

# President's Column

## CDA SPEAKS FOR ALL DENTISTS



*Dr. Burton Conrod*

When we say that CDA is the authoritative national voice of dentistry, we are using the term authoritative as meaning trustworthy, dependable and respected rather than demanding, controlling and dictatorial. We are also saying that CDA is “the” voice of dentistry rather than “a” voice. Achieving our strategic key result of leadership in oral health care requires CDA to present a unified voice on behalf of dentistry to the government, the public and the profession.

In developing programs and policies, CDA has to balance the needs of new dentists and established practitioners, public health and private practice dentists, general practitioners and specialists, dentists with urban group practices and those working solo in rural areas. We are also serving those dentists who prefer traditional communications vehicles as well as the technology-oriented practitioners

who conduct much of their personal and practice affairs in cyberspace.

Individual dentists have ownership in CDA through their provincial dental organizations — the corporate members of CDA. Enfranchisement of individual dentists is through their provincial governors who represent the corporate members at the CDA board. The needs and contribution of special interest groups should be considered in the CDA decision-making process. However, dentistry as a whole must be the owner of CDA if we are to provide the authoritative national voice that is needed to present to stakeholders both inside and outside of the profession.

Given that individual member dentists and stakeholder groups do not vote on policy decisions, CDA must take a broad view of the needs and expectations of its constituents. We cannot simply operate on the principle of serving the “average” member. Gearing our policies and programs to suit the 47-year-old male working in an urban practice of 1.3 dentists treating blue-collar patients, 72% of whom have dental benefits coverage, would significantly restrict the evolution of oral health care in this country. It is because we have recognized the needs and input of academics, researchers, administrators and both specialists and general practitioners in private practice that the profession has developed the dental care delivery models that provide such a high level of care to Canadians. Other stakeholders include dental regulatory authorities, allied dental personnel and the dental industry. Our governance review process must ensure that we have the proper structure in our association to adequately gather and utilize the input of all these groups.

The leadership of CDA recognizes the importance of involving more oral health stakeholders, and one area where improvements in our structure

are necessary is with regards to dental specialists. Presently, specialist members on various CDA committees provide input from the different disciplines into CDA positions. Until recently, the only mechanism for the 9 recognized specialty sections to bring their issues to the board of governors was in their individual section reports. Annual meetings of CDA management and the specialty sections did not meet the expectations of the specialties because management committee is not a governing body. Similarly, the provision of an executive liaison to each specialty section to communicate issues to executive council has not met the requirements of several of the specialties. I believe a means to develop consensus among the specialties and to present their issues to the governing body is the answer. Some level of enfranchisement for specialists would also ensure the views of all types of practitioners are considered.

CDA policies benefit all members because patient interests are kept in mind. That is what all dentists have in common — they put their patients’ interests first. Promoting optimal oral health for Canadians benefits all dentists, specialists and general practitioners alike, whether they are new dentists or seasoned practitioners.

Our challenge is to maintain CDA as a valuable and renewable resource to the dentists of Canada and to their patients. To accomplish this, we must ensure the Association continues to represent the varied professional views of our membership while preventing CDA’s agenda from being taken over by any one stakeholder group. This will provide the unified voice the profession needs to promote optimal oral health for Canadians.

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