

# Balancing the dental boards

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## Key points

Understand the current gender balance of the UK dental boards.

Identify whether this is a problem.

Consider possible solutions.

## Abstract

The gender balance on boards is an important issue because any imbalance represents gender inequality and is not acceptable. We describe data that we have gathered on the current balance of the UK dental boards and then outline potential ways forward to address any imbalance.

## Introduction

We want to thank the editor of the *British Dental Journal* for agreeing to include our short article on the work we have done looking into the gender balance of UK dental boards. We are a group that formed in September 2019, intending to draw attention to gender imbalances on the boards of various UK dental organisations. Where we identified an inequality, we endeavoured to provide information to the various boards on how any imbalance could be rectified.

## Should boards be balanced?

There has been a substantial body of research into the area of diversity in non-dental boards. In general, this has illustrated that inclusive and

balanced boards are likely to be effective, better understand their stakeholders, be open to new ideas and have broader experience.<sup>1</sup> This leads to overall improved decision-making.<sup>2</sup>

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 'groupthink'. Furthermore, boards must make use of the available skills within an organisation. By not utilising their female talent, evidence suggests that organisations are likely to have poorer performance.<sup>2</sup>

Finally, it is our view that as 50% of registered dentists are women, any imbalance is simply wrong and may represent discrimination.

## Are the UK boards balanced?

We carried out an audit of the gender mix of UK boards by collecting data from their websites from December 2018–January 2020 and directly contacting the relevant Presidents/Chairs of the boards.

The data we obtained for 2020 are in Table 1. The table shows marked variation across the boards. We must consider the need for some latitude in the definition of balance. The EU Commission has defined a balanced board as having between 40–60% members of each gender.<sup>3</sup> When we used this definition, we found that eight of the boards were balanced. Interestingly, when we first collected this

data in December 2019, only the College of General Dentistry, British Society of Restorative Dentistry, Society Advancement of Anaesthesia and Faculty of Dental Surgery (Glasgow) boards were balanced. There are also nine organisations in which women make up over 60% of the board.

Importantly, there are ten organisations in which women make up less than 40% of the board. The British Dental Association (BDA) was one of the boards with the most significant imbalance (27%). We are also aware of a new organisation, the British Association of Private Dentistry, whose board is comprised 100% of men.

## Why has this occurred?

The causes of unbalanced boards have been researched in several settings. Investigators have put several main reasons for the imbalances forward. The first of these is the pipeline problem.<sup>4</sup> This means that there are too few women in an organisation, leading to a reduction in them being considered for leadership positions. This is clearly not the case for dentistry, as most of the organisations' genders are likely to be balanced. Nevertheless, this could explain the board structure of organisations with predominantly female membership – for example, the British Association of Dental Nurses (100% female board). We tried to obtain data on the male/

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female balance of the membership of the organisations. Unfortunately, only ten of them held this information.

It is also clear that balancing work and family responsibilities can be a significant problem for women.<sup>4</sup> However, small changes could be implemented to help negate this. For example, attendance at meetings could be facilitated by holding virtual meetings, thus avoiding giving up time for travel.

Another important factor may be that some women tend to diminish their professional achievements.<sup>5</sup> As a result, they may be less willing than men to apply for appointed or elected posts.

Currently, the reliance of most dental boards on election into post may therefore disadvantage women. The imbalance that we have found leads to a lack of women role models and the problem is therefore exacerbated over time.<sup>6</sup>

## Solutions?

Again, this is a complex area and many solutions have been put forward. One that is frequently suggested is the introduction of quotas. However, this may restrict choices and the selected women may be perceived as less qualified than men.<sup>7</sup> Notably, the adoption

of quotas suggests that appointment is not entirely on merit. It is for these reasons that we do not support the use of quotas.

A more equitable approach is for the boards to encourage women to apply for election/appointment for their boards. This is supported by research that suggests women are election-averse and not as willing as men to stand for election.<sup>8</sup> We encourage the boards to consider this approach.

We also need to consider the board election. This is a rather traditional approach to populating boards. In effect, the places are allocated by a popularity contest. As a result, the possibility of diversity is diminished.

Bearing in mind the points that we made above, would making appointments to boards via application and interview be more equitable than voting? This is particularly relevant when we consider that the BDA has one of the most significant imbalances. Yet, the government requires trade unions to hold an archaic postal vote that potentially disenfranchises some of the organisation's members. This approach has been criticised by the Electoral Reform Society and the Trades Union Congress.<sup>9,10</sup>

## Reception to our work

We have been active in our work for approximately 12 months. As with all other initiatives, we have been affected by the COVID-19 pandemic. Nevertheless, we have made slow but steady progress. We have received strong support from several professional bodies. We have appeared in recent webinars and dental press articles on gender diversity. We feel that matters are improving.

We are also aware that this is a 'snapshot' of one year's membership of the boards. We appreciate that this picture may change year by year. As a result, it requires frequent review.

## Moving forward

We aim to engage further with the boards over the next few months and work with them to support them to change this situation. We would like to emphasise that we hope that the boards will look at the data we have provided. They should then decide if they are content with the balance of their board. If they are not, they may attempt to change the balance using methods they choose. Our role is to simply highlight the issue and be a source of information that the boards could use to make changes if they so wish.

**Table 1 The gender balance of the UK dental boards (April 2021)**

Organisation	Men	Women	% women
British Association of Private Dentistry	6	0	0
British Association of Clinical Dental Technicians	5	1	16
Association of Dental Implantology	14	3	18
Faculty of Dental Surgery Edinburgh	14	4	22
British Society of Endodontology	11	3	27
British Dental Association	11	4	27
British Society of Periodontology	12	6	33
British Society of Prosthodontics	11	6	35
Faculty of Dental Surgery Glasgow	9	5	35
British Society of Oral Maxillofacial Surgeons	13	8	38
Faculty of General Dental Practice	10	7	41*
British Orthodontic Society	5	4	44*
British Society for Oral and Maxillofacial Pathology	7	5	48*
Faculty of Dental Surgery England	12	12	50*
College of General Dentistry	4	4	50*
General Dental Council	6	6	50*
British Society of Restorative Dentistry	7	9	56*
Society Advancement Anaesthesia	6	9	60*
British Association for the Study of Community Dentistry	6	10	62
British Society of Oral and Maxillofacial Radiology	6	10	62
British Association of Oral Surgeons	5	11	68
British Society of Paediatric Dentistry	2	5	71
Society of British Dental Nurses	3	10	76
British Society of Gerodontology	2	7	77
British Society for Disability and Oral Health	4	15	77
British Society of Dental Hygiene and Therapy	0	13	100
British Association of Dental Nurses	0	4	100

Key:

\* = boards that were found to be balanced based on the EU Commission definition of a balanced board as having between 40–60% members of each gender.

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#### Conflict of interest

The authors declare no conflict of interest.

#### Author contributions

Kevin O'Brien, Mohsan Ahmad, Lauren Harrhy, Jason Wong, Lorna McCaul, Nishma Sharma, Claire Stevens and Sarah Baker are all authors of this opinion paper. They conceived the idea, wrote and approved the paper.

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