ACADEMY OF DENTISTRY INTERNATIONAL

AUSTRALASIAN SECTION

The Academy of Dentistry International is the international honour society for dentists dedicated to sharing knowledge in order to serve the dental health needs, and to improve the quality of life of people throughout the world. Through the development of fellowship and understanding, the Academy endeavours to create opportunities for service in order to assist in the establishment of a world at peace.

World understanding through education

Regent’s Report

The International President of the Academy, Dr Diampo J Lim (Philippines) conducted a successful Annual Board of Regent’s meeting in Istanbul last year in conjunction with the 101st FDI Annual World Dental Congress. A number of new Fellows were inducted, coming from all over the world including the Middle East and Eastern Europe. More recently the Executive council of the Board met in Honolulu on May 16th. As Regent of our Section I submitted a report on our activities here in Australasia.

The next International meeting will be held in San Antonio, Texas, USA. As I am unable to attend, our Section will be represented by Secretary/Vice Regent, John Pearman. All Fellows are invited to attend such meetings.

Our Section recently provided a grant to Fellows involved in the ANZAOMS Overseas Aid Committee (Operation Interface) programmes. I am able to report that the grant enabled the purchase of a portable surgical drill allowing our surgical volunteers to take it with them on their respective missions. Already it has been taken to Cambodia, Laos and soon to Bangladesh. A report on its adventures will be published in subsequent newsletters.

Another grant by our Section to Jamie Robertson AM in early 2013 saw him pursuing a case controlled study into environmental exposure associations with cleft lip and palate in post war Vietnam. His report is elsewhere in this newsletter.

More recently a further request for help was received from John McIntyre AM (Hon Visiting Professor of Dentistry to PNG). John has asked for assistance to one of our Fellows Len Crocombe to make a trip to Papua New Guinea (PNG) to initiate a programme assisting the newly formed PNG Dental Association to engage in dialogue with the PNG Department of Health in helping to develop the accessibility of Dental services in that country.

PNG has so many critical general health issues that Dentistry did not even get a mention in the 2011-2021 National Health Plan. This is despite PNG now having the highest per capita prevalence of oral cancer worldwide. The Board agreed to cover Len’s travel costs from Tasmania to Goroka in PNG and reasonable incidental costs.
Later this year in September I had planned to conduct an Inter Congress Convocation / Dinner in Sydney, however the Australasian Section of the ICD (a kindred Honour Society) is celebrating its 50th Anniversary on Saturday 25th October in Sydney at the Shangri-La Hotel. As many of our Fellows are also Fellows of the ICD, I feel that this important milestone in our regional dental history should be supported. Next year the 36th Australian Dental Congress will be held in Brisbane from 25th - 29th March 2015.

Our Convocation/Dinner will take place on 26th March 2015 at the Queensland Club. The evening promises to be an entertaining one and I urge you all to make the effort to come to Brisbane for Congress but above all join us on the 26th at the Queensland Club. As this event is actually on Day Two of Congress we hope that many Fellows who have registered will be able to attend.

Sadly, I record the passing of Pam, the wife of Reg Hession AM on the 13th May after a long illness. Reg was a past World President of the Academy and Past Regent of our Section. Pam was known to many of us and played a major supportive role to Reg and the ADI in its work.

Finally we should remind ourselves that “the Academy endeavours to create opportunities in continuing exchanges of knowledge, education, and expertise for improving the global level of oral health”.

So let us all continue to enjoy our life’s work and make sure we each give more than we expect to receive.

Eddie Street, Regent

From across the Tasman

I hope that you have all had a good year.

The New Zealand Dental Association is holding its annual conference in Christchurch from 20th-23rd August and local Fellow John Edwards is one of the national speakers presenting Oral surgery – assessment and keeping out of trouble. The NZDA conference is the first major conference in Christchurch since the earthquake in 2011. Graham Symes has recently been re-elected Vice-President of NZDA and David Crum (NZDA CEO) and Graham Symes have both been nominated for positions in FDI - the Section wish them both all the best for the upcoming elections.

In the Faculty of Dentistry, Murray Thomson was presented with the 2014 IADR Distinguished Scientist Award in Geriatric Oral Research at the IADR General Session in Capetown, South Africa in June. This award recognises Murray’s outstanding achievements in Geriatric Oral Research - on behalf of the Section, congratulations Murray. Murray has also recently been appointed Head of the Department of Oral Sciences. Also in the Faculty of Dentistry, the University of Otago are planning to construct a new clinical building (behind the existing facility) and redevelop the existing building, the Walsh Building. It all goes to plan, building should commence in 2016.

Robin Whyman has recently been elected Deputy Chair of the New Zealand statutory body, Dental Council - congratulations Robyn.

Finally, it is with disappointment that I note that the Highlanders weren’t able to progress to the semi-finals of the Super 15 rugby competition but made it to the top 6 for the first time since 2002. It seems likely that the Crusaders will win the 2014 Super 15 competition this year. The Black Caps have had some good wins this season, the Silver Ferns are hot favourites to win gold at the Commonwealth Games (as are the Sevens) and I am very much looking forward to the All Blacks session starting again soon.
Rotary Australia Vietnam Dental Health Project. Jamie Robertson AM

This year’s visit was the 23rd annual working visit and the project which began in a small way has become an important contributor to health services in Vietnam. The original concept of providing primary care and oral health promotion to rural school children continues but it has expanded to include knowledge sharing and transfer, both ways, within dental specialties and to the provision of complex, interdisciplinary care and surgery for people with orofacial cleft defects and congenital or acquired orthognathic problems.

At all levels, the Australian volunteers discover to problems and impediments facing their local counterparts in trying to deliver their services. For the Field teams it is important that they live in the same community as that of their patients so that they learn something of that community and its behaviours.

Vietnam is a country with a population of about 93 million of which about one quarter are under 15 years old. That puts into context our ability to provide primary dental care for between 600 and 700 children at each visit that we make. Nevertheless our project is an excellent example of what can be achieved in simple clinics by dedicated personnel and it acts as a model for other agencies to copy. Moreover we utilise the existing framework for school based preventive health measures to try to reduce the burden of dental disease.

Although it may seem obvious that reducing the incidence of new dental disease would be preferable to repairing the damage done by it, changing the behaviours of any group of people is easier said than done. It’s therefore necessary to educate children, their families and teachers about the link between poor food and drink choices and resultant damage to teeth. Tackling dietary issues for dental benefit has spin-off benefits for other health issues and the “common risk factor” approach can be addressed by other health workers.

Sadly, funding for prevention of disease lags far behind funding for the treatment of established disorders and health budgets often ignore such spending altogether. The oral health promotion strategy needs outside funding from projects such as ours to be put into action.

The Primary care, or Field, Team again split into two groups in order to work in two provinces, these being Ca Mau and Binh Duong. This was the third and fifth year for each respectively and was the last for both. As yet no new locations have been chosen to replace them. The Specialist team was smaller than in recent years, nevertheless the quality was high and its reputation as a source of guest speakers continues to grow. Finally, the Cleft Care Team continues to extend its range of activities and its reputation too continues to grow. For the past two years, the team of lecturers presenting at the conference in HCMC has travelled to Hanoi to repeat their lectures for the benefit of the staff at the National Hospital of OdontoStomatolgy in the Hanoi campus. It has provided both a pleasant weekend and an opportunity to strengthen our relationship with NHOS overall. The same trip was made this year and was extended by one day so that specialists might have time to visit their respective departments.

The Rotary project itself does not take part in any research. However over the years, individual specialist volunteers have contributed to or even initiated research studies. Thanks to an ADI grant last year, Kaye Roberts-Thompson, Loc Do and Jamie Robertson were able to visit Hanoi to investigate resources and data bases for a study on relationships between environmental factors and cleft lip and palate disorders in Vietnam. The main proposal is currently under consideration by NHMRC.

2014 volunteer dentists included; Jamie Robertson, Danny Lavery, Martin Tyas, Vi Tran, Melinda Johansson, Gordon Burt, Stephen Cottrell, Michael McCullough, Peter Tollicday, Tony Collett, Rowan Story, Bill Besly, Brian McMillan and Felix Sim.
Operation Interface: Barbara Woodhouse

Operation Interface (previously the Overseas Aid Committee of The Australian and New Zealand Association of Oral and Maxillofacial Surgeons) was established as an NGO in 2011 and continues to fulfil a service and education role in developing countries in Oceania and Asia. The focus of the organisation has always been on the training of local practitioners to increase the availability of OMFS, with visiting surgeons performing pro bono surgical treatment for the local population as part of a commitment to transferring knowledge and skills. Since 1990, the committee has established three training programmes in OMFS and continues to provide surgical and financial support to those programmes and to other developing countries in the region. Operation Interface currently comprises eight Australian OMF surgeons, supported by other members of ANZAOMS - both consultants and registrars - who join the regular aid visits.

The training programme in Dhaka, Bangladesh, commenced over two decades ago and is now virtually self-sufficient, but still requests and receives support from visiting Australasian surgeons and donations of surgical equipment and supplies. The University of Port Moresby, in Papua New Guinea, offers a four year programme in OMFS and is supported both by visiting OMF surgeons, and resident expatriate surgeons in other specialties such as ENT. The first local graduate of the programme, Dr Matupi Apaio is now also involved in the training of the current post graduate students.

The most recently established training programme in Cambodia, is conducted through the International University, Phnom Penh, and the Khmer Soviet Friendship Hospital. Specialists in anatomy, pathology radiology and speech pathology, as well as surgery, have visited from the US and UK, Korea, Singapore and Australia, contributing to the teaching on a regular basis. It is also a four year programme, with the first three post graduate students about to sit their interim examinations.

The committed surgeons of Operation Interface also provide surgical support to Tonga, Fiji, Vietnam and Vanuatu, and members negotiate pro bono admission to Australian hospitals for patients needing more complex treatment (also accepting patients from Timor, Philippines, and Somalia) frequently in conjunction with other aid organisations such as Rotary Oceania Medical Aid for Children.

With exception of some AusAid funding for PNG (which precludes the involvement of Australasian registrars) all visits are entirely self-funded, with the visiting Australian surgeons paying not only for their own travel expenses (and often those of the registered nurses who accompany them) but also providing equipment to use and large amounts of surgical supplies from their own practices, and begged and borrowed from the hospitals at which they operate in Australia. They also fund any excess baggage charges necessary to transport all of the above, and also often fund the charges for investigations and hospitalisation of desperately poor patients. Thus the recent ADI contribution to the purchase of a surgical drill was most welcome and has been used in Vietnam already.

Apart from funding issues, perhaps the most difficult problem to overcome is the tendency of patients to present very late in the disease process, markedly complicating treatment. This is most frequently due to abject poverty precluding even the cost of transport to a major centre, but may simply be due to non-availability of adequate local treatment - or perhaps repeated local mistreatment. It is also easy to underestimate the obstacle of superstition and suspicion of western medicine and its motives -some parents refuse to allow their children to be treated for fear of them being kidnapped into slavery, while others are fearful of a poor outcome preventing the patient from continuing to contribute to the family income. All of us in Operation Interface are reminded constantly, on every visit, how fortunate we are in Australasia, to enjoy accessible and high quality medical care.

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