



Editorial: BASCD at 50

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The British Association for the Study of Community Dentistry (BASCD) is marking its 50th anniversary in 2023. Alan French has been a member of BASCD for those 50 years, including a number as a member of the Council, and offers his personal reflections on some of the range of activities of the Association.

Introduction

Ever since the beginning of dentistry as we know it now, from the 19th century up to today, dentists have formed specialised groups. They range from interest in treatment for groups of patients such as children or the elderly to individual types of treatment such as orthodontics. The start of the National Health Service (NHS) in 1948 included dentistry and offered dental care to the whole population for the first time. Prior to that all care was on an individual basis or only to certain groups of the population. Thus, the school dental service offered care to a whole cohort within the total population.

The advent of the NHS stimulated some dentists to think of issues around care for the whole population and thus was born a society devoted to that problem.

The initial aim of BASCD was to establish the concept of dental public health and a new specialty, analogous to public health in the medical profession.

Conflicting Pressures

The early beginning and development of BASCD around 1973 has been well described. (Dowell, 2013; Gallagher, 2013; Gelbier, 2010). However, there were strong pressures which constrained these early developments and to understand them we must go back to 1948 and the start of the NHS. At that time there were two dental specialties recognised by the NHS, oral surgery and orthodontics. Each had consultant status recognised by the NHS and training programmes recognised by the Royal Colleges. This gave parity with medicine and ensured a high calibre of candidate would be available for vacant posts.

Those looking towards forming BASCD in 1973 were aware that the NHS was to be reformed and Area Dental Officers appointed. These were to be influential dentists in the new structure and would be overseeing the dental health of a large community of people of all ages. Population dentistry would be recognised in the NHS.

There was also a need to ensure well trained candidates would be available to fill these and subsequent, posts. Thus, BASCD would be about community dentistry and also support for a training system equivalent to that of clinical specialists.

The founders knew that they had to retain the support of influential members of the dental profession so the constitution in 1973 limited membership to: “Any person having a special interest in community dentistry and who has a dental or medical qualification registerable in the United Kingdom or another qualification approved by Council”.

Membership was therefore clearly defined and limited. This was the arrangement when the author joined BASCD in 1973 and he understood the constraints described above.

Present position

In the past 50 years the Association has developed into an internationally recognised society with essential links with all aspects of dentistry and government in the United Kingdom. There is a strong academic base with an internationally cited journal *Community Dental Health* published quarterly. The constitution has been modified and membership is now open widely. The BASCD website, bascd.org, states that Council members include dentists, social and behavioural scientists, academics and dental care professionals.

The Association has indeed matured from a complicated birth to a full and wholesome adult. This maturity is demonstrated by two Association Presidents one from each end of the 50-year spectrum.

Professor G L Slack

Geoffrey Slack was President in 1977/78, a man with an eminent pedigree. As was usual then, he led a small group to prepare the scientific meetings in his Presidential year. This took place in the 12 months prior to assuming the Presidency. At that time, I was a new member of BASCD Council and normal practice was followed so that I joined Slack’s group.

It was a weighty moment to enter the building of what was then The London Dental Hospital and School, previously entered as a student taking dental final examinations, to be shown to Slack’s office. He was charming and extremely courteous, leading discussion firmly and quietly as the various speakers were identified.

There is an interesting anecdote from the scientific meeting. When the time came, I was surprised to see Slack enter the lecture theatre, take his place on the platform and place on the desk in front of him an old-fashioned egg timer. He then politely explained to each speaker before they started that timing was tight and he wanted to allow questions after their presentation and he would start the egg timer when the speaker had 3 minutes left.

He was as good as his word. At the appointed time in each presentation the egg timer was upturned and the white powder trickled through. For at least one unfortunate speaker the timer ran out, Slack stood and quietly, firmly, and as ever, politely, informed the speaker that his time had finished. The result was that session ended on time as Slack had intended at the meeting in his office.

I discovered much later that this process was used by the British Society for Dental Research although a red light replaced the egg timer.

Mrs Maria Morgan

Maria Morgan was President in 2020-22. Her period of office was notable for two reasons. Firstly, this was the time of the COVID-19 pandemic when regulations in the United Kingdom prohibited group meetings of any size. Thus her Presidential meeting, scheduled for April 2020 was cancelled and she served for two consecutive years. The only other President to do so was the first President, Professor Peter James 1973-75.

The second reason is that she was the first President not to hold a dental qualification. Maria qualified in nutrition and generic public health, becoming a Fellow of the Faculty of Public Health in 2007. Her Presidency must mark the final transition to an Association able to accommodate all those excellent individuals with the ability to advance community oral health.

I remember with pleasure that I was able to help Maria at the beginning of her career in dental public health. She came into my office in Cardiff expressing an interest in oral health and I was able to place her into a role in dental health promotion.

I had the opportunity to participate in the following areas of BASCD activities.

Honorary Editor of Transactions

In the early days BASCD produced a newsletter which was sent to members to keep them informed. Council then felt it would be valuable to send members summaries of papers presented at scientific meetings because many members, for various reasons, were unable to attend the meetings. This was when a title of Honorary Editor of Transactions was introduced and the author was asked to take up the position.

At the same time, it was noticed that a scientist from the large company Proctor and Gamble (P and G) had joined the Association as an Associate Member. Contact was made and it was agreed that the Crest Professional Services Division of P and G would sponsor the production of a ring-bound booklet which was named simply, "Proceedings". The collaboration was made easier when we discovered we both worked near each other in or around, Newcastle upon Tyne, North East England.

It was a memorable afternoon to visit him at the P and G research facility in Newcastle. There was strict security to enter the area and the building. He escorted the author along a corridor past a large area where numerous washing machines whirred away. Washing powders were a major source of the company's sales and this was where new washing powders were developed.

The first issue of Proceedings appeared in 1979 and incorporated the newsletter. Issues were published for 5 years, up to three per year, when the Association's journal *Community Dental Health* commenced. These were five busy years asking each speaker for a precis of their presentation knowing that this is an additional burden for a speaker. The large majority were very cooperative providing readable summaries or sometimes the full text which the author was able to precis.

The Association also produced three "Registers of Research Projects in Community Dentistry" from March 1980 to November 1985. Each was produced in the same format as Proceedings: A4 size, first and last pages in card the remainder paper sheets in different colours for separate areas, all in a simple ring binder.

The author was BASCD President in 1992/3 and was asked to chair a meeting of the Editorial Committee of the Association's journal, *Community Dental Health* due to the indisposition of the Editor. What a comparison with his earlier role as editor of transactions. He was impressed with the quality of the Committee, the depth of consideration given to papers and the total professionalism of the editorial structure.

Training Specialists

BASCD members have led the development of training for consultants in dental public health since the Association started. This process has been well described (Dowell, 2013; Gelbier, 2010). The first trainee, David Evans, after 5 years of training, obtained his Certificate of Completion of Training on 1 February 1991.

Evans was based in Cardiff, South Wales. The author, also based in Cardiff, was the lead consultant responsible for the training programme with other consultants in Bristol and Taunton, South West England. The programme involved a vast amount of travelling over the five years which, in the view of the author, was excessive and demanded too much of a trainee. This programme was felt necessary to demonstrate to some sceptics in the Royal Colleges that the highest of qualities was achieved. Later programmes have been designed to make best use of time and are of a shorter duration.

The progress of the South Wales programme was also monitored by the Welsh Dental Postgraduate Deanery and was a daunting requirement for the trainee and the lead consultant. It involved three or more interviews for each, separately, during the training period. The interviewing committee consisted of consultants from other clinical dental specialties chaired by the Postgraduate Dental Dean, Professor Richard Green. The clinical consultants were not always the same at each set of interviews so additional pressure was experienced when there was a consultant sceptical of the new specialty. Sometimes there appeared to be difficulty in understanding the specialty and why the trainee was undertaking a specific project.

There was also criticism of the travelling involved. Green was personally extremely supportive and ensured that his committee gave positive reports.

Serving on Council

The author was serving on Council when the first Policy Document was produced in January 1982. "Sugar and Dental Caries" was a brilliant initiative which began a series of documents on different oral health issues and which continue to the present day. All are drawn from available scientific evidence. It is salutary that the latest one, dated November 2022, is also on the subject of dietary sugars. The fight continues to persuade the food industry to reduce the amount of free sugars in products.

The author also served when the whole Council was invited to comment and advise during the development of the first edition of "The Scientific Basis of Dental Health Education" by the English Health Department. BASCD has been at the forefront of advising politicians, industry and governments using scientific evidence.

Dental Epidemiology

BASCD members developed the criteria used for school dental screening programmes so that comparable data could be used to plan services. The author is pleased to have been leading the introduction of the BASCD techniques to the Health Authorities in the Northern Region of England and subsequently responsible for the Welsh programme.

The dental examiners in Wales were trained together for comparability. The author remembers an occasion when an examiner was consistently scoring differently from peers and had to be told so, potentially questioning the examiner's clinical decisions. The solution was for a separate training session for that examiner with the author, which, happily, was accepted.

Final thoughts

The success of BASCD during the last 50 years has been due to the skill and application of the members. It is now internationally known and respected with Association advice sought on all aspects of community dentistry. Dental public health is represented in dental schools in the UK, consultants in the specialty are active throughout the UK and specialty training ensures high standards will be maintained.

For the future the interests of BASCD must continue to expand as they have done during the last 50 years. For instance, what might be the impact of artificial intelligence on dental public health, or the possibilities of advances in genetics helping us to identify more easily those at risk in our communities?

Happy Birthday, BASCD.

References

- Dowell, T. B. (2013): The origins of BASCD and the Specialty of Dental Public Health: Some personal memories. *Community Dental Health* **30**, 132-133.
- Gallagher, J. (2013): The British Association for the Study of Community Dentistry at forty: our professional project. *Community Dental Health* **30**, 2-4
- Gelbier, S. (2010): The British Association for the Study of Community Dentistry and the Specialty of Dental Public Health. *Dental Historian* **52**, 20-31.

Author Biography

The author was Area Dental Officer for Northumberland Health Authority 1974-1986 and Consultant in Dental Public Health, South Wales 1986-99.

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