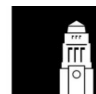

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“An equal world is an enabled world”
#EachforEqual[1]

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Introduction

Over 125 years ago, despite the odds, in 1895 Lilian Lindsey became the first woman to qualify as a dentist in the UK.[2] Since then, female membership of the profession has steadily increased with women now constituting over 63% of newly qualified dental graduates.[3] Despite this progress, it seems timely, as we celebrate International Women’s Day on 8 March, to take stock and reflect on the work UK dentistry needs to do to accomplish a culture of diversity and inclusivity across the profession. This article sheds light on areas of inequality and a lack of adequate representation of female voices in dentistry as well as looking at how a change in the UK advertising standards in 2019 should make conference organisers reflect on what is acceptable behaviour. The authors are making a specific call to the British Dental Association (BDA) as the trade union of dentists to promote more equally the interests of its membership so that we are all represented.

Gender Inequalities

The authors recognise gender as a socially constructed identity,[4] therefore, for the purpose of this article, we use the terms women and female to refer to the half of UK dentists (49%) that identify as women. Women in dentistry face a number of professional and economic inequalities. First, NHS data shows that women earn 17% less than their male counterparts (£45,918 compared to £55,348) and are significantly less likely to own their own practice.[5] Second, there is consistent underrepresentation of women in UK professional dental organisations. Despite women constituting nearly half of the BDA’s membership (48%),[5] a significant majority of the BDA’s principal decision-making body - the Principal Executive Committee (PEC), is male (87% - 13 out of 15).[6] This pattern of female under-representation is repeated across different boards and committees in dentistry.[7] Finally, there is a recurring theme of consistent underrepresentation of women speakers in dentistry .[7,8] These inequalities are giving rise to stark examples of a culture in dentistry that is not keeping pace with 21st century expectations or one that is aligned with the legislative protections afforded to women.

What is the problem?

Inadequate representation of women in the decision-making structures of our professional institutions means that issues disproportionately impacting women in dentistry continue to remain a low priority on strategic agendas, which sustains and deepens inequalities. Some examples include a lack of clear strategies outlining steps to address the gender pay gap, increasing female representation, creating inclusive environments such as family-friendly conferences that have baby feeding and crèche facilities. Men would also benefit from addressing these issues and creating inclusive environments. Nonetheless, we argue that, at present, the profession as a whole is suffering due to the male-centric decision-making structures which are blind to female experiences, and as a consequence, tolerate out-dated and even sexist behaviours.

There may be some readers who have not seen or been aware of such sexist behaviours within the profession. You are fortunate if you, unlike the authors, have never attended a lecture at a professional dental event where the speaker has shown suggestive images of women and/or asked delegates to rate them out of ten. For those active on social media over the last year and saw 'that Facebook post' about the British Dental Conference and Dentistry Show 2019, you will know that our profession is divided on what constitutes acceptable behaviour in this respect.

The Facebook post in May 2019, which quickly got 440 comments, related to what the author (WT) perceived to be out-dated 'laddish culture' at the British Dental Conference and Dentistry Show 2019.[9] At the event, a marketing tactic used by one company selling clear orthodontic braces had three women wearing clear PVC raincoats over revealing dresses and high stilettos walking around the trade floor, posing for photographs with delegates to advertise the 'clear' nature of their braces. Coincidentally, on the day same, the BBC published an apology from a business event organiser who had used similar 'booth babes'.[10] The contention on Facebook was centred on women's right to dress as they please. The authors wholeheartedly support women's autonomy to dress as they wish. However, the authors disagree with the objectification of women, showcased around as marketing props. Fortunately, for the conference organisers, it was not until the following month (June 2019) that the Advertising Standards Authority (ASA) and the Committee of Advertising Practice (CAP) introduced new rules that banned harmful gender stereotypes. But this was not a one-off - at the previous year's British Dental

Conference, one speaker described badly done facial aesthetics as leading to men being feminised and women being animalised. These gendered advertising practices, traditional gender binary constructs of men and women and how they should look are potentially breaking the law. Sex, sexual orientation, and gender reassignment are all protected characteristics under *The Equality Act (2010)*.[12] Nonetheless, irrespective of legality, if we want to be identified as respected professionals, our culture in relation to these practices needs change.

How do we create change?

Although there are extensive behaviour change models that exist in academic literature, the authors have drawn on the *behaviour change wheel* for its simplicity and wide use in different disciplines.[13] The behaviour change wheel is underpinned by the Capability, Opportunity, Motivation - Behaviour (COM-B) model. The COM-B model asserts that for people to change their behaviour three things are needed. First, people should have the capability (e.g. skill) to undertake the behaviour. Second, people should have the physical or social opportunity to undertake the behaviour. And finally, people should be motivated to change their behaviour.[14] Motivation is directly influenced by capability and opportunity - the structures within which the behaviour is performed.

Since 1880, the BDA has been a key institutional structure in UK dentistry.[15,16] It has a key leadership role to play, therefore, by creating social and physical opportunities to ensure the profession is skilled and motivated to change its behaviour.

The role of the BDA

As dentistry's professional organisation and trade union, the BDA has a key role in ensuring all its members are represented. This can only be achieved by taking an active leadership role in promoting an inclusive culture. The authors outline a few institutional policies that have increased diversity and promoted inclusion to exemplify how the BDA could move ahead to foster greater inclusivity.

First, the authors call for a concrete strategy about how BDA aims to ensure that female experiences are heard within all its structures and prioritised on BDA's agenda. The culture of sexism described above, with its inherent conscious and unconscious biases, poses barriers to achieving parity of female representation in elected roles. So for its elections, we would encourage the BDA to employ the same model it uses to ensure regional voices are heard, by introducing protected seats for

women. All women shortlists for election onto the BDA PEC could employ similar approaches to those used by UK political parties.

Second, the BDA should have policies to ensure conferences and trade shows they participate in do not use and display inappropriate sexualised language and images. There is a precedent for this in dentistry. The International Association of Dental Research (IADR) has a professional code of conduct that forbids the use of derogatory and discriminatory language and images. The code applies to all the participants at IADR: speakers, delegates, staff, and exhibitors.[17,18] In particular, the BDA should have a zero tolerance and no-platforming policy for persons who break the code of conduct.

Third, the BDA should make an active effort to invite female keynote speakers and, mirroring *The Lancet Group,* have a no 'manels' policy.[19] Manels are panels of all-male speakers. Editors at *The Lancet Group* do not participate at conferences or events where there are no women on the panel. In events organised by the Lancet Group, 50% of the speakers are women.[19]

Fourth, the BDA could develop a good practice recognition initiative to support gender equality similar to the Athena SWAN initiative that recognises higher institutions which support representation, progression and success for all in science.[20]

Finally, the BDA should develop, in collaboration with its membership, an equality and inclusion programme, following the approach taken by the British Medical Association which links to the General Medical Council's strategy on the same issue.[21,22] Women, as well as members from other marginalised groups (people who do not identify with traditional gender constructs and people from the LGBTQ+ and Black and Minority Ethnic communities), must be included in developing and implementing such approaches. This is because people themselves are best placed to identify the problems that impact them as well as develop the appropriate solutions.[23] Furthermore, many of the issues identified in this paper become more acute when gender identities intersect with race, and sexuality.[18]

The Future is Now

On International Women's Day, we take the opportunity to celebrate the achievements of women in dentistry. But this is not enough: the time for progress is now. In 2020, we expect parity and representation across all structures. We have seen how some institutions are providing the physical and social opportunities for people to change their behaviours. In doing so, they are working towards changing the deep-seated structures that sustain the gender inequalities that are outlined in this article. The problems in dentistry have not just happened. Nor have they been caused by a single person or single institution. The culture has been created collectively over time, by the actions and inactions of multiple people and institutions.[24] Therefore, the situation cannot be improved by a single person or a single institution. The BDA in isolation cannot change the gender inequalities and discriminations in dentistry. But as the dental profession's trade union, we urge the BDA to show leadership and be the vanguard in promoting equality, inclusion and, representation.

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