Community Dental Health (2013) **30,** 2–4
© BASCD 2013
doi:10.1922/CDH_2013Gallagher03

Editorial

The British Association for the Study of Community Dentistry at forty: our professional project

J.E. Gallagher

President of BASCD, 2012/13; Reader in Oral Health Services Research, King's College London Dental Institute; Honorary Consultant in Dental Public Health at Guy's, King's College and St Thomas's Hospitals

Forty years ago The British Association for the Study of Community Dentistry (BASCD) held its inaugural meetings. So as we embark on a new year and the 40th anniversary of our association, it gives me great pleasure as the 39th President to write the first editorial of the year. The aim of this editorial is threefold; first, to provide a brief overview of our association; second, to explore what it means to be a specialist association and in doing so draw lessons from social theory on the dynamic nature of professional groups; and finally, to outline some possible opportunities and challenges for the next decade.

History of BASCD

The decision to establish The British Association for the Study of Community Dentistry was taken at a meeting held at the Royal College of Surgeons of England in February 1973 (Figure 1). A founding committee was established from those present with its brief being to draft a constitution and consider the procedures for setting up the association. Two years earlier Geoffrey Slack (1972) had written to the BDJ highlighting a growing interest in community dentistry/dental public health within the dental profession (Anderson, 1984; Gelbier, 2010). The first meeting of the Founding BASCD Council was held in July 1973 and the officers are listed in Figure 1. The first scientific meeting was held on a Saturday in November of the same year in Birmingham. The first AGM was held in May 1974 at the Royal College of Surgeons when the first formally elected council included Professor PMC James as President; thus, our inaugural president held a two-year term of office, 1973-1975.

As reported by Gelbier (2010), the founding leaders set out with two main goals. First, to "*investigate the need and support for a specialist association where the population rather than the individual is the primary concern and where elements of social medicine and dentistry, sociology, epidemiology, biometry, statistics and delivery of community dental care are the main items of interest*"; and second, "*to consider appropriate training for community dentistry at the undergraduate and postgraduate levels, and the necessary training pathways in the NHS*."

We, the current members and association owe our individual and corporate expertise and status, in no small measure, to the knowledge and skills and efforts of past members of this association. Furthermore, just as our founding fathers (and they were generally male), we face major organisational change of health and social care, particularly in England, which is just as significant, but changes that provide opportunities for advancing public health action.

Theory of Professional Groups

The second objective of this editorial is to look to the theory of professional groups to provide assistance with our understanding of our own association's role in society and dentistry. An association comprises individuals with a shared body of knowledge and skills. Sociologists (Larson, 1977; Macdonald, 1995) argue that professional groups, once established, have to work at maintaining their 'professional project' (Figure 2). Within a profession, individuals specialise to focus on being at the forefront of a discrete body of knowledge and associated skills and thus, arguably, can be considered to have the features of a professional group in their own right. We as an association are involved in an ongoing 'professional project', which requires us to be proactive.

Starting point

BASCD was created from interested and committed dentists across community dental services and academia. The leaders of the group were largely Area Dental Officers from the public dental service (school dental service) and academics in community dental health. They worked hard to create the entity – it wasn't just a fact of social life. Interested individuals had gained personal qualifications, taking the newly created Diploma in Dental Public Health at the Royal College of Surgeons of England, the first diplomas being awarded in 1969. As 1974 approached they were preparing to move from local authorities into the NHS. To survive and to train the next generation with an interest in population oral health they realised the need to become established as specialists and consultants in this field and to be proactive in establishing similar committee structures and training programmes to established specialities in medicine and dentistry.

More recently colleagues with an interest in special care dentistry have, with the support of BASCD, emerged to form Special Care Dentistry, supported by a public health case of need for specialist expertise, basing their association home with the British Society for Disability and Oral Health.

Founding Committee of BASCD following meeting at Royal College of Surgeons, 8th February 1973
Peter MC James (Chairman)
Roger (Andy) Anderson (Secretary)

John Palmer	Gordon L M Williams
John W Craig	Ian Maddick
Stanley Gelbier	Phillip J Holloway

Founding Council Meeting of BASCD, 24th July 1973
Professor Peter MC James (President)
Dr Roger (Andy) Anderson (Secretary)
Mr Stanley Gelbier (Treasurer)
Mr FH Stewart (Assistant Secretary with responsibility for the Newsletter)

First Scientific meeting held in Birmingham, 24th November 1973
Speakers

Professor GL Slack	Professor Jackson
Dr P Holloway	Mr T Dowell

First AGM at Royal College of Surgeons, 8th May 1974
Professor James became first elected President of first elected Council

Figure 1. *Key dates and members in the founding of BASCD (sources: Anderson, 1984; Gelbier 2010)*

Overall objectives of the project

Monopoly in the market

The defining feature was an emphasis on 'community' or 'population health'. Concern for 'population health' in our organisational DNA – that's what makes us distinct. As a distinct association, we have the national 'voice' on population oral health and many related strategic health service issues. Within BASCD the Dental Public Health specialty that has emerged holds the strategic perspective on population oral health, whilst together all members provide a network of professional expertise across the health system. As such we model a range of influences from epidemiology to management and health promotion to social and behavioural sciences, each bring their expertise and knowledge to the association and demonstrate the diversity associated with the field of population health.

Potential market for professional services

The market for our services has ranged across various NHS organisations, academia, departments of health and other agencies. As within England the market for Dental Public Health specialist services becomes Public Health England, so we face another change and our relationship with this new body will be important, particularly as many of our association will be employed by PHE with relevant codes of conduct.

Knowledge and skills

The boundaries of the work of the association were laid down in the constitution of BASCD. This included epidemiology, health promotion, health services, management of services and providing care for vulnerable groups. Associate members were also welcomed from a range of backgrounds and ultimately absorbed as full members in time as the association matured.

Status in the social and financial order:

Status was achieved by many members of the association achieving specialist and then consultant status and this has been formalised within the Consultants Group

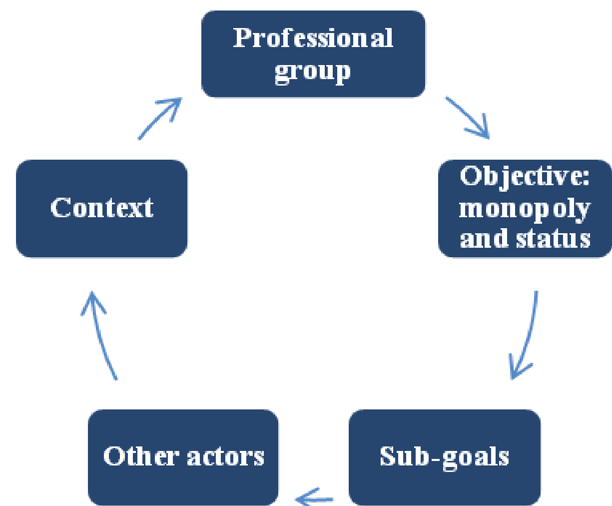

Figure 2. *A dynamic theory for the creation and maintenance of professional groups (after Larson, 1977, and others)*

of BASCD. BASCD played a key role in establishing the specialty and achieving consultant status which took some time. The initial focus, following our medical counterparts, was to become specialists and then consultants in Community Dental Health, which then evolved into Dental Public Health. Appointments committees were held, often at risk to the incumbent, in order to establish the role with consultant status.

Sub-goals

Sub-goals for a professional group include having a clearly mapped out jurisdiction, a monopoly on professional knowledge, producing the producers and gaining respectability. The majority of these goals have in time mainly been carried out by the Consultants Group of BASCD and the Specialist Advisory Committee in Dental Public Health, formerly Community Dental Health (Gelbier, 2010). Successful action led to the appointment of

David Evans as the first trainee in 1987 who emerged as the first formally trained consultant in 1991.

Other actors

All along the way we have had to negotiate our role and boundaries with 'other actors' that have supported or challenged our roles. There was, and is, therefore a need to have ongoing dialogue with professional colleagues in the royal colleges and other dental specialties, to build alliances within the NHS, departments of health, the chief dental officers and their medical counterparts, to name a notable few. These relationships are both co-operative and competitive. One notable achievement has been the support to members of our association and other professionals in the creation of the specialism of Special Care Dentistry, based on a public health case of need for specialist care.

The state's influence in the history of professional groups is immense. It has played an important role prior to and throughout the history of this association, from the creation of the school dental service, through to its incorporation into the NHS and then by facilitating the creation of consultants in community dental health/ dental public health and training programmes. BASCD plays an important co-ordinating role with the state in influencing change in support of population health and the delivery of healthcare and one of promoting quality. Our quality control of dental epidemiology provides a good example of the latter. The state has now played an important role in taking many BASCD members into the new organisation of Public Health England whilst many of the operational public health functions, such as screening, epidemiology fieldwork and oral health promotion, remain in NHS provider organisations. There are new opportunities on the population health agenda that must be grasped and shaped.

Context

It is clear that the wider social, political and cultural context cannot be ignored. It shapes, and is shaped by, professional groups. The context in which BASCD was established was one of poor oral health, health services that were largely centrally funded, health policy that was similar across the UK and a community focus and a challenging financial climate. In contrast, we now have much better oral health but the challenge of addressing health inequalities in a context of devolution, globalisation, consumerism, individualism and financial uncertainty. There is an increasing emphasis on population health and health services research as governments struggle to contain healthcare and spending. Furthermore, with devolution we work with the state in each country. We must guard against English dominance in the association and ensure that the diversity is used to bring richness to meetings as we share and debate practice, research and policy in different contexts.

As we look back on four decades in which there have been enormous changes in society, dentistry and health, we can take pride that members of this association have played a significant role including – leadership, teaching and training, research, epidemiology and health policy in support of population oral health and the dental profession.

Our future professional project

Finally, we must look to the future of our 'professional project' at personal, organisational and association levels. Macdonald (1995) argues the importance of all three levels in 'the project'. We are a new generation of members, whether consultants and specialists, trainees, academics, clinicians, behavioural scientists and health promoters who must take this association forwards – we are the association. An association that seeks to change oral health and health systems to improve oral health of the population is distinctive in itself. We are not a *status quo* association or specialty – we want to achieve change, we use change and we have to be prepared to change ourselves in order to fulfil our objectives. We want to influence health policy nationally and collaborate internationally to tackle the determinants of health and help shape health services in relation to a public health philosophy. With all the changes taking place currently it is important that our association retains and uses our voice in the marketplace.

We have many assets to assist with the 'population oral health project'. Our alliance with the European Association for Dental Public Health through the journal and the opportunities presented by joint meetings and our new website are a few of our assets. We must continue to build knowledge and expertise in the field, both scientific and practical. We must learn from one another and global leaders, actively providing leadership where that is appropriate.

From early in its history, BASCD has been perceived as an important 'corner stone' in community dental health (Anderson, 1984); the need for an organisation with a population health approach remains of great importance and must maintain its role in society and its voice in the marketplace. We do not take our privileged position for granted – we have to continue to demonstrate our knowledge, expertise and trustworthiness that justify our role in society and negotiate our roles in the system – or is it systems?

References

Anderson, R.J. (1984): A history of the British Association for the Study of Community Dentistry. *Community Dental Health*, **1**: 5-10.

Gelbier, S. (1985): The rise and fall of the area dental officer. *Social Policy & Administration*; **19**: 14-23.

Gelbier, S. (2010): The British Association for the Study of Community Dentistry and the Specialty of Dental Public Health: Based on a Witness-seminar on the 'Development of the British Association for the Study of Community Dentistry and its influence on the specialty of dental public health', University College London, 28 January 2010.

Larson, M. (1977): *The rise of professionalism: a sociological analysis.* London: University of California Press.

Macdonald, K.M. (1995): *The sociology of professions*. London: Sage Publications.

Slack, G.L. (1972): Letter to Editor, *British Dental Journal*, **133**: 131.