

In emergency situations, it is challenging to reverse the effect of these drugs as they cannot be reliably monitored. Comparatively, warfarin can be monitored via an international normalised ratio (INR) and reversed with vitamin K.

We recommend liaison with the clinician managing the patient's anticoagulation and discussion about stopping the NOAC drug 48 hours prior to the procedure, as suggested in the National Health Service (NHS) guidelines. We also encourage referral of these patients to a hospital setting, as necessary.

We are keen to hear from other clinicians with their experiences.

*S. Mehta, Oxford*

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## OMFS

### Times are changing

Sir, I'm writing in response to the letter from A. Ahmed on gender in OMFS (*BDJ* 2016; 221: 372). Women in surgery is a topic close to my heart, not only because I am a female surgeon but it raises issues of motherhood and family life. You have raised very valid concerns. Questions that I have asked myself throughout my career.

I have recently returned to full-time registrar training in maxillofacial surgery and I can confidently say that women can definitely strike the balance between motherhood and pursuing a surgical career in a highly demanding and challenging field.

In my earlier years of training, I focused my energy in my career and accepted that getting married and having children would have to wait. I somehow resented being a woman as we had the 'biological clock' to contend with! Once I secured my maxillofacial registrar job, I knew I could finally settle in one location and everything started falling into place. I am now 34 years old and have a very supportive husband and a seven-month-old boy. I am back in full-time training and have worked a routine with my little boy so that I get to see him every day. At the same time, I am doing the oncology rotation within maxillofacial surgery, helping to organise an international conference, attending maxillofacial conferences and participating in research and audit – all of which are essential within our surgical training. Sometimes it seems like there are not enough hours in a day to get things done but as women, we have the unique ability to multitask and work efficiently.

Throughout my training, although most of the consultants are male, I have had the privilege of meeting inspirational female consultants. Two of whom are (were) also training programme directors of their deanery. They have families and perform brilliantly at their job. Role models like these are essential and they pave the way for female trainees to rise up to the challenge.

When it comes to employment and motherhood, we are entitled to 52 weeks maternity leave according to the Employment Act 1975. How about paternity leave? Two weeks was the standard up until 2013 (almost 40 years later!). I am a firm believer that fathers need to adopt the parent role as much as mothers do, and the image of mothers staying at home or taking time off training while their spouses climb up the ranks year after year is outdated. It is a culture we need to change and is changing! Fathers and mothers are now entitled to share the 52 weeks of leave. This change has made it possible for women to move up the ranks and continue pursuing their careers as much as their male counterparts.

You suggested that the gender imbalance in this specialty discourages women to pursue a career in maxillofacial surgery. This gender imbalance didn't deter me but instead pushed me to work harder. There is no reason women can't be in the same league as their male counterparts. Times are changing and so is the law. Now it is time to change the way we think!

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### Women are catching up

Sir, I am glad A. Ahmed enjoyed her OMFS placement and I do hope she is encouraged to develop her career in the specialty.

I have been a Consultant Oral & Maxillofacial Surgeon since 1987. I was, of course, trained in the 'old days' before the double degree was mandatory. I am coming to the end of a wonderful career in the specialty but I was delighted when my unit recently appointed another female OMFS surgeon as a cancer surgeon.

Things are not as bad as your correspondent would suggest. There are a growing number of double degree female maxillofacial consultants and the number of trainees is encouraging. Careers in surgery have been an area where women were late to make inroads; however, women are catching up. More than

half of entrants to medical and dental schools in the UK are now female and in 2014 29.5% of all surgical trainees were female. The Royal College of Surgeons in England supports women in surgery and a look at their website might help your correspondent address some of her concerns.

*M. Morton, Consultant Oral & Maxillofacial Surgeon, Past president British Association of Oral & Maxillofacial Surgeons, by email*

1. Ahmed A. OMFS: Gender imbalance? *Br Dent J* 2016; 221: 372.

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### We are not alone

Sir, as a group of oral and maxillofacial surgeons it was heartening to hear of the benefit Ms Ahmed gained as a dental undergraduate from her two week placement in an oral and maxillofacial department. It is to her credit that she has recognised the holistic approach to patients presenting with the conditions she described.

We understand her raising the question about female representation at consultant level in the specialty, but as a group of female consultants we would like to state we are not alone! There is a gender imbalance in all of the surgical specialties and OMFS is not the worst, and the numbers of females in training is increasing all the time.

The female consultants in our specialty not only balance work and family life but are proportionately over represented in leadership roles such as on the Specialty Advisory Committee (SAC), as examiners for the Intercollegiate Examinations Board, and on the British Association of Oral and Maxillofacial Surgeons Council (BAOMS) and are actively promoting able female trainees into the specialty.

If Ms Ahmed would like to find out more about a career in our wonderful specialty she is welcome to track us down and find out more about it. In common with our male colleagues, we have worked hard, and also managed to lead relatively normal, if busy lives.

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1. Ahmed A. OMFS: Gender imbalance? *Br Dent J* 2016; 221: 372.

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