Dental Tribune

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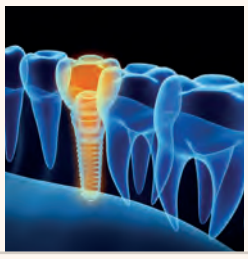

IMPLANT TRIBUNE
Read the latest news and clinical developments from the field of implantology in our specialty section included in this issue.
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UK ranks low in dentist per capita

New Eurostat figures add to concerns over shortages after Brexit

By DTI

LUXEMBOURG: Despite some growth in the overall dental workforce within the last five years, the UK still has one of the lowest ratios of dentists per capita in Europe, only ahead of four other countries, latest figures released by Eurostat in Luxembourg indicate. Fewer dentists per 100,000 inhabitants were only found in the Netherlands, Slovakia, Malta and Poland, according to the EU statistical office.

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The ratio of dentists per capita in the UK falls significantly short compared with Germany, Sweden and Portugal.

The ratio of dentists per capita in the UK falls significantly short compared with Germany, Sweden and Portugal, which have almost 60 per cent more dentists per 100,000 people. Leading the list of the 28 EU member states with over 126 dentists per 100,000 in 2014 was Greece, followed by Bulgaria and Lithuania, which also saw the highest increase of all countries surveyed, with 21 more dentists compared with the number in 2009.

With almost 35,000 active dentists, the UK currently has the fourth-largest dental workforce in the EU after Italy, France and Germany.

The figures have been made available at a time when there is increased concern of shortages in UK dental care owing to the large number of EU professionals feared to leave the UK after the Brexit. In a statement released in February, Dr Steve Williams, the Clinical Services Director of mydentist, one of Britain's largest dental chains, warned that the withdrawal of EU dental professionals from the UK would be devastating and could add to an already understaffed workforce, particularly in rural areas. Currently, almost one-fifth of dentists registered with the General Dental Council are from the EU.

"Dentistry is one of the areas of NHS care that is most heavily dependent on EU-trained professionals. It will be vital to ensure that Brexit does not undermine our ability to provide NHS dental care by inadvertently disrupting the supply of dentists in the UK," Williams said.

Similar concerns have been expressed by other medical bodies, like the British Medical Association, which recently conducted a survey among EEA-trained dentists and found that four in ten are contemplating moving to another country after the UK split from Europe.

By invoking Article 50 of the Treaty on European Union, the UK government has said it will officially start Brexit negotiations with the EU later this month. Prime Minister Theresa May announced earlier this year that the UK would not remain in the single market, which provides freedom of movement, regardless of the trade deal negotiated with Brussels.

Bupa acquisition of Oasis announced complete

By DTI

LONDON, UK: The acquisition of the Oasis Healthcare Group has been completed, the Bupa health care group has said. The news comes after the European Commission referred the multimillion-pound transaction to the Competition and Markets Authority (CMA) in February. Bupa took over one of Britain's largest networks of dental practices last November for a total of £835 million from private equity investor Bridgepoint.

With 380 practices and over 1,800 dentists, Oasis is currently the second-largest dental provider in the UK. It will continue to operate as a separate entity once the acquisition has finally been cleared by the CMA, according to Bupa.

"Bupa is a fantastic permanent home for the Oasis business; both organisations care deeply about patients and people, and both are focused on delivering high-quality clinical care. We look forward to the continued success of Oasis under Bupa ownership," Oasis CEO Justin Ash commented.

"There's strong customer demand for high-quality, value-for-money dental services that are convenient and easy-to-use," Bupa UK Managing Director David Hynam added. "Bupa and Oasis have a shared commitment to putting patients first, and we look forward to welcoming the Oasis team into the Bupa family."

Prior to the acquisition, Bupa operated 40 clinics in Britain. Worldwide, the company employs over 84,000 people in its health care operations.

Established in 1996, Oasis currently serves over two million patients.

UK dentists lack money and training to use CAD/CAM technology

By DTI

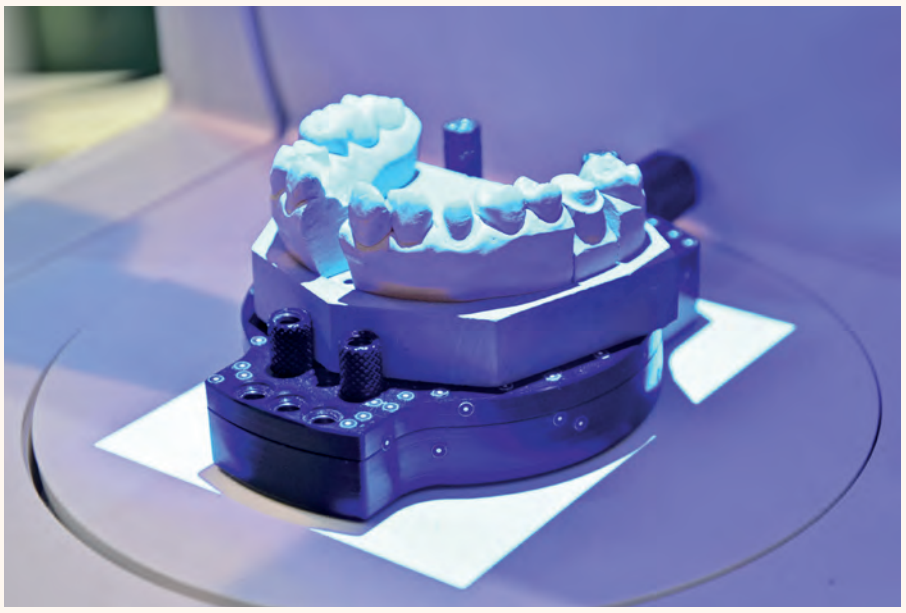
LONDON, UK: Computer-aided technology is evolving rapidly to meet the demands of patients and dentists. However, thus far, no published information existed on dentists' use of and reporting on CAD/CAM technology in the UK. Therefore, a recent open market research survey was conducted to determine the infiltration of CAD/CAM in UK dental practices and to investigate the relationship between various demographic factors and use or non-use of this technology.

The survey was distributed online to 1,031 UK dentists. The questionnaire sought to obtain information regarding type of usage, materials, perceived benefits, barriers to access and disadvantages of CAD/CAM dentistry. In analysing the responses, the influence of demographic variables such as country of work, experience, level of training and type of work (NHS or private) was considered.

Of the 385 dentists who responded, most did not use any CAD/CAM technology. The main barriers were initial costs (especially for NHS dentistry) and a lack of perceived advantage over the conventional methods. Dentists performing mostly private work and those with further training, however, were most likely to have adopted a digital workflow.

However, 52 per cent of dentists surveyed reported being interested in incorporating this technology as part of their workflow, particularly in light of the cost reduction for patients (34 per cent) and improvement of the quality (69 per cent). Thirty-nine per cent of the respondents felt that CAD/CAM technology had led to a change in the use of dental materials, with increased use of zirconia and lithium.

"The demand for aesthetic and metal-free restorations has led to the development of high-strength ceramics in dentistry, which may only be used in conjunction with CAD/CAM technology," the researchers explained.



Most UK dentists believe that CAD /CAM technology has a major role to play in dentistry. (@ Daniel Zimmermann, DTI)

A number of respondents (30 per cent) reported being concerned about the quality of the chairside CAD/CAM restorations. Furthermore, 27 per cent did not perceive any advantages over conventional production methods and this was particularly the case for dentists with further postgraduate training in restorative dentistry and specialist prosthodontics.

Most respondents were either self-trained or trained by companies to use CAD/CAM, and a third felt that their training was insufficient. This finding highlights a gap in dental education and the need for continuing professional development. Nevertheless, the majority of those surveyed (89 per cent) believed that CAD/CAM technology had a major role to play in the future of dentistry.

The survey results, titled "Survey of UK dentists regarding the use of CAD/CAM technology", were published online on 18 November 2016 in the *British Dental Journal*. The study was conducted by researchers at UCL Eastman Dental Institute in London.

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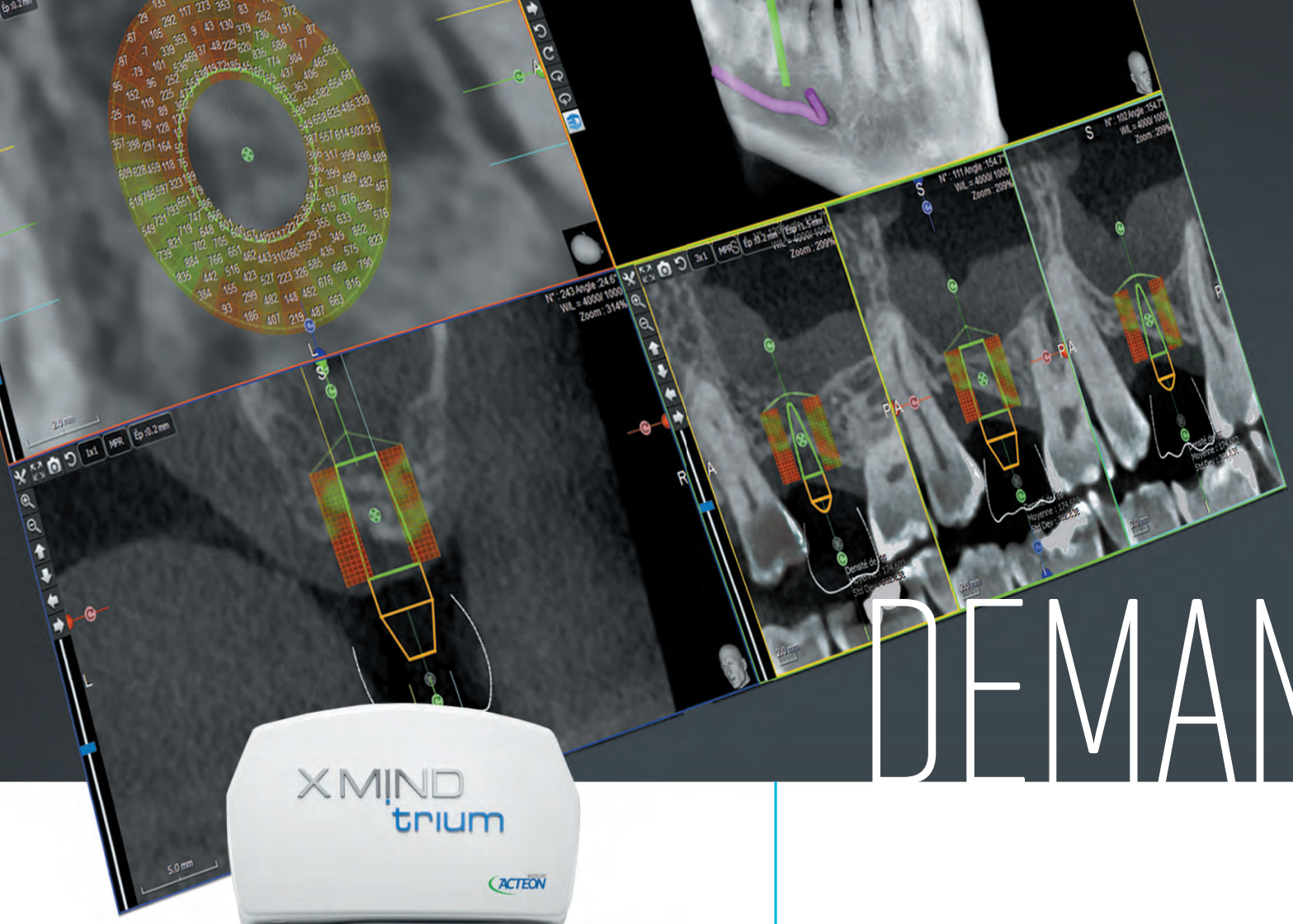

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ACTEON

New device detects bacteria during root canal treatment

By DTI

LONDON, UK: A new method of detecting bacteria during root canal therapy could eradicate the need for follow-up appointments and prevent treatment failure, according to a new study. The SafeRoot device, created by a team of researchers at King's College London, enables rapid bacterial detection inside the root canal, ensuring the procedure has been successful and reducing the need for tooth extraction or surgical intervention.

During root canal treatments, bacterial infections are removed from the root canal space while as much of the natural tooth as possible is retained. Around a quarter of these treatments fail over time owing to secondary infections, and most procedures require one or two visits to the dentist, each of which involves drilling and the removal of part of the tooth.

The SafeRoot device was developed to detect any existing bacteria once the root canal treatment has been completed, with the aim of eliminating persistent or secondary infections and reducing the need for further treatments. Through fluorescent staining and microspectroscopy, it can optically detect minute amounts of residual live bacteria in the root canal space. During trials, the research team was able to successfully detect bacterial cells after just 3 minutes of testing.

Using conventional sterile endodontic paper points, the process is performed during the treatment, preventing any impact on clinical treatment time and minimising additional clinical steps.

"The resilient nature of bacteria, combined with often complex root canal structures, makes disinfection challenging, leading to a considerable number of persistent infections. This is one of the main causes of root canal treatment failures," explained Dr Francesco Mannocci, Professor of Endodontology at King's College London Dental Institute.

"SafeRoot will reduce the time for root canal completion and will increase the success rate of treatments by letting the dentist know when it's safe to proceed with filling the tooth. This should produce fewer acute 'flair-ups' and failed root treatments, as any residual infection in the root canal will be identified," said Dr Tim Watson, Professor of Biomaterials and Restorative Dentistry at the Dental Institute.

Dr Federico Foschi, Consultant in Endodontics at King's College London, testing the SafeRoot device on a patient. (@ Kings College, UK)

One million root canal treatments are performed under the National Health Service each year, costing £50.5 million. "The treatments are not only time consuming and painful for the patients, but cost the NHS a significant amount. If we can reduce the number of root canal treatments and re-treatments required, it could mean sizeable savings to the NHS," added lead researcher Dr Frederic Festy from the Dental Institute.

"SafeRoot could be applied to a wide range of biological infections as well, ranging from wound or respiratory, to implant related infections and contaminations," he said.

GDC reappoints Moyes as chair

By DTI

LONDON, UK: The Privy Council of the General Dental Council (GDC) has approved the appointment of William (Bill) Moyes as chair for another term. He will continue to head the regulatory body for four more years until September 2020, the GDC announced in a statement.

Moyes was first appointed as chair in 2013. Prior to that he worked as founding Executive Chairman of Monitor (now part of NHS Improvement), which authorised and regulated the finance and governance of NHS Foundation Trusts. He has also held positions at the Bank of Scotland Group and the British Retail Consortium, among others.

As GDC chair, he received criticism by the British Dental Association (BDA) and other organisations in 2015 over a report issued by the Professional Standards Authority that pointed out deficiencies in the GDC's performance and fitness to practise process. Addressing some of these issues, he spear-headed a recent initiative that aims to improve the current system of dental regulation. It was published in January this year and proposed fundamental changes in areas like the complaints system.

"I am delighted to be reappointed to the GDC," said Moyes in a statement. "This is an exciting time for the organisation as we press ahead with a series of reforms. While there are challenges which lie ahead, there is a real opportunity for the sector to work together to make the system of regulation work better for patients, and remain fair for dental professionals so that public confidence in dental services is strengthened."

"Under Bill's leadership, the Council has not shied from taking difficult decisions and has been willing to think radically about the way the GDC works in pursuit of our ambition to become a high-performing, effective regulator. That focus and determination is delivering results and has laid a solid foundation for further improvements," commented Chief Executive Ian Brack. "This reappointment provides consistency in strategic vision which will help the GDC to realise the ambitious plans recently set out in Shifting the Balance—using regulation to enable and support dental professionals to prevent harm, whilst putting public protection at the heart of what we do."

In an initial reaction, the BDA expressed disappointment at the reappointment.

"The GDC Chair's term in office has been defined by a total collapse in trust in professional regulation among this profession, and the question remains whether such a figure can ever deliver the change we need," BDA Principal Executive Committee Chair Mick Armstrong said. "While this reappointment represents a missed opportunity, our priority remains clear. Patients and practitioners deserve a regulator and a chair that really understands dentists and dentistry."

Increase in healthy life years through sugar, fat and salt taxes

By DTI

MELBOURNE, Australia: Modelling the effect of different combinations of taxes on sugar, salt and fat and a subsidy on fruits and vegetables on the death and morbidity rates of Australians, a new study has found that imposing a tax on sugar could avert about 270,000 disability-adjusted life years. In addition, the research estimated that, when combined to maximise benefits, taxes and subsidies could reduce the country's health care spending by A$3.4 billion.

In the Western world, non-communicable diseases, such as obesity, diabetes, cardiovascular disease and dental caries, are mainly attributable to an unbalanced intake of fats, sugars and salt. In order to tackle the burden of those diseases, an increasing number of countries have already implemented or proposed taxes on unhealthy foods and drinks. However, the actual cost-effectiveness of levies and subsidies on certain nutritional items to reduce the burden of diet-induced diseases is uncertain and can only be estimated.

In the current study, researchers at the University of Melbourne simulated the effect of different combinations of taxes on unhealthy foods and a subsidy on fruits and vegetables based on the Australian population of 22 million in 2010. The model analysis set the sizes of the taxes and subsidy such that combined there would be less than a one per cent change in total food expenditure by the average household.

The results showed that a tax on sugar had the greatest impact among the taxes simulated. A sugar tax could avert 270,000 disability-adjusted life years (DALYs), the researchers calculated. DALYs are years of a healthy lifespan that are lost to disease. This equals a gain of 1.2 years of healthy life for every 100 Australians alive in 2010, which is a health outcome that few other public health interventions could deliver across the whole population, according to the researchers.

In comparison, a salt tax was estimated to save 130,000 DALYs, a saturated fat tax 97,000 DALYs and a sugar-sweetened beverage tax 12,000 DALYs. As for a fruit and vegetable subsidy, the study was unable to determine an isolated clear health benefit, although it too made for additional averted DALYs and reduced health sector spending, the researchers wrote.

The study adds to growing evidence of large health benefits and cost-effectiveness of using taxes and regulatory measures to influence the consumption of healthy foods. Based on the results of the models, the formulation of a tax and subsidy package should therefore be given more prominent and serious consideration in public health nutrition strategy, they concluded.

The study, titled "Taxes and subsidies for improving diet and population health in Australia: A cost-effectiveness modelling study", was published online on 14 February in the *PLOS Medicine* journal.

"A preventative health care system is also a cost-efficient health care system"

An interview with Prof. Jörg Eberhard, Australia

By Kristin Hübner, DTI

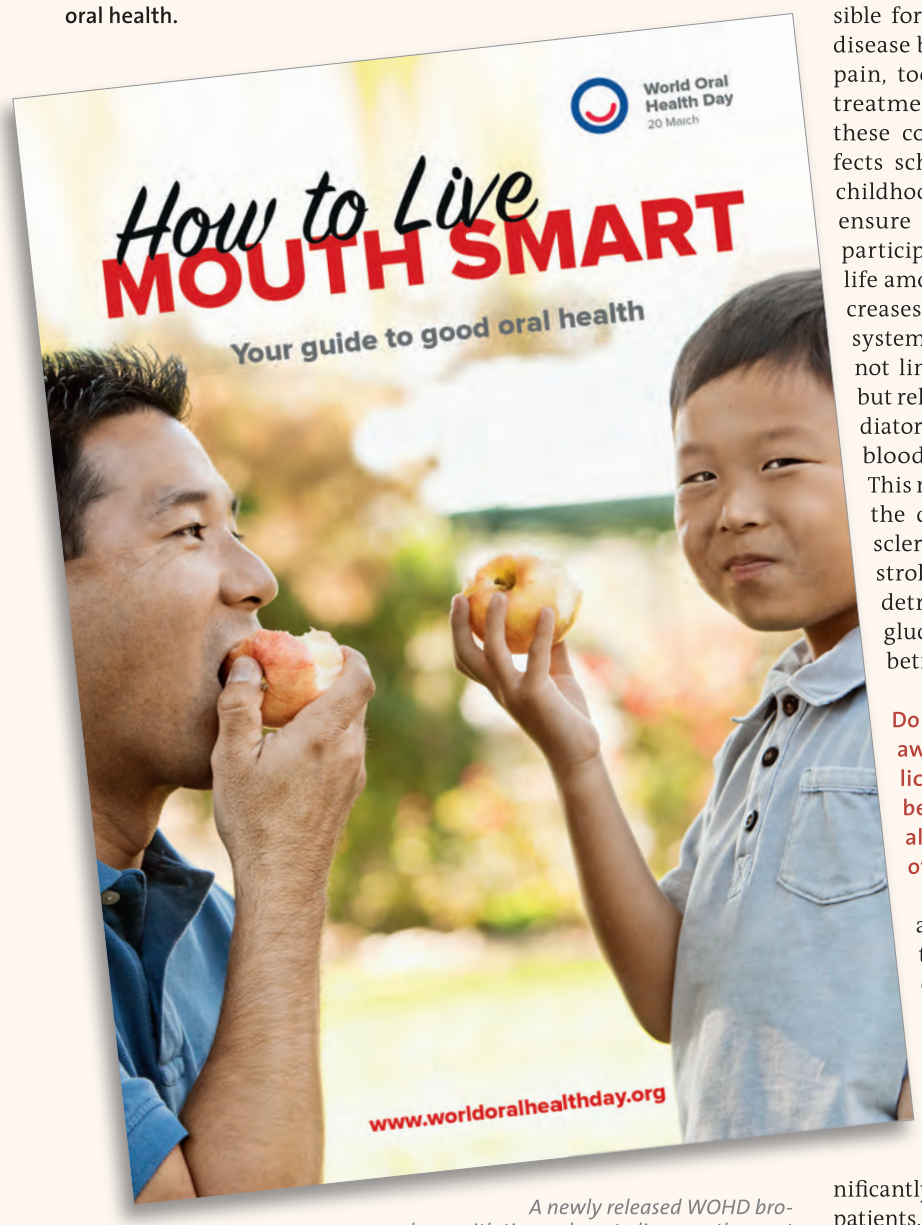
On the occasion of this year's World Oral Health Day (WOHD) on 20 March, Prof. Jörg Eberhard from the University of Sydney will be presenting the Australian WOHD lecture, titled "#PuttingTheMouthIntoHealth—Time for a paradigm change in dentistry!". *Dental Tribune* had the opportunity to speak with Eberhard, who was appointed the university's first Chair of Lifespan Oral Health in 2015, about the role of preventative care in research and clinical practice and the general need for a more holistic view on medical conditions and oral health.

> "A holistic view on medical conditions that includes oral health has not been established in clinical medical practice."

Prof. Jörg Eberhard

***Dental Tribune:* Can you explain what is meant by the title of your lecture, "Putting the mouth into health"?**

Prof. Jörg Eberhard: Research over the last several decades has shown that oral disease is linked to general health and other diseases, including cardiovascular disease, diabetes mellitus and rheumatoid arthritis. The available evidence demonstrating this association is based on epidemiological studies, clinical intervention trials and knowledge of sound biological mechanisms.



A newly released WOHD brochure with tips on how to live mouth smart for distribution in practice and clinic waiting rooms can be downloaded at www.worldoralhealthday.com.

Irrespective of this body of knowledge, a holistic view on medical conditions that includes oral health has not been established in clinical medical practice. "Putting the mouth into health" stands for the strategic vision of overcoming this shortcoming and is aimed at improving the community's health.

How does oral health affect general health?

Dental caries and periodontal disease are the most common diseases worldwide and responsible for a large part of today's disease burden. Caries results in pain, tooth loss and enormous treatment expenses. Each of these conditions negatively affects school attendance during childhood, reduces the ability to ensure good nutrition and to participate in a healthy social life among older people, and increases the load on health care systems. Periodontal disease is not limited to the oral cavity, but releases inflammatory mediators and bacteria into the bloodstream over decades. This may initiate or propagate the development of atherosclerotic plaques, leading to stroke or heart attack, and detrimentally affect blood glucose levels in pre- or diabetic states.

Do you think there is enough awareness among the public about the relationship between oral health, overall well-being and quality of life?

There is very limited awareness of the link between oral and general disease among the public; however, many health care professionals too are not aware of the association between oral and general health, even though it may significantly affect the well-being of patients. Oral health literacy education of the community and health care professionals is a major challenge for the dental profession. Furthermore, teaching of the association between oral and general health to medical students is necessary to establish a holistic view of health in the future.

What is the dental community's role and that of national health care policies in this matter?

The dental community must realise that dentistry is not limited to caries and infected root surfaces; the work of the dental community should be aimed at easing a significant global disease burden and improving the health of the community. Policies must recognise oral health as an integral part of general health and health services, inseparable if the population's health is to be maintained or improved.

Do you think that there should be an increased interdisciplinary exchange between dentistry and medicine?

The exchange between dentistry, medicine and other health professions is fundamental to make substantial contributions to medical research and clinical health care in the future. A holistic view on health and disease is obviously highly relevant for clinical decision-making, since medical research has repeatedly demonstrated the interdependence of the various organ systems owing to similar generalised mechanisms.

With the rising burden of diseases such as periodontitis and diabetes on one hand and increasing awareness of prevention on the other, where does dentistry stand today?

Since the introduction of fluoridation, the dental research community and the dental profession have neglected preventative pathways for decades, and research and clinical activities have focused on restorative treatments. This trend is epitomised by the use of artificial materials like dental implants to restore natural teeth, which have to be extracted because of the lack of adequate preventative treatment. This development is advanced by policies that reward restorative treatments and do not support preventative dental treatments.

What role does the increasing use of highly advanced and complex technology in dentistry play in achieving the goal of retaining the natural dentition for as long as possible?

Highly advanced and complex technologies should be limited to those patients who have suffered trauma or who have severe disease or genetic deteriorations. Health care systems are not able to provide these technologies to the broader community and therefore these cost-intensive technologies are limited to the privileged. A preventative health care system is also a cost-efficient health care system, relieving individuals and the public from suffering and high costs.

In your opinion, concerning the promotion of oral health and prevention among the public, what will the main challenges to modern dentistry be in the years to come?

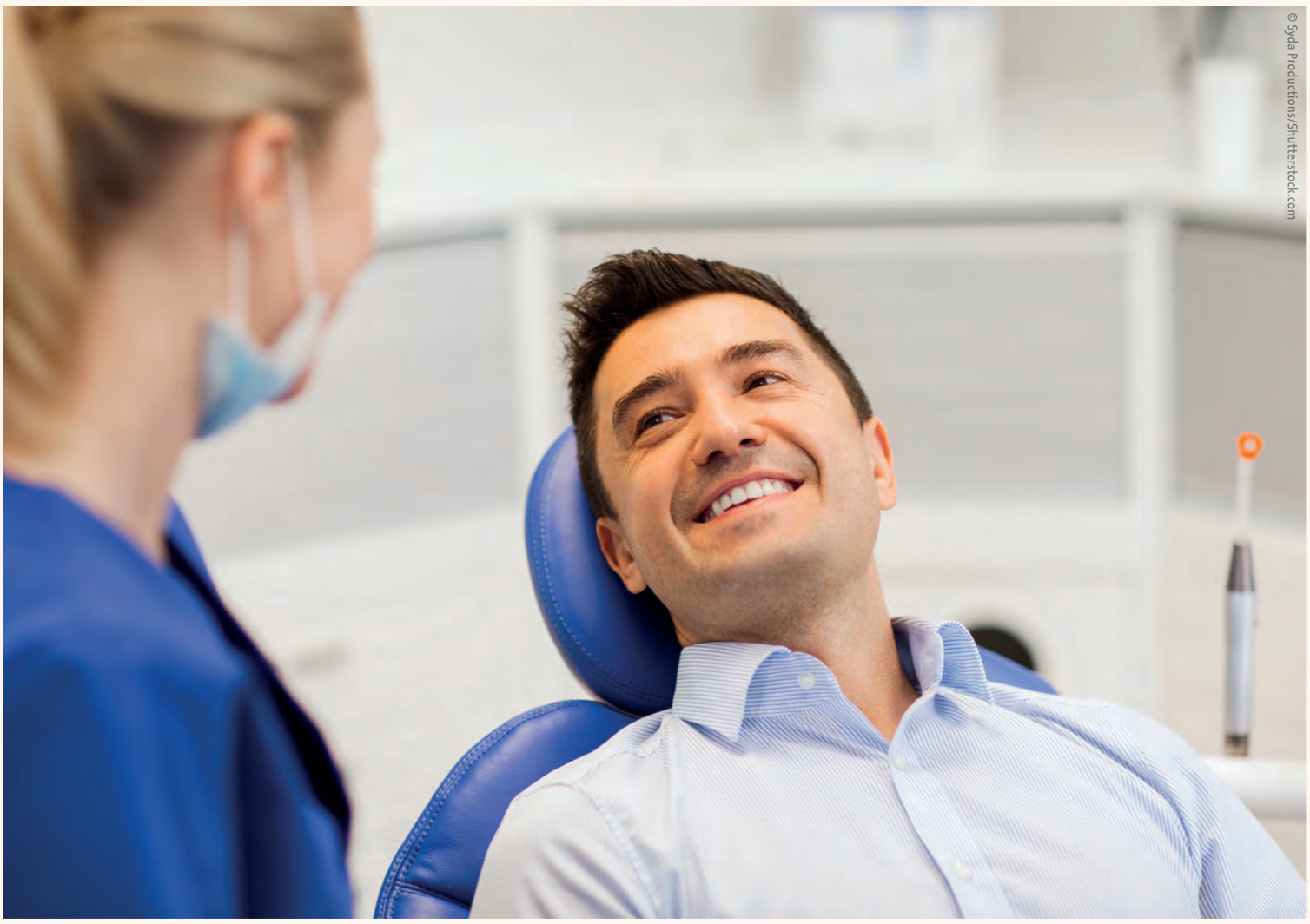
The main challenge in the future for health professions will be to introduce the concept of a holistic health care approach based on preventative treatments rather than on therapeutic interventions.

Thank you very much for the interview.

Editorial note: Eberhard will be holding the 2017 WOHD lecture on 20 March from 5 p.m. to 7.30 p.m. at the Australian Dental Industry Association's office in Alexandria in New South Wales. Registration for the event is open at www.wohd.com.au/register.html.

Don't blink—You may miss something!

By Chris Barrow, UK



Staying in touch with patient expectations is arguably the single most important way to survive the future.

I recently took five weeks off work to go catamaran sailing in the Caribbean, get married while there and then leave my lovely new wife behind to explore the mountains and deserts of Oman with seven friends. On my return, the back issues of dental magazines were full of *General Dental Council* changes to its regulatory systems, the National Association of Specialist Dental Accountants and Lawyers revealing a 53 per cent increase in UK practice goodwill values in the last year, mydentist taking a break from practice purchases, the FGDP (UK) seeking independence, the risk that NHS dental contract reform could force associates to become employees and Simplyhealth announcing their name change for Denplan. Add in the Bupa purchase of Oasis before I started my wanderings and the rise and rise of digital dentistry and we have what can safely be described as a rapidly changing and disruptive marketplace.

Predictions are a dangerous game. I have been asked to submit prophetic articles on many occasions in the past. Perhaps unusually (because I am wired that way), I have always made a point of returning to the predictions some years later, just to see how close I came to getting things right. I am delighted to tell you that I have maintained an average score of 50 per cent on my guesses as to what may happen next.

The challenge, as they say, is knowing which 50 per cent and, frankly, I never have a clue. Sorry! So my purpose here is not to add yet another list of half-truths to the speculations of my peers in writing and speaking; I would rather offer some thoughts on how to survive the disruptive dental market.

Rule 1: Stay focused on the patient

No matter what big business, private equity or shareholder pressure does to the dental industry, the independent dental business owner will be able to deliver a unique selling point built on customer service. The patient experience will always be the way in which you can positively differentiate yourself. Staying in touch with patient expectations is arguably the single most important way to survive the future.

In a recent blog post, I mentioned a presentation given at the London-based WIRED Retail symposium. There Westfield Labs Chief Operating Officer Antony Ritch gave an interesting insight into the future of shopping:

"Shoppers don't differentiate between online and offline. Omnichannel is the only way that retailers can survive. As virtual reality, augmented reality and full-body scans of shoppers proliferate—and with Amazon launching bricks and mortar stores, the way forward is to act as matchmaker between customer and product in every environment.

Shoppers always have their phones and 80 % of all physical sales are influenced by the internet. Stores are a social environment where friends and family come out to enjoy a day of shopping, dining and entertaining. We see the digital world in the same manner."

When one considers this quotation alongside the conventional approach to the provision of dental customer service, there is much that will need to change in the next ten years. My belief is that disruption will be applied to the premises from which dentistry is delivered and the current model of reception, lounge, consultation room and surgery.

The patient experience will change and the device-toting, connected consumer will be at the centre of it. Something new this way comes, but as yet I am having trouble imagining what it will look like.

Rule 2: Take the time to research, listen and plan

There seem to be too many dental conferences, websites, publications and social channels. There are nowhere near enough hours in the day to stay abreast of what is happening in clinical dentistry and in business innovation. I have no miracle cure for information overload. If you are committed to your vocation, then you must prioritise that which will keep you ahead of the game and that will include attending, listening to, watching and reading the events, broadcasts and publications that will maintain your edge.

This comes at a price and the need to manage your time very carefully to avoid burn-out. Maria Popova, creator of the excellent Brain Pickings weekly e-newsletter, reminds us that:
"Of all ridiculous things, the most ridiculous seems to me, to be busy—to be a man who is brisk about his food and his work,' Kierkegaard admonished in 1843 as he contemplated our greatest source of unhappiness. It's a sobering sentiment against the backdrop of modern life, where the cult of busyness and productivity plays out as the chief drama of our existence—a drama we persistently lament as singular to our time. We reflexively blame on the Internet our corrosive compulsion for doing at the cost of being, forgetting that every technology is a symptom and not, or at least not at first, a cause of our desires and pathologies."

Rule 3: Have good conversations

All problems exist in the absence of a good conversation. Many years ago, one of my original mentors advised me to establish a personal board of directors (PBD), defined as people whose opinion I trust and who have the opportunity to give me honest feedback without judgement. The only qualifications are trust, respect and mutual admiration. They do not have to be in the same business, country or demographic. My PBD has changed over the years as members have come and gone, but I still refer many of my ideas and strategies to them for a second opinion before I take risks.

I often attend meetings with owners, managers and teams in which it is obvious to me that the main reason they have progressed so slowly is that they simply do not make the time available in the working calendar to stop and listen to each other. The chase for production becomes all-embracing, whether a unit of dental activity or a sales target, and there are never enough timeouts to take the pulse of the business and its people.

The main characteristic of a Champions League dental business (if I may use that football metaphor) is the meeting schedule, which should be designed to ensure that verbal communication is the primary means by which information is shared. Here too is another way in which the independent can beat most big businesses.

Benjamin Franklin is alleged to have said, "When you're finished changing, you're finished". Focus on your patient experience, stay connected to innovation and stop to listen. Master those three habits and you will be able to take advantage of whatever the world plans to throw at us next. There is, of course, a 50 per cent chance that what I have just said is correct.

***Chris Barrow** is the founder of Coach Barrow consultancy practice. An active consultant, a trainer and a coach to the UK dental profession, he regularly contributes to the dental press, social media and online. Chris Barrow can be contacted at coachbarrow@me.com.*

"With more females entering the dental profession, changes will be evident"

An interview with Women in Dentistry Society members Janki Solanki, Radhika Ladwa and Roxanne Mehdizadeh

Janki Solanki

More women are expected to graduate in dentistry in the UK than men in the years to come. With a larger share of female dentists in the overall workforce, the profession will face new challenges that need to be addressed. A society, Women in Dentistry, recently founded by King's College London Dental Institute students is seeking to find means of raising the profile of female dental leaders through a nationwide network. *Dental Tribune* had the opportunity to speak with members Janki Solanki (Co-President), Radhika Ladwa (Co-President) and Roxanne Mehdizadeh (lead writer and publicity) about the initiative and how it intends to help female students achieve their full potential in dentistry.

***Dental Tribune:* Dentistry has traditionally been a male-dominated profession. Why do you think an increasing number of women have been entering the field in recent years?**

Janki Solanki: The general trend in the UK is that more females are going to university than males across the board. Educationalists say the under-representation of male university students is down to attainment patterns in schools and girls outperform boys up to the age of 18. Female students who perform well at GCSE and A levels are more likely to consider high-profile courses with high entry requirements such as dentistry.

Radhika Ladwa

It is unclear why certain subjects attract more women than men, or vice versa. One of the key predictors of what someone will study is what subjects he or she took at A level, and recently attempts have been made to encourage girls to study science, technology, engineering and mathematics (STEM) subjects.

That the profession offers both lifelong learning and career progression opportunities, as well as the option of flexibility and part-time work, means it is suited to a variety of women, whatever their priorities in life may be. However, it is challenging to pinpoint a single reason for the increase in women entering the profession, as people have a diversity of requirements from and aspirations in life and so varying aspects of a career in dentistry will appeal to different women.

With more women entering the profession than ever before, why do they still seem to be under-represented, particularly in leadership positions?

Radhika Ladwa: While females share similar leadership aspirations, there has been a failure to create and sustain an environment in which they feel fully accepted and supported to succeed. Gender bias, especially when it comes to leadership, is evident across all industries and the profession of dentistry is no different. The assumption that a woman cannot be a good leader, or be one while exhibiting female traits, must be addressed.

Gender difference is dynamic and socially constructed, and what is considered stereotypical gender behaviour can be changed over time. Therefore, the goal is not just ensuring equal numbers of men and women (gender equality), but also acquiring fairness and justice in the pathway to higher positions (gender equity).

With our society, we hope to help provide the networks, resources and mentoring that will not only make people aware of equity issues, but also recognise the role of female leaders, and support and develop the qualities they offer, which will only strengthen the industry.

Was this the main reason for founding the group?

Solanki: Having recognised the under-representation of females in leadership positions prompted important discussions. However, we felt a suitable forum for this did not exist. Fortunately, being students at the Dental Institute, we are surrounded by incredibly successful females at the top of their field in the dental profession, and we wanted to take the opportunity to make these role models accessible to all students and learn from their experiences.

Is the society open to anyone?

Ladwa: The group was established to help students achieve their full potential in dentistry. It is open to all and in essence any dental student can become a member.

Roxanne Mehdizadeh

In addition to this, we have over 140 followers on our Facebook page. We hope to attract female and male dental students at King's College London, as well as graduate dentists and dental professionals, with the aim of expanding this to other UK dental schools.

Solanki: As such, we are the first society across all UK universities to focus on women in dentistry. We have received positive feedback from fellow dental schools, such as Leeds, and hope to create links that could potentially lead to national events for all dental students.

What does the society aim to achieve in the long run?

Ladwa: Raising the profile and celebrating the contributions of individuals in dentistry, and understanding and addressing any barriers women may be facing in the dental profession are two of our main goals. Furthermore, we aim to promote the furtherance of attitudes encouraging the role of women as integral in all areas of the dental field and provide accessible role models and mentors for undergraduate students. Members should also engage in outreach and promote the ethos of always giving back.

The long-term goal of Women in Dentistry is to provide a link between undergraduate dental students and practising dentists, allowing for the fostering of a solid network. This will enable dental students to develop the skills they need to achieve in the profession at this fundamental stage. It is vital to cultivate these skills now when the resources are at our fingertips and not wait for difficulties to arise in the future or when the pressures of working life increase.

It is estimated that in 2020 over half of all dentists will be female. What impact, in your opinion, could this gender shift have on the profession overall?

Roxanne Mehdizadeh: With more females entering the dental profession, changes will be evident. In addition to being more likely to work part-time, female GDPs are more likely to take career breaks (61% as compared to 27% for males) and take longer breaks when they do (Nine months as compared to four months). This, in conjunction with the fact that the number of female GDPs is overall increasing, has implications for the balance of work in the future and needs to be accounted for in workforce planning.

It is important, however, to consider the societal context of the issue. It is difficult to predict whether the situation would be the same if shared parental leave were more viable, and families were remunerated more than the current sum of £139.58 if the father decides to take paternity leave. A move towards this type of co-parenting, as seen in countries such as Sweden and Norway where over 80% of fathers take part, as compared to 1% in the UK, may lead to more women returning to work sooner, thus evening out the negative effects their leave may place on the system.

The greater relative uptake in such countries, compared with the UK, is attributed not only to a different societal attitude towards co-parenting, but also to the fact that families receive at least, 60% of the father's income while he is on leave.

Furthermore, it has been argued that the feminisation of the dentistry has implications on the perception and status of the profession. Historically, fields which have undergone a predominately male to female shift in their workforce have lessened in their standing within society. This is a controversial issue, and perhaps the real subject of concern is questioning why such a perception exists when there is a lack of evidence to suggest that women are not able to deliver the same quality of care for their patients as their male colleagues.

Ultimately, the feminisation of dentistry does indeed need to be addressed, purely on the basis of achieving gender equality and a balanced workforce. The notion that women inherently devalue the profession's societal standing or that their maternity leave is a negative factor should be challenged and viewed within the wider context. In addition, hidden inequalities such as the disparity of pay, unequal proportion of female to male specialists and lack of women in leadership roles should not be overshadowed due to the increased overall proportions of female GDPs.

Thank you very much for the interview.