

# Summary of: Changes in the gender and ethnic balance of the United Kingdom orthodontic workforce

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## FULL PAPER DETAILS

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**Objective** To describe the gender and ethnic trends of the United Kingdom orthodontic workforce. **Design and setting** A cross-sectional survey using a postal questionnaire to specialist orthodontic practitioners in the United Kingdom (2006–2007). **Subjects** All those on the Specialist List in Orthodontics held by the General Dental Council in October 2006. **Materials and methods** The data collected using the questionnaire included demographic details (gender, ethnicity, current age, place of birth), undergraduate and postgraduate dental schools attended, calendar years in which professional qualifications were achieved, anticipated year of retirement and geographical location of work place. **Results** The response rate was 81.5%. There are more male (60.2%) than female (39.8%) orthodontists presently working in the United Kingdom. Minority ethnic groups are better represented amongst the orthodontic workforce than they are in the general population, however their distribution throughout the United Kingdom is uneven. The trends in the results indicate that the gender and ethnic balance of the specialist orthodontic workforce has been changing and the proportion of females and those from non-white ethnic groups has increased. In contrast, the majority of those retiring over the next few years will be white males (60%). **Conclusion** This study suggests that there will be greater ethnic diversity and more female orthodontists in the future workforce. Consequently, working patterns should be kept under regular review so that an optimal orthodontic service can be maintained in the United Kingdom.

## EDITOR'S SUMMARY

Workforce planning is an extremely difficult task in any profession but has particular complexities in dentistry. One obviously major element in the planning process is that of the human resource and in the case of this piece of research that comprises the dentists who are specialist orthodontists. Their characteristics such as gender, age and ethnicity will determine not only their individual working practices and careers but also the overall profile of the available workforce. So, for example, this study discovered that the majority of those retiring in the next few years will predominantly be white males.

Detailed findings such as presented in this research are of course of great value to the specific speciality of orthodontics both in terms of informing immediate planning decisions and providing a baseline for future comparison. How-

ever, the trends detected here are also important for other specialties and the wider field of general dental practice.

With a rising proportion of female practitioners, for example, what will be the effect of career breaks and family commitments and will this influence decisions on practice ownership, choice of service such as NHS, private, corporate affiliation and so forth?

All these factors will lead to specific future work patterns which will need to be factored in if an optimal orthodontic service is to be maintained in the UK. In dentistry greater complexity is added by the uncertainty of being able to calculate or predict the likely demand for services, further obscured by any attempt to project years ahead. In turn this demand is further varied according to the stage of the economic cycle and the regulations as laid down from time to time by the NHS and other third party funding

organisations. In short, the results of this study will help to illuminate one very important part of a large jigsaw puzzle as well as raising many further issues for research and discussion.

The full paper can be accessed from the *BDJ* website ([www.bdj.co.uk](http://www.bdj.co.uk)), under 'Research' in the table of contents for Volume 205 issue 6.

Stephen Hancocks,  
Editor-in-Chief

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**IN BRIEF**

- This paper summarises demographic details of the specialist orthodontic workforce in the United Kingdom.
- Particular emphasis is placed on changes in the gender and ethnic balance of the specialist workforce.
- Reasons for changes are suggested, together with implications for workforce planners.

**COMMENT**

This fascinating article describes a rigorous piece of empirical research identifying the changing distribution of genders and ethnic groups amongst practitioners on the specialist list in orthodontics. New members of the orthodontic workforce now comprise a greater proportion of women and individuals from minority ethnic groups in the United Kingdom. A similar change in the general dental workforce has been noted, and it is unclear whether the pattern noted by Collins and her colleagues is different from or similar to the general trend.

Whilst research such as that presented here provides a quantitative picture of the demographics of the workforce, it does not allow us to explore *why* the pattern is changing. What are the motivations of those choosing to adopt orthodontics as their career, and what are their expectations of that career? The work of Gallagher and colleagues,<sup>1,2</sup> alluded to in the Collins *et al.* paper, provides an excellent model for understanding the influences on career choice through a combination of qualitative and quantitative methods. Such research would be a useful follow-up to the present study in order to elucidate why young graduates are choosing to enter the orthodontic speciality.

It would also be useful to explore whether the career expectations and anticipated working practices of those entering orthodontics are different from those of individuals entering general dental practice. This may, in

addition, go some way to explaining why women working in orthodontics do not seem to follow the same pattern of career breaks and part-time working which has been described for women working in general dental practice.<sup>3</sup> This paper will provide excellent foundations on which to build future research.

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1. Gallagher J E, Patel R, Donaldson N, Wilson N H F. The emerging dental workforce: why dentistry? A quantitative study of final year dental students' views on their professional career. *BMC Oral Health* 2007; **7**: 7.
2. Gallagher J E, Clarke W, Eaton K A, Wilson N H F. Dentistry – a professional contained career in healthcare. A qualitative study of vocational dental practitioners' professional expectations. *BMC Oral Health* 2007; **7**: 16.
3. Robinson P G, Willmot D R, Parkin N A, Hall A C. *Report of the orthodontic workforce survey of the United Kingdom February 2005*. Sheffield: Department of Oral Health and Development, The University of Sheffield, 2005. <http://www.bos.org.uk/publicationslinks/workforcesurvey.htm> (accessed 2 July 2008).

**AUTHOR QUESTIONS AND ANSWERS****1. Why did you undertake this research?**

In recent years, a number of studies have highlighted changes that have occurred in the gender and ethnicity of dental students and practitioners in the United Kingdom. These studies indicate that the proportion of females and those from non-white ethnic groups has increased. However fewer studies have assessed whether similar changes have occurred amongst orthodontic specialists in the United Kingdom.

The 2005 Orthodontic Workforce Survey provided some evidence relating to the contribution of female orthodontists to the workforce. Anecdotal evidence suggests there have been changes in the ethnicity of specialist orthodontists, which may be regional in nature, but there is no evidence to support this theory.

In the light of recent changes in the funding of NHS orthodontics it is important to accurately quantify any demographic changes that have occurred, or are anticipated, in order to assist planners in predicting future workforce requirements.

**2. What would you like to do next in this area to follow on from this work?**

In view of the changes in gender and ethnicity of the workforce that have been described, the next logical step would be to closely examine working patterns. It would be important to determine if factors such as gender, ethnicity, age or family commitments have any impact on the workforce availability in both the NHS and private sector. In addition, the impact of career breaks on the workforce should also be explored.