Dear reader,

Do you remember sending your first e-mail? I see myself in 1995 sitting in a dark basement in my first year at university, exchanging short messages with a friend next to me, on a 486 PC that was state-of-the-art at the time. Since then so much has changed. What was just fudging around back then has become an everyday commodity that most of us cannot imagine living without.

Some experts have claimed that the Internet is one of the most significant inventions of the last 50 years and, indeed, some projects have changed our lives to various levels. With the Internet, it has never been easier to access and share information all around the world within just a few seconds. Today, we are able to buy goods or talk to people around the globe with just the click of a mouse. Giants like Google offer so many services with the Internet, it has never been easier to buy goods or talk to people around the globe with just the click of a mouse. Giants like Google offer so many services.

However, in dentistry, especially in dental publishing, the race for revolutionary projects is still on. Many publishers, including ourselves, have long underestimated the many possibilities that the Internet has to offer, sometimes because we were afraid of neglecting our print offers and therefore, our main business model for the last 100 years. But this is changing. Dentists have often been conservative when it comes to adapting new technologies but now the age structure is shifting in many countries, making way for a new generation of dentists who have grown up with Internet technologies and are open to many opportunities.

With our new website and the DT Study Club online education platform, both successfully launched in early March, Dental Tribune is striving to take the lead. On these platforms, we do not only offer news but also help you to stay ahead in the profession but also a number of tools that will give you the chance to interact with colleagues and international experts. We invite you to join us in this endeavour.

Daniel Zimmermann
Group Editor
Dental Tribune International

Dental Care in Australia

Australian's enjoy equitable access to medical services supported by universal Medicare insurance, an effective Pharmaceutical Benefits Scheme, community-rated private insurance, as well as the provision of both intern training and services beyond private sector capacity by public hospitals. When the Australian government established the National Health and Hospitals Reform Commission in 2008 to inform structural health reform, it correctly identified exclusion of dentistry from some of these structures as a core problem.

The Commission's interim recommendations for the entire health system range from Option A, which proposes minimal change, to a contentious Option C. The 0.75 per cent Denticare levy would be distributed directly to private health insurance companies rather than private patients. Notably, federal Denticare payment to insurers would be risk adjusted, breaking the Australian convention of community rating. People without private insurance would receive Denticare via federated funded expansion of public dental services. The Commission has also recommended the introduction of a one-year dental internship, as well as additional funding for oral health promotion and the expansion of school dental services. The Association for the Promotion of Oral Health has long sought internships and oral health promotion, so our response to the Commission on these points is confined to relatively minor suggestions, including the expansion of internships to two years. In addition, we support the intent of Denticare.

Moreover, Medicare has worked well for medicine in Australia, and we would prefer dentistry to be brought into the proven Medicare system, rather than see oral health experimented with in an untried Option C model. Indeed, comprehensive dental services supported by Medicare have already been successfully trialled for 152,000 Australians with chronic disease, through the Enhanced Primary Care Program established in November 2007. We suggest progressive expansion of current dental Medicare arrangements eventually to include the entire population. This could be converted to Option C–Denticare but only if the rest of the Australian health-care system is similarly modified. We are encouraged by the Commission’s approach and hope it modifies its recommendations in accordance with our suggestions.

Hans Zoellner
Australia