

All change

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This autumn elections take place for the major central committees of the BDA and the elected representatives will take office in a very different structure than previously existed. From January 2000 the way the British Dental Association carries out its business is changing, resulting in the restructuring of the democratic decision making process of the Association. I believe it is fair to note that this is a monumental change.

The most significant change is the fact that the current Representative Board, Council, Executive of Council and Finance Subcommittee will be replaced by a Representative Body and Executive Board.

The Body will set the direction, aims and objectives of the Association and appoint an Executive Board to implement these objectives. Thus the Representative Body — as the assembly that guides, debates and acts as the custodian of the policy and principles of the Association — will, as its first task, elect members of the BDA to the Board to be the directors of the BDA. This means that the number of directors is being substantially reduced to enable the business of the Association to be dealt with more effectively and in a more timely fashion than in the past. In effect, the existing cumbersome committee structure will be ‘swept away’ and replaced by a tighter, smaller task groups led by members of the Executive Board.

One of the main differences in the new structure is that membership of these task groups will not just consist of elected members of the Representative Body but also those BDA members who are both appropriate and relevant to the objectives of the task group. Personal expertise will be encouraged and emphasis placed on giving younger members experience. Some very few task groups will be long term, for example Education and Health & Science, but most work will be done in a short term task orientated manner, which should result in faster response times for the work carried out by the Association.

What will this mean to the average member and what will the benefits be to members, the profession and the patients we serve? Ultimately the Association exists to serve its members and improve the oral health of the public — we are literally ‘Working for Dentistry’. The restructuring gives the BDA a modern, flexible, rapid decision making process that is accountable to members but should deliver better and more transparent governance. Reinforced by membership surveys, the Association’s mission statement, beliefs and guiding principles illustrate the commitment to providing members with what they want, and the new structure should enable the elected officers to meet membership requirements faster and respond to the changing needs more effectively. Setting targets through a corporate plan will be the key to implementation.

I believe the BDA must take the lead in influencing the development of oral care in Europe and the world. Because we are a UK based body with devolved structures to work in the four parts of the UK we need to develop and adapt to meet the rapid changes occurring in dentistry. This means we must continue to recognise the need to continually reflect, review and plan further changes as the environment in which we exist evolves. This is a fundamental for any association.

I believe that ultimately, as a result of the process of change that I have described, our members will see a more efficient organisation that will better deliver our aims. But, to ensure success, we need goodwill and a recognition of a culture of openness, imagination and professionalism on the part of members, officers and staff. I believe we have this, and look forward to seeing the progression of the new structure as we greet the millennium.

Bill Allen
Chairman of Council, BDA