

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

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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

continuing registration. Further orders will enable the registration and regulation of the entire dental team, reform of the fitness to practice procedures, and a remedial framework for dealing with underperforming dentists. November 2001 also saw the publication of the NHS Reform & Health Care Professions Bill which firstly implements the fundamental changes contained in 'Shifting the Balance', whereby 75% of NHS spending will be devolved to local primary care trusts. Secondly it gives the Commission for Health Improvement 'special measures' to deal with failing services including powers to inspect dental practices. Thirdly, it establishes the Commission for Patient and Public Involvement in Health to ensure that there is patient input at all levels of the NHS and, fourthly, it establishes the 'Council for Regulation of Healthcare Professionals' - a new overarching body to oversee the GMC, the GDC and other professional regulatory bodies. The Association has continued to develop a central structure not only best able to respond to such issues, but also one that is increasingly proactive. The Association's policy document 'Modern NHS Primary Care, Organisation & Development 2001-2005' was published following extensive consultation; this not only highlighted the fundamental problems currently facing NHS primary care dentistry but, more importantly, it suggested some possible ways forward and called for honesty in NHS prioritisation. The Association has also played a major role in the 'Options for Change' review, and will continue to press the urgent need to address workforce issues and to ensure adequate funding levels both for existing dental services and for any new initiatives.

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. In addition to an effective central structure the Association also needs effective regional and local committees; the Scottish, Welsh and Northern Ireland Councils and offices assume ever greater responsibility for their national issues, whilst active Branches, Groups and Sections are essential if the Association centrally is to remain in touch with members' concerns and professional aspirations. Many local meetings are reporting significant increases in attendance, due to the increasing demand for postgraduate education and thus providing the BDA with the opportunity to demonstrate its relevance to that minority of dentists who are currently non members.

My last words as your President must be to return to my first words a year ago when I attempted to convey something of the honour of which I was aware at that time and this has remained with me throughout the past year. To that I now add my most sincere thanks to the many colleagues who have welcomed me so warmly and generously on my many visits, to the BDA

officers - and particularly to the members of the BDA staff - for their unfailing help, and last - but most certainly not least - to my wife Sue for devoting such a large part of her year to this Association and to supporting me. The past year has been a very interesting, extremely busy, and most enjoyable one.

And so - most importantly of all - to turn to the future and to this 2002 Conference in Belfast. 37 years ago, when this event was last held here, it was described afterwards as 'not so much a meeting, more a way of life' and my own visits to Belfast have always been similarly memorable for the warmth of the local hospitality. So this return is long overdue, and is also enormously enhanced on this occasion by the joint participation of the Irish Dental Association.

Finally, what could be more fitting than for me to induct, as my successor, Ian Benington in this his home city and where he has been such a leader of our profession. Ian graduated from Queens University Belfast in 1961, and after a few years at the Royal Victoria Hospital went first to the Eastman Dental Hospital and then to Glasgow Dental Hospital - where he is still fondly remembered - before returning to Queens University in 1978 and where, since 1981, he has been Professor of Dental Prosthetics & Materials Science. His service to this association and to dentistry in Northern Ireland has been enormous. For ten years he was a member of the General Dental Council, and he has lectured extensively both throughout the UK and overseas. It therefore gives me great pleasure to induct Professor Ian Benington as the 115th President of the British Dental Association and to wish him, and his delightful wife Eileen, a most enjoyable and successful year.

