The agreement between ADQ and IFD to host the administration of the IFD at the headquarters of the ADQ in Montreal is proving to be a beneficial practical arrangement that augurs well for the future. On behalf of all members of the IFD, I would like to express our gratitude to l’Association des Denturologistes du Québec for their hospitality and for hosting the 10th World Symposium on Denturism 2017 in Boucherville, Québec, Canada with our participation and DAC collaboration. It achieved beneficial results for our three organizations ADQ, DAC and IFD and was the best ever!

Our World Symposiums assist in achieving our global recognition goal for Denturists by bringing together a diverse mix of global participants. This event was appealing provincially, nationally and internationally. We created a successful meeting and a positive Canadian and Quebec experience for our international visitors, who discovered our beautiful country and province. The IFD continues to grow from strength to strength with the assistance of our sponsors, we also achieve our practitioners’ objectives by keeping their focus on the noble goals of good oral health, in innovation and health! Our Trader’s booths were well presented and attracted much interaction with delegates. The closure of the event was the glamorous GALA, which provided excellent entertainment; everybody was having a great time sharing camaraderie in a dazzling atmosphere.

I would like to thank our Traders for their commitment and especially our three major sponsors for their investment in our objectives; to promote and establish a category of Denturist throughout the world, in every jurisdiction where there is an identified need for denture services. Denturists exist to restore the functional, emotional, psychological and social well-being and oral health needs of denture wearers.

We, as International Federation of Denturists, are looking to the future by preparing for our AGM in South Africa later this year. We will discuss administration, treasuries, education, accreditation, ongoing business and communicate news about various developments from our respective member countries. We look forward to seeing you in Cape Town from 26 – 28 September.

We wish you the very best for 2018.

Tony Sarrapuchiello DD - IFD PRESIDENT
Population ageing is due to rising life expectancy and declining fertility rates. Most countries have rising life expectancy and an ageing population. The senior population is currently at its highest level in human history. The UN predicts the rate of population ageing in the 21st century to expand rapidly. The number of people aged 60 years and over has tripled since 1950, reaching 600 million in 2000 and the combined senior and geriatric population is projected to reach 2.1 billion by 2050.

Population changes
Between 2015 and 2050, the proportion of the world’s population over 60 years old will nearly double from 12% to 22%. By 2020, the number of people aged 60 years and older will outnumber children younger than 5 years. By 2050, 80% of older people will be living in low- and middle-income countries. People worldwide are living longer and the older population is growing at a considerably faster rate than that of the world’s total population. In real terms, the number of older persons has tripled over the last 50 years and will more than triple again over the next 50 years. The percentage of older persons is projected to more than double worldwide over the next half century. Although the highest proportions of older persons are found in the more developed regions, this age group is growing considerably more rapidly in the less developed regions.

In Europe, more than 25% of the population is already aged 60 years and projected to reach 35% by 2050. Africa is projected to experience a rapid ageing of its population, double that of other continents. In the majority of the countries worldwide, older people are typically the poorest members of the social spectrum, living below the poverty line. Globally, the number of persons aged 80 or over, is projected to triple by 2050, from 137 million in 2017 to 425 million in 2050. By 2100 the amount of 80 year olds is expected to increase to 909 million, nearly seven times their current numbers in 2017.

Life expectancy
The term “life expectancy” refers to the number of years a person can expect to live. It is based on an estimate of the average age that members of a particular population group will be when they die. 100 years ago, the average life span of Westermers was 47 years – only 4% of people reached age 65. Global life expectancy at birth in 2015 was 71.4 years, with 76.8 years expected in the European region. During the 1990s life expectancy fell in Africa because of the AIDS epidemic. The 2000-2015 increase was greatest in the African region, where life expectancy increased by 9.4 years to 60 years, driven mainly by improvements in child survival, and expanded access to anti-retrovirals for treatment of HIV. Life expectancy is one of the key measures of a population’s health, and an indicator used widely by policymakers and researchers to complement economic measures of prosperity. The charts shows that life expectancy has increased substantially in all countries around the world in the last centuries. The trends are a fantastic achievement reflecting widespread improvements in global health.

Pension crisis
Longevity puts huge pressure on pension schemes. 50 years ago every pension beneficiary was supported by about 40 workers. Now, when the Baby Boomers retire (born after World War II when there was a sudden increase in births), there are only 3 workers per beneficiary. Social security systems have also begun to experience problems. Earlier defined benefit pension systems are experiencing sustainability problems due to the increased longevity.

Impact of longer life
Rapidly ageing populations presents both challenges and opportunities. It will increase demand for primary health care and long-term care and require a diverse and better trained workforce. This can enable the continued contributions of older people to their communities. Societies that adapt to this changing demography can assist individuals to live both longer, healthier and productive lives. Older people continue to have aspirations to well-being and respect, to receive the care and support of others consistent with their basic rights, fundamental freedoms and human dignity. Additional years provide the chance to pursue new activities such as further education, a new career or pursuing a long neglected passion. Older people also contribute in many ways to their families and communities. However, these contributions depends greatly on one factor: Good Health!

Ignoring the health and social care needs of the increasing numbers of older people, will result in a dependency crisis. Health needs become more complex, trends towards a gradual declining physical and mental capacity, a growing risk of chronic diseases, dementia and ultimately, death. William Shakespeare (considered to be the greatest scriptwriter of all time) aptly described this final state of old age in his famous poem The Seven Ages Of Man as … second childishness, and mere oblivion: Sans teeth, sans eyes, sans taste, sans everything. Health systems need to be transformed to ensure affordable access to evidence-based health interventions that respond to the needs of older people and prevent care dependency later in life.
Beyond biological changes, ageing is also associated with other life transitions such as retirement, relocation to more appropriate housing, and the loss of friends and partners. There is a global trend for older people to live isolated. This lack of social support may develop a sense of loneliness that could affect their mental health and well-being. Health care service providers should recognise these important psycho-social factors that underpin the wellness and quality of life of the elderly. Older people are often anticipated to be dependent or frail, and a liability. Public health, and society as a whole, need to address these stereotypes and other age-linked attitudes, which can lead to discrimination, affect the way policies are developed and the prospects older people are exposed to.

Health conditions associated with ageing
Common conditions in older age include tooth loss, hearing loss, diminished eyesight, spinal pain and osteoarthritis, diabetes, depression, and dementia. Older people are also likely to experience multiple conditions at the same time. Some complex health conditions that tend to occur only later in life and not recognised as distinct disease types are common amongst the frail. Geriatric Syndromes are often the consequence of multiple underlying factors and include frailty, falls, confusion, urinary incontinence and pressure ulcers.

Tooth loss among older people
Complete loss of natural teeth is a severe global public health problem, with great economic impact on society and individuals. Unhealthy lifestyle causes include high sugar content diets, inadequate oral hygiene due to poor dexterity, smoking, unhealthy diet, and excessive use of alcohol. Lifelong exposure to these risk factors results in tooth decay, periodontitis and edentulism. According to the global World Health Survey, complete tooth loss affects approximately 30% of old-age people 65-74 years, however, prevalence rates are increasing dramatically in low- and middle-income countries, especially among poor and disadvantaged population groups.

Oral disease burden among the elderly
The ageing process may increase the risk of oral disease, complicated by poor general health, or disease. Barriers to care are observed amongst the elderly, combined with oral health care challenges related to conditions such as:
- Tooth loss and limited oral functioning
- ill-fitting removable dentures and consequences
- speech impediments and aesthetic issues that impact self-esteem
- caries prevalence with unmet urgency for care
- poor oral hygiene and periodontal pocketing
- oral pathology including mucosal lesions and oral cancer
- Xerostomia
- Craniofacial pain and discomfort.

Oral health and general health
The relationship between oral health and general health is particularly evident amongst older patients. General health may be impacted by poor oral health and may affect nutritional intake due to compromised mastication. Insufficient nutrition may ultimately lead to a compromised immune system. Severe periodontal disease is often associated with diabetes and HIV infection. Other systemic diseases and side effects of their treatments can also lead to an increased risk of oral diseases, reduced sense of taste, smell and salivary flow, referred pain, alveolar bone resorption and tooth mobility. The high incidence of multi-medication therapies amongst the elderly may further complicate the patient’s oral health.

Barriers to oral health care
Barriers to oral health care among older people are considerable. Impaired mobility impedes access to oral health care, particularly for those who reside in rural areas with poor public transport. The situation is worsened in developing countries when oral health services and domiciliary care are not available. Given that some older people may experience financial hardship following retirement, the cost or perceived cost of dental treatment, together with poor attitudes to oral health, may deter them from visiting an oral health provider.

Conclusion
Clearly, there is unmet need amongst this group. It is important that health care service providers recognise these barriers that undermine the oral health of seniors. There is a need to provide sensitive oral health services that are accessible, appropriate and acceptable to them. In numerous countries denturists specialize in providing a mobile geriatric denture service to temporary hospitalized patients, homebound patients, or in retirement facilities. FDI Vision 2020, a five-point blueprint by Federation Dentaire Internationale to face the global challenges of oral health; proposes the expansion of the role of existing oral healthcare professionals. Denturists are optimally equipped to assist the rest of the oral healthcare team (OHT) in this regard by providing expert prosthetic services and appropriate referrals, especially to the elderly. Now is the time…. for all members of the OHT to work together and start putting the theory of patient-centred services into practice, to serve and deliver the patient care that is required for all our dental patients, no matter their social economic status! Ed.
IFD – Working for Denturists Worldwide

10th World Symposium on Denturism 2017
a HUGE success!

by Camille Bourbonnais – Chief Executive

We acknowledge the Association des Denturologistes du Quebec (ADQ) for their excellent organisation of the 10th World Symposium on Denturism 2017 and for allowing the IFD to co-host this prestigious event. In this reflection I would like to share the wonderful odyssey we experienced during our stimulating week in Quebec.

On Sunday, September 24th large numbers of delegates started arriving at the Hotel Montagne, Boucherville from all over Canada and the USA, together with representatives from Australia, Belgium, Malta, the Netherlands, South Africa, and Switzerland. Feedback was that it is always a pleasure to return to Montreal and witness the strength of Denturism in Canada and to share it worldwide. Due to various reasons delegates from Ireland, Denmark, Finland, New Zealand and the UK could not attend this year, but we are already seeing forward to having a full complement of representatives when we meet again next year in Cape Town, South Africa.

On Monday and Tuesday, as the Traders were setting up their exhibitions in the Foyer and Exhibition Room, the DAC, ADQ and the CAC had their respective Annual General meetings. A delegation of the IFD had the exposure of a hands-on tour of the Denturologie-programme at the Montreal facility of Edouard Montpetit College. It was particularly impressive when the College closed down on the last day of the Symposium, which allowed every single student and all staff members to attend the lectures and trade show. What a sight to experience the energy of 100 young people, excited and ambitious for the profession, flowing into the Trade Exhibition!

On Tuesday a group of IFD delegates went on an excursion into the beautiful Laurentians north of Montreal. We had lunch at a rustic cottage restaurant dating back to 1945 in the charming village of Val-David called Au Petit Poucet (translated Tom Thumb) after the fairy tale character who escaped from the monster in his seven-league boots. The charming eatery with its huge fireplace specializes in maple-smoked ham and authentic regional cuisine of Quebec. We proceeded past the ski-slopes of picturesque Saint-Sauveur. So much for picking the warmest day ever measured in Quebec (175 years). While the ladies went window shopping, the guys found a perfect solution for the heat…. a beautiful old house converted into a pub. The beer was crisp and cold … the camaraderie even better! Dining at an exquisite bistro in Saint-Sauveur was divine and a memorable event!

On Wednesday evening the ADQ hosted a welcoming Cocktail Reception where we had the pleasure of meeting people from the ADQ, the DAC and the IFD. The Symposium was officially opened by Benoit Talbot, President of the ADQ. The festive atmosphere was enhanced with a crate of fresh lobster specially brought from the east coast by DAC President, Daniel Robichaud - a much appreciate delicacy! The George Connolly Memorial award was presented to Cliff Muzylofsky and a new accolade created to encourage denturists to write articles, the Denturism Canada Author award, was presented to Eric Kukucka. Congratulations and very well deserved!
On Wednesday and Saturday morning the IFD Board had our annual general meeting with representatives from various member countries. A number of observers attended, and participated in finding creative solutions. In essence we saw some 20 very well-intentioned people taking on the challenge to develop the cause of denturism globally, as it presents currently, taking into account future implications. During our meeting, numerous current issues were pondered, as we received and debated the annual reports from our member countries. We are pleased to confirm that our country representatives are consistently doing excellent work. We had a constructive meeting and received a progress report from the committee on international accreditation of denturist training programs, which we hope to conclude this year.

Thursday and Friday was set aside for continuous professional development as denturists attended an array of 12 impressive seminars covering diverse and colorful topics. Thank you to the presenters for passionately sharing your knowledge and experience. It was a pity that a few of the lectures were in French only, without translations, isolating them from English speakers... The trade Exhibition was most impressive, with Symposium attendees spending much time browsing the various exhibitions, spread over 55 booths. In pursuit of excellence and finding solutions to personal challenges, many denturists made new innovative discoveries, by getting involved in table talk with the different vendors and joint discussions with colleagues. Numerous draws and promotions brought excitement and drama to the occasion!

On the Saturday afternoon the long awaited friendly Golf tournament finally arrived, with some 30 odd denturists pitting their skills in ideal weather on Parcours du Cerf, Longueuil. This was a perfect opportunity to network and fun was had by all. The final event was the grandiose, glitzy Gala-evening under the 007 theme of *Casino Royale*. This was a very worthy closing ceremony! It is difficult to decide what stole the show, between the delicious food, the casino tables and martini bar, or the throbbing entertainment provided by the GLAM group. The highlight of the evening was when Matthias Luypaert from Belgium was awarded honourable membership of the Brotherhood of Sterkenburgers, in recognition for his contribution to the profession.

What a wonderful experience! The 10th World Symposium on Denturism 2017 was indeed a huge success. Thank you to those who attended the event; denturists, dental technicians, dentists, the organizing committee, the ADQ, the DAC and the IFD. We will continue to develop the profession to serve denture patients worldwide, and create opportunities to jointly write the history of denturism! CB.
During the Gala evening at the 10th World Symposium on Denturism 2017, recognition was given to Matthias Luypaert (Belgium), for his dedicated contribution to the Denturist profession, as a prominent member of the European Committee of the IFD. He was ordained into the prestigious Brotherhood of Sterkenburgers, in the presence of numerous esteemed Sterkenburgers and international delegates attending the event. During his induction speech, IFD President Tony Sarrapuchiello, hailed Matthias as an exceptional member of the IFD. The privilege to receive this prestige, is earned by few!

Brotherhood of Sterkenburgers

It was at Sterkenburg Castle in 1971 that Dutch Denturists first started their education and training for professional status. The Dutch Denturist pioneers started courses that were, initially, run over two years with attendance once a week. Very soon, Denturists were attending the courses for entire weekends. Sterkenburg Castle became their weekend school and home! Because of their comprehensive training, Denturists retained their right to educate themselves and pressure government for legal status. After official recognition, they formed a comradeship, a brotherhood of Denturists from those original pioneers, to honour those who were committed to Denturism and education. The Sterkenburger philosophy is to support the education of Denturists and honour those who have shown an unyielding commitment to the Denturist profession worldwide. Candidates for induction are nominated by the Brotherhood of Sterkenburgers through the Executive of the IFD. It is the highest token of recognition a Denturist can aspire to!

A young Matthias already had a great fascination for dentistry and visualised to serve for doctors without borders. After qualifying as a dental technician, he completed both the Belgium and Dutch denturist programs. Matthias teamed up with a dentist for a successful alliance of about 6 years. After encountering the injustice of the universal dental monopoly, the commercial court stopped their collaboration. Since then Matthias have been working across the border with the Netherlands, in Sas van Gent, where he has established a successful denturist practice!

Matthias Luypaert was ordained as Honourable Member of "The Brotherhood of Sterkenburgers", with from the left, Tony Sarrapuchiello (IFD President from Canada), Bruce Anderson (USA), Eric Engelbrecht (Netherlands), Urban Christen-Mendez (Switzerland), Paul Levasseur (USA) and John Salamone-Reynaud (Malta).

Matthias is a strong advocate for patient's freedom of choice and their right to be treated by a denturist. For more than 20 years he has been promoting the recognition of Belgium denturists. Matthias Luypaert's commitment and dedication have been noted for both professional Associations, FETAPRO (Federatie Tand Prothesisten) and UBDD (Union Belge des Denturistes Diplômés). From Treasurer and Secretary to President; in every role Matthias have excelled and inspired those around him, as a major driving force. He is currently Secretary of the Belgium Denturist Association and also the IFD representative for Belgium. Matthias is a member of the IFD European Committee, which continues to meet regularly to strategize for the promotion, practice and recognition of Denturism through the various structures and directives of the EU. Few European Denturists have displayed such consistent enthusiasm, efficiency and reliability; he is always ready to seek solutions. Although the profession is not yet recognized in all member states, the Professional Qualifications Directive and Medical Devices Directive of the EU, support Denturists to provide goods and services in all member states. This also allows for the
freedom of movement of workers, as agreed in the Treaty of Rome.

During 2016 & 2017, we received news of a series of events, culminating into an imminent breakthrough in Belgium. After a long and arduous battle that has been waged for 41 years, the Health Minister announced that Denturism will officially be recognized by the Belgium government as an autonomous profession in the oral health field, along with Dentists and Dental Hygienists/Assistants. This is the most significant event in the history of the UBDD, with major implications for our profession as a whole. When ultimately achieved, it may have a ripple effect that could spark other Denturism reforms, for those seeking recognition status as a Paramedical profession. There appears to be a temporary setback in the implementation of the ministerial declaration, but we have observed the strength of character of our Belgium colleagues and know that they will persevere and succeed. The IFD will assist wherever we can make a contribution.

Matthias is a member of the IFD who truly carries out his duties as country-representative with the utmost honour and courage. He is well-qualified for his role as Denturist Advocator, always involved behind the scenes. Matthias have been teaching at the Training Institute, for several years. During practical sessions, he instills the confidence in students to treat patients, by removing the slightest hesitation, and motivating the whole class.

On September 30th 2017, during the Gala event of the 10th World Symposium on Denturism in Montreal, Quebec, Canada, Matthias Luypaert was inducted into the Brotherhood of Sterkenburgers. Thank you colleague, for your excellent contribution to the profession, over many years to the IFD and together with your dedicated team at UBDD, towards legislated recognition of Denturists in Belgium. You have earned our gratitude and respect! Ed.

PRESS RELEASE:
ALAMETER IN A NEW DESIGN

Zurich, January 2017:
The new Alameter for our tooth lines PhysioStar® NFC+, PhysioSet® TCR and PhysioSet® CT is now available!

The Alameter is an aid for assessing the suitable set of anterior teeth. Experience over many years have shown that the alinasal width gives an indication of the original position of the canines and thus simplifies selection of the appropriate tooth set in edentulous patients.

What's new?
Determining the set of anterior teeth is now even easier and quicker. The measuring arm of the Alameter measures the alinasal width. The measured value can then be read off the table. The arrows on the slider indicate which sets of anterior teeth are suitable for the patient. The revised Alameter is new for use with our PhysioStar® NFC+, PhysioSet® TCR and PhysioSet® CT tooth lines.

About CANDULOR AG:
CANDULOR AG is a worldwide exporting dental company with its headquarters in Switzerland. CANDULOR's customers benefit from a complete prosthetic system: a combination of esthetics, design and functionality. Together with the science-based positioning system according to Prof. Dr. A. Gerber (Condyloform®) the physiological positioning system (Bonartic®) forms the basis of this system. The portfolio also includes the highly esthetic NFC® tooth lines, products for registration and articulation as well as for completion and characterization. Dental technicians, dentists and denturists have trusted the Swiss products for 80 years to meet the esthetic demands of their patients. For further information please visit www.candulor.com.
CEGEP Edouard-Montpetit is a denturist school located in the province of Québec, just outside Montreal. The day before the recent World Symposium on Denturism opened, the program coordinator hosted a deputation from the IFD to tour the facility. We offer a three-year program divided in 6 semesters. As early as the second semester, students are introduced to clinical work in a denture clinic that is part of the school. The clinic has 12 chairs, a sterilization centre and a small dental laboratory where students can do minor adjustments during their clinical internship. The school provides various denturist services to the local community.

In the first year, students study theoretical aspects of anatomy, pathology, biology and microbiology. They also start to develop skills in basic denture laboratory processes, as well as clinical skills in treatment planning and impression-taking. During the second year they complete their first dentures for a patient. The third year is mostly spent in a clinical internship where students deliver between 15 and 20 dentures overall to patients. They are also trained in making implant-supported dentures, and in clinic management.

Our laboratories were renovated in 2010 and are equipped with all the apparatus and material required for delivering the program. Ten teachers, all licensed denturists, work together to bring students to the highest level of competence, knowledge and skills. Graduates are eligible to become members of Quebec's professional order of denturists, and practice as denturists. There are approximately 100 students enrolled in the three years of the program; about 25 graduate each year.

In 2017, CEGEP Edouard-Montpetit celebrated its 50th anniversary. Our program was first launched in 1979. Since then, it has constantly evolved to respond to changes in denturist practice and to maintain the highest level of quality and competence. It was fitting that the school closed on the last day of the World Symposium to allow students and lecturers the opportunity to attend. The future of Denturism augurs well, with the enthusiasm and energy they brought, when the whole school arrived.
In view of the increasing longevity of people worldwide, it is wise to continue reassessing the challenges linked with population aging and the way we interact with the frail elderly. What we often observe in our way of communicating with very old subjects is that they are often not approached on an equal footing by others. Since they are perceived as vulnerable, they often feel threatened by other adults. This typically leads to a behavior of withdrawal, passivity, and dependence. In the end, what partly grounds someone's identity for them crumbles; their confidence and self-esteem becomes fragile. Typically their daily living becomes dependent on their environment, becoming helpless without the support and interaction of their caregivers, family and other stakeholders.

The challenge for us as a community, is to rejuvenate the self-esteem of the very old person and find something that can boost their confidence to bring them sufficient personal satisfaction and thus retain motivation and momentum of life. This is where the creation of a new prosthesis can intervene to create this conversion to renew functional identity, with a new confident smile. How we perceive our own appearance is not always about vanity; it remains an essential part of our dignity and humanity. Edentulism is devastating both aesthetically and emotionally, and also impacts socially, particularly for the elderly.

It is at this level, that each denturist can play a significant role in listening to the elderly person’s particular needs, to cope with their tooth loss and denture needs and thus support their ability to interact with their environment through speech, nutrition, humor and socializing! Denturists are indeed well trained to exercise patience and compassion for each elderly patient and resist stereotyping. One of the core needs of seniors is to feel relevant and be respected. We can help validate these needs by frequently asking questions instead of assuming, when communicating with the older patient. Offer choices when possible!

Managing tooth loss effectively through the supply of a partial or complete prosthesis can relaunch a significant dynamic of life for those persons with special needs. Any barrier to obtaining basic dentures can become a handicap, to a dentally disabled person. Those with a toothless disability, especially the elderly, indeed have a basic human right to be treated with dignity and the opportunity of rehabilitation!

As long as sources of pleasure remain possible for the elderly, taking into account their disabilities and limitations due to age, an interesting life and an improved quality of life remains possible. We, as denturists, are the professionals who are optimally equipped to assist and serve the needs of those elderly people. With improved communication and a focused approach of compassion for these patients, denturists can make a significant difference in reducing their vulnerability and promote resilience for this growing market segment.
The profession have been blessed with devoted Trailblazers who led with conviction, dedicated to their calling to convince governments that denturists be legally recognized, to practice professionally without supervision, so that patients can exercise their freedom of choice. The integrity displayed and the standards they set, have been significant factors in achieving the level of professionalism and status that we as denturists enjoy today. The IFD acknowledge our history and pioneers and we selected Austin Carbone to start off a Gallery of Giants!

Austin Carbone B.Sc. B.Ed. DD LD has the distinction of being the only denturist to hold the position of President of two national associations (DAC and NDA) as well as President of the IFD. He is the only denturist endorsed with honorary status by the DAC. Austin was ordained with honourable membership of the ‘Brotherhood of Sterkenburgers” and he received the Pieter Brouwer Award of Merit (the highest IFD accolade, reserved for individuals who have demonstrated extraordinary and exemplary service to the profession internationally). Previous illustrious recipients were Pieter Brouwer himself (Netherlands), Michael Vakalis (Canada) and Chris Allen (UK) and more recently Paul Levasseur (USA), Eric Engelbrecht (Netherlands), Tony Sarrapuchiello (Canada) and Gerry Hanson (Canada).

Austin originates from Greenport, New York and like many denturists, began his career as a dental laboratory technician. He achieved the Diploma in Denturism from George Brown College in Toronto, after he already completed university degrees from Fitchburg State University and Newfoundland Memorial University.

Austin joined the Newfoundland Denturist Association and proceeded to become seriously involved in the denturist movement during the 23 years he lived in that province. He served as Association Secretary, Education Coordinator and Newfoundland’s delegate to the Denturist Association of Canada (DAC). After the Newfoundland and Labrador Denturist Act was proclaimed in 1984, Austin was appointed as Registrar of the Regulatory Board. During the mid-1980s, Austin Carbone took a more active role and interest in the national scene of denturism and was elected to positions on the Executive of the DAC. In succession to Ben Sweet, William Buxton (Sr), John Browne (Sr), Grant Barrick and Brain Monk, Austin Carbone was elected the 6th President of the DAC in 1990, a position he held for three, two-year consecutive terms until 1996. During this time the Canadian Accreditation Committee was formed. Austin teamed up with Mike Vakalis and Bill Buxton (Sr), promoted and participated in the development of the International Denturist Education Centre (IDEC) formed in 1992 at George Brown College in Toronto. This program was instrumental in establishing denturism education and legislation in various provinces and states. Austin Carbone and Tony Sarrapuchiello met with the Minister of Health in Ottawa and negotiated a seat for the DAC on the Board for Non-Insured Health Benefits, which is for indigenous people of Canada, as well as several other programs.

Austin also represented Canada at the IFD and served as President of the Federation. He encouraged the acceptance of the Baseline Competency Profile by the IFD. This document was based on the Baseline Competencies Profile for Canadian Denturist Education, developed by the Canadian Council of Denturist Educators during the late 1980s, and the George Brown College IDEC UK Denturist program. These two documents were merged by Chris Allen,
then executive officer of the UK CDTA Association and an IFD Board member, to develop the Baseline Competencies for UK CDTs, for the promulgation of the UK legislation in 2006. This document was implemented by the IFD as the “Baseline Competency Profile and Examination Criteria for the Education and Training of Denturists”.

Austin also brought to the IFD a workable membership fee formula, and the trademark right for use of the designation ‘DD’ for denturists. He personified that Canada and the IFD was willing to have a solid relationship with the rest of the denturist world, a position which had not been fully realized up to then. Amongst many unique triumphs, despite not being an EU citizen, but on the merits of his international stature and expertise on professional OH matters, he addressed the European Union Professions Committee in Brussels, Belgium.

During 1997 Carbone and his wife Shirley decided to return to the USA and settled in Gray, Maine, to become the first licenced denturist in that state. Austin served on the Maine Dental Practitioners Board for 10 years and chaired the Denturist subcommittee. Very soon Austin became involved with the National Denturist Association (NDA), using his experience to the benefit of US denturists and soon found himself serving as national President. He held teaching positions at the Nova Scotia School of Denturism and at the IDEC, but also applied his tutoring skills at the New England School of Dental Technology in Maine. Austin regularly attends continuous professional development (CPD) courses and Symposiums to keep his education current. After attending the recent 10th World Symposium, Carbone reflected that the IFD is doing well, with far more member nations now than 20 years ago.

“I am pleased to see the IFD is keeping an eye on its Baseline Competency profile as a standard for the education of denturists worldwide. IFD should always be the place where denturism hangs its hat.” Austin said. ‘In the old days I could make a denture for a patient on a handshake, but that is no longer possible. We are now part of the dental health professions and held to comparable standards. I support this wholeheartedly” he said.

Austin feels that despite normalised scopes of practice and the addition of modern implant and CAD\CAM technology, most of the principles of denture provision have fundamentally remained the same, including oral examinations, impression-taking, and the widely used procedures to process dentures.

Austin continues to be a mentor and much appreciated friend to countless colleagues locally, nationally and globally. His humour and assistance remains steadfast as a rock. Thank you Austin, Shirley and family for your expertise, determination and support to shape and build strong foundations for us to follow! We SALUTE you!