

the DENTAL S U R G E O N

NUS Paediatric Dentistry

An interview with A/P Catherine Hong

Dubious Dentistry

Beauty parlour veneers? We find out what's (and where's) the catch

Intra-Oral Scanners

Which one leaves the best impression?

DEC 2018 ISSUE

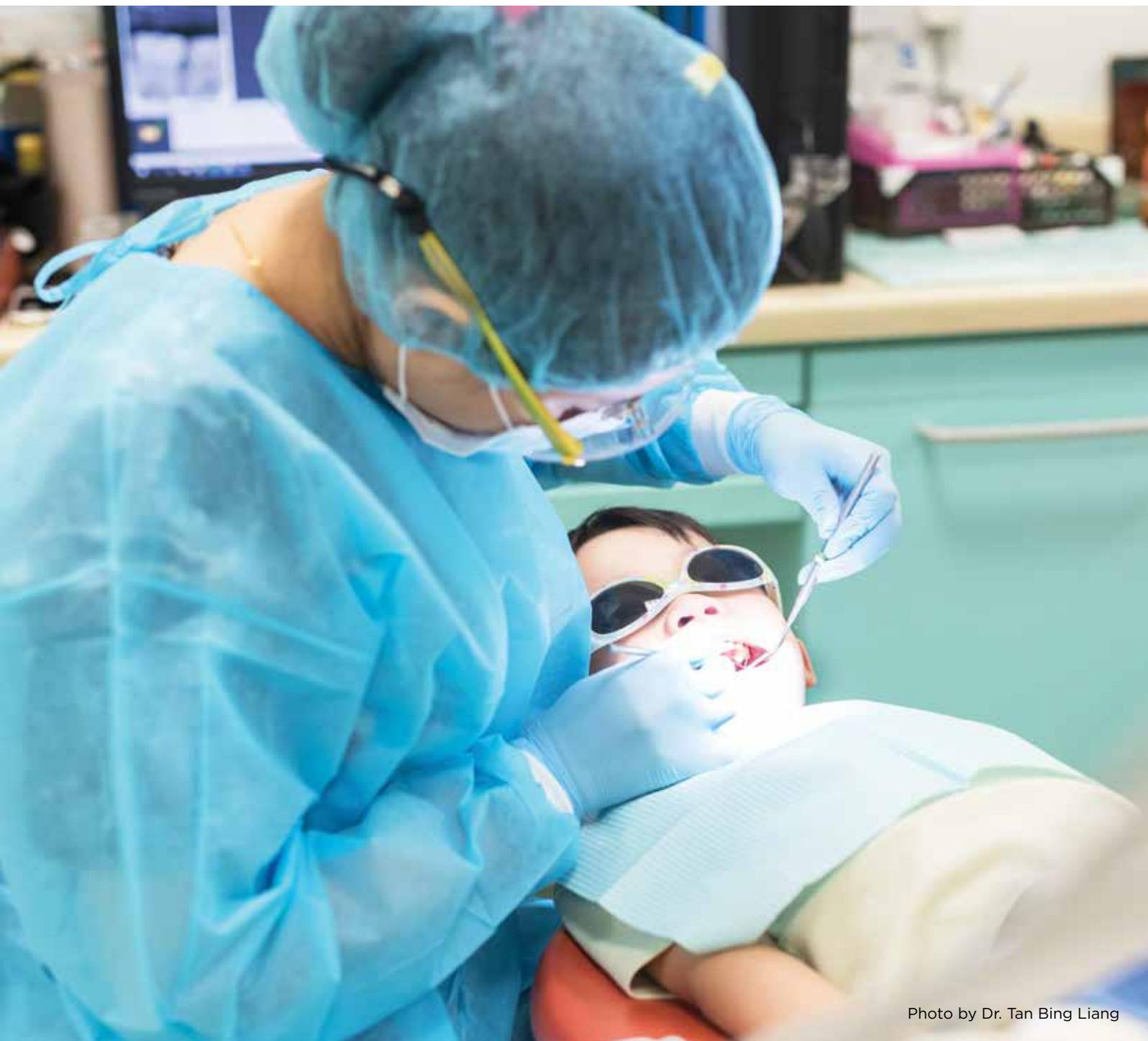


Photo by Dr. Tan Bing Liang

LION

Systema

Interdental Brush

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95% of
plaque*

*When using together with toothbrushing

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attached
sample

Research shows gum problems increase the risk of other health conditions¹

Bacteria in your mouth could put your whole body at risk. Bleeding, red, swollen gums and bad breath are signs of poor gum health. An unhealthy mouth with gum problems may increase your risk of heart disease and diabetes.

Systema The Gum Care Expert Healthy Gums, Healthy Teeth, **Healthy You!**

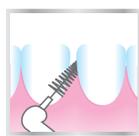
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- **Toothpaste** : Contains powerful anti-bacterial agent – IPMP. Proven to help kills 99.99% of gum problem-causing bacteria.
- **Mouthwash** : Alcohol free. Helps provide long lasting gum protection.
- **Interdental Brush** : Removes 95% of plaque between teeth & gums and provides protection against gum disease.



Small

Medium



Spaces in between teeth



Spaces in between braces & teeth



Spaces in between bridges



¹ Refer to heart disease, stroke etc. Sources:

[1] Periodontology 2000, Vol. 44, 2007, David W. P, Nadine. B & Timothy C. N, 113-126; Bryan S. M & Robert. D, 103-112; Brian L. M & Gloria L. O, 127-153.

[2] <http://www.ridental.com/periocnc/gumdisease.pdf>.

² Systema Super-Tapered Soft & Slim Toothbrushes help to improve gum health in 7 days with proper brushing twice daily. Results may vary.

* INTAGE SRI, No. 1 Company in Oral Care Category, Value Sales, Jan2017 - Dec2017.

FOREWORD



Thank you Dr Terry T
For making these shoes too big for me
My feet don't fit not even one bit
So dear reader, please bear with me.

I'm now the editor but I can't write in prose
So after this edition they may just dispose
Me of this mantle so I won't meddle
But I humbly hope to prove my mettle.

With the support of Paul, Terence and Bob
The Dental Surgeon is ready to rob
You of your toilet time, so tenderly thumb us through;
That is all we really ask of you.

Thank you for taking the time
To read this rotten rhyme
Do enjoy whatever that's ahead
But if you don't: know that we aren't paid.

EDITOR'S NOTE



Hello.

DR JEREMY SIM is currently serving his bond as the Dental Officer In-Charge of Woodlands Polyclinic. He indulges in self-deprecating humour and wants to be an astronaut when he grows up. He also feels uneasy when writing about himself in third person.

Thank you Dr Terry Teo, Dr Dephne Leong and Dr Tan Keng Wee for carrying this publication for the past two years. Your vision has molded *The Dental Surgeon* to become the de facto magazine for dental clinicians across the country. You have left us with a clean and polished product that we can only hope to maintain with six monthly reviews.

I would like to welcome and introduce our readers to the revamped TDS editorial team. My pseudo-brother, Dr Paul Sim, has kindly agreed to pick up after me as a co-editor. Dr Robert Burgess' keen aesthetic eye has been employed to manage the layout and design. Last, but not least, Dr Terence Jee serves as our convenor.

As you can already tell, TDS now has a new look. The clean and simple aesthetic also serves as symbol of how we approach our content. Our recommended dose is one article per seated toilet session.

With that, I would like to use the opportunity to introduce myself. My parents named me Jeremy and I am currently serving the third year of government service as the Dental Officer I/C of Woodlands Polyclinic. I like dogs but I have a cat.

The Singapore Dental Association was so desperate to fill the void left by Dr Teo that they offered me this position.

In response, I asked them, "So, who has the final say to what is printed in this magazine?"

They said, "Oh, you do."

I thus immediately agreed.

Allow me to test that: Mee kia (Chinese linguine) is the superior noodle and anyone who says otherwise should be converted by force.

If the aforementioned statement is a controversial opinion regarding the state of affairs in the middle east, then the SDA has honoured their end of the deal. In return, I shall put my better foot forward and strive to do my grammatical bestest for TDS.

We sincerely hope you enjoy our team's first publication and the many more to come.

Yours Truly,



Dr Jeremy Sim
Editor-in-Chief

The Dental Surgeon

P.S. Thank you Dr Terry Teo for allowing me to Photoshop my face over yours.

CONVENOR



DR TERENCE JEE is a board-accredited endodontist in private practice. He is also a council member of the Singapore Dental Association (SDA). He has served in the SDA for more than 10 years. In his free time, he explores various restaurants to satisfy his gluttony. As much as time permits, he travels to his heart's content.

ASSISTANT EDITORS



DR PAUL SIM is currently serving as a Dental Officer with MOHH. He has served with both the SDA Welfare and Oral Health Awareness Committees prior to joining *The Dental Surgeon* team. As an avid reader of non-fiction and with a penchant for writing, he hopes to contribute meaningfully to the publication. In his free time, Paul loves jogging and chatting with the elderly at a nursing home.



DR ROBERT BURGESS is a general practitioner in private practice after recently finishing his government bond. He has just joined the editorial team of *The Dental Surgeon* and hopes to continue to contribute to its growth as a publication. Robert spends his free time trying to keep his pet corgi alive, and enjoys furthering his learning, especially in the field of endodontics.

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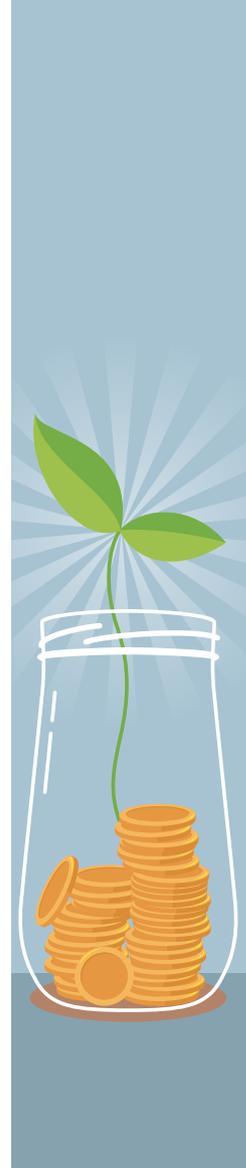


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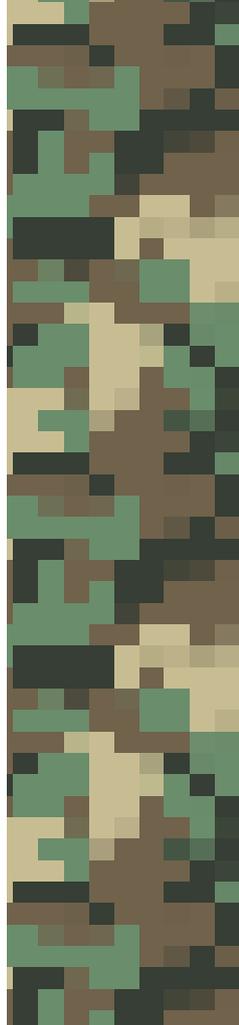


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BY DR JEREMY SIM

NUS Paediatric Dentistry

The term “Paediatric Dentistry” strikes fear in the hearts of many dentists across our island. It sometimes seems like many practitioners would rather go hungry than even entertain the idea of treating a *child*.

Until recently, local dentists wanting to pursue a Masters Degree in Paediatric Dentistry had to go overseas to do so. Australia, the United Kingdom and even the United States were popular destinations.

After years of planning, the National University of Singapore Dental Faculty finally introduced its very own MDS Paediatric post-graduate programme.

Currently helmed by A/P Catherine Hong, we sit down with her for an interview.

The NUS MDS programme in Paediatric Dentistry had been in the works for quite some time before its official inception. What stars had to align for it to become a tangible reality?

Firstly, we established the need to increase the number of paediatric dentists in Singapore: Studies reported a rising prevalence of caries and unmet treatment needs in the child population of Singapore. As of 2011, there were only 13 registered paediatric dental specialists in Singapore. A local MDS programme in Paediatric Dentistry will provide dentists with more equitable opportunity to seek specialist training in this area. This will in turn help to expand the local pool of paediatric dentists who are better poised to manage the oral health needs of the young.



A/P Catherine Hong helms the National University of Singapore Dental Faculty’s MDS Paediatric post-graduate programme



Left: The calm before the storm

Right: Administration of local anaesthesia with a wand





Top: Prof Monty with the residents
Bottom: Open wide!

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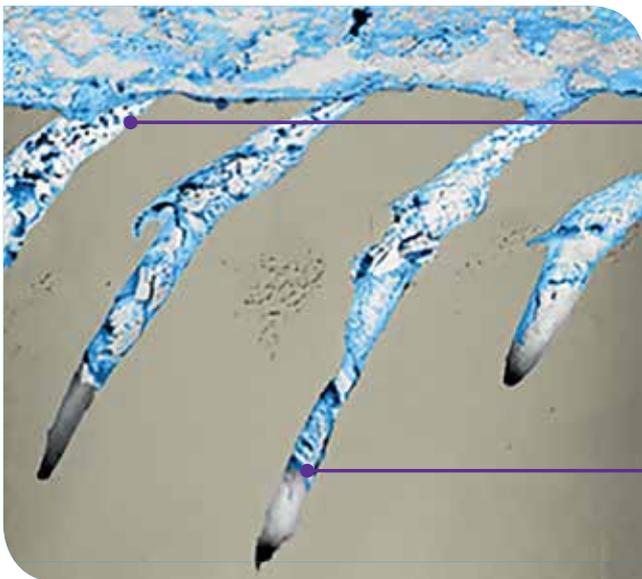
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STEM-EDS = Scanning Transmission Electron Microscope-Energy-Dispersive Spectroscopy. DSIMS = Dynamic Secondary Ion Mass Spectrometry. FIB-SEM = Focussed Ion Beam-Scanning Electron Microscope. FIB-SEM/EDS = Focussed Ion Beam-Scanning Electron Microscope/ Energy Dispersive Spectroscopy.

*vs. toothpaste containing 0.454% stannous fluoride and lower polymer level.
†with twice-daily brushing.

References: 1. Khan S et al. J Dent Res 2017;96(Spec Iss A):2122. 2. GSK Data on File Report NPD/EU/049/16. December 2016. 3. Earl J et al. J Dent Res 2017;96(Spec Iss A):1493. 4. GSK Data on File SN20160501. 5. GSK Data on File 161075. 6. GSK Data on File 207211. January 2017. 7. Creeth J et al. J Dent Res 2017;96(Spec Iss A):1543. 8. Seong J et al. J Dent Res 2017;96(Spec Iss A):0215. 9. Parkinson CR et al. Am J Dent. 2015 Aug;28(4):190-196. 10. GSK Data on File 205072. July 2016. 11. GSK Data on File 207212. April 2017. 12. Parkinson CR et al. Am J Dent. 2016;29(1):25-32. 13. Parkinson CR et al. Am J Dent. 2013;26(Spec Issue):25a-31a. 14. GSK Data on File Z7871336. 15. GSK Data on File Z7871337. 16. Goyal C et al. J Dent Res 2017;96(Spec Iss A): 1544.





Multi-disciplinary action

Secondly, we needed an adequate pool of experienced paediatric dentists willing to be involved in running the programme. Through the MOH overseas scholarships for Paediatric Dentistry first offered in 2008 and the increase in paediatric trained staff in the Faculty of Dentistry, the faculty had the manpower to roll out the new MDS programme in Paediatric Dentistry in 2015.

Finally, The Dean, the faculty and the university itself were very supportive in rolling out the programme. With its launch, the full range of clinical specialty training is now covered.

- Special Response by Dr Betty Mok; who planted and cultivated the seeds of this programme

Being an experienced paedodontist, what challenges do dentists face performing paediatric dentistry in a local setting vs overseas?

Communication with parents is very different geographically. Parental awareness with regards to treatment of baby teeth is lower. For example, they have misconceptions that baby teeth are not as important and express surprise when informed that they require treatment too. We also encounter reluctance to have their child undergo General Anaesthesia for extensive dental treatment.

Additionally, paediatric dentistry in Singapore is at a very tertiary level compared to the US where it more on a primary level (i.e. even children without decay see paediatric dentist). This is also true medically, where children in the US see paediatricians regularly for routine care.

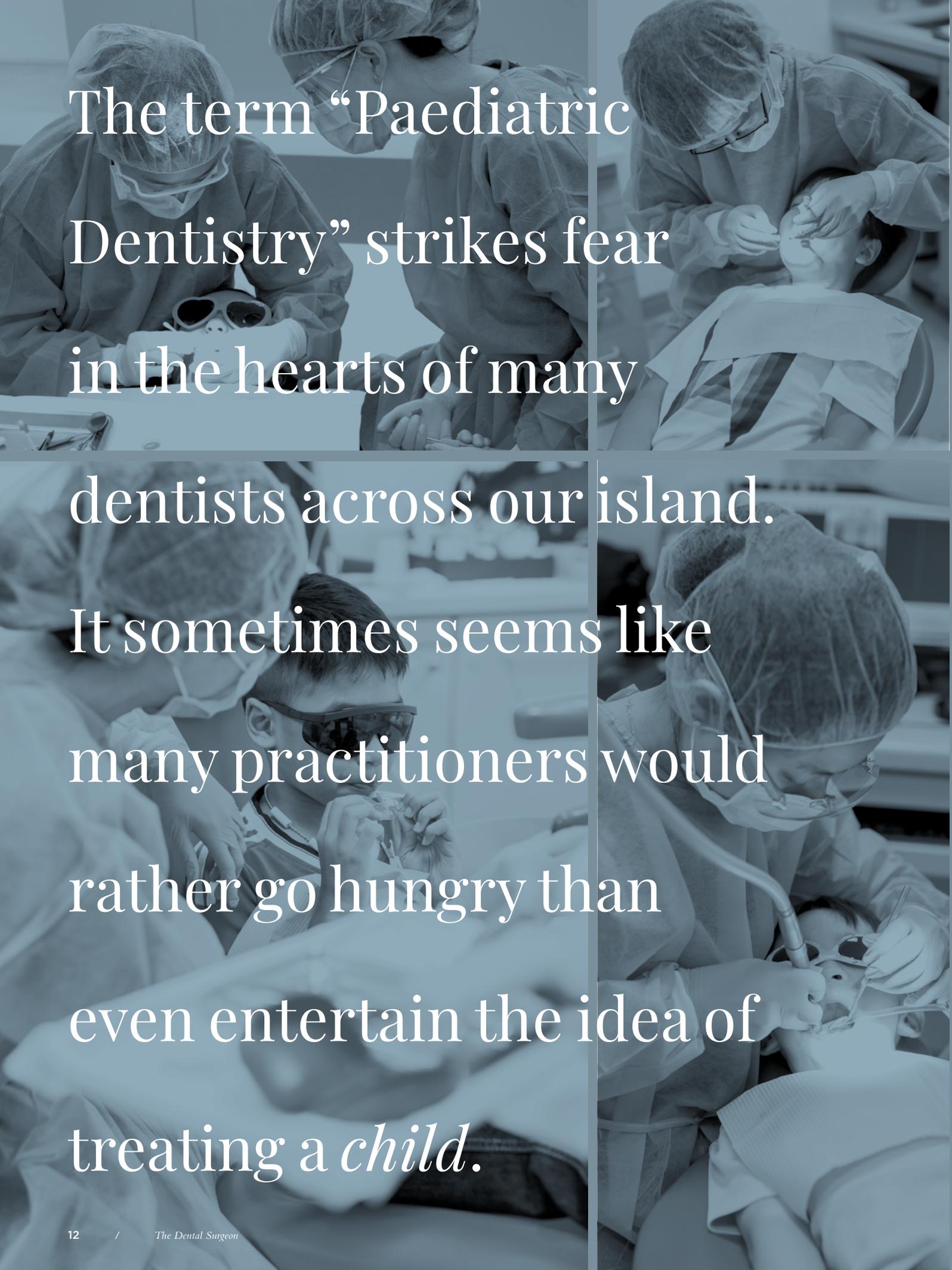
On that note, does our programme uniquely equip dentists to manage our local demographic better?

Yes it does. When I first came back from the US to Singapore, I had to adjust my behavioral management technique. I found that the language skills of local Singaporean children were less advanced (though cognitively; children are the same), possibly attributed to having to learn two languages. They are more clingy to their parents, thus being less independent than the Caucasian children.

Secondly, management of the parental expectations is also different.

What are some unique aspects of the curriculum?

Our faculty members have been trained in Australia, UK and USA which brings diversity to the programme. In addition, we are able to pick and choose what we think is best from the various training programmes internationally and incorporate it into our programme. An example would be the opportunity to rotate with our medical colleagues to gain exposure on how to manage special needs patients (Oncology, Feeding clinic, Child Development Unit, Neonatology).



The term “Paediatric
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in the hearts of many

dentists across our island.

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Mentally preparing a child for x-rays



How do you intend to grow and improve on this programme in the coming future?

We hope to increase the residents' exposure to special needs paediatric dentistry. We also hope to improve their experience with sedation techniques, which are commonly employed abroad.

Do you see an increasing/decreasing demand for paediatric dental specialists?

With education and increased public awareness, there is definitely room to accommodate more paediatric dentists in a local setting.

What do you look for in prospective students of specialty paediatric dentistry?

Passion! Additionally, they must not only be able to communicate well with children, but with their parents too.

If you could give one piece of advice to the child-phobic general dentist on the management of children, what would it be?

Just relax, smile and keep your cool; even when the child cries. Children cry sometimes, that is just what they do.

We would like to thank the Faculty Of Dentistry, Dean Finbarr Allen, A/P Catherine Hong and Dr Betty Mok for agreeing to be part of our publication. We wish the faculty all the best in the years to come and hope to see the dental treatment needs of our young addressed. As the adage goes: Prevention is Better than Cure. We hope to see paediatric dentistry in Singapore move towards a primary care model to nip dental disease in the bud.



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Community

Outreach To

KIDZCARE

BY DR PAUL SIM

@ Kembangan-

Chai Chee

“You can’t stay in your corner of the Forest waiting for others to come to you. You have to go to them sometimes.” – Winnie-the-Pooh



SDA’s Community Outreach Programme 2018 took place on 19 August at Kampong Kembangan Community Club. In collaboration with NUS Dental Society, SDA was proud to partner KidzCare @ Kembangan-Chai Chee (*KidzCare*) as the beneficiary for this year’s programme, with SDA President Dr Lim Lii gracing the afternoon’s proceedings.

After working with The Society Of The Aged Sick last year, we went with the other end of the age spectrum this time. As always SDA engaged the incoming Freshmen from NUS Faculty of Dentistry to be the volunteers for this year’s proceedings. With inequality in Singaporean society a recent hot topic and enhancing social integration as a means to mitigate this issue, KidzCare’s nurturing of underprivileged children res-

onated with the organising pair of Drs Paul Sim and Jeremy Sim.

Started in 2013 as a volunteer ground-up initiative, KidzCare is currently headed by Mr Fung Chun Chang and reaches out to over 200 underprivileged children and youths. Recruited primarily from the cluster of one-room rental flats in Chai Chee, many come from challenging and complicated homes. In turn, these children have limited opportunities to broaden their learning.

KidzCare addresses this by providing upstream intervention to give every child a fighting chance at succeeding in life through a series of programmes. This includes *Back to School Excursions* and *KidzCare Enrichment Programme* that hope to increase their exposure beyond the classroom and equip them with new skills. Past activities have included

excursions to museums, theatre productions and enrolment in baking and music classes.

With this background in mind, SDA hoped to play a part to further impact these children, joining the many corporate and community partners that have provided generous funds and volunteers to run KidzCare’s programmes over the years. Mr Fung explained that many of the children lack dental awareness and do not seek regular dental treatment due to financial and familial issues. This corroborated with the common knowledge that the prevalence and burden of dental caries remains high among populations of low socioeconomic status.

Our friendly Pedodontists Drs Justine Lim and Jessica Khong answered the clarion call and helped in the conceptualisation of the outreach activities.



“Brush twice a day for healthy teeth!” Dr Justine Lim giving valuable oral hygiene instructions to the children. Dr Lim shares, “More and more people are gaining awareness of inequality issues in Singapore...I’m glad to be part of this event!”

Well cognisant of a “hit-and-run” nature of such an event, there was greater urgency to make the event impactful for both freshmen and children. This was designed through station-based activities centered on dental education, with a 1:1 Freshman-child ratio to facilitate deeper interaction. SDA hoped that the event would allow the freshmen a glimpse into the underprivileged community, cultivate empathy and create a culture of paying it forward with their professional services in the future.

The community outreach started proper with KidzCare Chairman Mr Fung briefing all participants on the profile of KidzCare’s beneficiaries and the efforts to aid this critical population group. Initial apprehension and nervousness between the freshmen and children were

soon quelled with icebreakers through a friendly art competition. Armed with new sets of stationary that SDA generously donated to KidzCare, the children bonded with their new friends through sketches and drawings.

New participants arrived in the form of a class of students from National Junior College (NJC), who was invited by KidzCare to observe the day’s proceedings in the former’s wish to tie up with KidzCare for future initiatives. The organising team encouraged the NJC students to actively join in the activities, lending a deeper meaning to community outreach. This serendipitous addition proved to be a pleasant surprise as the NJC students took well to both Freshmen and children. The collective energy was pulsating!

A competitive spirit filled the air during the station games, where teams of children accompanied by their Freshmen buddies did their best to score points in the various activities. Dr Justine Lim helmed the Oral Hygiene Instruction station, where she was glad to share with the children dental care tips that would be applicable in their everyday life, through bite-sized and children-friendly avenues. She was heartened that the children were extremely receptive and responsive to her teaching. The children then transitioned to ‘All About That Bass’, where Dr Jessica Khong patiently taught the correct tooth brushing techniques. The knowledge was reinforced with a “tell-show-do” format, with hands-on practice with toothbrushes on tooth models prepared by the Freshmen.

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Top: Dr Jessica Khong modeling to the children on effective brushing techniques. Dr Khong observed that despite the children coming from different backgrounds and varying ages, they all seemed to enjoy themselves and were very interested and engaged in learning about how to take good care of their teeth.

Bottom Left: Distinguishing between healthy and unhealthy food...Everything in moderation!

Bottom Right: Explaining the rules of Charades



KidzCare reaches out to over 200 underprivileged children and youths.

Identifying cariogenic foods, moderating the consumption of and reducing the frequency of such foods was distilled in *Good Food, Bad Food*. The ability to differentiate between healthy and unhealthy foods was tested when the children were tasked to paste homemade laminated pictures of several food items on either side of the divide. Station Master Gillian was kept on her toes as some justifications proved to be creative. Volunteers were impressed by “thinking out of the box” answers- “oranges are good, orange juice (made from concentrate) is bad”, while some were struck by other (too) intelligent explanations. Like how “french fries are healthy because they contain organic potatoes.” Whatever the justification, we hope that the children took away the core message of eating foods in moderation for both oral and systemic health.

Cup Stack tested manual dexterity and more importantly teamwork, as Station Master Wei Hern egged each team on to construct a pyramid with plastic cups. The children worked with intense focus, lest the dreadful redo should the structure crumble at any time. Charades identified many actors and actresses as Station Master Joshua facilitated rounds of creative gesticulation.

The *‘Dress Up As A Dentist’* station proved to be most boisterous as Freshmen helped the children don the full set of dental Personal Protective Equipment, complete with clinical gown, cap and gloves. With some imagination, a plastic chair soon morphed into a portable dental chair, equipped with strong lighting (cue: handphone torchlight). The newly-minted ‘dentists’ relished the opportunity to apply whatever den-

tal information they could retain from previous stations. Willing ‘patients’ soon displayed signs of irreversible pulpitis with many cracked teeth. Wanton ‘extractions’ and ‘restorations’ soon followed, much to the amusement of everyone else. Station Master Ryan Tham improvised further with a simple question posed to the children- “What do you want to be?”- Clinical caps became astronaut helmets and gloves morphed to Iron Man’s blasters.

A nervous anticipation permeated through the hall after the non-stop action, as points were tabulated. The top 3 teams were awarded abundant snack hampers. No child was left empty-handed however, as every one received individual gifts for his or her participation. KidzCare Chairman Mr Fung then handed out certificates of appreciation,



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KidzCare gives every child a fighting chance at succeeding in life through a series of programmes.

personally signed by Advisor to Marine Parade GRC Grassroots Organisations and Speaker of Parliament, Mr Tan Chuan-Jin. These were awarded to SDA (represented by SDA President Dr Lim Lii), NUS Dental Society (represented by NUS DentSoc Dental Public Health Representative Mr Samuel Tan) and Drs Justine Lim and Jessica Khong. This recognised their time and expertise in providing greater oral healthcare awareness to the children. The day ended on a high with a buffet spread sponsored by SDA for all participants, especially for the hungry children who earned their tea-time treat.

Mirroring KidzCare's slogan of *'Breaking The Cycle, One Child At A Time'*, Freshman Wei Hern shared that spending the afternoon with the children was really fulfilling for him. Fellow classmate Gillian also described the experience as being "very special". Despite her background with interacting with children

from different family backgrounds on a weekly basis for the past four years, she felt that she gained new insight and never expected a time where she could play with adorable children while giving tips on keeping their teeth healthy.

How lucky I am to have something that makes saying goodbye so hard. It was soon time for freshmen and SDA Members alike to bid adieu to their new KidzCare friends. All participants could take heart at their efforts. KidzCare Chairman Mr Fung shared that "the children found the dental workshop both fun and educational. The volunteers connected very well with the children and helped them learn about dental health in an extremely memorable way. We would like to thank all the volunteers involved for the big hearts you've shown towards the children!"

A big thank you too, to the children for sharing a small but valuable part of their lives with us.

Left Top: The winning team consisting of Freshmen and children receiving their awards from KidzCare Chairman and SDA President, Dr Lim Lii

Left Centre: Certificates of Appreciation from KidzCare to all the Dental Representatives

Left Bottom: Participating SDA Members with KidzCare Chairman

KIDZCARE



The organising team would like to express gratitude to the following groups of people:

SDA President Dr Lim Lii and SDA Council Member Dr Terence Jee for their invaluable guidance and support,

Drs Justine Lim and Jessica Khong for their time and expertise in planning the oral hygiene instruction programme,

NUS Dental Society Dental Public Health Representatives Samuel and Darren for their help in mobilising the Freshmen, and

The Dentistry Freshmen for their open hearts and active participation.

Interested individuals who are keen to find out more about the work KidzCare does may contact the organisation at:

KidzCare@ K-CC
Kampong Kembangan CC
5 Lengkok Tiga
Singapore 417408
T: 6449 6022



Dr Paul Sim is currently a Dental Officer with MOHH. As a SDA Welfare Committee Member and grassroots volunteer at Kembangan-Chai Chee, organising the collaboration between SDA and KidzCare has been a dream come true. He also organised the SDA Corporate Social Responsibility Outreach Programme to The Society For The Aged Sick in 2017.

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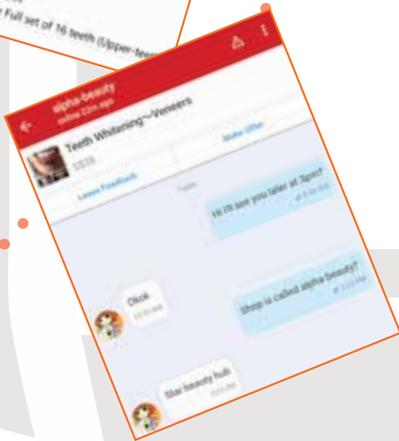
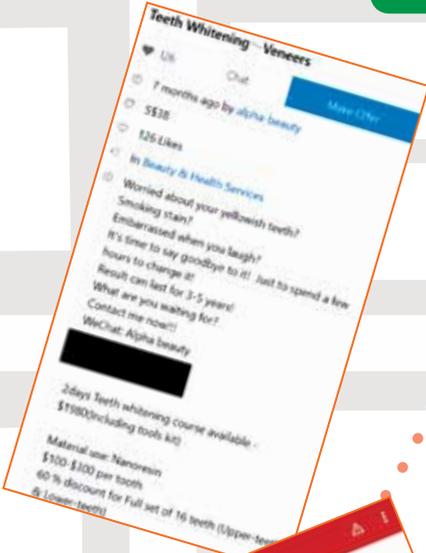
1

START



The desire for the pearliest of pearly whites culminated in an advertisement placed on Carousell. A blinding Hollywood smile for \$38/tooth was an offer I simply could not pass up.

Could I finally have the bulbous, blindingly-white smile that my heart so years? I made an appointment without hesitation.



Jerem
Journ
DO
DE

2



LAKESIDE
STATION

I find the beauty parlour across the road from Lakeside MRT station. A middle aged Chinese lady lays slumped in an armchair beside the entrance. I step in, causing her to stir from hibernation.

We exchange pleasantries as she leads me to a backroom where I find 3 beds. The leftmost one is occupied by a young lady doing her last of 6 anterior veneers. I avert my gaze as her PAP-white veneers assault my eyes. I flinch — but alas; it is too late. I blind my right eye.

I feel my way to the bed beside her. I lay down as a younger, more petite lady approaches. I remind myself that I am strictly here for dental work. I come, to my senses, and await beautification.

To my right: A trolley of dental equipment: tubes of composite resin, flat plastics, microbrushes, a light cure wand and a box of gloves. To my left: a blinding white light which I can only describe as a religious encounter or 6 completed veneers.

3

I go through the 6 phases of composite veneering.

I am simply floored by the end result. Unfortunately, I only have enough money to do one tooth.

5

END

Never would I ever forget to floss again if I was carrying floss with me all the time.

Food stuck between teeth? Floss available.

Broke my shoelaces? Floss available.

Scraped my knee? You guessed it. Floss available.

\$38 for unspeakable beauty and a floss slot? Well, sign me up. I'll surely be saving up to do the rest of my teeth. Just think of all the floss I could store.

Thanks for joining me on Jeremy's Journeys: Dubious Dentistry Episode 1. Until next time.

It warmed my heart when I realize that the veneer had left a nifty little feature, as a surprise, on my veneer — a floss slot:



4



y's eys: OBVIOUS DENTISTRY

BY DR JEREMY SIM

I compliment the beautician on her fine work. I run my nail against the veneer surface — smoother than a baby's shaven bottom. I pick up the mirror, but no; fool me once, shame on you. Fool me twice, my left eye goes blind too.

I remember the solar eclipse glasses I had purchased last year. I put them on and finally am able to admire my tooth in its full glory. It brings me back to primary school where my friends would apply correction fluid to my fingernails before making me eat them flake by flake. I had nice friends.



ISOLATING



ETCHING



FEARING



CURING



AMAZING



BONDING

A Casual Review:

The Most Popular Intra-Oral Scanners Available Today

With a myriad of intra-oral scanners available, we cut through the bovine mature, sift through the marketing gimmicks and make it digestible for the average dentally inclined homo sapien.

Some clinicians have parted ways with the good ol' physical impression because intra-oral scanners (IOS)

- Reduce patient discomfort
- Are time efficient
- Simplify clinical procedures: eliminating plaster/stone models
- Enhance operator-patient communication
- Reduces cost, storage and upkeep of impression materials

Today, we take a look at the three main players in the IOS market: 3Shape Trios, Align-tech iTero and Dentsply Sirona Omnicam. Together, they dominate a vast majority of the global IOS market.

The comparison will be made in five categories:

- Cost
- Support
- Scanner
- Patient Communication
- Other Features



3Shape Trios





Align Tech iTero



Sirona Omnicam



	Trios	iTero	Omniscan
<p>Cost</p> <p>(Disclaimer: prices are variable and subject to change. These are ballpark figures. Contact resellers for up-to-date pricing)</p>	<ul style="list-style-type: none"> Starts at \$30k for mono (non-colour) scanner. \$2.6k P.A subscription including warranty and updates (required for function). 	<ul style="list-style-type: none"> \$44k-\$47k. \$500/month subscription including warranty and updates (required for function). 	<ul style="list-style-type: none"> \$80k (Prices start at \$120k bundle with chairside milling unit). 3 year inclusive subscription, subsequently \$12k for 3 years (Cerec Club), not required for function. Required for warranty and software upgrades.
<p>Support</p>	<p>Support from distributorship. Should breakdown occur, demo unit will be loaned. Unit may have to be sent to Europe for repair.</p>	<p>Support straight from manufacturer. Direct technical and customer service team. Guaranteed to replace defective part on the spot (scanner is plug-and-play).</p>	<p>Support straight from manufacturer. Direct technical and customer service team. Part will be replaced if unable to be repaired on the spot. Loan units available.</p>
<p>Scanner</p> <p>*We feel that it may be unfair to comment on scanner accuracy with an opinion piece without a controlled clinical test. More studies may be in place to test the accuracy of such scanners.</p>	<p>Speed: Very quick. Scanning of both full arches is quicker than traditional impression materials with some practice. Speed difference amongst the three is insignificant.</p> <p>Size: Small and light. Able to access the distal of terminal teeth with ease, even with a mouth opening of two finger widths.</p> <p>Hygiene: Has autoclavable heads.</p> <p>Shade selection: Present</p> <p>Others: Less expensive grayscale version available from Trios. Wireless version also available.</p> 	<p>Speed: Very quick. Scanning of both full arches is quicker than traditional impression materials with some practice. Speed difference amongst the three is insignificant.</p> <p>Size: Weighing at 500g, is the heaviest and largest. Accessing the distal extents of terminal teeth can be a challenge with patients with smaller mouth openings or sensitive gag reflexes. However, the camera has a large field of view, thus not requiring the insertion of the scanner distal to the terminal tooth.</p> <p>Hygiene: Has disposable sleeves.</p> <p>Shade selection: Not available.</p> 	<p>Speed: Very quick. Scanning of both full arches is quicker than traditional impression materials with some practice. Speed difference amongst the three is insignificant.</p> <p>Size: Small and light. Able to access the distal of terminal teeth with ease, even with a mouth opening of two finger widths.</p> <p>Hygiene: Recommends swabbing after use, with disposable sleeves that have to be specially ordered.</p> <p>Shade selection: Present.</p> 

**Trios with
2 finger space**



**iTero with
2 finger space**

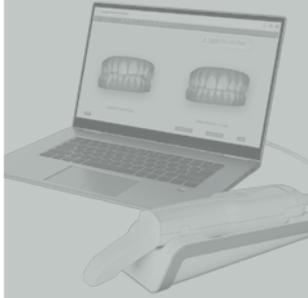


**Omniscam with
2 finger space**



	Trios	iTero	Omnicam
Patient Communication	<p>Prosthodontics:</p> <p>Design platforms offers a useful interface which stimulates active discussion of the prosthodontic outcome with the patient. Able to superimpose smile design on a photograph of the patient's face.</p>	<p>Prosthodontics:</p> <p>Lacks a built in prosthodontic design software.</p>	<p>Prosthodontics:</p> <p>Design platforms offers a useful interface which stimulates active discussion of the prosthodontic outcome with the patient. Able to superimpose smile design on a photograph of the patient's face.</p>
	<p>Orthodontics:</p> <p>The Trios IOS provides similar support for clear aligners. Though they have direct communication with Invisalign; it does not have "ClinCheck" support. TRIOS Simulation can be used for immediate patient communication for orthodontic treatment modalities and outcomes.</p>	<p>Orthodontics:</p> <p>Is the only IOS that provides full Invisalign support — from scanning, simulation, to planning and monitoring with Invisalign's ClinCheck software. Immediate simulation of orthodontic outcomes is a strong factor in patient acceptance. During follow up visits, progressed can be tracked and treatment paths can be altered on-the-fly if necessary.</p>	<p>Orthodontics:</p> <p>Lacks support for orthodontic communication. However, that may change with their upcoming update.</p>
	<p>Treatment monitoring:</p> <p>Offer active treatment monitoring. These are effective tools to track the general oral health of patients. With a visual guide, the patients no longer have to take the dentist's word for it when diagnosed with conditions such as gingival recession, deepening non-carious cervical lesions etc.</p> 		<p>Treatment monitoring:</p> <p>Not featured yet.</p>

Other Features



Trios

- Offers “Trios Monitor” feature that is able to record excursive movements in 3 dimensions. This is useful for complex prosthodontic rehabilitations.
- Has the most “open” software: compatible with the widest range of chairside milling units for seamless operation, thus making the broadest array of materials available at the operator’s discretion.
- Built-in prosthodontic design software is able to make extremely fine adjustments to both fixed and removable prosthodontic work.
- Wide support for orthodontics: support for indirect bonding systems and clear aligners. Treatment simulator also available. Only lacks treatment simulation support for invisalign.
- Wide support for implantology: Implant planning is made easy by integration of CBCT. Straightforward fabrication of surgical guides and great support for subsequent prosthodontic restoration.

iTero

- All data is managed on the cloud. No locally stored files, meaning that data is not lost in the event of local data corruption or hardware failure. This also means that data is available across different practices; making data management both seamless and painless. Updates can also be carried out remotely and overnight, which equates to less downtime.
- Prosthodontic scans are all sent digitally to lab technicians who assess the scans and “clean” them digitally before they are sent to a laboratory of the operator’s choice.
- Milled models (more accurate than 3D printed models) can be special ordered (soon to be available in the region) for prosthodontic work requiring high levels of accuracy, or simply for the discerning practitioner.
- “Timelapse”, iTero’s patient monitoring feature, boasts a very polished and communicative interface that would aid in patient acceptance of treatment. It closely tracks tooth movement, wear and gingival recession.

Omniscam

- Seamless integration from scanner, miller to furnace. A controlled ecosystem with a single support provider, saving the user the hassle of having to pinpoint and troubleshoot hardware issues themselves.
- Ideal for users looking for an integrated single-visit dentistry solution.
- Built-in prosthodontic design software provides bio-generic models of teeth based on their impressive history of scans. Adjustments rarely required, unless for aesthetic purposes.
- Like the Trios, broad implantology support is available: from implant planning, custom abutments and subsequent final restoration.

All three scanners boast massive improvements over their predecessors. Intra-oral scanners are no longer the unwieldy, intimidating bludgeons of Christmas past. A common thread is a focus on the ease-of-use. With an elementary level of literacy, you would easily be able to navigate the on-screen instructions without a hitch.

The 3Shape Trios is an ideal product for the prosthodontic power user, with strong support for implantology and orthodontics as well. It features an attractive price point with an intuitive user interface that allows a particularly particular dentist to make adjustments to the finest of details. With its wide array of support for various chairside milling machines, you would be able to mix and match various products from different brands to your ideal configuration.

The Aligntech iTero is the only scanner that supports treatment planning and simulation for Invisalign. It is suitable for the Invisalign

heavy practitioner but also has its roots in prosthodontics with its 2015 acquisition of Cadent, who manufactured the first iTero restorative scanner in 2011. With its cloud based storage and remote software updates, paired with excellent on-site support – iTero allows the practitioner to focus on what a practitioner does best: clinical work.

Last but not least, the Dentsply-Sirona Omnicam provides an integrated workflow to provide the envisioned “Single Visit Dentistry”. Being the pioneer in dental CAD-CAM technology, their latest offering provides strong support for prosthodontics and implantology. Treatment planning for orthodontics is not available as yet, but its specialised orthodontic scanning program ensures an accurate scan for orthodontic treatment. Users looking for a one-stop solution from scanning, milling to firing with excellent on-site support across the board would be satisfied with what Dentsply-Sirona has to offer.

Disclaimer: Everything written here is strictly based on the opinion of the writer of this article. I try to practise due diligence in maintaining objectivity. The information provided is up-to-date at the point of writing. Further updates and advancements may lead to drastic changes.

iTero

“Hi, I’m
iTero Element 2
and I bring innovation
to visualisation”

The modern scanning system enhances your restorative case capabilities with powerful computing and a high-definition widescreen.



“Hi, I’m **iTero Element Flex**
and I go where you go”

The portable system offers the convenience of on-the-go scanning and small space operation.

One brand, two powerful options for bolstering your capabilities in restorative work.

Learn more at iTero.com

For more information, contact
iTeroAPAC@aligntech.com



BY ONG SIN YI

Financial Planning



Planning For The Young Professional

Financial planning is becoming increasingly important. It is especially so in a world where everyone aspires to attain financial freedom early. It is not only about how much you earn, but how you manage your money. Below are some fundamentals in money management. They are not secrets, but are often neglected.

Plan your insurance protection

Every financial advisor will agree unanimously that the first step in managing your money is wealth protection. It prevents the money you have accumulated from being wiped out overnight due to illness or disability.

We know medical expenses in Singapore are expensive, thus creating an impetus to upgrade your Medishield Life (MSHL) plan to an Integrated Shield Plan (IP) for more comprehensive coverage. One key difference between MSHL and IP is that the latter covers pre and post hospitalisation expenses which can amount to a significant amount. Thus, it is equally important to upgrade your family members' MSHL too. Ultimately, you are responsible for your loved ones' medical expenses. There are several IP providers in the market, and each has its strength. For example, AIA HealthShield Plan A offers the longest pre and post hospitalisation coverage of 13 months and highest annual claim limit of \$2,000,000 if you visit their panel of healthcare providers.

After taking care of medical expenses, we need to take care of our living expenses should we be unable to work due to illness. Life insurance that has critical illness coverage will ensure you and your family can maintain the current standard of living when you are fighting your illness. It is important to maximize your coverage with the lowest premiums, eg. Company A may provide \$1,000 for \$1 while Company B may provide the same coverage for \$2. If you think insurance plans are the same across companies, think again. Premiums can differ up to 20% across companies for the same coverage. Is your protection portfolio optimised?

Track your expenses

One common mistake most people make is spending before saving. There is a high tendency to spend everything, or even get into debt. Make a list of your fixed expenses (utilities, mortgage loan, food etc) and how much of the remaining you would like to save before spending on luxuries like vacations or the latest gadgets.

It is important to know where the expenses are going to so that when you try to cut down, you will know where to start. Like they say, a small leak will sink a great ship: beware of the small expenses.

Do your tax planning

One sizable expense that many people forget to account for (you will be reminded around April to June every year) is your income tax. Remember to do your tax planning at the end of every year. Though a necessary expense (it is our contribution to nation building), there are ways to legally reduce your tax by up to 20% a year.

If your annual income is \$150,000, doing proper tax planning can potentially bring down your tax by \$3,000 (which could be an extra holiday). For example, you can contribute up to \$7,000 to your parents' CPF retirement account and it would automatically be calculated as a tax relief by IRAS.

Another method would be to contribute to the Supplementary Retirement Scheme (SRS). SRS can form part of your retirement income and at the same time increase tax relief for your current annual income. Of course, there are certain terms and conditions to abide to.

8th wonder of the world

As Warren Buffett says, "If you don't find a way to make money while you sleep, you will work until you die." Make sure your money is working for you by saving with an instrument with higher interest rates: the effect of compounding interest is the 8th wonder of the world. Your money doubles after 12 years if you invest in an instrument that generates a 6% interest per annum.

Diversify into different instruments. There are low-risk instruments like endowments that generate about 4% per annum with guaranteed returns as high as 2.6% per annum. Endowment plans are ideal for people who want stable returns. There are also mid-risk investments like unit trust investments which are good for passive management of your investment. There are funds which have impressive track records of up to 18% per annum for the past 8 years. If you have the time to study the market, invest in some blue-chip stocks and hold them for the long term.

Know your risk profile and the options available to you.

Start young

Time is a major factor in growing your wealth, so do not wait till you have earned "enough". Compounding interest can only work its magic when you have time on your side. If you start saving \$1,000 a month at age 25 for 10 years, you would have saved \$120,000 in total. At a compounding interest of 6%, your \$120,000 would become \$750,000 at 60 years old. However, if you were to start 20 years later, saving \$1,000 a month for 10 years — at same rate of interest, your money would only be \$230,000 at 60 years old. That's a \$520,000 difference, just because you started 20 years later. If you think that you have missed the boat, that is not true: the best time to start is always now!

Money management is an art. While we are busy juggling work and personal life, we should set some time aside to plan our finances. After all, the only person who you can rely on to take care of the older you in future is the younger you today.



Ong Sin Yi

is a financial consultant in an independently-owned financial consultancy firm, IPPFA. She has been in the industry for 6 years and is a proud mother of one. She enjoys cooking a wholesome meal for the family and indulges in good food. She specialises in financial portfolio management for young families and executives.

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IPPFA



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BY DR RAJ RATTAN

Great Expectations by The Medical Protection Society



Our lives are enriched by our daily experiences. Our response to these experiences is largely determined by our expectations - a “surprise” is only a surprise because we have no expectation about the event or occurrence. Other responses, such as making a complaint, arise when expectations are not met. The “expectation disconfirmation” theory can help the dental team to understand patient satisfaction in relation to expectations and outcomes.

The concept is best illustrated by the following sequence:

- When a patient visits a practice or a dentist, they do so with a pre-set level of expectation. In the case of existing patients, prior experience of the service will influence these expectations. In the case of new patients, the experience of friends and family (or whoever else has recommended the service) will play a part. For others, the expectations may be set by words and images that appear on websites and marketing literature.
- These expectations are the standard against which the dental team and the practice will be judged.
- When expectations are met, confirmation occurs.
- Disconfirmation arises when there is a difference between expectation and outcome.
- If the outcome is better than expected, there is positive disconfirmation and this leads to satisfaction. Negative disconfirmation arises when the outcome is below the pre-set level of expectation and may lead to a complaint. Simple disconfirmation is the term used to describe a situation where the expectation meets the outcome; it is neither better nor worse.

Complimenting and complaining behaviours are determined by this outcome. Clinical practice continues to advance, and improvements in techniques and materials allow clinicians to raise the bar when it comes to setting standards. Where there is competition in the market amongst providers of services, advertising and marketing materials are one method of differentiation. It is all too easy to over promote the benefits of care and influence expectation levels such that they cannot be met.

The adage that “first impressions count” is also relevant here. The practice environment itself contributes to expectation levels. It has been described as the “servicescape” of business. It also impacts on the perceptions of quality, expectations and performance. (Interestingly, cleanliness is cited as the area of the “servicescape” that received the most complaints in the wider business world).

Patient satisfaction

Patient satisfaction is a mental state and is a multi-dimensional construct affected by many variables. It influences positive patient behaviours such as loyalty.

Dissatisfaction has the opposite effect. Many studies have shown that patient satisfaction is determined by subjective and objective experiences and their dentist’s interpersonal and

communication skills, and the “communication of care and attention” has been cited as the most influential in maintaining patient loyalty (Holt and McHugh).

Dentists should focus on and develop effective communication skills before, during and after treatment sessions by involving patients in treatment decisions. For example, according to one study, patients who received more preparatory information and knowledge had superior postoperative pain control and satisfaction after undergoing third-molar extraction than patients who did not.

To avoid complaints, we must focus on the human and psychological aspects of the dentist/patient relationship, and adapt our communications to better manage patient expectations within the expectancy disconfirmation paradigm. It is also worth paying attention to the “servicescape”, as it is the antecedent to the experience itself and can mould patient perceptions.

Case study

A patient attended for the removal of lower impacted third molars. After the removal of the first tooth, his dentist called him in the evening to make sure he was comfortable and that there were no postoperative issues. The call was not expected and he expressed his gratitude for the care he was shown. Two weeks later, the same dentist removed a molar on the other side and, on this occasion, did not call him as a local postgraduate meeting the patient had overrun and there was no opportunity to telephone. On his return to the practice some days later for a review appointment, he was surprised that he did not receive a call on the second occasion.

In a matter of two weeks, the patient’s baseline expectations had changed and he had crossed from the positive to the negative side of the disconfirmation continuum. It is a reminder of the importance of setting realistic expectations that can be met consistently. At first glance, the mantra of under-promise and over-deliver offers a solution. But lowering expectations also potentially lowers the appeal of the service or product, especially in a competitive market. It is a matter of striking a balance.

Some leading researchers in the field suggest that there are three types of expectation.

- The desired service – a level that the patient hopes to receive.
- Adequate service – this is the minimum tolerable level, because patients will have recognised that the desired service is not always achievable.
- Predicted service – the level of service a patient thinks they are likely to receive on the basis of probability

The gap between one and two is the so-called “zone of tolerance” and the predicted service is likely to lie within that zone. It is a zone in which the dental team can perform in comfort. It is only when the experience falls outside the zone of comfort that a patient demonstrates complaint behaviours. The extent of the tolerance is contextual. It varies amongst patients and may vary at different times in the same patient, depending on what else is happening in their life.



Dr Raj Rattan,
MBE, Dental
Director of
Dental Protection
discusses
the need to
manage patient
expectations and
interactions.



SAVE THE DATE

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27TH & 28TH APRIL

HISTORIC HEREFORD

STORY AND PHOTOS BY DR MICHAEL LIM,
THE DASHING AND DEBONAIR TRAVELLING GOURMET

The Travelling Gourmet visits a
town famed for its history and
other esoteric delights

Dr Michael Lim with
Reverend Michael Tavinor



My train pulled smoothly into the small station. In next to no time I was whisked to the well appointed and unpretentiously luxurious Three Counties Hotel. Set some distance from the town centre, its lovely landscaped gardens and heartfelt service made staying there a delight. This was my lovely base far from the maddening crowd. When President Trump visited the UK, his grand banquet in the majestic Blenheim Palace featured beef from Hereford. Hereford beef is renowned for its taste and texture.

Hereford's Captivating Cathedral

From the Il Duomo in Milano, St. Paul's in London to Vienna's Stephansdom; Hereford Cathedral is in a league of its own.

The treasure of the cathedral church of the Anglican Diocese of Hereford is unequivocally the *Mappa Mundi*. This map of the world was created in 1300 by Richard of Holdingham. Unsurprisingly, the Mappa Mundi is listed on the UNESCO Memory of the World Register. When I saw it, I was speechless. The palatial cathedral is also a Grade I listed heritage building. While the stunning cathedral became a place of worship in the 8th Century or earlier, the bishop's chapel dates back to the 11th century.

The learned and kind Reverend Michael Tavinor is a person that I have the honour of calling a friend. He is the Dean of Hereford Cathedral. After a special service, we had tea and biscuits in his beautifully landscaped garden full of colourful flowers and shrubbery. I remarked that my best friends all over the world are called Michael. Dean Michael responded with a happy chuckle, "Yes, we share the same name. Michael is a very good name." Biblically, St. Michael the Archangel of God was the hero who cast the devil out of heaven.

The marvellous *Mappa Mundi* is no ordinary map of the world. It is remarkable that they were able to create such a map without the luxuries of modern technology. It is astonishingly beautiful, and accurate too for the most part. It is, in my opinion, one of the wonders of the ancient world.

The Chained Library

Today, we employ various technological techniques to safeguard important information. Back in the day, certain texts had to be kept from prying eyes as well. To deter these miscreants from stealing priceless books, they came up with an ingenious solution. Chains! The books were and are chained to the book shelves. Why fix what is not broken? Till this day, these books are kept within the confines of the library by chains.

The Mayor of Hereford

Councillor Sue Boulter is the current Mayor of Hereford. She showed me all the historic, impressive and important ceremonial Regalia and important *objets d'arts* in the Mayor's Parlour. Over a glass of cider, one of the famous products of Herefordshire, we had a wonderful *tête-à-tête*. On the subject of food, the Mayor asked, "Where are you going for dinner then?"

I replied, "I don't know at the moment but I want more Hereford Beef!"

Mayor Sue heartily exclaims, "Then I strongly recommend 'The Beefy Boys'!"

Right: The Chained Library

Bottom Right: Councillor Sue Boulter and Dr Michael Lim

Bottom Left: The marvellous Mappa Mundi





Beef and Bulmers Cider in Hereford



The Beefy Boys

Following the kind recommendation of The Mayor of Hereford, I found myself on the second storey of The Beefy Boys restaurant. The restaurant teemed with many aficionados of Hereford Beef. Located in a chic development called Old Market (which is ironically very new) it boasts a well-stocked Waitrose supermart, cozy cafes and several bistros. Their prize-winning beef burgers are to die for. Featuring “Mexican Boy”, a meaty beef patty of medium-doneness with a hot fluffy bun encircled by crispy tortilla chips. It is heavenly when paired with a glass of Butty Bach Wye Valley Ale!

The BEEFY Boys of The Meat Boutique,
Old Market, Hereford HR4 9HU, UK

The Travelling Gourmet waxes lyrical about...

Hereford Cider

Bulmers Cider in Hereford is the world’s largest maker of Cider. Since 1885, they have been crafting tip-top cider to quench your thirst after a hard day’s work! Alas, since 2008, the Dutch brewer, Heineken, has taken over. However, Bulmers’ excellent cider lives on, and its museum is not to be missed. Nothing quite like a chilled glass of vitamin rich, low alcohol Bulmers Cider with some Herefordshire cheese and pickles!

Bulmers Original is a good balance of sharp tangy apples with sweet apples from orchards in Herefordshire. This medium-sweet cider pairs fantastically with fish & chips and sharp, piquant cheeses like Red Leicester. It is simply delectable when served with honey & caramelized onions.

Another favourite of mine is Sarah’s Red Apple Cider. It is medium-bodied, elegant and smooth with a bittersweet finish that pleasures your palate. This showcases the true fruit taste-profile of premium Herefordshire red apples.

I enjoy going to The Grapes in a quiet part of Hereford, which is a “garrison pub” popular with soldiers of the HM Armed Forces. There, I partake of beer, ale, cider and hearty “pub grub”.

Cider Museum

Visiting the museum is a fascinating learning experience. You will discover just how apples are pressed and how the golden juice is fermented to produce cider. Explore original champagne cider cellars and view cider-making equipment. Appreciate a cooper’s barrel making workshop and a vat house. The museum used to be a cider making factory. A marvellous collection of old English lead crystal cider glasses from the 18th century onwards intrigues visitors. You can also listen to oral history recordings as you meander through the museum. A range of unique ciders are available in the gift shop while light refreshments are available in the Teahouse.

The Cider Museum of Hereford

Pomona Place, Hereford HR4 0EF, UK

The Museum is open daily except Sunday from 10.30am – 4.30pm all of year, including Bank Holidays

Merry Christmas and a happy new year to all!



Dr Michael Lim is *The Travelling Gourmet*[™]

Travel, Food & Wine Writer/ Editor/Educator extraordinaire.

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4-seater Sport Cars: Porsche 911 Carrera T vs. Ferrari Portofino

The line between sportscars and supercars is extremely blurry nowadays. Sportscars have gotten so fast that they are easily able to keep up with genuine supercars on the public highway. Take Porsche's iconic 911 for example. What started off as a small, humble-powered sportscar back in the 1960s has evolved into a 520 horsepower track monster in the form of the 911 GT3 RS. That said, the 911 lineup is extremely broad and it is hard to make a case against the base Carrera T if you are buying one to serve as a daily driver for hauling the entire family. It is more affordable than the hardcore GT3 variants, a lot easier to maintain and just as fast in the real world. Question is, can something challenge the definitive sportscar/supercar for families with kids? As unlikely as it sounds: Yes, in the Ferrari Portofino.

Exterior and Styling

If ten years ago you told me Ferrari would one day build a 4-seater convertible, I would have laughed and dismissed the idea without a second thought. Here we are though, with what might be Ferrari's most brilliant car to date. You can forget the 812 Superfast and the LaFerrari, because nothing comes close to the Portofino for everyday usability. Just look it. It is based on the California- the original Ferrari 2+2 convertible — but is much more aggressive. Borrowing styling cues from the 488, it has a hint of the 812 Superfast.

In traditional terms, this is a Ferrari through and through. An elongated hood, a sweeping high waistline, and a sloping roofline which extends all the way behind the rear wheel arches. It is a thing of beauty. Most convertibles get noticeably less pretty when you drop the roof down. Not so with the Portofino. If anything, it makes even more of a statement courtesy of its wide rear arches and that hunkered-down aggressive stance.

By contrast, the Porsche is as understated as a supercar can get. Don't get me wrong. It is still instantly recognizable, but lies on the opposite end of the supercar spectrum compared to the Portofino. It is nowhere near as brash and in-your-face as the Portofino, so most people cannot even tell what generation or what year it is from. They just know it is a Porsche. If you









value understatement, there is no alternative. Without the big wings and decals of the GT3 lineup, I think the standard Carrera T looks a lot more civilized and sophisticated, especially if you are going to be using one as a daily driver to haul your family around.

Interior and Features

Modern Ferraris are extremely user-friendly and refined. As good as the Portofino is, it pales in comparison to the 911 Carrera T. You have to remember that the 911 is a genuine sports-car you can drive every day with track credentials, whereas the Portofino is a performance-oriented supercar that's usable on the road. Do you see the distinction?

As far as materials go, both use premium leather and soft plas-

tics, but I marginally prefer the 911's cabin. The Portofino has a better-looking cabin no doubt, especially with the brushed aluminium and that gorgeous steering wheel. In contrast, the Porsche's interior is a nicer space to spend time in. The ergonomics are superior and the driving position is slightly more suited to daily driving (although it feels as though you are sitting lower than you are in the Portofino). The Ferrari's cabin can be specified with all kinds of carbon-fiber inserts and an endless amount of customization options, but that drives up the price rather quickly. I am basically nit-picking at the moment. You can spend hours driving the Portofino without getting tired, but the Porsche is that little bit better.

The 911 has the Portofino trumped when it comes to tech as well. Ferrari's new infotainment system with the 10.2-inch screen is a vast improvement to the unit found in the first California, but





it is still not up to the 911 unit's standards. Porsche is owned by VW and this is what VW does, so no surprise there. Rear legroom is about the same in both cars (which is minimal), but the Ferrari has a slight advantage when it comes to headroom. Both cars can seat two adults and two kids for any period of time. Four adults is a stretch and is only advisable on shorter trips.

Engine and Performance

Here is where the Portofino seems to trump the new 911 Carrera. The Ferrari uses a 3.9-liter twin-turbocharged V8 whereas the Carrera T makes do with a 3.0-liter twin-turbo flat-six. The Portofino develops 592 horsepower and 561 lb-ft of torque, with the Porsche putting out "just" 370 horsepower and 332 lb-ft of torque.

There is no denying that the Portofino is significantly faster than the 911 in every measurable way. It has over 200 more horsepower and over 200 lb-ft of torque. The engine is a real powerhouse and will pull strongly all the way to the Portofino's 320 km/h top speed. The facts and figures tell only half the story however, because how the cars feel is a lot more important in real life.

The Ferrari can crack 100 km/h in just 3.5 seconds while the 911 takes 4.2 seconds to do the same run. In actual driving, the Ferrari does not feel that much more powerful up to 160 km/h since it cannot put its power down as effectively as the Porsche. The Carrera T's driving dynamics are a thing to behold. The rear-engine 911 just squats and goes. Minimal tire spin and minimal drama. Even in the wet, the amount of grip it can extract from the road surface is remarkable. It is eager to turn into corners and it is actually neutral. There is very little understeer at the limit but one has to be going at ridiculous speeds to even experience that.

The Portofino is not as "squashed" into the road as the 911, so it feels livelier and a lot more eager to step out. That V8 engine is a monster. It will light up the rear wheels in fourth gear if you really want it to with the traction control turned off. It feels bigger than the 911 too. That said, I think it actually stops better and is a real joy to play with, especially now that Ferrari has given it their third-gen electronic rear differential.

In Conclusion

To sum it up, there are no real winners or losers here. It all comes down to what you are after. The 911 Carrera T is the ultimate sports car you can use every single day which has more than a few supercar traits about it. The Portofino T is a Ferrari in every sense of the word. It possesses the looks, the engine and the noise to back its credentials up. It is not as friendly or usable as the Carrera T, but is it such an occasion every time you get in it and go for a drive.



Dr Kevin Co is a full-time private practitioner at his clinic TLC Dental Centre. Cars remain his lifelong passion.

BY DR TAN KIAN HOW

SAF Dental 50th
Anniversary
And Symposium
- Advancing
Military Dental
Health

The Singapore Armed Forces (SAF) Dental 50th Anniversary And Symposium was held in HQ Medical Corps, Nee Soon Camp on Friday, 26th October 2018 to celebrate the achievements of the SAF Dental Branch since its inception in 1968. From its humble beginnings as a solitary mobile dental clinic in Beach Road Camp, the SAF Dental Branch now manages 10 Base Dental Centres, one Specialist Dental Centre and one Dental Classification Unit. The symposium was themed 'Advancing Military Dental Health', with invited speakers from the Ministry of Health (MOH), NUS Faculty of Dentistry, as well as past and present SAF Dental Officers. The strong turnout also consisted of HODs and representatives from various hospitals, polyclinics and SDA. Members of the SAF Medical Corps, Dental Supervisors, Dental Assistants and NSman Dental Officers were also in attendance.

The Guest-of-Honour, RADM(DR) Tang Kong Choong, Chief of Medical Corps, gave the opening address, followed by a speech by MAJ(DR) Guo Weidi, Head Dental Officer. A video commemorating 50 years of progress and achievements was presented. The nostalgic photo collage and interviews in the video brought back many fond memories of the past. There was also a cake-cutting ceremony, with a specially designed birthday cake presented to mark SAF Dental's 50th anniversary.

Dr Chng Chai Kiat, Chief Dental Officer, MOH delivered his keynote presentation which outlined the history of military dentistry and its continued relevance during peacetime and wartime in the 21st century. The collaboration between SAF and MOH is crucial to maintaining our armed forces' oral health, with Dental Officers from MOHH manning the dental centres across the island.

MAJ(DR) Tay Koong Jiunn next presented his analysis of dental trends in the SAF. He addressed current oral health knowledge, attitude and practices as well as oral-health related quality of life outcomes among SAF servicemen. A high percentage of servicemen do not adopt the recommended oral health practices (e.g. attending regular dental visits and toothbrushing). Most common impacts of oral health are psychological and functional. These deficiencies demonstrated a need for improved oral health promotion in the SAF to ensure servicemen's operational dental readiness.



Cake cutting led by Chief of Medical Corps together with past and present staff of Dental Branch







Top: Delegates together with senior leadership of the SAF Medical Corps at the celebration
Bottom: Past SAF Head Dental Officers





Top Left: Chief Dental Officer, Dr Chng Chai Kiat, delivering his keynote lecture
Top Right: COL(RET)(Dr) Tan Peng Hui delivering his lecture on Forensic Dentistry - For the Fallen and Families
Bottom: Chief of Medical Corps together with pioneer batch of Dental Supervisors. From (L-R) Mdm Susan Lee, Mdm Betty Chong, RADM(DR) Tang Kong Choong and Mdm Khatijah



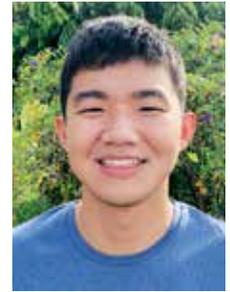


Presentation of Token of Appreciation to MAJ(VOL)(Dr) Peter Yu

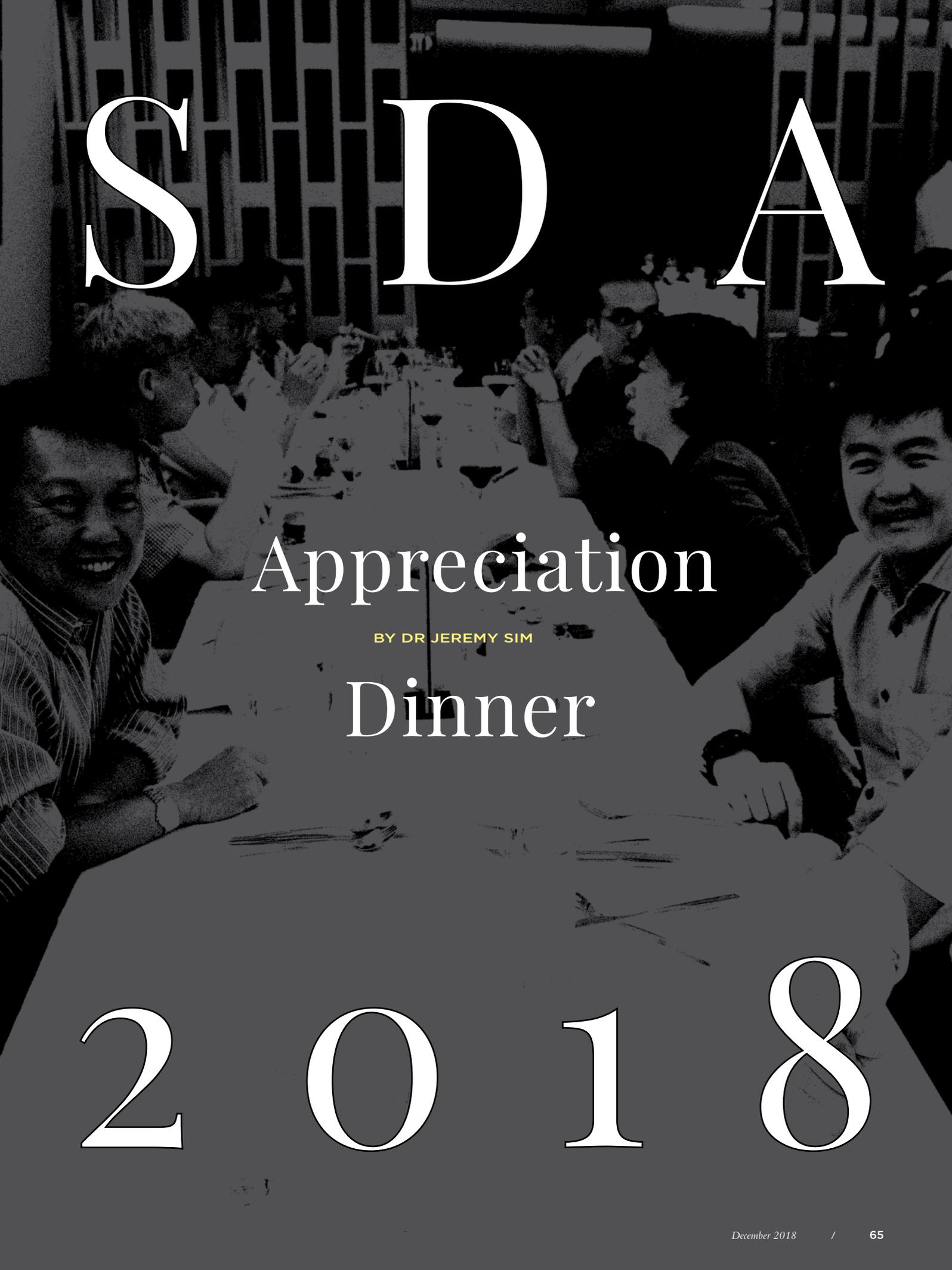
MAJ(VOL)(DR) Peter Yu from the NUS Faculty of Dentistry shared intriguing data on the evolving landscape of dental practice in Singapore, highlighting the importance of exploiting medical informatics and potential risks with digital technology. The SAF Dental Branch can better serve the needs of our servicemen by tapping on useful health data.

Forensic dentistry is one of the core capabilities of the SAF Dental Branch. COL(RET)(DR) Tan Peng Hui, Singapore's pioneer forensic dentist, shared his experience working with national agencies like the Singapore Police when disasters strike, such as the 2004 Indian Ocean tsunami and 2011 Christchurch earthquake. Forensic dentistry is not for the faint-hearted, evident by the graphic nature of Dr Tan's presentation. It must be heart-wrenching to identify disaster victims and fallen servicemen whose bodies are otherwise unrecognisable.

A lunch engagement was held in the HQMC mess and guests were invited to walk down the "Memory Lane", where old photos of the Dental Branch and dental staff were on display. Laughter and chatter filled the mess as friends of both old and present SAF Medical Corps gathered together. A legacy pin presentation was also held to honour our pioneer batch of senior Dental Supervisors, Mdm Khatijah, Mdm Betty Chong and Mdm Susan Lee, for their selfless service over the years.



Dr Tan Kian How recently graduated from NUS and is serving as a regular Dental Officer in the SAF. After work, he enjoys swimming or a good workout in the gym. He is a die-hard Liverpool FC fan and tries to play as much football as he can.



S D A

Appreciation

BY DR JEREMY SIM

Dinner

2018

On a fateful Thursday evening of 1 November, the Privé Grill at The University Club was electrified by the presence of the assiduous volunteers of the Singapore Dental Association.

Members of each sub-committee were represented as they wined, dined and mingled the evening away. For a brief moment, time stood still — clinical hiccups, marital woes and global warming were cast into a sea of worries that remained calm throughout the night. Just for an evening, we were not *dentists*. We were people.

As the servers liberally lubricated us with ample alcohol, the raucous roars of jolly old friends filled the room like hyenas at a comedy club. With bellies full of wine and and having nothing left but time, we pitched five pairs against one another to play *Don't Forget The Lyrics*.

From the likes of Hotel California to Billie Jean, the participants displayed a savant-like ability to recall the lyrics to every song thrown at them. There was absolutely no need for help from the audience at any point of time. We transcended space as we were teleported to the moon by Prof Loh Hong Sai's impeccable Moonwalk. He appeared to be hindered by a few craters but he

bravely remained unfazed.

The best performing three pairs of Prof Loh and Dr Jee, Dr Mohan and Dr Tang (a.k.a the Orthotunes), and Dr Arora and Dr Lim were awarded amazing prizes beyond their wildest dreams.

The evening concluded with a lucky draw. Dr Lim Lii presented the draw to fifteen lucky individuals. Dr Wong Tuck Wai, Dr Chen Fee Yuen and Dr Lee Cheng Ting received the third to first prizes respectively. It was merely coincidence that two of them are serving members of the welfare committee.

As we left the venue, we shared a collective understanding that we were bound by a common thread — The SDA Appreciation Dinner of 2018.

We would like to thank Colgate, TePe (ProHealth Marketing), Corlison and GlaxoSmithKline for sponsoring the lucky draw hampers. We would also like to thank Systema (Lion Corp), Listerine (Johnson & Johnson) and Oral7 (MBD Marketing) for sponsoring the goodie bags.

Right: Some friendships last a lifetime





Top: The happy Organising Committee

Second: Engaging in deep conversation

Third: Happy participants ready to play *Don't Forget The Lyrics*

Bottom: Dr Michael Lim and Dr Surinder Poonian

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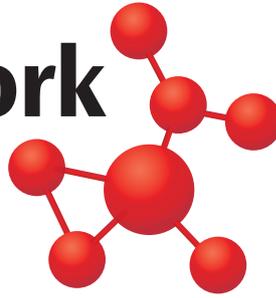
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