

**There is a gender imbalance on the UK dental boards.**

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### **Introduction**

This post is about the gender imbalance of the UK dental boards. This is an important issue because any imbalance represents gender inequality, and is not acceptable. As 50% of registered dentists are women, we would expect a balance of genders on the various representative dental bodies. (1)

Furthermore, there are several advantages to achieving balanced boards. In summary, 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. (2)

Importantly, there is a tendency for boards to be made up of similar members with similar backgrounds, experience and networks. If the members are homogenous, they are more likely to produce "group think". Finally, boards must make use of the available skills within an organisation. By not utilising female talent organisations are likely to have poor performance. (2)

### **What did we ask?**

We wanted to:

- 1 To identify whether there is a gender imbalance on the UK Dental Boards.
- 2 To discover whether this was a concern to the Chairs/Presidents of the organisations.
- 3 If this was a concern were there any steps that they were hoping to attempt to change the situation.

### **What did we do**

In the first stage of the study, we carried out a cross-sectional survey of the membership of all the UK Dental Boards. We did this by reviewing information on their websites and recording the number of male/female members on their board. We collected this data in December 2019.

When we had got this information, we contacted the Presidents/Chairs of the organisation via email and asked them the following open-ended questions.

- 1 Was our information on the gender balance of their board correct?
- 2 Does the current gender balance concern them?
- 3 Were they attempting to change the diversity of the board?

We sent the first emails in January 2020. This was followed by a reminder two weeks later.

We collated the information and identified the main themes of the responses.

## Results

Table 1 contains the information on the Boards that we approached and their gender mix.

Organisation	Male	Female	% Female
British Dental Association	13	2	13
British Orthodontic Society	7	2	22
British Society of Paediatric Dentistry	1	8	88
Faculty of Dental Surgery England	11	7	38
Faculty of Dental Surgery Glasgow	4	4	50
Faculty of Dental Surgery Edinburgh	13	5	28
British Society of Restorative Dentistry	9	8	47
British Society of Endodontology	7	2	22
British Society of Periodontology	9	4	30
British Society of Prosthodontics	10	4	29
Faculty of General Dental Practice	10	6	38
College of General Dentistry	5	4	45
British Association for the Study of Community Dentistry	6	10	62
British Association of Oral Surgeons	6	12	67
British Society of Oral Maxillofacial surgeons	15	5	25
British Society of Oral maxillofacial pathology	8	4	33
British Society of Oral Maxillofacial radiology	6	10	62
British Society Dental Hygiene and Therapy	0	13	100
British Association of Clinical Dental Technicians	36	0	0
Society of British Dental Nurses	3	11	79
Association of Dental Implantology	14	3	18
British Association of Dental Nurses	0	4	100
General Dental Council	4	8	67
British Society of Gerodontology	3	8	72*
Society Advancement Anaesthesia	6	9	60*
British Society Disability and Oral Health	4	14	77*

This data reveals that there is a marked variation in the percentage of women on the board. For example, only 13% of the members of the BDA PEC were women, and all the members of the board of the British Society of Dental Hygiene and Therapy were women.

Notably, only 11 out of 26 organisations had a board comprised of 50% women.

We then looked at the responses about the organisation's concerns on the gender balance. We identified the following themes.

They all recognised that the gender balance of their board was necessary. Furthermore, those of which there was an imbalance drew attention to the following.

- 1 While they were concerned, they felt that the situation was slowly improving.
- 2 The gender profile of the board tended to represent the overall profile of their members.
- 3 In previous years their board had been balanced, and it was not correct to take a cross-sectional viewpoint.
- 4 At the gender mix in their membership became more balanced, they hoped that the profile of their boards would change.

When they considered methods of changing the profile of their board. Several suggested that this was difficult because members were elected and not appointed. As a result, any changes would only occur if more women stood for elections and were then voted for by the members. Many felt that this was not under their control.

Notably, several suggested that they preferred to appoint (even though they used elections) on merit and not set a quota.

It is also worth pointing out that only two of the organisations made appointments to their boards. These were the College of General Dentistry, and the General Dental Council and their boards are balanced.

Finally, they pointed out that many women have family commitments that prevent them from volunteering for roles even when they have been encouraged to stand.

### **Discussion.**

This is clearly a complex issue, and it is not the role of this paper to outline the potential reasons for this imbalance in detail. It has also been covered in several publications from working groups. In summary, it appears that the background for the imbalance may be considered as:

#### *The pipeline problem.*

In effect, there may be insufficient women in the organisation to be considered for leadership positions. (3) When we consider dentistry in the UK, while this may have been true in the past. It is certainly not the case now. Nevertheless, this may reflect the gender imbalance in the membership of some of the boards that provided us with data.

*Gender Discrimination.* This remains an issue in the workplace and is commonplace.

#### *Caregiving and “women's choices”.*

Balancing work and family responsibilities is a significant challenge for women. Women are usually the primary caregiver for the family and spend time away from the workforce. Furthermore, they are more likely to work part-time. (3). This may be addressed by holding more virtual meetings allowing greater flexibility and enabling easier attendance and less time away from the workplace/family.

*Lack of effective networks and mentors.*

Women may find that networking may be confined to activities that are considered to be masculine, for example, discussions around sport. (2)

*Stereotyping*

Women tend to diminish their professional skills and achievements. This may lead to negative stereotyping. (4)

## **Solutions**

*Education and training*

These programmes of current leaders in organisations have been shown to have some effectiveness.

*Quotas*

Many companies have adopted the use of quotas to address this problem. However, this risks that women who are selected using this approach are less qualified than men. There is also the danger that people may feel their choices are restricted.

*Appointments v Election*

While our sample is small, we felt that it was important that the only organisations with a balanced board were those who made appointments to their board (the General Dental Council and the College of General Dentistry). All the others elected their board members. Research on the willingness of women to stand for election to medical/dental bodies is scarce. However, it has been investigated in politics. For example, it has been suggested that women are election averse and not as willing as men to stand. (5) Importantly, some of the boards ran their elections with a paper vote, for example, the British Dental Association. This is somewhat archaic, and we wonder if this disenfranchised the younger members of the organisations. Ironically, this is also likely to be the group that is most balanced concerning gender.

*Women in leadership positions*

If an organisation has women members on its board, it is more likely to attract more women to leadership roles. Ironically, one way to encourage more women to apply to be a member of a board is to increase the number of women on the board.

## **Conclusion**

- 1 There is an imbalance of women on the UK Dental Boards. This is simply not equitable and is unsatisfactory.
- 2 While this is of concern, it is not clear whether the dental boards have a coherent plan to address this situation.
- 3 The UK Dental Board must take steps to rectify this situation.

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