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

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

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

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

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

Roxanne Mehdizadeh: With more females entering the dental profession, changes will be evident. In addition to being more likely to work part-time, female GDPs are more likely to take career breaks (6% as compared to 27% for males) and take longer breaks when they do (Nine months as compared to four months). This, in conjunction with the fact that the number of female GDPs is overall increasing, has implications for the balance of work in the future and needs to be accounted for in workforce planning.

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

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

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

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

Thank you very much for the interview.
Let us tell you about this and much more in Cologne, during the IDS, 21-25 March 2017
DAILY FROM 9 A.M. TO 6 P.M.
What would Dr Mo Lar do? Part I

By 4dentists, UK

As a dentist, you will be presented with a number of challenges in your personal and professional life, from the minute that you become a dental student right through until the end of your career and beyond. These might include transitioning after graduation, becoming an associate, buying a home, getting married, starting a family or becoming a principal. Business expansion, selling a practice, managing tax, retirement and preparing for the future by making a will are further examples.

Over the course of an 11-part series, the 4dentist group will explore ways to tackle these challenges by providing advice and guidance to fictional character Dr Mo Lar (see what we did there?). In this first article in the series, we will explore Lar’s transition from student life to his role in dentistry.

Finding a job

Dr Mo Lar’s university career is coming to an end, which means goodbye studying and hello foundation training. At this point, Lar is in the same boat as everyone else. He needs to secure a vocational dental practitioner (VDP) position in a suitable practice that is suitable for him. Not doing so could impact his future and the options that are available to him.

As such, the best advice for Lar would be for him to take into consideration what he hopes to achieve from his first VDP position before he applies or accepts a job. Indeed, there are a number of pathways to follow in dentistry, so it is always wise to give thought to the type of career that you would like to have. The role must also be able to offer the necessary support to ensure that there is time to reflect your strengths and weaknesses.

As Lar has become a graduate dental student right through until the minute that you become a dentist, this will affect what you will need from your insurance.

Cover yourself

Lar would also be advised to take out income protection insurance, which would provide an income should he be prevented from working owing to sickness or injury. Typically, the payout received if a claim is made is equivalent to 50–65 per cent of a person’s usual income and can be paid until termination of the policy.

For Lar, it is advisable that he take out own occupation cover, as it will ensure that he will receive a payout based on the fact that he cannot perform his duties as a dentist. Indeed, there are plans out there that will only pay a benefit if the policyholder is sick or disabled that he or she cannot work at all. For that reason, it is always wise to seek the services of a specialist independent financial adviser, since not doing so could leave you with the wrong protection insurance. Further to that, you should always check what your contract covers with respect to sick pay, as this will affect what you will need from your insurance.

All in all, there are a number of factors to take into consideration during the initial stages of becoming a VDP, none of which have to be undertaken alone. With the right help, dentists like Dr Mo Lar can enter dentistry confident that they have a financially sound future.

In the next edition: Dr Mo Lar becomes a self-employed associate.

Diploma in Operative Dentistry

A new two-year, part-time course, starting April 2017

An opportunity to enhance your operative skills while continuing to work in practice.

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The field of tissue engineering has exploded during the last decade
An Interview with Dr Ibrahim Abu Tahun, Jordan
By Kristin Hübner, DTI

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Being actively involved as a founding member and president of several endodontic societies, Dr Ibrahim Abu Tahun has experienced the changes in the field significantly over the last decades. Dental Tribune had the opportunity to speak with Tahun, who is an associate professor in the Department of Conservative Dentistry at the University of Jordan, about the most influential developments in the specialty and how these advances are changing the way endodontology is practised.

Dental Tribune: Dentistry is changing rapidly, with new materials, devices and treatment protocols being introduced constantly. What is the situation in endodontics in particular? What are the major developments currently?

Dr Ibrahim Abu Tahun: At the beginning of the 21st century, we have a greater understanding of the pulp biology, pathophysiology and its powers of healing. The field of tissue engineering has exploded during the last decade, and extensive reviews on dental applications are available, producing a critical mass of knowledge and methods that are likely to answer the challenge issued decades ago.

Various animal and human studies have shown high success rates for vital pulp therapy. These investigations have demonstrated that the amputated pulp can be repaired by itself or after stimulation of potential in this field a strategic priority without undermining the efficacy of conventional endodontic therapies, but positioning practitioners at the forefront of this field.

We are changing protocols, towards going biological. This path to the future with various potential approaches based on clinical and scientific results presented in the professional literature will lead to predictable conservative treatment that may enable practitioners to fill a root canal with nature’s tissue instead of plastic materials or artificial surgical prosthesis. The important challenge facing us now is to develop and adapt a safe, effective and consistent method for regenerating a functional pulp-dentine complex in our patients.

Thank you very much for the interview.

Editorial note: At the 19th Scientific Congress of the Asian Pacific Endodontic Confederation, which will be held from 5 to 8 April in New Delhi in India, Tahun will be addressing current endodontic challenges and conflicting priorities between conventional therapies and new treatment modalities in his lecture “Can we do it forever?”

What are the advantages of new treatment modalities compared with conventional root canal therapy?

The potential benefits to patients and the profession are groundbreaking. From a public health point of view, the recent advances in tissue management and wound healing, compared with the current form of root canal therapy, which is more of a mechanical and chemical process, should be reflected in our clinical management to develop more biocompatible treatment modalities and increase tooth longevity.

In the past, it was unthinkable that the tissue in the periapical region of a non-vital infected tooth could regenerate. Case reports published during the last 15 years have demonstrated convincingly in humans that this type of environment may create the ideal clinical outcome if disinfection can be achieved, just as it is for the canals in the case of dental avulsion.

When it comes to implementing new treatment modalities in daily practice, do you think the endodontic community is somewhat divided or is the specialty as a whole on the verge of a major paradigm shift?

The debate on clinical technique and the concept of regenerative and revascularisation per se is not a product of modern medicine. The varying treatments for the tooth pulp during the last three centuries illustrate this clearly. Recently, various treatment concepts have been suggested using less-invasive approaches. Even though an optimal treatment protocol is lacking, however, many case reports and case series on pulp therapy have been published.

Once considered taboo, vital pulp treatment of symptomatic permanent teeth with mineral trioxide aggregate has been reported to be successful, and greatly improved prognoses for permanent retention are now possible.

More high-quality cohort studies would strengthen the evidence-based recommendations. However, the current best available evidence allows clinicians to provide these treatment modalities safely to patients.

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