

Dr. Don Friedlander

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Building a United Dental Community

"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."

- Margaret Mead

he Canadian dental profession faces many challenges in both the short and long term, ranging from access to care to funding of oral health research to early childhood caries. These challenges often reach across the professional spectrum and affect dentists, associations, regulators, specialists, academics and dental students. For the profession to adequately address these challenges, the various elements within dentistry must not work at crosspurposes—by sending mixed or even contrary messages—but rather must work together.

Individually, these groups within dentistry have limited resources and rely on the efforts of staff and volunteer dentists. Each depends on the capacity of these individuals to work well with each other, to accept communal accountability and a shared commitment to everyone's success. The groups are interconnected, and I believe there is nothing that one group can do on its own that we couldn't do better together.

Such commitment to a united dental community can move the profession from the limitations of self-interest to a new borderless community of shared values, goals and priorities. The more we welcome other groups that hold these same ideals into our midst, the more the broader dental community will flourish. There is even a place inside our community for groups who may not initially be seen as partners, but whose values and goals we share. In fact, I believe a true community develops strategies to promote the inclusion of seemingly different world views to support the advancement of the collective.

The CDA Board of Directors has created a "united community" strategic priority team, to analyze the state of the Canadian oral health community and propose measures that will foster increased unity and collaboration. One of the team's key proposals is to enhance communication and relationships between the various constituent groups in the profession, to help facilitate a collaborative approach based on open and ongoing dialogue. In this case, increased communication does not refer to a greater use of cell phones, text messages and email. Rather, enhanced communication should reflect a shift toward reinforcing our common understanding, tradition, ideas and ideals.

Another important step is for CDA to become a trusted source of knowledge for the profession by gathering, interpreting and disseminating information from provincial, national, international and interdisciplinary sources. In this area of knowledge transfer, a cohesive community is crucial if we wish the profession to continue to succeed in an ever-changing world. A united dental community must advocate for the profession by being the definitive source of scientific and clinical knowledge and we must not abdicate these responsibilities to other groups.

The new membership model between CDA and the provincial and territorial dental associations, which is on track to be implemented in 2011, will further promote the sharing of resources, the integration of our programs and services and the leveraging of locally generated projects across the country. The dentistry community can be exceptional as it recognizes the uniqueness of its members and provides a vehicle for everyone to make a contribution.

Developing community means connecting national capacities with local needs and local capacities with national needs. It encourages collaboration before competition and focuses on solutions rather than barriers. A united dental community promotes unrestricted access to knowledge, the solving of shared problems and a profession that can adapt to external changes. In fact, this is the profession's particular competitive advantage, and by building upon this collective experience and knowledge base, we will ensure our future success.

Don A. Friedlander, BSc, DDS president@cda-adc.ca