Gender and specialty representation in dental education leadership in the UK: a cross-sectional analysis

Ifrah Rashid, Elise Morgan, Mohammed Ahmed Rashid

1. Community Dental Services CIC, Bedfordshire, UK
2. UCL Faculty of Medical Sciences, University College London, UK

Sir, given the historic male domination of the dental profession, demographic shifts towards a more balanced workforce in recent decades have prompted examinations about female representation in dental leadership roles (1). Much of the empirical literature on dental education leadership has emerged from the U.S., with comparatively less research examining the U.K. context. Moreover, despite the recognised importance of role models in career decisions, there has been little focus on clinical specialty backgrounds of dental education leaders. Recognising this gap, we sought to examine the gender and specialty representation across dental education leaders in UK dental schools.

We reviewed UK dental school’s websites in May 2023, with two reviewers each extracting data independently (IR and EM). Each reviewer captured the name, gender, and clinical specialty of all clinical academic staff in undergraduate dental education leadership roles (such as BDS programme leads, assessment leads, year leads). Clinical specialties were confirmed using the General Dental Council (GDC) specialist register. Dental education leaders from a non-clinical background, including those absent from the GDC register in May 2023, were excluded. Any discrepancies between reviewers were resolved by a third researcher (MAR).

We identified 56 clinical academic profiles from 16 UK dental schools. 35 (62.5%) were male. 16 (28.6%) profiles were not included on any GDC specialist register. Of the remaining 40 profiles that were on GDC specialist registers, a total of 51 specialty registrations were identified. As indicated in table 1, the commonest specialties represented were restorative dentistry, endodontics, prosthodontics, oral surgery, and periodontics.

These data confirm that dental education leadership roles in the UK continue to be male dominated, despite the majority of dental undergraduate students in the UK being female. Furthermore, clinical academic dentists in undergraduate education leadership roles are most likely to be from higher status, male dominated specialties, including restorative dentistry and prosthodontics. As demonstrated by the GDC registration statistical report (2), specialists in these areas represent a very small fraction of the total UK dental workforce and even the specialist workforce, suggesting they are disproportionately over-represented in education leadership roles. Although most dental
care in the UK is delivered in primary care, where women are in the majority, general dental practitioners are under-represented in undergraduate education leadership roles.

Further research in this area could examine other areas of academic dentistry including in postgraduate and research domains, as well as other leadership domains such as professional bodies, and other factors of representation, including ethnicity and country of qualification. A more diverse dental professional body is recognised as an important policy goal and establishing a similarly diverse educator workforce is an important part of achieving this. Initiatives to encourage a more balanced gender and specialty representation in dental schools should, therefore, be an important policy target in UK dental education.
