



Examining Ourselves



“Test me, O Lord, and try me, examine my heart and mind.” Psalm 26:2.

As dentists, we spend a lot of our day conducting examinations. Patients put their trust in us, open up and await our judgement. And despite the advances of modern dentistry, most are relieved when

they get the all clear or are a little disheartened if we tell them that they need a filling or some periodontal treatment. We face the same apprehension ourselves going for a medical examination – is our blood pressure up, is there something more serious that we may have to face?

When we train to become a dentist, we face a different kind of examination. Casting my mind back, it seemed that we had some kind of exam about every six weeks as students, and whilst I was stuck in the books preparing, my friends doing arts subjects seemed to spend most of their time in the bar or reading novels. We have just dropped our eldest son off for his first term at Sheffield University and going into the Halls of Residence brought my own memories of student life flooding back. There was a mixture of excitement and apprehension that is almost tangible in the atmosphere amongst these young people, who are eager to show the world what they can do, but apprehensive as to how they will measure up in the new environment.

Recently I have spent quite a lot of time on the other side of the table, which is sometimes just as nerve wracking. The process of examinations has become much more standardised, and examiners themselves are assessed and calibrated and the examinations are scrutinised for validity and reliability. We know the anecdotal tale of the examiner who, frustrated by the



candidate’s lack of knowledge, finally asks him, “What colour are the leaves on the trees outside?”, “Green, Sir”, replies the candidate, “Well come back when they are brown” replies the exasperated examiner. These days such behaviour would give grounds for appeal, probably involving several lawyers, a psychometrist and at least one educational psychologist.

As part of examiner training, I had to write an essay on the purpose of assessment. There are many and they include; motivation, remedying mistakes and diagnosing faults, providing feedback to students and teachers, helping with career choice and prospects, performance indicators, to satisfy stakeholders and to assist learning. Perhaps this list gives us some insight into why David calls out to God and asks to be tested and explains why he wants the Lord to search his heart and mind.

What comes through in Psalm 26, is David’s desire to walk with the Lord. He turns away from wicked men with their schemes and bribes. David seems prepared – like the student who has revised for the exam. There is some satisfaction in testing a good student – and in being tested when we have done the work. I think this is why he appeals to God to vindicate him, yet he knows that to pass the test requires mercy and redemption as well. He wants to go through this searching because he knows God’s love and truth.

And how about us, as CDF members and individuals – can we ask the Lord to search us? Are we walking in his ways? What is the standard he wants from us as an organisation and as individual members? What are we doing well, where could we improve? What are our prospects for the future? Are we satisfying the Great Stakeholder? This is scary stuff. The truth is, God already knows us inside and out. He loves us, he is merciful and he wants to lead us on. Are we ready for the testing?

Peter
Peter Thornley
President

JOINING CDF

Please complete and return this slip to Mrs A. S. Hallowes, CDF Administrator,
44 Pool Road, Hartley Wintney, Hook, RG27 8RD

I would like to become a member of CDF, please send me an application form.

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Speaking Christ to a Modern



This year saw a return to Hothorpe Hall in Leicestershire for the annual CDF family conference. Set in acres of beautifully maintained grounds and nestled in rural surroundings, the venue was the perfect

retreat for around 100 of our members, their family and friends.

This year, we were fortunate enough to be joined by Hugh Palmer, Rector of All Souls Langham Place, London. Speaking from Acts 17 and 18, Hugh took us on a tour of Paul's world and the difficulties he encountered while 'speaking Christ' and showed us that Paul's world was not so different from our own.

We joined Paul in Athens, a town that had so many parallels to our own towns. A religious culture where other gods were worshiped: idols that grip lives, shape emotions and demand time and money. If you look around your town you will see them - the 'gods' of fashion, of sport, of sex, of celebrity, of self. Hugh drew our attention to Paul's response to what he saw: he was "painfully provoked" (Acts 17:16) and challenged us to consider whether we are so used to our culture that we fail to be moved by it. We need to recover a heart like Paul's for Athens: one of distress at how our God has been distorted and exchanged for other, less worthy, gods. Only then might we be moved, as Paul was, to speak out. Hugh encouraged us that our culture, like that in Athens, can be "in every way very religious"(v22) most people have openness to spiritually and like to think God exists or may have an idea of what they think God is like. As Christians we can say as Paul did: "Now what you worship as something unknown, I am going to proclaim to you" (v23).



Paul sets out a wonderful description of God in Acts 17:25-31. What an Awesome God we have! A God we can't confine because He is our creator. A God we can't buy or win over because he is our provider and sustainer. A God who is our destiny and gives us a purpose. A God who determines the exact place and time for us to live. Hugh invited us to think about who we have been placed next to. Remember, God has placed you where you are for a purpose. As we speak Christ to people we can expect varying responses, just as Paul did. Some will scoff and sneer, hostile to the message. Others will want to learn more. Still others will become followers and believe. You won't know until you ask!

As Hugh explained, the Gospel message 'rocked the boat'. It is a mistake to think we can make the Gospel 'nicer'. It should continue to challenge, and we should not be surprised when our message is met with opposition. This is a scary prospect, and indeed Paul must have been fearful for God to encourage him "Do not be afraid...For I am with you" in Acts 18:9-10.

What do we fear? Whose approval do we seek? When our approval is found in Christ rather than man, then we will not fall silent at the fear of other's opinions of us. Perhaps we need to keep our fears in perspective when we think about what our brothers and sisters in Christ around the world have to face. Hugh also encouraged us with a reminder that ultimately the responsibility of what happens when we share our message lies not with us but with the listener and with God.

In the second part of the sermon we relocated to 'sin city' Corinth; a town with different challenges but one Paul greeted with the same message. Following the opposition and closed doors in Athens it was encouraging to learn how God then opened new doors to Paul that lead to many being saved.

On Sunday, Andrew Fordyce led our morning worship service and took a rather unusual approach to teaching: getting us to engage with Hugh's sermons by discussing the things he had spoken about in groups. What a wonderful way to get the word of God to actually sink in before we all headed off to our respective parts of the country! We left Hothorpe with a new enthusiasm and confidence that we have been assigned a time and place to 'speak Christ' to those God has placed around us.

The mission partner input session gave delegates a fantastic snap-shot of what God is doing through dentistry across the world. Thelma Edwards outlined the work of Dentaaid in addressing the complex issue of infant oral mutilation (IOM), a practice that is still disturbingly prevalent in parts of Africa. The serious potential consequences of IOM were discussed, along with the difficulties faced when seeking to challenge culturally established customs and beliefs. As migration leads to an increasingly multi-cultural society, the need for UK dentists to be aware of and able to diagnose such cases was also highlighted. There remains tremendous scope for research into this area, with possible openings for both elective students and Master's post-graduate projects.

Barbara Koffman's work with 'Christian Relief Uganda' and Colin Watterson's report from the Rugarama Clinic both highlighted the need for oral health promotion and long-term dental care to be provided by local people: ultimately best placed to educate and meet the needs of fellow Africans. All were impressed by the 'flat-pack' dental surgery donated by Dentaaid and installed in Malawi by the Prideaux family back in 2006; they are preparing a return visit in July 2010, aiming to encourage staff working in the dental clinic and to ensure that equipment is functional and adequately maintained. A moving video from the 'Isubilo' mission in Zambia provided insight into the work carried out by Andy and Eira Patching among those suffering with HIV/AIDS. It highlighted the ongoing need to help prevent the spread of HIV among the vulnerable and show God's love to individuals already infected; it also

World – Conference Report 2009

acted as a reminder that following God's call on our lives to live as 'missionary dentists' may mean that we work outside of the profession in order to reach the nations.



Following an excellent lunch, the family service gave the younger delegates an opportunity to share what they had been up to during the conference. Looking at passages from

Genesis and Psalms, the children had explored a range of issues addressing what matters to God, and therefore what should matter to us. We were slightly envious to hear that this had involved a Fairtrade 'food-tasting' session! It was both moving and challenging to listen to the prayers and thoughts they shared, a powerful reminder that 'the Kingdom of Heaven belongs to such as these' (Matthew 19:14). The fruits of the Spirit (Galatians 5:22-26) were brought alive in unforgettable fashion with the help of Google images, PowerPoint, and helpful maxims such as: "pears don't wrestle!" and "you need self-control to choose an apple over a chocolate bar!" You certainly do!

It was with great sadness and a huge debt of gratitude that conference bade farewell to Ruth Wills after 14 years of heading up the children's work. We wish her well as she leaves Scripture Union to embark on a PhD, one of her lifelong ambitions that is now coming to fruition. She will be missed by both children and the wider CDF family, retaining a special place in the many lives that God has touched through her work.

The highlight of the social calendar had to be 'Naughty' Neil's pub quiz, which was a feast of audio, visual and sensory (water tasting!) questions to test the conference goers to the limit. Despite fierce competition, 'The Devon Clots' claimed the prize. (*Only by half a point – Ed "we was robbed"*)

We are indebted to Simon and Grace for organising the event and to Ruth, Rebecca, Dinis and Alison who all gave up time to look after the children and provide them with an engaging programme to help them learn more about God. Our thanks go to Catherine Lawton for braving both a conference full of dentists and 'the South' to lead us in worship and for carrying on through technical hiccups! This names but a few of all the gifted people in our midst, so a massive thank you goes to everyone who helped to make the event such a success.

Speaking to one of the students, I was struck by something they remarked: 'it is nice to meet with dentists who aren't just motivated by money'. I realised that this is what CDF is all about. We receive Christian fellowship in our churches and yet it is something that many of us don't receive in our workplace. As ever, it was a huge encouragement to learn how others combine their love of Christ with their profession. It was a fabulous weekend of fun, teaching, fellowship (and wonderful food!) that I would urge you to join us on next year, 1st-3rd October, at High Leigh in Hertfordshire.



Becky Perren and Tim Bates

Dates For Your Diary

Family Conference 2010



Friday to Sunday
1 - 3 October
High Leigh, Hertfordshire

Regional Day 2010

Saturday 8th May

French Practice for Sale

Established modern dental surgery for sale in market town in sought after area of South West France.

Close to mountains and sea for a stress free environment. House available. Close to Evangelical church.

Details from anthony.susan@orange.fr

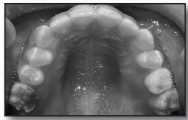
Ceramic Technician Needed

Shalom Dental Surgery is a Christian practice in Blantyre and Limbe, in Southern Malawi.

We are in need of another ceramist to aid and further train our current technician. Can you spare your time to help us, ideally for at least three months? Shalom is a great practice and Malawi is a beautiful country!

For more information contact Dr Frances Vose on agarvose@africa-online.net

Molar Incisor Hypomineralisation: The Bigger Picture



Helen Rodd is Professor/Honorary Consultant in Paediatric Dentistry at Sheffield Dental Hospital. She presented this lecture at the Family Conference.



The definition of Molar Incisor Hypomineralisation (MIH) as *a condition of hypomineralisation of likely systemic origin, involving one or more first permanent molars, and frequently also involving the incisors.*

Typically, affected molars present with well-demarcated white/yellow or yellow/brown enamel opacities.

Any number can be involved, but

most commonly it is two. In severe cases, the enamel is lost very soon after eruption exposing large areas of the underlying dentine.

One or more of the permanent incisors may also present with enamel opacities of varying colour, but post-eruptive enamel loss is not a common feature, probably because of the reduced occlusal load placed on these teeth. Clinical diagnosis is usually straightforward, providing a sufficient number of permanent teeth have erupted.

Hypomineralisation occurs when there has been an insult to normal enamel formation between 37 weeks of development and the age of three. Associations can generally be considered as pre-natal, perinatal or post-natal. They include high fevers or viral infections in the mother during late pregnancy, complications during labour (notably caesarean sections) and early childhood infections and illness. MIH is therefore widely believed to stem from conditions of hypoxia or hypocalcaemia. There is also a feeling that the condition may have a genetic component, as there is a reported increase in siblings. There is no identified medical cause in up to one quarter of patients.

Affected enamel is very porous, weak and has a lower mineral content, and reduced calcium to phosphorus ratio and it would appear that the underlying dentine may also have a disturbed histology. Children often have extreme sensitivity which could simply be due to dentine hypersensitivity where porous enamel or exposed dentine facilitates fluid movement within the dentine tubules so that the A delta nerve fibres are more readily activated resulting in a short sharp pain. However, in view of research findings that some of these teeth have an underlying pulpal inflammation, we have to consider a more complex mechanism where the peripheral nerves become sensitised, they branch out to increase their receptor field and undergo changes in the expression of pain transmitters, receptors and ion channels so they show an exaggerated response to normal stimuli.

Prevention

There is no evidence base for the effectiveness of desensitising toothpastes in reducing sensitivity. The benefit of remineralising products such as tooth mousse is also largely anecdotal. Regular fluoride varnish applications are recommended, as well as regular dietary advice but fissure sealants may be less effective in hypomineralised molars, primarily because of reduced bond strengths.

Long-term prognosis of the first permanent molars

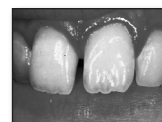
Extractions should be at the appropriate stage of dental development in order to achieve a good occlusal result (see the clinical guidelines produced by the British Orthodontic Society). If we decide to restore the molars, material selection depends on a number of factors including the extent of the hypomineralised region, degree of post-eruptive enamel loss, patient compliance, and long-term plans for the tooth. Amalgam has no place in the restoration of these teeth, as it is unretentive in shallow wide cavities and offers no protection to hypomineralised tissues. Resin modified glass ionomers are only recommended as short-term or temporary restorations on newly erupted, sensitive or difficult to isolate molars. Composite restorations are indicated for mildly affected teeth with no cuspal involvement. It is a good idea to extend the margins of the composite beyond visibly affected enamel to ensure better bonding.

Preformed crowns have an excellent clinical outcome as a medium-term restoration. They prevent further tooth tissue loss, eliminate any sensitivity, establish correct interproximal and occlusal contact, are cheap and easy to place. However, they may produce an adverse reaction in a patient with a nickel allergy, they may produce a temporary anterior open bite and there may be some irritation to the gingival tissue if the crown margins are not well adapted.

Gold onlays are probably the long-term restoration of choice for moderately or severely hypomineralised first permanent molars, if they are not extracted at the appropriate stage of development.

Dental Aesthetics

A poor appearance may be detrimental to self-esteem and how children are judged by others. We should be giving them a voice and the opportunity to request treatment, should they want it. At a first appointment, a new patient may not feel confident enough to say that they are unhappy about the appearance of their teeth, despite this being reported in the referral letter and this is something that may be voiced at a subsequent appointment, when the child feels more comfortable.



Microabrasion (hydrochloric acid and an abrasive) is usually the first line of treatment to improve the appearance of enamel opacities, followed by a direct composite restoration, in cases where there is any tooth tissue loss or the microabrasion fails to achieve a satisfactory result.

Children's Opinions

It is important that we actively seek children's opinions in all aspects of their health care. Recently we set out to explore children's experience of having a visible enamel defect, including MIH, before and after treatment. Overall, the quantitative data showed that there were high levels of appearance-related concern in children with visible enamel defects. However, simple and non-invasive treatment was well received and had a positive effect on how children felt about their teeth. Some individuals were left disappointed, with their expectations not fully met and we need to be able to identify these young people and better communicate likely outcomes. There was also a clear message that children appreciated being spoken to as individuals and being informed fully about treatment procedures.



The ICMDA

- What is it and what does it do?

Good question! A little of the history of the International Christian Medical and Dental Association (ICMDA) will give the backdrop to the reason for its coming into being and its purpose. With the establishment in Europe, America and in the East of a number of Christian doctor and student fellowships and societies, mostly early in the 20th century, the scene was set for the holding of an international meeting. Five groups played a leading role in the planning of the first International Congress of Christian Physicians (ICP) held in Amsterdam, Holland in July 1963. Eight countries were represented. In 1966 the number of countries participating at Oxford in the UK had doubled to sixteen. In Mexico in 1986 the name was changed to the International Christian Medical and Dental Association which describes more appropriately the pillars on which the organisation rests. The Association has to date 61 member organisations and over 35 contact groups from all corners of the world. Applications for membership continue to be received with three or four new member organisations being added each year.

As its name denotes the movement is both medical and dental. This is important. However there are certain national movements which provide membership to others from the allied health professions, including nursing. There are also countries with separate Christian medical and dental fellowships.

The ICMDA began by meeting a common felt need around the world for Christian health professionals to exchange views and experiences within their profession in relation to the demonstration of their faith in their practices and to their responses to ethical issues as well as its challenges. Furthermore, the opportunity was provided to promote personal contact and fellowship among Christian health professionals. These purposes are now embodied in the stated aims of the Association which are in short to:

- Deepen the spiritual life of Christians practicing medicine and dentistry
- Encourage the sharing of their faith within their professions
- Provide a regular means of exchanging views, information and experiences
- Promote friendship and co-operation amongst Christian health professionals
- Support the mentoring of Christian health profession students and establishment of student/junior graduate groups
- Encourage and support the work of medical/dental missions at home and abroad.



The Logo is an ever present reminder of the challenging call to provide and to enhance compassionate caring according to the example of Christ. It is inspired by the passage of scripture in John's gospel 13:4-16 where Jesus, in humility, washes the feet of His disciples and wipes them dry with the towel. The Cross together with a basin and towel symbolise sacrificial love for and humble service to all humankind.

Through a number of activities the movement gives expression to its aims and to its strategy of the five E's - to Enable, Encourage, Educate, Equip and Evangelise.

These activities are:

Conferences – a world congress is held every four years. In 2006 this was in Sydney, Australia and in 2010 it will be in Uruguay from 1 – 8 July.



Regional conferences are planned in the intervening years in each of the 11 regions.



Every organisation is encouraged to hold national conferences to centre on the deepening of personal faith in Christ and to applying Christian principles to the provision and conduct of professional practice.

Information exchange – through the website (www.icmda.net) and quarterly news letter, the News, Praise and Prayer (NPP) available as a hardcopy or preferably electronically.

Resources - www.icmda.net/resources - Guidelines on formation of a national fellowship or organising a conference are available as well as papers, presentations, seminars given at conferences.

Publications – Daily inspirational readings and commentaries are provided for each day in “Doctors Life Support,” Previous world congress presentations are collated in “Changing World, Unchanging Values” and the story of the first 25 years of the Association can be read in “Amazing.”

Funding for the work of the ICMDA is provided through annual membership subscription payments and contributions/donations made to the ICMDA Development Support Fund. A special bursary fund is launched to enable graduates and students from developing and economically poor countries to participate in the events of the World Congress. This year we are looking to raise US\$150 000 to make this happen for many for whom being in Uruguay would be just a dream.

This is truly what the ICMDA is about – sharing God's grace at the growing edges of medicine and dentistry and seeking to unite doctors, dentists and healthcare workers in promoting their Christian faith and practice just where they are in all parts of the world each day.

United in this way groups are reaching out to make a difference through encouraging and exciting avenues – coming alongside colleagues in the Zimbabwe Cholera epidemic, training Christian leaders, setting up Open House Groups for Junior Graduates, networking with the Healthcare Fellowship International, International Health Services (Saline Solution programme) and PRIME (Partners in Medical Education). Many are the opportunities for witness and service to Christ. For these we give thanks to God, praising Him for His blessings on the work of the ICMDA.



Thank you for being part of this quest. Thank you for praying and supporting the work of the Kingdom through the ICMDA.

Daryl Hackland
General Secretary

Alan Lawrence 1940 - 2009



Alan died in September after a courageous battle against rectal cancer. Friends and colleagues packed the funeral and thanksgiving services and many were moved to give tribute to Alan's many acts of kindness and encouragement.

At Bristol University he met fellow dental student, Judith and they married in 1963, graduating the following year. Dentistry for Alan was more than a profession: it was a Way of life. From his earliest days practising in the mission field in Kenya to his senior management consultant post in dental public health, his deep rooted Christian beliefs were in evidence for all to see. Alan's caring concern for those who found themselves disadvantaged, for whatever reason, would discover a staunch ally, advocate and mentor as he would assist them to regain confidence and flourish once more within their chosen and his beloved profession.

It was through such an early endeavour I first got to know Alan and Judith when in the mid-seventies I was embarking on a survey to find the missing women dentists; that is those women who had taken time out to raise a family and then had found it daunting to return to work. On one occasion, the Health Minister, Edwina Currie was regaled by us about this unfortunate state of affairs and in particular the lack of funding for appropriate retraining. Much to the consternation of the watching postgraduate deans, the Minister's response was swift and unchallengeable as she promised us money from the dean's already overstretched budget to set up a course. Alan, with his characteristic enthusiastic style, motivated a galaxy of talented colleagues at The London Hospital Dental School to get involved and so the first 'Getting Back to Practice' course was established and was repeated, refined and replicated across the UK. Most recently was his caring concern and his support for the overseas dentists and his involvement with the network of Retaining and Returning Advisers; his seminal work in this area will never be forgotten.

Throughout the years no CDF conference was complete without Alan and his family's presence. His involvement, as with every thing he did was total; from taking services, leading bible groups and discharging with distinction his role as president which he also accomplished when president of the British Association for the Study of Community Dentistry. He was a trustee of CDF and life vice-president and also a trustee of Bridge2Aid. Alan's talks on his specialist interest of audit, risk assessment and health and safety regulations were greatly sought after and Alan, even in the final stages of his illness, was still travelling around the country as he held fast to his life-long ethic 'never to let anyone down'

Alan was certainly a man ahead of his time. He was well into the electronic age before most of us knew about emails. He led the field in evidenced based dentistry and was the founding editor of the first journal on the topic and gained great satisfaction to see the publication not only incorporated within the BDJ but also circulated world wide.

The greatest accolade came to this modest, approachable and gifted professional in 1999 when Her Majesty the Queen recognized Alan's services to dentistry with the award of the OBE. There was a special thrill for both of us that we were summoned to attend the Investiture at The Palace on the same day as so many of our exploits had run parallel throughout our careers so; the photographic evidence remains prized in our respective family albums.

Paul when writing to the Church in Galatia reminds us 'God is not to be fooled, a man reaps what he sows. If he sows in the field of the Spirit, the Spirit will bring him the harvest of eternal life'. We are confident that Alan will now be experiencing the fulfilment of this promise and for this we give thanks.

Our sympathy goes out to Judith, son and daughter John and Mary and grandchildren who can be reassured that friends, colleagues and patients will be forever enriched for knowing Alan.

Dame Margaret Seward

I first met Alan in 1979 when I turned up on his doorstep one morning an hour early for my interview for a job in Kisumu, Kenya. He was completely unfazed and welcomed me in to join him in the kitchen while he finished his breakfast. He immediately put me at my ease and I soon knew a lot more about the Dental Unit, which Alan had started some years before! His support and encouragement during my two years in Kenya was immense. It continued when Sue and I returned to the UK.

Since that day Alan has been a thread running through my professional, Christian and family life. I have often phoned him for advice when a big decision had to be made, such as buying a practice, dealing with difficult staff members, becoming a VT Adviser and applying to be on the GDC Fitness to Practise Panel. His advice was always constructive, made me think through what was important and, most of all, always encouraging. I worked with Alan on CDF Council for a long time and must repeat what has been said that he has been a constant source of sensible, practical support and much laughter.

Alan was a regular speaker on my Taunton VT Scheme and managed to teach Health & Safety in a humorous and interactive way. He last came to Taunton in April this year. Knowing that he might not be able to come in 2010 he arranged to come in November, sadly not to be. We had quite a few conversations on the phone in the weeks before he died, he was sure of his faith and his sense of humour was still evident despite the huge challenge he was facing.

His enthusiasm for the things that he loved has been evident throughout his life, whether that was motorbikes, cycling, swimming, cameras, dentistry or Judith and the family. He was also enthusiastic about his wider 'family' of friends. I am so glad that I knew Alan and thank God for his life and steadfast belief in his Lord.

Martyn Green

The greatest joy of CDF membership has been time spent walking alongside friends who have remained faithful to the Lord Jesus Christ.

Alan Lawrence, visionary, encourager and enthusiast (about everything) epitomized this. Alan and Judith had spent some time in Kisumu and he had sniffed that I might also like to work there following dental school. His telephone calls persisted for three years and I went to Kenya. Support flowed from Reading in calls, letters telling of NHS reorganisation and plastic tubing to maintain Alan's DIY dental delivery unit.

Two years later Alan recruited Jane Richards to work in Kisumu. Jane and I corresponded twice, met at Alan and Judith's house one Friday evening when I was on UK leave and, after a rainy stroll in Kew Gardens the following Wednesday, agreed to marry. That was three decades ago. Alan was at the forefront of helping us re-integrate to UK life after Kenya and then again after Nepal. Always there, always seeking our best, always prayerful. I miss his voice on the telephone. I miss his unique presence at Conference and at Council meetings. A special friend remembered with love and affection.

Neil McDonald



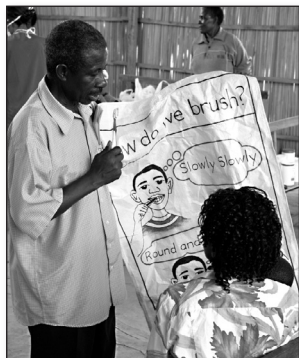
Christian Relief Uganda

New emphasis on oral health education

Barbara Koffman is a Christian full time volunteer worker for the charity Christian Relief Uganda (CRU). She trained as a dental hygienist at Manchester Dental School in 1972/73 and over the last few years, as CRU's Dental Coordinator, she has been privileged to take teams of dental personnel out to Uganda to offer pain relief clinics in rural areas with little or no access to dental care.

Barbara has been able to forge strong links with both Ugandan dentists and dental missionary contacts resident in the country. There are very few qualified dentists – the latest WHO figures give a dentist/patient ratio of less than 1 per 100,000 – most of whom are working in rural government clinics with little or no back up or equipment.

She writes: "Our dental teams have a great opportunity to work alongside our Ugandan colleagues, learning from each other. On our latest trip in March, we were able to work with four Ugandan Public Health Dental Workers (PDHW), some of whom travelled long distances to be with us. One of these was Ambrose, whose training was sponsored by CDF. I was very impressed with their level of professionalism and it was a pleasure to work with them. My pre-trip prayers for a good relationship between UK and Ugandan dental staff were certainly answered!"



As a member of Dentaid's Action Group against Infant Oral Mutilation (IOM), Barbara is at the forefront of implementing the educational strategy that it is gradually formulating. With CRU's long dealings with Mango Tree, a visual aids company in Kampala, she has been able to add to the range of oral health education materials that they have

already produced together, and a booklet and poster designed to aid the teaching against IOM have been developed. The four PDHWs were given these to take back to their areas to continue spreading the message there.

In view of the increasing importance and influence of oral health education, the next dental mission in March 2010 will include a separate programme when, as well as a clinical team, Barbara is taking a group of people willing to work as dental health educators, to expand this preventive aspect of CRU's work. All volunteers will be trained to offer IOM talks, oral health education, basic hand washing recommendations and advice on a balanced diet.

Barbara is also looking for a Christian to accompany her on each mission as a spiritual mentor, giving help and encouragement, but without clinical or educational responsibilities.

In November 2010 the three week dental trip with be concluded with a sponsored trek in aid of CRU's Dental Fund. Mount Elgon is an extinct volcano that first erupted more than 24 million years ago. It is the fourth highest mountain in Eastern Uganda and teems with bird species and wildlife.



If you are interested in participating either as a clinical or educational member of the team or as a mentor, please contact Barbara on bkoffmancru@hotmail.com or call 07970 163798. There will be only a limited number of places on the trek so early application is advised. Barbara is also available to give presentations on behalf of both CRU and Dentaid.

Further information is available from www.christianreliefuganda.org and on IOM from www.dentaid.org.

Student Bites



Following on from Tim's introduction in the last issue I am going to expand on the individual roles which we each

have. Tim is responsible for the Northern dental schools, Becky the Midlands and I am the main contact point for the South. Tim has undertaken electives information, Becky: communication and the student packs which were sent out this year. I am the link with the student CMF and it was in this role that I visited the CMF student conference in February.

The CMF student work has undergone a number of changes recently. The previous leader, Mark Pickering, has stepped down. Alex Bunn has taken over during the interim until Giles Cattermole takes over in January. Talking to the students at the conference, it became apparent that many were not aware that there was a CDF; but nearly all knew at least one Christian dental student.

It is due to these contacts and those of people at the CDF conference, that we now have at least one student contact in every university, including Birmingham which had been

without a contact for a while. There may be many more Christians within the dental schools but we don't know them; and presumably they don't know us!

The next challenge for us is to help these individuals or small groups to grow. The image of a dimly burning or smouldering wick is used in Isaiah 42:3 and again quoted in Matthew 12:20. I find this image inspiring when thinking and praying about the dental students. The numbers are few and so the light can sometimes seem dim but we can trust that God will not quench these lights and instead pray that the Spirit would breathe onto them so that these glowing embers would become bright burning lights. Our role is to help provide good fuel for these fires.

As student co-ordinators our next challenge is to organise a student away day for next term. Currently the plan is to hold this in Birmingham. We hope to have a speaker to run a seminar on an aspect of faith in dental practice. There will also be time for prayer, worship, chat and of course lunch! These are still preliminary plans and so we would be grateful for any input which CDF members might be able to contribute.

Thank you for your continuing prayers and support.

Melissa Auvray

Shine On



As the nights draw in and I start to leave and return from work in the dark, I am reminded of 2 Corinthians 4:6 "For God, who said, "Let light shine out of darkness," made his light shine in our

hearts to give us the light of the knowledge of the glory of God in the face of Christ."

It's telling us that we have come from darkness and through Jesus Christ we not only walk in His light but that the power that we have is from God and not from us. When the going

gets tough and I would rather stay in bed than have a long day at work wrestling with not only teeth but people, I have to remind myself that I don't do my job or my life in my own power, and that the light that shines from a Christian doesn't have to come from my own strength, but rather I should be leaning on the Lord God who has thought us worthy to put His power in our jars of clay. Go glow!

Please let me know of any articles or ideas for them that you may have. My email address is cathy.fordyce@hotmail.com or 348 Mersea Road, Colchester, CO2 8RA.

Cathy

Cathy Fordyce
Editor

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