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Dentistry was practiced in Nigeria as early as the late 19th Century by expatriates, especially from Britain, who usually came intermittently for a month or two and returned. Notable amongst this group of dentists was Dr. Pearson.

The first Nigerian Dentist was Dr. Phillips who was based in Lagos (1930). After him were Dr. Ibekwe and Dr. Green who were based in Port-Harcourt. Dr. Green's brother, Dr. E.P. Green, also a dentist, later on expanded his practice in Port-Harcourt. Later in the 1950s Dr. Obasi established his practice in Ibadan, followed by other dentists who practiced in Lagos. The Nigerian Dental Association could not be formed until there were more dentists. In Lagos, there were Dr. Otun, Dr. Ogundipe, Dr. Inyang, Dr. Subair, Prof. J.R. Ana Prof. N. E Henshaw, Prof. J.O. Akinosi, Prof. F.E. Okoisor, Prof. J.O. Adenubi, Dr. Simi Johnson and Dr. Grace Guobádia. The first fellows of Dental Surgery from United Kingdom were Professor J.R Ana, Prof. J.O .Akinosi and Prof.F.E. Okoisor. The earlier Dental Practitioners in Lagos grouped together in 1958 and in 1962, the Nigerian Dental Association was formed.

The first Dental School in West Africa and Sub-Saharan region apart from South Africa was founded In Lagos, University of Ibadan followed in 1975. Today, there are seven accredited Dental Schools and about 4,500 registered dentists. Taught courses in Specialties such as: Restorative Dentistry: Conservative and Prosthodontics, Oral and Maxillofacial Surgery, Preventive Dentistry: Oral Medicine, Periodontics, Radiology, Community Dentistry, Oral Pathology, Orthodotics , Paedodotics and Science of Dental Materials are given.

In Nigeria, there is an award of Bachelor of Dental Surgery (BDS) after a five year programme. Postgraduate programmes are run as Residency Programmes by both the National Postgraduate Medical College of Nigeria and West African College of Surgeons. The MSc programme is done in Ibadan and dentists still go abroad for Msc and Phd in relevant fields.

Other dental personnel such as Dental Therapists, Dental Technologists, Dental Nurses and Dental Technicians are also trained in Nigeria. These personnel have their Boards: Dental Therapists Registration Board of Nigeria and the Dental Technologists Registration Board of Nigeria.

Dentists are registered by the Medical and Dental Council of Nigeria(MDCN) Every qualified dentist in Nigeria is a member of the Nigerian Dental Association(NDA). The NDA is a member of the Commonwealth Dental Association, the International Association of Dental Research and the FDI World Dental Federation.

The FDI was founded in 1900 as a Federal Dental International in Paris, France and it is one of the world's oldest scientific Health Professional Organization being more than 100 years since it was founded. FDI World Dental Federation serves as the principal representative body for more than 1 million dentists worldwide.

It develops health policies and continuing education

programmes speaking as a unified voice for Dentistry in International Advocacy and Supporting Member Association in Oral Health Promotion activities worldwide.

The main roles of the FDI World Dental Federation is to bring together the World of Dentistry to represent the Dental Profession and to stimulate and facilitate the exchange of information across all bridges with the aim of optimal Ora I Health for all people. The Nigeria Dental Association belongs to this world body and share the same vision.

Why then, should our National Oral Health Policy remain a 'Draft' for so long? It has to be adopted.

What then are the challenges to strongly consider whilst looking forward?

1. Increasing the number of hospitals for training house officers so that this category of oral health providers are fully registered as and at when due. The current ratio of 4,300 dentists to about 150 million Nigerians is not encouraging.

Other Dental personnel should also be considered.

- 2. Excellent remunerations of dentists and other oral health personnel at all levels of dental practice are advocated.
- 3. Inclusion of dentists into the National Health Insurance Scheme (NHIS) as primary providers. A patient who has oral/dental problem should visit the Dentist first instead of a medical practitioner. A lot of efforts were made Dr (Col.) Oshisanya, my humble self as presidents of NDA and a group of Dentists called the Round Table led by Dr Bode Karunwi and Dr DaCosta. An Actuarist was employed and questionnaires were circulated to many Dentists nationwide. In an attempt to arrive at a capitation fee for a dentist. This exercise can still be revisited.
- 4. Encouraging integration of Primary Oral Health Care into the existing Primary Health Care Scheme. There are various designated Primary Health Care Centers in the country. Dental centers should be established in these areas. This is aside the earlier mentioned local government established dental centers nationwide.
- 5. The way forward in dental practice cannot be complete without addressing the issue of dental materials and equipment. Past and current NDA executive had met with the director of NAFDAC and several times with NAFDAC officials to arrive at conclusive decisions to reduce import tariff. It is of note that value added tax (VAT) is currently waived on dental products.

Over 95% of dental materials and equipments are imported into the country and High import duties are placed on them. This results in defective dental practice, high cost of dental treatment, low patient turnout and poor morale of a "practicing" dentist who finds it difficult to improve oral health awareness to people around him.