Dear reader,

Are you looking for a new dental lab? Well, just step into your front yard and you will find plenty of them.

There is no doubt that denture making has become a flourishing business in the region, particularly in South East Asia. In countries like the Philippines, Thailand and Vietnam, there are now large facilities producing huge amounts of low-cost dental work not only for dentists in Singapore or Japan but, increasingly, overseas.

However, low prices often come at a high cost. In this case, it’s the technicians who do not only earn significantly less for doing exactly the same work as their Western counterparts but who also have to cope with poor working conditions. Dentists should remember this next time they consider sending an order to Manila or Hanoi.

Don’t get me wrong, dental work made in Asia CAN be a thriving business. However, dentistry should not repeat the mistakes that other industries have already made in this part of the world. A recent study from Canada found that dentists increasingly put quality over price. Let them be an example to the whole profession.

Yours sincerely,
Daniel Zimmermann
Group Editor
Dental Tribune International

The politics of a dental plan for Australia

Two separate worlds of dentistry exist in Australia. Readily accessible, high quality dental services for high-income Australians are supported by over a billion dollars of federal spending via insurance rebates and uncapped programmes for baby boomers with the personal resources to negotiate medical funding for those with chronic diseases. Middle and low income Australians, the majority of the population, face either affordability barriers for private dentistry or a scarcity of resources for public dentistry barely maintained by state and territory governments. This is an unfair and unjust situation.

Policy directions have been proposed, not the least by the National Health and Hospitals Reform Commission in 2008 and 2009. The holdest proposal was a universal social insurance scheme for dental services. While its costs, community or professional support might be debated, what seems irrefutable is the need to decide on a long-term direction for financing reform and make an immediate start on an incremental implementation. The insurance proposal was accompanied by policy on a dental graduate residency year, a revitalisation of dental services for children and an investment in oral health promotion, which have all less been controversial, but also stalled.

While the universal dental insurance scheme seemed to be stalled by professional opposition and its full implementation cost, the recent Australian federal election has brought all the former proposals back to life. Specifically the Australian Labor Party has been forced to agree to “urgently further action on dental care … in the context of the 2011 Budget” in an agreement with the Australian Greens as so as to form the new Gillard minority government. Similar interest in dental care has been shown by the ‘cross-bench Independents’ who have also been crucial in determining who governs Australia.

The hope is that the Gillard Government will pursue a similar approach to other contentious policy areas and form a ‘working group’ under the Federal Cabinet with all parties, the Independents represented and a small number of experts to drive policy in the lead up to the 2011 Budget. It is not beyond Australians to develop detailed policy that could steer a path through competing self-interests and arrive at improved oral health and fairer access to dental services in Australia.

I invite you to participate in this new endeavour and hope you will benefit from it.

Claudia Sabliczuk
Continuing education (CE) has become essential for dentists across the globe to stay competitive and to be able to deliver quality dental care to their patients.

I am proud to inform you that Dental Tribune will broaden its CE portfolio in 2011 and start to include ADA CERP accredited articles in most of its international magazines, including cosmetic dentistry, roots and CAD/CAM.

These articles will be available in the magazines and on the Dental Tribune Study Club platform (www.dtstudyclub.com), where readers will be also able to go through the accreditation process.

A minimum of one ADA CERP credit will be awarded per article. For subscribers to the print editions, access to the CE quiz will be free. Non-subscribers can also access the article via the DT Study Club website for a small fee.

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