FORENSIC ODONTOLOGY’S MIGRATION FROM AN OCCUPATION WITH “HOBBY STATUS” TO A RECOGNIZED, REGISTERABLE SPECIALTY WITHIN DENTISTRY.

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ABSTRACT

The past four decades has seen profound changes in Forensic Odontology. In the beginning when the embryonic specialty rested in the hands of a few practitioners in just a few countries, even the name was controversial with many different interpretations on the role and scope of responsibilities of the forensic odontologist. In the early 1970’s the author was once congratulated by a very senior police officer on the foresight of the authorities to have a dentist available after a mass disaster just in case some of his investigators had toothache! Times have moved on. It is now clearly understood that after mass fatality events and provided that antemortem records exist, the benefits of deploying forensic odontologists provides a rapid, robust and relatively cheap means of identification. Whilst identification by comparison with existing dental records remains the main thrust of our work, other circumstances also draw upon the skills of a properly trained forensic odontologist. These include identification of the living, age estimations, analysis of wounds (especially bite marks), the replication of injuries, issues of causation of injuries, investigation of child and elder abuse and the trafficking of people into slavery. For these tasks to be undertaken competently and within a consistent framework of standards and fees, specialised courses of instruction had to come into being. In the mid-1980’s in UK these courses were aimed at the experienced dental practitioner and therefore at the post-graduate mature-student level leading to a graduate diploma. The courses proved to be very successful and the emergence of dentists with some specialist knowledge then spawned the birth of the British Association for Forensic Odontology about 30 years ago. This coincided with similar developments elsewhere in the English-speaking world and standards were inevitably raised. Numerous mass-fatality events of the past two decades have thrust forensic odontology to prominence and this has led to comparisons with other specialties such as forensic pathology in which the training has been much longer and knowledge examined more rigorously. Furthermore the deployment by some national authorities of dentists in their employ to assist with DVI has occasionally led to difficulties for both the inexperienced practitioner who has been sent, and the more seasoned DVI dental experts. In
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Australia this has led to minimum standards of training and experience being defined as prerequisites to any deployment to mass-casualty events. We have so far avoided the thorny issue of credentialing but
vigorous activity from Aus FOd members has resulted in core curricula being developed, training pathways through universities and the Royal College of Pathologists of Australasia being drawn up and stipends for training positions becoming available. The transformation of forensic odontology from an occupation with “hobby” status to that of a well-recognized micro specialty within dentistry has been recognized by both the RCPA who have recently awarded Foundation Fellowships to leading practitioners under a “grandfather” arrangement and the Australian Health Professionals Registration Authority (AHPRA). Details of this transformation and the pitfalls encountered will be given at the meeting.

**KEYWORDS:** Forensic Odontology, Recognition, Speciality.