

Communique, Communique

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SADA Head Office



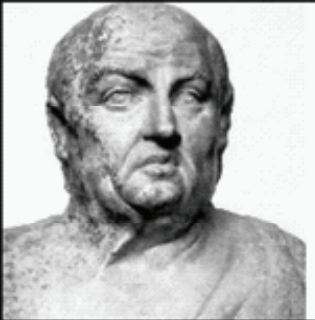
“The cell rests of Malassez” has always had a rather romantic ring to it.. many would agree. It conjures up an image of convivial cells warmly snuggling as they take their leisure after completing a good job! And almost certainly this takes place on an island paradise!

Reality triumphs, however, and the cells are unequivocally called into vigorous action none of this resting, if you please. This harsh practicality is explored in the opening paper this month. Recent work has revealed that the homeostasis of the periodontal membrane is a prime responsibility of these gatherings of cells. Research has “elucidated their functional role in maintaining the periodontal ligament at a constant width and also their role in regeneration of periodontal tissues.” Present in the cells are bone resorbing factors, growth factors, chemokines and related proteins associated with bone remodelling. Osteopontin and bone sialoproteins are secreted by the cells of Malassez in the root region of mature and developing teeth, and regulate mineralization. These cells are most active metabolites!

A fanciful, but defensible, analogy may be drawn with our Chairside Assistants who for many years have been an integral part of Dental Practice, quietly supporting the delivery of dental care but without holding a defined role. Perhaps they too have been “hiding their lights under a bushel”??? or should it be, at least for cell rests, under the basement membrane?? Chairside Assistants are absolutely integral to most dental practice, whether private or institutional.

Lets take advice from Seneca the Younger and reflect back a little to a study undertaken by Nemitandani and submitted as a Research Report in 2007. An investigation was conducted by circulating a questionnaire to 73 dental assistants who were employed in Limpopo Province. At that time there were 38 public hospitals in the area with dental facilities. Almost half of the respondents (49.1%) were untrained assistants, 22% were auxiliary nurses, 18.6% were “correspondence-trained” assistants who had been trained via distance learning and had no practical clinical training. Only 10.2% of the respondents had received training at a technikon or university. (Note: The HPCSA still appears to be

Seneca the Younger



He, who decides a case without hearing the other side, though he decides justly, cannot be considered just.

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set on recognising only Dental Assistants who have been trained at an accredited Technikon or University.) More than 90% of the dental assistants employed in public hospitals of Limpopo Province in 2007 had received no formal training in their occupation.

These untrained assistants reported the highest percentage (65%) of sharps injuries (either one or more than one injury reported), Almost two-thirds (65%) of untrained assistants reported one or more occupational blood exposure in the previous six months. About 45% of the distance-trained assistants reported experiencing one or more occupational blood exposures in the previous six months, while 9% had experienced five or more exposures. Almost two-thirds (65%) of untrained assistants reported one or more occupational blood exposure incidents in the previous 6 months.

Perhaps these were amongst the data that persuaded the Health Professions Council that there was a need to regulate and standardise the training of Dental Chairside Assistants. The relevant criteria, as is well known, were to be determined by the Minister.

Progress has been erratic over the intervening years, and as explicitly detailed in SADA Communique 2016 015, dispatched on 22nd March, there is still no finality on the draft regulations which will govern the role and scope of these team workers. However the deadline of 31st March for registration still stands.

Now, explore the latest documents and statements about the National Health Insurance scheme (Version 40, 10th December, 2015)... repeated reassurances are made that this far reaching health measure will be introduced.. yet the documents contain sparse details on Oral Health and leave the Oral Care Team floundering uncertainly, their future perhaps in the balance.

What is our reference? Globally, oral disease affects most adults and as many as 90% of schoolchildren. Oral diseases are a significant burden on overall health, with the greatest burden falling on disadvantaged and poor populations. The principal problems are: dental caries, periodontal diseases and oral cancer. - FDI released the second edition of its Oral Health Atlas at the 2015 Annual World Dental Congress in Bangkok, Thailand. The new edition, called The Challenge of Oral Disease – A call for global action, serves as an advocacy resource for all oral healthcare professionals and anyone with an interest in oral health.

The Atlas highlights the extent of oral diseases worldwide and reflects on policies and strategies addressing the global burden. It presents a summary of key oral health issues – including

- the impact and burden of oral diseases, such as tooth decay, periodontal disease, oral cancer and more;
- major risk factors and the common risk factor approach;
- inequalities in oral health;
- oral disease prevention and management;
- oral health challenges; and
- ensuring oral health is on the global health and development agendas.

Consider this fact... Dental Decay is the most prevalent disease factor affecting the most number of people.. estimated at 3,054 million worldwide. Next in frequency comes Migraine headaches (1,013 million) then, to be noted, Severe Periodontal Disease at 743 million, followed by Diabetes (549 million) and Asthma (334 million).

(See more at: [http://www.fdiworldental.org/publications/oral-health-atlas/oral-health-atlas-\(2015\).aspx](http://www.fdiworldental.org/publications/oral-health-atlas/oral-health-atlas-(2015).aspx).)

Oral Disease is a problem!!

The world, including South Africa, recognized Oral Health in the FDI sponsored World Oral Health Day on 20th March. (See more at: <http://www.worldoralhealthday.com/global-celebrations-for-a-smile-for-life-on-world-oral-health-day/>)

The Dental Association has consistently, vigorously and with integrity promoted concepts directed at enhancing oral health . Included in these activities are the endeavours to secure recognition for the profession and all the Oral Health Care team. And yet...

Is there a sense of paradox in these juxtapositioned facts...yes, there are telling statistics and relevant comparisons.. yes, there are declared intentions and plans.. and yet oral care and the profession carrying responsibility for that care seem to be relegated to the traditional concepts of the cell rests of Malassez....a quiet and unobtrusive cluster!. Why not release the true strength of the profession?