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## Presidential address

Professor Ian Benington OBE was installed as the new President of the British Dental Association at this year's 2002 British and Irish Dental Associations' Annual Conference in Belfast on May 2, 2002. The following is his presidential address.

Ladies and gentlemen, colleagues and friends. It gives me great pleasure to congratulate you Peter, coupled with your wife, Sue on completing such a busy and demanding presidential year so outstandingly. Peter, you said at the beginning of your year that many of your duties would be of an ambassadorial nature. Your valedictory address indicated just how completely you have fulfilled this role both at home and abroad - holding high the BDA standards of support for colleagues, comradeship and a quality dental service throughout the world. I know just how successful you have been and we congratulate you both on your very fine achievement.

Thank you for inducting me as President of the BDA and the very flattering words. It is indeed a great

personal honour to be the President and I am deeply conscious of the responsibility that is attached to it in every sense. We, and I include my wife Eileen, will strive to fulfil the high standards set by the immediate Past President and the list of illustrious predecessors. I am well aware in life that one does not arrive in positions such as this without the support of others and I am no exception. The Northern Ireland Branch of the BDA is a thriving one and a number of you who have visited it either as speakers on the scientific programme or socially, will be aware of the enthusiasm and vibrancy of its members and Presidents. Many speakers who come to the Branch remark on these qualities and the large numbers of members who attend the scientific evenings.

I wish to record my deep gratitude and thanks to the Northern Ireland Branch for their support for me over the years and for having the confidence and trust in proposing me as National President of the BDA. The fact that the BDA central office accepted this nomination and decided to hold the conference here in Belfast at the Waterfront Hall is indeed, I know, a great honour for the Branch and for Northern Ireland. The Branch has striven hard to make this conference live up its usual high standards as a venue for exchanging scientific knowledge in an atmosphere of good fun and hospitality. Some of you who, like myself, are getting a bit long in the tooth will well remember the excellent conference under the Presidency of Harry Morrow in 1971. I must remind you that this particular conference is unique in that we are amalgamated with our IDA colleagues in a combined venture to stage this 2002 British and Irish Dental Associations' Annual Conference. Joe O'Byrne, President of the IDA and his colleagues at the Executive have been most helpful and co-operative in getting the conference programme together and it gives me great pleasure to welcome the IDA President to share the platform today and thank



him for his goodwill and friendship in bringing this conference to fruition. Since qualifying at Queen's University Belfast my professional life has been as a hospital dentist and I have been fortunate enough to work at the Eastman Dental Hospital as a Registrar, Glasgow Dental Hospital and School as a Consultant and back to my alma mater at Queen's University Belfast as a Professor. I must say I have enjoyed an exciting and varied experience as a clinician, teacher and researcher and sometime general dental practitioner. At the Eastman I joined other Senior Registrars in augmenting my rather meagre income by working in the evening in a NHS practice in Brixton.

We were experienced clinicians at that stage and of course defied the Eastman regulations of necessity, seeing many patients in a short session with good results and few complaints, making us popular employees with a renowned general dental practitioner. From this experience I judged that the NHS was far from ideal even then in the late sixties and has shown no real signs of delivering a better service for patients in dentistry or medicine 40 years on.

It also clearly showed the value of a period of postgraduate training in a hospital. This I believe is a clear indicator for the concept of general professional training. A compulsory period of full-time postgraduate experience for all newly qualified graduates in hospital, community practice and vocational general practice. In recent years general dental practitioners have got tired of successive Governments tinkering with the service but not delivering the solutions and consequently have given the public what they want and deserve, the choice of a better quality service under a private contract.

The BDA Executive, Ian Wylie, John Renshaw and John Phipps are to be congratulated on their recent negotiations with the Department of Health in suggesting a new way forward to create a new look primary care service within the NHS. If the strategy "Options for Change" is not addressed properly by the Government then NHS dentistry as we know it may be a thing of the past in many places. Currently many patients wishing to receive care under the NHS may be short-changed because of the pressure under which the system places the dentist and/or because the ideal treatment is not available under the NHS.

This is an unsatisfactory situation for our dental patients and one that only the Government can put right in negotiations with the BDA. As a teacher and academic I ask what about the standards of care and education provided by the dental schools? Ideally the strategy to achieve high standards has been to deliver good dental teaching in an atmosphere of research to achieve the evidence base for sound clinical work. In today's practice of dentistry the public are more demanding and aware of their choice and dental standards. Therefore, we must deliver new graduates who are clinically competent to deliver good quality

dentistry. In recent years the General Dental Council have undertaken very important steps to improve and maintain clinical and ethical standards through compulsory continuing professional development (CPD), the recertification/re-registration and the proposed Private Practice Complaints Scheme. Close to the academic heart is the 2nd edition of The First Five Years which will be published in the near future. It sets out to ensure that dental schools meet the high standards of dental education at all its stages.

Its first key principle states that the aim of the dental curriculum is to produce a caring, knowledgeable, competent and skilful dentist who is able to accept professional responsibility for the effective and safe care of patients and is competent across a range of skills. It is essential that the General Dental Council sets the scene for student standards so that regardless of the payment scheme/system, NHS or private, that patients receive what they deserve - the best and most up to date treatment from caring dentists.

But I ask, are the schools able to maintain these high standards against a background of intensive scrutiny from the Government in respect of the Teaching Quality Assessment Exercise and the Research Assessment Exercise? If, as is expected, these high standards are to be delivered in teaching, research and patient service then I submit that great support will be required from the universities and trusts.

After all as an indicator of these problems over the years the Richards Report of 1997 found that in almost all the schools recruitment of academic staff was very difficult with many key academic posts unfilled and that situation has not changed. This is a serious problem. I maintain that no matter how good vocational training and postgraduate education are dental students must receive a sound grounding in the basic sciences and clinical skills during the first five years. The importance of the relationship between the General Dental Council, universities and the hospital trusts cannot be overstated if standards are not to slip but rather be maintained.

If undergraduate students are under pressure, is the saying true of postgraduates? I think not - now that recertification/re-registration is under way with the General Dental Council it is expected that dentists will keep up to date and standards of clinical care will improve across the board. There is no shortage of approved postgraduate courses in the regions from the postgraduate councils, BDA scientific programmes and independent programmes.

Also, since the advent of the specialist lists and high street specialists in all specialties in dentistry, another avenue is open to enhance standards of care for patients in the high street by providing high quality service; but I have to say this is mostly in the private sector. There can be no doubt that as a result of dental research in the last few decades, patients can now receive innovative

treatment of a much higher standard such as provided by adhesive dentistry and implantology. This has, no doubt, revolutionised restorative dentistry in general dental practice, community practice and the hospital service.

Is training for specialists also under pressure? Certainly postgraduate training for specialists has undergone considerable change in the post Calman era - quite rightly, trainees must now be trained and not used as a pair of hands to assist the consultant. Consequently this has created pressure on consultants to provide cover because of an increased training commitment and the demands of the regulations related to junior doctors' hours. However, training of specialists is becoming more efficient with the advent of competency-based curricula and more effective and relevant assessment methods. The overall standards of specialist training at examinations have been very successfully governed by the faculties of dental surgery of the Royal Colleges and since the development of the accord between the General Dental Council, the faculties and the other educational institutions, I feel that postgraduate specialist training is in good shape.

This is against the background of problems for our medical colleagues in the post Bristol/Kennedy atmosphere with the Government proposing the Medical Education Standards Board which, because it undermines the independence of the royal colleges although it does not include dentistry, it heralds a dark cloud for the colleges who up to the present have unstintingly provided high standards of training for all our specialists in dentistry and medicine. We trust that the accord in providing a unique relationship between the General Dental Council and the faculties of dental

surgery will provide the Government and the public with sufficient evidence that postgraduate training for trainees was and will remain in good hands at the colleges and other institutions.

Another great advance in standards in general is surely the advent of registration for the dental team - which we have just heard brilliantly elucidated today in our radical dental teams' programme. I submit that it is most important that all members of the dental team are given their correct place related to their training to provide high standards of the appropriate care for the public. However, more resources will be required if all the professions complimentary to dentistry are to be trained along with increased postgraduate education for recertification and continued professional development.

If we are continue producing high quality dentistry and maintain it in future we most keep the public informed of standards, service and education and prove that we will carry high standards as a team into the future. A Quality Partnership, the theme of this conference.

Let me conclude by profusely thanking the BDA Events Committee under the Chairmanship of Martin Fallowfield who organised the conference with such care and dedication along with Claire Burns, the conference organiser, Katherine Fort, Siobhan McManus and from the IDA, President Joe O'Byrne, Chief Executive Donal Atkins, Orla Tierney and Barney Murphy and my colleagues from the Northern Ireland Branch, President Terry Gilmore, David Macaulay, and many others. Finally, I wish you all a most successful and enjoyable conference at the Waterfront Hall and a good time spent in the North of Ireland.

## Valedictory address

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Peter Swiss was installed as the President of the British Dental Association at last year's National Dental Conference in Harrogate 2001. At this year's 2002 British and Irish Dental Associations' Annual Conference in Belfast on May 2, 2002, he gave his valedictory address.

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In my Presidential address a year ago I spoke about the two major challenges facing us - both individually as dentists, and as an association. Firstly the challenge of

*Membership of the Association now exceeds 20,000 and this is an important milestone. . . we are, numerically, a small profession and the BDA must speak with the authority of the large majority of the profession.*

change - and, more importantly, the speed at which change is taking place - and secondly that of quality and the increasing demands and expectations this places on us.

And so it has proved to be. The past year has seen an avalanche of consultation papers and discussion documents, and in recent months a number of these have come to fruition. November 2001 saw the publication of the first Section 60 Order of the Healthcare Act 1999 enabling the General Dental Council radically to alter its composition, and to introduce mandatory continuing professional development for all dentists as a condition of