

the DENTAL SURGEON

DEC 2019 ISSUE

CELEBRATING 90 YEARS OF THE NUS FACULTY OF DENTISTRY



LION

Systema

3D Expandable Floss



- ✓ Excellent plaque removal power
- ✓ Gentle on gums

Try
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!

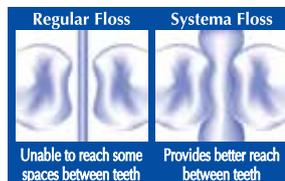
Using advanced dental technology from LION - Japan's No. 1 Oral Care Company*, Systema, The Gum Care Expert provides complete superior gum protection to help keep your gums, teeth and body healthier.

- **Toothbrush** : Removes plaque efficiently with Super-Tapered Soft & Slim Bristles. Improves gum health in 7 days².
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- **Mouthwash** : Alcohol free. Helps provide long lasting gum protection.
- **Interdental Brush** : Removes 95% of plaque between teeth & gums⁴ for a more thorough clean.



Systema Floss, expanded by hydration, has 3 dimensional network structure to remove microscopic plaque:

- ✓ Excellent plaque removal power
- ✓ Gentle on gums



Visual representation only



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.

³ Based on Lion laboratory test. Systema Gum Care Toothpaste (Breezy Mint/Icy Cool Mint/Sakura Mint) is proven in helping to kill 99.99% gum problem-causing bacteria. Gum problem-causing bacteria refers to bacteria inhabiting in the BioFilm - Porphyromonas gingivalis, Fusobacterium nucleatum, Veillonella parvula, Actinomyces viscosus.

⁴ when using together with toothbrushing. Source: Journal of Japanese Society of Periodontology 78-258 (1975).

* INTAGE SRI, No.1 Company in Oral Care Category, Value Sales, CY2018.

EDITOR'S NOTE



Dear Readers,

We have a new member in tow
She goes by the name Lea
I asked her how to pronounce her name
And she said it rhymes with fear.

We would like to thank Lea for joining TDS editorial team. In a moment of folly, Lea altruistically volunteered to join us in slave labour. It has been a great joy of mine to contribute as editor-in-chief for the past year and it remains to be seen if this elation persists.

2019 has been a particularly eventful year for our profession. Looking forward, I hope for a much more mundane 2020. May we one day look back at 2019 and consider it a tiny irregularity in our otherwise quiet professional lives.

My greatest wish for 2020 is to not just put an end to world hunger, but also for SDA to finally agree to cover my expenses for this magazine. If I had to choose just one wish, it would be the latter.

Cheers to a better year.

Yours Sincerely

Jeremy Sim

A handwritten signature in black ink that reads "Jeremy Sim". The signature is stylized and cursive, with a large initial "J" and a flourish at the end.

DR JEREMY SIM is currently serving out the last few months of his sentence. 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.

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Credit: Executive Council 2019-2020, College Of Dental Surgeons Singapore, Academy of Medicine Singapore

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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 pursuing postgraduate studies. He has served with both the SDA Welfare and Oral Health Awareness Committees prior to joining *The Dental Surgeon* team. Besides probing pockets, he enjoys jogging and shares a sim-biotic working relationship with the Editor.



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.



DR LEA TAN is a fresh-from-the-oven graduate currently serving the first year of her bond. Aside from dentistry, she has a ridiculous number of hobbies from jujitsu to knitting. She is happily mediocre at them all, hopefully excluding writing.

The Dental Surgeon

2985 Jalan Bukit Merah, #02-2D, SMF Building, Singapore 159457,
T: +65 6258 9252, F: +65 6258 8903, norjana@sda.org.sg, www.sda.org.sg

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FACULTY OF DENTISTRY 90TH ANNIVERSARY GALA DINNER

BY DR ANG HOE KHOON



Guest of Honour, Minister for Education, Mr. Ong Ye Kung addressing guests

The National University of Singapore Faculty of Dentistry held its 90th Anniversary Gala Dinner on 31st August 2019 at the Suntec Convention Center. Nearly 500 alumni, faculty, students and supporters came together to celebrate the Faculty's journey since it began as a Department of Dentistry within the King Edward VII College of Medicine in 1929.

The Guest of Honour was Minister for Education, Mr. Ong Ye Kung. Other distinguished guests included Chief Executive of the National University

Health System Professor John Eu-Li Wong and NUS President, Professor Tan Eng Chye. The event was opened by Professor Patrick Finbarr Allen, Dean of the Faculty of Dentistry, who delivered the welcome address, thanking guests for their contributions and continued support of the faculty.

Guests at the dinner were treated to a performance by the Faculty's most recent intake of first-year students who had clinched the coveted NUSSU Rag & Flag 2019 Gold Award. Performing their award-winning dance, the students amazed the crowd with their energy and tight choreography.



Performance by first-year students

As part of the event's celebrations, awards recognising excellence and contribution by students, faculty and alumni were presented. Postgraduate students and Faculty were also presented awards for excellence in their field of study and significant contributions to the education and training of the next generation of oral healthcare professionals respectively.

In addition, a special Senior Alumni Award was presented to senior alumni, Dr Lim Kheng Ann, Adjunct Associate Professor Lee Woon Oi Teresa, Dr Chan-Liok Yew Ai and Dr Yip Wing Kong who had served

the Faculty for more than 15 years during its early years. Minister for Education, Mr. Ong presented the awards to A/P Teresa Lee and Dr Yip Wing Kong who were present at the dinner.

The Faculty was also proud to recognise two of the Faculty's senior staff members, Professor Chew Chong Lin and Dr Keng Siong Beng for being awarded the Emeritus Professorship and Honorary Fellowship by the NUS respectively. These awards recognise the contributions of faculty who have contributed immensely to the University and its community.



Minister presenting the award to Adjunct A/P Lee Woon Oi Teresa



Minister presenting the award to Dr Yip Wing Kong



Cake Cutting Ceremony - From Left: Prof Chew Chong Lin, Prof John Wong, Prof Tan Eng Chye, Mr Ong Ye Kung, Prof Finbarr Allen and A/P Loh Hong Sai

A special cake-cutting ceremony to commemorate the anniversary of the Faculty was held, with distinguished guests and past deans coming on stage to the Faculty's anniversary cake.

The event ended on a high note with a cheque presentation by Coden Specialists, a multi-disciplinary dental speciality centre, who had generously donated \$225,000 to the Faculty. The gift will be used to establish an endowed scholarship to a student pursuing their final year in the Bachelor of Dental Surgery course and a prize for the Most Distin-

guished Final Year Student in the Bachelor of Dental Surgery course. The Singapore Dental Association also gifted a generous donation of \$90,000 to commemorate the latest milestone of the Faculty.

Support from the Faculty's alumni has always been a cornerstone of the Faculty, allowing it to scale to greater heights both in the last 90 years and beyond. "There is an unbroken line going back many generations of caring dentists contributing back to the Faculty by our alumni, and for this we are very grateful," said Prof Allen.



DR ANG HOE KHOON is a Senior Executive at the National University of Singapore Faculty of Dentistry. He supports the Faculty as part of its Communication team, assisting with the organisation of events, publicity and editorial work. He is always interested in finding the best means to converse with a wide range of audience with different needs and goals, and helping to address them.

new

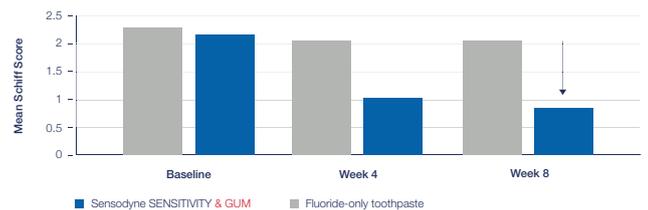


TWO CONDITIONS ONE SPECIALIST TOOTHPASTE

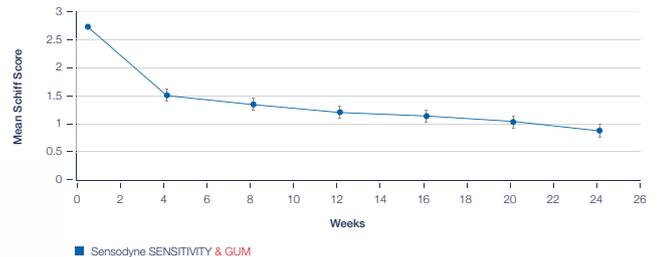


Sensodyne SENSITIVITY & GUM: The specialist dual relief toothpaste

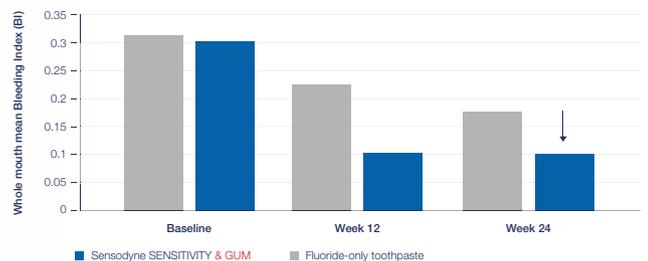
63% greater sensitivity relief*1



Continued improvement in sensitivity relief over 24 weeks†2



40% improvement in gum health‡3



The specialist dual relief toothpaste. Clinically proven to relieve sensitivity and improve gum health.

Help your patients prioritise both conditions at once – Recommend Sensodyne SENSITIVITY & GUM

*Percentage improvement in Schiff score vs fluoride-only toothpaste after 8 weeks, test 0.454% w/w stannous fluoride toothpaste vs. control fluoride-only toothpaste. The difference for tactile threshold for test toothpaste compared to fluoride-only toothpaste were 7.5 g after 4 weeks and 27.2 g after 8 weeks.

†Study conducted using 0.454% w/w stannous fluoride toothpaste; measuring Schiff score and DHEQ questionnaire.

‡Percentage improvement in Bleeding Index after 24 weeks, test 0.454% w/w stannous fluoride toothpaste vs. control fluoride-only toothpaste. Study also showed 19% improvement in Modified Gingival Index with the test toothpaste vs. control at Week 24. Both these measures are indicative of improvements in gum health.

References: 1. Parkinson CR *et al. Am J Dent.* 2015; 28:181–244. 2. GSK data on file 204930. April 2017. 3. RH01515. Clinical study report, GSK data on file.

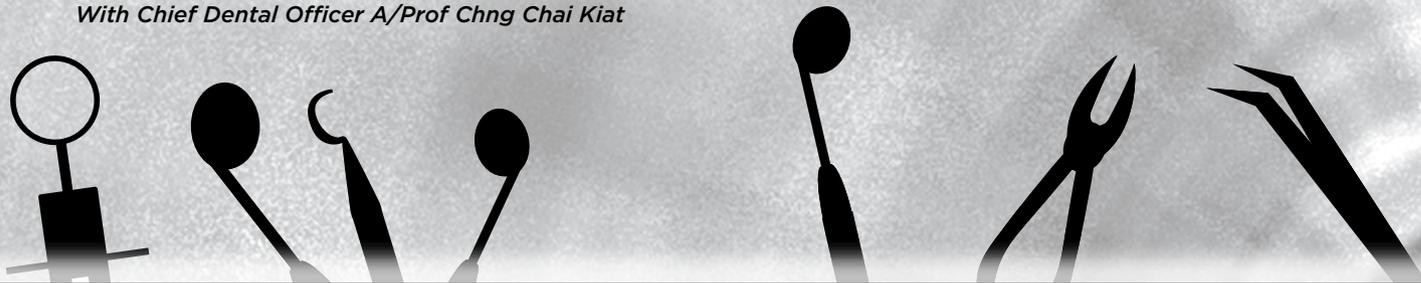
Date of preparation: April 2018. GCDC/CHGOC/0010/18. Trade marks are owned by or licensed to the GSK group of companies.



Photo 1: CDSS 10th Anniversary Celebration Dinner - With Chief Dental Officer A/Prof Chng Chai Kiat



Photo 2: CDSS 10th Anniversary Celebration Dinner - With former Chief Dental Officer A/Prof Patrick Tseng



COLLEGE OF DENTAL SURGEONS SINGAPORE

Credit: Executive Council 2019-2020, College of Dental Surgeons Singapore, Academy of Medicine Singapore



5a



5b

Photo 5a and Photo 5b: CDSS 10th Anniversary Celebration Dinner - Sand artist Imran with a sand art performance to commemorate the 10th Anniversary Celebration



6

Photo 6: CDSS Scientific Symposium 2019 - Controversies in Dentistry



Photo 3: CDSS 10th Anniversary Celebration Dinner - Our FAMS and Dr Rony Cho, Honorary Secretary CDSHK

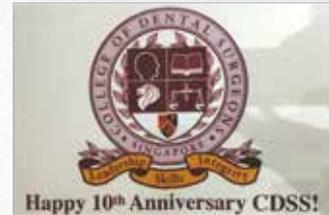


Photo 4a and Photo 4b: CDSS 10th Anniversary Celebration Dinner - Cake Cutting with Past CDSS Presidents and Chapter of Dental Surgeons Chairs

The history of the College of Dental Surgeons Singapore began in 1979, when it was first formed as a chapter, under the Academy of Medicine Singapore. The first chapter chairman was Professor Edmund Tay, then Dean of the Faculty of Dentistry, National University of Singapore. Since then, many more eminent colleagues have stepped forward to lend leadership and direction to this growing specialist

body. The chapter was involved mainly in continuing education, the organization of scientific meetings and seminars for its members.

On 6th August 2008, the college was formally inaugurated as the College of Dental Surgeons Singapore or CDSS, with an executive council and the 6 specialist Chapters of Endodontists, Oral and Maxillofacial Surgeons, Orthodontists, Prosthodontists, Periodontists



Photo 7a, Photo 7b and Photo 7c: CDSS Scientific Symposium 2019 Our eminent speakers - A/Prof Patrick Tseng, A/Prof Andrew Tay, Dr Wong Keng Mun

*Photo 8a and Photo 8b:
CDSS Scientific Symposium 2019 - Our eminent speakers
Dr Lye Kok Weng and Dr Winston Tan
Dr Kelvin Khng*



and Paediatric Dentists. With the enactment of the specialist register in January 2008, CDSS further expanded its role through the administration and conduct of the dental specialist exit interviews through the Joint Committee for Dental Specialist Accreditation and Dental Specialist Accreditation Committees. The first exit interviews were conducted in September 2012 and up to date, over 80 candidates have taken the rigorous exit interviews and have qualified to become dental specialists and

Fellows of the Academy of Medicine Singapore.

In October this year, CDSS celebrated our 10th Year Anniversary as a College. As part of this celebration, a Scientific Symposium with the theme "Controversies in Dentistry" was organized and held at the Sheraton Towers Singapore. The symposium was unique as it provided a common platform for all our local dental specialists and fellows to share their clinical expertise in their respective dental



*Photo 10a, Photo 10b and Photo 10c:
CDSS Scientific Symposium 2019 -
Our speakers in action
Dr Rashid Tahir
Dr Geraldine Lee and
Dr Lye Kok Weng
Dr Hwang Yee Cheau*



*Photo 11: CDSS Scientific
Symposium 2019 -
Prosthodontic workshop
at T32 Dental Academy
Auditorium*



Photo 9a, Photo 9b and Photo 9c: CDSS Scientific Symposium 2019 - Our speakers in action A/Prof Chng Chai Kiat A/Prof Adrian Yap Dr Koh Chu Guan

specialties. The program itself consisted of hands-on workshops and 2 days of lectures covering controversial areas in clinical dentistry. The symposium was a success, with over 380 participants attending the 2 day symposium. A celebration and appreciation dinner was also held to thank all who had contributed to the growth of the chapter and to the college over the last 40 years, as well as the speakers and sponsors who had made the symposium possible.

Today, membership in the CDSS stands at 283, from 37 members as a Chapter in 1982. As the only dental specialist college in Singapore, we are very grateful for the invaluable contributions made by all our eminent colleagues and pioneers and thankful for our friends who have continued to lend their support. We look forward to the next 10 years and beyond, to continue to provide leadership to our growing specialist body, as well as to uphold the clinical and professional standards in specialist dentistry.

Photo 12: CDSS Scientific Symposium 2019 - Oral-Maxillofacial Surgery Workshop at NTFGH Surgical Skills Lab



Photo 14: CDSS Scientific Symposium 2019 - Our guests from the Royal Australasian College of Dental Surgeons, Australia Dr Paul Sambrook, President RACDS Dr Andrew Ow, President CDSS Dr Albert Lee, Honorary Treasurer RACDS



Photo 13a and Photo 13b: CDSS Scientific Symposium 2019 - Our wonderful and attentive participants

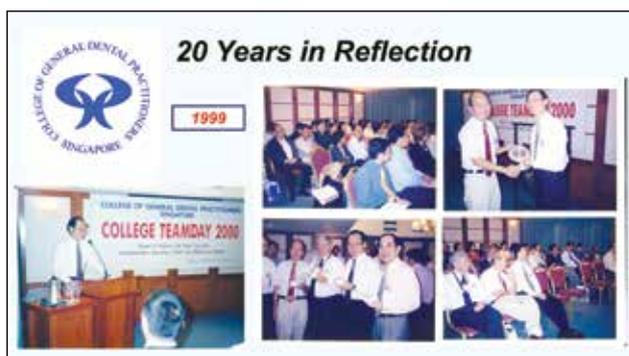
COLLEGE OF GENERAL DENTAL PRACTITIONERS SINGAPORE: REFLECTIONS & ASPIRATIONS AFTER 20 YEARS

BY DR TC PHUA, PRESIDENT CGDP

Origin

A group of general dentists, who were in the pioneer batch of successful candidates of the Diploma in General Dental Practice from the Royal College of Surgeons (England), conceived the idea for a College of General Dental Practitioners in 1998. The Registrar of Societies approved the registration of the College in mid-1999 with the first official address registered with the National Dental Centre.

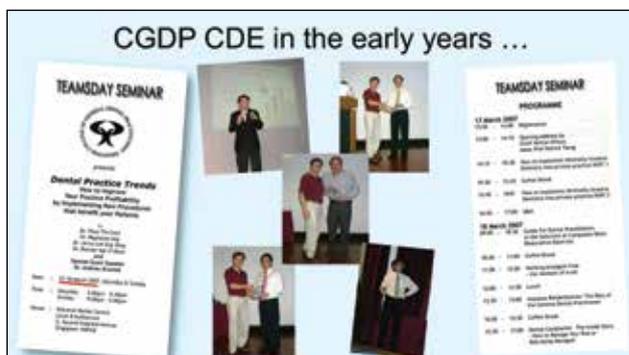
From the outset, the College's mission was to encourage and maintain high standards of patient care by our dental practitioners through facilitating and organising cutting edge continuing dental education. The College also set out to foster good relations between GDPs and our specialist colleagues as well as other allied professions. With further stability after our formation, we also reached out to regional like-minded dental organisations to join us in our quest to improve the standards of clinical dentistry.



College Teamday 2000 graced by Mr Chan Soo Sen, Parliamentary Secretary PMO & Ministry of Health



CGDP Exco dinner with Prof Patrick Tseng, Chief Dental Officer in Dec 2006



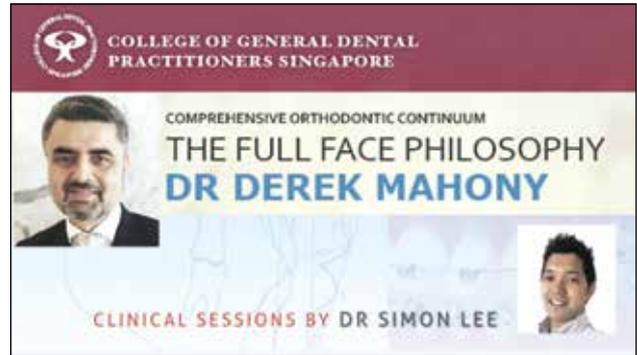
Early CDE programme Mar 2007



Inaugural ASAGD in 2013 supported by Society of Japan Clinical Dentistry group. Biennial event created with the latest 4th ASAGD held in 2019.



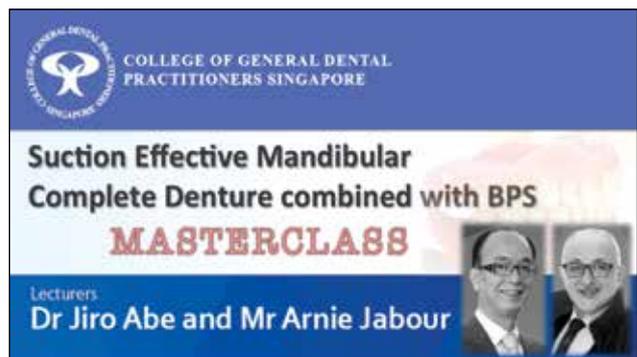
Long running modular Basic Orthodontic Course for GDP by Dr Kenneth Lew. 14 groups had graduated since the course started in 2010.



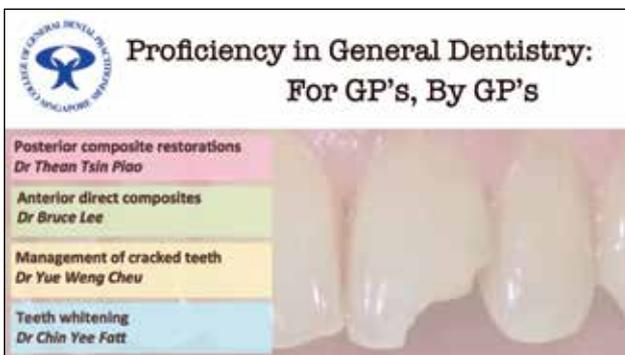
Orthodontic module by Dr Derek Mahoney which ran 12 modules from Aug 2016 to Apr 2019



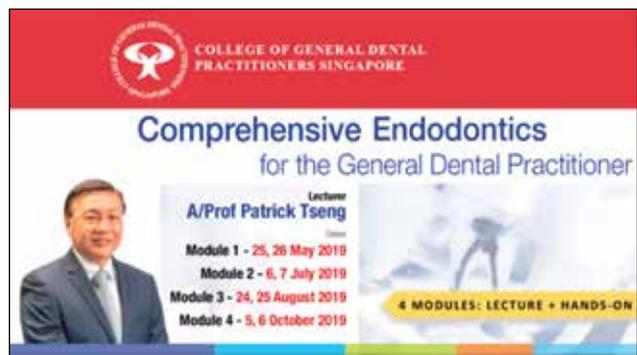
CGDP conducted three dental laser symposiums & ALD certifications from 2013-2015



We'll participated lecture event in Nov 2017 followed by limited attendance hands on workshop in Apr 2018



Popular series of lectures for GDPs by GDPs



Inaugural Endodontic hands on course with microscope training

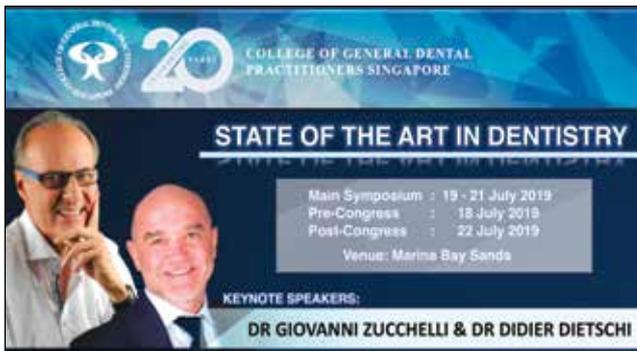


College initiated Dental Malpractice Insurance for members

Current

The College has been one of the most active professional groups in the provision of continuing dental education (CDE). Over the past few years we have grown our CDE offerings not just in terms of sheer numbers, but also in terms of breadth and depth. We regularly run sell-out courses in endodontics, orthodontics and implants. These are courses that include hands on training and taught by renown international and local instructors. By providing training to our GDPs, we cater to the professional development of our members, allowing them to expand their repertoire of skills and to serve their patients more holistically. The aim is to serve the public better and to be in sync with the Government's objective of ensuring that dental health care professionals continue to provide quality as well as accessible dental care for the people.

In July this year we hosted our largest ever meeting, the 4th Asian Symposium on Advanced General Dentistry, which featured Dr Giovanni Zucchelli, world renown for his techniques in periodontal surgery, and Dr Didier Dietschi, guru in aesthetic dentistry. With the effort of our volunteers and one paid secretariat staff, we pulled off a five-day event with 400 participants from Singapore and Asia.



4th ASAGD and 20th Anniversary celebration



4th ASAGD Organising Committee volunteers



Hands on workshop by Dr Didier Dietschi



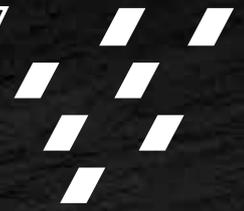
Dental trade exhibition graced by Dr Chng Chai Kiat, Chief Dental Officer



20th Anniversary Gala Dinner at the Singapore Cricket Club



Dr Giovanni Zucchelli, keynote speaker 4th ASAGD



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EXACLEAR's transparency allows you to check every little detail and prevents the formation of an oxygen inhibition layer, thus facilitating the final polishing. G-ænial Universal Injectable is also well suited for this technique because of its thixotropy, strength and gloss.

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Dr Anthony Tay

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F Klumpp, Germany

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sea.gcasiadental.com

Beyond CDE Programmes

The College has been justifiably proud to have inaugurated numerous continuing dental education events in the last 20 years since our founding. To meet the needs for quality education, there has been also further incorporation of in depth modular courses in all the pertinent disciplines of contemporary dentistry.

In addition, the College also seeks to make appropriate representation of the views of the practising GDP members to the regulators in our common objective of maintaining ethical quality dental care to our population. After all GDPs form the majority of the dental practice community in Singapore.

Future aspirations

According to the Annual Report for 2018 by the Singapore Dental Council, the number of GDPs has been steadily increasing in the past 5 years to the current number of 2058. It is the earnest hope of the College that we continue to successfully achieve the objectives that was set out 20 years ago. The future direction of the College will depend on our younger colleagues stepping forward to be involved in improving their personal competence and the uplifting of the dental profession standard to meet the new challenges ahead.

Past Presidents Honour Roll CGDP



Dr Cheah Kim Fee



Dr Tang Kok Weng



Dr Ong Kheng Kok



Dr Choo Keang Hai



Dr Jerry Lim



Dr TC Phua



DR TC PHUA graduated from the National University of Singapore with a BDS in 1981 and also obtained his Diploma in General Dental Practice from the Royal College of Surgeons of England in 1997. After completing his NS stint in 1983 as Dental Officer in the Republic of Singapore Air Force, he embarked into private group practice and is a firm advocate that a multi-disciplinary group of dentists is the most effective manner to serve our dental patients.

He is a member of several dental organisations and is the Past President of the Asian Academy of Aesthetic Dentistry, President of the College of General Dental Practitioners (Singapore). Through these involvement in organised dentistry, he is also believes that the combined efforts of its members will positively contribute to the dental profession.

He is also a Fellow and current Regent (Region 25 Singapore) of the International College of Dentists.



Do you know that your healthcare organisation/ clinic is covered under the Workplace Safety and Health (WSH) Act? What is the WSH Act and what will happen if you do not comply to the Act?

The WSH Act

The WSH Act came into effect on 1 March 2006. It is an Act administered by Ministry of Manpower relating to the safety, health and welfare of persons at work in workplaces and protects employees and any other persons who may be affected by the work being carried out at the workplaces. In 2008, the WSH Act was extended to cover the healthcare sector among others. In September 2011, it was further extended to cover all workplaces.



Obligations under the WSH Act

Q As an employer, what are my obligations under the WSH Act?

- A** As an employer, you must protect the safety and health of your employees working under your direction, as well as persons who may be affected by their work through:
- Conducting risk assessments to identify hazards and implement effective risk control measures;
 - Making sure the work environment is safe;
 - Making sure adequate safety measures are taken for any machinery, equipment, plant, article or process used at the workplace;
 - Developing and implement systems for dealing with emergencies;
 - Ensuring staff are provided with sufficient instruction, training and supervision so that they can work safely.

Q If I am an employee in the healthcare organisation/ clinic, what are my obligations under the WSH Act?

- A** As an employee, you must:
- Follow safe work procedures and/or safety rules implemented at the clinic;
 - Not engage in any unsafe or negligent act that may endanger yourself or others working around you;
 - Use personal protective equipment provided to you to ensure your safety and health while working.

Q What will happen if I do not comply with the WSH Act?

A For offences where no penalty is expressly provided in the WSH Act, the penalties are as follows:

Type of offender	Maximum fine	Maximum imprisonment	Conditions
Individual	First conviction: \$200,000 Repeat offender: \$400,000	2 years	Either or both
Corporate body	First conviction: \$500,000 Repeat offender: \$1 million	N.A.	N.A.

Assistance Programmes

Q I do not know how to do a proper risk assessment for my healthcare organisation/ clinic. Where can I get assistance?

A The WSH Council has developed the StartSAFE programme to assist companies in low risk sectors to start and adopt good risk management and WSH practices.

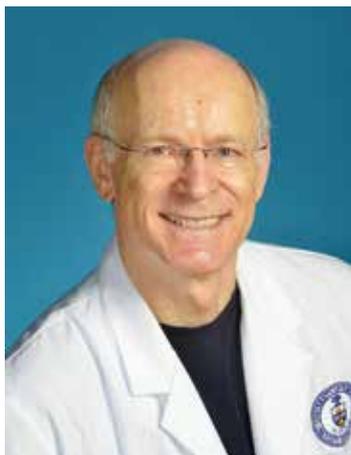
To find out more about the WSH Act, you may visit the MOM website at <https://www.mom.gov.sg/workplace-safety-and-health/workplace-safety-and-health-act>

If you need help on how to start your WSH journey, you may visit the Workplace Safety and Health Council website at www.wshc.sg or contact us at contact@wshc.sg



An Interview with SDA Masterclass Speaker Prof. Shimon Friedman

BY THE IDEM 2020 COMMITTEE



Prof. Shimon Friedman is the SDA Masterclass Speaker at IDEM in April 2020. Early Bird Registration is available until 31 January 2020 at www.idem-singapore.com.





Could you share with us a little about your background?

I studied dentistry at the Hebrew University – Hadassah Faculty of Dental Medicine in Jerusalem, Israel, graduating in 1975 with great enthusiasm for dentistry. I secured a teaching position right away and had focused on Periodontics for 3 years, and subsequently became one of Israel's first two locally educated Endodontists in 1983. Both the teaching and specialty education inspired my curiosity for advanced knowledge and the passion for sharing it. In 1992, I was appointed Head of Endodontics at the University of Toronto in Canada where, in 1993, I established Canada's first graduate Endodontics programme. I had been fortunate to see our department and graduate programme grow in number of faculty, scope and quality of research and international recognition. This growth had certainly been enabled by the talent and dedication of our faculty, but also by the excellence of the graduate students we have been fortunate to engage.

What motivated you to pursue dentistry and, in particular, a specialization in Endodontics?

I grew up in an environment where obtaining post-secondary education was expected. Although my father was a dentist, I had shown little interest in his work, and ended up selecting dentistry rather arbitrarily. Soon after starting medical school and during the 3 years till dentistry classes commenced, I became curious about dentistry,



so I read all of my father's textbooks. This gave me considerable head start by the time dentistry classes started towards the end of 3rd year (out of 6). My teachers noticed this and jokingly called me a "born a dentist", which to me was positive reinforcement that encouraged me to strive for best achievements.

Upon graduation I joined the Department of Periodontics and Endodontics, where I engaged in 3 years of in-service training in Periodontics. My enthusiasm for retaining patients' dentition gradually shifted to frustration with the outcomes of my work driven by patients' varying abilities to maintain oral hygiene.

In 1978 I transitioned to Endodontics with the hope that my outcomes would depend more on my skills and less on the patient. In that very year Israel introduced its dentistry specialty law; hence, I became a formal resident with my close friend, Dr. Chaim Mor. The rest is history...

What made you pursue a career in teaching and research?

Initially I started teaching because I felt I had something to share and wanting to do so. (In retrospect, I knew very little). I quickly found teaching very stimulating and a strong motivation

to improve my knowledge and clinical skills, so that I can teach from experience and a position of authority. I uphold this belief to this day; this has motivated me to carry on for my entire professional career. For my first 5 years, I had made the improvement of clinical skills my top priority, at the expense of not engaging in research. But the motivation for research then came quite naturally, driven by a desire to inquire, to innovate and to advance.

Tell us briefly about your practice philosophy.

I should first highlight the fact that all along my academic career I had also practiced privately. This not only boosted my income but also allowed me to function in the “real world” and, importantly, to continuously hone my clinical skills. The saying that “those who can do; those who can’t teach”, clearly does not apply to myself.

My practice philosophy has always been very simple – the patient’s benefit, or best interest, is the top priority rendering every other consideration secondary, including the business of practice. Along my long career as a clinician practicing general dentistry, periodontics and, for the major part, referral-based endodontics, I have felt blessed to be engaged in this profession that provided both generous income and gratification. I also believe that making the patient’s benefit the top priority is what society expects of us all and I tailor my lectures and messages assuming that everyone shares in this belief.

What type of clinical cases are the most rewarding for you?

Practicing endodontics is very rewarding all of the time. The ability to relieve the patient’s pain is highly rewarding, as is skilful management of persistent post-treatment infection or anatomic aberrations. Nevertheless, the most rewarding aspect of practicing endodontics for me has been long-term observation of my patients. Because allowing the patient to retain a tooth by curing the disease is the endodontist’s highest aspiration, it is also our greatest reward.

What do you think are the key parameters for a successful endodontic practice?

There is no single answer to this complex question, because these parameters vary for different environments and practice positioning in the community. For a referral-based practice, establishing excellent communication with and the trust of referring dentists is key to success. For a multi-specialty or multi-disciplinary practice, the key to success is harmonious integration within the whole team. But one element should be a universal requirement for success in all forms of endodontic practice – the endodontist having a sound understanding of ALL aspects of dentistry and being able to see the comprehensive picture, and thus being in a position to advise the primary dental care provider and impact the treatment plan when needed.

How do you see the future of Endodontics?

Endodontics has become the field of dentistry with the most rapid evolution of technologies in the past 3 decades. Due to this burst of technologies, practicing endodontics is more exciting now than ever before. Nevertheless, technologies may be expected to (1) facilitate treatment, or (2) improve treatment outcomes. While technologies that make treatment easier and more streamlined are abundant, those that have been supported by credible clinical evidence to improve outcomes are very few. Apparently, to achieve this second goal the technological innovations must step outside of the “conventional box” where many technologies, however new, still belong. I am very excited to observe the first true attempts to “re-invent” endodontic therapy beginning to come to market or appearing on the near-future horizon. This allows me to suggest that the future of endodontic therapy may, indeed, be brighter than its past.

When you reflect on your career, what advice do you have for young Endodontists?

I would advise budding endodontists to cultivate enthusiasm and a passion for endodontics, which entails helping individual people (patients), and



making their needs and benefit the top priority. All along, I would encourage each and every one to strive for excellence in the level of skill, knowledge and patient care. The enthusiasm, passion and care for the patient will ascertain that the endodontist remains always engaged intellectually.

What do you look forward to when you are here in Singapore?

I am travelling to Singapore for those delegates who will attend my Masterclass; therefore, my main hope is that as many as possible in my audience will benefit from our interactions. As for myself, I am fortunate to have visited Singapore

quite many times in the past 32 years. I love it! Each time I visit, I see so much renewal, so I look forward to seeing the next new something.

What can delegates look forward to at your full day Masterclass lecture on Post-Treatment Apical Periodontitis?

We'll review a lot of information pertaining to this highly prevalent disease condition! I hope that each delegate will learn at least one new point, be it related to the causes of the condition, analysing the benefits and risks associated with treatment options, step-by-step non-surgical and surgical procedures or their respective treatment outcomes.

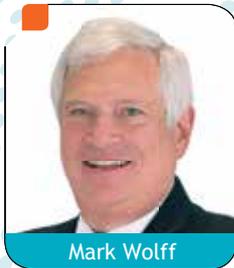
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Ms. Isabel Shankar
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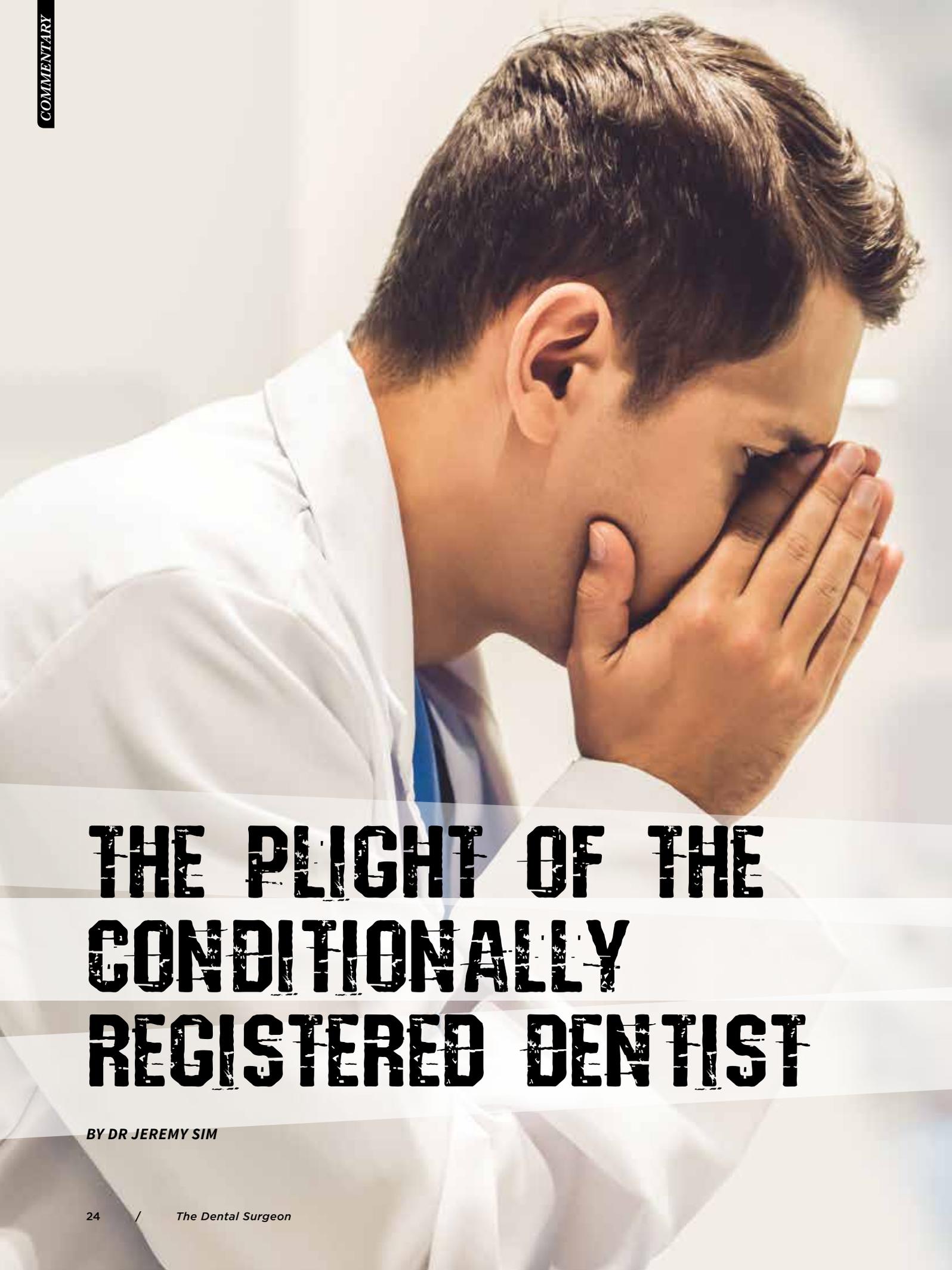


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THE PLIGHT OF THE CONDITIONALLY REGISTERED DENTIST

BY DR JEREMY SIM

As an NUS graduate, I take the (relatively) smooth career progression for granted. We finish school, serve our bonds, decide to go back to school if we are crazy enough, or continue life as a general practitioner.

However, graduates from elsewhere face challenges that most local graduates are oblivious to. With the goal of “Full Registration” in mind, some dentists under “Conditional Registration” face an array of hidden obstacles that make this goal unnecessarily distant.

The conditional registration system comprises of a fair and equitable set of guidelines. They enable graduates from a list of approved universities to seek employment in Singapore without having to pass our grueling Bachelor of Dental Surgery (BDS) examination. It encourages the mentorship of these dentists in the form of supervisors and allows for a more seamless transition to working in Singapore.

Every 6 months¹, the dentists’ supervisors must submit a report which covers their working hours and overall conduct. At the 2-year mark², they may apply for full registration which is subject to the council’s approval.

This sounds great on paper. After all, we want to ensure that our healthcare providers are up to standard before being allowed to operate independently. However, the reality may smell more of rafflesia than rose.

Many of them consider themselves to be at the mercy of their employers.

“If I get a negative 6 month employment report or change employers, it may affect my chances of getting my full registration,” a dentist in the midst of applying for her full registration says.

This is worse for foreigners who cannot remain unemployed for more than 30 days due to employment pass restrictions. As such, many feel that their state of vulnerability may be taken advantage of.

The demand for conditionally registered dentists has also fallen significantly.

“I have a lower retainer and commission than fully registered dentists. I was also asked to give a proportion of my commission my supervisor,” says another dentist who has recently started working in Singapore after studying abroad.

¹SDC Guidelines: “Each Supervisor is required to submit a supervisory report to the Council once every 6 months, or when required.”

²SDC Guidelines: “Dentists under Conditional Registration, having met all requirements, may be eligible to apply for conversion to Full Registration after 2 years, subject to Council’s approval.”

Some have also shared their experience of having high value procedures intentionally shunted away from them. Others are also made to work in single chair practices without a supervisor present, putting them at risk of being caught by a council inspection. However, in recent times, council has made a step in the right direction by punishing errant supervisors in addition to punishing the dentist. This puts supervisors at risk of punishment should they decide to deploy their conditionally registered employees to a single chair practice.

When met with unfair employment practices as such, these dentists are unwilling to leave as they do not wish to compromise their application for full registration. As a result, they “suck-it-up” and continue working in environments that they are unhappy in. Even so, a disagreement with an employer may make or break their chance at full registration, as all it takes is a negative report to council to dispel all hopes of making a successful application for full registration.

While the conditional registration system is implemented with good intent, the administrative management by the SDC leaves much room for improvement.

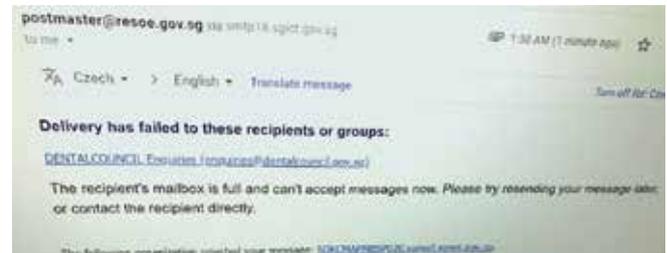
“When I e-mail SDC, they take at least 2 weeks to respond; sometimes even up to a month. It’s frustrating. There seems to be only one person managing everything,” my interviewee complains.

Sources: <https://www.healthprofessionals.gov.sg/sdc/information-for-dentists/register-as-a-dentist/conditional-registration>



DR JEREMY SIM is currently serving out the last few months of his sentence. 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.

One user even reported that their email to SDC had bounced due to SDC’s mailbox being full:



One dentist complained, “My supervisors submitted glowing reports, but my applications for full registration were rejected twice. Despite my paperwork being in order, they cited ‘insufficient supervisory hours’, with no elaboration. Both my supervisor and I were perplexed.”

Many applicants appear to face similar rejections, citing “insufficient supervisory hours” without further explanation. Appeals are often rejected, and applicants must wait another 6 months before re-application.

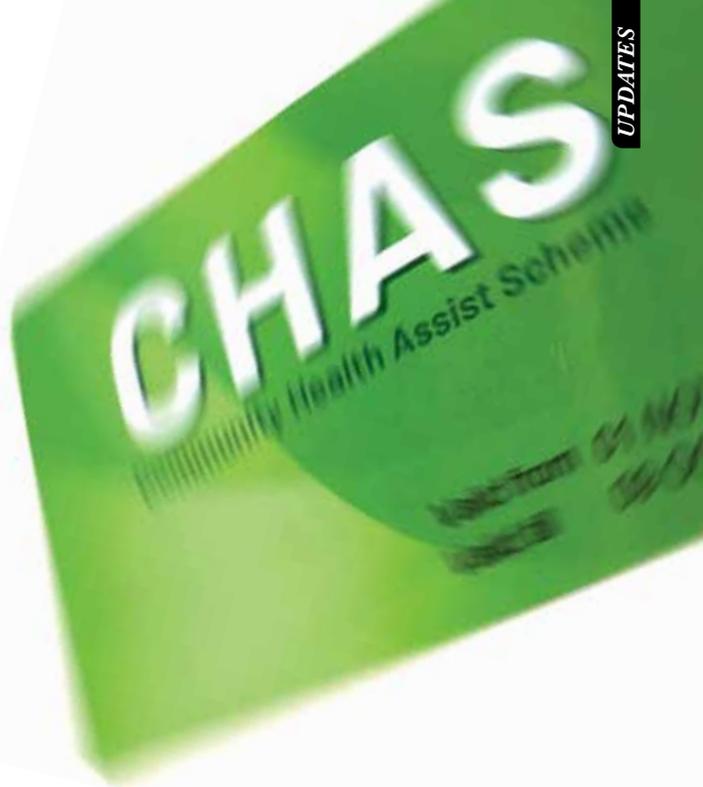
The conditional registration system, though implemented with good intent, leaves some unfortunate conditionally registered dentists in a state of limbo. While some have the privilege to have sought employment with a good employer, others may not. As such, they fall victim to a sub-optimal working environment and are forced to continue working with their tail tucked between their legs.

This is the plight of the conditionally registered dentist.

CHAS SUBSIDY UPDATES

CHAS Nov 2019 changes & Merdeka Generation

BY DR LEA TAN



All in healthcare are familiar with the Community Health Assistance Scheme (CHAS), which was started in 2000 by the Ministry of Health with the aim of providing accessible and affordable healthcare to Singaporeans. Since then, the scheme has undergone several updates to keep up with the country's healthcare needs, with the latest taking effect on the first of November 2019.

Here is a quick all-you-need-to-know summary of how the CHAS changes apply to your practice and patients.

SUMMARY

Those in blue do not apply to dental coverage

CHAS Enhancements

- A new CHAS Green tier
- Increased subsidies for complex chronic conditions of up to an additional \$20 annually
- CHAS Orange cardholders now receive subsidies for common illnesses of up to \$10 per visit
- Revision of CHAS Dental Guidelines

Merdeka Generation

- Medical subsidies at CHAS GP clinics
- Up to \$16-\$261.50 subsidy per dental procedure



CHAS GREEN

The most notable change is the roll-out of the CHAS Green card, which provides coverage for all Singapore citizens with chronic conditions, regardless of household income. The subsidies apply medically at participating CHAS GP clinics; there is no coverage provided for any dental procedure.

On an FYI-basis, the eligibility criteria for the CHAS Green card is a household monthly income of above \$2,000 per person, or an Annual Value (AV) of home above \$21,000 for households with no income.

Patients with simple chronic conditions can claim up to \$28 subsidy per visit, capped at \$112 per year, while patients with complex chronic conditions can claim up to \$40 per visit, capped at \$160. CHAS Green and Merdeka Generation card holders can also enjoy subsidised referrals to Specialist Outpatient Clinics (SOCs) at public hospitals.

MERDEKA GENERATION

Singaporean citizens who were born from 1 January 1950 to 31 December 1959 and became a citizen on or before 31 December 1996 now enjoy the Merdeka Generation (MG) Package. Seniors who were born before 1950 and did not receive the Pioneer Generation (PG) Package are included in MG as well. All citizens eligible will receive their MG card from June 2019.

MG card holders will be subsidised on the same range of dental treatment as PG card holders. The claimable subsidies are \$5 lower than the amounts for PG card holders across the board, for all applicable dental procedures.

All information in this article is extracted from the CHAS (<http://www.chas.sg>) and Merdeka Generation (<http://www.merdeka-generation.sg>) websites.

CHAS DENTAL SUBSIDY REVIEW

With effect from 1 November 2019, there will be:

- no more subsidy for amalgam restorations
- no more subsidy for incision & drainage procedures
- the addition of MG subsidies

Otherwise, the claim amounts and annual frequency limit for each tier of subsidy remain the same. Patients who hold a valid CHAS, PG, MG or Public Assistance (PA) card will be eligible for subsidies under CHAS. For PA card holders, there will not be any payable amount; the cost of the bill will be reimbursed in full to the dental clinic. The limit of only one dental claim per day per patient remains unchanged.

If referrals are needed, CHAS patients referred by a participating CHAS dentist will be considered a subsidised patient at National Dental Centre (NDC) or National University Centre for Oral Health, Singapore (NUCOHS). Note that this must be an unnamed referral, and the CHAS Referral Form for subsidised care must be attached to your referral. The patient's CHAS status should also be communicated during the arrangement of their appointment at the SOC.

Dental subsidies do not apply for CHAS Green card holders, whether at GDP clinics or at SOC.

CHAS cards require application, thus needy patients can be directed to their nearest CDC, Community Centre, polyclinic or public hospital to register for their card if they meet the eligibility criteria.



CHAS Dental Subsidy Schedule from 1 November 2019

Amount payable by patient = Total clinic charges - CHAS subsidies

S/N	Dental Services	Claim Limits	Subsidy Amount (Up to \$)			
			CHAS Orange	CHAS Blue	Merdeka Generation	Pioneer Generation
1	Consultation	Up to 2 consultations per calendar year, with a 6-month interval between the 2 consultation claims in the calendar year.	-	\$20.50	\$25.50	\$30.50
2	Extraction, Anterior	Up to 4 extractions per calendar year (shared across all types of extractions).	-	\$28.50	\$33.50	\$38.50
3	Extraction, Posterior		-	\$68.50	\$73.50	\$78.50
4	Filling, Simple	Up to 6 fillings per calendar year (shared across all types of fillings).	-	\$30.00	\$35.00	\$40.00
5	Filling, Complex		-	\$50.00	\$55.00	\$60.00
6	Removable Denture, Complete (Upper or Lower)	Up to 1 upper and 1 lower denture per 3 calendar years.	\$170.50	\$256.50	\$261.50	\$266.50
7	Removable Denture, Partial, Simple* (Upper or Lower) <i>*For replacement of less than 6 teeth</i>	Up to 1 upper and 1 lower denture per 3 calendar years (shared across all types of partial removable dentures).	\$65.50	\$98.00	\$103.00	\$108.00
8	Removable Denture, Partial, Complex* (Upper or Lower) <i>*For replacement of 6 or more teeth</i>		\$140.00	\$210.00	\$215.00	\$220.00
9	Denture Reline/Repair (Upper or Lower)	Up to 1 upper and 1 lower denture reline/repair per calendar year.	\$50.00	\$75.00	\$80.00	\$85.00
10	Permanent Crown	Up to 4 permanent crowns per calendar year.	\$84.50	\$127.50	\$132.50	\$137.50
11	Re-cementation	Up to 2 re-cementations per calendar year.	-	\$35.00	\$40.00	\$45.00
12	Root Canal Treatment (Anterior)	Up to 2 root canal treatments per calendar year (shared across all types of root canal treatments).	\$109.50	\$164.00	\$169.00	\$174.00
13	Root Canal Treatment (Pre-molar)		\$140.00	\$210.00	\$215.00	\$220.00
14	Root Canal Treatment (Molar)		\$170.50	\$256.50	\$261.50	\$266.50
15	Polishing	Up to 2 polishing per calendar year.	-	\$20.50	\$25.50	\$30.50
16	Scaling	Up to 2 scaling per calendar year.	-	\$30.00	\$35.00	\$40.00
17	Topical Fluoride	Up to 2 topical fluoride per calendar year.	-	\$20.50	\$25.50	\$30.50
18	X-Ray	Up to 6 x-rays per calendar year.	-	\$11.00	\$16.00	\$21.00

Extracted from <http://www.chas.sg>: CHAS dental subsidy schedule with effect from 1 November 2019

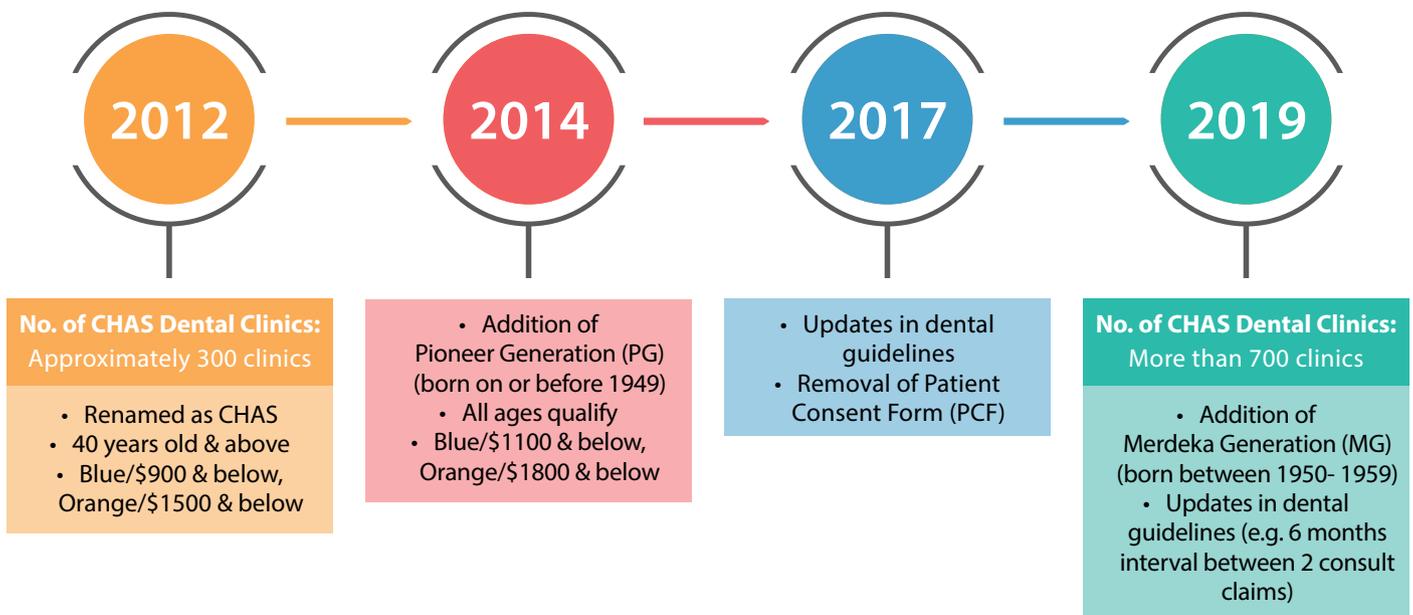
KEEPING DENTAL CARE RELEVANT AND AFFORDABLE

By Agency for Integrated Care

Thank you for your support in administering CHAS! In view of the recent updates to the CHAS guidelines, we have consolidated relevant updates for 2019 to address any concerns you may have.

The Community Health Assist Scheme (CHAS) was established in 2012 to enable Singapore Citizens from lower- to middle-income households to enjoy subsidies for medical and dental care at CHAS General Practitioners (GPs) and dental clinics near their home. CHAS has grown significantly since then, with the number of CHAS Dental clinics in Singapore doubling over the years. There are currently about 1.2 million Singaporeans on CHAS who are able to receive subsidised care at over 700 CHAS dental clinics island-wide.

Over the years, CHAS guidelines and eligibility criteria are regularly reviewed and revised to meet the growing needs of our population.



This year, besides the addition of the MG card, there will be a new tier - CHAS Green covering all Singaporeans for chronic conditions, regardless of income. However, do note that CHAS dental subsidies are not applicable for CHAS Green cardholders.

PROVIDING RELEVANT CARE FOR CHAS PATIENTS

MOH regularly reviews the CHAS dental care guidelines based on prevailing standards, established good practice, and international guidelines to ensure appropriate and relevant care. For example, in 2017, MOH updated the CHAS dental guidelines to clearly define the types of dental services and their claim limits under CHAS.

From 1 November 2019 onwards, the CHAS dental guidelines will also be updated. In summary, the changes are as follows:

- i. Amended guidelines on claims for consultation.
- ii. Clinical justification required for the appropriate use of topical fluoride.
- iii. Shared limit for "Removable Denture, Partial, Simple" and "Removable Denture, Partial, Complex".
- iv. Subsidy for fillings no longer differentiated by material (i.e. amalgam / tooth-coloured).
- v. Removal of the "Incision and Drainage" procedure from the list of CHAS subsidised procedures

The following provides further details of the updates effective as of 1 November 2019.

Q1

HOW WILL MY PATIENTS' PROCEDURE BALANCES FOR PARTIAL DENTURES AND/OR FILLINGS BE AFFECTED FROM 1 NOVEMBER 2019?

- i. Partial dentures will have a shared claim limit across simple and complex procedures. Patients will only be able to claim up to 1 upper and 1 lower set of partial dentures within 3 calendar years.
- ii. Subsidy for fillings will only be differentiated by complexity (i.e. simple / complex), and not by material (i.e. amalgam / tooth-coloured). MOH has also updated the subsidy rates for fillings.

Q2

WHY WAS "INCISION AND DRAINAGE" REMOVED FROM THE LIST OF SUBSIDISED PROCEDURES AT CHAS DENTAL CLINICS?

Standalone incision and drainages are typically required only for more complex conditions and would be managed by a specialist or at tertiary dental care (e.g. A&E, hospital dental clinics etc.). When an abscess is related to a tooth and can be resolved by a root canal, extraction or deep scaling procedure, a separate incision and drainage procedure would usually not be required.

Q3

WILL MY CHAS PATIENTS BE INFORMED? HOW SHOULD I ADVISE THEM WHEN THEY APPROACH ME FOR TREATMENT FOR THE PROCEDURES WHICH HAVE BEEN REVISED?

The revised dental subsidy schedule can be found on the CHAS website. Should patients approach you with questions, do inform them accordingly on the revised subsidised procedures. Alternatively, please redirect them to the CHAS hotline 1800-275-2427 (1800-ASK-CHAS) or visit the CHAS website (www.chas.sg).



ENSURING AFFORDABLE CARE FOR ALL SINGAPOREANS

From time to time, MOH enhances CHAS to ensure healthcare remains affordable for Singaporeans and to encourage anchoring of care in our community. In 2014, the Government introduced the Pioneer Generation Package (PGP) to honour and thank our Pioneers for their hard work and dedication. About 450,000 Pioneers were entitled to the Pioneer Generation Package which includes special CHAS subsidies for dental services covered under CHAS.

This year, the Government has rolled out the Merdeka Generation Package (MGP) as a gesture of our nation's gratitude to the Merdeka Generation (MG). The MGP will benefit about 500,000 Singaporeans who contributed to our nation. The MGP will support MG seniors in their silver years, encourage them to stay healthy and active, and provide better assurance for their healthcare costs. From 1 November 2019, seniors will enjoy up to \$16 - \$261.50 in dental subsidies per procedure (depending on the procedure) at CHAS dental clinics. The updated subsidy schedule for CHAS Dental clinics can be found on the CHAS website (www.chas.sg).

Thank you for your dedication and contribution in improving access to affordable dental care for CHAS patients. We hope to have your continued support as we strive to provide quality dental care and administer CHAS subsidies in the most appropriate way.

Please contact the primary care engagement team at dental@chas.sg or 6632 1199 if you have any further enquiries or if you would like to sign up as a CHAS clinic.

SDA Corporate Social Responsibility Community Outreach Event 2019

Bowling for SDACSRCOE2

A day at the bowling alley

BY DR KAREN SIM

Author's Note

The reason I chose to study dentistry in 2012 was largely due to my abhorrence of the written word. I thought that, as a dentist, I would be able to avoid the copious amounts of typing and writing that other disciplines required. In an ironic twist of fate, I was tasked by the chief editor with writing an “interesting” article “with my brain, not with my heart”. Well.

Without further ado ...

Bowling for SDACSRCOE2

31 August is, traditionally, a day of momentous occasions with historical significance. Richard Gere, an American heartthrob from the Merdeka generation, was born on 31 August 1949. In 1997, Diana, the Princess of Wales, was killed in a car crash while being relentlessly chased by paparazzi. In 2019, there was the SDA Corporate Social Responsibility Community Outreach Event 2019 (“**SDACSRCOE2**” for short). The beneficiaries of SDACSRCOE2 were, coincidentally, the same as last year’s - underprivileged children from the Kidzcare Programme run by the Kembangan-Chai Chee CC (“**Kidzcare**”). Freshmen from the NUS Faculty of Dentistry completed the exciting line-up of participants for **SDACSRCOE2**.

The event, organized by Dr Karen Sim, Dr Paul Sim, and Dr Jeremy Sim (“**the Good, the Bad, and the Ugly**” for short) [Editor’s note: I hope you get caries, Karen] aimed to combine the hallowed sport of **bowling** with the sacrosanct practice of **basic dental hygiene** into one fun package for the children and freshmen alike. On that fateful day, the freshmen and children split into mixed teams to partake in this extremely special dental equivalent of the Olympics.

Over 3 hours, the teams played as many rounds of bowling as they wanted, with team leaders taking down everyone’s score. This, however, was not just your run-of-the-mill bowling event. This was not even the slightly more exciting cosmic bowling, nor the relatively more interesting bowling variants such as disco bowling, tiptoe bowling, or blindfold bowling. This was *THE* all-time most exciting type of bowling: bowling **with a dental hygiene twist**. Besides the regular bowling alleys, game stations with thrilling dental hygiene themes were set up for the children to score additional points to supplement their scores, with the organisers doubling up as Station Masters.

The first station was an “Oral Hygiene” station, where the freshmen patiently taught the children the Modified Bass Technique of brushing. This knowledge was reinforced with a “tell-show-do” format, with hand-on practice with toothbrushes and tooth





The winning team

models prepared by the freshmen. It was heartening to see that the children were receptive and responsive to their teaching, and were also enthusiastic to demonstrate the techniques to the Station Masters, who generously bestowed the lucky children with extra points (especially the vertically-challenged Bad, who the children saw as one of his own).

Next, the children transited to a “Good Food, Bad Food” station. The children were asked by their freshmen buddies to identify cariogenic foods, and were also taught to moderate the consumption of such foods. The children’s ability to differentiate between cariogenic and non-cariogenic foods was tested when they were tasked to place laminated pictures of several food items on either side of the divide. The Station Masters were kept on their toes by some of the more creative answers (ostensibly proffered by the aspiring lawyers and/or insurance salesmen in the teams). There were interesting answers such as “fruits are good but sweetened fruit juice is not good”, while there were other creative and (too) intelligent explanations such as “cake is healthy because there are cherries on top.”

Finally, at the “Temptation Station”, the children were given the option to choose between having a candy or 5 bonus points. Yes, that was all they needed to do. In an illustration of the first two phrases of

the 三字经 (i.e. 人之初, 性本善 - for my non-Chinese speaking friends, this is a classic Chinese text used to impart Confucian values, the first two phrases of which says “the base nature of humans is good”), we were impressed by some of the children who chose to take one for the team and forego the delicious (yet cariogenic) candies. We were even more impressed to find that the candies nevertheless mysteriously and surreptitiously disappeared into these altruistic children’s pockets.

As the event came to a close, a nervous anticipation permeated through the hall after the non-stop action. The points were being tabulated, and the kings and queens of Dental Bowling were about to be crowned. The top 3 teams were awarded abundant snack hampers filled with the most delicious trophies (ironically) comprising of Bad Foods. However, no child was left empty-handed; everyone received individual gift bags comprising of tantalizing toothbrushes, sensational stationery, and various vitamins, for his or her participation. Kidzcare Chairman Mr Fung then presented certificates of appreciation to SDA (represented by SDA President Dr Lim Lii) and NUS Dental Club (represented by NUS Dental Club Representative Mr Joshua Tay). The day ended on a high with a buffet spread, sponsored by SDA for all participants.



Mr Fung Chun Chang, KidzCare chairman



The organising team with the sun in Paul and Jeremy's eyes



Learning to dab



Doing the brushy



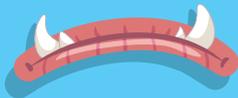
DR KAREN SIM is currently serving her bond as a Dental Officer with MOHH, and works at NDCS. During her free time, she enjoys shopping on Zalora and returning 90% of what she buys.

LEVEL ONE

TALKING DENTISTS TO 11 YEAR OLDS

BY DR JEREMY SIM





On the 5th of November, I graced a primary school in the east with my presence. My job was to share my experience as a dentist with Primary 5 students.

A grand total of 34 students were interested enough to hear me speak about my work. Other professionals who worked in fields such as IT garnered masses of 50. I guess dentistry was and never will be considered a profession that appeals to pre-teens.

Being 11 in 2002 and being 11 in 2019 is very different. The children are bigger. They are more vocal. They are more curious. They are not smarter. Nevertheless, interacting with a mob of half-grown humans approaching their peak of awkwardness and self-discovery was, surprisingly, a refreshing

experience that helped me detest society a little less.

“Good morning, Jeremy the dentist,” they chimed in unison. I recoiled in horror for a moment as memories of school bombarded my very soul.

I gathered myself and made it through my presentation which was a slideshow of 26 photographs that journaled my dental life thus far. It barely took 10 minutes and I still had about half an hour on the clock for Q&A.

A question asked by an 11 year is formulated as such: They swim through their mish mash of brain juice consisting of Minecraft and Fortnite and compound a few alphabets that tickles their fancy. It then goes straight from mind soup to tongue. None of it enters the filtration process

LEVEL TWO



Note: Due to the the climate of overt kiasu-ism and political correctness, the school administration has requested for the school name to be removed, and for the faces of the students to be blurred.

🔥 X10 ❤️ X3
🛡️ X2 🦠 X0



in the frontal lobe; allowing dangerous levels of tactlessness and (a lack of) propriety to leave their sound holes.

First question, “How much do you make?”

“Are you rich? Do you have a car? What kind of home do you live in?”

11 year olds are a financially motivated bunch. They ask me a few questions about work and then they start hitting me with heavy stuff.

“How old are you? 37?” One unloved and god forsaken critter chimed innocently.

“Are you married? No? Aren’t you a bit old to be unmarried?” Another lard turd undeserving of oxygen bellowed.

“Are you a virgin?”

“Are you satisfied with your life right now?”

The questions started getting too close for comfort. I say that they could ask me anything, but perhaps I did not mean it. I felt an existential crisis develop within me.

The session concluded with a dozen more uncomfortable questions. By the end of the day, my ego had shrunk to the size of quark.

My response above is a dramatization. Being asked such honest and raw questions was a welcome change to the climate of political correctness that one must endure in adulthood. I answered all their questions honestly and with candour; much to the horror of the observing teacher.

On my way out, I heard a few proclamations of “I want to be a dentist”. It kind of made me proud knowing that I had somewhat inspired a bunch of kids. My frigid, undead hard was thawed for a fleeting moment.



THE PROFESSIONALS



MEDIOCRE ADVICE BY Aunty Jeremy

BY DR JEREMY SIM



From: DrBabyface@auntmail.com
To: SDATheDentalSurgeon@gmail.com

Dear TDS,

I am a female dentist in private practice with almost a decade of working experience. However, I have a baby face. Many of my patients question my level of experience given how young I look. What should I do?

Yours Sincerely,
Dr Babyface

From: SDATheDentalSurgeon@gmail.com
To: DrBabyface@auntmail.com

Dear Dr Babyface,

Thank you for your submission.

Before I get into the details, I would first like to congratulate you on this top notch humblebrag. Many of the older dentists reading this right now hate your guts. I feel your explicit shadenfreude as you revel in their jealousy. I am happy to inform you, on their behalf, that your face will begin to sag inches off the ground before you can say dentinogenesis imperfecta.

With that, I have several suggestions to ease your predicament:

Pre-operative

Invest in facial hair. Artificial party beards can be purchased OTC but nothing beats the crabby texture and smell of real hair. Gently shave the hair off your and/or your partner and store the loot in a suitable receptacle. Before work, apply a thin layer of wood glue to your face. Lie sunward and sprinkle the said shavings over your face. Pro-tip: keep your mouth closed.

Peri-operative

During treatment, it may be wise to feign hand tremors. Gently graze the patient's tongue and cheek with a running bur for added authenticity. Occasionally cough your lungs out and talk about how things were always better "back in my day". This also builds rapport with your patient as everyone loves to listen to a baby boomer lament about "this generation of kids".

Post-operative

Play dead. Lie motionless on the floor or sit slumped over your chair. Meditative exercises may aid to slow your heart-beat and override the cumbersome breathing reflex. Your patients will regret commenting on your age, and they will be sure to never comment on your level of experience again.

We are confident that our advice will take your career to the next level.

Best Regards,
Aunty Jeremy



From: Scared-of-Kids@auntmail.com
To: SDATheDentalSurgeon@gmail.com

Dear TDS,

I have an irrational fear when treating children. I once dreamt that I had my finger bitten off by one.

What should I do?

Best Regards,
Scared-of-Kids

From: SDATheDentalSurgeon@gmail.com
To: Scared-of-Kids@auntmail.com

Dear Scared-of-Kids,

If you have not already, kindly refer to our June 2018 edition of TDS for some wise words from A/Prof Catherine Hong.

Otherwise, here are some suggestions.

The first course of action should always be voice modulation. In the playground, the loudest child attains alpha status (do not be a loser beta cuck). When the child screams, simply scream louder. Remember, it is not merely an increase in tone: it is imperative to also increase your register, volume and vibrato for best results.

If that fails, the hand-over-mouth technique should be employed. Children are often re-assured when you firmly clasp your hand across their mouth while you use the other hand to caress their cheek. Use the opportunity to whisper, "no dreams, only sleep" repeatedly into their ear.

The hand-over-mouth technique usually seals the deal; but in dire situations, restraints should be used. A good dentist should always have a pair of handcuffs at hand. Secure one cuff around the patient's dominant arm and the other to your own. That way, the child will finally understand that the only way out is to have their treatment completed.

These techniques work best with the cooperation of parents. They should at least leave the treatment room. Ideally, parents should lay motionless on the floor to allow you to assert your dominance over the lives of their entire family.

We hope you find these tips useful.

Best Regards,
Aunty Jeremy

Any burning questions? Kindly send your submissions to SDATheDentalSurgeon@gmail.com

Disclaimer: It is unfortunate that this has to be stated, but this entire column is satire. Please refrain from bombarding us with angry messages.

Removable Prosthodontics

Q This is Taylor Swift

Sometimes a single artiste can say it all. A patient asks you to fill a Blank Space, or their dentures are doing a Shake It Off; then a couple of months later it's either a Love Story, or Everything Has Changed and You Need To Calm Down.

Periodontics

Q Relaxing Massage

Described on Spotify as *'Soothing new age, atmospheric, and piano for maximum relaxation.'* Probably a redundant playlist when you can achieve the same effect with your crowd-favourite subgingival ScRP.

Fixed Prosthodontics

Q Spooning

When your crown or bridge comes back and wraps so snugly around your perfect prep... Every contour and line clicking into place like two pieces of a jigsaw puzzle... It's like falling in love each time.

GA Operations

Q All-Nighter

For when your GA Op drags to 5 hours... then 6... then 7... For when the eyelids start drooping or when the coffee runs out, start up this playlist to reactivate some intense focus and get all hyped and ready for morning rounds!

Extractions & LA Op removals

Q Beast Mode

Luxate and elevate to the beat of this motivational playlist! Dentists too can get a pump from our Iron Temple. Some say listen to this long enough and your arms won't fit into your PPE. #truestory

A PLAYLIST FOR EVERY PROCEDURE

BY DR LEA TAN

When the hearing loss creeps in and you crave any sound other than the squealing of handpieces and scalers, consider these! The TDS team has curated the most fitting tunes for everything that happens in the dental chair, all actual playlists you can find on Spotify. Have a listen, get some inspiration, and bring your practice to greater heights.

Implants

Q Spin Class

Rocking tunes for a spinning workout. A more perfect fit cannot exist. Turn Down for What? Sink them in 'cos this implant screw is GDFR! And at the end: She Looks So Perfect sitting there.

Direct Restorations

Q Comfort Zone

Described as 'chilled songs you are familiar with; no surprises!' Exactly that snuggly feeling when you create the perfect Class IVs, when CR moulds under your hands into an occlusal table with more morphology than the original, or when your patient demands you CAP all their NCCLs.

Aesthetic Dentistry

Q Your Favorite Boy Bands

Patient: "I Want It That Way"

You: "This I (can't) Promise You"

But in the end, Against All Odds... the Same Old Brand New patient MMBops happily out of your clinic.

Orthodontics

Q This is Shawn Mendes

They say two things in this world can fix a smile: infatuation and orthodontics. Why not combine both? There was Elvis. Then there was Donny. Then came Michael, and the reign of the Justins. But if you want to be the tweens' favourite orthodontist you got to keep up with the times: Shawn is where it's at.

Endodontics

Q All Out 80s

This may seem like a mismatch but just hear it out: Where Do Broken Hearts (Files) Go, Every Breath (Canal) You Take (Shape), and the anthem of every RCT challenge: U2's I Still Haven't Found What I'm Looking For.

Paediatric Dentistry

Q Life Sucks

When your kiddo just won't Let It Go, Let It Go, let music do the talking for you. Soothing melodies with a heartbreak-slash-rage-quit undertone, perfectly complementing your pedo-voice as you stem the wails and wrestle hands on to tummies.



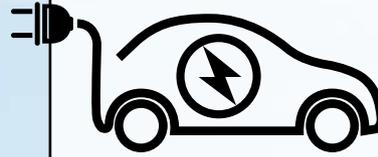
DR LEA TAN is a fresh-from-the-oven graduate currently serving the first year of her bond. Aside from dentistry, she has a ridiculous number of hobbies from jujitsu to knitting. She is happily mediocre at them all, hopefully excluding writing.



ELECTRIC DREAMS - TESLA MODEL 3

BY DR KEVIN CO





Fully electric vehicles have been around longer than we think. The most common example is the golf carts.

But what interest me is the way Tesla took it to a different level. When the baby Tesla model 3 was introduced, everyone thought it was going to be a cheaper, simpler car compared to the model S.

Cheaper yes. The cost is \$40k USD depending on options. (model S cost \$70k USD)

Simpler? Definitely not! It is overflowing with technology that left me amazed.

Performance figures are supercar level.

0-100km/hr is 3.3 seconds.

For comparison a Lamborghini Huracan does 3.6 seconds.

Range is about 500km per full charge. The time required for a full charge is less than 1 hour if connected to a supercharger.

To drive the Tesla model 3 will take me all the way to Asheville, North Carolina USA.

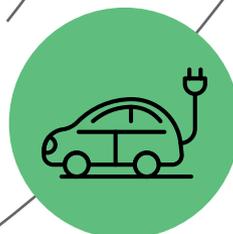
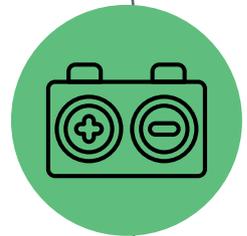
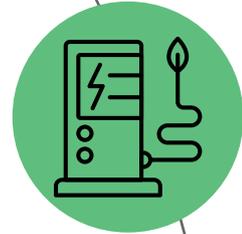
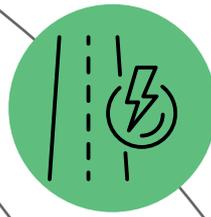
Where better to drive than the famous Blue Ridge parkway nested in the Appalachian Highlands.

Two most important features that I need to test is the autopilot and summon. When I drove the car, the software just got updated with the latest version over the data network, like your iPhone.

No going back to the workshop nonsense.

The famous Blue Ridge Parkway







Autopilot is quite frankly mind-blowing. It is almost surreal that the computer takes over the wheel, decides whether to change lanes if there is slow moving vehicle upfront while the multiple exterior cameras are in constant monitoring of the traffic around the car. The driver will still be the one making the decision when the car suggests any movements.

It is weird that you are sitting in the driver seat but not driving and holding the steering wheel.

So you can't fall asleep as the car will keep checking on you every few minutes, but it does make road trips and getting stuck jams much more pleasant.

Ever forgot where you park your car in a big carpark. Summon feature is your best friend.

Just whip out your phone and ask your car to come over to you. Sounds crazy but that exactly what it does, the car will start up, drive out of the parking lot to find you, it evens on the air-condition for you. When I tried the function, it basically freaked out a few passersby when they see a moving car without a driver. Yup, the future of Uber.

So back to Singapore, is the Tesla something that I would buy?

In the USA it is a no brainer, but Singapore has a few challenges-

- No supercharger network. So normal electric chargers take 8 hours for a full charge.
- No Autopilot and Summon function available. Due to the fact that Tesla is not officially available in Singapore due to reasons I would probably take another 5 pages to explain, there is no support of the data network to assess these functions.
- So far from various sources, majority of Condominium managements are not really keen to explore electric charging points. So that basically narrows down the buyers a lot.
- Need to figure out if generating electricity to power the car is really 'greener' than petrol.

I would dare to say that in a perfect scenario where the buyer lives in a house with solar panels, Tesla makes a good argument as you can be potentially off the grid.

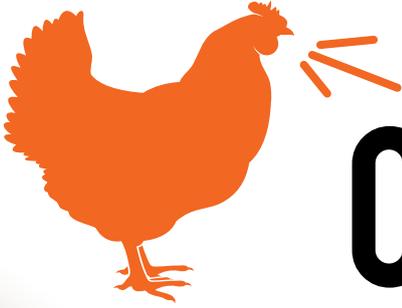
But at this moment the infrastructure in Singapore is not ready for mass market full electric vehicle taking over the roads just yet.



DR KEVIN CO is a full-time private practitioner at his clinic TLC Dental Centre. Cars remain his lifelong passion.







CHATTERBOX

The Chicken Rice of the Bourgeois

BY DR JEREMY SIM

A Poetic Review

*An establishment tucked away in the Mandarin,
A place of pleasure, a scene for sin;
A dish that one may commonly dish
A green Yusof for a generous mish-
Mash of breast, thigh and fragrant grain
The purposeful poultry with a comb on its brain*

*“What sets you apart?” I ask their staff
She shakes and shudders with nervous laugh.
“Our chickens roam free, across the grassy knoll,
They enjoy an ethereal existence; until their heads roll
They feed on honey, frankincense and myrrh—
No other chicken arouses their allure.”*

*“On what idyll do they nest?”
“Oh! It is one of wonder, one that bears the crest;
Of twin tigers beside a stately star.
She is the jewel of Asia,
The majestic Malaysia.”*

*Touching tip of tongue for a tantalizing taste
Heart aflutter at an Eluid pace
I eat of the flesh that is asunder
“Why’s this \$27?” I start to wonder.*

*I swim succulent breast in saucer of spice;
It piques my papilla. Now for the rice:
The grains are short like a rod of bacterium
They bring me delight; but are they worth the premium?*

*No no no no, no no no no no,
No no no no no no no.
No no no, no no no,
No no no no no no no.*

Fin



RATING:

Caries risk: 😊

Food stuck risk: 😊

Cracked tooth risk: 😍

Balanced diet score: 😍

Taste: 😊

Service: 😊

Ambience: 😞

Would you recommend it to your mother-in-law?: 😞

Come again score: 😞



Overall score: 😞

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2



CELEBRATING
1 BILLION
CHILDREN
REACHED

Figures in Millions

