

Dear Friends



I have just returned from the CDF Annual Conference at High Leigh and if you have never been to a conference or not been for a long time, please come along to the next one and see what you are missing!

The Christian Dental Fellowship supports many projects which make a real difference to the lives of people across the world. We had a detailed report from Andy Jong of Dentaaid. Your giving helps his engineers to design and send out portable dental chairs and other equipment across the globe. Several of our mission partners were at conference and we saw pictures of this equipment in use on remote islands on Lake Victoria, in dental clinics in Vietnam and Cambodia, being used by dental officers in Malawi and many other situations.

It was very moving to hear Alison Stretton-Downes describe how she sang songs to comfort a lady dying with a facial carcinoma in Zambia and challenging to hear another mission partner describe how their conversations with students were 'bugged' and reported to the police. The theme of the conference was, 'The Un-PC Christian' and Andrew Fordyce confronted the issues that affect Christians in 21st Century Britain. He led us past the irritations of 'Political Correctness' and helped us develop strategies for making

connections with the people around us. This can be quite scary, but the reports from our mission partners put our fears into context.

Conference also provides an opportunity for sharing and getting advice from each other. All kinds of folks attend, with a wealth of experience! Maybe you are the Mum or Dad of young children, thinking about how you can juggle your career with your family and still maintain your Christian values. Or perhaps you are thinking about retirement and how you could sell your practice. Or perhaps you are a student worried about getting a Foundation Training placement. We have become very much aware of how we need to support each other through all these things and at this conference we launched a pastoral support network, led by Vicky Rushton. The CDF membership (that means you!) has a very wide network of skills and backgrounds and it is a great opportunity to chat or share a problem with someone who really understands.

The clinical lecture this year was a fusion of Endodontics and 'Strictly Come Dancing' – if you have ever experienced a John Whitworth lecture you will know what I mean! John has an inspiring and inspired approach to endo and his approach is based on the premise that we are 'fearfully and wonderfully made'.

He has a theatrical talent and gave one of the most dynamic presentations I have ever seen.

I know that many of you are very busy in your careers, churches and home-life. However, as dentists we have a great insight into the oral health needs of people worldwide. I think God has put this on our hearts and it is our responsibility to do something with that knowledge. We can also support dentists and students in the UK who can be damaged by the job. And sometimes we need some support ourselves. The CDF exists to do all these things and the conference is at the heart of that. Don't be a semi-detached member – come and experience the joy of the conference – and maybe make some new friends in the process!

See you in September 2011!

Peter Thornley
President

Family Conference 2011

Friday – Sunday
30th September - 2nd October
Hothorpe Hall, Theddingworth

Regional Day 2011

Saturday May 14th

Fellowship and Beetle Drives in Hertfordshire

“So, if you aren’t a dentist yourself, just married to one, why are you driving several hundred miles on busy motorways on a wet Friday in October to go to a dental conference? And why do you seem to do it every year?”

I think the CDF website sums it up neatly when it describes our Annual Family Conference as “... *the focal event of the year where members, students and friends gather for a weekend of professional stimulation, bible teaching, relaxation and fellowship. Christian ethics as they apply to the dental profession are aired and discussed. Lasting friendships are often forged between members, students, friends and families on these occasions.*”



This year’s conference was no exception, with delegates of all ages from small babies to retired dentists in their 80s, gathering at High Leigh in Hertfordshire. The longer journeys were from Cornwall and North Yorkshire, shorter ones from London and the Home Counties with many distances in between. Tracey Walmsley, one of our Mission Partners, was back in the UK from China so perhaps she should claim the ‘longest journey to get to conference’ award!

For some folk this was their first conference. Others (like me) were returning for the umpteenth time. The most senior had joined as students, continued throughout their professional lives, brought their children with them for many years and continue in their retirement to be actively involved. The breadth of membership was also evident, including students, GDPs and consultants, across the full range of NHS, private and salaried services. The non-dentally qualified spouses included teachers, nurses, lawyers and practice managers. This makes it a wonderfully diverse family and is what gives the conference its special appeal.

It is always a joy to meet a new generation of CDF-ers, especially when members bring their babies and toddlers to the conference. Many keep coming as the children grow and take an increasingly active part in our weekends. The conference can be a highlight of their lives too as they make friends and have fun in the excellent children’s groups. This may explain why some even return, as non-dental students, to help run the crèche and children’s activities for their successors.



Andrew Fordyce, our main speaker, challenged us to think about issues of political correctness, trying to understand where such ideas have come from and what implications they have for the individual and the wider church, and how we as Christians should respond. As society becomes more secularised we will all have to think hard about how we can best live as ‘aliens in the land’.

John Whitworth gave one of the most dynamic clinical sessions that I have ever attended. As a non-dentist I didn’t need the CPD, but I am so glad I went. I learned an enormous amount about endodontics and I may even be able to participate (fairly) knowledgeable in staffroom discussions in the practice. (See page 4.)

It was good to hear from Tracey Walmsley about her work and the cultural challenges of working in China. Other members spoke about short-term projects they have done in other parts of the world and of plans for others. We met Andy Jong the chief executive of Dentaid and were encouraged to continue supporting their work. Their team can refurbish dental equipment which we no longer use and supply it to those who really need it. This must be a better option than trying to get your head around the regulations on disposal of electrical waste.

On Saturday evening our conference hosts, Simon and Grace, laid on a Beetle Drive. This was a brilliant way to involve and entertain such a huge age range and revealed interesting aspects of people’s characters. Some were fiercely competitive, some pedantically insistent on the proper way to shake a dice, some did slapdash scribbles and a very few carefully drew anatomically correct beetles. There was an outright winner, but the prize was edible and shared with everyone, so we forgave him.

On Sunday morning the children and young people joined us for a brief communion service. The oldest group, five young men aged 11-13, performed the rap they had written and rehearsed. With humour and creativity, costumes, props and sound effects, they acted out the story of Jonah.

*Jonah was a prophet strutting around,
Preaching the word of God,
God said go to Nineveh,
And Jonah said “Say what!”*

*Jonah wouldn’t go to Nineveh,
That was stupid, that was bad,
Jonah turned his back on God,
And wouldn’t listen to the plan He had,*

*He hopped himself on a boat to Tarshish,
Thinking he was clever,
When things started taking a turn for the worse,
Especially the weather!*

This multi-generational fellowship has been hugely important to me and to my family for nearly 30 years. The conferences have given us time and opportunities to make and nurture significant friendships and to grow personally, professionally and spiritually. Despite there being no likelihood of improvement in Friday traffic on the motorways of Britain we are already planning to be at next year’s conference at Hothorpe Hall. I do hope you will be able to join us.



Sue Green

A summary of Andrew’s talks can be found as MP3 files at www.stmargaretscolchester.org.uk/services/mp3-sermons/?series=12

Humanitarian Elective in Chennai, Tamil Nadu, India

During June 2010, I embarked on an eye-opening Dental Elective project from Glasgow Dental School to the city of Chennai in south east India. Here, a friend and I spent three weeks at a centre run by Christian Missions Charitable Trust (CMCT), an organisation which I came to learn about through my church. Everything about the work they did demonstrated to me the real meaning of a life and work of faith and I had a desire to see this for myself.

Our aims were to gain experience in the field of dentistry, to be of aid to the organisation in any way and to learn about and compare Indian healthcare to what we experience in the UK. CMCT provided us an itinerary of work in order to make the most of our opportunities to be involved. The hospital where we were based is just one of many ways in which they seek to make an impact in the local community and show the love of Christ to a needy people. We were also privileged to be included in other areas, including medical camps, soup kitchens, a leprosy colony, tsunami relief village and the affiliated primary and secondary schools.

Hospital

The majority of our time was spent in their dental department. Although it was small, with only two chairs, we found them well equipped. Contrary to common assumption, they offered a broad range of services from extractions to maxillofacial surgery. Treatment was charged according to the patient's financial status, therefore making it easier for poorer patients to access care.

Our supervisors were two experienced dentists, Dr Pauline Visalini and Dr Rinku George, with the help of a dental assistant. One dentist would be on duty, often with a steady stream of patients as well as giving us plenty of opportunities to get valuable hands-on experience. Our contribution included providing fillings, scaling, and doing extractions. We also helped with a dental screening program, seeing over 100 children from the primary school and others from CMCT's sponsorship programme.

As expected, the majority of patients we saw required extractions, either because their teeth were too badly broken down to restore, or because they were unwilling or unable to pay for other treatments. We anticipated the greatest experience would be gained in this area and were grateful for it.

Medical camp

Each Thursday, a group including a GP, dentist, pharmacist, nurses and social worker would travel to a rural village to meet the health needs of peasant farmers. We joined them to assist with the medical records and had the opportunity to share the Gospel and do some counselling work for patients experiencing great hardship.

Soup kitchens

A number of these are located in various slums and run daily in order to serve mainly people who have been rejected by their families due to old age or infirmity. As well as sharing their faith and encouraging those who attended, social workers who are present attempt to build a sense of community among the lonely. We gave dental health talks, focussing on the common habit of chewing betel nut or tobacco, both known causes of oral cancer. It was heartening to see some vowing to stop and we were moved by how keen they were to hear us explain how to look after their wellbeing.



looking after their teeth. A more comprehensive talk was given during an assembly at the secondary school too.

Several day trips allowed us to see rural life outside the city:

Day trips

Alampakkam is a leprosy colony with an established programme to encourage residents to make a living for themselves; learning skills in textiles, crafts, and producing cleaning products for example soap. Here, we assisted with a soup kitchen and monthly ration distribution which provides extra security for their welfare.



Chinnakuppam is a newly located village under construction to provide sound accommodation

to fishermen and their families who were affected by the 2004 tsunami that hit the coast of Tamil Nadu. It was amazing to hear first-hand from some of the families and learn about the sewing classes which have been set up to give women the skills to establish a source of income. The wide pathways, ordered houses and fresh air of a rural location made it a contrast to the city slums that we had visited.

The lasting impact in our minds comes not only from gaining valuable experience in our field of study, but from the privilege it was to have a chance to interact with so many inspiring people. Our eyes were opened to a different world.

I am very grateful for having had this opportunity, and for generous donations which helped to make the visit possible.



Rhona Park

Final Year Student, Glasgow

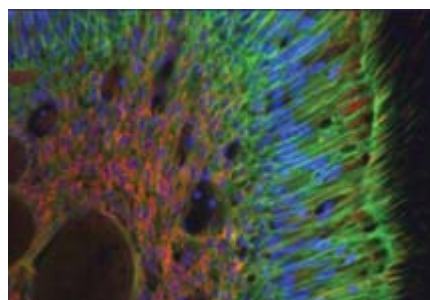
The Wise Man Built... Current Truths, Future Uncertainties in End

Our clinical speaker was John Whitworth, a senior lecturer/honorary consultant from Newcastle University, who entertained us with an informative lecture on endodontics, summarised below:

John started by acknowledging that the best pulp is not a rubber pulp! Quoting from the Psalms,

*I will praise You, for I am fearfully and wonderfully made;
Marvellous are Your works,
And that my soul knows very well.*
Ps 139:14

We were encouraged to stop and marvel for a moment at the beauty and complexity of the tissues we are privileged to care for and to acknowledge our role in doing them no harm.



But despite our best efforts, pulp breakdown is a daily reality, sometimes sudden and ischaemic after trauma, but more commonly wave-like and progressive under the action of microorganisms. He went on to remind us that endodontic infections are not about planktonic soup, easy to wash-out and eliminate, but about complex, tenacious biofilms, fouling complex anatomy and 1000 times more difficult to destroy than isolated bugs.

For predictable health, infection control is everything.

Controlling the environment

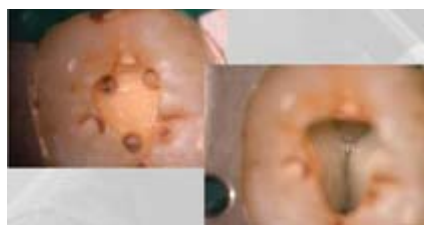
This means removing caries and leaking restorations, assessing restorability and

of course, isolating with a well-sealing rubber dam. This is not principally about airway protection, but about the many other benefits that follow – if you're out of the habit, keep it simple, practice on models to build confidence and enjoy the benefits!



Winning the anatomy

Shaping canals has never been more straightforward, but you can only shape and clean what you can find! Use medium, not long burs for pulp access – 6 or 7mm will find you in most pulp chambers, so play safe and avoid perforation. Finding canal entrances requires patience, good light, a front-silvered mirror, magnification and a DG16 explorer.



Here are some helpful tips:

Symmetry rule 1: Canal entrances are equidistant from the mesiodistal mid-line

Symmetry rule 2: Canal entrances lie on a line perpendicular to the mesio-distal mid-line

Law of colour change: The pulp chamber floor is always darker than the walls

First law of orifice location: Canal entrances are always at the junction of the walls and floor

Second law of orifice location: Canal entrances are always at the angles of the floor-wall junction

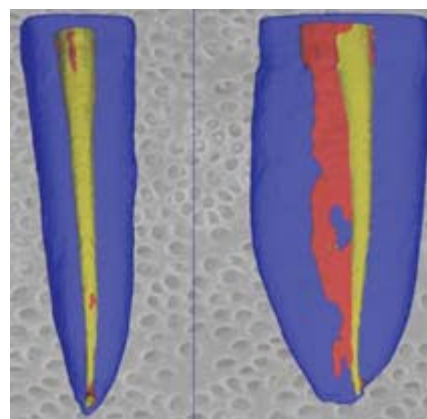
Third law of orifice location: Canal entrances are always at the terminus of developmental fusion lines ('the road

map') – so it helps if you can see. Krazner and Rankow 2004 J Endod 30: 5-16

Don't pick up a file until you feel the probe stick, pre-curve small files, watch-wind and pick your way in, and use an apex locator.

Opening the space

Canal instrumentation is about mechanical shaping, irrigant exchange and minimizing damage. Most NiTi systems shape well and can enlarge apically without much deviation, but none can fully clean the canal system:



We therefore need irrigants that disinfect and dissolve pulp tissue.

Disinfection and tissue dissolution

Sodium hypochlorite remains the gold standard, with EDTA to remove the smear layer, but don't think that syringes exchange irrigant well in the apical third. Think about touching a small hand file with ultrasonics to activate your irrigant apically.

Sealing to prevent recurrence

A recent study by Peng et al (Obturation by warm gutta percha vs cold lateral condensation: a meta analysis. 2007, J Endod 33: 106-9) showed that warm GP gives more over-extension but there is no difference for postoperative pain, fill quality or long-term outcome. Your fill technique may be less important than the care with which you do it.

ododontics

For periapical healing, studies suggest that a root filling with no voids, extending within 2 mm of radiographic apex and a satisfactory coronal restoration are key (Ng et al (2008) Int Endod J 41: 6-31) .

Tooth survival on the other hand seems to depend more on restorative factors such as crowning after root canal treatment, avoiding root canal treated teeth as bridge and denture abutments, than on details of root the canal treatment itself (Ng et al (2010) Int Endod J 43: 171-89. Review, Salehrabi & Rotstein (2004) J Endod 30: 846-50, Tickle Met al (2008) Br Dent J 204: E8).

Future Challenges

These include the use of cone beam computer tomography which reveals lesions that are not visible on plain radiographs. Its use may impact on our definitions of 'success' and opens a new era of diagnosis and monitoring.

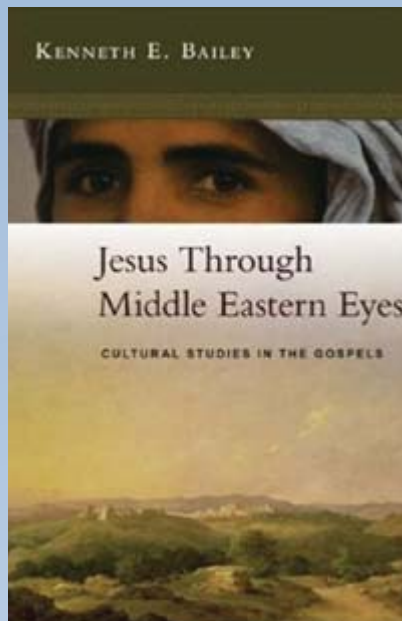
Implants may present a challenge, but survival rates are similar for root canal treated teeth and implants, whilst implant restorations need more maintenance in the long-term. (Hannahan & Eleazer (2008) J Endod 34:1302-5, Torabinejad et al (2007) J Prosthet Dent :98: 285-311. Review).

Regenerative endodontics may open the way for new pulps and 'ideal', biological root fillings (Hargreaves et al J Endod. 2008 :S51-6. Review).

But until we reach that stage, we should do our best, and do our root canals with all integrity to:

- Kill all the bugs we can
- Remove all the substrate we can
- Prevent their recurrence as best we can
- Do as little harm to the tooth as we can
- Protect the tooth as well as we can when we're done
- Anticipate healing & survival

Book Review



Jesus Through Middle Eastern Eyes – cultural studies in the gospels.

Kenneth E. Bailey

If you judge a book by its cover, then this one seems impressive. It's the right size and weight to contain considered arguments which would challenge conventional concepts of the gospels and their original audience. The title provokes you to think of Jesus as someone who has connections and resonance with different cultures; as someone who isn't typically British. Then you read the first page...

The book delightfully exceeds the expectations which the cover provides. Kenneth Bailey has researched his material thoroughly from both Western European and Middle Eastern perspectives and does challenge many of the concepts about Jesus' life which we in the West have grown up with. From the first chapter where, the inn may not be a bed and breakfast, through to the discussions on the role of women and the parables, the information provided causes you to reconsider many things in a new light, yet the fundamental truths of the Gospel are upheld and even strengthened by this.

The structure of the book is set out methodically in six parts beginning with Jesus' birth, followed by the beatitudes, the Lord's Prayer, Jesus' dramatic actions, the women in the gospels and finally the parables. Diagrams and figures are used to depict how the passage of a story is constructed and each chapter ends with summary of the key points. The references are stated at the bottom of the page so you can see the evidence base referencing from a broad range of authorities.

Despite appearing to be a text book, it is very easy to read and the information easy to follow. It can be read either as a full text from front to back or used as an invaluable reference for anyone who has read or is reading the gospels. It is a must have for everyone who plans Bible studies or writes sermons.

It is not a book which will specifically teach you how to be a better Christian, how to live in the secular twenty-first century, how to pray, fast or run your church in the right way. It will make you think though; and if our understanding of Jesus' life and teachings are strengthened by considering and wrestling with the ideas presented, the reader cannot help but transfer those concepts into day-to-day life.

I enjoyed reading this book. It challenged me to think of well known passages of the Bible with a different perspective and my understanding of Middle Eastern culture in the time of Jesus has been enriched. In every chapter there were pearls of information which made me want to read the next chapter, just to find more. Another member of my Church was also reading this book at the same time that I was and the discussions and excitement which have arisen from talking about the book have livened up our post-service coffee time immensely. Not to mention that this book looks good on your bookshelf!

Melissa Auvray



Bridge2Aid Six Years on the Journey – And Still Going!

It's hard to believe but it's now six years since Bridge2Aid started full scale operations in Mwanza, Tanzania – opening Hope Dental Centre and hosting our first Dental Volunteer Programme. This month we celebrate all that God has achieved and even more so, how we have all developed as people as we seek to live out our calling in this part of the world.

Having moved to Tanzania in 2002, the end of the contract with Aga Khan Foundation in summer of 2004 brought Ian and Andie Wilson to a decision point – to leap off the 'faith cliff' with God once again, or return to the UK. Since that time, and the subsequent growth of the team when myself and my wife Jo joined the Wilsons in early 2006, God has proved faithful time and time again both personally and corporately.

In October 2004, Hope Dental Centre (HDC) was transformed from a building site into a first class dental clinic as Ian and the builders worked frantically to get us open on time. In the same month, we bundled two dentists and a nurse into the back of a Land Cruiser with boxes of dental equipment and drove two hours deep into the rural areas to begin the first Dental Volunteer Programme - treating people who had never seen a dentist and training the first Clinical Officers (COs) in Emergency Dentistry.



All packed and ready to leave for the very first DVP

Since that time, we have trained over 140 COs, and HDC is a thriving business and clinic raising a significant proportion of the running costs in Tanzania. At Bukumbi Care Centre, we have now transformed the physical environment and there are a multitude of activities going on week in week out, led by our fantastic team.

As a team we recently looked to the future and what it will hold. With the economic downturn still having an effect on many charities, the means by which we will get there may be uncertain, but the destination remains clear for us:



Some of the Tanzania team

HDC will continue to grow, generate income and provide an excellent service in Mwanza. We're delighted that we now have three full time clinicians and an all Tanzanian staff (apart from Ian) who are doing an amazing job and providing treatment to all sections of the community.

Our work at Bukumbi is changing hundreds of lives right across the age spectrum and will continue to do so. From the toddlers in the pre-school, schoolchildren, sponsored teenagers in vocational education to adults and their income generating skills, and the elderly who will live out their lives in dignity, we will keep on working to bring hope and a positive future to that community.

Clinical Officer training – bringing relief from agonising pain to tens of thousands of people every year - WILL grow. Where we expand to first isn't clear right now – we would appreciate your prayers as we work



Demand for treatment in the rural areas is high

with a number of possible partners - but we know the model will work elsewhere. We are determined to work towards universal access to dental pain relief.

We're excited about the future! Bridge2Aid is having an impact on the dental profession and industry and we are so grateful for the many friends of all faiths (and none) that we have made through our work. We believe in providing a bridge by which people can experience the joys and challenges of serving in developing countries – caring for the poor, bringing justice, dignity and relief from pain. We call it building His Kingdom. Others we work with might call it something different. As a core team, our vision is not just the destination; it's the journey on which we are all travelling together and walking that journey in friendship with all who come into contact with Bridge2Aid. We pray that through our actions and words, we can continue to demonstrate something of what it means to follow Jesus.

Mark Topley
Chief Executive

How you can help

You can help support us by fundraising during 2011. We rely on the generosity of our friends and supporters to raise the funds necessary to make our work possible. For further information, details are available at www.bridge2aid.org

- Yorkshire Three Peaks – April 30th
- Run the Bupa London 10K – May 30th
- London Nightrider Challenge – June 11th
- Tandem Skydive – June 11th
- It's a Knockout – July 16th
- Climb Kilimanjaro – August



Two Whirlwind Weeks with the Wilsons Taking a closer look at Bridge2Aid



Beth, Paul and Isaac

The early morning drone of the call to prayer from a nearby mosque reverberates around the bedroom, accompanied by the regular hum of the fan, the noise of dogs barking and howling, a music system playing in a neighbour's house and vehicles passing on the dirt road outside. So begins a typical day in Mwanza.

Beth, Isaac and I stayed for a couple of weeks in March with the Wilson family: Ian, Andie, Jake, Imani, Neema and Maisha. We were there finding out about the work of Bridge2Aid which was established six years ago by the Wilsons and now has around 45 people working to develop programmes and strategies that meet the felt needs of indigenous groups in a long-term and sustainable way. This is achieved through community development, primary dental care, dental health education and dental training.



Ian and Paul

From the moment we arrived in Mwanza it was clear that we had a busy time ahead of us. A full two week itinerary was pinned to the wall, filled with orientations, meetings, hospital tours, dental sessions at Hope Dental Centre and Tulawaka gold mine, seeing the Dental Volunteer Programme in progress in Geita district and visiting Bukumbi care centre where Bridge2Aid's community development work is changing lives. On top of this were church events, meeting local families, pastors and missionaries, a scout group, keep fit classes and local school events, all of which are opportunities for the Wilsons to be Jesus to the community.

Bridge2Aid's mission in my opinion can be summed up by the words of Matthew 25:37-40:

'Then the righteous will answer him 'Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and clothe you? When did we see you sick or in prison and go to visit you?' The King will reply, 'I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me.'

Their aim is to work with integrity, being Jesus in the marketplace to bring real change to needy people and make a lasting sustainable impact in East Africa.



HDC sign coca cola

The dental strategy is a great example of this. In Mwanza city centre, Hope Dental Centre (HDC) is a well equipped dental surgery offering a full range of dental services. It's a business operated by Christians with integrity, providing good quality dental services for fee paying clients in Mwanza and a number of gold mines in the region. The thing that makes HDC different is that all of the profits of the surgery are reinvested in the charitable work of Bridge2Aid. Hope Dental Centre is both an income generator and a place to make Kingdom contacts in the community.

The area of great dental need in Tanzania however, is not in the city. For rural people in Tanzania, just as it is in two thirds of the world, there are no dentists. Bridge2Aid's response to this is strategic training. Ian quotes "If you give a man a fish you feed him for one day, if you teach a man to fish you give him the means to feed himself for a lifetime, and teach others to do the same."



Just some of the 250+ dental volunteers we have hosted and Clinical Officers we have trained since 2004

The Dental Volunteer Programme (DVP) has been running since 2004. It utilises the skills of predominantly UK dentists and dental nurses to train clinical officers in Oral Urgent Treatment (OUT). Clinical officers work in rural dispensaries serving communities of around 15,000 and are the first port of call for basic health care for many Tanzanians. Over a two week period they are trained to safely extract teeth and provide appropriate oral health education. Those who pass the course are resourced with the basic equipment they need and are followed up to ensure they are carrying out treatment appropriately. The results speak for themselves with many clinical officers removing around 300 carious teeth each year with very few failures. Problems that are beyond their level of expertise are referred to district hospitals. Over the last five years, this approach has given over a million people access to basic dental care not otherwise available.



Beth with children

There is clearly much good that Bridge2Aid are doing in Mwanza. But where is the opportunity to share Jesus in all of this? Certainly Ian

and Andie have their church based activities, but how does the dental stuff help bring people to Jesus? After two weeks with the Wilsons, the answer was clear. Time after time, the questions came from those welcomed by the Bridge2Aid team "Why are you doing this work? What's your motivation?" And that's where the opportunity comes to talk about Jesus, to deepen relationships, to bring people closer to the Kingdom.

All in all a brilliant two weeks which opened our eyes to building God's Kingdom, Bridge2Aid style. If you're thinking about volunteering in Africa – take a look at working as a locum at HDC or volunteer for a DVP, and make a lasting difference in this world.

Further information can be found at www.bridge2aid.org/cm/general/volunteer

Paul Brind

CROSSbiTe - Students and Young Dentists

Integrity: 1. Moral excellence; honesty. 2. Wholeness; soundness. (*Pocket Oxford Dictionary*)

This was the recurring theme of the recent Family Conference, whether in our lives as 'non-PC Christians', or in our roles as 'stewards of dental tissues'. We all have many challenges facing us in our everyday lives and temptations to do what is less than 'gold standard'. Speaking with the dental students who attended, the pressures are no less in dental schools, and with competition for vocational training places as fierce as ever, doing things with moral integrity can occasionally seem to be detrimental in the short term. The benefit of the weekend is that there is a wealth of experience attending from all areas of the dental field and so difficulties can be shared with each other both in conversation and in prayer.

Over the last year Becky, Tim and I have had some encouraging moments as

student co-ordinators and also some closed doors. There is plenty of enthusiasm for the student work within CDF and we have had some growth. Although there were fewer students at this year's conference than last, those who did attend were excited about God's work and the role of Christian dentists and CDF within this. As we consider which direction the student work should be going, including whether to hold another student Away Day we all need to consider how we can support the current dental students in their universities throughout the year, not just for one weekend.

Some of the most important time spent over the weekend was relaxing with friends, both old and new. This started upon arrival with dinner and then drinks in the bar (I failed to organise anything better for a student get together!) which continued over meals, tea and on the Saturday afternoon a group of us went for a walk in the woods which helped us keep fit as well.



As ever, this year's conference was a chance to strengthen the fellowship within the group and to form new friendships. The challenges presented by the talks will be taken back to both Cardiff and Birmingham dental schools, where the students there will be able to witness the work God is doing through the hands of dentists across the world. They are able to go back and do this in the knowledge that their faith, and our fellowship, are based upon and strengthened by God's perfect love for us.

Melissa Auvray
Student Co-ordinator

Pastoral Care Scheme Launch of the Mentor Group



Thanks to all who have responded to the new Pastoral Care Scheme introduced in the last edition of Three-In-One.

We now have a CDF Mentor Group available to all members encompassing a wide range of experience and skills. These include issues relating to ill health forcing a career change, mental health problems, alcohol dependency, dealing with complaints,

returning from working overseas as well as the stress and strain of everyday problems in the working environment.

Often it helps just to talk to someone who has been through the situation that you are facing and who may be able to offer some words of encouragement or advice. When these problems relate to working within our stressful profession, then the best person to come alongside may indeed be another Christian dentist.

This is now possible through the mentor group by contacting the CDF administrator Anne Hallows (cdfadmin@btinternet.com). We can then, after initial contact, arrange for the most appropriate member of the mentor group to be available to offer support.

So if you need confidential help or advice with any dental or personal matter, then please make use of this new pastoral care scheme.

At the conference this year, we had a Pastoral Care Team available for private prayer. Many thanks to those who made this possible - it was well received and much appreciated.

Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves have received from God. 2 Cor 1:3-4

Vicky Rushton
Pastoral Care Co-ordinator

CDF, 44 Pool Road, Hartley Wintney, Hook, Hampshire RG27 8RD

Tel: 01252 845991 Fax: 01252 607800 Email: cdfadmin@btinternet.com Website: www.cdf-uk.org

Christian Dental Fellowship is a registered charity. Charity No. 261350