



An update on the gender balance of the UK Dental Boards

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Introduction

In 2021 we wrote a paper that suggested the UK Dental Boards were unbalanced with respect to gender.¹ In that paper we concluded that there was marked variation in the gender balance of the boards. We suggested that this was not acceptable, and steps could be taken to correct this situation. We appreciated that there were many complex reasons for this finding and made some suggestions as to how the boards could address this problem. The purpose of this paper is to provide an update on the data. Importantly, we wanted to highlight any important changes.

Balance the Dental Boards Group

We are a campaigning group that formed to raise awareness about the gender imbalance

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of the boards and attempt to help by suggesting solutions. We started work in September 2019. Our first step was to carry out a small audit of the gender balance of the UK dental boards. Disappointingly, we found that only 4 out of 23 UK dental boards had a balanced board. This was clearly wrong.

Next, we took part in national seminars and a social media campaign to draw attention to the problem. This was moderately successful and led to the publication of our previous paper. When we planned this campaign, we had to take note of other severe issues, for example the COVID-19 pandemic, the war in Ukraine and concerns with the provision of dental care. This meant that our work has 'ebbed and flowed' over the last few years.

What did we do for this latest update?

We reviewed the websites of each of the Dental Boards from December 2018-August 2022. This enabled us to identify the number of men and women who were members of the boards of the organisations. We then classified whether the board was balanced by using the EU Commission definition of a balanced board. This stated that the board should have between 40-60% of each gender.²

What did we find?

The data for 2019, 2020 and 2022 are shown in Table 1. We published the data for 2020 in our previous paper.

The main points of this data were for 2022:

- 10 boards were balanced (40-60% of each gender). In 2019 only 4 were balanced
- In 9 organisations women comprised more than 60% of the board. (2019 = 10)
- There were 8 organisations where women made up less than 40% of the board. (2019=13)
- 19 out of the 27 boards had more than 40% women members (2019=14)

We then looked at the changes in the data we found:

- Six had increased the proportion of women members to 40% or greater. These were British Association of Private Dentistry, British Orthodontic Society, British Association of Maxillofacial Surgeons, British Society of Prosthodontics, British Society for Oral Maxillofacial Pathology and the Faculty of Dental Surgery (England)
- Interestingly, 4 groups that had a high proportion of women board members reduced the number of women. These were British Society of Paediatric

Dentistry, British Society of Disability and Oral Health, General Dental Council and British Society of Maxillofacial Radiology.

Discussion

In our previous paper we outlined the potential advantages of having a balanced board. It is worth repeating these here:

'Inclusive and balanced boards are more likely to be effective, better able to understand their stakeholders, be open to new ideas, and have broad experience. This leads to improved decision-making.

'Furthermore, boards are commonly made up of similar members with similar backgrounds, experiences, and networks. If the members are homogenous, they are more likely to produce 'group think'. Boards must make use of the available skills within an organisation. By not utilising evident female talent, organisations are likely to have poor performance.

Finally, any imbalance represents gender inequality and is not acceptable. As 50% of registered dentists are women, we would expect a balance of genders on various dental bodies.'

There are, therefore, many reasons for attempting to correct any imbalances. In this respect, it appears that the unsatisfactory situation in 2019 is changing. As we have outlined, this is a complex situation. As a result, some of these changes may have occurred simply by chance. Nevertheless, it could also be suggested that the boards are now aware of this problem, and they have taken steps to make their organisation more inclusive. An example of this is the Kennedy report into the Royal College of Surgeons of England that identified problems and asked the College to develop an action plan.³

Another example is that within the dental boards, a brief review of the websites shows great variation in the culture of the organisations. For example, the British Association of Oral Maxillofacial Surgeons website includes an extensive page and links on inclusion, equity and diversity.⁴

However, the BDA website has no clear links to the organisation's advice or policies in this important area.⁵ Although Table 1 shows an increase from 14% to 27% women members, it was disappointing to see that there were no announcements from the executive encouraging women to apply for the positions on the Principal Executive Committee for the last three elections. These are simply two examples of variation in the approach of the boards to gender equality of their boards.

Table 1 Percentage of women member of the UK Dental Boards

Organisation	2019	2020	2022
Faculty of General Dental Practice	31	41	n/a
British Association of Clinical Dental Technicians	0	16	0
British Society of Periodontology	30	33	11
Association of Dental implantology	17	18	18
British Dental Association	14	27	27
Faculty of Dental Surgery Edinburgh	27	22	27
British Society of Endodontology	22	27	30
College of General Dentistry	n/a	n/a	33
Faculty of Dental Surgery Glasgow	50	35	35
British Association of Private Dentistry	0	0	40*
British Society of Prosthodontics	28	35	42*
Faculty of Dental Surgery England	34	50	42*
British Society for Oral Maxillofacial Pathology	33	48	50*
British Society of Oral and Maxillofacial Radiology	62	62	52*
British Orthodontic Society	22	44	55*
British Society of Restorative Dentistry	40	56	56*
General Dental Council	66	50	58*
Society Advancement Anaesthesia In Dentistry	60	60	60*
British Association of Oral and Maxillofacial Surgeons	25	38	60*
British Society Disability and Oral Health	78	77	64
British Association of Oral Surgeons	66	68	66
British Association of Dental Therapists	60	55	73
British Association for the Study of Community Dentistry	63	62	73
British Society of Gerodontology	70	76	76
British Society of Paediatric Dentistry	88	71	77
Society of British Dental Nurses	78	100	100
British Society of Dental Hygiene and Therapy	100	100	100
British Association of Dental Nurses	100	100	100

Key: * = boards that were found to be balanced based on the EU Commission definition of a balanced board as having between 40–60% members of each gender.
Also note that FGDP transferred organisation to CGD.

Conclusion

There appears to have been good progress in changing the gender imbalance on the dental boards. This may be due to the efforts that are currently being made. We are not suggesting that we are responsible for this change, as several other organisations are working on this – for example, the Diversity in Dentistry Action Group, which has input from most dental societies. However, we are pleased to be part of this effort.

It is important that this favourable change in the balance of the dental boards continues over the next few years. We will continue to play our part in providing information that should be useful. ♦

References

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