

100 Years of Women in the Dental Profession in the UK, 1918-2018

Janine Brooks

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Cambridge
Scholars
Publishing



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This book first published 2019

Cambridge Scholars Publishing

Lady Stephenson Library, Newcastle upon Tyne, NE6 2PA, UK

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

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ISBN (10): 1-5275-3133-3

ISBN (13): 978-1-5275-3133-8

To my mother, Joannetta Beach (1925 – 2018).
The first woman in my family to vote

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FOREWORD

I am delighted to contribute to this publication. Having worked at the British Dental Association Museum for many years, it's been fascinating to explore the development of dentistry from the marketplace spectacle to its development as a cutting-edge healthcare specialism today.

Dentistry as a career is fast becoming favoured by women, with over half of the intake in UK dental schools now being female.

We believe dentistry can be a great career for women, providing flexibility, autonomy, and the potential to lead and ensure UK dentistry is something we can all be proud of.

Throughout dental history, we have seen some strong female leaders, often overcoming prejudice and adversity to fight for better for their patients, as well as their fellow professionals.

I remember first finding a handwritten scroll compiled by Lilian Lindsay listing all the women on the dental register since 1879.

What was running through her head as she wrote her own name at the top of the list as the first qualified woman dentist and how did she feel as she added more names to the list, running up to 1930? As she said on the occasion of her 80th birthday when the BDA was presented with her portrait by the women members of the BDA:

“when I think of the women who have succeeded me and all their achievements I am very proud”.

There are many inspiring and remarkable figures profiled in this book, which I hope will be an inspiration to all dentists working today.

It's also important to remember the many other unsung heroes from dental history, from mothers giving teething remedies to their children and early dental nurses providing toothbrush instruction, as well as all of today's dental professionals working to improve our oral health.

Rachel Bairsto,
Head of Museum Services, British Dental Association Museum

ACKNOWLEDGEMENTS

I have been honoured and incredibly fortunate to have received so many profile contributions from a number of great women dental professionals. They have generously shared their stories with me and permitted me to add them to this book. I am very grateful to them all and I believe they will provide excellent role models to all within the profession and perhaps those who are thinking of entering the profession. A full list of all contributors are given at the end of chapter 6.

I am also very grateful to a number of my female dental friends who have encouraged me to write this celebration, they have been a constant, supportive network for me.

The BDA Librarian and Information Specialist, Helen Nield and the BDA Museum Curator, Rachel Bairsto have been very generous with their time and expertise, allowing me access to a number of archives that have allowed me to set the context for women dental professionals working in 2018.

Finally, I would like to express my gratitude to my husband John and my sister Christine for giving so generously of their time to help me with my thoughts and the practical help of proof reading the manuscript.

Any inadvertent errors are mine alone.

ABBREVIATIONS

ADEE	Association for Dental Education in Europe
ADO	Area Dental Officer
BADN	British Association of Dental Nurses
BADT	British Association of Dental Therapists
BASCD	British Association Study of Community Dentistry
BDA	British Dental Association
BDJ	British Dental Journal
BSDH	British Society for Disability and Oral Health
BSDHT	British Society of Dental Hygiene Therapists
BSG	British Society of Gerodontology
BSPD	British Society of Paediatric Dentistry
BUOLD	Bristol University Open Learning for Dentists
CACHE	Council for Awards in Care, Health and Education
CBCT	Cone Beam Computed Tomography
CDS	Community Dental Service
CDO	Chief Dental Officer
CIC	Community Interest Company
COPDEND	Committee of Postgraduate Dental Deans and Directors
CPD	Continuing Professional Development
CRN	Clinical Research Network
CQC	Care Quality Commission
DARG	Dental Auxiliaries Review Group
DBE	Dames Commander
DCP	Dental Care Professional
DDRB	Doctors' and Dentists' Review Body
DDU	Dental Defence Union
DHSC	Department of Health Science
DPA	Dental Practice Adviser
DPL	Dental Protection Limited
DSC	Dental Schools Council
DWD	Dental Workforce Development
FdSc	Foundation Degree
FGDP(UK)	Faculty of General Dental Practice United Kingdom

FT	Foundation Trainee
FTSE	Financial Times Stock Exchange
GA	General Anaesthesia
GDC	General Dental Council
GDP	General Dental Practitioner
GDPC	General Dental Practice Committee
GDS	General Dental Service
GP	General (Medical) Practitioner
HapTEL	Haptics in Technology enhanced Learning
HEA	Higher Education Authority
HEE	Health Education England
HESA	Higher Education Student Authority
HIV	Human Immuno-deficient Virus
HMP	Her Majesty's Prison
HTA	Health Technology Assessment
IADH	International Association for Disability and Oral Health
IVIDENT	International Virtual Dental School
ISFE	Intercollegiate Specialty Fellowship Examination
LA	Local Anaesthesia
LDC	Local Dental Committee
LDS	Licence in Dental Surgery
LTFT	Less than full time
LHMC	London Hospital Medical College
MCN	Managed Clinical Network
MDDUS	Medical and Dental Union of Scotland
MDU	Medical Defence Union
MLA	Member of Legislative Assembly
MRC	Medical Research Council
MSP	Member of Scottish Parliament
N3	New National Network
NEBDN	National Examining Board for Dental Nursing
NCAS	National Clinical Assessment Service
NCFE	National Council for Further Education
NHS	National Health Service
NHSE	National Health Service England
NHS IA	National Health Service Information Authority
NICE	National Institute for Clinical Excellence
NIHR	National Institute of Healthcare Research
NLP	Neuro Linguistic Programming
NVQ	National Vocational Qualification

OMFS	Oral Maxillo Facial Surgeon
OOH	Out of Hours
ORCA	Organisation for Caries Research
ORE	Overseas Registration Examination
PASS	Practitioner Advice and Support Scheme
PEC	Professional Executive Committee
PCT	Primary Care Trust
PHE	Public Health England
PM	Prime Minister
RAF	Royal Air Force
RCPS	Royal College of Physicians and Surgeons
RCS	Royal College of Surgeons
RTT	Referral to Treatment
SBDN	Society of British Dental Nurses
SCD	Special Care Dentistry
SHA	Strategic Health Authority
SHO	Senior House Officer
SWH	Scottish Women's Hospital
TPD	Training Programme Director
UCAS	Universities and Colleges Admissions Service
UK	United Kingdom
VT	Vocational Training or Trainee
WiD	Women in Dentistry
YTS	Youth Training Scheme

Qualifications/Honours

	Qualification
BA	Bachelor of Arts
BChD	Bachelor of Dental Surgery
BDS	Bachelor of Dental Surgery
BSc	Bachelor of Science
CBE	Commander British Empire
C&G FETC	City & Guilds Further Education Teaching Certificate
Clin. Res.	Clinical Research
CMI	Chartered Management Institute
DCDP	Diploma in Clinical Dental Practice
DDS	Doctor of Dental Surgery
DDSc	Doctor of Dental Science

DGDP(UK)	Diploma in General Dental Practice (UK)
DN	Dental Nurse
Dent RCPS	Dental Fellow of College of Physicians and Surgeons
DDPH	Diploma Dental Public Health
DPDS	Diploma in Postgraduate Dental Studies
Dip.	Diploma
Dip DHE	Diploma Dental Health Education
DMedEth	Doctorate in Medical Ethics
D.Orth	Diploma in Orthodontics
Ed	Education
Ed D	Doctorate in Education
Ed S	Educational Specialist
EDH	Enrolled Dental Hygienist
EDT	Enrolled Dental Therapist
FBADN	Fellow British Association Dental Nurses
FACadMed	Fellow Academy of Medical Educators
FDS	Fellow in Dental Surgery
FDTF	Faculty of Dental Trainers RCS Edinburgh
FFD or FFDS	Fellow Faculty Dental Surgery
FFGDP (UK)	Fellow Faculty of General Dental Practice
FFPH	Fellow Faculty of Public Health
FIAM	Fellow of Institute of Administrative Managers
FICD	Fellow of International College of Dentists
FHEA	Fellow Health Education Authority
FRCPCH	Fellow of the Royal College of Paediatrics and Child Health
FTCD	Fellow of Trinity College Dublin
IHPE	Institute of Health Promotion and Education
IRM Cert	International Certificate in Risk Management
LCGI	Licentiate City and Guilds Institute
LDS	Licentiate in Dental Surgery
LLD	Latin Legum Magister
LLM	Doctor of Laws
LRCP	Licentiate of the Royal College of Physicians
MA	Master of Arts
MAODE	MA Online & Distance Education (Open University)
MBBS	Bachelor of Medicine and Bachelor of Surgery
MBE	Member British Empire
MCCD	Member in Clinical Community Dental Practice
MClinDent	Master of Clinical Dentistry

MCDH	Master Community Dental Health
MDPH	Master Dental Public Health
MDentSci	Master Dental Science
MEdLM	Master of Education (Leadership & Management)
MFDS	Diploma of Membership of Faculty of Dental Surgery
MFGDP	Membership of Faculty of General Dental Practice
MPaed	Master of Paedontics
MPhil	Master of Philosophy
MPH	Master of Public Health
MRACDS (DPH)	Membership in General Dental Practice (Diploma in Public Health)
MSc	Master Science
NTFHEA	National Teaching Fellowship Higher Education Authority
OBE	Order British Empire
OHE	Oral Health Education
PFHEA	Principal Fellow Higher Education Authority
PGA	Post Graduate Award
PG Cert	Post Graduate Certificate
PhD	Doctor of Philosophy
RCS	Royal College of Surgeons
RCSI	Royal College of Surgeons Ireland
RCPS	Royal College of Physicians and Surgeons
RDH	Registered Dental Hygienist
RDN	Registered Dental Nurse
RDS	Restorative Dental Science
RDT	Registered Dental Therapist
SFHEA	Senior Fellow Higher Education Authority
TD	Territorial Decoration

CHAPTER ONE

INTRODUCTION

I have been thinking about writing a book showcasing the achievements of women dental professionals for some time, several years in fact. 2018 as the centenary of women first obtaining the vote, albeit only a proportion of women, gave me the impetus I needed. I want this book to be a celebration. A celebration of the many and varied achievements of women dental professionals across all aspects of dentistry. I hope the individual profiles will be an inspiration to all who work in the profession or may be thinking of entering dentistry – men and women. They may also be of interest to those outside the profession with an interest in social history and gender issues. The 100 years since 1918 have seen huge changes in dentistry and the dental profession. The position of women in society, the workplace and the profession has undergone profound change and growth. The garden may not be totally rosy but it is on the way to becoming so. Dentistry should be proud that, as a profession, women have flourished and now hold a strong position, shoulder to shoulder with our male colleagues. I am so proud to be a woman in dentistry in the 21st century. In addition to celebrating the huge achievements of women dental professionals I hope this book will provide role models for those looking to either enter the profession or to develop their career in new directions. Finally, I want to showcase the role of mentoring and the important place this holds for every successful professional. I hope you enjoy reading about the women dental professionals who have made a huge, often quiet, contribution to dentistry and the society of the United Kingdom (UK) over the last 100 years.

UK society has experienced massive change since 1918. This includes health, wealth, technological, scientific, cultural and demographic. Men, women, young and old and at all levels of society have experienced and continue to experience the effects of that change. Women, in particular, have accessed opportunities that were difficult or impossible to access prior to 1918. The changes did not happen overnight, nor all at the same time and the changes continue, they are dynamic. This book is a

celebration of the achievements of women dental professionals in the 100 years since some women gained the right to vote. However, it seems appropriate to place that success in the context of societal evolution (and sometimes revolution).

The women who work in the UK dental profession in 2018 are impressive and there is a lot to learn from their success for every single dental professional today. The learning may even be greater than dentistry and perhaps greater than the UK. Whilst the profession still has some way to go before we benefit from all the talents of women across all aspects of dentistry I will stick my neck out and say I think the UK dental profession may be one of the leaders when it comes to women. By way of illustrating that point the following table provides an overview of female representation in the public sphere across the UK:

Table 1. Female representation in the UK public sphere

Role	Proportion of women	Year of Data
Member of Parliament	32%	2017
House of Lords	26%	2017
Cabinet	26%	2017
Member Scottish Parliament	25%	2016
AMs	42%	2016
MLAs	30%	2017
Boards of public bodies	29%	2016
Senior civil service	41%	2017
Justice of Supreme Court	9%	2017
General Practitioner	54%	2015
NHS Consultants	34%	2015
Secondary head teachers	39%	2015
University professors	24%	2015-16
FTSE 100 directors	26%	2016

Source: Apostolova, V., et al (2017)

If we as a society and as a profession are to grow, we need to benefit from the talents of our whole population, not just the half that is male. If we could tap into the resources of women fully, just think what might be possible.

Table 2. Timeline of Firsts for Woman Dental Professionals

Year	First Dental Female Professional to/be.....	Woman
1895	Gain a UK dental qualification (Edinburgh)	Lilian Murray
1897	Enter Glasgow Dental School as a student	Wiliemina Simmers
1897	Licentiate in Dental Surgery of the Royal College (England)	Ruby Halliday
1901	LDS of the Faculty of Physicians and Surgeons of Glasgow	Wiliemina Simmers
1925	Member of Odontology section of Royal Society of Medicine	Lilian Lindsay (nee Murray)
1945	President, Odontology section, Royal Society of Medicine	Lilian Lindsay
1946	President of the BDA	Lilian Lindsay (75 years of age)
1949	Awarded the Diploma in Dental Orthopaedics, Glasgow (RCPS) - the first UK postgraduate orthodontic qualification.	Elizabeth Morrison Webster
1950	President of BADN	Beatrice Green
1963	Awarded the Fellowship in Dental Surgery of the Royal College of Surgeons of Edinburgh	Dorothy Geddes
1963	Elected to serve on the Royal College of Surgeons of Edinburgh Council	Dorothy Geddes
1975	Only women member of the BDA Representative Board	Clare Stone (was she the first?) – after Lilian Lindsay?
1976	Elected to GDC	Margaret Seward
1978	Editor Designate of BDJ	Margaret Seward
1979	Editor BDJ	Margaret Seward
1986	Elected to BDA Council	Shelagh Farrell
1990	Appointed to a chair in dentistry in the UK - Professor of Oral Biology at the University of Glasgow	Dorothy Geddes
1990	Elected both to the Board of Faculty at the RCS in England and as Vice Dean	Margaret Seward

1992	Female Dean of a faculty of dental surgery of any royal surgical college in the UK and Ireland	Dorothy Geddes
1994	President of the GDC	Margaret Seward
1999	First DBE for the dental profession in UK	Margaret Seward
2000	UK Chief Dental Officer (England)	Dame Margaret Seward
2007	Scottish Chief Dental Officer	Margie Taylor
2007	First female dentist to conquer Everest (and first ever woman from Northern Ireland to do so)	Hannah Shields
2016	Welsh Chief Dental Officer	Colette Bridgman

The timeline above gives a flavour for the progression of women in the dental profession during the last 100 plus years. You might be surprised by how recent many of the firsts actually are. A few names dominate the list. It has only been in the last 20 to 30 years that we have seen women taking up more senior roles in dentistry and increasing their visibility.

In the following chapters I will consider how women in general have been viewed by society, moving on to consider women dental professionals and their rise over the last 100 years. The main body of the book, chapter 6 covers a number of profiles of successful women dental professionals from across the profession. This chapter is the heart of the celebration. I also cover some thoughts on equality before turning to the future and what it might hold for women dental professionals and dentistry in general.

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CHAPTER TWO

WOMEN AND SOCIETY

In this chapter I want to take a brief look at the place of women in society in general and how they were viewed and how they viewed themselves. It is my intention to set the scene for women who sought (perhaps even dared) to become dental professionals.

Women of today, in the early part of the 21st Century, may find it hard to believe the challenges their mothers, grandmothers and great grandmothers were faced with on a daily basis. The women of today stand on their shoulders and benefit from their struggles. Society and women can easily take for granted the struggles that have gone before. We owe the women of our past a huge debt. I want to take a brief look at the position of women generally in society before 1918, as this sets the scene for the trials and challenges that women faced when seeking to work in dentistry. So, I shall look back before I travel forward.

Pre-1918

Aristotle in his book: *On the generation of Animals*, written in the 4th Century BC writes:

“We must look upon the female character as being a sort of natural deficiency”.

Not a very promising start it would seem.

Mortimer (2009) in his excellent book; *The Time Traveller’s Guide to Medieval England*, notes that in the 21st Century we have come some way from the way women were described in Medieval times. Then women fell into four groups: maidens, wives, nuns and widows. At that time only widows and aged spinsters (old maids) had a degree of independence. Women were blamed for society’s weakness, whether that be physical, intellectual or moral. This seems to stem from the story of Adam and Eve, when Eve tempts Adam to eat from the forbidden fruit, resulting in their

fall from Eden – as Mortimer writes, “*a difficult thing to live down*”. Society at that time was misogynistic to say the least. The male dominated society was regarded as the natural way, and the position of women believed to be a punishment from God.



Adam and Eve, painted by Hans Thoma in 1897. In the Hermitage, St. Petersburg
Photographed by Janine Brooks

You have to feel a little sorry for Adam.

1918 – a watershed year for women

On the 6th February 1918 the Representation of the People (Equal Franchise) Act gave some women the vote – as long as they were aged at least 30 and were either themselves or married to, a local government elector.

Mari Takayanagi (2016) explains what this means more fully:

“A woman had to be aged 30 or older to register as a Parliamentary voter. She, or her husband, also had to meet the local government franchise

qualification, which meant:

- *Occupying a dwelling-house (of any value). This meant living in a house or a separate part of a house, as an owner (i.e. a freehold owner) or a tenant (i.e. paying rent); or*
- *Occupying land or premises of a yearly value of not less than five pounds. This meant living as a lodger in rooms within a house, which were let in an unfurnished state. The annual value of £5 meant the gross estimated rental or gross value as assessed for rates, as determined by the registration officer.*

Therefore - living as a lodger in furnished rooms at any value, or in unfurnished rooms to a value of less than £5, did not qualify. This meant in practice women over 30 were excluded from the vote including women living at home with parents, brothers or other family members; female resident servants; and unmarried women living in furnished rooms or hostels. A woman on military or naval service in connection with the current war could vote, if she would have qualified had she not been on service, from the age of 30. A woman whose husband was on military or naval service still qualified if her husband met the local government franchise qualification.

No woman could be a conscientious objector! A woman was not disqualified from voting if her husband was a conscientious objector.

She had to be not subject to any legal incapacity, and be a British subject. If married to an alien, she was herself an alien and could not vote. Peeresses in their own right can vote!

Women had a potential second vote in the university franchise (University graduates over 21 years), but unlike men were not eligible for the business premises franchise."

Later in chapter 3, I will look at how this affected women dental professionals.

Post-1918

The last 100 years have seen various firsts for women in public life (a selection are given below).

Table 3. Public Life in UK, First Women to hold office (1919 – 2018)

Year	Office	Woman
1919	Member of Parliament (House of Commons)	Nancy Astor
1929	Cabinet Minister	Margaret Bondfield
1948	University Vice Chancellor	Prof Lillian Penson
1955	Civil Service Permanent Secretary	Dame Evelyn Sharp
1958	Life Peer	Baroness Wootton of Abinger
1964	Parliamentary Whip (Commons)	Harriet Slater
1965	High Court Judge	Dame Elizabeth Lane
1965	Minister of State, Minister for Transport	Barbara Castle
1970	Deputy Speaker	Betty Harvie Anderson
1973	Director of a national museum (Science)	Dame Margaret Weston
1975	Leader of the Opposition	Margaret Thatcher
1979	Prime Minister	Margaret Thatcher
1981	Leader of the House of Lords	Baroness Young
1987	Court of Appeal Judge	Dame Elizabeth Butler-Sloss
1991	Head of MI5	Stella Rimington
1992	Speaker of the House of Commons	Betty Boothroyd
1994	Church of England priest ordained	Angela Berners-Wilson
1995	Chief Constable	Pauline Clare
1997	Secretary of State for Northern Ireland	Mo Mowlam
1998	Chief Whip	Ann Taylor
2000	Chief Dental Officer for England	Margaret Seward
2001	Secretary of State for Scotland	Helen Liddell
2006	Foreign Secretary	Rt. Hon Margaret Beckett
2006	House of Lords' Lord Speaker	Baroness Hayman
2007	Home Secretary	Jacqui Smith
2007	Attorney-General	Baroness Scotland
2009	Poet Laureate	Carol Ann Duffy
2010	Secretary of State for Wales	Cheryl Gillan
2011	Chief Medical Officer for England	Prof Dame Sally Davies
2013	RAF Air Vice-Marshal	Elaine West
2014	Dean of Norwich	Canon Jane Barbara Hedges

2014	First Minister of Scotland	Nicola Sturgeon
2015	Church of England Bishop	The Right Reverend Libby Lane
2015	First female senior officer in the Army	Major General Susan Ridge
2016	Lord Chancellor	Liz Truss
2017	Metropolitan Police Commissioner	Cressida Dick
2017	President of Supreme Court	Baroness Hale of Richmond

Source: www.first100years.org.uk

It is rather shocking to me how recent some of these firsts are. Women make up 51% of the UK population; however, there are not many sectors of employment where women comprise 51% of the workforce. For young (and not so young) women today it seems hard to believe it was only just over 40 years ago (1975), when it was still legal to hire men in preference to women for no other reason than their sex. Until 1971 it was legal to pay men more for the same work as well. Before 1975 a woman would have struggled to find a mortgage provider that would accept her without a male guarantor, not great if you were trying to buy a practice.

Clarke (1982) suggests that in the 1960s women's identities were anchored in family roles. However, this paints a limited picture of the lives of women and probably says more about society as a whole and the roles that have traditionally been 'allocated' than what women would ideally desire.

In professional societies meritocracy is, at least in theory, substituted for class as the basis of social structure. Consequently, social mobility increases, and women are incorporated into the workplace; achieving new levels of liberty. Britain's labour force has seen a marked increase in the number of jobs performed by women since the rise of professional groups in society. Since the beginning of the 1980s (and the millennium), women closed a big employment gap. In 1981 men filled 3.2 million more jobs than women, whereas in 2002 the numbers are almost equal with men filling 12.8 and women 12.7 million jobs. However nearly half of women's jobs were part-time, and women were still much more likely to do administrative or secretarial work than men (Labour Force Survey 2002). In 2018 those numbers have changed, with 17.1 million men employed and 15.2 million women. The gap has widened to 1.9 million more men than women in jobs, although overall the numbers in work for

both sexes have increased considerably (ONS 2018). In 2018 approximately 13% of men employed worked part-time.

When considering meritocracy and educational advantage, if we look at the numbers of men and women who go to university we see some interesting statistics. While women have outnumbered men in admissions for years, the 2014 figures show the gap had widened to nearly 58,000, with women making up more than half of students in two-thirds of subject areas. Men remain over-represented in most stem (science, technology, engineering and maths) subjects: most notably in engineering where there are 20,000 more men than women, and computing science where there are 17,000 more. Women are particularly strongly represented in subjects allied to medicine, with 32,000 more women accepted in 2014. In medicine and dentistry – among the most competitive undergraduate courses – there were 5,000 women and 3,800 men accepted in 2014.

The trends outlined above continue to be played out. Figures published by the Higher Education Student Statistics (HESA) show that female students in 2016/17 were more likely to study subjects allied to medicine than any other subject. Of first year female students, 19% chose to study subjects allied to medicine, which includes dentistry. In comparison, male students in 2016/17 were most likely to study business and administrative studies. Of first year male students, 19% chose to study business and administrative studies. Female students dominated many subject areas, in particular subjects allied to medicine, veterinary science and education (representing 80%, 77% and 74% of students respectively taking those courses). Male students dominated only five subjects, all of which were science subjects. Those with the highest percentage of male students were engineering and technology; computer science and mathematical sciences, at 81%, 81% and 62% respectively (HESA 2016/17).

These data underpin the increase in women into the general workforce. More women are deciding to take university courses, although their choice of subjects is not currently uniform since, as previously noted, STEM subjects are less popular with women. This may say more about how these subjects are portrayed at school and within society than about the capability of women. It may also be a factor of female characteristics and society considering them to be predominantly carers.

Table 4. Important events in UK history that impacted on women

Date	Event
1870	Married Women's Property Act
1918	Women over thirty granted the right to vote; women can stand as an MP for the first time
1922	Equal inheritance
1928	All women over the age of 21 granted equal voting rights with men
1950	UK General Election – Clement Attlee Prime Minister (PM)
1967	Abortion decriminalised – the pill available via family planning clinics regardless of marital status
1970	Illegal to pay women less than men – Ford's Dagenham plant. Age of voting lowered to 18, for all
1974	UK General Elections. 28.2.1974 and 10.10.1974 (Harold Wilson PM both times)
1975	Sex Discrimination Act – no longer a need for a male guarantor for women wanting loans or credit
1982	Women no longer could be refused service in a pub
1994	Right to maternity leave for all working women
2010	Equality Act 2010 legally protects people from discrimination in the workplace and in wider society
2015	Shared paternal leave is introduced

Having had a very brief look at setting the context for women in the UK I would now like to turn to the specifics of dentistry. I want to set the context for the amazing women dental professionals of 2018 and, whilst I am concentrating on the 100 years since 1918, I'm going to spend a short while on thinking about women in dentistry before 1918. For this I will need to look outside the UK as well within.

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CHAPTER THREE

WOMEN DENTAL PROFESSIONALS

In this chapter, having considered the position of women in society in general I want to begin to concentrate on women dental professionals. I will briefly look back to before 1918 before looking at 1918 and a few statistics for that year and women dentists.

Pre-1918

Saint Apollonia, the patron saint of dentistry

St. Apollonia's day is February 9th. She appears on the Arms of the BDA alongside St. Damian, the patron saint of physicians. Apollonia, described as a Deaconess, is considered to have died in AD 249 when she willingly leapt into a fire after having her teeth forcibly removed or broken. She refused to denounce her faith and suffered the consequences of the time. She is often depicted with a golden tooth or holding forceps. Not strictly a woman in dentistry, but a woman who has come to be closely related to dentistry.



BDA Arms
Photograph – Janine Brooks



Photograph of glass St. Apollonia, BDA museum.
 Photograph – Janine Brooks

Women who work in dentistry are not a modern phenomenon; they have been around for a very long time and there is considerable evidence for this.

Weir (1978) quotes Lindsay as writing: *“Women, it would appear, have practiced tooth drawing from ancient times, although the allusions to them are scanty, the reasons perhaps lying in the fact that they are only mentioned when they have transgressed and that the majority of them were peaceful law-abiding operators”*.

Kidd (1974) writes: *“Women have probably practiced dentistry for centuries. When in 1544, the barber surgeons received a charter from Henry VIII, women were admitted on the same terms as men, usually as apprentices, but sometimes by patrimony. However, they were not allowed to wear the livery as this entitled the wearer to a vote in the City.”*

Treatment of the teeth has been practiced for many hundreds of years: evidence is found in the dental appliances made by the Etruscans. How many of the people who performed such work were women is unknown. Seward (1991) notes that the Portuguese dental historian Jose d’Boleo tells of a print from the latter half of the 16thC to be found in Paris that depicts a dentist exercising her skill. So, we know that there were women who provided dental treatment at that time.

Dental assistant duties were first formally described in the UK in 1883 – arranging appointments, taking care of the office, standing at the side of the chair during operations. However, dental assistants had been working in dentistry for many years before 1883. A copper engraving by Lucas Van Leyden, *The Dentist*, crafted in 1523, depicts a dentist at work. It appears he is operating with his assistant, a woman. Sadly, the assistant is shown placing her hand in the patient’s pocket, not the greatest illustration of a dental nurse.

Ross (1994) gives an account of the development of dentistry from a Scottish perspective. His thesis covers the period 1800 – 1921. There are quotes in his work from two editorials that I feel are very illuminating when considering the perception of the place of women in dentistry at that time, from the position of the profession.

“To us it would appear likely that in England (sic) lady dentists will prove a development only of the far distant future, if at all. On the other hand, the employment of ladies in less ambitious, certainly not less useful capacity, of office [surgery] assistants might very well become more general and more openly recognised.” British Journal of Dental Science 1885.

It would seem that their far distant future for female dentists was only ten years away as Lilian Murray qualified in 1895. In 2018 it is hard to imagine the absolute consternation that Lilian’s achievement must have produced. Dental assistants on the other hand became known as “Ladies in Attendance”. It would be a little while before they became dental nurses.

An editorial commenting on the proposed admission of women students to the National Dental Hospital in London includes:

“Dentistry may seem to offer some the opportunities which attracted them, [to medicine and surgery] without the disadvantages which made them hesitate. Yet there are conditions appertaining to dental surgery which make it at least doubtful if the calling is one in which women are likely generally to succeed.” British Dental Association 1887

The writer clearly does not wish to be accused of belittling female student’s ability as they go on to expand:

“The hindrance to perfect success will simply be in the very trying physical conditions. To stand over a chair for many hours continually exercising slight muscular effort and subject, in a proportion of cases, at least to

some unpleasant influences, is a much more serious strain than at first sight appears, under it a proportion of men sooner or later fail”.

Admittedly this is more measured in its tone, particularly when we consider the modern health strains that dentistry puts dental professionals under.

Moving a little more up to date; in his book, *Dentistry, An Illustrated History*, Ring (1985) gives a short section on women in dentistry. Actually it is one page out of 311 pages, so very short. Ring notes that the first woman in North America to gain a dental degree was Lucy Beaman Hobbs who graduated from the Ohio College of Dental Surgery in 1866, she was 33 years of age at the time of her graduation. Before Lucy there were women working in dentistry in North America, albeit without a dental qualification. In this respect they would not have been different to many of the men practicing dentistry at that time. America’s first woman dentist was Emeline Roberts who married Dr. Daniel Albion Jones in 1854 and began to assist him in his practice. She later became his partner in the practice and, after his death in 1864, she carried on working (as a dentist) for another 60 years – remarkable. Henriette Hirschfield-Tiburtius of Germany graduated from the Pennsylvania College of Dental Surgery in 1869. She returned to Germany and became the first woman to practice in Berlin. In the United Kingdom the first woman to gain a dental qualification was Lilian Murray in 1895 (29 years after Lucy Beaman Hobbs).

However remarkable, these women were not the first; that honour must go to Josephine Serre, who was the first woman to receive a dental degree from the University of Tartu, Estonia in 1814. Her daughter Marie-Louise also graduated from the same university in 1829. Josephine graduated over 200 years ago. There is no mention of Josephine in Rings’ book.

Marlborough (1995) in her PhD thesis “*The emergence of a graduate dental profession, 1858-1957*”, examines the role of the Royal Colleges of Surgeons which, from 1859 in England and from 1879 in Scotland and Ireland, issued the registrable dental qualification. She shows that the reluctance of the colleges to lose their lucrative role as the qualifying bodies for the dental profession, and their consequent opposition to university qualifications, was a key factor in delaying the establishment, and uptake, of university dental qualifications. This must also have been an important influence on women gaining dental qualifications. It is interesting that the thesis includes the fact that women were appointed as

dental ancillaries (subsequently Dental Therapists) in the school dental service in 1917 to reduce the cost of dental treatment and overcome the shortage of dentists. The scheme was approved by Charles Tomes and by the GMC as long as the "girls" worked under the immediate supervision of a dentist ["Dental Nurses". BDJ, v. 38,1917, p. 955]. Could it be that when needs must women were allowed to step up to the plate?

In 1873, Dr. Emilie Foeking of Danzip, Prussia published an article in the American Journal of Dental Science entitled "*Is Woman Adapted to the Dental Profession?*" The article notes that only two universities in Europe admitted female students for undergraduate study at that time. One of these would have been the University of Tartu, see above. Perhaps her article should have been more about whether the dental profession could adapt to women rather than the other way around.

The first Dental Register of 1879 showed 5,291 registrants, Gelbier (2005). There were 29 women (0.55%), of course none of those women would have possessed formal dental qualifications. It would be another 16 years before that momentous event would take place.

Lilian Lyndsay (nee Murray) as we know, was the first women in the UK to complete a formal dental qualification; travelling to Edinburgh to do so in 1895. It seems that the Dean of the time, W. Bowan Maclead, was a little more sympathetic to women entering the profession, than his counterpart in London. In 1897 Ruby Halliday gained entry to the register having successfully achieved LDS from the Royal College of Surgeons England in May 1897 (NR&HW, 1897). It would be another four years before they were joined by other formally qualified women (although there were six women who were registered without formal qualifications).

The hygienist's role first appeared in the UK in 1916, two years after their introduction in North America. The role was developed from so called "dental dressers" who worked for local education authorities to educate schoolchildren.



A 1900s dental surgery re-created at Beamish open air museum.
Photograph – Janine Brooks

This re-created dental surgery to be found in the 1900s street at Beamish open air museum would have been very familiar to the early women dentists. Probably Lilian Lyndsay, Wiliemia Simmers and Kate Latarche, to name a few, would have worked in surgeries like this one.

1918

On the 6th February 1918 the Representation of the People (Equal Franchise) Act gave some women the vote – as long as they were aged 30 and either were themselves, or were married to, a local government elector. What that meant is described more fully in chapter 2.

So, the 1918 Representation of the People (Equal Franchise) Act was a step in the right direction, but only that, a step. It is likely that not all women dentists at that time would have been eligible to vote. To meet the age criteria, they would have had to have been born in 1888 or earlier. Once that hurdle had been achieved they (or their husband, if married) needed to be living as an owner occupier or a tenant. Living with parents or other family members did not count. If they were serving in the military, then they were eligible provided they were aged at least 30 years. There was also the University Franchise which meant that a woman who was a university graduate over the age of 21 years could also vote. Four women on the 1918 register are noted to have gained a BDS. In 1918 there

were 37 women dentists listed in the Dental Register, probably about 2/3rds of them would have gained the right to vote in 1918.

What did the year look like for women who worked in dentistry? At this time, we really only know about women who were dentists, as no other groups in the profession were easily identified. The dental register for 1918 records a total of 5,524 individuals, 37 of those are women (0.7%), which number includes three women on the Colonial List. The colonies comprised a number of countries including Australia and New Zealand. Six of the women had been in practice on 22nd July 1875, therefore they could join the register without a formal dental qualification. Only one woman registered in 1918, Blanche Sutton Gardner, she qualified LDS RCS Eng. in 1917. In the 23 years since Lilian Lindsay (nee Murray) qualified from Edinburgh in 1895, 30 women are recorded on the 1918 dental register. It is likely that there were more, as some women who qualified during that time period may have ceased to practice and did not continue their registration, so are lost from this analysis. For example; it is known that Wiliemina Simmers was the first Scottish woman to qualify on 19th March 1897, but her name does not appear on the register. Whilst she may well have married, the first name of Wiliemina cannot be found. Kate Latarche also does not appear and yet we know she was serving as a dentist in Salonica and she did not marry until 1921. It seems that there must have been female dentists who were working but whose names do not appear on the dental register, something of a mystery.

Table 5. Women recorded on the 1918 Dental Register, by name, address, date of first registration and qualification

Name	Address	Date of first registration	Qualification (s)
Mrs. Anne Aspinall	234, Palatine Rd., Blackpool	02.11.1878	In practice on July 22 1878
Mrs. Bark-Jones Annie Costine	54, Rodney St., Liverpool	12.11.1904	LDS FPS Glasg. 1904
Jane Campbell	Commercial Bank House, Dumbarton	17.01.1912	LDS FPS Glasg. 1905 MB ChB Glasg. 1903
Mrs. Madeline Louise Dorman	77, Eastgate, Stafford	03.06.1908	LDS RFPS Glasg. 1908

Eileen Mary Josephine Teresa Dowdall	40, Dominick St., Mullinger	03.11.1917	BDS N Ireland 1917
Blanche Sutton Gardner	Laurel House, Cheltenham	10.01.1918	LDS RCS Eng. 1917
Florence Goodman	5, Gordon St., Gordon Sq., London	31.05.1917	LDS RCS Eng. 1917
Philippa Haynes Grey	261, Essex Rd., Islington, London	16.06.1879	In practice on July 22 1878
Ruby Grace Halliday	4, Nottingham St., London	25.06.1897	LDS RCS Eng. 1897
Eva Mary Handley	2, Harley Place, London	23.12.1901	LDS RCS Edin. 1901 LRCP Edin. 1904 LRCS Edin. 1904 LFPS Glasg. 1904
Rosa Edwards Harse	49, West Heath Drive, Golders Green, London	22.01.1917	LDS RCS Eng. 1916
Mrs. Lily Fanny Harwood	146, New Kent Rd., London	28.12.1912	LDS RCS Eng. 1912
Bridget Honan	Crowstone, Furze Lane, Purley, London	29.07.1915	LDS RCS Edin. 1915
Mrs. Audrey Elizabeth Horsey	38, Barrow Rd., Streatham Common, London	01.08.1913	LDS RCS Edin. 1913
Eunice Winifred Hughes	Lister House, Broomfield Lane, Hale, Altrincham	09.07.1915	LDS VU Manc. 1915
Jean Arthur Hullard	Kingswood, Burntisland, Fife	07.05.1913	LDS RCS Edin. 1913
Mrs. Ceinwen Saron Leiper	103, Coringham Rd., Golders Green, London	24.04.1905	LDS FPS Glasg. 1905
Alexandra Mary Limont	11, Grange Rd., Edinburgh	22.09.1903	LDS RCS Edin. 1902

Mrs. Lilian Lindsay	2, Brandon St., Edinburgh	20.05.1895	LDS RCS Edin 1895
Mary de Sales Magennis	86, Harcourt St., Dublin	04.11.1914	BDS U. Dubl. 1914
Martha Elizabeth Matland	1, Finsbury Pavement, London	09.08.1889	In practice on July 22 1878
Mary Teece Millington	4, White Friars, Chester	31.07.1879	In practice on July 22 1878
Mrs. Winifred Amelia Murch	46, Weymouth St., London	26.06.1914	LDS RCS Eng. 1914
Jane Nathan	The Thos. Evans Dental Institute, Penn. Univ. Philadelphia, USA	22.07.1914	LDS RSC Edin. 1904
Mrs. Ethel Margaret Yates Parlane	174, Ormeau Rd., Belfast	21.10.1910	LDS RFPS Glasg. 1910
Jessie Irene Ramsden	103, Victoria Rd., North, Portsmouth	16.07.1915	LDS Vu Manc. 1915
Amelia Rhodes	Thornton, Poulton-Le-Fylde, Preston	24.01.1870	In practice on July 22 1878
Edith Reid Sloan	52, Buccleuch St., Glasgow	24.08.1917	LDS RFPS Glasg. 1917
Mrs. Nana Reid Stewart	Gladdenhill, Cambuslang, Glasgow	26.05.1914	LDS RFPS Glasg. 1914
Mrs. Maria Helena Verheyden	47B, Welbeck St., London	14.11.1914	LDS RCS Edin. 1914
Christina Mary Wands	248, Bath St., Glasgow	14.05.1917	LDS RFPS Glasg. 1917
Mary Lindsay Wands	248, Bath St., Glasgow	19.12.1905	LDS RFPS Glasg. 1905
Marjorie Jane White	100, York Rd., Montpelier, Bristol	01.05.1916	LDS RCS Eng. 1915
Mrs. Alice Wilkinson	45, Hall St., Harpurkey, Manchester	31.12.1878	In practice on July 22 1878

Colonial List			
Zoe Craig Dixson	c/o Commercial Bank of Australia, 2A, Bishopsgate, London	21.03.1917	LDS Vict. 1912 BDS Vu Manc. 1913
Annie Praed	Challis House, Martin Place, Sydney, NS Wales	12.06.1914	BDS U Sydney 1906
Mrs. Ada Jane Isabel Tovell	110, Collins St., Melbourne, Australia	12.03.1915	LDS Vict. 1903

Source: GDC register, held by BDA Library

Table 6. Number of women dentists on the 1918 dental register by place of qualification

Place of qualification	Number
Glasgow	9
Northern Ireland	1
England (LDS RCS)	7
Edinburgh	8
Manchester	2
Dublin	1
Victoria, Australia	2
Sydney, Australia	1
Total	31 *

Source: 1918 GDC register, BDA Library

* Six women who appear on the register were not qualified and used experience as their entry criteria.

Clearly prior to 1918, Scotland led the field in the early days of qualified female dentists with a total of 17 of the 31 women registrants qualifying in either Edinburgh or Glasgow. Seven of the women named in the 1918 dental register qualified in England via the LDS RCS route.

Table 7. Location of practice by number of women dentists

Location of Practice	Number	Location of Practice	Number
Blackpool	1	Dublin	1
Liverpool	1	Chester	1
Dumbarton	1	Philadelphia, USA	1
Stafford	1	Belfast	1
Mullinger	1	Portsmouth	1
Cheltenham	1	Preston	1
London	13	Glasgow	4
Fife	1	Bristol	1
Edinburgh	2	Manchester	1
Altrincham	1	Sydney, Australia	1
Melbourne, Australia	1		
Total	37		

One third of the women registered in 1918 worked in London; this is not surprising considering the size of the population and, perhaps, it was more acceptable to find a female dentist in London than in other parts of the Country. Of the 37 women registered 13 were married (as indicated by the use of Mrs. for their register entry), 23 are deemed to have been single.

Having considered how women dental professionals fared up to and including 1918, in the next chapter I turn to the 100-year period 1918 – 2018, the in between years.

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CHAPTER FOUR

WOMEN AND DENTISTRY 1918 – 2018 (THE IN BETWEEN YEARS)

In this chapter I will cover the one-hundred-year period up to 2018, a period I have termed, the in between years. I hope to give some food for thought and also to demonstrate that the rise of women dental professionals has not been evenly spread across this period. It is only in the last 30 years that change has been manifestly visible and perhaps only in the immediate 20 years that women have really risen to majority.

In the one hundred years since 1918 there has been considerable change in dentistry and the dental profession. I will be concentrating on those aspects that specifically impact on women dental professionals. To make it easier to navigate I have decided to concentrate on seven themes:

1. The rise in the number of women dentists
2. New categories of dental professional
3. Specific areas of practice
4. Working patterns of female dentists
5. Clinical Academics
6. Political influence and leadership
7. Time served

The rise in the number of women dentists

It seems that the right to vote was a start, a good start, but there was still a long way to go for women to be accepted into the world of work. It was no exception within medicine and dentistry, Pankhurst (1931) states that there was strong prejudice even amongst women against women doctors and especially against women surgeons and dentists. There were small chinks in the male dominated armour beginning to appear and not all male dentists were unhappy with women entering the profession as this report published by The Manchester Guardian on 13th December 1920 demonstrates: under the heading of: Dental Surgery: A profession for

women, the paper reports that: “*A well-known dental surgeon recently stated that there is a shortage of dentists all over the world and women, he continued, should seize the opportunity to enter the profession in greater numbers than they are doing at present*”. Sadly, the name of this well-known dental surgeon remains a mystery. However, almost 100 years after the article was published, women are forecast to comprise 50% of the dentist register. We have finally seized the opportunity – hopefully he would have been pleased that his words have finally been heeded.

The Dental Register for 1921 contained the names of 17 women and in 1923, the first Register which took into account those newly-registered under the Dentists Act of 1921, the names of 28 women appeared. In 1922 the total number of names on the dental register had more than doubled to 12,762. This number included 344 Graduates or Licentiates and 7,269 individuals admitted under the Dentists Acts 1921 -1923.

The census of 1921, under the heading "*Dentists (including assistants)*", shows there were 7,674 persons (7,424 males and 250 females) included in this heading, as against 5,309 persons (5,169 males and 140 females) in 1901, which would indicate an increase of 44.5 per cent. Whilst these figures are of interest it must be noted that the census forms may not have always either been accurately completed or, a person could be incorrectly allocated to a category. For example, assistants and apprentices may well have been more accurately classified as "*Surgical and Dental Instrument and Apparatus Makers*" along with "*Artificial tooth makers, dental apparatus makers, and dental mechanics*" rather than dentists (including assistants). So the actual number of dentists (including assistants) is likely to be inflated. Occupational data from the 1931 census shows 11,486 reported dental practitioners (394 female). The census of 1951 shows 10,697 reported dental practitioners (757 female) (visionofbritain.org.uk). In 1998, 51% of those admitted to dental school were female.

Moving to the Millennium, Seward (2001), undertook a survey commissioned by the Department of Health to examine the need for improvements to the employment opportunities for female dentists in the NHS in England. She noted that in October 2000 just over 50% of new entrants to dental schools in the UK were female. Women made up 32% of the Dentist register at that time. 24% of female dentists who graduated between 1986 – 2000 were from an Asian or British Asian background. By 2013 the rate of female student admissions had risen to 57%

(Universities and Colleges Admissions Service (UCAS) end of cycle data resources) and the trend shows no sign of stopping.

It is estimated that over half of all UK dentists will be female by 2020 Pacy (2014). At the time of the report, 44.5% of dentists were female. It seems this estimate will actually have been reached by the end of 2018. Pacy also noted that the majority of dentists under the age of 35 years were female (55.4%), while over 90% of dentists over 65 are male. In the four years since Pacy's article this has increased to women being in the majority for dentists aged under 45 years.

The literature describes many reasons why women choose dentistry as a professional career. Becoming a dentist means entry to a health profession which offers a combination of intellectual and practical skills, with remuneration that compares favourably with that of other professions. Dentistry also has the availability of part-time working which could fit in with raising a family. There is the opportunity to use a variety of interpersonal skills, encouraging team working and interaction with patients (Seward 2001).

Table 8. Women on the dental register, by year (number and proportion of total)

Year	Number	Proportion of total
1918	37	0.7
1939	526	3.6
1949	538	5.6
1959	1335	8.4
1969	2007	11.7
1970	2115	12.1
1971	2177	12.4
1972	2318	12.8
1973	2438	13.2
1974	2589	13.9
1975	2762	14.4
1984	4,727	19.9
1995	7,537	27.0
2000	9,711	30.9
2010	16,164	43.5

2015	19,273	48.0
2017	20,246	49.7

Sources: GDC, Office of Manpower Economics

Finding accurate data for the total number of dental professionals registered and the proportion that are female is not easy and not available for each year (unless each register is counted). However, the table above shows how the proportion of female dentists has risen in the 100 years (1918 – 2018). It seems to have been a slow burn until the 1960s - 1980s when the numbers of women entering dentistry began to grow. Since the Millennium the numbers have risen even more steeply. From 37 women registered in 1918, we now have over 20,000 women dentists registered in the UK.

New Categories of Dental Professional

Before 1918, female dentists were recognized and dental assistants were also noted within the dental environment, although at that time it was not common for dentists to work with an assistant. Dental Hygienists and Dental Therapists were not recognised in the UK, although as we shall see, hygienists were working in North America before 1918. Dental technicians were certainly an important part of the dental arena at this time, as evidenced from the census returns.

From 1920 some local authorities led by Derbyshire and Sheffield used dental dressers to treat children: the group later became Dental Therapists.

Hygienists were first trained in America in 1913 to scale and polish teeth and provide oral education to patients. They were trained by the school dentists with whom they worked. The role of dental hygienists was redefined and restricted by the 1921 Dentist Act, which stated that: "*the performance of minor dental work under personal supervision of a registered dentist, by a person who is not a dentist*" was no longer permitted. It was not until the RAF began to train dental hygienists, during the Second World War, to maintain the dental health of air crews, that the post became better known. A hygiene school was started at RAF Sidmouth in 1943. The RAF carried out an experiment in training and employing dental dressers to overcome the shortage of dentists and/or cost of professional dental care. Cohen and Spencer (1979) report that these schemes were vociferously opposed by the BDA who perceived them as a

veiled attempt to deskill the profession. The BDA, however, did not oppose the training and employment of male dental mechanics. The first civilian school for dental hygienists opened in 1949 at the Eastman Dental Clinic in London. The 1956 Dentists Act established training courses for dental hygienists in various dental hospitals such as in Manchester in 1959 and in Birmingham in 1961 (as well as the establishment of the General Dental Council). The 1957 Dentists Act allowed the establishment of hygienists as the first post-World War II civilian ancillary worker in the UK to legally provide oral care. The British Dental Hygienists Association was formed in 1949 with Kelsey Fry (male) as the first President. In 1959 the first school for dental auxiliaries was opened at New Cross Hospital in South London. In 1979 the title dental auxiliary was changed to Dental Therapist.

The “British Dental Nurses and Assistants Society” was formed in 1940 in Leyland, Lancashire by dental nurse, Madeleine (Bunty) Winter and dentist PE Grundy. Bunty as she was known, was the Association’s first General Secretary in the early 1940s. In 1943 the Association held the first dental nurse examination and Bunty Winter was one of the first dental nurses to become qualified. Only dentists were allowed to be examiners until 1978 when senior nurses were also accepted onto the board. The resulting Examining Board for Dental Nurses and Assistants remained part of the Association until 1988, when it became a separate organisation. The Association set up a voluntary register in the 1960s and became a trade union in the 1970s. From their first inception, with the exception of dental technology, the non-dentist dental professionals have been the majority preserve of women.

In 2017 the GDC register shows a total of 69,498 Dental Care Professionals, of which 63,882 (92%) were women. A total of 36 Countries were noted as the place of primary qualification, ranging from Australia to Venezuela (GDC 2017).

Specific areas of practice

It is interesting to read some accounts of the early acceptability of female dentists. They were seen as useful in the treatment and care of other women and children. Boquist and Haase (1977) suggest that historically there were concerns about women’s ability to meet the combined physical and mental demands made by the profession and proffers the suggestion that if women do become dentists, they should limit their practice to the

treatment of other women and children. The role deemed most appropriate for women is often that of a helpmate, needed to keep the office tidy, calm the anxious patients and act as assistant and secretary (the role of the dental nurse – as it then was perceived). This presents an interesting view point – might it suggest that women and children were easier to treat? Is the emphasis here on the patient or the female dentist? Is the preference rooted in the female dentist or the patients? Did male dentists find the care and treatment of women and children less satisfying or worthy, or lucrative? Certainly the treatment of children can be particularly demanding and time consuming, this could impact on the profitability of dental care. Perhaps male dentists felt that females were better suited to treating children?

Seward and McEwen (1987), make the point that women dental students were still (mid 80s) being encouraged to go into traditionally female specialties, - (paedodontics, orthodontics and community dentistry) – and were more frequently found to be Associates rather than Owners in general practice. Quadorgro back in 1976 suggested that the reasons were: women are thought to be more sensitive to the problems involved in these specialties; they have an ability to relate well to the patients and the patients have already accepted them to that area. Also that women tend to choose fields where there are already women in practice, so they will feel comfortable and welcome. That comment could relate to the lack of female role models or mentors in some specialties. Quadorgro also suggests that previously, women have had few female role models at the top of the profession and in consequence have either had to identify with these few women, perhaps with difficulty, or with perhaps even more tension relied on identifying with the only role model available – that of a man. This continues to present a difficulty in some areas of dentistry in 2018. Or could it be that men are happier to relinquish certain areas and aspects of dentistry?

Clarke (1995) reports that the fields frequently recommended for women remained the same as in 1975 and 1987 that is paedodontics, orthodontics and community dentistry.

Pacy (2014) found that there are only two specialties where females hold the greater proportion of positions – paedodontics and special care dentistry. In 1999 only 5% of oral surgeons were women (Steward & Drummond, (2000).

In 2004, Reichenbach suggested that traditional expectations about who is best equipped to practice a particular specialty must also be revised. Students should not be pressured, directly or indirectly, to enter particular specialties because of social expectations about the professional strengths or weaknesses of men and women. He was actually writing about medicine but it seems this can equally apply to the dental specialties.

Table 9 Specialist list 1999, proportion of the list that are women.

Speciality	% of women
Periodontology	24%
Dental Public Health	31%
Endodontics	12%
Prosthodontics	10%
Restorative Dentistry	14%
Surgical Dentistry	18%
Oral Surgery	5%
Orthodontics	21%
Paediatric Dentistry	42%

Source Steward & Drummond 2000

Please note: The speciality list in 1999 is different to that in 2018.

Working patterns of female dentists

A number of pieces of research over the years have concluded that more female than male dentists work less than full time in paid dental employment. I have included information from some of those pieces of research.

Seward (1975) undertook a survey looking at the working patterns of women on the dental register. Prior to the report it seemed that the assumption was that the majority of female dentists ceased to practice a few years after qualification, due to an increase in their domestic and family commitments, however this was not supported by any known evidence. The response rate of 79% of all the women on the register in 1975 was extremely good and the findings of the survey were considerable. The proportion of women working full time as opposed to part-time were about equal, with slightly more working part-time. Interestingly most of the women held more junior positions regardless of

the sector they worked in. That is, associates, dental officers or lecturers. There were very few senior posts in Hospital or University reported, no woman occupied a chair in any of the dental schools and the report stated that only recently had the title of Reader been conferred upon a female dentist.

Seward and McEwen (1987) undertook a research project looking at the contribution of women to the dental workforce. It was reported that females made up over a third of new entrants to the register and almost half of the dental school intake. It used a similar questionnaire to a study in 1975, and gave a comparison between the two surveys. The population of the study were all women who had qualified in dentistry and were resident in England and Wales at the time of the survey. Almost half of the respondents had qualified after 1975 and 16% had a higher degree or diploma – double that of the 1975 survey. 48% worked full time or maximum part-time. 40% of respondents worked part-time or sessions and 12% were not practicing, including those who were retired. In 1975, 26% worked 15 hours or less per week. In 1985 this figure was 15%. It was noted that women are involved in all branches of the profession, albeit they are concentrated at lower levels of seniority. It was predicted that as the proportion gaining postgraduate qualifications increased and the commitment to the career continues more should ascend higher up the career ladder in the next decade. The profiles in chapter 6 demonstrate that this prediction has been proven correct.

Wilson et al. (1988) reported that female dentists were more likely than male dentists to work part-time, and that the number of hours worked by women was significantly related to the number of dependent children in their families.

A further study by Seward (2001) found that nearly half (47%) of females were working part-time, largely for childcare reasons.

In their 2001 study, Newton et al found 61% of female dental practitioners had taken a career break at some point in their lives, whereas only 27% of male dentists had. Reasons for career breaks are given as: maternity, paternity, adoption leave, raising children or caring for another. Pacy (2014) also found that the difference in hours worked between a female dentist that has and has not taken a break across a working life span is about 15,000.

Murray (2002) reported that in the UK, 50% of women in dentistry work for no more than two days per week in the NHS and most women work either as Associates in general dental practice, or in the community dental service. This report does not take account of other work that women may be undertaking.

Reichenbach (2004) suggested that expectations about what represents measures of success and performance may need to be reconsidered. For example, the number of hours worked may not be an accurate measure of productivity without also taking into account some measure of the quality of care provided. It strikes me that this is a crucial observation and one that the dental profession needs to embrace.

In 2014/15, women were disproportionately more likely to be performer-only dentists than their male counterparts with over 90% choosing to be performer-only, compared with 72% for men. It was also noted that the prevalence of women among performer-only dentists, may entail a correspondingly lower income for the women. The point was made that this may raise issues of equal pay and the gender pay gap. No firm conclusions were drawn, the study merely sought to highlight the trends. Female dentists were also more likely to be younger with almost half under 35 (46%) compared with 30% of men. The study helpfully noted that only part of any gender pay gap may be explained by factors such as the number of hours worked. It drew a distinction between a 'structural' gender pay gap which can be accounted for by factors such as fewer working hours or more junior roles, and a discriminatory gap where equal work is not achieving equal pay. The evidence available to the study did not allow a distinction to be made between these two types of pay gap (Dental demographics and earnings in England and Wales, 2014-15).

The results of the most recent review of the female dental workforce (Seward 2001), suggested that nearly half (49%) of the women had returned to dental practice after a career break. However, their work patterns changed on their return to work, with 54% working fewer hours per week. The most difficult reported problem for 52% of women returning to work was the emotional difficulties associated with leaving young children, followed by arranging childcare, and a loss of confidence in clinical skills. Difficulties were also reported in dealing with the unexpected illness of children, or the need to attend events at school. All these factors can generate stress, and therefore impact upon the performance of female dentists.

It seems to me it is not rocket science that women rather than men give birth. This fact should come as no surprise to society. However, it also seems to me that this is a difficulty for society to come to terms with rather than to present the issue as a problem for women to solve. Thankfully in 2018 we are at least enlightened enough to realise that over 50% of the population have huge talents, the benefits of which should not be denied to society. Rather than undertake yet more research to show what is rather obvious we should be working on how to solve the problem of equality of child and carer responsibilities. In addition, we need to come to terms with the fact that unpaid employment is still valued employment and essential to the smooth operation of our society. More of this later.

Clinical Academics

In 1970, 5% of lecturers in dental schools were female, this figure rises to 9% in 1980 (Overt and Spencer, 1983). They continue: *“It would be unwise to assume that the majority of the many females completing training in dentistry in the 1980s will, through choice or circumstance, have less commitment to professional activity than their male counterparts. Women now training as dentists lack same sex models for achievement. Female students are taught primarily by men and the few female academics they encounter are mainly of junior status”*.

In September 1985 there were no female professors, only 2 readers and 19 senior lecturers. It seems that this was commonplace. Howatt (1987) writes: *“In the 1985 – 1986 academic year Birmingham University declared itself an equal opportunities employer and was the first UK University to do so. No full time professorships, readerships or senior lecturer posts were held by a woman, until April 1986.”*

In 2000, there were four female professors out of a UK total of 100 (Stewart & Drummond).

Grove (2013) reported that only 1 in 5 professors in the UK were women.

Reichenbach (2004) states that: *“gender presents challenging issues and critical questions for decision makers at all levels of academic medicine. As a conservative, male dominated institution, academic medicine may not easily examine the gender dimensions of its operations and values. However, it is critical to view the issues raised by gender as an opportunity to help revitalise academic medicine and strengthen its*

contributions to the health system rather than as a threat to the profession. Improving gender equity is essential to the future of academic medicine; ensuring the health system's most effective response to the public health challenges of the future may well depend on it."

Reichenbach was writing about academic medicine, however his comments seem to me to be as relevant for academic dentistry at that time.

Whelton (2015) suggests: *"that the change in student gender distribution has not been matched among academic leaders"*.

Fast forward to the section on 2018 to see if and how the situation has changed.

Political Influence and Leadership

Whilst the picture for women dental professionals is one of majority success, there is an area of dentistry that seems to be more elusive, that is senior leadership and political influence. Political positions in dentistry seem to be an area where the inroads have been slower and less successful. Clearly it cannot be totally bleak, as in 2018 three of the four UK Chief Dental Officers are female. However, there is work to be done. Women have much to offer the wider dental environment and that can only be achieved if they are equally visible in senior political roles. The talents and experiences of men and women are not identical and it is foolish to imagine that both are not equally required. Husband (2014) writes that: *"without women in senior leadership positions throughout dentistry, it will be difficult to engage the full profession (in shaping dentistry) and a divided group is never as strong as when unified by common goals and interests."* I absolutely applaud those sentiments.

In August 1976, Clare Stone was the only female member of the 100 strong Representative Board of the BDA. Why was that?

Women in Dentistry (WiD) was instituted in November 1985, Jennifer Pinder was the first chairperson. The aim was: *"to provide a network group and to encourage women to participate fully in their profession"*. Baroness Gardner of Parkes was the first honorary President. Events which led to the formation of the group included the successful challenge to discrimination against women in rates of permanent health insurance and the decision by the BDA Representative Board not to form a Women's

Section in the BDA. Women in Dentistry made great strides in support of women dentists. It was wound up in 2007, with the feeling that it's work was done. That may have been a little premature. Joseph (2006) outlined the changes that Women in Dentistry were instrumental in achieving:

- Equality for women dentists in the NHS pension scheme.
- Alteration of wording in the General Dental Council (GDC) Guidance Notes for Dentists from 'professional man' to 'professional person'
- Provision of Maternity Pay for dentists in the General Dental Service
- Provision of entitlement under the NHS pension scheme for widowers of dentists
- The Keeping in Touch and Getting Back to Practice schemes
- The Department of Health initiative to increase women's NHS practice commitments

A quote from her article reads:

“Women dentists qualifying today do not perceive any discrimination in their profession and see no need for an organisation to support women dentists.”

WiD also raised awareness of the disproportionately low number of female principals in general dental practice and the low representation of women dentists in the influential echelons of the dental and national establishment. Whilst these issues probably do not have an underlying explicit discrimination, they exist and the wider reasons need to be determined and solved. In my opinion, the experience within the members of Women in Dentistry could have done much to help address this imbalance if they had continued in existence. It is interesting that we are currently seeing a number of groups specifically championing women in the dental profession beginning to spring up.

Clarke J (1995) stated there were no women on the BDA representative board, GDC or the GDSC, and the LDCs could command single figure numbers of women. Branch presidents of BDA were rarely female. She makes a plea for meetings to be less ponderous and more relevant. Decision making is slow and unwieldy. This lack of proportional representation of women dental professionals in political positions still waits to be addressed in 2018.

Six years later Seward (2001) found that the proportion of women in central and policy making bodies in the profession was not comparable to the 32% on the register. Under representation is particularly apparent on the GDS Committee, the LDCs, the GDC and the dental faculties of the Royal College. Timing of the meetings was often mentioned as a problem. The numbers of women in political positions in the profession is a depressingly recurring theme.

In early 2017 a motion was put forward by the Northamptonshire LDC to the LDC conference. It read: “*Northants LDC is shocked by the completely unrepresentative number of women in dental leadership roles. We call on the conference to institute affirmative action to elect more women to the BDA PEC and GDPC*”.

The motion was defeated. An article in which this was covered (BDJ in Practice, 2017), mentions that at the conference the gender mix was 75% men and 25% women. Take from that what you will. This does raise some very interesting questions in my mind. For example, what exactly does ‘affirmative action’ mean? There are bucket loads of highly competent, talented women who should be in politically influential positions, why aren’t they? When women put themselves forward for election, why don’t they get elected? Perhaps we need the best people for the job, not just a well know (often male) face. Maybe elected positions are part of the problem. I really don’t think it is the women that are the problem; we need to re-think structures and systems that are not serving us well in a modern society.

In October 2018 the Principal Executive Committee (PEC) of the BDA was looking for nominations for Board members. At that time, of the 15 elected members, only one was female. I could write about the relevance of the BDA in 2018, but that is not the point, it is our professional association and trade union and it is important. But it can only do a good job if it is relevant and accessible to the whole dental profession. I looked up what the PEC does:

“The Principal Executive Committee is the BDA's board of directors and determines the strategy, priorities and finances of the organisation. The PEC not only sets the strategic direction of the organisation but also ensures all our members' money is reinvested into providing advice and support for all dentists.” Taken from BDA website, accessed 22.10.18

Do I hear you say, well if you're so concerned why not put yourself forward? I was, so I did, to no avail.

In 1976 Quadorgro remarked that decision making patterns that structure women's careers are not without gender based bias. I suggest this remark still has weight in 2018.

Time served

Time, that is the time it takes to achieve career progress, has been noted by several researchers to be a factor when looking at how women achieve senior positions. Dr. Angela Pack (1981) undertook a study of the attitudes of male dental practitioners towards employing female dentists. Her findings confirmed that social evolution is a slow process and predicted that during the next 20 – 30 years the difficulties experienced by some recent female graduates should diminish. In many ways I think her prediction may have been correct. It can take a number of years to achieve a position of influence within the profession. It may also be that there is a critical mass for change to occur. There is evidence for this in the proportion of women working within clinical academia.

Morris (1987) aimed to look at how females with successful careers in dentistry have reached their position. This study examined the career influences and actual decisions made by female dentists and aimed to increase understanding of barriers preventing women progressing in their careers. The author felt that it took about 12 – 25 years after qualification to achieve career progress success. It seemed at that time that children and career were perceived by the participants as not compatible. Interestingly and contrary to that assertion, it was the stated opinion of most of the women in the study that being a woman made no difference and a woman could do anything she wanted. If Morris' opinion is that it takes 12 – 25 years to achieve career progress success, then women who qualified since the early 90s should now be making an impression.

Newton, et al. (2000) conclude that: age, length of time since qualification and the acquisition of additional qualifications are consistently found to differentiate practitioners' status. The women who have kindly consented to be included in this book certainly confirm Newton's conclusions, although there are notable exceptions to the age and length of time since qualification.

Having discussed each of the themes, I want to briefly touch upon an article that I read written by Thomas (2014). This article has relevance for several of the themes above. Professor J. Merion Thomas entitles the article, “*Why having so many women doctors is hurting the NHS*”. Admittedly the article is concerned with female doctors, however I feel the sentiments may well hold true for female dentists and they are worth pondering. Professor Thomas writes an interesting article about the effect a growing proportion of female doctors is having on the NHS. He outlines a number of issues that may be impacting on NHS manpower and service provision. He considers that since the 1960s there has been an increase in women entering medical schools, with approximately 60:40 being the current gender split (2013/14). There are three main observations to the premise that the number of female doctors is hurting the NHS: that female doctors end up working part-time; they usually work in general practice and they retire early. Sadly, there is no data referenced for these observations. In addition, Professor Thomas suggests that women avoid the more demanding specialties – the reasons he gives are that these specialties require greater commitment, have more anti-social working hours and include responsibility for management. At no point in the article is the suggestion made that the issues may lie external to the individual female doctor and could be underpinned by social norms and expectations of what men and women should do. There is also the small point of who sets the requirements for doctors in ‘demanding’ specialties? Could they be men? I also take issue with him about his use of commitment – if he is confusing less than full time working with reduced commitment, that would be unfortunate.

Finally, I am concluding this chapter with the interesting concept of the single story, in particular, the single story of women dental professionals and the myths that exist. Chimamanda Ngozi Adichie (2009) presents the idea of the single story. Stories in this context are used to describe aspects of society and humanity, they are powerful, and can inspire. We can often have default stories about individuals, but we should beware of the stereotype where a single story becomes the norm and is used to define a group. When this happens an individual within the group is lost. What is the single story of women dental professionals? Could it be that women in dentistry:-

- work part-time
- take career breaks to give birth and look after their children
- tend to take more junior positions in dentistry

- are not political
- prefer to work in specific areas of dentistry, for example community and with children
- give less hours to their profession
- are less committed to their profession than men?

Is this really the single story of women dental professionals? The list has a degree of familiarity, or it did. It certainly seems to chime with the narrative Professor Thomas illustrates above.

The story of women dental professionals cannot be reduced to a few characteristics, it is a tapestry of so many diverse and amazing individual stories. Someone cannot be defined as a single characteristic – a single story, women dental professionals are not a single story. All members of a group (or gender) cannot be categorized in this way, it is sloppy and inaccurate. Each person, each female dental professional is made up of multiple stories. The individual profiles that are such a large part of this book are stories about great women working in dentistry, they are an incredible interweave, each one different, unique and inspiring.

Assumptions and assumed ‘truths’ create single stories of gender. Sometimes we make assumptions unconsciously. Unconscious bias is a result of the ways in which our values organize our own social worlds and is often much more powerful than conscious prejudice and discrimination. Making assumptions about gender roles and the work a person can and should do is an example of unconscious bias. Unconscious bias refers to the ways in which we make judgements or assumptions that discriminate about social groups or practices in a positive or negative way. Hopkins (2018) writes a thought provoking feature on confronting unconscious bias. She made me remember the number of times I have had to correct people that “*yes, I am a proper dentist*” – even though I am a woman.

Gender = the cultural meanings attached to being a ‘man’ or a ‘woman’.

“Gender is the social organization, construction or management of biological differences”

Dr. Maree Pardy (2018).

Men are as much trapped by gender norms as are women, hence the need for a new paradigm of equality within society.

Kimmel (2015) states that: “*privilege is invisible to those that have it*”. Such a powerful statement. Middle class white male is the universal default position against which others are often compared. Gender is not just about women. Women’s views are often taken as bias ‘*you would say that wouldn’t you?*’ whilst men are seen to be objective in their views. Some may see gender equality as being detrimental to men – “*A black woman stole my job*”. Male feelings of entitlement could be the basis of gender inequality. Equality is fair and just. Gender equality is good for all, including countries, organisations, professions and individuals. Gender inequality is extremely expensive, whilst equality and diversity are good for business. Gender equality is good for the kind of lives men want to live, they want to have great relationships with their children and be partners in their home life. Younger males in particular expect more balance with their partners, family and work.

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CHAPTER FIVE

2018

Finally, we come to 2018, one hundred years since some women gained the right to vote in the UK. 2018 represents a landmark year. Today's female dental professionals are standing on the shoulders of great female predecessors. We would not be able to celebrate the amazing achievements of women dental professionals today without those women. It's only natural to assume what we have today is something that has long been the case. However, we don't have to reach back very far in time to realise how wrong those assumptions are. For example; women were only allowed to attend dinners at the Royal College of Surgeons in 1984. 1984! – incredible and outrageous. Women have made huge strides in dentistry and it's easy to forget that this is not necessarily the case across society in general. Many of the benefits we take for granted were gained by the persistence of "Women in Dentistry". Our position as successful female professionals can lead us to imagine that women and men enjoy full equality of opportunity but sadly I believe this is not really true, maybe not even in dentistry. However, if there were league tables, dentistry would probably be one of the leaders. In this chapter I am including some facts and figures that demonstrate how far women have come over the last 100 years.

At the end of 2017 50% of all dentists on the register were aged 44 years or less. Only 7% are aged 61+ years. Of the total 41,705 dentists named on the register at the end of 2017 49% are female. It has taken 100 years to see the proportion of women dentists rise from less than 1% of all dentists to just under half. That rise has not been evenly spread over the years, the proportion really only began to rise steeply after the 1980s.

Table 10. Dentist registrants, 31.12.17 by gender and age group

Age Group	Female	Male	Total for age group	% Female
24 and under	726	431	1157	63%
25 – 29	3457	2294	5751	60%
30 – 34	3865	2665	6530	59%
35 – 39	3292	2689	5640	58%
40 – 44	2947	2693	5640	52%
45 – 49	2150	2508	4658	46%
50 – 54	1842	2674	4516	41%
55 – 59	1189	2552	3741	32%
60 – 64	561	1629	2190	26%
65 +	217	1321	1538	14%
Totals	20,246	21,459	41,705	49%

Source: GDC (2017)

Of the 20,246 female dentists on the dental register 41 countries are given as the place of primary qualification, from Austria to Malaysia to the United States of America. What a diversity of country of primary qualification is represented within women dental professionals in 2018.

There are 13 dental specialities recognised by the GDC. The most numerous of which is Orthodontics by a considerable margin. There were 1,405 Orthodontists included in the specialist list at the end of 2017.

Table 11. Dental Speciality by age group, as at 31.12.17

Speciality/Age group	23 - 35	36 - 45	46 - 55	Over 56	Total
Dental & Maxillofacial radiography	2	5	10	12	29
Dental Public Health	2	22	33	51	108
Endodontics	17	101	91	78	287
Oral & Maxillofacial Pathology	3	15	8	11	37
Oral Medicine	1	14	21	36	72
Oral Microbiology	0	2	3	3	8
Oral Surgery	33	128	350	231	742
Orthodontics	188	449	441	327	1405
Paediatric Dentistry	27	76	76	64	243

Periodontics	25	132	125	86	368
Prosthodontics	27	137	143	140	447
Restorative Dentistry	11	74	101	114	300
Special Care Dentistry	18	78	116	102	314
Total	354	1233	1518	1255	4360

Source: GDC – private communication

Table 12. Breakdown of specialists by list and gender 22.08.18

Specialty Description	Male	Female	Total	% Female
Dental and Maxillofacial Radiology	14	14	28	50.0%
Dental Public Health	45	59	104	56.7%
Endodontics	213	78	291	26.8%
Oral and Maxillofacial Pathology	19	16	35	45.7%
Oral Medicine	45	28	73	38.4%
Oral Microbiology	3	5	8	62.5%
Oral Surgery	511	225	736	30.6%
Orthodontics	698	677	1375	49.2%
Paediatric Dentistry	53	184	237	77.6%
Periodontics	255	128	383	33.4%
Prosthodontics	343	101	444	22.7%
Restorative Dentistry	221	78	299	26.1%
Special Care Dentistry	90	215	305	70.5%
Total	2510	1808	4318	41.9%

Source: GDC – private communication.

It is unfortunate that the data from the two tables have been derived at different dates. However, the data are quite similar and assertions can be drawn with a degree of accuracy.

Taking these two tables together, women comprised about 41.9% of all specialists on the GDC register in August 2018. A total of 2,773 specialists are aged over 46 years (63.6%). As men are the majority on the register in the age groups above 46 years this may be a factor of the age distribution - as more women registrants are younger, and more specialists are older. As the years go by, women will comprise a larger proportion of the register and it is logical to assume they will comprise a higher proportion of specialists.

However, there are still some specialities that appear to be less popular for women dentists. These are: Endodontics, Oral Medicine, Oral Surgery, Periodontics, Prosthodontics and Restorative Dentistry.

The specialties that women appear to predominate in are: Dental Public Health, Oral Microbiology (very small number of specialists), Paediatric Dentistry and Special Care Dentistry – this is consistent with what was reported in the past. Is this a factor of age or are there other factors that either do not appeal to women or actively act as obstacles for entry to the other specialties?

Turning to general practice, the BDA (2018) have produced a very useful graphic to demonstrate differences between male and female BDA members.

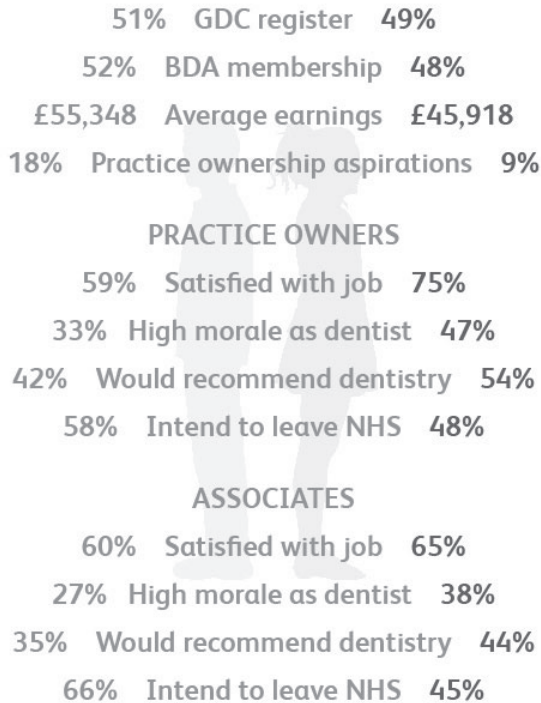


Figure 1 BDA membership, by gender (2018)

The differences that are demonstrated beg some interesting questions: for example, practice ownership aspiration is less than 1 in 5 for men, but less than 1 in 10 for women. Practice ownership does not seem to be an attractive option for dentists generally in 2018, and even less attractive for women. However, for both practice owners and Associates, women in practice seem to be more satisfied with the job than their male counterparts. Their morale as a dentist is higher and fewer expressed an intention to leave the NHS. Women are also more likely to recommend dentistry as a career. It seems to me there is much we can learn here.

NHS Digital's report on NHS Earnings and Expenses Estimates 2015/16 shows the mean average taxable income for all self-employed primary care dentists (from NHS and private dentistry) by gender (England & Wales, 2015/16). The report shows that female dentists are earning less, and are also less likely to be provider-performers. Women are disproportionately

more likely to be performer-only dentists than their male counterparts, with over 90% working as performer only, compared with 72% for men.

When looking at the CDS workforce NHS Digital (2016/17), shows that a greater percentage of the current community dental services workforce is female. In 2017 79.1% of the CDS workforce was female.

Earlier clinical academia was a theme that I explored a little. The Dental School Council (DSC) (2018) suggests that the rise in the proportion of women entrants to UK dental schools is beginning to change the number of women dental clinical academics. There is near gender balance at Clinical Lecturer and Clinical Teacher roles, with 40% women overall; up from 32% ten years ago. Just 18% of Professors are women however this reflects an improvement of 11% over the proportion in 2004. Change at the top of academic dentistry is more gradual than in other areas. Appointment to a clinical academic dental role takes longer than the typical dental clinical training because; in addition to completing a dental degree (usually five years) and postgraduate specialty training (three to five years), the majority of university appointments of Lecturer and above require both a doctorate and an established research track record. This means it is likely that the clinical academic dental workforce will be slightly older than the general dental workforce. As with the dental specialties, this may be a factor in more women dentists being under the age of 45 years, and that it takes time to progress up the ladder. Time will tell.

When looking at age against gender, women present a younger age profile than male clinical academics, with 57% aged below 46 years. Contrasting with this; just under half of male clinical academics are under 46 (42%). In July 2017 there were 334.3 male and 273.1 female clinical academics. When looking at the gender representation against academic grade, the data highlights the gradual decline in male clinical academics at more senior levels; Reader/ Senior Lecturer (58%) and Lecturer grade (43%). However, the proportion of males at professorial grade of (78%) has remained fairly constant. Representation of women within Senior Clinical Teacher (44%) and Clinical Teachers (46%) presents slower progress.

This is not the case for all areas. Only two females were recorded as specializing in Oral & Maxillofacial Surgery, and three as specializing in Oral Microbiology. Special Care Dentistry paints the reverse picture

where, of the 17 clinical academics, 13 were female. 100% of those at Professor and Reader/ Senior Lecturer grade were female.

The data shows some interesting trends in the working patterns of men and women at each clinical academic grade. On average, across all grades, a very similar proportion of men and women work less than full time (LTFT) (59% - 60%). Since 2016, there has been a 0.6% increase in the number of males working LTFT, and 1.6% in the number of females working LTFT. Of the population of clinical academics more males are working LTFT (33%) than those working full time, and of female clinical academics working LTFT (26%). So, when it comes to clinical academics more men appear to be working less than full time than their female colleagues. What is unknown is what these individuals do in addition to their clinical academic responsibilities.

Continuing the theme of working hours, the BDA (2017) found that: *“many dentists are intending to reduce the number of hours they work. Around a quarter (26 per cent) of associates and nearly a third (32 per cent) of practice owners plan to reduce their working hours over the next five years. Most strikingly, 30 per cent of 25-34 year-old associates intend to reduce the hours they work”*. Interestingly this is not specifically related to gender but more to a desire to change the ways of working.

In its 45th report, the DDRB discussed the workforce patterns and trends associated with the cohort of millennials which now account for a substantial proportion of the remit group. It stated that *“millennials tend to have a different approach to their careers from their predecessors, valuing, in particular aspects such as work-life balance, flexibility and variety in the workplace”*.

As part of the same report, The Northern Ireland Executive reiterated these views, adding that they were seeing around half of all Foundation Year doctors taking sabbaticals or career breaks. The report suggested that part of this related to the feminization of the workforce, with women taking time out to have and care for children, but there was also a more general desire among Generation Y to maintain a rich personal life outside of work, and seek flexibility and work-life balance as far as possible. This may have a parallel in dentistry, although I expect not for the Foundation Year.

This chapter has outlined the position of women dental professionals in 2018. Women are definitely making their mark in all parts of the profession and at all levels. They play a crucial role.

It is fitting that the 2018 President of the British Dental Association is a woman – Dr. Susie Sanderson OBE, the fifth woman to hold that prestigious position. It is also good that the 2019 President of the BDA will be another woman, Roslyn McMullen.

In the next chapter you will read about a few of the incredible women dental professionals that are contributing so much to the profession in 2018.

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CHAPTER SIX

CELEBRATING SUCCESS – WOMEN DENTAL PROFESSIONALS

It gives me considerable pleasure to be able to include the profiles of so many great women dental professionals in this section, there are over 50. This is the meat of the book, the purpose being to celebrate the success of women dental professionals in the UK in 2018. I am delighted to include women from across the whole profession; dentists, dental nurses, dental hygienists, dental therapists and prosthetist. Those titles only begin to describe these women; they are so much more. They hold positions in all sectors of dentistry from tutors to professors to practice owners to coaches to authors to specialists. They qualified from the late 1960s to 2018, from all dental schools and all parts of the UK, a few took their primary qualification outside the UK, a few are now working overseas. A number of these women have been mentors to me during my career and many of them continue to give me encouragement and support on a very regular basis. Without them life would be so much more difficult – thanks to them all.

The chapter can hardly begin to do justice to the huge number of female dental professionals who have achieved and are achieving amazing things in dentistry. I hope that their profiles will serve as role models and inspiration for all in dentistry – female and male. These women have achieved what they have by hard work and effort, it won't have been easy, many combine their work with child care and other family commitments. They are not shrinking violets but steel magnolias, everyone a swan. The female dental pioneers surely would be proud to see the legacy of their efforts, the seeds they sowed have flourished.

This may be the first time that so many profiles of women from across the professional groups within dentistry have been collected together, I hope it shows what immense talent there is in all parts of the profession. I have observed during the time of collecting these profiles that many women seem to struggle when describing their achievements and seem almost embarrassed by the great things they do. Modesty is a virtue I'm sure,

however, I do not intend to allow any of these great women to hide their lights under any bushels!!!

The profiles included only scratch the surface and many great women are not included because of space – but you know who they are, you are probably working with one (or several). There are a number of women I would have liked to include who declined to be part of the project.

For ease of finding, the profiles are given in alphabetical order, I have also provided a table by name and professional group at the end of the profiles. I have edited the first paragraph, but after that each woman writes in her own voice. Each person was asked the same series of questions. The profiles were written in mid 2018 so many of them will have changed by the time you read them, that doesn't matter, they are a snapshot in time. What I hope you will take away from them is inspiration and a sense of the huge contribution that women make to dentistry every single day. These women are achievers and role models. As a profession we can all be so proud.

Ms. Sarah Bains RDH, MSc



Sarah qualified at the University of Leeds in 1990

Sarah was attracted to dentistry when she was at school and was offered the opportunity to do some work experience in a dental practice and a community dental clinic. She loved it from the moment she went into the surgery. Sarah feels that dentistry offers an amazing opportunity to make a difference to someone's wellbeing, and to make them feel better about themselves. She would consider herself to have a caring nature, an

inquisitive mind and to be a good communicator; skills that are well suited to a dental career.

Current responsibilities in the profession

“I am the Director of DCP Training at Bristol Dental Hospital and School, and Programme Director for the BSc in Dental Hygiene and Therapy. We are a large training School at Bristol, offering a number of training programmes including Dental Nursing, Orthodontic Therapy, and a number of post qualification programmes including dental radiography and dental sedation. I am responsible for overseeing the quality of all the School’s programmes ensuring programmes deliver the necessary learning outcomes, following academic policy and quality enhancement. I teach on a number of dental programmes including the BDS programme, Diploma in Orthodontics and the BSc Dental Hygiene and Therapy. I also undertake clinical sessions within the specialty of Orthodontics.”

Sarah’s dental story

“I qualified initially as a Dental Nurse, and then went on to qualify as a Dental Hygienist, before being appointed as a research Hygienist for the MRC based at the London Hospital in Whitechapel. This was an innovative appointment at that time, and offered a fantastic opportunity to work alongside some leading academics. One aspect of the work I was involved with was evaluating a new periodontal electronic probing system- the Florida probe which enabled precise electronic periodontal pocket measuring and computer storage of data. The appointment was linked to the Dental Hygiene and Therapy School where I worked one day a week as a clinical supervisor. It was through that post that I decided I wanted to work in a Dental School, and was fortunate to be appointed as a part time staff Hygienist and then tutor Hygienist at Bristol Dental Hospital and School. I combined the appointment with appointments in General Practice, before being appointed as Director of the DCP School in 2000. The post was to bring the different DCP training programmes into one School, and to identify and develop opportunities for new initiatives and dental programmes. I completed my Masters by research in Oral Microbiology, under the supervision of Professor Howard Jenkinson and Dr Jane Luker. I have always been interested in the Scope of Practice for Dental Hygienists and Therapists, and destination data of registrants when they qualify from Dental Schools. For many years we offered a progressive training pathway for Dental Hygienists, offering Dental

Therapy as a part-time post qualification training only. This facilitated the uptake of their therapy skills once qualified, as they remained in employment as Dental Hygienists within their dental practices during the Dental Therapy training. Students found the skill mix a fairly easy transition, and their employers were very happy to employ them as Dental Therapists once qualified. Our destination is excellent in terms of the number of graduates working as Therapists once qualified. However, due to changes to NHS bursary training programmes, and responding to market demands, we are about to launch a new BSc (Hons) in Dental Hygiene and Therapy. This is a timely move as it coincides with the launch of the new BDS dental curriculum at Bristol, which has a strong focus on team working and collaborative practice. I am looking forward to my next new and exciting chapter and being part of training the next generation of Dental Therapists!”

Most memorable achievement in the profession

“This would have to be when I was appointed Interim Head of School, at Bristol Dental School. I believe this was the first time a DCP had been appointed as a Head of School, and at Bristol I was the first female Head of School to be appointed. It was one of the biggest challenges of my career to date, and one huge learning curve. However, I am so glad I did it.”

Advice to younger self on qualifying

“Take every learning opportunity that comes your way. Learn as much as you can from your experiences including your mistakes. Patience and perseverance will often make perceived obstacles and difficulties disappear.”

Most influential mentor(s)

“I am extremely grateful to a number of people who have given me the opportunity to broaden my career and who have had confidence in me to attain the goals and challenges that have been presented to me.”

Use of mentoring

“I personally haven’t used mentoring in my career but it’s never too late to start and there is still a lot to learn!”

Dr. Joanne Brindley SFHEA, RDH, RDT



Joanne qualified from the London Hospital Medical College (Queen Mary, University of London) in 1994

Joanne distinctly remembers going to see the Dental Hygienist at around 12 years of age; she was so enthused by her that on her way home, Joanne announced to her mum that this was the career for her, as such the die was cast!

Current responsibilities in the profession

“I have been involved in the delivery of education since joining the University of Portsmouth in 2005. During this time, I have supported the development of the students studying the BSc (Hons) Dental Hygiene and Dental Therapy, and Certificate in Higher Education Dental Nursing, alongside the Kings College Dental Institute undergraduates, who attend the University of Portsmouth Dental Academy as part of their outreach experience. Running parallel to this, I am actively engaged in the quality assurance of dental education, in my external role as Education Associate for the General Dental Council.”

Joanne’s dental story

“I have been a Dental Care Professional for 30 years, first studying at Highbury College in Portsmouth as a Dental Nurse and then moving on to qualify as a Dental Hygienist and Dental Therapist at the London Hospital Medical College (LHMC). At the time, the LHMC was the only institution

in the U.K. which was training Dental Therapists. Upon registration I initially worked in private practice, before moving on to both community and hospital settings. This was a wonderful point in my career; I met so many amazing members of the Dental Team. I relished the opportunity to experience such a diverse patient base in multiple locations and environments; each day presented new challenges and I felt so privileged to be involved in the care of my patients and proud to work for the NHS. During this time, I joined a large multidisciplinary team who were working towards Beacon status for oncology care. To support attainment of this, I developed patient and staff information leaflets and presented sessions at staff training events, aimed at facilitating the best possible standard of patient care. Beacon status was awarded to our team shortly after. Working in such close proximity within these teams furnished me with a wealth of experience and opportunities, but most significantly I have formed lifelong friendships with some incredible people. In 2005 I joined the School of Professionals Complimentary to Dentistry at the University of Portsmouth. This presented a unique opportunity to be involved in the generation of a new course. During this time, I first developed my passion for reflective practice. Initially my curiosity was raised as part of the course delivery and also as part of my own personal development, as I studied for my Postgraduate Certificate in Learning and Teaching in Higher Education. This was swiftly followed by a Masters in Learning and Teaching; my dissertation explored '*The use and relevance of e-portfolios in undergraduate DCP education*', which reflective practice naturally formed an intrinsic part. Alongside my studies, my roles at the university continued to evolve; initially I became Placement Lead, which reflected my historical role and links working within the NHS. When the University of Portsmouth Dental Academy was established in 2010 I was appointed Year Lead. Knowing that Dental Care Professionals training was expanding I felt that an emphasis should be placed on developing a professional community, so I set about developing an electronic newsletter (Filling-in). The newsletter was a huge hit with staff and students contributing to the articles; the seasonal videos were streamed in some university buildings, much to the delight of staff and students. My work on this was rewarded with the Nairn Wilson Award for Excellence and Innovation in Undergraduate Dental Education, in 2012. Most recently, I completed my Doctoral Thesis, which was an exploration of the use and relevance of reflective practice in dental education. The findings from my work have been published in the British Dental Journal and British Dental Journal Team. In 2017 I was awarded an Oral and Dental Research Trust/Colgate Robin Davies Award.”

Most memorable achievement in the profession

“For me, I think there are three strands to this:

- My initial registration; without this I would never be where I am today.
- Being involved in education; I have co-ordinated the pre-clinical skills of students for over ten years. Seeing the student progression from grappling with holding a hand instrument for the first time, to confidently managing their patients on the clinical floor is a supreme privilege.
- Sharing my graduation day with my family, following completion of my doctoral thesis; this was such a personal journey for me, as a first generation student, sharing this moment with my family was very special indeed. I am immensely proud of the fact that I have been able to publish my research and contribute to raising the profile of DCP’s working in the profession.”

Advice to younger self on qualifying?

“Facing challenge is part of the learning journey. How we manage our challenges says so much more about who we are, than the end result. The only achievement that has any true value, is one that has come about by being true to yourself and being kind to others.”

Most influential mentors

“This is interesting, as when I look back at my journey so far I feel that I have had the right mentors at the right times. I would struggle to say who has been the most pivotal in influencing my career, as without the individual support they have provided at each step of my journey I wouldn’t be where I am today. What I do know is that I am truly grateful for all of the expertise, knowledge and advice that has been provided to me over the years by my mentors.”

Use of mentoring

“I have used a combination of formal and informal mentorship, alongside coaches, to underpin my career journey. As my career has progressed, I could see the benefit of the mentoring relationship for both the mentor and mentee, so as such, I have also mentored several of my peers and also alumni; the professional growth that arises from mentorship activities can

be incredibly illuminating and rewarding for both parties. Personally, I love the way that the mentoring relationship allows people to view themselves from different perspectives. Life is not one dimensional, so having a trusted advisor to explore this with, supporting you to find your own voice and encouraging you to face challenges (you may otherwise have avoided), can be the catalyst which enables you to move your life from being ordinary and lift it into becoming something which is quite extraordinary.“

**Dr. Janine Brooks MBE
BDS, MCDH, DDPH RCS, MSc, DMedEth, PGA Med Ed,
FFGDP(UK), FACadMed**



Janine qualified from the University of Birmingham Dental School in 1983

She was attracted to dentistry because she wanted a career where she would be responsible for her own actions and where she would be recognised for her own work. Previously Janine was a medical laboratory technician. Her work contributed to the research and papers her consultant published, but it was the consultants work, not Janine's.

Current responsibilities in the profession

“I have a portfolio career and have done for many years. I am an Education Quality Assurance Associate for the GDC; a coach for the

Professional Support Unit, HEE Thames Valley; lead clinical tutor for BUOLD, University of Bristol; Trustee of the Dentists' Health Support Trust; Honorary Fellow, The Society of British Dental Nurses; Member of the Dental Advisory Board for Cambridge Scholars Publishing; Director of the Dental Coaching Academy, Owner of Dentalia Coaching and Training Consultancy and co-founder of Dental Mentors UK. I am an author and I have had a number of articles published. I founded the Apollonia network for women dental professionals in 2015. Previously I have been a Clinical Director; Non-executive Director; Associate Director of Dentistry, NCAS; Associate Postgraduate Dental Dean, Thames Valley and Wessex; Caldicott Guardian for the NHS Information Authority."

Janine's dental story

"I was born in 1956 in Solihull, Warwickshire, the middle child of three. I disliked school and left at 16 years of age to begin the world of work. I started work at Aston University, as a junior technician on their technician training programme, one of ten trainees. I also began day release and night school and qualified with an Ordinary National Certificate in Medical Laboratory Technology and later a Higher National Certificate in Haematology. I used those qualifications as entry to Birmingham Dental School, not the traditional route, although I was not alone as a mature student with non-traditional entry qualifications that year. I qualified in 1983 and began work as a Clinical Dental Officer in the Community Dental Service (CDS) in Herefordshire and fell on my feet. The Head of the Service proved to be an excellent mentor who helped to guide my career in the early years. In a few years I took a chance and started to work half time for South Warwickshire Primary Care Trust as well as Herefordshire, managing both CDS's. Re-organisation brought the opportunity to work full time in South Warwickshire and take on general management responsibilities, so I started to manage a Community Hospital along with the community nurses and health visitors whilst managing the CDS and retaining a small clinical commitment. After a while I also took on managing a rehabilitation hospital, the learning disability team, and the professions allied to medicine. Another re-organisation and a change of Chief Executive gave me the opportunity to take on project management of Y2K (not my finest hour – no problems and missed out on the celebrations!) and the management of our merger with primary care groups, data protection and Caldicott Guardian duties. A while later I began to feel dissatisfied, I felt I was no longer learning, just doing. This led me to take a part-time role as Caldicott Guardian with the NHS

Information Authority (NHSIA) and I dropped some responsibilities in South Warwickshire. A year later I heard about a new job with the National Clinical Assessment Service (NCAS) as a part-time dental adviser. I took the leap out of clinical work, left South Warwickshire and worked across NHSIA and NCAS. The first arms-length body review abolished the NHSIA and I was made redundant, a novel experience. NCAS became part of the National Patient Safety Agency and I was offered a full time post as Associate Director (Dentistry) for NCAS and I took it. I loved setting up the dental service and working strategically with key national organisations. In 2006 I was appointed as an educational inspector for the GDC and I have thoroughly enjoyed visiting educational establishments as part of the quality assurance of dental education since that time. The second arms-length review in 2010 reduced NCAS's income by 25 per cent and I and my department were made redundant, not so novel but far more hurtful. I left in 2011 and I haven't looked back. That year I took up two new posts, the Associate Post Graduate Dental Dean for Health Education Thames Valley and Wessex, and non-executive director of CDS CIC, a social enterprise. I also launched (as a sole trader) 'Dentalia' travelling all over the UK for a variety of organisations providing training and private coaching for dental professionals. In 2012 The Dental Coaching Academy was formed by myself and two non-dental colleagues. In 2014 we launched an on-line education centre to provide blended education for dental professionals in the UK and beyond. Since then we have developed and launched two postgraduate qualifications in Coaching and Mentoring with the Institute of Chartered Management. In 2016 a colleague and I launched Dental Mentors UK, an on-line directory supporting mentors and those looking for a mentor. I have never been busier, nor more fulfilled, I love my career in dentistry and there is so much more I would like to achieve. So much to try, so little time!"

Most memorable achievement in the profession

"Receiving my MBE in 2007 for services to dentistry, my mum loved going to the palace."

Advice to younger self on qualifying

"You will have amazing opportunities, grab them, keep faith and your clinical skills will grow."

Most influential mentor(s)

“Barry Newey, my Junior School Headmaster, he helped me to see the importance of education. Bob Izon, District Dental Officer in Herefordshire. He gave me opportunities to shine but always gave support and encouragement when I most needed it. Many of the women featured in these profiles (and many who are not) have been mentors to me. I thank them for their generosity.”

Use of mentoring

“I used the skills when managing people before I realised it was mentoring – listening, showing empathy, encouraging and sharing my knowledge and experience. I saw it as giving back what had been shared with me. I was fortunate to apply to Dental School at a time when students from non-traditional backgrounds were welcomed. I was also fortunate to be a student when grants were available. Without those two advantages I would not have been able to be a dental student and become a dentist. Having been fortunate, I’m keen to try to pass that fortune on. Later in my career I have used mentoring in a much more formal way to support and guide dental professionals who have specific issues; whether that be making career decisions, working through remediation issues or personal development. I have used mentoring with individual professionals and also with teams.”

**Miss Bal Chana C&G FETC, Dip. DHE,
Dip Dental Hygiene, Dip Dental Therapy**



Bal qualified from Barts and The London in 1992

She was attracted to dentistry because she had always had a strong desire for a career in the medical sector. Bal's GP, who was also a family friend at that time, suggested dentistry. Having explored all the options within dentistry, dental therapy appealed the most. Bal likes the hands-on aspect along with patient interaction. Maybe subconsciously a fascination with drills may have been the driving force as Bal's father was a carpenter and she often helped him.

Current responsibilities in the profession

"I am Deputy Principal on the dental hygiene and therapy programme at the Bart's and The London, Institute of Dentistry. I am also a clinician delivering quality care to my patients in general practice, I am a tutor with responsibility for the training and education of both dental hygiene and therapy and dental students. I am a GDC Quality Assurance Associate helping to ensure the required standards are met by dental training establishments. I have just commenced my third term with this role. I am an internal and external examiner for both dental hygiene and therapy programmes. I am also on The Council, Dental Advisory Board and Cases Committee member with The Dental Defence Union, a position I have held since 2015. In addition, I am an ex- Chair and a past President of the British Dental Therapy Association. As Chair and President I represented Dental Care Professionals (DCPs) on a number of boards and working groups at various levels within the profession, including the All Party Parliamentary Group for Dentistry where I regularly met with Members of

Parliament. I have also worked closely with The Department of Health on a number of key projects, including the Prevention Toolkit and the Dental Skills Mix working group.”

Bal’s dental story

“As I commenced my dental career, I had a keen interest in teaching, having qualified as a dental nurse, I then completed a Diploma in Dental Health Education, following this I completed a City and Guilds Further Education Teachers Certification. I was fortunate to be one of four dental nurses who taught the 3rd year undergraduate dental students Close Support Dentistry at The Royal London Hospital (Barts and The London). This was a unique position, of dental nurses teaching. I held the position for three years and then became a student myself at The Royal London Hospital. I qualified in 1992 as a dental hygienist and therapist and worked in general dental practice and community dental services. I gained experience in both primary and secondary care settings, I attended numerous conferences and workshops to enhance my knowledge and clinical skills. When I felt I had a good level of subject understanding and knowledge, along with substantial clinical experience, I embarked on my teaching career again. I have been involved in Dental Care Professional education since 1998. I worked at the Eastman Dental Hospital where I was one of the four tutors, appointed to teach on their dental therapy programme. I moved to Barts and the London in 2001 where I worked as a tutor until 2004 and was promoted to Deputy Principal Hygiene and Therapy Tutor. I continue to work in general dental practice two days a week and teach three days a week, I feel this is a good balance for me. I enjoy having that patient contact myself and feel it gives me credibility as a tutor. I became involved with the British Association of Dental Therapists in 2001 as a Regional Representative, then was appointed Educational and training Officer and, in 2006, I was appointed as Chair; then, in 2010 until 2014 as President. I represented the profession on a number of boards and working groups, at various levels.

My key areas of interest are in Restorative and Preventive Dentistry.”

Most memorable achievement in the profession

“Being the first dental therapist to be awarded Dental Therapist of The Year award in 2006”

Advice to younger self on qualifying

“Give it your best in all you do.”

Most influential mentor(s)

Graham Dindol – Dentist (my first boss)

Sian Murray – Dentist

Jane Thomas – Hygienist/Therapist (Principal Tutor)

Jenny Parsons – Hygienist

Use of mentoring

“I have used mentoring for support and guidance and my mentors are my role models.”

Mrs. Janet Clarke MBE BDS, MCDH, DDPH(RCS)



Janet qualified from University of Birmingham School of Dentistry in 1981

Janet was attracted to dentistry because of the ability to combine a scientific interest with direct interaction with people. She is a practical person and liked the idea of doing something that wasn't completely academic. But she also likes meeting with and talking to people, particularly if she could also help to either keep them healthy or else sort out their problems directly.

Current responsibilities in the profession

“I am currently Chair of the NHS England West Midlands Local Dental Network and also Deputy Chief Dental Officer for England. Both roles involve a huge amount of networking and I think I have built up some incredibly useful, interesting and effective networks over the years.”

Janet’s dental story

“My grandmother always told me to say “yes please” rather than “no thank you” and I have used this advice when presented with tasks and opportunities throughout my career. So, I started off as a community dentist in Dudley, but when a friend left her GDP post to move north and asked if I would be interested, I leapt at the chance to try a different branch of dentistry. I found I preferred working with more disadvantaged people, so moved back to community, and remained with the Birmingham service until quite recently. But, that service didn’t stand still, as we were offered new roles, I accepted them on behalf of the service (sorry folks!) and the service grew in breadth but also expanded to cover a larger chunk of the West Midlands. We then merged with the Birmingham Dental Hospital and I found myself in a director role there. All fascinating and some great learning opportunities.

I also worked hard with the BDA, starting locally and ending up as chair of a national committee negotiating the pay and conditions for all community dentists in England. Quite a responsibility, but again an amazing way to develop new skills and meet new people.

Recently I changed again and have taken up both a regional and a national policy position, which suits me very well and also means that I continue to learn and develop. I’m never bored and I have been fortunate to work with some fantastic people over the years which is a huge bonus.”

Most memorable achievement in the profession

“Being honoured to be nominated President of the British Dental Association.”

Advice to younger self on qualifying

“As above, always keep an eye out for opportunities to learn and develop. Be nice to everyone you meet; dentistry is a small profession and you will be working in it for a long time, so develop a positive and supportive network. Support others.”

Most influential mentor(s)

“Ros Hamburger for her positivity and support. No idea was ever too big for Ros. Janine Brooks for her sheer hard work and embracing new challenges virtually every day.”

Use of mentoring

“I have mentored and been mentored. It is so valuable and a key part of personal development.”

Dr. Pamela Coates BDS VU(Manc), LDSRCS (Eng), MFGDP (UK)



Pam qualified from Manchester Turner Dental School in 1976

Pam was attracted to dentistry because she felt it would be a creative and caring profession with the opportunity for tremendous job satisfaction from helping to improve the lives of patients. It also offered flexibility around other commitments.

Current responsibilities in the profession

“Since the sale of my private dental practice, Waterside Dental Care, in August 2016 I have remained working part-time as a dentist including providing clinical mobile domiciliary services as Coates Denture Services. I am a partner in Armstrong Consultancy Services offering business mentoring including involvement with the GC Growth Hub in Manchester”.

Pam’s dental story

“Being the daughter of a dentist father, whose GP mother used to provide the GA sessions in the practice, I was part of the surgery team from being a baby. I subsequently spent most school holidays working there, so over time became trained in every role from cleaner to anaesthetist. I have owned three multi-surgery mixed NHS/private practices with associates and vocational GDPs. I have converted practices from NHS to private and introduced capitation schemes. I also founded Piccadilly Practice Promotions Ltd, a company that sold promotional and marketing material to dental and optical practices. I have written articles and lectured about marketing and dental lasers and featured in numerous publications and TV programmes. My professional focus has been building the environments to enable my patients to smile with confidence and my staff to blossom as they developed into new roles and responsibilities. This has involved being at the forefront of new developments and continually learning from industry leaders. My clinical skills were progressively enhanced by intensive training from which I introduced new techniques and disciplines into my practice. These included the Mike Wise restorative courses in London for 3 years, the Paul Tipton year-long dental implant course, the Aesthetic Advantage cosmetic courses in London, New York and Palm Springs, Bob Khanna courses on facial rejuvenation treatments and courses on the use of dental lasers. I am a graduate of the Goldman Sachs 10K Small Business programme which enabled me to evaluate and drive business performance at Waterside. The success of developing a prestigious private practice in a small town was driven by participation and implementation of techniques learnt by our team from Jameson Management, Chris Barrow, Ashley Latter and Growth Accelerator in-practice training.

Becoming Chairman of “The General Dental Practitioners Association”, a founder member and a chairman of “Women in Dentistry”, a member of

the Denplan Advisory Board and Manchester Local Dental Committee all enabled me to become involved in the political aspect of the development and provision of dentistry and to organise and manage meetings and speakers. Becoming National President of Business and Professional Women UK involved me in decision making at an international level.

I achieved the Forward Ladies “Professional Woman in Business NW Award” in 2015. I was also a finalist for “Dentist of the Year North” at the Dental Awards, “Employer of the Year” and “Outstanding Businesswoman of the Year” at the E3 Awards and Rochdale “Businesswoman of the Year”. Our Waterside team won “Best Dental Care UK” at the Dentistry Awards 2014, were finalists in the “Team of the Year” and were shortlisted for “Best Customer Service” at the National Entrepreneurs Circle Awards 2014.

I consider myself fortunate to have been able to prepare my practice and sell it to a like-minded practitioner who is motivated to continue the same standard of care for the patients. It now has passed from one family to another and meanwhile, I am seeking my next challenge!”

Most memorable achievement in the profession

“Converting a large NHS practice to a private dental centre, undertaking major refurbishments to achieve my aspirational practice, then winning awards including Best Dental Care UK and Professional Woman in Business North West”.

Advice to younger self on qualifying

“To take the time out of clinical work to back up clinical experience with qualifications and certifications wherever appropriate as what is superfluous at one time may become essential in years to come.”

Most influential mentors

“Probably my father who instilled in me to treat every patient as though they were a member of my own family, to be kind and to strive to provide my best work for everyone.”

How have you used mentoring throughout your career?

“I have used mentors and coaches at every stage in my professional and political career, particularly when at a cross roads or over whelmed. Being a practice owner is a lonely position and the support given by others has always been invaluable.”

**Dr. Gillian Cottam BDS, FDSRCS, D.Orth RCS,
PG Cert Ed. PG Award (Mentoring and Coaching)**

Gillian qualified from the University of Birmingham BDS (Hons) Dec 1978

Dentistry for Gill started as a childhood dream with the expectation of equality, opportunity and reward, plus exposure to a female dentist named Dr. Ruth Yearn from 3 years of age.

Current responsibilities in the profession

Specialist in Orthodontics, part time Lecturer in Orthodontic, Active Committee member (LDC), Visionary, leader, teacher, Role model, Inspirational employer, PASS mentor.

Gill's dental story

I have always benefited from a privileged education, superb surgical training on qualifying; with expectation and encouragement to sit the Fellowship Examinations necessary for entry to specialist training. I set up

my Orthodontic Practice whilst working as a Locum Consultant in Orthodontics, in six Midland hospitals. A car rear “shunt” whilst stationary caused a whiplash injury – which made me re-evaluate and accept a Clinical Research Fellowship in Toronto, with exposure to inspirational, world famous figures and the opportunity to meet, mix and work with many international colleagues. This taught me that the world is a small place. Many, very kind people gave me the opportunity to really shine and life-long friendships were formed. Love brought me back to the UK, after commuting to maintain my Orthodontic practice. Clinical research rewarded me with the Belle Maudesley Memorial Prize, presented at the British Orthodontic Conference in 1990 – 10 weeks after my second daughter was born. Clinical teaching has been my passion. Colleagues, dentists, with an interest in Orthodontics, students, nurses, technicians, orthodontic therapists, apprentices, parents, patients, and friends. My mother travelled to many American Association of Orthodontist meetings with me, including the 1995 World Orthodontic conference in San Francisco – to look after our 9 week old third daughter. When there I became a founder member of the World Federation of Orthodontists. The British Society of Medical and Dental Hypnosis (now called the British Society of Clinical and Academic Hypnosis) opened up new horizons and the opportunity to achieve the advanced Diploma in Clinical Hypnosis and Stress management. The Deanery kindly sponsored a Bursary for a PG Certificate in Education for Health care professionals, another privileged experience.

As a key opinion leader, member of the Align Advisory Board and the Invisalign Academy I have been humbled that my opinion has been sought, heard, and suggestions implemented and been given the opportunity to lead study clubs and present the keynote lecture at the National forum in London 2016. There I was presented with an award for treating 1000 cases. Webinars for the International TIO group have been flatteringly well received and enabled interaction with colleagues as far away as Sydney and Adelaide, whilst presenting from Lanzarote!

I have been blessed with loyal staff, students who excel, a happy marriage, three beautiful, independently successful daughters and a continuing passion for my profession. My mother said: *“if you love what you do, you will never work a day in your life”* – and I think mum was right.

Most memorable achievement in the profession

Fellowship in dental Surgery - Royal College of Surgeons Edinburgh by 2-part examination – within 3 years of qualifying (at the time – it should not have been awarded within 3 years of qualifying), Special Service Award British Orthodontic Society

Advice to younger self on qualifying

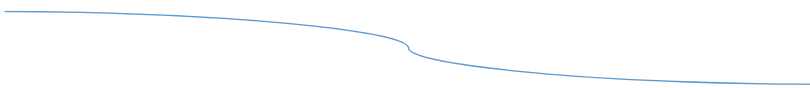
Know yourself- keep smiling, be the very best you can be, excellence becomes a habit.

Most influential mentor(s)

Mr. Michael Wake, Maxillo-facial Surgeon, Queen Elizabeth Hospital Birmingham, Dr. Bruce Ross, Facial Centre Hospital for Sick Kids Toronto Canada, Dr. Alison Howat, Consultant Orthodontist, peer, role model, friend, God, Mother - inspiration, travelling companion and honest critic.

Use of mentoring

Self-awareness, reflection, goal setting, vision, inspiration, work life balance, revision, encouragement, bereavement counselling, career planning, estate planning, retirement planning, lecturing and teaching.



Dr. Claire Culverwell BSc, BDS



Claire qualified from King's College London in 2016

She was attracted to dentistry by the ability to be able to change people's lives and help them to conquer their fears.

Current responsibilities in the profession

General dentistry, training of dental nurses, charity work, helping to train current foundation dentists and facial aesthetics.

Claire's dental story

"I'm a dentist in Bexleyheath, Kent. My career in dentistry started in 2005 when I became a trainee dental nurse. I worked in a practice in Lancashire that was owned by Nicolas Taylor (now the postgraduate dental dean). I loved the job and loved seeing patients overcome their fears and get their confidence back, and I wanted to be a bigger part of that. So in 2007 when I qualified as a nurse, I applied for the Dental Hygiene and Therapy course at the University of Liverpool. I was accepted at first application, but it was a hard time for me. I was commuting a long distance every day as I couldn't afford to live out of home, and as well as that I was caring for my ill mother whilst holding down an extra job to pay the bills and fund the course. Despite this, I would go on to collect 4 out of the 5 awards at the end of the course awarded by Oral B and Colgate. Just before I qualified in 2010 my mother died and to be honest I wanted to end my career in dentistry. She didn't get the chance to see my graduation. However, I had decided that she would want me to continue and I decided to apply for the

BDS programme at the same university. I was accepted and started the course in 2011. After two years I transferred to Kings College London so that I could have the support of friends in the South and concentrate on becoming a dentist. During my time on the BDS course I worked all the hours I could as a hygienist to fund my stay in London. This included weekends and late nights. I collected many silver and gold commendations during the course and also won the prestigious ‘Koran Feray’ prize for the highest mark in a case presentation in the final BDS year. During training, I gained a number of awards and acclamations including: The Colgate award for highest overall end of year mark; the Oral B award for highest mark in clinical skills and the Dentsply award for outstanding case presentation – all three in 2009. When I qualified in 2016 I managed to get a Foundation Training (FT) place at the same practice I had worked in as a hygienist. I quickly built up a new list of patients as a dentist and I loved seeing all of the very anxious patients that I had first seen back in 2005, helping them to overcome those fears. Becoming a dentist was long and hard but it has been worth every step. I feel that I am different to other dentists not only because of my experience in treating patients in the past, but because of my sheer will and determination to get here. Now that I am a dentist I try every day to ensure that my patients have the very best of experiences, and I combine that with ongoing education so that they also receive the highest level of dentistry. I took home the prize for ‘Best Case Presentation South East London’ at the end of my Dental FT year, and in 2017 I was the first dentist in the UK to win the National prize for ‘Best Foundation Dentist of the year’, awarded by the Royal College of Surgeons (Faculty of General Dental Practice). I have since been approached to be a part of the NHS review of dental education. I have undertaken a number of courses since being a dentist, including more recently an advanced and masterclass facial aesthetics course. I have been to lots of ethical sales courses and also a hands-on practical restorative course. I am lucky to be able to help out with the current FT dentists in our practice, and have the opportunity to run staff meetings and also help with dental nurse training. Every year I provide dental services for the ‘Crisis’ charity. This mainly takes place over the Christmas period and involves providing general dental services to the homeless. It is a very hard job, not only due to the number of patients being seen but also because of seeing their circumstances. You need a lot of strength to do it. I usually run one of the teams and act as co-ordinator for my mobile unit. The day can be more than 12 hours long with little time to rest.

I am passionate about dentistry and strive to provide the very best of care for my patients. I provide all aspects of general dentistry and advanced facial aesthetics, and I am interested in complex periodontal cases. I feel I have a wealth of experience in treating those patients with dental anxiety.”

Most memorable achievement in the profession

“Winning the National Foundation Dentist of the Year Award 2016/2017, I was really proud of that.”

Advice to younger self on qualifying

“Don’t spend most of your time worrying about what patients will say or do. If you do your best everyday then you will never have to worry.”


Most influential mentor(s)

“Probably my DFT trainer and friend for the last few years, Dr. Baber Khan. He pushed me to work harder and achieve more. Without that, I don’t think that I would have had the confidence to do some of the treatments that I currently do. I know I always have his support.”

Use of mentoring

“Since being a nurse I have always had someone to turn to, whether that was an appointed person or just another friend in dentistry. I have met so many outstanding professionals along the way, most of whom I am in awe of what they have achieved, and I strive to get to that level.”

Claire holds a very special place amongst these profiles as she has been a dental nurse and a dental hygienist/therapist before training to be a dentist. Her understanding of the dental team is second to none. She is a shining example that you can get what you want if you are willing to persevere and work hard (very hard). What a role model she is and such an inspiration.



Mrs. Jane Dalgarno BSc (Hons)



Jane qualified from Barnfield College, Luton in 1993 (NEBDN National Certificate for Dental Surgery Assistants)

She was attracted to dentistry by an opportune newspaper advertisement to work as a dental nurse as part of a Youth Training Scheme (YTS), when she left full time education in 1986.

Current responsibilities in the profession

“My main responsibilities involve development of the workforce for Community Dental Services CIC across Bedfordshire, Suffolk, Lincolnshire, Leicestershire, Essex and Oxford. I deliver a number of training programmes in collaboration with Health Education England (HEE) and provide mentoring support for colleagues moving into education and management.”

Jane’s dental story

“I started my career in Dental Nursing in 1986 via YTS working in General Practice until my move to Community Dental Services (CDS) in 1995. Although prior to statutory registration, with the GDC, I developed my dental knowledge further, passing the National Certificate in November 1993. Since qualifying, I have achieved certificates in Oral Health Education, Sedation and Dental Radiography. I gained the Certificate in Education, in Post Compulsory Education, in September 2008 and hold the A1/A2 assessors award. I graduated with a First Class Bachelor of Science, Honours Degree, in Primary Dental Care with Kent University in July 2013. I have taught on a number of primary and post

certificate dental nursing courses, including the NEBDN National Diploma, Advanced Apprenticeship, Oral Health Education and Dental Sedation Nursing, delivering these programmes on behalf of CDS, HEE and for an Independent training provider in North London. Likewise, I have been Programme Director for HEE Foundation Degree in Advanced Dental Nursing Programme working in collaboration with the University of Kent and Mid Kent College. I have delivered extended duties training to dental nurses in topical fluoride application. I am an examiner for the National Examining Board (NEBDN) for Dental Nurses and sit on the NEBDN Sedation Committee. In addition, I represent CDS CIC on the Local Dental Education Committee and participate at Local Dental Network meetings. In my Workforce Development role, I support outreach placements within CDS CIC for Foundation Degree dental nurse students and have supported apprenticeship dental nursing students. I am immediate past President of the British Association of Dental Nurses (BADN) and I am their current Chair, representing dental nurses at a national level. Previously, I have sat on the Dental Nursing Journal Editorial Board and have written columns for the British Dental Nursing Journal, The Probe and Dental Practice. I have chaired the dental nurse's forum at the Dentistry Show, which included the delivery of a presentation on mentoring and have presented at the BDA conference on the use of skill mix within teams. Similarly, I have spoken at a number of DCP conferences. I am currently working towards an MSc in Advanced and Specialist Healthcare (Applied Dental Professional Practice) with the University of Kent, where my dissertation project will consider the barriers to the application of dental nurse's oral health extended duties within Primary Dental Care."

Most memorable achievement in the profession

"President of the British Association of Dental Nurses."

Advice to younger self on qualifying

"Embrace every development and networking opportunity."

Most influential mentor(s)

"As I have had a number of mentors that have been influential at different stages in my career I feel it is fitting to mention them all:

Christine Janes

A work colleague and tutor that supported me at primary qualification level. Christine recognised that I had the attributes to teach and gave me the opportunity to develop this area further.

Angie McBain-Heilmann MBE

Angie has provided encouragement over many years and has inspired me to work at a more strategic level within the dental nursing profession, introducing me to the BADN. Angie continues to provide support to me in my Dental Workforce Advisory role and is always keen to pursue more collaborative working in the interest of the dental profession.

Debbie Reed

I have known Debbie since my journey into academia in 2009. Debbie is Head of Centre for Professional Practice at Kent University. She has shown tenacity throughout her own professional journey establishing what can be achieved through hard work and appropriate support. Debbie recognises the need for mentoring at all stages in an individual's career and had mentored me throughout my degree. Her own enthusiasm in developing others has inspired me to achieve the same. She continues to provide mentorship on my MSc journey.”

Use of mentoring

“As part of my own personal and professional development and when providing support to other dental colleagues, I am passionate to see this area developed further, particularly for the DCP professions.”

**Mrs. Jane Davies-Slowik MBE
BDS, MCDH, DDPH RCS**



Jane qualified from the University of Liverpool Dental School in 1980

Jane was attracted to dentistry because she wanted to be in a profession where she could help people and have flexibility in her working life as well as the possibility of being her own boss. She has always been a people person and had excellent role models in her parents - her Dad was a GP and her Mum was a nurse.

Jane's dental story

“I first wanted to do medicine and when I didn't get the grades I needed, started a pharmacy course. It quickly became apparent in my first year that I did not want to be a pharmacist so I reapplied for a place to do dentistry as a result of watching a friend of mine having an anterior composite done with great skill at his brother's practice. I thoroughly enjoyed my student years in Liverpool and decided to work in the local community dental service before applying for a house job, but I loved the job so much that I stayed. I loved the variety in the work, working with patients who had higher disease levels and special needs, the public health aspects, the opportunities to continue learning and the jokes from my Scouse patients. During this time, I also worked as a salaried GDP near the docks – an eye opener for a young dentist with a spiky haircut, (it was the punk era) ‘You don't look like a dentist – you look like a dolite!’. (*I have no idea what this means – ed.*) I moved to the West Midlands due to family circumstances, again into the CDS. I tried to find part time work in GDP but at the time there were no associate

vacancies. I worked my way to managing the service and collected a Masters in Dental Public health and Diploma in Dental Public Health on the way. I was lucky enough to spend 12 months in India training Tibetan dental therapists which combined my love of travel, dental public health and training – it was great to see the young men and women developing - to be able to go back to their settlements to provide dental care for their communities in exile. Back home, after spending some time in general management, I continued as Clinical Director and developed my special care clinical skills which resulted in me being grandfathered onto the GDC specialist list in 2012. This has allowed me to become an examiner for the Diploma in Special Care Dentistry, Royal College of Surgeons as well as further developing my clinical skills and acting as a trainer for young dental core trainees. I have developed a portfolio career which reflects my interest in postgraduate education; starting work in the West Midlands Deanery as Retaining and Returning Adviser in 2002 and then taking on further roles as they became available culminating as Interim Postgraduate Dental Dean. As part of my deanery role I work with dental registrants needing professional support and took a coaching and mentoring qualification to enable me to use these skills to improve communication and facilitate their development. I work as a sole trader and I coach/mentor individuals as well as setting up Dental Mentors UK, which is an on-line directory of mentors from the whole dental team for the whole dental team. I remain enthusiastic and eager to learn and feel that I continue to have a varied and interesting career in dentistry and take every opportunity to develop new skills.”

Most memorable achievement in the profession

“An audience with the Dalai Lama with my Tibetan trainees and being awarded an MBE for improving the oral health of disadvantaged people.”

Advice to younger self on qualifying

“Apply for a house job, make the most of every opportunity and do more surgicals!”

Most influential mentor(s)

“My current mentor and teacher and the consultant in Dental Public Health who believed in me and increased my belief in myself.”

Use of mentoring

“In my roles as a manager, as an educational supervisor, with registrants I support, with the immediate dental team, with my boss. As a mentee at crossroads, I found having a mentor has been invaluable.”

Dr. Raj Dhaliwal BDS, LLM, MDentSci, MRACDS(DPH), MFGDPRCS, FICD



Raj qualified from the University of Birmingham in 1992

Raj remembers being very frightened of visiting the dentist as a child, until she started orthodontic treatment at the age of 12. The orthodontist was so kind and took time to explain the treatment and build up Raj’s confidence. Due to the number of visits, she became interested in dentistry and undertook work experience at the practice.

Current responsibilities in the profession

“I work as a dento-legal adviser for Dental Protection in the Melbourne office. I am also an examiner for the Australian Dental Council, and I assist with question writing. I am an examiner for the Royal Australasian College of Dental Surgeons. I also undertake research and publication of articles for the Colgate Oral Health website”

Raj's dental story

“I qualified from the University of Birmingham in December 1992 with a BDS. As part of my final year I was fortunate to be awarded a prize for my elective. This along with support from my supervisor and mentor Professor Raman Bedi led to my presenting a poster at the British Society of Dental Research (BSDR) at the IADR meeting at the Scottish Exhibition and Conference Centre, Glasgow in July 1992. At this conference I was awarded the International Association of Dental Research Travel Award and invited to attend the prize ceremony at the IADR meeting held in Chicago in March 1993. I continued to present my research in the UK and internationally. Following qualification, I worked as an academic researcher at West Midlands Health Authority and completed my MDentSci at the University of Birmingham by research. The research was an extension of my elective, looking into whether mass media could be used to disseminate oral health messages to ethnic minorities. I went into clinical dentistry in 1994 and continued to work in both NHS and private practice and also undertook my MFGDP in general dental practice. My interest in the legal aspects of dentistry led to my undertaking a Masters in Healthcare Law and Ethics at Manchester University in 2011. I was awarded an LLM with merit in October 2013. I then met Professor Ros Keeton who introduced me to the BDA Benevolent Fund where I became a BDA Trustee helping those in our profession in their time of need. I also became a committee member of the Central Counties BDA branch and helped to organise auctions to raise funds for the Benevolent fund on our annual education days.

Following my LLM, I became a clinical advisor for dentistry at NHS England West Midlands where I would engage with local dental practitioners and assist with complaint handling, record keeping and practice visits. I also became an Honorary Lecturer in Healthcare Ethics and Law at Birmingham University which involved lecturing and small group teaching. I started my role as a dento-legal advisor with Dental Protection in 2014, initially in their London office, moving to Melbourne in 2016. This role involves me assisting dental practitioners when they receive a complaint, an investigation from a regulator or when they require dento-legal advice in providing care for their patients. The role has helped me to provide support and guidance when practitioners often feel at their most vulnerable. I have been fortunate that my move to Australia has led to my becoming a member of the Royal Australasian College of Dental Surgeons via prior recognition. I have subsequently become involved as an

examiner for the College and the Australian Dental Council. This has given me a great opportunity to meet up with dental colleagues from all over Australia and become part of the “ADC” family. I also research and write articles for Colgate’s Oral Health website. I was delighted to be invited to the International College of Dentists as a Fellow.”

Most memorable achievement in the profession

“Obtaining my LLM in Healthcare Law and Ethics where my thesis focused on adolescent consent concentrating on the field of dentistry and orthodontic treatment. It was amazing to be able to combine my years of training as a dentist and apply this to a new path in dentistry that I was going to embark on.”

Advice to younger self on qualifying?


“To diversify and build a portfolio career as soon as possible. This allows the opportunity to meet other mentors and gain experience in other fields of our profession.”

Most influential mentor(s)

“Dr. Ros Keeton who I met when she was Chief Executive of Birmingham Women’s Hospital. I met her when I was beginning to move from clinical dentistry into the dento-legal world. Ros was a great inspiration and made me believe that we all have transferrable skills.”

Use of mentoring

“I have used mentors throughout my career to discuss ideas and gain advice. Having moved overseas gaining mentorship has helped me to establish myself in a new country and within the profession. I am happy to discuss career pathways and provide advice and mentorship to younger members of our profession and those who wish to pursue other pathways in our profession, perhaps away from clinical dentistry.”



**Dr. Janine Doughty BDS, MDPH,
DDPH RCS, PG Cert. Clin. Res.**



Janine qualified from the University of Bristol in 2010

Janine was attracted to dentistry when she was younger and had her own transformative experience with dentistry. She was very self-conscious about the spacing between her anterior teeth and as a result underwent cosmetic dentistry which transformed both her smile and the quality of her life. As a result, her confidence blossomed; she could smile brightly and she wanted to be able to help others in the same way, in particular to help vulnerable populations for whom a mouth that both looks and feels good could lead to real and lasting benefit. From the outset she had a desire to work with vulnerable people. At the time of applying to the University of Bristol, Janine made it known to the interviewing panel that her intention was to work with people with learning disabilities and vulnerable populations. At the time, Special Care Dentistry was not a recognised sub-speciality within dentistry but to her delight it is now formally recognised and there is a firm pathway in place to train dentists to provide care for some of the most vulnerable people in our society.

Current responsibilities in the profession

“At present I am a full time doctoral research fellow. I am undertaking a PhD funded by the National Institute for Health Research to implement HIV testing in dental settings in areas of high prevalence in London; I have taken time out of my speciality training programme to develop my skills in academia. I am deputy service organiser and shift leader for Crisis

at Christmas Dental Service and Inclusive Dentistry Fellow for Pathway Homeless Healthcare Charity. I lecture on the Masters in Special Care Dentistry at the Eastman Dental Institute, am an associate editor for Dental Public Health in Action section of the Community Dental Health journal and provide pro-bono mentorship for dental students.”

Janine’s dental story

“After graduating from dental school I felt disillusioned: trapped in the four walls of a dental surgery, funneled into a pathway of foundation training and dental core training. I found myself wondering whether the hoop-jumping and tick-boxing would ever end, and how I could be an authentic version of myself within the boundaries of the dental profession. It was a happy accident then, whilst making plans to leave the profession altogether and go travelling the world, I was recruited to work as a locum on a Nottingham-based mobile dental unit to provide care for people experiencing homelessness and also sex workers. In the few months I spent leading the outreach service a turning point happened in my life and I was left inspired to overcome inequalities in oral health. Later that year I joined Crisis at Christmas dental service and have since become deputy service organiser and shift leader. I have undertaken a role as inclusive dentistry fellow for Pathway Homeless Healthcare Charity and have visited homeless dental services in Boston, New Orleans, New York and Copenhagen to explore examples of best-practice care. During this time, I was learning the skills to be a leader; I initiated and chaired the British Dental Association East Midlands Young Dentist Committee and developed formal and informal teaching sessions for the Dental Core Trainees in the region. In 2014, I undertook a masters in dental public health awarded with distinction, and the Royal College of Surgeons diploma in dental public health to gain a deeper understanding of how to develop dental services and understand the oral health needs of the population. I was back on track with my mission to provide inclusive dentistry and enable access to dental services for some of the most vulnerable people in our society. My next career moves were to London, where I undertook a role as the lead dentist on the homeless outreach service and not long after this, a subsequent move to Northampton where I undertook a clinical fellowship in Special Care Dentistry. These opportunities culminated in my application for academic specialty training in Special Care Dentistry at the Eastman Dental Hospital. Although my career pathway may seem convoluted, the skills I’ve developed along the way are unique and have enabled me to understand the public health

landscape, gain experience in primary, secondary and tertiary care environments and enabled me to develop a voice that can advocate for the needs of people experiencing social exclusion and stigmatisation. The past 18 months have been spent in pursuit of the prestigious National Institute for Healthcare Research Doctoral Research Fellowship funding which I was awarded in October 2017. My current doctoral research project explores the feasibility of implementing HIV testing in the dental setting in London. The fellowship has led to many opportunities including teaching in New York, working on projects with Public Health England and becoming part of the organising committee for the World Workshop 8 Oral Health and Disease in HIV taking place in Bali in 2018.”

Most memorable achievement in the profession

“My most memorable achievement in the profession was leading the organisation, alongside Health Education England, of the first and second national Socially Inclusive Dentistry conferences in 2016 and 2018, both conferences were attended by almost 150 people. The conferences were inspiring and led to young dentists reaching out to connect with third sector services, develop their own oral health promotion initiatives with socially excluded people, and write about the conference. After the conference a comprehensive summary of the learning outcomes from the day was published. At the end of 2017 I was awarded the British Dental Association award for contribution to the Association for the work I’ve undertaken with socially excluded populations and the recognition was truly heart-warming.”

Advice to younger self on qualifying

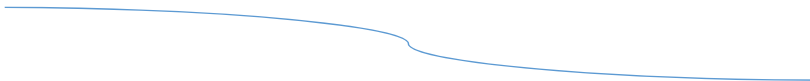
“Listen to that little voice inside that tells you that you have a purpose: Follow it, see where it leads. Do not be afraid to challenge the status quo. Stepping outside of the box does not mean that you cannot step back in when the time is right, perhaps older, perhaps wiser, perhaps as more of a fighter and bringing something unique to the table. There’s no need to rush, take the time to build yourself into the kind of person that you admire. Don’t worry about what others are doing, you are mapping a path that no one has trodden yet, allow yourself to fearlessly trail blaze. Go girl. You got this.”

Most influential mentor(s)

“Andrew Dickenson, the post-graduate dean for East of England has been a constant inspiration and mentor throughout the latter part of my career. Andrew is a true blue sky thinker and is willing to invest time into developing ideas and people. He has encouraged me to teach, to take positions of leadership, and continues to be a great support as I move forward in my career. I have also been working formally with a life coach for the past 4 years, Liz Juffs, who has helped me to negotiate several transitions in my career and personal life.”

Use of mentoring

“Mentorship has been a vital component of my continued success and motivation in the early years of my career. Mentorship has helped me to stay grounded, to focus my intentions on achieving my specific goals, and to push myself outside of my comfort zone. Now that I am moving forward into academia, Professor Sue Cunningham has been appointed as my mentor at University College London. Sue provides a sounding board for any challenges I face as I transition from clinical dentist to clinical academic and keeps me focused on the bigger picture as I move forward into uncharted territory in my career.”



**Mrs. Fiona Ellwood M.Ed L.M, PG Cert PH, PG Cert
MDent, BA (Hons) Ed S, Cert Ed, LCGI, OHE, DN
FDTF (RCS ED), FIAM, (Hon) FFGDP (UK)**



Fiona qualified in Manchester in 1986

Dentistry was actually Fiona's second choice she had wanted to join the Wrens, and did pass her entrance examinations. It was the Wrens who suggested she entered through a route such as dental nursing and there her journey began, but sadly, she never actually took up her post in the Wrens.

Current responsibilities in the profession

"I have a range of roles and responsibilities across the UK. I am currently an External Examiner in Ireland (University Trinity College Dublin and Cork) and University West of Scotland covering the Higher qualifications for dental nurses. I am a member of the Editorial Board for Dental Nursing Journal and the Chair of the National Oral Health Promotion Group. I am a subject expert for the University of Bangor and a Quality Assurance Education Associate for the General Dental Council. I provide short courses for Health Education England and I am part of the Dental Advisory Group for Dental Partners UK. I am the Quality Assurance and Enhancement Director for Leamington Spa Orthodontics. I provide mentorship and am a member of Dental Mentors UK. In addition, I have a number of appointments which include: Chair of the National Oral Health Promotion Group; Patron Society of British Dental Nurses; member of the Scottish Advisory Board for DCPs; DCP lead for the Human Factors Group. I am Founder and Patron of the Society of British Dental Nurses, which is going from strength to strength and Vice president of BSDHT. I was honoured to be elected the President of BADN."

Fiona's dental story

“I qualified as a dental nurse at a time when being qualified was optional and registration was not even a consideration. Moving from a general practice in Cumbria to Manchester was a new chapter after qualifying as a dental surgery assistant, where education started to become a focal point. In general practice the range of duties included minor oral surgery, general anaesthesia, orthodontics and more general aspects of dentistry. Over the years I have had a number of roles from head dental nurse, to head of training, practice manager, dental receptionist, and it was during my time in Manchester that I began training and supporting others through their dental nursing qualifications. On leaving Manchester, finding a post was difficult, with no teaching hospital close by local dentists were not interested in a qualified dental nurse. My first role was covering late shifts, and it was during this time that I joined a training team and started my educational path. First undertaking a primary teaching qualification and then the assessors award and then the internal moderator qualification. I became an examiner for the National Examining Board for Dental Nursing and President of the British Association of Dental Nurses. When the local training provider closed I started to grow my training business in conjunction with working in general practice. For a short period, I worked in the radiography department in the local hospital too. The training business went from strength to strength and soon began to provide post registration qualifications. At this point I undertook a Certificate in Education, followed by a BA (Hons) Education Studies, a M.Ed with a leadership and management pathway, a PG Cert in Mentoring in Dentistry and more recently an MSc PG Cert in Public Health. I am currently a PhD student, and have recently completed a counselling course. I am very proud to have been the first DCP to be awarded an Honorary Fellowship by the FGDP (UK) and more recently receiving a Fellowship from the Dental Trainers Faculty RCS Edinburgh, as well as a Fellow of the Institute of Administrators and Managers. Since qualifying I have worked in general practice both NHS and Private and in the urgent dental care system. I have provided and delivered in-house training for clinical skills and also delivered training for some of the corporate bodies. I have also worked for Primary Care Commissioning in the North West assessing the fluoride varnish courses. Although dental care in general interests me, over the years I have developed particular fields of interest in: Dental Public Health, Oral Surgery, Infection Prevention and Control, Mentorship, Leadership and Education.”

Most memorable achievement in the profession

“It is hard to choose between being accepted onto the mentoring course and being given an honorary fellowship for my hard work and contribution.”

Advice to younger self on qualifying

“To gain experience across the wide field of dentistry and not to get swept along and to never give up.”

Most influential mentor(s)

“Without a doubt there were two key people early in my career who were an inspiration – both GDPs, who believed in me and are the reason I set off on this journey and there have been a few since.”

Use of mentoring

“As they say, everyone needs a mentor at some point in their professional life, I have a great mentor and I have been a mentor as well as having trained mentors. In fact, my dissertation for my BA was around mentoring and mentorship. I have also trained clinicians to adopt mentoring skills when working with underperforming registrants. My burning ambition is to open doors for others and I continue to be a keynote speaker and contributor to the development of a mentoring framework to support others in learning and through difficult times. To this end I am a member of Dental Mentors UK and the founder of the Dental Mentoring Network.”

Mrs. Helen Falcon MBE BDS



Helen qualified from Bristol University in Dec. 1977

What attracted Helen to dentistry was that she knew she wanted to work with the public and use her scientific knowledge and practical skills to make a difference to people's lives. Looking back, at just 17 years old, and with no family history of university education, let alone any relatives with a healthcare or professional background other than brief visits to the family dentist for routine treatment, she didn't really know what she was signing up for. Her school's careers advisor had suggested that she apply for chemical engineering courses, but she had read a humorous book by Matthew Finch about life in a dental practice, and on the flimsiest of evidence, decided instead to apply for dentistry, which fortunately for her, proved to be the right decision.

Current responsibilities in the profession

"I retired at the end of 2015, and since then have done some very part-time research, mentoring and lecturing to dental undergraduates and have also written Guides for the British Dental Association on Dental Specialty Training and Getting Your First Job (Applying to Dental Foundation Training). Immediately prior to retirement, I was the first woman to Chair the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) and was Postgraduate Dental Dean for Thames Valley and Wessex, based in Oxford, for eleven years."

Helen's dental story

“I’ve had an incredibly varied and interesting career and have managed to combine several jobs at once throughout most of my working life – not by design, but by a desire to keep trying something new. After qualifying, I worked as a School Dentist in Wiltshire for eighteen months while my soon to be husband finished his engineering degree course in Bath. We then moved to Watford as my husband now had a job in London and I was in the fortunate position of being able to find work pretty much anywhere. I became an Associate in a busy four-surgery NHS general practice for five years, with a short break when my daughter was born, returning to the practice part-time. We moved to Bedfordshire to be close to family while our three children were growing up and I joined the Community Dental Service in Milton Keynes and Aylesbury in Buckinghamshire, where I stayed for over 20 years, initially as a part-time Dental Officer. I ascended through the ranks to become Clinical Director of Dental Services, combining the dental job with studying part time for a City and Guilds Certificate in Further Adult Education and Teaching at Aylesbury FE College, then a Masters in Dental Public Health at The Eastman Dental Institute, University of London. I led the Oral Health Promotion Team; became a Vocational Trainer, and then VT Adviser (Training Programme Director) for the Four Thames Community Dental Scheme, and then a part-time Clinical Audit Fellow of The Royal College of Surgeons in England, developing the Index of Complexity for Specialist Restorative Dental Treatment Need. I was fortunate to be sponsored to attend several excellent national NHS Leadership Programmes and subsequently held a number of different NHS general management roles. I was Deputy Chief Executive of a Community NHS Trust, Director of Strategic Planning and Rehabilitation Services and also managed Children’s Services. All these roles incorporated the Dental Services in the Trusts and so I managed to keep a toe in dentistry. Following a major NHS reorganization, I combined my Director of Dental Services role with Associate Director of Teaching and Learning for the Primary Care Trust, which included being the Continuing Professional Development Tutor for the General Medical Practitioners and so I became part of the Oxford Postgraduate Deanery Team. Next, I became part-time Locum Consultant in Dental Public Health for Buckinghamshire and joined the GDC as an appointed Member of Council for three years. I became Postgraduate Dental Dean in Oxford in 2005, a role which later expanded to cover both Thames Valley and Wessex. Shortly after becoming Dean I was elected as COPDEND Vice-Chair, was re-elected 3 years later and finally elected Chair of The UK

Committee of Postgraduate Dental Deans and Directors (COPDEND) in 2013.”

Most memorable achievement in the profession

“It’s hard to pick just one, but the Dental Education achievements are the ones I value most. I would certainly include: the initial concept, and all the development work to publish UK Standards for Dental Educators; helping to introduce assessed completion of UK Dental Foundation Training; setting up Foundation Training for Dental Therapists in England, and developing the first assessed course for dental mentors. Being recognised for my work in dental education with the award of an MBE in the Queen’s Birthday Honours in 2016 was the icing on the cake.”

Advice to younger self on qualifying?

“Say ‘Yes’! Try everything while you can and look for a good boss. Don’t be afraid of walking away from things you try and don’t really enjoy, or where you are not supported to develop and grow. There are always opportunities if you keep your eyes open. Share ideas and concerns with trusted colleagues, friends and family and ask them for help when you’re struggling. Keep an open mind - sometimes the best ideas are not the ones you expected to hear.”

Most influential mentor(s)

“I’ve been very lucky to have had some incredibly supportive dental and non-dental colleagues over the years. Jane Rhodes, District Dental Officer in Milton Keynes was the first one to encourage me to take risks, suggesting career options rather than giving direct advice. David Thomas, at the time Consultant in Dental Public Health in Buckinghamshire and later Postgraduate Dental Dean for Oxford and Chief Dental Officer for Wales, encouraged and supported me to apply to the specialist list in dental public health, despite my having had an unorthodox career pathway. When I was a newly appointed Postgraduate Dental Dean, David Smith, then Chair of COPDEND was brilliant at not only listening to and supporting my ideas for improving dental education, but also challenging me to do more than I ever thought possible.”

Use of mentoring

“I had very few formal mentoring sessions during my career, and those I did have were often offered as part of NHS Leadership Programmes. I have encountered many different styles of mentoring, both formal and informal, and often found structured appraisals offered a real opportunity for mentoring, especially when conducted by someone who was skilled at listening and asking the right questions. The good ones were primarily interested in my achievements and development, rather than just meeting the organization’s targets. It really helped to prepare beforehand, as often the mentoring helped me to make sense of my own thoughts and move me from ‘what’s next?’ to ‘why not?’”

Mrs. Leah Farrell MSc, MFGDP, BDS



Leah qualified from Kings College London in 1987

Leah came from a working class family in Luton and had no prior links to the dental profession. There was no careers advice at school. At sixth form she researched which degrees she was eligible for with the A levels she was taking and made her decision based on that. Leah didn't fancy medicine but liked working with her hands. She had prior experience working for charities and dealing with customers and got on well with people from all walks of life. She was very idealistic and wanted to help the underprivileged and those whom society had forgotten. The idea of being creative whilst helping people appealed and so she applied for dentistry.

Current responsibilities in the profession

“I sit on the General Dental Practice Committee (GDPC) Executive at the British Dental Association. I am secretary of Northants Local Dental Committee, GDPC representative for the County and I am an associate at a NHS practice in Northamptonshire.”

Leah’s dental story:

“On completing my degree at Kings, I started off my career as a vocational trainee in Acton, London. Vocational Training was not compulsory in those days. I was very keen to be the best I could be, however, I lacked confidence and wanted as much support as I could get. I worked at a series of practices over the next couple of decades, whilst getting married and having two daughters. I kept my interest in the job going by constantly taking postgraduate courses. I couldn’t do enough of them. I was particularly interested in clinical governance and took the FGDP Certificate in appraisal of dental practices. This gave me a taste for CPD and I successfully completed a Masters in GDP, the MFGDP, and took the Certificate for Dental Practice Advisors. I participated in any study club available to me and attended every postgraduate course I could, including learning to place implants with Straumann. Around 2001, whilst working for Dencare (later called Oasis), I trained to carry out practice appraisals across their corporate network and this led on to successfully gaining a position as a Practice Assessor for the National Clinical Assessment Service (NCAS). I was asked to be Dental Practice Advisor for Northants PCT and kept that position until the restructuring of PCTs to Area Teams made me redundant. This was a huge blow as being a Dental Practice Adviser (DPA) was a role I really loved. The people I worked with were great and I believed I was very good at it. From fairly early on in my career I wanted to run my own practice. I had very clear ideas about how I wanted to practise dentistry and nowhere I had worked really had the same ethos as me. My family responsibilities and many other obstacles made setting up my own practice very difficult but I finally managed it in 2008. I set up a squat private practice with a friend I met whilst doing the Masters. Shortly after setting up the practice, the PCT announced a tender for a NHS practice in the town. I won the tender and the practice suddenly became completely different. I took on foundation dentists and ran the practice very successfully, until selling it in 2016. I enjoyed being in charge of the practice but found the pressure from targets and overbearing regulation to be too much. I now work as an associate part-time and dedicate a lot of my other time at the BDA and LDC trying hard to

improve the lot of dentists working in the NHS. Society needs an NHS dental service fit for purpose, unfortunately I see more and more dentists rejecting NHS commitment as a career choice. I now fight to improve the working lives of dentists and work to encourage more of my colleagues to actively do the same. I passionately believe younger dentists should be supported so they can avoid the pitfalls and stresses that have burdened so many that came before them.”

Most memorable achievement in the profession

“Winning a tender for a NHS contract against very stiff opposition from local corporates.”

Advice to younger self on qualifying?

“Spend more time developing networks. Work hard to find friends in the profession you can confide in when things are tough. Find a group of people who you can trust and who will support you. Accept that neither you nor the system you work in are perfect.”

Most influential mentor(s)

“Sandra White. She was the Consultant in Public Dental Health and my line manager for one of the years when I was a DPA. Sandra was always trying to get the best from those around her. Her energy was contagious. She was the first person who ever put time into making me more confident and better at what I did. She made me work on my presentation skills and gave me the courage to go for positions I would otherwise have shied away from.”

Use of mentoring

“I wasn’t really aware of the concept of mentoring until very late in my career. My working life would have been much easier if I had found effective mentors much earlier. It wasn’t really until I became a Foundation Trainer that I fully appreciated the value of mentoring. Even from a very early stage in my career I often sought the help of dentists around me but there was never anyone who I could turn to in a formal way and I didn’t want to be a burden to anyone. The lack of support I experienced has made me far more supportive of the younger dentists (particularly women) around me. Our LDC offers mentoring and I have recently trained as a mentor in Oxford to ensure I am effective.”

Dr. Jenny Godson MBE
BDS, MDS, DDPH, RCS (Eng), FFPH



Jenny qualified from Manchester University in 1985.

At school Jenny always loved science and also working with her hands doing art, sewing and cooking. This, combined with the fact that she is very much a people person and enjoys working with people, meant that dentistry seemed a perfect fit for her.

Current responsibilities in the profession

“I am currently a Consultant in Dental Public Health working in the national team at Public Health England as the national lead for child oral health improvement. This role is exciting and challenging and involves bringing together all those working with early years to achieve a shared ambition that every child should grow up free from tooth decay as part of getting the best start in life.”

Jenny’s dental story

“When I qualified I wanted to gain a broad experience in dental practice and discover which branch of dentistry was for me. I started with some time in general dental practice, a year as a house officer, followed by a split role as a community dental officer and a clinical lecturer in paediatric

dentistry in the Manchester dental hospital. I knew then that I wanted to focus on working with vulnerable families and that I enjoyed a challenge! I then followed my heart and moved to Yorkshire where I married, settled down and had two children. I started work in the Bradford Community Dental service in 1989. I had found my niche and loved working there with families in areas of deprivation. I became a senior dental officer and eventually assistant clinical director with responsibility for dental surveys and oral health improvement. However, I knew that to really make a difference for these families I needed to be able to influence local policy and investment decisions. This was a turning point in my career and I started thinking about preventing oral disease in populations and studied for a masters in dental public health at Leeds. A career in dental public health followed; first as locum consultant for Hull and East Riding Health Authority then Bradford PCT combined with a senior lecturer post in dental public health at Leeds and later as consultant for Yorkshire and the Humber Strategic Health Authority (SHA). These roles gave me some fantastic opportunities and experience in both dental commissioning and oral health improvement. Highlights included; working as part of the dental commissioning team to commission three new dental practices in Bradford, to develop and use an innovative commissioning model focused on prevention and, with the public health team, developing a local oral health strategy and action plan with funding to implement population based supervised brushing and fluoride varnish programmes. I spent 24 very happy years working in Bradford, first as a dental clinician and then as a consultant in dental public health. The next phase of my career was to be in Public Health England (PHE), as consultant in dental public health and national lead for oral health improvement. I feel privileged to work in the national team at PHE and to have this role which involves bringing together leaders across the system with the shared aim of improving the oral health of children. I have led the publication of some key documents for oral health improvement - Delivering Better Oral Health (3rd edition) Smoke free and smiling (2nd edition), Commissioning Better Oral Health and Improving the oral health of children: cost effective commissioning. A common theme throughout my dental story has been relationships with colleagues and teams. I enjoy working in partnership sharing ambitions and goals which brings greater satisfaction when you can achieve and deliver together. I have been honoured to be president of my specialist society BASCD and Patron of National Oral Health Promotion Group. In 2014 I received an MBE in the Queens Birthday honours for services to dentistry.”

Most memorable achievement in the profession

“The honour of being President of my specialist society the British Association for the Study of Community Dentistry.”

Advice to younger self on qualifying

“Enjoy each day. You spend a lot of your life at work so make sure you love it! Dentistry has lots of opportunities to take on different roles and find the role that you can be passionate about. Everyone goes to work to do a good job, appreciate this and be kind to those around you whatever their role. Never stop learning especially from others!”

Most influential mentor(s)

“Eric Alper my first District Dental Officer who gave me the confidence to stretch my wings! Sonia Williams who always assumed that I could do more than I thought I could and was never surprised when I did it! Sue Gregory for her strategic thought and insight. Sandra White for her irrepressible optimism and ability to motivate and influence.”

Use of mentoring

“I have mentored and been mentored throughout my career sometimes formally, but often as work colleagues supporting each other. Both have been really helpful for my personal development and often supported me through ups and downs throughout my career.”

Ms. Tina Gorman
Divisional Director of Nursing - Birmingham Community
Healthcare NHS Foundation Trust



Tina qualified from the School of Dentistry, Belfast in 1990.

Tina originally wanted to become a General Nurse but when it came to getting some work experience at school she didn't fancy the local nursing home. Her mum suggested the local 'school dentist' so she went there for two weeks and absolutely loved it. She applied for the next available training course at the Dental Hospital in Belfast.

Current responsibilities in the profession

"I am currently employed by Birmingham Community Healthcare NHS Foundation Trust as Divisional Director of Nursing and Therapies for the Dental Services Division. I am part of the Divisional Leadership Team providing Clinical Leadership for all non-dentists and also have responsibilities for Safeguarding, Governance & Patient Experience."

Tina's dental story

"I trained as a dental nurse in Belfast back in the late 80's and was awarded the Kilner Mc Court prize for the highest mark in Ireland for the NEBDN qualification. I then gained 10 years hospital experience across all dental specialties including Orthodontics, Advanced Restorative, Orthodontics, Maxillo-facial surgery and Special Care Dentistry. Having been the first person in Northern Ireland to complete the NEBDN Certificate in Dental Sedation Nursing I then went on to complete a

management qualification through Queens University, Belfast.

In order to use these qualifications, I moved to work in Homefirst Community Trust Dental Services to set up a General Anaesthesia and Sedation Dental service for Special Care Adults. Following completion of my teaching qualification I moved to Birmingham Dental Hospital to teach full time, introducing the NVQ Level 3 for Dental Nursing. At the same time, I completed my assessing qualifications and also introduced the NEBDN Special Care Dental Nursing post-qualification to support the workforce in the West Midlands. I moved to Dublin Dental University Hospital to take up the post of Director of Nursing with responsibility for Nursing, Nursing Education, Household and Decontamination Services. I oversaw the introduction of the National Dental Nurse Training Programme and regular Continuing Professional Development programmes despite there not being mandatory registration for the dental nursing profession in Ireland. I returned to the UK in 2015 to take up a position as General Manager – Dental Nursing - in Birmingham Community Healthcare NHS Foundation Trust with overall responsibility for nursing services between the Dental Hospital & Community Dental Services. The Trust received Foundation status in 2016 and as a result Dental Services became a stand-alone Division with the introduction of a Divisional Leadership Team and a new post of Divisional Director of Nursing & Therapies which I have held since March 2017. I have, at every opportunity afforded to me, actively promoted dental nursing, team dentistry and both personal and professional development. I have represented the dental nursing profession in a number of arenas to include:

- Member – British Association of Dental Nurses – 1990 – 2003
- National Examining Board for Dental Nurses (NEBDN) UK external examiner for National Certificate and Conscious Sedation Post Qualification 1998 – 2013
- Member – Irish Dental Nurses Association 2003 – 2016
- Dental Nurse Representative – British Society for Disability & Oral Health 2004 – 2010
- Dental Nurse Representative – Irish Society for Disability & Oral Health 2004 – 2011
- Co-Author – Special Care Dentistry Chapter - Advanced Dental Nursing Textbook - 2004
- Continuing Education Officer – Irish Dental Nurses Association 2005 – 2008
- President - Irish Society for Disability & Oral Health 2008 - 2010

- Executive Committee Member – Conscious Sedation Examiners Committee (NEBDN) 2011 – 2013
- Secretary - Irish Dental Nurses Association 2011 – 2015
- President – Irish Dental Nurses Association 2011 - 2015
- Dental Nurse Representative - Irish Dental Council (Dental Auxiliaries Committee) 2011 – 2015
- Dental Nurse Representative - Inter-Collegiate Advisory Committee for Conscious Sedation in Dentistry, publication of Standards for Conscious Sedation in the Provision of Dental Care. April 2015
- Ambassador – Society of British Dental Nurses – 2015 – to date.”

Most memorable achievement in the profession

“I have been quite privileged to be involved in a number of memorable achievements but two that stand out are:

I hosted the first Joint Executive Committee meeting between the British Society of Disability and Oral Health and the Irish Society for Disability & Oral Health as part of our annual conference, which was opened by our then Patron, President of Ireland, Mary Mc Aleese (2009). I was co-ordinator of the first Irish Mouth Cancer Awareness Day held in Dublin Dental University Hospital, with a drop-in for free mouth cancer check-up - with 2000 unplanned patients processed in one day (September 2010).”

Advice to younger self on qualifying

“Never doubt any opportunity that presents itself – just grab it, use it, learn from it.”

Most influential mentor(s)

“Professor June Nunn, Consultant in Special Care Dentistry and past Dean of School of Dental Science, Trinity College Dublin.”

Use of mentoring

“Informally I have used mentoring throughout my career taking guidance and support from various experienced clinicians, academics and managers who have helped me become a strong professional clinical leader and manager.”

**Dr. Sue Greening MBE
BDS, DCDP, FDSRCS**



Sue qualified from the Welsh National School of Medicine and Dentistry, Cardiff, Wales in 1977

Sue wanted to enter a ‘medical specialty’ with lots of contact with people and, as she was good at crafts using her hands, dentistry seemed a good option. Her Mum very sensibly suggested to her that there would be less ‘on call’ with dentistry which would be better when she had children!!!! Sue’s mum was from a generation who gave up her job when she had children – and was obviously concerned for Sue’s future if she was to work and have a family - little did she know what was to be ahead!!

Current responsibilities in the profession

“I have recently retired but when I finished work I was Clinical Director of the Community Dental Service (CDS) in Gwent (Aneurin Bevan Health Board) and Consultant in Special Care Dentistry (SCD). I also chaired the South East Wales Managed Clinical Network for SCD and was the Training Programme Director for SCD in Wales.”

Sue’s dental story

“My career began in the hospital and community dental service (CDS) when I qualified and I soon realised that my future lay in the CDS. I completed my post graduate training at Kings in London. I was always

passionate about providing care for vulnerable groups of patients and qualified when the CDS was developing its role in caring for adults and children with ‘special needs’ as it was termed then. This became my career crusade! I became involved with the British Dental Association (BDA) to advocate for care for vulnerable groups and chaired the Central Committee for Community and Public Health Dentistry from 1995-2003. I became a Specialist in Paediatric Dentistry and was very much part of the early development of the new specialty of Special Care Dentistry (SCD). During the 1990s I became active in our Special Interest Group in SCD in Wales, and in the British Society for Disability and Oral Health (BSDH) and the overarching International organisation (IADH). I completed a term as Honorary Secretary, and President of BSDH, and then became Chair of the Executive committee during the years of developing standards in SCD and fighting for the specialty of SCD in the UK. The specialty was established in 2008 and I became one of the first specialists in SCD and one of the first consultants in SCD in Wales – a very proud and emotional time after many years of lobbying. This meant we could develop proper training pathways in SCD and I became the first Training Programme Director in SCD in Wales. In the meantime, I became only the third woman, and first community dentist, to be President of the BDA in 2006. I was awarded an Honorary Fellowship from Cardiff University for my contribution to SCD. It has been a pleasure in recent years to start training young dentists in SCD and give them the opportunities that I did not have when I started my career. Throughout this time the drivers for all this work was my patients. All my patients, adults and children had a medical, physical or cognitive disability and many of them I worked with for over 20 years. I tried to support them at every level becoming a member of the Board of the Health Board for whom I worked, as well as being a member of Welsh Government committees to influence policy so that the CDS and vulnerable and disabled people were never forgotten. I was committed to ensuring that the CDS was not overlooked by the BDA in a profession where most members worked in General Dental Practice. I was invited to be on the Board of Dental Protection Ltd for the last 10 years of my career and was honoured to receive an Honorary Fellowship from the Royal College of Surgeons of England in 2016 and an MBE in 2013 for my services to dentistry. In 2018, after I retired, I was made an Honorary member of the International Association for Disability and Oral Health. I have always felt very privileged to have had so many opportunities in my career. My life has been enriched by the great friends I have made in dentistry across the world and most of all by the care I have been able to provide for my patients. I consider myself to be a very lucky person.

Most memorable achievement in the profession

“It is difficult to mention just one! My most memorable achievements have mainly been with my patients! Taking a tooth out with a local anaesthetic in an adult with a learning disability who initially would not cross the threshold of your surgery is a huge moment and there were many of those! Similarly, ensuring one line about oral health in a Welsh Government document dedicated to diabetes is a great achievement!! But I did feel enormously proud when my last trainee in SCD won the award for the best trainee in Wales amongst all the medical and dental trainees in the country!! The trainers and shortlisted trainees were invited to the awards ceremony where the winner was announced by the Minister for Health, and the Chief Dental Officer from the Welsh Government and it felt a bit like the pinnacle of my 40-year long career seeing Claire receive her award in a cauldron of excitement! Special Care Dentistry had finally made it!”

Advice to younger self on qualifying

“My parents always used to say to me ‘*you get out of life what you put in*’. At the time I did not really think too much about it but with hindsight it was really good advice. I would say follow your passion and fight for what you believe in, and always make sure you practice what you preach!”

Most influential mentor(s)

“My mentors have been ‘unofficial’ mentors really. They have been the people in my career for whom I have had great respect and have therefore wanted to follow. I was lucky enough to be taught by Neil Swallow as a student. He was one of the pioneers in providing dental care for people with disabilities in the paediatric dentistry department in Cardiff and developed my interest in paediatric and SCD.

Roland Williams was one of my early bosses in the CDS and a real leader within dentistry in Wales. He asked me to stand for my first BDA committee and encouraged me through my early days of representing other dentists but sadly he died at an early age.

There have been so many more but I think it is those who help you early on in your career that you perhaps recognise most.”

Use of mentoring

“Formal mentoring has been a relatively new concept in my career. I think I have always looked for advice from those I respect and chosen my own mentors for myself. In a less formal sense, for others as a clinical director I have felt it my responsibility to mentor all my staff or to ensure appropriate support and advice from others. Our appraisal system has allowed us to develop appropriate mentoring for individuals. Similarly, our trainees have their own supervisors but I also act as mentor as the Training Programme Director.”

Dr. Linda Greenwall MBE BDS, MSc



Linda qualified from the University of Witwaterswand, South Africa in 1984

Linda was attracted to dentistry because it meant she could work with her hands and create aesthetic smiles.

Current responsibilities in the profession

“Owner and principle dentist of a multi-disciplinary specialist practice in Hampstead.

Founder of dental Charity Dental Wellness Trust, Founder of Women in Dentistry.”

Linda's dental story

“I am an international lecturer and an authority on tooth whitening, aesthetic dentistry and practice management. I also run a multidisciplinary private practice in Hampstead, London, where I work with a specialist team in the practice (endodontist, periodontist, implant surgeon, oral surgeon and orthodontist). I am past Chair for the Alpha Omega Society (2012/13); Editor-in-Chief of the journal *Aesthetic Dentistry Today*, and past President of the Metropolitan London Branch of the British Dental Association (2015/2016). In March 2016 I was awarded the FMC Award for Outstanding Contribution to Dentistry. My first book, *Bleaching Techniques in Restorative Dentistry*, won the award for Best New Dental Book in 2001 – the new edition of this book, *Tooth Whitening Techniques*, was published in May 2017. Another book, *Success Strategies for the Aesthetic Dental Practice* was published by Quintessence in 2011. I have written many papers for scientific journals. In June 2017 I was honoured by the Queen in her birthday honours to receive the British Empire Medal for services to dentistry in the UK and abroad. The medal ceremony was held on 17 November 2017 at the Tower of London. In 2011, I established the Dental Wellness Trust Charity which has the motto “Oral Health through Dental Wellness”. The charity runs innovative oral health programmes for less fortunate communities and reaches over 13,000 children daily in the townships of South Africa.”

Most memorable achievement in the profession

“Making a difference for women in dentistry. Bleaching legislations, and the Dental Wellness Trust Charity.”

Advice to younger self

“Your career is a journey which climbs a mountain along the way. There will be gentle slopes and steep inclines and a trajectory catapulting you forwards. Always be willing to leave your comfort zone and venture into the unknown based on your values. These will take you wherever you go. Seek out knowledge for yourself and refer to the literature and the research. Seek the best teachers and good mentors who genuinely want to guide you forwards. Do not be scared to be the fish that swims the other way if you are true to your principals. Continue along your path to seek truth, knowledge and kindness in all the you do when providing care for your patients in the best way you can. Love what you do!”

Most influential mentor(s)

“Mike Wise, Professor Van Hayward, Jennifer Pinder, Pamela Coates, Margaret Seward.”

Use of mentoring throughout your career?

“Yes. I find mentoring very useful, if it’s the right mentor for the right person.”

Dr. Sue Gregory OBE
BDS, MSc, MCCD RCS, FFPH, FFGDP, FFDS RCS



Sue qualified from the Royal Dental Hospital (RDH), London in 1976.

Sue was attracted to dentistry because she wanted to work with people, but also doing something that was practical and active.

Current responsibilities in the profession

“Chairman of the Board Community Dental Services Community Interest Company Non-executive Director Rodericks Dental.”

Sue’s dental story

“After qualifying from the Royal Dental Hospital in 1976 I did House Officer posts in Paedodontics and Oral Surgery. Following this I spent a

long period in Community Dental Services in Bedfordshire, where my clinical interests were predominantly around special needs, becoming District Dental Officer for Bedfordshire in 1989. Whilst delivering special care dentistry I was very involved with the British Society for Disability and Oral Health, including acting as Honorary Secretary and then President. I undertook a Masters degree in Dental Public Health, part-time whilst continuing my clinical role over 1982/83. Prof Aubrey Sheiham took over leadership of the course halfway through and arrived like a thunderbolt to challenge our thinking. I realised that I could not effectively change situations and improve the position for many people from individual clinical delivery. What was needed was a population approach. In addition, two national changes influenced a change in the direction of my career- the “purchaser/provider split” in NHS commissioning and delivery, plus the development of the specialty of Dental Public Health. The Health Authority Chief Executive was fully behind the development of a consultant in dental public health post in Bedfordshire, which went out to open advert and I was happily appointed to it in 1992. To maintain my clinical skills and links I undertook one session a week in private practice, treating children and phobic patients on referral. Dental public health was my real passion, I had joined the British Association for the Study of Community Dentistry (BASCD) whilst studying for my MSc and was on the Executive Committee from 1996 to 2009, doing various roles including President of BASCD (2006/7) and Secretary, then Chair of the BASCD Consultants in Dental Public Health Group. One of the most enjoyable areas of my career has been training, from vocational training through to specialist training in dental public health. It is wonderful to see those colleagues whom you have spent such intensive time with progress beyond training to rich lives and careers. I have also been involved in examining for a range of professional exams; BDS, MCCDRCS, FDSRCS(Eng). With wider involvement in public health, I sat on the Faculty of Public Health Honorary member’s committee from 2000 to 2005, working towards full integration of non-medics. I was a Faculty Assessor for them from 2001-08. Whilst working as a consultant in dental public health I developed a long-standing interest in the primary/secondary care interface and ensuring equity of service provision alongside reducing inequalities. In 2009 I was appointed as Deputy Chief Dental Officer for England, Department of Health. Within my wide portfolio, including dental public health, I was involved in the development and implementation of pilots to test a care pathway and quality and outcomes approach as a basis for reform of the dental contract in England. As part of the organisational changes in April 2013 I moved to the new body Public

Health England as Director of Dental Public Health, together with the network of consultants in dental public health in England. I retired in May 2014 but continue to work within dental care as Chairman of the Board of Community Dental Services CIC, and Non-Executive Director of Rodericks Dental Ltd.”

Most memorable achievement in the profession

“Having been asked to Chair the working group to develop an evidence based toolkit for practice-based oral health improvement, the publication of “Delivering Better Oral Health” and its subsequent regular revisions to maintain the evidence base, is probably the most significant outcome of my work.”

Advice to younger self on qualifying


“Reach for the sky. Don’t limit your aspirations either personally or professionally.”

Most influential mentor(s)

“Crawford Macfarlane, who was the Area Dental Officer in Bedfordshire and gave me my first job in CDS. He encouraged personal development in many ways; fostering me to think innovatively to improve services for people with special needs and implementing a range of initiatives - supporting post graduate growth; introducing me to BSDH and BASCD; allowing me to pursue an MSc in Dental Public Health; helping me to believe in myself.”

Use of mentoring

“I have had a range of formal and informal mentors throughout my career. These people have helped me to challenge my own thinking and find direction. They have provided a safe environment to explore issues, successes and failures and help me to get more out of myself.”



Dr. May Hendry BDS, MFGDP(UK)

May qualified from Glasgow University in 1982. She graduated as top graduate jointly with another woman.

Most of her life May wanted to be a Physical Education teacher, as sport was her life. She changed her mind when about 14 years' old, as both her friend's parents were PE teachers and they talked her out of it for two reasons. Firstly, their backs were bad with a lifetime of sport, and they felt that their academic abilities were overlooked. Yet they were both very academic in addition to their sporting prowess. May had no idea what she should do, so she went to various events regarding careers and, after going to an event relating to careers in medicine, dentistry and veterinary medicine, she loved the thought of dentistry. She applied to the three Scottish Dental Schools, and was lucky enough to get her first choice.

Current responsibilities in the profession

“Currently I am a practice owner, with two partners, in the lovely seaside town of Troon. We set this up as a ‘squat’ in 1993 and very quickly had a successful mixed NHS/private practice. I am also a Trustee for the Dentists’ Health Support Trust, a charity that supports dentists who have substance misuse difficulties or mental health issues.”

May’s dental story

“Upon qualifying I did one-year postgraduate training in Glasgow Dental Hospital, involving restorative dentistry and oral surgery, before going into general practice as an Associate. I returned to the Dental School eighteen months later as a part-time clinical teacher in restorative dentistry

and stayed for seventeen years. After eleven years as an associate, I set up a ‘squat’ practice, in the seaside town of Troon, with two partners and I have now been practising there for twenty-five years. I have always liked to mix clinical dentistry with other interests and became my Health Board’s Dental Practice Adviser (DPA) when I decided to leave my clinical teaching role. I continued in the DPA job for fifteen years. The DPA role involved both mentorship and pastoral support of fellow GDPs. I found it both enjoyable and rewarding to help people in difficulty. Another part of the DPA role was to provide GDPs with treatment plans for complex cases, and this was also very rewarding. I have served on many committees and groups over the years, several of which were involved with quality and standards improvement, which have always held a special interest for me. This culminated in being invited to be joint chair, representing the NHS, of the mixed NHS/private committee set up to develop the National Standards for Dental Services in Scotland. I still currently work as a partner in general dental practice, and am a Trustee of the Dentists’ Health Support Trust and Programme. I have always loved clinical dentistry and regard it as a privilege to be in a profession which has provided me with both a very enjoyable career and a good standard of living. I feel very lucky to be part of a profession which also lends itself to being a wife and mother as well as a dentist. I have happily combined a great marriage and two wonderful sons with a marvellous profession.”

Most memorable achievement in the profession

“Apart from setting up and maintaining a very successful practice, being invited to be joint chair, representing the NHS, of the mixed NHS/private committee set up to develop the National Standards for Dental Services in Scotland.”

Advice to younger self on qualifying

“I would reiterate what I have always believed in; that is to spend a great many years consolidating one’s skills before thinking about making money.”

Most influential mentor(s)

“When I did my House Officer post in Conservative Dentistry, my Consultant mentor Norman Tulloch influenced me immensely, because he was so passionate about the profession, very hard working and was an amazing teacher.”

Use of mentoring

“I used it in my 17 years when I did part-time teaching in restorative dentistry with undergraduates and in the 15 years as Dental Practice Adviser for my Health Board. In the latter job, a large part of the role was to be supportive and pastoral.”

Ms. Amy Hills RDT



Amy initially qualified in 2003 as one of the youngest Dental Nurses to gain the National Certificate, aged just 17. In 2011, she went on to gain her Dental Therapist qualification from Sheffield university.

Amy was attracted to the military initially, as coming from a military family she had travelled around with the army during her childhood and felt this would be a good path to follow. She attended the interview stage where she was advised she was medical and science minded. As such, they suggested she consider the dental field, and three weeks later she joined the military to train as a Dental Nurse.

What are your current responsibilities in the profession?

“My role has differed over the last six years as I now have my own practice which means not only do I have the day to day dental responsibilities for my patients and their oral health, I also juggle the

responsibilities of CQC standards, my staff; their career pathways and growth, business growth and expansion, all on top of working on the growth of my own career. It's incredibly busy, but I love every minute no matter how stressful some of the days can be."

Amy's dental story

"My dental story began with the military at the age of 16, after I joined the Royal Navy, during which time I was the youngest Dental Nurse to qualify in the National Certificate, gaining a merit. After qualifying, I progressed to working in the Maxillofacial field for two years, where I gained a vast amount of experience in all disciplines including ENT, Oncology, Rehabilitation and Orthognathic. By the age of just 21, I had worked as a Practice Supervisor for the military, and then worked my way up to become a Practice Manager at a practice in my hometown of Hull. After this, I made the decision to further my career by attending Sheffield University to study Dental Hygiene and Therapy; from which I graduated in 2011. During 2011, I also began training in Facial Aesthetics, starting with training courses for both anti-wrinkle injections and lip enhancement, both of which I started within two weeks of graduating from university. I have spent the past eight years running my own wildly successful facial aesthetic business in Hull, as well as teaching facial aesthetics both locally and on a national scale as part of the Whitehills Training Academy, which offers fully CPD accredited training courses to medical and dental professionals looking to further their career. In 2015, I opened my own practice from scratch which has been both incredibly stressful, and yet hugely rewarding. So far, I have expanded Whitehills three times to cope with the growing demand, although I don't currently have plans to expand any further. In early 2018, my hard work was recognised on a national scale when I was shortlisted in the British Dental Awards for Dental Therapist of the Year, which I subsequently won. I am unbelievably fortunate to be at this stage in my career by the age of just 32; an award-winning therapist, owning my own five-star clinic which is run with the help of my fantastic team, who go above and beyond every day to make Whitehills the major success that it is."

What has been your most memorable achievement in the profession?

"I think winning National Dental Therapist of the Year (2018) was a huge highlight and achievement for me. I would say that is the one day that stands out achievement-wise, however seeing my practice grow and

develop is an ongoing, lifelong achievement and I feel unspeakably proud of my team and my practice for their part in this growth.”

What advice would you give your younger self on qualifying?

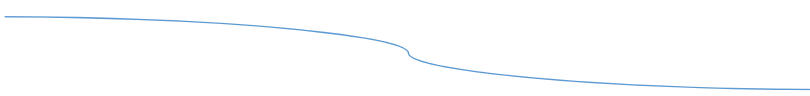
“Enjoy the process, enjoy learning and be less stressed.”

Which of your mentors have influenced you the most?

“My parents were hardworking. They taught us to work hard and play hard, and I feel this was my initial mentorship to make me want to strive for the best and push forward. Once settled in the field of dentistry, my Senior Dentist Commander John Isles was a huge part of my growth both as a person and in my career. I worked with him every day for two years whilst living away from home and he always believed in me, pushing me to reach my full potential. He is now retired, and yet 16 years later we still correspond, and he attends all my events including my graduation and wedding.”

How have you used mentoring throughout your career?

“I feel I still have mentors I look up to and seek guidance from myself, and yet I also mentor others now. I feel I mentor all my staff in their personal and professional growth. I have had an enriching sixteen years’ worth of experience in dentistry, and the pathways I have chosen certainly allowed me to open a successful practice and train my team to an excellent standard.”



**Professor Sara Hughes MBE.
EdD, MA, BSc, PFHEA, NTFHEA, IHPE**



Sara qualified as a Dental Nurse in 1987 via the National Dental Nursing Board (NDBN) program having studied part-time at Highbury College of Further Education. She read for her Bachelor's Degree in Health Promotion in 2000, and a Master's Degree in Health Professional Education at the University of Portsmouth in 2001. She read for her Doctorate in Education at the University of Brighton in 2013.

Sara honestly doesn't know what attracted her to dentistry, just that she knew from the earliest time that she wanted to be a dental nurse.

Current responsibilities in the profession

"I am Associate Dean for Education and Student Affairs at the University of California San Francisco (UCSF). I am responsible for the quality and delivery of all pre- and post-doctoral education at the School of Dentistry, including: the Degree in Dental Surgery (DDS), Inter-professional Health Post-Baccalaureate, dual DDS-MBA program, dual DDS-PhD program, international dentist program, MSc in Dental Hygiene, Oral and Craniofacial Sciences PhD, and an extensive program of advanced education and fellowships. I lead the School's recruitment and admissions process, curriculum support, student affairs, education technology, and orientation programs."

Sara's dental story:

"I knew I wanted to be in dentistry from the age of five. One day in class, we were each given a lump of clay. While my friends modelled theirs into finger bowls and ash trays, smoking was still fashionable, I made a mouth with teeth and a giant tongue. While I enjoyed school, I left without many

qualifications and headed into the world of work as a trainee dental nurse (then called dental assistant). I enjoyed the work, and gained my qualification in dental nursing (still optional at the time). After five years, I left the practice and went to work in the Oral Maxillofacial Department of the local hospital. I loved the surgical nature of the work both in theatres and out-patients. I studied further and gained qualifications in conscious sedation nursing, oral health promotion, and adult education. I had been working at the hospital for five years, when I was contacted by the Program Director of the local college, where I had trained, advising that she would be retiring. She asked if I was interested in the position and gave me the confidence to apply. I loved teaching, and gained further qualifications in education. However, I was frustrated by the level of training, lack of career opportunities and recognition, and reward for dental nurses. The Local Dental Officer, who shared my views and concerns, encouraged me to apply to be a lead of a national dental workforce study, led by the Chief Dental Officer for England. The study revealed some remarkable local data in terms of healthcare needs, access problems, and workforce availability. Armed with the data, we arranged to meet with the Vice-Chancellor of the local University, with a proposal to develop a new school for dental care professionals. I didn't think much of it at the time, but looking back it seems a very unusual thing for a dental nurse, who had never been to university, to do. The University was going through some changes, and the Vice-Chancellor responded positively to the opportunity of developing something new. I was appointed University Lecturer, with the single goal of making it happen. Over the course of the next few years, with an amazing team of colleagues, the University of Portsmouth Dental Academy, an innovative education partnership with King's College London, was founded. It was the first dental school to be situated in primary care, on a university campus, and remote from a traditional dental school. At the same time as leading the development and implementation of the School, I studied for my first degree and my masters. I am the first member of my family to go to University. I later studied for my doctorate at the University of Brighton. In 2006, I was honoured as Member of the British Empire (MBE) by Her Majesty the Queen for services to dental education. In 2012, I received a National Teaching Fellowship from the Higher Education Academy, and in 2014 became Principal Fellow of the Academy. In 2014, I received a Personal Chair in Education, the highest academic award in UK education. In 2018, I was appointed Member of the Haile T. Debas Academy of Medical Educators (USA).

After leaving the Dental Academy, I lived and worked in Asia before taking up my current appointment at the University of California San Francisco.”

Most memorable achievement in the profession?

“Founding the University of Portsmouth Dental Academy.”

Advice to younger self on qualifying?


“Strive to be the very best version of you, that you can be.”

Most influential mentor(s)

“My first University mentor. He helped me believe in myself and my ability to change things and make things happen.”

Use of mentoring

“In numerous ways: For example; gaining insight and understanding to cultures and practices (e.g. academic life, government), personal development and promotion, networking, career planning and, importantly, as a sounding board.”



**Dr. Sara Hurley BDS (UBrist), MFGDP(UK),
MSc (UCL), MA (King’s), FDSRCS
*Honorary Doctorate of Health (University of Plymouth)***



Sara qualified from the University of Bristol in 1988

Current responsibilities in the profession

“I am the Chief Dental Officer (England) and national professional lead for oral health and dental care in England. This means I provide clinical advice and leadership within and across the Department of Health, NHS England and Health Education England supporting each organisation to fulfil its responsibilities and deliver its oral health/dental care priorities, by the provision of:

- Collate and offer evidence-based advice about where to focus efforts and importantly where not to;
- Clinical interpretation and understanding of data and evidence; policy development and implementation;
- Advice and knowledge about how to address clinical and workforce issues that are affecting delivery

I am also Honorary Professor of Dentistry (University of Manchester)

Sara’s dental story

“I was schooled in Brecon, South Wales, and headed to Bristol, graduating from Bristol Dental School in 1988. Post Foundation (Vocational) Training: I consolidated my General Dental Practitioner skills across a

wide range of clinical postings with the British Army augmented with developmental courses in anaesthetics/sedation, oral surgery, paediatrics and restorative with a focus on minimally invasive dentistry. My clinical duties included dental care for service families as well as soldiers with operational deployments in the 1990's to Iraq, the former Republic of Yugoslavia and Nepal. The variety of clinical environments and spectrum of needs heightened my awareness of assessing and managing oral health risk at both population as well as individual level. In 2003 I commenced the enjoyable and professionally rewarding challenge of the MFGDP (UK) which sparked further postgraduate studies and an MSc in Dental Public Health at University College London. This foray back into academia was a significant turning point where the influences of Richard Watt and Aubrey Sheiham, sharpened an ability to critically analyse and honed the skills necessary to challenge the status quo from a robust evidence base. Post MSc I was appointed principal advisor on oral health matters to the Director General of the Army Medical Services and initiated a re-design of dental care provision for Army recruits known as PROJECT MOLAR. Developing the concept and, delivering an evidence-based clinical strategy with a supporting manpower plan tested all aspects of my leadership, negotiation and management skills. Having successfully secured the commitment for the release of recruits under training to attend for routine dental care we launched PROJECT MOLAR in 2005 and over the next 10 years the project realized improvements in military dental fitness, up from 46% in 2005 to 75+%. Once PROJECT MOLAR was established I undertook an MA in Defence Studies with King's College London with a focus on the complexities of delivering humanitarian healthcare in the 21st century. Swapping desk for desert, I deployed to Afghanistan in 2007 and Iraq in 2008 as the in-theatre Senior Operational Manager for healthcare planning and logistics which re-set my career horizons and professional goals. In 2009, I was assigned to the Headquarters Surgeon General overseeing healthcare workforce planning and employment policy. In this capacity I initiated a review of clinical manpower, developing a personnel strategy to future-proof military healthcare capability for 2020 and beyond. In 2011, I led a team tasked to amalgamate three military Regional Healthcare Departments into a single entity. Our responsibilities included commissioning primary and secondary healthcare provision in Brunei and Nepal Garrisons; commissioning military healthcare support to deployed personnel in Canada and Kenya, and establishing a unified UK-wide Occupational Health Service for the Army Reserve. My last assignment with the military, was as Commanding Officer of the Royal Centre for Defence Medicine in Birmingham, the UK receiving hospital

for injured service personnel. Commencing in 2014 this management and leadership role was accompanied by my appointment as Chief Dental Officer for the Army and Queen’s Honorary Dental Surgeon; both honours were relinquished on transition to Chief Dental Officer England in 2015. Whilst serving I was invited to lecture at the Defence Medical Services School (DMS) of Dental Nurse and Hygienist Training (2004-2006) and later at the DMS Training College (2006-2008). I have also pursued an interest into the health outcomes of ex-Service personnel; authoring a literature review of the evidence-base [2] for Veteran health outcomes and as a contributor to Lord Ashcroft’s Veterans’ Transition Review [3]. My appointment as Chief Dental Officer England has seen me draw on the knowledge and experiences forged throughout a rewarding career of opportunities grasped, lessons learned and the enduring bond of comradeship. The encouragement and enormous support I continue to receive from colleagues I have worked for and alongside underlines the fact that health care in all its forms is a team effort. I have had the honour and privilege of being a member of a number of outstanding teams. Their exemplar of selfless dedication, the nature of our joint endeavours, and the courage of their conviction are beacons that continue to light the way forward.”

Most memorable achievement in the profession

“The re-design and delivery of dental care provision to the Army recruit and trainee population. Known as PROJECT MOLAR, the programme commenced in 2005 and provided focused dental care during the initial 12-week training period for 20,000 Army recruits each year. This innovative re-design of Army dental manpower and capability and its alignment with the initial training pathway for Army recruits brought a significant improvement in recruit oral health outcomes for the individual patient with a subsequent improvement in the overall dental health of the Army as greater numbers of “dentally fit “recruits moved into the trained force.”

Advice to younger self on qualifying

“Don’t waste time worrying but challenge assertion; trust the evidence and always appreciate the basis for the alternative view.”

Most influential mentor(s)

“Rita Holland and Anna Burns – Dental Nurses whose care, compassion, willingness to share their clinical experience and their professional commitment have been an enduring benchmark against which I measure myself. Susan Colqhoun and Linda Parrot – two exceptional dental colleagues who nurtured talent, provided expert advice and supportive reflection. Major General Stephen Andrews CBE – he encouraged me to strive not only to make sense of uncertainty and complexity; but also to challenge received wisdom that has become defensive and too comfortable – he offered me ‘room to manoeuvre’ and embodies the model ‘critical friend’.”

Use of mentoring

“Probably without realising it, building critical friendships and alliances where truth and fact can be exchanged and assertion challenged.”

[2] Helping or Hindering Heroes – internal documents

[3] www.veteranstransition.co.uk/vtrreport.pdf

Dr. Jane Innes-Rees BDS



Jane qualified from the University of Birmingham in 1983.

“I had a pretty poor experience as a child at our family dentist. He was a friend of my father, they played rugby together and so by virtue of a shared sporting interest made him, in my father’s opinion a good dentist.

At this time there was a fashion for removal of first permanent molars “to allow for wisdom teeth to grow” and so at the age of eight I had all four first molars removed under general anaesthesia. In my mind’s eye I can see the mask approaching and I can smell the rubber now as I type. I was sent back to school that afternoon. The nurse administered the general anaesthetic. I lived in a tiny hamlet and was approached by a neighbouring family to do some babysitting for them. It was a fortuitous event as the father of the family was a dentist who allowed me to do work experience at his surgery. He was well known both locally and nationally and this stroke of luck gave me a real advantage at dental school interview having worked for three summers in a dental surgery. I had been supervised by an excellent nurse who generously taught me as much as she could every day; there was a laboratory on the premises and I spent my lunch breaks with the technicians. This experience showed me that I really enjoyed the practical work and the contact with people from all walks of life.”

Jane’s Dental Story

“My dental career was very much like other professionals who ran their own practices through the late 80’s, although there were very few solely owned by females. I was surrounded by a fantastic team and had a very satisfying career. I suppose that many of us have similar experiences, so I will restrict myself to just advising others to be sensitive to those around them and take every opportunity that raises its head. In 1987 I was lucky enough to be in Japan with the European Community and spent time at the National Dental school at Fukushima. This building was on the coast, and some eight years later the whole medical school was moved inland. In the earthquake and subsequent nuclear disaster, the whole site was devastated. This puts many things into perspective. Dentistry is a career suited to life-long learning.”

Most memorable achievement in the profession

“I have been volunteering at a medical school in Ethiopia and have played a role in raising standards particularly with regard to patient safety. Following the death of a colleague his widow donated all his dental equipment to set up a rural extraction clinic in northern Ethiopia in a town called Adwa. Getting the export certification and customs documentation for medical equipment was a real headache and I was so delighted to get to the site of the proposed clinic. Along with local staff we painted the walls; bought a new piece of vinyl floor covering, and put the dental chair in

place. The chair was jammed at a certain height as the motors were rusted beyond repair and the young hygienist was too short to be able to treat the patients successfully. This required the local welder to make a platform she could stand on in order for her to be high enough over the patient to extract teeth. Due to the shortage of dentists in Ethiopia, hygienists are licensed to extract teeth: Incidentally, general nurses can carry out C sections. Installing the surgery took two days to set up under the beady eye of a senior nurse who had been a fighter in the Ethiopian Civil War. She had swapped control of a Kalashnikov for control of a “Little Sister” autoclave. I knew none of this precious equipment would get lost or be damaged; the price of freedom had been so high; 64,000 of her people had perished.”

Jane is being far, far too modest – she had made a huge impact on Ethiopian dental and medical services, she is tireless in her support of the staff working in extremely difficult and challenging conditions and circumstances. She visits Ethiopia frequently and has been instrumental in supporting a promising dentist to successfully achieve a Chevening Scholarship from the UK government to study public health in the UK – magnificent, (ed).

Advice to younger self

“Make sure you are quick to say sorry. If you have misunderstood a patient or made a mistake face up to it, take time to explain it, maybe with diagrams and say sorry. In the work I have done with patient complaints, most patients just want an apology. They do not want compensation or to sue you. They just want a truthful explanation of what happened and why what you were hoping to do didn’t go to plan.”

Most influential mentor(s)

First mentor

“I started as a VT in the West Midlands scheme and was lucky enough to be placed with Dr. Paul Frost who had been a lecturer at the Eastman. He was a truly inspirational man and encouraged me to grow and develop. He had amazing technical ability and was truly gifted. I was given time to assist him in his difficult cases over the first two years of my career. He would challenge the Dental Practice Board (DPB) on a regular basis and on one occasion we had several Regional Dental Officers watching him working on a complex case. The DPB stated that the procedure could not

technically be done. At the end of the case they were in awe of Dr. Frost as they had never seen anyone like him operating before. He had reversible hydrocolloid impressions and they were poured within ten minutes of him taking the impression. His crown and bridge work was beautiful to see. There was never a doubt that any laboratory-made item would not fit, and this demonstrated to me the close relationship it was necessary to have with the dental technician. It is odd to me that many dentists these days don't visit the lab to make a personal relationship with the technicians. This investment of time is very well spent in my opinion. I was still examining regularly some of the work placed by him in the mid 1980's, on patients I continued to care for until 2015 when I retired. It had stood the test of time. Dr. Frost allowed me to do single unit restorations and, when they were up to his standard he would allow me to take on some simple bridge work. Initially I was pretty disappointed that he was protecting his patients and practice from a newly qualified dentist but, as I ran my own practice, I understood his caution. At that time his research was involving sub-periosteal implants, this was over thirty-five years ago, when dental titanium implants were just being introduced."

Second mentor

"My husband worked at Rolls Royce and was in charge of running the repair and overhaul facility for aircraft engines: He had to comply with international standards and had protocols for all procedures. He saw how unregulated and unstructured the dental profession was in the mid 80's and so, in my practice, we set about putting protocols in place. One of the best of these that he introduced was visual standards. By photographing the equipment required for all the procedures regularly carried out in the dental surgery, nurses could refer to these prints and be reminded of everything needed by following the visual clues. This cut out much frustration when training staff and I would recommend this to any practitioner."

Third mentor

"My cousin was a pilot in the RAF, in fact a Harrier pilot. He was a patient and he contributed many ideas to the running of the practice particularly when learning from mistakes. He called it learning from "near misses". His input to staff training with examples from his flying experience was really very appropriate. The attitude within the industry was for learning from a "Near Miss" not looking for someone to blame."

Ms. Anna Ireland BDS, MFGDP, MPH, FDS RCS (Eng).

Anna qualified from Dundee dental school in 1990

Dentistry is in the blood for Anna. Her father, grandfather and grandfather's brother were all dentists, quite a dynasty. She toyed with the idea of medicine but decided against it for two reasons. The first being that she couldn't see myself finding routine general practice very rewarding. Secondly she was only offered a deferred place for medicine at Birmingham and she was keen to leave home immediately. Obviously, with the family history, she had some knowledge of what she would be getting into if she chose dentistry. Anna helped her dad regularly in her later teens by nursing for him when he was short-staffed (before the days of GDC registration!) and she had seen from him how it was possible to have a varied career within the profession. Dentistry was also attractive because it was science based and required you to have good manual skills. Anna has always been drawn to the sciences and her hobbies include things like sewing so it seemed a good fit.

Current responsibilities in the profession

"I completed my specialist training in 2011 and have been a Consultant in Dental Public Health since 2012. My role is to provide strategic advice and support to the commissioners of dental and oral health services, with an overarching aim of reducing health inequalities. This means that I work closely with local government and the NHS. My job is incredibly varied and no two days are the same. A typical week could involve:

- writing documents such as needs assessments and service specifications
- supporting the procurement of services

- talking to councillors about ways to improve oral health in their community
- ensuring that dental epidemiology data is collected
- attending meetings as a member of Managed Clinical Networks and the Local Professional Network
- assessing requests for NHS funding e.g. for dental implants
- reviewing papers for journals

I am also involved in teaching and training at all levels of post-graduate dental training from F1 to masters and specialist.”

Anna’s dental story

“After qualifying I moved down to Cornwall to undertake vocational training (VT) and I stayed with my VT practice for the next five years as an associate. Whilst an associate I also worked part-time with special needs patients at the local hospital and supported the Health Authority with clinical audit for dentists. I then spent a further two years working part-time at a different practice in Cornwall and part-time with the Personal Dental Service (PDS). As soon as I was eligible I stood for election for the LDC and served on the Cornwall and Isles of Scilly LDC for six years. This led to me becoming a member of the Service Committee in Cornwall. These committees, which no longer exist, considered all dental complaints and conduct issues. The committee panel heard the complaints and took evidence from all parties before deciding on the outcome. The committee had the power to “with-hold” money from dentists so they were often feared by them. In 1999 I decided that I wanted to move away from general practice and expand my experience. Unfortunately, opportunities within Cornwall were limited so I looked for options elsewhere in the country. I was fortunate to be appointed as a Senior Dental Officer in the Community Dental Service (CDS) in Buckinghamshire, in a role which mixed management and clinical. During the nine years I was in the service I worked my way through the ranks eventually becoming Clinical Director of the service, which had then expanded to cover Milton Keynes and Buckinghamshire. My time with the CDS had made me reflect on health inequalities and the injustice of them and I was keen to explore this aspect of oral health, so when a dental public health specialist training post became available I applied and was accepted onto the training scheme in 2008. My previous varied experience stood me in good stead for the specialist training and I was able to complete it in a little under three years. My first Consultant in Dental

Public Health post was in North Central London. I spent a year there before relocating to Thames Valley when Public Health England was created in 2013. As well as my Consultant role I am an active member of the BDA and currently chair the Dental Public Health committee; as such I sit on the union committees within Public Health England (PHE).”

Most memorable achievement in the profession

“I think this would have to be being appointed as a Consultant.”

Advice to younger self on qualifying

“Looking back, I am not sure I would do anything differently. The approach I took when qualifying and the advice I would give to new graduates now is:

- Try lots of different things
- Make the most of the opportunities that arise
- Follow your passions”

Which of your mentors have influenced you the most?

“For me there have been two people who have influenced my career the most. The first is my Dad. For the first few years of qualification I did find it a bit annoying to be constantly referred to as “Bob Ireland’s daughter” but I now view it as a privilege to follow him into the profession as he is held in such high esteem, seemingly by everyone who knows him. The second person who has been a mentor to me is Helen Falcon. I first came into contact with her when she employed me as a Senior Dental Officer in 1999. From the moment I started working with her she has guided and supported me in my career development. She has offered me development opportunities, seen my potential when I didn’t and been a good friend for the last 20 years.”

Use of mentoring

“I haven’t used formal mentoring but have taken the opportunity to have informal mentoring from many colleagues along my career journey.”

Professor Liz Kay BDS, MPH, PhD, FDSRCPS, FDSRCS, FFGDP



Liz qualified from Edinburgh University in 1982

Liz was attracted to dentistry because it was a vocational career, but with not as much getting up in the middle of the night as doctors!

Current responsibilities in the profession

“I have the great privilege of being the Foundation Dean of Peninsula Dental School at Plymouth University: I will always be grateful for having been given the opportunity to found the first new dental school in the UK for 40 years. In addition, I am a Faculty Associate Dean, with particular responsibility for Equality and Inclusion. I am also Public Health Academic Consultant working regionally and nationally with Public Health England, where I focus on inequalities in Oral Health. I am Programme Lead for an MBA in Healthcare, in collaboration with Plymouth University Business School and Healthcare Learning Company. This highly innovative blended distance-learning programme offers healthcare professionals the opportunity to undertake action learning within their own healthcare environment. I am a highly committed clinician and teacher, focusing on the delivery of appropriate care to those who find clinical care particularly challenging. I am the Plymouth University’s Non-Executive Director on the South West Academic Health Science Network and I co-chair the University Athena Swan Committee and am a member of the University Culture, Diversity and Inclusion Committee. I am a Non-Executive Director of Plymouth University Hospitals Trust and topic expert to a NICE Public Health Advisory Committee. In addition, I am a Trustee and Vice Chair of the British

Medical and Dental Students' Trust and am also honoured to be the President and Chair of Trustee Board for the Oral Health Foundation. I chair the Shirley Glasstone-Hughes Foundation Management Committee, which oversees the commissioning of funded research relating specifically to dentistry. Finally, I am a member of the Equality Challenge Unit's Athena Swan Medical Practice committee and also a judging panel member for Athena Swan, a cause about which I am passionate. I have authored six books and published over 200 papers and three book chapters. I most recently acted as sole editor of a new, comprehensive (250,000 words), textbook for dental undergraduates, collaborating with colleagues from dental schools around the world. I have been external examiner for 4th BDS at Hong Kong University and an external PhD examiner at Queen Mary's, Kings College London, University College, London and Hong Kong University. I sit on the Editorial Boards of three journals, including the British Dental Journal and peer-review papers for a large number of other academic publications."

Liz's dental story

"After qualification I took a research job, did my Masters, PhD and Fellowship. Then I became a Senior Lecturer when I was 31 and a full Professor at Manchester University at 39. (I was the first ever female professor in Manchester Dental School, and the first female Professor under the age of 40). I took the challenge of agreeing to set up the first new dental school in the UK for 40+ years, (Peninsula Dental School)."

Most memorable achievement in the profession

"Being in charge of creating a dental school from absolute scratch including the physical buildings, the curriculum, the staff, the business model, the management structure, and most importantly, the ethos."

Advice to younger self on qualifying

"Don't always listen to your elders and betters....application of common sense is more use to your patients than blindly following of received wisdom."

Most influential mentor(s)

"Dame Margaret Seward, Sir John Tooke, my partner."

Dr. Radhika Ladwa BDS (Hons)



Radhika qualified from Kings Dental School in 2018

I included Radhika in this selection of great women in the dental profession before she had qualified. Why? because as a student she was an absolute inspiration to women within the profession both before and after qualification. I am totally convinced that Radhika will make an incredible contribution to the profession as her career progresses, (*Janine Brooks*).

Radhika graduated from the London School of Economics and went on to work in the city, but her life did not feel fulfilled. It was the multifactorial and caring aspect which attracted her to dentistry. The team work and lifelong relationships with patients whom you are helping, to the opportunity to be practical and artistic, to the financial and career independence that can be achieved. She is looking forward to the challenges the dental profession has to offer.

Current responsibilities in the profession

“I am co-founder of the Women in Dentistry Society at Kings, a network of students and professionals aiming to encourage and inspire women to achieve their full potential within the profession. We hope to raise the profile and celebrate the contributions of women within dentistry; understand and address barriers women may be facing, as well as provide support and role models for undergraduate students.”

Since she wrote her profile Radhika has graduated from Dental School and is now in her foundation training year (*ed*).

Most influential mentor(s)

“I will always appreciate Dr. Cabot giving me the opportunity to study Dentistry at King’s. Having not come from a science background, many of the other Universities were not open to giving me a chance, yet he appreciated the other skills I had to offer. It is something I will always be grateful for. In addition, Dr. Cabot was and has always been very supportive and encouraging with the Society Women in Dentistry that I and a fellow colleague set up at King’s. He helped us through the many hurdles we came across when setting up this society and really understood from the start what we hoped to achieve with it.”

Use of mentoring

“For me, without mentoring I would not be where I am today. My own career path having changed so dramatically, it was only through the advice and support of various mentors that I was able to achieve success. This is why I believe it’s important to help others in the same way. I have been involved in K+ which is a mentoring scheme set up by King’s which allows young people from lower socio-economic backgrounds to be in touch with mentors who can help them with their education and career options in dentistry. In addition, through our Society, Women in Dentistry, our aim is to provide a mentoring scheme which links students with professionals and the hope that this can continue once they graduate.”

Dr. Jane Luker BDS, FDS (RCSEdin), PhD



Jane qualified from King's College London in 1981

Jane was attracted to dentistry because she knew she wanted to work in healthcare and didn't want to be a doctor. Dentistry seemed like a good option; in hindsight she thinks she probably knew very little about dentistry when she applied other than going to her own dentist, and speaking to him about it.

Current responsibilities in the profession

"I am Postgraduate Dental Dean HEE South West; a Consultant in Dental & Maxillofacial Radiology; Deputy Medical Director (Professional Standards) of a large teaching trust, and Chair of examiners for the Royal College of Radiologists, Diploma in Dental & Maxillofacial Radiology."

Jane's dental story

"At dental school I enjoyed my clinical training and my sights were set on becoming a general dental practitioner, probably because I was not fully aware of other career opportunities.

Following graduation, I undertook a 1-year house job at King's College Hospital. During that year I won the DENTSPLY student clinician award, which led to a trip to the American Dental Association annual conference in Las Vegas, my first experience of a dental conference. I then moved to undertake an SHO post in Bristol where I was encouraged to apply for and was successful in obtaining both an MRC training fellowship and FDS within three years of completing my BDS. Over the next three years I completed my PhD and got married. In 1987 I was appointed as a senior

community dental officer based within Bristol Dental Hospital to provide dental care for medically compromised patients, and support oral medicine clinics. It was an extremely rewarding time developing services for this group of patients especially those with HIV and children with cancer. In 1996 after two periods of maternity leave I decided to undertake training in Dental & Maxillofacial Radiology: I was extremely fortunate that the Dental Hospital supported me in this training and I continued to lead the medically-compromised service. Specialty training was not easy and tested my organisational skills to the limit, as I was required to travel to London on a regular basis for training, revise for exams, and had the demands of two young children. Following completion of my specialty training in 2000 I was appointed to a consultant post at Bristol Dental Hospital & School and just after two years in post became clinical director for dental services at a time when a new consultant contract was introduced and dental undergraduate numbers were increased by 50 per cent at Bristol. I was given an opportunity to lead on the 12 week RTT for the surgical specialties.

As a consultant I developed a device for head and neck ultrasound and secured funding for a CBCT machine. Initially I was also undergraduate teaching lead for radiography and radiology, and then became lead for the oral disease course. In 2007 I applied for and was appointed to the role of Deputy Medical Director for the University Hospital Bristol NHS Foundation Trust, this was initially daunting as I had not been involved in the senior management of medics before, but I felt I was judged on my behaviours and actions rather than my being a ‘dentist’.

I was fortunate to be offered a place on the South West Top Leaders Programme for leadership and management in 2009. I also established a new consultant mentorship programme for the trust. In 2013 I applied for and was appointed as Postgraduate Dental Dean for HEE South West. It is a privilege to undertake this role and influence the training and development of the dental workforce. I have a great team to support me locally with approachable and knowledgeable colleagues nationally.”

Most memorable achievement in the profession

“Developing the medically compromised service and, in particular, a screening service for patients undergoing bone marrow transplantation.”

Advice to younger self on qualifying

“Keep your options open - take opportunities as they arise - the timing may not always be ideal but it might not come around again.”

Most influential mentor(s)

“Professor Crispian Scully”

Use of mentoring

“Early on in my career I was not as aware of coaching and mentoring, but I certainly had several mentors to whom I could go to talk through my options. The importance of coaching was highlighted to me when I was a coachee to a colleague training to be a coach, this encouraged me to undertake a coaching course, the skills have been invaluable in supporting colleagues, trainees and friends.”

Ms. Denise Mattin BDS

Denise qualified from the University of Manchester Turner Dental School in 1981

Like many teenagers at the time Denise was not quite sure what she wanted to do when she left school but knew that the science subjects were more appealing. Following a dental injury in the gym at school she had to visit her dentist on a regular basis for treatment. She gradually became more curious about dentistry as a possible career and asked her dentist if

she could do some shadowing. Denise then became hooked. She was always quite creative and had many hobbies where practical skills and attention to detail were required so she felt that this would allow her to use those skills and combine them with a practical career where she would be helping others too.

Current responsibilities in the profession?

“I am Clinical Director for Solent NHS Trust Special Care Dental Service; Chair of Wessex Managed Clinical Network for Special Care Dentistry; Clinical Director Representative for Wessex on the England Community Dental Services Group of the BDA; a committee member of the Wessex Local Dental Network, and a committee member of the Hampshire and Isle of Wight Local Dental Committee.”

Denise’s dental story

“I loved my undergraduate time at Manchester and qualified in 1981, gaining prizes in Oral Surgery and Paediatric dentistry. After a short spell in General Dental Practice in Cheshire in 1983 I joined the Community Dental Service as a Dental Officer in Southampton and Southwest Hampshire. This allowed me to gain more experience in paediatric dentistry. Shortly after this the service developed to take on adult patients with special needs and my remit gradually expanded to take on more elderly patients and also provide domiciliary care.

My interest in provision of care for elderly people increased and I gained an MSc in Geriodontics in 1989 at The London Hospital Medical College, allowing me to progress to a Senior Dental Officer. Throughout this time I was encouraged by Professor Robin Heath to play a role in the development of the British Society of Gerodontology and undertook a number of different roles including meetings organiser, membership secretary and treasurer; in 2001-2002 I was proud to be President of the society. Like many others, whilst I did not want to give up my clinical role entirely, I became more interested in Dental Public Health wanting to better understand how I could influence and bring about change at population levels as well as at individual level. I was influenced and mentored by Stella Saunders who was a Consultant in Dental Public Health at that time and I went on to undertake a Diploma in Dental Public Health in 1983 and an MSc in Dental Public Health at King’s College, London in 1994. Some two years later I was appointed as Dental Services

Manager in Southampton and Southwest Hampshire, later becoming the Clinical Director for the Special Care Dental Service. In 2011 I was grandfathered onto the GDC Specialist list in Special Care Dentistry and in 2013, after a successful tender bid, became the Clinical Director for the whole of Hampshire.”

Most memorable achievement in the profession

“There are several of which I am proud which include being appointed to the Clinical Director post. I was also honoured to be asked to be President of the BSG in 2001. However, if you were to have asked me what gave me most pleasure in my career outside of my clinical role this would, without any doubt, be being able to encourage, support and see my staff developing and achieving their goals. That is something very special for me.”

Advice to younger self on qualifying

“Look out for opportunities and don’t be afraid to take on new challenges. Always try to do your best. You will make mistakes so just learn from the experience and try not to make the same mistake twice.”

Most influential mentor(s)

“Stella Saunders, Consultant in Dental Public Health who gave me my first job and the support, encouragement and opportunity to reach where I am today.

Robin Heath for his sheer enthusiasm and encouragement whilst undertaking my MSc.”

Use of mentoring

“Most of the mentorship that I have received has been on an informal basis, however this has been invaluable particularly at times of change when I was challenged, or needed to challenge my own thinking to find alternative options or solutions to a problem.”

**Mrs. Angie McBain-Heilmann MBE
MA, FBADN**



Angie undertook her dental nursing course at Tottenham Technical College, her exam took place at Guys Dental Hospital in 1989

What attracted Angie to dentistry was that she was intrigued by dental nursing. As a child she was a phobic patient. She can recall the many times the dental nurse supported and helped her get through the treatment. Angie felt compelled to do the same.

Current responsibilities in the profession

“Dental Workforce Development (DWD) Advisor, (HEE East) – where I lead on dental nursing education and I’m responsible for the organisation, monitoring and quality assurance of dental workforce development education programmes.

Dental Care Professional Tutor, Luton & Dunstable University Hospital Trust - where I’m responsible for: leadership and delivery of training and education of DCPs within the Health Education East of England region. I chair the Beds and Herts Local Dental Education Committee.

Director of Dental Nurse Education, Antwerp Dental Academy (ADG), Cambridge – here I provide leadership and mentoring in career development to members of the dental team. I quality assure education events across (ADG) and I develop training programmes to support the CPD of ADG dental nurses.

CACHE/NCFE Dental Nursing Education Consultant/Programme Lead for the Principles and Practice of Dental Nursing Qualification – in this role I provide support and guidance to the awarding organisation to support the continual quality of the dental nursing qualification.”

Angie’s dental story

“My first encounter with dental nursing was at 13 years old; this was my choice of work experience at a local dental practice. I left school in 1982 to undertake a trainee dental nursing post as part of a YTS scheme. In 1984 I decided to follow my interest in fashion. Although I enjoyed the work, it was not fulfilling enough, and the pull of dental nursing took hold once again. I started to undertake temping work in London to get myself back into dental nursing. Securing a job at South Tottenham family dental practice, I worked towards gaining the NEBDN National Certificate. On qualification I joined ABDSA (now known as BADN) and the voluntary national register (VNR) for dental nurses. After a move to Bedford, I was offered a DN post in the Oral Maxillofacial and Orthodontic Department of Bedford Hospital, later becoming a senior dental nurse. I gained the NEBDN Certificate in Dental Sedation Nursing (DSN) with Distinction, being awarded the 2000 Roche Award for the highest achieving DSN candidate that year. At this time, I contacted Barnfield college in Luton to seek a teaching opportunity and I began as a guest speaker/lecturer. Then I trained as an NVQ assessor, eventually being requested to take over the delivery of the NVQ DN programme. In 2002 I formed the BADN Bedford Local Group. I went on to hold various terms of office within BADN Council. I was elected as BADN President in 2007, serving a two-year term of office: It was an honour to lead the profession during the introduction of statutory registration. In 2011 I was awarded BADN Outstanding Contribution to Dental Nursing. I decided to focus on the education aspects of my career and in 2004 I took up the post as NVQ Coordinator for Health & Social Care at the college. Fortunately, this enabled me to further develop the dental nursing provision, focusing on the role as Oral Health Coordinator. This provided the opportunity to develop a dental nurse training room. Working part-time at the college allowed me to undertake commissioned work for Eastern Deanery 2006-2011, including planning and running Dental Nurse Symposia across the East of England. I then took up the permanent part-time post of DCP tutor in 2011, later extending my post to include Dental Workforce Development Regional Advisor. Priding myself in being visionary in the education and development of the dental nursing profession, I undertook a feasibility study for the University of Bedfordshire

(UoB) in 2006, regarding the development of the first Foundation Degree (FdSc) in Dental Nursing. Employer response was excellent; going on to successfully write and lead on the delivery of the Foundation Degrees. It was hugely rewarding to see students successfully graduate. Working within Antwerp Dental Academy since 2012, after meeting my colleague Raj during our Master's Degree Programme, has provided numerous opportunities to continue to work in developing and supporting dental nurses and helping mould the profession for the future. Antwerp Dental Group were awarded a Princess Royal Training Award in 2017 for the work we are undertaking with Antwerp Dental Academy. I continue to be fortunate in my dental nursing career, working with committed colleagues as we support the changes that are required in our profession. It is both exciting and challenging and I look forward to contributing what I can for the future."

Most memorable achievement in the profession

"Receiving an MBE for Services to Dental Nursing in the 2012 New Year's honours list, closely followed by completing my Master's in Medical Education in 2015 and developing a Dental Nurse Training room at Barnfield College."

Advice to younger self on qualifying

"Nothing is out of reach – take every opportunity that comes your way. Work hard, and you'll reap the rewards. If you believe in yourself, others will too....."

Most influential mentor(s)

"Sarah Taylor – dental nurse colleague at Bedford Hospital, an invaluable mentor for clinical dental nursing.

Pat Harle, BADN Past-President – I recall her feedback when I was unsuccessful in securing a tutor post at Eastman Dental Hospital as I was trying to embark on a career in dental nurse education. "*Go and help develop and shape things in your own area*", which prompted me to contact Barnfield College back in 2001. Best advice she could have given me and certainly paid off.

Debbie Reed – dental nurse colleague – for her professionalism and determination to move dental nursing forward.

Pamela Swain – BADN CEO

Numerous tutor colleagues from Barnfield college.”

Use of mentoring

“Mentoring for myself has been more of an ad hoc process over the years. Nevertheless, hugely valuable. I have been fortunate to have the support of many dental and education colleagues, who have demonstrated excellent work which I could observe and learn from, and not just clinical dental nursing or teaching skills and knowledge. Also the softer skills, professionalism, communication and coaching and mentoring. Mentoring others has been a part of my working life for many years: in the beginning as a support to trainee dental nurses and new tutors that I worked with. My current role is fully immersed in mentorship, which I find hugely rewarding. Mentoring others is also a learning process for the mentor as well as the mentee. Supporting dental nurses to develop and nurture themselves and their career is a huge privilege.”

Mrs. Jodie Mahoney (nee Dallywater) EDH, EDT, PGCert Med.Ed.



Jodie qualified in Sheffield in 2009

Jodie first found that she was attracted to dentistry during work experience. She loved the team spirit and the shared love for wanting to make a difference to people and their health. Aside from this, she loves

DIY.... and dentistry is essentially mini-DIY! So, she can carry out DIY to her hearts content without making a mess of the house!

Current responsibilities in the profession

“I have three distinct roles in the dental field, all of which complement each other and allow me to perform better in each individual role.

In practice I am Lead Hygiene Therapist for a corporate company. Here I manage a team of hygienists and dually qualified Hygiene Therapists; conducting their annual appraisals and providing support according to their personal development plans. I also see both adult and paediatric patients for routine restorative and periodontal work. Within a corporate company communications become naturally more complex as practices evolve and expand; one of my roles is to manage these communications between teams to ensure a happy team working environment utilising skill mix to its greatest potential.

Foundation Therapy Programme Director for Health Education England. I am responsible for seeing a cohort of newly qualified therapists through the tough transitional year from university to general practice. With this role, my mentoring qualities come into their own. As well as organising the study day programme I work alongside the educational supervisors in practice to support and guide the therapists as they set out in their careers. This can be in a multitude of settings and present many obstacles from clinical difficulties through to personal issues, all of which need to be worked through with the right people and at the right pace. Also, within this role, I give advice and discussion on future choices helping the therapists to embark on the dental pathway best suited to them post foundation training year.

Undergraduate tutor for dental hygiene and therapy. Here, I teach years 1, 2 and 3 for the degree in dental hygiene and therapy. This role includes clinical teaching, laboratory teaching, lecture and small group teaching, along with personal tuition of a small number of students. I am also involved in examinations, including examination of the students, invigilating, standard setting and marking.”

Jodie's dental story

“I started my journey into dentistry when I was just 15. I did work experience with a friend of my Dad's, who happened to be a dentist. I shadowed him and a Vet at the same time, not knowing which way I wanted to go. After experiencing both, I fell in love with the team spirit and wanted to influence the public for their better health. I started dental nursing and did the NVQ Level 3 at college whilst still doing my AS Levels at school. I then left school with my AS Levels and went to work with a fantastic dentist near home. During my 3 years with her I gained valuable experience, and completed the post qualification in sedation nursing. This meant I had the entry requirements needed to apply for the Diploma in Dental Hygiene and Therapy at the University of Sheffield. I started my studies at age 19 in 2007 and qualified in summer 2009. I went on to experience both private practice and NHS practice, eventually settling into a mixed corporate (where I still work today) and began building my clinical experience as a hygiene therapist. After a year of being in this practice I was made Lead Hygiene Therapist, and this opened a door for me to discover mentoring and gain experience in conducting meetings, speaking publicly and appraisals. I began to see that my strengths and qualities lay in teaching and mentoring after training trainee nurses and helping peers with struggles they may have had. After a little while I knew I wanted to expand on this new learning and really began to thrive upon it. I did my research and applied for the foundation training programme lead position, which I was successful in. This job opportunity opened my eyes to the world of NHS dentistry from an educational perspective and on a much deeper level than in practice. With this position came lots of networking and I was lucky enough to meet people who were able to guide and support me in my chosen career pathway. After gaining considerably more experience in mentoring and teaching here, I began to teach at an undergraduate level at the University of Birmingham. This is where I am today, juggling all three roles, which undoubtedly, complement one another.”

Most memorable achievement in the profession

“Completing the Post Graduate Certificate in Medical Education...I managed to do this with a 3 month old child claiming most of my time and brain cell capacity!”

Advice to younger self upon qualifying

“Do not expect to be perfect in every aspect of your scope of practice right away, and not to let new work places make you feel this way. Take your time, grow into your role and accept your weaknesses.”

Most influential mentor(s)

“The dentist I used to nurse for, whom I am still very good friends with. She saw the potential in me and selflessly helped me to see my own future within dentistry, guiding me through the roles and responsibilities of hygienists and therapists, the application process and beyond. I still, even now, turn to her for guidance if I need it. She is not only a fountain of knowledge but has my best interests at heart and will do anything for anyone, so much so, that I don’t believe I would be where I am today without her.

The programme director I work alongside in my Health Education England role has also been a huge influence on me. He has helped me to network with others, opening new doors and creating exciting pathways in my career. This has increased my confidence and knowledge in many branches of dentistry and its thanks to him that I can say this.”

Use of mentoring

“I have subconsciously used mentoring with my patients right from the day I qualified, in guiding them to improve their oral health and support them in making decisions relating to their health. It is only when you reflect and have training in mentorship that you realise just how much you have already used it and how much you have grown because of it. I mentor my hygiene and therapy colleagues within the practice environment I work in; this is on a more official level when there are difficulties in practice. With both of my educational roles the mentoring is such a huge part of it and probably the most important. For a student to feel like they can talk to you without being judged or told what they should do, whether undergraduate or postgraduate, is crucial in their education experience and will count somewhat toward their successes.”

**Professor June Nunn MA, BDS (Dund), PhD (Ncle),
FDS RCS (Edin), FDS RCS (Eng), DDPH RCS (Eng),
FFD RCSI, FTCD, FRCPCH.**

Emeritus Professor, School of Dental Science, Trinity College Dublin and
Dublin Dental University Hospital.



June qualified from Dundee Dental School in 1975

June really wanted to do Medicine but did not get the right grades at ‘A’ level so she took up the offer of Dentistry, thinking she would change course once she got started. However, she stayed with dentistry and did not pursue that.

Current responsibilities in the profession

“I am now retired and so I spend most of my professional time supervising the theses of the doctoral students I look after. Apart from that, I have been the independent chair for ten years for the hugely important FiCTION Trial, on behalf of the HTA in the UK, the results of which have been published in 2018. I have been Editor Emeritus for the Journal of Disability and Oral Health, for which I was the first editor in 2000, and I am the academic representative on the committee of the Irish Society for Disability and Oral Health. Following on from my time on the Dental Council of Ireland, I have been asked to be a Trustee for Practitioner Health Matters Programme, an independent charity organisation which provides a free, confidential service for doctors, dentists and pharmacists with addiction and/or mental health problems. I have recently stood down from the role of co-Chair of the Federation of European Heads and Deans

of Dental Schools under the auspices of ADEE, and am delighted that a set of competences that we developed, for deans and heads of dental schools, will be a resource for aspiring dental leaders. Then, of course there are lectures to give - some teaching in the Dublin Dental University Hospital as well as externally. I am really humbled, but so honoured, to be asked to give my name to the Athena Swan Lecture in my Alma Mater, Dundee and to deliver the first lecture there.”

June’s dental story

“I was married as an undergraduate and so went to work in the CDS in Warwickshire, where my husband was working. I loved the variety of that: clinics, working on a mobile, and in a school for blind children. I was involved in a project with Peter James’s department in the Birmingham Dental School and eventually applied for a job there, working in Periodontology, Dental Public Health and Children’s Dentistry. I was involved in a number of the national oral health surveys and learnt much from Andy Anderson, Gill Bradnock, Don Glenwright as well as colleagues like Peter Rock and Linda Shaw. My husband was moved to the north east in 1980 and I was lucky to get a lectureship in Child Dental Health, in Newcastle, with John Murray. These were my formative years professionally, doing FDS, a PhD, specialist training in Paediatric Dentistry and working with a fantastic group of people, across all disciplines. There was a great ‘can do’ philosophy, and I mourn the personal loss of a good friend, as well as the loss to the profession of Jimmy Steele. The camaraderie of the cleft team and the hypodontia team in particular, with John Meechan, Ross Hobson, Nigel Carter, Nick Jepson, Francis Nohl and Ann Jackson was fantastic and I really felt we made a difference to peoples’ lives. Once John Murray became Dean, Andrew Rugg-Gunn, a superb researcher, headed up an expert department, probably one of the best in the UK at that time. However, having worked on children with ‘special needs’ who, as I grew older were becoming adults, gave me the impetus to take up a new challenge in Trinity College Dublin to establish Special Care Dentistry, as I insisted it be called, in Ireland, where I had been born. My Irish mum was delighted, my Austrian dad, more pragmatic, seeing a single mother with two teenagers going to a new job in a new country; even though that was what he had done, similarly, as a teenage refugee from Vienna in 1938. My years in Trinity and the Dublin Dental University Hospital were fulfilling too. The challenge of setting up new services, establishing an education programme and getting funding for research, all in Special Care Dentistry, was

exciting. In Ireland, you are close to decision-makers, politicians, government officials, and in the good times of the Celtic Tiger era, there was an enthusiasm to make progress. Running a department as well was new and brought with it all the management, but especially mentoring skills that I had acquired in Newcastle. The wise counsel of, in particular, the Dean John Clarkson, the CEO Brain Murray and colleagues Jacinta McLoughlin and Paul Dowling was invaluable. Latterly I became Dean of the school and juggling that role with that of a clinical academic in Special Care Dentistry was rewarding, if difficult, especially during the economic downturn when there was no money, severe cutbacks and, as a consequence, no opportunity to employ new staff, but people were fantastic at pulling to and delivering, as always.”

Most memorable achievement in the profession

“Seeing the Hypodontia team working so well in Newcastle, really pushing boundaries to good effect for patients; seeing the vision of Special Care Dentistry start to embed in Ireland in terms of education, both under- and post-graduate, a clinical service in demand, bedevilled by long waiting lists as a mark of its success, and a research programme that attracted funding. Seeing your postgraduates taking up leadership roles is very satisfying”

Advice to younger self on qualifying

“Relax! Enjoy life more, don’t leave everything you want to do until retirement. Really!”

Most influential mentor(s)

“I was so much a novice when I qualified and Phil Jenkins, the assistant ADO in Warwickshire was a great sounding board and advisor; just what a vocational trainer should be/is now. Andy Anderson, in Birmingham, sadly died so early but was a great observer of life, a sceptic but very student-centred and visionary. John Murray, my boss in Newcastle, really professional, enthusiastic, keen to foster the careers of young people, did not countenance unfairness and expected the same high standards of everyone - and a great sense of fun!”

Use of mentoring throughout your career

“I was fortunate to go on a mentoring course with the Northern Deanery that was superb. I used the skills I learned to self-mentor and then with colleagues, especially PhD students. It has been invaluable, for all those times when you have self -doubts, when the task seems formidable or there does not seem to be a solution. A great mantra I learnt, I think from Linda Shaw, was that if there isn’t a solution, there isn’t a problem. It takes time to think that one out.”

Mrs. Marie-Claire Parsons BDS, DGDP, DPDS



Marie-Claire qualified from the University of Birmingham in 1987

Marie-Claire was attracted to dentistry whilst undertaking work experience with a family friend who was a most inspirational dentist and she just loved his work.

Current responsibilities in the profession

“I am an Associate in General Dental Practice also a Dental Educator for HEE Midlands and East working at Birmingham Dental Hospital and Worcestershire Royal Hospital providing Continuing Professional Development for dental teams. I am a dental mentor for HEE Midlands; supporting dentists returning to work after a career break, dentists with performer list conditions; those colleagues who find themselves in difficulties with the regulatory bodies, and facilitating training programmes for mentors in the region.”

Marie-Claire's dental story

“After qualifying in 1987 I was one of the first cohorts to take part in Foundation Training and worked in General Dental Practice for two years; then for a few years in the Community Dental Service in Birmingham. I went on to help run two dental practices with my husband and was a Foundation Trainer for several years. I took on the part-time role of Postgraduate Dental Tutor in 2002 as I recognised that for me a “portfolio” career would help me manage the stresses and strains of running a practice and help me grow my skill set. My desire to be a better tutor, trainer, “HR manager” and dentist saw me complete multiple post graduate qualifications in the field of Dentistry, Medical Education, Coaching and Mentoring, and NLP. For the past ten years I have worked as an associate in practice part-time and this enabled me to increase my role with the Postgraduate Dental team at Health Education England, Midlands and East to help design, facilitate and manage the Continuing Professional Development programme, and act as one of the lead mentors supporting colleagues. Over the past few years I have been fortunate to be involved in facilitating 2 and 3-day Coaching and Mentoring programmes for dental trainers, educators and managers in Primary and Secondary Dental Care services, and helped create a register of dental mentors across the West Midlands. We have also created a package of resources and processes to support these mentoring relationships.”

Most memorable achievement in the profession

“When my patients put their trust in me to care for them.”

Advice to younger self on qualifying

“Be the very best you can be in all that you do and be kind to yourself.”

Most influential mentor(s)

“Jane Davies-Slowik, my Associate Dean, has encouraged and supported me and when needed raised an eyebrow at my “*but I can't do that*” moments. My late parents whose inspirational achievements motivated me and unconditional support I miss.”

Use of mentoring

“Surviving thirty years in Dentistry, running a practice, parenting five teenagers and supporting colleagues who face challenges has taught me that given the time to explore and think we all have the resources within us to find our own solutions to challenges. If we have someone sitting beside us when we are facing these challenges it can help us not only manage the issues but grow, develop, and learn at the same time. I have had the fortune to be surrounded by colleagues and family inside and outside the profession who have listened, supported and encouraged me throughout my career. They believed in me and I believe in the colleagues I support and hope that I can *“help people become better at helping themselves in their everyday lives.”* (Egan G., 'The Skilled Helper', 1998).”

Dr. Reena Patel BDS, MFDS RCS, MSc, MDPH
Public Health England South West
Specialty Registrar in Dental Public Health



Reena qualified from Cardiff Dental School, University of Wales, College of Medicine in 2004.

Reena was keen to be a healthcare professional. At school, she loved the sciences, and wanted to work with, and serve, the general public. She was particularly attracted to dentistry because of its distinct combination of art and science. She enjoyed working with her hands, and felt that she would really appreciate being able to make a positive impact on patients' oral health. Reena was also keen to explore the variety of clinical, research and academic opportunities available within the profession.

Current responsibilities in the profession

“I am currently a part-time dental public health specialty registrar in the South West of England. Dental Public Health specialists essentially work in a community-setting, preventing dental diseases, and promoting dental health in the context of general health. The training programme involves working in a strategic, advocacy and consultative role; working closely with Public Health England, the NHS, and other government health agencies and relevant bodies, such as local authorities and universities. I am thus involved in service/research projects and dental education in a variety of settings.”

Reena’s dental story

“Upon graduating as a dentist, I put together a short, medium and long term plan. The short term plan involved obtaining as much clinical experience as possible, and completion of MFDS as an entry point to postgraduate specialist training. The medium term plan involved travel and voluntary work abroad, and the long term plan was to be decided! As a starting point I secured a general professional training post in London, and maximised opportunities to consider the various specialties of dentistry. Despite really enjoying clinical work, in every post, I was drawn to aspects of clinical prevention, public health and service delivery. However, I realised that as a very junior dentist, it is often difficult to gain basic project management experience. Driven by curiosity more than anything else, I decided to apply for an MSc in international health management at Imperial College, London. Upon completion of the MSc., I obtained a position at Deloitte, as a strategic management consultant. This was an extremely challenging career change, and I look back now and think I must have spent the whole time looking like a rabbit caught in the headlights. Everything was different in the private sector – the working ethos and culture; jargon; and career development pathways. Looking back, I think I struggled most with the fact that consultancy essentially offers a financial service that is not always defined by professional standards, and as a healthcare professional, I found this difficult, especially when it involved significant expenditure of public funds. However, selfishly, I also fully appreciated what I could learn from the role, in terms of generic project management skills, and enjoyed the challenge of new problems, with new clients, in a range of healthcare settings. I learnt quickly, and as the only dentist I was able to carve out a niche for myself. However, as dentistry formed only a very small part of

the overall NHS budget, this limited opportunities to be a specific “dental” management consultant. Mindful that I was hired on the basis of a specific skill set of dentistry, I did not want to lose these skills, and become a generic management consultant. I therefore decided to leave. I then commenced a post in the salaried services, an aspect of dentistry that I had not previously worked in before. During this time, I was able to balance a clinical position with taking on individual pieces of commissioned work, in collaboration with Professor Kenneth Eaton. Whilst this was challenging, I relished the opportunity to apply an academic and scientific approach in these projects, and was fortunate to work with a wide range of public and private sector clients. Three years went by very quickly, and I was then finally successful in securing a Specialty Training Post in Dental Public Health in the East of England Deanery. Dental public health involves dealing with uncertainty and problem solving, and my career pathway to date has certainly provided me with opportunities to encourage, support and enable change.”

Most memorable achievement in the profession

“In terms of my career, things seem to have really come together in the last five years. I have managed to secure (and maintain) a registrar post in dental public health; acquired a dog and three children; complete an MSc in Dental Public Health, and relocate from Brixton, London to sunny Devon to support my husband in his maxillofacial career. I am currently on maternity leave but super excited about my return to work, and the new opportunities that will be available to me.”

Advice to younger self on qualifying

“If you have chosen a portfolio career, then you must be prepared to be patient; patient when it comes to learning new skills, developing relationships and building a network again. In a new role, in a new setting learning the ropes simply takes time. This might be part personality, part habit, or part genetic (being a female) but looking back I would advise myself to stop apologising, and using verbal minimisers. I would also say don’t be reluctant to claim your achievements, and bring visibility to your successes because if you don’t value your skills and achievements, why would anybody else?”

Most influential mentor(s)

“Professor Kenneth Eaton. He applies a highly rigorous and scientific approach in everything he does, and is highly active in national and international dental networks.”

Use of mentoring

“I completed formal mentoring training a few years ago and am now actively looking for opportunities to use these new skills.”

Mrs. Claudia Peace BDS

Claudia qualified from Liverpool University School of Dentistry in 1981

Claudia's parents were both in education and so she expected to go to university from an early age. She enjoyed her science A levels, particularly chemistry and biology so she wanted to pursue a career related to them. Claudia was very keen to have a profession rather than just a job, and to be financially independent, so the choice was between medicine or dentistry. Claudia liked the skill of intricate work since she enjoyed sewing, art and craft making, and that coupled with the satisfaction of 'healing' people drew her to dentistry.

Current responsibilities in the profession

“Senior Dental Associate in a large independent NHS practice in Winchester; Honorary Treasurer of Hampshire and Isle of Wight LDC;

Discipline Specific Practitioner for NHSE Wessex Performance Panels; Associate GDP on National Steering Group for Dental Contract Reform; HEE Dental Appraiser for NHSE Wessex and Associate GDP Oral Surgery MCN, NHSE Wessex.”

Claudia’s dental story.

“After leaving dental school I began a three-year short service commission in the Royal Army Dental Corps. This began my leadership development through the officer training course at the Royal Military Academy Sandhurst, and gave me an opportunity to run my own dental centre with responsibility for several members of staff. It also started my personal development plan and gave me training in paramedical fields such as anaesthetics whilst encouraging me to step outside of my personal comfort zone. Subsequent to completing my Commission I went into NHS general practice moving around UK and Northern Ireland for five years and eventually settling in a practice in Winchester where I have been an associate for twenty-five years. The practice has trebled in size in this time and I am now the senior dental associate eschewing partnership because of family commitments. In October 2012, with children through University, I was selected and completed the Oxford Deanery Dental Leadership Development Programme for Local Professional Networks where I was influenced by several speakers, notably Colette Bridgman for her outreach work with nursery age children in Manchester and Janine Brooks for her inspirational talks on investing in developing careers. In 2013 I became the Treasurer of the Hampshire and Isle of Wight LDC. At that time I began to reflect on the wider NHS dental demands, with frozen pay and lack of investment following the Global Financial Crisis. I was so concerned at the risk of commoditisation of dental care that I wrote to the Minister for Dentistry. Fortunately, he engaged with my letter and passed it onto the CDO, who asked to meet me at the Department of Health. We had a long discussion and he encouraged me to persuade my principals to apply to become a pilot practice for dental contract reform. Following this I was invited to join the National Steering Group for Dental Contract Reform where I sit as an associate dentist. Through this I was fortunate enough to work with Professor Jimmy Steele who helped me to understand the changing face of dentistry and the subsequent clinical and financial considerations required for the future. Through the LDC I have been offered other opportunities for further training and I am now a trained Dental Appraiser for Health Education England being part of a programme of conducting peer to peer appraisal with other dentists for NHSE. I am a

trained coach mentor assisting Dentists in Difficulty for Health Education England. I am also a legally trained Discipline Specific Practitioner for the Performance Advisory Groups and Performer List Decision Panels for NHS England (Wessex), and I am one of the GDP representatives on the Wessex Oral Surgery MCN. I am currently working in a Blend A Prototype practice. I still enjoy my clinical life but I am also looking to develop formally as a coach mentor. I am married with two adult children and I have a keen interest in literature, music and travelling.”

Most memorable achievement in the profession

“It would have to be the invitation by the then CDO to join the National Steering Group for Dental Contract Reform. It came about because, independently, I wrote a measured letter to the Minister for Dentistry expressing my concern at the direction of NHS dentistry becoming commoditised and in so doing risking standards falling below that of the Regulators. The Minister passed my letter onto the CDO which led to a meeting and discussion and my invitation followed. It taught me that no matter how small we perceive ourselves to be, by informing ourselves, developing measured arguments and getting involved we can have a voice.”

Advice to younger self on qualifying

“Look ahead and don’t be bound by your immediate horizons. Look for opportunities to engage with the wider world of dentistry and become accustomed to setting yourself goals.”

Most influential mentor(s)

“Nerina Hendrickse. I have never had an official mentor but I credit Nerina with influencing me the most. She has been very generous with her contacts and fulsome in her praise; encouraging me to always run the extra mile, mostly by setting her own example. It was Nerina who encouraged me to become involved with my local LDC because she believed that more women needed to be involved in the running of the Committee and having a voice in influencing decision making. Working in the LDC led to identifying a course to develop my NHS Leadership Skills which opened my eyes to the wider NHS environment. Nerina set up a womens’ dental peer review group in our local area which I joined and met colleagues running their own practices, running local BDA branches, running

families, running extra-curricular activities and all this in addition to their own dental careers. It was hugely enlightening and I suddenly realised that if you want to do something in life it was all possible no matter how much else you have going on. The added support from a peer review group meant that I enjoyed the commonality of the challenges of being a wife, a mother, a carer, and having a career without feeling isolated or overwhelmed.”

Use of mentoring

“Although I have never been formally mentored, I have come across several people in my life who have memorably advised or trained me in my professional career such that I have changed my performance or outlook and have been encouraged to seek further development to consolidate my ideas. I have seen the power of mentoring in my work on the Performance panels for NHSE whereby dentists in difficulty are allocated a coach mentor to help them reflect and remediate suboptimal practice, and the positive results this can produce. I also hope that I have been a role model to my children in this time and given them the belief that it is possible to have a career and be a supportive wife and mother, too.”

Mrs. Nichola Peasnell RDN, BSc (Hons), FHEA



Nicky qualified in Northampton in 1999

Nicky was attracted to dentistry because it meant working in a clinical environment.

Current responsibilities in the profession

“I am a senior lecturer at the University of Northampton where I teach across a number of professional groups/disciplines to include dental nurses, midwifery and nursing students. I am a mentor and a mental health first aid instructor. I also provide external quality assurance for CACHE, which is an awarding body for dental nurse qualifications.”

Nicky’s dental story

“I started my dental nursing career at the age of 16 in a two dental surgery practice just outside Norwich. However, becoming a qualified dental nurse came much later in my career. I gained a valuable insight into dental nursing and practice management through working at the practice in Norwich so when I moved to Northampton I had the opportunity to become a practice manager in a small one-surgery practice. After having children, I went back into the profession as a part-time dental nurse and was delighted when I was promoted to head dental nurse in a very busy three surgery NHS practice. I thrived on the organisational aspect of the role and soon realised the importance of providing trainee dental nurses with a strong foundation in the principles of dental nursing. I felt this was the right time to become qualified myself to provide a positive role model to the trainees. I decided to take further qualifications in radiography, oral health care, fluoride application and impression-taking to support the dental practice in providing care for the patients, and impart my knowledge to the trainees. The opportunity to progress in my career at the University of Northampton as an NVQ Assessor and Internal Verifier gave me the confidence to form judgements on the students’ competence and support them accordingly. During this time I gained the Stage One and Stage Two Certificate in Higher Education and subsequently my manager asked me if I would be part of a team to write a foundation degree for dental nurses that lead to registration. This was a huge task and one I was able to successfully achieve. I was fortunate to have the opportunity to gain a level 3 qualification in work place coaching, and this enhanced my skills in supporting students and staff. I believe that I have been privileged in the support I have received in all aspects of my career especially in achieving the BSc in Professional Practice, and Nursing and Midwifery Council Level 7 teaching qualification. This enabled me to teach oral health care and mentorship to student nurses and mentorship to qualified nurses and dental nurses at the university. Subsequently I gained international recognition of a commitment to professionalism in teaching

and learning in higher education when I was awarded a HEA Fellowship. I enjoy the quality assurance aspect of dental nursing programmes, I jumped at the chance to be part of a team to quality-assure another awarding bodies dental nursing qualification, and have experience quality assuring dental practices as a Care Quality Commission inspector. My professional interests include: education; quality assurance; mentoring and coaching; oral health education and continuing professional development.”

Most memorable achievement in the profession

“Gaining the BSc in Professional Practice (dental).”

Advice to younger self on qualifying?

“Have confidence in your ability to succeed.”

Most influential mentor(s)

“Margaret Ashford and Janine Brooks.”

Use of mentoring

“I have supported student dental nurses through mentoring in clinical practice, and I currently deliver a level 6 mentorship qualification to qualified dental nurses.”

Dr. Jennifer Pinder BDS



Jenny qualified from the University of Sheffield in 1971

Jenny comes from a very large family of dentists including mother, father, two grandfathers, two uncles, two cousins, and two brothers who are dental technicians; an exceptional dynasty. She swore she would not do dentistry! She really wanted to be a doctor. In 1965, when she was applying to medical school, it was before the Equal Opportunities Act of 1975 and there was a quota of 15 per cent of female medical students, so that didn't work out. Eventually Jenny went for dentistry as she knew she wanted to do something that helped people.

Jenny's dental story

“I qualified in 1971 and had decided that I didn't want to go into my fathers' practice in Doncaster. I wanted to go to London as I imagined it would be more exciting. My first job was as an associate in a practice near Turnpike Lane, North London. I have always been happy being a General Dental Practitioner, and being thrown in at the deep end in an NHS practice was a great learning experience. There was no vocational training in those days and I learnt on the job the many things I had not been taught or had experience of in dental school. I eventually ended up working in a busy mixed multiple practice in the City of London, where I had worked as a dental nurse when I was a student, in the summer holidays. However, when I had been qualified for four years I met my husband who is Canadian. I managed to get a job as an Intern in a general hospital with a dental department in Toronto, the Head of the department was a British Oral Pathologist and he allowed me to choose what I wanted to do and needed to learn. This was a turning point for me in my dental career and

life. Unfortunately, I came up against the Canadian Board exam which had a failure rate of 90 per cent and I was one of them. So we decided to come back to England and I knew then that I would not remain working in the NHS. I had seen how dentistry was practised to a much higher standard, my experience spurred me on to be one of the first to get the MGDS. I stayed as an associate, in the City again, but by 1988 I set up a new practice in Clerkenwell. I had that for 15 years and in that period had four vocational trainees. My other professional activities took off after my MGDS. I became Chairman of the GDPA and got voted onto the General Dental Council in 1984. Women in Dentistry was founded as a direct result of a Sex Discrimination Case I took with the backing of the then Equal Opportunities Commission. The resulting publicity brought together a group of passionate and activist dental women. At that time there were few women dentists on committees and one of our achievements was to push for, and get, maternity pay for women dentists in the NHS general dental services. I decided to take a Psychology degree so that I could teach young dentists about anxious and difficult patients, I got that from Birkbeck in 1986. When I was 55 I gave up the practice and went back to the City to work as an associate for Bupa. For a long time I had only been in private practice and built up a large following on my reputation of being good with nervous patients. By the time I retired I had a website specially set up to attract dental phobics and it was wonderful to see people being transformed as they conquered their fear. I have now retired after 46 years in practice. I have developed a new career in professional family history research. As usual I felt I had to have some sort of formal training so I have been doing the advanced certificate of Pharos Tutors which is almost finished. I love interacting with my clients and learning about their families.”

Most memorable achievement in the profession

“There are three things which stand out. The first being the instigator of the report of the GDC into Behavioural Sciences in Dentistry. The outcome of that was that these subjects became mandatory in the undergraduate dental curriculum.

The second was chairing the Dental Auxiliaries Review Group, which led to the GDC passing legislation to register what are now called dental care professionals, (DCP).

The third was being Vice Dean of the Faculty of GDPS.”

Advice to younger self on qualifying

“Keep learning, keep being interested in what you are doing, be genuinely interested in the people you are treating, and treat each one as if at any time they are the only one that matters. If the job you are working in is not working for you, don’t hesitate to look for something else.”

Most influential mentor(s)

“Dame Margaret Seward. She believed in my abilities and gave me opportunities to do things such as write for the BDJ, lead the DARG and she supported Women in Dentistry.”

Use of mentoring

“I have always tried to mentor and help my colleagues and staff to achieve their potential. I mentored for the London Deanery Scheme, mostly Doctors, and through them got my ILM Level 7 Coaching Certificate. I continue to mentor dentists in distress.”

Mrs. Heather Pope BDS



Heather qualified from the University of Birmingham in 1982

From the age of about 10 years, medical school had been a major ambition for Heather [although there were no doctors in the family and she didn’t know anyone who had been to university]. O Levels and A levels were

chosen with this ambition in mind. Yet it changed overnight following a brief conversation with a General Dental Practitioner [GDP] at a 6th form college careers convention. A decision that she has never regretted once! The attraction of these career options, at such a young age, is lost to her now, but scientific knowledge, being with patients, and clinical skills were all important even then.

Current responsibilities in the profession

“For some years I have worked within an NHS Trust [both acute and community Trusts] with the joint responsibilities of Clinical Director of Community Dental Services and Specialist in Special Care Dentistry. Most of every working week involves assessing and treating people of all ages with complex medical, social and treatment needs. Most of the clinical input is in the clinic, but a proportion of patients are treated in theatre with Day Case general anaesthetic in a local hospital. We have a contract to provide paediatric exodontia services for local children referred to the department by local GDPs. It is a sobering thought that a significant part of my responsibilities remains the assessment and extraction of multiple primary and permanent teeth with general anaesthesia, usually for children under 10 years old. The Clinical Director role has several facets; strategic management of the Community Dental Services and its’ associated Human Resources; finance and clinical governance within the Trust. This role has constantly evolved, particularly in response to recent competitive tendering exercises. The Trust has a Caldicott Guardian based in the acute sector of the organisation. I act as the Deputy, to ensure that the Trust has a person familiar with the environment of community services when seeking to protect patient information and confidentiality. Outside of the Trust, my portfolio career includes a role as a North West Clinical Director representative on the English Community Dental Service Committee [ECDSC] of the British Dental Association [BDA]. I am a cross-representative to the Faculty of Dental Surgery in the Royal College of Surgeons of England [FDSRCS Eng] and have been the Chair of the Advisory Committee for Community Dentistry at the FDS for three years. That position has resulted in an invited seat on the FDS Board, a role which has been a particular highlight in recent years.”

Heather’s dental story

“Towards the end of the course at Birmingham I developed an interest in maxillofacial and oral surgery. This resulted in applications for House

Officer posts in maxillofacial departments, and success in actually getting my first choice post at North Staffordshire Hospital. This challenging role broadened my knowledge of head and neck pathology, health and disease. After two years in maxillofacial departments the first crossroads was reached. To remain in maxillofacial surgery, with it's necessary study of medicine, or take a different pathway? Not wishing to return to University, I applied for a post in the Community Dental Service[CDS] for a 'breathing space'. I'm still there now! Moving through the grades in Community Dental Services from Dental Officer, to Senior Dental Officer in Special Care Dentistry, and then to Specialist in Special Care and Clinical Director has been a continuous development of skills, knowledge and experience. It has given me challenges and career satisfaction both academically and clinically; studying for a Master in Community Dental Health [Birmingham] and a Diploma in Dental Public Health [FDSRCS Eng]. The CDS has enabled me to work in different environments including various hospitals, a women's prison, schools, nursing homes and in people's homes. Few other roles in dentistry enable the dentist to experience such a range of settings, although not all are conducive to clinical dentistry! The post graduate qualifications have opened up opportunities both within and beyond the CDS. Opportunities to work with colleagues and departments beyond dentistry included being made 'champion' for the new Freedom of Information Act. This led first to being responsible for data protection advice for patient services, then to becoming the Caldicott Guardian for the whole Trust. That role encouraged me to apply to be the Medical Director of the Trust. I felt a great boost in confidence and resilience in achieving this Board level post, and making it a success for three years. Within dentistry there is a broad spectrum of professionals. It has been my good fortune to be involved in training students in several skill sets. Initially my input was at local Further Education colleges offering classes for dental nurses wishing to qualify as Nationally recognised Dental Surgery Assistants. Teaching basic materials, anatomy, oral surgery procedures and cross infection control introduced me to many local dental nurses and practices. Teaching dental nurses naturally led to becoming an examiner for the National Association of Dental Nurses. Six years of visiting examination centres and marking papers led to a much greater challenge in education. Liverpool Dental School had funding to establish outreach teaching centres for Therapists, centred on Liverpool University, within the North West Region. Would we help them to set up a course in Crewe? Establishing the course facilities filled months, all alongside the day job of Special Care Dentistry. Dental nurses from our own CDS, and local

practices, successfully applied to become Dental Hygiene Therapists and commenced their training in Crewe. They attended the CDS clinics and local practices to be supervised by dentists while learning to treat patients under a prescription. These cohorts of Therapists have now developed their own varying careers, a highlight of my own career.”

Most Memorable achievement in the profession

“The DDPH RCS has enabled me to become a member of the FDS RCS Eng, which led to becoming a committee member for the Advisory Committee for Community Dentistry at the College. After two years on the committee I volunteered to be the Vice Chair, and ultimately the Chair of that committee. The Chair is an invited member of the Board of the Faculty of Dental Surgery. Being involved in the Board has been intimidating, stimulating and outside of my comfort zone at times, but something that I would not have missed for anything.”

Advice to Younger Self

“Realise that any experience, education and networking can lead to unexpected opportunities in the future, sometimes years later. These varying opportunities make you a fulfilled and constantly engaged professional.”

Most influential mentor(s)

“There has not been a single mentor who has influenced me above all others. However, the first maxillofacial Consultants for whom I worked at the commencement of my career set the tone of the years ahead. They emphasised the respect, care and attention to detail required when treating patients and the need to accurately record all aspects of the care for future reference.”

Use of mentoring

Mentoring has been both informal and professional throughout my career. Colleagues and friends in dentistry have offered their advice and expertise at important times. These occasions have included times of stress and difficulty, but also at those vital crossroads which occur in any career. Mentors have been able to provide knowledge and guidance enabling me to crystallize my own thoughts and direction of travel and put them into action.”

Professor Patricia Reynolds BDS, MBBS, MAODE(Open), PhD, FDSRCS(Eng), FDSRCS(Ed), FHEA, FICD

Professor Emeritus at King's College London



Pat qualified from Guy's Hospital (Dentistry) in 1977 and then from the United Medical and Dental Schools, Guy's & St Thomas's (Medicine) in 1984

Pat was attracted to dentistry because she liked the fact that dentistry was a practical subject with a scientific basis. It would also allow her to become an independent practitioner whilst working in a caring profession serving society.

Current responsibilities in the profession

"I am Professor Emeritus who advises over educational research, locally and globally. I also supervise PhD and Master's students."

Pat's dental story

"You are always asked as a child, what do you want to be when you grow up? When I was two I told my Godmother that I wanted to go to university. At school I wanted to be an inventor but with a practical inclination, and, wishing to be independent and self-sufficient, dentistry seemed a natural solution. I qualified BDS at Guy's Hospital in 1977. Residential Oral Surgery House jobs followed when, to succeed in the specialty, you needed a medical qualification. During the medical

course at Guy's I worked in dental practice. After working my way up to Registrar and Senior Lecturer in Maxillofacial Surgery for 20 years, I had the opportunity to undertake a PhD. The inventor could finally be liberated. I developed a laser device to test the subliminal effects of laser energy on cells. Laser light certainly had an effect, but I was more taken by the advent of the digital age. Powerpoint, for me, revolutionised the boring lecture. Email was just beginning, and mobile phones were still unwieldy devices. I had become a clinical academic. Teaching was a major part of my activities, and the students lapped up the new technologies that enhanced their learning. To learn more, I undertook a Masters in Open and Distance Education at the Open University. It was entirely online, and was completed in my spare time. This was before educational qualifications became mandatory for clinical lecturers. It was a pivotal point that started part two of my career. I moved into an educational role at King's College London, where I became a Senior Lecturer in Flexible Learning. I put the Dental Therapeutics course entirely online using the new virtual learning environments - against some considerable opposition in 1998. But with the support of my mentors, Sir Ian Gainsford and Dame Margaret Seward, who encouraged my multimedia developments, I began being awarded grants for educational research that helped prove the efficacy of these advances. The international European programme, DentEd (Dental Education) introduced me to many new colleagues globally, before easy long-distance communications were possible, and many became lifelong friends. Together we developed a new Flexible Learning Platform with apps {before apps were invented} and a robotic system using haptics (the sense of touch) to teach dentists practical skills. We gained funding to successfully complete these award-winning educational research projects. In 2007, I was awarded a Chair in Dental Education. To continue our collaborative work, an annual international Colloquium provided a forum to discuss advances in a free and open way, unhindered by the prejudices sometimes seen in Higher Education systems. Some are still very reliant on lecture delivery, grounded in medieval methods of education. This Colloquium is now in its 15th year. So where has my story reached? I have visiting appointments in Australia and Italy, and am an Emeritus Professor at King's where I continue to supervise students and advise over future directions. So I went to university, I invented things, but all from starting out in Dentistry. Now I follow my students' successes and look forward to their brave new worlds in the new digital era."

Most memorable achievement in the profession

- “Two large innovative educational research projects, HapTEL (Haptics in Technology Enhanced Learning) and IVIDENT (International Virtual Dental School) completed on time and within budget.
- Students who have gone on to greatness
- International network of like-minded colleagues who meet at an Annual ‘Innovations in Education’ Colloquium, now in its 15th year.”

Advice to younger self on qualifying

“Follow your star, consider higher education and the variety of opportunities that dentistry can afford, to achieve a rounded and satisfying career.”


Most influential mentor(s)

“**Sir Ian Gainsford** who supported and promoted my forward looking educational innovations and was a wise counsellor.

Dame Margaret Seward who understood the challenges that women face even in the 21st Century. She went the extra mile to support me personally.”

Use of mentoring

“Over the years I have used mentoring to support and inspire students at undergraduate and postgraduate levels and to bounce-off ideas to my own mentors and mentees.”



**Dr. Ewa Rozwadowska BDS,
PG Cert Coaching and Mentoring**



Ewa qualified from the University of Birmingham in 1978

Ewa's parents were Polish World War II refugees, who worked very hard to ensure she had opportunities never available to them. She loved art and creating things, but they encouraged her to follow the sciences. When she was applying to university, someone suggested dentistry, and after the first usual dismissal, she realised that this career would tick all the boxes – academia, artistry and working with people. Ewa still regards herself as an artist; loves intellectual challenges, and revels in the ability to be in such close contact with so many people.

Current responsibilities in the profession

“I sold my share of Confident Dental Care two years ago, to free me for moving my career and ‘Beyond Teeth’ business into coaching and mentoring dental professionals. I do wet fingered dentistry two days per week, which also allows me to be a Denplan Advisor, doing Excel visits and certification. I sit on the Denplan Excel board, looking at the compliance and strategic development of this quality assurance programme. I am also on the judging panel of the Dental Awards, which gives me an insight into some of the best UK practices.”

Ewa's dental story

“My first position was in the community dental service in Wolverhampton, where I was doing clearances on 2 year-olds – a shock after the fluoridated

teeth of Birmingham children. I vowed that if I ever had my own practice, the prevention of caries in children would be one of my priorities – little imagining that I would be one of three new owners of a practice six months later! Looking back, we were so naïve, taking on crippling debt at 16 per cent interest - as we had no capital or security and no practice management experience – a real baptism by fire. I left five years later, pregnant and expecting to work as an associate, when I was telephoned by my new principal from prison (he had defrauded the NHS), asking me to look after, and eventually buy the practice that I have now owned for over 30 years. I was supported by a visionary bank manager, who allowed me to borrow against my sheer enthusiasm and determination. In 1984 there were few female practice owners, let alone ones who had few financial assets and who were about to deliver a baby! Juggling motherhood, practice sole ownership, and finances was desperately challenging, but after four years I expanded the practice to new premises and repositioned our patient care to a higher level. My dreams for the practice were realised and promptly shattered as my newly installed surgeries were dismantled due to rampant dry rot. Cue Kevin Lewis's Insight group, and my first real coach – John Pollard, who provided a six-month strategy for me to present to the bank (same manager!) and to 'professionalise' all the systems within the practice. I thought I was engaging a 'rescuer', but far better, I took real responsibility for my own future. Withdrawal from adult NHS treatment focused our attentions on the development of a team-led structured preventive programme for children – a joyful realisation of my vision ten years previously. My appreciation that my team were crucial to my success was brought into focus when we became the first UK practice to achieve Investors in People (nothing like a challenge, as I was about to give birth to our son). Over the next ten years we achieved many dental awards for prevention and teamwork, and I gained a reputation for having a voice in dentistry. Attending the Pankey Institute in Florida in 2000, and subsequent top quality Continuing Professional Development (CPD) courses gave me a new perspective in 'completed dentistry' and the gradual creation of smiles that represent state of the art in health and confidence for my patients. With the advent of HTM01-05 and Care Quality Commission (CQC) requirements, I became interested in the dynamics of providing quality assurance through professional delegation, becoming qualified in Dental Practice Assessment, which led to becoming a Denplan Advisor. I have recently taken formal qualifications in coaching and mentoring, and am sharing my expertise in being a 'wet-fingered' dentist and practice owner with my portfolio of clients, helping them realise their own visions for their practices."

Most memorable achievements in the profession

“Seeing the results of my dentistry on my patients for over 38 years – an exceptional lesson in the value of CPD and professional reflection! The privilege of leading, coaching and developing team members in both their dental careers and personally, and seeing them become true professionals with their own voices in dentistry. Recognition of my team’s professional achievements through the numerous awards over the years. Being invited by Kevin Lewis to speak at the Young Dentist’s conference, and being able to influence 300 new graduates – including my own daughter! Being a spokesperson for the BDHF and being involved in Denplan’s Children’s Dentistry project nationally. Still enjoying the challenges of dentistry and seeing the legacy of my coaching and mentoring in the next generation of practice owners.”

Advice to younger self on qualifying

“I am privileged that my daughter is a qualified dentist, and so I can give advice on a daily basis! I do advise constantly learning about things that make you passionate and give you joy. To embrace the opportunities in life, to enjoy the roller-coaster of the consequences of your decisions, and find mentors who will both support and challenge you. To value and work on your relationships - both personal and professional.”

Most influential mentor(s)

“Kevin Lewis as a model of professionalism and level-headedness. My Pankey tutors in taking my dentistry to another level, in balance with my life. John Pollard and all my business mentors for channelling my thinking and actions into the creation of my practice. My family and my team, for showing me that I need to be a real person, too.”

Use of mentoring

“Mentoring has been central to my career. Initially it was to help me out of financial difficulties, but I learned that it was invaluable to have experienced ethical professionals who questioned my decisions, supported the innovative projects my team and I envisioned, and helped to raise my leadership performance. I am inspired by my mentors and aspire to give my own mentoring clients the space in which to grow.

**Dr. Catherine Rutland MA, BChD, IRMCert, CMI,
BDS, PG Cert Leadership Coaching and Mentoring**



Catherine qualified from the University of Leeds in 1992

Catherine was attracted to dentistry because she wanted to do something that helped people, and as a woman she wanted the ability to be financially independent.

Current responsibilities in the profession

“I head up a team that provides support to practices in regulatory and legislative matters as well as supporting them when things aren’t going right for whatever reason.”

Catherine’s dental story

“I qualified with not much idea of what I wanted to do, so I spent two and a half years in hospital before deciding to do vocational training and then continue in practice. I became a principle at the age of 30 and I loved practice and the relationship with patients and the team I worked with. In 2009 a recurring autoimmune eye condition got significantly worse and I ended up being off work for 8 months. It was a terrifying time and the threat of having my professional life ripped out from under me was awful. I went back to practice but in a very restricted form. In early 2010 I was

invited by Roger Matthews to start a new role at Denplan. I seized the opportunity. As the role grew my time there increased and I decided to study for a Master in Medical Ethics and Law to add to my knowledge. This was followed by a risk management qualification and then a mentoring and coaching qualification. I finally stopped any clinical work about three years ago: It was emotionally very difficult to make that break but I knew my eyes were no longer up to it. My role is now so varied, no two days are the same. I do a lot of presenting and a lot of travel but love it. I feel privileged to work in the company I work for and with the people I work with and be able in some small way to continue to help people.”

Most memorable achievement in the profession

“I very much live day to day. I have had so many memorable days and continue to have them. Some are small things, some are more significant and affect more people, but I couldn’t say any was more memorable than another...just different!”

Advice to younger self on qualifying?

“Have faith in yourself, believe in yourself and you will fly.”

Most influential mentor(s)

“Roger Matthews, former CDO at Denplan, has had a significant impact on my professional life. He saw more in me than I saw, he had faith in me, absolutely trusted me and gave me the courage to trust myself.”

Use of mentoring

“I have periodically had mentors myself and have also been a mentor, mainly informally, and the benefits are huge. It should be used more, but from what I see, sadly many within the profession are wary and only feel it is necessary in times of real trouble.”

Mrs. Fiona Sandom Dip DH, Dip DT, MSc



Fiona qualified from Manchester as a dental hygienist in 1993 and from the University of Liverpool as a dental therapist in 1999

Needs must brought Fiona into dentistry; she needed a job. Her dad was working in America and as a family they were living in Michigan, when his contract ended the family moved to Maryland. Fiona decide that she would like to stay home on Anglesey instead of moving with them. She had a month to find a job and was really lucky starting work in the Old Lookhouse Dental Practice in Cemaes Bay, with Tim Poole. She was sent off to college one evening a week and became a qualified dental surgery assistant; as they were in those days. Once she qualified, Tim gave her a list of dental hygienist schools and told her to apply. Fiona successfully applied to Manchester and that is how she started her career. Fiona feels that if it was not for Tim, who not only pointed her in the right direction but also given her a monthly contribution for her rent and living costs, she is not sure where she would have ended up.

Current responsibilities in the profession

“Right at this moment in time, I am working clinically in an NHS practice as a dental therapist, I am a dental educator for Wales Deanery and working on an exciting dental education project at Bangor University. I am also working on the exemptions project which, if successful, could mean that dental hygienists and dental therapist will be able to administer certain prescription-only medicines under the exemptions frame work. In addition, I am a GDC Education Associate and a PhD Student at Bangor University.”

Fiona's dental story

“I qualified as a Dental Hygienist from Manchester Dental Hospital in 1993, and as a Dental Therapist in 1999 from Liverpool University Dental Hospital. In 2013 I gained my MSc in Medical Education from Cardiff University. I currently work clinically in NHS practice, I am a dental educator of Dental Hygienists and Dental Therapists for the Wales Deanery in Health Education and Improvement Wales. I'm also an Education Associate for the GDC; an Examiner for the RCS Edinburgh, and Immediate President of the British Association of Dental Therapists. I have recently been awarded Fellowship of the Faculty of Dental Trainers, RCS Edinburgh. I have been fortunate to work as a dental therapist in practice, in hospital, the community dental service and in personal dental service and I have a keen interest in treating anxious patients with Inhalation Sedation. I have been awarded two Oral and Dental Research Trust DCP Awards, one in 2013 and another in 2015. I am currently carrying out Health Service Research at Bangor University for my PhD, and working on the proposal for the use of exemptions in medicines legislation by dental hygienists and dental therapists across the United Kingdom.”

Most memorable achievement in the profession

“Being President of the British Association of Dental Therapists.”

Advice to younger self on qualifying

“Remember your value and accept each opportunity that comes your way.”

Most influential mentor(s)

“Tim Poole, Prof Ireland and Katherine Mills.”



Mrs. Ameeta Sharma BDS



Ameeta qualified from University College London in 1990

It was the idea of working with other people in a surgery environment that attracted Ameeta to dentistry.

Current responsibilities in the profession

“I work in general practice and I am also an honorary clinical teaching fellow at the University of Warwick. In addition, I mentor other dental professionals. I have recently left my position working for HEE West Midlands”

Ameeta’s dental story

“It was through hard work and determination that I was able to achieve my goals. Without the help and support from my family and close friends this would not have been possible. It is important to keep learning new things and helping colleagues. Dentistry is an ever-changing profession with many challenges. It is important to change with the times to achieve the optimum. I would recommend this career to any woman as you can have a work-life balance. Always have a sense of humour and keep smiling.”

Most memorable achievement in the profession

“Getting my MSc in implant dentistry with distinction.”

Advice to younger self on qualifying

“Always do your best and work to a high standard.”

Most influential mentor(s)

“Harish Gupta.”

Use of mentoring

“It has helped me to work through problems and also to help others with their difficulties.”

Dr. Janki Solanki BDS

Janki qualified from King’s College London in 2018.

Janki has always known that her academic strengths lay in the sciences, and her hobbies were more creative. As much as the idea that dentistry mixes art and the sciences is commonplace, she feels clichés are clichés for a reason. The amalgamation of the two sparked Janki’s initial interest in the profession.

Most memorable achievement in the profession

“Although I have yet to graduate I am most proud of being the co-founder of KCL Women in Dentistry. The society was set up to be a network of students and professionals aiming to encourage and inspire women to achieve their full potential”. (Since first writing her profile, Janki has

graduated and is now working her foundation training year). “In honour of International Women’s Day on 8th March (2018) we held a screening of the film *Hidden Figures* which celebrates the strong women that came before us. The society hopes to continue bridging across undergraduate and postgraduate levels.”

Most influential mentor(s)

“Dr. Melanie Nasseripour has been my clinical tutor and head of floor for the better part of my undergraduate years. Her passion for the profession and desire to help has not only been inspiring but has influenced my decisions for further study. Dr. Cabot, who was Head of Admissions during my year of application, has always had an appreciation for the distinctive skills each of us carry. Although my route into dentistry was not the most standard one, Dr Cabot sees the positives in not being a ‘typical’ applicant and I will always be grateful to him for this.”

Use of mentoring

“King’s, like many universities, has a buddy system in place for first year students to be paired up with older colleagues. This encourages students to expand their network across peers in all year groups. Mentoring for me has led to numerous networking opportunities where I have met new acquaintances, some of which have become close friends, and I hope to nurture these relationships throughout my career.”

Dr. Catherine Sternberg BDS, FDSRCS, Cert MedEd



Catherine qualified from the University of Birmingham in 1993. She was the last 4 ½ year cohort. Catherine qualified as a Specialist in Oral Surgery in 1997.

Catherine loved ‘making and doing’ things with her hands from a very young age. She also liked caring for people and so dentistry enabled her to fulfil all those innate desires. Furthermore, she can never sit still for very long, so a desk job would have been out of the question.

Current responsibilities in the profession

“In the main I have a busy NHS Specialist Oral Surgery contract and a super associate to help me deliver it. There are the professional responsibilities to the patients, NHS England and my own staff to keep this running as a 5-star service every single day and care for patients in a way that I would want to be looked after if I were the patient. In addition, I have my own private Oral Surgery business in Oxford and provide ad hoc cover for the NHS Trusts in Oxford and Winchester.”

Catherine’s dental story

“As I approached graduation, I knew that I wanted to do Oral Surgery. However compulsory VT had just begun and so I found myself in general practice. Things did not go well for a variety of reasons and 8 months later I found myself resigning from VT and starting a 2 year OMFS SHO job in Taunton. I loved this job – the challenges, learning, people and colleagues were all fantastic. The hours of revision for FDSRCS were not so great, but I learned huge amounts from everyone around me and wondered how on earth I ever thought I knew anything at all when I graduated! My next role at Poole hospital (where I learnt about free-flaps and tracheostomies)

was more than hard work as the hours were exhausting (this was pre-junior doctors hours revolution) but made passing the second part of FDS easy as I had been exposed to the whole spectrum of clinical practice by this stage. From there I moved to Guys hospital to do six months of oral pathology, oral medicine and radiology. This was the first time I had worked in a teaching hospital and, despite thoroughly enjoying it and all London had to offer, I missed surgery and so followed my husband to Oxford where I did another year as an SHO in OMFS before moving on to a Staff Grade and then Associate Specialist position for many years. Tiring of having so much responsibility but without the credit, I hankered after a Consultant post and finally achieved this in Southampton where I stayed for seven years. This role finally allowed me to lead a department and work with managers to make changes. It is a constant battle though, with all the complaints and grumbles coming to you, personality clashes, targets and staffing issues! Then in 2015, the local Oral Surgery commissioning changes gave me the opportunity to bid for my own contract based in primary care. Having got to know many of the local practitioners through a previous role as a Regional Adviser for the then Deanery, I was able to pair up with a practice owner and successfully secure a contract. Going back into primary care has been amazing – so liberating to be able to run your own show! Of course there are all the normal NHS rules and regulations but having the freedom to be able to deliver care in the way I know works for patients and staff alike has been wonderful. These days, with social media feeding back on my practice every day, I will know immediately if the service is not up to scratch. Fortunately however, that has not been the case and long may it stay that way...”

Most memorable achievement in the profession

“Bidding for a tender all by myself and winning it. It was completely exhausting and nerve wracking but in doing so told me I was good enough to do what I am trained to do.”

Advice to younger self on qualifying

“Ignore all the people who try to put you down; do not rise to them but instead rise above and find your own way. The hours you put in will pay off, eventually!”

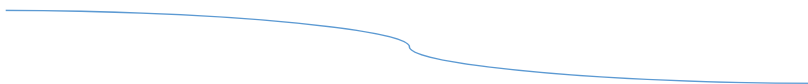
Most influential mentor(s)

“Janine Brooks – she has a marvellous way of understanding how hard it is being in oral surgery and made me believe in myself.

Clive Pratt – Consultant OMFS – unfailing positive trainer when I was an exhausted SHO in Poole.”

Use of mentoring

“Not formally, but I’m sure all those on-the-run corridor conversations with fantastic colleagues count for something if you add them all up over the years!



Claire Stevens CBE
BDS (Bristol), MFDS RCS Ed, M Paed Dent RCPS, MPhil
(Newcastle), FDS (Paed Dent) RCS Ed.



Claire qualified from the University of Bristol in 2000.

She was initially attracted to dentistry by the opportunity to mix owning a business and, please forgive the cliché, (Claire’s words) to help people. As an associate, it was the business elements of dentistry that put her off working in practice and so she focused on her second reason for becoming

a dentist, and went down the hospital route. It has given her all she wanted - the ability to make a direct difference to her patients' lives; to be part of a great team and more recently to be able to provide healthcare leadership. Claire is driven by the need to make things better for children, but she is impatient! She likes to see results!

Current responsibilities in the profession

“I am an NHS Consultant in Paediatric Dentistry working in the University Dental Hospital of Manchester. I also Chair the Managed Clinical Network for Paediatric Dentistry across Greater Manchester, allowing me to lead the strategic direction for children's oral health within the Greater Manchester Health and Social Care Partnership. In September 2017, I became President of the British Society of Paediatric Dentistry and have led their media team since inception three years ago. I work across organisations to advocate for and improve children's oral health.”

Claire's dental story

“I graduated from Bristol Dental Hospital in 2000 and then moved to work as a General Professional Trainee in Newcastle Dental Hospital between 2000 - 2002, followed by a year as an associate and as an Honorary Clinical Fellow. I have also completed short placements in Dental Public Health and the Community Dental Services before commencing Specialist Training in 2003. I had a brief placement in Adelaide Children's Hospital as a Senior Registrar before returning to the UK to complete higher level training and an MPhil in dental erosion. I was appointed as a Consultant in June 2009. I developed the Adolescent Intravenous Sedation Service which began in November 2010 and provides care for highly anxious people and was the recipient of a Research for Patient Benefit Grant which supported my team to investigate the patient acceptability of intravenous propofol sedation in adolescent dental care. I am media spokesperson for and President of the British Society of Paediatric Dentistry, an organisation which aims to improve oral health in children and encourages the highest standards of clinical care. I Chair the Greater Manchester Paediatric Dentistry Managed Clinical Network – a group which is working to improve children's oral health and Paediatric Dental Services across Greater Manchester. I also write toothfairyblog.org which aims to provide pragmatic, evidence-based information for parents on children's oral health.”

Most memorable achievement in the profession

“Becoming President of the British Society of Paediatric Dentistry was a huge honour and has provided me with a platform to be heard as an advocate for children’s oral health. On my first day as President I launched BSPD’s Dental Check by One Campaign (<https://www.bspd.co.uk/Dental-Check-by-One>) – a campaign which has resulted in increasing numbers of young children accessing NHS dental services. To be honest though, I think my greatest achievements are yet to come – I’m only just getting started!”

And how right Claire proved to be, after kindly sending me her profile, she was awarded a CBE in the 2019 New Year’s Honour’s List, the only dental professional to be recognised at that time, utterly brilliant and richly deserved, (ed).

Advice to younger self on qualifying

“Believe in yourself, you will find your way. Surround yourself with a team of like-minded individuals who challenge, support, encourage, and understand you. This network is key. Collaboration is essential – nurture relationships, build bridges, take care of and value your team and they will take care of you.”

Most influential mentor(s)

“I have had so many people influence and guide me throughout my professional career. As a second year undergraduate, I listened to Peter Crawford and decided there and then to specialise in Paediatric Dentistry, a decision I have never regretted. His passion and enthusiasm was inspirational, and I don’t use that term lightly. Peter mentored me throughout my undergraduate years and beyond. It was very appropriate that it should be him to welcome me to the Consultants in Paediatric Dentistry group some years later. I also have to single out Dr Paula Waterhouse who mentored me during my Specialist training and remains a friend today and Prof Iain Mackie who encouraged and supported me as a new Consultant. I still seek his wise and sage advice although he is very much retired. From a media perspective, Caroline Holland has invested a huge amount of time in me. She has helped me to drive forward our media plan for BSPD. She is our secret weapon!”

Use of mentoring

“Put simply, I would not be where I am today without the mentoring I have received. Throughout my life I have had the privilege of being guided, supported and encouraged by a team that drives me to be the best I can be. In turn I hope that I have made a difference to the lives and careers of the trainees that come to work with me. Nothing gives me greater pleasure than supporting a trainee to progress and carve out their own niche. It is a real privilege to teach and nurture paediatric dentists of the future.”

Margie Taylor CBE
BDS, MSc, MBA, FDSRCSEd, FDSRCPS(Glasg),
FFGDP(UK), FFPH



Margie qualified from Edinburgh dental school in 1978

When asked what attracted her to dentistry Margie gave two answers, one short and one long:

Short answer – Margie was always keen on health subjects and when she looked at the dental course, thought it would be interesting and she would be able to get a job at the end of it.

Long answer – Margie had been to three different primary schools, one in Cheadle and two in Edinburgh at a time when there was no national curriculum. This meant that her primary school education, to put it mildly, was inconsistent. For instance, they all seemed to have done history and geography before she got there or kept it until she had left. To this day she feels her knowledge of these subjects is still behind others. Anyway, she decided when she started secondary school that the only subjects she could pursue with anything like a level playing field was the sciences and Latin, both of which she enjoyed. Margie feels she wasn't a natural physicist and admits that watching 'Up Pompeii' the night before the exam greatly helped with Latin!! These circumstances inevitably led her to consider science as a university course.

Current responsibilities in the profession

"I am Chief Dental Officer for Scotland so I am the main professional adviser on all matters relating to dental policy and service provision to Scottish Ministers and the Scottish Government." Since writing this profile Margie retired from this post late in 2018.

Margie's dental story:

"When I qualified my first love was oral surgery and I applied to become a house officer at the Royal Infirmary in Edinburgh. A better candidate got the post and I was told to come back in six months when I had learned to drive. I decided, as a stopgap, that I would join the community dental service although I had severe reservations at the time. I worked in a small town in the central belt and treated a selection of patients from across the social spectrum. I was able to see the contrasts in their relative oral health from day one. Where I worked, my neighbour was a GDP who had been serving the community for decades. It was a given that if teeth needed to be extracted (and many did) a GA would be provided. I remember the disbelief from a patient's mother whom I turned away when she asked for her daughter's teeth to be extracted as a 21st birthday present. There was equal shock on my part when I had to do a clearance for a 12- year old. This flew in the face of what we had been taught as undergraduates and that, coupled with a steady flow of 4 year olds needing numerous extractions (with LA), made me rethink my career. When the oral surgery department called six months later I had decided rather grandly that 'my community needed me'. The more teeth I extracted the more I thought that merely shutting the stable door after the horse had bolted was having

limited impact on the community's oral health so I decided to think strategically and was grateful for the opportunity to study community medicine at Edinburgh University, and to Professor Philip Sutcliffe for the support he gave to a pretty mediocre student. I still have the cheque that I wrote for the fees and I remember at the time being completely broke. I had just bought my first flat and was still paying off my car and I realised that the most important provisions in life were teabags and soap. So the MSc set the stage for developing an interest in improving oral health on a big scale and I worked in Fife and Lanarkshire trying to put what I had learned into practice. I remember in both areas being grateful for the vast number of dedicated practitioners across the services who genuinely believed in trying to make a difference. I was aware however, working at health board level, that my education was lacking in the business areas and was fortunate enough to be given the chance to study an MBA at Heriot Watt university. As you can imagine the dream job for someone wanting to work strategically is Chief Dental Officer and I took up post in 2007. It has been fascinating working with all the talented people in government and beyond to try to make a difference and it has been a privilege and a pleasure.”

Most memorable achievement in the profession

“I don't think anyone at this level can claim to make achievements on their own, we are always so dependent on the goodwill and dedication of others, but being able to work with and in some way influence the strategic direction I think has been the most important aspect of my work.”

Advice to younger self on qualifying

“Keep an open mind, do what you believe in, learn from your mistakes and try to make a difference.”

Most influential mentor(s)

“I remember working with a particular general manager and admiring the way he good-naturedly influenced others with a mixture of humour and great talent. Many years later he was in the difficult position of carrying the can for a problem he'd inherited, and I watched on TV as he apologised and thought that was absolutely the right thing to do and just what the public would have needed to hear. It took courage and professionalism.”

Use of mentoring

“I have observed many colleagues as they have worked, and have tried to learn from their failures as well as their successes and how they dealt with them. It’s a great advantage to be able to observe how to deal with mistakes for when they inevitably happen to oneself.”

Mrs. Elaine Tilling RDH



Elaine qualified as a Dental Nurse in 1978 and then as a Dental Hygienist at the Institute of Dental Health and Training RAF Halton, Buckinghamshire in 1982

Elaine feels she was destined for one of the caring professions as her grandfather worked for the Red Cross, her father was a Divisional Officer for the St Johns Ambulance and she was a St Johns Cadet for several years – she had no aspirations to work in dentistry specifically. She joined the Royal Air Force, to upset her father who was in the Royal Navy! The trade of Dental Nurse sounded a good option at the time.

Current responsibilities

“In my paid job, I work for TePe Oral Hygiene Products Ltd, where I am the Clinical Education and Project Manager. I design and deliver a range of verifiable Continuing Professional Development (CPD) for TePe and act as the clinical expert for the professional and consumer markets. In my voluntary work, I sit on the Editorial Board for the BSDHT Dental Health and the Annual Clinical Journal. I am also on the panel of experts for NICE and a Fellow of the British Society of Dental Nurses.”

Elaine's dental story

“I quickly realised that the role of Dental Hygienist was the one for me as I saw what a difference the time and care of a Dental Hygienist could do for a patient. Education empowers and dedicating time and effort to helping someone to improve their oral health is something that I still find hugely satisfying. I even find that satisfaction when on the ‘phone to one of our customers who has a question or problem to do with their oral health. I was a clinical hygienist serving at home and abroad for 15 years before achieving my ultimate goal of becoming the Officer Commanding Dental Hygienist Training for the three armed services. I served in the Royal Air Force for 25 years and I have incredibly fond memories of the dental teams and students that I had the honour to work alongside and train. My passion for empowerment and health led me to undertake an MSc in Health Promotion which helped me develop a smoking cessation protocol for service personnel. Sharing knowledge and ideas really inspires me and lecturing and presenting to my fellow dental professionals is something that never fails to keep my batteries fully charged! Dental Hygienists in particular, are quite isolated in their daily work and so getting together for CPD is something that this cadre did long before it became a compulsory part of our working lives. My time making presentations to the profession is something that I really do love. I am working more and more with the dental nurse cadre now, developing training on behalf of TePe and also for the Deaneries. The nurses are really stepping up to the mark with CPD and these sessions have become a hugely enjoyable part of my working life. The future of the dental team with a mutual respect for the roles and skill sets of each member is getting closer I think.”

Most memorable achievement in the profession

“Receiving the Lean Memorial Award for services to Dentistry as I was the first woman and Dental Hygienist to receive this award which is traditionally given to Dentists in the Royal Air Force. If I may have two memorable moments, then being invited by Women in Dentistry to present my dissertation on smoking and oral health in Vancouver is also right up there with my proudest moments.”

Advice to younger self on qualifying

“Education and empowerment are the best tools to motivate patients, not simply telling them what to do! It took me a while to cotton on to that.”

Most influential mentor(s)

“A lady called Freda Rimini (Squadron Leader retired). She was my Senior Tutor as a dental hygienist and taught me that you place your own ceiling on your capacity to learn and achieve.”

Use of mentoring

“I consider myself extremely lucky to have been mentored by some of the most incredibly gifted people in dentistry; Graham Smart, Phil Ower and Ian MacIntyre, all dentists and all my commanding officers in the Air Force. I learnt from the best. When you see potential in someone it’s really nice to be able to encourage them to see their way forwards. Everyone has potential, some people just don’t see that potential in themselves. Running workshops that share best practice in dentistry has been an effective way to mentor by stealth - I guess... as I mentioned before, Dental Hygienists often work in isolation from the rest of the dental team and can often doubt their own skills and knowledge, so encouraging them to look at what they do know and do achieve every single day can help reassure and inspire them to keep on doing what they actually do best... care and motivate! I am a Girl Guide Leader and use the same philosophy in my Guiding.”

Dr. Stephanie Twidale, TD, BDS, DGDP(UK)

Stephanie qualified from the University of Liverpool in 1969

Stephanie just decided at 8 years old that dentistry was what she wanted to do – assuming she passed her 11-plus. If not, she decided she would be a policewoman! Stephanie’s mother told her that she did ask if “dentists earn lots of money” before announcing her decision – sadly her mum didn’t tell the whole truth as life and the career has worked out!

Why did Stephanie make that decision? she has no idea. She was a very reluctant tooth-brusher, and had lots of fillings in deciduous and permanent teeth. Luckily she had a kind dentist who used LA from an early age (unusual in those days), so although she disliked the treatment with the cord-driven drill and its terrible vibrations, she was never really hurt. Stephanie never needed an extraction, and she liked her dentist, Mr. Alun Griffiths, who she can still picture now.

Current responsibilities in the profession

“I am Non-Executive Director for Community Dental Services Community Interest Company, an employee-owned Social Interest enterprise. I am still a Local Dental Adviser for Dental Protection, available to assist members requiring support in their professional lives. I am also available on a freelance basis for these purposes. I also occasionally deliver lectures on Law and Ethics, Record-keeping, and similar topics for Dental Protection and independently.”

Stephanie’s dental story

“I started my career in Community Dental Services in Cheshire, and then central London. I was promoted to a Senior post after 6 years, then to Assistant Area Dental Officer. After 10 years I had got as far as I wanted in the CDS, and decided to try my hand at general practice. I spent a year as an Associate; then, having my own clear ideas as to how I could make a preventive philosophy work in my own practice, opened a “cold-squat” in Oxford. Encouraged by success, and fed up with daily commuting, I opened another “cold-squat” in my home village. When this also “took off”, and having the opportunity to become involved in Vocational Training, I sold the Oxford practice. This gave more time to extend my growing involvement in dental politics. I was LDC Secretary for several years, and was proud to be elected to General Dental Services Committee from LDC Conference. Having been a Vocational Trainer for some years, I was appointed to the National Vocational Training Authority for two terms.

Having sold the second practice after nine years, I joined the Dental Practice Board as a Dental Reference Officer, including a secondment to HM Inspectorate of Prisons as a prison inspector. I was made redundant after 11 years, so took a variety of part-time posts including prison dentist, “out-of-hours” service, and postgraduate dental tutor. I was privileged to join Dental Protection as a Dento-legal Adviser in 2009, retiring in 2016. This, along with my prison inspector role, were perhaps the most fulfilling of my various roles over the years.

Alongside my “regular” career, I spent 21 years as a Territorial Army Dental Officer. My duties included the provision of dental care and training within my Field Hospital Unit. However, the best aspects were in learning many other skills as an Army Officer, and meeting people who became lifelong friends. Mobilised to serve in Iraq in 2004, I relished the opportunity to put my skills to use, and to practice my chosen career in an operational military environment.

My most challenging period was quite recently, when my husband became ill, and I had to go back into general practice for a year. Having been non-clinical for two years, the Local Area Team deemed me unsafe to operate without going through the “Equivalence to Vocational Training” process, despite already having a VT number, and having served on the DVTA, making similar decisions about others’ suitability. As my “equivalence” was obtained, the practice sale went through, and I walked away. Moral: never give up your Performer number, if at all possible. You never know what life has in store. I am currently appointed as a Non-Executive Director of Community Dental Services, Community Interest Company. I am still a Local Adviser for Dental Protection. I also serve in a voluntary role on the Independent Monitoring Board for HMP Long Lartin. I continue to attend BDA meetings, and was delighted to be awarded Life Membership of the Association last year.”

Most memorable achievement in the profession

“Serving as a Dental Officer in Iraq in 2004.”

Advice to younger self on qualifying

“Don’t listen to others (usually men) who tell you that “you can’t do something”. Don’t let yourself get bored or trapped – if you feel you

would like to try another path in dentistry, just trust your instincts. However, always leave your options open in case something doesn't work out as you had hoped. Get involved in dental organisations and politics as much as you can. Everybody – young or well-experienced – has much to contribute, and you will make good friends for life.”

Most influential mentor(s)

“The late Dr. Celia Ross BDS, MFGDP.”

Use of mentoring

“As a Vocational Trainer to three young dentists. Supporting an overseas dentist in my husband's dental practice. Encouraging TA officers in my roles in charge of firstly Junior, and then Senior, Officer Training. Supporting members in difficulty as a Local Dental Adviser for Dental Protection.”

Ms. Charlotte Wake RDH, RDT, MA



Charlotte qualified from Queen Mary University, London with a dual diploma as a Dental Hygienist and Dental Therapist in 2005.

Charlotte's mother was a dental nurse, so she had a familiarity with the profession. She wanted to be in a profession that helped people and where she felt she could make a difference.

Current responsibilities in the profession

“Currently I am working four days a week in general practice. I mainly undertake the work of a Hygienist and am also a Safeguarding Lead/Deputy. I am a freelance dental writer for various dental journals but routinely publish in Dental Nursing Journal and in Oral Health Journal. I have just completed a Master’s Degree in Dental Law and Ethics from the University of Bedfordshire. As part of this degree I undertook research into Professional Identity of Dental Therapists and Hygienists and their perceptions of their positioning within the team.”

Charlotte’s dental story

“I started my dental career as a Dental Nurse, qualifying with Merit in the early 2000’s. After a couple of years nursing I decided I wanted to train to become a Dental Therapist and Dental Hygienist. I wanted to make a difference and especially enjoyed the challenges that treating children presented. After qualifying in 2005 I have worked within private practice and really enjoy the patient interaction. I love my job, but I do find it stressful at times; the clock is your constant enemy! In 2007 I was nominated and became a finalist for Dental Therapist of the Year and I won the award in 2011. I have tried to use this award to help raise the profile of Dental Therapists and Dental Hygienists over the years. In 2011 I joined the British Association of Dental Therapist’s (BADT) council as Editorial Panel Member for their journal Dental Therapy Update. I did this role for about four years; this was an interesting time within the profession as it saw the implementation of Direct Access in 2013. I was part of a team that gave a presentation to the General Dental Council when they were considering Direct Access. Being on council was a great and worthwhile experience, I think Associations can be integral to a profession’s advancement. Since 2015 I have been a regular freelance dental writer, and in the same year I decided to embark on a Master’s Degree. I am currently in my final year of the Dental Law and Ethics Masters at the University of Bedfordshire. This has really stretched my mind and I have enjoyed combining academia with clinical work. I have found a passion for research and have been able to indulge my love of reading evidence-based literature and analysing data. I decided to undertake research about Dental Therapists and Dental Hygienists as the literature review showed this group have not been asked many questions about their professional identity and their positioning within the team. I have a love for dentistry and always strive to raise the profile of our DCP

group. This research is still in its' early stages and I am looking forward to seeing what this group of professional's perceptions are."

Most memorable achievement in the profession

"Winning the accolade of Dental Therapist of the Year in 2011 I feel is my greatest achievement. It was nice to be able to invite my parents, who have been a great support in my career, to the awards ceremony to be part of my journey."

Advice to younger self on qualifying

"I would advise my younger self to stay true to why I joined the profession. To be realistic in what you can achieve clinically and to appreciate having time off. I am and always have been a workaholic and my greatest critic. I have learned the importance of taking time off over the years!"

Most influential mentor(s)

"This is a difficult question. I have had two main mentors in my working career thus far. Bal Chana has been a great mentor, both clinically and emotionally. Bal has been there from the beginning of my career; she has seen my high's and low's. Since 2015 Dr. Hoda Wassif has been a great academic mentor, as supervisor of my research project she has been a big influence on this academic area of my professional development. I have been fortunate though, I have had some great working relationships with many colleagues who I have worked with. Each of them in their own way, being an important part of what is a fluid mentoring process."

Use of mentoring

"Having mentors has been important to me. Dentistry can be lonely and intimidating at times, it is nice to have a confidant you can talk things over with. That person who can be objective and give you advice, reassurance and encouragement when it is needed. I believe that mentors have had a direct effect on my personal and professional development and this has added to my job satisfaction and my clinical ability."

Dr. Hoda Wassif
PhD, MCLinDent, MA(Ed), BDS, SFHEA



Hoda qualified from Cairo University, Egypt in 1995

Hoda has always been fascinated by dentistry as a profession as it combines a whole range of knowledge and skills that encompass not only biology, chemistry and dental materials, but also communication and interaction with patients and peers as well as the artistic dexterity of delivering treatment.

Current responsibilities in the profession

“I am a Principal Lecturer in Medical & Dental Education and Director of Teaching and Learning for the School of Healthcare Practice at the University of Bedfordshire (UoB). I lead Dental Education and Dental Law and Ethics courses at UoB. These are postgraduate courses aimed at dental practitioners who would like to develop their skills in becoming dental educators and trainers (dental education programme) or to develop their skills in legal and ethical issues influencing dental practice (dental law and ethics programme). The MA Dental Law and Ethics programme is the only course in the UK that is specialised in teaching Law and Ethics to dental professionals. I am involved in teaching postgraduate dental students different aspects of the courses including learning and teaching theories, the ethical and cultural impact on clinical practice, and work-based learning concepts in relation to dentistry as well as supervising MA and PhD research students. I am a Senior Fellow of the Higher Education academy and a member of the Association of Dental Educators in Europe (ADEE).”

Hoda's dental story

“As a four-year old, my grandmother asked me what I wanted to be when I grew up. “I want to be a dentist and a teacher” was my reply. She responded: “that is not possible; you can only be one thing, so you have to choose”. Apparently, I burst into tears as I was disappointed with this answer and with this ‘rule’ that you can only grow up to be ‘one thing’. However, my dental story so far shows what can be achieved with mentoring, guidance and determination. After graduating with a BDS, I took the opportunity to do an MClinDent in Paediatric Dentistry at Queen Mary – University of London (QMUL) while working as an SHO in Paediatric Dentistry at Bart’s and The London. My research focused on oral health among children with gastro-intestinal (GI) problems. My aim was to explore how GI disease affected oral tissues and how it impacted oral health. After successfully completing my MClinDent in 2000, I started my PhD in the department of Oral Growth and Development - QMUL. My research focused on understanding dental enamel structure using novel micro CT scanning and X-Ray microtomography. This was a challenge, learning new skills in linking radiation and biophysics to dentistry. I later started work as a Clinical Lecturer – Paediatric Dentistry at Bart’s and The London teaching both undergraduate and postgraduate students, and at the same time I was appointed as a Senior Tutor for International Students at QMUL. Part of my role was to review University policies that affect students’ welfare as a group and provide recommendations to enhance students’ experience during their time of studying. My work focused not only on the support that students received from the University but also on equipping them for the future considering various changes in the climate of higher education and the job market. In 2011, I joined UoB as a Principal Lecturer to lead a new exciting development of the first Dental Law and Ethics course in the UK. I led the planning and designing of the course content together with developing assessment strategies and course materials. The first students’ cohort started in 2012. Following on from the success of the PgCert, I led the development of the course to Master level.

Throughout my career in dentistry, I have never shied away from learning and exploring new areas of scientific inquiry whether in the hard or social sciences. In 2016, I successfully completed my MA Education. My professional identity has evolved from ‘just a dentist’ to a dental educator with a background in dental practice. I doubt my grandmother really meant

it was not possible to be two things! After all, you can be a dentist and a teacher. You can be anything you want!”

Most memorable achievement in the profession

“Being awarded my PhD from Queen Mary – University of London in 2008.”

Advice to younger self on qualifying?

“Worry less, explore more and enjoy it all!”

Most influential mentor(s)

“Dr Stephanie Dowker, my PhD supervisor (QMUL) has been a great mentor and a friend. Her support and encouragement allowed me not only to successfully complete my PhD, but also to be part of the academic community.”

Use of mentoring

“Mentoring has played a fundamental role in my dental journey and my progress. However, mentoring was not defined as clearly as it is now; nevertheless, it was anchored and embedded within all supervision, appraisal and reviews activities that I have received. Now mentoring is an essential part of my role as a Dental Educator and research supervisor as I guide mentees in a mindful and non-judgmental way towards their professional goals to be all they can be.”

**Dr. Sandra White BDS, RDSRCS, MPH, RDSRCS(DPH),
FFPH, MBA, PGCert MedEd**



Sandra qualified from Manchester University in 1985

Sandra wanted to be a vet! However, after 6 weeks in the pouring rain in North Wales on work experience one summer, getting covered in cow poo and watching unwanted puppies being put to sleep, she decided it wasn't for her! She wanted to do something practical. Sandra had played the piano competitively in her teens, and wanted to do something 'with her hands'. Her dad was a toolmaker so she had grown up in a household where doing things precisely to the 'nearest 10th of a thou' was expected. There were no 'boys' jobs' in her household so any paint work had to have very clean lines. Sandra enjoyed practical things and painted and made things. She also wanted to do something where she felt as if she was contributing something positive to the world in a medical field.

Current responsibilities in the profession

"I am the National Lead for dental public health for Public Health England. I lead the team that is responsible for the epidemiological surveys and dental intelligence for England and has the responsibility for water fluoridation and oral health improvement. We also support DHSC, NHS England, the Office of CDO, England and HEE at a national level. All the Consultants in Dental Public Health in England are in an active network to try and work together to improve oral health and reduce inequalities for the population of England."

Sandra's dental story

“I graduated from Manchester in 1985 and have worked in maxillo-facial units in Manchester, London and Bedford. I loved surgery, but found supporting consultants and patients with the oncology work really challenging and upsetting. I have worked as a GDP in Milton Keynes and as one of the first salaried GDPs ‘safety net’ service in Rugby. Most of my clinical career was spent in special needs CDS services in Warwickshire, Northamptonshire and Bedfordshire. I treated medically compromised, in-patient learning disability and mental health patients, the homeless, travellers, domiciliary patients and ‘special needs’ children. After gaining a Diploma in Conscious Sedation I specialised in adults with dental anxiety and dental phobias. Following completion of specialist training I became a consultant in Dental Public Health for Buckinghamshire PCTs in 2005, and then for Northamptonshire and Milton Keynes working with commissioning teams to restructure oral surgery services, and set up restorative services. I worked to set up a Choose and book service and connect GDPs onto N3 with clinical triage and referral management service as one of the first in the country. I have been involved in procuring prison, OOH, oral health promotion and GDS services and set up dental appraisal for GDPs. I led the set-up of clinical networks in orthodontics, oral surgery and oral health promotion. I have been a Deputy Director of Public Health, working across Local authority and a Primary Care Trust to lead a team to deliver on a number of generic public health issues. Employed by South Central Strategic Health Authority I was the dental public health lead delivering the feasibility into water fluoridation in Southampton and the consultation. I have played a role in BDA at Branch and Section as representative, Chair and Secretary, been the treasurer for BASCD, and have been an honorary lecturer for Birmingham Dental School. I am currently the President for the National Association for Prison Dentists UK. I have also been a TPD, a lead trainer and an examiner for ISFE in dental public health. Publications have been on a wide range of topics including oral and general health associations, dental sedation, water fluoridation, carbon modelling, case-mix for special care and reasons for the decline in dental caries. I’m currently involved in publications on health and wellbeing for dentists, barriers to dentistry for the homeless and prison dentistry. I’m also the National Lead for Dental Public Health for Public Health England leading a team who deliver the national dental epidemiology programmer, dental intelligence, water fluoridation responsibilities and oral health improvement for England. We support DHSC with contract reform, NHS England and Office of CDO at

a national level and lead on protecting the public, improving oral health and reducing inequalities for England.”

Most memorable achievement in the profession

“It’s difficult to pin down one achievement as I have had a varied career over different disciplines. When I think about ‘memorable’ aspects of my career it’s many of the one to one clinical aspects I remember – particular patients – people who were phobic who then received treatment, some ‘special needs’ patients who were so grateful for very simple help. It’s the personal relationships that are memorable on an emotional level. When I was working clinically in special care I was proud to have set up services for those who were homeless in a ‘soup kitchen’, set up domiciliary and sedation services from scratch and the set-up of a GA service in a matter of weeks when the local provider stopped providing the service.

One of my biggest achievements was actually also a failure! I was the dental public health lead for the water fluoridation consultation for Southampton and the eventual decision to fluoridate the water supply was the first in decades. Our process was challenged in the high court and we were ‘unimpeachable’. The scheme could have changed the oral health of a whole city. Unfortunately, politics meant that the scheme never went ahead despite the agreement and successful consultation. In my current job I am most proud of the team I have built and their contribution to improving population health– they are a group of dedicated, supportive individuals with extensive knowledge and skills and huge reserves of resilience to cope with their national roles.”

Advice to younger self on qualifying

1. You don’t have to drill and fill all your life.
2. Don’t ever kid yourself that you’ll have a 9-5 job. You’ll have to work hard to find some balance or you’ll crash and burn.
3. Challenging is OK – I felt that challenging the status quo in my early career was not considered acceptable and it would have been easy to have just kept my head down. It’s fine to be brave - nothing ever improves unless someone puts their head above the parapet. Disagree without being disagreeable.”

Most influential mentors

“There are many people I have learned key skills from or who have helped me. My first job was in a busy max fax department. One of the Consultants, ‘Miss Gilbe’ was known to all students as a particularly scary dragon, but I actually learned a lot in terms of ‘to do’ lists, organisation and discipline.

Sue Gregory has employed me three times in three different roles so I have been able to learn a lot from her. She is the champion of networking. David Thomas was one of my consultant trainers, and I was his first trainee- it was a learning curve for both of us! He helped me to find structure and was marvellous at Machiavellian working. Helen Falcon for being a wise calm owl – I still appreciate her advice and counsel.

My mum was probably my greatest mentor though – for how to live life, as that impacts on work too. I still find her words ringing in my ears - *‘It’s better to be kind than right’* or just *‘love and support’*. It works just as well on building a team, as with miscreant teenagers.”

Use of mentoring

“I’ve only had a couple of formal mentors. I still meet up with Helen and bounce problems off her for a fresh eye and to help sort my own thoughts out. I had a previous mentor for a short time while I was in a particularly challenging part of my career and was, on reflection, being bullied by a colleague who wasn’t even in my organization. I remember talking about how the colleague upset me with my mentor. There was the recognition that I could choose whether to be upset ...or not, and that some people are just ‘not very nice’ and there is nothing you can do to change them. Quite liberating really.”

Dr. Hannah Woolnough BDS(HONS)Wales, PGCDE Beds, PG Cert. Leadership Coaching and Mentoring



Hannah qualified from Cardiff University in 2006

As a child Hannah wanted to be a doctor. Her Dad then pointed out that dentistry would allow her to be a surgeon from the start with better hours! She wanted to work with her hands and help people, so dentistry was the perfect fit.

Current responsibilities in the profession

“I have a variety of roles and responsibilities, including:

- Associate General Dentist in Ipswich Suffolk
- Training Programme Director for Essex Coast DFT Scheme
- Dental Workforce Support Advisor HEE Midlands and East Vice Chair Suffolk LDC
Chair East Anglia and Essex Practitioner Advice and Support Scheme Committee
- Chair of English Country Council BDA (UK Council Chair 2019)
- Chair and Treasurer Suffolk and Ipswich Section BDA
- English Council representative and Treasurer Eastern Counties Branch BDA
- President Eastern Counties Branch BDA
- LDN Essex member
- LDN East Anglia member”

Hannah's dental story

“After my undergraduate training in Wales, I returned to my home town of Ipswich for my Vocational Training year, and despite my intentions to travel the world, went on to work in general practice in the area. I broadened my horizons by working for the emergency out of hours service and Suffolk Community Dental Services including a year working at Highpoint Prison, one of my favourite dental experiences to date! The variety of working environments I experienced in my first few years of work was fantastic and really helped me to understand what I enjoyed and what I didn't. It also gave me much greater confidence seeing a broad range of patients from all walks of life. At the end of the day, teeth are just teeth, it's what they are attached to that makes life interesting. Following a return to full time general practice, I applied to become a Foundation Dentist Trainer and undertook a PGCert in Dental Education. I spent two fantastic years as a trainer before the opportunity arose for me to become a Training Programme Director for the Essex Coast Scheme. Working with the newly qualified dentists in the first few months of the “real world” is both challenging and enormously rewarding. I started to get involved with local BDA and Local Dental Committee (LDC) events at this point as my knowledge of the newly qualified practitioners helped to shape and improve our local provision. Through this I have gone on to sit on the Local Dental Networks (LDNs) in the region; General Dental Practitioner Committee (GDPC), and more recently become nationally involved with the BDA through English Council. Locally, we have set up a Practitioner Advice and Support Scheme (PASS) for Dentists in difficulty, and I have taken on the role of Dental Workforce Support Advisor for East of England with a particular focus on Performer List Validation by Experience. These opportunities to help improve access to the profession and the working lives of those within it have been humbling and inspiring. There is much work to do and morale is low, however, I feel I have become part of something that can make a real change either with a single individual reaching out for help at a local event, or by contributing to national efforts through the BDA and Health Education England.

I entered dentistry expecting to spend my time fixing teeth, and although I still do a fair bit of this, the rich rewards of the unexpected path my career has taken are a constant surprise and delight. I am honoured to be a part of this noble and often unappreciated profession and I am committed to playing my part to make it as rewarding for the dentists of the future as it has been for me.”

Most memorable achievement in the profession

“My appointment as a Training Programme Director. Being trusted with the enormous responsibility of monitoring the future of the profession was a little unexpected but I hope I have served them well!”

Advice to younger self on qualifying


“Don’t worry about what you should or shouldn’t be doing in your career. Just take the opportunities as they arise, do what makes you happy, stop what makes you miserable, and enjoy the ride!”

Most influential mentor(s)

“Meeting women in positions of senior responsibility has always been inspirational to me, however, my influences have come from all aspects of my career. Developing relationships with my peers and co-mentoring as our careers develop within education has been invaluable. Most recently, the appointment of Maria Ross-Russell as interim dean for East of England has given me the confidence, through her excellent leadership and mentoring, to realise that the sky is the limit for all of us.”

Use of mentoring

“Following a fantastic experience as a VT, my desire to get involved and give something back to new graduates has been irrepressible. I have loved formal teaching; however, the most rewarding experience has been the long-term mentoring relationships with my trainees and colleagues in the practice. Watching them develop their skills and confidence over time and blossom into happy successful professionals is an endless joy.”



Dr Emma Worrell PhD



Emma qualified from Guy's Hospital, London in 1989

Emma was attracted to Dentistry as her sister (Kay) was a dentist and seemed happy. Emma initially trained as a Dental Technician but then immediately specialised as a Maxillofacial Prosthetist as her father had just been diagnosed with oral cancer, and had half his mandible resected and reconstructed with hip and rib cartilage followed by dental implants. She was hooked.

Current responsibilities in the profession

“Currently I am Principal Maxillofacial Prosthetist at the Queen Victoria Hospital NHS Foundation Trust, East Grinstead. We are a burns, cancer and plastic surgery specialist Trust. My main responsibilities are Lead in Ocular Prosthetics – making and running our large artificial eye and cosmetic shell patient case load, but I also see the whole range of maxillofacial patients for prosthetic rehabilitation. I am the Lead Trainer for the Scientific Training Programme (STP) which is a government funded MSc programme to develop Reconstructive Scientists within the NHS. The field of maxillofacial prosthetics, like lots of other professions, is facing huge workforce planning issues with large numbers retiring in the next 10 years and not enough ‘new blood’ coming into our profession. In addition to this I am an active researcher within the NHS. I have participated in 5 Random Controlled Trials (RCTs) and been chief investigator in 2 RCTs over the last 15 years. I have lectured widely both nationally and internationally, and have more than 30 publications. Currently I am running a National Portfolio Study with the National

Institute of Healthcare Research and the Clinical Research Network (NIHR CRN). This study is a nationwide artificial eye study investigating the aetiology, incidence, care and quality of life issues of artificial eye users, with 40 recruiting sites nationwide. In addition to being GDC registered I am an active member of the Institute of Maxillofacial Prosthetists and Technologists, my professional body as a Maxillofacial Prosthetist. I am on the IMPT Council as the Journal Editor and as such enjoy editing and collating articles for our Journal; currently not indexed linked. I am a peer reviewer for many dental/craniofacial and ophthalmology journals. My other work hat is for the Clinical Research Network as co-lead Specialist in Ophthalmology. This enables me to help deliver and encourage more research in the field of ophthalmology with Trusts within Kent, Surrey and Sussex.”

Emma’s dental story

“My career really has developed and evolved over the 30 years since I first trained as a Dental Technician. I was fortunate enough to work in three big London hospitals: Guy’s, The Royal London, Whitechapel and Great Ormond Street Children’s Hospital. My clinical and research interests enabled me to gain my PhD in Child Health from the University of London in 2003. Since then I have examined at BSc, MSc and PhD level. I have mentored more than 30 post graduates through their MSc programme and dissertations. I think a good balance between clinical and academic work is the key to job satisfaction. If you enjoy your work, then teaching/mentoring trainees is never dull and you never grow old watching them flourish into their own careers.”

Most memorable achievement in the profession

“My most memorable achievement is probably achieving my PhD, but recently I was the winner of the Rising Star Award at the Partner Awards 2018, from the Kent, Surrey and Sussex Clinical Research Network, which really is the first time I have been acknowledged for my NHS research.”

Advice to younger self on qualifying

“My advice would be to never say No! Everyone is so busy in the modern NHS that when we get pulled this way and that, for this patient or that research, it can be hard to choose or find any extra time. But in my experience you only find out where that door leads to much later on, and it

can be an ever changing career pathway if only you are open to every opportunity as it presents.”

Most influential mentor(s)

“The mentor who influenced me the most was Dr. Mike Mars, Lead Consultant Orthodontist at Great Ormond Street Hospital. He nurtured me, supervised my PhD and taught me to always have faith in myself: Very much a ‘can-do’ attitude that continues to influence every step I take.”

Use of mentoring

“I use mentoring to empower those around me. I want all my trainees to know all I know. To take that and run to become the best version of themselves as a person but also in our profession. I think my ‘job’ is one of stewarding – enjoying their highs, overcoming their lows and watching them fly.”

Mrs. Kay Worrell BDS



Kay qualified at Guy’s Hospital, University of London in 1979. She chose the course on reputation and the number of left-handed student units!

Kay was attracted to dentistry because she had a penchant for science and was creative. She was the daughter of self-employed parents running their own business. As she was a first generation going to university, Kay felt it was important her qualification provided her with instant job prospects and long-term security. She had been a regular attender at her own dentist

needing restorations and orthodontic treatment. But she could not say she had a calling to a vocation.

Current responsibilities in the profession

“As I am at the end of my professional career I am no longer very active. I am an ORE Examiner – the exam that is the entry ticket to dentists from abroad to get on to the Dental Register. I have just finished two jobs; Dental Tutor for the Oxford Deanery organising postgraduate courses for dentists and their teams to keep up to date, and Clinical Adviser to a global dental supply company. Both of these were very part-time. I am a King’s Mentor, and do some coaching formally and informally. I still want to give!”

Kay’s dental story

“Upon qualification I did the, then normal and prestigious, house-job at Guy’s before entering General Practice. I worked for three years as an Associate, before buying my own practice. I worked for ten years in the NHS in total, enhancing my skills with carefully selected courses, embedding good practice, seeing where my strengths would take me. I discovered the L.D. Pankey Institute in America and started my journey to be a holistic dentist. I started wearing dental loupes in 1987, going to courses in Florida, helping run practical courses (as an unpaid assistant) for dentists and technicians. I had a small private dental practice for 20 years. My staff were on the journey with me. We did excellent work providing individual patient care with kindness and a smile, and had fun. It was a privilege to see the patients and their growing families, over the years. When I sold the practice, I became a part-time Clinical Teacher at Guy’s in the Conservation Department. I always thought I would not be a good teacher because I thought I had no patience. What I discovered was that I was patient with others, not with myself! I found out I had been teaching for years, but had not realised it! My patients, my staff, my children were learning from me. And yes I have learned to be more patient with myself! I took post-graduate teaching qualifications and this enriched the second part of my dental career. My experience in teaching and examining, and running courses was attractive to universities abroad. I accepted a contract to work in Saudi Arabia (part-time). It was a new University Dental Faculty and my responsibilities were to integrate the diverse clinical staff, review assessment, and write a manual for Clinical Teachers. My sister, Emma, was also given a contract to set up the dental laboratories, policies and procedures. We were Visiting Professors and

sometimes travelled together. I feel fulfilled in both chapters of my dental journey. At times I was juggling too many balls, with a growing family and a husband with his own business. My decision to sell the practice was due to the fact that I could no longer invest the time that it deserved. I didn't miss the drill – I missed the relationships! I sold the practice to the person I thought would love my patients, not the one who offered the most money. I still meet up with my staff and see my patients locally.”

Most memorable achievement in the profession

“As a heart-led dentist my most memorable achievements, to me, are different from head-driven dentists. I was at work on a busy morning clinic, and my next patient came in. She took a while to get settled and she said, “*You know dear, I know you are very busy, but when I'm in the chair, it seems you have all the time in the world for me.*” I was at a dental meeting and I met a dentist who had taken over one of my patients since I sold the practice. He mentioned this lady and remarked that the work that I had done over ten years ago (an occlusal adjustment and cosmetic work), had required no subsequent treatment. Yes, I won some prizes, scholarships and was mentioned in Vogue magazine, but to me, that does not seem so memorable.”

Advice to younger self

“My advice to my younger self would be to believe in myself more and worry less! My values and beliefs were aligned with this philosophy. My dental practice was grown with these principles. The dental colleagues involved in Pankey were the greatest influence on my career.”

Use of mentoring

“I have used mentoring throughout my career, without putting that name to it. The label did not exist then! But I had a network of friends and colleagues with their networks of contacts, who would be available to me and who I was happy to help. This arrangement ran from my personal and professional life to the school-gate and our local squash and golf clubs. I have lived in one area (so there is no hiding place!) working in the community, happy to be of service. It has been a privilege to part of the dental profession.”

You may have already guessed that Kay and Emma are sisters.

Conclusion

The women featured here are exceptional. However, they are not the exception. In 2018 the dental profession is chock-full of great women, I would have liked to feature them all – however it would have taken several years to read their profiles. I'm also struck that exceptional women don't have to take years and years to become exceptional; the seed is there early on. Not only as demonstrated by women who qualified in this momentous year and those still early in their careers, but also those who have used dentistry as a climbing frame to pursue their goals.

As I read through the profiles of the women featured I was struck by a number of themes.

- The ability to tack as a career strategy that is, the ability to take steps back and to the side as well as forward.
- Diversity - these women are involved in so many different aspects of dentistry
- Getting involved – locally, regionally and nationally
- Grabbing opportunities – say yes to open doors
- Keep learning
- Mentor and be mentored – share and enjoy

No celebration of the success of women dental professionals could possibly be complete without the inclusion of Dame Margaret Seward. Dame Margaret surely must have attained more 'firsts' than any other woman and is likely to be unsurpassed in that respect. She heads the list of role models for women and I expect for many men in dentistry. Her influence has been felt far and wide (UK and internationally) within the dental profession. She was the first female dentist to be awarded a DBE in 1999 and remains our only Dame.

Dame Margaret Seward DBE (1935 -)
BDS, MDS, FDS, MCD, DSc, DDS, FDSRCS, FDSRCPS

I was unable to speak with Dame Margaret directly, therefore the profile I have written has been taken from a variety of sources freely available. If there are any inaccuracies, I apologise please forgive me.

Margaret was born into a dental family, her father was a dentist, his practise was within the family home. Later she was to marry a dentist, Gordon. She graduated from the London in 1959. There were five women in her year at dental school, but none in the years above or below her. She began her career at the London Hospital in the East End. Margaret secured the only resident house officer job available, she was the first woman to be appointed to a house officer job. She stayed in hospital work until 1970 when she became a school/ community dental officer in Hertfordshire and then a senior research fellow. Margaret was also a specialist in Oral Surgery. Between 1979 and 1992, she was editor of the British Dental Journal.

Because there are so many distinctive aspects to the career of Dame Margaret I have chosen to list them for ease of reading.

1976 – first woman elected to the GDC

1978 – first woman appointed as editor designate of BDJ

1979 – 1992 first woman editor of BDJ

1990 – first woman elected both to the Board of Faculty at the RCS in England and as Vice Dean

1994 - elected President of the BDA (the second)

1994 - awarded Commander of the British Empire

1994 – 1999 first woman to become President of the GDC

1997 – appointed as independent director of the Quality Assurance Agency in Higher Education

1999 - becomes first dental Dame – Dr. Seward said she felt "*immensely privileged*" to receive the damehood. "*I know it sounds trite, but I regard it as being for the whole profession. This is the first time we've had a dental dame in all our years of history. I think that's good for dentistry at a time when perhaps we could do with a fillip*"

2001 – first woman CDO for England

2011 - Honorary Doctor of Science degree of the University of Plymouth

A former President of Women in Dentistry where she helped encourage more women into the profession and dedicated herself to helping women who had taken a career break for family reasons to get back into dentistry. She organised the first symposium on Women in Dentistry at the Royal Society of Medicine to explore the problems.

During her working life Dame Margaret carried out considerable research including a number of surveys and research on women in dentistry. She recognised the importance of role models and mentors.

Dame Margaret suggests that one of the many reasons she chose dentistry was the equal pay. However, before the Sex Discrimination Act 1975 there was evidence that gender discrimination within the profession did exist. An advert in the early 1970s stated “*Guys men need only apply*”. It was still common to ask a woman at interview – “*If your children are ill, who will look after them?*”. She recalls how meetings e.g. BDA were often held in pubs and smoking rooms in places that women did not frequent at that time – thus excluding women on social grounds. She introduced the ‘Getting back to Practice’ and ‘Keeping in Touch’ schemes.

Table 13. Featured professional profile by professional group

Professional Profile	Group
Sarah Bains	Hygienist
Joanne Brindley	Dental Hygienist/Therapist
Janine Brooks	Dentist
Pamela Coates	Dentist
Bal Chana	Dental Hygienist/Therapist
Janet Clarke	Dentist
Gillian Cottam	Dentist
Claire Culverwell	Dentist (previously Dental Nurse, Dental Hygienist/Therapist)
Jane Dalgarno	Dental Nurse
Jane Davies-Slowik	Dentist
Raj Dhaliwal	Dentist
Janine Doughty	Dentist
Fiona Ellwood	Dental Nurse
Helen Falcon	Dentist
Leah Farrell	Dentist
Jenny Godson	Dentist
Tina Gorman	Dental Nurse
Sue Greening	Dentist
Linda Greenwall	Dentist
Sue Gregory	Dentist
Amy Hills	Dental Therapist
May Hendry	Dentist

Sara Hughes	Dental Nurse
Sara Hurley	Dentist
Jane Innes-Rees	Dentist
Anna Ireland	Dentist
Liz Kay	Dentist
Radhika Ladwa	Dentist
Jane Luker	Dentist
Denise Mattin	Dentist
Angie McBain-Heilmann	Dental Nurse
Jodie Mahoney	Dental Hygienist/Therapist
June Nunn	Dentist
Marie-Claire Parsons	Dentist
Reena Patel	Dentist
Claudia Peace	Dentist
Nichola Peasnell	Dental Nurse
Jennifer Pinder	Dentist
Heather Pope	Dentist
Patricia Reynolds	Dentist
Ewa Rozwadowska	Dentist
Catherine Rutland	Dentist
Fiona Sandom	Dental Hygienist/Therapist
Ameeta Sharma	Dentist
Janki Solanki	Dentist
Catherine Sternberg	Dentist
Claire Stevens	Dentist
Margie Taylor	Dentist
Elaine Tilling	Hygienist
Stephanie Twidale	Dentist
Charlotte Wake	Dental Hygienist/Therapist
Hoda Wassif	Dentist
Sandra White	Dentist
Hannah Woolnough	Dentist
Emma Worrell	Max/Fax Prosthetist
Kay Worrell	Dentist

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CHAPTER SEVEN

PIONEERS

Chapter 6 was a feast of a celebration showing the diversity and talent of women dental professionals in 2018. The truly amazing thing is that the featured women are just the tip of the iceberg, there are so many great women working in dentistry. The ones I have included are not especially unusual but they showcase what is being achieved today.

In this chapter I want to include a (very) small number of profiles on women dental professionals who were the pioneers. If it had not been for them, it would have taken much longer for women to have been accepted into the dental profession in the UK. This chapter cannot hope to do justice to the women dental professionals who got the ball rolling for us. The stories of a number of early women dental professionals will have been written about already. I have tried to include something of their life outside dentistry and not just their dental achievements.

It seems right to begin with the first UK pioneer of them all.

Lilian Lindsay (nee Murray) CBE (1871 – 1960) LDS RCSEd, LL.D., FDS (RCS)



Lilian Mary Murray was born in Islington on 24th July 1871, the third child and second daughter of James Robertson Murray and Margaret Amelia (nee Bennett). James and Margaret had 11 children. Lilian's father was a Professor of Music, sadly he died when she was 14 years old.

She attended the North London, Collegiate School for girls in Camden Town. After leaving school she became apprenticed to a dentist for three years and was registered under the 1878 Act for those years. She passed the preliminary examination that was necessary before a person could apply to dental school. At that time the Royal College of Surgeons (England) did not permit women to take its' examination. She had applied for entry to the National Dental Hospital in Great Portland Street in 1892. It is reported (Bairsto, 2017) that the Dean, Henry Weiss, refused to admit Lilian because she was a woman; apparently he was so concerned that she would distract the male students that he interviewed her on the pavement outside the school! Not to be deterred Lilian travelled to Edinburgh from where she qualified with honours in 1895 at the age of 24 years (LDS RCSEd). She was clearly no slouch as a student as she was awarded the Watson medal for dental surgery and pathology and also the Medal for Materia Medica and therapeutics (both in 1894). Unfortunately, she must have experienced a degree of prejudice as demonstrated by this quote attributed to one of the Edinburgh staff, Sir Henry Littlejohn: *"I'm afraid, Madam, you are taking the bread out of some poor fellow's mouth"*. I do hope the poor fellow recovered! – (ed). In 1895, as soon as she was qualified Lilian was elected as a member of the Scottish branch of the BDA, this created a few ripples amongst some members. In the 1901 census Lilian can be found at 'The Cottage', Bisham, Berkshire. Lilian married Robert Lindsay on 26th July 1905 at St. Luke's church, West Holloway, Islington, they had met at Dental school. Lilian and Robert practiced together, first in Edinburgh, later moving to London.

Lilian retired from practice in 1920 when she was aged 49. The BDA formed a library committee in the year she retired and Lilian became the honorary librarian. As the honorary librarian of the British Dental Association she established both the Library and the Museum, helping to create today's largest collection of dental literature and heritage in the UK. The library is known as the Robert and Lilian Lindsay library.

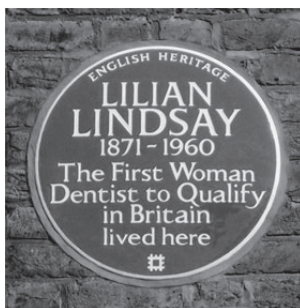
In 1932, Lilian became the sub-editor of the British Dental Journal (BDJ), a post she held for 20 years. She published 57 papers in the BDJ between 1925-1959 and in 1933 she published a book on the history of dentistry.

In 1946, at the age of 75, Lilian was made President of the BDA, that same year Lilian was conferred the honorary degree of LL.D. Also in 1946 Lilian was appointed CBE. She was elected a Fellow of the Royal College in 1947. She was elected President of the section of the history of medicine of the Royal Society of Medicine from 1950 - 1952.

Lilian was winner of the Tomes Prize and the Colyer Gold Medal, and she was the recipient of several honorary degrees. She is known as a well-respected, authoritative dental historian. Lilian was a writer and a scholar, being the first to translate Pierre Fauchard's seminal work of 1728 into English.

Dr. Lilian Lindsay died on 31st January 1960, in Surrey at the age of 89 years, truly a woman to inspire us all.

In 1962 the Lindsay Society was founded in her honour. The Society promotes research into the history of dentistry.



3, Hungerford Road, West Holloway, London

In April 2013, Lilian Lindsay was remembered with the placing of an English Heritage blue plaque at her former childhood home in 3, Hungerford Road, West Holloway, Islington, North London. The plaque was unveiled by Dame Margaret Seward, together with Margaret Murray, Lilian's niece, at the house where Lilian Lindsay lived from 1872 until 1892 and where she first decided to become a dentist. It is sad to report that the house was illegally demolished in early 2019 and the blue plaque will be moved to the former BDA headquarters in Russell Square, London.

Ruby Grace Halliday (1871-1938)

Ruby Halliday was born on 4th October 1871 and baptized on 10th January 1872 at St. Mary's, Marylebone. Her parents were Middleton Wood Halliday and Sarah Ann. Her father is listed as a dentist in the 1881 census (LDS, RCS England). Ruby had a sister Anne. The family were living at 4, Nottingham St., Marylebone where Middleton Halliday practiced in 1881.

In the Nursing Record and Hospital World of May 15th 1897 there is a notification that Ruby Grace Halliday passed her examination "last week". It continues that "*Miss Halliday is the second lady to receive the dental qualification and the first to hold the diploma from the London Colleges. Miss Halliday was a student of the National Dental Hospital.*" Ruby became a Licentiate in Dental Surgery of the Royal College of Surgeons of Edinburgh (RCSEd LDS) on 30 April 1897 after passing the final examination.

The 1901 census shows Ruby, single and a dental surgeon, still living at home with her parents. In the 1911 census Ruby is listed as the Head of the household, single and a dentist with a cook and a housemaid. The address is 4, Nottingham St., Marylebone, it appears that Ruby had taken over the practice from her father at some point in the intervening ten years. Ruby is still listed at this address in the 1918 Dental Register.

Ruby never married and died in 1938 in Aylesbury, Buckinghamshire at the age of 67 years.

Wiliemina Scrimgeour, (nee Simmers) (1878 -1962)

Wiliemina Simmers is both a UK and a Scottish pioneer for women dental professionals.

The Scottish census for 1881 records that Wiliemina was born in 1878 in Portsay, Aberdeenshire to William and Margaret Maxwell Simmers (nee Easton). She had two sisters Jane and Elizabeth and three brothers James, John and Maxwell. The census for 1891 shows that another sister Isabella had been born in the intervening ten years. At this time James is entered as a student of dental surgery.

It seems that Wiliemina decided to follow in her brother's footsteps as she was the first woman to enrol at the Glasgow Dental School in 1897 and the first woman to hold the LDS of the Faculty of Physicians and Surgeons of Glasgow in April 1901. She was 23 years old. The census for 1901 shows that Wiliemina is living with her sister Jane at 18, Smith Street, Govan, Lanarkshire. She appears in the Dental Register for 1906 as living at East Manse, Portsoy, Banffshire.

James Maxwell Simmers, Wiliemina's brother (born 1871) is also found in the 1906 Dental Register, he qualified LDS in Glasgow in 1893 and was living at 10, West View Terrace, Morecambe, Lancashire.

Wiliemina married George Allison Scrimgeour on 26th June 1910 at Portsay, George was a Solicitor and Law Agent in Portsay. They had a daughter, Margaret Elizabeth (Rita) born in 1912.

Wiliemina died at Banff in 1962 aged 84 years.

Kate Ramsden, (nee Latarche) (1888 – 1969)

Kate Latarche was born on New Years' Day 1888 in Liverpool. Her parents were Constant F. Latarche a shipping clerk and Marie. She had two sisters: Margaret who went into the sciences and Constance who went into the arts. The 1901 census shows that Kate was a pupil at Channing House School, Hornsey, Middlesex. In the 1911 census she was listed as a dental student. During that year she successfully achieved the LDS and in 1912 was the first woman to graduate BDS from the University of Manchester (as reported in the London Standard, 12th December 1912).

Kate was the only dentist to serve with the Girton and Newnham Unit of the Scottish Women's Hospital (SWH) in Salonica (Macedonia), during World War I. The SWH unit formed part of the medical branch of the French Armee d'Orient caring for French and Serbian troops in Salonica. Only two women dentists are known to have served during the First World War, Kate from Great Britain and Martha Burns, the first female dental graduate in Queensland, Australia. Martha was in the UK at the outbreak of war and presumably decided to sign up.

In 1918 Kate is listed as serving with the British Committee French Red Cross, she was entitled to receive the Victory Medal and the British War Medal.

In 1921 Kate married Arthur Ramsden in Toxteth, they had a daughter, Margaret, who was born on 19th May 1923 in Chorlton, Lancashire.

It seems that the family travelled in the early 1930's as Kate and her daughter left London for Gibraltar aboard the ship 'Ranpur' on 23 March 1934. Kate is listed as a surgeon. On 20 April Kate and Margaret arrived in London back from Gibraltar. On 13 April 1935 Arthur, Kate and Margaret left London for Vigo, Spain, Arthur and Kate are both entered as dentists. On 7 May 1935 Arthur, Kate and Margaret arrived at Southampton from A Caruna, Spain. Arthur was listed as a dental surgeon, Kate as a housewife. It seemed that the family then moved back to Manchester as in 1936 Kate is noted as the Hon. Dental Surgeon at the Duchess of York Hospital for Babies, Levenshulme, Manchester. In 1939 the family are still living in Manchester, Kate as a dental surgeon, Arthur as a dental surgeon/medical student.

Kate died in December 1969 in Manchester aged 81 years.

Madeleine (Bunty) Lee, nee Winter (1921 – 2010)

Madeleine worked for general practitioner Philip Grundy in Leyland, Lancashire, during the war years. A visiting North American serviceman told them about an association for dental assistants in the US, which inspired them to start a similar association for British dental nurses.

Despite difficulties caused by wartime restrictions, Madeleine travelled around the UK persuading nurses to join the new association. She was the Associations' founder member and first secretary.

In November 1943, the association held the first dental nursing examination, under the aegis of the newly formed National Examining Board for Dental Nurses and Assistants, which remained part of the association until the late 1980s when it became an independent organisation. Madeleine was one of the first UK dental nurses to be

awarded this new certificate.

She remained an honorary life member of the Association, opening the new offices when BADN moved to Hillhouse in 2003.

Bunty Lee died in January 2010 aged 89 years

Professor Dorothy Geddes OBE (1936 – 1998)

Dorothy Ann Malcolm Geddes was born on 08 May in Alloa. Her father was a rector. She went to Brechin High School and then on to the University of Edinburgh, graduating in 1959. She went on to enjoy a distinguished career in academic dentistry. She moved to Birmingham as a senior registrar in dental surgery and then to the Eastman Dental Centre, Rochester, New York, where she began her research into dental caries. She returned to the UK, and spent six years in a Medical Research Council-funded post in Newcastle. In 1975 she moved to Glasgow Dental Hospital and School to take up a lectureship in Oral Medicine and Pathology. She was appointed Professor of Oral Biology in 1990, and then four years later in 1994 she was granted a second chair, Professor of Adult Dental Care. She also chaired the BDA Central Committee for dental teachers and research workers.

Dorothy Geddes, was the first woman to be awarded the Fellowship in Dental Surgery of the Royal College of Surgeons of Edinburgh (1963). She went on to score a unique hat trick, also becoming the first female professor in dentistry in the UK when appointed at Glasgow in 1990 and the first female Dean of a Faculty of Dental Surgery of any Royal College of Surgeons in the UK and Ireland in 1992. Dorothy took early retirement in 1995.

Professor Geddes was awarded an OBE in 1995, the same year The Royal College of Surgeons of Edinburgh awarded her an honorary FRCS, the highest honour the College could bestow. The European Organisation for Caries Research presented Dorothy with its ORCA-Rolex Prize for her research in dental caries and her leadership in postgraduate dental education. This was just weeks before her death in 1998. In 1999,

Glasgow University posthumously granted Professor Dorothy Geddes the title of Honorary Senior Research Fellow.

In 2012, as part of a major development of the Glasgow Dental Hospital and School, what was once an old biochemistry laboratory was refurbished at a cost of £500,000 to become a state-of-the-art multi-media teaching facility. This new suite was appropriately named the Dorothy Geddes Multimedia Laboratory in her memory.

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CHAPTER EIGHT

EQUALITY

I believe it is important to think about equality and how it impacts on women dental professionals. Why? because it is still an issue. Equality, it seems to me, is more an issue for the whole of society and how it perceives members of that society. However, it is for individuals to challenge society and how and what it views as equal. That is definitely something that all dental professionals can involve themselves in. It has often been asserted that the time and money spent on training women goes unrealised due to marriage and motherhood. I suspect the profiles included in this celebration go some way to undermine that simplistic argument.

Back in 1927 Stocks writes:

‘It is a poor sort of feminism which confines itself to the formula: “because men have this, we want it . . .” and fails to relate its demand or equal opportunity and self-determination to the problems of women’s largest single field of activity, motherhood and the home.’

In 1927 Stocks had nailed the issue on the head. It isn’t all about motherhood and the home as an issue for women alone. This is at the core of true equality for all in society, male, female, parents or non-parents. We cannot continue to pin the solving of equality onto women alone and ‘women’s’ issues alone. We should be cleverer than that.

Clarke (1995) writes that:

“women are a large proportion of the workforce in health caring professions, but until relatively recently have been very much the minority in dentistry. The general problems involved in being a woman and combining a job with the demands of organizing a home and family are probably the same as they were 20 or even 50 years ago. In the UK the numbers of women entering dental schools has increased in the 70s and 80s to about 40 – 50% of all intake. Will these greater numbers solve the

problem of women dentists 'invisibility' at the top of the hierarchy? Or will they too be absorbed into the present pattern of female employment?"

Clarke raises an interesting question to ponder; personally I think there is still some considerable way to go, even 23 years after the question was raised. By that I take the 'hierarchy' to mean senior leadership and political positions and I would include practice ownership. There has certainly been considerable progress, but we are not there yet as the data shows.

Numerous writers have illustrated that the male world is taken as the norm to which women are expected (and sometimes coerced) to conform. As a consequence, women often feel they do not 'fit' into the male world and may consider their experience to be unique. Change has been slow, perhaps that is not surprising, why would those in control of a system want to move aside or even to share nicely? Patriarchal beliefs (and sometimes matriarchal beliefs) concerning a woman's place are deeply held even by men (and some women) who are intelligent, rational and supportive of women.

Gender inequalities are pervasive and long-standing because they are built into social institutions and maintained by everyday assumptions about appropriate work for men and women, in and out of the home. Role models help to challenge assumptions. It has only been in the last 20-30 years that there have been sufficient numbers of female dentists to provide role models for women entering dentistry.

In dentistry we have been fortunate that outright discrimination, harassment and bullying have been less visible than in society in general. There is no question it existed, and still does exist, but there has been less impact (*I would hazard a guess*) than in some sectors of society. Whilst I did experience some bullying at dental school – even though I had been married and was older than most of the female dental students – it still happened. To counter that I also experienced considerable support and encouragement from many of the male (and the few female) staff.

Farrell (1990) writes: "*I have experienced very few problems in setting up my own practice as a woman. Initially in 1973 when I was looking to borrow money, one of the banks asked for securities from my husband to back up my investment. This irritated me considerably because, had he been setting up in practice, I would not have been asked to secure his loan. However, I changed banks and the problem ceased*". It seems Farrell may

have been luckier than she thinks as this was two years before the Sex Discrimination Act of 1975.

If women are to be taken seriously, they need to prove themselves equal – sentiments similar to this are familiar. There is an interesting comment, attributed to Dame Margaret Seward: “*You can’t have reverse discrimination; women have to prove themselves to be equal*”. However, my question is – equal to what? to whom? If the meaning is equal to men, then I question the relevance of this. If women need to prove themselves equal to men, then this misses the point by a country mile. We don’t need to make women act or behave like men, or indeed vice versa. What we need is to find a new paradigm which recognizes the complimentary nature of the genders and maximizes the strengths of both for the benefit of our whole society. We need to utilize the best of women and the best of men, not concentrate on the talents of half of the population. In this new paradigm, the talents of both genders need to be properly understood and fully appreciated and valued. So, if we allow ourselves to assume that women need to behave like men if they are to be successful (and equal), then we continue to perpetuate the myth that male characteristics, male behaviours and male thinking are the only ones worth having. We are deluding ourselves about the concept of equality. Both genders need to strive for equality, not with each other but with the ‘new equality’.

As a society we need to re-think what we need to do to ensure we use the talents of all, but before we can do that we have to know what those talents are. We also need to re-think our use of gender. Society dictates what it expects of women and men and the roles expected of them. Clearly women become pregnant and give birth, however in the majority of cases a man is involved. Society needs to re-invent caring roles, particularly with regard to children and older adults. Women in 2018 still take the lion’s share of work in the home and the family division of labour. For women to be fully engaged in the world of work, men need to be fully engaged in the work of domestic and family commitments, the world of informal, unpaid work. Men need to achieve a greater emersion in child and family care. Since biological differences between males and females are unavoidable, programs such as paternity leave, childcare centers, increased involvement of father in childcare and family, extended family support along with flexible practice time, and job-sharing which integrates family care with professional needs, are likely to guarantee that the talents and the productivity of female dentists are not lost.

Is there still prejudice towards women? Do we still find stereotypical comments levelled at women? Yes, we do and some of it is extremely unpleasant. Who can forget the vitriolic attack via social media to placing an image of Jane Austen on the £10 bank note back in February 2017. Such a simple and seemingly innocuous act resulted in massive abuse; does this demonstrate the shallowness of changes in attitude and behaviour? Maybe there is not as much progress as we would like to think. It is interesting to note that the statue of Emeline Pankhurst in London is one of six on the political estate, the others being male. In dentistry we may be somewhat cocooned in our professional life, where outright ‘old fashioned’ thinking is less commonly found. However, we can’t help but notice the reality in global society, and even UK society, that women are still subject to different norms than men. Even in healthcare this type of thinking is still to be found, see Thomas chapter 4.

Here is an item I found whilst writing this chapter:

Platell’s People (2018): *“All roles in the military, including elite SAS and SBS units, will now be open to women for the first time. Hurrah, equality at last. But given the lovely lasses on parade on TV hailing the victory – such as Lance Corporal Kat Dixon in full make up and lipstick – my question is this: will women joining the Special Boat Service be allowed to claim their waterproof mascara on expenses?”*. Shame on you Amanda Platell for giving with one hand and trivializing on the other, perhaps she thought it a good joke – no it’s not, really it’s not.

I have said we need a new paradigm of equality, not one gender to become like the other but together to create something new that both genders can benefit from. What might that new paradigm look like; what might it include? Here are a few of my thoughts.

- A more even appreciation of the talents of both women and men
- A greater involvement of men in the care of their children, moving to true 50:50
- A reconstruction of the shape of work. It’s not about the hours, but about quality of what is achieved. Less can be more
- An appreciation for portfolio working and careers. Part-time work in one area does not mean a person works less than full time
- Society to invest more in the family and informal, unpaid employment

Men and women need to come together to make this happen.

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CHAPTER NINE

THE FUTURE FOR WOMEN IN DENTISTRY

I'm going to stick my neck out and say that I think the future for women in dentistry is bright. We still have a lot to do and scientific and technological discoveries will have a big impact on dentistry, both in the profession and how services (and what services) are delivered. Those in dentistry really must become more engaged in the bigger picture outside of the profession. We need to be seriously thinking about how 3D printing technology can be used, regenerative medicine, gene therapy, stem cell technology, augmented intelligence, virtual reality, robotics, tele-dentistry and laser treatments to name just a few. I suspect for the dentists who qualify in 2018, their careers will be very different from dentists who are about to retire. I don't mean the contract, I mean maybe practicing in the moon base, or the Mars base – I mean thinking so far outside the box, there is no box.

Coming back down to earth; if society is to benefit from the huge amount of female talent it has then this is where change needs to be made. This includes changes in how society views child care; how it views care of the elderly; how it views working patterns. The old ways of looking at work will not serve society and the population well as our future unfolds. Women and dentistry can be at the forefront of pushing for these changes. We have come a very long way, let's not stop now, let's really push the boundaries, the rewards will be worth it.

The needs of women from all cultural backgrounds; the needs of our patients and the needs of the profession can be aligned. Yes, dentistry and women in dentistry must always place the needs of our patients first, of course, we are a profession. If we as a profession can ensure we maximise the talents of all our dental professionals then we will also maximise the best possible care for our patients, whatever that care will be in the future.

I am interested in why young men are seemingly not entering dentistry. Whilst I am delighted, and celebrate the success of women, we do need a

diverse workforce: That means gender, cultural background, and socio-economic background. In celebrating the success of women we need to be mindful that we don't ignore the range of our diversity.

So, what are my predictions for the future of dentistry over the next 100 years (if dentistry still exists, which I hope it does):

- New technologies and scientific discoveries will change what dentistry is. For example, caries and periodontal disease will no longer be common problems. Growing teeth using stem cell technology will allow replacement of a patients' lost or damaged teeth – implants, bridges, crowns and endodontics will be consigned to the history books. It is possible that these new technologies will change the need for dentistry beyond all recognition to the service provided in 2018.
- Child care, family and other carer responsibility will be shared between males and females as appropriate for the individual and their family. Society will recognize that who provides that care should not be gender dependent (or assumed).
- Values based recruitment of dental students will replace academic achievement as the prime diagnostic for entry to dental school.
- New specialties will be born, perhaps specialists in regenerative dentistry.
- Portfolio careers will become the norm – either a diverse career within one profession or across professions.
- Changing careers will become the norm – possibly re-qualifying in more than one career during a person's working life.
- Full time and part-time working will no longer be relevant – the quality of hours spent will be more important.
- Training of dental professionals will radically change – climbing-frame education will replace single stream training.
- We will no longer need to celebrate the success of women – it will be the norm for women to hold each and every role in dentistry, just as it will be for men.

You may think much of the above is 'pie in the sky'. Look back 100 years and try to imagine what the female dentists of that time would make of what we have in 2018. Would they have thought modern dentistry, society, working patterns, communication technology, and man walking on the moon was 'pie in the sky'? Most likely.

In conclusion: This book is a celebration of what women dental professionals have achieved in the 100 years since 1918. I hope it will add to the discussion about the huge talents that female dental professionals possess and the considerable contribution they have made and are making to dentistry, the profession, the patients and wider society. I hope it will become part of the contemporary history of dentistry.

As women take the majority place in dentistry and particularly the most influential positions, they will shape the profession from their perception and less from the male perception. This is likely to be different, maybe better, maybe not. It is interesting to consider if success will be judged by what was previously judged to be the norm, that is, largely the male way of doing things. Will it be possible as the gender balance shifts to the feminine for the new equality I introduced earlier to be realized? I hope so because if not we are merely replacing one bias (male) with another (female). This is not just for the dental profession, but for society and our culture as a whole. If child-bearing and child-care underpin women's contribution to dentistry, then instead of trying to change women, we must change the way society views child-care and who provides it. We need a more balanced approach to parenting and the domestic world. Where there are single parents then society must provide support to allow women to use their talents in the best way possible – if this is part-time working for a period of years, then so be it. Planning must grow up and realise that the workforce needs maximum flexibility.

Women have certainly made their mark in dentistry over the last 100 years. One might almost suggest that we have been too successful. Maybe we need to think about why males are successfully entering dental school in such reduced numbers. If the profession is to serve patients to the best of our ability, we need to be a balanced profession full of diversity and difference and this includes gender.

APPENDIX 1

TIME LINE OF IMPORTANT EVENTS IN DENTISTRY IN UK

Date	Event
1858	Dental Hospital of London opened as the first clinical training school for dentists in the UK
1860	First licences of dental surgery were awarded by the Royal College of Surgeons of England
1878	First British Dentists Act – titles were protected but registration was not mandatory
1879	First UK Dental Register established
1880	British Dental Association founded
1895	Lilian Murray qualifies LDS RCSEd
1897	Census in England – 116 women dentists – none held LDS
1901	First British dental degree (BDS) awarded by the University of Birmingham
1902	Medical and Dental Defence Union of Scotland founded
1906	‘Hygienic institutions’ set up – Fore runners of Dental Corporates
1908	Dentist Provident Society founded
1912	Lily Fanny Pain qualifies LDSEng.
1917	Dental therapists make an appearance as ‘dental dressers’ in some counties in England
1919	The Royal College of Surgeons of Edinburgh awarded the first additional qualification, the Higher Dental Diploma
1920	The Royal Faculty (later college) of Physicians and Surgeons of Glasgow awards Higher Dental Diploma
1921	Dentists Act – only registered practitioners allowed to practise dentistry
1927	Dentists and General formed
1928	Equal Franchise Act – equal voting rights for all men and

	women at age 21
1930s	Formal training for dental nurses begins
1937	3.2% of GDC registrants are women
1940	The British Dental Nurses and Assistants Society established by Madeleine Winter, a dental nurse, and her dentist, Mr. P. Grundy. They worked in Leyland, Lancashire. This organisation has become the British Association of Dental Nurses, (BADN)
1942	MDU expanded to include dentists, (DDU 1994), (MDU established in 1885)
1943	First dental hygienists trained by the Woman's Auxiliary Air Force
1944	The first UK Dental Hygienists qualify
1946	First female BDA President – Lilian Lindsay
1947	Founding of the Faculty of Dental Surgery within the Royal College of Surgeons, England
1948	NHS established
1949	Glasgow awarded the Diploma in Dental Orthopaedics (RCPS), the first UK postgraduate orthodontic qualification
1956	Dentists Act – General Dental Council established as an independent regulator for dentistry – no longer committee of the GMC Dental Hygienists established
1957	Introduction of high speed dental turbine
1958	Fluoride toothpaste first marketed in the UK
1960	New Cross Hospital began training dental auxiliaries, (dental therapists)
1961	The Dental Laboratories Association was founded in 1961 as a division of the Surgical Instruments Manufacturers Association
1962	Dental Auxiliaries qualified from New Cross General Hospital (50 in total – all single women) British Association of Dental Auxiliaries (Dental Therapists) founded Lindsay Society – History of Dentistry founded
1972	12.8% of GDC registrants are women
1979	Dental auxiliary name change to Dental Therapist
1981	First dentist to gain a life peerage – Baroness Gardner of Parkes
1983	Women allowed to attend the annual dinner of Faculty of

	Dental Surgery New Cross training school closed
1984	Dentists Act
1985	Water Fluoridation Act Women in Dentistry instituted, Jennifer Pinder was the first chairman
1992	Faculty of General Dental Practice (UK) formed
1994	Dental Protection Ltd set up
1999	Registration with the GDC for Orthodontic Therapists opens
2000	32% of GDC registrants are women First female UK CDO – Margaret Seward, England
2002	Dental Therapists permitted to work in General Dental Practice
2005	DCP registration with GDC Restrictions on Bodies Corporate relaxed
2006	First community dentist is BDA President – Sue Greening New GDS NHS contract introduced First elected chair of BDA Executive Board – Susie Sanderson
July 2007	The first training course for Orthodontic Therapists opens – Leeds Dental Institute
2007/08	Clinical Dental Technicians and Orthodontic Therapists join the family of dental registrants
2007	First female Scottish CDO – Margie Taylor
2012	First female chair of COPDEND – Helen Falcon
2013	Direct Access approved by GDC
2016	First female Welsh CDO – Colette Bridgman

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