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

s 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.

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.



'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.'

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.

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

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44 a refugee family who arrived in this country last November. They congratulated me on being appointed BDA President and said: 'We don't expect you to be able to do anything about the situation I am going to relate, but we are so dismayed about it, we both independently thought we needed to tell you about it. It was, you will not be surprised, impossible to find an NHS dentist for them. We paid for an initial inspection and the two adults need significant treatment amounting to a cost of several thousand pounds.

'We have told our link person in the Home Office about this, and he was sorry, but they will not pick up the bill.

'We are incensed by the government's apathy towards our position, and also by the inadequacies of the state of dentistry in this country which this situation highlights. We, of course, know many people locally who can't get on an NHS scheme, so the family we support are not alone, but our group's

responsibility for this family as they settle here makes their needs our direct concern.'

This communication from a person outside of the profession sums up the problems we have been grappling with throughout my career. Oral health remains a low priority for governments and adequately resourcing the NHS as a whole is a huge challenge in the current economic environment. Eddie Crouch, the PEC, Shawn Charlwood and GDPC along with our other representative committees across the UK have my enormous respect for the work they do on our behalf in these difficult times.

I could not have fulfilled the role of President without the unflinching support of my wife Janet. I am also completely indebted to Alison Magee, the PA to the senior staff and President. She has kept me on the straight and narrow despite my tendencies to make a break for it! Throughout my term of office, I have shared widely the principles upon which our wonderful Association is built. I want to remind us all what they are:

- Our mission: to support dentists and their teams so that they can most effectively look after patients and help to improve oral health for all
- We work to:
 - Promote the interests of our members and support their wellbeing
 - Advance the art, science and ethics of dentistry
 - o Improve oral health for all.

I wish Richard every success as he picks up the baton, I'm sure he will have a great time and do a great job. We belong to a wonderful profession, and it has been an immense honour to serve as President.

Thank you.

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