

Extrapolated text of a presentation made by Gerry Hansen, Chief Executive of the International Federation of Denturism to the National Denturist Association (US, May 2005) and the Australian Dental Prosthetists Association (Sydney, August 2005). Permission is granted for members of the IFD to use the text and accompanying PowerPoint presentation. NOTE: No significant revisions to the facts of the presentation can be made without consultation with the IFD.

SLIDE 1 – Globalization of Denturism

The goal of this session is to present an overview of Denturism in today's world, describe the current scenario in various countries, bring you information on how the profession is achieving recognition, and the role that the IFD plays in that process.

As someone who has worn a few different hats over the years, I have been able to experience first hand the rise of Denturism around the world. In many ways, progress may have been slow because of other dental health care professions who oppose the profession of Denturism for various reasons: among them economic, territorial and fear of change. In many countries, the profession exists but is completely underground and waiting for leaders who will unearth Denturism and give it life. This type of leadership requires great courage and political savvy.

The logical and meaningful steps to advancing Denturism are:

SLIDE 2

1. Gather the commitments of peers who have a strong desire to provide specialized expert service and the additional access to care to the public;
2. Find a champion in government and amongst public stakeholders;
3. Prove competence through recognized education vehicles despite the personal and financial burdens this may present;
4. Create alliances with associations and stakeholders of a similar vision. Amongst these groups are many that have successful experiences to share and encouragement to nourish the vigour needed to pursue these attainable goals.

Much of the world is populated by Denturists who are legally recognized in their country or state. In other countries Denturists are working on the relationships that will lead to legislation in the short term. For others, Denturists are struggling to win the right to practice freely and openly without supervision by other professions. This struggle will produce positive results but in a longer time frame.

SLIDE 3

First of all, what is “Denturism”?

Every Act having as its object the assessment and diagnosis of the oral cavity, the design, construction, repair, alteration, ordering and fitting of removable prosthesis.

The global definition of Denturism was authored in Canada and adopted by the International Federation of Denturists in 1994. Attempts have been made to have this definition accepted by the World Standards Organization Technical Committee on Dentistry. Efforts have been blocked by Dentists on the committee and our initiative was never tabled.

SLIDE 4 - Who is a “Denturist”?

Simply, a *Denturist is a health care provider who specializes in the practice of Denturism.*

Again, this definition was adopted by the IFD in 1994.

SLIDE 5

Across the world, the nomenclature for Denturist may vary:

- Denturist
- Denturologiste
- Denturologist
- Clinical Dental Technician
- Clinical Dental Technologist
- Dental Prosthetist
- Dental Protetik
- Kliniske Tandteknikere
- Erikoishammasteknikko
- Specialized Dental Technician
- Tandprothetici
- Zubnych Protetikov

SLIDE 6 - The designation “DD” is a registered trademark of the Denturist Association of Canada. In 1994, the DAC gave permission for its use by all members of the IFD where permitted in their country. It is not an acronym. It does not mean Doctor of Denturism, or Diploma in Denturism; it has no meaning other than the holder is a Denturist member of the IFD and upholds the objectives of that organization including the pursuit of education leading towards a complete scope of practice.

Let's focus on some geographic areas where we know what is happening in the profession:

SLIDE 7 – GREAT BRITAIN

The National Health Service was introduced in 1948 and produced a huge demand for dental treatment and in particular dentures. Some estimates at the time indicated that up to 70% of the adult population had no standing teeth.

Unbelievably, in the earlier years of that century, it was common practice for a husband to provide a dowry whereby his wife or future wife had all her teeth extracted to save cost in later years.

The explosion in demand for dental treatment resulted in huge cost to the tax payer and insufficient number of dentists to cope. Much of the denture treatment available was of particularly low standard as dentists were paid on a fee per item system – the more work they undertook the more their potential earnings. As a result many patients began turning to dental technicians for provision of their dentures for perceived better quality at lower cost. This resulted in many prosecutions by the Dental Council, as, since 1921, it was an offence for any person, other than a dentist, to undertake the fitting of dentures.

In 1949 a number of dental technicians got together and formed the Association for Denture Prosthetists. This Association campaigned for a change in the law to allow suitably qualified dental technicians access to patients for the manufacture and fitting of dentures. Successive governments acknowledged the value of denturists even though the practice was illegal but did little to effect any change due to a large forceful lobby by the dental profession.

In 1993 the then Conservative government commissioned the Nuffield Foundation to undertake an inquiry into dentistry. Their report concluded that clinical dental technicians (Denturists) should be introduced into the UK. The former Association for Dental Prosthetists became the Clinical Dental Technicians Association in 1994. It continued the campaign to change the law and it became very clear that education would be the key to success. The Association approached George Brown College in Toronto, Canada and requested that they produce a course to enable UK denturists to gain a qualification. Over 100 graduates from Great Britain have now completed this program to diploma standard. This qualification is now being accredited by the Royal College of Surgeons of England and will become a recognized diploma for registration in the UK.

Just prior to this meeting, we received word that the Privy Council passed the legislation order on July 19th. In effect, the legislation is now law and UK Denturists are legally recognized. In their new act, they will be referred to as registered dental care professionals, not Professions Complimentary to Dentistry. It is expected that registration will commence in 2006. At present it is estimated that there are 8000 dental technicians within Great Britain and the Republic of Ireland and approximately 1500 denturists who have been working but illegally. Only those with a recognized qualification will be eligible to register.

With legislation, the scope of practice for a UK Denturist will be:

- Provision of complete dentures without supervision.
- Provision of partial dentures without supervision.
- Provision of other removable dental appliances without supervision.
- Taking and processing dental radiographs.

Dental Technicians in Ireland have for many years been making dentures direct to the public.

In the late 70's a small group of technicians formed an association called the "Irish Association for Dental Prosthesis" (IADP). They were the beginning early stages of a lobby movement to have the profession recognized and to break the dentists' monopoly. In 1978 this monopoly was challenged when the IADP called on the Minister for Health to allow denturists (as they began to call themselves) to build, alter and repair full and partial dentures. Their cause suffered a setback when a government body rejected the proposals.

In 1980, the IADP asked the Restrictive Practices Examiner to investigate the dentist's monopoly. The examiner found that parts of the 1928 Dental Act restricted competition in the provision of dental services.

The Restrictive Practices Commission later recommended that the act should be amended to remove the prohibition on denturists supplying dentures to over 18's providing they didn't work on living tissue.

Various initiatives and investigations occurred between 1978 and 1985 when a new Dentist Act contained a section which gave the Dental Council the right to establish auxiliary dental workers. To date, no plan to put this scheme into place has occurred. Since 1985, the Irish Association for Dental Prosthesis gradually fragmented and disintegrated as many of the founding members either retired or passed away. The Dental Technicians Association of Ireland took over the reins and in the late 1990's Denturism again began to occupy members' thoughts. In 2001 the association was reminded that successful introduction of clinical dental technology in other jurisdictions has occurred by long and well planned campaigns by all involved in the industry most importantly the educational institutions. The case for Denturism has been brought before the High Court a few times since then but has always failed because the action was narrow in focus and lacked the overall backing of the dental technicians. The issue failed to capture the public imagination. To date two or three dental technicians have achieved the George Brown College Denturist diploma through the UK association.

SLIDE 8 – Scandinavia and Baltic

Denturism is extremely active, especially in the countries of Denmark, The Netherlands and Finland. The Netherlands Denturist Association has been in existence for 30 years and was successful in pursuing legislation in 1986. In 1998 the scope of practice was expanded to complete, partial and dentures over implants. The school in The Netherlands is the Hoge School at the University of Utrecht. Students train for four years before graduating as Denturists. The school is still a private school but the Association is trying to make it a public school in order to get government financing. The Netherlands is also seeking a baccalaureate degree for Denturism. The Netherlands Denturist Association regulates the Denturist curriculum in collaboration with the university. In 2005, there are approximately 300 Denturists.

In Finland, Denturism became law in 1964. In order to become a Denturist, one must study as a dental technician first. This takes 3.5 years. After practicing as a laboratory dental technician for 5 years, you may apply for further education as a specialized dental technician, or Denturist. Denturists are independent and may treat complete, partial and implant cases, as well as anti-snoring appliances, sport mouthguards and individual ear protectors. In Finland, there are 350 active Denturists and 250 dental technicians working on the clinical side only.

Interestingly, Denturism has been legal in Denmark since 1843 when a man accused of illegal dentistry by making and inserting dentures was subsequently released by the Supreme Court with permission to continue his business. Many lawsuits by dentists followed but none have had any convictions. Denturists, or Clinical Dental Technicians, gained importance as an oral health care provider but they are still in existence without official legislation or authorized education. In 1913, a parliamentary commission declared that dentists could not have a monopoly on prosthetics because the public would then have to pay more for their dentures. A recent survey has showed that 80% of dentures are made by Denturists. The school for Denturists was established in connection with the dentist school in Aarhus. There are 250 Denturists in Denmark. Despite their ability to practice as Denturists without legislation, the Danish association is pursuing legal recognition and authorized education to ensure the protection of the public.

SLIDE 9 – Spain and Portugal

Spain has 10,000 dental technicians but the provision of dentures is dominated by dentists. The IFD has made contact with Spain and are hopeful to meet their Denturist representatives at the 2005 annual meeting.

Portugal has 600 dental technicians who have various degrees from six universities. There are another 2,000 bench-trained dental technicians who qualify through a union sponsored exam. There is no current legislation for Denturists but larger labs do denture work. One university is interested in a Denturist syllabus and is ready to propose this to the Ministries of Health and Education. Portugal is also looking to the IFD for assistance in developing this course.

SLIDE 10 – Western Europe, Italy and Malta

Except for the small country of Malta, the profession of Denturism is not well received in Western Europe, including France, Germany and Italy. In Germany, prior to 1952, Denturism did exist as did an educational curriculum. With the advent of communism in that country, the profession did not exist; however, dental technicians were known to be making dentures direct to the public. Since the fall of communism, there has been little Denturist movement but as the economy is down there may be a move for dental technicians to pursue Denturism as another financial opportunity.

In France but because of the nature of its severe prohibition, the movement has been entirely underground and is fearful of the power of the dentists and the legal system. Legal counsel for a previous French Association was threatened with disbarment should she continue to work for Denturists. The French Denturist Association has recently renewed its contact with the IFD and is looking to IFD for support in bringing education, examination and finally recognition to French Denturists.

In Italy, there are Denturists acting under the supervision of dentists. Their movement towards legislated Denturism is limited.

In the late 19th century, tradesman from Sicily arrived in Malta to practice as dentists or Denturists to make teeth. When dental education was introduced, some of these tradespeople became trained in dentistry and became dentists. Others continued their practice of fabricating dentures and became known as Dental Mechanics. Without formal education, Dental Mechanics became dependent on the monopoly of dentists. Eventually, realizing the hard work in providing dentures, dentists gave the practice over to Dental Mechanics for the lab work. Some Dental Mechanics continued to provide dentures direct to the public and a rivalry between the two professions began. There were charges of “quack dentists” making dentures that caused cancer. Independent Dental Mechanics or Denturists were blacklisted by dentistry and only those who remained under dentistry’s control got the lab work. However, Denturists continued on and in fact there were no prosecutions. In Malta, Denturists provide full and partial dentures. They also provide immediate dentures with the cooperation of a small group of dentists. In 1985, a school of Dental Technology was established and in 1986 registration began for Dental Technicians who became recognized as a paramedical profession and subsequently became known as Dental Technologists. The Malta Dental Technician Association has 200 members of which 5 are officially known as “Denturists.” The Association is looking to develop the 4 year diploma course in dental technology into a degree level. In collaboration with the European Dental Laboratory Owners (FEPPD), the Malta Association has established an educational sub-committee to help in the standardization of education and training for both the laboratory dental technician and the Denturist. They are hopeful that with the advent of legislation in the UK, the Maltese government will be more willing to have more intense and fruitful discussion on the legislation of Denturists in that country.

SLIDE 11 – Eastern and Central Europe

Prior to 1989, Eastern European countries such as Poland, Hungary, Romania and Czechoslovakia were under the rule of communism. During that time the former health care system was systematically abolished and all of the health disciplines suffered, including Denturism. In the country we now know as Slovakia, the health ministry realizes that Denturism offers a clearly defined and reasonable solution to dental prosthetics and has set about to re-establish the profession. The course of study for Slovakia is two years of dental technology, five years of continuous work in the field of prosthetics, then an exam to receive a master's diploma for technicians and two more years of study in biomedicine and clinical Denturism. Under the auspices of the IFD, clinical examinations took place in Slovakia with the full support of the Ministry. The Slovak Republic Denturists are facing the usual delays and roadblocks placed by changing governments and the sometimes nefarious tricks of dentists. The Denturist association will not be deterred and meets regularly with government to keep it informed as to the competencies of Denturists and to refute any claims otherwise. They are a tenacious people. With the reestablishment of the profession in Slovakia, other Eastern and Central European countries will soon follow.

The IFD 2005 Annual Meeting will be held in Bratislava in October. We are looking forward to meeting with our colleagues from various parts of the globe and getting updates on their activities. If there is any way you can join us, please do. I understand that the special event at Bojnice Castle just outside of Bratislava will include some musical body functions.

SLIDE 12 – Cyprus and Middle East.

We know that Dental Technicians in the Middle East are interested in acting as Denturists but we have been unable to make a credible or consistent contact.

There is a young Canadian Denturist who has been in contact with the government in Cyprus to legislate Denturism. He is actually moving back to his original home in Cyprus to work as a Denturist, challenge the system and make change.

SLIDE 13 – Australia and New Zealand

I will briefly describe the situation in Australia because you know it very well. There are currently 1,000 Denturists/Dental Prosthetists registered in Australia. The first legislation was passed in Tasmania in 1956. Today all states except the Northern Territories have legislation for Dental Prosthetists. In general scope of practice encompasses full and partial dentures and mouthguards direct to the public without certification from a dentist. Some states have introduced implant supported dentures into scope of practice. Australia has implemented a new National Training Package. Until July 2004, Sydney was the only college that had Denturist training. In July 2004, Melbourne started an Advanced Diploma in Dental Prosthetics and Brisbane enrolled their first students in Advanced Diploma in February 2005. The new Degree in Dental Technology has started on the Gold Coast in Queensland. A group of previously qualified Technicians have upgraded to the degree and are taking the Masters Program in Dental Prosthetics.

The ADPA is the only national body representing Dental Prosthetists in Australia and is made up of affiliated organizations from all states.

In New Zealand, Clinical Dental Technicians became law in 1988. In 2000, the University of Otago Dental School took over the training of dental technicians and established a bachelor's degree in dental technology. This is a 3 year academic course followed by a 1 year clinical study. All types of removable prosthesis are under the purview of Denturists with an Oral Health Certificate in the case of a partial. There are 167 Clinical Dental Technicians in New Zealand.

New Zealand and Australia have a mutual recognition agreement and are working out common methods of recognition and examination of applicants applying to be registered in the two countries from overseas countries that have Denturists and Technician legislations.

SLIDE 14 – South Africa

Unfortunately, dental technicians scattered over a vast sub-continent have dwindled over the years due to apathy, inconsistent communication and an inability to guarantee progress within timeframes, given the powerbase of the dental profession. Typically, their association needs a larger membership and an efficient budget to do their job effectively.

In 1945, the Dental Mechanics Association of South Africa proposed a bill that was defeated by parliament in order to create a monopoly for dentists and lure students into that field. The dentists themselves used cancer scare tactics and false statements to lure support for an unjustifiable delusion. This decision put many dental technicians out of work and left those in the profession subservient to dentistry. It was also responsible for continued unwarranted friction and mistrust between the two professions. There was another more insidious effect on the public itself.

White women of South Africa, older than 65, who have had access to the best dental services in the country, have an unacceptably high level of edentulousness, almost twice as high as the males of the same group, due to their dutiful regular visits to the dentist. The creation of financial incentives in the private sector have detracted from the ultimate goal of health for all, and instead have created freedom for practitioners to abuse and mismanage the patient's health and medical schemes. Access to basic oral health services has been woefully inadequate and unaffordable to the majority of the population. The scheme has failed and the monopoly needs to be challenged.

In 1992, the Denturism Committee of the Dental Technicians Council served on workshops to address the recommendations of the motivational report "Denturism: A New Profession." A dispute regarding the empirical data and denture needs halted progress until research data from the Western Cape could be collected. Because of the departure of the main researcher, this was not completed until 2001. The immediate task

was taken on by a group of Dental Technicians to draft a document to assist decision-makers with relevant information. In 1997, the Dental Technicians Act was amended and a definition for Clinical Dental Technologist (Denturist) was added. This was never debated by stakeholders and has not been an agreed upon measure.

The original researcher, Dr Hartshorne, published his report in 2001 which contained the philosophy to provide dental technicians with clinical training to become Denturists. Dr. Hartshorne's report, along with the 1998 report of the Society for Clinical Dental Technology entitled "Clinical dental technology: A Quest for Equity in Oral Health Care" were considered subjective by their opposition, leaving decision-makers without trustworthy data that is not made suspicious. A transparent debate including all stakeholders is the only route to defuse the controversy.

Dentists have been appointed to all decision-making boards and committees that affect public oral health care. These types of appointments have placed the dental profession in an ideal position from where they have successfully exploited any competition by resisting encroachment on their monopoly. This abuse of a position of trust has successfully frustrated oral health human resource development in many countries of the world. However, Denturism is steadily becoming a global profession due to public demand.

How do the South African Denturists move forward? The Society recognizes the tenets of success that I outlined at the beginning of this presentation: participation in career-development workshops, setting up distance education with internationally renowned schools, a public awareness campaign, discussion with parliamentary and trade union representatives, and of course increasing membership and encouraging a new generation of aspiring CDT's to come forward, gain insight and assist in the process.

SLIDE 15 – US

There are currently 400 licensed Denturists in the United States. Denturism is legal in six states: Arizona, Idaho, Maine, Montana, Oregon and Washington. Since it was first legalized in the United States in 1977, Denturism has evolved from an unregulated movement of technicians—whom many considered to be renegades—into a more widely accepted, reputable profession. Despite limited manpower and financial resources, they've successfully taken on the powerful, wealthy lobbying efforts of opposing dental associations and made significant—albeit slow—legislative and professional inroads in the last 28 years. Legislation is currently in various forms of development in California, Massachusetts, Minnesota and Pennsylvania. Denturists charge an average of 30 to 50% less than dentists and, because of the cost-effectiveness and specialized nature of their services, the dental consumer has been denturism's greatest ally. This is why public initiatives and referendums have typically been the more successful route to legalizing Denturism. Dentists, on the other hand, have traditionally been denturism's greatest adversary and their opposition is the main reason legalization has been such a slow-paced process. They cite concerns for public safety, quality of care and limited training as reasons to block denturism legislation. However, denturists feel these concerns are

unfounded, especially given the current state of removable prosthetic training in dental schools.

There is a trend in dental schools to reduce and even eliminate removable prosthetic coursework from their curriculum. Because of this limited training—plus the allure and higher profitability of crown and bridge, fewer and fewer dentists are offering dentures. The average dentist has 200 hours of experience with dentures whereas a graduating Denturist student has 4,000 hours. Dentists can't reasonably argue that they can provide better removable prosthetic care. It is estimated that edentulous patients will increase from 33 million to 37 million by 2020. It is paradoxical that dentists understand the need to provide affordable denture care to an aging population, they do not have the required education, and they do not want to provide the services, yet they do not want to give this control over to Denturists. Interestingly it was a dentist in Minnesota who stated in the Minnesota legislature that a Denturist graduating from George Brown College in fact received far greater number of hours of both didactic and clinical instruction than dental students enrolled at the University of Minnesota's School of Dentistry. That same dentist worked for a dental care company that provides services to low-income families and children, persons with disabilities and the elderly. Although he knew his stance in favor of Denturism might be controversial among his peers, he felt compelled to support it because he's alarmed at the quality of care these populations have been receiving. Sadly, that same dentist was dismissed by his company for his support of Denturism.

Dentists who've seen Denturism in action and learned first-hand how it can create a win-win situation are also becoming advocates. As dentists and Denturists have started working as a team—referring patients to each other for example—dentists' practices have grown as a result. There's a much greater sense of teamwork and compatibility. In fact, of the 120 licensed Denturists in Washington, about 40 of them have dentists on staff.

There is a potential for 10,000 Denturists once initiatives in various active states are successful. Once the current numbers rise, there will be strong support from other state governments, insurance carriers and industry suppliers. Opposing professions will no longer have a say in the future of the Denturist and the profession. Their long-term goal is to legalize Denturism in every state and in doing so, continue to expand public access to their services. Some Denturists would also like to establish reciprocity within the United States as well as with Canada and Europe, meaning a Denturists license obtained in one state or country would be recognized and accepted everywhere. Just as this situation has worked well for the medical community, dentists and the government need to see how professional offshoots could benefit dentistry and—more importantly—the dental consumer.

Also shown on this map is the small country of St. Kitts and Nevis which has one Denturist. That lady is a member of the IFD and is learning from the experience of other Denturists. We hope to have a meeting there soon, hopefully during a Canadian winter.

SLIDE 16 – Canada

Every province and territory in Canada has Denturist legislation. Denturism first became legal in the province of Alberta in 1940. In 2004, the small province of Prince Edward Island received legislation in full and partial dentures without prescription. That completed the “puzzle” of Denturism in Canada. There are 2000 Denturists in Canada, of which 1750 belong to the Denturist Association of Canada. The scope of practice in general is complete and partial dentures and dentures over implants. Anti-snoring appliances, Tooth Whitening and Mouthguards are considered in the public domain and are a function of a Denturist clinic.

There are four schools of Denturism in Canada and all are accredited by the Denturist Association of Canada. Accreditation is successful because of the teamwork of the Curriculum Advisory Committee of the DAC, the educational institutions, and the Denturist regulatory bodies. In addition, there are several continuing professional education bodies recognized by the Denturist Association of Canada.

As with other countries, the profile of Denturism and its national representative has slowly but surely increased through public awareness, strong education, and fostering good relationships with government. The Denturist Association of Canada represents Canadian Denturists on the Federal Dental Care Advisory Committee which oversees oral health care for six government departments and the First Nations peoples. It is a member of the Canadian Standards Association Technical Committee. In 2004, a direct liaison was established between the DAC and the Non-Insured Health Benefits branch of the Canadian government which provides services to First Nations peoples in Canada.

One of the major projects of the DAC has been the development of an electronic claims network for Denturists. The network called DACnet has been trademarked to the DAC for 10 years. The DAC has investigated several avenues of delivery including creation of its own network highway (way too expensive), aligning itself with an internet network (not favourable to insurance companies), and dealing directly with the insurance companies. In 2004 significant progress was made when the Canadian Dental Association agreed to offer the CDAnet as the umbrella for DACnet making it easy for insurance companies to convert their systems to accommodate Denturists. This offer of teamwork was not a big surprise because DAC and the CDA have been working together on many joint projects for several years and have established a fruitful, if cautious, relationship. A pilot project to test the DACnet system is currently underway and we hope for a major launch by the end of 2005.

In the spring of 2006, the Denturist Association of Canada, in cooperation with the Faculty of Dentistry, University of Toronto, will facilitate a pilot study called “A Day in the Life of a Denturist.” This pilot study will test the full survey to take place in 2007 which is anticipated to deliver much needed data on the situation in Canadian oral health care and provide the means to determine the care required by Canadians, what is actually being provided, risk factors to good dental health, and human resources.

In 2004, the Denturist Association of Canada, its Quebec member association, and the International Federation of Denturists partnered in the 4th World Symposium on

Denturism, the most successful Symposium to date. Over 900 attendees and 100 exhibiting companies came to Montreal to enjoy a high quality education program, and some great special events.

SLIDE 17 –

To those who are working for the global advancement of Denturism, the term “Green Earth” has a different meaning. Over the next few years, most of the countries on the verge, those yellow countries, will become green. Hopefully those in red will be on the road to recognition. Every time IFD makes a contact in a new country it is added to the map and the work becomes a global effort to support that country.

SLIDE 18 – IFD

You are all familiar with the International Federation of Denturists. This year IFD celebrates its 30th anniversary. It is an incorporated professional association comprised of member countries whose interest is the advancement and enhancement of Denturism. There are currently 18 member countries and we are in contact with many other countries to offer our assistance, when welcomed to do so. The IFD started as a place for communication and networking. It has developed into an active and proactive resource in education and communication.

SLIDE 19 – Projects

In 2004 and 2005, IFD is working on many projects, some of which are shown on the slide.

In 1994 (what a great year that was!) the Denturist Association of Canada contributed its baseline competency profile to the IFD. This educational guide has been used as the model for establishing Denturist education in many countries and is recognized by governments as the standard for Denturist education.

Member countries without legislation are able to challenge clinical examinations in their own country under the auspices of the IFD. An examination team works with the local committee to ensure that the candidates are well educated in theory and practical procedures, preparation for the examination is conducted in the week prior to the exam, and the clinical exam proctored by the IFD. These exams are held with the full knowledge of the government and successful completion identifies competency in their own jurisdiction. Exams have been held in the Slovak Republic and other countries are in preparation for them.

The IFD has worked closely with the FEPPD, the North American and European Dental Laboratory Owners, and the European Union, in the identification and establishment of professional qualifications. Known as the Leonardo da Vinci project, this effort is to confirm the education and competencies required for various professions, including Denturism.

At the same time, the IFD and FEPPD are working on the Medical Devices Directive which has been mandated by the European Union and will have implications in the

United States as well as other countries. This Directive ensures public protection through quality assurance and the tracking of products from manufacturer to wearer.

The 2006 Symposium will be a World Symposium on Denturism and Dental Technology and will be held in London, England in the fall of 2006. The location and dates will be announced soon. We expect over 2,000 delegates from both professions. We are partnering with the Clinical Dental Technicians Association of the UK and the Dental Laboratory Owners Association in the organization of this historic conference.

The original mandate of the IFD was as a communication and networking vehicle. Through our annual meetings, website and email we keep this communication vibrant.

The success of IFD is attributed to those men and women who are passionately committed to Denturism. IFD is funded by an extremely small budget of membership dues and is driven 100% by volunteers. IFD and global Denturism depends on the unselfish dedication of Denturists who give considerable personal time and money to help wherever they are needed. It is people like Austin Carbone who raised the profile of IFD and encouraged the international recognition of baseline education competencies. Paul Levasseur has successfully partnered IFD with organizations such as the FEPPD, whose members are cross-related and whose leadership is extremely supportive of our cause. Chris Allen of the UK has sacrificed his own practice to work full time not only on the legislative efforts in the UK but to represent IFD at the European Union to ensure Denturists are included in professional consultations. Stephen Boxhall of Australia has been an extremely vital and valuable member of the IFD Executive. Graham Key has given his time and expertise to education issues at IFD. There are so many Denturists from different parts of the world who may not be known to you but we can assure you are selfless individuals who have a vision of a Green Earth.

SLIDE 20 – Brotherhood of Sterkenburgers

One of the committees of the IFD is the Brotherhood of Sterkenburgers. This honored group of Denturists and non-Denturists dedicated to the advancement of Denturism was started in The Netherlands after those Dutch Denturists completed vigorous training at Sterkenburger Castle in Baarn, The Netherlands. The pioneers of Denturism were honored by induction into a Brotherhood of Sterkenburgers. Since then, a nominating committee of the IFD selects only the finest of our leaders to become a member of the Brotherhood. I am very proud to be the only woman and non-denturist in the group, so far.

SLIDE 21 – Pieter Brouwer

The Brotherhood of Sterkenburgers and IFD were the dream of one man whose motto has been “Denturism is my Life”. Pieter Brouwer was a Denturist from The Netherlands whose spirit was as large as his physical presence. When he passed away in October 2004, Denturism lost a parent. In his honor, the IFD has renamed the prestigious Award of Merit the Pieter Brouwer Award of Merit. Only three Awards of Merit have been

presented so far, to Chris Allen of the UK, Professor Michael Vakalis of Canada, and Austin Carbone of the United States.

I hope that this overview of Global Denturism has in some way inspired you to continue your proactive good work with enthusiasm and joy.

(Many thanks to the IFD member countries and individuals who provided their history and their stories for this presentation.)