

BAOS Feature

The Cost of running a Charity

Did you know that BAOS is a charity? As incoming Treasurer on BAOS Council I had no idea about the practical and financial reality of running a charity. I thought it might be helpful to share some of my newfound insights with you, which are perhaps particularly pertinent in this time of austerity.

BAOS has evolved as an association since it was founded in 2001. Initially there were around 40 members, and now there are more than 750. The society aims to represent Oral Surgery at regional, national and international levels with the overarching ethos of promoting the specialty. We have 13 elected Council members who all give their time for free. In addition to this however, we have a small salaried staff team and an office in the Royal College of Surgeons of Edinburgh which is paid for by BAOS funds.

Our funds come from your membership fees. As you know, we made the decision not to increase the membership fee this year, and so in 2023, we expect the fees to bring in a total of £116,000.

So, what do we do with your hard earned cash?

Prior to 2021, BAOS paid the RCSEd to run the operational and administrative side of the organisation. Amongst other things, this covered salaries, Pensions, VAT, IT support, HR and an office. However, it became clear that this was becoming an increasingly expensive and unsustainable arrangement. We therefore made the decision to break away from RCSEd (although we still pay them to hold an office there), and now after a period of transition, the organisation is run entirely independently.

This transition has been driven forward by Gail Hunter, our Head of BAOS Business and Operations, who has negotiated very reasonably costed resources (i.e. payroll, managed IT etc) via the Scottish Council for Voluntary Organisations (SCVO) to whom we also pay a small annual fee. We expect that our baseline running costs will reduce from upwards of £130,000 to £100,000 per annum as a result.

Where else does the money go?

BAOS also fund the hugely successful Oral Surgery Journal which has over 100,000 downloads per annum. We pay Wiley £17,500 per year to produce it, and it provides a revenue stream back to BAOS of around £10,000 from universities who pay to access it. As BAOS members you can access the journal for free. A very convenient way of viewing it is by downloading the Wiley app and linking it to your BAOS account. Alternatively, there is a link on our website which takes you to the Wiley website.

To keep the BAOS website up to date, we pay an independent company, Nextnorth, which costs around £3500 per annum. They are the tech brains behind it, but the clinical input comes from the voluntary Council team. The content is updated regularly, and as well as this Newsletter, there are sections related to careers information, clinical guidelines and patient information leaflets. It's worth checking it regularly for new content, and for viewing our past and future events as well as competition winners.

The BAOS training events are where the rest of the money is put to good use. These events often require a significant initial outlay to set them up with the intention of recouping the cost with ticket sales. For example, the Annual Scientific Conference in 2022 cost a staggering £140,000 to run for 350 delegates! The catering alone cost £68,000 - so I hope you all went back for seconds!!

Fortunately, this year the ticket sales did cover the outlay, but clearly an initial substantial balance was required to organise it. In addition, our online events have proved to be a successful and economical way of delivering education, and we intend to keep these sessions going for the foreseeable future.

Our overall balance has increased in the years ending 2021-2022 from £209,349 to £235,368. This is a healthy figure that will allow us to move forwards with all of our existing events next year, and also to serve our expanding membership. We would ask for your continuing support to enable us to do so.



Kelly Gillan
BAOS Honorary Treasurer

Kicking the can down the road

Is there any more to be written about the recent pandemic? Who can believe that it is three years since the pandemic reached our shores resulting in an unprecedented impact on the delivery of dental services. The recovery from which has taken rather longer than anybody imagined. We learned that it is far easier to switch a service off than it is to switch it on again.

Everybody was affected by this; however, I feel some more than others. Our undergraduates who will be the dentists and specialists of tomorrow were hit hard by this. Imagine starting your clinical timetable, getting to grips with how to talk to a patient, manage their pain and give local anaesthetic and to do some treatment before being sent home for months on end. Returning to a post-apocalyptical PPE nightmare with shaved faces, FFP3 masks, ventilator hoods (they looked like they were going into orbit) and reduced patient contacts.

As a personal tutor to a group of third years at the time, I will never forget comparing our make-do haircuts on our weekly Teams calls before one of the students inevitably piped up to ask for a refund on their tuition fees (a decision above my pay grade)!

All of those working in clinical academia have put in an extraordinary effort to help these students to catch up on their experience and to get them to graduation. There are knock on effects, however. What was not learned in third year had to be learned in fourth year and so on. If you don't learn it now, you will have to learn it later. The effects of this will linger I feel. To use one of my favourite phrases from the period: *kicking the can down the road*



Ed Bailey
BAOS Council Member

OS DES Accreditation pathway

As an Oral Surgeon working in Specialist Practice in Primary Care, there seems to be an ever increasing number of patients being referred into our Oral Surgery pathway. In addition to this, for a number of years, there has been a drive to redirect all suitable cases out of Secondary Care and into Primary Care services in order to deliver the service as quickly, efficiently and cost-effectively as possible whilst also allowing the Secondary Care Service to be utilised by those patients who really need to be seen in a hospital setting.

The difficulty in moving patients into the Primary Care Sector is having suitably qualified oral surgeons to deliver the service. This is particularly true in some of the more remote areas of the UK, especially in Wales!

The push to increase the number of Oral Surgery training posts across the UK will continue, however, we also have to utilise those dentists who have additional skills in oral surgery but have not undertaken a formal training program. There are vast numbers of dentists who have worked within OMFS and Oral Surgery units and have gained additional skills in carrying out certain aspects of Oral Surgery and would be able to undertake some of the work being referred into the Oral Surgery pathways.

To this end, in Wales, we are developing an accreditation process for Dentists with Enhanced Skills in Oral Surgery. The accreditation process framework will assess three distinct groups of applicants depending on their level of experience. We are on the verge of launching the first part of the accreditation process and hope that having formal DES status will enable appropriate applicants to tender for IMOS contracts in the future, thereby increasing access to OS services in all areas.



Rhian Jones
BAOS President Elect