



British Dental Association
STRATEGY 2018-2021



BDA Strategic Plan 2018-2021

Introduction

This Strategic Plan is the product of wide-ranging member research, intelligence gathering and consideration by BDA staff and officers. It has been prepared following five years of gradual erosion of BDA membership numbers and a challenging time for dentists in the United Kingdom. The challenges are multifactorial and well-documented. Taken together, they have resulted in a profession that is stressed and anxious and that demonstrates characteristics of a sickened community. Overlaying these pressures are fundamental demographic attitude shifts that apply to the whole population.

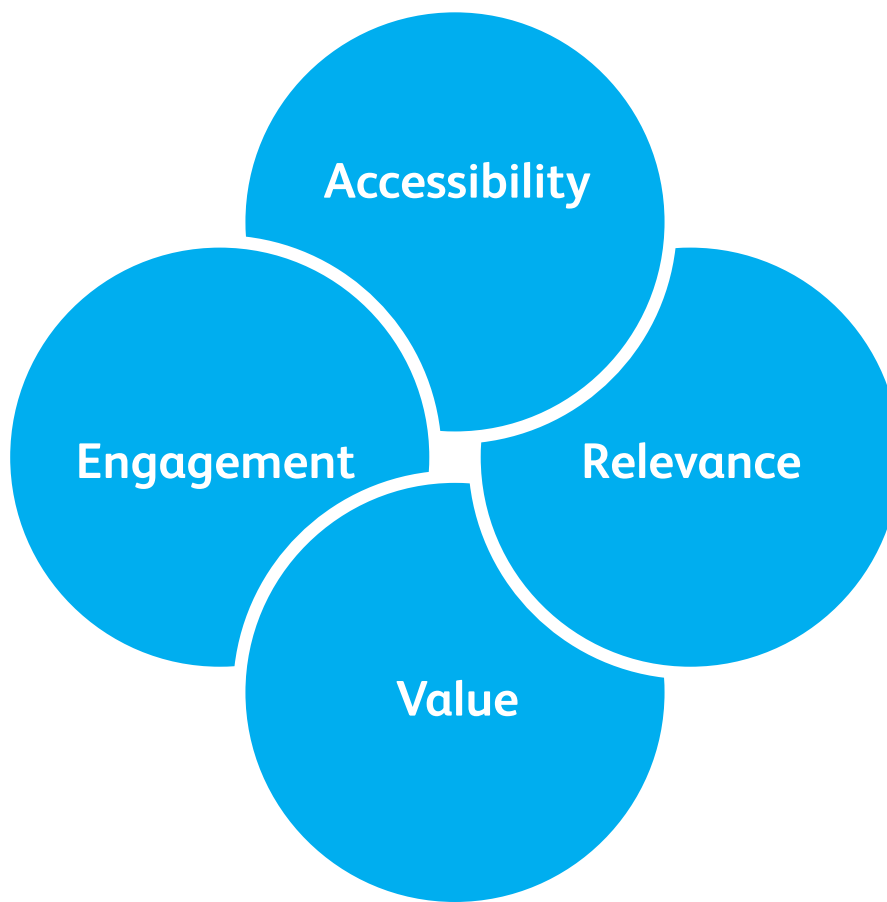
The BDA is entering its 138th year of existence and has morphed over time in tandem with the profession. The addition and removal of aspects of service and the changes to the way things are done have been facts of life throughout the Association's history. The pace and breadth of change in recent years have made life difficult for many membership organisations, and the BDA is no different. We now find ourselves with a need to re-evaluate our offerings to demonstrate wider appeal and relevance to a professional population that is substantially different to its forebears.

This plan reflects on these changes and necessities and proposes a three-year period of wide-ranging re-organisation designed to re-calibrate the BDA. We will build on our strong foundations of individual and collective member support and continue to advocate for the profession and for patients, to fight for contractual reform, and the advancement of oral health in the UK.

Our emphasis is upon engagement, accessibility, relevance and value. These are the cornerstones upon which our strategic themes are framed. This will mean re-prioritisation and change in a number of areas both internally and externally to allow the Association to become more highly-valued and relevant to modern dentists.

In our last strategic plan, we highlighted services to associate dentists as one of our key areas of activity. This time, associates do not feature explicitly as one of our six areas for strategic development. That is not to say that we regard this group as any less important, far from it. However, we are taking the approach that the development of BDA products and services and our wider role should automatically have the needs of associates as a key consideration. Associates will be at the heart of our strategic focus and our six areas of strategic development.

Strategic Focus



Throughout our discussions with members, prospective members, staff and elected officers, four areas of focus have recurred.

These are:

Accessibility

As the world changes, traditional behaviours change with them. Busy lives and constrained working environments make it more challenging for colleagues to participate in activities that take them away from home for long periods. Simultaneously rapid developments in technological communications have changed the way people interact and organise their lives. In contrast, the complexity of modern professional life, alongside the isolation and stress associated with dentistry, puts a greater onus on the need for physical engagement.

BDA activity sits amongst the wider array of people's interest and activities and there is a reasonable

expectation that our methods of interaction should fit in and conform with more routinely used methods of communication and participation.

Communication technologies move quickly and the Association must continually strive to exploit the available opportunities. This requires investment in hardware and software, in properly organising our content so that it can be accessed in whatever way our members need. It requires a presence on social media that does not stop at the sharing of a press release. It requires investment in how we engage members locally, rather than simply talking at them from Wimpole Street.

As the professional life of dentists becomes more complex the Association's challenge is to make its relationship with its members simpler and more rewarding. We will attempt to do this through the expertise of our staff, supported by external experts and systems plus our most important resource – our members.

Engagement

Having improved the methods and infrastructure to permit easier interaction with members and prospective members we must then examine the nature of the way we engage with them. Historically, the BDA has relied upon engagement through a range of tiered, democratic structures and the creation of small groups elected to consider policy on behalf of the many.

In general society we are seeing distrust in representational democratic systems leading to lower participation rates and hence engagement. Archaic processes of office-holding, formal agendas, minutes and reports appear to be unattractive to a growing proportion of the population. When the public face and representatives of a profession no longer represent its members, they disengage and question whether their needs are understood. In this regard dentistry is no different.

If we are to enhance our ability to engage with a wider cohort of our target population, we need to modify our systems and approaches to meet them rather than bemoan the fact that they are not joining us. This will mean streamlining our engagement processes, breaking down old processes and using modern social technologies to gain wider insights and more immediate members views.

Relevance

By improving the accessibility of BDA content and activity and our approaches to engagement we aim to improve the perceived relevance of the BDA to the current and future cohorts in the context of what we stand for and how we do business.

Our approach to organisational relevance must go beyond this though. The things we involve ourselves in, the fights we take on and those we don't, and the collective opinions that we publicise need to reflect the collective will of the profession and the sub-cohorts within it. This is sometimes difficult to achieve within a divergent community but we must seek ways to improve.

Additionally, the products, services and offerings need to more closely match the needs of modern professionals in a changing economic landscape. In general practice, the relative proportion of non-owner dentists is growing unremittingly and their needs may be substantially different to our historic

base. We must seek ways of developing products and services that provide the things that those dentists need.

Beyond this the Association must focus on more than simply meeting needs. BDA products are respected and of a high quality, but they can also seem disconnected. This fails our members who cannot see the full range of services we provide, and helps our competitors who sell inferior products of smaller range in coherent packages. We will develop an integrated suite of products that complement each other and encourage member retention.

Value

The BDA is a not-for-profit member-owned association. It seeks to influence decision-makers and to assist dentists in their working lives. It can only fulfil these functions when it has a credible number of members and when it has sufficient income to cover the costs of the things that it does.

Our ability to attract, recruit and retain members is therefore central to the BDA's ability to function. In turn it is imperative that the BDA is seen as something worth the individual's disposable spend. The improvements described above aim to make the content of the BDA membership more attractive and therefore an appealing offer.

Beyond what is in BDA membership, what it costs and how you pay for it also have an impact on its perceived and actual value. Modern buying behaviours are different to historic ones. Greater transactional switching and re-examination of benefit are axiomatic in today's society. The change in the shape of our offering five years ago sought to permit differentiated levels of usage at different prices. As a step in the right direction this was a beginning, we now need to use our gathered experience to re-bundle our offerings to enhance perceived value and attractiveness.

Channelling the Focus into Strategic Direction

These four elements of strategic intent should underpin everything that we do, and we will apply these principles across our core ongoing activity - be that advice to members, educational services, collective negotiation or public health advocacy.

But having identified these four cornerstones, we want to develop a series of focused strategic activities to move us into line with our ambitions. As an overarching theme, it is our ambition to make the BDA a 'must-have' for all dentists in the UK – a 'one-stop-shop' for everything that practitioners need in their professional lives.

We have identified six areas of specific strategic development to bring about these changes:

1. Enhance our local service offerings to members
2. Develop holistic CPD solutions for dentists and their teams
3. Explore professional indemnity provision for dentists
4. Provision of more focused and appropriate content in order to engage with members
5. Re-design our approaches to governance, representation and policy assimilation
6. Continued close-monitoring of development within corporate dentistry

The following table identifies where these areas sit in relation to the **Strategic Themes**

	Local services	Holistic CPD	Indemnity	Content creation	Governance Redesign	Corporates
Accessibility	◆			◆	◆	
Engagement	◆	◆		◆	◆	
Relevance	◆	◆	◆	◆	◆	◆
Value	◆	◆	◆	◆		

Details of each area

Enhancement of our local service offerings to members

Modern dental careers are complex and demanding. Working arrangements, family commitments and lifestyle choices can make it difficult to travel long-distances or spend long times away from work in the context of professional interaction and learning. At the same time, the pressures on solitary practitioners grow year on year and hence the need for those interactions is if anything greater than it ever has been.

When we speak to practitioners, they tell us that they value opportunities to interact with local colleagues, they would derive value from local study groups and peer review opportunities. They have also told us that they would value co-ordinated mentoring opportunities from local colleagues and that stress and anxiety are major issues for modern practitioners.

Since its origin the BDA has been underpinned by a comprehensive network of local branches and sections. Historically, these were formally constituted entities which were run in a way that depended upon structured meetings with agendas, minutes and elected officers. Their function was both educational and democratic in forming a debating platform within the BDA's hierarchy. They were also heavily dependent upon the unremunerated efforts of local practitioners who were prepared to spend their own time in putting together calendars, organising events, taking money and soliciting sponsorship.

In some areas, these traditional ways of working are still favoured, but in many, younger colleagues find the formality unattractive and the politics uninteresting. By building upon our existing network, we aim to modernise and enhance the value to members locally. We will:

- a. Consult all branches and sections with regard to the way they want to be served by central events professionals and offer the preferred solutions so that all members have access to fully supported local events wherever they are, and
- b. Augment the range of activities within our branch and section network by adding mentoring schemes, study groups, peer review and stress counselling to the mix of offerings.

Development of holistic CPD solutions for dentists and their teams

Continuing professional development is a significant feature of professional life in the 21st Century. Over time, fulfilment of regulatory expectations in this regard has become increasingly complex. In the course of busy practising lives it can be difficult to plan, source, record and reflect upon the learnings derived from episodes of continuing professional development. The recently introduced complex planning and recording requirements demanded by the General Dental Council make this situation even more difficult.

These observations apply even when referring to one professional over one year. When the situation is extended over many years and over the various members of a clinical team, complying with the requirements represents a real challenge. In fulfilment of our acknowledged purpose to assist dentists in every aspect of their professional careers we consider that there is considerable work to do here for our members. We will:

- a. Substantially augment the range of content within our education portfolio and enhance its accessibility through various delivery channels, and
- b. Create a comprehensive range of offerings to assist dentists and their teams to manage their CPD activity straightforwardly and compliantly.

Exploration of Professional Indemnity Provision for Dentists

There have been recent substantial changes in the experiences of dentists in procuring and being served by indemnity provision. We have received unprecedented numbers of reports of concern about current provision. We have witnessed major structural change within the provider organisations and substantial increase in the subscription levels demanded. At the same time, many members complain that the service standards and support provided have declined.

At the very least, the BDA must engage with existing players to represent the views of members and to seek change and bring about improvements. We have been undertaking these approaches for some time and will continue to do so. Over the next three years we will explore whether there is an opportunity for the BDA to offer improvements in this area either by:

- a. Seeking to collaborate with one or more of the existing players, such that BDA members enjoy better service, or
- b. Exploring whether there are alternative opportunities to meet member needs.

Provision of more focused and appropriate content in order to engage with members

When we speak to members, they tell us that above and beyond our existing wide-ranging advice, and scientific and academic publications, they want a broader swathe of clinical content, specifically focusing on up-to-date clinically applicable material. This will be a priority over the lifespan of the next strategic plan.

BDJ Publications are internationally acknowledged as world leaders. Their academic integrity is beyond question. Our position within the dental community gives us contact and relationships with other leading players and organisations. Using these connections, we will:

- a. Build upon our relationships with other key players in the dental community to source material and content, whilst simultaneously providing them with platforms to gain wider audiences
- b. Explore different means of disseminating clinical content to members to better reflect the needs our differentiated cohorts of membership.

To properly engage dentists however, our content must move beyond the purely clinical. We need content that makes our advice and services relevant to members, to train and inform. We also need to deliver it across a range of mechanisms that suits modern mobile preferences. We will experiment with a range of content forms and styles in order to find what content members want and how they wish to receive it.

Developing our approach to content creation should also enable us to improve engagement with important stakeholders beyond the dental community: with the public, politicians and media. Good accessible content enables us to reflect the breadth of our activity to these stakeholders, and also indirectly demonstrates our wider relevance to members.

Re-design of our approaches to Governance, Representation and Policy Assimilation

The BDA is an organisation with heritage dating back over 130 years. Over the course of time, we have changed our ways of operating but much of our structure is based upon the historic ways in which professional associations behaved. The member cohort has changed in demographic and expectation. Work environments have changed and changes in the means of communication and participation have been revolutionary.

Our current structures and methods do not attract contribution from an accurate cross-section of the dentist population in the UK. For it to do so, we need to re-design our entities to be more accessible and inclusive. We also need to amend our ways of working to make the participation less onerous and more directly available. We will approach this in the following ways:

- a. We will conduct an examination of how the PEC is populated and explore ways to encourage participation from a more diverse group of the membership.
- b. We will examine the ways of working of the Councils and the Craft Committees with a view to reducing the time demands on participants and permitting the inclusion of much wider views from the populations represented.

Close monitoring of Corporate Dentistry

The presence of large corporate chains in the UK dental market has been a fact of life for nearly thirty years. We have carried out substantial research on the sector and have a bank of market intelligence. The profession enjoys a mixed relationship with the corporate providers and the perception also varies between cohorts in the population. In a similar vein, the BDA holds some positive views about the ways corporates work as well as some that are less so. We believe that, given the size of market share and level of influence, we can best serve our members by working with corporates to make positive influence. The shifting vagaries of the regulatory environment and the NHS commissioning arena cause challenges for the corporate players as much as for individual dentists. Any risks that flow must be of significance to us as their well-being has direct and indirect connection to thousands of dentists. We will therefore:

- a. Continue to carefully monitor the Corporate Dental Sector, and
- b. Re-double our efforts to recruit members within Corporate Practice to ensure that our members interests are well-served.

Peter Ward

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