Dear reader,

With the mystery of Flight MH370 still to be resolved, it seems highly unlikely that relatives and friends of those lost in the accident will ever be able to bury the remains of their loved ones. If the plane did crash into the ocean, organic material for means of identification will soon be out of reach for even the most sophisticated search and rescue equipment.

In similar accidents, as well as natural disasters, forensic dentists are often the only experts able to identify the victims’ remains, mainly teeth. Unfortunately, this dental specialty is still underdeveloped in many parts of Asia with a few exceptions, like Japan, where, in the wake of the Great East Japan Earthquake in 2011, a new national standard for dental records is about to be introduced by the government. Since right of the most damaging natural disasters occurred in Asia last year, more countries should follow its example.

Yours sincerely,
Daniel Zimmermann
Group Editor
Dental Tribune International

The previous Labor Government established a demand-driven system of university places, not just for dentistry, but all university degrees. In dentistry, a century of having five dental schools, four extra schools have opened and many pre-existing programmes have increased the number of places.

The Australian Institute of Health and Welfare (AIHW) recently released its report Dental Workforce and Welfare (AIHW) recently released its report Dental Workforce and Welfare series and reported a 35.5 per cent increase in registered dental practitioners per 100,000 Australian residents increasing by 19.1 per cent from 72.5 to 86. Hence, the number of dental practitioners increased at over twice the rate of population growth. Health Workforce Australia is currently preparing a report into the dental workforce. Although the results have not yet been released, the Australian Dental Association expects to predict a worsening dental workforce oversupply.

On the other side of the coin, there are sections of the Australian community who have poor oral health and poor access to dental care. These include frail and older people, rural residents, Indigenous Australians, Australians with physical and intellectual disabilities, and people of low socio-economic status.

It also draws attention to the fact that oral health and general health are closely linked. Oral diseases can seriously affect overall health and there are associations between oral and some systemic diseases, such as heart disease and diabetes. According to the report, improving exposure to fluoride, enjoying healthy food and drinks, chewing sugar-free gum as a supplement to a normal oral health care routine, protecting teeth by wearing a mouth guard when playing contact sports as well as have regular checkups are the five important steps every person should follow in order to achieve a minimum of oral health care.

Contact Info
Prof Leonard Crocombe is Chief Investigator for the Centre for Research Excellence in Primary Oral Health Care in Adelaide in Australia. He can be contacted at leonard.crocombe@adelaide.edu.au.

Contact Info
David Williams is Professor of Global Oral Health at Bart’s and The London School of Medicine and Dentistry in London in the UK. He can be contacted at d.m.williams@qmul.ac.uk.

Dental desensitising varnish
• treatment of hypersensitive dentine
• fast desensitisation
• fluoride release
• easy and fast application

Light-curing micro-hybrid composite
• universal range of application
• high filler content
• excellent physical properties
• fast and easy application

Glass ionomer filling cement
• perfectly packable consistency
• excellent durable aesthetics
• also available as application capsules

Five steps

Oral diseases are amongst the most common of all diseases, yet they receive little attention in many countries, especially those with poor health care systems. The recently launched Oral Health Worldwide Report by the FDI World Dental Federation highlights the fact that the majority of these are related to socio-economic factors. People along a decreasing social gradient visit the dentist less often, have fewer fillings or higher rates of gum disease than those with higher socio-economic status.

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Prof David Williams
UK

Expecting an oversupply

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On the other side of the coin, there are sections of the Australian community who have poor oral health and poor access to dental care. These include frail and older people, rural residents, Indigenous Australians, Australians with physical and intellectual disabilities, and people of low socio-economic status. If funding was available, improved access to dental care would be invaluable to such people. However, at the time of writing the current Liberal Government was close to releasing a Commission of Audit, in which it is expected to recommend that significant cuts will be necessary in its May 2014 Budget. Without extra Government funding for dental care or a cap on dental workforce numbers, it is not unreasonable to expect a growing oversupply of the dental workforce in Australia.

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