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INTERVIEWS

THREE PROFESSORS
A Crucial Coincidence

The retirement of two academic orthodontists, and the imminent retirement of a third, from Australian dental schools is a crucial co-incidence. Decisions are soon to be made which will affect the future course of the Specialty, therefore, it was felt that a record of the achievements and ideas of the retirees should be made. They are Professors M. Sims of the University of Adelaide and K. Godfrey of the University of Sydney, and Associate Professor V. West of the University of Melbourne. They have kindly consented to be interviewed by the editor of this Journal, Dr. Brian Lee. A transcription of the interviews with Professors Sims and Godfrey follows in this issue. Associate Professor West's interview will be published in Volume 13, Number 1.

INTERVIEW WITH DR. MILTON SIMS —READER IN ORTHODONTIC UNIT, DEPARTMENT OF DENTISTRY, UNIVERSITY OF ADELAIDE.

Dr. Lee: Milton, thankyou for agreeing to be interviewed. The fact that you, Keith Godfrey and Vic West are all retiring is important for our Society and for the schools in general. To start with, would you give me a summary of your career in dentistry and what you have achieved in academic qualifications, and where those qualifications were obtained?

Dr. Sims: I guess my academic path really started when I completed the first part of the M.D.Sc. degree in Adelaide prior to going to America as an Australian Fulbright Scholar in 1960. Perhaps I should add that from the time of dental graduation in 1950 and going overseas, I was appointed as the first full-time hospital orthodontist in the Public Service of South Australia. During that period I started working at the Adelaide Dental Hospital and I had to learn, with the aid of Dr Begg, my basic orthodontics at the chairside on patients. In 1960, I went to America to spend a year at St. Louis University. Funnily enough, from an interesting and perhaps historical perspective, that first part of my trip was partially funded by people who had donated money after attending the Kesling Rocky courses in the Begg Technique, and it was Dr Kesling who organised for these monies to be made available through my tuition at St. Louis University.

Dr. Lee: You did a Masters programme in 1960 for one year at St. Louis?

Dr. Sims I did the one year, in fact, I did a year and three months at St. Louis University. I then transferred to Boston University And I did so reluctantly, I might add, because St. Louis was unable to provide any ongoing support. Having sold everything that I'd possessed in the physical sense before leaving Australia, to get me to America, and being totally flat broke at the end of twelve months, I had little alternative but to transfer to Boston where Dr Margolis had promised to provide ongoing financial support. Dr Marshall, who was the head of the St. Louis University Clinic, really didn't wish me to leave. but the situation was that he did not have access to any additional finance for me. So the Dean of the Graduate Schjool reluctantly said we can't support you any longer, and that was the reason I went to Boston. I must say, in tribute to Dr Marshall. he very graciously allowed my first year masters credits, obtained during my period at St. Louis University, to be transferred to Boston.

Dr. Lee: So your M.Sc.D. is a Boston degree?

Dr. Sims Yes, a M.Sc.D. from the Boston point of view denotes an important difference from the M.S.D. because it shows that there is a research component in the degree — that it is not just purely clinical.

Dr. Lee: Thank you. Now, on your return to Australia you completed your M.D.S. Is that correct?

Dr. Sims No, I didn't complete my M.D.S. I transferred my M.D.S. to a Ph.D. programme.

Dr. Lee: When did you attain your Ph.D.?

Dr. Sims That took a long time, that was conferred in 1985.

Dr. Lee: What was the title of your thesis for your Ph.D.?

Dr. Sims: The Oxytalam Fibre in Periodontics.

Dr. Lee: Milton, as a teacher, what, broadly are your aims? What sort of graduate do you aim to produce? What do you want them to take away from this School?

Dr. Sims: That's a fairly hard question In two years, what can you teach a student? I think you can only provide a specialist trainee with the basic background to enable that person to go out and practice to become an experienced orthodontist. So that in the two years we would aim to teach them basic theory in terms of biology and clinical application. In particular, a welding together of these fundamental concepts so that they have the assurance and the skills to go out and treat patients I suppose, I might add, we are also known to give them quite a large research component as I believe that is a very important part of the academic experience of learning to think for one's self.

Dr. Lee: I'm glad you said that Milton. My own feeling is that training enables them at least to be able to assess whatever is coming their way and evaluate anything new.

Dr. Sims I think that's true. I believe the more important part is that the students should in fact reach a standard in their research where a substantial publication results from it. I think research without a publication is a less than satisfactory outcome. However. it must be borne in mind that a publication can't always be assured because sometimes a research project does not prove to provide a substantial outcome. To me a successful outcome fundamentally involves solving a problem. This is not always possible. Lots of disasters can happen

along the way and, in fact, if you knew the answer beforehand there wouldn't be any point in doing the research. So research is a step and a voyage into the unknown.

Dr. Lee: As far as the technical side is concerned, Adelaide is probably incorrectly known as a Begg training institution, but I know that other techniques are taught here as well. You obviously regard that as important. Would you care to enlarge on that and perhaps give us some idea of the balances that you have provided in your courses as far as technique is concerned?

Dr. Sims: I must say that my approach to clinical training is very much influenced by my experiences in the United States. I learnt very quickly that in the United States the more techniques the post graduate students were taught during the course, the less they knew about orthodontics at the end. The evidence for this dilemma was quite unmistakable. Graduates from those types of schools were the most frequent post-graduate course takers in the United States so they were always trying to get themselves sorted out. My own view is fairly simplistic. I believe that if the students are going to become good orthodontists during their professional careers, they will perhaps encompass no more than two techniques. By that I mean, learn them both thoroughly. With this background in mind, it has been my approach to teach them one major technique — and I think that is important —which in Adelaide happens to have been the Begg technique. But, ever since the course was implemented, we also have given the students experience in a second technique, and that has been exposure to Edgewise. The ratio, of course, has been a reflection of my own philosophy, and that is, you learn one technique properly rather than two partially and, therefore, the ratio has been four sessions of Begg to one of Edgewise.

Dr. Lee: As a researcher it seems to me from my own reading that you have focussed mainly on the periodontal membrane. Have you become involved in any other area that has called on a major portion of your time and can we have a few words on your feelings about the balance between pure and applied research in orthodontics?

Dr. Sims: It would be true to say that my efforts have been directed to the periodontal ligament and that goes back to Boston in 1961 where it all started with a few dogs in a magnificent multi-storied research building, the like of which I have never seen since. My ongoing interests still relate to the periodontal ligament. I have always been curious to know what happens to the tissues when teeth are moved, and, orthodontically in particular, I must say that it takes me away from the "push-pull" mentality that seems to have pervaded orthodontics for a very long time. I am pleased to see that the biology of the ligament is now being studied with ever-increasing interest. However, I must say that we have focussed on the microvascular More recently, we have initiated projects in the area of metallurgy, and we have completed two fairly substantial projects in this field, and we now have a third study going. I am proud to say our recent efforts for the last two projects have been supported generously, I might add by Mr A.J. Wilcock in Victoria.

Dr. Lee: Just that point about pure and applied research, it seems from what you have just said that your bias, if it does exist, has been towards applied research.

Dr. Sims: Well, that is my bias, but that's not the way it started. If research was easy, everyone would be doing it. One of the difficult problems that we faced was that no-one was terribly interested in pure research of the periodontal ligament even though text books today, if we focus attention on the vascular system, have no substantive information to contribute on the ultrastructure of the periodontal ligament. In actual fact, much of it is out of date and the large part remaining, which is not out of date, is frankly, rather erroneous. So we started on the biological aspects of the periodontal ligament. Finally, we have been able to achieve our ultimate aim of moving to the clinically applied science arena. But it has taken a long time — twenty odd years!

Dr. Lee: Milton, what do you see as problems which we have yet to solve in orthodontics. I know that might seem a difficult question to anser, but do you seen anything on the horizon at the moment which you feel should be looked at?

Dr. Sims: Do you mean in the way of research? In the way of actual treatment?

Dr. Lee: In the way of treatment? Yes.

Dr Sims: It's very difficult to have a crystal ball like this. I think it is probably a sign of the times that treatment is changing because it is no longer, shall I say, directed by orthodontists per se but rather by orthodontic supply companies.

Dr. Lee: Good point, yes.

Dr. Sims: Having said that, I think that with the advent of new materials and form of metals, wires, plastics, and carbon fibre techniques, I am sure that we are going to see some radical changes in materials used in orthodontics in the future.

Dr. Lee: Right Milton, just finally, there is something I would like to say on which you may care to comment. It's obvious to us all who have been with you over the years that most of the innovation and activity academically and in the post graduate field, seems to be coming from Adelaide. If this drive hasn't come from you, it's come from your students, and I think you ought to take a lot of credit for that.

Dr. Sims: Thank you. I think there are other people who deserve a great deal of credit too. You are not able to do this unless you have a loyal and dedicated team of supporting orthodontic staff, tutors and technicians. When you can add to that funding from the A.S.O. Foundation, and the very occasional, but nevertheless invaluable initial financing from the National Health and Medical Research Committee, this is the background against which whatever we have achieved must be measured. Because one cannot shoulder a complete programme on one's own. It is always the result of a team effort.

Dr. Lee: Milton, thank you very much indeed.

Dr. Sims: Thank you Brian, my pleasure.

INTERVIEW WITH PROFESSOR KEITH GODFREY, WEDNESDAY, DECEMBER 2 AT THE SYDNEY DENTAL HOSPITAL.

Dr. Lee: Keith, thanks for agreeing to the interview. The aim of these interviews is to draw something from the experiences of the various professors who are retiring or are about to retire. Firstly, I would like to ask you Keith, could you give me a summary of your career with special reference to your time in orthodontics.

Dr. Godfrey: I graduated at the start of 1950 from the undergraduate programme in Sydney and came on to the Dental Hospital staff and had no sooner started with the staff position as a general dentist than the opportunity came to participate in what was the only available orthodontic training programme then in Sydney, which was the part-time programme conducted by Dr. Normal Benson who was also the lecturer in the Faculty in the undergraduate programme

assisted by Dr. Gross. They were the two teachers involved in this programme and there were two other participants but neither of them came into the orthodontic field. I was the only one who stayed on.

So having completed that programme which require a weekly a session away from my hospital duties, I then went part-time with the hospital orthodontic department. During that period I completed the requirements for the Masters Degree which I finished in 1952. By that time I had become involved also in the initiation of a programme of dental care for handicapped people and five years after that I was combining orthodontics with general care for handicapped children. In 1958 I obtained a National Health Medical Research Council Grant to work in the Institute of Dental Research for twelve months looking at studies of twins. Then at the end of that twelve months, in 1959, a position had come as a Senior Lecturer in Orthodontics with the Faculty. This was the first full-time position created. Actually I took over from my former teacher Norman Benson. He'd been part-time and I'd become the first full-time lecturer. At that stage we had an undergraduate programme — the course was then only of four years. Later on it expanded to five years. As the faculty developed, the Dean of the day, Professor Arnott, saw the virtue or need to establish more formal graduate training programmes for the various specialist disciplines and so, in 1964, we initiated the first Masters degree programme which was in orthodontics — two years full-time. The first two students enrolled in the course were John Sandilands and Phil Black, so they have a notable place, I think. The M.D.S. course has continued ever since, taking a variable number of people in each year so that we always had an overlap running; initially the first and second years together and, in 1988, establishing a third year, so that there are now three overlapping years of students.

Throughout that period right back to the 1950's, I had been involved with the cleft palate clinic at the Children's Hospital in Camperdown. In 1973 I had the opportunity to go to the United States to work in the Department of Oral Biology at the University of Iowa and I had some contact there with George Andreasen. He was, of course the initiator of the nickel titanium alloy applications in orthodontics. So that was certainly of interest. I worked i the Department of Oral Biology and in association with the Engineering School in looking at experimental STRESS ANALYSIS in bone.

Dr. Lee: This was in Iowa?

Dr. Godfrey: In Iowa, yes. The professor of Engineering was Ralph Stephens. His graduate students and I published a paper on the work. I remember Ralph coming out here some years ago and saying that he had more enquiries about that paper than any other paper he'd ever written. I think it was a kind of pioneering work in this field. A very difficult area looking at experimental stress analysis in bone.

Dr. Lee: Where was that published Keith?

Dr. Godfrey: It was in The Journal of Biomechanics. That work wasn't pursued, although of very recent times, I have seen further studies along the same lines. While I was in Iowa I audited some courses in health personnel education at The University of Iowa.

Dr. George Miller at the University of Chicago instituted the first training programmes for teachers of health personnel, partly sponsored by the World Health Organisation. I say this because that was a kind of watershed which started off several programmes around North America and overseas. I took a programme at the University of Iowa which was really modelled on George Miller's earlier programme in Chicago. That was important to me because when I came back in the latter half of 1974, I discovered that the WHO had set up what was called a Regional Teacher Training Centre for health personnel associated with the University of New South Wales sponsored by the Kellog Foundation and by the Western Pacific Region of WHO which covers most of the countries in the Pacific Basin — New Zealand, Australia, Papua New Guinea, Singapore, Malaysia, Indo China as it was then, Japan, China, Korea. So I was invited to join as an associate of the Centre, and I then headed the first inter-country workshop for teachers of health personnel which was held in Sydney in 1976. This was actually the first in the world, I understand, for dental personnel specifically. There had been other workshops, but they had been for health personnel generally. This was directed to oral health personnel which included teachers of dentists, dentists and dental auxiliaries. So we had an inter-country workshop here which was for the Representatives of Western Pacific area countries.

That really started then a new venture for me so that I was combining the general direction of the orthodontic programme undergraduate and graduate, with some international work because at the end of 1976 I went on a short-term consultancy for WHO to the University of Malaya Dental School to advise them on their development of the faculty programme. I wasn't concerned with orthodontics specifically but with general dental education. In 1977 I participated as a member of the team. It went from Sydney to Singapore to help conduct a workshop for teachers in Singapore and the medical and dental auxiliaries. Perhaps I am emphasising this side because it has been a continuing interest of mine.

Dr. Lee: I see in the last Journal that you spent some time in Asia.

Dr. Godfrey: Yes, I've spent a lot of time there, as a result, it would seem, of those early experiences with WHO. I was nominated through WHO to assist in the development of a new dental school in Libya in Benghazi. This was the first dental school in Libya. So I went there for four months in 1979 and I was a kind of general factotum because I opened up their orthodontic programme. I also participated in their preventative dental public health programme and in their programme.

I was acting there as a lecturer for undergraduates, a clinicial tutor, and also I had a small group of expatriate staff for a small Post Graduate Orthodontics programme. Then also I was acting as both external and internal examiner. I was doing all sorts of things. Following that, I was then invited back to Libya on several occasions over the next few years as just a short-term lecturer and external examiner in orthodontics and those other two fields. I have always tried to maintain a fairly wide interest in dentistry — not that others haven't — but maybe I've been seen to be a jack of several trades and master of none.

Dr. Lee: Well, I think it is important to keep a sense of the whole when looking at a patient.

Dr. Godfrey: Yes, sure. That idea should not be played down at all.

I went to Libya again in mid-1980, then straight after I had another WHO assignment to Korea. Going on that experience as well as my earlier experiences having had a few overseas students come to me over the years from the end of the 1950's. I felt there was a need to design a specific English language training programme for Dentistry. I didn't have any guidelines as to how one might develop this. But when I came back from my trips in 1980, I talked with the people at the University in the Language Study Centre and indicated my ideas. Then

in the second half of 1980 I wrote what I called "ESP — Preventative Dentisty", which translated, is English for Special or Specific Purposes — Preventive Dentistry. I took that back to Libya with me. In 1981, if I have my dates correct, I presented that ESP at the Asian Pacific Dental Congress in Singapore and it was picked up by various people from different countries. As a sequel to that, in 1983, I had an invitation to go to China based on their acquisition of that English language manual. In between times, in 1981, I think it was, I had another three months WHO assignment in Indonesia in primary health care. Again this has had nothing to do with orthodontics. I didn't take up the invitation immediately to go to China. In 1983 I had another assignment with WHO through Geneva in Ethiopia, again dealing with dental education and oral health manpower development. This was to advise the Ministry of Health in Ethiopia on development of training for dental personnel and oral health personnel given the paucity of the country's resources.

In 1984 there was to be a special cleft palate conference in Zurich organised by the late Margaret Hortz. I had some earlier contact with Margaret through our own cleft palate interests. She had visited Australia earlier, and I saw the opportunity in representing the Cleft Palate Clinic of our Children's Hospital at that meeting, to go on then to do other things at a rather rapid pace, visiting some friends in the U.K. and the States, and to fit in a trip to China. So that was tacked on to the end of that initial conference in Zurich. During that short visit to China, I was again looking at general dentistry, not specifically orthodontics, but particularly preventive Dentistry and Pedodontics. Perhaps I should make the point that my official academic title is still Associate Professor in Preventive Dentistry.

Dr. Lee: This is your title here?

Dr. Godfrey: Yes. That's perhaps just incidental but its a point to note. I have maintained that interest in the preventive area all along. Anyway, from the visit to China flowed several further visits. First of all, there was a visit from one of their staff to Sydney for twelve months under my wing and then, as a sequel to that, I was invited back to China by, unusually, the Ministry of Public Security in China. They have their own health service and so I provided a series of lectures in Beijing and also in some provincial cities for that health service. That was in 1986 I think.

Dr. Lee: And you lectured in several centres.

Dr. Godfrey: Yes, several centres. Beijing, Shanghai, Xiang, Nanjing. I'd also been to Guangzkow or Canton earlier.

I also lectured at international congresses in pedodontics and preventive dentistry in 1987 and 1989 in Beijing. At the same time, I was invited to lecture at the Department of Foreign Languages of the premier science university, Tsing Hua. My 1989 visit coincided with the Tiananmen Square events. In 1990 I was invited to an Arab Dental Congress in Tripoli, Libya. As things have drifted along, my involvement in international activities has moved more towards orthodontics. So by that time, in 1990, in Libya, I was lecturing in orthodontics, but they grabbed me while I was there to act as an external examiner again and that was in the general area of orthodontics plus preventive dentistry.

Then in 1990, I was invited through contact with a former Thai student, to participate in an anniversary meeting of her Faculty in Thailand. While I was at the meeting, I was aksed if I might be able to help them plan and set up what they're calling an Orofacial Anomalies Centre for North-East Thailand, Laos and Cambodia — quite a challenge! We decided, jointly, to run a workshop on the cleft lip and palate in Khon Kaen, where the Faculty is situated, and to bring people from around Thailand using the Sydney team and some local people. We looked at further development of the Orofacial Anomalies Centre. I arranged to make a short visit to Vientiane in Laos while we were in Thailand to look at the situation there because of the idea that there were good political reasons to develop better relations with those neighbouring countries through joint health care projects. I had visited with a couple of orthodontists, a prosthodontist and a plastic surgeon. As a consequence of that visit, the plastic surgeon was so fired up and keen about things that he approached Australian Interplast to see whether they might be interested in sponsoring a team to go to Vientiane, of course, in association with our Thai friends at the Orofacial Anomalies Centre. Interplast has approved that, and so now we're working to develop that link as well. I went back to China again in September 1992, for orthodontics. At the same time, I was invited back to Khon Kaen and also to Mahidol University in Bangkok. I managed to fit this into the two week mid-semester break. We progressed with the Orofacial Anomalies Centre a little further, and started on another proposal to look at the possibilities of establishing maybe even a joint Masters programme in orthodontics.

The Thai Government is requiring the dental schools there to establish Masters programmes which they really haven't had in any way up till now and so these people are wanting advice and assistance in this I will be going over for another week in January to advance that hopefully a bit further. Our university has, as I suppose other universities have, what's called the Office of International Development which is designed to, or intended to, perhaps look at the possibility of some off-shore programmes, as they're called, being established through various faculties.

It is a university organisation linked with what's called our International Education Office which handles all applications from overseas students. The funding which comes from the overseas students goes through that office and some of it goes to the Office of International Development, so there's that link. We, of course, as a department, get some of the funding. So as you can see that all arose out of my time in Iowa, auditing those courses and then helping the start-up of Health Personnel Education through the WHO affiliation.

Dr. Lee: I really had no idea of the strength of your links with Asia. These links are very important of course, in all respects, to Australia. Well now, getting back to orthodontics: what have been your aims and principles in teaching orthodontics at, more especially, the post-graduate level?

Dr. Godfrey: Well, as you know, we have had here in Sydney the unique situation, and I'd have to say, the unsatisfactory situation of two degrees: A M.D.S. as it's called, Master of Dental Surgery and a Master of Dental Science. People could go, until recently, by either route into the Speciality. More recently changes have occurred as a result of the concerns expressed by numbers of us and by the Society itself and the Dental Boards. Certainly our Dental Board finally took action to indicate a cut-off point beyond which they would not accept the M.D.S. as a qualification to enter the Speciality and that was at the end of 1989. Because there were still people in the system who had been around for years and years, and it was a worry to me quite frankly, because I was supposed to be looking after them. But because earlier there hadn't been a formal course structure, I did try to create one about 1980 for people who were in this

other stream, as it were. I was relieved when the whole business closed down, but we still had the problem, of course, of some of the graduates from that programme being, what one might say, second class citizens in the orthodontic field, which I think is very unfortunate and discriminatory. It tends also to be divisive as far as the speciality is concerned and hopefully this situation will end very soon. It reminds me somewhat of the situation in North America which, of course, still exists. I went to a meeting organised by Tom Graber, Don Woodside and Perry Hitchcock in 1974 in Chicago on this problem or on their problem in particular, of the Pedodontists working in the orthodontic field. There was much discussion and ideas were put forward as to how that could be sorted out. Unfortunately, this issue has not yet been sorted out.

Dr. Lee: Now, I know you've taught the Begg Technique here. Have you also provided Edgewise teaching?

Dr. Godfrey: Yes, I suppose I'd have to say that, initially, the majority of practitioners we could call upon to assist in the part-time teaching in our programme were Begg practitioners because of the concentration here as in Adelaide. Over the years of course, that has gradually changed and I saw the virtue in introducing a programme which included Edgewise. Correspondingly, when I was over in the States I came across Graduate students telling me, "Well, we are doing Edgewise, but we are going to do a Begg course on the quiet". We've, I think, developed to a point where perhaps the greater emphasis is still on Begg but there is a significant component of Edgewise, so we are running the two programmes together.

I think we'd have to say that there has been a gradual transition across to Edgewise. There is no doubt about it.

Dr. Lee: I think mainly because advances in technology were identified mainly with the Edgewise technique.

Dr. Godfrey: Yes, I think there are all sorts of effects of technology. I've blamed, and I put it that way, the companies for the way they promoted the Edgewise system, and certainly the ceramic system. I have spoken to the local representatives and ticked them off, in a polite sort of way, because I think they've not helped things at all. Maybe I have a bias, but I think that Begg has a very important place in orthodontics and always will I believe, on the bio-mechanical principles that it employs which I see, in some cases, as deficiencies in the Edgewise system as I see it practised. I think it could be done differently.

With the passing of the MDS, and for other good reasons, we took the opportunity to change over in 1988 to a three year programme. Again a bit of hjistory, going back to the beginning of the 1980's, the then Chief Dental Advisor to the Minister of Health in this State had been looking at a programme of providing orthodontic services for needy people in country areas in New South Wales. He had a grand plan which in terms of finances was just impossible and of course the government didn't pick it up. But at the time I suggested to him that what I saw as the only feasible way, certainly to maintain continuity of patient care, was to use registrars going through a Masters programme. That was taken on board, but nothing happened until 1987. There had been a change in the Chief Dental Advisor and the new one who came in was interested, I think, partly, perhaps because the Minister was interested because people in his electorate expressed concerns. Of course at that time the Dental Hospital and Westmead Dental Clinicial School had impossible waiting lists in orthodontics for eligible patients. So, in 1987, we looked at it again, and it was decided then to put up a proposal to establish what is called the State Orthodontic Service. That was another factor in our expansion to three years, to cope with that. As well, to enable our people to be involved, they started the programme after their first twelve months and initial clinical experience in the programme. Their first year, in other words, is their course work and then, in their second and third years, they went into the State Orthodontic Service working for four days a month in a particular location. They work in pairs. So we have four clinics operating with a pair of registrars at each, and I arrange some visiting supervision for them in those locations. All the finance for this is provided through the State Government Health Department. It's a different type of experience from their hospital experience and, I think, if you asked any of these registrars who have finished their programme or are in the programme now, they quite frankly enjoy it. It is, as a I say, a different experience. They have a greater degree of responsibility than at Headquarters and they are, in fact, practising much more as they would be if they went into their own clinic. We have had excellent support from the various community health centres, school clinics and so on. It adds to the variety of their clinical experience. During our visits the dental nurses, chairside assistants and therapists are transferred across to assist us. So it has been a very good arrangement.

Dr. Lee: That's almost worth an article.

Dr Godfrey: Well, I was going to try and think about preparing something for the congress. I have presented this at the last FDI meeting in Singapore.

Dr. Lee: Keith, do you think it is possible to teach Begg and Edgewise completely at a post graduate student level? Do you think that these Master's courses can equip a student with two techniques.

Dr. Godfrey: It's difficult, but necessary, I believe.

Dr. Lee: It's important I am sure that the students have some exposure to each.

Dr. Godfrey: I think it is necessary. I think it is difficult also at the same time. Up until this year, we gave our people, or at least initiated them in the standard Edgewise. In my wisdom or otherwise at the end of last year I decided, against some advice, to drop the standard Edgewise and to institute Roth straight wire. The major reason for this was that our inventory of materials just made it too difficult to enable people to use the Roth system and also to use standard. I thought that if they were going to use the straight wire effectively, then they had to use it as they would use standard archwire modifications according to the individual patient's requirements. So that was my kind of rationalising on that score.

Dr. Lee: You might be interested to learn that at the last congress in Perth, a recent graduate of at least nine months standing had boasted, in his cups, that since he'd been out he hadn't put a bend in an arch wire; which is appalling and, those cases will come back to haunt him and the fact that he hasn't learn that, is also appalling.

Dr. Godfrey: We spend some time in typodent courses and then they transfer to the clinic situation. Of courses, this is another reason for our three year programme, as I think it is everywhere, to know that people do carry through cases to completion, because in the old two-year programme there were so many unfinished and transfer cases.

Dr. Lee: Right, along broader lines now and this question is entirely political. Have the Dawkins' regulations for

universities in Australia affected the Dental School greatly and the Orthodontic Department at all in particular?

Dr. Godfrey: Well we have had the "no growth" situation in universities of course before Mr Dawkins came on the scene. So we have a staffing problem, whether it's due to Dawkins on account of his new directives or whether it's just the economic situation, I don't know? We have a huge outgoing of expenses on teaching staff and part-time teaching staff which somehow or other we've got to collect. We've been in the unfortunate situation here in Sydney compared with other faculties around the country, in that, until recent times, having no other resources but our own in teaching of undergraduates and graduate students, we haven't been able to call on any hospital staff at all. That situation is changing thank Heavens! We are able to offer hospital staff clinical academic titles. For instance there is now a clinical Associate Professor at Westmead, although he is not employed by the Faculty, and there are a few other clinical senior lecturers' appointments coming along. So that's going to ease the situation a bit, but there has just been a steady contraction as far as university staff are concerned. I would say it hasn't affected orthodontics so much because, for one thing, we've had our programme going here for many years now, and it has a kind of an impetus of its own that keeps it going. I think it is accepted by the Faculty generally and certainly by this hospital administration, that it is important to the hospital to keep the orthodontic programme going. So we are getting support from the hospital very much — very supportive.

Dr. Lee: That was the situation in Melbourne when I was going through my training.

Dr. Godfrey: Dawkins has certainly caused universities to look at what they have been doing and not without any reason. That has been of benefit in tightening up their management and to look at their academic programmes generally. So initially, of course, there was a lot of heartburn about the interference that was seen from the Department of Education and Training and I think there are still some problems with the Finn Report and Mayo Report and so on. This idea of the introduction of competency-based skills training in professions, so enabling of transfer of qualifications across what have been barriers, I don't think is going to affect graduate programmes, but what effect it might have in relation to undergraduate programmes, well, who knows?

Dr. Lee: Keith, to conclude, could you give me some idea of how you see the future in orthodontics in broad terms as it relates to teaching and also to the type of positions that will have to be offered in the future and also perhaps a few words on trends in treatment.

Dr. Godfrey: Well for the future, I have had in mind for years, the need to develop our continuing education (C.E.) programme. For years I have tried promoting the idea of combining in some way our existing continuing education programme (which started off in 1949 and has been going for many years, mainly for general practitioners) with our post graduate or graduate programme. Our C.E. programme in various topic areas used in our post graduate programme. So my idea for many years, has been to offer general practitioners the opportunity to take various programmes, a series of programmes with advice, that they could take with assessment for credit points towards a higher qualification. There is, I think, some desire for this, in other words not simply taking the C.E. programme itself. At the moment we don't have the Dental Board with a big stick saying you must take the C.E. programme, but that may come. What I would like to see is a little reward, a little carrot for those who wanted to take it a bit further through possibly a Master of General Dental Practice and/or maybe a graduate diploma. We would not establish a Diploma of Orthodontics, but we might consider a programme, say, leading to a Diploma in Perodontics or Children's Dentistry which would have an orthodontic component appropriate to that area. I don't believe that we should keep general out of the field completely. Nevertheless I think that we need to have some way of building on our undergraduate programme in orthodontics which is very limited in all faculties, and to provide an alternative for our graduates other than the entrepreneurs from overseas who run those short "Learn-it-all-in-a-week" or "With-ten-videos" Courses.

Dr. Lee: Well put.

Dr. Godfrey: It may be that these people who, going to do a Diploma in Children's Dentistry or maybe a Master of Dental Practice, would concentrate on a couple of disciplines, that might then lead them into a Specialist Masters programme.

Dr. Lee: Do you see deficiencies in the way that the speciality's going at an international level in terms of education. You did touch on how the suppliers are, to a degree, leading people. Do you think the suppliers should be called to account more than is being done?

Dr. Godfrey: I think so, individuals. I wouldn't say all. I think there are some who are what I would say are "ethical", but there are some who are perhaps not so ethical in the way that they make claims, the way they promote their products. I don't know how this is likely to be achieved.

Dr. Lee: I think vigilance.

Dr. Godfrey: Vigilance, yes. I think that sooner or later possibly in this age of litigation it is going to be not only the professionals who get involved but may be some of the other people. This will, I think, cause people to think more carefully. I think, by the same token, and this is what I suppose we all try to do to some extent, but we try here to keep good relationships and this means at least sharing out our needs a little amongst the various companies so that we don't deal with one company alone. We do also, I must admist, play one company off against another, because here we are looking at costs certainly. We don't have patients who foot whatever the bill might be. We have no fee paying patients. I must say that the various companies have been very supportive.

Dr. Lee: Keith, just to finish, is there anything else that you would like to mention?

Dr. Godfrey: Well, you did ask about the future directions in orthodontics which I think is a very difficult question to answer. I suppose, because I've grown old in the game, I am prone to thinking that most of the possible changes are behind me. I worry a bit, perhaps, about the tendency to rush into the latest and best, whether it be technology or surgery. The cost benefit and risk aspects of surgery still worries me a bit because, I think necessarily, as practitioners, we should ask ourselves the question: "If this were my child, what would I be doing or recommending?" This is where I still draw back from some extremes of surgery. I think there is a place for surgery, and the changes I have seen over the years in cleft palate and orthognathic surgery — of course, as we've all seen — have been so remarkable. The other thing I would just put in a spoke for, because I think it is going to be a continuing worry, is maintenance of oral health community-wide, because don't think the anti-fluoridationists are going to go away. When I go back to my early days of

orthodontics, and I suppose you would too, I think of the numbers of times we had lost first permanent molars — it was "par for the course". When I was first in orthodontics and for years after, the first thing I did when I saw a patient was to get the full mouth and bitewing x-rays and note the caries. That was the first thing I did, I didn't even worry about the malocclusion, and that has changed — a remarkable change. Now I'd hate to see that improvement drop away. We are told that, even without fluoridation the new situation with the general use of fluoride toothpastes and topical fluorides and fissure sealants and so on, that we don't have a problem any longer. I wouldn't like to accept that the need for vigilance in primary prevention and oral health promotion is diminishing.

Dr. Lee: Keith, thanks very much indeed for your time and for a most interesting account of your career. Most of it was new to me, I must say.

Dr. Godfrey: Well, as you've seen — again, this is maybe off the record — but, mine, in degree, has been a form of escapism. I think that I am that kind of psyche that I couldn't work within four walls — maybe not many of us could anyway. You've got to escape in some way or other occasionally!