



Tackling 'isms' across dentistry



Caroline Holland hears from dental professionals committed to making their working environments more inclusive and less discriminatory.

Louise Bentley has worked in the child dental health department of Newcastle Dental Hospital and School of Dental Sciences since she qualified as a dental nurse more than 15 years ago. The school and hospital have evolved to be more inclusive, she says, and she appreciates that in making both environments more accepting of everyone, regardless of age, ethnicity, gender or creed, she feels very at home.

Louise works with Professor Paula Waterhouse, the current President of the British Society of Paediatric Dentistry (BSPD), who has made it the mission of her year in office to drive forward improvements in inclusivity.

Says Louise: 'It feels better to be more representative. We have a multicultural society in the Newcastle area and the changes we have made needed to happen. It feels like we addressed them in a really positive way. It's been good for the dental school and the hospital as well.'

The clinical teachers make the dental nurses feel really valued, says Louise. They are appreciated for their contribution, especially their role in prompting and supporting dental students in the treatment of patients.

'Being inclusive is now the norm, part of the day-to-day life of the dental school. It's just part of our ethos. For instance, if someone is born female, but prefers to use a male name, we accept that. We have members of staff who identify as they/them and they are very open about why they want to be gender neutral.

'I think if someone who had been at the school in the 1980s came back today, they would see things have changed so much. They would see a more inclusive environment and more diversity and a tolerant culture.'

Not all dental schools are as forward thinking. One newly qualified female dentist sharing her reflections on life at dental school says: 'Personally, I feel that our dental education lacked a significant focus on preparing us for multi-ethnicity.

I recall learning about oral pigmentation, chewing betel nut, translation services, and the increased risk of periodontal disease. There was only a small amount of teaching on orthodontic variances between ethnic groups. Besides that, I can't recall any other challenges or variances that were formally taught as part of our curriculum. I also don't remember receiving any formal teaching on sexism within the workplace.'

She adds: 'I found that sexism was something many of us experienced during the foundation year, including from patients, especially if the previous foundation dentist was of the opposite sex, and you were taking on their patients.'

Professor Waterhouse grew up with a stepfather from the Indian sub-continent. She witnessed the micro-aggressions he had to deal with and saw, with sorrow, that her step siblings encountered greater challenges in achieving their potential. She believes that the hostility she witnessed as a child inspired her to work for change, in attitudes, language and



Louise Bentley



Paula Whitehouse

acceptance. ‘One of the things I feel passionate about is helping create a sense of belonging.’

She says that inclusion isn’t just about ethnicity, it straddles all the ‘isms’ to include gender, disability and learning disabilities.

As the School’s Director of EDI – equality, diversity and inclusion – Professor Waterhouse challenged inequalities, but her leadership role evolved significantly following the death in 2020 of George Floyd, the Black man murdered by police in Minneapolis.

The backlash was worldwide; in Newcastle the dental and dental therapy students openly challenged their tutors and the management team. ‘They reached out to us and asked us to pledge to eliminate racism and make the dental school more inclusive. They challenged us to make things better, to give them the skills to participate in changing many aspects of dental school life, whether it was what they were taught, how they were taught and the cultural environment.’

At the outset she encountered some resistance. But she advocated for change, encouraging simple acts like accepting people for who they are, approaching things in the kindest and most inclusive way.

The consultations undertaken by Professor Waterhouse and colleagues, talking to undergraduates about the daily microaggressions they face, have been developed by the new Director of EDI in the School, Dr Hawa Fathi, into an online package run from the Newcastle virtual learning environment (VLE). It is also used by other dental schools nationally.

All major cultural events are celebrated now and the environment for dental students’ freshers’ week is culturally considerate. By taking a kinder approach, students from

‘I think if someone who had been at the school in the 1980s came back today, they would see things have changed so much. They would see a more inclusive environment and more diversity and a tolerant culture.’

different backgrounds are more willing to contribute to the change agenda.

Professor Waterhouse says: ‘We have done a lot of co-creation work with the students, which is crucial. It’s now much easier for people to raise concerns. Prior to 2020 there were committees involving students but they seldom fed into the process. It takes a lot to speak up. Now there are students who solely have a remit for EDI.’

In Dundee, Dr Clement Seeballuck, a lecturer in paediatric dentistry at the School of Dentistry, is also committed to tackling inequalities and encouraging his students to adopt novel approaches, such as co-creation projects focusing on oral health promotion.

One of these initiatives is a staff-student co-creation project known as Dundee Dental Connect. Dr Seeballuck says in Dundee there are several marginalised communities that can benefit from engagement with the Dental School. Dundee Dental Connect has identified projects with primary schools, foodbanks and refugee centres. He encourages his dental students to work with families and to use

the comics and other resources they have created to explain about dental treatment and recruit patients for hospital treatment. Dental Connect also provides oral health aids and students learn about industry collaboration to obtain supplies. A recent project succeeded in attracting Ukrainian children to the hospital. Dr Seeballuck says: ‘Everyone has a right to equity in healthcare and our students need to know about being global citizens.’

Co-creation is a tool used by dental therapist Kiska Wilson for a research project during her foundation year. She embarked on the foundation year at Newcastle School of Dental Sciences after a combined therapy/hygiene degree there. ‘It was a no brainer for me to do the foundation year. It was invaluable, especially as we were “COVID kids” and had limited exposure to real life patients in the dental school while doing our undergraduate course.’

The course involved working three days a week in practice, working as part of an outreach team on one day and co-ordinating the research project on the fifth day.



Kiska Wilson



Nishma Sharma



‘The dictionary uses a traffic light system to code foods which are high in sugar. There has been a lot of interest in the dictionary along with requests from other dental schools and organisations for copies.’

Kiska volunteered to oversee the development of a dietary dictionary. ‘In Newcastle, our patients are from a variety of cultures and one of the struggles we have is to undertake dietary analysis. We did not understand many of the foods and trying to work out the nutritional content of the different foods took up a lot of time.’

Kiska and her project lead, Dr Helen Rogers, managed to get a grant to develop the dictionary which they wanted to be a co-creation project between dental students and local community representatives. Five different demographic groups were chosen: Southeast Asian, North African, Afro-Caribbean, Asian and Jewish.

The dictionary uses a traffic light system to code foods which are high in sugar – red very high, amber medium and green for low. Sometimes it’s not the foods per se which are detrimental to oral health but added sugars. Drinks are included and several, such as bubble tea and Supermalt, are coded red too.

A finalist in the BSPD annual research prize awarded at the BSPD conference, Kiska believes

there is scope for expanding the dictionary further, to embrace more ethnic foods and account for vegan diets and food intolerances.

‘There has been a lot of interest in the dictionary along with requests from other dental schools and organisations for copies.’

The work underway in dental schools like Newcastle and Dundee illustrates what can be achieved when there is a collaborative and holistic approach to change. Inclusion isn’t about ethnicity; it straddles all the ‘isms’ to include gender, disability and learning disabilities.

Treatment decisions, for instance, needs to be culturally respectful, a point made by Triman Ahluwalia, a speaker at a Dental Law and Ethics Forum (DLEF) event after winning the 2023 DLEF undergraduate prize for his essay on consent. He told his audience that consideration should be given to inclusive decision-making around the care of patients from different cultural and religious backgrounds. ‘For example, in Asian communities, decision-making is a communal process involving family members and community elders, whose

perspectives may hold great importance for the patient.’

Dr Nishma Sharma was the founding Chair of the Diversity in Dentistry Action Group (DDAG), established in 2020. Dr Sharma, clinical advisor to the Office of the Chief Dental Officer, works as a dental associate. She is on a mission to ensure that the profession of dentistry is considerate and welcoming to all.

She has given several ‘no holds barred’ talks to organisations and dental schools. ‘I tell my audience to take a mirror and ask themselves if they like what they see. I tell them change won’t happen unless they make it. It’s about zero tolerance for discrimination.’

Dr Sharma says NHS dentistry fails to address inequalities and COVID exposed some shameful attitudes among dentists, such as a willingness to exploit overseas registrants. ‘They were expected to work while colleagues did nothing. COVID brought out the worst in us.’

She is also unhappy that dentists are being invited from overseas to help address the NHS workforce crisis. If the NHS is failing dentists trained here, how is it acceptable to expect overseas professionals to take these jobs?

Dr Sharma is pleased that the General Dental Council is championing EDI awareness, and dental schools are preparing their students to operate collaboratively, as global citizens, but there is some way to go before all the ‘isms’ are ironed out. What will success look like? When the profession of dentistry is fully inclusive and everyone, staff and patients alike, are treated with respect.

<https://doi.org/10.1038/s41407-024-2588-0>