Higher education

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Historically there have been considerable benefits for the dental profession to be linked with our medical colleagues. In terms of pay and conditions, hospital and academic staff have benefited from the collective pay negotiations. This professional linking has often been implicit, so when recertification or poor performance are mentioned for doctors, all too often it is implied that dentists face similar challenges.

The recent national debate about elitism in our medical schools has reinforced many pre-conceived ideas about access for young people to medicine. Opening up universities to those from less affluent groups, state schools and socially excluded groups has been the desire of many institutions and governments. However, realizing this ambition has proved more difficult. The attention being paid to discriminatory practice in admissions in medicine has again brought the debate to the forefront. It is often difficult to obtain the evidence to confirm or reject the differing accusations. Even when evidence is presented, the reasons why patterns of admissions occur (or differ) are far more difficult to explain.

Ethnic and social diversity must be improved in higher education if the United Kingdom is to take advantage of its rich multi-ethnic society. Ethnic issues in the media all too often focus upon the problems encountered when groups are marginalised or disadvantaged. However, many minority ethnic groups have prospered in Britain and contributed their skills to society. One of the most significant pathways to enable this contribution to be realized is entry into the higher education system. Therefore, it is important that we all are vigilant with regard to open access and a philosophy that embrace an ever-widening participation to our universities.

It is for this reason that more attention should be paid to dentistry and dental admissions. Dentistry is fast becoming the most popular subject in the whole of higher education. The recent reports, which compare dental and medical admissions show that year on year dentistry is attracting more lower social class groups and individuals from minority ethnic backgrounds. The profession's success is startling. One has to ask, 'why are so many entering dentistry?' Certainly it is a relatively well-paid profession but more money is still to be made in the IT industry or indeed in the City of London. The answer is not straightforward but does need to be explored further. The inclusive nature of the dental profession and the confidence individuals have that this is a career in which they can progress and succeed is something we can all be proud of. It is therefore, an area our medical colleagues may well wish to explore to help them in their quest to widen access to higher education.

Despite this success story, there are some minority ethnic groups who are under-represented at dental schools. Although there are a high number of Asian students in dental schools, there are very few Black-Caribbean and Chinese 'A' level students applying to become dentists. That is why the BDA is launching a campaign in the autumn to encourage students from these backgrounds to pursue a career in dentistry.

As a profession we should monitor the changes, adapt to the challenges and voice concern to our political masters when the system fails. The success of dentistry in higher education has increased its visibility and placed upon it a responsibility. Therefore, the BDA campaign is just the beginning of a strategy that will develop to widen the access to both our dental schools and profession.

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