

## AROUND THE WORLD



Mystery shoppers from around the world have ranked Spain as No. 1 for smiling at their customers. The Smiling Report 2013 reports that 96% of customers in Spain received a smile from staff.



In Japan, it is tradition that when a child loses an upper or lower primary tooth it is thrown straight to the ground or straight up in the air, respectively, in the hope that the incoming adult tooth will grow through straight.



In Burlington, Wisconsin, dental practice Schneider Family Dentistry has sponsored the city's annual chocolate festival for the past decade. However, dentist Charles Schneider does not take part in the chocolate eating competitions as it is bad for his teeth.



In Cape Town, South Africa, a fashion trend spanning the last 60 years has been to remove one's front teeth to boost attractiveness. Often known as the 'Cape Flats Smile', the trend is named after the neighbourhood where this dental modification is received by a large number of teenagers.



Tabua, the polished tooth of a sperm whale, is a valued gift in ceremonial presentations in Fiji, given at birthdays, weddings and funerals. Traditionally offered as gifts for atonement or esteem (*sevusevu*), tabua even appear on the Fijian 20 cent piece.

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## IN THIS ISSUE



In this issue Assistant Editor Laura Pacey writes on the effect of the growing number of women in the dentistry workforce.

Laura is our resident 'prehistoric' dentistry news writer, having proved fond of reporting tales of fossilised animal teeth and Neanderthal diets.

Laura is a North London girl who joined the *BDJ* editorial team in late 2011 after reading classics at the University of Warwick. In her two years on the team, she admits to having become obsessed with *BDJ* house style, and wants to edit everything she sees!

Did you know? Laura's favourite cocktail is the Kir Royale. She has an identical twin sister called Jessica.

## INVESTIGATION

## HAVE WOMEN CHANGED THE DENTAL WORKFORCE?

James Brown claimed it's a man's world, but with the number of female dental professionals rising rapidly, it is estimated that over half of all UK dentists will be women by 2020. This raises questions over what this might mean for workforce planning and whether women really can 'have it all', balancing a family and professional life with minimal impact to dental services.

This issue is not new; at the start of the millennium Dame Margaret Seward discussed the increasing number of women in the dental workforce and its potential effects in this Journal,<sup>1</sup> but in the last five years alone the percentage of female dentists has risen by 5% and, as over 50% of dental students are now female, this trend is set to continue. The majority of dentists under the age of 35 are female (55.4%, 2011/12) while over 90% of dentists over

65 are male;<sup>2</sup> thus the greater proportion of dentists leaving the profession over the coming years will be men, while women continue to enter the workforce at a higher rate.

Despite this increase there are only two dental specialties where females hold the larger percentage of positions: paediatrics and

special care dentistry, while historically male-dominated roles such as oral surgery still retain a higher percentage of men at 72.8%.<sup>3</sup> This presents a problem, as Judith Husband, Chair of the BDA Education, Ethics and the Dental Team Working Group, argues: 'Without women in senior leadership positions throughout dentistry, it will be difficult to engage the full profession [in shaping dentistry] and a divided group is never as strong as when unified by common goals and interests.'

Yet the fact remains that male dentists currently contribute more working hours across their career

and generally have fewer career breaks than females.<sup>4</sup> Thus it is perhaps understandable that men hold more senior positions than their female counterparts. It must be noted, however, that the difference between genders in working hours is minimal pre-career breaks. Women are more likely to reduce their hours upon returning to work

following a career break and the difference in hours worked between a female dentist that has and has not taken a break across a working lifespan is about 15,000.<sup>4</sup> In their 2001 study, Newton *et al.*<sup>5</sup> found that 61% of female dental practitioners had taken a career break at some point in their lives, whereas only 27% of male dentists had. Assuming that over half of female dentists under the age of 35 will take time out of their career to have children, this could lead to a shortage of dentists in the near future. Will policy change to alleviate any shortfall during women's child bearing years? Professor Tim Newton suggests 'If we wish to

WOMEN IN DENTISTRY:  
UK NUMBERS

Currently 44.5% of dentists are female

50% of all dental students are female

55.4% of dentists under the age of 35 are female

Almost 76% of dental care professionals are female

It is estimated that over half of all UK dentists will be women by 2020

**'In many ways it is up to female dentists to shape their own future, actively engaging in and contributing to the dental community'**

retain the rich diversity and quality of dental practitioners that we now have then we may need to think about structuring employment to make it easier for those who choose to work part-time. This may include greater use of job sharing and salaried positions.'

Importantly, new legislation relating to flexible parental leave might change working patterns in the UK and give women, for the first time, a real choice over work-life balance.<sup>6</sup> It is expected that in 2015 flexible leave will be enacted, meaning that while women have to take off the first two weeks after birth for recovery, the remaining 50 weeks of maternity leave can be shared between both mother and father as they see fit. Shared parental leave was first introduced in Sweden in 1974, though state money incentives introduced in 1995 dramatically increased the uptake of 'daddy leave'. Now it is not seen as unusual but something 'everyone does',<sup>7</sup> with the majority of fathers using at least a third of shared parental leave. Health minister Anna Soubry recently claimed that the increase in women studying medicine in the UK has 'unintended consequences' – putting a strain on the NHS when they marry, have children and work part-time.<sup>8</sup> Perhaps the forthcoming new parental leave policy will invoke cultural change, so that such 'unintended consequences' are not only a female issue, but a shared problem for men and women in the workforce regardless of gender.

Inevitably the future workforce will have different requirements and now is the time to decide how to meet its needs. There is still a way to go before gender equality is reached in terms of seniority and pay, but in many ways it is up to female dentists to shape their own future, actively engaging in and contributing to the dental community. According to Judith Husband 'we live in a privileged point in time as women in the UK'.

1. Seward M. The gender challenge. *Br Dent J* 2000; **189**: 525.
2. Health and Social Care Information Centre. *NHS dental statistics for England: 2011-2012*. London: HSCIC, 2012. Online statistics available at [www.hscic.gov.uk/catalogue/PUB07163](http://www.hscic.gov.uk/catalogue/PUB07163) (accessed August 2013).
3. General Dental Council. Personal correspondence, 2 September 2013.
4. Robinson P G, Patrick A, Newton T. *Modelling the dental workforce supply in England*. Sheffield: University of Sheffield, 2011.
5. Newton J T, Buck D, Gibbons D E. Workforce planning in dentistry: The impact of shorter and more varied career patterns. *Community Dent Health* 2001; **18**: 236–241.
6. Reform of flexible parental leave. Online information on legislation available at <https://www.gov.uk/government/news/reform-of-flexible-parental-leave> (accessed September 2013).
7. Bennhold K. *In Sweden, men can have it all*. *New York Times*, 2010. Online article available at [www.nytimes.com/2010/06/10/world/europe/10iht-sweden.html?pagewanted=all&\\_r=1&\\_t=1&\\_e=1](http://www.nytimes.com/2010/06/10/world/europe/10iht-sweden.html?pagewanted=all&_r=1&_t=1&_e=1) (accessed September 2013).
8. Dominiczak P. *Female doctors who work part time after having children put NHS under strain*. UK: Telegraph, 2013. Online article available at <http://www.telegraph.co.uk/health/health-news/10101276/Female-doctors-who-work-part-time-after-having-children-put-NHS-under-strain.html> (accessed August 2013).

BY LAURA PACEY

## FEWER TEASPOONS OF SUGAR A DAY WILL CUT DECAY

New research from Newcastle University recommends cutting down on sugar as part of a global initiative to reduce tooth decay.<sup>1</sup>

Since 1990 the World Health Organisation (WHO) has recommended that intake of 'free sugars' should be less than 10% of total calorie intake. Free sugars are those that are added to food as well as those naturally present in honey, syrups, fruit juices and fruit concentrates.

The Newcastle University study, commissioned by the WHO and published last month in the *Journal of Dental Research*, recognises the benefit of this threshold by showing that when less than 10% of total calories in the diet is made up of free sugars there are much lower levels of tooth decay. The new research findings go even further, suggesting that halving this threshold for sugars to less than 5% of calories – around five teaspoons a day – would bring further benefits, minimising the risk of dental cavities throughout life.

Professor Moynihan, Professor of Nutrition and Oral Health at Newcastle University, said: 'In the past, judgments



on recommended levels of free sugars intake were made based on levels associated with an average of three or fewer decayed teeth in 12-year-olds. However, tooth decay is a progressive disease – by looking at patterns of tooth decay in populations over time, we now know that children with less than three cavities at age 12, go on to develop a high number of cavities in adulthood.'

The researchers scrutinised all the studies that had looked at relationships between amounts of sugars consumed and levels of dental caries. They found 55 relevant studies worldwide, dating back to 1950. Combined analysis of the data was limited because of the variation in how the data were reported but there was strong consistency across studies and evidence of a large size effect.

Considering the studies which examined the influence of fluoride, the researchers found that while it does protect teeth, people living in areas with fluoridated water and/or using fluoride toothpaste still got dental caries.

Professor Moynihan concluded: 'We need to make it easier for people to make healthier choices when it comes to sugars by ensuring that options lower in added sugars are made widely available in schools, shops and the workplace'.

1. Moynihan P J, Kelly S A. Effect on caries of restricting sugars intake: systematic review to inform WHO guidelines. *J Dent Res* 2013; DOI: 10.1177/0022034513508954.

## NINTH YOUNG DENTIST CONFERENCE

The ninth annual Young Dentist Conference will take place at the Royal College of Physicians in London on Saturday 8 February 2014.

The event, jointly organised by the British Dental Association, the *BDJ* and Dental Protection, is specifically directed to the needs of dentists in the early years of their career.

Chris O'Connor will explain how to facilitate quality adhesive dentistry in NHS primary care; Ken Harris will address the topic 'I thought my veneers were permanent?'; Surinder Poonian will provide tips for recently qualified dentists; and Paul Redmond, Director of Employability and Educational Opportunities at the University of Liverpool, will speak on the 'generation gap' and problems and risk arising from it.

For more information call 020 7399 2914 or visit [www.dentalprotection.org/newsnevents/events/uk/Young\\_Dentist\\_Conference2014](http://www.dentalprotection.org/newsnevents/events/uk/Young_Dentist_Conference2014).