Current Officers

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Term Starts</th>
<th>Term Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Niek Opdam</td>
<td>3/31/2015</td>
<td>3/31/2017</td>
</tr>
<tr>
<td>President-elect</td>
<td>Craig Ajmo</td>
<td>3/31/2015</td>
<td>3/31/2017</td>
</tr>
<tr>
<td>Secretary</td>
<td>Deborah McEdward</td>
<td>3/31/2015</td>
<td>3/31/2017</td>
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<tr>
<td>Treasurer</td>
<td>Pending</td>
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<tr>
<td>Immediate Past President</td>
<td>Trevor Burke</td>
<td>3/31/2015</td>
<td>3/31/2017</td>
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<tr>
<td>Councilor</td>
<td>Van Thompson</td>
<td>3/31/2015</td>
<td>3/31/2017</td>
</tr>
<tr>
<td>Group Program Chair</td>
<td>Niek Opdam</td>
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2016 Membership Report

Full Members: 84
Retired Members: 7
Student Members: 47

Please indicate the time of year your annual officer election is held. Is your election held in person or electronically?
Election is in person at general session

What current and future plans does the Group/Network have to utilize funds?
Symposium in London 2018

How will the Group/Network engage and support young investigators in IADR now and in the future?
As mentioned on the next point, the group has existential problems, so this point is not relevant at the time

Prior and Planned Activities for 2016 – 2017

Presidents’ report 2016

For the IADR PBRN group the yearly report is not an optimistic one. In fact we should consider what the future of this group, if any, as a separate research group should be within IADR. To illustrate this I like to present an overview of groups’ history:

1. PBRN group was founded in 2008/2009 on IADR sessions in Toronto and Miami.
2. In the first years, the number of presentations reached more than 25 on IADR/AADR meetings. Miami, Barcelona and Seattle had a reasonable number of presentations. 2015 Boston still had a 15 presentations and a keynote lecture, 2 LL sessions and a symposium.
3. However, some IADR meetings showed only few presentations: Foz do Iguaçu, Charlotte, Cape Town are examples
4. In 2016, the number of abstracts reached a minimum: 1 in Los Angeles (AADR) and 5 in Seoul (posters)

See the graph with number of presentations as an illustration.

Therefore, the conclusion can be justified, that instead of a growing community, the PBRN group is in decline. At the moment, we have 125 members, including 37 students and 7 retired.
As a result of the low level of abstracts, it is almost impossible to organize sessions, other than posters. Keynote lectures are also not possible anymore.

Possible reasons for the decline:
As majority of members originate from the US, a possible reason can be the transformation of the three networks in the US into one network. Also, this US network organizes a parallel symposium to IADR, but while in the past many abstracts originated from US networks, this is not the case anymore. As an example: AADR in LA received zero abstracts for PBRN. When there were three networks in the US, there was a healthy competitive spirit and more open discussion at IADR between the three groups.
With the advent of a single entity in the US, there was a dip in output as people were working on restructuring everything. However, as mentioned above, both the competitive spirit and any need for interaction amongst the 3 groups were lost. Furthermore, it seems that the current powers have a limited interest in our network at IADR, for reasons we have not been able to ascertain.

In Europe, practice based research is closely related to cariology, restorative dentistry and dental materials. It is likely that many possible abstracts for PBRN are submitted to caries research or DM groups, where there will be a good acceptance for those often clinical studies.
From our standpoint, it saddens us that we have reached this point. We had hoped that the PBRN concept, (as well as EBD) would spur the practicing population to have greater interaction with the research community instead of getting the bulk of their information from the local sales rep, as is all too
often the case. We have come to the conclusion that up to now, the PBRN group within IADR has not managed to contribute to that goal and has to consider how to go forward.

Several options have come forward for the future of the PBRN group:

1. **Continuation in its present form.**
   Continuation with the PBRN group in its present form, being one of IADR’s groups and organizing sessions and symposia is not possible without a considerable contribution from the American network. We need to address whether the support from that network is there to get that done.

2. **Reaching out to the practitioners**
   In line with AADR-PBRN non sponsored parallel symposia, PBRN could present itself at each general session with a symposium conference for the local dentists (supported by IADR). This proposal was done by Trevor Burke in Charlotte (where it was rejected as the American network had its own meeting) and Cape Town (where it was not accepted by the IADR board). One of the primary “selling points” of practice based research (PBR) was that it would involve practicing dentists dealing with problems encountered in their offices, but along those lines, it was also supposed to be provide a venue whereby the practicing and research populations would have more interaction and a greater understanding of each other’s needs and challenges. Not only has this not happened, but PBR also seems to be swinging more toward institutional management.
   We feel strongly that there should be renewed focus in this area on the part of all parties including IADR/AADR, all PBRN entities, NIH, etc.

3. **Combine EBD and PBRN groups in some way**
   As EBD and PBRN groups more or less have the same goals, a more intensive collaboration between EBD and PBRN groups would give more support to create more interaction between practitioners and the scientific community.

On the next general session in San Francisco in 2017, decisions on these issues should be taken. Ideally, we would like to see all 3 of these recommendations would be implemented in some form.

Niek Opdam (President)
Craig Ajmo (President Elect)