

THE  
**Australian College**  
... OF ...  
**Dentistry,**

191 LONSDALE STREET, MELBOURNE.

✱ **SYLLABUS.** ✱

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## THE GOVERNANCE AND EDUCATION OF DENTISTRY IN VICTORIA

### Introduction

Collectively, the founding members of organised dentistry in Victoria are a shining example of the famous Margaret Mead quote, ‘Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has’. Not all the early protagonists were dentists; in fact, the most dynamic trio comprised a dentist, John Illiffe, a lawyer, Ernest Joske, and a physician, John Springthorpe. In various permutations these three men were at the centre of every dental agency in Victoria for at least 26 years, and Joske for a remarkable 51 years. Before their coming together in 1888, dentistry in the colony had been an unregulated free-for-all, its practitioners ranging from a few qualified men to blacksmiths—and everything in between.

In the 1880s Victoria was a place of aspirations and rapid gentrification. The nascent dental professionals sought to distance themselves from the showmen and artisans. Rough wages were to be transmuted to refined fees, but there was also much credit in the aspiring professionals’ aim to protect the public from charlatans and incompetents. Mead-style disruptors may fight and win the war, but are often not suitable to control the peace, when conciliation and compromise are needed. So it was with the story of dentistry in Victoria: the pugnacity to achieve legislation and education was one thing; once achieved, each of these required different skills.

### Midwives to a profession

In 1878 the British Parliament, after 20 years of lobbying, passed a *Dental Act* which created a dental register and a board under control of the General Medical Council. New Zealand quickly followed in 1880, but the Australian colonies lagged behind. There was encouragement from non-dental sources. An editorial in the *Australian Medical Journal* in 1877 asked why dentists did not form an association and campaign for registration, while the 1878 Pearson royal commission into public education in Victoria recommended a dental department in the medical faculty of the University of Melbourne.

Not until February 1884 did 10 dentists meet to form an association, the Odontological Society of Victoria, later usually called ‘the Odonto’. In Canada, the Ontario Dental Association had been founded by nine men in 1867. The Odonto’s first president, James Cumming, said that the society’s aims were to promote professional cohesion, in other words to promote

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a sense of collective identity, to establish a formal curriculum of dental education based on that of the Royal College of Surgeons of England, to advocate for a *Dental Act*, and to raise the social status of dentists.

Happily for the Odonto, it found that a member of the colony's Legislative Assembly, Dr James Rose, was trying to introduce his own *Dental Bill*. They joined forces and at the third attempt the Bill was passed, on 16 December 1887. Alas, the Act did not mention a curriculum; nor was there a definition of dentistry or a dentist. Further, registration was to be voluntary, and anyone could continue to practise unregistered, as long as they did not call themselves a dentist.

A Dental Board of three medical practitioners, four dentists and one layperson was appointed, and immediately ran into the problem of who could, or could not, be registered. On learning that anyone who extracted a tooth could be registered as a dentist, the three medical appointees resigned in protest and were replaced by three more compliant ones. Thus did Iliffe, Springthorpe and Joske, the young lawyer appointed as registrar, come together. It was possibly this trio that saved Victoria from the internecine squabbles that wracked the early years of the profession in New South Wales. The three men, wearing different hats for different invented associations, simply co-opted or outmanoeuvred their opposition. By 1891 the Victorian census recorded 165 dentists, but the register showed a total of 538, meaning that more than half of those on the register considered their primary employment to be something else (usually pharmacy).

Despite a lack of guidance in the Act, the Dental Board, supported by its ginger group, the Odonto, set about formulating an educational curriculum for prospective students. Replacing private apprenticeships and imbuing a sense of ethical professionalism were two of its main aims. However, practical experience was as necessary as theoretical learning, and that required a physical institution. To fund one was far beyond the resources of the Dental Board and the few Odonto members. The solution was to form an association open to all Victorian dentists, with John Iliffe as president. He called a meeting in July 1890 for the express purpose of raising funds to establish a dental hospital. In quick succession a committee of management was formed, with a well-placed politician, Dr George LeFevre, as president, Iliffe as vice-president, and Ernest Joske as secretary. Rooms were found at 225 Lonsdale Street (across the road from the Melbourne Hospital), honorary supervising dentists were appointed (mainly from the Odonto, to ensure correct acculturation of the students), and the Melbourne Dental Hospital was opened with much fanfare on 12 September 1890.

Treatment by dental students was free, but the great economic depression of the 1890s hit soon after and voluntary co-payments were encouraged. Students were few, tutors often failed to attend, and the hospital moved to cheaper rent at 239 Lonsdale Street. (see page 97). To make matters worse, the colonial government in 1895 declared that

the Dental Board had acted beyond its powers in creating a dental curriculum, but it did promise amending legislation to rectify the situation.

The redoubtable Iliffe convened another meeting of dentists in June 1897 to propose the formation of a college, to be known as the Australian College of Dentistry (ACD), and the merging of the dental hospital and college into one entity. Fellow Odonto and Dental Board members Arthur Clarke and Frederick Kernot were also hard-working contributors. Larger premises were found at 189–191 Lonsdale Street, and the ACD started functioning there in November 1897, without waiting for the amending legislation of 1898. That Act allowed the Dental Board to delegate dental student education to an agency of its choice—unsurprisingly, it nominated the new ACD. The ACD copied the English Licentiate of Dental Surgery (LDS), conferred by the board. In practice, the only services that the barely equipped ACD could offer were examinations and extractions, so students still needed apprenticeships to private dentists if they wanted to gain wider experience. It was a red-letter day for the Dental Board and the ACD when in 1904 their LDS was granted reciprocity with the English LDS.

In 1904 the ACD also became affiliated with the University of Melbourne, due largely to the Fink royal commission into the university recommending new courses to improve its finances. Starting in 1905, a Dental Faculty began a Bachelor of Dental Surgery course. This was a first in Australia, although in Canada a dental college had affiliated with the University of Toronto in 1885 and its first DDS students graduated in 1889. The ACD's new status demanded larger and more suitable premises with equipment for restorative dentistry, so it moved to a purpose-built home in Spring Street in 1907 (see page 107) and the degree became the Bachelor of Dental Science. The Dental Board also applied more pressure on the government to ban unregistered practitioners and forbid the practice of dentistry to anyone but a university-trained person or acceptable equivalent. Amending legislation was passed in 1910.

### **Autonomy and beyond**

From 1911 onwards, the *raison d'être* of the Odonto disappeared. It was a victim of its own success in achieving legislation and formal education for dentists, but most dentists considered it a self-serving clique; new young graduates of the ACD formed the ACD Alumni Society in 1914. The Odonto's driving force, John Iliffe, died in 1914—another symbol of the end of an era. Nevertheless, the Odonto lingered on until 1920, when it merged with the Alumni Society to become the State Dental Society.

The British Parliament amended its *Dental Act* in 1921 to allow the full registration of dental operators previously excluded from practising. This alarmed the Dental Board, who feared an influx of these new dentists demanding registration by virtue of reciprocity. A political battle ensued through the 1920s, leading to the 1927 *Dental Act*. Two major

benefits to the Dental Board resulted: annual registration and the phasing out of advertising by dentists. For the first time, the board could see the actual number of practising dentists and it gained an immediate and continuing boost in funds to use for a variety of purposes. When advertising stopped in 1933 (see page 121), the board believed that dentistry had become a true profession.

With new-found wealth, the revitalised Dental Board set up three committees: to fund disease prevention, continuing education for dentists, and research in dental science. The latter two brought financial conflict with the new dean of the ACD, Professor Frank Wilkinson, and some compromises were made. Gradually the new Australian Dental Association, formed in 1928, took over lectures for practising dentists, while the Dental Board stopped its LDS exams and gave funds for research. From 1931 the LDS was awarded for attendance at two days of lectures.

As time went by, the value of the registration fee, set in 1927, eroded and the Dental Board had to cut its spending, so that by 1960 it had its own reasons to want amendments to the Act. Nevertheless, even though the composition of the impecunious Dental Board was changing, it resisted opening the Act for fear of dental mechanics (technicians) gaining the right to treat patients. Further pressure mounted from the ADA, the Dental Hospital council, and especially voters, such that the government formed a Dental Advisory Committee in 1965 to resolve the dilemma of the low dentist-to-population ratio. It took four years of acrimonious investigation and debate to report back to government, which by then had impatiently prepared a draft Bill.

The Dental Board was fending off pressure from all quarters: to increase the output of dentists, to allow the legalisation of dental mechanics, to increase fees and income for itself, to create auxiliaries to treat school children, to fluoridate Melbourne's water supply, and to allow the courtesy title of 'Doctor' for dentists. All of these, save the last, came about through two Acts in 1972—the *Dentists Act* and the *Advanced Dental Technicians Act*—and the *Health Act* in 1973 for water fluoridation. The courtesy title of 'Doctor' was gained through an amendment of the *Medical Act*. The board did gain some satisfaction from the result: its finances became more secure and its composition now comprised seven dentists. It had gained autonomy over its profession (if one discounted the appearance of two new types of practitioner, with their own governance by the Dental Therapists Licencing Board and the Advanced Dental Technicians Qualification Board).

The autonomy of dentistry, indeed of all closed professions, was thrown into doubt when a Liberal state government led by Jeff Kennett was elected in 1992. Its philosophy was that government should have minimal interference in peoples' lives, hence all legislation was to be reviewed. Conveniently for the government, a national competition policy was implemented in 1995 following the Hilmer Inquiry's findings that free-market forces were more efficient than restrictive practices, and that free competition should

increase community welfare. The board and entire dental profession feared that more than 100 years of effort to raise standards could be undone. One caveat was that if it could be demonstrated that the benefits of a restrictive practice outweighed the costs then it could remain. All arguments in defence of dentistry's status quo were advanced under the banner of public safety, and to everyone's relief they were accepted.

There were many submissions to government regarding dentistry and dental services. Infection control had gained higher priority since the AIDS scare of the 1980s, public waiting lists were lengthening, private patients were sometimes being over-treated, and the dentist-to-population ratio remained unacceptably low. All of this showed that the Dental Board needed more power, not less; that the public's concerns over access to care and redress for inappropriate care should be addressed; and that the three dental regulating agencies should be collapsed back into one. The result was a new *Dental Act* in 1999 and formation of a Dental Practice Board of Victoria to represent dentists, prosthetists (the new term for advanced dental technicians) and dental therapists.

But this new board was relatively short-lived. By the 21st century it was not dentists but Australia's federal and state governments and bureaucrats who were pressing for an overhaul of the regulation and training of all health professionals. Uniformity of standards of governance and the accreditation of educational institutions had to become more efficient, to reduce duplication and permit mobility of the workforce throughout Australia. Agreement was reached by 2008 for a nationwide law, but state governments would need to pass enabling Acts so that a single national law could come into effect. Such a system came into being on 1 July 2010. Each health profession now had its own national board (for dentistry it became the Dental Board of Australia) operating under the umbrella organisation of the Australian Health Practitioners Regulation Agency, which administers the national regulation and accreditation scheme of the national law.

### **Evolving education**

In the 1920s the ACD and the State Dental Society campaigned to get a professorial chair for the head of the Dental Faculty; the University of Melbourne chose Frank Wilkinson from Liverpool. He started in 1925 and shook up the curriculum—and much else besides. His new course began in 1928 but it was longer and more expensive and, soon after, major economic depression engulfed the world. The intake of students shrank. Wilkinson found himself professor of dental science and director of the ACD but he had no status in the Melbourne Dental Hospital, which made life difficult for him; in 1933 he left to become professor at the University of Manchester. Having seen Wilkinson's problems at close hand, his successor, Melbourne graduate Arthur Amies, demanded the role of director of the Dental Hospital in addition to the academic positions. This authority, coupled with Amies' forceful personality, guided the ACD and hospital until the 1960s.

Wilkinson had shaken up the complacency of the Victorian dental establishment, and had envisaged the ACD as a school of dental science within the university. This conflicted with the ACD council's idea of it being attached to but independent from the university. Although Amies had been educated at the ACD, he too was enamoured with the university, and had the personality to rebuff criticism from either direction. Melbourne's and Sydney's dental faculties have each felt superior to the other, reflecting a broader rivalry between their citizens, but they shared a sense of provincialism when compared with leading schools in Britain and America. The adoption of newer ideas on curriculum and teaching, already given a fillip by Wilkinson, increased after World War II.

The 1930s collapse of student enrolments was reversed when the Commonwealth government gave scholarships to returning service personnel in the later 1940s. But this wave of students passed just at a time when Australia's population started surging through mass-migration programs; the ratio of dentists to population fell from bad to worse in the 1950s and 1960s, ameliorated only slightly when the Commonwealth government introduced scholarships in 1964.

The explosion of post-war students made the cramped conditions in the Spring Street building unacceptable; finally a larger site was found at the corner of Grattan and Elizabeth streets in Parkville. The construction pace was glacial and the new hospital opened in 1963 with the building still unfinished internally. That year also saw the winding-up of the ACD, whose role had been diminishing since the advent of a university professor as its head. Amies too bowed out soon after the move from Spring Street, which allowed his successor, Henry Atkinson from Manchester, to reorganise the Dental Faculty and form a new relationship with the hospital. A failure to increase the intake of students in the new, larger hospital was one factor in prompting the Dental Acts of 1972.

Of the two new groups of dental practitioners created by these 1972 Acts (advanced dental technicians and dental therapists), a cohort of the former were already trained but required added knowledge, while the latter still needed to be created and taught. Therapists were to care for school children only, and funding for their training, which started in 1976, came from the Victorian Department of Health. They moved to the Dental Hospital in 1996 for a two-year Diploma of Oral Health Therapy awarded by the School of Dental Science. In 2004 the course became a Bachelor in Oral Health of the University of Melbourne.

The 1970s legislation also led to changes in the education of dentists and, over time, to public attitudes about dental health. Formal recognition of specialties in dentistry fostered interest in postgraduate education. The fluoridation of water supplies led to a gradual but marked decline in dental decay, most notably in children. As teeth remained healthier for more people, attitudes to treatment and appearance became more positive, which in turn reinforced the desire and need for more specialist training.

But the small world of dental education did not exist in isolation. In the late 1980s, all of Australian tertiary education was affected by sweeping changes. In 1988 the Commonwealth education minister, John Dawkins, reorganised institutions and made them more efficient, thus reducing and redirecting funding. One result was that the faculties of Medicine and Dentistry at the University of Melbourne were merged in 1989, and with subsequent additions became the Faculty of Medicine, Dentistry and Health Sciences in 1991. When the School of Dental Science moved to share the new Royal Dental Hospital of Melbourne in Swanston Street in 2004 it changed its name to the Melbourne Dental School. In 2011 the university reorganised all of its courses, raising professional schools to postgraduate entry: the 'Melbourne Model'. Thus the medical and dental degrees became the Doctor of Medicine (MD) and Doctor of Dental Surgery (DDS) respectively.

### **Afterword**

It is difficult to imagine what the pioneers of Victorian dentistry would think about the tumultuous events in its evolution to the present day. The old Odonto members would have had mixed emotions: dentists now had formal education but were smaller fish in a bigger pond; legislation was in place but on a national scale, with dentistry only one-sixteenth of an umbrella administration. The front-row three of Iliffe, Joske and Springthorpe might enjoy the scrums, but would now perhaps be sent off for rough tactics.

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