Women and the world of dentistry

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It was only in 1895 that the first woman dentist in the UK graduated from Edinburgh Dental School, and a further 17 years until a women was granted a dental qualification from The Royal College of Surgeons of England. At around this time cartoons began to appear, flippantly depicting women to be working in a profession regarded by many as masculine. Over the following years women dentists became more accepted, although as recently as the 1960's women were encouraged to enter certain branches of the profession where it was thought that they would be most useful. Government publications of this era encouraged women dentists to join the Maternity and Child Welfare Service and the School Health Service. It was felt that this work would be particularly suitable for them and that child patients would react more favourably to women dentists.

Against this historical background the gender balance of the dental profession has changed considerably over the last 30 years, with the percentage of women on the Dentists Register rising from just over 10% in 1968 to a figure approaching 30% today. In addition, nearly all dental schools in the UK have parity of intake between male and female undergraduates. This is a reflection of the legislation that has outlawed discrimination on the grounds of gender, as well as increasing interest in dental careers by women. The latest UCAS data for 1998 show that 51% of admissions to dental schools were female. From this information it might well be assumed that women are now fully integrated into all aspects of dentistry. However, there are a number of problems with this conclusion and a closer examination of this data proves illuminating.

An audit of a number of specialist areas shows that women are under-represented in terms of their growth in both numbers and proportion on the Dentists Register. For example, in the United Kingdom less than 2% of oral and maxillofacial surgeons and less than 10% of consultant restorative dentists are women. In addition, dentists in training grades show up to 50% fewer women than might be expected based on the overall gender balance of dentists.

The latest figures from the GDC specialist list also seem to offer little reassurance in all but a few of the specialist areas. The lists for dental public health and paediatric dentistry have a reasonable proportion of women dentists at 31% and 42%. The other lists show fewer women than might be expected: orthodontics (21%), endodontics (12%), oral surgery (5%), periodontics (24%), prosthodontics (10%), restorative dentistry (14%) and surgical dentistry (18%).

While we appreciate that these lists are in their infancy they certainly give no cause for complacency. The Community Dental Service, at least superficially, appears to have a healthy balance of women who make up over 60% of the dental staff, yet among community dentists who have been promoted only around 30% are women.

Academic dentists show a similar trend in the promoted grades although the recently reported (*BDJ* 1999; **186:** 144) promotion of Dr Liz Kay to a chair at Manchester University increases to four the numbers of women professors out of a UK professoriate of over 100. General practice seems well represented by women and in England and Wales around 27% of principals are women. This figure however masks the fact that a much smaller proportion are equity holding partners and many are part-time associates who, although regarded as self employed for income tax purposes, have little or no security of tenure. Essentially many are 'employees' in practices owned predominantly by male dentists. It is also true that most VT trainers and organisers are men. The hierarchy of most dental organisations also appears to be dominated by men. Arguably the most important UK organisation of all, The General Dental Council, was recently led by a woman (the first in its history) but has only four women out of 44 professional members.

While the above figures may indi cate not all is well in dentistry it is the incidents of discrimination reported by many women dentists that are most worrying of all. While some incidents may, at least superficially, seem relatively trivial some we have heard reported amount to breaches of the law.

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Examples we have encountered include women applicants for VT posts being told the posts are filled and then finding that male applicants are told the post is still available. In the hospital service significant numbers of women complain privately that they are not given the same training opportunities as men. On paper there may be equity but sometimes subtle processes

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seem to be employed to keep, for example, the women SHO busy on the clinic while her male counterpart is given study leave to help prepare for the postgraduate qualifications required for his promotion.

One senior male consultant even attempted to justify this on the grounds that male SHOs would one day have families to support and needed to be promoted. Complaining about problems such as this may result in the woman being accused of being a troublemaker, difficult to work with or even hormonal. A male SHO trying to maximise his career chances is usually described in non-pejorative terms such as him being ambitious, determined or single minded. In academic dentistry there are also problems and we know of one lecturer who was recently told by her male head of department that she should spend more time enjoying herself shopping rather than worrying over promotion. Would he have given the same sage advice to a male lecturer who had unsuccessfully applied to become a senior lecturer?

Perhaps many women who enter dentistry do not wish to own their own practices, become consultants or professors or become involved in thehierarchy of their profession. We doubt if this is true, particularly of today's women graduates, to any significant extent but undoubtedly there are barriers.

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One of the biggest problems faced by women is the difficult role many of them face in juggling the care of children with their professional life. Many at this stage resort to part time work but then find that it is more difficult to pursue their careers during this phase or afterwards. This may be partly because professional life has been structured for so long around the full time male dentist and there is a culture supporting this. Many women feel, for example, that the lengthy procedures adopted by some official dental bodies discourage their participation. We feel it is vital that every aspect of dentistry is examined to ensure that an equal opportunity exists for women dentists to pursue a career as fully as they wish. Those at the top of the profession, who are almost always male and over 50, have a particular role in helping make this happen.

Women need to become more assertive and should, for example, seek to hold office and reorganise the local branch of the BDA if it is held at an inconvenient time, is too boring or badly structured.

The whole profession has a responsibility to ensure dentistry evolves towards a gender-neutral profession in the next millennium. We believe changes such as those will ultimately make dentistry an even more attractive profession for those seeking to enter it and also benefit the public whom we seek to serve.

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