

PEC sets strategic direction

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When we restructured the British Dental Association in spring 2012 one of the most significant changes was the creation of the Principal Executive Committee (PEC). The PEC's role is to focus upon the governance and strategic direction of the Association. It is directly elected from, and by, the membership. Elections took place in April/May 2012 and at the first meeting of the PEC in July 2012 I had the honour of being elected chair for the following three years.

The period since then has been one both of action, with the establishment of the new English Council, the completion of a project to define the Association's values and purpose and, as BDA members have been informed this week, the finalisation of a new membership structure. It has also been a time of thought and learning. I promised in July that the PEC would define by early 2013 the strategic objectives for the triennium. Shortly, we will publish a background paper that will go into more detail but, in summary, the key areas of focus for the PEC's triennium of office will be:

Communications

We will enhance our web presence such that it fulfils the needs of members both individually and collectively

Communications are at the very core of any membership organisation and we recognise the need to continue to develop and enhance all of our communications platforms. The web, though, is of absolutely critical importance. Already there are indications of a massive drift to 'smart' devices as the preferred vehicle for web access. We will work closely with our members to define their current needs, and build web access that fulfils them, but also allows flexibility to adapt to changing technology and habits. We foresee an enhanced role for the web in communicating particularly with younger members.

Association strength

We will create an environment where dentists can understand the real value of collective strength and why their personal membership of the BDA is crucial

We recognise that it is through numbers that strength comes. We need an association that can speak with the authority of knowing that it speaks for the majority of dentists, speaking up for the whole profession. We need to lead, working with our sister organisations to facilitate change and development. As we said in our values statement 'members are at the heart of everything we do', but it goes beyond that; the BDA is its' members, nothing more nor less, we are a cooperative in the strictest sense, owned by our members and for our members.

We will promote a culture where the BDA is not seen as a third party but is seen as *US*.

Member value

We will build upon current work to tailor services to members' particular needs and interests

The changes to our membership structure recognise that BDA members come in many shapes and sizes and that their needs vary. One size most definitely cannot fit all. We need an organisation that is fleet of foot and can flex to changing needs. Within this statement is a particular recognition that the needs of younger dentists, whether associates, foundation dentists or salaried, have not always been obviously met by the Association. We will build on current strengths by listening to the needs of current and future members to tailor services to meet their needs

Standards

We will champion the concept of personal professional accountability

We perceive that the growing commercialisation of the world around us challenges professionalism. Increasing state intervention in regulation marks a drift away from the right and duty of professionals to self-regulate. The GDC is no longer elected from within the profession and its role has been more clearly defined as one of protecting patients. We believe that the BDA has a role in championing professionalism, encouraging promoting an ethos of putting the patients' interests first.

Leading the health debate

We will set an agenda for oral health delivery in each country of the United Kingdom

The need of patients, professionals and governments are not always coincident. Governments can act in the interest of themselves, for example setting targets for 'access' in dentistry over other criteria. We aim to produce an agenda for oral health delivery through consultation and cooperation of all our component crafts, an agenda that looks across primary and secondary care, NHS and Private provision, and that recognises the constraints of government funding.

The PEC will deliver on these promises, revisiting targets annually to measure ourselves against them and check their continued relevance and whether more pressing priorities have developed. I believe that we have set an ambitious, important agenda for our profession and our patients that every dentist will be proud to be part of.

DOI: 10.1038/sj.bdj.2013.276