



Presidential address

John R. Drummond

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EDITORIAL

John Drummond was installed as the new President of the British Dental Association at the 2009 British Dental Conference and Exhibition held in Glasgow on 4-6 June 2009. The following is his presidential address.

Good morning and thank you for attending this Presidential Meeting. Like some of you in the audience I am not entirely certain exactly how I ended up becoming President of the Association, but I can assure you I am very honoured. I will try to carry out my duties with diligence and I am very conscious of my illustrious predecessors who have represented the BDA so superbly.

The Immediate Past President Gordon Watkins is an excellent example of a dedicated BDA member who has served the Association and dentistry at the highest level for many years. Gordon has an encyclopaedic knowledge of dentistry and dental politics and his enthusiasm is truly infectious. Not all of you will be aware of the great debt the Association owes Gordon in terms of his leadership of the financial recovery group. This was set up a few years ago when the BDA's finances were in very great difficulty. Those of us who served on this small group experienced, at first hand, Gordon's determined and skilled efforts to recover this desperate situation. The BDA will always be in Gordon's debt for his critical role at this crucial time in the history of the Association. Gordon has been a tremendous help to me in briefing me about what I might expect during my Presidential year. Thank you Gordon. During his Presidential year I know that Gordon and his wife Sally have been first class ambassadors for the Association and I thank them warmly for all they have done. I hope now both will have a little respite from the extensive travel that has been involved.

STALINIST RING

I have been a member of the Association since I qualified from Dundee Dental School in 1981. It was Frank McManus, a lecturer in the Prosthetics Department, who first encouraged my involvement in the committee work of the Association. I became the BDA representative and involved in the work of the Central Committee for Dental Academic Staff (CCDAS). What a fantastically wonderful Stalinist ring the 'Central Committee' has to it. However, there was nothing very Stalinist about the committee as it was chaired by Andrew Lamb who held office, with great distinction, for twelve years as Vice Chair and then Chair. When I was first appointed to the commit-

tee it was chaired by John Cunningham who had a very dry wit and was indeed a very able Chairman and skilled negotiator on behalf of academic dentists. It was a very friendly committee and new members were encouraged to play an active part and in particular to represent CCDAS on other BDA committees.

The committee was superbly supported by a number of BDA staff and memorably by the late Dr Pat Paterson whose wit, eccentric style and ability was unique. I remember my first residential training course for BDA representatives organised by Pat and Sara Osborne. Whilst poor Sara worried about the programme and other important organisational matters, Pat's only concern seemed to be that there would be wine of sufficient quality and quantity at dinner! Gradually, I became more involved with the work of the BDA and have greatly enjoyed the challenges this has involved. I enjoyed my spell as Chair of CCDAS and in particular the negotiations involved in the new Consultants Contract and playing a role in the Executive Board. During my period as Chair of CCDAS I was greatly aided by BDA staff and in particular by Sue Martin who was able to provide expert advice based on an in-depth knowledge of the issues surrounding university staff.

STEADY DECLINE IN CLINICAL EXPERIENCE

I would like to thank CCDAS for nominating me as President and I am grateful for all the support I have received from The North of Scotland Branch. I wish to put on record the support of my Dean, Professor Bill Saunders, who has tolerated and even on occasions encouraged my dento-political activities! The staff in the Prosthetics Department have also encouraged me in my BDA work and are not, yet, complaining about the extra work they will have as a result of my Presidential year. Without the forbearance and unswerving support of my wife Christine I would never have been able to take part in so many BDA activities that have taken me away from my home and family so often.

As some of you will know I have been a clinical academic for nearly my entire career. Having intercalated a science degree in pathology I was perhaps always set on this pathway. However, I would not have ended up teaching prosthetics

were it not for a chance encounter with Professor Bob Yemm who told me he had a vacant lecturer's post. I decided to apply and was appointed a university lecturer only one year after qualifying. It is not nearly as meritorious an achievement as it sounds though. Of the five of us who were short-listed for interview, only one turned up on the day. I have remained in the Prosthetics Department in Dundee ever since, which may be a mark of my contentment or complete lack of adventure!

Having been a teacher of dentistry for so long I would like to say a little about dental schools. It may seem to those of you in other branches of dentistry that we academics live in a carefree, cocooned world devoid of the realities of life and modern pressures. If only this were true. It never has been true but I believe that over the last decade or so, life for the clinical academic has become increasingly difficult. That is not to say that I would discourage young dentists from aspiring to a career in teaching and research, and it can be a rewarding and fascinating job. However, they will need to work long hours, be self-motivated, be determined and pursue an increasing array of additional qualifications. Certainly they will need to obtain a PhD, a Royal College diploma and now a teaching qualification. In addition, they will need to complete specialist training if they wish to become an honorary consultant. This process, it seems to me, brings with it an ever increasing myriad of bureaucratic processes. I will return to the theme of bureaucracy later, but first I want to tell you where I believe the difficulties lie in dental education. Firstly, I think we have over-emphasised the importance of research compared with teaching our undergraduates dentistry. This is not the fault of dental school deans but has been driven by the Research Assessment Exercises (RAE), which seek to rate university research and then distribute funds accordingly.

The process of the RAE has the superficial allure of an apparently rational and accurate process, but the reality is much less appealing. While around 90% of government funds coming into dental schools are for teaching, this sum tends to be fixed and so the only variable is the research funding which has skewed our effort away from teaching. Universities have a tremendous responsibility to ensure that the resources they gain as a result of having a dental school are appropriately applied. It is of course vital that dental schools carry out dental research, but it is wrong that in some universities the only criterion with any currency for promotion, or indeed appointment, is the research profile of the candidate. Universities are naturally obsessed with the RAE, not only because of funding, but because of the newspaper league tables that can be generated as a result! Sadly, and partly as a result of the RAE and other constraints, I have witnessed a steady decline in the clinical experience of our undergraduate students over the last three decades. Dentistry is still essentially a practical subject and I think this diminution is to be regretted.

Dentistry is not alone in experiencing a decline in clinical experience and the same is true of other health-related vocational courses. Indeed the outgoing President of the General Medical Council, Sir Graeme Catto, has recently called for

medical training to move out more from the lecture theatres and return to the wards with live patients. The funding stream into dental schools also needs to be reformed. Currently funding comes from the university funding councils and the NHS. Usually the Dean of a dental school has little operational control over the NHS budget, although nearly all of the money comes as a result of the presence of undergraduate students. The staff, funded from this source, are employees of the NHS. In my view, the Dean of a dental school should be the budget holder and manager of both funding streams and ideally all of the staff in dental schools should be employed by the university. Of course an alternative model would be that the NHS takes over from universities the responsibility for dental schools. Personally I am not in favour of this, but I can understand the arguments, particularly if the trend away from teaching towards research continues.

What, you may ask, is the state of recruitment now, compared with when I was appointed as sole candidate for a lectureship nearly thirty years ago? Sadly, things are, if anything, worse and many dental schools will on occasion get no suitably qualified applicants for positions as lecturers, senior lecturers and even professors. I am pleased to say, however, that the BDA is playing a leading role in analysing and addressing the problems faced by dental schools. It can best do this in conjunction with Council of Heads and Deans of Dental Schools or the Dental Schools Council as it is now called. I would like to recognise the major role of the outgoing Chair and Vice Chair of CCDAS, Ross Hobson and Damien Walmsley, in fostering this relationship.

A SENSIBLE BALANCE BETWEEN LIFE AND WORK

Looking around the audience at those of you I know to be in NHS general practice, it is disappointing to see few, if any of you tearful at my tales of woe regarding dental education. This may be because you have problems of your own! Apart from the very obvious problems of the new contractual arrangements, you too are seeing an ever increasing burden of bureaucracy and legislation. Some of these measures, and in particular those involving 'Health and Safety', have taken on a life of their own, with an approach that borders on the Kafkaesque. Some of the measures seem devoid of all common sense and the waste of money is certainly to the detriment of patient care. In hospital dentistry, as has been the case in primary dental care, we are seeing an ever increasing rise in the numbers of staff, clinically qualified included, who have no contact with patients. This trend surely cannot continue? I belong to a generation who instinctively believed in the NHS. Younger generations of dentists are less committed; and who can blame them? Many younger dentists are also much more aware of the need to have a sensible balance between life and work and are much more resistant to the 'long hours' culture of the professional healthcare worker. Unless major reforms occur to allow NHS dentistry to be carried out with the minimum of administrative interference, using the whole range of modern techniques available and with a proper level of funding, I cannot see how the trend away from the NHS will be stemmed. I recognise that there is regional variation in the

apparent commitment of devolved government to NHS dentistry, but even in the more enlightened regimes I wonder if this commitment is too little and too late to save NHS dentistry. It is vital that all of us engage with the process of making the delivery of good dental care better and available to the whole population.

INCLUDE THE WHOLE DENTAL TEAM

Despite the gloomiest economic news since the 1930s, I do, though, believe the future of dentistry is bright. Those involved in dentistry: dentists, dental care professionals or those involved in the dental industry, are almost universally versatile individuals who will adapt to the changing circumstances. Dentistry will not only survive this economic blight

but it will continue to flourish because of the talent within our profession and the services we offer to patients. Dentistry must remain united though, and I commend to you the thoughts of John Craig who, in his Presidential address, called for BDA membership to include the whole dental team. This was in 2005 and still BDA membership is only available to dentists. I hope the Representative Body and Executive Board can address a change to our membership rules during my Presidential year and that I will be the last President who has to call for such a debate. I would like to end by saying how much I am looking forward to this conference and exhibition and hope to meet as many of you as possible over the next few days or during my Presidential year.

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Valedictory address

Gordon Watkins MBE

Gordon Watkins MBE was installed as President of the British Dental Association at last year's 2008 British Dental Conference and Exhibition held in Manchester. At this year's conference in Glasgow he gave the following valedictory address.

There can be few people that will dispute the perception that bad times go by very slowly while good times race past. I find it difficult to believe that it was more than a year ago since I was being installed as your President in Manchester in May 2008. The last twelve months have passed by so quickly that you can all be assured that I have had a very, very good time as your President.

You don't become President of an organisation like the British Dental Association without knowing a considerable amount about the Association and its membership. However, by the end of your Presidency you know considerably more than when you started. The visits to Groups, Branches and Sections throughout the United Kingdom have given me much more insight into the activities and needs of the membership. Travel to the United States of America, Sweden, Australia, Canada and Ireland has shown me that British dentistry, the British dental profession and the British Dental Association are highly respected throughout the world.

Much has changed in the last twelve months and we sometimes need to remind ourselves that this time last year we were

facing a future of economic certainty with increasing prosperity through unremitting economic growth – there was not a cloud in the sky. But then the economic bubble burst, financial credit dried up, financial institutions, banks and insurance companies that seemed to have been around for generations collapsed and disappeared overnight. There cannot be anyone at this Conference who has not been affected in some way by this turmoil. Compared to many we remain lucky that we provide a healthcare service that is necessary both in the good times and the bad times. But our patients are often less fortunate and many have to now make their purchasing decisions against a background of reduced income or unemployment. Their lifestyle aspirations of whiter teeth and a more beautiful smile may need to be postponed until they have more financial security. However, they still need oral healthcare and we have a responsibility to treat them with consideration. Dentistry is not immune from economic disaster but it is resistant to the financial crisis.

Despite this our Association moves forward and grows in stature, embracing the changing needs of the members. The

VALEDICTORY ADDRESS

Executive Board has started to look at a new BDA mission and vision statement with a new set of underpinning themes. This will produce a new set of organisational priorities and new challenges that will guide the Association well into the second decade of the 21st century. Only by implementing relevant change can the BDA adequately serve its membership from recruitment through to retirement while still retaining its reputation as a world authority on dentistry. The future looks very exciting and we have a talented group of elected officers supported by skilled professional staff available to take that change forward for the future of the dental profession, whatever the latest crisis may be.

Being President of the British Dental Association has been a privilege and an honour that I never expected in my dental career. I am extremely grateful for that honour and I don't really know how to demonstrate my gratitude to the member-

ship other than to say thank you. Carrying out the duties of President has been an exercise that has required the help and support of a whole team of people, from my wife Sally and my children to other officers of the Association and the staff in all the offices of the BDA. I am extremely grateful to them all.

I am very proud to pass on the Presidency to an old friend and colleague John Drummond. John and I worked closely together when the BDA had its own economic crisis and there is nothing like adversity for throwing colleagues together and learning about each other. I know that John, who is a respected dental academic and teacher, will make an outstanding President of the Association. John, I wish you the very best of health, fortune and luck as you start your Office and I do hope that you enjoy your year as President of this Association as much as I have enjoyed mine.

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