



Presidential address

Barry McGonigle

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Barry McGonigle was installed as the new President of the British Dental Association at the 2013 British Dental Conference and Exhibition held in ExCeL, London on 25-27th April 2013. The following is his presidential address.

Good morning Ladies and Gentlemen, I stand before you today having just received the highest honour any dentist in the United Kingdom could enjoy. To be formally recognised by one's peers as the national President of our profession is a breath-taking personal acknowledgement and I am grateful to you all for it.

I'd also like to pay tribute to my predecessor, Frank Holloway, who will be a hard act to follow. Frank has had the good fortune to be BDA President in the year of the Queen's Diamond Jubilee celebrations and the honour of acting as the profession's ambassador at the formal celebrations in London. Unless the Duke and Duchess of Cambridge are planning an unusually expansive christening, I doubt my year will involve such a magnificent state occasion. I am not jealous though; my Presidential year coincides with the 90th anniversary celebrations of the BDA's Northern Ireland Branch. To be national President in this of all years is a huge honour.

I should also at this point, express my profound gratitude to my family who tolerated my many absences to meetings in Belfast, meetings in London, meetings all over the world it seemed. Without their help and support I could not do this. I must also thank the many BDA colleagues centrally who became friends, mentors and role models for me. I thank The Northern Ireland Branch which did me the honour to propose me as your President. Finally, my practice colleagues and staff who have adapted to my diverse roles in the association and continued to provide wonderful patient care in my absence.

As I prepared for this conference, I realised that I will be the last president whose nomination has been endorsed by a representative board or body before being presented to an annual general meeting. This of course merely reflects the changes in structure, membership offering and service delivery which are transforming our association. The changing face of the association reflects in large measure the changed demographics, employment conditions, career goals, and aspirations of the increasingly diverse group of men and now mostly women who make up our profession. This transformation of the BDA, which is really only becoming fully visible to our members and the dental world around the time of

this conference, is of course also a response to the challenges of a wider external healthcare environment. Not least, increasingly divergent local and legislative structures in the devolved countries and in England.

The changes within the BDA are being directed by your PEC and the Chief Executive following on from work begun a number of years ago by the Executive Board. That the leadership of the association is facing and anticipating our changing dental world is hugely positive as it shows the desire, constructive aspiration and belief in ourselves that we can shape and guide the changing dental future.

This is an exciting and courageous step by the leadership of the association. In particular, Martin Fallowfield, Chair of the PEC and Peter Ward, our Chief Executive. Both of them and all their colleagues in leadership and senior management roles will expect and deserve our encouragement and support in this challenging endeavour over the coming year.

Thankfully, it is not the place of your President to publicly air his own views about the direction of change brought about by government policy and legislation, nor even to comment upon the quantity, let alone the quality, of guidance and regulation which threatens to overwhelm us in daily practice.

While the focus of our association centrally and its leadership must presently be on transformation and implementation of a modernised BDA, as President I want us not to forget that there are underlying themes and beliefs which call many of us to be dentists, to be professionals and indeed to be members of the British Dental Association. We must still be mindful that a professional association should always be more than just a member service, a trade union or a negotiating body.

Qualities such as fellowship and mutual support, the sharing of knowledge both from personal interaction at conferences and meetings like this one and remotely through the outstanding BDA library, and increasingly, the website; these are real professional values. We also have a role as advocates for dental health, promoting dental services for patients, and sometimes it is not easy when health services are under fantastic competing pressures to speak up for dentistry at local

or national level. But, I believe that the BDA and its individual members have to be that voice for dental health.

So I want to take the opportunity today to speak to you about a subject close to my heart and one that touches my everyday life as a dentist. As many of you will know I am a general dental practitioner in Northern Ireland. I live in Omagh and work in a family practice established by my father in 1949. This makes me the most westerly located dentist to become your President. My dental practice is busy serving patients from a community that enjoys a rare and displeasing distinction. That distinction is the fact that the community in which I live and practise, still suffers some of the highest rates of dental caries in the United Kingdom. Although I know these are issues shared by many colleagues and many patients in other localities including for example inner cities.

Within all the nations, dental health surveys reveal declining incidence in caries and periodontal disease, to a level where in most places the younger demographic are now strangers to dental interventions. They have benefited from public health campaigns, fluoridation of water supplies and the application of fluoride through dentifrices. Significantly, in all of this there has been an emphasis on education and the inculcation of positive behaviours on the part of our patients themselves.

The dental health message has resonated most strongly where it has chimed with the general health message, and the public have been encouraged to understand the significance of their diet in oral disease and general disease. Responsible commercial enterprises have also done their part in supporting this move towards improvements in oral health. For some years there was a general move towards removing the temptation from vulnerable young people by avoiding the placement of sugary confectionery around the pay points in supermarkets and shops. I am sad to say that this socially considerate co-operation appears to have been eroded over time and we now see a reversion to trading practices that were prevalent in the 1960s and 1970s when the issue was first raised. We now see snaking queues winding through an Aladdin's cave of confectionery in most supermarkets.

In Northern Ireland, this, coupled with resilient and resistant social attitudes, means that the scourge of dental caries is far from a thing of the past. In the other countries of the United Kingdom there is talk of a new decay-free generation and an older 'heavy metal' generation. In Northern Ireland, one heavy metal generation is blending into another. Whilst the developments on the world front may ultimately lead to our 'heavy metal' (amalgam) becoming a thing of the past, that will not, however, remove the problem of dental disease that has given rise to so many devastated mouths in

young patients. We are already aware of the unacceptably high numbers of dental general anaesthetics and I very much fear that for the most decay-prone youngsters, it will not be amalgam but the surgical steel of extraction forceps that will become the metal of choice.

In the developed world with sophisticated societies and educated populations, surely the continuing problem of preventable disease must be regarded as a national disgrace. The fact that children in parts of the UK in 2013 are suffering from a disease like dental caries should make us hang our heads in shame. And the companies and commercial enterprises who so shamelessly put profit motive before fundamental health should be particularly held to account.

In recent years we have witnessed a concerted campaign to change behaviours and attitudes to smoking in an effort to improve general health – including oral health – and reduce morbidity and mortality. The impacts were profound and the health gains continue to manifest. Big steps were taken in ways that had been hitherto considered unthinkable. We saw that assaults on advertising and product placement coupled with deliberately increased tax backed up by legislation to control behaviours were highly successful in turning round the incidence of a range of diseases that flowed from a particular product (tobacco).

So why is it that a set of products known to induce not only dental disease, but also obesity, diabetes and heart disease remain sacrosanct and beyond control?

I'm pleased to say that, after due consideration, the BDA's Principal Executive Committee has opted to throw the organisation's weight behind the lobby calling for a 12-month trial of a specific tax to discourage the consumption of sugary drinks.

But, as important a step as that is, it is not by itself an adequate response to the scope of the threat oral health is facing. We need a far more comprehensive set of measures to deal with not just sugar but also the issue of erosion caused by acidity.

I am therefore pleased to reveal that my year as President of the BDA will see the launch of a rounded campaign by the BDA and others against both sugary and acidic products. We will be publishing full details next month and I encourage the whole dental family to become involved.

This is a serious problem – one that rather than going away is renewing itself. The efforts that we make in practice, as valuable as they are, need to be complemented by our efforts as a professional campaigning voice. As dentists we care for the dentition in our surgeries, and we must also do so in the public arena.

I hope you will support us in our efforts over the coming year.

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