

Interview with Emeritus Prof Chew Chong Lin

His mission, values and foresight as
President and Registrar of the Singapore Dental Council
spanning three decades, from 1989 to 2021





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Introduction

Emeritus Prof Chew has played a key role in charting the evolution and growth of the dental profession in Singapore during his tenure as President and Registrar of the Singapore Dental Council, spanning three decades from 1989 to 2021. He was President and Registrar from 1989 to 1994, then Registrar from 2001 to 2006, and President from 2009 to 2021.

Under his leadership and stewardship, the Council had considerably overcome challenges, implemented changes and revised the Dental Registration Act to keep abreast of the advancement in dentistry practices and developments. He worked tirelessly to introduce and implement policy changes for the benefit of the public and the dental profession. The key significant policies introduced were the implementation of compulsory Continuing Professional Education for all dentists; the registration and regulation of oral health therapists; the introduction of the Dental Specialists Register; and the Ethical Code and Ethical Guidelines with its latest revision rolled out in 2018.

An illustrious career: Public Servant, Educator-Mentor and Clinician

The synergistic appointments in the Ministry of Health, Singapore Dental Council, the National University of Singapore (NUS), Faculty of Dentistry and National University Hospital allowed Emeritus Prof Chew to have an extensive overview and astute perspective of the dental landscape in Singapore and develop long term strategies and initiatives to deliver the long term plans. As Deputy Director of Medical Services (Dental), he chaired the National Dental Centre (NDC) Building Committee and was instrumental in the formation and building of the renowned specialty centre. Emeritus Prof Chew had taught, trained and mentored hundreds of dental students since 1974, and was Dean of NUS, Faculty of Dentistry from 1995 to 2000. Many of his students have become his colleagues in the National University Hospital where he is an Emeritus Consultant.

Reflections from Emeritus Prof Chew Chong Lin



For the past 43 years, the practice of dentistry has made an indelible impact on my life.

Dentistry is both an art and science which I have dedicated all my time and energy to hone my skill sets and contribute to the profession in many areas and through a myriad of settings.

From carrying out research to treating patients in clinical settings, mentoring students in their fledgling dentistry careers, to public policy formulation – these experiences have had an enduring impact in shaping my career and broadened my perspectives.

In the Ministry of Health (MOH) and Singapore Dental Council (SDC), I had served as the Deputy Director of Medical Services (Dental) and Chief Dental Officer and in different capacities as a member, Registrar and President of the SDC. Over the past three decades in SDC, I am very proud of the achievements which we have attained collectively as a Council and raised Singapore's dentistry standing to be amongst the best in the world.



President of the National University of Singapore confers the title of Emeritus Professor to Prof Chew

2021 marks the twelfth consecutive and last year of my role as the President of SDC.

As I reflect upon my time in the Council, I am happy to have had the opportunity to contribute to the cause of protecting patient safety and upholding the esteem of the dental profession. I wish to express my gratitude to the many stakeholders whom the Council has worked with to ensure that the standing of the dentistry profession has always remained high. To former Council members, whose contributions have helped to shape the landscape of dentistry in Singapore today, I thank you for your support and steadfast presence. To present and future Council members who have the potential and capacity to mould the prospects of the dental profession, I hope you will be able to continue the Council's strong foundation and good work.

Without the support of Council members, we would not have been able to put into effect the many policies we had formulated. Without the strategic succession and renewal of Council members with every term, we would not have been able to introduce new blood with invigorating ideas and perspectives.

In this vein, I wish to give special thanks to my successor, Associate Professor Patrick Tseng. With his insight, able leadership and years of experience serving as a public servant, educator and as an esteemed clinician in Endodontics, I have no doubt that he will carry on the Council's legacy, bring the Council's work to greater heights, and continue to be a beacon to make an impact on the dental profession.

Question & Answer

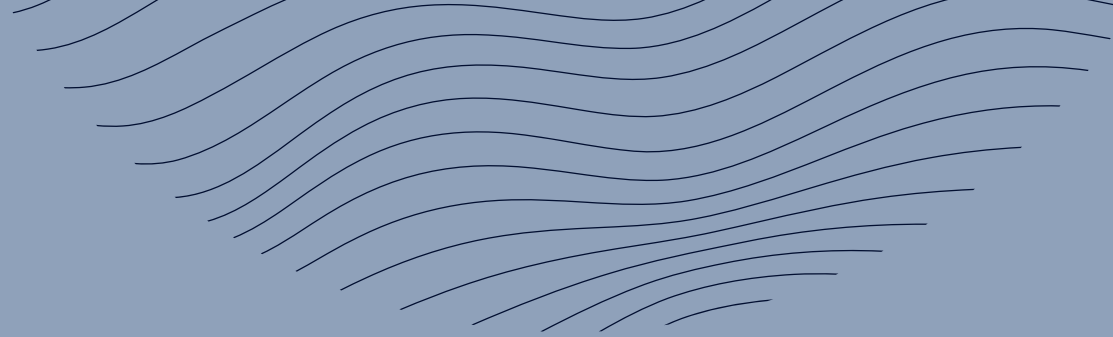
On Council's challenges

1. What do you consider to be three key policies implemented during your term as President?

Emeritus Prof Chew: The three key policies would be the implementation of compulsory Continuing Professional Education (CPE), creation of the Dental Specialists Accreditation Board (DSAB) and introduction of the Register for Oral Health Therapists (OHTs). These three policies were already conceptualised from 2001 to 2006, before their implementation in 2008 as they were planned to be included in the Dental Registration Act. The changes were passed in the Act in 2007, before the eventual implementation in 2008.



Emeritus Prof Chew provides dental treatment to a patient



2. What were the toughest policies and difficult decisions that the Council had made and implemented? How did the Council deal with concerns towards the policies?

Emeritus Prof Chew: There were many concerns and comments regarding the CPE and the Specialists register in the beginning. We held many discussions with stakeholders and various groups. There were many roadshows to help explain the policies to those who were concerned. We listened and tried our best to address their queries. For the Specialists register, we met with several organisations, like the Singapore Dental Association. We wanted to alleviate any anxiety and correct the perception that the Council was holding control over dental practitioners, as this was one of the ground sentiments.

With that said, the reaction to the changes in SDC policies was different back then. Now, people are not only concerned about how policies affect them, they will not hesitate to raise issues in social media and platforms and engage the mainstream media to sound out their thoughts. But we have not changed our strategy in terms of explaining things to them.

The Certificate of Competency (COC) to ensure that our dentists are skilled and competent in performing higher risk procedures such as wisdom tooth extraction and dental implantology is one such policy where there was much feedback both in the mainstream and social media space. Concerns surrounding the COC were mostly due to misinformation rather than other factors. Therefore, SDC must double down its time to engage, explain and discuss with the stakeholders. On a side note, it is important for the new Council to finish and carry through the work that was started by the previous Council, and these include the compulsory ethical module and code of conduct which the Council needs to continue to review.



Emeritus Prof Chew receiving the National Medical Excellence Award for Outstanding Clinician Mentor from then Minister for Health, Mr Khaw Boon Wan

3. As Council evolves the way it regulates, how do we ensure that dental practitioners can adapt to such changes?

Emeritus Prof Chew: We need to adapt and evolve in our ways and modes to engage with dental practitioners and different groups of stakeholders to help them to understand the policies and the intent behind them. In recent years, we have held dialogues with our dental practitioners to discuss initiatives to better self-regulate our profession and also to serve our patients. This will be the new normal.

4. Do you think that the state of dentistry is evolving faster than legislation can catch up with and what is the position of Council in dealing with these trends?

Emeritus Prof Chew: The position of the Council has always remained the same. There are two major objectives – to protect both dental practitioners and patients. There is no dichotomy in this. When we protect patients, we in turn protect ourselves.

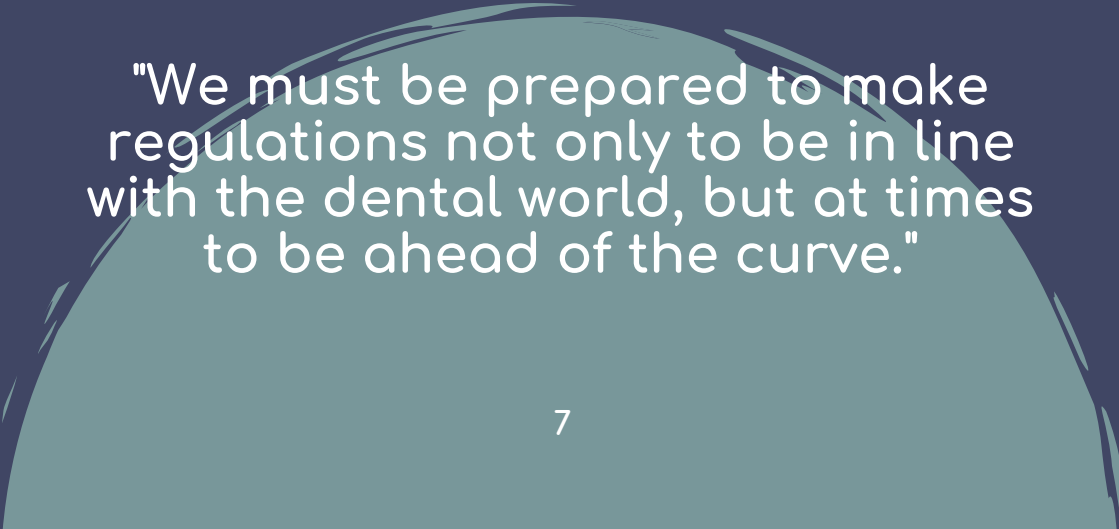


On future developments of the Council

5. What do you think are the challenges and opportunities for the next generation of Council members in shaping the development of dentistry in Singapore?

Emeritus Prof Chew: There are many areas which we can continue to improve on, one of which is the responsive regulation of Conditionally-registered dentists. Conditionally-registered (C-reg) dentists, who are trained overseas, are an important demographic in our dentist population, as they along with Fully-registered (F-reg) dentists ensure an adequate supply of dentists to meet the dental care needs of the population. A system of supervision had been implemented for C-reg dentists since early 2010s to be overseen by F-reg dentists, which has been continually revised and augmented over the past years. Even after several iterations of the policy, the Council still constantly reviews the criteria and regulations to ensure that we do not over regulate, while ensuring that patient safety is not compromised. We held engagement sessions with the supervisors, employers and supervisees to explain the policy and hear their thoughts.

The Council's stand on the Basic Cardiac Life Support (BCLS) can be further strengthened. Besides dentists, the Oral Health Therapists (OHTs) can also learn the practical component of the BCLS and acquire the knowledge and skills to use the Automated External Defibrillator (AED). We must be prepared to make regulations not only to be in line with the dental fraternity, but at times to be ahead of the curve.



"We must be prepared to make regulations not only to be in line with the dental world, but at times to be ahead of the curve."

6. What would be some of the trends in dentistry that might warrant Council's attention?

Emeritus Prof Chew: We need to prepare for the rapidly aging population and meet their dental needs, especially patients who require geriatric services and who are home-bound, and bed-bound. Geriatric dentistry is not yet clearly defined, and we need to put some thoughts into this.

There are still limited guidelines for treating medically compromised patients, and such patients would be very hard to treat. The Council could look into enhancing guidelines for OHTs to look into geriatric works. Right now, OHTs can only treat patients under 18 years old. For OHTs under Part II of the Register, they could be allowed to treat geriatric patients while under supervision.

The Council could also look into the use of artificial intelligence (AI) and assess if it is aligned with the SDC's Ethical Code and Ethical Guidelines. For now, I can see that AI could be applied for diagnosis, but not for treatment plans. The issue of AI straddles between ethics and tele-dentistry. The dental fraternity will need to start a conversation in this new area.

7. What do you think are some of the regulatory works from dental Councils of other countries which we can apply to SDC?

Emeritus Prof Chew: These areas would be in tele-dentistry, prescription practices and infection control. I am pleased that the Council has started to look into them.

General questions

8. What has been your style of leadership in Council? How have your experiences in the public sector shaped your approach in leading the Council?

Emeritus Prof Chew: To listen and give everyone a fair chance to contribute. Over the years, each President displayed different leadership styles, but one of the things we had in common was to make every decision unanimous. Therefore, I think that the Council must be given enough time for robust discussions of sensitive topics for members to voice their views so that we can come to a consensus on the best way to manage things.

Every Council member has equal rights to contribute in the committees that they sit in, and everyone has the chance and opportunity to serve in their own capacities. My philosophy is that we must treat and respect every person's contribution, so they know they are part of the team.

For the Council to be more effective and to gain the trust of the profession, we need to engage stakeholders more and to explain the reasons why we need to introduce certain regulations and policies. The more we engage them, the easier it would be for us to pre-empt and manage future issues. Admittedly, being the regulator Council cannot please everyone when unpopular policies are made – but the Council has the moral duty to do what is right, and not what is popular.

For example, for the policy on COC, I've been thinking about what we could have done differently. Instead of introducing the entire proposal at once, we could have dealt with the policy in a piecemeal fashion and communicate one thing at a time, perhaps to make it very clear that we want to encourage the young dentists to go for more training to enhance their skills to better handle higher risk procedures. This may quell misunderstandings that the Council was interfering with the dentists' practice. At the end of the day, Council carries the responsibility to develop policies to protect patients and dentists. We need to be clear of these two major objectives. Everything which we plan for the future must meet these two objectives. In one of the engagement sessions with members of the public, we learned that our patients placed a very high level of trust and confidence on our dentists to care for them and treat them with the requisite skill sets and competencies. We must not break this trust. Once this trust and confidence is broken, it will be very difficult to rebuild and restore the confidence in our profession that we painstakingly took decades to build up.



"We must always uphold our honesty and integrity, treat all our patients with care and not to breach their trust."

9. You have been in the public sector and academia for your entire career. What made you choose to work in the public sector and dedicate your work to public institutions?

Emeritus Prof Chew: Being in the public sector and academia give me a wider range of activities to work on and develop public health policies that benefit the population and the profession. My personal biggest satisfaction comes from seeing my students succeed in their dentistry practices and career.

10. Being in the healthcare sector for so many years, what is the most important thing which you have learnt?

Emeritus Prof Chew: We must always uphold our honesty and integrity, treat all our patients with care and not to breach their trust.

Parting thoughts from Emeritus Prof Chew on...

The importance of the SDC's Ethical Code and Ethical Guidelines (ECEG)

For the ECEG, it started because of the Ministry of Health's initiative. An Ethics Capability Committee was set up and chaired by then Director of Medical Services Prof K Satku, because there was concern about clinical practice ethics in general, not specifically for the dental or medical community. The Ethical Code was reviewed when I was first Deputy Director of Medical Services (Dental).

Since then, the latest edition was published in 2018. We need to continually review the ethical code, because the practice of dentistry has changed and will continue to change. New platforms like social media can create confusion for patients and create difficulty for dental practitioners to know whether they have breached the ethical code of practice. We must therefore be alert in looking at trends, scan the horizon and stay abreast of the new developments in dentistry. That is where we can introduce the guidelines on tele-dentistry, to see how it can be practised without breaching the ethical code.

Parting thoughts from Emeritus Prof Chew on...

The rationale for the review of registrable basic dental qualifications

The Council has observed that overseas clinical practices and dental curriculum of overseas universities have a high degree of variability. Each university has different foci in the areas which they train their dental students. This presents a challenge for the Council in determining the quality and competencies of foreign-trained dental graduates who are eligible to practise in Singapore. To ensure that foreign-trained dental graduates are competent and have undergone rigorous training, the Council has worked with the MOH to introduce amendments to the Dental Registration Act. These amendments include changes to the requirements of the Qualifying Examination and revision to the list of registrable basic dental qualifications in the Schedule of the DRA.

We looked to the standards of the final-year dental professional examination administered by the National University of Singapore's Faculty of Dentistry as a benchmark. Now, all foreign-trained dental graduates who do not have the registrable basic dental qualification must apply for Council's approval to sit for the Qualifying Examination to assess their knowledge and competencies, before they are considered to be eligible to register under Conditional Registration.

The number of basic registrable dental degrees has also been reduced from 89 to 62. It should be noted that SDC has not received any registrations in the last 8 years from dental schools which had been removed from the Schedule of the DRA.

It is important for the Council to be able to look into such areas to ensure that the competencies of our dental manpower remain high. We must be confident that the dental manpower in Singapore is well trained to manage the evolving needs of our population, be it in terms of geriatric dental treatment or dental treatment in the age of the pandemic.



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