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Features Section

Guest Editorial

The British Orthodontic Society Foundation

All organisations whether they are a country, a commercial business or a profession, find it difficult to invest in the future. We are always preoccupied with immediate challenges. However, any branch of human activity which wishes to continue to prosper must not only look and plan ahead but must put those plans into effective action. Excessive preoccupation with alligators and continual failure to drain the swamp eventually leads to immediate and overwhelming alligator problems. There is currently much in British orthodontics which is very healthy and of which we should be justly proud. We have a strong, unified and growing society, training programmes which are second to none, excellent conferences and a new specialist register. It is therefore ironic that it is now that the future of British orthodontics is fundamentally threatened by lack of University teachers and researchers.

What has brought about this lack? As with so many problems, the aetiology is multifactorial. Over recent years funding for teaching and research in orthodontics has come under increasing pressure. Changes in funding streams have reduced the financial support available for teaching undergraduates. All research funds are now subject to competition and this competition is intensifying. Within medicine as a whole it is hard for dental topics to attract support. Even highly rated research applications are failing to find funding, whilst research performance is assessed more and more rigorously and competitively with poor assessment ratings leading to further cuts in funding. It is very hard for trainee academics to satisfy the stringent criteria for comprehensive clinical training in addition to achieving their PhD, publishing a large number of papers and also growing into top quality teachers. In the last ten years alone the United Kingdom professional chairs in orthodontics have not been filled. An academic career in orthodontics is becoming an increasingly demanding prospect in comparison to other orthodontic career choices.

To the young orthodontist specialist practice appears a lucrative alternative which is not subject to continual competitive assessment of performance. National Health Service consultant posts are seen as having a more certain, fully funded pathway leading to a cereer where only one demanding task master—the NHS—has to be satisfied as opposed to both NHS and a University.

Does this matter? Surely able and well trained clinicians can train future clinicians? Whilst we are indeed fortunate in this country in having a network of hospital consultants who are particularly able to give good clinical training, the answer must resoundingly be that having top quality University orthodontists is of the most profound importance. One example will suffice. Readers of this editorial who were taught by Bill Houston, a former editor of this Journal, will know that his research and teaching were instructive and inspirational. He gave to others an ability to

critically analyse and apply research findings and instilled an enduring set of values for patient care which are wholeheartedly in concordance with the current drive for evidence based practice.

We continue to have some top quality academic orthodontists in Great Britain, but the supply of new academics is progressively falling behind the demand. We must therefore ensure that from the many gifted and hardworking trainees in orthodontics comes a good flow of top quality teachers and researchers. Without this, British orthodontics will surely steadily decline. Poorer training will attract trainees of lesser quality and produce orthodontists who are less committed to the best interests of their patients and whose clinical practice is based more on anecdote and less on the evidence from good quality research.

Against this background there is an urgent need for us as a profession to work together to plough some of the many benefits we enjoy through orthodontics back into research and teaching—for the benefit of the next generation of orthodontists as well as for the people everywhere who benefit from our care. The British Orthodontic Society Foundation is therefore being founded to raise and dispense funds to support orthodontic teaching and research within the United Kingdom. It is particularly counting on the support of orthodontists. The foundation is planning to appeal to orthodontic practitioners who earn most or all of their income from orthodontics to pledge "a case for the future"—just £250 per year—the approximate equivalent over three years of the fee for just one single National Health Service orthodontic case. With tax relief this donation would generate £1,000 over three years towards the work of the Foundation. If just 30% of those earning their living from orthodontics in the United Kingdom donate "a case" over three years, then £100,000 will be raised every year. It is not intended to dispense just the interest from this money raised bur rather to put it all to work immediately. £100,000 every year could of course fund both substantial research and also, for example, Research Fellowships for an academic trainee to work full time for a year to achieve a PhD after gaining their MSc or at the end of a fixed term training appointment. This would enable a young academic to overcome a very large hurdle on the path to becoming a fully fledged teacher and researcher.

If donating £750 over three years seems excessive, it should be put in context. For a specialist practitioner completing 300 cases per year, this contribution represents less than the average NHS fee for each one of the 900 cases completed in those three years. If you are a practitioner completing 100 cases per year this level of contribution still represents only 0.3% of your fees from orthodontics over three years—just 1p for every £3 of fees. For a salaried practitioner who also treats private patients this level of donation represents approximately half of the fee for one private case over three years. For an entirely salaried orthodontist this contribution is £5 per week or £1 per

working week day. In time it is expected that bequests from orthodontists will add substantially to these totals.

What will we get in return? We get more than excellent and relevant research. With this money we will be investing in the future of our profession and helping people to benefit from its work for many years to come. If you are established in clinical practice, investing in the BSOF means an investment in your continuing education, the future of orthodontics in this country and the enhancement of quality care for your patients. If you are a more senior member of BOS and thinking about planning for retirement, the foundation will support the training of your future colleagues and successors. You will be able to move on knowing there are excellent educated, enthusiastic and well motivated orthodontists to carry on your good work. If you are an academic orthodontist or planning to pursue a career in teaching or research, you will benefit by visibly contributing

to the continued strength of your chosen role in orthodontic care.

The British Orthodontic Society Foundation will be officially launched at The British Orthodontic Conference in September but now is the time for all of us—whatever alligators are currently preoccupying us—to raise our eyes and look to the future. No learned specialty such as ours can survive and prosper without a steady infusion of quality research. Research inspires teachers and their students and advances patient care. As a specialty we must respond to the pressure for evidence based practice by maintaining a healthy flow of quality research and teaching. For everyone in the profession a successful British Orthodontic Society Foundation will help us all to be inspired, well informed, caring, valued and responsible in our work and will help to ensure that the specialty of orthodontics continues to grow and flourish in this country.

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