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the**dental**surgeon

**Celebrating
75 years
of passion
for Dentistry**

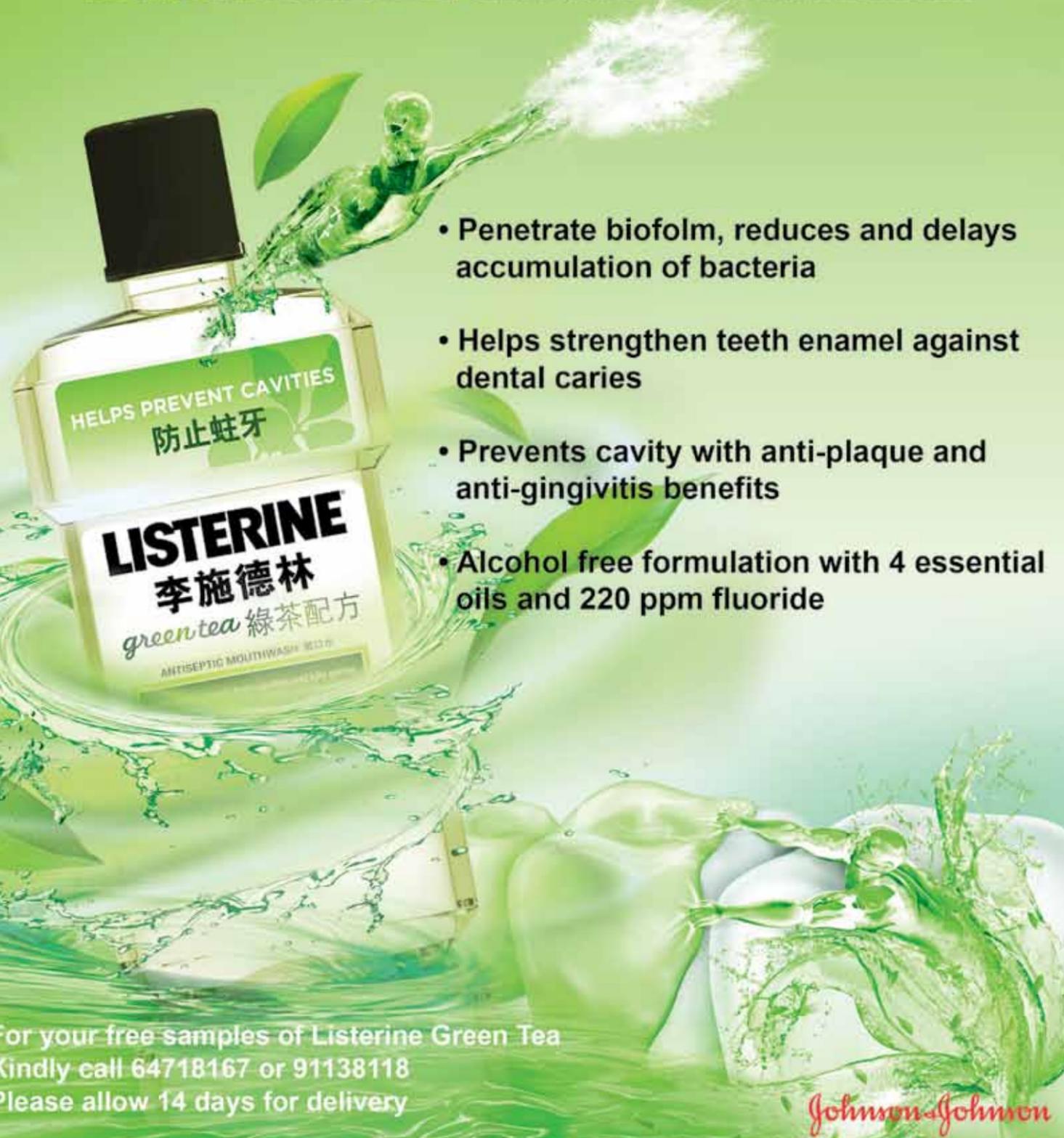


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editor'snote

Singapore will be celebrating its 48th birthday this August.

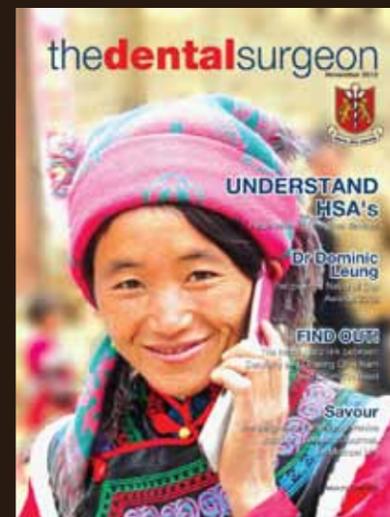
Reminiscing how Singapore has progressed since our independence day; from the days of the Straits Settlement, to the Crown colony, to present day economic powerhouse in Asia.

Admiring the beautiful skyline of the Singapore Flyer, Marina Bay Sands, ArtScience museum, to our first Grand Prix street night racing, inviting world renowned chef, Gordon Ramsay, in our SingTel's Hawker Heroes challenge and counting more.

This April, closer to our heart, SDA celebrated our 75 years of Dentistry with the convention featuring more than 20 distinguished speakers, roundtable discussion on Informed Consent, Wisdom Tooth circuit workshop, Gala Dinner and the Annual General Meeting; with the Minister for Health, Mr Gan Kim Yong, as our Guest-of-Honor.

In this issue, we will walk you through the history of the our association, with its earlier years known as the Malayan Dental Association till Singapore gained independence in 1965. Then, we are formally known as the Singapore Dental Association. Thereafter, our SDA crest was founded by our very own eminent Dr Yip Wing Kong.

I hope you enjoy this mini-coffee table book issue of *Dental Surgeon* to mark our grand celebration of 75 years of Passion in Dentistry!



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During the past year, we have accomplished many projects, most notably a very successful and memorable 75th Anniversary SDA Convention. The SDA Council is a very compact team of 9 volunteers assisted by a small team of 5 secretariat staff members. In turn, we are supported by a small group of volunteers in the various committees. Despite the limitations, we managed to pull off a wonderful SDA 75th Anniversary.

Analyzing feedbacks gathered from our delegates, it was clear that our speakers contributed tremendously to the overall success. Nearly 40% gave a 'good' rating and very close to 50% gave 'excellent'. The positive feedback was simply astounding. The feel good vibe felt throughout the Convention, Gala Dinner and even the AGM was palpable. Without a doubt, it was a resounding success.

At our post-Convention meeting, I posed a question my fellow Council members, "How can we ever show our appreciation to the speakers?" This kind of selfless dedication is priceless and I must take this opportunity to publicly register my admiration and heartfelt thank to the instructors, lecturers, volunteers, my fellow Council members and staff who contributed to the success of the 75th Anniversary celebration.

I would also like to take this opportunity to highlight an important reminder from Dental Protection Limited to ensure subscriptions are paid promptly and correctly according to the membership category. Do ensure your DPL certificate is current and contact us immediately if you need assistance. Proof of payment to SDA is inadequate as proof of DPL subscription.

Looking forward, we have the Oral Health Awareness Month in August. This collaboration with Colgate-Palmolive is very special as it commemorates the 10th year of OHM.

In November, we will be welcoming the world renowned Professor Syngcuk Kim as our NUS-SDA Distinguished Speaker.

IDEM 2014 promises an interesting Scientific Program and I urge members to pencil in the dates. The AGM is scheduled on the second Sunday after IDEM and I would like to urge members who are willing to contribute to run for Council election. In 2015, we will play host to Asia Pacific Dental Congress and it is also the 50th Anniversary of Singapore's independence.

As always, I welcome your suggestions for improvements so please do not hesitate to give us your opinions.



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Dr. Fred Calavassy

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Clinical case by Dr. Fred Calavassy - Veneers



Dr. Fred Calavassy currently maintains a private practice in Sydney, Australia centred around his passion for comprehensive aesthetic rehabilitation. He is a fellow and clinical instructor for the prestigious Las Vegas Institute for Advanced Dental Studies, completing courses in aesthetic reconstruction and advanced neuromuscular occlusal philosophies. He continues teaching for LVI Australia as a featured clinical instructor.

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SDA 75TH ANNIVERSARY

Our History, Convention, Gala Dinner and AGM

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DENTAL PROTECTION LIMITED
EDUCATION AND RISK MANAGEMENT



WHEN THINGS GO WRONG – COMMUNICATING TO REDUCE RISK

Despite our best intentions, and efforts, treatments sometimes go wrong. Restorations fail, files break in root canals and cosmetic treatments may not produce the results the patient wants.

All dentists have to deal with patients who are disappointed in the outcomes of their treatments. To do this effectively it is important to understand what patients want from a clinician in these circumstances.

In 2002, Mori carried out a survey on behalf of the Department of Health in the UK. They asked patients who had been affected by medical injury what they wanted from the NHS. The responses may surprise you. Only 11% wanted financial compensation and even less, 6%, wanted disciplinary action. The following all rated higher.

- 34% wanted an apology or explanation
- 23% wanted an enquiry into the causes
- 17% were seeking support in coping with the consequences.¹

These results confirm findings of a study at St Mary's Hospital, London in 1994. The study interviewed 227 patients who were taking legal action against a doctor and asked them about their motivation. The four aims that the patients wanted to achieve were.

- Standards of care—to demonstrate that the system was deficient and to prevent it happening to another
- Information—to find out what happened and why
- Accountability—to see those responsible were held accountable
- Compensation—for accrued and future costs.





Only 18% of patients indicated financial reasons as the main reason why they were taking action.² Similar findings have been found internationally. A New Zealand study reported

- 50% wanted to prevent harm to future patients
- 34% sought an explanation
- 10% wanted an apology.³

We can summarise and say that after something has gone wrong patients want:

- an apology and/or an explanation
- an assurance it won't happen again, to them or anyone else
- to enforce accountability
- compensation for accrued and future costs.

This is no difference from what we would all want if we had suffered an adverse outcome at the hands of another healthcare professional.

Just because we know what patients want it doesn't mean that it easy to respond effectively. To quote a song title—sorry seems to be the hardest word.

Dentists can have well-founded fears that an apology or an admission that something has gone wrong may lead to a patient taking some sort of action against them. They believe it could damage their reputation and their practice.

It is also emotionally challenging to admit an error or discuss an adverse outcome with a patient. Our instinct is often to say nothing and hope it will go away.

This is exactly the wrong thing to do. Evidence shows that one of the main reasons that people take action against a clinician is because they feel they have been deserted. It is essential that you communicate effectively with a patient after something has gone wrong. Communication failure is recognised as one of the most important factors leading to a patient making a complaint or claim.⁴

One fear expressed by dentists about discussing adverse outcomes is that any expression of regret could be seen as an admission of liability. There is a popular misconception that defence organisations do not want members to apologise for this reason.

This is simply not the case. Although it is sometimes possible to infer that a person is at fault from an apology, it is not the same as an admission of liability. The whole issue is to be open. If you have taken out the wrong tooth then you have taken out the wrong tooth and there is no reason why a patient should not be told and receive an apology. On the contrary, it is your professional and ethical duty to do so.

It is important to only discuss facts—not speculation. Questions should be answered honestly, including an admission if a question cannot be answered with the available information.

Few dentists have received formal training in how to have the often difficult and emotionally-charged discussions with a patient after an adverse outcome. Fortunately Dental Protection offers their Mastering Adverse Outcomes workshop in Singapore.

This workshop gives dentists detailed insight into what patients want and why they take action after something has gone wrong. It also provides proven techniques to help you communicate with patients after something has gone wrong. For more details, please visit www.dentalprotection.org

¹ Mori Survey 2002, located at www.heface.au.uk/aboutus/survey/2003/

² Vincent C, Young M et al, Why do people sue doctors? A study of patients and relatives taking legal action. *Lancet* 343(*):1609-13 1994

³ Bismark M et al. Accountability sought by patients following adverse events from medical care: the New Zealand experience. *CMAJ* 2006; 175(8)

⁴ Beckman HB, Markakis KM et al, The Doctor-Patient Relationship and Malpractice: Lessons from Plaintiff Depositions, *Arch Int Med.* (1994)

FREQUENTLY ASKED

QUESTIONS ABOUT CHAS

BY DR TAY CHONG MENG WITH INPUT FROM MR KEVIN KOW FROM AIC

IT HAS BEEN OVER A YEAR since CHAS has been introduced and we are glad that an increasing number of our dental colleagues in private practice are participating in this scheme. We have compiled the four most frequently asked questions about CHAS and provide answers to them here.

1 *This new patient comes to my clinic and says he is registered with CHAS but he has forgotten to bring his card today. How do I check whether he is registered to CHAS as he is in pain and urgently needs treatment today?*

Checking the patient's CHAS status is easy via the online CHAS portal;

- Log into the online CHAS portal. Click Claims Management >> Patient Card Enquiry. The Patient Card Enquiry page will be displayed (as shown below).
- Enter the Patient's NRIC or Patient Name and then click Search. The result will be displayed. You can check the expiry date of the subsidy card and the patient's subsidy tier here too.

Now, you can help manage this patient in need. However, do remember to let this patient sign the CHAS consent form before you do up the necessary claims for this patient!



I remember that there is a time-frame limit to certain dental procedures such as scaling and denture. How do I check if this patient is still eligible to CHAS subsidy for scaling and denture?

Yes, dental procedures such as scaling, polishing, topical fluoride application and dentures are limited in number of procedures per year. You can check the patient's remaining eligibility for this year via the online CHAS portal (as shown below). In fact, it is a good practice for you to do so before dental procedure for each patient to avoid misunderstanding.

- From the main menu, click Claims Management >> Dental Enquiry.
- Enter the Patient's NRIC and then click Search. The result will be displayed subsidy tier here too. Now, you can help manage this patient in need. However, do remember to let this patient sign the CHAS consent form before you do up the necessary claims for this patient!

2 *Now, this patient with a CHAS card walks in and wants a scaling, some fillings and a new denture under CHAS subsidy but his current denture looks new! I have been hearing from my friendly colleagues in the neighborhoods nearby that there are some dissatisfied patients who hop around clinics seeking new dentures.*

DENTAL ENQUIRY

Please enter the Patient's Information

Patient's NRIC:

Status

For the Year : 2012

Procedure	Remaining Claims
Denture, Complete (Upper)	1
Denture, Complete (Lower)	1
Denture, Partial, Complex (Upper)	1
Denture, Partial, Complex (Lower)	1
Denture, Partial, Simple (Upper)	1
Denture, Partial, Simple (Lower)	1
Polishing	2
Scaling, Simple or Complex	1
Topical Fluoride	2

As the system updates do not occur in real-time, the latest remaining claims may not be reflected.

While our administrators try to update the system as quickly as possible, it is dependable on submission by our fellow dental colleagues and their clinic managers. Therefore, please submit your claims as soon as possible, preferably within the same session even though there is a 1-month window for claims.

3 You know, I am a busy practitioner; While I would like to file for CHAS claims immediately after every patient, I don't really have the time for it. Are there any ways CHAS can help make it easier?

We understand that in the typical practice setting, the dental practitioner will have his hands full of patients and find it difficult to file for CHAS in between patients. The CHAS claims submission system has been made friendlier to the practitioners in the following ways.

You can set up the system in such a way that your clinic assistant can key in the entries for you. In order to do so, you have to first add the clinic assistant in your clinic information page.

- From the main menu, click Clinic Management >> Maintain Clinic Assistant. The Maintain Clinic Assistant page is displayed as shown.
- Click Add Clinic Assistant and enter all the necessary details.

HAZTASH CLINIC ASSISTANT

Assistant's NRIC	Assistant's Name	Contact No.
999999999	HAZTASH	99999999

Assistant Information

Name: NRIC:

Address

Block: Floor:

Unit: Street:

Building: Postal Code:

Contact

Phone: Fax:

Email:

The clinic assistant can then log into the CHAS portal, key in the claims on your behalf and save this claim as a draft. All you have to do is to confirm that the entries are accurate when you are free and submit it. The claims submission page also allows you the flexibility of sending claim one at a time or submitting all at one go once you have confirmed their accuracy.

There is also an advantage to entry of claims in real-time: When you key in the cost of your procedure, the system will automatically calculate the amount of co-payment that the patient has to foot in consideration of his subsidy tier as shown below. You can always submit immediately or save it as a draft for review at the end of your session for accounting purposes.

Selected Procedure Details

Procedure Name	Quantity	Subsidy Amount	Patient Payable Procedure/Cost Amt	Edit	Delete
Cementation	1	35.00	10.00	Edit	Delete
Total		35.00	10.00		

Please do remember to file a copy of the patient's receipt with itemized breakdown of the procedures for audit purpose.

4 I have been filing claims for CHAS for a while now; can I get a report on my claims so that I can check on my clinic returns?

The claims report feature on CHAS portal can be accessed as follows:

- From the main menu, click Report >> Claims Details Report. The Claims Details Report page will be displayed as shown below.
- Enter the field as required and the report will be generated as an Excel worksheet for download.

CLAIMS REPORT

Filter Criteria

Clinic Name:

Patient NRIC:

Bill Generate Date: To:

Visit Date From: To:

Submission Date From: To:

Paid Date From: To:

Claim Status:

5 Am I going to be audited for CHAS claims and what do I need to prepare?

Yes, all CHAS claims are subject to audit. Standard clinical records are required to show auditors that the claims are in compliance with CHAS claims guidelines as follows:

- Patient invoices containing itemized breakdown of procedures and charges
- Patient records detailing procedures (for example, date of procedure, filling on which tooth, which surface and what filling materials)
- Relevant radiographic records (for root canal treatment and extractions)

These are standard requirements for financial returns and healthcare audits and thus should not take up much administrative effort. The only additional paperwork required specifically for CHAS audit is minimal; the dental practice only needs to file the completed CHAS consent form (Dental) for patients benefiting from CHAS.

More functions about CHAS portal can be found in the e-CHAS user guide that has been sent to every dental practitioner registered with CHAS. If you have any further questions, feel free to consult the friendly AIC staff.



Introduction

Recently in the news, you must have read about the Government's initiatives and efforts in promoting workplace safety and health across the various industries, even the Healthcare sector that includes Medical, Dental, TCM and Veterinary Clinics.

Singapore Dental Association will be working closely with the WSH Council to help our members who are clinic owners to be ready for having a system in place, and compliant with the Healthcare Act.

For a start, we would like to introduce the WSH Assist scheme to our members to understand and find out more about the support that the government has initiated to help clinics kick start the WSH project.

WSH Assist is a financial assistance scheme that provides co-funding for small and medium enterprises (SMEs) to engage WSH consultants onsite to provide initial WSH assistance. WSH Assist consultants will help SMEs assess their workplace, develop an action plan to close their workplace safety and health (WSH) gaps, and identify and assist SMEs to apply for and tap on the appropriate WSH 2018 fund.

Information Provided by
Louise Lee (Ms)
Senior Manager (Team Lead)
Industry Sensing and Development

By Dr Kelvin Chye

wsh assist scheme

Eligibility Criteria

To qualify for WSH ASSIST, the applicant company has to meet the following eligibility criteria:

- a. Have a group employment size of not more than 200 workers (including part timers);
- b. Have a group annual sales turnover of not more than \$100 million;
- c. Have a group fixed asset investment of not more than \$15 million; and
- d. Have at least 30% shareholding that is local; (held by Singaporean or Singapore PR).
- e. Must not be any government service/agencies.
- f. Must not be a public listed company, subsidiary or associate company of a public listed company.
- g. Company, its subsidiary or associate company have not applied / received any other government funding for the development of risk assessment (eg RMAF)
- h. Must not have or certified to have an existing Risk Management system. For example, bizSAFE Level 3, SS506 or its equivalent.
- i. Must not be Workplace Safety and Health (WSH) Service Providers.

The above includes any parent or subsidiary companies.

Key Features

The WSH Assist comprises the following key features:

Initial site assessments and identification of WSH gaps:

On-site visits will be conducted by certified WSH consultants to assess the company's workplace risks as well as their current WSH status. Based on these observations and assessments, the consultants will help identify WSH gaps in the areas of (1) compliance with Workplace Safety and Health Act (WSHA); and (2) raising WSH capabilities to improve WSH standards.

Formulate action plans and educate on WSH information:

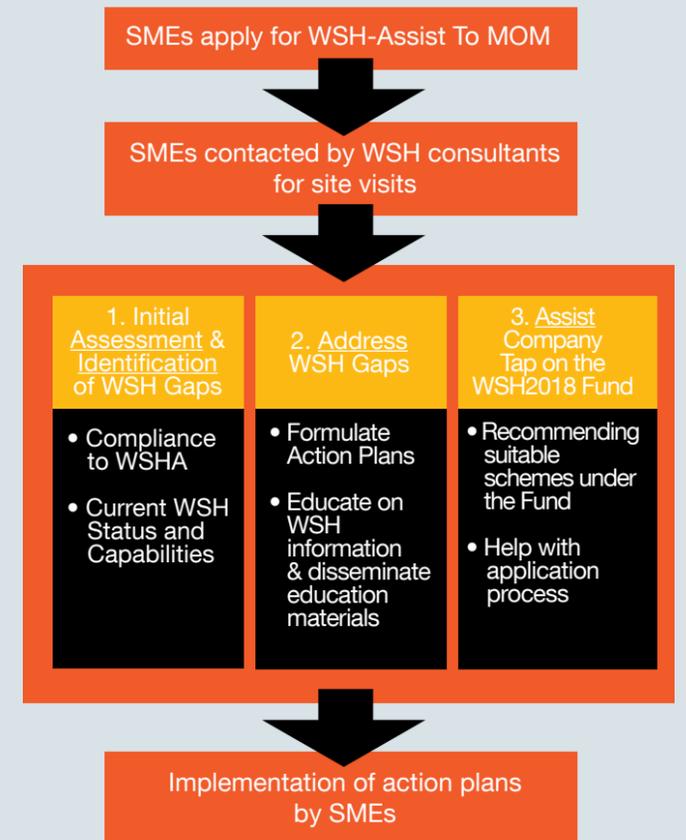
Subsequently, the WSH consultants will help companies to develop their own action plans to address the WSH gaps identified. Latest developments in WSH will be shared to keep SMEs up-to-date on current and emerging WSH issues. WSH consultants will also educate the companies of the relevant WSH laws, training courses,

assistance funds and safety programmes available under the WSH2018 Fund. Education materials will also be disseminated to companies to increase their awareness on the current WSH practices in the industry.

Assist companies tap on WSH2018 Fund:

The WSH consultants will recommend suitable schemes under the WSH2018 Fund and assist with the application process for these schemes. Leveraging on these schemes, SMEs will then be able to build their WSH capability and raise WSH standards.

An overview of the process flow for WSH Assist:



How to Apply

Interested applicants can approach the following appointed WSH Assist consultant for assistance:

WSH Assist Consultant	Tel.
ST Electronics (e-Services) Pte Ltd	98182077 Valerie Tay 97377790 Irene Chua

Email: contact@sheq.asia

For enquires on WSH Assist Scheme, please email WSH Council at contact@wshc.gov.sg



Erectile Dysfunction and Periodontitis: Keeping UP With The Evidence

Erectile dysfunction (ED) and periodontitis are two seemingly unrelated conditions happening in the orifices at the two opposite ends of the human body. How did they finally cross path and became the topic of investigation and discussion in scientific publications, health magazines and even tabloid journals?

The pillar of thought of an association between the two was first erected in my mind when I attended a local medical conference about 5 years ago. The speaker, a urologist, was explaining how vasculogenic ED, commonly a result of penile arterial insufficiency, is associated with systemic risk factors like atherosclerosis, hypertension and diabetes mellitus. Being an earnest post-graduate student back then who was prescribed the daily dosage of periodontal journals to chew on, an idea was ignited on the possibility that periodontitis, a chronic multi-factorial inflammatory disease that contributes to the systemic inflammatory burden, may go as far as causing vascular changes as seen in vasculogenic ED.

Back then, I shared my bizarre idea with my professors and fellow course mates. Besides the expected giggling, they did not brush me off and some were helpful enough to search for any published periodontal journals to support my claim, although back then, scientific evidence was scanty and nothing worth discussing about. "Let's conduct our own trial to investigate the link between the two!" I thought. However, due to more important and impending issues to clear, like the final year examination, the idea was conveniently shelved. A sense of déjà vu, and perhaps even vindication was felt when the association between periodontitis and erectile dysfunction was recently discussed and created a buzz in the field of periodontal medicine and even among the general public. Looking into PubMed, there is a sprout of several publications within these two years suggesting a possible association between periodontitis and ED. The studies were conducted in Israel, India, Taiwan, China and Turkey,

ranging from randomised control trial, case-control studies to animal experiment. It is interesting to note that scientists from Middle East and Asia are taking the lead in this field instead of those in other continents. "Finally, there are scientists who recognise this possible link and serious work has been done on this" I thought.

It is not my intention to discuss the full mechanism behind the association as this write up is never meant for heavy reading. According to the Princeton III consensus guidelines 2012, ED is a strong predictor of coronary artery disease. Endothelial dysfunction could be the underlying pathological change in both diseases. It was postulated that an equally sized atherosclerotic plaque in the smaller penile arteries would more likely to compromise blood flow, presenting itself as ED much earlier than if it is developed in the larger coronary arteries, causing angina. Over the years, periodontitis have been shown, through several cohort and case-control studies, to be associated with endothelial dysfunction, atherosclerosis and increased risk of myocardial infarction and stroke. Several experimental models have also shown that periodontal pathogens do promote platelet aggregation, foam cell formation and development of atheroma through the elicitation of systemic pro-inflammatory mediators like C-reactive proteins and tumour necrosis factor-alpha. It would be plausible to deduce that periodontitis-induced systemic inflammation may be associated with endothelial dysfunction and atherosclerosis first in the smaller vessels, like the penile vasculature, presenting itself as ED, and later on to the larger vessels like the coronary arteries.

In our current world of evidence-based medicine, to deduce the link between periodontitis and ED based on biologic plausibility without systematic experiments is dangerous. It is thus, heartening to see clinicians and researchers from different parts of the world collecting research data to make a responsible statement. Although the

various studies conducted so far seem to point towards a possible relationship between periodontitis and ED, the results are still preliminary and the authors themselves do acknowledge the limitations that come with their experimental designs.

At this juncture, to ejaculate the statement "floss or be flaccid" for the sake of sensationalising the issue is definitely an act of prematurity. As responsible oral healthcare providers, we should exercise good judgement if ever the topic is brought up by the patient on the dental chair after reading about it from some health magazines. It is prudent not to overpromise the therapeutic effect of a simple scaling and polishing to anything below the belt.

Meanwhile, we shall await more evidence from more studies with improved experimental designs to establish if the link between periodontitis and ED is indeed the hard truth.



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39TH INTER-HOSPITAL SOCCER TOURNAMENT

By Dr Low Liyong

to get younger each year, as they recruited more energetic MOs and HOs. But this dispiritedness was soon replaced with encouragement and ecstasy as we saw Boon Hui (the Ironman) emerging from the tunnel. Cheers erupted as everyone went to embrace him and commend him for the brave decision to return. A true team player who doesn't let his teammates down indeed!

This certainly lifted our spirits as SDA commenced our first game with a hard earned 0-0 draw against SGH. Second game saw SDA pitting against TTSH, which fielded several young MOs and HOs. We gave it our best and scored a hard-earned goal. In the end, we conceded 3 goals to the opponent's due diligence and may I say, somewhat fortuitous efforts. Then came the last match against GP. It did not start off well with SDA conceding a goal earlier on. However, SDA soon rallied ourselves and picked up our efforts and began dominating the match, which culminated eventually in a 1-1 draw with Boon Hui scoring the equalizer!

Rounds of applause rang around the stadium. Coincidentally, the orthopedic surgeon who operated on Boon Hui's leg also took part in this year's tournament and it led him to comment that he must have done a fantastic job on the operating theatre since Boon Hui is still able to score goals. Name cards anyone? Now we know which surgeon to look for, if (but hopefully not) we ever need his services!

Despite not progressing from the group stage, SDA gave a valiant effort and a good account of us. Labour day was indeed what it meant, and we got to taste the fruits of our labor -- team bonding, having fun and keeping fit! Well-done SDA! And we will see you guys again at next year's tournament!



Team: Jerry, Kenny, Patrick, David, Syazwan, Sham, Michael, Liyong, Boon Hui, Jeffrey
Photo courtesy of Dr Jerry Lim

1st May once again heralded a day of soccer as SDA took part in the annual SMA Soccer Tournament. For the uninitiated, it is a soccer tournament hosted by Great Eastern that involves the participation of the various hospitals/healthcare institutions in Singapore. Last year's edition proved particularly fateful as one of our fellow player, Boon Hui, broke his leg, requiring surgery in which plates and screws were placed.

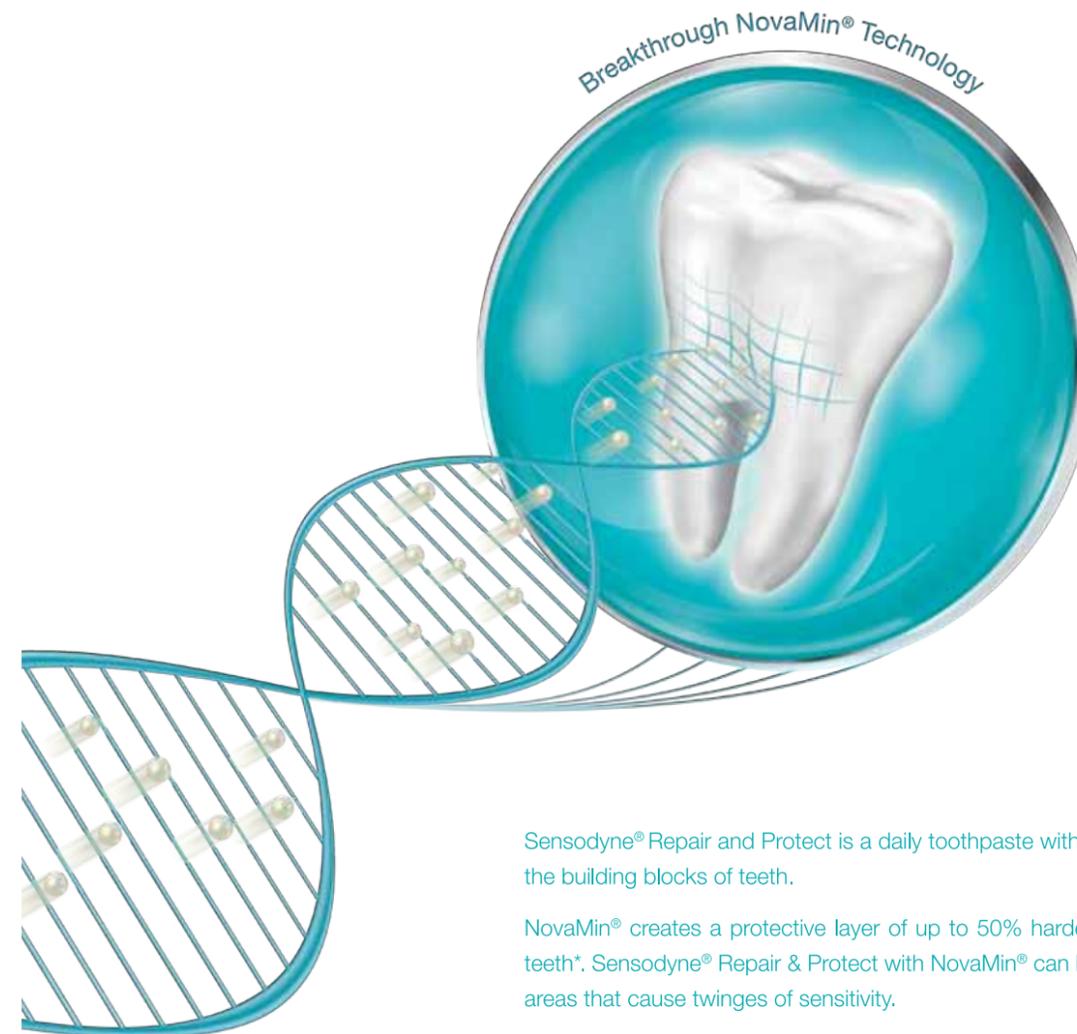
This year's tournament kicked off under the scorching sun and SDA found ourselves being grouped with SGH, TTSH and GPs. Surveying the competition proved to be a bit of a downer as each opposing team seemed

new

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Dr Kuo
Dentist (Taiwan)



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SDA 75TH ANNIVERSARY

SDA CELEBRATED its 75 anniversary with a Convention and Gala Dinner at the Ritz Carlton over the 20th and 21st April this year.

HISTORY OF SINGAPORE DENTAL ASSOCIATION

The Association represents the dental profession and it is its duty to look after the interests of the profession. Our activities must not be confined only to the local scene, but must go beyond into the international arena.

The history of Singapore Dental Association (SDA) is closely tied to the history of the present Faculty of Dentistry of the National University of Singapore that began as a Department of Dentistry within the King Edward VII College of Medicine.

In 1905, the Straits Settlement and Federated Malay States Government Medical School was established at Sepoy Lines, located at the current Singapore General Hospital ground. In 1913, the school was renamed King Edward VII Medical School in recognition of an endowment by the King Edward VII Memorial Foundation. In 1921, it was then renamed King Edward VII College of Medicine to reflect its status as an institution that provided tertiary education. The Department of Dentistry was started in 1929 with the first cohort of seven students for its four-year course.

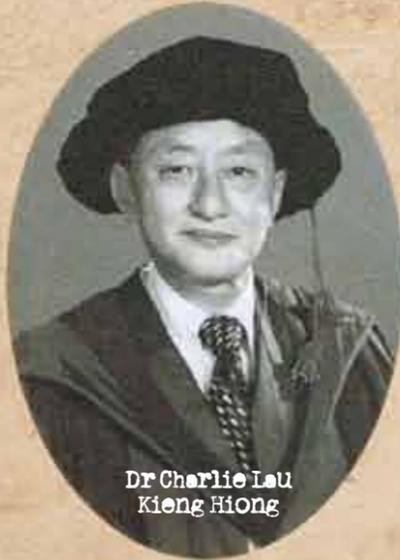
The origin of SDA can be traced back to 1938 when Professor Edgar Kingsley Tratman, Professor of Dental Surgery and Head of the Dental School of the King Edward VII College of Medicine, wisely envisaged the need for an association to represent the

dental profession. On 2nd September 1938 the Malayan Dental Association was founded with Professor Tratman as the first President while Tan Sri Dr Tay Teck Eng, the first to graduate with honours, became the Honorary General Secretary.

In the early years, from 1938 to February 1942, the number of dentists was very small and there was very little activity. Soon, the world was in turmoil and by February 1942, Singapore was under the Japanese Occupation and the Association came to a standstill. In mid-1946, the Medical College resumed teaching and slowly the Association was revived. At that time, most of the activities were organized in conjunction with and in the dental school. By 1949, The Malayan Dental Association had 3 branches located in Penang, Kuala Lumpur and Singapore.

After World War II, Malaya gained independence in 1957 and Singapore has its own elected government in 1959. The Malayan Dental Association continued to represent the dental professions in both of these territories. The Malayan Dental Association was a founder member at the inaugural meeting of the Asia Pacific Dental Federation (APDF) in Tokyo in 1955. It also actively participated in the campaign to gain recognition for the APDF from the Federation Dentaire Internationale (FDI) as one of its regional organizations, and so the APDF/APRO was born.





Dr Charlie Lau
Kieng Hiong

In 1961 the Malayan Dental Journal was launched with Professor J.A. Jensen as the editor. A Code of Ethics was published stressing the responsibilities of dentists for their patients, colleagues and the dental profession.

In 1963, Singapore together with Sarawak and Sabah, merged with Malaya to become Malaysia. In 1964, the Malayan Dental Association hosted the 4th Asia Pacific Dental Congress (APDC) in Singapore. This was the first time the Association projected itself into the international scene. At the conclusion of the 4th APDC, the name of the Association was changed to Malaysian Dental Association.

In 1965, Singapore became an independent nation, the Republic of Singapore. It was therefore necessary to form a separate

Association to look after the interest of the dental profession in the Republic. Thus in 1966, an agreement was reached to dichotomize the Association into the Malaysian Dental Association and the Singapore Dental Association. The SDA was formally established in on 24th March 1967 and Dr Lau Kieng Hiong was elected as the first President for 1967-68. The 24th MDA Annual General Meeting was held in Singapore on 25th March 1967 before SDA and MDA went on to develop in their own their separate ways.

SDA first hosted the 10th APDC in March 1981 at the Hyatt Regency Hotel and then the 2nd MDA/SDA Joint Scientific Congress in April 1983 at the Mandarin Hotel.

And, in March 1986, SDA hosted the 4th MDA/SDA Joint Scientific Congress at the Westin Plaza and a few months later, the International Congress of Gerodontology. SDA has been actively projecting its image both locally and internationally culminating with the hosting of the 78th FDI Annual World Dental Congress in 1990.

Not content to rest on its laurels, SDA went on to organize IDEM Singapore, launching the first edition in the year 2000. Since then, IDEM Singapore has grown to be the cornerstone event in the dental community calendar, playing a pivotal role in bringing together the key stakeholders in the entire dental trade value chain. SDA, through IDEM Singapore, continues to contribute to the continual education of the dental fraternity and to facilitate the growth of the dental industry in the Asia Pacific region, by providing access to a world-class scientific conference in combination with

an extensive international trade exhibition. SDA is mindful of the standards of professional conduct and ethics as well as matters affecting members. After much effort, SDA's own Code of Ethics made its appearance in 1977. In recent years, the Ethics Committee has worked with Medical Protection Society in managing complaint cases successfully.

In 1974, SDA contributed an initial capital sum of \$5,100 (which included a personal donation of \$4,100 by Dr Lau Kieng Hiong) to set up the SDA Endowment Fund. By 1989, the Fund had grown to \$76,983. As of 31st December 2012, the SDA Endowment Fund has a total balance of \$182,023.00. The establishment of this Fund marked a historic event in the Association's history. The Fund is to be used to

- (1) provide funding for approved research projects in the science and art of dentistry and in interdisciplinary research
- (2) promote and support dental health programmes and
- (3) disseminate information regarding all aspects of dentistry to the public including dentistry as a career.

Another fund, the NUS-SDA Continuing Dental Education Fund has a balance of \$681,355.78 as of 31st December 2012.

In recognition and appreciation of members who have rendered meritorious service and made significant contribution to the profession and the Association, the Roll of Honour was established in 1974. In 2009, 2 new awards - the SDA Meritorious Award and the SDA Commendation Award - were created to recognize outstanding members who contributed selflessly to the Association.

SDA has grown tremendously and was chosen to host the 97th FDI Annual World Congress again in 2009. The success of these international events brought great prestige and honour to the Association as well as the nation.

Currently, our membership stands at 1465 (Ordinary & Life as of 31 Dec 2012) which is an exemplary representation of over 85% of our profession (total number of registered dentists is 1699 as of 31 Dec 2012). With a healthy balance sheet and capable volunteers, our Association stands tall and robust.

THE SDA CREST



After the separation from Malaysian Dental Association, SDA needed a new crest to represent itself. Dr Yip Wing Kong, the founding Honorary General Secretary of SDA, selected the design. The SDA crest features a lion and a tiger which represent the historical connection of Singapore and Malaysia. The Singapore colours red and white were chosen for the background. In the centre, Dr Yip designed a brown serpent wrapped around a staff to aptly represent dentistry. This was based on the traditional symbol of medicine, the rod of Asclepius. This is an ancient Greek symbol featuring a serpent wrapped around a staff and is associated with the healing arts. In Greek mythology, Asclepius was a skilled physician who was eventually worshipped as the Greek god of medicine.



SDA 75th Anniversary

By Dr Matthew Sng



The convention was well received by both local and overseas dental professionals, with seats completely sold out weeks before the event. The convention was oversubscribed that on-site registration could not be accepted.

In addition to the main program spanning two days, a concurrent full-day programme for oral hygienists and therapists was conducted on the second day. Thanks to the line-up of highly regarding speakers, delivered lectures were described by delegates as clinically relevant, useful and enjoyable. While the talks covered a plethora of topics such as impacted canines and medico-legal pitfalls, every effort was made to ensure that they were applicable and relevant to dental practice.



The Convention also featured a trade exhibition with over 20 exhibitors from the dental industry. This presented a perfect opportunity for them to display their latest advances and products, and for delegates to source for the best products the market has to offer. Interestingly, a number of exhibitors noted that dentists were more open to hearing about their offerings at the exhibition than when approached at their own clinics. We put this down to the convivial mood at the event, which allowed everyone to benefit from a good blend of education, food, socializing and business. SDA would like to thank all the sponsors and exhibitors for their significant support of the Convention.



The evening of 20th April also saw SDA hosting its 75th Anniversary Gala Dinner, with the Minister for Health, Mr Gan Kim Yong, as our guest-of-honour. In his speech, Mr Gan acknowledged and thanked the SDA for its contributions to the dental profession and, more importantly, to the general public. In particular, he highlighted SDA's contributions to promoting continuing education, mediating disputes between patients and dentists, and making dental care affordable by helping in the implementation of the Community Health Assist Scheme (CHAS). The dinner was the perfect chance for members of the fraternity to mingle in the spirit of camaraderie. It was also especially meaningful that all proceeds from ticket sales went towards the Faculty of Dentistry Development Fund. This is on top of an initial \$75000 donation that SDA made in commemoration of this anniversary. The proceeds will help NUS to develop its new Centre for Oral Care, to better serve the needs of Singaporeans and for the advancement of the practice of dentistry in Singapore.



SDA CONVENTION 2013

Please visit our SDA Facebook page to for photos from this event and remember to "Like" us.



SDA Convention... Over the Years

By Dr Lim Lii

The SDA Convention is a Biennial Convention of the Association and was traditionally incorporated with the NUS-SDA Distinguished Speaker Program. The list of SDA Conventions as shown at the side.

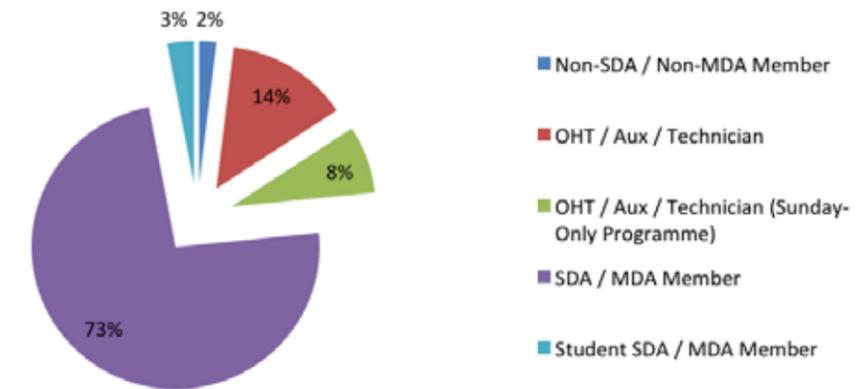
In 2011, the Council, under the leadership of Dr Phillip Goh, decided to break away from traditions and came up with a separate platform for the SDA Convention. This model has been proven to be effective and the SDA Convention 2013 was organized on this model.

Staying true to the aim of the SDA Convention, the current Council, under the leadership of Dr Kuan Chee Keong, decided that the SDA Convention 2013 will be a showcase for our local speakers and an event organized by members for our members. This has proven to be a great success.

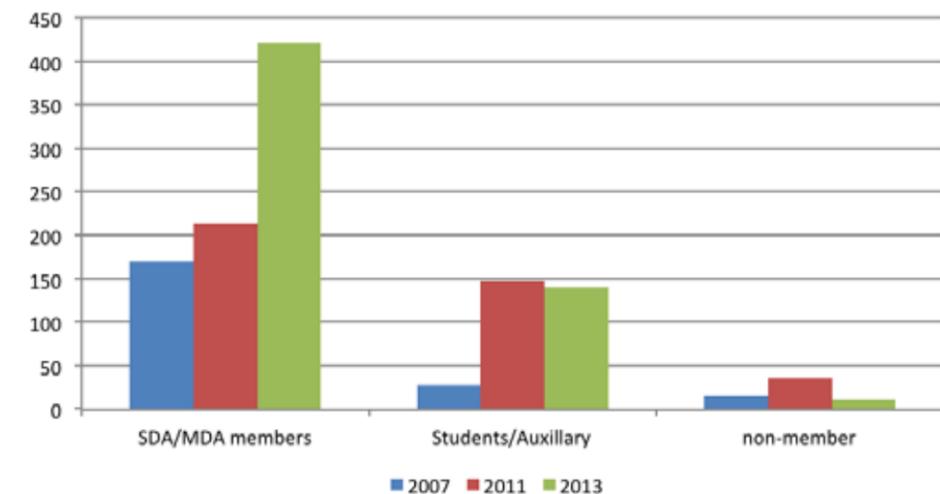
Statistical comparison for the past 3 SDA Conventions have proven that our Convention is improving in all aspects; registrant numbers, and support from our dental trade industry etc.

Event	Date	Venue
SDA Convention 2003	12 – 13 April	Pan Pacific Hotel
SDA Convention 2005	9 – 10 April	The Ritz-Carlton, Millenia Singapore
SDA Convention 2007	14 – 15 April	The Ritz-Carlton, Millenia Singapore
SDA Convention 2009	Hold over due to hosting of FDI Singapore 2009	
SDA Convention 2011	13 – 14 August	Grand Copthorne Waterfront Hotel Singapore
SDA Convention 2013	20 – 21 April	The Ritz-Carlton, Millenia Singapore

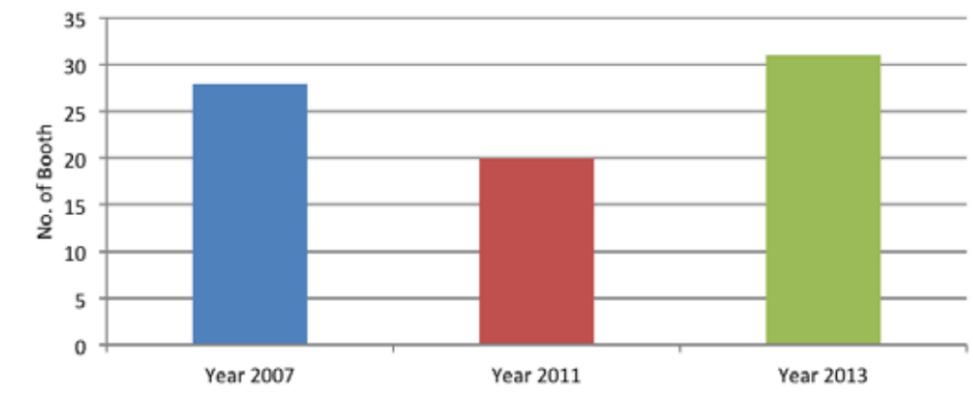
Visitor Registration for the year 2013



Comparison of visitor registrations for years 2007, 2011 & 2013



Comparison of trade exhibitor participation for years 2007, 2011 & 2013



It is indeed heartening to see our very own Convention growing steadily over the years and it is my hope to see this event become the event of the year for our members.



**DR WONG
YEW CHEONG**

Serving from 1973-1975

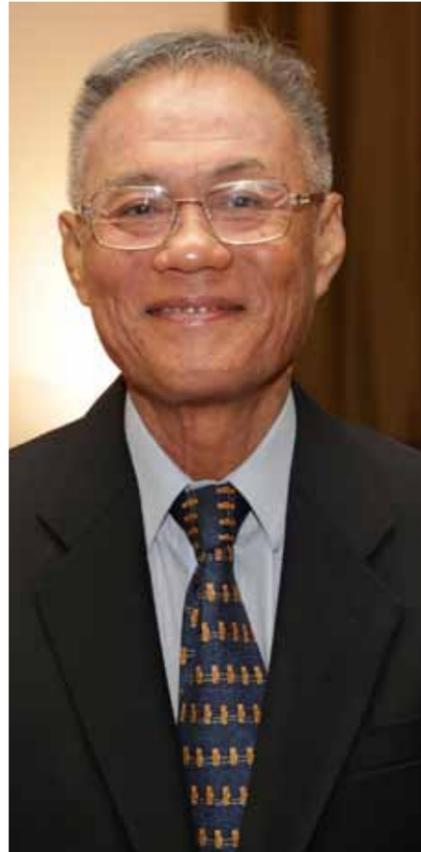


DR LIM KIAN CHONG

Serving from 1991 - 1994

PAST PRESIDENTS

who were at the 75th anniversary Gala Dinner



**DR LIM
SWEE TECK**

Serving from 1977 - 1981

**DR NG
LER POEY**

Serving from 1985 - 1987



**A/PROFESSOR
HO KEE HAI**

Serving from 1997-1999



**DR LEE KIM
CHUAN LEWIS**

Serving from 2000 - 2002 | 2008-2010



**DR BENJAMIN
CHARLES LONG**

Serving from 2006 - 2008



**DR TANG
KOK WENG**

Serving from 2002 - 2004



Past Presidents of SDA: 1967 – 1968 Dr Lau Kieng Hiong, 1968 – 1969 Dr J A Jansen, 1969 – 1970 Dr Edmund Tay, 1970 – 1971 Dr Lim Kheng Ann, 1971 – 1972 Dr Tan Ah Chua, 1972 – 1973 Dr J M Robertson, 1973 – 1975 Dr Wong Yew Cheong, 1975 – 1977 Dr Oliver Hennedige, 1977 – 1981 Dr Lim Swee Teck, 1981 – 1985 Dr Oliver Hennedige, 1985 – 1987 Dr Ng Ler Poey, 1987 – 1991 Dr Yui Kie Mung, 1991 – 1994 Dr Lim Kian Chong, 1994 – 1997 Dr S Jeganathan, 1997 – 1999 A/Prof Ho Kee Hai, 1999 – 2000 A/Prof Ow Kok Keng Richard, 2000 – 2002 Dr Lee Kim Chuan Lewis, 2002 – 2004 Dr Tang Kok Weng, 2004 – 2006 Dr Patrick Tseng (Acting), 2006 – 2008 Dr Benjamin Charles Long, 2008 – 2010 Dr Lee Kim Chuan Lewis, 2010 – 2012 Dr Goh Kong Hui Philip

SDA GALA DINNER 2013

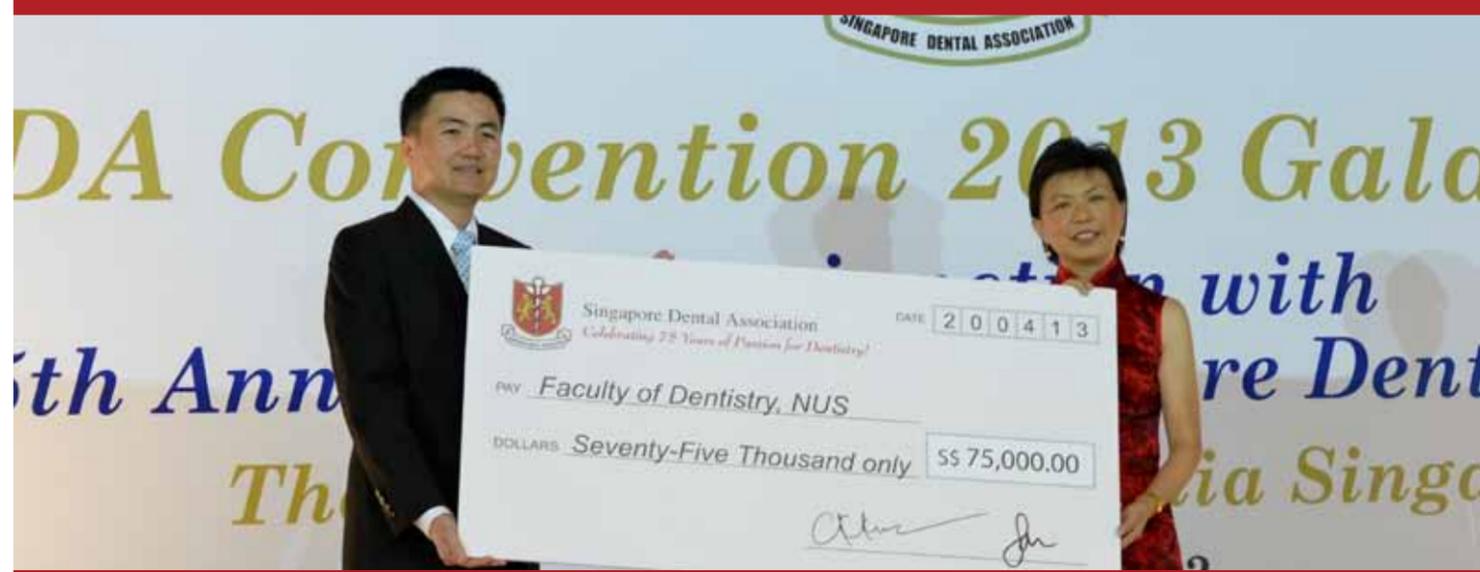
SDA CONVENTION CIRCUIT TRAINING FOR ORAL SURGERY

The 2013 SDA Convention Circuit Training for Oral Surgery was held on the 20th of April 2013 at Mount Elizabeth Novena Hospital. On first glance, the venue seemed like an unknown 6-Star Hotel in the heart of Novena. The interior, however, was filled with many familiar faces – people who we been through school with who have taught us during dental school.

Topics covered during the Circuit Training included subjects such as radiographic diagnosis, raising and closing of various types of flaps, dental-oral infections, medication and dental emergencies. These were covered in details by the appointed trainers Dr Winston Tan, Dr Shawn Goh, Dr Wee Tze Haur, Dr Andrew Ow and Dr Shermin Lee. Participants were split into groups of 5-6 and were given 30 minutes at each station where trainers would present their individual topics followed by a 5 minute Q&A session.

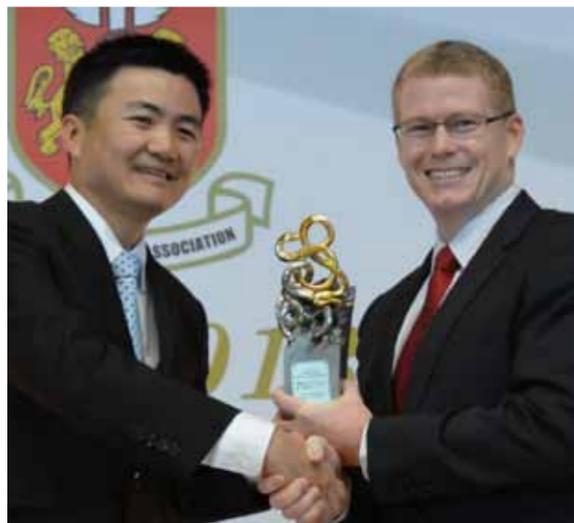
The highlight of the program had to be the hands-on suturing course which was conducted by Dr Winston Tan. Participants explored various flap designs as well as various suturing techniques which were taught through a series of lectures and demonstration videos followed by the hands-on component. To simulate human mucosa, pigs' jaws were used during his exercise. This provided participants with an experience which was as close as it could get to real time surgery. The exposure and hands-on component did indeed make this session a very delightful one for the participants.

Overall, the Circuit Training was very well conducted. The objectives of giving participants a crash course in 10 of the most common oral surgical procedures/scenarios were duly met. This is especially appreciable as these topics are very much applicable in our daily dentistry. If I was asked by a colleague if he/she should go for this course, my answer would be a resounding 'YES!'









SDA AGM 2013





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- Escalators to all floors
- From 667 sq ft to 5,478 sq ft (amalgamated size)

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Story and photos by Dr. Michael Lim The Travelling Gourmet™

In the University town...
The indomitable Travelling Gourmet Dr. Michael Lim tastes the food of...



Urla Wines from Turkey

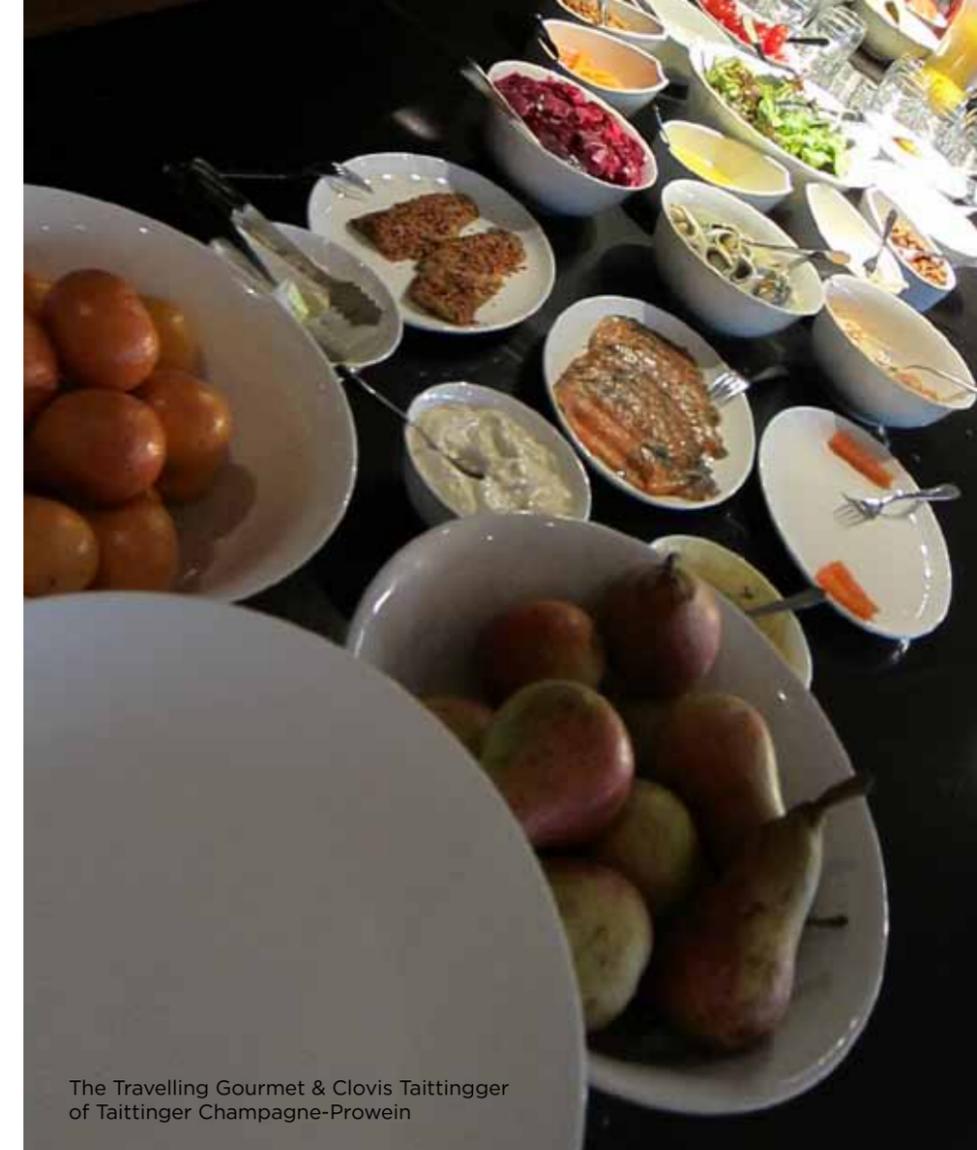


Schloss Belvedere Vienna

from around the world (ProWein 2012: 40,667 visitors).

So many wines, so little time...

The sun was shining as I entered Prowein...it was bitterly cold outside so I was glad to be in the warm environs surrounded by wines from around the world in EIGHT huge Halls! Prowein like Vinitaly is HUGE & well organised. My first stop was De Bortoli wines of Australia famous for their Noble One Botrytis Semillon dessert wine. Next was Nederburg, a South Africa's oldest winery. I attended the Seminar by Juergen Mathaesz on "Flavours of the Southern Hemisphere @ Prowein 2013" Eight wines were showcased, and the one I liked best was Achaval Ferrer Altamira 2010 from Mendoza in Argentina. Despite 15 months oak treatment, the Malbec grape was not over-oaked & had seductive flavours of dark chocolate & strawberries. Parfaitment with a Moellouex au Chocolat dessert. I also went to the Accolade Wines stand to taste Hardys & Robert Mondavi wines. The German Wine Institute Seminar "Schlau" I attended was most rewarding in terms of wine knowledge.



The Travelling Gourmet & Clovis Taittinger of Taittinger Champagne-Prowein

MICHELIN starred Chef Raymond Blanc... like fragrant Soupe a la onion with TRUFFLE, big Quenelles of chunky, tasty Pork Rillettes, Penne Pasta with Roquefort Sauce, fall-off-the-bone-tender juicy Guinea Fowl Confit with ueber-crisp potato wedges & crunchy Brussels Sprouts. The razor thin Guinea Fowl skin was so crispy like a very good Peking Duck from Singapore's Wan Hao. YUMMY! Krug Grand Cuvee Champagne paired well with the Pork Rillettes. Moist, chunky Whiting Fillet with lentils is a must-try matched with Crisp Chateau Montcabrier 2011 Sauvignon Blanc with capsicum nuances. Flavourful comfort cuisine

puts a happy smile on your face. The Creme Brulee has one of the best ueber-thin torched caramel crusts I have ever tasted. One of Oxford's BEST. Monica, the lovely blond Manager is very helpful.

Chef Raymond Blanc confided candidly, "Brasserie Blanc is a place for relaxed enjoyment where I can offer you simple, high quality food that comes as close as possible to the meals that my mother prepared for me at home in Besançon..." Frenchman Raymond Blanc arrived in England in 1972 to work as a waiter. The Head Chef took ill...Raymond

took over the kitchen...& now his 2 Michelin Star haute cuisine 'Le Manoir Aux Quat' Saisons' is famous like his Brasserie Blancs. He was voted the AA's Chefs' Chef of the Year in 2005.

Brasserie Blanc is at 71-72 Walton Street, Oxford
OX2 6AG United Kingdom
Tel: 01865 510 9991

In Gorgeous Germany...

I attended Prowein 2013, Germany's largest trade-only International Wines & Spirits Exhibition in Duesseldorf. Over 3 intense days in March there were 4,783 exhibitors from 48 countries & over 44,000 trade visitors

Brava Badia a Colitibuono!

MEETING my good friend La Presidente, Emanuela Stucchi Prinetti, of this most excellent winery was a pleasure. I tasted 2009 Sangioveeto di Toscana IGT. 'Sangioveeto is the local (colloquial) name for the Sangiovese grape...' With its good balance of red fruit & acidity and supple, silky tannins that show their presence with a subtle finesse, this wine really expresses the hilly terroir of this unique winery, high in the hills of Gaiole in Chianti where I have stayed. The name comes from "Cultus Boni", the name of the ancient abbey that was here in days of yore. This was one of the first places where the renowned Sangiovese grape was introduced. I told her, "You are as beautiful as your wines..."

Lebanon's iconic wine!

Through the many civil wars that Lebanon suffered, one winery followed that so British of maxims: Keep calm and carry on. That winery is Chateau Musar, and its Director General Serge G. Hochar is a very modest gentleman. He continued to make wines sometimes with mortars exploding nearby and 5.56mm bullets whizzing overhead. One of its most famous wines is the Chateau Musar Red 1988 comprising Cinsault, Carignan and Cabernet Sauvignon. Sweet cherry fruit with cinnamon & nutmeg flavours coupled with good acidity and balance make it a very food friendly wine. Warm hearted Serge, 73, is not only a winemaker par excellence...he is a survivor. On how it all started,

Serge explained wryly, 'My father wanted me to take care of the winery. I was eighteen...I told him I want make wines known around the world...I want a free hand.' My father said, 'Yes.' Serge continued, 'And so I started...1959 was the 1st vintage. I did not know so much about oenology, so in 1963 I studied Oenology & wine making in Bordeaux for one year.' Throughout his years of winemaking even during the Civil war, he never got even a flesh wound! Serge commented with a mischievous twinkle in his eye, 'HE didn't want me up there...'

URLA Wines from TURKEY!

Two beautiful Turkish ladies bade me try their Urla Winery.

Delightful Duesseldorf!



Delectable DOX!

MAGNIFICENT views of the Harbour & the spectacular skyline of Duesseldorf are a feast for your eyes...while the cuisine is a delight to your epicurean senses! You may be surprised to find ueber delicious Japanese cuisine here & the finest and freshest Sashimi! The Chateau Briand for two is outstanding as is the Lobster "Leipziger Art" with Spargel (asparagus) in season. Koenigsbergerklopse are marvellous German meatballs! Gourmet delights to go undercover behind enemy lines in Syria for!

DOX RESTAURANT & BAR - Hyatt Regency, Speditionstrasse 19, Dusseldorf, Germany 40221
Tel: +49 211 9134 1775

Amazing AUSTRIA

The intrepid & debonair Travelling Gourmet visits the center of the ancient Austro-Hungarian Empire and stays at the...

MAGNIFICENT home of that most delicious of desserts. The name is Torte... Sacher Torte. To call it a cake would be an insult. Mouthwatering, moist, sweet but not overly so, perfumed, redolent with the flavours of premium chocolate and sexy mouthwatering Marillen Marmalade (apricot conserve) with a tangy, zesty flavour, a light ,very well aerated velvety texture...OMG! It is to kill for! Just as the haunting theme from 'The Third Man', a classic movie set in Vienna, sets the movie...so the immortal Sacher Torte sets the Hotel Sacher & vice versa..

SAS stands for 'Splendide & Superbe', for that is what the Hotel Sacher, La Grand Dame of Vienna is...Over many years of her glorious history it has hosted VVIPs whose photos and autographs decorate the walls near the discreet reception. Justin Bieber was a guest when I was here. I loved my tastefully opulent and super-comfortable suite overlooking the Albertina Museum, where my favourite painting "Der Hase" is displayed. My suite was decorated with lovely & valuable old paintings. It was the kind of suite that you simply do not want to leave...There are over 1000

genuine objets d'art & precious paintings all over the hotel. I adore the painting of the founder, Anna Sacher, an iron lady like Margaret Thatcher. The location of the Sacher is very strategic with the pedestrian shopping street & the iconic Stefansdom just 13 minutes walk away. The enchanting Belvedere Schloss which houses works by renowned Gustav "The Kiss" Klimt & other luminaries of the Impressionistic genre like Monet, is only a short ride away by tram.

Fabulous Fruehstueck!

One unique feature is the Steinwasser' (Amethyst Water) for breakfast. Big pieces of purple amethyst are inside the water. Austrians believe that drinking "Stone-Water" is good for your health. I felt really good so it must work! The young Chef at the 'Hot Station' is very good. His Spanish Omelette a la minute & „hart gekoechte Ei"(hard boiled egg) were superb.

In an exclusive interview, the dynamic Chefkonditor of "Das Original Sacher-Torte", Alfred Buxbaum, explained, "The same top secret 42 year old recipe is used. The Sacher Torte is all made by hand and we make up to 1,200 a day! Celebrities like Michael Buble, Prince Albert of Monaco and Queen Elizabeth II love our Sacher Torte. Nicholas Cage stayed here for 6 weeks making a movie & he had Sacher Torte every day!" There is only ONE Original Sacher-Torte from the Hotel Sacher in Vienna and Salzburg! Beware of fakes!

Restaurant Ann Sacher

Marvellous Austrian specialities served on Rosenthal German porcelain and Berndorf silverware make this 'haute cuisine' restaurant a favourite for discerning gourmets. The Kaiser's favourite is Tafelspitz, with premium beef so flavoursome, juicy and tender plus the marrow...melt-in the-mouth YUMMY! Hotel Sacher's Sekt (sparkling wine) is better than some champagnes!

Hotel Sacher
Philharmonikerstrasse 4,
A-1010 Vienna
Austria
Tel:+43 (0) 1514 460Hotel Sacher Wien

The indomitable Travelling Gourmet visits a very famous Museum in Vienna to admire...

MASTERPIECES by renowned artists including Albrecht Duerer. Duerer was a genius who unlike artists who died poor, was a legend in his own lifetime & hugely successful. The Albertina is across from the illustrious Hotel Sacher. I loved the statue of Minerva, Roman Goddess of Wisdom. I liked too the statue of Mars, Roman God of War. It brought to mind, Mars and Minerva, the journal of an intrepid Regiment of the British Army whose motto is "Who Dares Wins!"

My all time favourite painting here is the magnificent masterpiece by that celebrated Renaissance artist, Albrecht Duerer. "Der Hase" is astonishingly good. Every hair and whisker of the field hare can be seen. So lifelike, you feel it could leap out at any moment. I spent hours just admiring "Der Hase" and marvelling at the genius of Duerer. Ich leibe es sehr.

Life is short, enjoy life, live, love & laugh!



With GM of Hotel Sacher & Chefkonditor Alfred Buxbaum



Sacher Hotel suite in Vienna



Amazing Albertina Museum Vienna

It was an offer I could not refuse. Turkish wines are from grapes most wine connoisseurs have NEVER even heard of. Nurcan, said, "Our wines are unique..." Bogazkere 2009 with balanced fruit and oak and soft tannins beats many Bordeaux wines! Tasting is believing...

Clovis Taitinger of Taittinger Champagne told me, "I am the black sheep of the 'familie' but our Champagnes are the best!" D'accord, definitely one of the best; simply perfect with Cantonese Tim Sum. Another beautiful boutique Champagne is Boizel from Epernay with a sufficient but not aggressive 'attack'.

Where to stay:

In Duesseldorf, stay at the sleek & chic Hyatt Regency. Location is excellent and James Bond-like buttons allow you to open and close your blinds instantly...to reveal...no, not the curves of a voluptuous Czech blonde, but the ravishing views of the Media Hafen or Harbour...Exquisite! You must dine at...

Date & Time		CDE Topic		Venue		Organiser		CDE		Contact	
4 Aug 2013		Basic Cardiac Life Support (BCLS) Course		Red Cross House, 15 Penang Lane, Level 3 Red Cross Training Centre, Singapore 238486		Singapore Dental Association		8			CDE Administrator, 62202588 cde@sda.org.sg
9-11 Aug 2013		Group 5 Basic Ortho For Gen Prac Mod 3		Fondaco Training Centre, 7 Kaki Bukit Road1		The College of General Dental Practitioners (Singapore)		21			Ms Devi, 65362730, devi.cgdp@hotmail.com Mr Win, 63922806, education@fondaco.sg
11 Aug 2013		Refresher Basic Cardiac Life Support (BCLS) Course		Red Cross House, 15 Penang Lane, Level 3 Red Cross Training Centre, Singapore 238486		Singapore Dental Association		4			CDE Admintrator, 62202588 cde@sda.org.sg
14 Aug 2013		Managing Endodontic Failure		Chinatown Point Mall		NTUC Unity Healthcare Co-operative Limited (Unity Denticare)		1			Jennifer Tabuac, 65904372 jennifer.tabuac@unity.com.sg
17 Aug 2013		Clinician Choices Series - Direct & Indirect Restoration In Dentistry		Alumni Association 2 College Road		Aesthete Institute		4			Xandra, 64383816, aida@aestheteinstitute.com
18 Aug 2013		Refresher Basic Cardiac Life Support (BCLS) Course		Red Cross House, 15 Penang Lane, Level 3 Red Cross Training Centre, Singapore 238486		Singapore Dental Association		4			CDE Admintrator, 62202588, cde@sda.org.sg
20 Aug 2013		Implants : An Overview from Past to Present		Seminar Room, Level 2, Mount Elizabeth Medical Centre		Mount Elizabeth Hospital, Medical Affairs Department		1			Hwi Ling, 67312021, hl_wee@parkway.sg Shahirah Niza, 67312091, shahirah.niza@parkway.sg
25 Aug 2013		Refresher Basic Cardiac Life Support (BCLS) Course		Red Cross House, 15 Penang Lane, Level 3 Red Cross Training Centre, Singapore 238486		Singapore Dental Association		4			CDE Administrator, 62202588, cde@sda.org.sg
1 Sep 2013		Basic Cardiac Life Support (BCLS) Course		Red Cross House, 15 Penang Lane, Level 3 Red Cross Training Centre, Singapore 238486		Singapore Dental Association		8			CDE Admintrator, 62202588, cde@sda.org.sg
8 Sep 2013		Refresher Basic Cardiac Life Support (BCLS) Course		Red Cross House, 15 Penang Lane, Level 3 Red Cross Training Centre, Singapore 238486		Singapore Dental Association		4			CDE Administrator, 62202588, cde@sda.org.sg
10 Sep 2013		Digital Image Editing for Dentists		Seminar Room, Level 2, Mount Elizabeth Medical Centre		Mount Elizabeth Hospital, Medical Affairs Department		1			Hwi Ling, 67312021, hl_wee@parkway.sg Shahirah Niza, 67312091, shahirah.niza@parkway.sg
18 Sep 2013		Oral Cancer & Dental Implants		Gleneagles Medical Centre Auditorium		Southeast Implants (S) Pte Ltd		3			Khai, 98359694, ktisia@southeastimplants.com.sg Joanne, 91859881, joanne@southeastimplants.com.sg
22 Sep 2013		Refresher Basic Cardiac Life Support (BCLS) Course		Red Cross House, 15 Penang Lane, Level 3 Red Cross Training Centre, Singapore 238486		Singapore Dental Association		4			CDE Admintrator, 62202588, cde@sda.org.sg
25 Sep 2013		Clinician Choice Series - Amalgam Free Dentistry		Alumni Association 2 College Road		Aesthete Institute		4			Xandra, 64383816, aida@aestheteinstitute.com
8 Oct 2013		Advances in Treatment of Head and Neck Cancers		Seminar Room, Level 2, Mount Elizabeth Medical Centre		Mount Elizabeth Hospital, Medical Affairs Department		1			Hwi Ling, 67312021, hl_wee@parkway.sg Shahirah Niza, 67312091, shahirah.niza@parkway.sg
12 Nov 2013		Dental Journal Club - Speaker / Topic to be confirmed		Seminar Room, Level 2, Mount Elizabeth Medical Centre		Mount Elizabeth Hospital, Medical Affairs Department		1			Hwi Ling, 67312021, hl_wee@parkway.sg Shahirah Niza, 67312091, shahirah.niza@parkway.sg

Learn, Gain,
Achieve...



...Improve,
Add, Network

About the College

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

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

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

Fellowship in General Dental Practice

The examination pathway in General Dental Practice comprises a Primary and a Final Examination.

The Primary program covers six areas of study and examination including areas of Anatomy, Biochemistry, Histology, Microbiology, Pathology and Physiology. Pharmacology is also covered. The aim of the program is to enable candidates to demonstrate an understanding of the fundamental principles of the basic sciences and their relationship to clinical practice.

The Final Examination is clinically oriented and requires demonstration of broad experience in the general practice of dentistry, maturity of clinical judgment, familiarity with the current literature, and clinical application of that knowledge.

Specialist Dental Practice (SDP)

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

Membership is a pre-requisite to Fellowship in the above fields. Membership can be achieved through examination by the College, or conjointly with institutions with which the College has a Memorandum of Understanding. It can also be awarded to specialists who completed postgraduate programs prior to 30 June 2009 (31 December 2010 for Dental Public Health) and satisfy the criteria. Following a period of independent specialist practice a member can apply for assessment of eligibility to present for Final Examination for Fellowship in that field.

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

Locations of Activities

It is possible to sit written paper components of some examinations at a number of centres including Hong Kong, Malaysia, Singapore, Perth, Sydney, Melbourne, Brisbane and Auckland. Clinical examinations are held in Sydney or rotated through other regional centres.

RACDS Calendar of Events

July

Orientation Course for Primary Examination

Registrations close for Web Based Education Program

August

Registrations close for overseas Primary Examination venues (*viva voce* in Hong Kong and Malaysia)

Applications close for Assessment of Eligibility for Specialist Dental Practice Examinations held conjointly.

Registrations close for Web Based Education Program for Final Examination preparation.

August/September

Web Based Education Program Part I Special Field Examinations

September

Special Field Examinations OMS – SST & Final

Registrations close for Assessment of Eligibility and Examination in Specialist Dental Practice where held conjointly with another institution under MoU

October

Web Based Education Program Part II Registrations close for Primary Examination

Registrations close for MRACDS(GDP) *viva voce* examination.

November

Special Field conjoint examinations

Registrations close for Final Examination

November/December

Primary Examination

The Royal Australasian College of Dental Surgeons, Level 13, 37 York St, Sydney NSW 2000 AUSTRALIA

Tel: +61 2 9262 6044 Fax: +61 2 9292 1974 Email registrar@racds.org Web: www.racds.org

the lifestyle



PORSCHE

911 Carrera VS Cayman Case Study

By Dr Kevin Co

The New Cayman has been just launched recently and I was thrown this question: Will I buy the Cayman over the 911 Carrera? Well... I decided to take out both cars to find out.

On the surface this seems like a mismatched and totally unfair comparison study but that is only from the technical aspect of the equation. The standard 911 Carrera has 3.4 litres with 350bhp while the Cayman has 2.7 litres with 275bhp, which is massive in terms of power difference. On paper, the 911 can seat 2 more adults than the Cayman.



But there are much more similarities than one thought.

- Both are rear-wheel driven.
- Both do not have the engine in the front.
- Both are hard top.
- Both are drivers' orientated cars.
- Both share multiple components, even the aluminium structures and assembly.
- And the most important, both have the Porsche Batch.

So is the 911 worth an extra \$200k?

I must say both are brilliant machines in their own rights. But let's look from the comfort and practical angle.

The extra 2 more rear seats in the 911 is still small no matter how you look at it. Only XS size adults can fit pretty comfortably. The car seats for children 0-3 years old is a tight squeeze, compromising the front passenger's legroom due to the large footprint, and I had quite literary a back breaking process to get my 1.5 year old son into the car seat, as if Dentistry wasn't enough. The booster seat for children 4 and up on the other hand is a perfect fit.

But the truth is 911 owners seldom use the back seat anyway so the Cayman with only 2 seats may not be that much of a setback.

The Cayman has 3 times the trunk space compared to the 911; the Cayman has 2 trunks namely front and rear compared to the 911 with only 1 in the front, thanks to the Cayman's mid-engine layout.

But if you consider the underused rear seats in the 911 we have lots of room for groceries.

The Cayman feels like a pure sports car – raw & simple. You can hear the engine, the exhaust and feel the road, the constant feedback from the car. The Cayman wants your full attention and it is absolute fun if you are committed and engaged.

But I guess as I am getting older, I would want more comfort. I want more sound-proofing and once in a while I want to be lazy but still want to be playful. The 911 ticks all these boxes, but is it worth almost twice the Cayman?

After having both in my hands for 2 days I must say the Porsches are still as splendid as ever before, the satisfaction of driving one is never disappointing. And I guess that's why so many in the world fall in love with them over and over again. The Cayman and the 911 Carrera are the best examples in their individual categories but in Singapore the price makes it difficult to for me to part with the extra \$200k.



Systema



Elvin Ng
MediaCorp Artiste



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<p>Mouthwash Alcohol-free with long-lasting gum protection</p>	<p>Interdental Brush & Gel Removes up to 95% of plaque between teeth & gums*</p>

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



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Reference

1. Amornchat C *et al.* (2004) *Mahidol Dent J* 24(2): 103–111.
2. Lindhe J *et al.* (1993) *J Clin Periodontol* 20(5): 327–334.

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