

## LETTER TO THE EDITOR

# What we are doing about diversity

Sir, I would like to thank Rizwana Lala and Wendy Thompson for raising a range of important issues in their recent article on diversity.<sup>1</sup>

Many of the issues raised by Rizwana and Wendy have been live on our agenda for some time. Indeed, one of our current strategic priorities revolves around re-designing our approaches to governance, representation and policy assimilation, including exploring how our Board (Principal Executive Committee) is populated and ways to encourage participation from a more diverse group of the membership.

As part of that work, last month we asked all dentists to set out ideas to help us better reflect the profession. The learning from that survey will inform our important review into our governance and policy making processes. We want to find practical ways to better reflect the diversity that exists within dentistry. That could be through providing opportunities for leadership training and shadowing, mentorship and encouraging younger dentists to get involved with us at national and local levels.

We have been asking members for views on election processes and ideas such as protected seats for dentists in particular areas of practice or particular characteristics, such as gender, age or ethnicity, on our representative structures. Currently, for most BDA committees, elections are conducted on an openly competitive basis, with some seats protected on a geographical basis to ensure a spread of representation across the country. This open process has led to some of our structures – our Board the highest profile example – not having the same diversity that now exists across the dental profession. Other committees are already much more reflective of the profession. Part of our

current work in the area is to undertake more detailed diversity monitoring within our existing structures to establish a defined baseline.

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Many associations and trade unions are facing up to similar challenges, to reflect and look like the professions they serve. One high profile organisation to face up to these types of difficulties recently is the British Medical Association. It undertook an independent investigation last year into allegations about sexism within its representative structures. The BMA commissioned Daphne Romney QC to produce a review after two female doctors alleged sexism and sexual harassment by elected members of the BMA. The review was also asked to make recommendations to address gender bias and harassment in the BMA, drawing on examples of best practice.

That report made a wide series of recommendations for changes across areas such as behaviour, the role of women and governance structures. As part of our own work, the BDA's Board has considered the BMA report and agreed that many of the recommendations are directly applicable and that we should look at how to implement them. We are now in the process of putting those recommendations into

action, for example in relation to training on equality and diversity issues, dealing with bad behaviour, and mechanisms for dealing with complaints.

One of the other areas of inequality highlighted in the article was in relation to dental earnings, in particular that there is disparity in NHS pay between genders. This is an area where we are currently seeking to undertake our own research, this being an issue identified by a diversity working group last year.

Finally, concerns were raised in the opinion piece about the display of sexualised images and exhibitor conduct around costumes and promotion at last year's British Dental Conference and Dentistry Show. As exhibitors and a key part of the conference programme, we too recognised these concerns and shared them with the conference organisers, Closer Still Media. They responded by introducing a new code on exhibitor conduct which reflects Advertising Standards Authority and Committee of Advertising Practice standards. Recognising concerns raised about promotion, specific limitations are now placed on off-stand activities and exhibitors' representatives wearing distinctive costumes or clothing deemed excessively revealing or inappropriate for a professional healthcare environment are not permitted.

This is an important debate around diversity and representation, and I welcome this contribution. I hope the profession continues to engage with the debate and the work we are undertaking as it moves forward.

**M. Woodrow, Chief Executive, BDA**

## Reference

1. Lala R and Thompson W. 'An equal world is an enabled world': Equality in the dental profession. *BDJ In Pract* 2020; **33**: 17-19.

