DOI: 10.2478/aoj-1968-0014

THE ROLE OF THE FOUNDATION IN AUSTRALIAN ORTHODONTIC EDUCATION*

A. THORNTON TAYLOR, D.D.Sc. (Sydney)

It is a very happy occasion for me to share this programme with the recipient of what was the first award or prize within our Society. It was my honour to present to Professor Storey the first Presidential Award for outstanding achievement which, in Professor Storey's case, related to his well-known work with light orthodontic forces. Prof. Storey was then a young man in a minor post in the Orthodontic Department of Melbourne University, and may we believe that this small encouragement helped to inspire him to continue his efforts in our field, and to-day we are rewarded by his acceptance of the invitation to lecture to us and give us the benefits of his thoughts on orthodontic education and research. It is a very real pleasure for me to be on the same programme with Professor Storey, for there was a time when we nearly lost him to medicine.

Thanks to your President's invitation, so happily coinciding with our current appeal for funds, I am in the very fortunate position of having a captive audience and an honorary Secretary-Treasurer most strategically placed among you, and a very good cause to promote. Were I to confine myself to the precise words of the title of my address to you this morning, I fear that you would hear little that was not already known to you, so with your Chairman's permission I would like to delete the word "present" and discuss the Role of the Foundation in Australian Orthodontic Education in rather general terms. Did you listen to a medical spokesman in a recent 4-Corners Television broadcast confess that it was most difficult for a doctor to keep up-to-date, particularly in such fields as Pharmacology?

He stated that "we are in some degree incompetent as we progress beyond graduation—we become ignorant." He considered that an alerting system should be set up (on drugs) and some formal means of post-graduate education should be established and ways found to have doctors make use of facilities which could be provided. We, of course, attempt this on a general scale with our post-graduate and refresher courses, but something continuously available to the practising doctor was envisaged to keep men up-to-date and also help to avoid dangers or embarrassments in relation to the prescribing and administration of drugs generally.

Although perhaps not applicable in quite the same way, there is so much for us to learn, so much skill to acquire — that study and practise with our own people of special skills and aptitudes offers a continuing process of improvement for ourselves in particular and our specialty in general. Your Foundation for Research and Education can, and we believe, does play a part in the continuing process of orthodontic education, and, as far as it is able, supports a research programme in this country.

Although we have not yet fully implemented all the recommendations originally set out in the first report (1964) of the Foundation, which was established during the 1st Australian Orthodontic Congress in 1961, considerable progress has been made, thanks to the generosity of our members.

A visiting lecturer programme and "workshop" series have shown us the value of such projects, and we have already made firm plans for the next two years for these means for education, enlightenment and, we hope, enjoyment of our members.

Perhaps we can sloganise our efforts into the three "E's":—

Education, Enlightenment, Enjoyment.

The Foundation now expects in their lecture programmes an attitude of detachment — a critical analysis of orthodontic thinking (in theory and technique) as distinct from the more personal torch carrying attitude that has illuminated without necessarily enlightening much of past orthodontic teaching. This more personal and propagandising type of lecturing serves an important purpose, but is it not more a part of Convention or Congress programmes where the guest lecturer is invited to display his virtuosity, to use the Federal Council's phrase in regard to these things?

The Foundation must go deeper and, in the more intimate environment of separate group meetings, try to create an atmosphere where

*Presented on the Clinical day of the Australian Society of Orthodontists, N.S. Wales Branch, held in conjunction with the Annual Meeting of that Branch, 21st June, 1968.

members may be more closely related to the lecturer, whose presentation may be more of seminar than lecture pattern. Although extremely strenuous for a visiting lecturer (and this must be recognised and remembered) the resultant opportunities for appraisal, analysis and self-criticism highlight the advantages of this form of teaching.

So we aim that our lecturers shall be teachers, essayists, analysists and critics who, in future programmes, will, we hope, follow this trend. He will debate the "why" rather than the "how," the "result" rather than the "means," the "cause" rather than the "effect."

We have been happy in the choice of our lecturers so far and in their approach to their subjects. Dr. Robert Ricketts challenged his audience: his theoretical background supported his very soundly based clinical practises, and he gave unstintingly of his considerable energies in presenting his very sophisticated treatment analysis and clinical methods. Professor Alton Moore, while not in actual contrast, yet offered conservative and rationalised thinking and gave sobering reflection on some of our current "pie in the sky" clinical enthusiasms. His visit was refreshing in its candour and valuable for that reason. Our next lecturer should also interest you, for he will examine results of some of our treatment methods and present his assessment of tissue involvement in our orthodontic processes. He will support and document his findings in this area of orthodontics.

The personal factor in Education through the Foundation:—

This may be more important than you think. How many of our members have travelled, or expect to travel in their formative years? —shall we say the important first decade in a professional man's life? Not the majority certainly.

Here, then, is a most important facet of the Foundation's work and influence in the postgraduate field.

You remember my earlier quotation concerning medical men becoming "to some extent ignorant" — I will not say incompetent as the panellist did. In the early years of practise we will, of necessity, have a limited outlook, practising with the precepts — and prejudices — of our teachers. When leading men are brought here to teach us we have a unique opportunity for exposure to their personalities— to hear them — to talk with them — to argue with them. We can learn from them and maybe reassess our opinion of their work, or read and study their writings with an interest previously denied us through lack of the personal contact that so promotes interest and understanding.

There is ample time to get to know our Foundation lecturers — and our workshop leaders, for that matter — in the course of their progress through our several States.

The lecturers themselves — the pauses — the coffee breaks — the social occasions that are surely part of the educational process, all serve this important function of communication — the cornerstone of education.

Workshop Programmes.

Were there no other satisfaction in the work of the Foundation, I should feel amply rewarded at the success of the recent Cephalometric Workshops conducted by our own members, and thank you for supporting this venture by your attendance and participation. There is no doubt that we possess in our membership very considerable talent and unselfish enthusiasm, and similar projects seem warranted and desirable. Such projects are in reality extensions of study club activities, and bear fruit in relation to the efforts put into them. It is perhaps for you to suggest fields of interest, and topics at present unthought of should come to the fore from time to time, some out of your own interests, problems and difficulties, and some by the expected development of the speciality.

Regarding progress and development:

Did you note recent comment from Mr. A. Parbo, the General Manager of Western Mining Corporation, in a lecture to the Junior Chamber of Commerce in Melbourne? He said, "The rapid rate of scientific advance is making it difficult to remain competent during one's working life." He claimed that "this situation was partly caused by the 'Clockwork Mouse' system of education. This system means that students are wound tight with learning, then set loose and gradually allowed to run down. In future we must partly re-wind this spring." Here then is agreement — from the technical aspect on what the medical spokesman said on "4-Corners." Mr. Parbo considers that "a retraining system would be the only feasible way to cope with a fund of knowledge that was expanding at an explosive rate."

Professor Moore talked of the biological explosion as signalling a departure from the rigid attitudes of our mechano-therapy. We hope to assess this attitude in our next "domestic" lecture and workshop programme.

I am afraid that my more conservative and realistic Trustee colleagues have deflated some of my rather visionary notions concerning possible subjects for workshop projects, but seeing there are so many of you here interested in these things, I seek your re-actions to one or two further possibilities.

1. **Orthodontic Records.** We have already had a direction from the Federal Council as to the necessity for uniformity regarding cephalometric data, the need to agree upon a "code" as a vehicle for interchange of information, both from the diagnostic as well as the treatment angle. It is in this regard that the panel of experts were by no means unanimous regarding the choice of cephalometric analysis, although the majority favoured Down's analysis.

You will remember a sub-committee of our own (Mr. Burgess, Mr. Reading, Mr. Sandilands) came up with a very interesting code, but this did not find general acceptance in the other States. No doubt time will allow us to evolve a uniform system which, of course, will be by no means static.

Preparation of models, photographs and other treatment data should be a matter of considerable interest to us all, and interchange of thought on this aspect of practise administration should prove of interest, particularly to the younger members.

Are you fully conversant with welding, soldering, tempering and annealing? Can we help one another in this phase of technique? Are precious metals now completely outmoded? Shall we generalise and suggest metal techniques as a possible subject for workshop activity?

Yet another project — Library of Treated Cases.

One of the recommendations from the first meeting of the Trustees was that a library of treated cases be established in each State, and a start was made, actually by the Federal Council of our Society at the last Congress (3rd) of the Society in Surfer's Paradise in 1966. Case reports were selected and displayed at the 17th Australian Dental Congress in Melbourne and many of you had cases in this display. However, something more practical (and enduring) must be achieved if we are to establish any sort of "library" of a permanent nature. A precise and standardised photographic or photostatic record, of case reports, typescript, drawings, tracings and the like, as well as accurate photographs of models will need to be undertaken. This should be possible:—it will be expensive, but it should not be beyond the technical capacities and capabilities of our members. It certainly poses a challenge, but its achievement should be possible.

With the sophisticated photographic and recording equipment available I feel sure that a start can be made, and perhaps should be made at the next Congress, to record cases of outstanding interest. Volume is not required in a library of case reports. Cases of unusual interest, of outstanding work, demonstration of special techniques and the like could be chosen, but those selected for permanent recording will need to be documented at Congress times. otherwise, as invariably happens, they will be lost in the hurly-burly of the return to practice with our members scattered all over the Continent.

This demonstration and recording could and should be the work of a special committee, and in terms of the educational value of such a project, could well be the task and topic of workshop sessions in each State.

Research.

With a major paper in prospect to-day from Professor Storey, it seems somewhat redundant to attempt any discussion on research from the standpoint of the Foundation. We can say, however, that the support of soundly based research projects in our field is by our own choice one of the major items of our charter. In fact, I can tell you that the Foundation was, at first, only allowed to be established as a Research activity under the "direction" of and answerable to the Director-General of Health. We had to fight to have Education included in our "Charter."

We have made one grant — not a great one — to Professor Storey — but it was a start, and we are going to be extremely interested to-day to hear something of the progress of his investigations.

Research Grant.

Our grant was only a small gesture, perhaps a drop in the bucket, but it was made and must continue to be made, not only to honour our Charter but to help and encourage research

in our field. We have been obliged to define the limits of our help and these you will have seen in the Bulletin. These limits are not set capriciously, but it is necessary to decide in what spheres we shall help, say purchase of equipment and material, or payment of salaries for technical laboratory staff. Surely we must do all we can in this field, as we grow stronger financially.

Are we sufficiently established, can we demonstrate our purpose and usefulness sufficiently to warrant going outside our own ranks (membership) in search of funds as is, and has been, customary in organisations similar to ours? Surely we are now justified in some discreet probing in this avenue of finance. Also, do we embark on a broader programme of lay education — a field so far neglected, or at least only lightly encompassed in the publicity of the Dental Health Education and Research Foundation of the University of Sydney? Admirable as this work has been in awakening public interest and increasing their understanding of dental health matters, there has been little of orthodontic import in their activities to date. Here then, we have two avenues for urgent consideration. The time seems opportune for action in both fields.

173 Macquarie Street
SYDNEY 2000.

EXCHANGE MAILING LIST:

An exchange of Journals has been requested by the Library of the Dental School of the University of Sao Paulo, Brazil, the chief librarian having advised that they are planning to develop the actual Library of the Dental School of that University into a national bibliographic centre in Dental Science. The Library will operate on a national basis, supplying microfilms, photocopies, and other bibliographical material requested.

The Dental School is the editor of the "Revista da Faculdade de Odontologia da Universidade de Sao Paulo", which is a quarterly publication containing the scientific works by faculty members, and we are delighted to have their Revista on our exchange mailing list.