

## EDITORIAL

# Presidential address

John Milne MBE  
BDA President 2023/24

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**I** have spent much of my life kicking back against authority and 'The Establishment' and a good number of my contemporaries would never have imagined me being here today to receive the highest honour of the Association.

I think even my mum must be surprised and amazed! I've walked up and down the stairs at Wimpole St and read the names of those who have served as president. Academics, consultants, specialists, even the odd Prince! But I am both humbled and at the same time proud to sit alongside these gifted and talented people as one of a number of general dental practitioners.

I was tempted to say 'just a general dental practitioner' but our profession is full of GPs who, alongside their teams, care for so many millions of people with skill and dedication.

I must pay tribute to those who have recently held office with such distinction. I could go all the way back for several years, but Roz McMullan, Russ Ladwa and Liz Kay have served through some of the most troubled times for both our nation and our profession as we have worked through the pandemic with all its pain, disruption and sadness.

I offer them my thanks for the goodness I have seen in them. The selflessness of their service and their inspiration to our colleagues – not just during their terms of office, but in their exceptional careers too.

## My journey

I graduated from Leeds School of Dentistry in 1980 and started to work as a GDP in Wakefield – not far from home. I've worked in that area ever since. A situation in a practice brought me to the attention of the Local Dental Committee and I was invited to one of their meetings. Foolishly, I joined in the debate and discussions about the woes of the NHS dental service, the challenges facing the then school dental service and the local hospital. I knew nothing, and yet my

colleagues welcomed me warmly and invited me back, again and again until I became an LDC member.

Representing colleagues over the years has been an honour, a privilege but most of all a great joy whether at local, regional or national level. I have been formed through the crucible of LDC meetings, LDC conferences and I owe so much to these grassroots dentists who have inspired me to continue working within the representative structures of our profession. I particularly need to pay tribute to my practice colleagues in Normanton and Featherstone who have covered for my many absences over so many years.



And it's something of that misty-eyed 20-something that remains with me today. The spirit and sense of responsibility that took me to the General Dental Practice Committee, as backbencher, an Exec Member and finally as its Chair. Then on to the Care Quality Commission as National Clinical Advisor, and now back to the BDA as your President.

## A force for good

I imagine many of you will have been asked the same question: why did you want to be a dentist? Potential students tell admissions tutors of the desire to help people, to both cure and prevent disease and other worthy ideals. I'm sure that's what I said at interview. But in reality as a 19-year-old who was re-sitting a physics A-Level after achieving a poor grade, I didn't really know what I wanted to do. Someone said 'you could become a dentist' and I thought – that's an idea!

But learning alongside my colleagues at Leeds, witnessing the dreadful ravages of oral disease in post-industrial West Yorkshire quickly brought me to a realisation that our profession has the capacity to do really valuable things in our society. And I for one want to celebrate the breadth, depth and scope of the marvellous things the whole dental team achieves every day.

We are uniquely able to both prevent disease and restore the consequences of that disease where it happens. Alongside that, we are also able to provide cosmetic treatments that enhance the self-confidence and wellbeing of people at all ages. Having said that, there is a

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real and ever-present moral and ethical issue for our profession which is the persistence of oral health inequalities across society.

## The patients who need us most

Some might have assumed that by 2023 we'd be scooting around in flying cars. That dental disease would be a thing of the past. That inequalities would narrow and fade.

Working in West Yorkshire, I always took a different view.

And now, as we emerge from COVID, oral health inequality is widening once again. Decades of progress risk being undone. We're already seeing it with children.

Our youngest patients deserve better. We know disease and deprivation go hand in hand, but there doesn't really seem an appetite to break out the big guns, the tried and tested policies that the government's own numbers show will save the NHS a fortune. 

◀ Supervised brushing, even fluoridation; all that's missing is the political will to make them happen.

This is a theme I've taken with me from LDC to GDPC chair, all the way to the CQC. Some might call my last gig a case of poacher turning game-keeper but that's not how it was. Because one of the things I'm proudest of is the work on Smiling Matters, putting the crisis in our care homes on the map.

We have all heard the heart-breaking stories of care home residents suffering the indignity of not being properly supported with basic oral hygiene. As clinicians, we know how rapidly oral health can decline in these circumstances, and the impact this will have on their general health and quality of life.

When the CQC first undertook this review, the findings were alarming. Most of the care homes visited had no oral health promotion policy, nearly half were not training staff to support daily oral health care, and the overwhelming majority of care plans we reviewed did not fully cover oral health.

At the time, the BDA rightly called for a revolution. The level of commissioning of domiciliary care was barely 1% of what was needed. What a shameful manifestation of just how broken the system is. Now we've seen huge progress, on training, and policies and plans, but access has collapsed. The proportion of care home residents who can never access NHS dental care has leapt from 6% to 25%.

COVID has changed the game. As with the rest of NHS dentistry, what little access we had has fallen off a cliff. Long-term problems have become existential threats. And hard-won health gains risk being lost.

I do not accept that millions growing up in our deprived communities should face a future of decay and extractions. I do not accept if you are frail and elderly, live in a care home or have special needs that your oral health will inevitably decline. I do not accept either that the homeless of whatever age should have no options with respect to their oral health.

As a citizen of one of the world's wealthiest countries, I know these are all the results of political choices. And that we can and do point to another, better way.

#### A future for the NHS?

In 2009, the government of the day commissioned a review of NHS dentistry by the late Professor Jimmy Steele. I am yet to see a better analysis of the problems and potential solutions. It's very close to

an argument for a 'core service' but it is different in an important way in that access to more advanced treatments is dependent on addressing the risks of future disease. Prevention lies at the heart of reform.

Ask anyone who ever served on GDPC with me and they'll know my view: a core service risks core funding. But we are at a crossroads, and the prospect of further rationing seems ever more likely. This is not something I believe this profession should own. If choices to reduce care are going to be made, leave them to Ministers, leave them to government, let them carry the can.

But in this context it's not just oral health at risk, it's the service itself.

A former BDA chief exec used to call me 'Mr NHS'. I was elected as Chair of GDPC in 2009 with a mandate to reform the NHS dental contract. In my naivety, I believed that we would finally crack the issue of NHS dental delivery. How wrong could I have been!

My successors continue to wrestle with a seemingly disinterested government. As Shawn Charlwood told the Health and Social Care Committee, the solution is not 'rocket science'. The homework has been done. Again, all that's missing is the political will.

The profession is falling out of love with the NHS. It goes without saying we'll only make progress if dentists see the service as a place to build a career. And when BUPA can't make it work, what hope is there for the rest of us?

Talking with younger colleagues, I know the NHS is not where they see their future. Long before they've even graduated, students are hard-wired that the service is not for them.

#### So that's why I'm committing my term to the patients that need us most.

In my presidential year, I'm not going to write a love letter to the NHS. But equally neither am I going to pen its obituary.

I want my presidency to support meaningful progress for groups that need – but often don't get – the care they need from the NHS. It goes without saying I will do everything within my power to improve the lot of my colleagues, wherever they work.

We have a system that – in theory – has the power to make a difference, to reduce inequalities. Negotiations on reform – or something like it – are in train across all four nations.

I'm no longer sitting at the table in the 'room where it happens', but as President I will do my bit.

#### Being bothered

I became a BDA member when I first qualified in 1980. To be elected as President feels to me like a joyful homecoming. Our branches and sections are the foundation of the Association.

I want to see us become evangelical in getting our colleagues to participate. Dentist colleagues, and the whole dental team. We are collectively stronger when the whole dental community works together.

Because since the start of my career I have had the distinction – or fault if you ask friends and family – of being bothered. I've never been willing to just sit back and take it from government.

And that's another thing I want to try and do this year.

Whether it's contracts, funding, oral health, we only make progress when colleagues are ready to 'be bothered'. That's the golden thread that's taken me from the LDC to the GDPC, from the BDA to CQC and back again.

The BDA described itself as the 'voice' of dentistry. But it can only do that with the stories and weight of evidence from colleagues on the frontline. We can only offer that voice when members speak up.

Some of you may remember one of the phrases used in wider NHS reforms. It was this phrase – 'no decision about me without me' that rings true for me.

So I will be travelling to branches. I want to hear about what you're facing. And I want to encourage more of you to make the decisions I took as a young LDC member. There's never been a more crucial time.

Some ask why branches and sections, or LDCs, don't always look like the profession they serve. Is it that our younger colleagues don't care about their future or the future of the profession? I don't buy that.

Passionate views are being exchanged daily on social media about everything from the state of the NHS to the most effective tooth whitening treatment. I want to do what I can to harness that energy, and ensure these colleagues have a home in the BDA where their voice can actually make a difference. You have my assurances I will always be bothered about the challenges you face.

I'll try my level best to get progress. For my colleagues, and the patients we treat. ■

# Valedictory address

Elizabeth Kay MBE  
BDA President 2021/23

**I**t is hard for me to believe that I am already coming to the end of the wonderful experience of being President of the British Dental Association. It honestly seems only a moment ago that, in the middle of lockdown, I sat in front of a little screen in my office, while my partner put the presidential jewel around my neck! And yet, on the other hand, lockdown...what a different world that was, and how far away that seems. But becoming President seems to me to be so recent and yet it was over 18 months ago, because I have had the very, very great fortune of having had a slightly longer than usual term as President, because of course COVID-19 had scrambled all the usual arrangements and the BDA's annual cycle of events. But now, things are back on track...at least in some ways.

But let us just for a moment cast our minds back to those times of the severe lockdowns, which now seem like a different life, a different world. Those months of fear, those months/years even of such difficult times for the dental profession, who nevertheless battled on regardless, and found ways to care for their patients, despite the risks, and despite the hideous working conditions, and fallow times. If only heroism such as that (and heroism is genuinely what I believe it was) were properly recognised, and properly rewarded. I believe that our profession, which I am so proud to be part of, was then, and is now, truly magnificent.

And of course the dastardly pandemic pretty much spoilt my predecessor's time as President, which was so, so sad...for us, and for him, because far fewer people had the chance to listen to, and talk to, the lovely Russ Ladwa than should have been the case. COVID, which frightened us all; COVID which dominated our world; and COVID, which has, in fact, changed our lives irrevocably, and forever.

We can now, as a result of the boom in technology resultant from the pandemic, all attend meetings, see friends and give lectures without stirring from our settees and without traipsing about the country,

or in some people's cases, the world, without burning masses of fossil fuels in the process, without braving the weather outside. To some, that release has been a joy. To others, it has been torture. There are still people who say that business cannot be done properly without actually being in the same room as others. There are others who argue that organisations can function perfectly well and with huge benefits in cost savings, without ever meeting physically. It is an ongoing debate. I personally think the truth lies somewhere in between. Most business can perfectly adequately be conducted via Teams or Zoom or whatever your preferred platform is. But for some things, I think you do need

turbulent times, we have probably never needed these things more.

Because the world is a very uncertain place. We do not know what is going to happen. I mean, who would ever have predicted that there would be a worldwide infectious disease that would kill millions and change the way we live, forever. Who would ever have predicted that we would see a war in Europe in the twenty-first century. And I think the precariousness and uncertainty in today's world teaches a very profound lesson. And it is this. (And I think this might be particularly important to dental students and younger dentists). Never, ever let yourselves be limited by expectations...your own, or other people's.



**'Belonging to the BDA gives one support, opportunities for friendship, and mutual understanding. It offers guidance when things are rough.'**

to catch the subtleties of human behaviour in front of you in order to truly understand what is being communicated. But most importantly, and particularly for the BDA, what was lost during the pandemic was the camaraderie and comfort that an organisation that really understands its members and whose members really understand each other, can give to an individual. And those elements of what the BDA does must remain.

The BDA does face some challenges. Not least the dental contract, but also the apparent view among younger cohorts that they do not need a professional organisation. During my travels as President, I have learned that we are not alone in facing the difficulties posed by falling membership and poor attendance at face-to-face meetings. It seems that it is the same for dental associations across the globe. And I find this sad. We need each other. We need a professional association. In these very, very

When I was a student, if you had said to one of my lecturers, that Liz Kay would become a Professor, and a Dean of a dental school, or, most ridiculously of all, the President of the BDA, they would have laughed in your face...and yet all these marvellous and completely unexpected things have come to pass! Amazing. I am a classic example of what John Lennon said...that 'life is what happens to you while you're busy making other plans.' So, it has all been utterly amazing to me...and I guess to others! But when you think that when I was a student there were no, and I mean NO female dental professors, it proves that the most unexpected and the most profound changes do happen. The world does move on.

So, as I said to the students at Christmas – difficulties and stress are motivators if you don't let them overwhelm you. And as difficult as things sometimes are, stress enables you to do, to cope, and sometimes to achieve things that

« you never thought possible. Being part of this profession is, undoubtedly sometimes, perhaps often, stressful. But you are stressed because you are part of the best, the most amazing profession. And here I am going to repeat what I have said at the many Branch and Section meetings I have attended during my time as President, and which I said in my inaugural speech, which I hope you will forgive, but I think it bears repetition. When you really think about it, you will recognise that you are part of a profession, the like of which there is no other. There is no other career, no other workplace, no other area of professional practice which requires a set of skills such as yours. Skills which are demanding, eclectic, deeply practical yet requiring intellect, artistry, and profound knowledge. Only dentistry requires all those things. And that, I hope,

is what my presidency has been about... celebration. Celebration of what we do, recognition of what we are: a fantastically skilled profession, whose central tenet is others' wellbeing, and adding quality to people's lives. We are as good, as important as any other professional group and we have to stop being humble. I don't think we remind people of the service we give to the population, or how important we are to them often enough. We do not point out our immense professionalism, our resilience and our enormous skill set often enough. I think it is high time we did that, and that dentistry started to demand the admiration and respect it so fully and so rightly deserves.

So just before I finish, let me thank again, from the bottom of my heart, those who nominated me, those who elected me and bestowed this huge honour on me. And

I want to thank everyone that I have met over the last 18 months for the wonderful hospitality and kindness I have been shown by everyone, and I'd like to thank the brilliant BDA staff for all they do for us all, and most particularly dear Alison Magee, who has looked after me so utterly brilliantly. Thank you all so, so much.

And now I will really finish by saying that the BDA represents all the qualities I have talked about. Resilience under pressure, professionalism, and dedication to what matters. Belonging to the BDA gives one support, opportunities for friendship, and mutual understanding. It offers guidance when things are rough.

I have never been, and would never wish to be, without it.

Ladies and Gentlemen. Thank you all, for everything. ■

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