

UNION MODERNISATION FUND

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**THE BRITISH DENTAL ASSOCIATION
(BDA)**

**YOUNG MEMBER PARTICIPATION AND
ENGAGEMENT: EXPLORING THE NEEDS
FOR TODAY AND TOMORROW**

CASE STUDY

The British Dental Association

Young Member Participation and Engagement: Exploring the Needs for Today and Tomorrow

Introduction

The British Dental Association (BDA) is the trade union and professional association for dentists practising in the UK, representing around 22,500 members (over two thirds of the UK workforce) working in all aspects of dentistry, including general practice, salaried services, the armed forces, hospitals, academia, research and dental undergraduates.

Using UMF funding, in-depth research during 2006/07 explored the changing relationship between young dental practitioners (aged under 35) and their trade union, the BDA. The study looked specifically at young members' attitudes, beliefs, communication needs and expectations of their union to provide solid, evidence-based data that would inform:

- democratic structure design;
- policy making at local, national and regional level;
- succession planning across the organisation;
- future schemes and programmes.

The research involved a series of focus groups with a range of young BDA members, followed by a postal survey of 4,500 young members. The results will feed

into a review of BDA democratic and representative structures and member services, which started in 2005.

The study addressed the following priority themes:

- Improving two-way communication between the BDA and its members, leading to a potential for greater participation of members in the BDA
- Improving the ability of the BDA to respond to the increasing diversity of the labour market, and to supply services geared to the needs of a diverse membership
- Assessing the challenges and opportunities of BDA restructuring
- Developing the professional competence of BDA officers

Background

In 2005, the BDA launched a project to review its democratic and representative structures. As part of this process, it needed to consult directly with under-represented members. The largest, most diverse and most elusive group of under represented members is young dentists. By nature, the hard-to-reach groups of members rarely contribute to decision making directly, and with solid

research of a broad spectrum of the group the BDA should be able to devise strategies that will enable them to influence not just the decisions, but the process itself in the future.

The BDA's Executive Board committed to a review of BDA representative structures (through a project management steering group) to be completed by the end of the 2006-8 triennium. The results and recommendations from this project will feed into this work. As part of its modernisation strategy, the BDA is also running a number of reactive projects to encourage and sustain involvement (from recruitment through to mentoring).

Why this study?

The demographics of the dental workforce are undergoing a major shift; research was required to ensure modernisation plans fully meet the representational needs of what is a profoundly changing profession. More women than men are now graduating from dental schools and nearly half of all applicants are from minority ethnic backgrounds, particularly Asian. Concerns had been raised that BDA democratic structures and processes did not appear to be adequately attracting a truly representative cross-section of members, including these groups. In addition, limited research showed that young BDA members' views on some key issues differ from those of other BDA members; but further detailed research had been cost and time prohibitive. Specifically, it had been difficult to reach young members through the BDA local branch and section networks, since these dentists tend not to attend the meetings.

This UMF project presented an opportunity for all these members to be involved in a proactive project intended to build their interests and needs into the foundation of their union. The project was specifically aimed at increasing representation of interests, not

at recruiting certain groups. Sue Martin, Head of Representation, BDA, explains:

'The BDA recruits younger members, including black and minority ethnic and women members, but recognises that they are not benefiting from, and interacting with, the BDA in the same way as older members. We have established this fact through monitoring procedures which have substantiated concern that these groups are under-represented, finding, for example that where 36 per cent of members were women, just 19 per cent of committee members were women. Currently, data from universities indicates that up to 63 per cent of dental students are women, and it has been predicted that by 2020, over 50 per cent of all practising dentists will be female.'

'The BDA is exceptional in trade union terms, as the majority of its members are self-employed, in contract with primary care organisations across the UK. Young dentists most commonly work for other dentists (who are potentially other BDA members), a situation which is complex for the BDA as a trade union, and which we would certainly hope to explore further through this work, particularly as it is assumed to be a potential cause of lower participation and interaction. The BDA proportionally attracts members roughly in line with the demographics of the profession in general; reasons for non-involvement are therefore considerably more embedded and complex than simple marketing or promotion. We have the members; we do not have the wide involvement. Therefore it is participation among these members that this project was to investigate.'

The objectives of the research were:

- to obtain insight into the apparent political apathy of the large contingent of younger BDA members and their apparent lack of interest in the Association;
- to investigate the priorities, needs and opinions of these members, with a goal of building these into the structure of the organisation. For example, it might be that younger members have a preference for dedicated seats on main committees, rather than a specific 'young dentist committee', or vice versa.

It is hoped that the project will:

- lead to higher levels of interest in triennial elections due to take place in 2008;
- provide senior management with a multi-issue perspective on young members' needs, to be included in Operational Plan targets from 2008 onwards;
- provide an accessible report to be circulated to all committees and branches;
- produce accurate, unbiased and evidence-based data, capable of influencing decision making at the highest level;
- feed directly into a review of the democratic and representative structures to leave a lasting legacy;
- inform and guide future initiatives aimed at tackling under-representation;
- examine existing understandings of diversity in the profession;
- identify specific areas for further development, including member services and employer relations – particularly in the light of age legislation;

- allow the BDA to focus on young members through its publications, raising their awareness and interest and cultivating a sense of belonging.

Methodology

The 12-month project was scheduled to allow time for a Project Management Steering Group (PMSG) to be set up once new committees had been established in January 2006 and for stakeholder panels and a postal survey (with an email reminder) to be completed with adequate planning and budgeting time for the BDA 2007/8 Operational Plan.

An external independent advisor from PARN (Professional Associations Research Network) was appointed. The research brief was approved by practising dentists and existing young dentist representatives to ensure appropriate language and coverage of relevant issues.

Focus groups

- Volunteers were sought through advertisements at the 2006 BDA Conference, in the bdanews, BDJ and the BDA website, and through BDA Branch and Section meetings and the BDA's committee network. Attendees received a BDJ Book as a reward for their participation
- In September and October 2006, six focus groups were held around England and a total of 41 young members attended
- The focus group facilitator ensured carefully structured debate, using only specific open and generic questions
- As accessibility is a key factor in involvement in general, focus groups were held at locations within England, Wales and Scotland to ensure high attendance and geographic representation.

Postal surveys

- Three surveys were developed, using previously collected background information and the results from the focus groups. Each survey carried profile questions and a section on Communication, with most of the questions utilising a simple tick box for answers
- Each of the three surveys was mailed out to a random sample of 1,500 BDA members aged 35 years or younger (i.e. a total of 4,500 surveys were sent) in April 2007
- Each mailing included a cover letter from the BDA's Head of Representation, clearly explaining the reasons why the research was being undertaken, and was followed up by an email reminder
- Respondents were given 2-3 weeks to return the survey and offered the opportunity to win a BDJ book as an incentive to participate.

Analysis

Data from the survey was collected by the end of May 2007 and was entered into three databases. The profiles were compared to look for similarities and/or differences between groups and the results were analysed by the variables listed in the profile.

Conclusions

Appendix 1 has details of the results of the surveys. As outcomes, the following aspects were highlighted as needing particular consideration by the BDA:

Gender

39 per cent of respondents to the survey were males, while 61 per cent were female. The increasing proportion of young female members needs to be considered, both in the context of appropriate marketing of

membership in order to appeal to the needs of female practitioners; and also in the way services are provided on a local basis to suit appropriate work/life arrangements. Female dentists were the subject of an extensive survey by the Department of Health in 2000, when it was seen that they adopted different working patterns from the male workforce, with over half working only part-time, some because of childcare commitments, but almost as many choosing to do so out of personal choice. The average commitment to NHS practice for women was only two days a week, with a small minority working only in private practice. The vast majority of women practise dentistry in associate or salaried positions, and practice ownership is not a high priority. Thus women have been shown to have a different approach to their work in terms of a lesser commitment, and more part-time activity, and it might be expected that their needs in terms of a professional association might differ from their male counterparts, as well as their commitment to additional dentally-related activities.

Geographical spread

As would be expected, the majority of members are located in England, but only 30 per cent of the total survey sample lived in London and the South East. This does not sit well with the perception from the Scottish focus group that the BDA was perceived to be London oriented. As the NHS has become devolved throughout the UK, resulting in major differences in the way that dentistry is delivered in each country, there may be an increased need to ensure that the Young Dentist Committee adequately reflects these varying practice contexts in order to meet the needs of its members. It is notable that there are currently only six active BDA Young Dentist Groups in the UK: in the Northern Counties, Berkshire, Middlesex & Herts, East Lancashire, North of Scotland and Northern Ireland, with none in Wales or the rest of

England, where a considerable proportion of the membership is located.

Trade Union or Professional Association

It was notable that only a quarter of young BDA members joined the BDA in order to access its trade union services, and only a third actually thought of it as a trade union. The majority regarded the BDA as a professional association, and thought that this was how dentists in general thought of it. This may be because many young members have yet to find themselves in a situation requiring this type of support – borne out by the reported lack of use of the specialist advice and individual representation services. Access to advisory services was one of the three most popular reasons for joining BDA and over three quarters of members reported that they use the BDA advice sheets or legal advice services. Some members may consider the BDA a professional association which represents the interests of its members at an individual and collective level. This implies the incorporation of professional values into the organisation.

The role of the BDA as a professional organisation in the 21st century might need to be reconsidered, given the current shift in dentistry away from a traditional healthcare model of professionalism towards the more business-orientated model practised in law and accountancy. This increasingly business-like approach in its membership will require the BDA to adapt its future offerings, already evident in the BDA's Tendering Workshops and the planned BDA MasterClass IV business education programme. In this context, the interaction of the multiple professional bodies in dentistry – the General Dental Council (GDC), the Royal Colleges, the Defence Societies, specialist societies and the BDA – has become increasingly complex, with scope for unnecessary duplication, and perhaps in need of a clear

redefinition of each of their respective roles, especially in terms of representation, support, advice and education, and the ways in which they are each of individual value, as well as complementary in their services.

Representation

It was a concern that nearly two thirds of those surveyed did not feel they were represented by the Young Dentist Committee (YDC); but as the committee exists as a cross-functional group with cross representation on other BDA committees, this may not be an easy or fair judgment to make. As would be anticipated, the YDC assumes less importance to members as their age increases. Surprisingly, the group with the greatest affinity to the YDC were the hospital practitioners, followed by the general practitioners, and then the salaried practitioners. The majority of the BDA young members actually felt most represented by the General Dental Practitioners Committee (GDPC), as 80 per cent of them were in general practice, with ties to this committee increasing with increasing age.

The YDC is intended to represent the interests of dentists who have been qualified 12 years or less, acting as a channel of communication within the BDA and identifying and developing talent to provide continuity within the BDA and to develop services to support young dentists. How to successfully engage with this group may need some reconsideration in light of particular current issues facing young dentists in different fields of practice, especially in the transition between vocational training and their next career move. In this way, the YDC might be able to differentiate itself more clearly from other BDA committees and groups, in offering additional distinct services and representation to its members. The group's age range may also require review with regard to the reported loss of interest in the over 30 age group.

There was clear evidence of a lack of awareness, and/or lack of available information, with regard to BDA elections. The majority of young members, though reportedly politically active, had never stood in a BDA election. About a third of the young members attended BDA meetings and the importance of their relevance, convenience and the social aspects of meeting with colleagues was evident. It was a concern in terms of continuing professional development (CPD) that one tenth of the young dentists surveyed only met with dental colleagues twice a year or less. The work/life balance for dentists, as with other groups in the workforce, has become a more open and debated issue, and the reportedly greater commitment in the study to other activities outside dentistry bears out the general UK social trends in this respect. Consideration might be given to the suggested incentives of verifiable CPD for committee activity.

BDA Membership

It is interesting that the name 'BDA' is strongly associated with its publications, most notably the BDJ, which was also considered as the most important reason for joining and its most important product. There is clearly major brand recognition in relation to the publications, but perhaps little to link these with the core values, aims, products and services of the organisation in its broader context. The bdanews also had a large readership, especially in relation to political, legal and current issues, though the website was also widely accessed and might provide a more acceptable channel for issues specific to young members, given their high usage of online materials and its effective use, being easily and readily searched for relevant articles on a personal basis.

In terms of recruitment, the majority of BDA young members join as students when

membership is free, with a reduced rate for the first three years after qualification.

The high cost of BDA membership was raised in the focus groups, and again by the group of members who had left the Association in the past. Professional fees in dentistry have increased significantly in the past ten years, especially in relation to registration with the General Dental Council, and professional indemnity.

It was notable that nearly three quarters of those surveyed had attended the BDA Conference, almost certainly because of the funding available for vocational dental practitioners in England and Wales and Northern Ireland to attend. This is clearly an excellent opportunity for the BDA to engage with this particular group of young graduates and ensure that they are fully aware of BDA services.

Looking forward

The project has met all its objectives and has the potential to make a substantial and valuable difference to the long-term accessibility of the BDA to its younger members, its ability to represent and understand their needs, and for greater inclusion in the democratic representative structures by dramatically increasing the scale of available information and perspectives that can be considered. The reliable evidence-based data from this project will provide current staff and union representatives with an authoritative base for decision making, as well as highlighting areas for development. Says Sue Martin:

'The research has clearly identified some set issues and barriers for participation and union involvement, for use in the current review of BDA representative structures, leading ultimately, in the longer term, to a system which is more geared to the needs of the increasingly diverse membership.'

Consideration will be given to revising BDA internal operations in terms of working practices, training sessions or by offering more support to attract younger members to be active within the union. The project is also timely for work on our rapidly increasing equality and diversity agenda, and has allowed us to invest time and resources in addressing issues before the next set of triennial elections. The young dentist sector now includes the majority of women and ethnic minorities working in the profession as a whole; the BDA is already working to improve representation of these groups, a task it recognises as a permanent commitment, and which this research has facilitated in a way not otherwise possible.'

Cross-union dissemination

There are a number of areas of interest for other unions in this BDA project, particularly relating to representation and differing aspirations of younger members.

The BDA is already active in its networking with other trade unions, specifically those that are also professional associations and featured in the Professional Associations' Research Network's (PARN) 2004 annual conference on 'Future Generations', as Sue Martin explains:

'The conference was attended by around 100 similar organisations, indicating a very strong desire to address these issues across the industry. Most of those involved were struggling to engage with young members, and few had the resources to do large-scale research in the area.'

The BDA was also recently asked to be part of the management group for a new PARN research project into diversity, which is sponsored by the Department for Children, Schools and Families. The Equality & Diversity Committee Chair is part of that group. The BDA is keen to continue to use networks such as this to make findings available to other unions, as well as seeking outside perspectives on the BDA's conclusions on their survey.

Dentistry is a very specialised profession, not traditionally associated with union activity, despite two out of three dentists belonging to the BDA. Other unions who are both profession specific and general will benefit from assessing what it is that causes such high levels of membership, as well as why this does not correspond with strong participation.

Recommendations

1. Overall responsibility for the work longer term must rest with the BDA's Executive Board working in partnership with the BDA Equality and Diversity Committee to ensure that any recommendations, ideas and trends are fully considered and as necessary implemented.
2. Any recommendations must be consistent with those produced by the BDA Representative Structures Working Group. And that the information about younger dentists should be considered at the very point where any new structures, including committee constitutions, are being designed.

3. Information in this report must be analysed further from a number of perspectives and functions within the organisation, and BDA Directors will be tasked with providing breakdowns of the relevance of the findings to their various functions. This information should then be used as a guide for assessing the impact of projects, both existing and proposed, on young members in general.
4. The BDA has more than 100 Branches and Sections and salaried groups who struggle to attract young members. Best practice and the findings of this survey must be shared with all of their secretaries at training days held during the year.
5. This report should be placed on both the BDA website and on the PARN website.
6. Consideration should be given to the establishment of a more extensive local or regional network of young member groups, which may be linked through online communities to encourage participation by those who cannot physically attend meetings due to other commitments.
7. BDA communication and information strategy should be reviewed in order to ensure that the benefits to young members are explicit, and that their awareness and access to services and products is improved and maintained.
8. More active engagement should be sought with VDPs and other young dentists at the annual BDA Conference, and further consideration given to similar engagement targeted at VDPs in Scotland, together with young dentists who have qualified in other overseas countries.
9. Consideration should be given to establishing stronger links between the Student Committee and the Young Dentist Committee in order to encourage continuity with a smooth and complete transition of student members into the Young Dentist Committee.
10. The BDA website is of great importance to young members and is currently being upgraded and consideration of the issues raised by this report should influence elements of its future development.
11. We recommend that a similar exercise to this current study be carried out in three to five years' time.

'The results of this project have clearly demonstrated that 'political apathy' is only one of a range of factors contributing to lack of direct involvement with the BDA. It is not simply a lack of interest, but more fundamental issues ranging from work-life balance, wrong time in a career and lack of understanding of the varied role of the BDA and how it could fit into their professional life.'

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Appendix 1: Results

Focus groups

The majority of focus group attendees had not been directly involved in BDA activity previously and there was 'a surprising lack of awareness and understanding' of what the BDA is and the range of services offered to members.

Analysis of notes taken and the transcribed records of the meetings identified these main issues:

- The name 'BDA' was strongly associated with publications (BDJ, BDJ Books etc) and legal advice
- The BDA was viewed as expensive – 'The BDA assumes we are all well paid'
- Young dentists thought they weren't being taken seriously by what were described as a closed group of 'old dentists around a table' and thought that the BDA assumed that young members didn't need them yet
- Scottish attendees considered the BDA to be too London-focused
- The BDJ was seen as a major benefit of BDA membership and was widely used
- There was confusion over what a BDA representative would be, and poor awareness of the BDA triennial elections, despite receiving voting papers
- The majority had little idea of how to get involved with the BDA. The Young Dentist Committee was mentioned by some, but the majority had no real awareness of what it was
- While some were interested in getting involved with local Branches and the Young Dentist Committee, they were prevented by lack of information, unappealing events and problems with timings and cost
- Awareness of BDA publications (BDJ and bdanews) and the BDA website was high; but awareness of BDA aims, structures, products and services was much lower
- Key suggestions for improvements to make the BDA more attractive to younger members included:
 - improved information, especially via the website;
 - more email communication;
 - more events, visits and tailored services targeted at younger members;
 - Cheaper access.

Postal survey

Overall, response rates to the postal survey were around 35 per cent. All three questionnaires asked the same set of questions to determine the profile of the respondents (age, gender, field of practice etc.) and a section about communication was included on each to ascertain preferred methods – email, post, website or phone. The remaining sections on each questionnaire differed: one asked about BDA membership, another included questions about BDA products and services and contacting the BDA, while the third asked about BDA representation.

■ Profile

The 1,563 respondents were evenly spread in the age range 23-37:

- 39 per cent were male and 61 per cent female
- The largest ethnic groups were 38 per cent white English and 21 per cent Asian/Asian British: Indian
- Of the entire sample, 39 per cent were not involved with the BDA at all; 21 per cent were members of their BDA Section; 19 per cent were members of their BDA Branch.

■ BDA Membership

548 respondents completed this part of the survey:

- 69 per cent had first joined the BDA as a student
- 17 per cent joined on qualification
- Most student members had joined in their first undergraduate year (34 per cent)
- The three most popular reasons for joining were: receiving BDA publications (74 per cent); belonging to a professional association (71 per cent); and access to BDA advisory services (66 per cent)
- Only 25 per cent joined in order to belong to a trade union and receive legal representation
- The vast majority (95 per cent) felt that being a BDA member helped them to keep up to date with dentistry.
- 85 per cent said they would go to the BDA for advice
- 76 per cent felt the BDA was doing a good job for its members
- Only 50 per cent thought that the BDA represented its younger members adequately
- Of the 548 young members who responded to this section, 22 per cent had already left the BDA at some time, with the main reasons being given as feeling that the BDA was not relevant to them, that it was not good value for money, and that there were too many other professional costs to be met. They had rejoined for a variety of reasons, but most commonly because they had needed professional advice (31 per cent) or because the BDA became more appealing to them (25 per cent)
- Only 33 per cent thought of the BDA as a trade union, in contrast to the 96 per cent who thought of it as a professional association
- Their perceptions were that dentists generally thought of it as a professional association (81 per cent) rather than as a trade union (22 per cent).

■ BDA Products and services

Within the 493 respondents to this part of the survey:

- awareness of BDA products was generally good (61-85 per cent aware), except for awareness of superannuation advice, specialist advice and individual representation, which were only in the region of 50 per cent awareness. These latter two were also reported as the least used services by the young BDA members;
- publications were the most widely used products (BDJ 90 per cent, bdanews 83 per cent) and the BDA websites (77 per cent), together with the BDA Advice sheets (74 per cent).

■ Contacting the BDA

Of the 493 respondents:

- the majority wanted to find contact information regarding the BDA on the BDA website (92 per cent), in the BDJ (63 per cent) and in the Member Handbook (54 per cent);
- 89 per cent said they would prefer to make contact by telephone via a main switchboard;
- 44 per cent would choose to email via the website;
- 80 per cent had actually contacted the BDA at some time;
- 91 per cent rated the customer service they had received as good to excellent.

■ BDA Representation

- Respondents felt most represented by the General Dental Practice Committee (44 per cent), the Young Dentist Committee (38 per cent) and BDA staff (34 per cent)
- Members practising in different fields of dentistry felt represented by different BDA groups; 53 per cent of the hospital practitioners felt represented by the Young Dentist Committee, as opposed to 38 per cent of general practitioners and only 18 per cent of the salaried practitioners, each closely identifying with their respective BDA specialist committee
- Younger members in the under-25 age group were more likely to feel represented by the BDA Representative Body than older age groups; overall only 12 per cent felt represented by the BDA Executive Board
- Only 12 per cent (63) of the 522 respondents to this part of the survey had ever participated in BDA elections. Of these, most had stood at Branch or Section committee level (57 per cent), although 46 per cent had stood for election to the BDA's Representative Body
- 453 had not participated in BDA elections, with 42 per cent of these saying that they didn't know about them. 45 per cent said they either weren't interested or didn't have time
- Members from salaried practice were more likely to stand for BDA elections (Primary Care/CDS = 21 per cent; hospital = 16 per cent; armed forces = 14 per cent) than those in general practice (11 per cent) and older members more likely than younger members (under 25 yrs = 3.5 per cent, 30-35 yrs = 17 per cent)
- 34 per cent of respondents attended BDA meetings, with by far the most popular being Branch or Section meetings (92 per cent)
- 51 per cent of salaried members but only 33 per cent of GDP members attended BDA meetings. The most popular reasons given for attending were because of their relevance (77 per cent), their location (65 per cent) and the social aspect of meeting with colleagues (42 per cent). Major reasons for non-attendance were that young members didn't know anyone else attending (42 per cent), inconvenient times of the meetings (32 per cent), inconvenient location (26 per cent) and family commitments (22 per cent). Branch and section events appear to be more attractive to the older age groups
- 70 per cent of respondents had attended the BDA Conference and Exhibition at some time in their career; 35 per cent had been to a BDA Seminar and 22 per cent to the Young Dentists' Conference
- Only 7 per cent were BDA committee members; and of the 93 per cent who were not, the main reasons given were that they didn't know how to go about joining a committee (49 per cent) and that family life took priority (36 per cent)
- More information about committee activity (62 per cent) and being able to earn verifiable CPD by meeting attendance (61 per cent) were thought to be ways in which the BDA might encourage young members to be more actively involved, together with additional financial support (40 per cent)
- If the term 'Committee' was deemed inappropriate, as being indicative of a closed group, respondents were asked to select a suitable alternative. 47 per cent selected 'Group' and 46 per cent 'Forum'

- 70 per cent (361) reported that they got together with other dentists at least once a month, while 10 per cent (53) met with other dental colleagues twice a year or less
 - 48 per cent (250) of respondents were not members of any other dental or medical association; but 16 per cent were Members or Fellows (by examination) of the Faculty of General Dental Practitioners (FGDP) and 18 per cent were Members or Fellows (by examination) of the Faculty of Dental Surgery of one of the UK Royal Colleges of Surgeons
 - Of the 333 members who did belong to another association, only 23 per cent regularly attended their meetings
 - 32 per cent of respondents (161) were a member of a voluntary organisation, with 70 per cent of these regularly attending meetings and 34 per cent being on a committee of their voluntary organisation. Reasons given for greater active participation in these groups included a greater interest and commitment, more convenient location and timing of meetings, a desire to broaden social and personal perspectives, and the enjoyment and relaxation of participation in activities not related to dentistry
 - 66 per cent (341) had voted in the last general election, but 43 per cent (219) did not see themselves as politically minded in either general or dental terms
 - Just over half of respondents (52 per cent) agreed that the BDA had effectively represented their views on the new NHS Dental contract, with 46 per cent feeling that BDA representation effectively reflected their views concerning pay and terms and conditions for dentists
 - Only 12 per cent (62) felt that younger dentists were adequately represented on BDA committees, although 57 per cent (299) said that they didn't know if this was the case
 - 86 per cent (438) would like the BDA to produce more information for young dentists, with an almost equal preference for this to be via the BDA website, bdanews and the BDJ.
- **Communication**
- While 62 per cent (972) of the total sample preferred to receive BDA information by email, 78 per cent (1,215) wanted postal communication and only 9 per cent (137) preferred to receive information by text message
 - Email and postal flyers were the preferred means of receiving information about BDA meetings and events, followed by BDA publications (bdanews and BDJ)
 - The BDJ was the most used BDA communication, by 96 per cent (1,497) of respondents, who used it mainly for clinical information and current issues in dentistry, as well as for information about BDA events. 84 per cent of users rated it as good or very good
 - The BDA website was used by 82 per cent (1,281), mainly to access information about the BDA and dento-legal information, with 75 per cent rating it as good or very good
 - The bdanews had a similar 80 per cent (1,253) usage, mainly for dento-political information and current issues in dentistry, as well as for dento-legal information and BDA events, with an 83 per cent rating of good or very good
 - The preferred method of receiving BDA publications was still by post, although downloads from the BDA website were fairly popular for BDA Advice Sheets and BDJ articles.

