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IADHAPPY

NICE PHOTOS FROM PAST CONGRESS
First of all I would like to wish you all Happy New Year. May 2013 be a great year for everyone. I hope you had a great time with your families and friends during the Season Holidays and for some luckier of us during the summer holidays!!!

Thank you all for electing me president of iADH! It is a great honor but also a great responsibility to be president of the world’s leading organization for disability and oral health. Many thanks to the executive committee and specially Dr Scagnet for the two wonderful years that we were together in the Executive. I look forward to an exciting new term. I want to take this opportunity to welcome a new member at large in the Executive, Dr Volker from Germany as well as Dr Alison Dougall from the position of new Editor for our happy magazine. What you have now in your hands is her first work and an excellent one indeed.

Going back to last year, I would like to thank ANZASND for organizing the 23rd iADH Congress in Melbourne and special thanks the Chairman of the Organizing committee Dr. Mina Borromeo and the Chairman of the Scientific Committee Prof Manton. The Congress was a great success and we really got new perspectives. The Scientific Program was indeed outstanding, inviting great, internationally sought after, speakers. The plenary sessions, with Prof Reynolds and Prof Thomas connecting oral to general health were excellent and so were the other plenary sessions. Lectures covered all major aspects of the clinical management of special care dentistry. The e-poster presentations were also interesting and representative of the oral needs and dental problems from almost 30 countries. This was the first time iADH moved to electronic posters, something that is innovative for dental congresses. Nothing of this would have happened if it wasn’t for the hard work of Dr Graeme Ting. So I would also like to warmly thank him.

During Gabriela’s presidency several major initiatives took of the ground, the most important one being the undergraduate curriculum. My intention is to follow up on this so it can become widely accepted from as many dental schools in the world possible.

One thing that never managed to get seriously of the ground despite the efforts of most executive committees before me is the nations initiative. I feel that we should take the initiative to approach developing countries by instituting a teach the teacher program for iADH. By revamping our e-learning capabilities within iADH, creating a list of dedicated “volunteer” teacher-members of iADH we can develop better distance learning courses with the intention that more colleagues can benefit from it. More than anything, developing countries need education rather than clinical work programs so they can stand alone and move forward the care of special needs patients. Strong nation associations should adopt and help newer or non-existent associations. This is why I accepted with great pleasure the invitation of our newest member, the Indonesian Society of Special Care Dentistry (SSCD) and spoke to a large audience of colleagues in the city of Surabaya to their first congress on Disability and Oral Health.

It has been a long time since my first meeting of IADH in Nice France 1990, just the 10th congress of IADH. I had just returned from my residency in the US and I still remember my first presentation there “dental management of blind children”. Unfortunately IADH has no permanent address and over the years a lot of its history has been dispersed according to where previous members of the executive committee resided. We have already Prof Susumu Uehara collecting more data and preserving the history of our association. I would like though all of us to try and help further towards this goal.

It is important to support IADH. It is our family our global family.

We know that IADH is a unique and rich mixture of National Member societies as well as individual members. Each has its own priorities but only through consultation and dialogue can the Council bring forward common values and wisdom central to the decision-making process. We must work together to make our programs a reality.

I hope that the next Congress in Berlin 2014 will also be a success. We have now started working on it and I would appreciate your input and suggestions.

Warm regards
Dimitris Emmanouil
Dear iADH Members,

Happy New Year and welcome to the first issue of the iADH Magazine for 2013...

I am delighted to have the opportunity to share news and experiences from iADH members all around the world. In this issue we will be hearing from newly established societies in France and Indonesia, and I am sure that you will join me in looking forward to watching how both societies will influence services in the years to come, and advocate for better oral health for people with disabilities in their own regions.

The highlight of the iADH Calendar last year was of course, the Congress in Melbourne Australia. This was a time to come together, learn, share knowledge and of course socialise till the early hours, thereby cementing the essential networks and friendships that are so important to us in both our careers and our personal lives. We are often an isolated but dedicated number within our own countries and it’s always heartening to meet so many other people with similar goals and experiences and philosophies. The internet allows us all to keep in touch and communicate and work together so much more easily nowadays, but there is nothing like meeting face to face in order to feel part of the organisation that is the ‘family of iADH’, with the opportunity to take forward and develop dreams and good ideas into projects, and turn research questions into action. My own first IADH event was in Madrid back in 2000 as a post-graduate student nervously presenting my first ever oral presentation, so reading about the IADH-congress in this issue from a ‘first-timers’ perspective by Dani and Avanti, 2 young clinicians at a similar early stage in their own careers made particularly interesting reading in the sharing experiences section of this issue. Certainly in Melbourne, the noticeably young profile of so many of the delegates looks for a very secure future for interest and progress in this area of dentistry.

Staying in the Western Pacific Region, one of the oral presentations in Melbourne which touched the hearts of anyone listening, was the account given by two special care dentists from New Zealand who documented their experiences during the huge earthquake that hit Christchurch immediately following the iADH Congress in 2011. They have turned that presentation into an incredible article for us, which documents their progress and dedication in caring for the particularly vulnerable populations displaced by the disaster over the past two years. I thank Dr Sarah Lovie and Dr Juliet Gray most sincerely for their contribution entitled ‘a bad case of the shakes’.

So, I will end by thanking your friend and mine our ‘Past-Editor’ Dr Timucin Ari for all his help and support in helping me to prepare this, my first issue of the magazine. In addition to taking up his new role as President Elect of iADH, Timucin has assured me that he will continue to offer emergency ‘help’ as I approach the daunting task of trying to maintain the consistently high quality of the iADH Happy magazine that readers have become used to in the past 17 issues that Timucin produced for us. I will do my best to follow the high standard which he set.

Alison Dougall
alison.dougall@me.com

iADH President Elect Dr Timucin Ari and iADH Past President Dr Gabriella Scagnet pictured here with a group of iADH-2012 Delegates from Japan, including Dr. Hiroko Mega who received an honour in memory of her late Husband and past IADH Exec Member Prof Junichi Mega.
The power of two.....

Christchurch is New Zealand’s second largest city with an urban population of 400,000. It lies between the Southern Alps and the Pacific Ocean and is known as “The Garden City”.

At 4am, September 4th 2010 a magnitude 7.1 earthquake struck 35 km outside Christchurch. It was significant and damaged many historic buildings. However, perhaps due to the time of day, nobody was killed and we felt very lucky.

But our luck did not last and we now know that this earthquake triggered an aftershock sequence which was to have devastating effects.

On a Tuesday afternoon in February 2011, during most people’s lunch hour a 6.3 earthquake rocked the city. The epicentre was 10km from the Central Business District, the depth was only 5km. However, peak ground acceleration was among the highest ever recorded despite the comparatively low magnitude.

There was widespread damage; 6659 people were injured and 182 were killed.

The brand new Christchurch Oral Health Centre with its 14 surgeries and Day Surgery GA unit was irreparably damaged. Our response to this disaster can be illustrated using the rule of twos:

2 minutes, 2 hours, 2 days, 2 weeks, 2 months and now we are at 2 years.

2 minutes: Evacuation of the building. As it was lunchtime there were no patients undergoing treatment so only those in the waiting room and staff needed to be evacuated. There were uneven floors, collapsed ceilings and broken glass to be navigated. Our evacuation site outside was soon engulfed in liquefaction (water forced to the surface from underground) Many belongings were unfortunately lost inside a building deemed unsafe to re-enter including handbags and phones containing essential information for contacting staff, family and loved ones.

2 hours: Staff were busy trying to locate family and friends, collecting children and trying to return home. Roads were flooded, blocked by rubble or simply broken. Traffic lights were out and many people abandoned their vehicles to walk home.

The relentless aftershocks continued all afternoon. Cliffs had collapsed, bridges were impassable and the telephone network was overloaded. Homes were damaged and tents were becoming the shelter of choice in some areas with floods and constant aftershocks making it difficult to stand.
There was loss of communication with the police/ambulance/fire service as the emergency communication centre had been damaged and evacuated. The central hospital was under enormous pressure. The Emergency Department had to cope with intermittent power high demand, continuous alarms sounding. Patients were arriving in all manner of ways; carried by strangers, in the back of trucks, and on foot. Rest homes delivered van loads of bewildered elderly people as they had no power, water or sewerage. There was a mass movement out of the city. Those who stayed were without power, water or sewerage. Critically ill patients were flown to other centres to free up hospital beds. 519 elderly were moved from rest homes and the city lost one fifth of its residential care beds for special needs adults.

The Hospital Dental Service used facebook and texting to try to locate staff, check on their well being and advise them not to enter the oral health building. A 2-chair relief of dental pain service was started using a School and Community dental facility on the grounds of a psychiatric hospital. It soon became very apparent how fortuitous a very recent move to electronic records had proven to be with all digital patient records held securely on an off-site server.

The brand new Christchurch Oral Health Centre with its 14 surgeries and Day Surgery GA unit was irreparably damaged and evacuated.
2 weeks: Power and water was restored to the western half of the city. Schools were beginning to re-open, some high schools were site sharing however the roads remained dreadful. The dental community was very involved with victim identification. We provided emergency relief of dental pain at the mobile Australian Army Hospital in East Christchurch which was the worst affected area. Our service by this stage had expanded to 2 double surgery mobile trucks, 2 single surgery buses and 2 indoor chairs (kindly donated from a North Island School and Community Dental Service).

Our collection of portacoms for offices and buses became known as the “trailer park”. However despite less than aesthetic appearances every bus or surgery had a computer linked to our off-site server enabling us access to digital dental and hospital records. We were also forced to make a swift transition to digital radiography.

2 months: We were on the move again as we were offered the use of a 4 surgery School and Community unit in East Christchurch. We maintained our trailer park and also added a 3rd site in the north by recommissioning a dental surgery at a geriatric/rehab hospital. Winter turned out to be the coldest on record and was certainly felt by those working in buses. In June there was another 6.3 earthquake but by now we rolled with it and were only closed for one day!

2 years: Our current building is serving us well. Staff and patients feel safe and large quakes now barely disrupt the working day. This building is however due for demolition in 2013 and we are yet to be informed where we may go. We are not particularly concerned by this as we have plenty of experience in adapting to change, moving our service and dealing with adversity.

We must acknowledge the superb IT support we have received. In every surgery we have access to hospital notes, lab results and radiographs, drug lists. A health pathways website about hospital services has been maintained and expanded with daily updates for primary health care providers. It is unthinkable how our patients or ourselves would have managed without access to this information.

We are thankful to other Hospital and Community Dental Services around New Zealand who lent mobile surgeries and equipment. And of course we thank all of those people from around the world that sent messages of care and support.

Juliet Gray and Sarah Lovie
Special Needs Dentistry
Christchurch Hospital
New Zealand
IADH Education Committee Report

The iADH education committee has been working diligently on your behalf to produce guidance for education in SCD at the undergraduate level.

Following the very successful consultation meeting of the SCIPE education group in Antalya, a further meeting was held in Lyon in August 2012 as part of the Association of Dental Education in Europe Conference, in order to further refine the undergraduate document.

The conference in Lyon also saw the inaugural meeting of a special interest group in education in SCD, when a very motivated and experienced group of individuals contributed their views on the development the final stages of the curriculum and for future activities in SCD education.

The final undergraduate curriculum has now been developed and presented in Melbourne and was unanimously accepted by the council. Thereafter it was briefly presented during a session in Melbourne and is now available for all to see and use on the iADH web site.

Many members of iADH have been involved in the various parts of the numerous tasks involved in the creation of the final document and a special thank you to all individuals who have in any way contributed to the process.

The question remains where do we go from here – how can the curriculum document best be used and incorporated into curricula globally. It is envisaged that this will be an ongoing process based on feedback from your own experiences in implementing the document worldwide.

Publication:
The curriculum has been developed using rigorous scientific methods and the European Journal of Dental Education has either published, or is in the process of publishing all the articles related to the process by which the iADH-SCIPE group developed the curriculum. Starting with a case of need document, which outlines the way in which education in SCD can reduce inequalities to care for people with disabilities moving through the actual scientific consensus method and finally publication of the iADH curriculum document.

A one page synopsis of all the papers will be submitted to JDOH, SCD and other key journals. The synopsis of each article will also be available on the iADH web site. www.iadh.org

We now also have confirmation that the EJDE will offer free access to readers of the JDOH to all these articles later in the year.

If you prefer we can e-mail you a copy of the curriculum by contacting;

scipe@iadh.org
Translation
Currently members of iADH from Turkey are working on translating and back translating the learning outcomes into Turkish. This process is ongoing and once completed can be used as a template for similar translations into other languages enabling its use appropriately according to local culture and customs. Anyone interested in being part of such a process to translate into your own language should please contact us. We would be very keen on hosting sets of learning outcomes in a variety of languages where developed through a similar process if folk are happy and generous enough to share with colleagues worldwide.

Re Initiate Blog
The committee is currently working on re-initiating the blog so as to provide information on a regular basis as to what's happening in education in SCD worldwide and perhaps more importantly to act as a forum for individuals to report back to all as to issues of implementation of the curriculum in their own countries. It will also act as means for constant communication for updating readers on further developments as they may occur.

http://iadh-scipe.blogspot.ie

Collection of Resources
We are committed to the continued collection of resources that can be used to aid individuals in using different aspects of the curriculum. We are currently in the process of developing a template that can use so that members can submit examples of Case Based Learning examples. The question also arises as to where the resources can be housed updated and easily made available for use of members. These are all issues that the committee is dealing with and will need to work with iADH and the executive to determine the direction and process it wants to take.

Collection of Baseline Data and Research Potential.
President Dimitris Emmanouil is very keen on developing initiatives in collecting information about baselines levels in SCD in order determine if implementation of such a curriculum has beneficial outcomes. We are sure Dimitris would openly welcome any volunteers who would be willing to participate in this endeavor.

Post Graduate Process:
When the undergraduate curriculum has been fully implemented and established then it is envisaged that work will continue on guidance at the post-graduate level. Any input in any of these areas will be most welcomed and we look forward to continuing this important work.

SPECIAL INTEREST GROUPS:
We are hoping to further develop special interest groups in education in SCD, in order to continue activities in these areas between iADH Congress. This year the European Special Interest Group in SCD education will meet in Birmingham, UK as part of the ADEE conference in e-learning and distance learning. We would welcome news of similar groups being set up in other WHO areas, as we feel this is crucial in developing all of the above objectives in collaboration with the breadth and depth of experience amongst educators and supporting newer teachers in SCD. Please contact us at scipe@iadh.org for more information on education activities and visit the education BLOG.

Respectfully submitted on behalf of the education committee. Contact scipe@iadh.org

Clive Friedman
Alison Dougall
Gabriella Scagnet
Shelagh Thompson
As a trainee registrar or young specialist of any specialty, you dream of the opportunity to attend a comprehensive lecture series which is the perfect combination of new evidence-based research and helpful practical advice for your practice. But when you can do this in an exquisite venue while socializing the nights away with old and new friends and world-class experts, you have the makings of an ideal congress. The 21st IADH Congress was held for the first time “down-under” in Australia. Over 500 local and international delegates took the opportunity to meet and learn with colleagues from all over the world, in the sophisticated city of Melbourne.

The scientific program took an evidence-based approach as a variety of international speakers presented both the latest developments and current best-practice across the field of Special Care Dentistry (SCD). The keynote presentations on innovative research in the fields of cariology and periodontology (Prof. Eric Reynolds) and oral biofilms (Prof. John Thomas) certainly cemented our preventive treatment approach in SCD, but also challenged existing paradigms of dental disease being a purely bacterial disease process. Prof Don Morrow and Jennifer Irwin’s presentation and interactive pre-congress workshop on ‘Motivational Interviewing’ made every delegate revise and reflect on their approach to behavior change for patients and their carers.

Practical guidelines in patient management particularly in the setting of sedation, dysphagia, haematological disorders, bisphosphonate therapy and Autism were invaluable. In addition Prof. Marks’ review of dental materials and the exciting innovative technique of ‘caries infiltration’ (Prof Meyer-Lueckel) generated much discussion regarding ‘custom-fit’ material choice and the application of non-invasive preventative and restorative measures in the management of challenging special care and phobic patients without the need for drilling and filling.

The 21st Congress will most likely be best remembered for the presentation of the newly developed undergraduate curriculum in Special Care Dentistry, the culmination of a number of years of hard work by a panel of world experts. The curriculum laid out guidelines in SCD education based on the ICF paradigm, and boldly moved away from the traditional medical model paradigm.

During this session the atmosphere in the room was palpable, everyone had a question or a thought to share.

We cannot forget to mention the social aspect of the congress, so whilst most of the learning happened in the formal sessions, the rest happened during the breaks over coffee and drinks at the bar. The excellent conference facilities at the Sofitel were put to good use, and throughout the three days there were great conversations, sharing of information, exchanging of email addresses and a sense of community. As a trainee/ young specialist, we found it fascinating to meet and talk with some of the more experienced faces, and hear their histories. It was inspiring to hear individual experiences in the early days of special care dentistry as a specialty and the developments over time, including the pioneering of novel techniques which are now taught as routine.

The highlight of the social programme was the Gala Dinner held in the beautiful setting of Melbourne Town Hall. A lovely dinner was followed by a dancing master-class as delegates danced the night away to international music from all eras. The congress brought together the SCD community on an international scale, the importance of which cannot be overestimated, especially for those countries in which the national community is small.

Congratulations IADH 2012 and see you in Berlin 2014!

- Danielle McGeown (SCD Post-graduate Registrar: Dublin, Ireland)
- Avanti Karve (Special Care Dentist: Sydney, Australia)
CREATION OF A FRENCH ASSOCIATION FOR DISABILITY AND ORAL HEALTH

The French members of IADH are delighted to announce the creation of a new French Association for Disability and Oral Health (Santé Orale et Soins Spécifiques – SOSS).

In France, persons with special needs have traditionally been treated in the general dental service but there has not been any organised service pathway for patients with special needs until recently. 90% of French dentists work in general practice, there is no salaried community service and few dentists are employed in the hospital sector. In the university system, special care is not recognised as an academic discipline and there is little formal undergraduate teaching in the domain.

This situation is gradually changing. Growing awareness of the inequalities in oral health experienced by persons with special needs, and the mobilisation of certain individuals in collaboration with organisations representing the population with disability, have gradually shifted the problem of special care dentistry onto the professional agenda. There are now a dozen local or regional networks of general practitioners with a special interest in special care dentistry. These networks are all organised slightly differently, but generally there is a centralised administrative entry point for patients, who are then referred to the general practitioner best able to respond to their particular demand. Some networks also provide access to treatment under nitrous oxide sedation, or have links to a clinic or hospital able to provide dental treatment under general anaesthesia. They all provide access to professional exchange and training.

The creation of a new French Association for Disability and Oral Health is thus timely. The president of the Association, Dr Philippe Guyet, is a general practitioner who is also president of the Parisian special care network RHAPSODIF. The Association aims to provide a forum for general practitioners and hospital dentists, patients and their representatives, and other medical and paramedical professionals with an interest in oral health. It aims to promote oral health for persons with disability and to encourage access to dental care for this population in general practice. A scientific committee has been appointed with a remit to develop guidelines for good practice. The first national conference was held in Paris in October 2012 on the theme of the autistic spectrum disorders.

The Association welcomes contact from IADH members and can be reached through Dr Guyet at phil.gugu@cegetel.net

or by contacting

Denise Faulks at denise.faulks@udamail.fr
The Indonesian Society for Special Care in Dentistry was established in February 2012 and was accepted as a member of IADH in Melbourne, October 2012. During 2012, ISSCD activities included: September 2012, free dental check up and cleaning for those with Down Syndrome in Jakarta were offered by pedodontics who are members of ISSCD in collaboration with Indonesian Society Down Syndrome Indonesia (ISDI). An agreement was signed stating that ISSCD will annually give a free dental check up and cleaning for Down Syndrome children whose parents are member of ISDI.

First ISSCD meeting was held in Surabaya with prominent speakers from IADH, Dr Dimitris Emmanouil (President IADH) from Greece, Prof. Ilknur Tanboga, Istanbul Turkey, Dr Stefan Axelsson, Tako Institute, Norway who are all member of IADH Council and Dr Rashid Taher from Singapore, Prof. Mitsugi Okada, DDS,Ph.D from Japan and Dr Hongkie Hijboom from Holland.

They shared their knowledge and experience in treating special needs group in their respective countries. This meeting was attended 400 participants from different disciplines : general dentists, pedodontic, oral surgeon and orthodontic.

Our project for 2013 is to start a pilot project Oral health for special needs patients in Bandung west Jawa. A dental unite is donated by ISSCD to Rehabilitation Center Bandung, and dentists from the pedodontic department University of Pajajaran will be providing the oral health care. Prof. Dr Rosje R.Oewen our Chairwoman of ISSCD is the head of this project. I hope I can send you the picture of the pilot project next week, it is now still in progress.

Adiningrum W. Adiwoso
Secretary ISSCD
mailto:adiningrum.wira@gmail.com

Free dental Check up and Cleaning by ISSCD members , special event for those with Down Syndrome condition, in Jakarta, September 2012.

Speakers ISSCD meeting in Surabaya, 2-3 November 2012. Prof. Seno Pradopo(board ISSCD), Prof.Mitsugi Okada (Japan), Dr. Taher Rasih (Singapore), Prof Ilknur Tanboga(Turkey), Prof. Rosje R.Oewen (Chairperson ISSCD), Dr. Dimitris Emmanouil (Greece,president IADH), Dr. Stefan Axelsson (Norway).
2012 was an exciting year for ASSCID (Australian Society for Special Care in Dentistry) as we co-hosted the 2012 IADH congress in Melbourne with The Australian and New Zealand Academy of Special Needs Dentistry. (ANZASND).

Much of ASSCID's work last year centred around organizing the Conference. We also updated ASSCID's online profile with an improved website, and online payment facility.

The IADH congress was a great impetus to increase membership and raise awareness of Special Needs Dentistry generally. Our plans for 2013 are to organize meetings in as many states of Australia and New Zealand as possible, to give people interested in Special Needs Dentistry a chance to meet up at a local level.

We are planning meetings in 2013 in Melbourne and in Adelaide and New South Wales to coincide with Special Olympics Healthy Smiles events and in New Zealand to coincide with the New Zealand Hospital and Community Dentistry meeting in July 2013. The meeting in New Zealand will be a joint one with ANZASND.

The IADH meeting in Melbourne was a wonderful opportunity to meet new friends and catch up with old friends, and learn about what is going on in other parts of the world. The Scientific Program and Social Events were of high quality and well received.

Many thanks to Mina Borromeo, our Congress Chairperson who worked tirelessly for a hectic year, everyone on the organizing committee and ICMS the Conference Event Organizers.
The Irish Society for Disability and Oral Health (ISDH) continues to advocate for better oral health for people with disabilities at a crucial time when the economic downturn is resulting in severe cuts and reduced services for people with disabilities throughout Ireland.

Despite the distance, several Irish members made the journey to Australia for the International iADH Conference in October 2012. Maura Cuffe, the new Irish international representative attended her first Iadh Council meeting and Danielle McGeown, currently studying for a doctorate in Special Care Dentistry, travelled to iADH-Melbourne with a generous bursary from the Irish Dental Health Foundation to present her research paper, looking at deterioration of oral health of patients with special needs who were waiting for treatment under general anaesthesia and sedation.

December 2012 saw the graduation of the first six dentists who had successfully completed the part time 18 month Postgraduate diploma in special care dentistry at Dublin Dental University Hospital, pictured here with Dr Kev MacGiolla Phadraig (course coordinator). Also pictured are the large number of their dental nurse colleagues who also received training in SCD and sedation as part of this very successful endeavour to train the team together.

Plans for the ISDH 2013 include the annual spring lecture in March, which is about the application of Neuro-Linguistic Programming (NLP) for patients with dental fear. The summer conference is planned for 20th-21st June, in Cork. The speakers will consider the impact of the obesity epidemic in Western Society and the full programme of both Irish and International speakers will consider common risk approach to caries and general health, obesity and disability, medical and airway issues, chewing function and nutrition, sleep apnoea and importantly the psychology of obesity and learning how to talk comfortably with our patients and caregivers about issues related to weight. Cork is a wonderful city, and we encourage anyone wondering how to offer the best care for the increasing number of obese patients in their clinics, to come and join us in Ireland’s second city and improve their clinical knowledge whilst discovering the craic during a weekend break in the gourmet capital of the emerald isle.

ISDH Summer Conference
“Obesity - what’s the big issue” 20th(pm) and 21st June, 2013 Riverlee Hotel, CORK.
visit www.isdh.ie for more details
The Dutch society for special care dentistry (VBTGG) is a scientific organisation which tries to elevate special care dentistry to a higher level. To achieve this we have developed a 3 year post graduate education program to become a registered special care dentist with a special interest either in the field of dental anxiety or mentally disabled people based on a number of outcome competencies of the participants. They are all theoretically trained in behavioural management techniques, sedation techniques, dental treatment using general anaesthesia, psychopathology, (oral manifestations of) syndromes etc. During their educational training program the participants have to attend Master classes three times a year. Each Master class consists of a lecture of an expert on the subject related to dental anxiety or mental disability and after the break one of the students presents interesting cases or presents the results of their research project. Students also work under supervision in special care clinics for 2 days a week during their training program. They have to film their activities and prove their skills by showing parts of the films to their colleague students and the exam committee on the so called “supervision days” which are held several times a year. They also have to perform a dental research project and write a scientific article about their research project. Finally, after three years of training, the students get an overall examination at the end of his training program. For dentists with a lot of experience in the field it is possible to follow a shortened program based on their previous documented competencies.

After registering as a special care dentist, in addition to maintaining an approved level of special care activity, clinicians have to undertake continuous education, and or write articles and give lectures, to be able to maintain their re-registration five years later. The VBTGG organizes a symposium on several topics twice a year. In March a 2 day symposium, in partnership with the Dutch society on paediatric dentistry (NVvK), and in November another one day symposium when every other year a prize is awarded to the person with the best research on dentistry for mentally disabled persons (The Marcel van Grunsven prize. Every other year a prize is granted for the person with the best research work on dental anxiety (The Peter Makkes price). Last November 2012 the Marcel van Grunsven prijs was handed out by his widow Marie-Claire Cornips to the oral hygienist Angela Danenberg for her work on “drooling”. This very well attended symposium (see picture) was entitled “Ethics and general anaesthesia” - a subject of much current discussion and debate at the moment in the Netherlands, especially regarding the efficacy of treatment carried out in office based anaesthesia. In 2013, we plan to have a general discussion, looking at the politics surrounding special care dentistry, especially about the way it is currently organized and financed and how this could be organized and financed for the future. It will be an exciting discussion to find a way to maintain the quality of our system on the one hand, but also to make sure that it can continue to be financed in the future. We will keep you informed.

Ted Zuidgeest, president of VBTGG ted@zuidgeest.eu
The German association of the IADH is honoured to invite all members of the IADH and other dentists working with patients with disabilities to the upcoming world congress in Berlin 2014. The heads of the organizing committee (Prof. Dr. Andreas Schulte, Dr. Imke Kaschke, and Dr. Volker Holthaus) are arranging a congress with distinguished scientific topics and framework programmes.

The Estrel Convention Centre is located in the heart of Berlin with excellent connections to all parts of the city and important junctions. The pre-congress programme – workshops and official meetings (Board and Council) – will take place on 30 September and 1 October with the following seminars:

- Concepts of treatments of patients with disabilities (Kaschke, Holthaus)
- MAKATON – make communication possible (Siegel-Bruns, Holthaus)
- Conscious sedation (Jacobs)
- Patients with special needs – for dental nurses (Elsässer)
- Interdisciplinary consultancy according to the Bobath-system (Grenzlin, Wagner)

More topics are planned; applications can still be handed in!

On 2 October, 2014 the main congress starts with an opening ceremony. After the first day of lectures and presentations, the „get together party“ hosted by the German Dental Association takes place at a historical site of Berlin.

The congress focuses on the following main topics presented by top level speakers from all over the world:

- Ethical aspects
- Dental prevention
- Form and function – orthodontic themes
- Legal aspects for treatment in general anaesthesia
- Treatments of medically compromised patients
- Pain diagnostics of patients with intellectual disabilities
- Autism
- Cerebral palsy
- Epidermolysis bullosa, scleroderma, ectodermal dysplasia
- Special smile
- Special Olympics
- Education in SCD

A special feature will be the parallel congress of the German Oral Surgeons (Berufsverband Deutscher Oralchirurgen) on 3 and 4 October. All participants of the IADH are welcome to join these presentations and to visit the common dental industry exhibition.

Two common sessions of both congresses - Treatment in general anaesthesia – surgical, endodontic, conservative and The Medically compromised patient - are scheduled for Saturday morning.

The congress ends with the closing ceremony on 4 October at 3 pm. More details will be published on the website www.iadh.2014.com soon.

Welcome to Berlin 2014!

Dr. Volker Holthaus,
Vorsitzender der Deutschen Arbeitsgemeinschaft für Zahnärztliche Behindertenbehandlung
Member of the Board of IADH
info@iadh2014.com
Upcoming Events

http://www.iadh2014.com/

http://www.scdonline.org

http://www.bsdh.org.uk

www.isdh.ie

http://www.iapdworld.org

http://prezi.com/njitkdcaz4lt/elearningadee-2013/

http://www.fdi2013istanbul.org/
World Oral Health Day 2013
Healthy teeth for healthy life

Organised by

FDI World Dental Federation

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Unilever
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Consumer and Personal Products Worldwide