**Editorial**

Duffy Malherbe honored with Sterkenburger medal.

**President’s Message**

On behalf of the IFD, I would like to express our gratitude to The Society for Clinical Dental Technology for hosting our 2018 Annual General Meeting in Cape Town, South Africa. I would also like to thank Ivoclar for their support and the fact that we use their local venue for the meeting.

Our Annual General Meetings help us achieve our global recognition goals for Denturists. During this successful event, the IFD continued to grow and with the assistance of our sponsors, we achieve our practitioners’ objectives by keeping their focus on the noble goals of good oral health for our patients! At our meetings, we learn what is happening in each of our member countries. We discuss significant logistical and political issues with our colleagues and learn from our combined experience. We also try to get feedback from initiatives in other countries, to gain recognition.

The IFD must continue to interact with a variety of stakeholders in countries where denturism is not yet established, including regulators, and let them know all the advantages that Denturists can bring to the denture wearing members of their populations! We communicate our commitment to remain relevant and let them know all the advantages that Denturists can bring to the denture wearing members of their populations! We communicate our commitment to remain relevant to our UK colleagues have united in a single professional association Oral Health Care Forums worldwide. Our website is at the heart of our communication strategies. It is supported by social media Facebook. Our Newsletter is designed to motivate people to get involved. In my presidential mandate, I shared my passion for the recognition of our profession. I am also committed to promoting initiatives that will bring the profession back as active participants in Oral Health Care Forums worldwide. It is my pleasure to confirm that we UK colleagues have united in a single professional association and the IFD have accepted membership of the British Association for Clinical Dental Technicians (BACDT).

We look forward to advancing the global practice of denturism and to all join hands to face mutual challenges. As the International Federation of Denturists, we are looking to the future by preparing our 11th World Symposium in Brisbane Australia from 19-23 August 2019. At this occasion, we will also attend the 25th Biennial National Conference of the Australian Dental Prosthetists Association.

We wish you the very best for 2019.

Tony Sarrapuchiello DD - IFD PRESIDENT
EVENTUALITY patients lose their natural teeth and become edentulous, with an aesthetically devastating impact. People of all ages value an attractive smile, and when the face is mutilated by tooth-loss, there is a high demand for optimal, functional rehabilitation, that looks natural. Denturists provide optimal dentures – it is their calling! Denturists also contribute to the general health of patients in a variety of ways.

The expert services provided by denturists as denture-dedicated service providers, concerns providing equitable rehabilitation to the teeth-impaired population, which includes large numbers of the often-neglected categories of the poor and the old. Denturists combine chair-side clinical procedures and consultation with the patient, with the technical process of making the denture and aftercare to both patient and appliance. Unlike the unsavoury and unhygienic services of “quacks”, who exposure patients to communicable diseases, denturists refer any pathology, or other relevant health matters outside their Scope of Practice, to the appropriate experts, as reliable regulated dental practitioners.

The Importance of Dentures:
It is vital to restore the mouth, by replacing the structures of the lost teeth and soft tissues, or else health and quality of life will be compromised. Neglected tooth loss leads to premature aging and even premature death. Inadequate dentures or lack of dentures may both result in poor oral health. For persons without all or some of their natural teeth in one or both arches, and/or who cannot afford alternative hi-tech rehabilitation procedures, the use of a complete or partial denture and the quality of the denture used, are important aspects of their oral health. It impacts on their general health, social functioning and nutritional health.

Natural teeth or dentures are essential requirements for speech and mastication and provide structural support to muscles in the face that form the human smile. Edentulism is devastating both aesthetically and emotionally, and impact socially. When the face is deformed by tooth-loss, there is a big need for functional rehabilitation with natural aesthetics.

The United Nations formulated a Human Rights Charter, which has been entrenched in the Constitution of nearly all nations. Individuals have a constitutional right to a balanced diet and rehabilitation. The elderly has the right to be treated with dignity. The speech-impaired, the deaf, the blind, and the physically disabled have the right to be rehabilitated to their full human potential. Being edentulous is a dental disability and any barrier to obtaining basic dentures becomes a handicap. Access to affordable, efficient denture-care is indeed a fundamental Human Right! Those with a toothless disability, especially the poor and the old, indeed have a basic human right to be treated with dignity. That involves the rehabilitation to their full speech, mastication and oral health functioning, through access to an affordable safe denture service and the freedom of choice. Lack or age should never prevent anybody from the ability to smile!

Functional Implications of Denture Treatment:
DO NO HARM is the universal approach in the supply of all prosthesis towards rehabilitation of functional appliances. Denture treatment has fundamental oral health implications that relates to preservation of supporting gingiva and stability of appliances. Functionality of denture patients are impacted by:

- **Mastication:** Eating fibrous and nourishing foods has nutritional and physical health implications. The foods and liquids we consume to nourish our body – and our eating habits, have an important influence on our health and well-being, as well as enjoyment of food.
- **Speech:** Teeth is essential for effective phonetic pronunciation and impacts audible communication. Slurred speech results from limited tongue space. The correct design and fit of dentures are therefore important aspects, with implications for social acceptance. Incoherent speech may hinder employability and prevent the elevation out of the poverty spiral, in deprived communities. For the hard-up unemployed, the provision of dentures could thus be a key requirement to deal with poverty!
- **Aesthetics:** The facial contours and appearance embodies a person’s emotional expression and smile. Correctly designed lip support, the correct size, shape, shade and arrangement of teeth to suit the aesthetical appearance and personality of the patient, is important for the visual aspects of their denture satisfaction.
- **Psychology:** The social stigma attached to edentulism, impacts negatively on an individual’s self-esteem, social well-being and challenges an individual’s human dignity. The cost of dentures is affordable as a make-over remedy; to restore psychological well-being!
Nutritional health:
The inability to chew food properly, due to lack of dentures or poorly functional dentures, results in a limited variety of food choices and having to swallow food in large chunks. Typically, this causes acid reflux and indigestion, which may cause bloating, hiccups, nausea, chronic sore throat and could develop into a high risk for esophageal cancer – totally preventable by functional dentures!

A balanced diet provides the body with the appropriate quantity and quality of nutrients it requires to sustain health. Deficiency diseases such as anaemia and osteoporosis result from the inadequate intake of essential specific nutrients (under-nutrition). Overeating or excessive intake of nutrients (over-nutrition) leads to obesity, a recognized major health risk factor. Being overweight and obese increases the risk of coronary heart disease, stroke and Type II diabetes. Efficient mastication is an essential aspect of nutritional health and quality of life.

Links between oral health and general health:
Oral health directly impacts one’s general health! Maintaining good oral health has many rewards: A sparkling smile, fresh breath, and healthy gums. But recent scientific evidence submits that it may have an even greater benefit to your overall health. Prioritising improvement of oral health will lead to healthier citizens, by helping to prevent and protect against other diseases and result in a reduction in overall health care expenditure, for treating other chronic diseases.

Oral diseases share common risk factors with other non-communicable diseases and affect the most socially disadvantaged. Oral diseases are totally preventable through good dental care routines, supported by a health promoting lifestyle. Many people do not realize that keeping your teeth and mouth in good health, will help you keep your entire body healthy!

The mouth cannot be evaluated in isolation from the rest of the body and oral health, especially gum disease and extensive tooth loss are increasingly linked with other general health and systemic diseases including diabetes, cardiovascular disease, respiratory disease, stroke, kidney diseases, adverse pregnancy outcomes and dementia. These links are relevant throughout life, from childhood - where tooth decay can lead to impaired nutrition and development - to the frail elderly, where poor oral health can affect nutrition and impacts on general health, function and well-being. Infection in the mouth can lead to inflammation and infection elsewhere in the body. Diabetes reduces the body’s resistance to infection, making diabetics more susceptible to bacterial and fungal infections. Likewise, having serious gum disease (periodontitis) is likely to result in worsening blood glucose control in diabetics.

A large study on insurance claims in the US has shown that patients treated for their gum disease and having good home oral care routines, had significantly lower medical and hospitalization costs for diabetes, cardiovascular disease, stroke, and pregnancy, compared to those patients that were not thoroughly treated for their gum disease. The mouth serves as a “window” to the rest of the body, providing signals of general health disorders. As an example, oral lesions may be the first signs of HIV. Aphthous ulcers are occasionally a manifestation of Coeliac disease or Crohn’s disease. Pale and bleeding gums can be a marker for blood disorders. Bone loss in the lower jaw may be an indicator of osteoporosis, and changes in tooth appearance can indicate anorexia or bulimia. According to the World Oral Health Report (2003) the relationship between oral health and general health is proven by evidence. New evidence further strengthens the claim. Oral health and general health are related by four major aspects:

- Poor oral health is significantly associated with major chronic diseases.
- Poor oral health causes disability.
- Oral health issues and major diseases share common risk factors.
- General health problems may cause or worsen oral health conditions.

Bacteria from the mouth can cause infection in other areas when the immune system has been compromised by disease. Systemic disorders and their treatment are also known to impact on oral health. Periodontal disease has been associated with numerous conditions. Major chronic diseases (specifically cancer and heart disease) share common risk factors with oral disease.

Common risk factors:
The main risk factors that lead to the development of chronic diseases and oral diseases are common. In a way, these common risk factors hold the key to achieving good health. The key overlapping risk factors for oral health and general health are:

- Diet: Sugar consumption is the main cause of dental caries, the most common non-communicable disease. In addition, a diet high in sugar and fat, and low in fruit and vegetables, essential vitamins and minerals contributes to a heightened risk of cardiovascular disease, cancer, obesity and diabetes.
- Tobacco: Smoking and chewing tobacco are linked to several types of cancer (including oral and lung cancer), respiratory disease, cardiovascular disease, and poor pregnancy outcomes whilst also increasing the risk of gum disease and tooth loss.
IFD Sponsors:

- Alcohol: Excessive alcohol consumption can contribute to the development of liver cirrhosis, cardiovascular disease, oral cancer, and other cancers.
- Poor oral hygiene: This is not only a risk factor for poor oral health, i.e. gum disease, but also for other chronic diseases, such as pneumonia.

Oral diseases, like all non-communicable diseases, are related to socio-economic status and the social elements of health are equally relevant to both oral and general health. Dental decay is the second most costly diet-related disease, with an economic impact comparable with heart disease and diabetes. Evidence demonstrates that these diseases are not just limited to the mouth, but as shown in this article, are linked to general health outcomes. These risk factors should be included as a vital part of oral health education!

That the mouth and body are integrally linked, underscores the importance of stepping up the battle against preventable oral diseases - for general health promotion. The whole Oral Health Team can assist this approach with discipline-specific services!

The Solution:
Oral disease is largely preventable! Optimal dental treatment and good oral hygiene can protect you against oral disease and assist health professionals to diagnose more complex General Health problems early on. All members of the OHT should step up their community oral health education programs, to improve awareness. A campaign should be introduced for globalized legislation, to put health warnings on ALL sugar, tobacco and alcohol products. Oral hygienists are well equipped to do oral health education, but in most countries their numbers should be drastically increased, to be more efficient!

By expanding the deployment of denturists globally to provide dentures for rehabilitation of lost dentition, will relieve the chairside burden of denture provision on dentists, … which will free dentists’ schedules - to focus more on combatting oral disease.

When all members of the Oral Health Team focus on what they do best, all dental practitioners’ services will become patient-centred, and more efficient as an overall health service!

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2. Vassallo P, Platform for better Oral Health in Europe - Oral Health and General Health - Putting the mouth back in the body
3. Dental Health Services Victoria. Links between oral health and general health
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Reflecting on our Annual General Meeting in Cape Town, South Africa

by Camille Bourbonnais – IFD Chief Executive

Our Annual General Meeting was held in Cape Town during the last week of September 2018. We spent a wonderful few days of both working and visiting this remarkable tourist destination. The Society for Clinical Dental Technology hosted the welcome reception as well as our two days board meeting at the premises of the Ivodent ICDE Center at Century City. These well-appointed rooms are ideally designed to give hands-on training for dentists, denturists and dental technicians. We thank Ivodent, especially Gary Hockly and Eliné Ferreira for the great favor, by allowing us to use their premises to facilitate our meeting. The IFD were welcomed with the choice of magnificent local flora, King Proteas.

At our welcoming reception, we had the pleasure to witness the local IFD representative, Duffy Malherbe, being awarded with the prestigious Brotherhood of Sterkenburgers, in recognition for his dedication to the cause of denturism locally and internationally.
On Thursday and Friday, the IFD Board had our annual general meeting with representatives from various member countries, including Australia, Belgium, Canada, Finland, Ireland, South Africa, Switzerland and the USA. Due to various reasons delegates from Denmark, Malta, Mauritius, New Zealand and the Netherlands could not attend this year. The UK re-joined the IFD and we hope to see a British representative amongst a full complement of representatives when we meet again in Australia. That also applies to Portugal. Several local observers attended, including some enthusiastic students in dental technology, who has denturism ambitions. We also had a denturist observer, Lenard Deochand, all the way from Washington, USA, and all present were invited to participate in finding creative solutions. We saw some 20 very well-intentioned people taking on the challenge to develop the cause of denturism globally, as it presents currently, respecting various implications.

Numerous current issues were pondered during our meeting, as we received and debated the annual reports from our member countries. The IFD consist totally of volunteers, and we are pleased to confirm annually that our country representatives are consistently doing excellent work. We had a constructive meeting and enjoyed the camaraderie of like-minded delegates. The presence of Oliver Meier, President of the Society of Clinical Dental Technology (SCDT) was much appreciated. He provided additional insight on the situation in South Africa as well as in Africa in general. We had been informed of the lack of resources of large segments of the local population and the oral health consequences on the poorer population.

Unfortunately, our tight program did not leave enough time for a press release, but we managed to organize an interview for the Society for CDT with the Sunday Times in the week after the AGM, to show the urgent need for denturists. The focus of the interview was to consider the needs of the South African population for dental prostheses, particularly among the elderly and the poor. They are also working on developing a strategy to find solutions for the dire need for dentures in the under-serviced rural communities. The resulting newspaper article can be viewed on the website of the Society for CDT.
We continued our meeting by discussing several topics for our federation. One of these topics was to appoint Colum Sower, from the Republic of Ireland as the new Chairperson of the European Committee and Vice-President (for the European region) of the IFD. This committee has an important role in liaison to further denturism legislation in Europe. This committee consists of Colum Sower (Ireland), John Salomone Reynaud (Malta), Ilkka Garaisi (Finland), Matthias Luypaert (Belgium) and Urban Christen Mendez (Switzerland). We (IFD) are considering the establishment of interaction with the United Nations in Europe and the ADEE Association to standardize Dental Education in the European Union and the European Commission ESCO: European Skills Competences and Occupations. Thus, our European and global notoriety will be reinforced.

As we managed to work through the Agenda by midday on Friday, created the opportunity to visit the local Dental Technology School at the Cape Peninsula University of Technology. It was wonderful to be welcomed to their campus by the enthusiastic students who observed our meeting. The lecturers and students present were very courteous and generous to show us their premises and we were much impressed by what we saw. We have been told that the gesture by the IFD, was a significant landmark that left an unforgettable impression with the students. This visit to their campus, greatly encouraged all those students with clinical ambitions, who want to serve the public more efficiently, than the conventional clumsy process. It would be wonderful to see the vision of a denturist training course getting established in South Africa, eventually being fulfilled in the near future!

Although we worked hard, this visit to Cape Town also provided opportunities to network and to enjoy the camaraderie of our fellow delegates with some of their spouses and much fun was had by all. After our AGM, we had the pleasure to experience some of the magnificent sights of Cape Town. After a whole week of cloud cover over Table Mountain, we woke up Saturday morning with favorable weather and clear skies, which allowed us to go up the mountain by cable car and experience the splendor of the city from above. A city tour allowed the visitors to get a glimpse of the diversity and history of South Africa. We went for a stroll through the Company Gardens and was introduced to the squirrels, some of the botanical array of the Western Cape Biosphere and some of the historical buildings, including Parliament. At the BoKaap Kombuis we were treated to delicious and spicy local Cape Malay cuisine for lunch. Then the bus took us on an incredible journey around the mountain, visiting a range of picturesque suburbs and villages along the shore. At Houtbay we went by boat to observe the Cape Seal Colony, before experiencing the world-renowned Chapman’s Peak Drive.

This diverse day was crowned by wine tasting and chocolate-paring at Groot Constantia, the oldest wine cellar in South Africa. During our brief stay, we were particularly impressed by the quality of the local wines and found the restaurants very affordable with most exchange rates.
When most delegates returned home, a fair-sized group departed on a holiday of a lifetime! Safari in Africa in the Kruger Park - sleeping in tents and seeing the wild animals in their natural habitat. That is another story by itself and I should suffice by concluding that we had exposure to a very diverse culture and overall had a truly great experience in Africa!

It is always a pleasure to share some good news about the future of denturism around the world. As you already know, this year we will be having the 11th World Symposium on Denturism in Australia, in conjunction with the 25th Biennial National Conference of the Australian Dental Prosthetists Association (ADPA). See the invitation on page 15! We are already seeing forward to reconnect at this occasion in Brisbane during August 2019!

Focus on Harmonizing Denturism Education and Standards

by Colum Sower - IFD European Committee Chairman.

On returning home from another AGM of the IFD in South Africa, I am yet again amazed by the professionalism and enthusiasm, exhibited by the various country delegates for the global recognition of Denturism. The IFD truly is a meeting of like-minded people who give their time and effort, not for personal gain, but to accomplish the vision of Denturism taking its place amongst the diners at the top table of the dental industry.

One major stumbling block we have identified is the large variations in scope of practice and the delivery of education programs for Denturists worldwide. This makes it difficult to have a recognizable level, which each country can aspire to or maintain. Dentists worldwide, have the same scope of practice and education levels in nearly every country and thus a mechanism exists for them to move from country to country. In recent times Oral Hygienist started down the path of standardizing their education across the EU. They are doing this with the help of the Association of Dental Educators Europe (ADEE).

The ADEE is made up of Dental Professional Associations and Education Institutions from across Europe. Their aim is to maintain the high levels of education in the dental industry across Europe. The ADEE (Association to standardize Dental Education in the European Union and the European Commission) also works in conjunction with their counterparts in North America, Australia and Asia. The IFD recently applied for membership and was accepted as an associate member during October 2018. Our first step is to meet with representatives of the ADEE in their head office, in Dublin, Ireland. We have already had several constructive phone-conversations with their chief officer. We plan to meet with him soon to get us started. Normally the ADEE writes to all the Dental Educators in those countries where the category is legalized and compile a data base, comparing the findings. Then, with our input, we will jointly develop the baseline for a Denturist education program that all Denturist Colleges will endeavor to achieve.

This whole process may take several years to complete and without the help of the ADEE, who have experience in carrying out this type of exercise, we would find it very difficult to see it through to fruition. We believe that harmonizing Denturism education and standards across the world, will make our profession more recognizable to the public and increase our profile with government departments worldwide.

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Once again, we would like to acknowledge and thank our sponsors, for investing into the IFD objectives;

- To promote and establish a category of Denturist throughout the world, in every jurisdiction where there is an identified need for denture services,
- To restore the functional, emotional, psychological and social well-being, together with the oral health needs of denture wearers.

You assist the recognition and acceptance of the expert denture-dedicated services, provided by Denturists. With your financial assistance the IFD can communicate effectively with our member countries, develop our strategies and achieve our practitioners’ objectives by keeping their focus on the noble goals of good oral health, in innovation and health!

Here follows a compact overview of the identity of our appreciated sponsors:

**VITA**

Though we at VITA have achieved so much in dental technology since 1924, we intend to keep on working hard to improve our products even further. One thing has remained the same: The desire to find increasingly better solutions for the fabrication of perfect prostheses. For more than three generations VITA has been a byword for constant innovation and progress. The demands and requirements of dental technicians, dentists, denturists and patients in over 150 countries is our focus. VITA have set the universal standard for shade systems and keeps on developing new comprehensive product-ranges, services and state-of-the-art equipment, according to market needs. We constantly strive for improvement in standards, enthusiasm in innovations, in meeting the challenge of global competition. Based in Germany, VITA remains at the forefront of progress; equally for laboratory, practice and clinic – now and in the future.

**CANDULOR**

CANDULOR stands for high-end prosthetics in dentistry, and has been for more than 80 years. Founded in 1936, the factory remained a family business until 1972. As a supplier of prosthetic systems, customers worldwide benefit from a complete package of aesthetics, design and functionality. Together with the science-based setup system established by Prof. A Gerber (Condyloform), the physiological setup system (Bonartic) forms the basis of this Swiss system. When artificial appearance cannot be distinguished from natural appearance, then we have achieved our goal. With the demands we make on ourselves, we also like to encourage dental technicians, dentists, and denturists to give their best for their patients. CANDULOR promotes the active exchange of knowledge and in our courses worldwide, we teach theoretical approaches and practical applications, to give back better quality of life to patients.

**KULZER**

With a new style and company name, Kulzer remains a reliable partner for all dental professionals – with more than 80 years of expertise. Based in Germany, Kulzer provides an extensive product range, covering cosmetic dentistry, tooth preservation, prosthetics, periodontology and digital dentistry. Our goal is to provide the best possible solutions, so that our customers can restore their patients' oral health and well-being in a safe, more convenient and cost-effective way. Through restorative and aesthetic treatments, you provide patients with beautiful smiles, self-esteem and improved quality of life. The whole team deserve materials that meet the highest quality standards. It is our mission to support your daily work with innovative and reliable products, because oral health belongs in good hands. Kulzer teaches the most efficient means of achieving aesthetic results, using both traditional techniques and digital solutions.

**VITA Field report**

**Digital Workflow creates new Prosthetic Opportunities:**

*Interview conducted by Dr. Johannes Löw, Dental Editor, VITA Zahnfabrik*

Digitalization is becoming an increasingly bigger part of our everyday lives. Does that also mean that we now have to implement CAD/CAM workflows for digital dentures in denturists’ laboratories?

Tineke Germs, CDT, DD (Colmschate, Netherlands) spent much time developing her skills and knowledge. She specialized in crowns, bridges and prosthetics and lectures in prosthetics at the University of Utrecht. She believes that all dentures should be fabricated individually according to the patient’s unique wishes and needs. Keeping in touch with her patient’s needs and listening to them carefully, is therefore part of her philosophy! To improve and accelerate her workflow, she is constantly trying to find new technologies and has tested several digital denture systems. In this interview she shares her digital experiences.
How are denturists' work affected by technology changes and what impact does digitalization have?
The principles and general prosthetic rules remain the same with digital workflow. If you feed rubbish information into the CAD/CAM workflow, you will get out rubbish results. Generally the digital results are totally predictable and more accurate than analog rehabilitations. Much of the work is done faster by the machine. It allows you to spend more time with your patients.

What are the main differences between analog and digital workflow?
When you design digitally, you always have a back-up. It’s very easy to go back a step during the virtual set-up. Having to change your whole analog wax set-up is very time-consuming. The occlusion is generally more precise digitally, than the manual set-up. The final anatomy can be created much faster digitally, compared to doing the analog wax modelling by hand.

What advantages does the digital workflow provide to patients and the laboratory staff?
In the digital workflow, denture bases are fabricated more homogeneously. There is no shrinkage and no residual monomer content. Apart from a good biocompatibility, this leads to a better fit and less pressure points. The machines can also work at night unattended. If the dentures get lost, they can be reproduced easily, by retrieving the back-up data.

Why do you think digital dentures will be implemented as part of standard procedure?
You’ll experience a learning curve for the digital denture workflow. Every digitally fabricated denture is the next step into a digital future, which offers new opportunities. Digitalization can develop very fast. We have seen that in the quick implementation of smartphones in our society. I think we may see a transition from static, digital patient information to a dynamic, virtual patient. If you are not keeping up with digitalization, you will not be able to take the next step.

What role does digitalization play in the education and training of denturists in the Netherlands?
We have started implementing CAD/CAM procedures six years ago at the University of Utrecht. The students print individual trays, scan models and practice the virtual design. We observe the market to develop the digital agenda appropriately. We also want to implement making digital dentures, to be able to show the differences to the manual procedures.

News from around the World:
Member countries of the IFD include: Australia, Belgium, Canada, Cyprus, Denmark, Finland, France, Germany, Hungary, Ireland, Italy, Malta, Mauritius, New Zealand, Poland, Portugal, Spain, Slovak Republic, South Africa, St. Kitts and Nevis, Switzerland, The Netherlands, United Kingdom and United States. Many of these countries have well-established legislated recognition and training of dental technicians to gain clinical status, with normalized denturism practice, others are still in transition. The following news flashes have been compiled to provide a fresh overview of initiatives and some of the efforts to establish and/or maintain the profession globally, wherever there is a need for direct denture services.
The British Association of Clinical Dental Technology (BACDT) are delighted to have confirmed their membership of the International Federation of Denturists (IFD) at the end of 2018. The UK has previously been represented within the IFD by delegates from the Clinical Dental Technicians Association (CDTA), a relationship which helped CDTs become regulated in the UK back in 2006. With professional recognition and registration with the General Dental Council (GDC) now established for over a decade, and the BACDT actively representing CDTs since 2009, the profession faces significantly different challenges than it did when the CDTA were members of the IFD.

The profession of Clinical Dental Technology in the UK has seen a steady increase in registered numbers; however, this hasn’t been as great in number as anticipated, due to the lack of GDC recognised providers in the UK, as well as the cost of the course for individuals wishing to become a registered CDT in the UK. Our challenge in the UK is to encourage new providers to work with the profession and the GDC to allow greater access and opportunity to the profession, without compromising the quality of graduate CDTs.

Equally challenging is the demographic of current registered Clinical Dental Technicians (CDT) in the UK; we are now reaching a point where those ‘ground breaking’ CDTs are now looking to retire and sell their businesses. Therefore, the BACDT are looking at how to support and advise members who both wish to sell and buy practices in the future, with the correct professional support from our member benefit providers.

Continuous Professional Education (CPD) continues to be developed in the UK, and while we have some excellent and notable providers of CPD in the UK, we want to encourage more; we need to regain the enthusiasm initially felt when the profession first became legally recognised, and indeed we want to encourage speakers from around the world to come and help us further the depth of knowledge for UK CDTs. Obviously Brexit is a concern for all professionals in the UK, and particularly for CDTs. As an association we will be looking at how our exit from the EU will affect our trained professional CDTs to work overseas, and indeed how our professional CDT qualifications are recognised in Europe.

The BACDT have joined the IFD to both share our experience with our international colleagues and to seek support in developing our profession in the UK, so that it remains sustainable for many decades to come. The board of BACDT look forward to working with some new and some familiar faces over the coming year and beyond!

In June 2018 Portugal became a member of the IFD, to gain the guidance and experience of the international denturism community. A Denturist Association was formed, the Associaçao Portuguesa de Denturistas (APD). They represent the aspirations of dental technicians, seeking to get an appropriate clinical qualification and formal recognition. They want to serve their communities more efficiently! Amongst their members are a number of qualified denturists, holding qualifications from Australia, Canada and Ireland.

Alberto Carvalho, the APD President, wrote to the IFD: “It is a pleasure to finally be at the head of a new member association of the IFD. I first started talking about this to the former IFD Secretary, Gerry Hansen around 2004, even before becoming a dentist. It has taken me some 14 years to get people interested, get a group together and start the Portuguese Denturist Association. When we finally got together a serious work group, it took us around 14 months to get organized, discuss the matters at hand, up to registering the association and finally joining the IFD. We have a Facebook page called the “Denturism in Portugal-discussion group”, started some 4 years ago, now with 800 odd members between dental technicians and I believe, curious dentists in Portugal. So, we have an association, we know our country’s reality, we are well motivated and more than willing to face whatever comes our way”.

The International Federation of Denturists is always proud and excited to welcome new country members. We welcome the opportunity to meet with them and are confident that we will find many areas of commonality with our new members. The European Committee could meet with the APD to establish priorities for an action plan, to get the formal initiative for recognition of Portuguese Denturists established. Likewise, we are excited about the potential of having representatives from both Portugal and the UK joining us around the table in Australia during our next World Symposium later this year.
IFD – Working for Denturists Worldwide

Outreach in the Australian Bush:

Situated within the University of Sydney and initiated by a philanthropic donation, the Poche Centre for Indigenous Health (PCIH) was created around 2013, for the singular purpose; to close the gap in the life expectancy of Aboriginal and Torres Strait Islander people. By partnering with the indigenous rural communities, this Outreach Foundation always had a focus on Health research, and worked with various health disciplines, by starting off on three high-need areas: Healthy Teeth, Healthy Kids, Healthy Hearts.

One of the major dental problems in Aboriginal communities is lost teeth. Many people, from teens to the elderly, have no teeth at all. This has a huge impact for overall health and wellbeing. A full set of healthy teeth allows someone to talk clearly, be easily understood, and eat properly. Missing teeth create nutritional challenges, and can contribute to diabetes if someone does not get the proper dietary intake. For young people, missing teeth can have a devastating impact on self-esteem. Also, because eating is a very social activity, it can prevent people of all ages from fully sharing in community life, according to PCIH documents. Aboriginal people are likely to experience higher rates of oral health conditions and have less access to services. They have poorer oral health than the rest of the Australian population. There is a higher level of decay, periodontal diseases and tooth loss. Often, dental care is simply not available, or not affordable.

Regular rural dental clinics was commonly needed and a service was established that visited Bourke for two days, six times each year. Another regular dental clinic was added in Dubbo and other parts of remote New South Wales. A Mercedes Sprinter van was specifically fitted-out, to provide a mobile mouthguard and denture clinic, for the communities of Boggabilla, Toomelah, Mungindi, Moree and Inverell.

A full complement of Oral Health Team members soon got involved to serve as volunteers and in a short time excellent working relationships was established, while sharing compassion and cameraderie during these outreaches. **This is an excellent example of the Oral Health Team in action, focussed on providing patient-centred services!**

At the 2018 year-end function of the PCIH, Mr Ish Larney, a dental prosthetist and former Department Head of the Sydney TAFE, was given a special commendation by the Poche Foundation for 5 years of dedicated volunteer-work with the Aborigines.

Ish said: “The excitement and joy in seeing happy patients in the remote indigenous communities of Australia, pleases one’s soul. My function as dental prosthetist (denturist) is both educational and rehabilitative; for supplying mouth guards to children and artificial dentures to patients in Indigenous communities. Many of these communities are locked out of the mainstream dental care, due to remote distances, or poverty.”

Another important aspect of this volunteer service is to serve as an introduction of a Dental Prosthetics career to the young minds of the youth in these remote communities. By providing them with a mouth guard in their local park, stimulates an interest in a dental professional career, by them witnessing a dental prosthetist at work. Often the youth may take the dental conversation into their homes and have an oral health or dental prosthetics discussion, around their kitchen table. This behavior has borne much fruit with hundreds of Dental Assistants, Dental Technicians and Oral Health Therapists graduations, to date. The 2018 Apprentice of the Year, Folau Talbot was a Dental Technology graduate and an example of him seeing the work of a Dental Technician due to exposure provided by the Poche Foundation outreach to his community. The same applies for a substantial number of PhD graduations on research, completed on the Poche Centre for Indigenous Health programs.

**Very well done PCIH - keep up the excellent work!**
On 26 September 2018, at the welcoming reception, the evening before the IFD Board meeting in Cape Town, Duffy Malherbe from South Africa was honored by being ordained into the Brotherhood of Sterkenburgers. Numerous local aspiring denturist colleagues were present with IFD Board members and their spouses. The President of the IFD, Mr Tony Sarrapuciello, called on those present to witness the presentation, as a tribute of the respect Mr Malherbe has earned both locally and internationally for his dedicated contribution towards recognition for the profession. The privilege to receive this prestigious award, is earned by few!

Brotherhood of Sterkenburgers
It was at the 13th century Sterkenburg Castle near Utrecht in the Netherlands, that Dutch Denturists first started their education and training for professional status during 1971. 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, with its characteristic medieval round turret and moat, became their weekend school and home! Because of their comprehensive training, Dutch 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 honor those who were committed to Denturism and education. The Sterkenburg medal was coined, depicting a key in the turret of Sterkenburg Castle, a denture and a book scroll, with the words “Recognition through study”, in Dutch, at the back. The IFD expanded the model for international application. The associated philosophy is to help and 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; the administration of the name scroll of members is vested with the Executive of the IFD. It is the highest token of recognition a Denturist can aspire to!

Duffy Malherbe has almost 4 decades of experience in prosthetics and a passion for denture wearers’ needs. He is devoted to continuous education and research. Having authored more than 30 articles and reports, submitted to various authorities and invited to publish in numerous Magazines. He never shirked professional duty, serving at all levels of the then South African Federation of Dental Technicians, also as national President. He served on the national Regulator, the SADTC also as Chair of the Committee, investigating the desirability of Denturism in South Africa. Duffy co-authored the motivation by the SADTC, which promoted Denturism as a new Oral Health category that led to enabling legislation of 1997.

He convened the launch of The Society for CDT in 1998 and continues to serve as Secretary. Duffy posted and recently redrafted a comprehensive website for the Society for CDT to promote Denturism. He does a lot more than what we know about, behind the scenes. Duffy Malherbe has been promoting the recognition of denturism through the Facebook pages: Denturism Advocators and South African Denturism Supporters, both of which he created and administrates. Duffy is well-qualified for his role as Denturist Advocator, and have been recognized in the past by the SADLA and the Wyoming Denturist Association in the USA.
Mr. Sarrapuciello said that Duffy is a member of the International Federation of Denturists who truly carries out his duties as country-representative with the utmost honor and courage. He is also Editor-in-Chief of our IFD Newsletter. For many years, we have noted Duffy Malherbe’s commitment and devotion. During 2015 the title of IFD Emeritus Sage was awarded to him, in recognition of his philosophical vision regarding the origin, present and future of the profession – he is the IFD Wise Counsel. In every role, Duffy Malherbe has excelled and inspired those around him. The IFD President thanked Duffy for his excellent contribution, over many years to the IFD and together towards legislated recognition of Denturists in South Africa and worldwide. He stated: “You have earned our gratitude and respect. The International Federation of Denturists recognize you, Duffy Malherbe, and we honor you as a member of the Brotherhood of Sterkenburgers!”

In response, Duffy Malherbe thanked the President and the IFD for the honor, stating that recognition by one’s peers is the greatest honor that can be bestowed on anybody. He thanked his wife Jostine, for her patience during all those years and for granting him space and time to indulge in what has become almost a lifetime of devotion to the cause. He dedicated the award to all those pioneers who shared the same vision. He also recognized those who participated in the struggle to develop the case for recognition of a category of CDT in South Africa over the years and their efforts to get the matter on the Agenda for legal recognition. Lastly, he dedicated the award to the denture wearing public of South Africa, and expressed the vision that their needs will eventually be served by a denture-dedicated health professional, specialized from within dental technology.

Psychology of Communication regarding Denturists as Oral Healthcare provider:

by Camille Bourbonnais – IFD Chief Executive

The psychology of communication studies the consciousness and manifestations of interaction between people. In this article, denturists and their patients are studied in their psychology of communication. Effective communication is essential to ensuring that patients’ concerns are understood by those providing care, and that relevant information, advice and treatment is understood, recalled and acted upon by patients. Good staff communication helps reduce patient and family anxiety, promotes better care at home post treatment, and can improve outcomes. Communication skills are fundamental to good clinical care and should be actively maintained throughout a professional career. All dental clinicians have an educational responsibility towards the population they serve, to communicate the connection between good oral health and general health with their patients!

Importance of the mouth:

At birth, the mouth receives the first breath of life. At death, the mouth expels the last breath of life. Drinking life-giving water and energy-providing food is swallowed through the mouth. Emotion is expressed with a smile; affection with a kiss. The mouth is a preferred means of communication through speech. Without teeth, speech becomes slurred, unclear. Teeth represent youth and health. The loss of teeth represents a loss of biological integrity and therefore the toothless must find a new identity recovery and of communication with their peers.

People without teeth can become victims of lack of confidence and self-esteem and become socially embarrassed, not wanting to eat out in public, not wanting to smile, and often hiding behind their hands. They are restricted to limited diets, mostly soft or highly processed foods; health and wellbeing suffers and has an impact on life expectancy.

During rehabilitation, the denturist is at the service of the patient and represents the repairer - the therapist of the oral disability. The prosthesis is a remedy for the disability, the lost dentition, a solution to the handicap that continues to traumatize the patient…. Insertion of the prosthesis in the mouth represents a form of healing, rehabilitation of the function, emotional identity and of communication. The denturist allows the patient to return to a more recovered restoration of him/herself and to a better functional identity, including a functional smile.
Communication-relationship:
Creation of the professional communication-relationship between the service-provider and patient:

- The setting (waiting room, receptionist, and clinic) creates a climate of nurtured well-being for the patient.
- A handshake provided by the denturist begins communication with the patient.
- Dialogue is enabled by verbal and nonverbal communication from both parties, to develop a consumer/health-provider relationship.
- The denturist must return a feeling of competent harmony and confidence that allows the patient to feel safe in the face of the treatment intervention to come.
- The denturist’s empathy (the constant reassurance of understanding and assistance) is an essential quality needed to be communicated well with the patient. The conversation should focus on the patient and not on the denturist.
- The patient chooses to be assisted by the professional denturist, but does not surrender the freedom or responsibility for resolving their oral health challenges.
- The denturist must take a step back to perceive the psychological content of the patient’s spoken communication. The denturist must interpret the patient’s needs produced by the meaning the patient gives to his gestures and words.
- The construction of the treatment plan defines the relationship of the denturist and the patient in the dental rehabilitation. It empowers the patient and reduces the subjectivity of the denturist (he then works in the frame of reference of his patient).
- The competency given to the patient is to know their own responsibility. The denturist’s competency with regards to the intervention remains primarily technical. The construction of the customized treatment plan by the denturist is based on the expectations desired by the patient from the first time they meet. The denturist must explain the full range of treatment options, various technical limitations and financial implications, to assure realistic expectations.
- Success occurs when the patient can visualize the outcome of the treatment plan. Open questions are the key, for the denturist, e.g. - What is the first benefit you think you will gain from this prosthesis? (aesthetics, nutrition, communication with your peers, comfort of function, quality of life, etc.)
- After the treatment plan has been presented to the patient, and an informed consent has been established, the denturist completes acceptance of the treatment plan by the patient.
- The denturist with his technical and professional skills will then satisfy the patient's need to find a new quality of relational and functional life. The denturist will manufacture the prosthesis or prostheses, required by and for the patient, as well as any follow-up procedures required.

Defining expectations:
In conclusion, these exchanges between denturists and patients help to define the expectations and needs of both denturist and patient. All healthcare professionals can take advantage of the knowledge that Health psychologists has generated, when treating patients. Offering choice of treatment and agreeing to patient preference has been found to reduce anxiety and depression. Informed choice and consent are associated with good psychological outcomes, both emotional and behavioural.

The advantages of effective communication include:

- Improving the denturist-patient relationship. The denturist is better able to seek the relevant information and recognise the problems of the patient by way of interaction and attentive listening. As a result, the patient’s problems may be identified more accurately.
- Helping the patient to recall information and comply with treatment instructions thereby improving patient satisfaction,
- Improving patient health and outcomes. Enhanced communication and dialogue by means of reiteration and repetition between denturist and patient has a beneficial effect, in terms of promoting better emotional health and resolution of symptoms,
- Improving the overall quality of care by ensuring that patients’ views and wishes are considered in decision making.
- Reducing the incidence of clinical error. Health professionals should be encouraged to involve patients in treatment decisions, recognising patients as experts with a unique knowledge of their own health and their preferences for treatments, health states, and outcomes.

Humour in treatment:
As soon as health providers share humour with patients, they create lines of communication that put patients at ease and which may encourage them to discuss difficult issues. Humour can put both parties at ease in a way that more formal types of communication do not.

The importance and dignity of individuals: Dignity in care needs to be considered as an integral part of service provision. Dignity consists of many overlapping aspects, involving respect, privacy, honesty, autonomy and self-worth.

The ultimate satisfaction is reached when the patient and denturist are both satisfied with the end-result of the customized treatment, according to the patient's specific needs and informed choice, based on effective dual communication and a positive experience of a good relationship for future recall. – CE.
The Australian Dental Prosthetists Association (ADPA), in cooperation with the International Federation of Denturists (IFD), are delighted to invite you to the:

25th Biennial National Conference - ADPA 2019 BRISBANE
Incorporating the 11th World Symposium on Denturism

Key Dates:
Sponsor and Exhibitor bookings now open
Call for Abstracts closes: 8 February 2019
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Conference date: 20-23 August 2019

If you have any queries about the Conference, please contact:
Australian Dental Prosthetists Association
Diane Woolcock
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About the ADPA: The ADPA represents the interests of Australian dental prosthetists and their patients. The Association’s principal purpose is to advance, improve, support and foster the interests, development and status of dental prosthetists and to increase awareness and recognition of the profession across all sectors of society. Dental prosthetists are registered nationally as dental practitioners with the Dental Board of Australia, the same board that registers dentists, dental hygienists, dental therapists, dental and oral health therapists and dental specialists. They are subject to the same registration requirements, guidelines and codes of practice as other members of the dental team. During 2016 all national and state and territory associations merged to create a single national body representing the profession. The ADPA maintain strong links with the former associations with state committees working with the national board, committees and team to support local networking, Advocacy and Continuous Professional Development (CPD) efforts.

About Brisbane: The conference will be hosted at the Sofitel Brisbane Central Hotel. Australia’s third-largest city, Brisbane is the hub of Queensland culture, offering a peek at the past and a glimpse into the future. Visit the historic Windmill and Old Commissariat Store, built by convicts in 1828, or fast-forward to the present (and beyond) with a trip to the new Gallery of Modern Art. Mingle with locals atop Mount Coot-tha, cruise the Brisbane River to South Bank’s sandy beach on the City Cat and make sure to fill the cuteness quota at Lone Pine Koala Sanctuary, home to koalas and kangaroos.

About Australia: Attend the Conference, then tour to discover the diversity of Australian culture. From the beaches of the Gold Coast, to the tropics of the far north, Queensland is Australia’s sun-soaked playground. Catch some thrills at Australia’s epic Theme Parks. Experience the local spectacular beaches or go diving to explore the vibrant marine life of the Great Barrier Reef, or the Tasmanian wilderness. Venture off the beaten track and take the Kuranda Scenic Railway into the tropics, or visit Uluru, Blue Mountains and the Australian Outback. The unique local fauna, flora and wildlife is also significant reasons not to miss this opportunity.
Like every other country, Australia has its own slang and way of saying things. When you hear someone say 'g'day', 'how ya going' or 'no worries mate' don't be alarmed, they are just being friendly. Here's a list of some typical Aussie slang words or phrases, you may encounter:

- **G'day** universal Australian friendly greeting, as in hello
- **Mate** buddy, friend
- **Sheila** from the Irish name Shelagh, which used to be a common name for Australian women
- **Bloke** man, guy
- **No worries** expression of forgiveness or reassurance
- **Barbie** barbeque
- **Arvo** afternoon
- **Bush telly** campfire
- **Billy** teapot. Container for boiling water
- **Beaut** great, fantastic
- **Boomerang** weapon used by Aborigines for hunting, a thrown tool designed to return to the thrower
- **Cooee** figuratively a long way away, shouting distance
- **Corker** something excellent
- **Didgeridoo** blow instrument, played by the North Australian Aborigines, made from a hollow piece of timber
- **Fair dinkum** true, genuine
- **Kookaburra** Australian tree kingfishers. Their distinctive call is typical of the Australian bush
- **Mozzie** mosquito
- **Roo** kangaroo. A baby roo, still in the pouch, is known as a Joey
- **Surfies** people who go surfing - usually more often than they go to work!
- **Stoked** very pleased
- **Thongs** cheap rubber backless sandals
Tribute to Bruce Anderson:

During October 2018, a man without equal in the denturist profession passed away. The integrity and dedication he displayed throughout his career and the standards set in striving for national recognition in the USA, have been significant factors in achieving the level of professionalism and the status that denturists enjoy today. Bruce was a humble man; he had an uncompromising respect for the profession and determined that every citizen should gain the freedom to choose the services of the dedicated men and woman who chose denturism as their calling. He was convicted that education is the avenue for this professional recognition.

Originally from Norwood, Massachusetts, Bruce attended one of the oldest day-boarding schools in the USA, the Worcester Academy. He also studied at Covenant College at Lookout Mountain in Georgia. In 1970 Bruce was practicing as a certified dental technician and owned a dental laboratory in Florida, when he was introduced to denturism. He became involved with the Florida Denturist Society. This Florida group knew that education was the key, so they enrolled in courses at the Florida Dental School, believing the education would qualify them for recognition as denturists; this excellent education, offered them a diploma in expanded duties. They founded the American Academy of Denturism, a two-year program which required a two-year externship. A lifetime of dedicated lobbying for recognition in various states followed, with numerous confrontations from the monopolized opposition.

Bruce was instrumental in organizing the Indian Tribal Denturist Association, an education and certification program. This education was helpful for the initial licensure for the applicants in Washington State and individuals certified through this program continue to serve patients on Native American Tribal lands. Believing education is the answer towards legislated recognition, and to support and encourage others, Bruce attended college to earn a Batchelor’s degree. Even though he had passed the state board examinations and already received his denturist licence in Washington State, he also enrolled and received his denturist diploma from George Brown College in Toronto, Canada. He also shared in tuition expenses for denturist students.

One could not imagine Bruce without his equally-dedicated wife Wanda beside him. This was a match made in heaven! For many years she has been a strong supporter and partner working alongside him in his efforts towards nationwide denturist recognition and regulation. She wrote several articles to promote the profession and published in the New York Times. For about 7 years Wanda was the Executive Director of the National Denturist Association and Editor of the NDA Magazine. For a long time, during the beginning years of the Magazine, the Andersons bankrolled the expense of publishing, until it became self-sufficient. This publication has established the vehicle to convey the importance of denturists. In various capacities they served the NDA as a team, for decades. Few denturists in the USA have not been impacted by the Anderson dedication at national and state level. Bruce set standards by his example.

In his Denture Clinic in Poulsbo, Washington, Bruce has been known to trade a denture for an apple pie for an elderly woman on a fixed income, who desperately needed new dentures, but with an embarrassed tear admitted, there was no money for the high cost of dentures. For many years Bruce served patients referred from one of the community churches that give hand-outs to individuals in need and was rewarded when he saw someone, apparently down on his luck, become revived with confidence because of a new healthy smile. Bruce enjoyed sharing the story of the young mother with 3 children, who had been deserted by their father, but did not want to rely on welfare. She had neglected her own needs, providing for her children and by the time she visited Bruce’s denture clinic she was edentulous. She made no eye contact and kept her head lowered, looking at the floor with her hand in front of her mouth. Finances was a major issue, but she wanted to pay. Bruce charged her $1-00. A new woman emerged the instant her dentures was placed. Her unyielding broad smile brought tears to everyone. She enrolled in College and that woman became a school teacher. Bruce Anderson was a selfless hero, who strove to find the best in others. This humble pioneer will be remembered for being a gallant servant, always reaching out to the destitute, with compassion and sympathy for people’s needs to restore the dignity of the edentulous, with care and respect.

During the 8th World Symposium on Denturism during 2013 in Montreal, Quebec, Bruce Anderson was presented the Sterkenburger Award by the International Federation of Denturists, in recognition for his unyielding commitment to the profession. Bruce had just turned 76. He was retired after selling his Clinic and spending quality time with his adoring family. On 28 October, he departed to spend eternity with his wife and children. Bruce leaves his wife Wanda, 3 denturist sons and their families: Chris and Gina, Glen and Shelly, Eric and Sarah and 8 grandchildren. He also leaves a legacy of compassion, patients whose lives had been changed – one smile at a time! Those who were fortunate enough to have known him, had been enriched by friendship, by his example and his integrity. The IFD and denturists worldwide will miss you immensely Bruce, but your legacy will endure... Editor.