

EDITORIAL

Presidential address

Richard Graham
BDA President 2024/25

The *BDJ* Upfront section includes editorials, letters, news, book reviews and interviews. Please direct your correspondence to the News Editor, Kate Quinlan at k.quinlan@nature.com. Press releases or articles may be edited, and should include a colour photograph if possible.

I would first of all like to congratulate Professor Jenny Gallagher MBE and holder of the distinguished Newland-Pedley Chair in Oral Health Strategy, for her lecture this morning to the Lindsay Society.

I am also going to thank John Milne for all his work over the past year; he really has been tireless in his representation of the profession not just in the last year but in the many years previously. I have known John for many of those years and can pay him no higher compliment than: when John stands up to speak, in whatever forum, everyone stops to listen.

I have been to many Presidential Installations over the years and have noticed that the most popular theme in the speeches is that of 'imposter syndrome' where they can't quite understand how they come to be standing on the podium receiving the highest honour that the Association can bestow – and I am no different. When the Northern Ireland Branch approached me and asked if I would allow my name to go forward as a nominee for BDA National President, for me that was the honour right there – that my Branch thought I was a worthy candidate to be National President.

I never actually thought that it would happen and instead thought the Honours and Awards Committee might stretch to a Lifetime Membership and a free copy of the *BDJ* for life. When I got the telephone call from the Chair of PEC, my first reaction was disbelief and to be fair to Eddie Crouch I don't think he could quite believe it either. My second reaction was to ask that the Honours and Awards Committee and Principal Executive Committee members submit to a drug test.

It was only at the Installation of John Milne last year that I began to realise the truly great honour and the enormity of the task in front of me. John, at one point, could barely speak due to the emotion that he felt

and looking at the effect the occasion was having on a 'big strong rugby boy' like John I knew that I was in trouble. After all, I was the person who cried at the end of *Sands of Iwo Jima* when John Wayne was killed (sorry I should have said spoiler alert). My brother Hall is a big John Wayne fan and will be delighted if I get John Wayne a mention in the *BDJ*.

All Presidents pick a theme for their year and John Milne had picked 'the role of the profession in supporting vulnerable patients'. The last President from Northern Ireland, Roz McMullan, had 'stress and the dental team' as her theme which was very timely as the COVID-19 pandemic unfolded. I decided to take as my theme



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'the importance of the BDA' and to ask all those dentists in the UK – if you are not a member of the BDA, you must ask yourself: why not?

I qualified BDS from Queen's University Belfast in 1984 and attended a function held by the BDA Northern Ireland Branch for graduands. When it was explained that the BDA was both my trade union and my professional organisation, to me, it was a 'no brainer'. I joined the BDA and have been a member ever since.

My first job was as a vocational trainee and then an associate dentist for ten years in Dungannon in what Frank Shields, a local dentist, described as the mission fields of West Tyrone. My relationship with the BDA during this time was mostly social and

educational with a bit of politics thrown in at Local Dental Committee (LDC) meetings. The Northern Ireland Branch, like many other branches, has always provided a full series of lectures and these alone are worth joining the BDA for.

To start with, I'm going to concentrate on the social function of the BDA. This is something that most of us take for granted, but in my opinion, it is just as important as all the other functions. During the Troubles, the eighties and nineties were a difficult time in Northern Ireland, but I found the BDA family to be vital both to support individuals directly impacted but also as a kind of mental health support group. I'm not particularly a golfer but always tried to

play in the golf events as I found there were very few problems that couldn't be put into perspective after 18 holes of mediocre golf with three individuals who had faced the same problems.

I really don't think we stress the importance of the social aspect of the BDA enough. Dentistry can be a very lonely profession, even within group practices, where you can be sealed in the small bubble of your own surgery. If you think that you are the only one dealing with particular problems, that can be a very dangerous situation – you only have to look at the Post Office/Horizon IT scandal where the various postmasters and postmistresses were told that they were the only ones having problems. Spending time with

« colleagues socially, you come to realise that everyone faces the same problems and challenges that you do. I don't know why, but it is comforting to know that others are in the same boat as you, even when you look over the side of the boat to see the words RMS Titanic.

There is nothing new under the sun and while I was researching the history of the Northern Ireland Branch, I came across this piece in the *BDJ* in 1940. While the Battle of Britain was being waged in the skies above, the *BDJ* was calling on Branches and Sections to try to start holding meetings again, going on to say 'it would be a false economy to refrain from holding meetings and by doing so deny to many, the refreshment and help that they can only obtain from contact with their fellow members. It has been well said that the greatest value of a society such as the British Dental Association is that it enables its members to associate together.' I couldn't agree more, and in these days of social media, face-to-face interactions become ever more important. Unlike the Post Office scandal, if you are a member of the BDA family, you are not alone.

I got involved in dental politics in the early nineties, after the negotiation of the 'new contract.' I had always attended LDC meetings and, looking back, I think I would probably describe myself as a bit gobby and never afraid to ask a stupid question. Sometimes the stupid question is the question that everyone is dying to ask and sometimes it's just a stupid question. Thirty-five years later and I'm still asking stupid questions! I was actually in favour of the new contract as it included a capitation element, for the first time, and seemed to me to be the first step towards a contract based on prevention. Unfortunately, the BDA shot itself in the foot by holding a referendum which rejected the contract, then going on to ignore the results of the referendum. I had a friend who had never been a member of the BDA who almost joined at that time so he could, in his words, 'resign in a huff'.

I was elected secretary of the Southern Area LDC and went on to be elected to the BDA Representative Board, serving on it as it became the Representative Body and still being there when it morphed into the UK Council.

I served two terms as the elected member, for the profession in Northern Ireland,

on the General Dental Council (GDC) before it became an appointed body and self-regulation effectively came to an end. As a member of the GDC, you are told the first day that the GDC is there to protect patients. Now, not everything that is good for dentists is good for patients, but I have always found that everything that is bad for dentists is always bad for patients, yet the GDC has never spoken out about the underfunding of NHS dentistry by government after government which is affecting patient care. However, if I, as a dentist, have the temerity to tell a patient the truth and say that I can do a better job privately, I will be hauled over the coals of a conduct committee. It is the job of the GDC to protect patients, not to protect an NHS system which is not fit for purpose.

It is really important that the BDA, as our professional body, keeps holding the GDC to account and keeps on asking important questions. Why is the Annual Retention Fee so high? When patients are apparently being harmed by some remote operators and by dental tourism, where is the GDC? Why does the GDC have so many conduct cases compared to the rest of the European dental regulators? Why is the conduct process so prolonged and stressful? I hate old fogeys like me going on about the good old days, but it has never stopped me. When I qualified 40 years ago, the cases involved in the GDC conduct process almost invariably involved rogues and scoundrels who had no business being part of our profession. When I now read cases on the GDC website, I think 'there but for the grace of God goes every dentist I have ever met'. I will use the analogy of the Post Office/Horizon IT scandal again. Dentists are working within a discredited and scandalously underfunded system, trying to do the best for their patients and earn a living. To prevent the general public losing faith in the system, the individual dentists are the ones who are found to be at fault and are punished by the regulator. As government after government dismantles NHS dentistry to a level that compromises patient care, I ask: 'Where is the GDC?'

Last but not least, I come to the trade union function of the BDA which is the one that I have been most involved with. I was elected to the Northern Ireland Dental Practice Committee in the mid-nineties and have been a member ever since, serving two

terms as Vice-Chair and an elongated term, due to COVID, as Chair. I have negotiated with politicians and civil servants, given interviews on TV, radio and in print, as well as giving evidence to the Health Committee in Northern Ireland. Along with colleagues from the rest of the UK and from all the other craft committees, I have given evidence to the Doctors' and Dentists' Review Body.

Before becoming involved in dental politics, I used to wonder how inept our negotiators must be. The problems were obvious as were the solutions, so why were our negotiators unable to get the government to see the light?

Unfortunately, it was only after I became involved that I realised how good and dedicated our representatives are. They calmly and forcibly put forward evidence-based arguments which are, in most cases, irrefutable. The trouble does not lie with the BDA and our representatives but with the successive governments and Departments of Health. Ministers and civil servants seldom stay in post long enough to learn how to use the coffee machine let alone how to design a dental service fit for purpose.

Governments work to a four-to-five-year cycle, though in Northern Ireland with so many breaks they're lucky to get a two-year term. This means that governments need policies that will produce results more or less instantly, whereas health is a generational issue where changes made now – eg water fluoridation – will not see results until the next generation grows up.

It is my personal opinion that the only way to change things, for the better, is to remove health from being a short-term political football which serves no-one, least of all patients. All of the political parties in each of the home unions, plus BDA representatives and all other stakeholders, should get together to design a dental contract which is fit for purpose, based on prevention, delivers appropriate care for patients, rewards dentists adequately, and is a service that dentists actually want to work within. At the moment, politicians are talking about forcing young dentists to work in a service not fit for purpose rather than trying to fix the service that everyone realises is broken. What do they think these dentists will do once their period of servitude is over? ▶▶

« Over 20 years ago, I was faced with the choice of remaining as a health service practitioner or converting my NHS practice to a private practice. It was close, but I chose to remain as a health service general dental practitioner. If I was faced with the same decision today, I don't think I would make the same choice.

Many of my colleagues feel that the BDA should give up on the health service and

concentrate on helping practices convert to private practice. I agree that this needs to be part of our focus, but we are members of a caring profession and I feel we have to try to ensure that there is some sort of service for those who would be excluded from care on economic grounds. It is said that a society is judged on how it looks after the least fortunate members of that society, so I believe the BDA should continue to fight for

an NHS dental service that is fit for purpose.

I have described a tiny amount of what the BDA does, so I'm going to finish with the question I started with and add another. If you are a dentist working within the UK and you are not a member of the BDA, then why not? If you are a member of the BDA and know other dentists who are not, then ask them: why not? ■

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Valedictory address

John Milne

BDA President 2023/24

As grandparents, we shared with our children the concept of a 'golden few years' as children grow up. It's different for everyone, but for us we said the years between 5 and 12 were a time when personalities develop and your children believe you to be the wisest, funniest, best people in their lives before the teenage years bring their own particular challenges.

As BDA President, the time has simply flown by. I barely seemed to have settled into the role when I was sitting down with the President Elect, Richard Graham, discussing the practical actions needed to take up the role that he begins in about ten minutes' time. Part of me was thinking... 'I haven't finished yet'.

Being installed as your President in May last year was a huge honour, and looking at the names on the board of past presidents, I felt inadequate and a little unworthy to be in the company of so many giants in our profession. I still feel a bit that way, but I have really enjoyed being an ambassador for the Association, both here and abroad. Many friends and colleagues have asked me what the role entails. My quick response is that I eat dinners and give speeches, both of which are enjoyable activities. I am enormously grateful for the warm welcomes and generous hospitality offered both to me and my wife Janet across the whole of the UK and indeed further afield.

My predecessors were operating within the COVID and immediate post-COVID

environment, and I have been privileged to witness and share in the movement out of hibernation for our branches and sections. The work of local colleagues in supporting the Association at the local level is nothing short of amazing and they deserve our gratitude. I would suggest that the future prosperity of the Association needs our branches and sections to expand and thrive.



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I have been particularly encouraged to see younger colleagues playing their part and we would be wise to listen to their thoughts on the future development of our Association.

Many branches and sections see the provision of high-quality CPD for local colleagues as important and I have been honoured to participate in some of these meetings. I was personally delighted to chair a meeting in West Yorkshire where we debated the question: 'Are you a clinician or a beautician?' It was a lively and passionate debate, and our conclusion was that we are privileged to be both, but we must take care how we balance these elements to avoid the risk of oral health inequalities increasing.

The work of the BDA committees on our behalf is simply staggering. The BDA staff provide fantastic support, and our elected representatives are tireless in working to improve the working conditions of all branches of dentistry. I have enjoyed sharing some of those meetings with colleagues across the UK and I want to thank you for all you do.

Of course, the state of the NHS is a concern to us all and the work of the BDA in getting oral health on the national agenda in what is likely to be an election year is truly amazing. Our media presence across all four UK countries has been huge. MPs' postbags are full of letters from members of the public who are unable to access care. My concerns about the difficulties vulnerable groups face in receiving NHS care are well-known and I know we will keep impressing on all political parties the need for meaningful NHS dental reform for all, and special provision for the groups that need us most.

Only a few weeks ago I received an email from two friends who help look after ►►