

DENTAL TRIBUNE

The World's Dental Newspaper • Pakistan Edition



PUBLISHED IN PAKISTAN

www.dental-tribune.com.pk

JULY, 2015 - Issue No. 04 Vol.2

Digital radiography that seems designed for pediatric practices



INTERNATIONAL NEWS ▶ Page 2

Intraoral welding and lingualized (lingual contact) occlusion: A case report



CLINICAL PRACTICE ▶ Page 4

New SOPs for CME issued by PM&DC



INTERNATIONAL NEWS ▶ Page 6

SAARC countries to enhance collaboration in higher education

DT Pakistan Report

ISLAMABAD - Federal Education and Professional Training Minister Baleegh-ur-Rehman has recently stated that; the Government accords great importance to quality. He remarked that the Higher Education Commission (HEC) of Pakistan has brought about immense development in the country's higher education sector during the last decade. He expressed these views while speaking at the closing ceremony of the two-day, 10th Meeting of the Committee of Heads of University Grants Commission (UGC). He appreciated HEC for hosting the event in Pakistan and underlined the need for enhancing cooperation among SAARC countries for development of higher education.

He underscored the importance of collaborative research among academics and researchers of the SAARC States. "Since all of us share many common interests, there is a big room for applied collaborative research in many areas, so we need to come up with indigenous solutions to our problems."

Briefing the minister about proceedings of the two-day meeting, Dr. Mukhtar Ahmed, Chairman HEC said that Pakistan was honored to chair the committee. He further said that all the participants gave useful suggestions on how to make the forum more effective for development of higher education in all Member

States of SAARC.

After thorough deliberations, the meeting decided that HEC will prepare a draft agreement on cooperation in higher education for circulation among the member states through the SAARC secretariat by the end of October 2015. It was further recommended that it should be finalized and signed during the 19th SAARC summit in Pakistan. The agreement would focus on the integrated regional approach in spearheading the common objective of socioeconomic and leadership development through promoting higher education.

It was agreed that each member state will develop their National Qualification Framework and align this with assessment and accreditation mechanism to ensure access to quality education. It was also recommended that a SAARC Quality Assurance Network should be established for increasing quality of education across the board in SAARC countries.

Furthermore, the Higher Education Commission of Pakistan will develop a standard document on credit hours and assessment mechanism by December 2015 and circulate it through SAARC secretariat for comments.

Continued on page 11



Enhanced standards: PMDC to categories colleges

DT Pakistan Report

ISLAMABAD- The Pakistan Medical and Dental Council (PMDC) has decided to categorize medical and dental colleges in 'A' and 'B' categories. The decision was taken in the PMDC's executive committee's meeting recently. According to PMDC Registrar - Dr Shaista Faisal; The list of category A and B medical and dental colleges will be prepared and announced shortly, and will include both private and public colleges.

She said only those medical colleges which will have at least a 500-bed functional teaching hospital, latest treatment facilities, functional MRI and CT-scan registered with Pakistan Nuclear Regulatory Authority, nursing college and registered teaching faculty as per PMDC criteria will be rated under category A. The rest will be rated as category B medical colleges.

Whereas, dental colleges with a 60-bed teaching hospital with all pre-requisites as

Continued on page 11

World No Tobacco Day Celebrations at College of Dentistry, Sharif Medical and Dental College

DT Pakistan Report

LAHORE - The tobacco epidemic is one of the biggest public health threats the world has ever faced, killing nearly six million people a year. More than five million of those deaths are the result of direct tobacco use while more than 600,000 are the result of non-smokers being exposed to second-hand smoke. Unless urgent action is taken, the annual death toll could rise to more than eight million by 2030. Nearly 80% of the more than one billion smokers worldwide live in low- and middle-income countries, where the burden of tobacco-related illness and death is the heaviest. In Pakistan 110,000 people die yearly due to tobacco usage. Death due to tobacco is preventable thus it is essential that the adverse effects of its use on the health and well being be highlighted. In lieu of this, the World No Tobacco Day is commemorated every year on the 31st of May by the World Health Organization (WHO). It was initiated in 1987 and is met with enthusiasm and some resistance worldwide each year. Every year WHO advocates a certain theme, this year the theme is "Stop Illicit



Trade of Tobacco Products".

College of Dentistry, Sharif Medical & Dental College also commemorated this day on the 29th of May 2015. The Principal of College of Dentistry, Prof. Dr. Col. IffatBatoool Syed and Director of Clinics, Dr. Chaudhary Muhammad Aslam were the Governing body of this event while the Faculty of the Department of Community and Preventive Dentistry; DrAyma Syed, Associate Professor and Head of Department, DrAmnaNauman, Assistant Professor, DrNafisa Mubarak Khan, Senior Lecturer and DrMadiha Aziz, Demonstrator, supervised this event.

Brown colored ribbons were made by students of 2nd Year BDS and distributed to audience as a symbol of fight against tobacco. Brochures were also distributed to the audience containing basic tobacco related statistics in Pakistan and worldwide along with the schedule of the event. A number of posters made by the students for competition were exhibited in the auditorium depicting the harmful effects of tobacco use.

The posters were judged by senior faculty members of the Dentistry fraternity of SMDC, which included Dr. Mirza Abdul Rauf, Dr. M. Sumair Farooq, Dr.

Continued on page 11

Digital radiography that seems designed for pediatric practices

by William F. Waggoner, DDS, MS, Pediatric Dentist, Las Vegas

Is there a technology you've come to rely on so much that you can't imagine how you ever got along without it? For me, that technology is digital radiography with flexible wireless sensors. When I first started private practice, we used film radiography exclusively. After a few years, we invested in a wired digital sensor system. It didn't take long to realize that a large number of children, especially the young ones, couldn't tolerate the hard sensors.

So, after a few months, we went back to film. For the next several years, I never gave it much thought, other than when my staff would complain about having to clean the chemical processor.

About eight years ago, however, I discovered and invested in ScanX phosphor storage plates — now more commonly called flexible digital sensors — for our two offices. Manufactured by Air Techniques, the small, soft, flexible, wireless ScanX sensors are comfortable for any pediatric patient who can tolerate a film radiograph, unlike hard sensors.

Recently, Air Techniques introduced the ultra-

compact ScanX Swift, which I obtained for a third pediatric office that we just opened. Here are 12 advantages I have come to appreciate about ScanX in general, and this new Swift model in particular:

- 1) Excellent image resolution. ScanX images enhance your case acceptance by helping you show the patient's parent the extent and location of any problems.
- 2) Faster image processing. All ScanX models process images in literally seconds, a mere fraction of the time it takes using film.
- 3) Larger image area. The image area with ScanX is up to 38 percent larger than with a wired sensor. This makes you much more likely to capture the complete coronal-to-apical length and not miss a root apex or distal cusp, which means fewer retakes.



Continued on page 11

Melbourne surgeons implant Australia's first 3-D-printed mandibular joint

by Dental Tribune International

Analyse data to understand the performance of your dental business. There are many important decisions we have to make when managing a dental clinic- we make these decisions on gut instinct or based on previous experiences or by analysing data that is available for us. Most of the dental clinics I have been working with had some understanding of the power that data can add to their business. It is essential that you regularly track a wide range of data across your clinic to allow you to have a good understanding of your business. Now days there are fantastic dental software such as Software of Excellence or R4 very well known on the market. These dental software can assist dental businesses to analyse important key performance indicators gain a better understanding of their business.



Some data that you need to look at – who are your patients, how did they hear about your clinic, nationality, age group, your chair occupancy in your clinic, the hourly turnover your associates generating, how many new patients you have monthly and many more KPI's we can look at.

Continued on page 11

Partnering to build a world of healthy, beautiful smiles

By Barbara Filmlalter, Global Marketing Manager, 3M Unitek

Have you ever noticed how a great smile can light up a room? Of course you have. You also know how a bright,



beautiful smile can change a life. At 3M Unitek, combining science and imagination to create products that change the way your patients live and give them more time to enjoy life with family, friends and loved ones is what we're all about. Innovation and curiosity are a way of life with us, and we partner with you and your staff to effectively deliver better, more beautiful results (Fig. 1).

Your patients have better things to do than sit in an orthodontist's chair — or wear braces — any longer than necessary. That's why we create products that can reduce time spent at the orthodontist's office, as well as overall treatment time. So they can enjoy more personal time, hanging out with friends or being with their families.

Continued on page 11

DENTAL TRIBUNE

The World's Dental Newspaper • Pakistan Edition

Publisher/CEO

Syed Hashim A. Hasan
hashim@dental-tribune.com.pk

Editor Clinical Research:

Dr. Inayatullah Padhiar

Editors Research & Public Health

Prof. Dr. Ayyaz Ali Khan

Editor - Online

Haseeb Uddin

Designing & Layouting

Sh. M. Sadiq Ali

Dental Tribune Pakistan

3rd floor, Mahmood Centre, BC-11, Block-9
Clifton, Karachi, Pakistan.

Tel.: +92 21 35378440-2 | Fax: +92 21 35836940

www.dental-tribune.com.pk info@dental-tribune.com.pk

Dental Tribune Pakistan cannot assume responsibility for the validity of product claims or for typographical errors. The publisher also does not assume responsibility for product names or statements made by advertisers. Opinions expressed by authors are their own and may not reflect of **Dental Tribune Pakistan.**

International Imprint

Group Editor

Daniel Zimmermann

newsroom@dental-tribune.com
Tel.: +49 341 48 474 107

Clinical Editor

Magda Wojtkiewicz

Online Editors/Social Media Manager
Editorial Assistants

Claudia Duschek

Anne Faulmann

Kristin Hübner

Sabrina Raaff

Hans Motschmann

Copy Editors

Publisher/President/CEO

Torsten Oemus

Chief Financial Officer

Dan Wunderlich

Chief Technology Officer

Sarban Veres

Business Development Manager

Claudia Salwiczek

Jr. Manager Business Development

Sarah Schubert

Project Manager Online

Martin Bauer

Event Manager

Lars Hoffmann

Marketing & Sales Services

Nicole Andrä

Event Services

Esther Wodarski

Accounting Services

Karen Hamatschek

Anja Maywald

Manuela Hunger

Media Sales Managers

Matthias Diessner

(Key Accounts)

Melissa Brown

(International)

Antje Kahnt

(International)

Peter Witteczek

(Asia Pacific)

Weridiana Mageswki

(Latin America)

Maria Kaiser

(USA)

Hélène Carpentier

(Europe)

Barbora Solarova

(Eastern Europe)

Executive Producer

Gernot Meyer

Advertising Disposition

Marius Mezger

Dental Tribune International

Holbeinstr. 29, 04229 Leipzig, Germany

Tel.: +49 341 48 474 302 | Fax: +49 341 48 474 173

info@dental-tribune.com | www.dental-tribune.com

Regional Offices

Asia Pacific

Dental Tribune Asia Pacific Limited

Room A, 20/F, Harvard Commercial Building,
105-111 Thomson Road, Wanchai, Hong Kong

Tel.: +852 3113 6177 | Fax: +8523113 6199

The Americas

Tribune America, LLC

116 West 23rd Street, Ste. 500, New York, N.Y. 10011, USA

Tel.: +1 212 244 7181 | Fax: +1 212 244 7185

Colgate

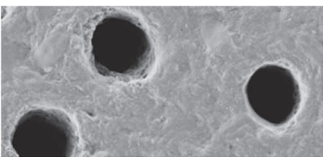
Sensitive Pro-Relief™



Finally, instant* sensitivity relief patients can take home.

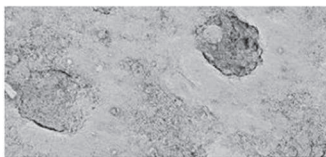
A breakthrough: Pro-Argin™ Technology

BEFORE¹



In Vitro SEM photograph of untreated dentin surface.

AFTER¹



In Vitro SEM photograph of dentin surface after application.

Pro-Argin™ Technology works through a natural process of dentin tubule occlusion that attracts arginine and calcium carbonate to the dentin surface to form a protective seal that provides instant relief.²

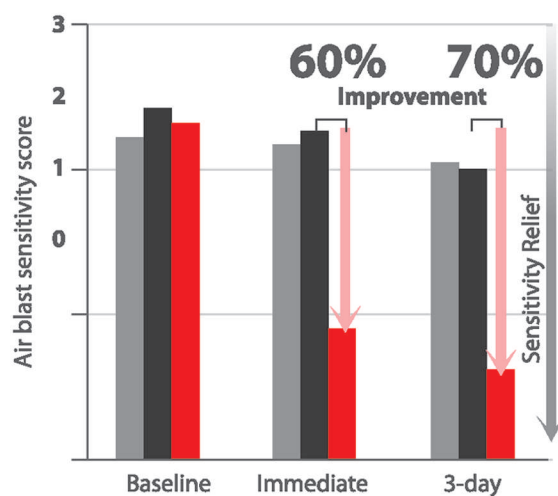
* For Instant relief, massage a small quantity directly on the sensitive tooth for one minute. For lasting relief, brush twice a day regularly.

Scientific works cited:

1. Petrou I et al. J Clin Dent. 2009;20(Spec Iss):23-31.
2. Cummins D et al. J Clin Dent. 2009;20(Spec Iss):1-9.
3. Nathoo S et al. J Clin Dent. 2009;20(Spec Iss):123-130.

The results are revolutionary

Instant relief achieved with direct application of toothpaste when massaged on sensitive tooth for one minute and continued relief with subsequent twice-daily brushing³



When applied directly to the sensitive tooth with a fingertip and gently massaged for 1 minute, Colgate Sensitive Pro-Relief™ Toothpaste provides instant sensitivity relief compared to the positive and negative controls.

■ Colgate Sensitive Pro-Relief™ Toothpaste

■ Negative control: Fluoride Toothpaste

■ Positive control: Toothpaste with 2% potassium ion



Colgate

YOUR PARTNER IN ORAL HEALTH

www.colgatesensitive.com.pk

Intraoral welding and lingualized (lingual contact) occlusion: A case report

By Luca Dal Carlo, DDS, Franco Rossi, DDS, Marco E. Pasqualini, DDS, Mike Shulman, DDS, Michele Nardone, MD, Sheldon Winkler, DDS, and Tomasz Grotowski DDS

Intraoral welding was developed by Pierluigi Mondani[1] of Genoa, Italy, in the 1970s to permanently connect submerged implants and abutments to a titanium wire or bar by means of an electric current (Fig. 1). The current is used to permanently fuse the titanium to the abutments in milliseconds, so the heat generated does not cause any pathology or patient discomfort. If possible the implants are placed without flaps. The titanium wire or bar is bent and aligned passively

Tramonte,[3] can be performed when the bony crest is wide and an adequate amount of attached gingiva is present. The technique allows for uneventful healing, a reduction of postsurgical inflammation, and only moderate inconvenience for the patient, who can eat efficiently the same day.

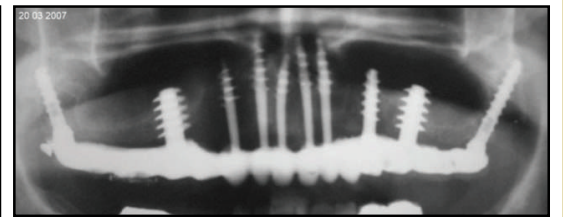
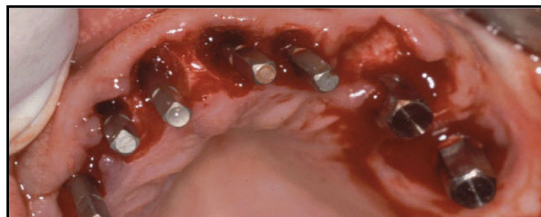
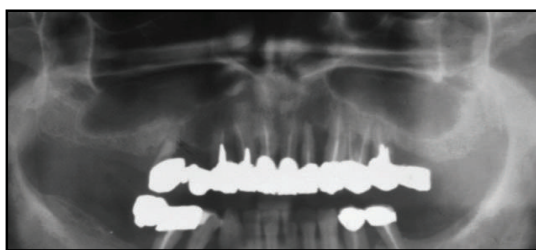
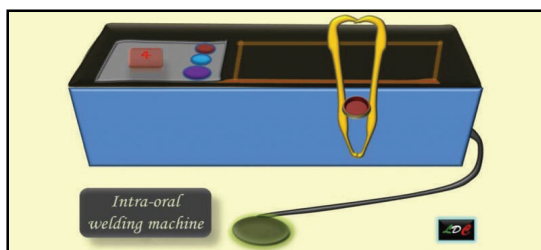
Provisional prosthesis and tooth arrangement

During the surgical session a temporary resin prosthesis is inserted. Occlusal plane height must be correct. A lingualized (lingual contact) scheme



Clinical Report

A healthy 50-year-old Caucasian woman presented for treatment at the office of one of the co-authors (LDC) with a mobile, painful, 12-tooth semiprecious alloy-ceramic fixed prosthesis (Fig. 2). The prosthesis was removed and all of the remaining



to the contour of the labial and lingual surfaces of the implants before applying the electric current to permanently connect the bar to the implants. The technique follows a strict surgical and prosthodontic protocol which includes using a number of implants as close as possible to the number of teeth to be replaced, achieving primary stability by engaging both cortical plates (bicorticalism), immediate splinting of the implants utilizing intraoral welding, and immediate insertion of a fixed provisional prosthesis with satisfactory occlusion. The technique provides for immediate loading and does not jeopardize the integration process.[2]

Although intraoral welding has been used successfully in Europe, especially Italy, for many years, it has yet to achieve everyday use in the United States.

Members of the Italian affiliate of the American Academy of Implant Prosthodontics, NuovoGISI, have long and successful experiences with immediate loading of maxillary implants connected together by intraoral welding.[2]

By inserting the prosthesis with adequate retention and stability the same day as the surgery, patient complaints and discomfort can be avoided or substantially reduced. The instantaneous stability that results from the splinting can reduce the risk of failure during the healing period. Intraoral welding can also eliminate errors and distortions caused by unsatisfactory impression making, as the procedure is performed directly in the mouth.

Intraoral welding can fulfill a great need for business and socially active persons, as the surgical and prosthodontic procedures are accomplished on the same day. Patients can leave the dental office with a stable, esthetic, and retentive prosthesis. The flapless technique, first proposed by

of occlusion is recommended. The upper anterior teeth are best arranged without any vertical overlap. The amount of horizontal overlap is determined by the jaw relationship. A vertical overlap for appearance can be used, provided that an adequate horizontal overlap is included to guard against interference within the functional range.[4]

Lingualized (lingual contact) occlusion

Lingualized (lingual contact) occlusion maintains the esthetic and food penetration advantages of anatomic teeth while maintaining the mechanical freedom of nonanatomic teeth. Among the



advantages of a lingualized occlusion are occlusal forces centered over the ridge crest in centric occlusion, masticatory force is effectively transferred more "lingual" to the ridges during working side excursions, the "mortar and pestle" type of occlusion minimizes the occlusal contact area providing for more efficient food bolus penetration, and elimination of the precise intercuspation that can complicate the arrangement of anatomic denture teeth.

Lingualized occlusion also prevents cheek biting by holding the buccal mucosa off the food table by eliminating occlusal contacts on the maxillary buccal cusps, minimizes occlusal disharmonies created from errors in jaw relationships, denture processing changes, and settling of the denture base, and simplifies setting of denture teeth, balancing the occlusion, and any subsequent occlusal adjustment procedures.[5]

abutment teeth were found to be nonrestorable with extraction indicated (Fig. 3). After removal of the retained teeth, eight titanium one-piece implants were inserted in one session (Fig. 4). Immediate stabilization of the eight implants



and two additional implants that were previously inserted in the posterior regions was achieved by welding (Acerboni Intraoral Welding Unit, Casargo, Italy) each implant to a 1.5 mm supporting titanium bar (Acerboni, Casargo, Italy), which previously had been bent to fit passively on the palatal mucosa (Fig. 5). A provisional resin prosthesis was inserted, which provided an acceptable vertical dimension and lingual contact occlusion. Oral hygiene procedures were demonstrated to the patient and reviewed at all future appointments.

After 90 days a panoramic radiograph suggested complete integration (Fig. 6) and a healthy mucosa was observed (Fig. 7). The definitive full-arch gold-ceramic maxillary prosthesis was inserted which greatly pleased the patient and her family. In the lower arch, the right first and second bicuspids were extracted and implants placed in the first bicuspid and first molar regions. The implants were welded together intraorally (Fig. 8), followed by the fabrication and cementation of a three-tooth fixed prosthesis (Fig. 9).

A seven-year follow-up radiograph (Fig. 10) shows satisfactory preservation of bone surrounding all of the implants. An intraoral photograph of the definitive prosthesis shows healthy gingival tissue (Fig. 11).

SENSODYNE®

COMPLETE PROTECTION POWERED BY NOVAMIN

Sensodyne® understands that dentine hypersensitivity patients have differing needs

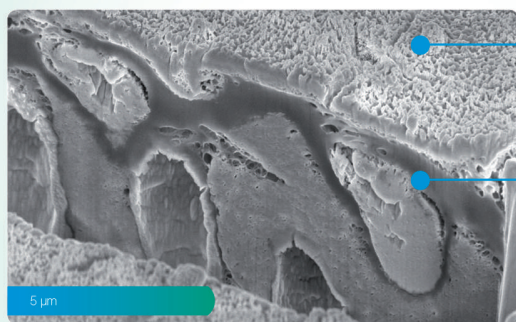
Sensodyne® Complete Protection, powered by NovaMin®, offers all-round care with specially designed benefits to meet your patients' different needs and preferences. With twice-daily brushing, Sensodyne® Complete Protection:

- Is clinically proven to provide dentine hypersensitivity relief¹⁻³
- Contains fluoride to strengthen enamel
- Helps to maintain good gingival health⁴⁻⁶

Sensodyne® Complete Protection, powered by NovaMin® – an advanced approach to dentine hypersensitivity relief

- NovaMin®, a calcium and phosphate delivery technology, initiates a cascade of events on contact with saliva⁷⁻¹² which leads to formation of a hydroxyapatite-like restorative layer over exposed dentine and within dentine tubules.^{7, 9-13}
- In vitro* studies have shown that the hydroxyapatite-like layer starts building from the first use^{7,9} and is up to 50% harder than dentine.^{9,14}
- The hydroxyapatite-like layer binds firmly to collagen within exposed dentine^{10,15} and has shown in *in vitro* studies to be resistant to daily physical and chemical oral challenges,^{9,14-17} such as toothbrush abrasion¹⁶ and acidic food and drink.¹⁴⁻¹⁷

In vitro studies show that a hydroxyapatite-like layer forms over exposed dentine and within the dentine tubules:^{7,9,10,12,13}



Hydroxyapatite-like layer **over** exposed dentine

Hydroxyapatite-like layer **within** the tubules at the surface

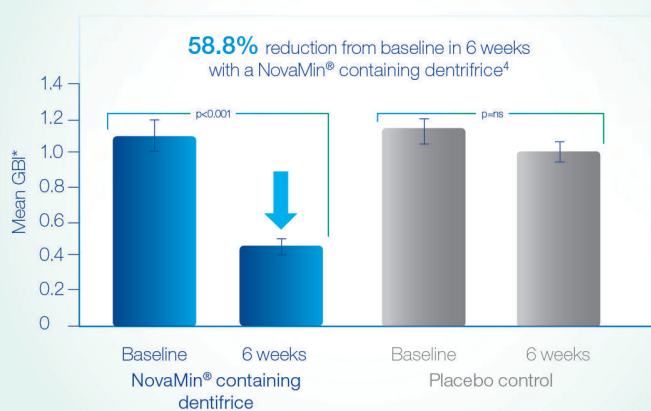
Adapted from Earl et al, 2011 (A).¹³ *In vitro* cross-section SEM image of hydroxyapatite-like layer formed by supersaturated NovaMin® solution in artificial saliva after 5 days (no brushing)¹³

Sensodyne® Complete Protection helps to maintain good gingival health⁴⁻⁶

Good brushing technique can be enhanced with the use of a specially designed dentifrice to help maintain good gingival health.^{18,19}

In clinical studies, NovaMin® containing dentifrices have shown up to 16.4% improvement in plaque control as well as significant reduction in gingival bleeding index, compared to control toothpastes.⁴⁻⁶

Significant reduction in gingival bleeding index (GBI) over 6 weeks with a NovaMin® containing dentifrice⁴



Adapted from Tai et al, 2006.⁴ Randomised, double-blind, controlled clinical study of 95 volunteers given NovaMin® containing dentifrice or placebo control (non-aqueous dentifrice containing no NovaMin®) for 6 weeks. All subjects received supragingival prophylaxis and polishing and were instructed in brushing technique.⁴ *GBI scale ranges from 0–3.



References:

- Du MQ et al. Am J Dent 2008; 21(4): 210–214.
- Pradeep AR et al. J Periodontol 2010; 81(8): 1167–1173.
- Salian S et al. J Clin Dent 2010; 21(3): 82–87.
- Tai BJ et al. J Clin Periodontol 2006; 33: 86–91.
- Devi MA et al. Int J Clin Dent Sci 2011; 2: 46–49.
- GSK data on file (study Z3690864)
- LaTorre G, Greenspan DC. J Clin Dent 2010; 21(3): 72–76.
- Edgar WM. Br Dent J 1992; 172(8): 305–312.
- Burwell A et al. J Clin Dent 2010; 21(3): 66–71.
- Efflandt SE et al. J Mater Sci Mater Med 2002; 13(6): 557–565.
- de Aza PN et al. J Mat Sci: Mat in Med 1996; 399–402.
- Arcos D et al. A J Biomed Mater Res 2003; 6(3): 344–351.
- Earl JS et al. J Clin Dent 2011; 22(3): 62–67. (A) 14. Parkinson CR et al. J Clin Dent 2011; 22(3): 74–81. 15. West NX et al. J Clin Dent 2011; 22(3): 82–89. 16. Earl JS et al. J Clin Dent 2011; 22(3): 68–73. (B) 17. Wang Z et al. J Dent 2010; 38(5): 400–410. 18. "Dentifrices" Encyclopedia of Chemical Technology 4th ed. vol 7, pp. 1023–1030, by Morton Puder Consumer Products Development Resources Inc. 19. Van der Weijden GA and Hioe KPK. J Clin Periodontol 2005; 32 (Supp 1.6): 214–228. Date of Preparation: September 2013. GCSAE/CHSENSO/0231/12

GSK is committed to the effective collection and management of human safety information relating to our products and we encourage healthcare professionals to report adverse events to us on +92 (21) 111-475-725 or pk_pharmasafety@gsk.com

All-round care for dentine hypersensitivity patients¹⁻⁶

New SOPs for CME issued by PM&DC

DT Pakistan Report

ISLAMABAD- In a recent public notice issued by PM&DC, the regulatory body has recalled earlier decision of submission of CME hours at the time of renewal instead and directed all medical and dental practitioners to submit an affidavit year wise CME hours until 31st December of every year. Further, the number of hours to be acquired by GPs and Specialist were revised.

The executive committee met on the 29th of May 2015 in Karachi to discuss the much talked CME topic following recent imposition of mandatory acquisition of accredited CME hours by medical and dental practitioners. The meeting recalled its decision to submit CME certificates instead and instructed to submit an affidavit along with renewal forms undertaking to submit CME hours on yearly basis from 1st January 2016.

The regulatory body also provided an amnesty for the medical and dental practitioners to have the practicing license renewed before 31st December 2015 without the submission of CME hours provided the affidavit of undertaking is attached.

The minimum number of CME hours which previous was 25 and 50 for GPs and specialists, has now been revised to 75 and 150 hours respectively. In the notification issued from the PM&DC website, the body further stated the GPs are to acquire CME hours in any field of interest, however specialists are required to take 50% of the CME hours in their field of specialty and 50% in any other than its respective specialty. The body further stated that under the circumstances a doctor do not wishes to practice, a certificate stating "Not valid for Practice" may be issued on request.



PUBLIC SECTOR HOSPITALS

Shortage of staff affecting health delivery system

DT Pakistan Report

KARACHI - Several public sector health facilities in the city are facing acute shortage of employees and at least three of them have been virtually closed, it was authoritatively learnt.

Moreover, similar situation has been prevailing in many hospitals of other districts of Sindh, officials admitted.

The situation had arisen in the wake of Sindh health department's policy of cancelling posting orders of those employees who were working either on deputation or on detailment basis.

However, health department's senior officials said that the policy of not retaining officials and doctors on deputation or on detailment in other than their parent organizations was being implemented in the light of superior judiciary's order.

Meanwhile, an official of the department said: "The policy will be hugely positive if the vacancies are filled in time, otherwise health facilities in under-staffed health facilities will continue to be deteriorated." Citing the example of Malir Town where three health facilities have been virtually closed because of shortage of staff, sources claimed that at least 40 staff members of different categories, including doctors and paramedics, have been relieved from these health facilities. The three closed facilities are: Khokhrapar Maternity Home, Adam Hingora's government dispensary and Jaffer-i-Tayyar's government dispensary.

An official of Malir Town said: "Although we are trying hard to run these health facilities through some makeshift arrangement, it was very difficult to maintain the health delivery system." "The equal and need-based distribution of manpower and punishment to ghost employees could bring about improvement in the whole system, but it is unfortunately not happening due to some political expediency," an official deplored.



HEC gets over 72% of education budget

Provinces may raise education budget up to 3pc: Dar

By Dental Tribune International

ISLAMABAD- Higher Education Commission (HEC) has got over 72 per cent of the total education budget announced by Federal Finance Minister Ishaq Dar in his budget speech in the National Assembly. Of the total Rs98 billion education budget, earmarked for the next fiscal year budget (2015-16) under the head of education sector's development and non-development projects, the HEC's share comes to Rs71bn.

Meanwhile, Finance Minister Ishaq Dar has said that the provinces had agreed in the recent National Economic Council (NEC) meeting to increase education spending from 1.8pc to 3pc of the GDP. "It is, however, tricky business", he remarked.

According to documents, the education budget for the next financial year has been increased by 13pc as compared to last year's Rs86bn. But, the allocation for the education ministry has been decreased by Rs1bn.

The Ministry of Federal Education and Professional Training has been allocated Rs2.2bn under the Public Sector Development Programme (PSDP) as against last year's Rs3.5bn.

However, officials of the federal education ministry were shocked when the NEC rejected their Rs1bn education sector reforms proposal for Islamabad Capital Territory (ICT) institutions and Rs300 million for the Basic Education Community Schools project.

Under the circumstances, it seems that the Capital Administration and Development Division (CADD) will continue to look after schools and colleges in Islamabad, instead of the education ministry.

PMDC'S NEW RULING

3-year term of service made mandatory for faculty



DT Pakistan Report

ISLAMABAD- Pakistan Medical and Dental Council (PMDC) has formulated a policy whereby faculty members cannot leave medical and dental colleges before completing a mandatory period of three years.

A decision to this effect taken by the PMDC's executive committee of the PMDC will be applicable to the entire existing faculty as well as to the fresh appointees.

All the recognized medical and dental colleges have been directed to implement the policy forthwith.

However, the faculty members can leave the institution if his or her status was upgraded because of experience or research work and the institution concerned did not want to offer them the upgraded posts.

A faculty member can also leave the institution if they want to avail the leave preparatory to retirement (LPR) or reaching the age of 70 years. Moreover, a teacher can also leave if his or her institution submits an assurance that it would not create deficiency of the faculty members in the institution.

The executive committee has decided that if a faculty member was relieved of the job because of some negligence or unavoidable circumstances, the matter will have to be reported to the PMDC for issuing a no-objection certificate.

Meanwhile, well-informed sources said that the decision is aimed at ensuring that students might not suffer on account of frequent changes of teachers.

An official of the PMDC, who wished not to be quoted, said whenever a new medical or dental college is set up it usually offers a very handsome package to attract teachers to fulfill the mandatory list of faculty members for the registration process.

He said: "It is because of attractive offers, a number of faculty members leave their institutions in the middle of semesters and join the new institutes and as such it is the students who, ultimately, suffer.

Moreover, the PMDC had also received complaints that some faculty members work in more than one institution, simultaneously, he added.

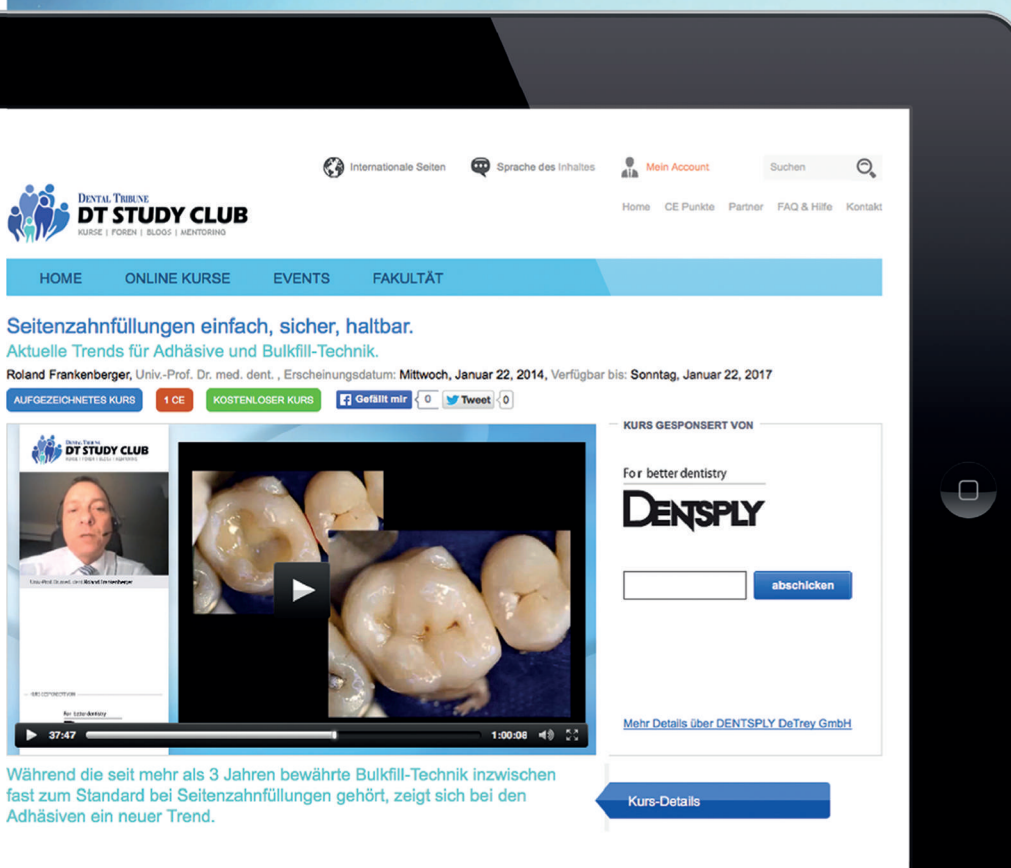
He said that now medical colleges will have to submit lists of their faculty members every year.

Join the largest educational network in dentistry!



www.DTStudyClub.com

- education everywhere and anytime
- live and interactive webinars
- more than 500 archived courses
- a focused discussion forum
- free membership
- no travel costs
- no time away from the practice
- interaction with colleagues and experts across the globe
- a growing database of scientific articles and case reports
- ADA CERP-recognized credit administration



Register for
FREE!

ADA CERP® | Continuing Education Recognition Program

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.





CROIXTURE

PROFESSIONAL MEDICAL COUTURE



THE NEW 2014-2015 COLLECTION

EXPERIENCE OUR ENTIRE COLLECTION ON WWW.CROIXTURE.COM

Under the Patronage of
H. H. Sheikh Hamdan Bin Rashid Al Maktoum
Deputy Ruler of Dubai, Minister of Finance
President of the Dubai Health Authority

تحت رعاية
سمو الشيخ حمدان بن راشد آل مكتوم
نائب حاكم دبي، وزير المالية
رئيس هيئة الصحة بدبي

مؤتمر الإمارات الدولي لطب الأسنان ومعرض طب الأسنان العربي UAE INTERNATIONAL DENTAL CONFERENCE & ARAB DENTAL EXHIBITION

20th Anniversary إيسك AEEDC DUBAI

Delivering Science & Technology

2 - 4 February 2016

مركز دبي الدولي للمؤتمرات والمعارض
Dubai International Convention & Exhibition Centre

Organised by



Strategic Partner



Supported by



Stay connected

BlackBerry
PIN: 286FC1C7



@AEEDCDubai



AEEDCDubai



AEEDC Dubai



AEEDC_Dubai



INDEXHolding1928

www.aeedc.com

INDEX® Conferences & Exhibitions Organisation Est.

Dubai Healthcare City, Ibn Sina Medical Complex #27, Block B, Office 203 | P.O. Box: 13636, Dubai, United Arab Emirates
Tel: +971 4 3624717, Fax: +971 4 3624718 | E-mail: info@aeedc.com, Website: www.index.ae