General Dental Council

Patient and public research

Report 2018-19

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Ipsos MORI
Social Research Institute

Executive summary

Introduction

- This report contains the findings of a quantitative survey of the general public carried out by Ipsos MORI on behalf of the GDC, supported by ten in-depth interviews with people who participated in the quantitative survey, and a deliberative[1] workshop that included both people recruited from the survey and from the general public. Overall, 1,589 adults aged 15 or over from across the UK took part in the survey[2]. All differences mentioned are statistically significant, unless specified otherwise.

- The objectives of the research were: to track how opinions have changed against a set of baseline questions that were asked in the previous annual surveys; to capture and compare public and patient awareness and perceptions of the GDC, its performance and impact in fulfilling its regulatory roles and responsibilities; to obtain public and patient insight into key policy initiatives being developed by the GDC; to test public views and understanding of topical or current issues in dentistry/dental regulation; and to identify emerging policy issues that are relevant to the GDC.

Personal experiences

- **The public were generally positive about their experiences of going to the dentist (this was the terminology used in the questionnaire), although there was some variation by demographic groups.**

- Participants in the qualitative work generally had positive associations regarding staff in the dental practice. However, they had more negative associations with going to the dentist, including expectations around pain and expense, making the experience seem daunting.

- Overall levels of satisfaction with dentistry have remained consistently high in the survey (between 95% and 97% since 2013[3]). However, there was still variation of experience between demographic groups, particularly by age and social grade.

- General confidence in the last dental professional patients saw was also very high (95%)[4], with positive responses being driven by whether the problem was resolved (36%), the standard of care (34%) and politeness (33%)[5]. However, previous experience (either at that practice (23%), or with dental professionals more generally (17%) was the main reason for not having confidence[6].

- Around half the public (53%) said that nothing had stopped them going to see a dentist for a regular check up in the past, with not having the time (12%) being the top reason where something had stopped people.

[1] Deliberative research focuses on participants' viewpoints after they have been given additional information and been able to deliberate a topic.

[2] Percentages for the survey responses in this summary are based on all participants unless specified otherwise.

[3] This question was asked of all those who see a dentist at least once a year (1,153 in 2018 and 1,063 in 2013)

[4] This question was asked of all those who had ever been to a dentist (1,543)

[5] The base of these percentages are people who said they had confidence in the last dental professional they saw (1,461). Participants could give multiple answers.

[6] The base of these percentages are people who said they did not have confidence in their dentists (72). Participants could give multiple answers.

Executive summary

Professionalism in dentistry

- **Knowledge and expertise were seen as vital for professionalism, but this was underpinned by other factors such as trustworthiness.**
- Knowledge and expertise were most important to the public when thinking about being a professional across the research. For example, 47% selected this in the survey, and this was reflected in the qualitative research, which also showed that softer skills, like communication, were associated with being a professional, but to a lesser extent than expertise.
- Nonetheless, the vulnerability participants felt in healthcare scenarios meant that softer skills were still seen as more important for professionals working in healthcare than some other sectors, such as law.
- Cleanliness and appearance (selected by 25% in the survey) were seen not only as 'nice to haves', but also symbols of more important characteristics of professionalism, giving patients confidence in the dentist.
- Honesty was seen as less important in the survey (selected by 13% of participants), but participants across the research said that putting patients ahead of profit and being trusted to do this were important aspects of being a professional dentist.
- When considering scenarios for dental care professionals related to credit card fraud, drink driving and contact with social services in dentistry, participants:
    - Drew a clear distinction between the dental care professional's personal life and their professional life. Even if they felt something was morally wrong or criminally wrong, if it did not impact on the dental care professional's ability to do the job well, they did not question the professionalism of the that person.
    - Said that anything that affected the level of patient care that those working in dentistry could deliver made them question the professionalism of that person. However, if the circumstances changed and patient care was no longer impacted, this also changed views of that person and participants could see them as professional again.
    - Did not focus solely on the individual dental care professional. For example, in cases where they saw the wider team or practice as accountable in some way, they questioned the individual's professionalism less.

Executive summary

Public confidence in dentistry

- **Generally the public were confident in dental care, although there was variation by demographic groups. When an incident occurred, the impact on perceptions of the profession as a whole were influenced by key factors, including the scale and the perceived risk to the public.**
- When incidents had impacted public confidence, there were four main factors that influenced the scale of that impact among participants:
    - Broadly speaking, the more people involved in a case and the longer it went on for, the greater the perceived impact on public confidence.
    - The perceived risk an incident or case posed to the general public both at the time and in the future was seen to impact public confidence.
    - If the environment was seen to encourage the behaviour, or not to prevent or investigate it, this raised concern among participants that this could happen again and they questioned the wider system as much or more than the professionals involved.
    - Participants had both expectations of the standards to which groups or professions should be held and views of how trustworthy various groups were, which affected if they thought public confidence in that group or profession would be questioned. For those working in healthcare, expectations were high, but levels of trust were also high, which meant participants thought a case or scandal involving healthcare professionals would be less likely to impact public confidence in that profession overall.
- The public were generally confident in the way dental care was delivered overall (with 83% saying they were fairly or very confident), although this varied by age and ethnicity.

Executive summary

Perceptions of the GDC and regulation

- **Generally, the public were confident in the effectiveness of regulation. The majority felt it was important for regulators to focus equally on prevention as well as taking action when things go wrong.**
- Most of the public (76%) were confident that healthcare regulation works effectively. However, one in five (18%) were not.
- The majority of the public (73%) were also confident in the GDC, although this varied by ethnicity, how recently the participant had been to the dentist and how aware they were of the GDC.
- Personal experiences and levels of awareness of dental regulation were the main influencers on how confident participants were in the GDC as a regulator. Those with positive personal experiences, or who were more aware of dental regulation, tended to be more confident in the GDC.
- Overall, the majority of the public (65%) thought a regulator for dental professionals should focus equally on preventing bad practice and taking action against professionals who have had serious complaints made against them.

Being a consumer or a patient

- **The public had complex and conflicting views about the extent to which they wanted to feel like a consumer when accessing dental care.**
- Patients identified the ability to make a choice and being able to feed back as important features of being a consumer.
- These both linked to the nature of the relationship with the service provider, which was the key distinction for participants between being a consumer and being a patient. While participants thought that consumers were able to actively make choices, patients were felt to have their choices limited due to occurring at times of distress, emergency or need.
- However, participants thought that you could be both a consumer and a patient at the dentist. The extent to which this was the case varied by treatment, depending on views of how much they were necessary or a choice.
- To some extent participants valued being consumers and wanted to feel like consumers when visiting the dentist. However, there were concerns about being a consumer in a health setting as this contrasted with expectations around the NHS; participants expected and trusted healthcare professionals to make decisions on their treatment and worried that if they were consumers health professionals could prioritise finances over the best treatment.
- The public also had expectations around paying for treatments and levels of care. For example, the majority (68%) said value for money was important to them when thinking about dental treatment.

Executive summary

Complaints and feedback

- **The public had rarely complained about a dental professional, but generally said they would feedback if something positive or negative happened, although this varied by demographics. They also felt there was more than could be done to make providing feedback easier.**
- Very few patients (7%) had ever complained about a dental professional[1]. Of those who had never complained, a small but perhaps notable proportion (9%) had considered complaining[2]. Both of these have stayed relatively consistent over time.
- Participants were equally likely to say they would feedback in a positive or negative scenario (72% and 73% respectively), although a higher proportion said that they were very likely to feed back in a negative scenario (44% compared with 37% in the positive scenario)[3].
- Likelihood to feed back varied by age and social grade, with younger people and those from DE social grades less likely to feel comfortable feeding back than older people and those from AB social grades. In a negative scenario, 78% of those aged 65+ said they would feed back, compared with 66% of those aged 15-24. In the same scenario, 80% of those in AB social grades said they would feed back, compared with 66% of those in DE social grades.[4]
- Among those who were unlikely to feed back in any scenario, thinking that the practice would not act on the feedback (30%) and not knowing how to feed back (24%) were the top reasons.[5]
- Participants in the interviews were comfortable giving positive feedback informally, but wanted to give negative feedback in a more formal way, such as going to an external organisation. As a result, participants were not as aware of where they would go to deliver negative feedback.
- Where participants were not satisfied and had not felt able to give negative feedback, they said they were likely to leave the practice to show their dissatisfaction.

[1] This question was asked of those who had ever been to a dentist (1,543).

[2] This question was asked of those who had not, didn't know or preferred not to say if they had ever complained about a dental professional (1,440)

[3] Participants were shown one of two scenarios: 795 were shown the positive scenario and 794 were shown the negative scenario

[4] Subgroup bases for this question were as follows: Social grade AB (Neg scenario: 207), Social grade DE (Neg scenario: 162), Age 15-24 (Neg scenario: 143), Age 65+ (Neg scenario: 217)

[5] This question was asked of those who said they were unlikely to feedback in either the positive or the negative scenario (411)

Executive summary

Cosmetic treatments

- **The public generally had clear and shared definitions for what was cosmetic and what was not, and felt most comfortable with forms of advertisement that did not involve members of staff, such as posters or leaflets.**
- There was generally a shared understanding among the public about what is considered cosmetic, based on whether or not a treatment is medically necessary. However, some treatments were harder to define or participants thought they could be both.
- The most common forms of advertising for cosmetic treatments patients have seen (posters (46%) and leaflets (37%)) were also the ones that they felt most comfortable with. Around half (50% and 53% respectively) said they felt these were appropriate ways for dental surgeries to advertise cosmetic treatments.
- Forms of advertising involving a member of staff – particularly unprompted – were less accepted by members of the public. One in ten (10%) said they were comfortable with a dentist mentioning cosmetic treatments without being asked, and even fewer (7%) if it was another member of staff, such as a hygienist.
- Where patients had been offered cosmetic treatments unprompted, most were not concerned by this (36% said they didn't care or think about it and 22% sad it was nice to see it offered)[1]. However, very few in the qualitative work included non-dental cosmetic treatments (such as botox) when thinking about cosmetic treatments, which suggests reactions to being offered this may differ to other treatments (such as teeth whitening).

[1] This question was asked of those who said that a dentist had mentioned a cosmetic treatment to them during their appointment without being asked (74).

Structure of this report

About this report

The structure of the report mirrors the topics covered in the research, presenting the quantitative survey and qualitative findings together. The report comprises findings from the quantitative analysis, together with material and verbatim quotes from the qualitative research where they add insight and extra depth [2]. The final chapter draws together the main themes into conclusions for the General Dental Council (GDC) to consider.

Topline findings from the survey and copies of the discussion guide used in the qualitative discussion groups can be found in the appendices. Full data tables will be published and made available on the GDC's website.

Acknowledgements and publication of the data

We would like to thank Guy Rubin and Kristen Bottrell at the General Dental Council for their support and advice throughout the project. We would also like to thank all the members of the public who took part in the quantitative survey, in-depth interviews and deliberative workshop.

As the GDC has engaged Ipsos MORI to undertake an objective programme of research, it is important to protect the organisation's interests by ensuring that it is accurately reflected in any press release or publication of the findings. As part of our standard terms and conditions, the publication of the findings of this survey is therefore subject to the advance approval of Ipsos MORI. Such approval will only be refused on the grounds of inaccuracy or misrepresentation.

[2] Details of the methodologies used are included in the introduction.

1. Introduction

Background and objectives

- This report contains the findings of a quantitative survey of the general public carried out by Ipsos MORI on behalf of the GDC, supported by ten in-depth interviews with people who participated in the quantitative survey, and a deliberative [3] workshop that included both people recruited from the survey and from the general public. The GDC is a UK-wide dental regulator. It is independent of the government and the NHS, and has the role of protecting dental patients. In order to practise, dental professionals must be registered with the GDC.

Research objectives

- The key objectives of the research were as follows:
  - To track how opinions have changed against a set of baseline questions that were asked in the previous annual surveys in 2017, 2015, 2014, 2013, 2012 and 2011;
  - To capture and compare public and patient awareness and perceptions of the GDC, its performance and impact in fulfilling its regulatory roles and responsibilities;
  - To obtain public and patient insight into key policy initiatives being developed by the GDC;
  - To test public views and understanding of topical or current issues in dentistry/dental regulation; and
  - To identify emerging policy issues that are relevant to the GDC.
- As in 2017, 2015, 2014, 2013 and 2012, a qualitative research element was also included. Following the quantitative survey, ten in-depth interviews and a deliberative workshop were carried out to explore some of the topics in greater depth and gather further insights into underlying attitudes.

About Ipsos MORI

- Ipsos MORI is an independent social and market research agency working in accordance with the Market Research Society Code of Conduct . As such, Ipsos MORI's work conforms to industry standards of impartiality, independence, data protection, and information security. The conduct of the research and the findings in this report are therefore not influenced by the GDC in any way, nor does the GDC have access to any of the personal responses of people who participated in the research.

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[3] Deliberative research focuses on participants' viewpoints after they have been given additional information and been able to deliberate a topic.

About qualitative and quantitative research

- This research project employed both quantitative and qualitative methods, structured over two phases (quantitative and then qualitative).
- Greater detail on the methodology for this work and interpretation of the data are provided overleaf.
- This research was designed using co-production methods. This involved a workshop with GDC colleagues to discuss key areas and agree topics for the research, and whether the topics were more suitable for exploration in the quantitative or qualitative research. The survey was also cognitively tested [4] with the public, to ensure the questions were appropriately understood.

Quantitative research

- The purpose of quantitative research is to gain a representative picture of what any given population thinks about certain issues. Therefore, from this survey we can say what the general public population thinks across areas related to dentistry, subject to certain margins of error.
- Quantitative surveys will typically involve interviewing a large sample of people to ensure margins of error are not too broad. Each person will be interviewed in the same way (in this survey, interviewers spoke to people face-to-face), with the interviewer adhering strictly to a pre-agreed questionnaire.

Qualitative research

- Qualitative research, on the other hand, is not meant to be representative, but instead is useful for exploring nuances in people's opinions and their motivations. It is ideal for exploring issues in depth, something that is not possible to do in a quantitative survey where interviewers cannot deviate from the questionnaire. As such, qualitative research discussions tend to be open-ended and free-flowing, based around a number of broad themes or topics.
- Typically, qualitative research involves speaking to much smaller numbers of people than quantitative research. There are a variety of qualitative research methods, including focus or discussion groups, and in-depth one-to-one interviews, either face-to-face or by telephone. This project involved telephone in-depth interviews and a deliberative workshop.
- The qualitative research in this work enabled us to explore in more depth, for some key issues, some of the nuances, motives and thought processes that may be behind the survey results, as well as around other areas of interest for the GDC.

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[4] Cognitive testing is a technique used to test and improve survey questions, which involves administering those questions and asking participants about the thought processes they go through in answering those questions to uncover problems with those questions and to make recommendations for improvements.

The survey in detail

Methodology

- Quantitative questions were placed on the Ipsos MORI Capibus survey, a weekly face-to-face omnibus survey of a representative sample of people aged 15 and over in Great Britain. To achieve UK-wide coverage for the survey, this was supplemented with an additional standalone survey of people in Northern Ireland, and additional booster interviews were also carried out in Wales to ensure at least 100 interviews there. This meant that sufficient interviews were completed within each of the UK nations to provide more statistically robust results within each nation.
- The survey was carried out among 1589 adults aged 15 and over in the United Kingdom between 30 November and 12 December 2018.
- Quotas were set and data weighted to ensure a nationally representative sample of people aged 15 and over in Great Britain and Northern Ireland. This included down-weighting the additional interviews carried out in Northern Ireland and Wales. Quotas were based on age, gender and working status within region.
- Ipsos MORI and the GDC worked together to develop the survey questionnaire, and cognitive testing of the questionnaire was then carried out with members of the public prior to the start of fieldwork. A detailed summary of cognitive testing findings was shared with the GDC and fed into the subsequent finalisation of the questionnaire.

Interpretation of the data

- Where percentages do not sum to 100, this may be due to participants being able to give multiple responses to a question or computer rounding.
- An asterisk (*) indicates a percentage of less than 0.5% but greater than zero.
- Percentages which derive from base sizes of 50-99 survey participants should be regarded as indicative and are flagged as such.
- It should be remembered that a sample and not the entire population of adults aged 15 and over living in the UK has been interviewed. Consequently, all results are subject to potential sampling tolerances (or margins of error). In addition, significant differences are indicated in the text and are statistically significant at a 95% confidence interval. This means that the chances are 95 in 100 that this result would not vary more than plus or minus a certain number of percentage points (depending on the estimates and sample size) had the whole population been interviewed. Full details on sampling tolerances can be found in the appendices.
- This survey used a quota sampling approach. Strictly speaking the tolerances applied here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be almost as accurate.
- Those who took part in the survey are referred to as the public, or as patients where they reported having visited a dentist.

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The qualitative research in detail

Methodology

- The qualitative research took place between 18 February and 22 March 2019.
- Ten people, who had taken part in the quantitative survey and expressed a willingness to participate in further qualitative research, took part in in-depth interviews via telephone. Each interview lasted approximately 30 minutes.
- Participants in the interviews were selected to be broadly reflective of the general population in terms of age, gender and social grade and included at least one participant from each of the four nations. They were also recruited to reflect a range of attitudinal factors expressed or experiences described in answers given to certain questions in the survey, to allow for more detail on these to be discussed. A full breakdown of the in-depth interview sample and the discussion guide can be found in appendix.
- A deliberative workshop was also carried out with participants include both participants who had taken part in the quantitative survey and expressed a willingness to participate in further qualitative research, and additional participants recruited separately.
- Participants in the workshop were selected to be broadly reflective of the general population in terms of age, gender and social grade. They were also recruited to reflect a range of attitudinal factors expressed in the survey or during recruitment. A full breakdown of the qualitative discussion group sample and the discussion guide can be found in appendix.
- The workshop took place in London and lasted 3 hours.

Interpretation of the data

- As noted earlier, the aim of qualitative research is to explore views and opinions in-depth in a way not possible in the format of a quantitative survey, rather than to provide a representative picture.
- Verbatim comments from the qualitative work have been included within this report. These should not be interpreted as defining the views of all participants, but have been selected to provide insight into a particular issue or topic.
- It is important to remember that, although the perceptions expressed through the qualitative work may not always be factually accurate, they represent the truth to those who relay them.
- Those who took part in the qualitative work are referred to as participants throughout this report.

Public and patient use of dental professionals

The introductory questions in the survey sought to establish the characteristics of the sample in relation to their use of dental services. These characteristics can be summarised and compared with the previous survey as follows:

Last visit to the dentist: Just over half of the public (55%) have visited a dentist in the last six months and seven in ten (68%) went to a dentist within the last 12 months. Eight in ten (78%) visited a dentist within the last two years, and just 4% have never been to a dentist. This is in line with the levels recorded in 2017.

Frequency of visits to the dentist: Half of the public (51%) have visited the dentist on average once every six months. This is in line with 2017 levels.

Length of time with current dentist or dental practice: Just under four in ten patients (38%) have been with their dentist for five years or less. This is in line with the levels recorded in 2017 (41%) and 2015 (37%). The majority have been with their dentist over five years (60%).

Private vs. NHS care: In line with the 2015 survey, around seven in ten patients (66%) only received NHS treatment during their last visit to the dentist, either paid-for (46%) or for free (20%). Two in ten (21%) received private dental care only, and this is similar to previous years (18% did in 2017 and 19% did in 2015). The proportion receiving both NHS dental care and private dental care has stayed consistent with previous waves (7% now compared with 10% in 2017).

Full details of these questions and results, including charts, can be found in the appendices.

2. Personal experiences of dental care

Personal experiences of dental care

This section looks at top-of-mind perceptions of dentistry, as well as levels of satisfaction and confidence among patients. Reasons for not attending a check-up in the past are also covered.

Summary

- Participants in the qualitative work generally had positive associations with staff in the practice. However, they had more negative associations with going to the dentist, including expectations around pain and expense, making the experience seem daunting.
- Overall levels of satisfaction with dentistry have remained consistently high in the survey (between 95% and 97% since 2013). However, there was still variation of experience between demographic groups, particularly by age and social grade.
- General confidence in the last dental professional patients saw was also very high (95%), with responses being driven by whether or not the problem was resolved (36%), the standard of care (34%) and politeness (33%). However, previous experience (either at that practice (23%), or with dental professionals more generally (17%) was the main reason for not having confidence.
- Around half the public (53%) said that nothing had stopped them going to see a dentist for a regular check up in the past, with not having the time (12%) being the top reason where something had stopped people.

Top-of-mind reactions to dentistry reflected feelings of vulnerability among patients

Participants in the deliberative workshop were asked what words came to mind when they thought about visiting the dentist.

Words associated with **expertise**, such as 'knowledgeable', and 'professional' were common, as well as words linked to being **supportive** or **reassuring during treatments**, such as polite and kind. What participants associated with being a professional overall was explored throughout the qualitative work and is outlined particularly in section 3.

There were also common themes around cost and being seen as **expensive**, as well as **fear and pain**.

Participants said that, while they have positive associations with staff in the practice, they saw the dentist surgery as somewhere they go because they have to and it can be a **daunting** or difficult experience.

The feelings of **vulnerability** that they associated with the experience of visiting the dentist was a theme across the qualitative work that influenced, for example, whether they saw themselves as a patient compared with a consumer. This is explored in section 6.

> **It is a necessary evil.**
> *– Workshop participant, Male, aged 50+*

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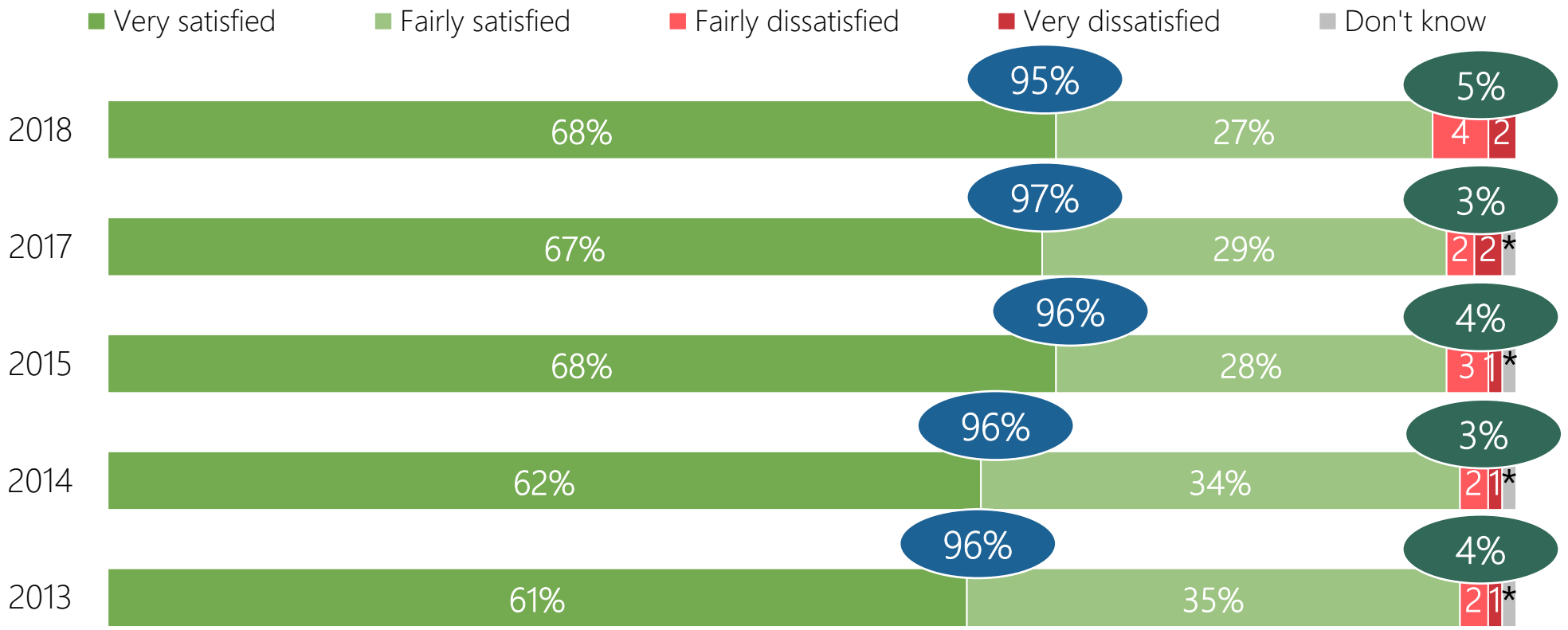
However, patients overall were consistently satisfied with their experience of dental care and treatment

Patient satisfaction with dental care and treatment has remained consistently high since 2013 (between 95% and 97%). The percentage saying 'very satisfied' increased significantly from 2014 to 2015, from 62% to 68%, and this increase has been sustained since, with 68% saying they were very satisfied in 2018. This year, among those who have visited the dentist at least once a year, 95% were satisfied overall.

Now thinking about your own experience, how satisfied or otherwise are you with your dental care or treatment?



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Base: People who go to the dentist at least once a year: 2018 (1,153), 2017 (898), 2015 (898), 2014 (1,129), 2013 (1,063)

Source: Ipsos MORI

There was variation in satisfaction by social grade and age

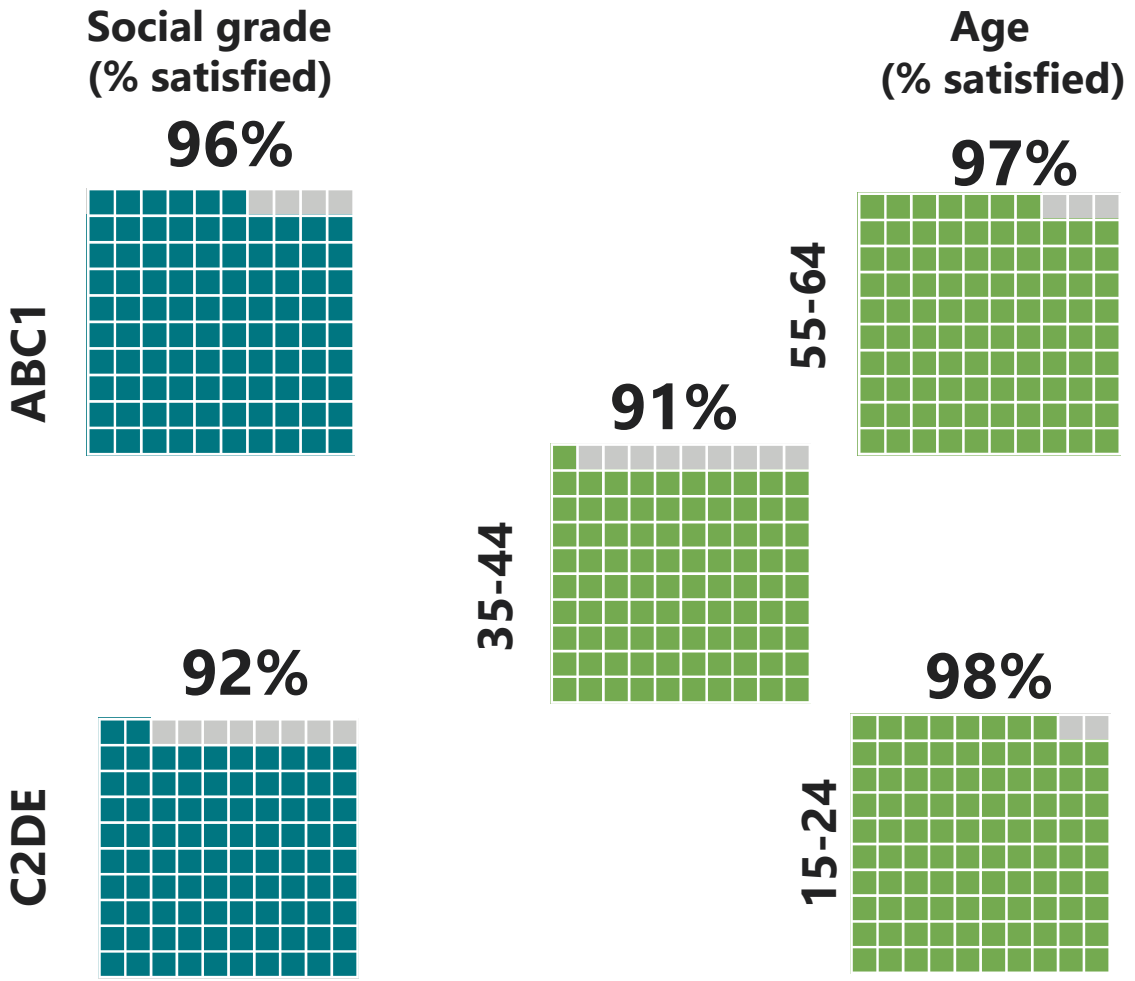
Social grade

- Social grade is a classification system based on occupation and it enables a household and all its members to be classified according to the occupation of the Chief Income Earner (CIE). AB includes households where the CIE is in a higher or intermediate managerial or professional occupation. DE includes households where the CIE is in a semi-skilled or unskilled manual occupation or not in work.
- Patients from social grades C2, D and E were significantly less likely to say they were *satisfied* with their own experience of dental care than those from higher social grades (92% compared with 96% of ABC1). They were also twice as likely to say they were *dissatisfied* (8% compared with 4%, which is statistically significant).

Age

- Compared with those in other age groups, participants aged 35 to 44 were significantly less satisfied with their dental care. Only 91% from this age group said they were satisfied, compared with 97% of those aged 55 to 64 and 98% of those aged 15 to 24.

Now thinking about your own experience, how satisfied or otherwise are you with your dental care or treatment?



Base: People who go to the dentist at least once a year: Social grade ABC1 (748), Social grade C2DE (405), Age 15-24 (201), Age 35-44 (120), Age 55-64 (195)

Source: Ipsos MORI

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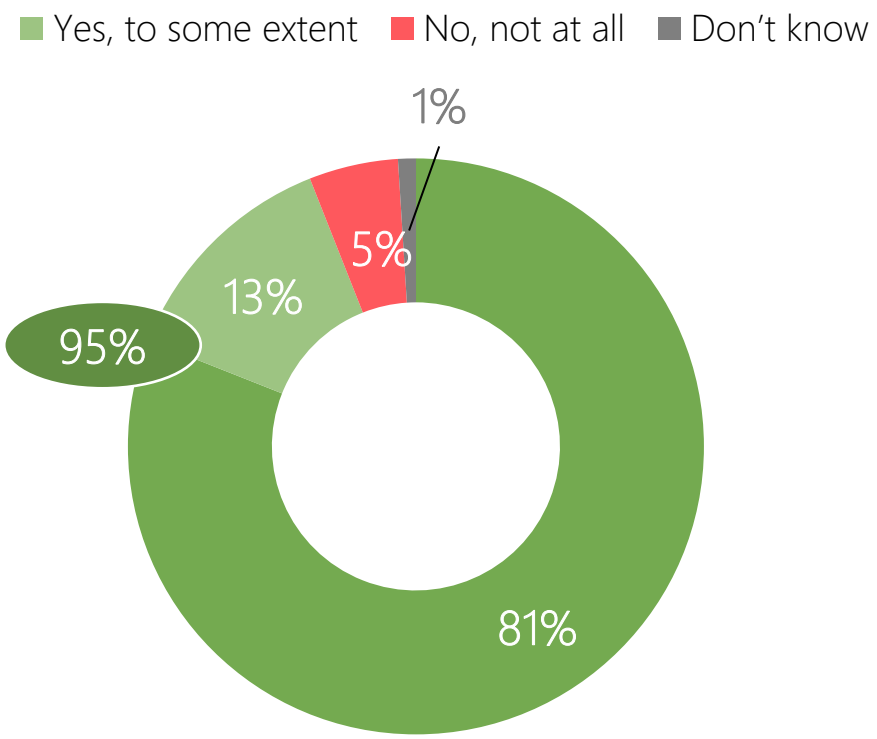
The majority of patients said they had confidence in the last dental professional they saw

Among those who had ever been to the dentist, **the majority said they had confidence in the last dental professional they saw** (95%), with four in five (81%) saying they were definitely confident. Only 5% said they were not at all confident.

Overall the public were also confident about the way dental care is delivered. For more details on general confidence in dentistry, please see section 4.

During your last dental appointment, did you have confidence in the dental professional you saw?



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Base: People who have ever been to the dentist (1,543)

Source: Ipsos MORI

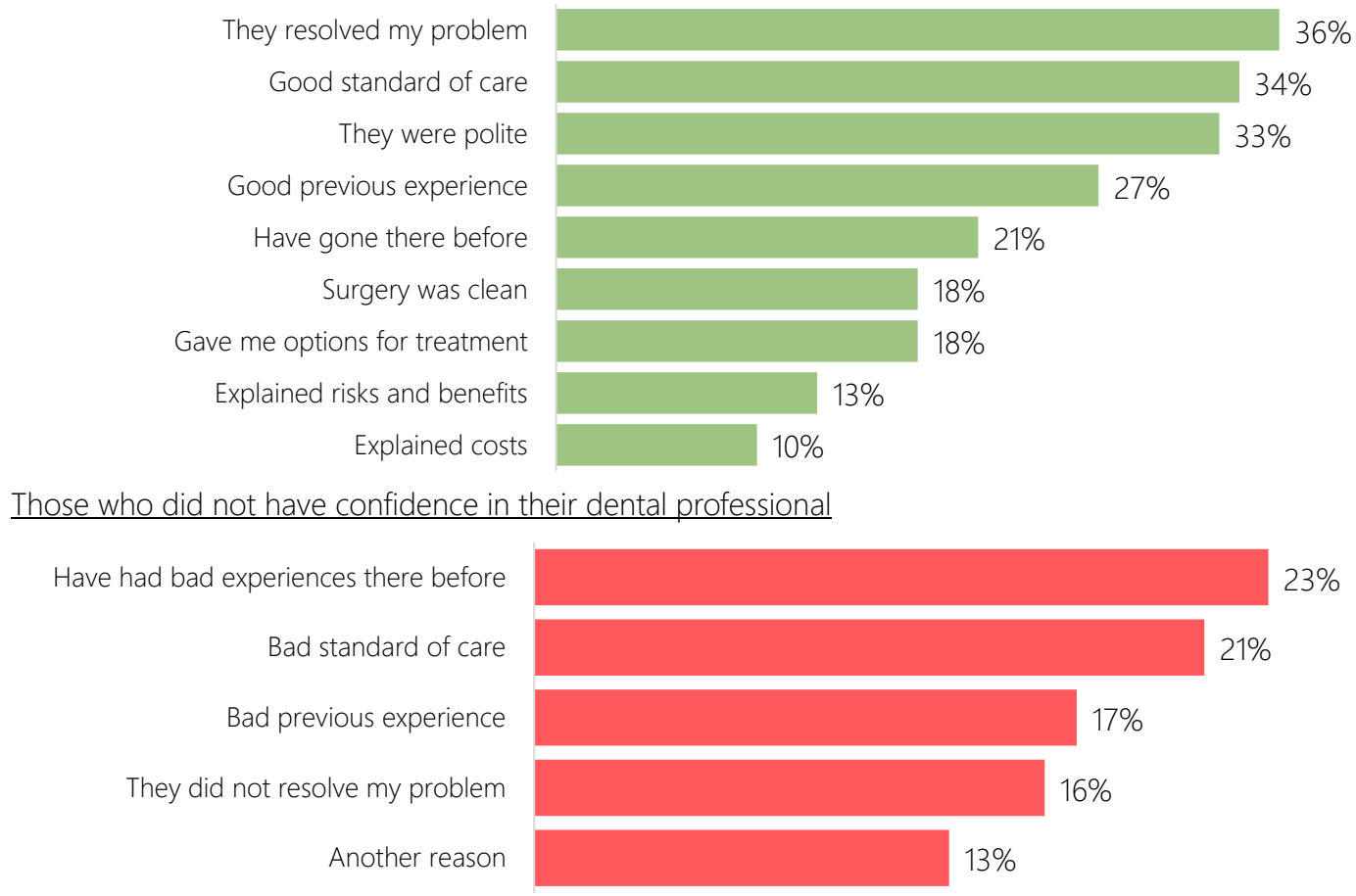
Resolution of problems, standards of care and politeness were the top reasons for confidence the dental professional

Of those who said they were confident, the most common reason, given by over a third (36%), was that **the dental professional resolved the problem**.

A similar proportion cited good **standard of care or politeness** as the reason they had confidence (34% and 33% respectively), and 27% said good previous experiences made them confident in the dental professional.

However, of those who had no confidence at all in the dental professional they had seen most recently, the most common reasons related to **negative experiences and standards of care**; 23% said they had had bad experiences at that practice, followed by 21% who said a 'bad standard of care' and 17% who had had a bad previous experience generally.

And why do you say that? Unprompted responses of 10% and over



Base: People who said they had confidence in their dentist (1,461), People who said they did not have confidence in their dentists 72). Respondents could give multiple answers.

Source: Ipsos MORI

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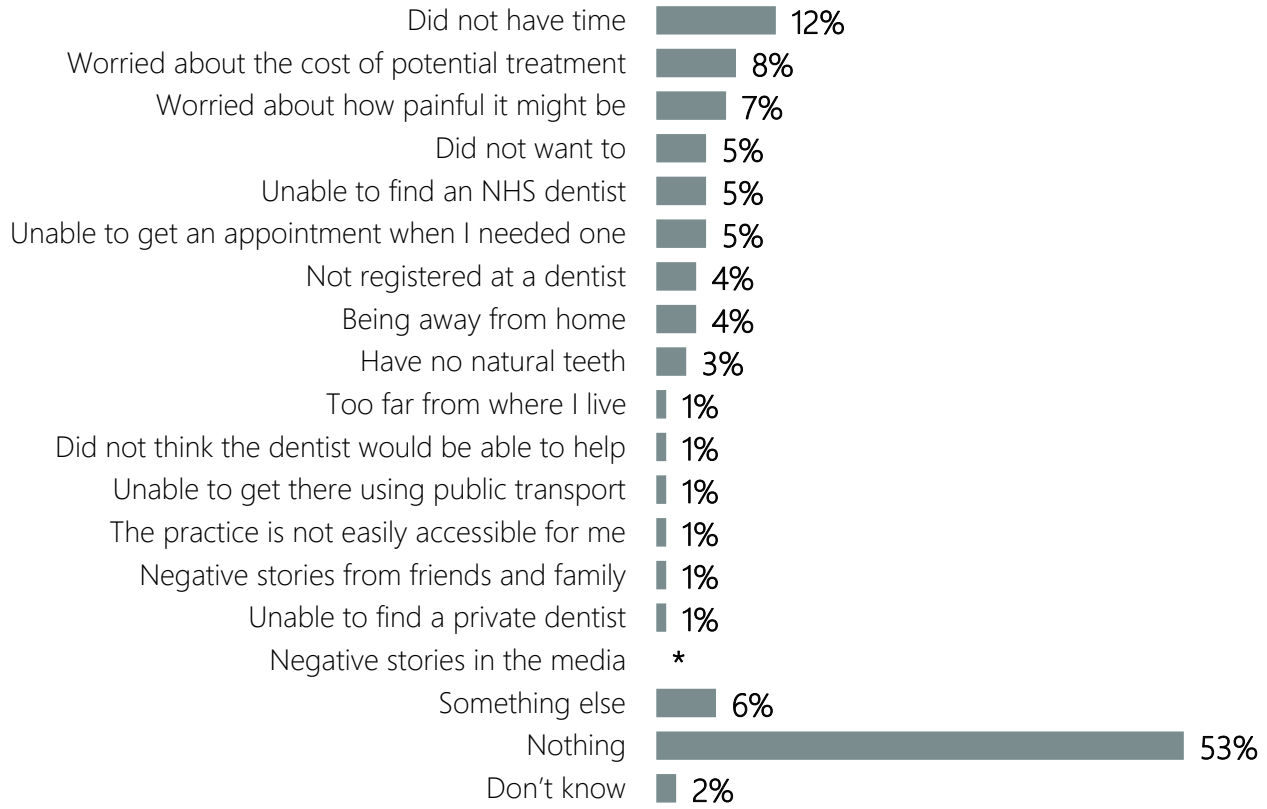
Very few said that something had stopped them going for a regular check-up

Around half of the public (53%) said that **nothing had stopped them from going for a regular dental check-up** in the past.

Just 12% gave the most common reason, **lack of time,** with fear about cost (8%) and fear about pain (7%) the next most common. These concerns reflect the top-of-mind qualitative findings outlined earlier, when participants said what came to mind when thinking about dentists or dentistry.

What, if anything, has stopped you going to see a dentist for a regular check-up in the past?



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Base: All respondents: (1,589). Participants could select more than one answer.

Source: Ipsos MORI

3. Professionalism in dentistry

Professionalism in dentistry

This section looks at the characteristics the public associated with being a professional and being a professional in dentistry. It also discusses the tipping point in perceptions when considering a range of scenarios.

Summary

- Knowledge and expertise were most important to the public when thinking about being a professional across the research. For example, 47% selected this in the survey, and this was reflected in the qualitative research, which also showed that softer skills, like communication, were associated with being a professional, but to a lesser extent than expertise.
- Nonetheless, the vulnerability participants felt in healthcare scenarios meant that softer skills were still seen as more important for professionals working in healthcare than some other sectors, such as law.
- Cleanliness and appearance (selected by 25% in the survey) were seen not only as 'nice to haves', but also symbols of more important characteristics of professionalism, giving patients confidence in the dentist.
- While honesty was seen as less important in the survey (selected by 13% of participants), participants across the research said that putting patients ahead of profit and being trusted to do this were important aspects of being a professional dentist.
- When considering scenarios for dental care professionals related to credit card fraud, drink driving and contact with social services in dentistry participants:
    - Drew a clear distinction between the dental care professional's personal life and their professional life. Even if they felt something was morally wrong or criminally wrong, if it did not impact on the dental care professional's ability to do the job well, they did not question the professionalism of the that person.
    - Said that anything that affected the level of patient care that those working in dentistry could deliver made them question the professionalism of that person. However, if the circumstances changed and patient care was no longer impacted, this also changed views of that person and participants could see them as professional again.
    - Did not focus solely on the individual dental care professional. For example, in cases where they saw the wider team or practice as accountable in some way, they questioned the individual's professionalism less.

Knowledge and expertise were the most important signs of being a professional

In the deliberative workshop participants were asked what they associated with 'being a professional'. **Top-of-mind responses related to the qualifications and training** professionals were perceived to have. These continued to be important when discussing healthcare professionals; having specialist expertise was the most important characteristic for dentists, as well as the quality of care provided. This reflected the findings in the survey in which nearly **half of the public (47%) said 'knowledge and expertise'** was associated with being a professional, **closely followed by 'standard of care' (41%)**, and 'giving advice on the best treatment for me' (37%).

While for some, expertise meant having the appropriate qualifications, **others extended this to mean continual professional development** and being up-to-date with the latest treatments and equipment to be able to provide the highest standard of care.

Softer skills, such as having a **'compassionate nature' or 'being polite' were less commonly associated with being a professional** (11% and 10% respectively said these in the survey). Although participants did mention softer skills being important for a dentist in the workshop, this was still not their main priority. In short, participants thought people could lack compassion, or not be polite or friendly, but still be a professional as a dentist or other healthcare professional.

Thinking about dentists as a whole, which if any, of the following do you associate with being a professional?

Participants selected up to three

Ipsos MORI
Social Research Institute

Base: All respondents: (1,589). Respondents may give multiple answers..

Source: Ipsos MORI

Other characteristics still shaped views of professionalism

Communication

- Communication was seen as essential to certain professions, but less essential in healthcare.
- For example, one group said that communication and knowing how to do this well was fundamental for teachers. Nonetheless, when asked in the workshop how they would identify whether a dentist had the knowledge they expected, or was giving them the right advice, participants relied on the communication skills of that dentist to reassure the patient.

Softer skills

- While overall there was less relative importance placed on softer skills for dentists, these skills were still seen as more important for professionals working in healthcare than some other sectors, such as law.
- As noted in section 2, fear and the potential for pain were top-of-mind when participants spoke about dentists overall, and feeling physically vulnerable led participants to value softer skills.

Cleanliness and appearance

- Similarly, the dental surgery being clean and the appearance of the dentist were also 'nice to haves' rather than essential to professionalism, but they were also seen as symbols of more important characteristics. For example, having a clean environment and modern equipment gave people confidence that the dentist also had up-to-date skills and expertise.

Morals and ethics

- Finally, while 'honesty' was only chosen by 13% in the survey, suggesting more moral or ethical characteristics were of less importance, over a quarter (27%) said 'putting patients first and ahead of profit' was important. To some extent this reflects several tipping points or contradictory perspectives evident throughout the qualitative research and explored across this report. In this case, while honesty overall was again seen as less important, both in the qualitative and quantitative research putting patients ahead of profit and being trusted to do this were important aspects of being a professional dentist.

- Participants in the workshop were asked to discuss a series of dentistry scenarios for which information was added or changed to understand these tipping points in more detail. Groups then rotated, so each participant saw two scenarios.

Scenario 1: credit card fraud

A dental nurse commits credit card fraud. While on reception, they used a dentist's credit card to pay for an online order of baby clothes and had them sent to their personal address. The dentist was in with a patient and not aware this was happening. When this was discovered the dental nurse was fired from her position and reported to the police, who took no further action.

- Generally, although participants agreed the staff member should have been fired, they **did not think this had a lasting impact on her professionalism**. If she was employed by another practice, they would assume that she had shown appropriately that this would not happen again.
- Their **concern was increased if this was a dentist, rather than a dental nurse**, as they said dentists have greater decision making responsibilities in their role. This relates to them trusting dentists to recommend the best treatments and not focus on profit.
- Similarly, participants saw baby clothes as a necessity; participants **changed their opinions slightly when the dental nurse used the credit card to buy a holiday**.
- However, their **largest concern was if the credit card used belonged to a patient**, rather than a colleague.

Scenario 2: drink driving

A dentist was caught driving above the legal limit but did not inform the regulator of this conviction, which anyone registered with the GDC is supposed to do for any kind of crime. It happened in their spare time, and they were not due at work the next day. They did inform their manager right away but forgot to inform the regulator.

- Participants generally felt that as this had happened outside work, and in their own time, that this was **not related to whether or not they were a professional**. This was the case whether they were coming back from a social event like a party, or a more traumatic event like a funeral.

- They were also **sympathetic to the dentist not informing the regulator.** However, they did raise concerns about the manager, who they felt also had a responsibility to inform the regulator or to ensure the dentist did.

- Participants also had **similar perceptions even if the dentist had been caught using drugs**, although this did differ a little depending on the class of drug. However, where they did raise concerns about professionalism was where this was linked to addiction, due to fears that this could impact on patient care if the dentist was potentially drinking immediately before or during working hours.

Scenario 3: social services

The police have been called to the property of a dentist by his neighbours, as they were concerned about the way the dentist was shouting and screaming at his wife and children. Social services have insisted that the children are separated from him, and have given temporary custody of them to his wife's parents. However, they are working to reintegrate the family and organising supported visits between the dentist and his children.

- Overall, participants felt this was **something entirely related to the dentist's personal life** and would not have an impact on them as a professional.

- The only tipping point was **if these circumstances became too much of a distraction for the dentist**, and therefore impacting their ability to deliver good patient care at that time. However, if this was not the case, they were not concerned about this dentist being seen as a professional.

Across the scenarios there were three key themes

1. Personal life had limited impact on professional life.

Generally, participants drew a **clear distinction between the dental care professional's personal life and their professional life**. This meant that even if they felt something was morally wrong or criminally wrong, if it did not impact on the ability to do the job well, they did not think this impacted professionalism. This again shows the overriding importance placed on the expertise of the dental care professionals.

This distinction was clear even where something had happened during work time, such as in the credit card fraud scenario.

2. The tipping point was decided by the impact on patient care.

However, where it was felt **there might be an impact on patient care**, as was the case for stealing from a patient, turning up to work drunk or being too stressed to focus on patient care, participants tipped into thinking this impacted professionalism. Again, this reflects the importance placed on the quality and standards of care, and putting the patient first when thinking about being a professional.

Nonetheless, **for some scenarios this was seen as a temporary change**. For example, if a dental care professional was no longer stressed or had addressed their addiction, participants still thought that they could be a professional.

3. Some responsibility was seen to fall beyond the individual.

In all of these scenarios, participants also saw these individuals as part of a wider environment.

Therefore, where things had gone wrong, there was a perception that it was **the duty of the wider team to monitor each other, and ensure that the quality of patient care was being maintained**.

For example, in the drink driving scenario participants thought the manager had responsibility and questioned the professionalism of the manager in this instance.

Similarly, where the dental nurse had committed credit card fraud, it impacted on wider perceptions of the practice that this had been possible.

This questioning of the wider system was a theme that also arose in discussions around public confidence, as is outlined in the next section.

4. Public confidence in dentistry

Public confidence in dentistry

This section looks at what factors influenced public confidence in dentistry, with reference to instances that have impacted public confidence in various organisations and/or professional groups, as well as some hypothetical scenarios in dentistry. It also looks at current levels of confidence in dentistry.

Summary

- When incidents had impacted public confidence, there were four main factors that influenced the scale of that impact among participants:
    - Broadly speaking, the more people involved in a case and the longer it went on for, the greater the perceived impact on public confidence.
    - The perceived risk an incident or case posed to the general public both at the time and in the future was seen to impact public confidence.
    - If the environment was seen to encourage the behaviour, or not to prevent or investigate it, this raised concern among participants that this could happen again and they questioned the wider system as much or more than the professionals involved.
    - Participants had both expectations of the standards to which groups or professions should be held and views of how trustworthy various groups were, which affected if they thought public confidence in that group or profession would be questioned. For those working in healthcare, expectations were high, but levels of trust were also high, which meant participants thought a case or scandal involving healthcare professionals would be less likely to impact public confidence in that profession overall.
- The public were generally confident in the way dental care was delivered overall (with 83% saying they were fairly or very confident), although this varied by age and ethnicity.

There were four ‘influencers’ on public confidence identified

- As part of discussions in the deliberative workshop, participants were asked for examples of occasions when public confidence in groups of people or professions had been brought into question. Examples included: the Harold Shipman case, Brexit, instances with a local council, and the Lehman Brothers case.
- Participants were also provided with three examples across a range of professionals with varying circumstances and outcomes. These were the MPs’ expenses scandal, the News of the World phone hacking scandal and the Bawa-Garba case (full wording of these examples is included in the workshop discussion guide in the appendices).
- Finally, participants were provided with three hypothetical scenarios that could potentially impact public confidence in dentistry (full wording of these examples is listed below).
- Using all of these examples together, participants discussed the extent to which public confidence was impacted and what it was that impacted public confidence.
- There were four main influencers on public confidence identified across the groups. These all overlapped to varying degrees depending on the examples being discussed.

Scenario 1:

You see a news programme discussing how people use social media. As an example, one of the guests mentions a dentist at their local surgery who had posted pictures of themselves on Facebook with small bags of white powder and the heading “Ket Sundays”.

Scenario 2:

You see a news story about dental technicians in remote areas doing work they are not qualified to do. This includes a mention of a recent case where a dental technician was reported for making dentures without a dentist referral.

Scenario 3:

You see a story on a news website about a local woman who has attacked an ex-boyfriend’s new girlfriend on a night out. It includes a video of the two women yelling at each other, and one of them being physically restrained by some friends. The story includes the news that she has been arrested for assault. When you go to a new dentist a week later, you recognise her as the dental nurse in the surgery. You mention having seen the story to one of the senior members of staff, and they are clearly surprised, as they did not know this had happened.

The perceived level of risk to the public and the wider context of a case influenced perceptions

1. The scale of the case or scandal impacted public confidence

Broadly speaking, the more people involved in a case and the longer it went on for, the more this was seen to impact public confidence for several reasons:

- Where a **large number of professionals** were involved it signified something inherently wrong in that profession overall.
- Where there were **multiple victims**, particularly over time, this was more shocking.

Perceptions about the scale of the case and length of time impacted views of the wider systems involved in many cases, including regulators, as is discussed later in this section.

For example, for the hypothetical dentistry examples, this being just one incident generally limited impact on public confidence.

2. The greater the perceived risk to the public, the more it was seen to impact public confidence

The perceived risk an incident or case posed to the general public, both at the time and in the future, was seen to impact public confidence. For example, there was **more concern about misuse of public money than corporate finances** when discussing why the MPs' expenses scandal was felt to impact more than something perceived to happen regularly in businesses.

There was also seen to be an increased risk in the Bawa-Garba case because of the patient death. However, as is noted overleaf, healthcare professionals fostered an overall sense of respect and trust which also shaped views.

[MPs Expenses] It was pretty widespread, some of it was outrageous. If you have a couple of bad apples in the barrel, it spreads.
– *Workshop participant, Male, 30-55*

Expectations of a profession and how trusted they were also influenced the impact on public confidence

3. Where other parties were seen to be partly responsible, public confidence in the wider system was questioned rather than public confidence in the professionals

If the environment was seen to encourage the behaviour, or not to prevent or investigate it, this raised concern among participants that this could happen again and they questioned the wider system as much or more than the professionals involved. For example, they discussed concerns about how MPs' expenses were being monitored or not.

In the Bawa-Garba case, rather than making participants question the individual, they questioned the wider system and suggested these perceptions impacted public confidence more. For example, they were less confident in the hospital where it had happened, because of staffing issues and the IT infrastructure there. This in turn meant they **questioned why this was not being monitored or regulated or had not been identified sooner.**

4. The relationship between expectations of a profession and the level of trust in that profession affected public confidence

Participants had both expectations of the standards to which groups or professions should be held and views of how trustworthy various professionals were.

For example, expectations of MPs were high, as they were seen to have a duty to protect the public. This meant participants thought the MPs' expenses scandal had a greater impact on public confidence than examples involving journalists or those working in finance, who were held to lower standards.

At the same time. participants said that they also did not trust politicians and, while this was also true of journalists, when combined with higher expectations of standards for politicians, this further elevated the perceived impact on public confidence.

For healthcare professionals, expectations were high, as they were responsible for patient lives, and, as noted in the previous section, participants themselves identified feeling vulnerable when needing a healthcare professional, including at a dental practice. **Equally the risk to the public was seen to be high**, given one or more patients had died in the examples discussed.

However, levels of trust were very high in healthcare professionals relative to the other groups discussed. This is something shown the in Ipsos MORI veracity index[5], for which nurses and doctors have been the most trusted for professions for some time, with 96% and 92% respectively of people saying they would generally trust them to tell the truth. By contrast, journalists and politicians are very far down the list, with 26% and 19% respectively saying they would trust them. This trust and respect meant that **participants said that examples involving healthcare professionals – including dental professionals – would be less likely to impact wider public confidence** in that group of healthcare professionals.

[5] Ipsos MORI, 2018. "The Veracity Index 2018', available here: https://www.ipsos.com/sites/default/files/ct/news/documents/2018-11/veracity_index_2018_v1_161118_public.pdf

I was more shocked at the police. A journalist's job is to dig up the dirt.

– *Workshop participant, Female, 30-55*

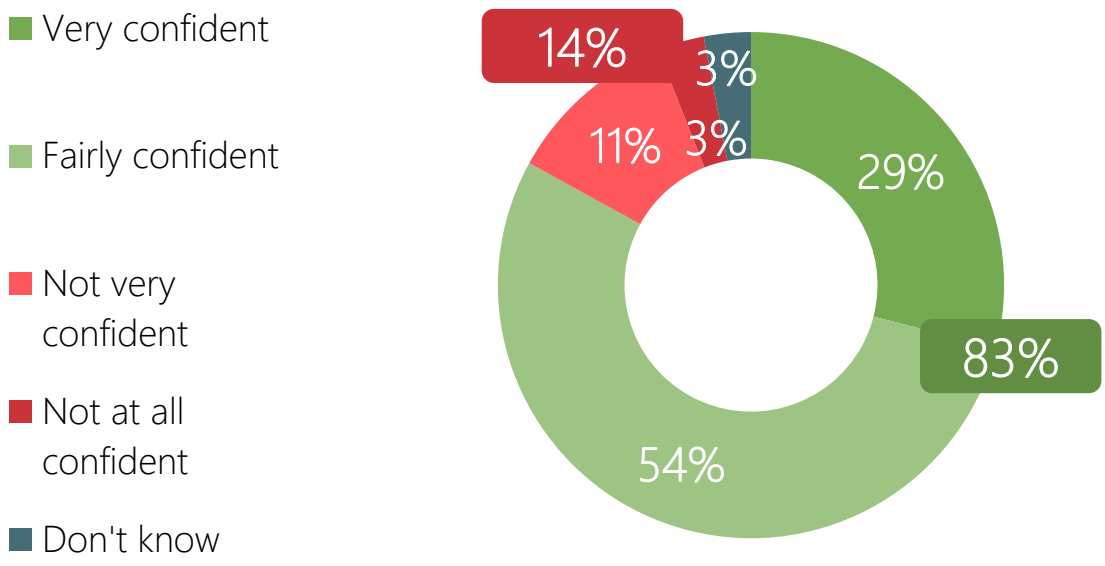
I'm more worried about the politicians rather than the newspapers as the politicians run our lives.

– *Workshop participant, Female, 30-55*

The public were generally confident in the way dental care is delivered

As with confidence in the last dental care professional patients saw, overall **public confidence in dental care was high,** with over four-fifths of the public (83%) saying they were confident in how dental care is delivered in the UK. However, 14% said they were not confident.

How confident, if at all, would you say you are in the way dental care is delivered in the UK?



Ipsos MORI
Social Research Institute

Base: All respondents (1,589)

Source: Ipsos MORI

There was variation in levels of confidence in the way dental care is delivered by age and ethnicity

Age

Compared with younger participants in particular, participants aged 35-54 were significantly less confident in the way dental care is delivered overall. Overall, 79% of this age group were confident, compared with 91% of 15 to 24 year olds.

Ethnicity

Participants from Black and Minority Ethnic (BAME) groups were significantly less likely to be confident in the way dental care is delivered than those from white ethnic groups. Only three-quarters (74%) of BAME participants were confident, which is ten percentage points lower than those from white ethnic groups (84%).

How confident, if at all, would you say you are in the way dental care is delivered in the UK?

Base: All participants: Age 15-24 (263). Age 35-54 (388), Ethnicity White (1,429), Ethnicity BAME (139)

Source: Ipsos MORI

Ipsos MORI
Social Research Institute

5. Perceptions of the GDC and regulation

Perceptions of the GDC and regulation

This section looks at perceptions of healthcare and dental regulation. It also looks at factors that influence confidence in regulation and levels of awareness in the GDC, as a dental regulator.

Summary

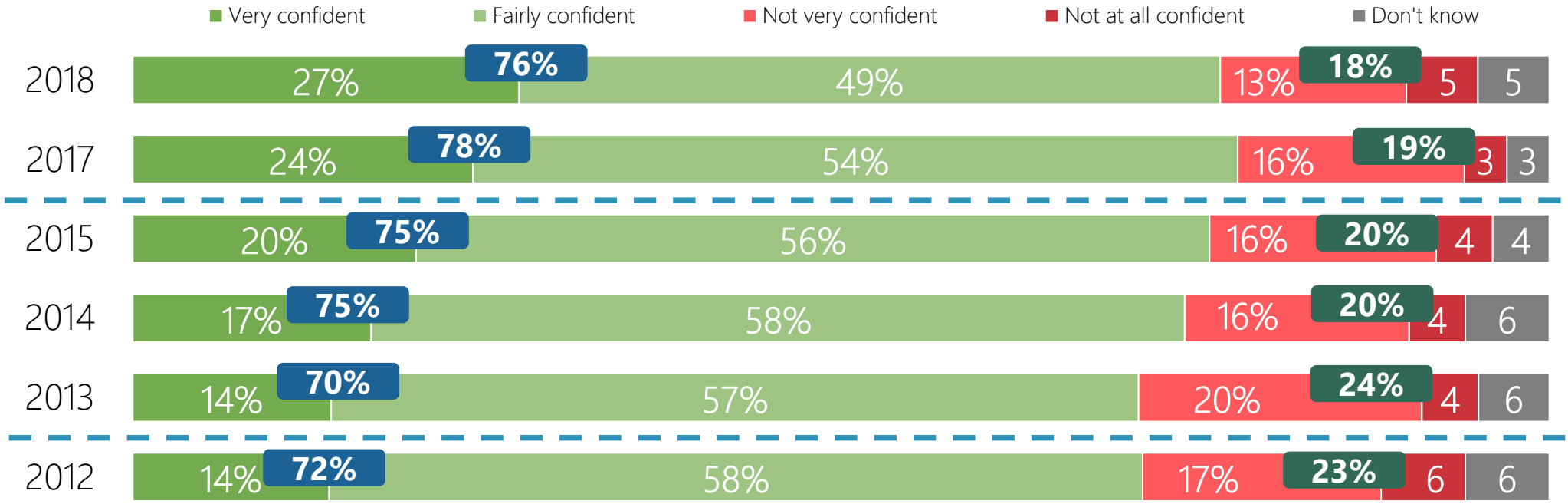
- Most of the public (76%) were confident that healthcare regulation works effectively. However, one in five (18%) were not.
- The majority of the public (73%) were also confident in the GDC, although this varied by ethnicity, how recently the participant had been to the dentist and how aware they were of the GDC.
- Personal experiences and levels of awareness of dental regulation were the main influencers on how confident participants were in the GDC as a regulator. Those with positive personal experiences, or who were more aware of dental regulation, tended to be more confident in the GDC.
- Overall, the majority of the public (65%) thought a regulator for dental professionals should focus equally on preventing bad practice and taking action against those who have had serious complaints made against them.

Confidence in healthcare regulation remained high

Overall, three-quarters of the public (76%) were confident that healthcare regulation works effectively. While the question wording had changed across years, where it remained consistent (between 2013 and 2015, and between 2017 and 2018) there were increases, particularly in those describing themselves as 'very confident'. Although this was not significant, it does suggest a possible trend.

However, nearly one in five (18%) of the public were not confident in health regulation generally.

Now thinking about healthcare generally (and not just dental care), how confident, if at all, are you that regulation of this works effectively?



In 2015, 2014 and 2013 the question was worded: 'Now thinking about healthcare, how confident, if at all, are you that regulation of this works effectively?' In 2012, the question was worded: 'How confident, if at all, are you that healthcare in general works effectively?'

Ipsos MORI
Social Research Institute

Base: All respondents: 2018 (1,589), 2017 (1,232), 2015 (1,259), 2014 (1,640), 2013 (1,603), 2012 (1,609)

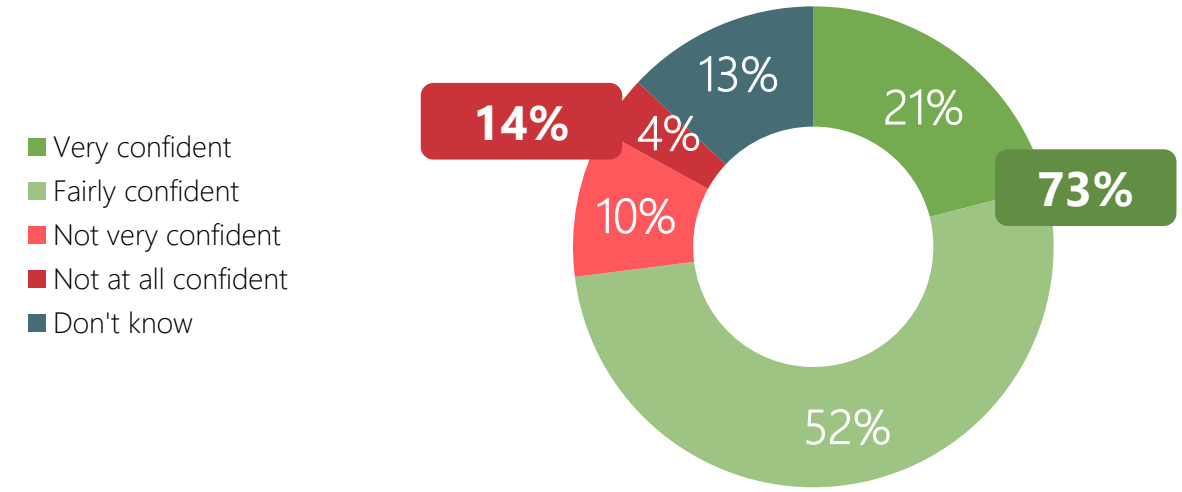
Source: Ipsos MORI

The public were also very confident in dental regulation

As with healthcare regulation overall, **confidence in the effectiveness of the GDC was high**, with nearly three quarters (73%) of people saying they were very or fairly confident.

Over half of participants (52%) said they were 'fairly confident' rather than 'very confident' in the GDC's regulation. In the in-depth interviews, where participants had a family member or friend who had had a negative experience, or they believed that a regulator would need to build up a body of evidence before a dentist was struck off, they thought that the GDC would not necessarily act immediately which is what made them 'fairly confident' rather than 'very confident'. These participants thought that very confident suggested that all dental care and regulation was perfect.

How confident, if at all, are you that the General Dental Council is regulating dentists and dental care professionals effectively?



Ipsos MORI
Social Research Institute

Base: All respondents: 1,589

Source: Ipsos MORI

Confidence in the GDC also varied by ethnicity and how recently people had been to the dentist

Ethnicity

Participants from Black and Minority Ethnic (BAME) groups were significantly less likely to be confident in the way the GDC regulates dentists and dental care professionals than those from white ethnic groups (64% compared with 74%).

Although there are many possible reasons for this difference, it may be a reflection of differing levels of confidence in the ways dental care is delivered, as BAME participants were also less confident in the way dental care is delivered.

Last been to the dentist

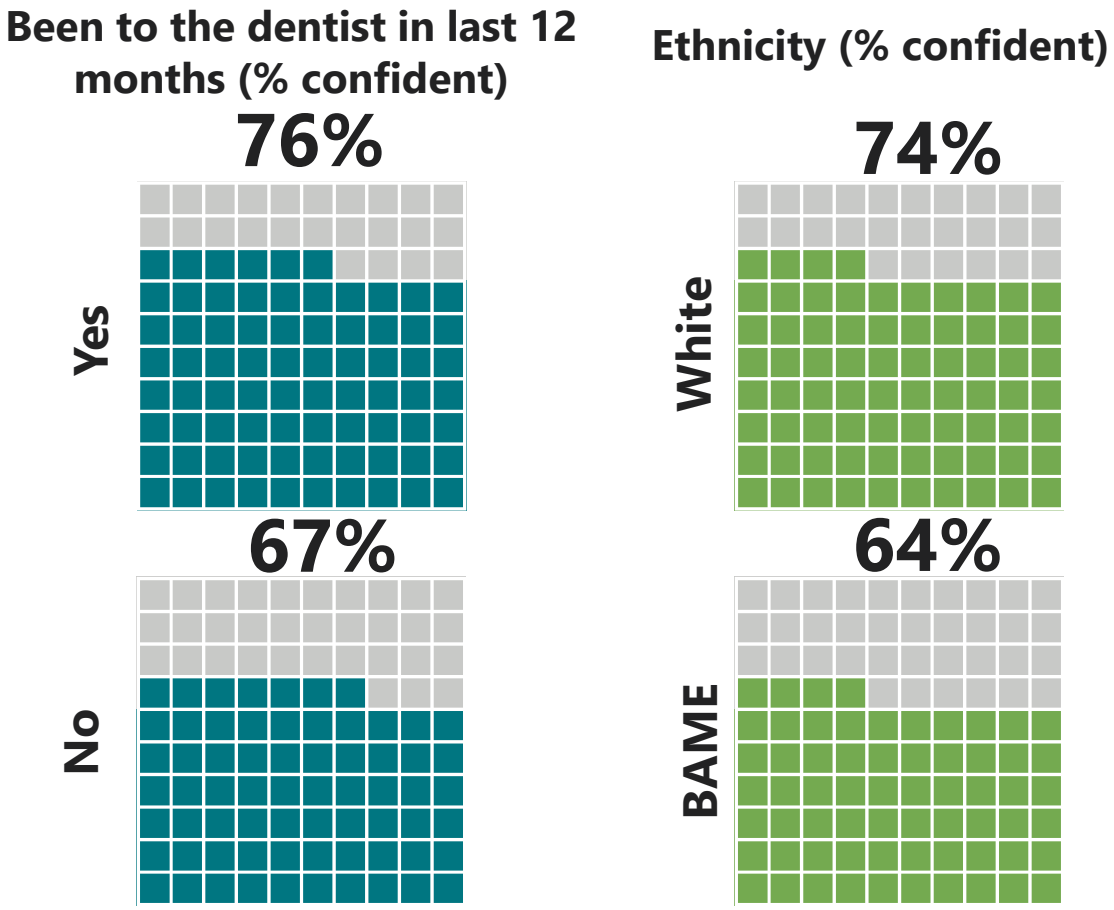
Those who had not been to the dentist in the last 12 months were also significantly less likely to be confident in dental regulation that those who had (67% compared with 76%).

This may be partly due to those who had not been as recently feeling less able to comment (with 11% who had been in the last 12 months saying "Don't know" to this question, compared with 16% who hadn't been in the last 12 months)

However, this is also likely due to participants who had not been to the dentist in the last 12 months being less likely to have recently had a positive personal experience, to reassure them that dental care was working effectively.

Ipsos MORI
Social Research Institute

How confident, if at all, are you that the General Dental Council is regulating dentists and dental care professionals effectively?



Base: All participants (Went to the dentist in the last 12 months (1,104), Have not been to the dentist in the last 12 months (485), Ethnicity White (1,429), Ethnicity BAME (139))

Source: Ipsos MORI

Personal experiences and levels of awareness of dental regulation are the main influencers on confidence in regulation

What makes you say that? Unprompted responses over 10%

Those who were very or fairly confident in GDC regulation – codes with more than 10%

Ipsos MORI
Social Research Institute

Base: People who said they had confidence in GDC as a regulator (1,175), People who said they did not have confidence in the GDC as a regulator (221). Respondents could give multiple answers

Personal experiences were among the top two reasons why people said they were confident in GDC regulation. Two-fifths (40%) of people who gave a positive answer said this was because of good personal experiences.

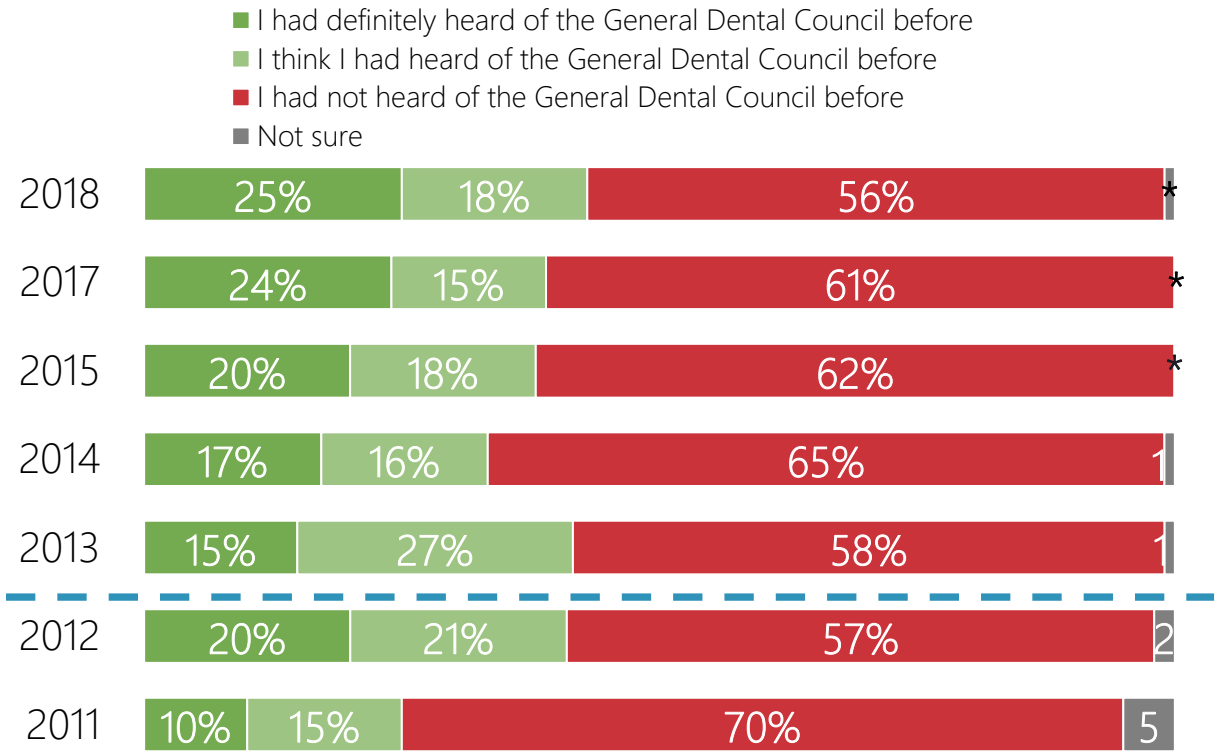
Knowledge of regulation was also a big factor. Nearly a third (31%) of those who gave a positive response said this was because they knew dentists were regulated

Among those who said that they were not confident, personal experiences and knowledge of regulation were also important: just over a quarter (26%) said this was because they didn't know dentists were regulated, and nearly a quarter (23%) said this was because of bad personal experiences.

Source: Ipsos MORI

Awareness of the GDC also had a large impact on how confident the public were in the GDC as a regulator

Which of the following best describes how aware you were of the General Dental Council before this survey?



In 2012 and 2011, the answer codes were worded: 'I have definitely heard of the General Dental Council before', 'I think I have heard of the General Dental council before', and 'I have not heard of the General Dental council before.'

Ipsos MORI
Social Research Institute

Base: All respondents: 2018 (1,589), 2017 (1,232), 2015 (1,259), 2014 (1,640), 2013 (1,603), 2012 (1,609), 2011 (1,563)

Overall, **two-fifths of the public (42%) said that they had heard of the GDC before.** This is consistent with previous years.

Over half (56%) said they had not heard of the GDC, which is lower than 2017 when 61% said they had not heard of the GDC.

Awareness and confidence in regulation are linked. The percentage of the public saying they are confident in the GDC is lower than the percentage confident in healthcare regulation overall. More than twice as many people said they "didn't know" how confident they were in the effectiveness of the GDC's regulation than those who "didn't know" how confident they were in healthcare regulation (13% compared with 5%).

Source: Ipsos MORI

Very few people thought regulation should focus mainly on taking action when there are serious complaints

Just 7% of the public said they felt a regulator for dental professionals should mainly focus on taking action against those with serious complaints raised against them.

When asked on a scale of 1 to 5 which point best represents their views, the most common response was for a regulator of dental professionals to focus equally on **preventing bad practice and taking action against dentists following serious complaints (65% selected this).**

Looking at the balance across the five point scale, **a greater proportion opted towards prevention than towards taking action**. For example, alongside the 65% who said the focus should be equal, 22% said the focus should mainly be on preventing bad practice and a further 3% held views that fell between these two responses.

These findings may support the GDC's plan to move towards more 'upstream regulation'. When discussing this in qualitative in-depth interviews, participants described feeling that where things could be prevented, this was preferable, as taking action required something negative to have happened to someone.

When talking about prevention, people suggested ideas such as sharing best practice, training and proactively monitoring practices, as well as ongoing reassessment to ensure dental professionals were still meeting the expected standards.

Ipsos MORI
Social Research Institute

Where on this scale best represents your views of what a regulator for dental professionals should focus on? Select any point in the scale from 1 through to 5.

Base: : All participants: (1,589)

Source: Ipsos MORI

If you're having to take action, it's already gone too far ... If you can prevent it from happening, then that's the best outcome for everybody.
– *In-depth interview, Female, 45-54*

6. Being a consumer or a patient

Being a consumer or a patient

This section looks at how the public defined the roles of patient and consumer. It also examines how these definitions impact their role when interacting with dental services and the public expectations around paying for treatment.

Summary

- Patients identified the ability to make a choice and being able to feed back as important features of being a consumer.
- These both linked to the nature of the relationship with the service provider, which was the key distinction for participants between being a consumer and being a patient. While participants thought that consumers were able to actively make choices, patients were felt to have their choices limited due to occurring at times of distress, emergency or need.
- However, participants thought that you could be both a consumer and a patient at the dentist. The extent to which this was the case varied by treatment, depending on views of how much they were necessary or a choice.
- To some extent participants valued being consumers and wanted to feel like consumers when visiting the dentist. However, there were concerns about being a consumer in a health setting as this contrasted with expectations around the NHS; participants expected and trusted health professionals to make decisions on their treatment and worried that if they were consumers those professionals could prioritise finances over the best treatment.
- The public also had expectations around paying for treatments and levels of care. For example, the majority (68%) said value for money was important to them when thinking about dental treatment.

Being able to make choices and the relationships involved distinguished consumers from patients

Participants in the deliberative work were asked in what scenarios they see themselves as consumers. The initial examples participants gave were times when they **purchased a product**, **experience, service or utility.** Participants then deliberated in more detail what defines being a consumer, with choice and feedback being identified as important features.

While paying for something was seen as part of being a consumer, it was the fact this represented being able to actively **make a choice** that was a key defining feature for participants.

This was contrasted with being a patient in that being a patient often happened at **points of distress, emergency or need** which removed choice to some extent, particularly when compared with making a positive purchase such as a holiday.

Being able to **feed back** was also highlighted as a feature of being a consumer, with websites, such as 'Tripadvisor' being named.

Both of these points highlighted the main distinguishing feature that participants noted between being a consumer and being a patient: the nature of the relationship. As a consumer, participants felt like they had more control or were equal in the experience, whereas as a patient the fact that they were often more vulnerable and reliant on the knowledge of the professional to help at a point of need made the relationship dynamic very different.

There was a desire to be more like a consumer at the dentist

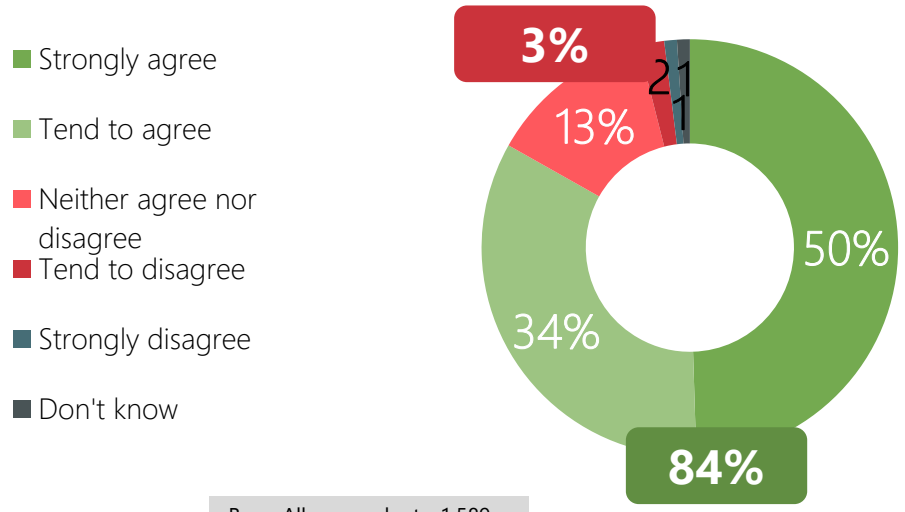
Patient — A check-up

Teeth whitening — Consumer

- Participants thought that you **could be both patient and consumer at the dentist**. For example, when talking about cosmetic treatment they thought this came with more choice, rather than need, and therefore meant patients felt more like consumers.
- This meant different treatments were on a scale of patient through to consumer based on a perception of how much they were needed and how much they were a choice. This also overlapped with having to pay for treatments.
- To some extent participants valued being consumers and **wanted to feel like consumers** when visiting the dentist. For example they wanted to be involved in choices that were made, something that reflected public perception in the survey.

The majority of the public (84%) thought being involved in conversations about the choice of dental treatment was important, with half (50%) strongly agreeing with this.

Being involved in conversations about my choice of dental treatment is important to me



Base: All respondents: 1,589

Source: Ipsos MORI

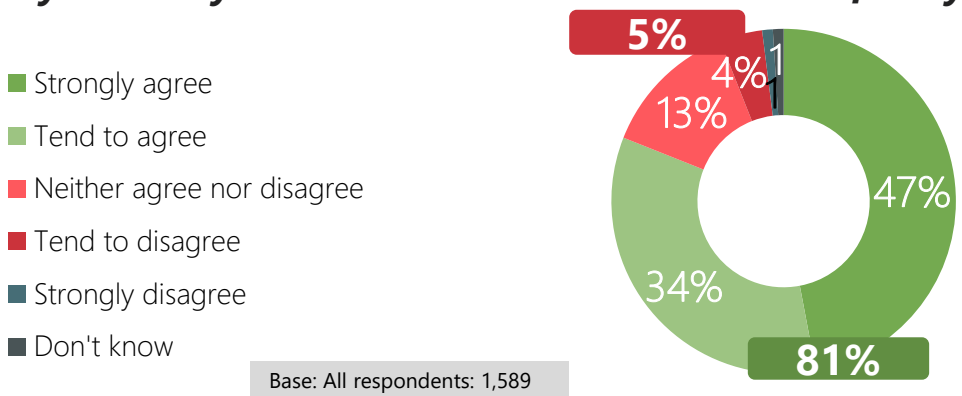
Ipsos MORI
Social Research Institute

However, being a consumer also contrasted with other expectations

- When probed on being a consumer of dental care, perceptions were not as straightforward and were sometimes contradictory.
- While participants wanted some aspects of being a consumer at the dentist, this contrasted with expectations and associations with the NHS. Consumerism also came with greater potential for **dishonesty and removal of trust**, both of which underpinned what participants wanted from healthcare professionals. As noted in section 3, after knowledge and expertise, giving advice on the best treatments and putting patient needs first or before profit were most commonly associated with professionalism in dentistry among the public.
- Again this reflected the survey findings when the public were asked the extent to which they agreed or disagreed with the statement: 'I always trust my dentist to recommend what is best to for my treatment'.

While the majority think being involved in conversations about the choice of dental care is important, a similar proportion (81%) say they always trust their dentist to recommend what is best for their treatment.

I always trust my dentist to recommend what is best for my treatment



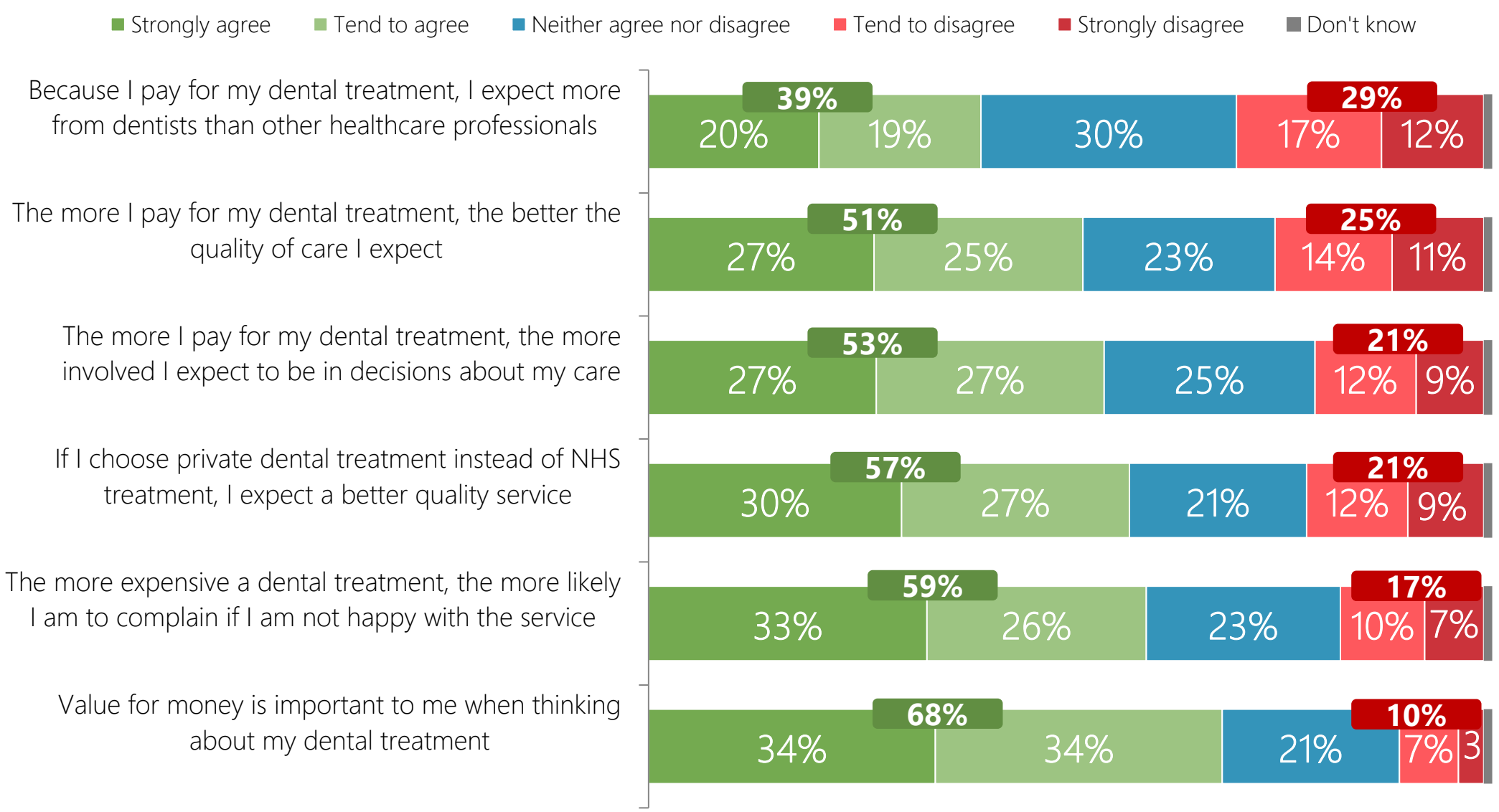
Base: All respondents: 1,589

Source: Ipsos MORI

- Therefore, when thinking about being a patient or consumer, participants were **balancing their expectations** around healthcare, perception of **need and vulnerability**, and expectations around **paying for treatments** and positive experiences of **making choices** as a consumer. Therefore, moving too far towards being a consumer in dental care also came with risks for participants.
- This balance and contradiction was also seen in the survey, when the public were asked the extent to which they agree or disagree with statements around payment and value for money. Equally, in the in-depth interviews, participants thought people who paid for private treatment received a different level of care, but they did not think that this should be the case.

Ipsos MORI
Social Research Institute

The public had expectations of better care and value when paying



Ipsos MORI
Social Research Institute

Base: All respondents: 1,589

Source: Ipsos MORI

7. Complaints and feedback

Complaints and feedback

This section looks at the scale of patient complaints, and how likely patients are to provide positive or negative feedback to a dental professional. It also looks at the outcomes patients expect following feedback being given.

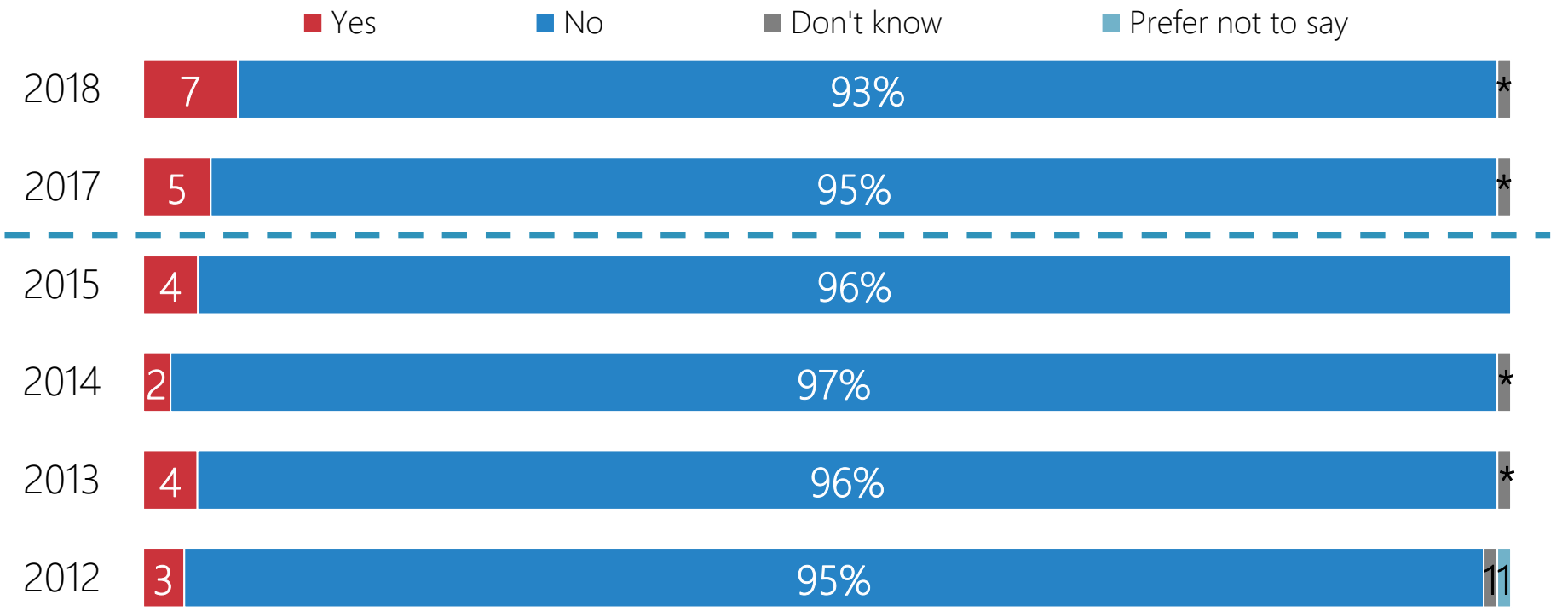
Summary

- Very few patients (7%) had ever complained about a dental professional. Of those who had never complained, a small but perhaps notable proportion (9%) had considered complaining.
- Participants were equally likely to say they would feed back in a positive or negative scenario (72% and 73% respectively), although a higher proportion said that they were very likely to feed back in a negative scenario (44% compared with 37% in the positive scenario).
- Likelihood to feed back varied by age and social grade, with younger people and those from DE social grades less likely to feel comfortable feeding back than older people and those from AB social grades. In a negative scenario, 78% of those aged 65+ said they would feed back, compared with 66% of those aged 15-24. In the same scenario, 80% of those in AB social grades said they would feed back, compared with 66% of those in DE social grades.
- Among those who were unlikely to feed back in any scenario, thinking that the practice would not act on the feedback (30%) and not knowing how to feed back (24%) were the top reasons.
- Participants in the interviews were comfortable giving positive feedback informally, but wanted to give negative feedback in a more formal way, such as going to an external organisation. As a result, participants were not as aware of where they would go to deliver negative feedback.
- Where participants were not satisfied and had not felt able to give negative feedback, they said they were likely to leave the practice to show their dissatisfaction.

In line with previous years, the majority of patients had not complained about their dental professional

Only around **one in twenty patients (7%) said they had ever complained** about a dental professional. While this was an increase since 2015 and earlier, this is likely to reflect the change in wording in 2017 to more explicitly include raising a complaint with staff at the practice, including a receptionist.

Have you ever complained about a dental professional? This includes making a complaint to staff at your dental practice, including a receptionist.



In 2015, 2014, 2013 and 2012 the question was worded: 'Have you ever complained about a dental professional?'

Ipsos MORI
Social Research Institute

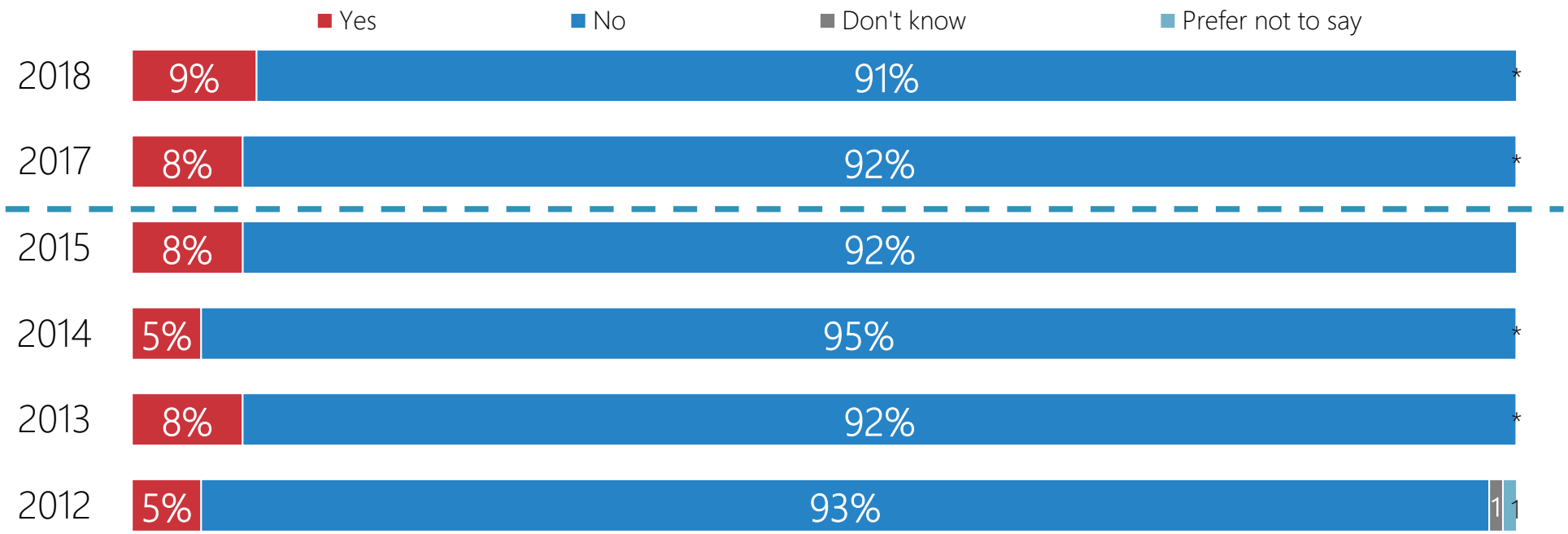
Base: People who have ever been to a dentist: 2018 (1,543), 2017 (1,209), 2015 (1,209), 2014 (1,564), 2013 (1,524), 2012 (1,464)

Source: Ipsos MORI

However, slightly more people had considered complaining about their dental professional

Of those who had never complained about a dental professional, around one in ten (9%) had considered complaining. Despite changes in the surrounding questions, this has stayed relatively consistent over time.

Have you ever considered complaining about a dental professional?



This question is only asked of people who said they have not complained about a dental professional. In 2015, 2014, 2013 and 2012 the question asking whether they had complained was worded: 'Have you ever complained about a dental professional?'

In 2017 and 2018 it was worded: 'Have you ever complained about a dental professional? This includes making a complaint to staff at your dental practice, including a receptionist.'

Ipsos MORI
Social Research Institute

Base: People who have not, don't know or prefer not to say if they have complained about a dental professional: 2018 (1440), 2017 (1,149), 2015 (1,156), 2014 (1,523), 2013 (1,467), 2012 (1,422))

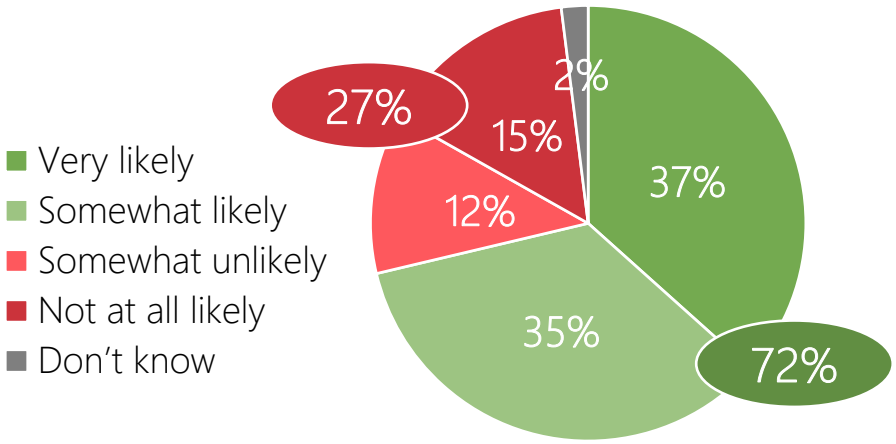
Source: Ipsos MORI

Similar proportions of the public were likely to give feedback following a negative experience as with a positive experience

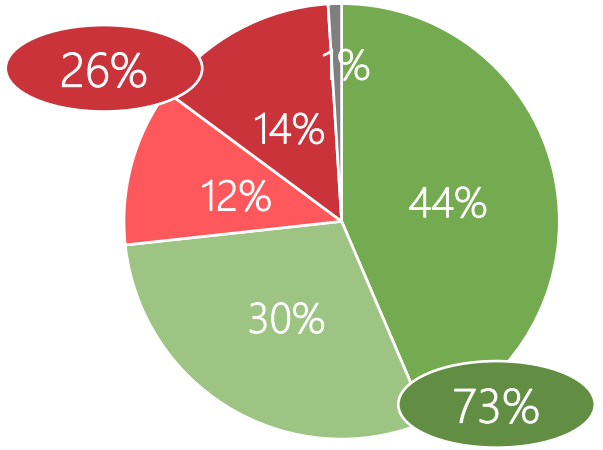
In the survey half of the sample were shown a positive scenario, while the other half were shown a negative scenario to understand likelihood to feed back. **Around three-quarters of the public said they were likely to feed back in either scenario** (72% and 74%). However, 44% said they were 'very likely' to feed back in the negative scenario, compared with 37% in the positive scenario.

How likely or unlikely would you be to feed back to your dental practice in the following scenario?

Positive scenario: A dentist is particularly helpful during your treatment, going above and beyond expectations and supports you to make a decision about a treatment that works for you.



Negative scenario: A dentist is rude during treatment and doesn't check that you are happy with all of the treatment options.



Ipsos MORI
Social Research Institute

Base: People shown positive scenario only: 795, and people shown negative scenario only: 794

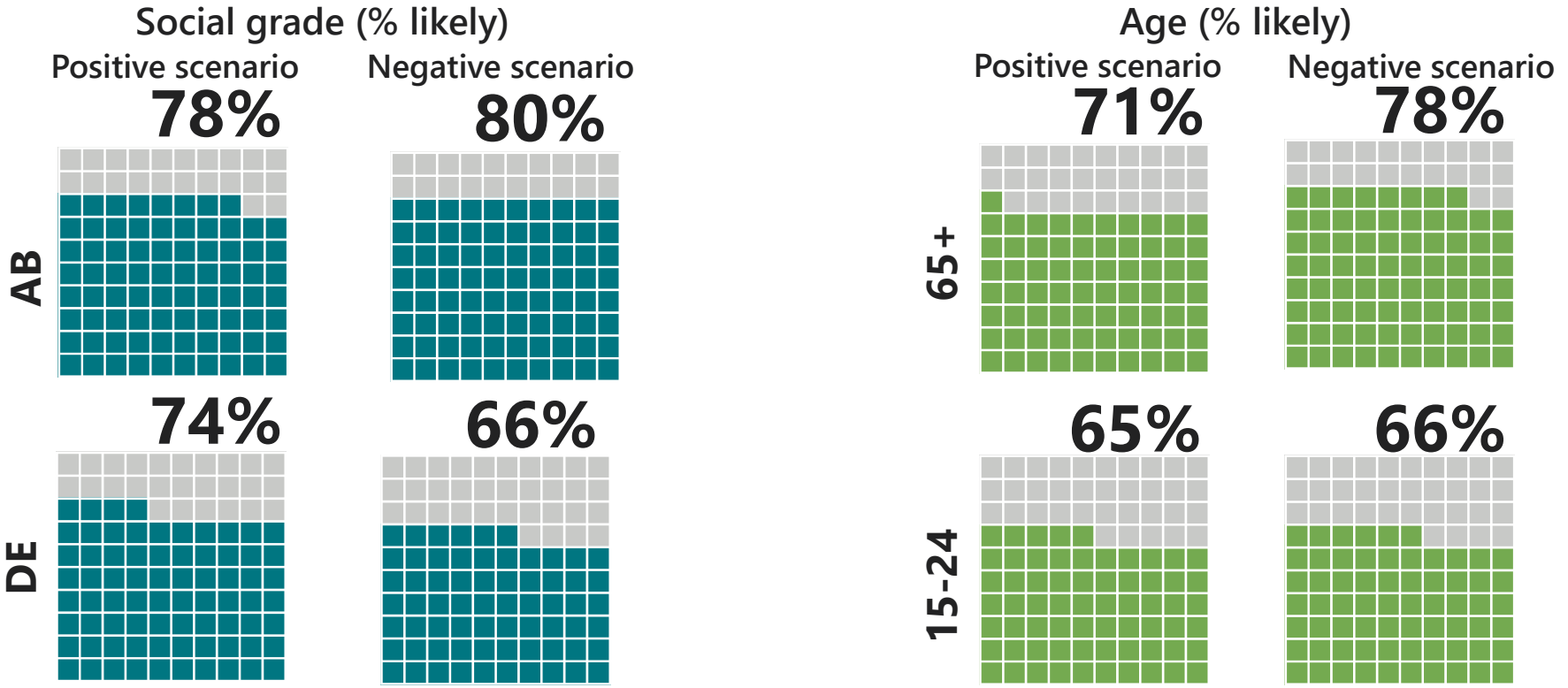
Source: Ipsos MORI

There was variation in likelihood to feed back across ages and social grades – particularly in a negative scenario

Significantly fewer participants from social grades D and E said they were likely to feed back than those from social grades A and B in either scenario. In the positive scenario, 74% said that they were likely to feed back compared with 78% of participants from A and B social grade. For the negative scenario this was 66% compared with 80%.

Similarly, significantly fewer participants aged 15-24 said they were likely to feed back compared with older participants (65% compared with 71% of those aged 65+ in the positive scenario and 66% compared with 78% of those aged 65+ in the negative scenario).

How likely or unlikely would you be to feed back to your dental practice in the following scenario?



Ipsos MORI
Social Research Institute

Base: All participants: Social grade AB (Pos scenario: 191, Neg scenario: 207), Social grade DE (Pos scenario: 179, Neg scenario: 162), Age 15-24 (Pos scenario 120, Neg scenario: 143), Age 65+ (Pos scenario: 229, Neg scenario: 217)

Source: Ipsos MORI

Thinking that practices would not do anything with feedback or not knowing how to feed back were key barriers

Just under a third of those who were unlikely to feed back (30%) said this was because they **did not think the practice would do anything with that feedback**.

A quarter (24%) also said they were unlikely to feed back because they **did not know how to,** which was reflected in the in-depth interviews.

In the qualitative work, a younger participant also mentioned that they had not fed back in the past, despite wanting to, because their parents were there, and they had relied on their parents to speak for them.

Participants were asked how they would like to feed back in the qualitative in-depth interviews.

They said that **practices emphasising easy ways to provide feedback,** such as sending SMS surveys after every appointment, encouraged feedback.

However, this would not encourage everyone. Some who were more comfortable with informal feedback overall said they were unlikely to take part in 'out of the moment' feedback.

Some participants also preferred to provide **feedback to someone external to the practice** – such as the GDC – to allow the regulator to see where a practice was working particularly well, or particularly badly.

You said you were unlikely to feed back to your dental practice in this scenario, why do you say that?

Base: People who say they are unlikely to feed back to their practice: 2018 (411)

Source: Ipsos MORI

Ipsos MORI
Social Research Institute

Participants felt that positive feedback was more likely to be informal, whereas negative feedback was more formal

Participants were **generally comfortable giving positive feedback informally, in-person**. For many participants, they were less likely to go out of the way to provide positive feedback formally, unless specifically requested. However, for some participants, there was a real need to provide positive feedback, as well as negative, to ensure a balance.

> **I think it's also good to let people know when they've done a good job. –** *In-depth interview, Female, 45-54*

Throughout the in-depth interviews, **participants felt that negative feedback, if provided, should be done more formally.** This often also meant going to external organisations to provide this feedback, as it was difficult to talk to someone directly about something you felt they had done wrong.

> **Difficult to tell someone to their face that they've done something wrong, so it would go to the relevant authority. –** *In-depth interview, Male, 60-64*

Because of the formality of the feedback, there was some **confusion about the most appropriate place to provide the feedback**, which could act as a barrier.

> **Honestly, I would be more likely to give feedback in [the negative] scenario, but I don't know how I would do it. –** *In-depth interview, Female, 45-54*

Another barrier described was **wanting to leave the dental surgery after a negative experience**. These participants said that, rather than give feedback directly they would leave the practice to show that they were dissatisfied with their experience.

> **If it's gone badly, I'm as likely to want to just get out of there. –** *In-depth interview, Male, 45-54*

Knowing what happened as a result of feedback is really important

Nearly two-fifths (38%) of participants said they would like to know what had happened as a result of any feedback they gave. A quarter (24%) said they would like staff to discuss the feedback and 21% said they would like staff to consider changing the way they deliver care.

In the in-depth interviews, participants said that this was important to let them know that their opinion was valued, particularly if the feedback was negative. It also allowed them to find out if staff had discussed the feedback and if anything had changed as a result.

Where they were discussing negative experiences, participants also said that an apology could be really valuable to show that they had been taken seriously or were 'right'. This is particularly relevant given that bad experiences at that practice was the top reason for patients not having confidence in their dental professional at the last visit.

When thinking about an apology and how they would like to receive it, this varied, with some preferring a formal letter, and others preferring in-person.

In this scenario, if you provided feedback of any kind, which of the following, if any, would you like to happen next?

Base: All respondents (1,589)

Source: Ipsos MORI

Ipsos MORI
Social Research Institute

I'd have felt like I was being taken seriously, like my opinion mattered.
– *In-depth interview, Female, 55-59*

8. Cosmetic treatments

Cosmetic treatments

This section looks at patient awareness of cosmetic treatments provided by dentists. It also looks at the how comfortable patients are with cosmetic treatments being advertised, and their experiences of cosmetic treatment advertising.

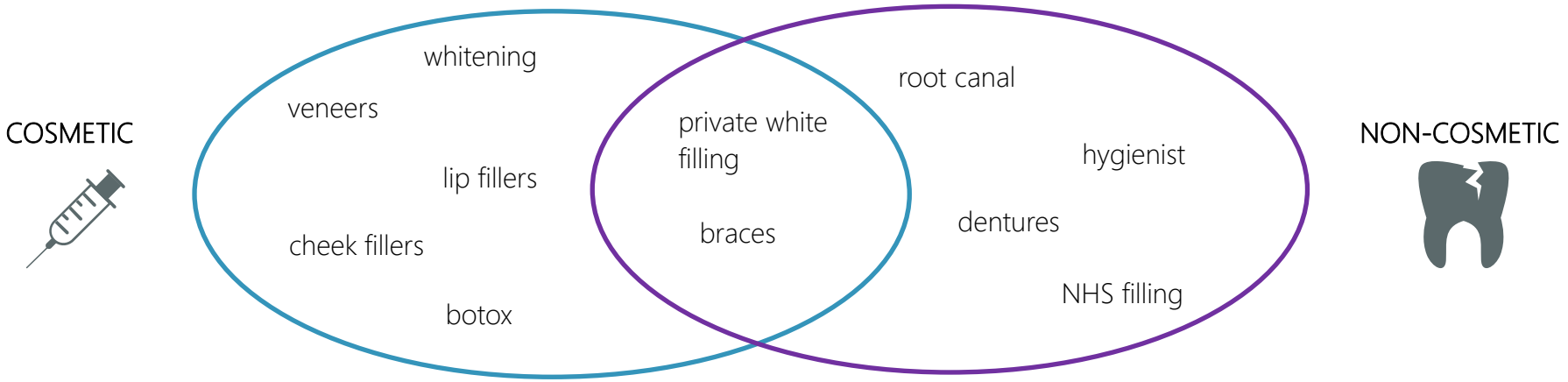
Summary of key findings

- There was generally a shared understanding among the public about what is considered cosmetic, based on whether or not a treatment is medically necessary. However, some treatments were harder to define or participants thought they could be both.
- The most common forms of advertising for cosmetic treatments patients have seen (posters (46%) and leaflets (37%)) were also the ones that they felt most comfortable with. Around half (50% and 53% respectively) said they felt these were appropriate ways for dental surgeries to advertise cosmetic treatments.
- Forms of advertising involving a member of staff – particularly unprompted – were less accepted by members of the public. One in ten (10%) said they were comfortable with a dentist mentioning cosmetic treatments without being asked, and even fewer (7%) if it was another member of staff, such as a hygienist.
- Where patients had been offered cosmetic treatments unprompted, most were not concerned by this (36% said they didn't care or think about it and 22% sad it was nice to see it offered). However, very few in the qualitative work included non-dental cosmetic treatments (such as botox) when thinking about cosmetic treatments, which suggests reactions to being offered this may differ to other treatments (such as teeth whitening).

There was generally a shared understanding of what participants considered to be cosmetic treatments

Participants in the in-depth interviews generally agreed that treatments they considered cosmetic were ones which were **not medically necessary.**

When given a list of treatments, participants generally agreed on which they considered cosmetic and non-cosmetic. There were also **some that all participants found it harder to decide on**, as they felt like they had elements of both. For example, orthodontistry can be used to make it easier for people to eat, for example, (a medical need) but can also be used to make people's teeth seem more attractive (a non-medical need). This grouping was consistent across the interviews.



Participants were also generally surprised that treatments like botox could be offered by a dentist for non-medical reasons. Therefore, when looking at the results of the quantitative research, it is important to consider the public were most likely thinking about treatments like whitening and veneers when answering the survey questions.

Cosmetic is to make appearances better, make things look better than they are naturally. Non-cosmetic is to treat a problem, be it medical or physical damage.

– *In-depth interview, Male, 60-64*

Dental surgeries are generally advertising cosmetic treatments in ways the public considered appropriate

Broadly, **the most common forms of advertising for cosmetic treatments patients have seen were also the ones that they felt most comfortable with**. For example, 46% had seen posters in a waiting room and 50% thought that posters were appropriate.

The types of advertising the **public were most comfortable with were those in public areas** – such as posters and leaflets – which patients could choose whether or not to interact with.

Around half of the public considered it appropriate for dental practices to advertise treatments they considered cosmetic via leaflets or posters in the waiting room (53% and 50% respectively) . Nearly half (46%) had seen posters in their dentist waiting room advertising cosmetic treatments and over one-third had seen leaflets (37%).

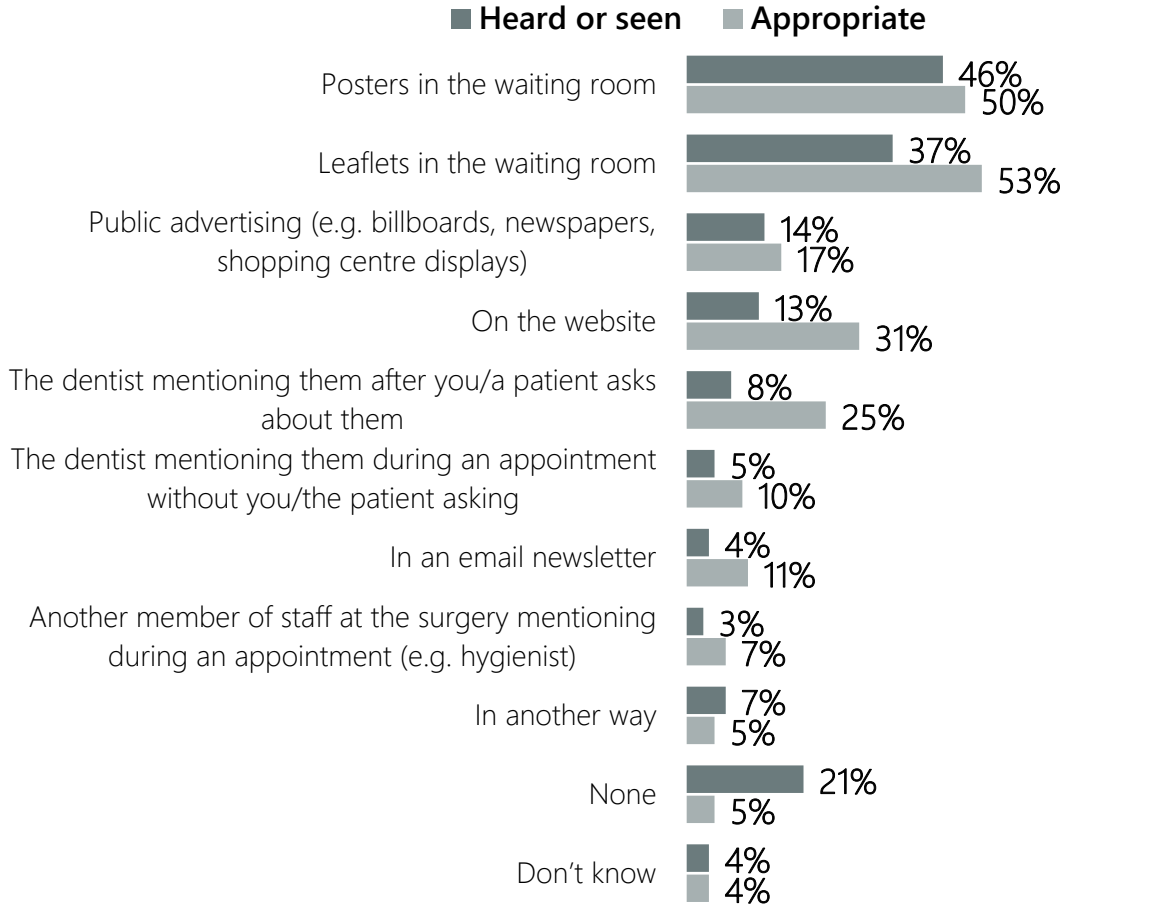
Members of the public were less comfortable with methods of advertising involving members of staff.

Only a quarter (25%) were comfortable with a dentist advertising cosmetic treatments even after a patient had asked about them. One in ten (10%) said they were comfortable with a dentist mentioning without being asked, and even fewer (7%) if it was another member of staff.

Few members of the public had discussed cosmetic treatments with their dentist, with 8% after they had mentioned the treatment and 5% without them mentioning the treatment.

Have you heard about, or seen adverts for, cosmetic treatments at a dental practice in any of the following ways?

In which of the following ways would you consider it appropriate for your dental practice to advertise "cosmetic" treatments?



Base: All respondents (1,589)

Source: Ipsos MORI

Ipsos MORI
Social Research Institute

Opinions varied when cosmetic treatments were offered unprompted

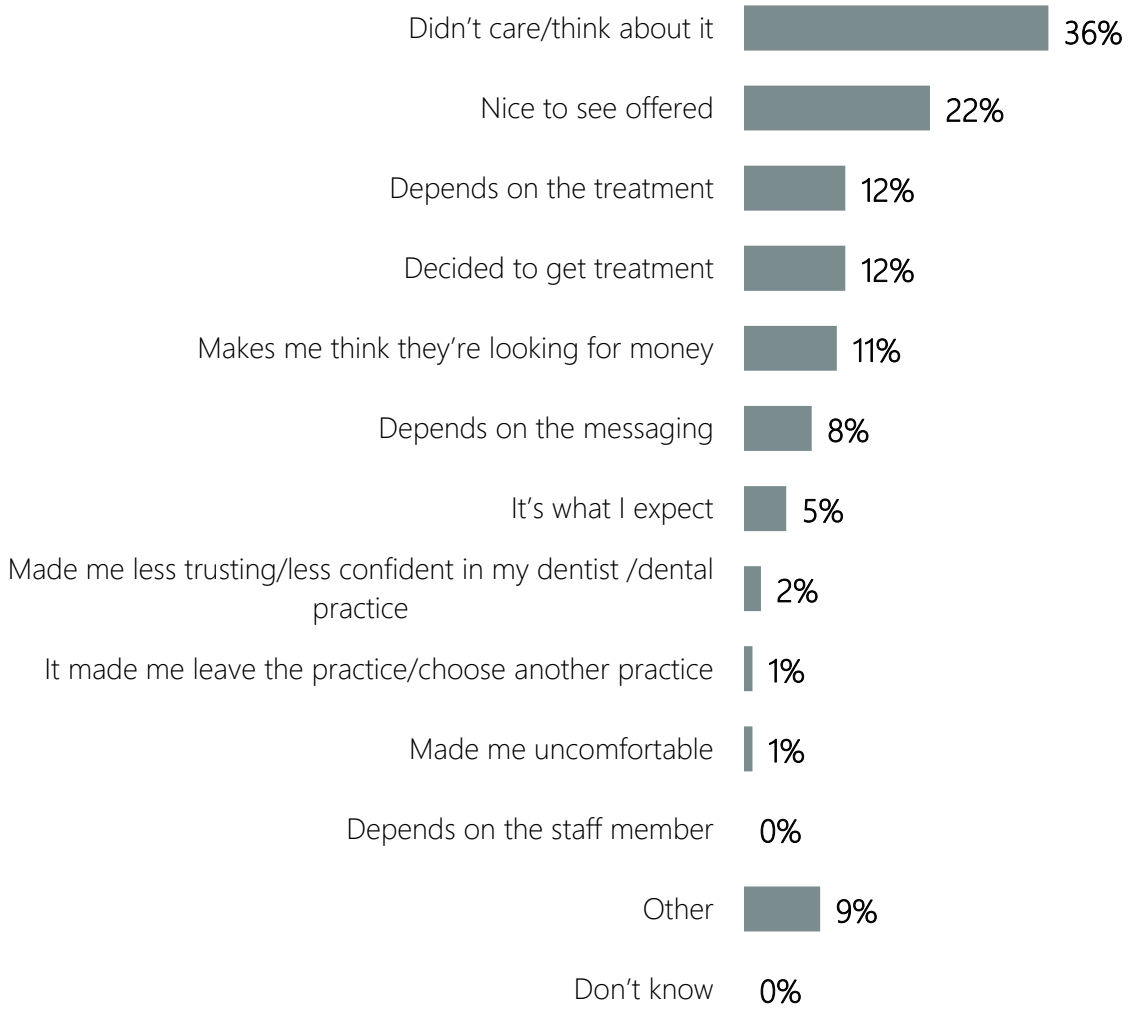
Of the 5% of people who had been offered an appointment without being asked, over a third (36%) said they did not care or think about it.

One-fifth (22%) said it was nice to see it offered, and one-tenth (12%) said they decided to get the treatment.

However, one-tenth (11%) said it 'makes me think they're looking for money' and less than 5% said that it made them less trusting in their dentist, meant they left their practice or made them uncomfortable.

Although generally reactions were neutral, this may have been because participants were thinking of specific types of treatment. In the qualitative in-depth interviews participants were generally surprised that some dental surgeries offered botox, and assumed cosmetic treatments referred to teeth whitening or veneers. Therefore, reactions may differ when considering non-dental cosmetic treatments.

You said a dentist had mentioned a cosmetic treatment to you as part of an appointment without you asking. How did you feel about this? *



***The base for this question is 74 people and percentages should be treated as indicative**

Base: People whose dentist mentioned cosmetic treatment to them during an appointment without asking: (74)

Source: Ipsos MORI

Ipsos MORI
Social Research Institute

I'd get up out of the chair and walk off straight away and report them for offering me something I don't need [if offered botox].

– *In-depth interview, Female, 18-24*

9. Key learning

Key learning

The research generated a wide range of quantitative and qualitative data for the GDC to consider, particularly as it moves forward with its 'Shifting the Balance' agenda and continues to consider how to shape the future of regulation.

Patient experiences and confidence in dental treatment and regulation

Patients and the public are the key beneficiaries of professional regulation, and protecting the public is at the heart of the work carried out by the GDC. Therefore, it is both positive and reassuring that both patient satisfaction and confidence have remained high over time and continued to do so in 2018.

However, there was some variation in experience that the GDC may want to consider as it continues to develop its work. For example, while overall satisfaction was high among those patients in C2DE social groups, it was significantly lower than for ABC1 patients. In addition, while the public remain confident in the GDC's regulation of dental professionals overall, levels of confidence were lower for BAME participants than for White participants.

The survey overall suggested that personal experiences and perceived bad standards of care were driving any lack of confidence in both dental professionals and the GDC.

Professionalism in dentistry

Patients placed the emphasis on knowledge and expertise when thinking about both professionalism overall and professionalism in dentistry. However, the research also highlighted that patients can feel vulnerable when visiting the dentist, which can also affect what they want from dentists as professionals. In this context, softer skills and being able to trust dentists were important, and 'nice to have' characteristics, such as appearance, provided reassurances around expertise.

Professionalism among dental professionals was not necessarily called into question by involvement in activities or incidents outside of work, as long as it did not affect patient care. For example, in the deliberative workshop, credit card fraud or drink driving did not affect perceptions of the professionalism of that dental professional as may have been hypothesised.

Of particular note, the public shifted some of the responsibility of these incidents from the individual to the wider team or beyond. This meant they did not necessarily question the professionalism of the individual but could raise questions around the wider practice and how this kind of activity was being monitored and prevented.

Key learnings

Public confidence in dentistry

When discussing public confidence with the public, similar themes were repeated from discussions about professionalism.

The risk to the public and the scale of an incident or scandal were key in whether participants thought there would be an impact on public confidence. However, the expectations around that profession were also important. The high levels of trust the public had in healthcare professionals, despite the vulnerability patients could feel, meant the public could be more forgiving of the profession in general, even if confidence was affected in a particular individual.

However, the research also raised important questions about the role of the regulator in bolstering or damaging public confidence. Participants saw a role for monitoring or identifying early warning signs before it could lead to a wider scandal.

In this context the findings around public perceptions of what a professional regulator for dental professionals should focus on became more important; very few wanted a regulator of dental professionals to focus on mainly on taking action against those who have serious complaints raised against them, with prevention being important. This reflects the direction of the GDC and the move to upstream regulation.

Patients as consumers

Participants in the qualitative research initially wanted to feel more like a consumer when visiting the dentist. However, the research has shown that there are risks in simply identifying patients as consumers without considering the nuance of what this meant in a dental care setting.

While participants valued the active decision-making and ability to feed back that came with being a consumer, this contrasted with their expectations of the NHS, level of trust in healthcare professionals and feelings of vulnerability when visiting the dentist.

Key learnings

Complaints and feedback

Generally participants felt able and willing to feed back about either positive or negative experiences. However, there were demographic differences in likelihood to feed back, particularly by age and social grade.

In the qualitative in-depth interviews patients said that they would sometimes leave a practice to express their dissatisfaction, rather than go to the effort of providing feedback. Being able to make choices in this way reflects the earlier findings on the role of being a consumer.

However, being able to provide feedback was also a valued aspect of being a consumer. The research suggested that more could be done to provide different ways for patients to do this and in particular providing clarity on formal routes to provide feedback following a negative experience, to allow for specific learning for the practice on why patients were dissatisfied. As outlined earlier this may help increase confidence and satisfaction in dental treatment even further.

In addition, the research suggests that there is more that could be done to provide ways to reassure patients that the feedback would be acted on and closing the feedback loop by informing that what had been done as a result. Where a patient had made a complaint, participants also said an apology could help them feel like they were being taken seriously.

Cosmetic treatments

Whether or not a treatment was considered medically necessary distinguished cosmetic and non-cosmetic treatments for participants, and the types of advertising most likely to be seen by patients were generally considered acceptable to the public.

However, this varied depending on the type of treatment, and patients were particularly concerned about any forms of advertising for cosmetic procedures that involved a member of staff.

10. Appendices

Appendices are included in a separate document alongside this report.