

The origins of BASCD and the Specialty of Dental Public Health: Some personal memories

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The editorial in the March issue of this Journal by JE Gallagher (2013) outlined the formation of BASCD on the occasion of the fortieth anniversary of its founding. It describes well a range of issues which had to be addressed at the time and in the period leading up to recognition of the specialty but says nothing about what it felt like at the time.

I remember well the letter written by Geoffrey Slack (1972) to the BDJ drawing attention to the importance of a population approach to oral health. My own interest in the area had started many years before while in general practice in Huddersfield. After a somewhat naïve attempt to run a substantial dental health education programme I was appointed Chief Dental Officer to Huddersfield County Borough. The routine visits to schools in the mid-1960s immediately demonstrated not only the overall poor oral health of the child population but also the alarming social, ethnic and local variations. I am proud that information about the situation which I presented to the Council resulted in the introduction of water fluoridation. This was especially pleasing since Huddersfield was the home town of the secretary of the National Pure Water Association. This together with another scheme introduced after my move to Cheshire in 1968 undoubtedly contributed more to the health of the population than all of my other efforts over the years.

I was fortunate in 1970 to be able to study for a MSc at Manchester University and I must pay tribute to Phil Holloway for his initiative in establishing this opportunity. The benefits of this course included extensive involvement with the University Department of Public Health and those studying for qualifications in Community Medicine. It also had the benefit of making contact with Teddy Chester, Professor in the Department of Social Administration. He was an internationally respected expert on health services and played a key role in running the training courses at the Manchester Business School for key NHS staff in the lead up to the 1974 reorganisation.

Teddy used to hold forth at considerable length about the similarities in health services around the world. He described the impact of demographic change, the escalating costs of developing technology and the problems of persuading politicians and populations to pay for it all. He made a presentation entitled “Health Care – A World Problem” to the Scientific Meeting of the Association in

June 1974. This was forty years ago and it is obvious that the same problems are now an even more pressing preoccupation. Amongst Teddy’s endearing characteristics, apart from a rather ill-fitting upper partial denture, was a little black book he always carried in his pocket. This contained a range of quotations, known widely in the NHS as “Chesterisms”, which he liked to repeat during the course of discussions. When not gaining the upper hand he was apt to say “Don’t bother me with the evidence, let’s get on with the argument!” Another favourite was “We have millions of data untouched by human brains!” That will also ring some bells these days.

The comment about data was highly relevant for those of us hoping to take up appointments as Area Dental Officers in 1974. The evidence of poor population oral health was clear from the national surveys of 1968 and 1973 as well as the wide social and regional variations. However we did not have a ready means of collecting and analysing local data which would allow rational decisions about local services and choices had to be made by extrapolating from regional information. Awareness of this issue resulted in one of the first BASCD Scientific Meetings in November 1975 being devoted to information systems. This was also the subject for one of the first working parties. BASCD working groups and policy documents have been an important and influential activity for the Association. It is important that the activity is continued and that care is taken to maintain the authority and respect which has been gained.

My frustration at the lack of good local data was the reason that, as soon as the first personal computers, originally the Commodore PET, became available, I spent many hours writing software capable of collecting and analysing dental epidemiological data. This became Dental SurveyPlus and was widely used. The original intention was for local use and it was a surprise when the software was adopted for the wider studies of health authority areas sponsored by BASCD and published from 1982 onwards. The software was donated to BASCD on my retirement in 1992 and subsequently updated by the group in Dundee. While I was able to use my local data for making meaningful decisions about the distribution of resources locally I have never been clear what effective decisions have been made as a result of the BASCD regional data.

To return to the exciting but frustrating period immediately before and after the 1974 reorganisation, those closely involved in the Association made great efforts to create and gain recognition of an identity for the infant Specialty of Community Dentistry. This confusing title was used as the analogue of Community Medicine. Later we followed the evolution of Community Medicine to Community Health and to Public Health as the word “community” became less fashionable with a shift in the popular meaning.

The Founding Council took the first steps with preparing recommendations for training in the specialty which Professor Slack advised as an essential first step. A working party prepared recommendations which were made available to the Dental Faculty of the Royal College of Surgeons. The Faculty responded by setting up their own working party which included four representatives from BASCD. Of these Peter James, Stanley Gelbier and I were tasked with producing recommendations for training which followed the pattern agreed for the other dental specialties. Geoffrey Slack’s respected position in the Dental Faculty and Peter James’ diplomacy were key in gaining the agreement of the Joint Committee on Higher Training in Dentistry to the establishment of a Specialist Advisory Committee in Community Dentistry.

Good progress was being made in seeking agreement to the proposed training arrangements but we were faced with an odd “chicken and egg situation”. The Doctors and Dentists Review Body had made it clear that they would not support the equivalent of consultant status and terms of service until it was agreed that appointments to the Specialty were made through an approved training pathway. The Department of Health with whom we were negotiating through the BDA’s Joint Negotiating Forum would not take any initiative. Furthermore approved training posts required the appointment of approved trainers. We needed to find some way to break into this frustrating circle.

A further NHS reorganisation was planned for April 1982 and George Gibb who was at that time the Chief Dental Officer made it clear there would be no action on formal recognition until after that date. In the event that reorganisation turned out to be the opportunity to break the log jam. As Area Health Authorities were being abolished senior officers were not simply transferred to successor District Authorities. We had to be formally interviewed and appointed. It was agreed locally that my interview would be conducted by the Chairman and the District Administrator of the Bristol District which was the home of locally shared services. The interview would take place in the offices of the Chairman who was a well known local solicitor. I arrived at the appointed hour to be shown into the Chairman’s office and after a cup of tea and few pleasantries he enquired what he

could do for me. I explained that he was supposed to be interviewing me to see if I could have my old job back. Fortunately I had with me a copy of my CV which he studied and then announced “Welcome aboard my boy!” At this point the out of breath District Administrator arrived in time to take a formal note of the meeting. It was agreed that the note included the decision that I would be appointed as a Specialist in Community Dental Health.

The following day I received a telephone call from the Personnel Officer enquiring how formal approval for the appointment should be sought. I suggested that he wrote to the Secretary of the Dental Faculty of the RCS with a copy to the Chief Dental Officer at DHSS enclosing a copy of my CV. Shortly afterwards approval was received from the Chairman of the SAC, Peter James, and the Chief Dental Officer, George Gibb. I informed a number of colleagues of what had happened and recognition soon followed for Norman Whitehouse and Roger Bettles. The first recognition of an honorary appointment for an academic, subsequently awarded to Stanley Gelbier, turned out to be a little problematic. It was eventually negotiated through the Joint Negotiating Forum with cooperation from Jimmy Rodgers who was the dental member of the DHSS team. As the Chair of the relevant BDA Committee at the time I was very grateful for Jimmy’s understanding and support together with his connections with the Dental Faculty.

Experience over the period from 1974 to 1982 demonstrated the importance of establishing links and good relations between organisations. I have never been a natural networker and must pay tribute to the many colleagues who were involved at the time and better diplomats than I could ever be. It would not be possible to name everyone but I must single out Norman Whitehouse who, like many other of the pioneers, is sadly no longer with us. He followed me as Chair of the BDA Committee and then and in his subsequent career he made a huge contribution to the consolidation of the Specialty.

At this point a highly eligible trainee appeared in the form of David Evans and the Specialty was well and truly launched. It has been a great pleasure to see the way in which later Specialists in Dental Public Health have become key figures in the NHS located in positions which should enable them to have an effective influence. I will continue to watch with interest how things develop.

References

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