

## **There is a gender imbalance on the UK dental boards.**

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### **Introduction**

This paper is about the gender imbalance of the UK dental boards. We hope that this is a first step in recognising this problem.

The gender balance on boards is an important issue because any imbalance represents gender inequality and is not acceptable. As 50% of registered dentists are women, we would expect a balance of genders on the various representative dental bodies. (1) We do not need to justify this expectation, as any imbalance is simply wrong and may represent discrimination.

### **What did we ask?**

We wanted to:

- 1 Find out whether there is a gender imbalance on the UK Dental Boards.
- 2 Discover whether this concerned the Chairs/Presidents of the organisations.
- 3 If they were concerned, were there any steps that they were hoping to attempt to change the situation?

### **What did we do?**

In the first stage, of the study, we collated information about the membership of all the UK Dental Boards (as of December 2019). The first author (KOB) reviewed the information on each Board's website and identified the gender of the board members from their names and photographs.

Following this, we contacted the President/Chair of each Board. Then we sent them an email. This email outlined the purpose of the project and let them know that we would like to use the data and their responses in a future publication.

We asked them the following open-ended questions.

- 1 Was our information on the gender balance of their Board correct?
- 2 Does the current gender balance concern them?
- 3 Were they planning to take any steps to attempt to change the diversity of the Board?

We sent the first emails on 24<sup>th</sup> January 2020, with a follow-up reminder on 7<sup>th</sup> February 2020.

## What did we find?

### *The balance of the boards*

We received a 100% response to our email.

This table contains information on the gender mix of the boards.

Organisation	Male	Female	% Female
British Dental Association	14	2	12
British Orthodontic Society	7	2	22
British Society of Paediatric Dentistry	1	8	88
Faculty of Dental Surgery England	11	7	38
Faculty of Dental Surgery Glasgow	4	4	50
Faculty of Dental Surgery Edinburgh	13	5	28
British Society of Restorative Dentistry	8	5	39
British Society of Endodontology	7	2	22
British Society of Periodontology	9	4	30
British Society of Prosthodontics	10	4	29
Faculty of General Dental Practice	10	6	38
College of General Dentistry	5	4	45
British Association for the Study of Community Dentistry	4	7	64
British Association of Oral Surgeons	6	12	67
British Society of Oral Maxillofacial surgeons	15	5	25
British Society of Oral maxillofacial pathology	8	4	33
British Society of Oral Maxillofacial radiology	6	10	62
British Society Dental Hygiene and Therapy	0	13	100
British Association of Clinical Dental Technicians	36	0	0
Society of British Dental Nurses	3	11	79
Association of Dental Implantology	14	3	18
British Association of Dental Nurses	0	4	100
General Dental Council	4	8	67

This shows that there is a marked variation in the percentage of women on dental boards. For example, only 12% of the members of the BDA PEC were women (as of December 2019). Whilst all the members of the Board of the British Society of Dental Hygiene and Therapy were women.

We also looked at the NHS report into women on balanced boards. This group defined a balanced board as having between 40-60 per cent members of each gender. (2) When we used this definition, only the College of General Dentistry and The Faculty of Dental Surgery (Glasgow) boards were balanced.

Notably, only 9 out of 23 organisations had a board comprised of more than 50% women.

### *The responses of the boards to our questions on gender balance*

When we looked at the responses about the organisation's concerns on the gender balance, we found the following:

1. All the Presidents/Chairs recognised that the gender balance of their Board was important.
2. While they were concerned at any imbalance, they felt that the situation was slowly improving.
3. In some cases, the gender profile of the Board tended to represent the overall profile of their members.
4. In previous years their Board had been balanced, and it was not correct to take a cross-sectional viewpoint.
5. As the gender mix in their membership became more balanced, they hoped that the profile of their boards would change.

When they considered methods of changing the profile of their Board, several suggested that this was difficult because members were elected and not appointed. As a result, any changes would only occur if more women stood for elections and were then voted for by the members. Many felt that this was not under their control.

Importantly, several suggested that they preferred to appoint (even though they used elections) on merit and not set a quota.

It is also worth pointing out that only two of the organisations made appointments to their boards. These were the College of General Dentistry and the General Dental Council.

Finally, they pointed out that many women have family commitments that prevent them from volunteering for roles even when they have been encouraged to stand.

### **Discussion**

We think that this is a complex issue. Further work is needed so that we can find reasons for any imbalance. This problem has been looked at by several non-dental working groups. (2) In summary, it appears that the background for the imbalance may be considered as:

#### *The pipeline problem.*

This means that there may be insufficient women in an organisation to be considered for leadership positions. (3) When we consider dentistry in the UK, while this may have been true in the past, it is certainly not the case now. (1) Nevertheless, this may reflect the gender imbalance in the membership of some of the boards that provided us with data.

*Gender Discrimination.* This remains an issue in the workplace and is commonplace.

#### *Caregiving.*

Balancing work and family responsibilities is a significant challenge for women. Women are usually the primary caregiver for the family and spend time away from the

workforce. Furthermore, they are more likely to work part-time. (3). This may be addressed by holding more virtual meetings allowing greater flexibility and enabling easier attendance and less time away from the workplace/family.

*Lack of effective networks and mentors.*

Women may find that networking opportunities and events are set up to appeal to men. (4)

*Stereotyping*

Women tend to diminish their professional skills and achievements. This may lead to negative stereotyping. (5)

*Lack of role models*

The imbalance leads to a lack of role models. This is important because there is a need for strong supportive role models for aspiring women leaders. (6)

**What are the possible solutions?**

Some potential solutions may tackle gender imbalance. We are only mentioning these to prompt discussion.

These include:

*Education and training*

These programmes of current leaders in organisations have been shown to have some effectiveness. (6)

*Quotas*

Many companies have adopted the use of quotas to address this problem. However, this risks that women who are selected using this approach are perceived as less qualified than men. There is also the danger that people may feel their choices are restricted. (7)

*Appointments v Election*

While our sample is small, we felt that it was important that only the General Dental Council and the College of General Dentistry made appointments to their Boards. As a result, they could attempt to achieve a balance through their appointments process. All the others elected their board members.

Research on the willingness of women to stand for election to medical/dental bodies, and the factors that influence this, is scarce. However, this has been investigated in politics. For example, it has been suggested that women are more election averse and not as willing as men to stand as candidates. (8) We also feel that it is relevant that some of the boards ran their elections with a paper vote, for example, the British Dental Association. This is somewhat archaic in the context of online surveying and polling methods, and we wonder if this perhaps disenfranchises individual members within organisations? For example, the younger members of dental organisations. Ironically, this may be the group that is most balanced for

gender. This certainly may be one of many reasons for the marked imbalance of the BDA PEC.

#### *Women in leadership positions*

If an organisation has women members on its Board, it is more likely to attract more women to leadership roles. (9) Perhaps, one way to encourage more women to apply to be a member of a board is to increase the number of women on the Board.

#### **What did we conclude?**

- 1 There is an imbalance of women on the UK Dental Boards. This is simply not equitable and is unsatisfactory.
- 2 While this is of concern, it is not clear whether the dental boards have a coherent plan to address this situation.
- 3 The UK Dental Board must take steps to rectify this situation.

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