

Attracting attention

*Fiona Stuart-Wilson
talks to Ian Wylie
about his recent
appointment as
Chief Executive of
the BDA and his
vision for the
organisation's
future.*



The appointment of any new Chief Executive to any enterprise is bound to attract attention. The announcement late last year that Ian Wylie was to take up this position at the BDA attracted particular interest, not least because he is not a dentist. However, Ian Wylie is no stranger to attention; in fact he has spent much of his career courting it on behalf of the organisations for whom he has worked. Much has already been made of his previous experience at the King's Fund, where he spent six years, latterly as Director of Corporate Affairs. However, I was interested to know how his career had been shaped prior to his joining the King's Fund in 1994.

His CV makes interesting reading, and clearly demonstrates that his ability to communicate is underpinned by a clear understanding of health issues, sometimes at the very sharp end. In 1984, for example, he found him working in primary healthcare in Hackney, East London involved in shaping health services for London people. This was followed

by a move into public relations with a district health authority, and as Head of Press and Public Relations for Homerton Hospital. 'It was the time of the first inklings of the internal market. It was a good time — a heady time — to be heading PR in the public sector.' This was followed by a move to become Head of Press and Public Relations for Oxford City Council. There 'I learnt the balance of the relationship between officers and members.' Add to this more years as Director of Communications for one of the regional health authorities, and you get a sense of Ian's wide-rang-

ing experience.

One has the sense that none of this experience has gone to waste and also that he is likely to employ it in his new role at the BDA. I ask him how much of an involvement in dentistry he had had in his role at the King's Fund. He readily admits 'The King's Fund has done relatively very little but is quoted quite a lot on dental policy. This possibly suggests to me that not enough is being done in dentistry. The Fund is a mixture of think tank and educational resource. It's also a grant-giver. It acts as an interface so it can analyse policy and try out ideas. The wealth of the Fund (some £180 million) means that it has money to do that.'

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He explains more about his role at the King's Fund. 'As Director of Corporate Affairs I ran the Press office, a small marketing department, and a publishing department, and I built up the PR department.' He was also keen to take on Corporate Services, which involved IT, marketing the Conference, and facilities management. 'I took that on as I wanted the new headquarters to be seen as an external resource — the King's Fund at the centre of a network of influence, not just a set of offices and meeting rooms for some 220 staff. That upset some of the old guard, but I believed the building should be held as a resource for healthcare in London.'

As we sit in his office in Wimpole Street, it is clear that he believes that this is an area for the BDA to consider. 'I think there are parallels at the BDA. We need to move dentistry back into being a central integral part of healthcare. One of the ways we show we are here is to open the building. It's important that other organisations can see the BDA and what it does. This is a centre of

healthcare; it's accessible — we should make the most of what we've got here.'

He sees interesting juxtapositions at BDA headquarters. *'The museum is an important national resource — but we as an organisation have got to show in the way we present ourselves what we are doing. There's a lot of interesting forward-thinking. We've got to get this across in every way we present ourselves.'*

Attracting government attention is a key issue for Ian. In government he believes, *'People are so busy and the systems are so complex that we've got to attract and keep the right people's attention. So far as government is concerned, in dentistry we're competing against a thousand other interesting and important issues. It is really important to think through every single part of how you get a message across.'*

Our conversation turn to the BDA's logo, and the words 'working for dentistry'. *'The BDA has a clear mission. — providing services to members, improving the science and art of dentistry, and improving oral health.'* So far as providing services to members is concerned, *'We need to have a customer-focused approach. We have to engage with members — the dentists. Responding to members and anticipating their needs is important. We want staffing and people fit to deliver this service to members.'* If you feel this heralds a wave of change at the BDA, his next words may strengthen that feeling. Ian expresses the view that the BDA should be *'accessible to the public as well as dentists.'* He goes on to explain in more detail his reasons for this. *'You have to understand the context in which dentistry is provided. If you wish to improve oral health, then you've got to work with the public. Any professional association which doesn't involve themselves with public concerns and the lessons drawn from such issues as Alder Hay is being foolish.'*

'Where is the public/dentist partnership? How do we understand this, how do we get the knowledge and what do we do with it? I have had some good discussions with the Consumers' Association and the Patients' Association over recent weeks — this is certainly an area to which I would like to

bring some ideas.'

I ask if he feels that the profession is ready for this partnership in this form. *'Dentists do see this as an important issue — they acknowledge the importance of the patients' voice and that dentistry is fast changing. For the BDA to be leading in this area, it needs to have listened and responded.'* More change? To answer, he draws attention back to his appointment. *'Appointing a non-dentist was an important move for the BDA. They saw this as bringing new knowledge and experience to the way they are working.'*

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'In a lot of the surveys, the BDA is changing well in members' eyes. There is a legacy that the BDA has not been able to represent views effectively to those it needs to be influencing. Why is that? It's not that they are unaware. The feeling over the last ten years seems to be that dentistry has lost out — lost influence, lost the ability to deliver NHS care. Not through ideological reasons, but because of the set-up. Yet there is a large majority of dentists wanting to and actually providing NHS care. So how does the BDA as the body representing those views create influence to get change happening?'

He answers his own question by referring again to customer-focus and partnership, but in a rather different context. *'In order to influence, you have to understand.*

What have you got to offer? How can the profession go to government and say we've got things we can do. Let us work out together how best to deal with some of the problems that have beset us.'

He sees recent developments as opportunities to move forward rapidly. *'Now is the opportunity to develop through the NHS dental plan rather than because of it. The plan will not deliver the long-term solution that we need. Let's go beyond what we've done today and think creatively about what dentistry could be like in 5-10 years time. It's quite exciting, engaging in this sort of thinking.'*

This sort of thinking must encompass such issues as Bodies Corporate. *'The BDA's early suspicion of the Bodies Corporate has now gone. They are part of the dental healthcare mix as much as access centres. It's a mixed economy, as the NHS moves from a monopolistic deliverer of healthcare.'* Part of this forward-thinking to which he refers involves the profession's view of itself. *'Why doesn't healthcare learn from dentists' issues? Instead of saying 'dentistry's behind', let's tell people that we're ahead in some areas such as prevention. Dentistry has not taken the opportunity to say what it's got to inform or share.'*

Dentistry within the NHS is not his only concern. *'Private care is also highly significant — I don't want to downplay it.'* He then reels off a list of other areas. *'The real issues are these: regulation, the expectation of a quality service, clinical governance, self-regulation affecting all dentists on the register. There are very important clinical issues in which dentists need to be supported by the BDA, such as CPD.'* This mention of support leads him to dwell for a moment on one of the profession's issues - that of professional isolation. He recalls *'In my earlier career, I spent a year talking to GPs around how to network them into the main healthcare system. GPs in the inner city were really isolated. Some of what I see in dentistry reminds me of the way GPs worked 20 years ago. They weren't bad services, not bad doctors, they just had no access to basic systems and help.'*





'We know from member surveys about the issues of professional isolation – and it's a stressful job. We need to think of things in a different way.'

More changes ahead? Ian has some concerns over the way things get done. 'I wouldn't dream of faulting extremely knowledgeable staff and impeccably delivered debate. How that gets translated into policy here is a weakness. That comes across as an organisational weakness, that translation of knowledge into the public policy arena. How do you work through issues such as Ribena Toothkind to translate it into what to do in practice. We have to understand the public policy context in which matters such as these are being considered.'

'This requires a fundamental review of how the BDA is supporting its members. The BDA debates its issues very well, it is extremely informed BUT — the big question is what happens next. We have to

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translate members' intentions and positions into a set of actions. The BDA is not yet ready to do that. I am currently addressing this issue with a set of recommendations for management change. Our purpose is clear within the mission statement — it's well

said. At the moment I don't have the structure to deliver that. The structure needs to be fit for the purpose it's charged with.'

As for the interface with government, he is simple and clear. 'Good communications is part of good management. You might argue that if dentists don't have the political bruising power of the doctors, then how do you make things happen?' There is a pause. Tantalisingly he continues, 'Well, the answer is lots of ways. We have to think intelligently about how to make a difference, about finding strategies that will improve the lot of the members.'

Ian Wylie's views come across as strongly held, and are powerfully communicated. The forthcoming changes heralded by his arrival will be interesting, but two things are, for me, quite certain. First, those changes will be well-communicated, and secondly, I can foresee that the BDA will be attracting quite considerable attention in the months to come.