

## Presidential Address, BASCD Spring Scientific Meeting Robinson College, University of Cambridge, March 2006

Members, welcome to the historic city of Cambridge, and to Robinson College. When planning this conference 2 years ago we had no idea that it would coincide with the date of the biggest change in NHS dentistry since 1948, at the same time, another reorganisation of the NHS is underway. Not surprisingly this has suggested to me that my theme for this address should be "Change". The traditional theories of strategic change emphasised the need for organisations to respond and adapt to changes in the environment by firstly 'unfreezing' their current position, before making the desirable changes and then stabilising or 'refreezing' these changes. However, as organisational change theories develop, it is becoming clear that in modern society, the attainment of stability is not a realistic goal. I think that this applies to all areas of life. The external environment, in the form of fundamental technological, organisational and social change, is shifting faster now than ever before. This suggests that continuity and stability are unlikely to occur in the near future. Organisations must therefore learn to view change as a continuous process of adaptation to an evolving environment. This seems particularly pertinent for the current NHS and for dentistry.

I always enjoy reading the articles of Stephen Hancocks and I would like to quote from his editorial in the BDJ just 3 weeks ago: "The human condition does not much like change. 'Why can't it be like it was?' is a frequently heard plea in many areas of life. Well, put quite bluntly, it can't be like it was".

Cambridge today is certainly not like it was at its inception 2,000 years ago. The current city with its juxtaposition of old and new provides a fascinating place to visit and an exciting place to live, the contrasts being evidence of the changes that Cambridge has experienced. It was near Castle Hill during the first century BC that Belgic tribes established the first settlement, near the spot where the river Granta (the original name for the Cam) could be easily forded. When the Romans arrived in AD 43, however, it took on a more strategic significance, the ford was the crossing point on the Via Devana, the Roman road connecting Colchester with Chester, the Romans duly stationed soldiers here to secure the Emperor's interests against rebellious Britons – and it is likely these soldiers were called upon to do exactly that during the Iceni uprising in AD50. Under the Romans the settlement grew from a village to a town- but it wasn't until the eighth century that it acquired its first bridge, built by the great Mercian king Offa, where Magdalene bridge stands today. The town's markets prospered, and despite an unsuccessful stand against invading Vikings – who reinforced the point by setting the town ablaze – "Grantbridge" was a thriving community by the time of the Norman Conquest. Then, once again, an invader

was to exploit its strategic position to quell its rebellious population. On Castle Hill William the Conqueror raised a fortress from which to subdue the army of Hereward the Wake, the Saxon rebel who was fighting a resistance campaign against the Normans from his base in the Fens. The rule of the Norman king proved uncompromising – the Domesday book tells us that "27 houses have been destroyed for the castle"- but the rule also provided stability. As peace returned so the town's prosperity increased, and by 1207 it had become a Royal borough by charter of King John. 1209 saw the arrival of yet another group of rebels. This time they were scholars, who had left Oxford (or been required to leave- reports vary) following violent quarrels with residents of Oxford. In the 1280's, Hugh de Balsham, Bishop of Ely, set about creating a proper place of study for this growing community of "studious scholars", leading to the founding of the first college – Peterhouse- in 1284. Others followed and as the reputation of Cambridge grew so it attracted increasingly generous patronage from English monarchs, culminating in Henry VIII's grand design for Trinity College in 1546. Within a century however, rebellion had reared its head in the most dramatic possible fashion. The monarchy that had so enriched the cultural life of the City was under direct attack, thanks to a Cambridgeshire Member of Parliament who had received his education at Sidney Sussex College. His name was Oliver Cromwell. When Charles II was restored to the throne in 1660, England finally found ways for parliament and monarchy to co-exist more harmoniously.

Cambridge demonstrates a mix of traditional values and revolutionary thinking. The outcomes of this University include:

- The unravelling of DNA
- Splitting the atom
- Code breaking to change the course of World War 1
- Literary geniuses such as Milton, Marlowe, Coleridge, Wordsworth and Byron
- Scientists such as Newton, Darwin, Rutherford and Hawking.

It has produced more Nobel prize winners than any other University, and also many famous entertainers such as Peter Cook, Clive James, the Goodies, Monty Python, Douglas Adams, Fry and Laurie, and even Winnie the Pooh.

To turn now to the more modern surroundings within which this meeting takes place. Robinson College was formally opened by the Queen on 29 May, 1981.

Sir David Robinson entrepreneur, College founder, and philanthropist, was born 13 April 1904 in Cambridge, the third of six sons and third of nine children. He was educated at the Cambridge High School for Boys, which he left at the age of fifteen in order to work in his fa-

ther's bicycle shop in Cambridge. In 1930 he moved to Bedford, where he took over a garage and developed it into a large and prosperous firm.

His fortune, however, was made in radio and television rental business. In the late 1930's he opened a radio and electrical shop in the High Street, Bedford, and in the late 1940's opened similar shops in Northampton, Kettering, Luton, Peterborough, Stamford and Hitchin. Having observed the impact of the Queen's coronation as a television spectacle in 1953, he set up his own television and rental business based, at first, on his chain of shops. By 1962, the Bedford firm of Robinson Rentals was making a profit of £1,500,000 a year and in 1968 he sold it to Granada for £8 million and turned his attention elsewhere.

The turf had interested him for a long time. Although his racing colours of green, red sleeves, and light blue cap were registered as early as 1946, and although in 1955 his 'Our Babu' won the Two Thousand Guineas, it was not until 1968 that he seriously turned his mind to horse-racing as a business. He set out to prove his theory that, given efficient and business-like management, organisation, and accounting, racehorse ownership could be made to pay. The results spoke for themselves. For eight seasons between 1968 and 1975 Robinson consistently headed the owners list of individual winners and races. However in terms of total prize money in a year he only headed the list in 1969. Overall he eventually won a total of 997 races. In the ten years from 1968 Robinson made a great contribution to British racing, at his peak having 120 horses in training.

He continued to apply and expect the same high standards of business efficiency even when it came to giving his money away. If potential recipients of his munificence did not come up to his own ideas of management efficiency, they went away disappointed and empty-handed. He set up the Robinson Charitable Trust. Its beneficiaries included Bedford - a swimming pool; his old school - an Arts' Centre; Addenbrooke's Hospital - the Rosie Maternity Unit named after his mother; the Evelyn Nursing Home - a new wing; and Papworth Hospital - a large sum for heart transplants. When the Penlee lifeboat foundered with the loss of the entire crew in 1981, he provided £400,000 to purchase a new lifeboat named after his wife, Mabel Alice, and he went on to provide three more, including the David Robinson at the Lizard in Cornwall.

In the late 1960's it became known that he was considering a large academic benefaction, and eventually Cambridge University accepted his offer of £18 million to endow a large new College. Planning began in 1973. The design was prepared by the Glasgow firm of architects, Gillespie, Kidd and Coia; the building was started in 1977 and was virtually completed by October 1980, when the first sizeable number of undergraduates entered the College and by 1993, had reached a steady state of 56 Fellows and 485 junior members - one of the larger and friendlier Cambridge Colleges.

Typically, Robinson avoided the opening ceremony, tendering his apologies to Her Majesty on the grounds that he had become increasingly immobile and his wife had for some time been incapacitated. He was knighted in 1985. Robinson died in Newmarket on 10 January

1987 and was buried at sea off Great Yarmouth by the Royal National Lifeboat Institution.

Returning to the subject of dentistry, this conference has made me reflect on my own experiences and influences for change. When I was at that crossroads of 'A' levels and having to complete an 'UCCA' form I had little idea of what I wanted to do, until I went on a zoology field week, one evening of which was devoted to careers. The careers master from a boys' school made the rash suggestion to me that I might consider dentistry. My concept of dentists was that they were men, but his idea fascinated me and on return I asked my (male) general dental practitioner what he thought. He generously offered me some work experience in the practice, which was then reinforced by the old "student for a day" course at the London Hospital in Whitechapel. My course was set, but without that first careers master I would not be standing here today. While at the Royal Dental Hospital in the early seventies I can remember a particular time when the students became very concerned about their futures because of the media publicity around the development of a vaccine against dental caries, and the clear (to them) message that that would be the end of caries and we would all be out of a job. Of course that did not happen, but what we were not aware of was the dramatic impact of the introduction of fluoride toothpastes. Despite the improvements in oral health we have seen since then, the changes in the funding and delivery of dental services happening next week, together with the media coverage, reaffirm that dental needs remain, and a comprehensive dental workforce is required to deliver care. In 1995 John Renshaw was Vice Chairman of the BDA's General Dental Services Committee; speaking at a conference entitled "NHS Dentistry - Developing Local Contracting" he said of local contracting "*it is the biggest single new idea that's hit the Health Service since 1948. it could kick-start the NHS back into the real world and enable it to go on providing an effective an effective service in the next century*". Unfortunately the current Chair of the BDA General Dental Practitioners Committee stated a rather different view in his BDJ editorial at the end of February, "*the world is waking up to the biggest shake-up in dentistry for over half a century - and what they are waking up to is chaos*".

My first introduction to the pleasures of strategic and political decision making was by virtue of the MSc in Dental Public health which I undertook in 1982/83. Of particular interest 25 years ago was the Report of the Dental Strategy Review Group, "Towards Better Dental Health- Guidelines for the Future", published in September 1981. The Strategy Group adopted as its aim "Providing the opportunity for everyone to retain a healthy functional dentition for life by preventing what is preventable and by containing the remaining disease (or deformity) by the efficient use and distribution of treatment resources". An aim that I am sure we would all subscribe to from the current changes. The document recommended immediate action to reduce the dental undergraduate intake, with a student reduction of at least 10%, which would result in about 1,000 fewer in the projected number of dentists on the Register over a 15 year period. The group also advised that in the interest of all parties further entry into dental therapist training

should be discontinued and the new Cross School closed. These proposals were actioned, but what a change we see 25 years on, expansion of dental therapist training together with a vibrant new school for dental care professionals in Portsmouth, plus general undergraduate expansion and the agreement for the development of a new dental school in the South West Peninsula. Other changes recommended in the Dental Strategy Review Group were rather slower in their implementation and different in outcome. It suggested that ideally children should be treated in the environment of general practice and when this is achieved that there should be "*a diminishing commitment on the part of the community dental service to healthy children and its development should be to meet the needs of patients in the special care groups*". Since then the development of specialisation in special care dentistry has been long in its gestation but I look forward to hearing from Janice Fiske of the successful progress during our conference session tomorrow.

BASCD itself started to become important in my professional life in 1984, from when I have vivid memories of presenting a members' paper at the Spring Conference in Manchester. This was when I first got to know David Evans, who was at that time the first Dental Public Health Specialist Trainee. He was also presenting a paper and we were both terrified, but the audience were kind and it remains a positive experience. I would recommend presenting a paper to all members, and we will be having a members' papers section as usual at our December Conference in London. I look forward to being flooded with abstracts. I owe tremendous gratitude to a number of past Presidents of this Society, who gave me wise council and support early in my career, in particular John Palmer, Tom Dowell, and Geoff Taylor, who I am really pleased to welcome to this Conference. I must admit that at that time I never dreamt that I would have the

honour of following in their footsteps. In latter years I have been privileged to count Presidents, Council and members of BASCD as both friends and colleagues and I hope that members will continue to feel that this Society supports them well both professionally and individually as it has me.

I would like to close by quoting again from Stephen Hancocks' recent BDJ article "the torrent of change is upon us but if we are to survive we have to think of it not as unstoppable but as a force whose energy stream we have to harness; to ride the wave and not be consumed by it. We are about to enter a period of adjustment which almost certainly will not be easy but may eventually be of great advantage". I hope that this Conference will give you some ideas and even some tools to move forward in to new ways of working which will achieve improvements in oral health and oral health care delivery. That it will provide you with the forum for both professional debate and friendships which are so necessary to support us all in the work that we do. The enormous changes upon us pose a tremendous load on the members of this Society, across all its groups. The whole spectrum from strategic planning to detailed delivery is our business.

I believe that we need to rise to the challenge set us and work in a cohesive way to maximise gain.

In conclusion I would like to formally thank my PA Cathie Winch and her colleague Ann Hilsdon – who have worked beyond the call of duty to organise this conference. I hope that you will enjoy it and that it will inspire you to attend the December Conference in London, 7<sup>th</sup> and 8<sup>th</sup> December at the Royal College of Physicians, the theme for which is "Education, Training and Development of the Workforce for the 'New World'".

*Sue Gregory*