



Editorial

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It was 27 years ago, during my Masters that I was introduced to this journal, then edited by Peter James. He was one of a succession of icons of Dental Public Health to have filled this role including Denis O'Mullane, Martin Downer and until December, my colleague and friend Mike Lennon. Many of us have looked up to those pioneers with respect and reverence. The journal has always been the place to look for UK based research in DPH, and now it is fulfilling that purpose for on a European scale as well. Of course, a glimpse at the contents page shows that our scope is truly global. So with all this in mind, and as sentimental as it may be, it is an enormous honour to be on the same page as that list of academics and a huge privilege to assume the position of Editor of Community Dental Health.

We must start by lauding the achievements of Mike Lennon and Michael Smith as Editor and Editorial Assistant. Mike's editorial of March 2011 set out his plan to reduce the backlog of papers and reduce turnaround times. On top of doing that they have kept the journal at the heart of EADPH and BASCD, which they achieved by publishing higher quality and more generalisable science, regaining our impact factor, transitioning to online submission and introducing open access publication. Our thanks and congratulations are due to them for this work. We must also thank the Editorial Board that has supported them in this task, and particularly Denis O'Mullane, Annerose Borruta, Albert Kingman, Ishak Razak and Bun Shinsho who are standing down after serving so loyally for many years.

A new set of challenges or opportunities now faces us. At a demographic and epidemiological level we are seeing greater polarisation of health, with the best oral health ever reported in some child national oral health surveys and yet with steep social gradients within those data. This inequality creates vastly different information needs across the spectrum, so that the September issue of this journal reported a study of services for traveller children and a review of cosmetic dentistry, both by the same author! In addition, the success of this and other journals arises in part from the growth of the academic community. More reporting means that there is more to learn and scope for more scholarship, which is very welcome. But it means there is more work to review; work that is conducted by colleagues of varying capability, and sadly, sometimes by people with different ethical

standards than our own. There are also developments in academic publishing, including the growth in open access that will transform our financial models in years to come.

What will we do about these changes? It is part of a journal's role to support developing colleagues with better signposting to good science. We can do that by publishing better science and by providing education and training within our respective associations (which is already planned for June's EADPH conference in Vilnius). We can support better use of theory in epidemiology (Baker and Gibson, 2014). We can introduce the explicit use of guidelines such as CONSORT (2010) and STROBE (2009) that aid both the design and the reporting of science. To strengthen peer-review we will recognise the work of our referees by awarding them certificates of Continuing Professional Development. We will ensure a modest evolution of our Editorial Board to refresh our perspectives and we will make greater recourse to their expertise by asking them to review key papers.

Last, but far from least there is community participation. If you, the community of our readers have comments or ideas about how you would like the journal to be, then please contact me or members of the Editorial Board, either directly or via BASCD and EADPH.

References

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