

Was the first dental society for women closed down prematurely?

asks Caroline Holland

Job done. With those two words as its headline, a letter to the *BDJ*¹ in 2006 announced that the campaigning society Women in Dentistry (WiD) was soon to be wound up.

'Women dentists qualifying today do not perceive any discrimination in their profession and see no need for an organisation to support women dentists.' So said Penny Joseph, the letter's author and the Chair of WiD.

By March 2007, after a lifespan of just 21 years, WiD was no more. A new era had begun. Dame Margaret Seward had single-handedly broken through all the ceilings as the first woman Editor of the *BDJ*, first woman chief dental officer and first woman President of the General Dental Council.

female. The 'feminisation' of the dental workforce is a phrase that is gaining traction.

And yet, despite all of this, not one but two organisations for women in dentistry have since been formed. The question arises: was the first WiD Society closed down prematurely? Recent correspondence in the *BDJ* under the headline *Gender imbalance* unleashed one of the more passionate debates in the *BDJ* letters pages of recent years suggesting there may still be a need for a campaigning organisation.

But many senior women in dentistry disagree. Chief amongst them is Jenny Pinder, founder of the original WiD. Her legal challenge against gender discrimination in the field of permanent health insurance

we got them to the top and we supported each other. We had to deal with a lot of opposition and rudeness. I think we were game-changers. But we did what we set out to do. It was time to draw a line.'

Among the changes that Women in Dentistry successfully lobbied for in the 1980s and 1990s were:

- Alteration of wording in the General Dental Council (GDC) Guidance Notes for Dentists from 'professional man' to 'professional person'
- Equality for women dentists in the NHS pension scheme
- Provision of maternity pay for dentists in the general dental service.

The rank inequality of 30 years ago would be untenable in the twenty-first century. Why then, when the world is so much fairer, do some women still perceive a need for groups exclusive to their gender?

According to Janki Solanki and Radhika Ladwa, who set up the Women in Dentistry Society for King's Dental Institute students, equality is still an issue. Women are under-represented in leadership positions and in all the specialties with the exception of three: paediatric dentistry, public health dentistry and special care dentistry.

A key difference in the twenty-first century is that men are no longer the opposition. One of the aims of the King's Women in Dentistry group is to 'craft a fully inclusive space, welcoming both women and men to join them in their endeavour for a more diverse and equal workforce.'

There are no men, however, in the Apolonia network, the other women's group founded in recent years. According to Janine Brooks, its founder, the group exists to support and highlight women who are doing amazing things. It's an informal forum where women, in all areas of dentistry, can share their stories and learn from each other.

Research³ shows that men consistently have higher self-esteem. A common theme among those I interviewed for this article is that women need mentoring and encouragement. Judith Husband says that there is a perception in dentistry that women are more likely to work part time and earn less. While many women do work part time, it's not always the case and there is a risk that the

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She was in the vanguard but others were following and gaining status, women like Celia Ross, Susie Sanderson, Alison Lockyer and Judith Husband. Today, three out of four chief dental officers are women (Hurley in England, Bridgman in Wales and Taylor in Scotland), there is a female deputy CDO in England (Clarke), and females in positions of seniority at Public Health England (Godson and White). The high number of young women gaining places at dental school means that by 2020, as predicted in these pages,² over half of all dentists will be women. Just as importantly, with the addition of dental care professionals to the GDC's registers, the dental workforce is now predominantly

in the mid-1980s was a key catalyst for the original women-only dental organisation. At the time, women had to pay a higher rate of insurance to Friends Provident Life, purely on account of their gender. Her case was taken up by the media and a leader written in *The Times* and was a catalyst for change in relation to maternity pay, pensions and then finally health insurance.

Inequality was rife in that era and it was hard for women to break into the male-dominated bastions that prevailed. Concerted and determined opposition was required to make a difference.

Jenny explains: 'WiD had a huge networking function. We got women into places and

« perception becomes pernicious, leading to women associates being paid less than men, which is already happening. As female associates increase in number, earnings for women dentists are becoming depressed. Husband is concerned about inequality in pay in primary care and would like to see this both researched and addressed. Another concern is the lack of personal and political engagement in BDA sections and Local Dental Committees. She thinks this might be because young dentists don't see themselves staying in the profession for life – it's just the start of a portfolio career. But this has implications for the future of dentistry. All of these are issues that Judith was working to address in her role on the BDA's Primary Executive Committee (PEC). How ironic it is that Judith, who has worked so hard to support her profession and to be an effective role model for women dentists, has recently lost her place on the PEC, on which men now dominate.

Some of the women I spoke to had mixed feelings about the re-emergence of women-only organisations. Janet Clarke, deputy CDO, whilst being very supportive of any mentoring of young dentists, says there is a risk of a backlash. Men might be entitled to

feel that they are being discriminated against.

A constant theme was that having children should not halt a career – the time when a mother is most essential to a child is a matter of a few years. If you are in general practice, especially as a practice-owner, you can make the most of the control you have to set your hours.

Susie Sanderson, former Chair of the BDA Executive Board (now the PEC), recalls being the invited speaker at the final meeting of WiD in 2007. She had not been a member of the group, she says, and while congratulating them on their significant achievements, believed it was the right time to close it down. Her feeling was and still is that, with a positive and confident appreciation of their innate insight and reflective skills, women should be able to stand on their own, if it's their choice to do so.

The battle to remove obvious inequalities in the dental profession has certainly been won, but most agree that this hasn't led to an egalitarian landscape. Hope lies in future generations of dentists and dental care professionals who may view gender issues. The gender norms of yesteryear are gradually dissolving. Perhaps this is where the resistance lies? Men, after all, have more to lose if gender is less defined.

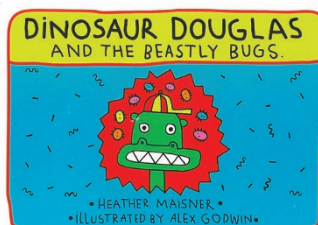
To shape out their future, women continue to need role models and mentors. They need the Apolonia network and they need Women in Dentistry student groups which welcome men.

I give the last word to Tom Walker, an STR in Oral and Maxillofacial Surgery (OMFS) and a contributor to the *BDJ* letters page debate on the low percentage of women pursuing a career in OMFS: It seems appropriate that it's a man who is saying: 'It doesn't and should not matter who you are, your gender, your ethnicity, nationality or sexuality, if you do not meet someone you can see yourself being or want to be like, that in itself could become a barrier to your career.'⁴

He added: 'There is much work to do, and that can be done by us all – by leading by example.' ■

1. Joseph P. Job done. *Br Dent J* 2006; **200**: 357. Available at: <http://www.nature.com/bdj/journal/v200/n7/full/4813502a.html> (accessed February 2017).
2. Murray J J. Better opportunities for women dentists: a review of the contribution of women dentists to the workforce. *Br Dent J* 2002; **192**: 191–196.
3. Bleidorn W, Arslan R C, Denissen J J *et al*. Age and gender differences in self-esteem - a cross-cultural window. *J Pers Soc Psychol* 2016; **111**: 396–410.
4. Walker T. Comment on letter: Ahmed A. OMFS: Gender imbalance. *Br Dent J* 2016; **221**: 372. Comment available at: <http://www.nature.com/bdj/journal/v221/n7/full/sj.bdj.2016.714.html> (accessed February 2017).

BOOK REVIEW



DINOSAUR DOUGLAS AND THE BEASTLY BUGS

Heather Maisner

2014

price £5.99 pp 24

ISBN 9780992875909

My children, aged six and eight, really enjoyed this book. When they saw the cover they instantly wanted me to read it to them as it is very bright and inviting. They loved the busy, colourful illustrations that run throughout the book. They are integral to the story telling and contain lots of lovely detail, so there's plenty to hold their interest whilst you read.

The story is a nicely paced rhyming adventure about a young dinosaur who has to visit the dentist after gorging on sweets. My son, who is a big dinosaur fan, claimed that he thought Douglas looked more like a crocodile than a dinosaur! But that quickly became irrelevant.

The children thought Douglas' tantrums

were funny, but I reminded them that they had both behaved in this way in the past. This enabled them to identify with Douglas.

It was great that the story detailed what the sugar was doing in Douglas' mouth after he had gorged on the sweets, as the descriptions really help the children to visualise what is happening inside their mouths, but they cannot see. I thought the line 'Wallowing in sugary slime' summed it up brilliantly.

When Douglas woke up in the morning with toothache both children fell silent. I think the thought that you could eat some sweets and have painful toothache the very next day was quite horrifying to them! This gets the thumbs-up from me. The children remained very quiet when the dentist asked Douglas,

'what did you eat?' A sure sign the message was undoubtedly getting through.

The final part of the story prompted the most questions. My son asked if the drilling hurt Douglas, and my daughter looked very concerned and asked, 'do I really have bugs in my mouth Mummy? For real?' Evidence indeed that they were listening to every word. I liked the fact that the story didn't shy away from showing Douglas having his teeth drilled – it followed through with actual consequence.

It is safe to say Dinosaur Douglas' lesson was quickly learnt and both of my children vowed to always brush their teeth well.

But since reading this book, on days that they have forgotten, I have been able to gently remind them of what happened to Dinosaur Douglas when struggling to encourage them to brush for two whole minutes, and it seems to do the trick!

This book is definitely the best children's book we have read about the importance of brushing your teeth.

M. Cassem