Overseas dental work troubles Australia
Fourty per cent made offshore — Professionals demand legislative change

HONGKONG/LEIPZIG, Germany: Almost every second dental patient in Australia is receiving dental work that is made abroad. Dentists in the country are now demanding new legislation to make it mandatory for the profession to let patients know where their crowns or bridges are being produced. Momentarily, only dental prostheses made in Australia are regulated by the government but those standards do not apply to imported dental work.

Dental laboratories in Thailand, India or China have gained a huge share out of the regional dental prosthetics market. Companies like Moderna Dental Laboratory, which maintains a large facility with 5,000 technicians in Shenzhen near the China-Hong Kong border, are increasingly serving customers in Australia, making it harder for local labs to compete.

Job prospects for dental technicians have been steady recently but could decline by 50 per cent over the next 10 years, a government report has found.

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“Loss of work is slowly destroying the dental laboratory industry, in turn making the remaining key players work harder to retain the business they have and increasing costs further as they struggle to find quality staff for less pay,” says Dr Paul McKay, a dentist from Brisbane specialised on dental implant surgery.

He estimates that dental laboratories near the city already lost 40 per cent of their market share to offshore labs, a number similar to those reported for the whole country.

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Malpractice in Pakistan spreads
Policy makers in Pakistan have urged the government to condemn the spread of medical malpractice through tougher restrictions on the registration of medical and dental personnel. According to the Pakistan Ministry of Health, over 200,000 doctors including 70,000 dentists currently practice without a licence.

Korean kids have better oral health
Dentists from the Department of Preventative and Public Health Dentistry at the Seoul National University in South Korea have reported a decline of dental decay among children. Most improvement was observed in the age group 9 where, in 2006, over 40 per cent had lower caries levels compared to the year 2000.

Dental crisis to worsen on Fiji Islands
Private dentists on Fiji are having a hard time to find enough patients to sustain their business. At least two practices on the main island Viti Levu have closed down in November due to lack of patients, Fiji Dental Association President Dr Vikash Sigh told the newspaper Fiji Times.

According to the latest National Oral Health Survey in 2007, the country has slightly over 100 dentists of which 50 are currently working in private practice. Prevalance of dental decay is high among all age groups and mostly left untreated which observsers say is due to the price of dental treatment that the majority of Fijians are not able to afford. Dr Sigh commented that dentists recently had to increase their fees in order to buy and import expensive dental equipment from providers abroad.

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Malaysia teams with global dental organisation to help kids

Daniel Zimmermann

HONG KONG/LEIPZIG, Germany: The National University of Malaysia's Faculty of Dentistry is taking on the oral health of children. At the International Conference of the Asian Academy of Preventive Dentistry (AAPD) in Kuala Lumpur in November, the faculty announced that it has signed a Memorandum of Understanding with Global Child Dental Fund, a UK-based international oral health organisation. The agreement is supposed to promote dental research and programmes that could affect disadvantaged children in Malaysia and elsewhere.

The Global Child Dental Fund, led by England's former Chief Dental Officer and Dentistry Prof. Raman Bedi, was established in 2006 to support governments worldwide on improving children's oral health. The organisation maintains programmes in over fourteen countries, including Australia, China and the Philippines. It is sponsored by dental heavyweights Colgate-Palmolive and Henry Schein.

Prof. Bedi, who is based at King's College in London, told Dental Tribune Asia Pacific that under the agreement a Malaysian national child dental health taskforce led by AAPD past president Prof. Rahaimah Abdul Kadir, Malaysia, will be established to champion the dental needs of disadvantaged children and to implement and coordinate country-wide activities. It also aims to grow local and regional capacity for effective caries management, as well as support new dental leadership programmes in the country.

"I am delighted that such a prestigious university as the National University of Malaysia will be working with us and that Prof. Kadir will be leading this work," Prof. Bedi said. "Only transformational dental leadership will change the rising levels of early childhood caries and for this we need effective leaders within the dental profession."

According to figures from the Ministry of Health in Malaysia, only 15 per cent of children below the age of five are caries-free.

He says. "However, they should have the right to choose where they have their dental work constructed," he says. "However, they should be required to inform the patient that their dental work is being constructed off-shore."

The Therapeutic Goods Administration which oversees medical drugs and devices did not comment on the matter before this edition went to print.