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J Dent Res 82(3):156-157, 2003

The FDI World Dental Federation was established 102 years ago and is accepted worldwide as the dental organization responsible for bringing together the dental profession and to be the international voice of dentistry. The FDI currently has more than 150 national dental associations as members, and these represent about 700,000 dentists worldwide. Other members include more than 30 national and international professional associations, including the dental industry.

One of the FDI's missions is "to advance and promote the art, science and practice of dentistry". Various commissions and committees have been established to pursue this goal. Strictly defined, the FDI cannot be characterized as an organization where actual scientific research is being carried out. Rather, the FDI has adopted the responsibility to synthesize and evaluate oral health research so that new and important research findings can be conveyed to the practicing dental community. One of the venues where this is done is at the FDI's Annual World Dental Congress, which attracts some 10,000 to 40,000 registrants. Given this important role of the FDI, it is evident that there is a need for the FDI to maintain a close working relationship with the oral health research communities in the IADR.

It is important for the FDI to address issues of importance and relevance to its Member Associations. Therefore, the FDI Head Office conducts regular surveys of the Member Associations to solicit those issues which are considered to be of prime interest and concern for their individual members. The FDI Science Commission deals with the requests for information received from the Member Associations that relate to dental science issues.

The Science Commission consists of 12 individuals. The Chairman and six commissioners are scientists elected by the FDI General Assembly and Council. In addition, the WHO, the ISO, and the IADR each has one representative, appointed by the relevant organization, on the Science Commission. The

KEY WORDS: science, research support, quality assurance in health care, practice guidelines.

Received December 2, 2002; Accepted December 10, 2002

The International Dental Research Agenda— The FDI World Dental Federation

present IADR representative is Professor John Clarkson (current IADR President). The committee in the FDI responsible for the organization of the programs for the FDI Annual World Dental Congresses is also represented on the Commission.

A well-tryed and -tested system exists for the addressing of proposals for Science Commission projects. The Science Commission Chairman and Vice-chairman carry out the initial screening of proposals and appoint a member of the Commission to draft terms of references (ToR) for the project. A pre-set format is applied for the ToR draft, which includes the main aims and the objectives of the project, the timeframe, the methods or mode of work, the experts needed, the anticipated outcome, a tentative budget, recommendations for action, and eventual follow-up proposals. Once a project has been adopted as an official FDI project, a project manager (who should be a member of the Science Commission) and a project leader (a content expert on the topic) are appointed. Many of the current and previous project experts are active IADR members. The final product of a project is usually a review that has been approved by the Science Commission and by external referees, before being published in a dental journal. The two most common journals for these reviews have been the *FDI World* and the *International Dental Journal* (see Table).

The authors of such reviews are also requested to draft a statement that summarizes the published findings, which then form the scientific basis for an FDI Statement. Draft statements are submitted to the FDI Member Associations for consideration and comment. The FDI General Assembly agrees on the final wordings of all FDI statements. FDI Statements provide guidance to Member Associations and individual dentists; they are not legally binding or regulatory. Thirty-four FDI statements have been approved during the last ten years, and all current statements are available in four languages on the FDI Web site (www.fdiworldental.org).

One of the biggest problems in oral health research has been chronic under-funding, which is reflected by imperfect study designs and inadequate reporting. Consequently, the critical appraisal of individual studies in dentistry to establish internal and external validity is a time-consuming and difficult process. Carrying out a systematic review according to the International Cochrane Collaboration process and format entails considerable effort. A recurring dilemma is that the insightful appraisal of many key issues requires significant resources that are not readily available. This

Table. Projects Completed by the FDI Science Commission during the Last Six Years, Sorted by Topic and Year

Oral cancer, NOMA	
NOMA	<i>FDI World</i> 8 (1999)
Diagnosing Oral Cancer: Can Toluidine Blue Mouthwash Help?	<i>FDI World</i> 7(2):22-26, 1998
Oral Cancer Screening	<i>FDI World</i> 7(1):14-19, 1998
Oral Cancer: practical prevention	<i>FDI World</i> 6(6):10-16, 1997
How do we recognize and treat oral cancer and potentially malignant lesions?	<i>FDI World</i> 6(5):7-13, 1997
What causes oral cancer?	<i>FDI World</i> 6(4):7-11, 1997
Oral Cancer: a worldwide problem	<i>FDI World</i> 6(3):19-21, 1997
Oral soft-tissue diseases, prophylaxis, periodontitis, TMJ	
Mouthrinses	<i>Int Dent J</i> 52(2):337-352, 2002
The proceedings of the FDI's Second World Conference on Oral Health	<i>Int Dent J</i> 50(3):115-174, 2002
Guidance on the assessment of efficacy of toothpastes	<i>Int Dent J</i> 49:311-316, 1999
Halitosis and Oral Malodour	<i>FDI World</i> 7(5):14-20, 1998
Risk assessment for periodontal diseases	<i>Int Dent J</i> 47:61-68, 1997
Masticatory function and its effects on general health	<i>Int Dent J</i> 48:540-548, 1998
Oral hard-tissue diseases, caries, diet, tooth erosion	
Carbamide and food—a review of the literature	<i>FDI World</i> 8(3):9-14, 1999
Caries-risk assessment	<i>Int Dent J</i> 49:15-26, 1999
Early childhood caries	<i>FDI World</i> 7(4):16-23, 1998
Dental erosion	<i>Int Dent J</i> 48:529-539, 1998
Restorative dentistry, dental materials	
Quality of restorations	<i>Int Dent J</i> 51(3):117-158, 2001
Minimal Intervention Dentistry—a review	<i>Int Dent J</i> 50(1):1-12, 2000
A review of atraumatic restorative treatment (ART)	<i>Int Dent J</i> 49:127-131, 1999
Quality of dental restorations	<i>Crit Rev Oral Biol Med</i> 9:464-479, 1998
New direct restorative materials	<i>Int Dent J</i> 48:3-16, 1998
Microbiology, antibiotics, infection control	
Re-emergence of tuberculosis and its variants: implications for dentistry	<i>Int Dent J</i> 52(2):330-336, 2002
Viral hepatitis and dentistry: an overview	<i>FDI World</i> 9(2):9-13, 2000
Causes and prevention of microbial contamination of dental unit water	<i>FDI World</i> 8(1):6-13, 1999
Guidelines for the use of antimicrobial agents	<i>Int Dent J</i> 49:189-195, 1999
Microbial contamination of dental unit waterlines: the scientific argument	<i>Int Dent J</i> 48:359-368, 1998
Infection Control Summaries 1-6	<i>FDI World</i> 4(2), 4(3), 4(4), 5(1), 5(3), 1995, 1996
Dental practice issues, environment, education, manpower	
Environmental issues in dentistry—mercury	<i>Int Dent J</i> 47:105-109, 1997
Needs, demands and manpower balance. Dentists/populations	<i>Int Dent J</i> 46:543-547, 1996
Flexibility in the dental curriculum	<i>Int Dent J</i> 46:525-530, 1996

explains why the FDI Science Commission project reviews have a format that can be characterized as a traditional narrative style. For the same reason, the FDI Science Commission attempts not to duplicate others' efforts. Many professional organizations today carry out systematic reviews and provide clinical guidelines, and the FDI steadily tries to keep track of these reports. The guidelines and statements that are considered as evidence-based are presented on www.fdiworldental.org/guidelines.

It is imperative to highlight the question of who is actually responsible for making sure that new research is being implemented for the ultimate benefit of the patients. It is easy to respond that it is of course the individual dentist, but the answer is more complex than this. Today's practitioners need adequate help to succeed in achieving this. The FDI believes

that we must work together to transfer science to the general practitioners of the world, and we extend an invitation to all to provide assistance to make this possible.

We are happy to announce that the FDI will organize a Lunch/Seminar at the 2003 IADR General Session in Göteborg, Sweden, for the officers of IADR's Scientific Groups, and we look forward to doing this in the forthcoming years. We hope that a focus will be set on the need for interactive work between the IADR and the FDI and the necessity to transfer science to the practicing dental community. We applaud the new initiative within the IADR to establish the International Collaboration on Evidence-based Dentistry (ICEBD), and the FDI looks forward to an active and mutually beneficial interaction with ICEBD and the special Groups in the IADR.