



Presidential address

Gordon Watkins

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EDITORIAL

Gordon Watkins MBE will be installed as the new President of the British Dental Association at the 2008 British Dental Conference and Exhibition held in Manchester on 1-3 May 2008. The following is his presidential address.

Ladies and Gentlemen, Immediate Past President – my first duty and privilege is to thank Joe Rich for the diligent work he has done as our President over the last year. I have had the opportunity to work alongside Joe for many years and I have never known anyone who has been a stronger and more powerful advocate for the dental profession. Be it in chairing the General Dental Service Committee or serving as a member of the General Dental Council, Joe's influential words and elegant rhetoric have made him a dental leader of enormous stature. Thank you Joe for all that service you have given to the British Dental Association and all of us in the dental profession – you have always been a difficult act to follow.

FIRST NORWICH PRESIDENT SINCE 1885

My second pleasure is to thank all of you here for honouring me and making me your President. It is very humbling to stand here in front of you and realise that I am now the most junior in a long list of exceptional dentists that have held this honour since the founding President, Sir John Tomes, in 1880. As a general dental practitioner who used to work in and is now retired to a village on the outskirts of Norwich it gives me a degree of satisfaction to note that I am not the first Association President to come from Norwich. At the age of 38 Richard White became the fifth Association President in 1885. I don't quite know what Richard White did to the Association that resulted in a wait of 123 years before you felt that you could cope with another President from Norwich but in the interests of my successors who come from the Eastern Counties Branch I will endeavour to make sure that the door for the next Association President does not stay closed for another one hundred years.

It was in 1975, following a short service appointment in the Dental Branch of the Royal Air Force, that I moved to Lowestoft and joined Mick Watkin as an associate. Mick had been a long-term member of the BDA Representative Board and Vice Chair of the then Dental Practice Board. I remember the job interview that I had with Mick with great affection – it was a cordial affair conducted over a protracted lunch in a nearby hotel while the afternoon's patients waited patiently

for the return of the dentist. Mick was little interested in my professional abilities or experience; he was convinced, with some justification, that five years service in the RAF was all the vocational training that was required. Mick's main concern was that I was a member of the British Dental Association which by good luck and good fortune I was; that qualification was sufficient for me to be offered the position as an associate on generous terms.

OUT OF CHAOS AND PANIC

What I didn't realise was that Mick was very keen to get a secretary for the Norfolk and Norwich Section of the BDA. An imprudent attendance at the Section AGM resulted in my election as Section Secretary. A few years later the Eastern Counties Branch required a Branch Secretary and collusion between Mick and Jim Baines resulted in me taking over that responsibility. Some of you may be thinking that my administrative skills are the reason why my career through the Association progressed at an accelerating pace. Nothing could be further from the truth. I hate paper and I love disorder – some of my finest moments have developed out of chaos and panic. The only reason that my Section and Branch survived my dysfunctional administration was that my wife, Sally, is a natural organiser and she quietly but effectively kept all the documentation in good order. Anyone who gets involved in serving their professional Association gives a certain amount of themselves to the work. But they also ask their spouse and their family to make sacrifices. Some of those sacrifices are small, like the parent teachers' meeting that dad was never able to attend because of Association commitments; others are larger, like the holiday schedule arranged around or curtailed by meetings. I cannot thank Sally and my children, Simon, Helen and Anna enough for the sacrifices that they have made and the support that they have given to me through the many years that I have tried to serve the Association. Over the coming weekend they will all be here with us and they will be able to share in this moment of celebration.

This morning gives me the opportunity to indulge in a little thoughtful reflection about what has happened to dentistry in

the 40 years since I started my training at Birmingham University in 1966. There have been many interesting developments that have made dental treatment better and the outcomes of intervention more reliable and more predictable. But there is one fundamental difference that gives me both the greatest satisfaction and the greatest concern. That is the condition of children's teeth in this country. As I mentioned earlier we have three children who are now all in their early twenties and not one of them has ever needed a filling in either their deciduous or their permanent teeth. As an aside I should tell you that two of our three children are adopted so that we, as a family, share a diverse genetic makeup – all that we have been able to offer our children is a caring environment that has allowed them to develop healthy teeth in healthy gums that should stand them in good stead for the rest of their lives. That success gives me satisfaction so the obvious question is – ‘what gives me cause for concern?’ It has to be that I have never been able to consistently repeat that success with other families and other people's children.

DENTAL DISEASE IS NOT INEVITABLE

I have spent many hours of my time trying to explain to patients, parents and children that with the knowledge that we have today dental disease in the form of decay and gum disease is not inevitable; it is entirely preventable. To that extent dental disease is voluntary; it is a matter of choice that we make for ourselves or that we make on behalf of our children. But in communicating that message to others I have failed. Rather than adjust their diet or commence effective oral hygiene methods it would seem that the vast majority of my patients would have preferred me to restore their teeth. And that is a great sadness to me.

I used to believe that oral health inequality was all about some patients being able to obtain appropriate treatment while others were not able to obtain appropriate treatment. I used to believe that oral health inequality was about some people being able to afford treatment costs while others could not afford treatment costs. I used to believe that oral health inequality was about some people being able to get an appointment at a time and a place that was convenient for them while others had to travel miles and lose money from work. Yes, those differences are inequitable and they are not just. I believe that there is a far bigger injustice than the inequities of access to dental treatment – those are the problems that Members of Parliament can concentrate on when they complain that their constituents cannot access dental care on the National Health Service.

To me the bigger injustice is that some people have oral disease while others do not.

In the United Kingdom the difference that exists between those with good dental health and poor dental health is

unacceptable. The British Association for the Study of Community Dentistry in the 2003/04 survey of five year olds showed that in English primary care trusts there is a seven-fold difference between the children with the best dental health and those with the worst. By the age of five more than one third of children have suffered tooth decay, missing teeth or fillings: in some parts of the country as many as three-quarters of five year old children are affected.¹

The Scottish Office reported last month that in 2006/07, 35,000 planned operations were carried out on children under the age of 15 and 27% of those operations were for treatment to the teeth including simple extractions.² That amounts to 10,000 hospital admissions and general anaesthetics administered to children in Scotland last year to extract carious teeth.

DIVISIONS IN SOCIETY

There is no doubt that the dental health of some parts of society is getting better while at the same time the dental disease in other parts of society is getting worse. This divide follows other divisions in society and it is a tragic paradox that those who end up with the worst dental disease are also in the socio-economic groups that have the least resources to purchase a healthy diet, toothbrushes and toothpaste.

But as I have said already my children don't have dental disease and I would hazard a guess that most of you in the dental profession have children with good oral health. If we as a professional group can achieve this benefit for ourselves and for our families then why are we not achieving the same results for the rest of society?

There are now many initiatives to persuade the population that oral health is an achievable option and I take a degree of pleasure from the fact that I was chair of the BDA Health and Science Committee when we first agreed to go forward with Colgate and establish Oral Health Month. Scotland is moving forward with its Childsmile initiative and Wales is considering a National Child Oral Health Improvement programme. Every single one of these initiatives needs the unreserved support of the dental profession to implement the programmes and evaluate the outcomes. We owe it to the public and all children, whatever their social background, to give them the best oral health that can be achieved. After all, if we can give our own children oral health then we must be failing in our duty to society if we are not doing the same for all children.

1. Pitts N B, Boyles J, Nugent Z J, Thomas N, Pine C M. The dental caries experience of 5-year-old children in England and Wales (2003/2004) and in Scotland (2002/2003). Surveys co-ordinated by the British Association for the Study of Community Dentistry. London: BASCD, 2005.
2. NHS Scotland Information Services Division. *Childhood hospital admissions and child mortality*. Edinburgh: ISD Scotland, 2008.

DOI: 10.1038/sj.bdj.2008.302



Valedictory address

Dr Josef Rich

Josef Rich OBE was installed as the President of the British Dental Association at last year's 2007 British Dental Conference and Exhibition held in Harrogate. At this year's Conference in Manchester, he will give the following valedictory address.

Being President has been the easiest and most pleasant task I have ever undertaken in my professional life, made possible by those behind the scenes whose uncomplaining hard work made it easy for me to fulfil my duties. I must single out Tonia Scholes and Jonica Love who have organised my arrangements, last minute changes, non-stop questioning and variable temper. Thank you for making my Presidency so enjoyable and problem-free.

A FULL SERVICE PROFESSIONAL ORGANISATION

Our Association has grown from a membership support group into a full service professional organisation. This year, our representatives have fought toe to toe with the Government's publicity machine, and won the battle for support from our patients. The standard of our service provision has reached a level that has exceeded even our own expectations. I have been proud as President to accept the appreciation of members for what the BDA has done on their behalf.

I have travelled throughout Britain visiting branches, sections and groups and attending BDA events. I have been welcomed with courtesy, hospitality and warmth by members showing their solidarity with the BDA and their pride in it. I have represented the association overseas and been proud of the reputation and the respect the British Dental Association commands abroad.

I am most pleased to be handing on the presidency to an old friend and BDA colleague, Gordon Watkins, who has served the BDA in many capacities and who has always been prepared to take on the most difficult of tasks when required. I know Gordon will make a fine President and I wish him the health and strength to enjoy his year of office.

In these testing times for the dental profession we must never forget the principles on which the British Dental Association was founded: representation, education and fellowship. This will ensure that the BDA will continue to grow in strength, to support its members and the profession of dentistry.

DOI: 10.1038/sj.bdj.2008.303