

Revalidation: The Patient Perspective

for the **General Dental Council**

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Summary

Experiences of Dental Care

Whilst the quality of clinical care is of course of fundamental importance to participants, positive experiences are also shaped to a great extent by good communications. A dentist¹ who communicates effectively and in a friendly and natural manner can make even a necessarily uncomfortable or painful procedure much less daunting for the patient. Friendly, open and welcoming attitudes and clear communication are crucial to setting people at ease and ensuring that they have as positive an experience as possible during their appointment.

Overall, participants were satisfied with their dentists. However, some anecdotes emerged about disrespectful treatment and poor communication from some dentists and there were concerns and some confusion about costs and the availability of treatment options to NHS patients. These concerns emerge to an extent as communications issues and as such can only be addressed by the GDC as communications issues.

In overview, the **patient journey** for most participants involved feelings of trepidation and anxiety in the lead-up to the appointment, and relief after the appointment is over. Much can be done to set patients at ease through good **communications** and friendly and relaxed staff. Avoiding unexplained delays can also reduce anxiety and frustration.

Participants with learning and physical disabilities face particular challenges when visiting the dentist. Thoughtful attitudes towards people with disabilities, making the experience as comfortable and easy for them as possible (for example treating a wheelchair user in their wheelchair rather than insisting that they get into the dentist's chair) are particularly important and can make the experience far less stressful for them. When treating a patient who has communication or behavioural difficulties, for example an autistic spectrum disorder, dentists need to be aware of how they may behave or experience things differently from other patients. Good 'people skills' are paramount when dealing with these patients.

After the appointment, participants feel relief for a number of reasons. They may be relieved simply to leave the surgery, particularly if they are already nervous and fearful about visiting the dentist. They may also feel relieved that their teeth have been checked and found to be healthy, or that a problem has been addressed. Clear communication about aftercare and any follow-up treatment from the dentist at this stage can reinforce this sense of reassurance and make the patient feel more confident about the next steps.

¹ While this study was about **dental professionals**, most commonly participants focused on dentists themselves.

Expectations

The ideal dental experience as participants described it is characterised by the following elements:

- lower levels of anxiety;
- flexibility;
- convenience;
- clear communication; and
- effective pain management.

An ideal dental experience would be one that addresses as far as possible the parts of the patient journey where the patient feels anxious, frustrated or uncomfortable. Looking at each stage of the patient journey in turn:

- **Before the appointment**, some participants would ideally like to receive a reminder or confirmation of their appointment. This could be in the form of a letter, telephone call or text message. Patients could also be forewarned of any known delays or other issues at that stage which may delay their appointment, meaning that they have time to plan accordingly, for example taking extra time off work.
- **During the appointment** participants identify a number of elements that they would expect in an 'ideal' experience, including good, clear communication and sensitivity from the dentist, and the most up-to-date techniques in pain management.

Before and During the appointment the dentist would ideally:

- Communicate and explain clearly the payment options available. Whilst we are aware that cost itself is not part of the GDC remit, the issue of clarity regarding payments and tariffs for NHS and private treatment emerged as a communications matter and something that therefore could be addressed within the GDC's scope. This fundamentally underpins patients' perceptions of dentists. (Accessibility to dentists – another issue outside the GDC's remit, is another area which the public would like information, particularly in relation to which dentists provide NHS versus private treatment).

After the appointment the dentist would ideally:

- Provide good advice on aftercare and prevention;
- Communicate clearly about the outcome of the treatment and the options for further treatment.

The most important features to patients centre mainly on the dentist's fitness to practise – their qualifications, skills and clinical competence. However, it should be noted that for most participants these elements are taken as read, and are seen as fundamental to every dental experience rather than part of an 'ideal' experience.

The other key essential area is cleanliness and hygiene. Patients expect the surgery and equipment used by the dentist to be thoroughly clean and sterile. They also expect the dentist to follow hygienic practices such as to wear latex gloves at all times, and to change gloves between patients. Dentists' personal hygiene and appearance should also be of a high standard.

Standards

'Standards' Per Se

When interpreting the following findings, it is important to keep in mind that perceptions around the meaning of the concept of 'standards' can sometimes be a difficult one for participants. For many, a 'standard' is something to be aimed for – a dentist may be practising perfectly well at a certain standard, but there may be higher levels for him or her to achieve if required. For others, however, a 'standard' is a baseline minimum measure to which all dentists must adhere. It is in this context that discussions around desired, assumed and ideal standards should be seen.

Perceptions of the GDC

Awareness of the GDC is low, although participants understand the concept of a regulatory authority when it is explained to them. They also generally understand the concept and objectives of revalidation and support it. They are, however, keen to know more about the GDC and how they regulate dentists, and in particular how the practical details of revalidation will work.

'Clinical' Standards

To patients, the clinical domain means, predominantly, standards relating to hygiene and cleanliness. They differentiate between visible and invisible hygiene, with **visible** including standards such as sterilising instruments and keeping the surgery clean, and **invisible** including infection control and avoiding contamination. Participants feel the GDC should monitor both the visible and invisible aspects of hygiene.

Regarding the nature of the monitoring of clinical standards, people want to see testing rather than reporting. There is some support for the idea of 'mystery shopping'.

Participants did not spontaneously mention a clinical domain – as discussed previously, these elements are assumed. However they did develop an 'environment' domain which contained cross-cutting standards corresponding to some of their clinical standards around cleanliness, hygiene and the sterility of instruments and equipment.

'Professional' Standards

Dentists should be **qualified** (and potentially CRB checked), particularly if they do a lot of work with children and vulnerable people. There should be required standards of **behaviour** – for example, dentists should act ethically and treat everyone equally and without prejudice. This also means offering and discussing all the treatment options impartially, and not something that is based on perceived ability to pay. In short, being professional is felt to be about integrity and behaving always in the best interests of the patient.

'Professionalism' was also a domain developed spontaneously by participants, covering standards around ethical behaviour and practices; being properly qualified; and being able to explain complex dental issues in clear layman's language.

'Communication' Standards

These are similar to those standards emerging in the spontaneous domains. Clarity and openness in communication and the ability of staff to demonstrate empathy were particularly important standards to participants. Patients should feel enabled through clear and open communication to make informed choices. There should be upfront information on costs. The tone and content of information should where possible be tailored sensitively to the individual patient – for example a very nervous person may not want to hear much detail about what will actually happen during treatment.

'Leadership & Management' Standards

Standards here are difficult for participants to define as they lack knowledge about how practices are managed, and it did not therefore emerge spontaneously as a domain. The standards participants did come up with, which relate to leadership and management, centred on increasing convenience for the patient – standards on accessibility, good appointment management and flexible appointment times. For participants, a well-run practice would be one which is accountable, respects patient confidentiality, and has well-trained and motivated staff.

Patients' Priorities

The standards across the domains that patients prioritise are concerned mainly with ensuring the trustworthiness of the dentist, and building a relationship of trust between patient and dentist. Key priorities included dentists being:

- properly qualified;
- skilled and able to communicate well;
- knowledgeable, and their knowledge and skills kept up-to-date;
- The surgery being clean and hygienic and equipment sterile; and
- Equipment kept up-to-date.

Revalidation and Patient Feedback

Revalidation is viewed as an important step in maintaining patient safety and standards. Participants want to see an open system of complaints. Regarding assessment of dentists, they want to see multiple sources of feedback, including spot checks and patient feedback, brought to bear. Self-assessment is not felt to be enough: there must be some element of checking on the dentist's work.

There is some concern however that overly strict regulation could drive out some older, long-practising but good and trusted dentists.

Conclusions and Recommendations

Participants are supportive of revalidation, and although they are generally satisfied with their dentists, room for improvement is identified in the following areas:

- **Information around payment and costs:** This is primarily a communication related issue as patients feel that more clarity and transparency is required.
- **Private and NHS dentistry:** there should be greater clarity in communicating the types of work available on each basis, how much they cost and which dentists provide each form of dentistry.
- **Respect for patients:** The importance of friendly, clear and open communication by dentists should be acknowledged and promoted. A dentist who does not communicate in this way can inadvertently dissuade nervous and phobic patients in particular from returning to the dentist.
- **Managing Appointments:** Participants want more flexibility regarding appointment times, to fit around their jobs and other responsibilities. They would always like to have explanations for delays.

Regarding **standards and domains**, it is the **clinical** domain that is of most importance overall to patients. Most participants took it for granted that these minimum standards are already in place. Consequently, they tended to perceive the work 'standard' as something (else) to aim for. They need to be reassured that the dentist is qualified, competent and safe, and that the surgery is clean and hygienic. These are the most basic requirements that patients have of dentists. If they were seeing a new dentist for the first time, these are the things they would want to be reassured about before anything else.

The **professional** domain means to participants that dentists behave ethically and operate within the best interests of the patients. They want to be sure that all treatment they are receiving is necessary, and that they are being told about all options regardless of their financial circumstances, health or age.

Regarding **communication**, there must be clarity about costs and treatment options. The issue of cost was frequently mentioned during the research, and whilst we are aware and indeed stressed to participants that the GDC has no influence on costs, participants were clear that there is a role for good communications on the issue. Dentists need to be clear about how much each treatment costs, and the differences in cost between private and NHS

treatment. These are not complaints about cost *per se*, but rather a desire for clarity to enable patients to make informed choices about their treatments

Also, patients want dental staff to have the softer 'people skills'. They should have a friendly and open manner that sets patients at ease.

Management & Leadership focuses on managing and offering flexible appointments. Communication between dental staff should be good and the dentist should have an overview of what is happening in reception as well as in the treatment room. Overall this is a difficult area for patients to define as they lack knowledge about how a dental practice operates.

Overview

Overview

Background, Aims and Objectives

What is Revalidation?

The General Dental Council (GDC) believes that patients need to have confidence that the professionals providing their dental care have not only shown that they meet the GDC's standards when they join the register, but can also show that they continue to meet the standards expected of them throughout the course of their working lives.

The GDC is therefore expanding its role to introduce a system called **revalidation**. Revalidation will mean that, in addition to the requirement to undertake Continuous Professional Development (CPD, to show that their knowledge is up-to-date), in order to stay on the dental register, professionals will need to demonstrate on a regular basis that they meet the standards required for registration with the GDC.

As well as developing the new standards required for registration, the GDC is working on the detail of the revalidation system (due to be introduced in 2012) which will check that dental professionals are meeting those standards. These standards will be under four headings of:

- Clinical
- Professionalism
- Management and Leadership
- Communication

The GDC is committed to a number of objectives and principles in developing revalidation, of which the following are of particular relevance to this research:

- The objective of revalidation itself is to **give reassurance to patients and the public** that dental professionals are meeting the required standards, and that these standards will be required to maintain their registration with the GDC;
- Commitment from the GDC to **taking the views of patients into account** as it develops both the standards and system for revalidation.

Research Objectives

The overall aim of the research is to gain patient input into the development of the standards and evidence framework for revalidation, by understanding patients' views, experiences and expectations of dental services and how they would like dental health professionals and other staff to interact with them. The research seeks to identify insights and detailed information from patients to establish their expectations of the standards which dental professionals should meet, and how they should be checked against standards by the GDC through its revalidation system.

Additionally the research aimed to gather from patients and members of the public:

- Feedback on their (recent) experience and awareness of dental professionals;
- Information on how well their needs (and expectations) are met;
- Their suggestions for improving dental services; and
- Views on how patient feedback might be incorporated into the revalidation process, including investigating which standards are most important to patients and members of the public.

Having considered the overarching thoughts of patients and the public about their experiences and expectations of dental care, the research also considered the four domains as mentioned above (Clinical, Professionalism, Management & Leadership, and Communication). This work sought to establish what patients think the standards should be under each domain, and also what domains they spontaneously suggested – and whether these differ from the GDC's domains. The research also aimed to establish which of these standards and domains are priorities for people, and why.

Methodology and Recruitment

Overview of Methodology

The research design combined a range of qualitative methodologies:

- Five **patient fora** covering all four nations of the UK, held in: London, Leeds, Aberdeen, Cardiff and Belfast. Participants were drawn from the general public and

were from across a variety of social grades, ethnic backgrounds, genders and age groups. Some used NHS dental services, others private, and there was a mixture of frequent and infrequent users;

- Two **mini-discussion groups** were also held in London. One was with older people requiring assistance to visit the dentist and who lived in a residential home. The other was with people who had not visited the dentist in at least two years; and
- Six **in-depth interviews** with carers (two paid professional carers and four unpaid carers) – two of these were **paired interviews** where the person being cared for was also present. Three interviews each were held in London and Birmingham. Of the six interviews, three were with carers of people with learning difficulties or who otherwise found it hard to communicate, and three with carers of people with physical difficulties.

Roughly twenty people attended each of the patient fora. Eight attended each of the discussion groups. Full details of the demographic make-up and numbers attending the fora, discussion groups and in-depth interviews are appended to this report.

All the patient fora, in-depth interviews and discussion groups were moderated by an experienced Ipsos MORI staff member (two moderators were used in the case of the patient fora, where there were more participants). The patient fora lasted for three hours each. The in-depth interviews tended to last between 30 – 45 minutes and the discussion groups lasted around 90 minutes each. The patient fora, discussion groups and in-depth interviews were led using discussion guides, which were developed and agreed with the General Dental Council and are appended to this report.

Recruitment

Participants for the fora, groups and in-depth interviews were recruited from amongst the general public by experienced recruiters from Ipsos MORI. We have a network of recruiters across the country so in each area where the research took place we were able to draw on recruiters with in-depth knowledge of the local area and where best to approach potential participants.

As part of the recruitment process, Ipsos MORI agreed the demographic make-up of the patient fora, discussion groups and in-depth interviews with the General Dental Council. For the **patient fora**, quotas were set on:

- Age;

- Gender;
- Ethnicity;
- Social grade; and
- Household make-up (whether or not they had children);
- Satisfaction with dentist;
- Private or NHS patient;
- Type of dental procedure at last visit; and
- Length of time since most recent visit to the dentist (ensuring that people who were not so frequent visitors to the dentist were also included).

For the **in-depth interviews** we recruited a mix of paid and unpaid carers (two and four respectively). Three cared for people with learning and other similar disabilities (for example autistic spectrum disorders or ADHD); the other three cared for people with physical disabilities. This enabled us to understand the different issues and concerns of different types of carers, and the different needs relating to dentists and dental care of those with mental and physical disabilities.

Qualitative Research

It is important to note that qualitative research is designed to be *illustrative* rather than statistically representative and therefore provides insight into why people hold views, rather than conclusions from a statistically valid sample. In addition, it is important to bear in mind that we are dealing with people's perceptions, rather than facts, but to those holding those views, they *are* the facts.

Qualitative research is an interactive process which seeks to identify not only what people think, but why they do so. Some of the benefits of qualitative research are:

- **Insight** – the rationale, understanding and motivations which form opinions can be explored;
- **Iteration** – the discussion guide and topics are likely to evolve as new issues are raised in each workshop or discussion group;
- **Scope** – a wide range of opinions can be gathered on the new guidance, and on revalidation.

In writing the report we have tried to represent the content and prevailing views on each topic accurately. We are conscious that the 'Hawthorne effect' may sometimes have been in operation during this study – that is, where participants' results can be distorted or exaggerated due to the special attention which participants receive from researchers, causing them to modify or change their views or behaviour accordingly. We have allowed for this as much as possible in the research by probing and challenging participants on their views rather than allowing consensus to emerge by default, but we feel it is important to note that for some participants, some of the issues under discussion were only important *because* they were being discussed.

Throughout the report, use is made of verbatim comments from participants. Where this is the case, it is important to remember that the views expressed do not always represent the views of the group as a whole, although in each case the verbatim is representative of at least a small number of participants.

Report Structure and Content

The report is structured thematically across the various audiences. Each stage of the report incorporates findings relevant to that theme from all the qualitative methods used to examine views. Thus we have drawn out differences throughout in experiences and expectations between the general public at large, people with disabilities or who are otherwise vulnerable, and people who avoid or rarely visit the dentist.

The report covers the following themes:

Dental care experiences

- General perceptions of dental care and dental professionals;
- The dental 'patient journey' and the 'ups and downs' of patients' experience;
- The things that influence those 'ups and downs', and whether there are there any 'downs' that cannot be controlled or influenced by dental professionals.

People's expectations of dental care

- The elements that make for an ideal or 'perfect' dental experience for people;
- Which of these are really essential to people;

- How people group these expectations together, and the 'domains' or categories they spontaneously come up with.

Standards and 'domains'

- What are people's views and level of awareness of the GDC?
- Views on each of the four domains (Clinical, Professional, Communication, Leadership & Management):
- What standards apply under each domain?
- Why are these standards important?
- How do these standards improve experience?
- What do people understand by the names of each domain?
- Which domains and standards emerge as the most important, and how do people prioritise domains and standards?

Experiences of Dental Care

Experiences of Dental Care

Overview

The quality of the actual treatment, though crucial, was not the only measure against which participants judged their experiences of dental care. Communication was also vital to satisfying, comfortable dental care experiences.

Participants were generally satisfied with their dentists. Some did report poor quality treatment such as crowns and fillings that fell out, and unsympathetic dentists, but most were satisfied with their dentists and the treatment received. They praised dentists' professionalism and felt particularly at ease with those who were not only technically capable and carried out high quality clinical work, but also had the 'softer' skills of communication - such as the ability to build a rapport and set the patient at ease. Many participants had a fear or, in some cases, a phobia of dentists, and the ability of the dentist to reassure was particularly important for them. A lengthy relationship with the dentist, building up trust over a number of years, was also important in allaying anxieties.

As would be expected, the cost of dental treatment emerged as an issue. Whilst cost is not part of the GDC's remit, there is a clear communications issue regarding cost which the GDC can examine. Some participants were confused about the difference between private and NHS dentists, the different treatments offered by each, and the associated costs.

In some of the conversations we had about the dental care of people with physical and learning disabilities, concerns emerged about the quality of NHS compared to private care. These patients looked for reassurance that they were being offered all the treatment choices available regardless of cost, and guarantees of the equal quality of private and NHS care – and this is essentially seen as something that could be addressed in the form of a communication standard to ensure that patients are given adequate information.

During the patient fora, extreme fear of the dentist seemed to be more common amongst older people from lower social grades. This may be due partly to poor experiences that took place when they were children or young adults, and would be less likely to happen now with modern dentistry. There is also a perception amongst some participants that people less able to pay and reliant on NHS dentistry may have had bad dental experiences and blame this on (their view that) some dentists do not offer NHS patients the same quality of care that they offer private patients.

Participants in the fora in particular were questioned in detail about their experience of the 'patient journey' – that is, their experiences and feelings from the point at which they left

home to travel to a dental appointment, to the time where they left the dental surgery after the appointment. A fairly consistent pattern emerged of general trepidation and anxiety prior to the appointment (which could be more or less intense, depending on the person's general feelings about dentists and the type of treatment expected). This was followed by relief at the end of the appointment and some concerns about payment and follow-up care - again depending on the extent of the treatment. At each stage, however, there were elements of the experience identified that the dental practice and staff could influence to lessen feelings of anxiety and make the experience more pleasant and satisfying for the patient. However, some participants were so phobic that it would be unrealistic to suggest that their anxieties could be allayed completely, or indeed at all.

General Perceptions of Dental Care and Dental Professionals

Experiences were Generally Positive

Most participants were satisfied with their dentists. They valued their professionalism, clinical skills and 'people skills' – that is, their ability to build a rapport and set the patient at ease. Many recognised that dentistry has improved over time, leading to better treatments and less pain and discomfort:

That's the first time I've been for a few years, and the technology that's in the dentist's now. I remember when I was a kid, it was the knee on the chest type thing, that's the sort of dentist you could have then. But they've got gels and things that they put on your gum before they even pre-inject you these days, and it's, the mechanics and the workings of it seem to be better in many ways. - **Male, Aberdeen**

Some participants had been with the same dentist for many years and had consequently built up trust in them - despite some perceived shortcomings in the service they provide:

My old dentist, he didn't really have a very good bedside manner but I guess over 28 years I trusted my children with him. - **Female, Cardiff**

This point illustrates that length of time with one particular dentist is not on its own proof of complete patient satisfaction, but perhaps more a sign of the patient's reluctance to move to a new dentist once they are used to a dentist they judge to be 'good enough'.

Experiences of Disrespectful Treatment

Despite the generally positive experiences reported, some participants recounted stories of dentists who were less than sympathetic and failed to treat them with enough respect. The following illustrates how poor, apparently disrespectful communication – notwithstanding good clinical knowledge – can have a negative influence on a patient's perception of the experience:

When I went into the dentist's, I thought I knew what the problem was, I thought I knew where the pain was. So when I told him he said, 'No, that's not where it is', he said 'It's there'. So I said, 'No, that's not where I feel it'. So he, to prove his point, he got this sharp instrument, and went 'uuh'. And yeah, it damn well hurt. So, yeah, he proved his point, but I didn't like the way in which he done it.

- **Male, London**

NHS and Private Dentistry

Some expressed concerns that there was a two-tier system in effect, with the very best treatment only available to those able and prepared to opt for private treatment. There was some concern that dentistry risked becoming too 'business'-oriented rather than primarily about patient care:

Professionalism and medical care is switched to business and you happen to know that the man has a big house and there's five kids. They're all going to private schools. - **Male, Belfast**

The differences between **NHS and private dentistry** are still confusing for some, particularly the types of treatment that are and are not covered under the NHS. Some participants recounted experiences whereby they had felt that they had been denied treatment due to their inability to pay:

I was on the chair, and he sent his assistant to check on Denplan. He come back and said there was nothing paid, and I'd never paid Denplan, not a thing. I was out on benefits, so he took off his mask and says, up, and that was in the middle of a filling. - **Male, Aberdeen**

Clearly, people's actual ability to pay is not something which the GDC can influence, but nevertheless the situation described above could potentially have been avoided by a better background knowledge of the patient and better communication, and perhaps more flexibility on the part of the dentist. Standards such as communication are within the GDC's remit to monitor and address.

One carer felt that private dentists in particular could do more to improve their service for **people with disabilities**, especially for those with specialised needs around access. Again, we are aware that access is not something that the GDC can hold a great deal of influence over, but participants expect the issue to be acknowledged. Indeed, some disabled people risked feeling 'shut out' from services:

Too many of them [dental surgeries] are in Victorian houses. Mine you have to go up two steps into the other section, then you have to go up two flights of stairs to get to the actual surgery. But don't you feel actually private dentists might not want that hassle of having to cope with disabled people? - **Male carer, Birmingham**

These concerns about a perceived 'two-tier' approach, with better treatment for those who opted for private treatment, were echoed in the Leeds patient forum in relation to patients in general, not just disabled patients:

I think the dentist for me has improved since I've gone private. When I was on NHS, they weren't as like, you didn't get the first class treatment, now I just feel like I'm a queen when I walk in there. - **Female, Leeds**

Overall, participants wanted to be reassured that they were being offered the same options and treated to the same standards, regardless of whether they had a private or an NHS dentist.

Lack of Out-of-Hours Cover

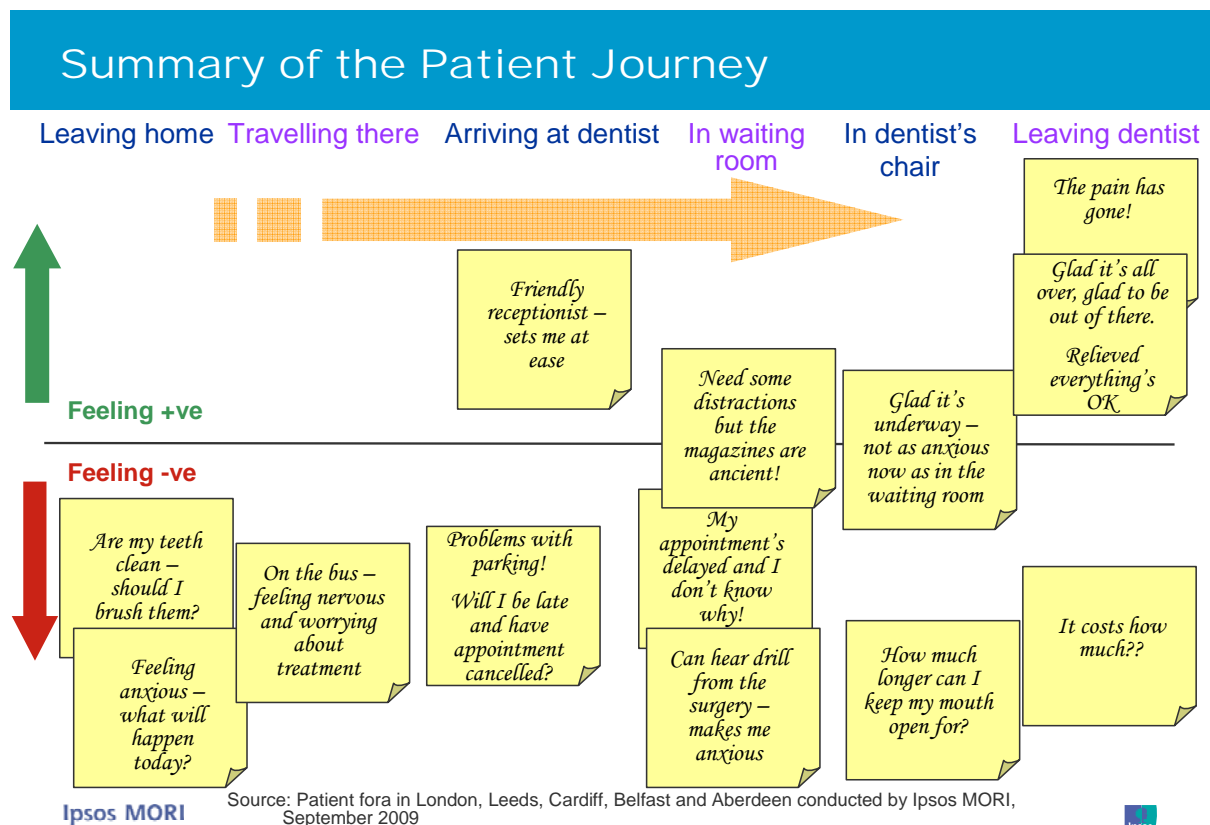
In the Leeds patient forum, some participants expressed dissatisfaction with the **out-of-hours cover** for dental emergency:

I'll tell you what's really rubbish is, do you know the overnight service for the dentist? My son had really bad toothache and when I rang out of hours they told me if the pain's still there tomorrow at 7 o'clock, then ring us up. Tomorrow at 7 o'clock, but he's crying *now*.
- **Female, Leeds**

Ups and Downs of the Patient Journey

There were a number of factors identified in the patient experience that participants did not like, such as the pain (or fear of pain) that some treatments entailed; the discomfort; and the inconvenience of taking time off work. Throughout the patient fora, the patient journeys that participants map out – from leaving their homes until leaving the dentist’s surgery after the appointment – followed a similar pattern that can be summarised as anxiety up to and during the appointment, and relief after the appointment (depending to an extent on the individual’s pre-existing feelings about dentists, past experiences and the treatment expected on that occasion).

During this part of the discussion in the patient fora, we asked participants to write their experiences and feelings at each stage of the patient journey on post-it notes and attach these to a timeline. The slide below illustrates the journey which participants mapped out, summarising the comments which they had about their feelings and experiences at each stage:



What influences these ups and downs?

Although a certain amount of anxiety and discomfort are naturally inevitable during a dental appointment, there are certain factors at each stage of the patient journey that can increase anxiety, some of which could be influenced in order to mitigate this to an extent.

However, there is little that can be done to ameliorate the anxiety during the first two stages of the patient journey – **Leaving the House** and **Travelling to the Dentist**.

Leaving the House

Participants often mentioned that it was important to ensure their teeth were clean before visiting the dentist. There were elements of personal pride and worry about what the dentist's reaction involved in this:

I think it's because when you're little your mum says you're going to the dentist, brush your teeth well. - **Female, Aberdeen**

Participants were likely to be starting to feel anxious at this stage. Dental appointments were usually booked far in advance so anxiety may have been building for some time. Anxiety focused not only on anticipation of pain, but also on uncertainty about the treatments that might be recommended.

Travelling to the Dentist

Travelling to the dentist in company can distract the patient from concern about the forthcoming appointment. One man who usually drives to the dentist said:

I've usually got the rest of the family, so they just keep talking. -**Male, Cardiff**

The following stages of the patient journey – **Arriving at the Dentist, In the Waiting Room, In the Dentist's Chair**, and **After the Appointment** are all areas where the dentist and other dental staff *can* have an influence:

Arriving at the Dentist

When travelling to and arriving at the dentist, participants talked about the fear of being late and missing the appointment.

For those feeling nervous on arrival, a pleasant and welcoming receptionist made an important first impression, setting them at ease and alleviating some of the anxiety about the forthcoming appointment:

It's important to have that kind of distraction, like a good receptionist you can talk to that needs to talk to you. - **Male, London**

In the Waiting Room

Being able to hear the dentist at work, or the person before you as you sit in the waiting room, can heighten anxiety, particularly in those patients with a dental phobia or who are expecting to have extensive treatment:

Not much you can do about [waiting] really. But I don't like hearing drilling noises behind the door though. - **Female, Cardiff**

Some participants, looking for a distraction in the waiting room, also described how the magazines provided were often out-of-date and unappealing. Better distractions, such as better quality reading material or even a television, would be welcomed by many.

In the Dentist's Chair

As with the receptionist, a friendly and welcoming dentist – someone with a good 'bedside manner' as well as the clinical skills – can go a long way to allaying anxieties:

One of mine [dentist] used to call me by my first name and he used to go, 'Hi, how are you doing?'. I like that, yeah. - **Male**

Participants also appreciated dentists who took time to explain treatments and procedures to them. They found this reassuring, particularly when they were worried about the potential pain and discomfort of treatment:

I liked the [dentist] who's friendly, because that calmed me down and reassured me. We're going to do this, we're going to do that for you. - **Female, Aberdeen**

A considerate dentist was also particularly welcome for a wheelchair user:

It's very difficult for me to get on and off the chair now, so he moves everything around for me, so I can sit in my chair, rather than having to fight my way on to the chair, which is such a big help. - **Female, London**

It is however unavoidable that treatment is sometimes lengthy, unpleasant and uncomfortable. There is often not much that can be done to alleviate this other than for the dentist and nurse to work as sensitively as possible and ensuring the patient has enough breaks:

You know that there's pain, there might be pain involved, it's unavoidable. - **Male, London**

For some patients who had an extreme phobia about the dentist, having a friend present at the appointment to provide moral support and ask questions about treatment, could be helpful, and dentists should try to be amenable to this:

I accompanied my friend for about a year to the dentist, a private dentist. She had a lot of problems previously with the dentist, a dentist had took the wrong tooth out and she was having problems all the time, so she wanted someone to go with her. And I went in with her every time, and because I knew what she wanted, it wasn't my favourite place to go but I could at least ask the questions that she couldn't do because they had their hands working in her mouth, I could actually ask the questions and remember the answers. So it's quite important when you're doing a procedure that is expensive, particularly being private, that there's somebody else going with you to remember all those things. - **Female, London**

After the Appointment

Participants were most positive about this stage of the journey. The overwhelming feeling after the appointment was described as one of relief, often due to a good outcome or confirmation that the patient's teeth are in good order, or general relief from pain:

I actually feel good instead of not going and then thinking, well there might be something wrong, but I'm just not going to go, at least I've gone, faced my fear and then I feel really good because I've got healthy teeth. - **Female, Leeds**

You do have a pain in your teeth, but you go into the dentist, you're seen, and do whatever needs to be done, and you get out without the pain, that's the most important thing, that's what you want. - **Male, London**

Expectations

Expectations

What would be expected of a New Dentist?

Participants in the patient fora were asked to imagine how they would feel if their regular dentist of a number of years was replaced by a newly qualified dentist, and what they would expect of this new dentist. Some proof of qualification to practice was of paramount importance. Merely 'looking the part' would not be enough to reassure:

If you're dressed in the right environment, you're in the right room, you don't even think to ask, you're that easily fooled by it. – **Male, Leeds**

With older, established dentists, proof of qualifications was not so important. Participants would feel reassured by awareness of the dentist's reputation via word of mouth through friends and neighbours.

They would also expect continuity of care, and that the new dentist is quickly familiar with patients' records:

If there was a changeover of dentists I would expect a very quick handover so the new dentist would know more or less everything regarding my treatment, past treatment that the old dentist did, and maybe even some personal stuff. I'd expect a very good handover. So that I'm not faced with a stranger that knows absolutely nothing about me and my history. – **Male, London**

Quality of care should be maintained at the least, but some would expect care to be better with a newly qualified dentist. They would expect them to be up-to-date with the latest developments in dental care, better at pain management, and have a better, more sympathetic manner with patients:

I think if they're newly qualified as well, they might have more modern techniques. Not like an older dentist. Because I'm sure it was when I was at school, that that's what put the fear of the dentist into me. – **Female, London**

The Ideal Dental Experience

The ideal dental experience as participants described it was characterised by:

- lower levels of anxiety;
- flexibility;
- convenience;
- clear communication; and
- effective pain management.

As discussed previously, the patient journey was characterised by several 'low points', and in contrast, the ideal dental experience was seen as combining a mix of features that addressed many of these lows.

The ideal dental experience may be divided into before-appointment, appointment and after-appointment. At each stage, the ideal dental experience focused on increasing patient confidence and making access to dental care more convenient. The ideal dental experience is described below, based on the findings across the five locations. Within each of the three stages we draw out the elements that participants feel would make that stage of the process as positive an experience as possible.

Before the Appointment

The before-appointment time period covers the process of finding a dentist, booking an appointment for a convenient time, remembering the appointment, being able to reschedule for unforeseen reasons and reaching the practice. In ideal circumstances, patients are able to book an appointment to suit their work hours, and the practice is flexible when accommodating cancellations. In addition, patients are given a clear idea about the time the procedure will likely take and if they will be able to, for example, go or return to work.,

Since dental appointments appeared to be made well in advance by most participants, most felt that a **reminder service** like a phone call or a text sent to their mobiles would greatly help them in remembering the exact time of the appointment.

Send you a reminder, so he knows what he's done six months ago, so they've included saying listen, we did some work six months ago, it's now time for a check up to see how you're going, make an appointment to come down and we'll see you. - **Male, London**

During the Appointment

The appointment period covers both the experience of arriving, being in the waiting room and the actual dental care procedure.

Friendly, welcoming receptionists and other staff

The receptionist is usually the first member of staff that people speak to on arrival. As we saw in the previous chapter, **friendly welcoming reception and other staff** can also mitigate anxiety, and was widely cited as part of the ideal dental experience:

[Receptionist should have] a smile on her face and nice teeth. And I would also say the same for the dental nurse. Polite dental nurse. - **Female, Leeds**

Receptionist would be friendly, with a nice face and kind, and offer you a cup of tea or coffee. - **Female, Cardiff**

The dentist who talks to you, he'll be more friendly, to make you feel relaxed, take your mind off. - **Female, Belfast**

Receptionists who are proactive are also appreciated. For example they could demonstrate a proactive approach by checking how long it has been since a patient's last appointment:

The receptionist, because they're on the PC all the time booking appointments, they should be noticing or managing their clients to say, hang on a minute you haven't been for three or four months. - **Male, Cardiff**

Yeah. Basically a structure plan, even if nothing needs doing, you're in, you have a check up, job done, send you away. - **Male, Cardiff**

They also need to be open and honest in communicating with patients about potential **delays and cancellations**:

Any delay in your treatment I think has to be explained so you know what's happening, you know you're going to be about another half hour, but you can deal with it. If it makes you late for work, you know you're going to be late so you phone them up and say you're going to be a half hour late. - **Female, London**

The Ideal Waiting Room

Participants across the locations felt that their anxiety tended to be high in the waiting room, and in an ideal experience, there would be a **comfortable waiting room** that provided suitable distractions for patients:

They're always pretty clinical as well. Not the nicest rooms to be in. They need to be welcoming, comforting. - **Male, Cardiff**

I think a waiting room needs a lot of work. Like, mine's pretty good, it's got a TV and a fish tank and some magazines. - **Male, Cardiff**

Patients felt that a waiting room that was **free of drilling noise**, and smelled pleasant also helped reduce anxiety. Those who take children to the dental practice felt that children were likely to be less scared of the procedure if they did not hear the drills.

Seeing the same dentist for each appointment

Consistency mattered for some participants. They would ideally like to see the same dentist each time they visit – someone who knows them and has knowledge of their dental history, and also a basic awareness of any medical conditions or medications they might be taking that could affect the types of dental treatment they can receive:

Ideally you'd always see the same dentist. - **Male, Cardiff**

Good communication during treatment

During the dental procedure, patients are likely to feel that they are not in control of the situation. In an ideal experience, the procedure is explained to them, and patients make informed choices based on a **conversation with the professional**.

It just makes you more relaxed when they inform you of the treatment they're going to do, inform you more instead of telling you. - **Female, Belfast**

It is important that during this conversation, patients are sitting upright as lying back in the reclining chair can immediately increase their feelings of vulnerability and make it more difficult for them to take in and consider the information they are being given, and to make an informed choice. In addition, patients felt that dentists need to be clearer about how patients can signal pain and ask for effective pain management during the procedure.

Patients felt that appointments could sometimes feel 'rushed':

I think they rush you as well, because sometimes you might feel like if they're running late, they'll rush it in and out, whereas if they take their time with you, then you feel a bit more valued as a customer. - **Female, Leeds**

An ideal appointment should also allow time for discussion and questions with the dentist, not just the actual treatment followed by a swift exit from the surgery:

My dentist does a check up half an hour not just the treatment. So he always gives you your perfect time so you talk to him whatever you want to. - **Male, London**

Good communication with vulnerable patients

Clear, appropriate and respectful **communication** emerged as particularly important for **children and young people with learning disabilities**, according to one paid carer who accompanies such young people on visits to the dentist:

I think it's very important because even though they might have learning difficulties it doesn't mean that they don't understand what's going on and you're making them feel even more as if they're thick so it's not nice. Then I have to go, when we're going outside I have to explain what's happening and it's not really my role to do that. It's the dentist's role to do that. - **Paid carer, Birmingham**

She goes on to explain what she would expect from the dentist:

I'd like them to actually look at their face and look at their eyes and speak to them direct and not speaking over their head and speaking directly to me only and not to them. That is a big must for me and for them to actually forget that I was there and speak to them and tell them, to reassure them and tell them what they were going to do. - **Paid carer, Birmingham**

Effective pain management

First rate **pain management** through use of the most up-to-date technology was felt by some to be important:

Nowadays anaesthetics are so sophisticated, and so is the jab, that you don't feel or know anything about anything, it's done. – **Male, older age group, London**

After the Appointment

The after-care process includes the immediate period after the procedure, in which patients need recovery time and are given enough preventative and care information. At this point, dentists need to tell patients about the outcome of the procedure, what to expect over the next few days, and if subsequent appointments are required for the treatment.

For some participants, this would be an ideal time for the dentist or other staff to provide advice and support on prevention:

Maybe provide more advice on brushing or just how you should be doing things. It may seem like common sense but it's like you would think drinking orange juice, you think, oh orange juice is healthy. But it's actually really acidic and it attacks the enamel on your teeth. And you wouldn't necessarily know that unless it's been pointed out to you. - **Female, Cardiff**

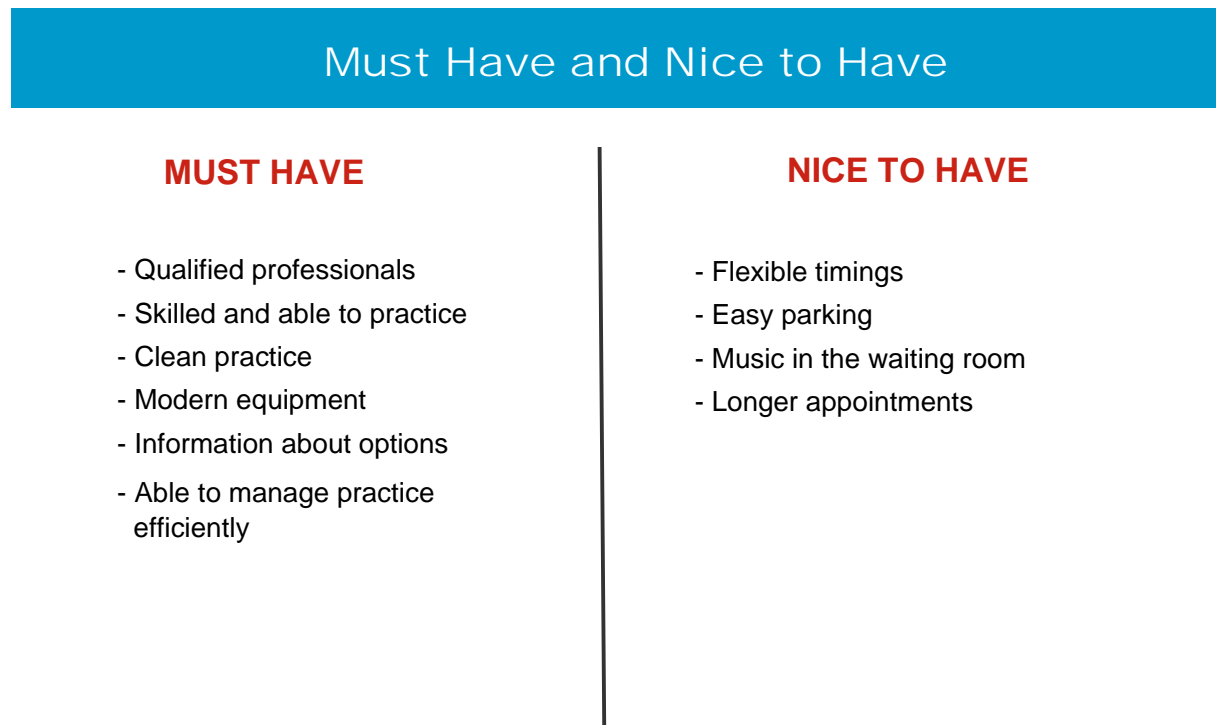
There are leaflets in a dental centre that tell you all about care and what to do and how to clean your teeth and shows you little diagrams on the way to do it and all that. – **Male, older age group, London**

In addition, this is often the point of payment, and it is helpful for patients to know before hand how much the treatment is going to cost them, as it reduces the changes of unexpected cost related surprises. Flexibility regarding payment options would also be welcome for some:

A lot more dentists offer you a payment plan nowadays, it's still not cheap, but at least you get a chance to pay it up, rather than having to pay it all in a lump sum, I suppose. - **Male, Aberdeen**

Must Have and Nice to Have

The features of the ideal dental experience can be seen as a mix of elements that can be termed 'nice to have' and those that are deemed essential or 'must haves'. These are summarised in the slide below:



'Must Haves' – Essential Features of the Ideal Dental Experience

The two areas that emerged most strongly focused on dentists' skills and competence, and on the cleanliness, safety and sterility of the surgery and equipment. Some other key areas that emerged as of essential importance included good communication, clear explanation of treatment and options, and clear guidance on prices.

Dental professionals must be qualified and skilled and able to practice

The key "must have" focuses on having a qualification as some basic guarantee of safety and clinical competence. Interestingly, one participant also mentioned ongoing training at this point:

I think that's the biggest thing, qualified for what they're doing, and have compulsory training of some sort, whether it's yearly training. - **Male, Aberdeen**

Some **older people** in particular were influenced by their memory of dentists when they were young, and valued clinical skills highly.

As a child we used to actually kick and scream at the dentist's. The anaesthetics never worked for me and they had to do it two or three times before it actually worked. So, that's the worst. Those bad times and there was no good times at the dentist for me. - **Female, Aberdeen**

Surgery and equipment must be clean and hygienic

Again, older people in particular mentioned clinical standards such as sterilisation of equipment as areas that should be treated and looked at separately:

A clean and welcoming environment. It's got to be a safe and hygienic environment. Definitely a must. – **Male, London**

Patients need to be absolutely reassured that the equipment being used on them is sterile and safe.

Communication must be clear and friendly

Communication skills were stated as being essential for an ideal experience, as clear communication can help patients in feeling less anxious, more in control of the process and feel comfortable with their dentists. For example:

When you first go in there that it would be nice if you could sit down maybe in a normal chair, and he could explain what he was going to do to you. Or even if you sat in a dentist's chair with your mouth closed because don't you find, you go in the dentist and open your mouth and then he's talking to you before he's started any treatment, so you could be in the chair for half an hour with your mouth open which is not very comfortable. It would be nice if he explained all that before he said open your mouth. - **Female, London**

Clear information should be provided on the treatment and payment options

While some participants felt that dental professionals needed to be friendly, good communication skills were seen as part of a larger idea of “professionalism”. An example of professionalism in communication would be up-front disclosure of costs and prices of the treatments available. Although regulating costs is not part of the GDC’s remit, cost emerged here as a communications issue. Participants felt that they were often surprised by the cost of treatment.

I don’t know what the expenses are. I haven’t got a clue. - **Male, London**

There also has to be clarity about the differences between NHS and private treatment. Again this emerged as a communications issue. Many participants were confused about private and NHS charges themselves, as the following exchange from the London forum illustrates:

I don’t think the NHS because we don’t pay, they do the job, I don’t think, and I’ve been proved that with my son. - **Female**

Well you are paying. At the end of your treatment you are paying. - **Female**

Yeah, but on the NHS you don’t. You’re allowed to have it for free. - **Female**

No. - **Female**

‘Nice to have’ – Can influence the experience, but not essential

Certain elements of the ideal experience were seen as “nice to have”; that is, while they could make the experience of accessing dental care more pleasant and positive, they were not essential requirements. The “nice to have” elements related largely to increasing convenience around the appointment rather than the actual dental procedure. They included the option of flexible appointments, where practices are open over the weekends or after work hours, more local parking, more information on insurance options (again a communication issue rather than a cost issue *per se*), and a reminder service prior to appointments.

Patients do not necessarily distinguish between dentists and dental practices, which implies that their expectations of an ideal dental experience rest equally on the ability of dental practices to be organised and cater to their patients. Some of the less essential features of the ideal dental experience can still therefore strongly colour people's overall perceptions.

Factors that can signal a well-organised, patient-friendly surgery include having a comfortable waiting room with adequate distractions. Soundproofed treatment rooms, so that the sound of drills and other treatment cannot be heard in the waiting room, would also be welcomed by many participants. Such things give the impression of a well-run surgery where the patient is treated with consideration and thoughtfulness – important in setting nervous patients at ease, and ultimately encouraging them to return to the dentist.

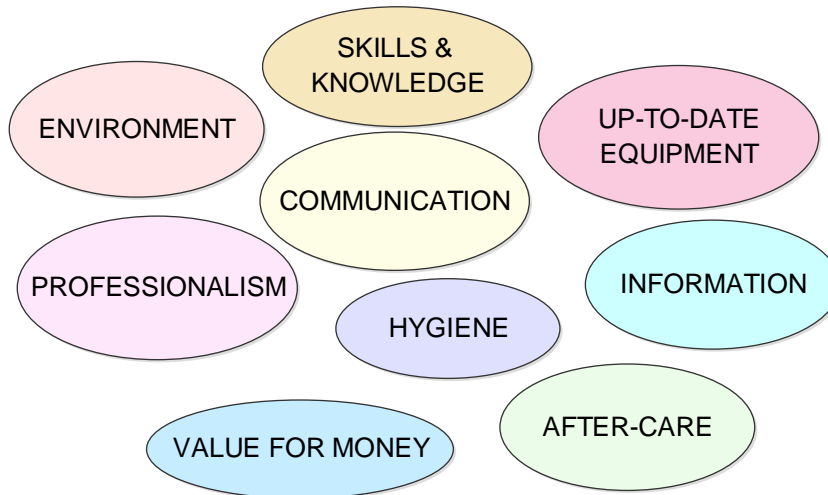
Spontaneous Domains

In a further exercise, participants spontaneously developed a list of standards and domains. This stage of the research was particularly useful in understanding how patients perceive the role of dental professionals, and how they organise in their own minds the different skills and aspects of the service provided by dental professionals. This began to offer a valuable insight into the standards that mattered most to patients, and how they would group these standards together.

Importantly, these standards and spontaneous domains rely on the language used by a patient, which articulate their priorities and concerns. While they do not significantly vary from the domains as constructed by the GDC, they articulate how patients perceive the dental care experience rather than simply their expectations of the dentists.

Some of the spontaneous domains that emerged include professionalism, communication, time management, modern equipment, cleanliness, convenience and environment.

Spontaneous Domains



Ipsos MORI

Source: Patient fora in London, Leeds, Cardiff, Belfast and Aberdeen conducted by Ipsos MORI, September 2009



The key domains that emerged spontaneously were professionalism, communication and environment, and these are discussed in more detail below.

Professionalism

Professionalism emerged spontaneously as an all-encompassing domain. Their definition of professionalism is based on a dental professional being qualified to practice, and following the ethics of the profession – in short, competence and integrity. Hence, this domain overlaps with clinical skills and communication skills – being able to explain things clearly and without jargon the patient cannot understand, and able to set patients at ease:

Customer service, good technical knowledge. Obviously it's better for the dentist to know what they're doing. So good technical knowledge, customer service. - **Male, London**

Dentists should be open and honest and act with integrity:

Just being open about the treatment plan, and not using jargon. - **Male, Cardiff**

For patients, being a professional implies that the dental professional follows a code of conduct:

Best working practice basically, that they all adhere to a code of conduct. - **Male, Cardiff**

Patients found this domain to be of high importance as it meant that the dental professional was trustworthy and qualified to treat a patient. The term 'up-to-date' features frequently and within this, patients expect that the equipment in the practice and the clinical skills of the professionals to be up-to-date. Indeed, clinical skills were revealed as the most fundamental expectation for many participants. This emerged when they were probed on how they would feel if their dentist of many years left the practice and was replaced by a new dentist. When a patient has no knowledge of a dentist, the first thing they need to be reassured about is that his or her technical skills are sound:

This technical knowledge is the most important thing, when you go in first time to a dentist you don't know him. After a while if you go there, if you're with him one, two, three years, you know that he's technically good. But it's worry for the first time when you need to choose one, which one to choose. - **Male, London**

Some participants felt that requiring the dentist to display their credentials prominently in the surgery would provide reassurance:

On their wall a plaque to say, a list of their qualifications. A picture of the person. Their qualifications, when they were qualified, what they specialise in, because some specialise in children, some specialise in dentures or whatever. - **Female, London**

Communication

The other domain that was seen as being important was that of communication. For patients, this domain included both the content of communication and the tone in which it is delivered. The content of communication was focused on providing the patient adequate information about the diagnosis, the treatment options and clear, upfront communication about costs. The tone of communication is relevant to how the patient thinks the dental professional perceives the patient. That is, they expect the dental professional to be friendly and reassuring. In the minds of participants, communication overlapped significantly with professionalism. Being a good communicator was a key part of being professional:

They're competent in what they're doing, they're empathetic to the individual. Because some people they are too comfortable, they live in their own sort of cocoon and you don't understand what they are talking about, so yes, they've got to know their job, they're supposed to be able to tell you about it. From their own point of view they know what they are doing, but you want to know, so you want to be part of it. - **Female, London**

Environment

Environment emerged as an important domain in most locations. The waiting room is often the first physical interaction a patient has with the practice, and is seen to reflect the practice's ability to manage procedures and patients. It needs to be bright, comfortable and welcoming. Hygiene emerged as a particularly important standard:

Hygiene I think is very important. A dirty surgery doesn't look good, it doesn't. - **Female carer, Birmingham**

The environment also encompasses the physical space the patient occupies during the procedure and some patients stressed the importance of a comfortable reclining procedure chair. This emerged as particularly important for people with physical disabilities. One carer we spoke to who had a physical disability affecting her mobility said:

Easy access and an alternative chair for people with leg problems... They can lower the bottom half, so you can actually sit on it and then they can raise the bottom half up. - **Female carer, Birmingham**

Standards

Standards²

Perceptions of the GDC

A presentation about the GDC and its role was delivered to participants during the patient fora, and the discussion was opened to them for questions and answers. Most participants expressed surprise that dental professionals were not already continually monitored for maintenance of standards and felt that revalidation was therefore an important step in ensuring patient safety and quality of care.

Participants' initial reaction was to interpret the GDC's role as being similar to that of the British Dental Association (BDA) – that is, a professional representative body or 'trade union' for dentists. Only a small number of participants had actually heard of the BDA however, and most did not appear to know exactly the role of the BDA. However, the term "regulatory authority" helped participants to understand the role of the GDC, and equally the relationship which dental professionals have with the GDC. There was a high level of interest in understanding how the GDC is funded and operates, and what authority the GDC has over dental professionals.

While the ideal dental experience described in the previous chapter was based on patients' expectations, the activity focussing on developing standards for each of the GDC's domains was introduced by Ipsos MORI as setting minimum standards which could be tested. This activity was carried out after a presentation about the GDC and the plans for introducing a system of revalidation for dental professionals. An overview of the standards that were developed in each domain is provided in the chart below.

² This chapter needs to be read in the context of the earlier discussion relating to differing perceptions of the meaning of 'standard', and expectations that certain minimum requirements are already in place.

Standards

CLINICAL

- Clean practice, equipment
- Hygiene and infection control
- Up-to-date skills
- Regular training

PROFESSIONAL

- Qualified and fit to practise
- Honest and ethical behaviour
- Respect for patients
- Maintaining confidentiality
- Adequate documentation

COMMUNICATION

- Clear and appropriate information
- After-care and preventive information
- Information about costs and options
- Respectful, polite and friendly
- Reassuring and understanding

LEADERSHIP & MANAGEMENT

- Appointment booking and management
- Practice and staff management
- Flexible and patient-focused timings
- Improved accessibility
- Driven by patient satisfaction

Ipsos MORI



'Clinical' Standards³

The clinical domain emerged as one of the strongest areas of concern for most participants. Participants took 'clinical' to refer largely to standards relating to hygiene and cleanliness, viewed as one of the 'must have' standards from discussion of the ideal dental experience..

When participants were asked to further 'unpack' and articulate standards in the clinical domain, one of the primary concerns was that standards regarding cleanliness and hygiene be maintained and monitored. Some of these standards are related to "visible" signs of cleanliness. For instance, patients felt that dentists should routinely change gloves and ensure that all instruments were sterilised. However, less visible indicators such as contamination and infection control should also be monitored by the GDC.

Environmental and personal [hygiene]... And this probably is true anyway, but this should apply to all staff, not just the dentists, so it should be to the technicians, the nurses, the receptionists. – **Male, Cardiff**

³ See Summary point about 'clinical' standards for the most part being taken as read by participants.

The other area of importance to participants was the need to monitor whether the skills of the dental professional are up-to-date and the dentist is fit to practise. Patients felt that dental professionals' skills should be tested rather than reported, as this was felt to be a crucial area of concern. However, patients stated that they may not be in the best position to judge clinical standards as they lacked the scientific knowledge that would be required. Several suggested that third party evaluations be held through "mystery shopping".

Some participants also placed standards around up-to-date and well-maintained equipment under the clinical domain. Moreover, a better equipped surgery which could provide more types of treatment under one roof was seen as a benefit to patients:

The equipment and procedures they have, if they've got all the necessary equipment, an X-ray machine and anything you'd need, you wouldn't have to go anywhere else. – **Male, Leeds**

Also, dentists should be required to make accurate diagnoses, prescribe the correct medication, be aware of their patients' medical history and ensure that the health and safety needs of patients can be met during procedures such as x-rays.

'Professional' Standards

As discussed previously, the term 'professionalism' can encompass a wide range of standards – including qualifications and the behaviour of the dental professional him/herself. At the most basic level, the dentist needs to know what they are doing. Practising good hygiene is also covered by this:

I should think that means that when they're doing your teeth they have to wear rubber gloves and make sure their hands are clean and that and they know what instruments to use on the teeth. – **Carer, London**

As emerged as a 'must have' in the discussion about the ideal dental experience, patients felt it was essential to ensure that dentists were qualified to practise, and that standards should be in place to ensure that their skill-set was updated through continuous training. Some also felt that dental professionals should be CRB checked as they are in frequent contact with children and other vulnerable people. Patients expected that the standards would also establish whether dental professionals were fit to practise.

Behaviour-related standards included patients' expectations that dental professionals conduct themselves in an ethical manner, are free of prejudice and treat people with respect. Participants expected dental professionals to be professional in their conduct with patients, meaning they expected them to explain the procedure and the options, discuss the costs of the various options with them and do everything in the best interests of the patient.

'Communication' Standards

Communication standards are largely similar to the expectations that emerged in the spontaneous domains. These standards address the content of communication and the tone in which it is delivered. Patients want dentists to help them make an informed choice, on the basis of a discussion covering the various options available to them. In addition, there should be standards ensuring clear and upfront information about the costs that are likely to be incurred. Information before and after the procedure is important as it helps patients plan their day, and ensure they are able to take adequate care of themselves, for example if they have received an anaesthetic during the procedure. One participant in London cited the main elements expected in any communication domain on standards.

Keeping you informed, communicating, between the dentist and the patient. It's about communication. I need to tell you what is happening in your mouth, what's he going to do? Is it going to hurt you, or what? – **Male, London**

Dentists also need to assess how much information a patient wants; as some patients find that an 'overload' of information can make them feel more anxious. Some patients like to have information about the procedure, what implements will be used, and what might cause pain. Others mentioned that they need clear direction about how they can communicate with

the professionals while they are undergoing the procedure, so they can tell the dentist to stop if the pain is unbearable. For example, some participants mentioned that their dentists instruct them to raise a hand if they would like a brief break in the procedure.

The tone of communication is important to patients as it increases their confidence in the process and makes them feel as though they are being treated with due dignity and respect. Equally, patients expect that procedures are explained to them in layman's terms, in language that is easy to understand and actually helps patients understand the procedure. Participants frequently mentioned the importance of the dentist having a "personal touch", which may be difficult to articulate as a standard, but can greatly improve patient experience.

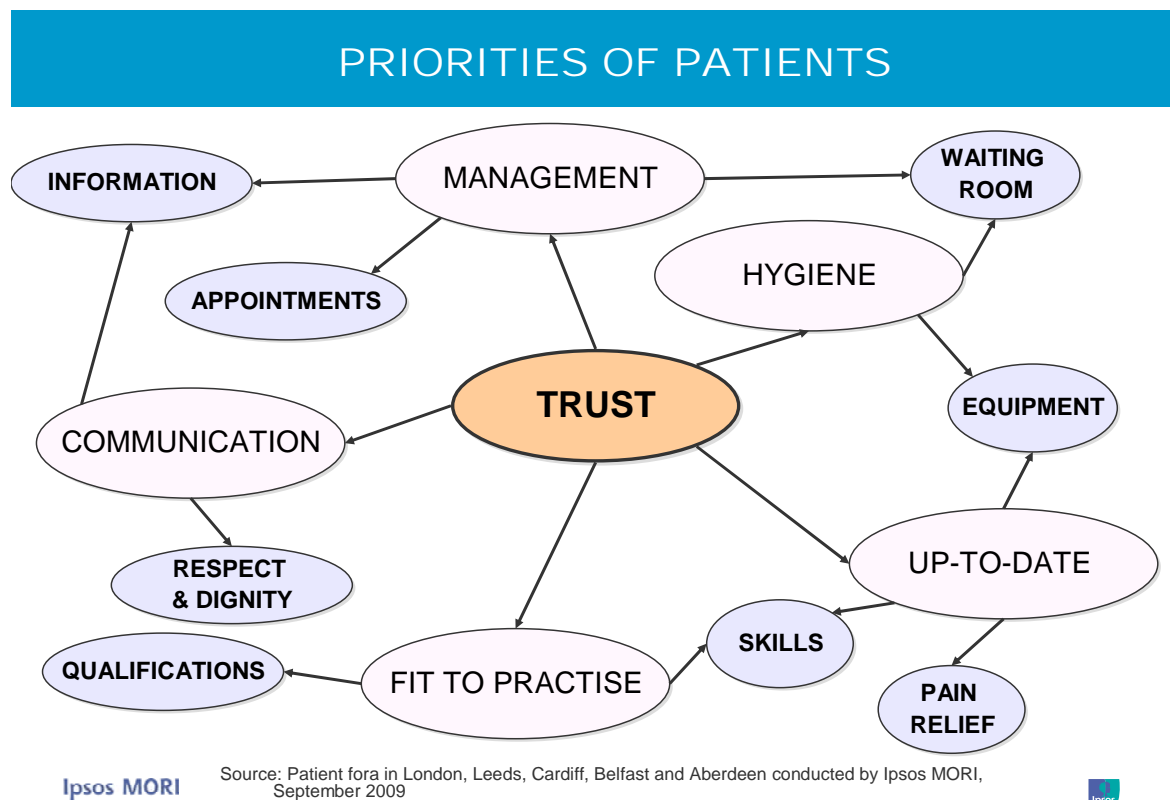
'Leadership & Management' Standards

Of all the domains, patients found it hardest to define or relate to the domain of Leadership & Management, as many of the standards are likely to relate to the practice. Patients felt that while standards in this domain were likely to influence their experience heavily, they did not know enough about how practices were managed to be able to cover all aspects of the domain.

From the patients' perspective, this domain should include standards which increase the patient's convenience – such as better appointment booking systems, more flexible timings and better accessibility. The outcome of these standards was seen as being a "well run practice" which was accountable to patients, respected patient confidentiality, had motivated and well trained staff who worked well as a team and was up-to-date in terms of procedures and equipment. The other issues that arose included standards on how many patients can be managed by a practice, how patient referrals are handled, how the staff should communicate with each other and documentation management. For participants, the leadership & management standards should be driven by patient satisfaction.

Patients' Priorities

Participants were asked to select the most important standards from across the domains. The standards they picked were the ones most likely to improve their experience as patients, and those that ensured that dentists were qualified and able to practice. Participants began choosing standards that were more likely to make a dental professional trustworthy. In this context, certain basic standards were seen as essential for building a relationship of trust between patients and dentists.



The most important standards for the participants were those focusing on ensuring that dental professionals are qualified, appropriately skilled and able, knowledgeable and up-to-date on procedures. In addition, standards that dealt with cleanliness and hygiene in the practice, ensuring that equipment was up-to-date were important. In the prioritisation exercise, participants found that they had to choose between standards, and determine which set of standards was most likely to help them access high quality dental care. They selected a mix of standards – some that they were likely to be able to judge themselves; i.e. the quality of communication and adequacy of information, as well as other standards that they were in less of a position to judge – such as clinical skills.

One participant weighed up clinical skills against communication skills and found that while clinical skills can ensure good dental care, communication skills are essential to the overall experience and are hard to dismiss:

It would be adequate for your dental care, but whether for your mental care. I'd be terrified, I don't know that it would be sufficient.
– Female, Belfast

Hence, communication-related standards were important as they play a big role in reassuring patients that they are in able and safe hands, and that the entire process is designed to be in the best interests of the patient. Participants felt that being given adequate and appropriate information at each stage and being treated respectfully were important considerations.

Revalidation and Patient feedback

Revalidation is clearly going to represent a fundamental change in the way that dental health professionals' fitness to practise is assessed in the future. It also represents a significant step forward in the fitness to practise arena, following on from the revalidation of doctors. One key ingredient which will feed into the process of revalidation is that of patient feedback. It is therefore key for the GDC to understand how the public perceives revalidation, and what importance, if any; they give to the issue of patient feedback.

Participants felt that revalidation is an important exercise as it will help dentists keep track of their own development and protect patient interests. Many of them were surprised that such a system does not exist already. It was felt that an open system of complaints is essential for monitoring dental professionals, and that all practices should be required to have forms for complaints that could be sent directly to the GDC.

Participants had a few concerns about the actual process of revalidation. There was concern that dental professionals may not provide an accurate self-assessment, and the idea of multiple sources of information, such as spot checks and patient feedback, was therefore appealing.

Could the General Dental Council leave questionnaires in every dentist in the country that are compulsory for patients to complete? Because at least they're getting actual feedback then off every patient of every age group, any sector of society. **- Female, Cardiff**

Another concern was that while the process of revalidation was important, it should not have a negative impact on either the dental professional or the patients. For instance, it was feared that a lengthy and time intensive revalidation process might mean that the professional would have less time for appointments. Some participants felt that the pressure of being constantly monitored could be counter-productive and it might reduce their concentration.

If you're constantly being evaluated it's always at the back of your mind and stuff, and I don't think you can concentrate properly, you know? - **Female, Belfast**

Some participants expressed concern that very stringent standards, especially those that expected up-to-date procedure skills may mean that some of the older and highly valued dentists could find themselves being struck off the register. Since many people appear to have long-standing relationships with their dentists, the fear of losing one's professional is high, and participants felt that the standards should be basic and essential.

For some older users, the imposition of more regulation was seen as unacceptable increased bureaucracy:

To me that means another set of form filling in, more administration, more jobs for the boys, it's a joke. It's about time they cut all this red tape, all this form filling and got on with the job of being dentists, doctors, nurses and whatever. - **Male, older age group, London**

Conclusions and Recommendations

Conclusions and Recommendations

Conclusions

People were by and large satisfied with their dentists. Many reported efficient dental work, good care and good relationships with their dentists who work hard to set them at ease, explain procedures clearly and carry out high quality work. When people found a good dentist they tended to stay with them for many years.

However there is still significant room for improvement in many minds. The key areas that emerged where people were less satisfied focused on:

- **Communications regarding payment and costs:** A common complaint was confusion over the cost of different treatments. People were often unclear about how much a procedure would cost, whether it was covered completely or in part by the NHS, or whether it was not covered at all. Although regulation of cost is not part of the GDC's remit, there is a communication issue here insofar as people require openness and clarity about costs. Worry about cost can dissuade the less well-off and those on benefits in particular from visiting the dentist. If there was more clarity up front about costs, some may be persuaded to go as it is something they could then budget for.
- **Private and NHS dentistry:** This is linked in some ways to the previous point about payment and costs. People were vague about the difference between NHS and private dentists and that one dentist may work on both bases even with the same person requiring more than one treatment. A perception existed particularly amongst less well-off people and carers that NHS patients sometimes received less thorough and conscientious treatment than private patients. This fed into a wider suspicion, whether accurate or not, that private dentists sometimes recommended unnecessary treatment on the basis of profit rather than genuine patient need. Whilst the GDC is not in a position to influence these elements, it can help with clear, appropriate and transparent communication on the issue.
- **Respect for patients:** As mentioned above, most people got on well with their dentists and were satisfied with their treatment. However, some anecdotes emerged regarding unsympathetic dentists who lacked good 'people skills' and were not good at setting patients at ease. This was particularly an issue for those with dental phobias – and there were a significant number of these – for whom making it to the dentist was a major achievement. If the dentist subsequently appears to be unfriendly and dismissive of their anxieties, they may think twice about returning. It was also an issue for children

and people with learning difficulties such as autism or ADHD, who could be very sensitive to the dentist's manner and communication skills

- **Managing appointments:** Some people were critical of the lack of flexibility regarding their dentist's opening hours, meaning they had to have appointments at inconvenient times, such as during their work hours. In the waiting room, receptionists did not always explain why appointments were delayed or how long the delay might be – again, frustrating for people who needed to be back at work or to collect their children at a certain time. The appointments themselves were sometimes felt to be too short to allow time for the patient to ask questions and discuss aftercare and follow-up treatment in enough detail with the dentist.

The GDC and Revalidation

Awareness of the GDC was low, but people were generally able to grasp the function and purpose of the GDC when it was explained. Regarding revalidation, there was strong support for the idea that dentists' skills should be regularly assessed to find out whether they are continuing to work at a high standard. This was perhaps not surprising given that for most people, the thing they most wanted to know about their dentist – particularly if they were visiting a new dentist for the first time – was whether their clinical skills were up to standard.

Recommendations – Standards and Domains

Emerging from these areas of concern, people developed domains and standards that were of importance to them. These domains and standards were largely similar to the four domains developed by the GDC. Below are summaries of the key standards people came up with and the GDC domain they come under, along with practical thoughts on what meeting these standards might mean in practice for dentists.

Clinical

This domain was of the most importance overall to patients. Above all, people needed to be reassured that dentists were suitably qualified and had the skills to be able to practice safely and effectively. Hence the idea of revalidation was popular. Dentists' skills need to be tested rather than simply reported. Some people believed that 'mystery shopping' would be a good way to test dental skills: patients needing treatment could volunteer to have the work inspected by an independent third party. An incentive such as waiving charges could be offered.

Hygiene and cleanliness were also very important. Surgeries need to be inspected to ensure they are clean and that procedures are in place to ensure all equipment is sterile. Dentists should also be aiming to ensure they know about the general medical history of patients so they can anticipate any impacts on treatment.

Professionalism

Dentists should behave ethically. That means treating all patients equally without discrimination, for example on the basis of income and ability to pay. In practice this means, amongst other things, explaining treatment options and costs with all patients, without pre-judging people's ability to pay. People should be offered all options and allowed to decide for themselves, including on the basis of what *they* feel they can afford, not the dentist.

Professionalism means doing everything in the best interests of the patient, and people expect all treatment they receive to be based on clinical need, unless they request otherwise.

Communication

There is some overlap between this domain and Professionalism regarding standards of clear communication regarding costs and treatment options. Receptionists, nurses and dentists should also have good 'people skills' and be able to set nervous patients at ease. Dentists and nurses in particular should also have some awareness of any other relevant circumstances of the patient – for example if they have an extreme phobia of dentists, or learning difficulty or mental health problem – and be able to adjust their manner accordingly in a way that makes the experience as comfortable as possible for the patient. This means eye contact, talking to the patient rather than 'over' them to the carer, and being aware that what might be routine for most patients may be a challenge for someone with, for example, autism – even something as straightforward as checking inside their mouth. Patience, respect and sensitivity are required.

Management & Leadership

Standards that patients wanted to see here focused largely on managing appointments. Practices should be able to provide flexible appointments and perhaps have targets for minimising delays. If there are delays these should be clearly explained. A well-managed practice would be one where the dentist has an overview of how things are going outside as well as inside the treatment room. There should be good communication between the dentist and receptionist so that the receptionist knows if there is a delay and why. The dentist should take an interest in the morale and well-being of non-clinical staff and the efficiency of their work. Patients would also expect their records to be stored properly so the dentist is easily able to access them and reacquaint themselves with the patient and their treatment history before the next appointment.

Appendices

Appendices

Appendix A – Discussion Guide: Fora

Discussion Guide - Patient Fora

Time: 6.30 to 9.30 pm

Objectives

- To understand patients' expectations of the standards which dental care professionals should meet.
- To understand how dental professionals should be checked against standards by the GDC through its revalidation system.
- To understand how patients' expectations of standards fit into various domains and how they prioritise them.
- To determine what needs to be put in place to assure the public that robust performance management systems are in place for their protection and well being.

Time	Notes	Stimulus Materials
6.30 – 6.40 Plenary 1	Introduction to the two facilitators, agenda of the day, housekeeping.	
6.40 – 7.00 Table	<p>Introductions on table. Ask people to introduce themselves.</p> <p>Brainstorm <i>Note to facilitator – We want to encourage people to tell their “dentist stories” at this point, as narrating too many experiences at a later stage may not be constructive.</i></p> <p>Please tell us about your last visit to the dentist</p> <ul style="list-style-type: none"> - What was it for? - What was good about it? What was not so good? - How do you feel before you go to the dentist? (Probe – Anxiety? Fear?) - Is it different from going to a GP? Why? Why not? - How would you describe your dentist’s attitude towards you? (Probe – are you treated with dignity? Respect? Do they seek your consent?) 	-
7.00 – 7.15 Table	<p>Patient Journey</p> <p>I now want you to look at this poster – and imagine that this is you going to your dentist. It could be one visit or a number of visits. This is where you leave home, and this is where you walk out of the door. I want you to think of the entire journey, and write your experiences on these post-its and stick them anywhere on this chart. It could be anything – right from getting an appointment, waiting in the dentist’s office, what the dentist is doing...</p> <p><i>Note – Give participants about four minutes – so all of them can write down their experiences. You might have to encourage some of them by probing their general experiences.</i></p> <p>Now that we have these experiences, I want to know – what all of you think are the ones that make you feel good, and the ones that</p>	Patient Journey map

	<p>pull you down.</p> <p><i>Note – Get participants on your table to discuss these experiences by reading them out – and plot the customer journey through consensus. Ask them about the experiences, what exactly is it that makes them feel the way they do?</i></p> <p>How do you feel at this point? How do you feel when you're waiting for the dentist? How do you feel when you're paying? How do you feel at the start and end of the procedure?</p>	
7.15 – 7.20 Plenary 2	Facilitators from each table to sum up what the map looks like, what come across as ups and downs, what are the biggest influencers etc.	
7.20 – 7.45 Table	<p>The “Perfect Dental Experience”</p> <p>In this session I want you to tell me more about your expectations when it comes to dental services. I want you to think of the “perfect dental experience”. I want you to focus on what the dental professional can do to do his or her job well. I know the ideal one is when you may not need one at all – but if you did have to go to one – how would you want it to be? I want you to work in pairs to list as many factors and actions that would help create this “perfect dental experience”.</p> <p><i>Note – Give people on your table about 5 minutes to come up with the components of a perfect dental experience. Walk around and spend some time with each pair, asking them questions to help them understand what we mean by a dental experience, and the idea of a dental professional “doing his or her job well”. We are looking for patients’ expectations of the standards which dental care professionals should meet. However, it is essential that you guide the participants to reflect on how realistic these expectations are – for instance – focusing on “must have” rather than “nice to have”.</i></p> <p>Creating a list that describes the perfect dental experience. Please share your list with the whole group. (FLIPCHART)</p> <ul style="list-style-type: none"> - Any surprises? Why? - What other expectations can you think of? Other than yourself, think of other people – different age groups, different needs etc. Are some more realistic than others? - How do you feel your dentist fares when it comes to this list? - What expectations would you have if your dentist of 20 years’ standing was replaced by someone with one year’s experience? What would you expect of each of them? Would your expectations be any different? - How would you group these various factors? <p>Focusing on grouping the factors – Spontaneous Domains <i>Note – We aim to enable participants to come up with a spontaneous list of domains, as this will help them understand the GDC’s domains at a later stage.</i></p> <ul style="list-style-type: none"> - Where would you put this factor? - What would you call this group? - Are some factors common to more than one group? 	

<p>7.45 – 8.00 Plenary 3</p>	<p>Presentation about GDC (from Ipsos MORI) Presentation to cover the following</p> <ul style="list-style-type: none"> - What is the role of the GDC? - What are standards? - The four domains: Clinical, Professionalism, Communication, Management & Leadership. - Which professionals will be covered by this process? - What is 'revalidation' and what is the process? <p>Floor to open for Q and A. (<i>Note – This Q and A is for clearing doubts and improving comprehension. If questions come up that facilitators are not sure about – please park them till after the comfort break</i>).</p>	<p>Presentation about GDC</p> <p>Handouts covering basic questions and the idea of 4 domains.</p>
<p>8.00 – 8.05</p>	<p>COMFORT BREAK</p>	
<p>8.05 – 9.00 Table</p>	<p>The Four Domains</p> <p><i>Note to facilitator – Break the table into two sub-groups. Give each sub-group two domains to work on. Each sub-group to have a flip chart. Assign one person in each sub-group as the “writer” and “presenter”. (Ask for volunteers). This exercise will take 10 minutes.</i></p> <p>I want you to write as many standards as possible in each of the domains. You might want to take a look at the perfect dental experience, the handouts and patient journey map. Think of your interaction with the dental professional(s), and work through each domain. Take a couple of minutes over each domain. I will remind you in a couple of minutes that you need to move to the next domain.</p> <p><i>After the exercise – facilitator to ask the presenter in each sub-group to put forward their standards. (FLIPCHART) Divide the flipchart into four sections – and write all standards on the same page so they can refer to it later.</i></p> <ul style="list-style-type: none"> - What do you think of these standards? - How do you think they could improve your experience? <p><i>Note – Go into further depth through each of the domains. Each domain is likely to take ten minutes.</i></p> <p>Clinical</p> <ul style="list-style-type: none"> - What do you think this term means? - What are the standards that may not affect you directly, but have an impact on the professional's performance? - Are there some standards that belong to all the domains? Are there standards that don't belong to any of these domains, but are important? Which ones? Where would they best fit? <p>Communication</p> <ul style="list-style-type: none"> - What do you think this term means? - What are the standards that may not affect you directly, but have an impact on the professional's performance? - Are there some standards that belong to all the domains? Are there standards that don't belong to any of these 	

	<p>domains, but are important? Which ones? Where would they best fit?</p> <p>Professionalism</p> <ul style="list-style-type: none"> - What do you think this term means? - What are the standards that may not affect you directly, but have an impact on the professional's performance? - Are there some standards that belong to all the domains? Are there standards that don't belong to any of these domains, but are important? Which ones? Where would they best fit? <p>Management & Leadership</p> <ul style="list-style-type: none"> - What do you think this term means? - What are the standards that may not affect you directly, but have an impact on the professional's performance? - Are there some standards that belong to all the domains? Are there standards that don't belong to any of these domains, but are important? Which ones? Where would they best fit? <p>-</p>	
9.00 – 9.05 Plenary 4	Facilitators to sum up standards from each domain on their table.	
9.05 - 9.25 Table	<p>Trade-offs and Priorities</p> <p>Prioritisation exercise – If you could only pick six standards, which ones would you pick? Which are the most important to you? When you pick these priorities I'd like you to think in terms of your priorities as patients. For e.g. Would you rather than your dental professional read a clinical journal to catch up on the latest developments, or spend that time seeing more patients, and saving you waiting time?</p> <p><i>Note - Ask them to work in pairs and give them two minutes.</i></p> <ul style="list-style-type: none"> - Which ones did you pick? - Why did you pick those ones? - What do you think about the ones that others have picked? - How adequate do you think these standards are? What kind of gaps do you think might emerge? - Are there standards that nobody's picked or very few people picked? Why? Why are they less important? - Have you changed your attitude towards some issues in the last few hours? Which ones? Why? <p>Revalidation</p> <ul style="list-style-type: none"> - Anything unclear? How do you think this might work in reality? PROBE FULLY - What do you think about the idea of 'revalidation'? How do you think it could help you, if at all, as a patient? - What concerns would you have about this process, if any? 	
9.25 – 9.30 Plenary 5	Final sum up from each table. Thank you and close.	

Appendix B – Discussion Guide: Mini-Groups

Group Discussion Guide (for Older Users)

Objectives:

- To explore and understand the experiences of older people at the point they access dental care services.
- To understand patient expectations of the standards which dental care professionals should meet.
- To understand how the issue of dignity, respect and informed consent impact on the process of dental care for those who maybe vulnerable.
- To understand how dental professionals should be assessed against standards by the GDC through its revalidation system.
- To determine what needs to be put in place to assure the public that robust performance management systems are in place for their protection and well being.

Timing/ Materials	Moderator Guide	Notes
10 minutes	<p>1. Introduction and Background</p> <ul style="list-style-type: none"> • Introduce self and Ipsos MORI. Thank participants for taking part. Stress impartiality. • Explain that the discussion will be about dental care services. • Tell respondents that the research has been commissioned by General Dental Council and that they are interested in their real views. • Cover ground rules. All confidential – no reporting of identities. No right or wrong answers. Disagreement is fine. Speak one at a time. May move conversation if time is short. • Permission to record? • Round of introductions : First names 	<p>Introductions to open discussion, put people at ease and sets the agenda for the discussion.</p>
20 minutes	<p>2. General experiences</p> <ul style="list-style-type: none"> • How often do you go to a dentist? How long have you been going to the dentist they are now with? • Who generally decides that you need dental care? (<i>Probe - self, family, dentist</i>) • Do you go by yourself? Who do you take with you? • When was the last time you went to a dentist? What are the things that you remember most about a visit to the dentist? (<i>Probe – What are the things that stand out the most?</i>) • Do you ever discuss your experiences at the dentist' with your friends? What exactly do you tell them? • (<i>If the dentist visits the care home</i>) – How often does the 	<p>This section aims at exploring general experiences.</p>

	dentist come in? Who does he come with?	
15 minutes	<p>3. Going to the dentist</p> <ul style="list-style-type: none"> • How would you describe dentists in general? How about your dentist? How long have you known him/ her? Does that make a difference? • How do you usually feel before going to the dentist? Why? What about prior experiences – do they affect your feelings? • How long is an average appointment with the dentist? What happens usually? Who do you interact with at the dentist's? How do you feel through the appointment? How would you describe it? (<i>Probe for feelings – anxious? Fear? Confident? Relieved?</i>). • How much information do you want about the procedure? Why? Who gives you this information? Would you prefer if somebody else gave you that information? How does information help you? When would you like this information? Why? (<i>Probe – Does it help you prepare better for the procedure? How?</i>) • Do you think the dentist caters to all your needs? Can you describe these needs? Are there any other needs that are not addressed? Which ones? Why do you think they are not addressed? How could the dentist address them? • What happens after the appointment? Do you get enough time to recover after the procedure? What about after-care? 	
25 minutes	<p>4. The Perfect Dentist and Standards</p> <p><i>Note to moderator – The participants may not relate to the idea of domains, so please make an effort to go through each domain and understand their expectations. If required, please revisit their experiences and pinpoint specific examples so we know what should improve, change or continue. If some of these areas have been covered adequately in the previous section, please move to the next question.</i></p> <p>KEY QUESTION</p> <ul style="list-style-type: none"> • How would you describe an ideal dentist? • How would you describe him or her? What makes them perfect? What would they do? (<i>Probe – Before appointment, during procedure, afterwards</i>) <p>Professional</p> <ul style="list-style-type: none"> • What do you understand by the idea of being 'professional'? What does it mean? How important is it? Why? Why not? What would a professional dentist do to 	Exploring the idea of an ideal dentist and going through each of the domains.

	<p>make the experience better for the person you care for?</p> <p>Clinical</p> <ul style="list-style-type: none"> • And what do you think of in relation to dentists when I say 'clinical'? How should the dentist manage your clinical needs? Why do you say that? What about pain? <p>Pain Management , Recovery and After-Care</p> <ul style="list-style-type: none"> • How can the dentist help you with pain relief/ pain management? Why do you say that? What about the process of recovery? How much time does it generally take after the treatment for you to feel okay/ alert after dental treatment? How far do you think your dentist provides for this time? How much information should the dentist give you about after-care? Do you think the information you get is adequate? <p>Communication</p> <ul style="list-style-type: none"> • How do you feel the dentist should talk to you? What does the term 'dignity' mean to you? What would make you feel that a dentist was treating you with dignity and respect? <p>Leadership and Management</p> <ul style="list-style-type: none"> • What does Leadership & Management mean to you in a dental practice? What would a well-managed practice look like? How would that improve your experience? What, if anything, would make you more comfortable and less anxious? • How does this compare with your experience with other healthcare professionals e.g. doctors, pharmacists or nurses? Is there anything that dental professionals could learn from how healthcare professionals conduct themselves with you? <p>Consent</p> <ul style="list-style-type: none"> • May I just ask what does the term 'consent' imply to you? What about the term 'informed consent', what does this mean to you? Do you think the dentist should ask for consent? What information would help you make a choice? <p>Revalidation</p> <ul style="list-style-type: none"> • How do you feel that dental professionals be checked against the qualities you mentioned earlier in an 'ideal dentist'? (<i>Note – Please remind the participants with any characteristics they may have listed in the previous questions</i>). What does the term 'revalidation' mean to you? <p><i>(Note- please explain the concept of revalidation to the participants - Revalidation is the mechanism by which dentists will have to demonstrate at regular intervals that they remain up to date and are fit to practise. Patients need to have confidence that the professionals providing their dental care have not only shown that they are up to standard when they first join our registers, but can show that they remain up to standard over the course of their working lives. Dental professionals will do this by</i></p>	
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	<p><i>revalidating their registration on a regular basis. Perhaps give the analogy of taking a driving test to help understand the concept of revalidation.)</i></p> <ul style="list-style-type: none"> • Is this something worthwhile or not? Why? Why not? 	
10 minutes	<p>6. Conclusion and Thanks</p> <ul style="list-style-type: none"> • Finally, what , if anything, needs to be put in place to provide you with assurance that you are receiving the best possible dental care and that high standards are in place for your wellbeing? • Any other comments? • Concluding remarks • Thank you for your time. 	

Appendix C – Discussion Guide: Non-Users

Group Discussion Guide (for Non-Users)

Note: Non-Users are defined as those who haven't been to a dentist in the last four years. Some of these non-users may not have required dental care, while others may have decided not to seek dental care despite being advised it. However, we need to think of them as potential patients, and understand their expectations and the barriers to them seeking dental care.

It's likely that some participants have children and therefore are responsible for their dental care. It's worth checking if some participants have children in the introductory session, as it would help set the context for the scenario if participants are unable to see themselves choosing a dentist.

Objectives:

- To explore and understand the perceptions of those who haven't sought dental care in the last four years.
- To understand the expectations of those who do not have regular contact with dental care professionals.
- To understand how the issue of dignity, respect and informed consent impact on the process of dental care for those who are unfamiliar with dental care.
- To understand how dental professionals should be assessed against standards by the GDC through its revalidation system.
- To determine what needs to be put in place to assure the public that robust performance management systems are in place for their protection and well being.

Timing/ Materials	Moderator Guide	Notes
10 minutes	<p>1. Introduction and Background</p> <ul style="list-style-type: none"> • Introduce self and Ipsos MORI. Thank participants for taking part. Stress impartiality. • Explain that the discussion will be about dental care services. • Tell respondents that the research has been commissioned by General Dental Council and that they are interested in their real views. • Cover ground rules. All confidential – no reporting of identities. No right or wrong answers. Disagreement is fine. Speak one at a time. May move conversation if time is short. • Permission to record? • Round of introductions : First names 	<p>Introductions to open discussion, put people at ease and sets the agenda for the discussion.</p>
20 minutes	<p>2. General experiences and perceptions</p> <ul style="list-style-type: none"> • When you think of dentists – what are the words that come to your mind? Thinking about these words, why did you use them? What kind of an impression do you have of dentists? What makes you think that way? Are there any specific 	<p>This section aims at exploring general experiences and perceptions. In particular, we're interested in how</p>

	<p>reasons that contribute to this?</p> <ul style="list-style-type: none"> • • When was the last time you went to a dentist? How would you describe that experience? (<i>Probe – What was pleasant, what was unpleasant. What were the high points? What were the low points?</i>). • Thinking about other people in your family or those that you know, have they ever discussed their dental care experiences with you? What were they like? How does that make you feel? Does that influence your decision to go or not go to a dental care professional? • Thinking about yourself, has there ever been a time when it was recommended that you seek dental care and you didn't go? Why? <p>(<i>Note – Park issues of cost should they arise and move to other issues</i>).</p> <ul style="list-style-type: none"> • Why did you decide not to go? (<i>Probe – Did you feel you could manage on your own? Did you not have a regular dentist? Did you feel confident? Why? Why not? Was it an issue of time? Did you discontinue treatment, or not go in the first place?</i>) 	dentists and dental care professionals maybe perceived, and what contributes to this perception.
20 minutes	<p>3. Scenario: Choosing a dentist</p> <ul style="list-style-type: none"> • If tomorrow you were advised to go to a dentist, how would that make you feel? Why? How would you go about choosing a dentist? What information would help you in choosing a dentist? Who would you ask? Where would you look? • What are the qualities you would expect in this dentist? (If you were seeking help from a friend,) What questions would you ask them to help you understand if a particular dentist would be suitable for you? If you were to describe this ideal dentist, what words would you use? • What qualities in this dentist would be most important to you? Why? • How do you think you might feel before an appointment? (<i>Probe for feelings – Anxious? Fear? Unsure? Confused?</i>). How could a dentist address these feelings? • How much information would you want about the procedure? Why? Who should give you this information? How would the information help you? When would you like this information? Why? How would you like to receive this information (verbal, letter, email) (<i>Probe – Does it help you prepare better for the procedure? How? Would it increase their anxiety if they “knew too much”?</i>) • Do you think you might have any specific needs? Which 	

	ones? How could the dentist address them?	
25 minutes	<p>4. The Perfect Dentist and Standards</p> <p><i>Note to moderator – The participants may not relate to the idea of domains, so please make an effort to go through each domain and understand their expectations. If required, please revisit their experiences and pinpoint specific examples so we know what should improve, change or continue. If some of these areas have been covered adequately in the previous section, please move to the next question.</i></p> <p>Thinking about the perfect dentist you described earlier, I'd like to ask you more questions to help me understand your expectations.</p> <p>Professional</p> <ul style="list-style-type: none"> • What do you understand by the idea of being 'professional'? What does it mean? How important is it? Why? Why not? What would a professional dentist do to make the experience better for the person you care for? <p>Clinical</p> <ul style="list-style-type: none"> • And what do you think of in relation to dentists when I say 'clinical'? How should the dentist manage your clinical needs? Why do you say that? What about pain? <p>Pain Management , Recovery and After-Care</p> <ul style="list-style-type: none"> • How can the dentist help you with pain relief/ pain management? Why do you say that? What about the process of recovery? How much time do you think it might take after the treatment for you to feel okay/ alert after dental treatment? How far do you think your dentist should provide for this recovery period? How much information should the dentist give you about after-care? <p>Communication</p> <ul style="list-style-type: none"> • How do you feel the dentist should talk to you? What does the term 'dignity' mean to you? What would make you feel that a dentist was treating you with dignity and respect? <p>Leadership and Management</p> <ul style="list-style-type: none"> • What does Leadership & Management mean to you in a dental practice? What would a well-managed practice look like? How would that improve your experience? What, if anything, would make you more comfortable and less anxious? • How does this compare with your experience with other healthcare professionals e.g. doctors, pharmacists or nurses? Is there anything that dental professionals could learn from how healthcare professionals conduct 	Exploring the idea of an ideal dentist and going through each of the domains.

	<p>themselves with you?</p> <p>Consent</p> <ul style="list-style-type: none"> • May I just ask what does the term 'consent' imply to you? What about the term 'informed consent', what does this mean to you? Do you think the dentist should ask for consent? What information would help you make a choice? <p>Revalidation</p> <ul style="list-style-type: none"> • In what ways do you think a dental professional should be assessed against the qualities you mentioned earlier in an 'ideal dentist'? (<i>Note – Please remind the participants with any characteristics they may have listed in the previous questions</i>). What does the term 'revalidation' mean to you? <p><i>(Note- please explain the concept of revalidation to the participants - Revalidation is the mechanism by which dentists will have to demonstrate at regular intervals that they remain up to date and are fit to practise. Patients need to have confidence that the professionals providing their dental care have not only shown that they are up to standard when they first join our registers, but can show that they remain up to standard over the course of their working lives. Dental professionals will do this by revalidating their registration on a regular basis. Perhaps give the analogy of taking a driving test to help understand the concept of revalidation.)</i></p> <ul style="list-style-type: none"> • Is this something worthwhile or not? Why? Why not? 	
10 minutes	<p>6. Conclusion and Thanks</p> <ul style="list-style-type: none"> • Finally, what , if anything, needs to be put in place to provide you with assurance that you are receiving the best possible dental care and that high standards are in place for your wellbeing? • Any other comments? • Concluding remarks • Thank you for your time. 	

Appendix D – Discussion Guide: Depth Interviews

Depth Discussion Guide (for Carers)

Objectives:

- To unpack and understand the experiences of carers and those whom they care for when they access dental care services on behalf of their clients/ family members.
- To understand patients' expectations of the standards which dental care professionals should meet.
- To understand how the issue of dignity, respect and informed consent impact on the process of dental care for those who require care.
- To understand how dental professionals should be checked against standards by the GDC through its revalidation system.
- To determine what needs to be put in place to assure the public that robust performance management systems are in place for their protection and well being.

Note to Interviewer – In some cases, you may interview the carer as well as the person they care for – so please direct the questions accordingly, ensuring that both of them are given the opportunity to respond.

Please also remember that while we use the word dentist in this guide, this is because in an interview setting it may be difficult to talk about the different people who are involved in providing dental care services. Please probe about the role of other people in the clinic/ practice to gain deeper understanding the various aspects that contribute to patient experience.

Timing	Interviewer Guide
10 minutes	<p>1. Introduction and Background</p> <ul style="list-style-type: none"> • Introduce self and Ipsos MORI. Thank individual for taking part. Stress impartiality. • Explain that the discussion will be about the person they care for and their interaction with dental professionals. • Tell respondent that the research has been commissioned by General Dental Council and that they are interested in their real views. • Cover ground rules. All confidential – no reporting of identities. No right or wrong answers. • Permission to record? <p>Tell me more about yourself</p> <p>What is your name? What do you do in a typical day? Who do you care for? How long have you been their carer? What kind of assistance does the person you care for require? <i>(Please probe sensitively)</i></p>
20 minutes	<p>2. The last time the person you care for went to the dentist</p> <ul style="list-style-type: none"> • When was this? Did you go with him/ her? Were you with them? Who decided that they needed dental care? • Had they been to this dentist before? What was this appointment like? Who did you (and they) interact with? Can you describe the entire appointment to me? (Prompt – What time of the day? Was it easy to go

	<p>inside? Did you have to wait for long? How did you feel? How do you think the person you care for felt?)</p> <ul style="list-style-type: none"> • Before going to the dentist, did you have any concerns? What concerns? Why? Did you have prior experience that made you develop these concerns? • How did the person you care for cope with the procedure? What explanation was given to you for the procedure? What else, if anything, could the dental professionals have told you to make the process easier for you and the person you care for?
20 minutes	<p>3. Your dentist</p> <ul style="list-style-type: none"> • Could you tell me a bit more about the dentist? How would you describe him or her in relation to the dental care provided to your family member/client? What words would you use? <p><i>Note to interviewer – Depending on the kind of response – negative or positive – probe in that particular direction.</i></p> <ul style="list-style-type: none"> • If the dentist is seen mostly positively – What makes you describe the dentist like that? What does he or she do to make you think that way? Was it something he or she said? Was it something he or she did? • If the dentist is seen mostly negatively - What makes you describe the dentist like that? What does he or she do to make you think that way? Was it something he or she said? Was it something he or she did? • Do you think the person you care for has any specific needs? Which ones? How far does your dentist cater to them? How? Do you think the person you care for feels the same way? How would you describe their feelings? What do you think their biggest concerns are? What could the dentist do to ease their anxiety? Do they do this? How?
25 minutes	<p>4. Expectations and domains</p> <p><i>Note to interviewer – The interviewee may not relate to the idea of domains, so please make an effort to go through each domain and understand their expectations. If required, please revisit their experiences and pinpoint specific examples so we know what should improve, change or continue.</i></p> <p>KEY QUESTION</p> <ul style="list-style-type: none"> • How would you describe an ideal dentist in relation to the person you care for? What would they do? What wouldn't they do? (Probe fully) <p>Professional</p> <ul style="list-style-type: none"> • What do you understand by the idea of being 'professional'? What does it mean? How important is it? Why? Why not? What would a professional dentist do to make the experience better for the person you care for? <p>Clinical</p> <ul style="list-style-type: none"> • And what do you think of in relation to dentists when I say 'clinical'? How should the dentist manage the clinical needs of your family member/client? Why do you say that? What about pain? <p>Pain Management , Recovery and After-Care</p> <ul style="list-style-type: none"> • How can the dentist help the person you care for with pain relief/ pain

	<p>management? Why do you say that? What about the process of recovery? How much time does it generally take after the treatment for your family member/ client to feel okay/ alert after dental treatment? How far do you think your dentist provides for this time? How much information should the dentist give you about after-care? Do you think the information you get is adequate?</p> <p>Communication</p> <ul style="list-style-type: none"> • How do you feel the dentist should talk to the person you care for? What does the term 'dignity' mean to you? What would make you feel that a dentist was treating you and the person you care for with dignity and respect? <p>Leadership and Management</p> <ul style="list-style-type: none"> • What does this mean to you in relation to dental care professionals? Thinking about the practice itself, how should it be to best cater for the needs of the person you care for? What, if anything, would make the person you care for more comfortable and less anxious? What steps could a practice take to ensure that the person you care for is treated with dignity and respect? • How does this compare with your experience with other healthcare professionals e.g. doctors, pharmacists or nurses? Is there anything that dental professionals could learn from how healthcare professionals conduct themselves with your family member/ client? <p>Consent</p> <ul style="list-style-type: none"> • May I just ask what does the term 'consent' imply to you, in relation to your family member/ client and their care from dental professionals? What about the term 'informed consent', what does this mean to you? Do you think the dentist should ask for consent? Would your family member/ client be able to give their consent for dental care? IF NOT, would you do this on their behalf? What information would help you make a choice? <p>Revalidation</p> <ul style="list-style-type: none"> • How do you feel that dental professionals be checked against the qualities you mentioned earlier in an 'ideal dentist'? (<i>Note – Please remind the interviewee with any characteristics they may have listed in the previous sections</i>). What does the term 'revalidation' mean to you? <p><i>(Note- please explain the concept of revalidation to the interviewee - Revalidation is the mechanism by which dentists will have to demonstrate at regular intervals that they remain up to date and are fit to practise. Patients need to have confidence that the professionals providing their dental care have not only shown that they are up to standard when they first join our registers, but can show that they remain up to standard over the course of their working lives. Dental professionals will do this by revalidating their registration on a regular basis.)</i></p> <ul style="list-style-type: none"> • Is this something worthwhile or not? Why? Why not?
10 minutes	<p>6. Conclusion and Thanks</p> <ul style="list-style-type: none"> • Finally, what , if anything, needs to be put in place to provide you with assurance that your family member/ client is receiving the best possible dental care and that high standards are in place for their wellbeing? • Any other comments?

	<ul style="list-style-type: none">• Concluding remarks• Thank you for your time.
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Appendix E – Demographic Composition of Patient Fora, Discussion Groups and Depth Interviews

The research participants were recruited by Ipsos MORI's field team using a recruitment questionnaire developed by the research team in consultation with the GDC. The tables below have further details on the participants' demographic details for each of methods – Patient Fora, Discussion Groups and In-depth Interviews. We spoke to roughly 130 participants during the research process.

Patient Fora

The Patient Fora were held in London, Belfast, Aberdeen, Cardiff and Leeds. 25 participants were recruited at each location to ensure a minimum attendance of 22 participants. The following table have further details on the composition of each forum.

Quota 1 – Ethnicity	For London Asian Black Mixed/ White/ Other Asian/ Others	3 3 19 - representative spread
	For Belfast Asian Black Mixed/ White/ Other Asian/ Others	2 2 21 - representative spread
	For Leeds Asian Black/ Mixed/ White/ Other Asian/ Others	3 22 - representative spread
	For Cardiff Asian/Black Mixed/ White/ Other Asian/ Others	4 21 – representative spread
	For Aberdeen	representative spread
Quota 2 – Gender	Female Male	12 or 13 12 or 13
Quota 3 – Age	18-30 31-44 45-54 55-64 65 and above	8 4 5 4 4

Quota 4 - Satisfaction levels dentist or dental care services	1 – 4 (low satisfaction) 5- 6 (mid level satisfaction) 7 – 10 (high approval) 11 – Don't know / No opinion For LONDON the low satisfaction quota was recruited from one of the following boroughs identified as having relatively low satisfaction with dentists: Tower Hamlets, Wandsworth, Haringey, Hackney or Newham	6 6 6 3 roughly equal spread re. satisfaction between other 4 recruits
Quota 5 – Visit to dentist/ dental care services	Last 2 years In the last 4 years but not in the last two years More than 4 years ago	19 3 3 (with at least one who has not been for 10+ yrs)
Quota 6 – Private or NHS dentists	Private NHS	5 9 Roughly similar proportions amongst remaining 11 recruits e.g. 3 private, 8 NHS
Quota 7 – Kind of dental procedure	Routine check-up/ cleaning/ bleaching Other procedures – Crowns and bridges/ root canals/ jaw joint problems/ gum treatment/ implants/ dentures/ fillings	6 9 Roughly similar proportions amongst remaining 10 recruits e.g. 4 routine, 6 other procedures
Quota 8 – Urban/Rural	For Leeds, Aberdeen, Cardiff and Belfast	At least 4 in each place were from outlying rural areas
Quota 9 – Socio-economic grade	ABC1 C2DE	12 or 13 12 or 13
SOFT QUOTAS		
Household type	Live alone Live with children Live with partner	Spread across various types

Discussion Groups and Depth Interviews

Eight participants recruited for a discussion group at a residential care home/nursing home in London fulfilling the following criteria:

QUOTA 1: Age	Spread of ages if possible; mostly aged 65+	
QUOTA 2: Gender	Male	2-3
	Female	5-6
QUOTA 3: Use of dentistry services	At least half should have visited or been attended by a dentist in the last 12 months.	
QUOTA 4: Type of dental procedure	Routine check-up/ cleaning	3 to 6
	Other procedures – jaw joint problems/gum treatment/ dentures/ fillings/crowns and bridges/ root canals/ implants/	2 to 5
QUOTA 5: Satisfaction	1 – 4 (low satisfaction)	2
	5- 6 (mid level satisfaction)	2
	7 – 10 (high satisfaction)	2
	11 – Don't know / No opinion	2

Eight participants for a discussion group to explore issues with non-users of dental services

QUOTA 1: Age	18-34	3
	35-54	2
	55-64	1
	65 and over	2
QUOTA 2: Gender	Male	4
	Female	4
QUOTA 3: Social grade	ABC1	3
	C2DE	5
QUOTA 4: Use of dentistry services	Last visited dentist 2 - 4 yrs ago	4
	Last visited dentist more than 4 yrs ago	4 (at least one who has not been for 10+ yrs)
QUOTA 5: Satisfaction levels with dentist or dental care services	1 – 4 (lower satisfaction)	2
	5- 6 (mid level satisfaction)	2
	7 – 10 (higher satisfaction)	2
	11 – Don't know / No opinion	2
QUOTA 6: Ethnicity	Asian	2-3
	Black	2-3
	White/Other/Mixed	2-3

Six carers of vulnerable people (i.e. with a physical or learning disability) for a in-depth interviews including two paid professional carers, the other four unpaid carers.

QUOTA 1: Type of disability (dependant)	Carers of people with different types of disability/dependency: Learning disability	3 (including 1 paired depth with carer and person they care for)	Location London x 2 Birmingham x 1
	Physical disability	3 (including 1 paired depth with carer and person they care for)	London x 1 Birmingham x 2
QUOTA 2: Paid or unpaid carer	Paid/professional	2 (1 each in Birmingham and London)	London x 1 Birmingham x 1
	Unpaid	4 (2 each in Birmingham and London)	London x 2 Birmingham x 2
QUOTA 3: Gender of carer	Male	3	London x 2 Birmingham x 1
	Female	3	London x 1 Birmingham x 2
QUOTA 4: Use of dentistry services (refers to dependant)	Visited or been attended by a dentist in the last year.	2 – both paid carers	London x 1 Birmingham x 1
	Visited or been attended by a dentist in last 3 years.	4 – unpaid carers	London x 2 Birmingham x 2