

Dr. Jack Cottrell

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Looking Beyond Our Borders

or those of you who attended the FDI Congress during the summer, I hope you shared in my feelings of pride and accomplishment for Canadian dentistry. Dentists from more than 130 countries came to Montreal for the Congress, and a number of these colleagues made a point of telling me how impressed they were by the content, organization and efficiency of the event. Dr. Denis Forest and all the members of the Montreal Local Organizing Committee deserve praise for making this global dental showcase such a success.

My conversations with global colleagues at FDI made it apparent that an interconnectedness underpins dentistry. Challenges to the profession that exist in one part of the world often exist in another. No matter where we practise, be it Canada, Cameroon, Australia or Argentina, we are all part of a larger dental community. Indeed, we are all connected.

Such connections are reinforced through CDA's relationships with its fellow national dental organizations. A close bond exists between CDA and the American Dental Association (ADA), and over the past few years this reciprocal relationship has grown. The officers of both associations meet annually to share information and discuss issues of common concern.

These meetings keep CDA abreast of activities and developments occurring in the United States that could potentially have an impact in Canada. For instance, 2 issues discussed at the CDA–ADA officers meeting in July 2005 were prominent items of business at the ADA House of Delegates session that took place in October.

The first deals with a "career ladder" dental workforce model for allied dental personnel (i.e., dental assistants or hygienists) to become fully licensed dentists in the United States. An ADA task force report proposed career pathways with specific requirements for education and training, certification and licensure, supervision and patient groups that could be served by the various levels of allied dental personnel. While offering broad recommendations on expanding certain roles and responsibilities, the ADA report made it clear that the dentist would remain the leader of the dental team.

A second major topic was the ADA's Commission on Dental Accreditation plan to offer its accreditation and evaluation services to international dental schools. This proposal for fee-based consulting services comes in light of at least 4 states (California, Minnesota, Florida and Utah) implementing or considering ways for their own state boards of dentistry to determine the suitability of graduates from international dental schools.

While these developments in the United States may not totally mirror the situation in our country, CDA must be vigilant in observing, assessing and acting upon the big issues in dentistry that can affect the future of the profession in Canada.

CDA prepared a draft resource document (which was shared with ADA officers in July) that outlines the principles underlying the interrelationships of health occupations in Canada. A particular challenge domestically is provincial autonomy regarding scope of practice issues, so any national recommendations must be generic and present potential avenues open to provincial governments and their regulatory agencies.

In terms of Canada's systems for assessing international dental graduates, CDA's 2004 Academic Event focused on the development of national guidelines for the evaluation, education and registration of dental specialists trained in non-accredited institutions. Participants agreed that to adequately address the situation, the profession needs to support processes that fit the views of governments without sacrificing public protection or weakening self-regulation.

By sharing its knowledge and experiences with other national associations, CDA enjoys a mutually beneficial relationship in addressing the broad challenges to the dental profession. CDA continues to advocate on behalf of dentists in the global arena, providing indispensable value to its members and the Canadian dental profession.

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