

British Dental Association Benevolent Fund

Advisory Council Meeting

11am, Saturday 14 November 2020

Meeting conducted via electronic means



MINUTES OF THE ADVISORY COUNCIL MEETING

Present:

Ros Keeton (Chairman) (RK)	Molly Deykin (MD)
Laura Hannon (General Manager) (LH)	Allan Franklin (ARF)
Austin Banner (Vice-Chairman) (AJB)	Alexander Gormley (AG)
Chris Hayward (Treasurer) (CH)	Philip Henderson (PH)
William Creedon (WC)	Julie Kirkby (JK)
Peter Crooks (PC)	Stuart Robson (SR)
Susan Dare (Administrator) (SD)	

In attendance:	51 people were in attendance, including the Trustees detailed above.
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No Item

1. **Welcome from the Chairman**

RK gave a warm welcome to everyone to the inaugural Advisory Council meeting, held virtually on Zoom. She informed people of the protocol for virtual meetings, specifically that the meeting will be recorded with the exclusion of the breakout room discussions.

RK informed the participants that the Advisory Council was set up to help the Trustees engage with a wider network of people from the dental industry. It was to provide an opportunity where individuals and organisations could contribute and be involved with the Charity.

2. **Report from the General Manager**

LH gave a general presentation about what the Charity does and how it functions. She explained the application process step by step. She went on to outline the typical types of support which was usually given out for:

- Housing i.e. rent/ mortgage (up to 3 months)
- Food/ essential bills/ general living costs
- Equipment (e.g. white goods, laptops, urgent home repairs)
- Returning to/ remaining in dentistry (e.g. indemnity, CPD, ARF)
- Relocation costs (e.g. deposit, rent in advance, van hire)

She informed the meeting that other types of support are given by way of signposting to other organisations/sources of help, including government benefits and debt advice and there was also access to a free budget planner on the Charity's website. The Charity also works with the Dentists' Health Support Trust where appropriate.

The Charity implemented a series of four free webinars hosted by 'Better with Money', between April – July where nearly 900 people registered their interest with 411 in actual attendance. Following this, a survey was sent around to understand the perception of the Charity which had increased since providing the webinars. A further four webinars for the autumn/winter period were arranged up to December 2020.

LH went on to say that since January 2020, the BDA Benevolent Fund has been working with Health Assured to offer support with health and wellbeing via a 24/7 Assistance Programme. This includes a telephone line, an online portal and app as well as access to one-to-one counselling. There had been a 46% uptake up from January 2020 the end of September 2020.

LH produced screenshots detailing a summary of beneficiary activity from 1 January up to 6 November 2020. It was noted that there was a large increase in requests for help with 124 applications to date compared with 54 for the whole of 2019. The average age was 39 with an almost 50/50 split between male and female applicants. LH listed the reasons why people applied [which was self-selected from a drop down list on the applicant's form] and 'cash flow and money management' was the most common at 66%. It was noted that there are some who apply who are unsupported because they do not fall within the Charity's remit, mostly because they have sufficient funds to meet their current expenditure, either through income or savings and this percentage increased due to coronavirus. LH finished the presentation by giving an example of one person's story.

Questions were taken on the presentation, specifically relating to the split between dentists working privately vs those in the NHS which LH said wasn't recorded.

3. **Breakout groups**

RK explained the next part of the agenda as people were divided up into 10 breakout groups with 3-6 people in each group.

The breakout group had 20 minutes to discuss two questions. Groups 1-5 focused first on the question: 'How to raise the Charity's profile?' and groups 6-10 focused on the question: 'Should the Charity extend its current remit?' The groups were welcomed to talk about both if there was sufficient opportunity.

A Trustee was allocated to each group and was responsible for chairing the discussion and feeding back at the end.

4. **Feedback**

The Trustee from each group reported on their main point of discussion.

Groups 1-5 focused on 'How to raise the Charity's profile?'

Group 1. JK reported her group suggested the Charity needed more of a presence on Facebook and Twitter. She went on to say it was wondered if LDCs could help the Charity by messaging the dentists in their area.

Group 2. SR reported his group thought the profile of the Charity could be raised by increasing social media and increasing its presence at BDA Branch and LDC meetings. He went on to say it was thought it could generate a presence at dental schools, particularly for final year students.

Group 3. BC reported his group looked at who the Charity were trying to reach namely, beneficiaries and benefactors. It was suggested funds could be sought from LDCs and dental companies as it was important to focus on donations received as well as grants paid out.

Group 4. AG reported his group suggested funding vocational trainee students and offering branded goods such as t-shirts to promote awareness particularly at 'runs' i.e. in the marathon.

Group 5. ARF reported his group considered working with corporates as they often have very good marketing teams.

Groups 6-10 focused on 'Should the Charity extend its current remit?'

Group 6. PC's reported his group thought there would be a benefit in extending the remit to hygienists and therapists. It was noted they would need to be donations to fund this group which could involve approaching corporates or other professional bodies.

Group 7. AJB reported his group said the Charity could focus on students and people thinking about going into dentistry.

Group 8. MD reported his group would like to support with other dental professionals groups. She noted it would be need to be the whole dental team as it would be unethical to support hygienists and therapists and not technicians or nurses. She went on to say they looked at questions of 'why the money is raised' and 'would it be an appropriate use of the money' before deciding who to give it to. Changing the remit, would mean changing the Articles of Association, which they thought could take time and would have a legal cost.

Group 9. PH reported his group suggested approaching other groups to see why they do not have a benevolent fund. He went on to say it was thought the Charity should have an education role for those intending to take up dentistry.

Group 10. CH reported his group said there were discussions about around funding issues and where the extra money would come from if the Charity expanded its remit. This could be mitigated by introducing a staged approach to monitor the numbers. He said there was a concern about the Charity's reputation as they didn't want to step on anybody's toes. They also thought it would be appropriate to look at qualified dentists who were asylum seekers, living in the UK.

5. **Any other business**

RK thanked everyone for their points and said that all comments would be considered and put into a report and taken to the Board of Trustees. A survey would be sent out after the meeting and it was hoped that the participants could complete it to learn more about what went well and could be improved in the meeting which would help in the planning of future meetings.

6. **Time and date of next meeting**

The next virtual Advisory Council meeting is tbc.

The meeting finished at 12.15pm.