Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.
The abstracts on this page have been chosen and edited by Paul Hellyer.

Power in research – where does it lie?

Papoulias S C, Callard F. 'A limpet on a ship': Spatio-temporal dynamics of patient and public involvement in research. *Health Expect* 2021; DOI: 10.1111/hex.13215.

PPI is frequently ineffective in meetings.

Patient and public involvement (PPI) in research is now mandatory for projects funded by the National Institute for Health Research (NIHR) in the UK. PPI places service users, patients and members of the public as contributors to research, rather than only as recipients or beneficiaries. Sometimes referred to as the 'missing piece of the jigsaw' in research projects, PPI frequently takes place in steering committee meetings. This research examines the invisible rituals of the meetings during one research project and how their hierarchy may side-line PPI participants. Data were acquired through observation, meeting transcripts and minutes, semi-structured interviews and a workshop.

Senior researchers, for instance, would use their experience of those absent from meetings (grant funders, ethics committees, NHS managers) to nullify any reservations PPI representatives might have. Similarly, although PPI was a set item on meeting agendas and gave the appearance of legitimising their input, an example is given of an important experiential point raised by a PPI representative, which was deflected by the chair, saying that the objection was actually more appropriate to a new, different project, thus simultaneously acknowledging the importance of the point raised and dismissing it from consideration. The meeting then moved on to the next agenda item. The recording of minutes and email updates to PPI representatives were also in the control of the Early Career Researchers (ECR) in the research team.

Although being represented as being present in all parts of the project in progress reports to the grant giving body, in reality there was no clear methodology for PPI input, either to specific researchers or specific parts of the project itself. ECRs responsible for much of the leg work in the project (minutes, reports), although initially enthusiastic about PPI, had a much narrower view by the end of the project, having been assimilated into the narratives set by senior researchers and academics.

The metaphor of the missing jigsaw piece for PPI implies an equality of status and input and flattens out the power relations within the research community. This study shows that PPI representatives, although recognised publicly as a part of the project, were, in fact, far apart from the decision-making processes. PPI is 'simultaneously everywhere and nowhere.' A more accurate description of the place of PPI in research was suggested as being a 'limpet on a ship' – the PPI representative 'plonks' himself on the side of the ship of research but has very little say in the course of the project. The authors acknowledge that these conclusions are from observations of one project and recognise that they follow from the observations of a single observer.

<https://doi.org/10.1038/s41415-021-3023-y>

Power in dentistry – where does it lie?

Lala R, Baker S R, Muirhead V E. A Critical Analysis of Underrepresentation of Racialised Minorities in the UK Dental Workforce. *Community Dent Health* 2020; DOI: 10.1922/CDH_IADRLala08.

Inequalities are concealed by institutional processes.

The term BAME (Black and Minority Ethnic) places people of non-white origin into one homogenous category. This stereotyping may be seen as an exercise in power by institutions to minoritise certain groups. These are not, however, limited to racial minorities and other groups may include those of gender, class, sexuality and religion amongst others. The intersectionality of these groups creates complicated inequalities which lead to disempowerment. Institutional power is exercised through what does, and what does not, appear on the agenda.

Using the metaphor of a 'dental workforce pipeline', the authors examine the success or otherwise of racialised minorities to pass through the three stages of entry to dental school, graduation and career progression. In 2018/19, compared to overall UK university intake, racialised minorities were better represented in medicine and dentistry admissions but Black and Chinese students were underrepresented. On graduation, the General Dental Council (GDC) register shows that 29% of the workforce comprises racialised minorities, compared to 14% of the national population. Black registrants are underrepresented. The broadly based 'BAME' category also conceals differentials in those of Asian origin, where Bangladeshi's are underrepresented as compared to those of Indian or Pakistani origin. The intersection of race and class may be at play in this complex picture.

Using specialist lists and achieving consultant status as career development markers, the data show that Black dentists were just as likely as white to be registered as specialists with the GDC, but Asians were least likely. White people were more likely to be consultants than all other racialised minorities. Similarly, most clinical academics are white, as are 100% of UK dental deans.

The authors argue that the blockage of Black people to dental school entry and the underrepresentation of all racialised minorities at senior levels are a consequence of the misuse of power. Firstly, by choosing to use the broad 'BAME' category to demonstrate racial diversity, institutions conceal inequality. Secondly, institutions set their own processes. Data show that white applicants are more likely to be shortlisted for jobs and less likely to be subject to disciplinary processes. Thirdly, institutions have the power to set their agenda and while gender equality has received high priority, progress on racial and the other minority groups has been minimal, revealing institutional non-decisions to prioritise these groups.

The authors conclude with suggestions on how to address the issues raised.

<https://doi.org/10.1038/s41415-021-3052-6>