

Guest Editorials

Training of Oral Health Personnel in Fiji

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Dental training in Fiji began in 1945 at the Central Medical School with a four year course for Assistant Dental Practitioners. This was subsequently upgraded to a four-year diploma in dentistry program for dentists. Later, programs for dental hygienists, dental technicians and junior dental assistants were developed.

In 1973, the dental hygienist program was discontinued and replaced by the dental therapy program. In 1998, the junior dental assistants program was phased out and replaced by a dental hygienist program. The dental officers program was terminated in 1985 and students selected to study dentistry from Fiji were sent to Australia and New Zealand. A number of those that went on this scheme never returned to Fiji and those that returned shortly resigned to move overseas or to private practice.

These graduates from overseas were frustrated because they were unable to apply skills they obtained from an education that was oriented to practice in Australia and New Zealand, rather than to the practice of dentistry in the Pacific. The Pacific set up is characterized by a community based approach and day to day functions limited by malfunctioning equipment, lack of transportation, inadequate instruments, poor quality and insufficient materials, and inadequate remuneration for staff.

In 1993, the Fiji School of Medicine introduced a new approach to the training and education of oral health personnel. A program of study was designed to enable dental personnel to proceed through a sequence of educational courses on a career path leading from a dental assistant through other auxiliary grades (dental technologist, dental hygienist and dental therapist) to a dentist with a University Degree. The entire program is five years for dentists, three years for dental therapists and technicians and two years for dental hygienists. These parodontals may apply for re entry at the level where they left to further their studies. Curriculum for this program was designed to ensure that the students' education is relevant to the conditions of the populations they will serve and that it will be appropriate to meet the oral health needs in Fiji and the Pacific. We are now on the process of developing postgraduate Certificates, Diploma and Masters programs in dentistry to commence in 2005.

The program since 1997 has graduated the following Oral Health Personnel:

Fiji School of Medicine
School Of Oral Health Graduates: 1997 - 2002

Country	Cert Dental Asst	Cert Dental Hyg	Dip Dental Therapy	Dip Dental Tech	Bach Denal Surg	Total
Fiji	15	72	18	2	41	148
Samoa	-	-	-	-	3	3
American Samoa	1	-	-	-	11	12
Tonga	-	-	1	1	8	10
Vanuatu	1	1	2	-	1	5
Solomon Is	-	-	2	2	10	14
Micronesia	-	1	-	-	2	3
Cook Is	-	-	-	-	3	3
Tuvalu	-	-	-	-	2	2
Kiribati	-	-	-	-	1	1
Palau	-	-	-	-	2	2
Tokelau	-	-	-	-	1	1
Marshall Is	-	-	1	-	-	1
Nepal	-	-	-	-	1	1
Total	17	74	24	5	86	206

Key: - no enrollment

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Historically there has been limited oral health research conducted in the Region. The future however is optimistic and testimony to this is this exceptional issue of the *Pacific*

Health Dialog. Although there is potentially much to be gained by the people of the Region and oral health care professionals, there has been extremely limited inter-regional collaboration even though Pacific island countries share common oral health issues. Ultimately research leads to increased knowledge which when applied, increases health and benefits humanity worldwide.

Dentistry has been considered as an art as well as a science. As clinical practice is becoming more evidenced based we will depend on more accurate information. In the Region there is a great need to bring more science into the art of dentistry, hence the concept that you can't truly understand something if you don't "measure" it, stands true for oral health too.

As scientific knowledge has exploded, oral health care workers will have to be able to rapidly and accurately evaluate this information for themselves and although not every clinician is a researcher, every clinician will have to critically evaluate this research.

Practitioners in the future will have to familiarize themselves with knowledge and techniques that are not currently known, however as technologies change so will oral diseases. Sadly the benefits of this information explosion have not reached all members of society. Hence, the interpretation, dissemination and application of research are equally important as the conduct of the research itself.

The mouth has been rightfully stated as being the window of the body and as such is related to the skin, gut, lungs and other body cavities. The oral cavity alone can not be unhealthy, as it is the person as a whole that suffers. In more developed nations oral diseases are not considered as potentially fatal conditions and for the majority of people is more of a quality of life issue. In the Region it is more than an issue of morbidity and still an unnecessary cause of death.

When oral health is compromised, eating, speaking, sleeping, self-esteem and interpersonal relationships are affected. In adults it impacts on the workforce and in children it affects their ability to study and develop adequately.

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It is often unrecognized that oral diseases are the most prevalent infectious diseases in the world. These diseases include dental caries and periodontal conditions which if not treated will eventually lead to tooth loss. Both conditions however are preventable and reversible.

Oral health shares common causes and risk factors with other chronic diseases such as cancer as well as cerebrovascular and cardiovascular disease. It has been long been established that systemic conditions in addition to stress, tobacco use and alcohol consumption have effects on oral conditions but more recently it has been observed that there is an association with oral diseases and aspiration pneumonia, bladder and pancreatic malignancies, cerebrovascular disease, cervical cancer, otitis media, osteoporosis, peptic ulcers, prostate cancer and rheumatoid arthritis.

It is anticipated that in the future there will be a change in oral health care workers practices where there will be greater

collaboration with oral and other health care workers. As people rarely have one problem, a more holistic approach to health care seems sensible.

Developments in oral health will see advances in biomaterials, tissue regeneration and the development of vaccines against dental diseases such as caries and periodontitis as well as mucosal diseases that may have great ramifications as most known infections occur by crossing the mucosa.

Dentistry has a long history of contributing to the welfare of humanity, all the way back to the discovery of modern anaesthesia in 1844 by Dr Horace Wells who transformed life as we know it from that moment onwards.

**Every tooth in a man's head is more valuable
than a diamond
(Ambrose Bierce in *The Devil's Dictionary*)**