Association. 🌿

FUN TAIWAN!

By Dr Elizabeth Shen

With the upcoming holidays and long weekends many of you must be wondering where to go for a short getaway. I recently went to Taipei and I had an amazing time.

I was tired of seeing the same old places in friends' wedding albums so I decided to take my wedding photos in Taiwan! It is very affordable and they have fantastic makeup artists and photographers. You can choose your dress on Day One, shoot on Day Two and collect your photos on Day Three. There are also plenty of backdrops to choose from; stunning sea sides, fields full of lilies and even authentic looking Victorian buildings to get that chic European feel. I encountered some bad weather but not to worry, it can make for some unexpectedly dramatic photographs!

Taking photographs the whole day can be really tedious and boring but not if you combine it with sightseeing. My shoot brought me from central Taipei to Yangmingshan then finally to Danshui. Some of these places can be difficult to reach if you are taking public transport but if you go there with a studio, you would have the comfort of your own transport and you can stop as and when you see something interesting. It's a great way to record down your holiday and for those of you who already have a wedding album, who says you can't take it twice!



It was unbelievably windy



But the resulting photo was fabulous



The incredibly juicy chicken chop. Just be careful not to bum your tongue!

Taipei is famed for its bustling night markets so what's visit without a trip to the most famous Shilin Night Market. Personally, I prefer the smaller scaled Raohe street night market. Its only one street long but has all the all the street delicacies you can think of and more.

A visit to the National Palace Museum is also a must if you visit Taipei because you get to see all the treasures of the Imperial family that you won't have a chance to see in the actual Forbidden City. Check out the collection of calligraphy and be totally amazed at how even a young eunuch can write beautiful scripts that almost look printed. You should always go in the morning to beat the crowds of tourists, and always look at the popular exhibits first because once the museum gets crowded it can get extremely uncomfortable.



Doraemon pancakes .
But don't miss the fabulous shaved ice desert that tastes nothing like your regular ice kacang

Lifestyle
Taiwan



Photography is strictly forbidden inside the National Museum so you would have to get a guide book if you wanted to keep a memento.

I love eating and I'm partial to Japanese food so a good place to get good quality Japanese food in Taipei is Restaurant Mitsui. But definitely go for lunch because that way you can enjoy great food at a very reasonable price. The restaurant also has an attached shop so you can purchase everything from dried bonito to quaint Japanese tea cups.



Another well-known Taiwan import is Ding Tai Feng but to be honest, it is pretty overpriced and overrated. You can get equally good Xiao Long Baos in the mostly unlikely places. I found this shop just on the outskirts of the Sun Yat Sen Memorial Hall that served up these juicy morsels that tasted just as good and at a fraction (literally) of the cost.



Taiwan is full of fun and food so book your ticket now. When I finally left Taiwan, it was with great reluctance but I will definitely be back! ✨



Dr Shen is currently serving her bond in the public sector. DentalSurgeon would like to thank her for sharing her wedding photos with us and we wish her a very blissful marriage with lots of good food!

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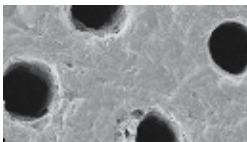
TREATMENT PROGRAM



Finally, instant* sensitivity relief patients can take home.

A breakthrough: Pro-Argin™ Technology

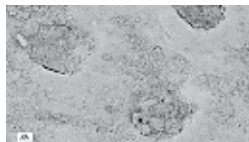
BEFORE¹



In Vitro SEM photograph of untreated dentin surface.

The tubules that lead to sensitivity are open

AFTER¹



In Vitro SEM photograph of dentin surface after application.

The tubules are plugged for instant, lasting relief

With Pro-Argin™ Technology, you can finally provide instant* and lasting relief from dentin hypersensitivity using the Colgate® Sensitive Pro-Relief™ Treatment Program:

- In-office desensitizing paste
- At-home everyday toothpaste*

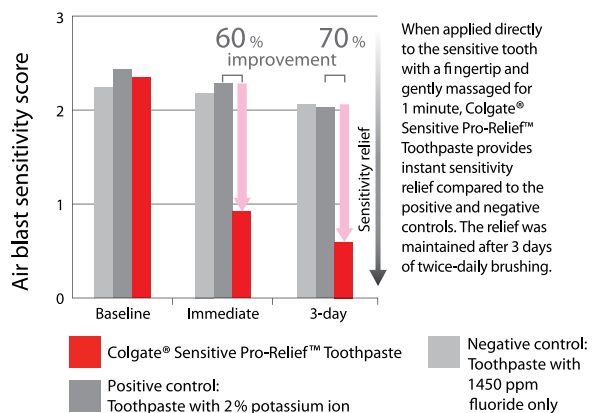
Pro-Argin™ Technology works through a natural process of dentin tubule occlusion that attracts arginine and calcium carbonate to the dentin surface to form a protective seal that provides instant relief.²

*Instant relief is achieved with direct application of toothpaste massaged on sensitive tooth for 1 minute.

Scientific works cited: 1. Petrou I et al. *J Clin Dent.* 2009;20(Spec Iss):23-31. 2. Cummins D et al. *J Clin Dent.* 2009;20(Spec Iss):1-9. 3. Nathoo S et al. *J Clin Dent.* 2009;20(Spec Iss):123-130.

The results are revolutionary

Instant relief achieved with direct application of toothpaste massaged on sensitive tooth for one minute and continued relief with subsequent twice-daily brushing³



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