

## Chapter 4.1

**THE GLOBAL NETWORK ON DENTAL EDUCATION****A NEW VISION FOR IFDEA**[www.IFDEA.org](http://www.IFDEA.org)

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**Abstract**

The advent of globalization has radically changed our perspectives. It presents increased understanding of world affairs, new challenges and exciting opportunities. The inequitable distribution and use of finite energy resources and global warming are just two examples of challenges that can only be addressed by concerted international collaboration. Globalization has become an increasingly important influence on dentistry and dental education. The International Federation for Dental Educators and Associations (IFDEA) welcomes the challenges it now faces as a player in a complex multifaceted global community. This report of Working Group 15 addresses the new circumstances in which IFDEA must operate taking account of the recommendations made by other working groups. The report reviews the background and evolution of IFDEA and describes the extensive developments that have taken place in IFDEA over the past year with the introductions of a new Constitution and Bylaws overseen by a newly established Board of Directors. These were the consequence of a new mission, goals and objectives for IFDEA. An expanded organisation is planned using [www.IFDEA.org](http://www.IFDEA.org) as the primary instrument to facilitate the exchange of knowledge, programmes and expertise between colleagues and federated associations throughout the world; thereby promoting higher standards in oral health through education in low, middle and high income countries of the world. Such aspirations are modified by the reality and enormity of poverty related global ill health.

**Introduction**

Working Group 15 was given the remit to review IFDEA and develop a new Vision and Mission Statement. This report has evolved over several iterations following three years of discussion and debate through the interactive web site <http://dented.learnonline.ie/course/view.php?id=3> and includes a description of the evolution and development of IFDEA leading to a new Board, Constitution and Bylaws (Appendix 4.1.1 carried on [www.IFDEA.org](http://www.IFDEA.org)). These documents have been formally lodged with legal authorities in Washington DC, where IFDEA is now incorporated.

This chapter includes a summary of the background to IFDEA which, when it was founded in 1992, was seen as facilitating annual exchange between leaders of continental dental educational associations. Globalization has come to dental education and IFDEA is best positioned to coordinate a global response. The Federation is now embarking on a more active role in global dental education affairs taking into account the recommendations from other working groups listed in Annexure 1 to this chapter

Dental educators face the challenge of providing a high quality and appropriate education at undergraduate, allied dental personnel, postgraduate and specialist levels in diverse economic circumstances around the globe. Generally they also must respond to the demands of maintaining themselves at the cutting edge of research and patient care services as well as undertaking leadership and management roles in their institutions. Together, through IFDEA, dental educators must address these challenges and barriers to promoting higher standards in education; a fundamental priority in addressing broader societal challenges.

The rapid pace of knowledge acquisition is occurring primarily in the developed world. However, there remain vast developing economic regions where inequality, socio-educational and/or geo-political factors, impede or prevent the application of new technologies and discoveries. Evidence-based oral health care, information technology, expertise, understanding and scientific discoveries open new

opportunities for caring societies to promote health gain through education and research. Developing technology, especially the World Wide Web, has made the global community much smaller but there are continuing economic barriers in low income regions. There is a growing chasm in progress between the most and the least technologically developed schools (see Chapter 2.2).

The report recommends that IFDEA should be reconstituted in order to expand its global platform and facilitate greater communication and collaboration between dental educators around the world and their continental educators' associations. Drawing from earlier planning documents and discussions, IFDEA has charted a programme for sustainable development. It seeks to put dental education in a broader scientific and psycho-social footing and expand its global interests. It also seeks to address the challenges of oral health maintenance through dental education both in countries with developed economies as well as the more testing demands in middle and low income countries of the world.

### **Globalization and Dentistry**

Globalization has come to dental education. Dental education, research and the science's constituent repositories of knowledge are highly valued international commodities. Globalization, according to the Carnegie Institution (1), is "a process of interaction and integration among people, companies, and governments of different nations". This process, Carnegie continues, "has effects on the environment, on culture, on political systems, on economic development and prosperity, and on human physical well-being in societies around the world". Thomas L. Friedman, the *New York Times* foreign affairs columnist, in his best-selling book '*The World Is Flat: A Brief History of the 21st Century*' (2) traces the steps that have made it inevitable, that institutions, companies, and individuals must collaborate, and compete, on a global basis.

The first step leading to this was political; the tumbling of the Berlin Wall in 1989. Friedman explained how this tipped the balance of power across the world toward those advocating democratic, consensual, free-market-oriented governance and enhanced the free movement of best practices. Technology took up the march, so that it is now possible for more people than ever to collaborate and compete in "real time" on a more equal footing than in any previous era in our history. This is facilitated by the use of computers, e-mail, fibre-optic networks, teleconferencing, and new software developments and applications.

What does globalization mean for practicing dentists? The American Dental Association provided an excellent insight in its series *Globalization and its implications for dentistry* (3). One part looked at what happens when patients lose their jobs to overseas competition. Other instalments examined U.S. dental laboratories that send work to foreign labs and explained examples of "off-shoring" industry as well as the fast-growing business of dental tourism. In this new development, patients travel the world in search of less expensive dental care.

### ***Potential implications of globalization on dentistry***

It is difficult to speculate on the long term implications of globalization on dentistry but there are some reasonable expectations.

- New discoveries can bring relief to those areas most in need.
- In countries that are becoming more prosperous, such as India, Brazil, Russia and China, there is pent-up consumer demand for more oral health care. To meet this demand, new dental schools will be launched

- There will be more schools and more students thereby covering larger regions of operation.
- International accreditation and the setting of uniform global standards for dental education will become increasingly significant activities.
- There will be changes in funding for dental research. NIH continues to be the major provider of funds in the United States. There will be greater funding emanating from the international corporate sector and other nations' growing research investment.
- New models for the allied dental workforce are emerging and these will be particularly relevant in countries with high levels of oral and dental pathology where there are fundamental deficiencies in their oral health care services, and some where there are no services whatsoever.
- Technology will play a large role in global dental education promoting web-based dental schools and more reliance on e-learning.
- Today many journals, research and marketing studies, and conference proceedings are available on the Internet. We can communicate with one another by email without regard for time, distance, or borders. This can only further increase and develop. Disease knows no boundaries; neither does learning. The chances to learn from one another will grow exponentially.
- There will be more awareness and attention given to the vast majority of fellow citizens in our global village who simply do not have access to dental services and where the infrastructure is simply not there to provide access for educating appropriate health care personnel.
- The global issue of dental education combines the real needs of society and real opportunity for advancement in the profession
- A re-constituted IFDEA can become a major player in addressing these global oral health issues with an impact on general health priorities

### ***Implications of Global Challenges for IFDEA***

Globalization illuminates both common issues and inequalities; but above all else, globalization provides the network for interdependence, partnership, solidarity, and the hope of appreciating and respecting cultural differences. In the emerging globalization scene in dentistry there is an international core of critical organizational players. These include the World Health Organization (WHO), as well as major internationally renowned organizations such as the International Association for Dental Research (IADR), the American Dental Association (ADA), the American Dental Education Association (ADEA), the Association for Dental Education in Europe (ADEE), the *Fédération Dentaire Internationale* (FDI), the South East Asian Association for Dental Education (SEAADE) and the International Federation of Dental Education Associations (IFDEA). There are also sister organizations in Australia and New Zealand, Japan, North Africa, China, South Korea, Israel, India and Pakistan. At this inaugural meeting in Dublin AfDEA, the African Dental Education Association met in special session and launched their own new dental education organisation. The EU has supported a nine-year DentEd project to raise and standardise benchmarks for European dental education (4,5,6). Despite the EU Dental Directive (7) there was significant divergence in standards of dental education throughout Europe (8). This resulted in a series of peer review visits and consultations culminating in an agreed "Profile and Competences for the European dentist" (9). This expanded a pre-existing "profile" significantly (10). It is now suggested as a basis for the international dentist. Unfortunately such a profile might have least impact on those geographic regions which suffer the greatest levels of deprivation and ill health but at least it is a start toward global convergence.

Academic dental institutions have the unique responsibility to educate the world's future oral health care providers. How can a particular group within one profession at this time in the health sciences contribute to this global challenge; specifically, dental educators? Clearly they should not simply ignore this crucial matter. It would seem that the primary approach from each discipline should be on educational and scientific levels first influencing awareness within their own societies and then at national and international levels. Oral health is an integral part of general health and well-being. First and foremost there is a need to increase literacy in respect of the causes and resolution of global ill-health in all facets of third level education and research; thereby influencing other disciplines in the health sciences.

### **The realities of poverty-related global diseases**

The enormity of global poverty and poverty-related diseases is the greatest challenge to humankind. When taken in conjunction with legitimate concerns about global ecology, it is difficult to suggest how each individual, each profession, each society or country can best contribute, within the context of their own environment, towards alleviation of global deprivation, poverty related diseases and inequality. A Global Network on Dental Education, as proposed here, can play a role in a world-wide effort to address the ravages and suffering of poverty related disease and death in children and adults by taking a pro-active role in increasing the literacy of the profession concerning the reality of global ill health and disease.

Chancellor Mary Robinson and Professor Jeffrey Sachs in their keynote addresses in Section One of this Special Issue present a stark reminder of the challenges to the global community in respect of the enormity of poverty related global diseases. This was also discussed by other working groups, most notably working groups 6 and 2 whose reports are carried in Chapters 1.1 and 2.5, respectively.

The stark reality of poverty related global diseases is elegantly portrayed in a series of quotations and facts from world leaders and global organisations in Appendix 4.1.2; that can be accessed at [www.IFDEA.org](http://www.IFDEA.org) Global Congress Appendices. These provide a humbling reminder of the inhuman conditions suffered by fellow citizens on the small planet that we share and where one billion suffer from frank starvation without safe water to drink. The quotations are recommended to the reader if we wish to put oral health and disease in the context of global general well-being or "dis-ease". If dentists put emphasis on oral health being an integral part of general health they must also see the challenge of prioritising dental care in the wider context of community and global perspectives where life threatening condition compete for scarce resources.

Oral and dental care, as known in the developed world, is not available to 95% of the global population. The billions living in poverty do not have access to emergency dental care or to preventive measures to help them maintain their own oral health. Eighty per cent of dental caries is concentrated in 20% of the population and the vast majority of these are in lower socioeconomic regions of the world (Chapter 1.1). Through education, research, community service and patient care, academic dental institutions can play a critical role in ensuring the oral health of the public and that care is affordable and prioritised according to need. Dental schools and stomatological institutes in low income regions face a dilemma in attempting to provide high standards of dental education in the face of restricted resources whose governments' primary focus must be on life threatening conditions and their prevention. IFDEA cannot correct these problems but it can be an effective facilitator of increased awareness and collaboration in beginning to address the sufferings and

inequalities, through better education. Appendix 4.1.3 provides four vignettes on personal perceptions of the challenges and what needs to be done in India, South America, Africa and China. These are carried on [www.IFDEA.org](http://www.IFDEA.org) Global Congress Appendices.

### **Background to an evolving IFDEA**

IFDEA was inaugurated in 1992 at a dental educators meeting celebrating the Quatercentenary (400 Years) of the University of Dublin's, Trinity College. IFDEA's administration was incorporated in the United States as an educational, scientific, and charitable non-profit organization. As stated in the Federation's Bylaws, the mission of IFDEA is "to serve as the representative, independent worldwide voice for dental education by promoting advancement in dental education with the ultimate objective of improving the oral health of the public". The original Bylaws identified five goals in pursuit of this mission:

- To serve as a forum for the free interchange of ideas in the field of dental education and research with an international perspective;
- To foster communication among dental educators worldwide;
- To search for improved methods of teaching and learning in the area of health sciences;
- To search for improved methods and strategies for training dental educators; and
- To foster research in health sciences education.

Since its inception, IFDEA has held periodic Council meetings, usually in conjunction with the annual sessions of either the American Dental Education Association (ADEA) or the International Association for Dental Research (IADR). IFDEA's funding has come through membership dues and corporate support. At its 2001 meeting in Prague, the IFDEA Executive Committee determined that for reasons of efficiency, coordination, and budget, IFDEA should physically relocate its office to the ADEA offices in Washington, DC. In addition, the Executive Committee retained Dr. Richard W. Valachovic, ADEA Executive Director, as IFDEA Executive Director. Thus, two legally and financially independent organizations were co-located in the same offices and administered by the same Executive Director.

On March 11, 2004, IFDEA President Dr. Mariano Sanz and Dr. Richard W. Valachovic conducted a general meeting of IFDEA, including members of the Executive Committee, the Council, and other interested parties, to consider a new vision. The impetus to create a new IFDEA vision was precipitated by a number of factors, including the following:

- The desire to expand membership to be inclusive of all academic dentistry worldwide;
- The need to develop new services and resources to benefit current members and to attract new ones;
- The opportunity to utilize information technology in innovative ways to support IFDEA's mission and goals;
- The opportunity to build on the momentum from the 2001 (Prague) and 2002 (Singapore) Global Congresses on Dental Education;
- The need for innovative marketing strategies to attract new members;

- The necessity for increased funding and consistent funding streams to sustain IFDEA and support the Federation's growth;
- The opportunity to establish strategic partnerships with such organizations as the *Fédération Dentaire Internationale* (FDI) and the International Association for Dental Research (IADR) to promote common goals; and
- The desire to be of mutual assistance to fellow educators wherever they are based.

### ***Preliminary findings from meeting in Krakow, Poland, September 2006***

There was a preliminary meeting of the Working Group 15 in Krakow, Poland to discuss how IFDEA might address the challenges it faces and start the process of completing this report. It was agreed that there must be a definitive plan for the development of IFDEA which should be confirmed at the Global Congress. Furthermore the group emphasised the importance of having a sufficiently representative group attending the Global Congress for the launch of the Global Network (see [www.IFDEA.org](http://www.IFDEA.org)). Those invited to the Global Congress should reflect a broad range of expertise and geographic representation from all continents. There was a need to identify and encourage key leaders to actively participate and develop the Global Network.

In Krakow it was emphasised that there was a need for shared accountability and responsibility for organising the Global Congress between IFDEA, DentEd III, ADEE, and ADEA. WG 15 should carefully consider and prioritise the recommendations from all other Working Groups in Dublin in formulating their final report and must provide input by providing ideas during the interim period prior to the Global Congress. IFDEA should continue the DentEd initiative on "core competences" for the dentist with global application (7). Corporate involvement and support were key elements in IFDEA's aspirational developments. The development plans for IFDEA should be reviewed after three and five years so that a decision should be taken on the ongoing viability of the Federation. It may be necessary to consider different strategies that might need to be employed. It was agreed that IFDEA should function as an "International Resource Centre" and its web site should be available for access by other professional associations. Annexure 2 lists the preliminary recommendations and components of the new web site [www.IFDEA.org](http://www.IFDEA.org). There was a need for new thinking in promoting the sharing of information and addressing resistance to essential change. Countries with developing economies need to be a central focus and ensure they are included in the development. Equality in relation to access to dental education should be a priority in IFDEA activities.

In order to develop this new strategy, it was agreed that the IFDEA Global Network will need partners to fund the initial set up costs as well as continuing support of ongoing activities and new initiatives. Partnership with industry was considered crucial if IFDEA is to realise the new strategy. Industry would be more likely to support IFDEA if the Federation can develop predictable self-sustainability. This will require intellectual and programme contributions from its membership without cost, income generation from individuals without conflict with IFDEA's constituent continental dental education associations and charges to those who can afford services provided through the web site and consultancies.

Since the Krakow meeting, IFDEA has set about implementing a more effective management system with an administrative office in Dublin working to the headquarters in Washington DC. The Global Congress has been organised along the lines of the suggestions made with over half of the costs being raised through IFDEA

from corporate support. DentEd III raised almost half of the costs of the Global Congress through an IFDEA has also secured founding sponsorship to support its five year development plan as suggested in Krakow. The new Constitution and Bylaws will be found in Appendix 4.1.1 available at [www.IFDEA.org](http://www.IFDEA.org) Global Congress Appendices.

### IFDEA: A Broader Vision

The International Federation of Dental Educators and Associations (IFDEA) is envisioned as an engine to bring together dental educators around the world. This new vision for IFDEA is the result of a number of opportunities for the Federation to grow and to become inclusive of dental education worldwide. While over 960 dental schools exist worldwide, no single organization exists as an axis of information, policy, and professional development to facilitate and coordinate international cooperation in dental education. IFDEA is positioned to become the catalyst, facilitator, and mobiliser for the international academic dental community, including individuals, institutions, and related organizations. To take advantage of these opportunities, IFDEA leadership has re-evaluated the Federation's mission, goals, structure and resources. It has set out sustainable changes required to generate new benefits that create value for existing and new members. Membership categories will include associations and organizations affiliated with dental education, academic dental institutions, more specifically, dental schools/faculties, and dental school individual faculty members. There is a need to facilitate and promote communication and cooperation with dental education regulating bodies like the General Dental Council of UK, Dental Council of India, the American Dental Education Association, the Australian Dental Council, etc in respect of global educational issues in dentistry.

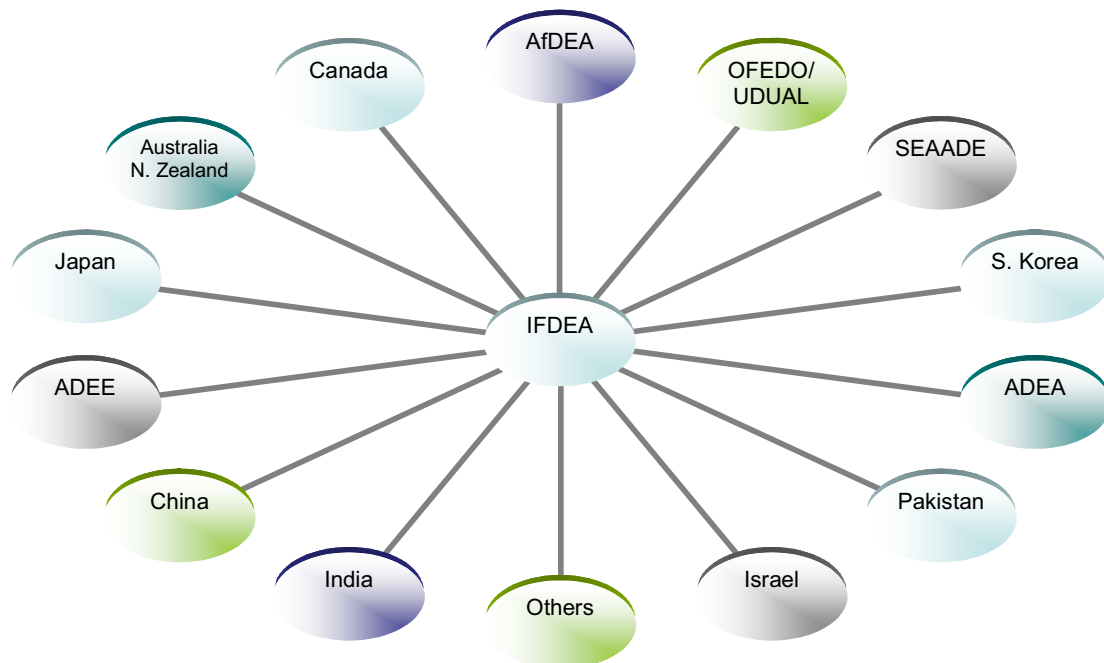


Fig 1: Past and present Contributors to IFDEA

While IFDEA's mission is to serve as a worldwide voice for dental education, the original structure of the Federation prohibited it from doing so (Fig.1). Membership was restricted to national and international organizations primarily concerned with dental education and research and corporate ("Supporting") members. In many parts of the world, there are few or no organizations that represent dental education or research. Thus, a substantial number of the world's academic dental institutions and thousands of individual educators are ineligible to participate in IFDEA. IFDEA therefore has changed its membership structure in order to become The Global Network on Dental Education.

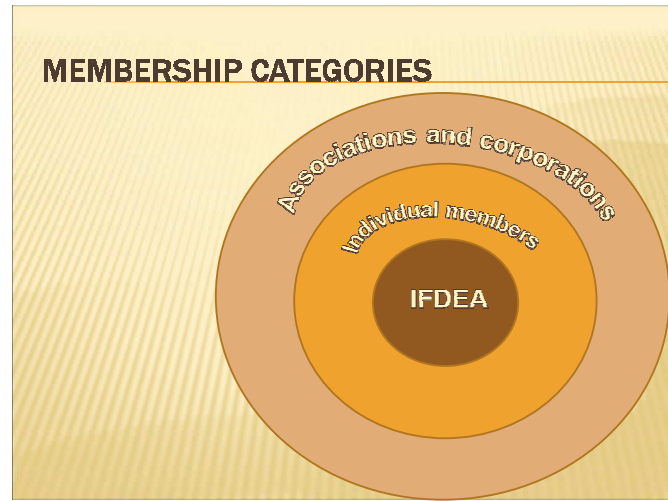


Fig 2: Concept of Membership following Global Congress September 2007

An essential component for the success of IFDEA and the global network will be co-operation between partners in IFDEA and groups who choose not to be part of IFDEA. At this time there are groups engaged in the development of online resources for dental curriculum distribution. A major goal of IFDEA, through the Global Network, is to develop online curriculum content for worldwide distribution by encouraging broad participation of member dental educators and associations. It is expected that all contributions will enhance the quality of dental education through online mechanisms.

#### **New Mission Statement**

The International Federation of Dental Educators and Associations (IFDEA) is a global community of dental educators who have joined together to improve oral health worldwide by sharing knowledge and raising standards.

IFDEA contributes to improving global health by improving oral health by serving as an axis of information, best practices, exchange programmes, news and professional development for the many regional dental education associations and individual academic dental institutions worldwide.

IFDEA will achieve its mission by:

- Operating The Global Network for Dental Education, a web-based knowledge sharing resource for the dental education community.
- Facilitating a better understanding of issues of diversity and inequality in oral health care and education.
- Pooling international intellectual resources and expertise.

- Developing an accessible repository of evidence-based and useful information.
- Providing assistance in helping to implement recent developments in educational methodologies, research, biomedical sciences, biotechnology, information technology, and clinical dentistry.
- Disseminating relevant and current information to dental educators on a global basis.
- Promoting, facilitating and disseminating relevant distance learning initiatives.
- Promoting international peer collaboration, consultation, and dialogue in seeking to address oral health challenges on a global basis, while respecting regional priorities and structures.

***In order to realise these goals it is necessary to:***

1. Change the name from the International Federation of Dental Education Associations to the International Federation of Dental Educators and Associations (IFDEA) in order to be inclusive of all academic dentistry. Membership categories should include academic dental institutions (dental schools and programmes), associations affiliated with academic dentistry, dental school faculty /academic staff, and industry/corporate members.
2. Change the governance structure of the Federation such that the Board of Directors is the Federation's legislative body
3. Establish a web-site with accessible and useful evidence-based information including promotion of relevant distance learning initiatives (see recommendations in Annexure 2 to this chapter)
4. Appoint a committee of experts to determine the initial format and content of the website
5. Conduct a needs survey both of the membership and as many dental schools as possible internationally to ascertain what products, services, and resources would provide the greatest membership benefit
6. Work with constituent members to avoid conflict of interest in respect of membership arrangements
7. Issue a news release, promotional materials and membership renewal forms
8. Circulate through its web site educational peer reviewed models for learning, delivery models, outreach activities, clinical data and management practices.
9. Circulate and develop the ADEE Profile and Competences for the International Dentist document as a benchmark and basis for collaboration and exchange throughout IFDEA
10. Use the DentEd visit protocol as a basis for intercontinental school visits/consultations as requested
11. Develop a global database of dental educators and dental schools to facilitate faculty recruitment, maintenance, quality and education as well as faculty and student exchange through efficient web-based communications system

12. Identify and develop IFDEA Centres in strategic locations on all continents, located within internationally renowned dental schools in education with IFDEA/ADEA headquarters as the core

### **Short term challenges**

IFDEA is to be seen as an evolving organization with evolving network. In order to be the voice for global dental education IFDEA should construct a road map with prioritized actions for the future. This should be based on a survey of needs among the dental educators and institutions. In order to be able to do this a board with sufficient human and physical resources as well as infrastructure should be available. This organ should take immediate action to start strategic and time planning, to collect necessary data on dental schools and to facilitate country and corporate participation.

### **Summary and Conclusions**

The Global Congress provided a unique platform for a redefinition of IFDEA following the completion of the DentEd Thematic Network Project. As part of a “new” IFDEA a new Global Network on Dental Education was launched by the President of Ireland, Mary McAleese on Saturday September 8<sup>th</sup>, in Dublin Castle. Her address is carried in the final section of this special issue.

IFDEA’s new goal is to engage the entire dental education community, not just the dental education associations. IFDEA has availed of the Global Congress platform to restructure and from which to launch its Global Network on Dental Education based on an interactive website [www.IFDEA.org](http://www.IFDEA.org) and other collaborative technologies. Globalization has arrived and opens new opportunities for the international community of dental educators, students and the dental profession. Within IFDEA there is a remarkable and influential accumulation of talent and knowledge that could be focused to address some fundamental global issues; at least in respect of oral and dental health. In this way dental educators can contribute to the global efforts of Jeffrey Sachs and Mary Robinson and the Millennium Development Goals (11,12)

The focus of IFDEA will be to share expertise, experience and knowledge in dental education, research and all related facets of scholarship. The purpose of this will be to combine assistance and peer influence in promoting higher standards in dental education, whilst recognising this is a means of influencing levels of oral health in all communities; the most affluent and most deprived. The approach will vary according to regional priorities, infrastructure and fundamental needs to alleviate suffering and promotion of health gain. Clearly, the greatest challenge is in the most deprived and most densely populated regions of world where IFDEA’s impact, , will inevitably be limited. This does not preclude an effort by dental educators to improve literacy within the profession and its future members on the human suffering caused by poverty and inequality. In improving awareness it will help focus on distance learning and assistance, through education, to help wherever possible in promoting health gain through better and more relevant educational programmes. At the same time it will encourage excellence in research and all other facets of scholarship to the benefit of our fellow human beings in low, middle and high income countries.

The first keynote speaker Mary Robinson sets so many principled examples for us to follow. These are well articulated by the organisation of which she is Chairperson “Realizing Rights” (12). She and her organisation state that Ethical Globalization should:

- Acknowledge shared responsibilities for addressing global challenges and affirms that our common humanity does not stop at national borders
- Recognise that all individuals are equal in dignity and have the right to certain entitlements, rather than viewing them as objects of benevolence or charity
- Embrace the importance of gender and the need for attention to the often different impacts of economic and social policies on women and men
- Affirm that a world connected by technology and trade must also be connected by shared values, norms of behaviour and systems of accountability
- Ethical globalization requires greater recognition of the responsibility of the international community to help people who have been denied their fundamental rights. This requires taking human rights beyond their more traditional political and legal realms and applying them to other fields. It is hoped that this Global Congress signifies recognition of wider perspectives in education and scholarship in the health sciences.

Such ethical values seem an appropriate note on which to conclude the section on Working Group reports.

Ethical globalization requires greater recognition of the responsibility of the international community to help people who have been denied their fundamental rights. This requires taking human rights beyond their more traditional political and legal realms and applying them to other fields. Such principles seem an appropriate note on which to conclude 14 working group reports and put in context the many challenges posed for IFDEA and its new Global Network on Dental Education.

## **Annexure 1**

### **Recommendations for IFDEA consideration from Working Groups**

Many recommendations were duplicated by different working groups. Because of this they were integrated where overlap occurred and grouped in the cognate sections below.

#### ***IFDEA should:***

1. act as a world-wide resource for scientific and educational information exchange for oral health;
2. promote international peer collaboration, consultation and dialogue in seeking to address oral health challenges on a global basis, while respecting regional priorities and structures;
3. take a lead role in developing a process by which specific dental schools/faculties can collaborate with a specific emerging economy or dental school/faculty to provide consultative support (as desired) for its education/training programmes;
4. conduct an environmental survey of different health care delivery models worldwide, and provide access to collated information to ensure where possible the most appropriately trained care providers are educated in the numbers needed;
5. together with its relevant constituent continental organisations, examine innovative methods of support for education in low and middle income countries;
6. engage deans of dental schools in ensuring that IFDEA's mission statement is achieved and this implies that all deans need to be aware of IFDEA and be actively supportive;
7. develop its organisation based on regional structures that would facilitate sharing of expertise in matters of governance, leadership and management of schools. This arrangement might be particularly helpful to countries with emerging economies.
8. establish regional leadership institutes within the IFDEA structure. This should be executed as a matter of urgency and serve as a meaningful indication of the beneficial outcomes that IFDEA can realise;
9. explore opportunities for collaboration with other international dental organisations in the implementation of the recommendations of the Global Congress;
10. with support from the World Health Organization (WHO) and the *Fédération Dentaire Internationale (FDI)*, take a leadership role in procuring funding to support a major initiative to develop virtual curricula to help develop appropriate competences for members of the oral health care team with special reference to low income countries;
11. establish and maintain an up-to-date data-base that is readily accessible and contains information on student and staff numbers and needs;
12. design the data base so that it will assist Deans/Executives in the preparation of business cases/plans for submission to faculties, university centres, public and private funding authorities;
13. facilitate the establishment of 'twinning' of dental schools in the developed world with dental schools in less developed areas;
14. ensure that international exchange benefits all parties;

15. set a timeline for the global aim to implement international recognition of qualifications;
16. help ensure that emphasis is placed on best practices in personnel development, recruiting, orientation, team building, mentoring, communication skills, staff and student motivation;
17. facilitate mentoring academics within the global dental academic community;
18. distribute the Special Issue carrying the reports from this Global Congress as widely as possible. It must communicate its contents not alone throughout global dental academic institutions but also to government agencies, dental associations, university policy makers, student bodies, purchasers and other interested parties;
19. avail of the assistance of appropriate communications agencies to ensure widespread dissemination and create maximum awareness of its benefits.

***The Global Network on Dental Education should:***

20. be developed as a matter of urgency and actively promoted throughout the dental education community, the dental profession and the broader scientific and education communities;
21. be user-friendly, easily accessible, educationally powerful, flexible and interactive;
22. be used to facilitate a series of broadly based conferences to discuss how best business practices and modern communication methods can be incorporated into dental education. through its network;
23. be key to the development of an accessible repository of evidence-based and useful information;
24. provide the opportunity for IFDEA to develop a global base and high profile in the international education community;
25. provide a platform for international collaboration and increased opportunities for communication;
26. assist in the dissemination of information about faculty and staff vacancies and facilitate search missions;
27. facilitate staff and student exchanges; . .
28. promote increased awareness of oral health in the context of global health realities;
29. enable future generations to be better informed, more sensitive and pro-active in addressing poverty related diseases and inequalities;
30. reach out to all regions especially those in isolated areas;
31. enable under-privileged areas to keep abreast of relevant developments in the field of dental science and practice;
32. provide support for schools that do not have resources to allocate to ICT and permit them incorporate Network programmes in all curricula thus promoting increased computer literacy levels for students and staff;
33. promote favourable working environments for dental academics working in different geopolitical, cultural and socioeconomic situations.
34. The concept of a Global Network on Dental Education was strongly endorsed by those attending the Global Congress

The Working Group on Information Technology advised that the IFDEA web site should contain the following functions;

- a main page which can be edited by the administrator of the e-learning session;
- a calendar, a notice board for short messages;
- a forum for subject discussions;

- a member list;
- an email list;
- a function for upload of documents;
- a link list;
- a literature list;
- a chat function;
- options for audio and video conference as well as an option for online lectures.

### ***Education, Learning and Assessment***

(Most of the recommendations in the previous two sections also relate here but are not repeated).

35. Dental schools from developed countries, in collaboration with business, government and entrepreneurial institutions should provide professional development programmes for staff, including those from developing countries, to foster leadership and management skills.
36. The network should carry advice and support for self-assessment modules or review courses to students at an on-demand basis via the internet.
37. The network should carry international standardised student feedback surveys.
38. The network should facilitate the transfer of quality programmes from well endowed schools to schools with limited resources.
39. The network should offer programmes and review courses for students at an on-demand basis.
40. The network should use Internet and videoconferencing facilities to support education and training in emerging and developed economies.
41. It is essential that all educational programmes on the Network be peer reviewed and approved prior to making them accessible.
42. Reviewers should ensure that examples of good practice are available and accessible through the IFDEA website.
43. The emphasis should be on active learning rather than passive information delivery.
44. The facility should enhance students' awareness of their own knowledge and abilities whilst encouraging a continuous self-assessment mentality and self-directed learning.

### ***A Global Faculty of Dental Educators***

45. IFDEA should appoint a taskforce to develop a Global Faculty that includes expertise and scientists from industry
46. A Global Faculty that would open new horizons for dental educators and colleagues in the dental industry
47. Towards that outcome IFDEA should enlist the support of industry in relation to finance and governance structures.
48. There must be valid measurement of outcomes of the Global Faculty identifying their relevance and application in different fields.
49. The proposed Global Faculty should operate via the IFDEA web, either teaching directly with distance learning tools, or enriching other faculty members so they could facilitate teaching by downloading modularised programmes.
50. Governance and oversight of the Global faculty would initially be vested in IFDEA with regional and local support. It may be appropriate to take a step-by-step approach to its initiation with the development of a number of specific projects as a beginning.

51. The Global Network is a key component in the concept of a Global Faculty.

***IFDEA and Dental Industry***

52. Broad dental industry involvement is critical for the success of the newly energised IFDEA.
53. Active corporate involvement in IFDEA would have considerable mutual benefits that far exceed financial support.
54. IFDEA should collaborate with industry to promote international dialogue and collaboration, in addressing oral health challenges on a global basis, while respecting regional priorities and structures.
55. There should be collaboration between the academic and corporate sector to aid global dissemination of current information that is relevant to dental educators.
56. IFDEA and the corporate sector should facilitate better understanding of issues of diversity and inequality in oral health care and education.
57. The academic and corporate sectors, through the leadership of IFDEA should actively contribute to pooling of international intellectual resources, expertise and advice on the implementation of recent developments in educational methodologies, research, biomedical sciences, biotechnology, information technology, and clinical dentistry.
58. Clear and transparent strategic planning for IFDEA, with defined goals and timelines for objectives will appeal to dental industry in its desire to support global dental education.
59. Dental industry should embrace IFDEA's Global Network for dental education and work with dental education to populate the network with world-class courses.
60. The Global Network with the support of industry should focus on:
  - the sharing of non-proprietary databases, such as dental demographics and marketing information;
  - sharing contacts in different regions of the world;
  - advertising and updating network capabilities and technologies.
61. The corporate sector could provide advice on:
  - web design;
  - marketing through the web site;
  - encouragement of other corporates to participate and provide additional contact channels.

**Annexure 2****Proposals on the new Web Site see [www.IFDEA.org](http://www.IFDEA.org) (from Krakow meeting)**

- A website that contains information, links, interaction and resources useful to international dental education;
- International meetings (primarily through web site) addressing critical issues in dental education, with some sessions delivered in native languages common to the participants for those participants who do not speak English;
- Listing of faculty experts/consultants, perhaps modelled on the DentEd Visitation System (international team visit to dental schools/Faculties on request and provide a report);
- Listing of faculty and student exchanges, including the creation of a global database of opportunities;
- E-learning opportunities, open source availability to courses, syllabi, and educational materials;
- Development of peer-reviewed modularised courses for international distribution is under consideration
- Distance education through web casts;
- Corporate learning, using corporate information to educate communities; transferring research to products and services;
- Databases and coding such as diagnostic and treatment coding and health services research;
- Listing of research opportunities through multinational collaborations;
- Post-genomic research through dissemination of information about curriculum, treatment expectations, and related issues;
- Collection and dissemination of international best practices in dental education;
- Employment opportunities, providing information about institutions and individuals seeking employment in academic dentistry, possibly utilizing ADEA's Academic Dental Careers Network website;
- Access to professional journals and newsletters, including an IFDEA electronic journal and newsletter.

**Appendix 4.1.1**

**ARTICLES OF INCORPORATION AND BYLAWS**  
**OF**  
**THE INTERNATIONAL FEDERATION OF DENTAL EDUCATORS AND**  
**ASSOCIATIONS**

**To: D.C. Corporations Division**

Department of Consumer and Regulatory Affairs  
Washington, D.C. 20001

We, the undersigned, natural persons of the age of twenty-one years or more, acting as incorporators of a corporation, adopt the following Articles of Incorporation for such Corporation pursuant to the District of Columbia Nonprofit Corporation Act:

**FIRST:** The name of this corporation shall be: **INTERNATIONAL FEDERATION OF DENTAL EDUCATORS AND ASSOCIATIONS.**

**SECOND:** The period of duration of this corporation is perpetual.

**THIRD:** The purposes for which the Corporation is organized and shall be operated are exclusively charitable, educational and scientific. These purposes may be attained, without limiting the Corporation's freedom to pursue these goals through other avenues, by the Corporation acting:

- (1) To pursue the charitable objectives of advancing public health and public welfare by improving the extent, quality, and availability of oral health care world-wide.
- (2) To pursue the charitable objectives of advancing public health and public welfare by raising the educational standards of dental education globally.
- (3) To promote the advancement of education by developing, accumulating, and disseminating information about educational methodologies, biomedical sciences, biotechnology, information technology, and clinical dentistry and pedagogy to enable dental schools and dental educators to improve the understanding, quality, and practice of oral health care on a global basis.
- (4) To promote the charitable purpose of improving public health by seeking constructive methods to collect and disseminate information in order to achieve efficient and effective oral health care and dental education in developing countries and throughout the world.

- (5) To otherwise support and promote scientific research and education to expand the knowledge, capability, and techniques to understand, address, and resolve public health problems to help facilitate the wellness of all people.

The Corporation shall carry out these purposes with the provision that the Corporation shall not have nor exercise any power or authority not granted to it under the District of Columbia Nonprofit Corporation Act, nor engage in any activities prohibited to an organization granted exempt status under Section 501(c)(3) of the Internal Revenue Code or any successor law or regulation.

FOURTH: The names and addresses of the incorporators of this corporation are:

Richard Valachovic  
Executive Director  
International Federation of Dental Educators and Associations

1400 K Street, NW, Suite 1100  
Washington, DC 20005

Abigail Gorman  
Chief Operating Officer  
American Dental Education Association  
1400 K Street, NW, Suite 1100  
Washington, DC 20005

Joshua Mintz

Partner  
Cavanaugh, Hagan, Pierson & Mintz  
2000 L Street, NW, Suite 801  
Washington, DC 20036

FIFTH: The Corporation shall have members without voting rights as defined in the Bylaws.

SIXTH: The address, including street and number of the initial registered office of the corporation is 1400 K Street, NW, #1100, Washington, DC 20005, and the name of the initial registered agent at such address is: Richard Valachovic.

SEVENTH: The internal affairs of the Corporation shall be managed by a Board of Directors. Directors need not be residents of the District of Columbia. The initial Directors shall serve until the first annual meeting or until their successors are duly elected and certified. The number of Directors, their manner of election or appointment, and their terms and qualifications for office shall be as provided in the Bylaws of the Corporation, but in no event shall the number of Directors be less than three.

EIGHTH: Upon the termination, dissolution or final liquidation of the Corporation in any manner or for any reason, its assets, if any, remaining after payment (or provision for payment) and all liabilities of the Corporation shall be distributed to, and only to, one or more organizations described in Section 501(c)(3) of the Internal Revenue Code or any successor law or regulations.

NINTH: No substantial part of the activities of the Corporation shall involve the carrying on of propaganda or otherwise attempting to influence legislation. The Corporation shall not participate or intervene (including the publishing or distribution

of statements) in any political campaign on behalf of or in opposition to any candidate for public office.

TENTH: The number of initial Directors of this Corporation is four. Director shall serve until the first annual meeting or until their successors are duly elected and qualified. Their names and addresses are as follows:

Johann DeVries  
Dean, School of Dentistry  
The University of Adelaide  
SA 5005  
AUSTRALIA

Majella Giles  
European Administrator  
International Federation of Dental Educators and Associations  
Dental School and Hospital,  
Trinity College, Dublin 2  
IRELAND

Diarmuid Shanley  
Professor Emeritus  
Dental School and Hospital,  
Trinity College, Dublin 2  
IRELAND

Richard Valachovic  
Executive Director  
International Federation of Dental Educators and Associations  
1400 K Street, NW Suite 1100  
Washington, DC 20005

ELEVENTH: The Corporation shall not authorize or issue shares of stock. No part of the assets or net earnings current or accumulated of the Corporation shall at any time inure to the benefit of, or be distributable to its Directors, officers or other private persons, within the meaning of the prohibition contained in Section 501(c) (3) of the Internal Revenue Code or any successor law or regulations, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article THIRD hereof. No loans shall be made by the Corporation to its members, officers or Directors for any purpose whatsoever.

[Signature page follows]

IN WITNESS WHEREOF, we hereby sign these Articles of Incorporation as incorporators.

\_\_\_\_\_

**Richard Valachovic**

\_\_\_\_\_

**Abigail Gorman**

\_\_\_\_\_

**Joshua Mintz**

City of Washington )

\_\_\_\_\_ ) ss.:

District of Columbia )

Notary Signature

I, \_\_\_\_\_, Notary Public, hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 2007, personally appeared before me, Richard Valachovic, Abigail Gorman, Joshua Mintz, who signed the foregoing document as incorporators, and averred that the statements therein are true.

My commission expires:

(SEAL)

**BYLAWS OF THE INTERNATIONAL FEDERATION OF DENTAL EDUCATORS AND ASSOCIATIONS**

***ARTICLE I. DIRECTORS***

SECTION 1. General Powers. The property, business and affairs of the Corporation shall be managed by its Board of Directors in accordance with these Bylaws and the purposes of the Corporation.

SECTION 2. Number, Qualifications, and Election. The number of Directors shall be no fewer than four and no more than fifteen. Directors shall be elected by the Directors then in office and the Board shall include within its authorized number all of the individuals holding full, not subordinate, officer positions.

SECTION 3. Term of Office. The term of office for Directors shall be one year or until a successor shall have been elected. Directors may succeed themselves without limitation.

SECTION 4. Vacancies. Vacancies shall be filled by majority vote of the remaining members of the Board of Directors for the unexpired term.

SECTION 5. Quorum. A majority of the Directors then in office shall constitute a quorum for the transaction of any business, except that if the number of Directors then in office is six or less, then three Directors shall constitute a quorum. If at any meeting of the Board there shall be less than a quorum present, a majority of those present may adjourn the meeting, without further notice, from time to time until a quorum shall have been obtained.

SECTION 6. Meetings. Regular meetings of the Board of Directors shall be held at such place as may from time to time be fixed by resolution of the Board without further notice, or as may be specified in a notice of the meeting. Special meetings may be called at any time by the President or by written request signed by three Directors and submitted to the Secretary, provided written notice is duly served on, sent by mail, or e-mailed or faxed with a follow up confirmatory phone call, to each Director not less than two days before such meeting. Meetings may be held at any time without notice if all the Directors are present, or if at any time before or after the meeting those not present waive notice of the meeting in writing.

SECTION 7. Compensation. No Director shall receive any compensation for service in such capacity, except that the Board may by resolution provide for the reimbursement of actual travel, lodging, and reasonable, organization-related out-of-pocket expenses incurred in the performance of the duties of Director, to the extent provided by such resolution.

SECTION 8. Removal. A Director or an Officer may be removed from office, with or without cause, upon a vote of a majority of the Directors then in office to remove him or her from office, whenever in the Directors' judgment the best interest of the Corporation would be served thereby, provided that all the Directors have at least 21 days' notice of the proposed removal and the Director at issue has an opportunity personally to address the Board.

## ARTICLE II. MANNER OF ACTING.

SECTION 1. Manner of Acting. A majority of the votes cast on a matter where a quorum is present shall be necessary for the adoption thereof unless a greater proportion is required by law or these Bylaws.

SECTION 2. Alternative Action. Any action required by law to be taken at a meeting, may be taken without a meeting if a consent in writing, setting forth the action so taken, is signed by all of those entitled to vote with respect to the subject matter thereof.

SECTION 3. Meetings Held In Whole or Part Through the Use of Telecommunications. Any one or more Directors or members of a committee may participate in a meeting of the Board or committee by means of a conference telephone or other telecommunications device which allows all persons participating in the meeting to hear each other and such participation in a meeting shall be deemed presence in person at such meeting. If it is deemed that the law so permits, the Board may vote via e-mail or regular mail ballots, and the organization shall be able to conduct meetings in written form where the words are transmitted to all participants (as may be accomplished through the use of a telephone or computer conference).

## ARTICLE III. OFFICERS.

SECTION 1. Officers. The officers of the Corporation shall be a: President, a President-Elect, an Immediate Past President, a Secretary, a Treasurer, an Executive Director, and such other subordinate officers as the Board of Directors may from time to time appoint or authorize the President to appoint. An individual may more than one office at any given time except for the positions of President and Secretary, which must be held by different individuals.

SECTION 2. Election. The Board of Directors shall in alternating years, on or about the Board's Annual Meeting elect from amongst themselves a President-Elect. The Board of Directors shall each year on or about the Board's Annual Meeting, elect from amongst themselves a Secretary and a Treasurer and, as the Board shall by resolution from time-to-time authorize, shall appoint from amongst themselves or others an Executive Director.

SECTION 3. Term and Vacancies. The term of office for the President is two years. The term of office for all other officers shall be one year. The Secretary and the Treasurer may succeed themselves without limitation. Officer terms shall not terminate until: (a) the installation of a successor; (b) the effective date of his or her resignation submitted in writing to the Secretary of the Board of Directors; (c) upon his or her death; or, (d) upon removal from Office in accordance with the provisions of these Bylaws. The President-Elect shall automatically succeed to the office of President and the President shall succeed to the office of Past-President. Any vacancy among such officers shall be filled by majority vote of the remaining members of the Board of Directors, except that the President-Elect shall fill a vacancy in the Presidency and that the Board may, at its option, fill a vacancy in the office of Past- President, in which case it shall be filled by someone who has served as President.

SECTION 4. President. The President shall: oversee implementation of all decisions of the Board of Directors; chair the Board of Director and Executive Committee meetings; shall be an ex officio voting member of all committees; act as the Board's

representative in overseeing the Executive Director; and shall have such other duties and powers as the Board of Directors may from time to time prescribe or authorize.

SECTION 5. President-Elect. The President-Elect shall perform the duties of the President in the absence or incapacity of the President as determined by the Board. The President-Elect shall assume the Presidency upon the death or resignation of the President, and shall have such powers and perform such duties as the Board of Directors may from time to time prescribe or as the President may from time to time delegate.

SECTION 6. Immediate Past-President. The immediate Past President shall serve as an Officer and shall assume such additional duties as directed by the Board..

SECTION 7. Secretary. The Secretary shall oversee a process for keeping the minutes of all meetings of the Board including all votes and resolutions adopted and shall record all such documents and records in a book kept for that purpose. The Secretary shall oversee the process for issuing notices of all meetings, filing of all reports required by governmental authorities, and performing such other functions and duties as the Board may from time to time prescribe.

SECTION 8. Treasurer. The Treasurer shall oversee the custody of all funds, securities and assets of the Corporation. He or she shall oversee the keeping of full and accurate account of Corporation's receipts and disbursements, and oversee the deposit of all monies and other assets in the name of the Corporation in such depositories or through such fiscal agents as the Board may from time to time prescribe. The Treasurer shall oversee the disbursement of the funds and assets of the Corporation as ordered by the Board of Directors, and shall provide an accounting of all transactions as requested prior to each meeting of the Board. The Board of Directors may appoint and empower such Assistant Treasurers as shall be required to carry out the purpose of this section. The Treasurer shall furnish the Board with an operating and financial report at each regular and special meeting thereof.

SECTION 9. Other Officers. The duties and terms of office of any other officers or assistant officers appointed pursuant to this Article shall be specified by the Board of Directors or by the President if so authorized by the Board of Directors.

SECTION 10. Executive Director. The Board may upon majority vote appoint and employ an Executive Director, who shall direct and execute all decisions of the Board of Directors, shall handle all day-to-day matters and duties for the operation of the Corporation, and shall be an *ex officio* non-voting member of the Board of Directors. The foregoing duties shall include, but not be limited to, the hiring and discharge of employees to fill such positions as the Board may from time to time authorize; the execution of contracts or other instruments on behalf of the Corporation as the Board may authorize; and the signing of checks, drafts or other orders for payment of money provided that the Board may, by resolution, provide that such checks, drafts or other orders for payment above such amount as may be specified in the resolution shall require the countersignature of one or more specified officers of the Corporation.

SECTION 11. Surety. The Board of Directors may require the Executive Director, Treasurer or any other officer or assistant officer to furnish such surety as it may from time to time determine.

SECTION 12. Compensation of Officers. Officers may be paid such reasonable compensation as the Board of Directors may from time to time authorize and direct, except that no officer who is a member of the Board may receive any compensation for services rendered in his or her capacity as a Director except as otherwise provided in these Bylaws.

SECTION 13. Removal. Any elected Officer may be removed from office, with or without cause, upon a vote of a majority of the Directors then in office to remove him or her from the Officer position, whenever in the Directors' judgment the best interest of the Corporation would be served thereby, provided that all the Directors have at least ten days' notice of the proposed removal and the Officer at issue has an opportunity personally to address the Board prior to the removal vote. Any Officer appointed by the President may be removed by the President.

#### ARTICLE IV. COMMITTEES

SECTION 1. Committees of Directors. The Board of Directors, by resolution adopted by a majority of the Directors in office, may designate and appoint one or more committees and their members. Each committee shall consist of two or more Directors, which Committees, to the extent provided in said resolution, shall have and exercise the authority of the Board in the management of the Corporation, except that no such committee shall have the authority of the Board in reference to: amending, altering, or repealing the Articles of Incorporation or Bylaws; electing, appointing or removing any member of any committee or any Director or officer of the Corporation; adopting a plan of merger, dissolution, consolidation, or approving the sale, exchange, mortgage, or distribution of all or substantially all of the property and assets of the Corporation; revoking proceedings for dissolution; or amending, altering or repealing any resolution of the Board of Directors which by its terms provides that it shall not be amended, altered or repealed by such committee. The designation and appointment of any such committee and the delegation thereto of authority shall not operate to relieve the Board or any individual Director of any responsibility imposed thereon by law.

SECTION 2. Executive Committee. The Board of Directors may, in its discretion, by resolution adopted by a majority of the whole Board, constitute a general Executive Committee for the Board, appoint the members thereof, and specify its authority and responsibility. Such committee shall be composed of not fewer than three members of the Board of Directors who shall serve at the pleasure of the Board. The Executive Committee shall have such powers and shall perform such duties as the Board may delegate to it in writing from time to time, including the immediate oversight in management of the business affairs of the Corporation. The Executive Committee shall be organized and shall perform its functions as directed by the Board and shall report periodically to the Board. Any action duly taken by the Executive Committee within the course and scope of its authority shall be binding upon the Corporation. The Executive Committee may be abolished at any time by the vote of a majority of the whole Board of Directors, and during the course of the committee's existence, the membership thereof may be increased or decreased and the authority and duties of the Committee changed as the Board of Directors deems appropriate.

SECTION 3. Other Committees. Other Committees not having and exercising the authority of the Board of Directors in the management of the Corporation may be appointed in such manner as may be designated by resolution adopted by a majority of the Directors present at a meeting at which a quorum is present. Except as

otherwise provided in such resolution, members of each such committee need not be Directors of the Corporation, and the President of the Corporation shall appoint the members thereof, and may remove any such member whenever in his or her judgment the best interest of the Corporation shall be served by such removal.

SECTION 4. Term of Office. Each member of a committee shall continue as such until a next annual meeting of the Board of Directors and until a successor is appointed, unless the committee shall be sooner terminated, or unless such member be removed from such committee, or unless such member shall cease to qualify as a member thereof.

SECTION 5. Chair. One member of each committee shall be appointed Chair by the President of the Corporation except as otherwise provided in these Bylaws.

SECTION 6. Vacancies. Vacancies in the membership of any committee may be filled by appointments made in the same manner as provided in the case of the original appointments.

SECTION 7. Quorum. Unless otherwise provided in the resolution of the Board of Directors designating a committee, a majority of the whole committee shall constitute a quorum and the act of the majority of the members present at a meeting at which a quorum is present shall be the act of the committee.

#### ARTICLE V. MISCELLANEOUS PROVISIONS

SECTION 1. Indemnification. Every person who is or shall be or shall have been a Director or officer of the corporation and his or her personal representatives may be indemnified by the corporation against all costs and expenses actually and necessarily incurred by or imposed upon him or her in connection with the defense of any action, suit, or proceeding to which he or she may be made a party by reason of his or her being or having been a director or officer of the corporation or of any subsidiary or affiliate thereof, except in relation to such matters as to which he or she shall finally be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance of a duty. "Costs and expenses" shall include, but without limiting the generality thereof, attorney's fees, damages and reasonable amounts paid in settlement.

SECTION 2. Fiscal Year. The fiscal year shall end June 30.

SECTION 3. Corporate Seal. The official seal of the Corporation shall have inscribed thereon the name of the Corporation and shall be in such form and contain such other words and/or figures as the Board of Directors shall determine. The official seal may be used by printing, engraving, lithographing, stamping or otherwise making, placing, or affixing or causing to be printed, engraved, stamped, or otherwise made, placed or affixed upon any paper or document, by any process whatsoever, an impression, facsimile, or other reproduction of said official seal.

SECTION 4. Amendment. These Bylaws may be amended or repealed or new Bylaws adopted upon the affirmative vote of a majority of the Board of Directors at any regular or special meeting of the Board provided that a description, summary, or the actual text of such proposed change is included with the notice of the meeting delivered at least five days prior to the vote, unless notice is waived by unanimous agreement of the Board.

SECTION 5. Dissolution. The Corporation may be dissolved and its assets and liabilities liquidated in such manner as the Board of Directors shall resolve provided that such dissolution and liquidation shall be in accordance with the Articles of Incorporation and such laws and regulations as may be applicable thereto.

SECTION 6. Advisory Board. The Corporation may establish an Advisory Board, without governing power or authority, to serve as a resource at the direction and pleasure of the Board of Directors by providing advice, assistance, expertise, and support to the Board of Directors for the advancement and promotion of the mission of the Corporation. The Board of Directors may appoint a Chair of the Advisory Board who may be authorized to serve as an *ex officio*, non-voting member of the Board of Directors.

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(Adopted September, 2007)

**APPENDIX 4.1.2****Quotations and facts relating to Global Health*****Nelson Mandela***

- Health is a basic human right
- Global ill health is primarily a symptom of poverty and inequality
- While poverty exists there is no true freedom

***UN and UNICEF see <http://www.unicef.org>***

- Approximately 1.2 billion people from a total population of 6.6 billion in the world live in extreme poverty; (less than one dollar per day).
- At any given time, close to half of all people in developing countries suffer from a health problem caused by water and sanitation deficits
- In 2005, about 10.1 million children died before they reached their fifth birthday. Almost all of these deaths occurred in developing countries, three-quarters of them in sub-Saharan Africa and South Asia; the two regions that also suffer from the highest rates of hunger and malnutrition.
- The lack of food erodes relationships and feeds shame so that those most in need of support are often least able to call on it
- The four most common childhood illnesses are diarrhoea, acute respiratory illness, malaria and measles. All of these illnesses are both preventable and treatable.
- Poverty interferes with parents' ability to access immunizations and medicines.
- Chronic undernourishment on top of insufficient treatment greatly increases a child's risk of death.
- An overwhelming 31 percent of 5 year-olds in developing countries are moderately to severely stunted, or seriously below normal height for one's age
- Poverty interferes with parents' ability to access immunizations and medicines.
- Nearly a billion people entered the 21st century unable to read a book or sign their names; two in every three of these are female.
- 20% of the population in the developed nations (*i.e. 5% of the global population*) consume 86% of the world's goods
- In 1999 the developing world was spending \$13 on debt repayment for every \$1 it received in grants
- Sub-Saharan Africa loses about 5% of GDP, or some \$28.4 billion annually, a figure that exceeds total aid flows and debt relief to the region in 2003
- To these human costs can be added the massive economic waste associated with the water and sanitation deficit.... The costs associated with health spending, productivity losses and labor diversions ... are greatest in some of the poorest countries.
- A world where some live in comfort and plenty, while half of the human race lives on less than \$2 a day, is neither just, nor stable
- An estimated 38.6 Million people worldwide were living with HIV in 2005. An estimated 4.1 Million became newly infected with HIV and an estimated 2.8 million lost their lives to AIDS
- In Sub-Saharan Africa for every young man with HIV there are three young women infected.

**Mary Robinson former President of Ireland and former UN Commissioner for Human Rights**

- Article 1 of the Declaration of Human Rights (1948) says “*All human beings are born free and equal in dignity and rights*” How far we are from implementing in reality for the millions living in poverty for the millions who don't have access to emergency dental care or to preventive measures to help them in their own oral health.
- About 210,000 children die each week, or just under 11 million children under five years of age, each year due to poverty. This is the equivalent of a weekly “silent Tsunami” that passes virtually without recognition by the rest of the global community

**Safe Water for International Travelers see:**

<http://www.aldeaglobal.com.ar/aqua/superior.htm>

- 5,000 children die each day as a result of water-borne diseases in developing areas of the world
- One billion of the six billion people in the world do not have access to safe water.
- It is estimated that diarrhoeal diseases that result from contaminated water kill about 2 million children and cause about 900 million episodes of illness each year
- Some 2.6 billion people have no sanitation and, every year, 1.6 million children under the age of five die because of such a lack of access.
- Only 20% of countries in the world have been designated as having safe water supplies where water borne infections are non-existent
- Some Young girls who have to walk miles to fetch the family's water do not have time to go to school
- Three billion people do not have access to modern sanitation and have to think about where their waste will go.

**Bread for the World**

<http://www.bread.org/learn/hunger-basics/hunger-facts-international.html>.

- 820 million people in the developing world are seriously undernourished.
- A lack of food can stunt growth, cause slow thinking, sap energy, hinder foetal development and contribute to mental retardation
- Poor nutrition and calorie deficiencies cause nearly one in three people to die prematurely or have disabilities
- Pregnant women, new mothers who breastfeed infants and children are among the most at risk of undernourishment.
- It has been estimated that less than one per cent of what the world spent every year on weapons was needed to put every child into school by the year 2000 – that did not happen
- Every day, almost 16,000 children die from hunger-related causes
- In other words, one child dies from hunger-related causes every five seconds.

**Jimmy Carter (Carter Foundation) see <http://www.cartercenter.org/homepage.html>.**

- Ghana has lost 604 of 871 Medical Officers
- Zambia lost 550 of 600 trained in 4 years
- 360 doctors left in Zimbabwe (1200 trained)
- Malawi has lost
  - 85% of its doctors
  - 65% of its nurses

- 53% health administrators
- 930,000 people have HIV/AIDS in Malawi
- Where does responsibility lie?

***The Institute for Food and Development Policy 2001***

- 0.13% of the world's population controlled 25% of the world's assets in 2004
- Each year 2.2 million children die because they are not immunized.

***New Internationalist***

- Every year, more than 20 million low-birth weight babies are born in developing countries. These babies risk dying in infancy, while those who survive often suffer lifelong physical and cognitive disabilities

***Jeffrey Sachs on poverty and global health***

<http://www.earth.columbia.edu/about/director/publicat.html>.

- Some villages are dependent on water from holes that collect run-off water and excrement from humans and animals.
- Some hospitals operate without electricity or running water.
- Access to hospital described as 4 hours by wheel-barrow in one region.
- Total spent annually per person on health in sub-Saharan Africa is \$20 (compare US \$6,000).
- In the region of Ruhira, Uganda annual budget for health care is \$1.90 per person.
- Female genital mutilation at 6 years of age is a normal and accepted practice in some regions.
- The developed world spends too little on global poverty alleviation
- Target agreed is 0.7 % of GDP but that is only reached by a small number of countries
- US biggest contributor - yet only at 0.17% of GDP
- \$250 Billion per year is required according to Sachs to eliminate global poverty. That is the equivalent of:
  - just 1% of total income of developed world,
  - or one half of the annual US military budget.
- Corruption and inadequate infrastructure should not be allowed to prevent aid efforts
- People are dying – its an emergency
- Foreign aid to alleviate poverty makes sound economic sense:
  - promotes self-sufficiency and investment in local produce and increased crop yield,
  - drives economic growth and greater political and social stability,
  - could transform a health catastrophe into a business proposition,
  - calculated to generate economic benefits of \$360 Billion per year,
  - could save 8,000,000 lives per year.

***Bush NYT July 18<sup>th</sup> 2001***

- “Almost half the world's population lives on less than two dollars a day, yet even this statistic fails to capture the humiliation, powerlessness and brutal hardship that is the daily lot of the world's poor. A world where some live in comfort and plenty, while half of the human race lives on less than \$2 a day, is neither just, nor stable”

***Koffi Anan October 2000***

- The Universal Declaration on Human Rights states that "everyone has the right to a standard of living adequate for the health and well-being of himself and of his/her family, including food, clothing, housing and medical care and necessary social services".
- For the most of humanity, these rights are increasingly inaccessible.
- 30,000 children die each day due to poverty. They "die quietly in some of the poorest villages on earth, far removed from the scrutiny and the conscience of the world. Being meek and weak in life makes these dying multitudes even more invisible in death."
- That is about 210,000 children each week, or just under 11 million children under five years of age, each year.

**APPENDIX 4.1.3****Some perspectives from Countries with Developing Economies*****A perspective from India***

**Shobha Tandon, Manipal College of Dental Sciences  
Hari Parkash , All India Institute of Medical Sciences, New Delhi,**

India is an example of a large country with a developing economy attempting to respond to oral health needs and the education of a taskforce. There are many barriers which include social, cultural, technological, economic and political factors to name just some. India has a heterogeneous population of more than one billion. Seventy per cent reside in rural areas. More than 40% are children who are deprived of primary healthcare facilities in their vicinity where there is a lack of infrastructure and seriously deficient sanitation facilities.

Networking could help if each dental institution adopted one defined area including schools, orphanages and old-age homes in addition to global networking. There is a need to increase the use of information technology and paper communications to increase awareness. The polio drive, small pox eradication exemplified how the media can play a significant role in health promotion and disease prevention.

Although oral health is very much a part of total health, very little attention is paid to it. Prevention of dental disease has a low priority, not alone in the community but also amongst health care professionals. The major advances in Indian dentistry would appear to be in the growth of new dental schools (presently 220). However, very little attention has been given to the stagnation of the dental schools and dentists in the urban regions where about 30% of the population resides. The government with the help of the profession must explore more effective strategies to combat and overcome barriers to oral health maintenance and health gain at both national and regional levels.

IFDEA's mission is to disseminate and share best practices and establish a global network but it must involve students. The professional development of any dentist begins the very first day he or she enters as a student and continues until the day he or she retires from the profession; continuing professional development considerations are therefore important. It should be possible to devise programmes for the dental student of the global community. He or she may prove to be ambassadors of appropriate innovation within their own region thereby offering a more international perspective on standards and ethics. Through the Global Network, electives, exchanges and twinning programmes, students would gain a broader perspective of our diverse cultures, educational methods, health delivery systems and infrastructure, research and pathologies not found in their own regions. In all of this the emphasis should be on the prioritised health needs of the population.

IFDEA should pay more attention to the genetic and environmental interactions which lead to the increased incidence of oral health problems in different populations. The Human Genome Project has opened enormous opportunities for genomic analyses and applied research that will change the face of medical and dental practice, education and research. Major research projects will require international collaboration as for example in translational and clinical research, population-based studies, epidemiology, health promotion, and health services research; all of which cross continental and disciplinary boundaries.

There is an imperative for universities and the health caring disciplines throughout the world to address the barriers that prevent or make difficult the implementation of change at educational and professional levels in applying research. That provides the evidence base for its efficacy at both individual and community levels. IFDEA can be one of the instruments in moving such a global initiative which would be of significant benefit to those most in need as well as the profession itself. IFDEA should also encourage closer co-operation between the indigenous dental industry and dental academics in developing economy regions.

### ***A perspective from South America***

#### **Maria Beatriz Ferro, Pontificia Universidad Javeriana, Bogota, Columbia**

The web offers an instrument of global communications and is central to our global network. It allows homogeneity in the language and in the transmission of the knowledge. It also makes distances shorter thereby promoting better understanding of different cultures, different positions, and different experiences.

Using Colombia as an example the Global Network will be very useful for two reasons. First students are increasingly interested in virtual education and feel more comfortable with the interactive communication through virtual spaces. Thus, they could have a class from any faculty member in the world, and get to know different schools, different curricula and different programmes worldwide.

In Colombia, dental educators may not have as much experience in training to be educators compared to other countries. This is the second way in which the web would be very useful in sharing with them knowledge, research and technology. Access to the web and to the global network will allow our teachers to open their minds to the world. For example through the global network we can learn educational strategies like Problem-Based-Learning, teaching and evaluate in competences, and also studying evidence-based dentistry and all to the ultimate benefit of our patients.

The Internet and the IFDEA Global Network will help solve some of our difficulties in dental education. Most of our colleagues in South America are unable to attend conferences, congress, meetings or visit other schools because of limited financial resources. They would have the possibility to do that and to share experiences and knowledge through the global network, without moving from their schools.

### ***A perspective from Africa***

#### **Eyitope Ogunbodede, Obafeni Anolowo University, Nigeria**

IFDEA collaborated with us when we were looking at the situation in Africa. There had been insufficient consultation with representatives of Dental schools on the continent. It was decided to bring a representative group of African educators to meet the Executive Director of IFDEA Dr. Richard Valachovic, Professor Derry Shanley, a past President of IFDEA and Ms Majella Giles European Administrator of IFDEA. The meeting was held at the Leriba Lodge Hotel, Centurion, Pretoria, South Africa on from 26<sup>th</sup> to 28<sup>th</sup> of January, 2007. There were 13 African delegates from Botswana, Ethiopia, Nigeria, South Africa, Tanzania, Uganda and Zimbabwe.

The meeting referred to a report of a WHO sponsored consultative meeting held in April 2002 in Cape Town, South Africa and used as a basis for further development. The Leriba meeting was highly successful in establishing contact and also

ascertaining priorities in respect of dental education in Africa, with particular reference to participation in a global network.

Four main targets were agreed:

1. Identify ways to reposition training institutions towards innovative approaches and updated curricula.
2. Explore the extension of research collaboration
3. Establish a network linking the training institutions and
4. Establish an African Dental (or Oral Health) Education Association.

All attendees at the Leriba meeting were invited to the Global Congress scheduled for September 2007 in Dublin Castle. The Steering Committee of the African Initiative has since produced a draft constitution for an African Dental and Oral Health Education Association (AfDEA). This and other issues relevant to the establishment of the African association are to be further considered at this Global Congress.

IFDEA is also considering the establishment of an IFDEA centre in Africa. IFDEA can also assist the continent in the development of on-line training resources that can be accessed by dental students and staff of dental training institutions. The African continent will benefit from resources in such areas as research methodology and dental ethics which cut across all training institutions. Africa will also benefit from the peer-review/quality assurance process that is already established in other continents.

The broader vision for IFDEA will enable Africa to benefit from the long term relationship of IFDEA with corporate dental organizations, who are presently rarely found in Africa (except in Southern Africa). This has enormous implications for dental education as it will make available and accessible, to dental institutions and educators, essential materials and equipment. Exchange programs for staff and students would be of immense benefit to dental training institutions in Africa. While an African Association may be able to organize exchanges within African Dental institutions, IFDEA is better placed in facilitating intercontinental exchanges of staff and students.

The African dental educators have embraced the broader vision of IFDEA and the future appears to be brighter for dental education on the continent, judging by the success of the activities that followed the initial contact by IFDEA. The issue of funding is a key to the sustainability of any organization. We therefore need to reflect on how IDEA can become self-sustaining. This should be incorporated in the roadmap for the Federation.

### ***A perspective from China***

**Bangkang Wang, Songling Wang, Capital Medical University, Beijing, China;**

The website will benefit Chinese Schools in the following areas:

- Dental education criteria for DDS/BDS from different countries will be more apparent
- Reviewing criteria for well established DDS/BDS programmes
- Dental education quality control systems
- Dental practice management and training
- Dental education systems in different countries
- Dental continuing education systems in the different countries
- Integration of dental education and related research
- Reforming and planning new curricula

**References**

1. The Carnegie Foundation for the advancement of teaching <http://www.carnegiefoundation.org>
2. Friedman, Thomas. *The World is Flat, a brief history of the 21<sup>st</sup>. Century*. Publishers Farrar, Straus and Giroux, New York Publishers 2005
3. [www.ada.org/prof/resources/pubs/adanews/adanewsarticle.asp?articleid=1958](http://www.ada.org/prof/resources/pubs/adanews/adanewsarticle.asp?articleid=1958). Accessed July 2007.
4. Shanley, D. et al. (2001). *Dental Education in Europe. The DentEd Thematic Network Project Report*. Budapest: KFT Publishers
5. Shanley, D. (Ed) (2002). DentEdEvolves Global Congress in Dental Education. *European Journal of Dental Education*, 6 (Supplement 3).
6. Shanley, D. B., Barna, S., Gannon, P., Kelly, A., Teljeur, C., Munck, C., & Ray, K. (1997). Undergraduate training in the European Union; convergence or divergence? *European Journal of Dental Education*, 1, 35–43
7. Banoczy J. (1999). Harmonisation of dental education and curricula in Europe. *International Dental Journal*, 49, 69-72
8. European Commission (1978). *The Dental Directive*. Brussels: The commission, Document 78/687/EEC.
9. Plasschaert, J. M., Holbrook, W. P., Delap, E., Martinez, C., & Walmsley, A. D. (2005). Profile and competences for the European dentist. *European Journal of Dental Education*, 9 (3), 98–107
10. European Commission, Advisory Committee on the Training of Dental Practitioners (1986). The profile of the dentist in the EEC. Brussels: The commission, Document III/D/617/5/86.
11. Sachs, J. (2003). *The End of Poverty: Economic possibilities for our time*. Penguin Books, New York, 2005
12. UN Millennium Development Goals [www.un.org/millenniumgoals/](http://www.un.org/millenniumgoals/) Accessed July 2007
13. Realizing Rights: the ethical globalization initiative [www.realizingrights.org](http://www.realizingrights.org) Accessed September 2007.