

## DCS Survey of Dental Professionals 2019

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<b>Type of business</b>	For decision
<b>For Council only:</b>	Public session
<b>Issue</b>	The Council is asked to approve the publication of the Dental Complaints Service (DCS) Survey of Dental Professionals 2019.
<b>Recommendation</b>	Following the recommendation of the SLT and the PRB to publish this document in full, the Council are asked to approve plans for the publication in full of the DCS Survey of Dental Professionals 2019 ( <b>Appendix 1</b> ) and Slide pack ( <b>Appendix 2</b> ), according to the Communications and Engagement Plan ( <b>Appendix 3</b> ). The recommendation of the PRB is subject to the amendments highlighted in <b>yellow</b> in <b>Appendix 3</b> .

### 1. Key considerations

- 1.1 This paper is submitted for the publication of the Dental Complaints Service (DCS) Dental Professionals Survey, in compliance with the Research Publication Protocol. The paper is accompanied by the full text/reports to be published and GDC's publication plan, which are presented in three appendices:
- a. Appendix 1. **DCS Dental Professionals Survey full report** which includes the questions used in the survey, response counts and frequencies for all questions, and responses to qualitative questions (Customer Satisfaction UK);
  - b. Appendix 2. **DCS Dental Professionals Survey slide pack** (Customer Satisfaction UK);
  - c. Appendix 3. **GDC Communications and Engagement Plan**.
- 1.2 In early 2019, the DCS commissioned Customer Satisfaction UK, an independent specialist consultancy, to undertake a telephone survey of dental professionals who have recently used its service. The objective of this survey was to understand dental professionals' experiences of the service, their overall perceptions of it and the value it provides. Dental professionals who had used the service between October 2017 and February 2019 were contacted about the survey and given the opportunity to opt out. For an eighteen-month period, starting on October 2017 and ending February 2019, facilitated resolution or panel was used 131 times, by a total of 120 registrants (i.e. some registrants had more one

complaint). Of these 120, 29 opted out of being contacted. The contact details for the remaining 91 registrants were provided to Customer Satisfaction UK, a total of **49** Dental Professionals responded to the survey which represented a response rate out of those contacted of 54%.

- 1.3 Overall, dental professional users of the DCS were satisfied with the service provided. Forty respondents (81%) were very or extremely satisfied that the process was managed efficiently. Thirty-eight respondents (77%) were very or extremely satisfied with the service provided by their Complaints Officer. Forty-two respondents (86%) were very or extremely satisfied that the service provided by the Dental Complaints Service was helpful in resolving their case.
- 1.4 Forty respondents (82%) were satisfied with the ultimate resolution of their case. Where respondents were dissatisfied, responses to open questions indicate that the principal reasons concern having to refund patients to close the case and the perception that the Dental Complaints Service is biased in favour of the patient.
- 1.5 Hence, the publication of the current survey is generally considered low risk, although the following risks have been identified:
  - a. That the findings from the survey are not fully exploited to inform GDC policy and workstreams. This risk is to be mitigated by our plan for disseminating the research to the policy leads for the relevant workstreams and ensuring that the key findings and their implications for policy are understood and influence policy making. The Communication and Engagement Plan outlines proposals to use GDC channels for internal communication and dissemination of the survey, including ensuring that the findings inform Phase 2 of the DCS Review.
  - b. Although the findings are overall very positive about the service, the report also provides evidence of a perception that the service is not always impartial and is biased towards the patient. This is mitigated by the positive feedback overall and can be mitigated further by the publication of dissemination material (e.g. press release, blogs etc.) that sets the report in the context of the Phase 2 review.
  - c. That where a percentage of less than 62% is reported, this represents fewer than 30 respondents and therefore caution should be exercised in interpreting results.
- 1.6 We ask that the Council approve the publication of Customer Satisfaction UK's DCS Dental Professionals Survey full report (**Appendix 1**) and DCS Dental Professionals Survey slide pack (**Appendix 2**), according to the publication plan (**Appendix 3**).

## 2. Introduction and Background

- 2.1 The DCS review, part of Shifting the balance, is in two phases. Phase one was completed in June 2018 and with improvements in current service delivery ensuring the DCS is working effectively by resolving identified operational issues. Phase two aims to deliver a fit-for-purpose, strategically aligned, service for patients and professionals, offering patients and professionals value for money whilst maintaining its values of independence and impartiality. Although the DCS collects feedback from dental professionals through its feedback survey, numbers responding to this survey are low. The GDC commissioned Customer Satisfaction UK to design, implement, analyse and report on the findings from a telephone survey designed to gather feedback on the experiences and views of dental professionals using the DCS within an 18-month period, between 1 October 2017 and February 2019.

### 3. Survey development and fieldwork

- 3.1 **Coproduction.** A steering group comprising representation from the dental profession, defence unions, the BDA, together with DCS and GDC staff provided initial input into the research questions and survey design. The survey design was further informed by the Council, in particular the inclusion of questions concerned with the role of an apology in the resolution of cases. The steering group also advised on the recruitment protocol and wording of the email used to inform dental professionals about the survey. The final report was presented to a further steering group meeting in August 2019 with members able to raise questions and provide feedback.
- 3.2 **Research instrument content.** The survey featured a series of questions asking respondents to rate their satisfaction with the different elements of the service provided (Handling of the case; Complaints officer; Handling of case by Panel; Resolution of case), using a six-point scale. They were also asked about their overall satisfaction with the service and about whether their perceptions of the service had changed as a result of their experience. Respondents were asked to provide additional feedback through qualitative questions
- 3.3 **Survey fieldwork.** The survey was implemented during May and June 2019. Because of the relatively small sample size respondents were not asked for demographic information and therefore no sub-group analysis was carried out. The analysis of the quantitative data used descriptive statistics with the qualitative data analysed thematically to provide further insight and learning. The approach to analysis is fully explained in Customer Satisfaction UK's report and presentation (**Appendices 1 and 2**).

### 4. Key findings and implications

#### Overall experience of the DCS

- 4.1 **Overall satisfaction with service.** Overall, forty-three respondents (87%) were satisfied with the way that the Dental Complaints Service handled their complaint. Respondents were asked how satisfied they were that the service provided by DCS was:
- Professional** – Forty-four respondents (89%) were satisfied;
  - Impartial** – Thirty-nine respondents (79%) were satisfied;
  - Fair and proportionate** – Thirty-eight respondents (77%) were satisfied;
  - Transparent** – Forty-five respondents (92%) were satisfied.
- 4.2 **Perceptions of the DCS before and after using the DCS.** Respondents were asked about their perceptions of the DCS before using the service and whether their perceptions had changed following their involvement:
- Perceptions before using the DCS.** Eleven respondents (23%) had not heard of the DCS prior to their complaint. Twenty respondents (41%), had heard of them, but did not have a clear perception about them. The remaining eighteen respondents (36%) gave comments which showed a diversity of perceptions of the DCS. Some perceived that the DCS was **one sided** towards the patient and that it served to **protect patients' interests**. In comparison, other respondents expected the DCS to provide a **valuable, helpful and innovative** service and act as an **impartial mediator**, helping clients to reach amicable resolutions.
  - Change in perceptions following use of the DCS.** Following the resolution of their complaint, thirty-six respondents (73%) said their perception of the DCS had changed. Of those whose perceptions had changed, all but one respondent said that

their **opinion had improved**, including that they found the service to be fair and impartial

#### Handling of case

4.3 Respondents were asked a series of questions about their satisfaction with the handling of their case. Their responses showed that although, overall, they were very satisfied with the way that the case was handled by the DCS, they were least satisfied that the resolution process was **clearly explained** to them from the beginning. They were most satisfied that the process was managed **speedily and efficiently**. They were asked about their satisfaction that:

- a. The DCS resolution process was **clearly explained** – Thirty-eight respondents (78%) were satisfied;
- b. They were kept **informed** about the progress with their case – Forty-four respondents (90%) were satisfied;
- c. The DCS was **easy to contact** – Forty-five respondents (91%) were satisfied;
- d. The process was **managed speedily** – Forty-eight respondents (97%) were satisfied;
- e. The process was **managed efficiently** – Forty-eight respondents (97%) were satisfied.

4.4 Respondents were asked to suggest at least one thing that the DCS could do to improve the handling of their case. Suggestions included:

- a. The DCS handling their case in a **fairer, more balanced way**.
- b. The resolution process and possible outcomes being **better explained** both to the dental professionals and to the patients.
- c. **Better communications** about the progress of the case.
- d. **More involvement** of dental professionals in the process.

#### Complaints officer

4.5 Thirty-eight respondents (77%) were either very or extremely satisfied with the service provided by their Complaints Officer. Respondents were asked how satisfied they were that their Complaints Officer:

- a. **Was impartial** – Forty-two respondents (85%) were satisfied;
- b. **Was easy to deal with** – Forty-nine respondents (100%) were satisfied;
- c. **Listened** to their point of view – Forty-five respondents (91%) were satisfied;
- d. **Was knowledgeable and skilled** – Forty respondents (82%) were satisfied;
- e. **Kept them informed** – Forty-nine respondents (100%) were satisfied.

4.6 Respondents were also asked how satisfied they were with the advice given by their Complaints Officer. Forty-five respondents (91%) were satisfied with the **advice** given by their Complaints Officer.

4.7 Suggestions for improvement included **increased clinical knowledge** or access to **clinical advice** on the part of the Complaints Officer, and **greater clarity** regarding the finality of the **resolution** for both the dental professionals and patients.

#### Handling the complaint via panel

4.8 Only two respondents' complaints went to a panel for resolution. One respondent was extremely satisfied overall; the other was very satisfied. The process followed by the Panel

was described as “**balanced**” and “**fair**”. Three respondents had been offered a panel meeting but had been able to resolve the complaint without the involvement of a panel.

#### Resolution of the case

- 4.9 Respondents were asked about how satisfied they were with the resolution of their case:
- Forty respondents (82%) were satisfied with the **ultimate resolution** of their case.
  - Those who were satisfied considered that their case was resolved **quickly, efficiently and in a professional way**.
  - Those who were dissatisfied gave reasons including that the resolution involved a **refund** which, although expedient, they considered to be **unfair or unjust**. This was also reflected in the suggestions made for improvement with some respondents suggesting that the DCS could be more impartial and more intent on finding a resolution which was fairer to the dental professional involved.
- 4.10 Respondents were asked how the case had been resolved and specifically whether the resolution involved: Explanation; Refund; Partial refund; Contribution towards remedial treatment; Apology; Other. Most respondents gave more than one answer. **Refunds, explanations and apologies** were the most frequent outcomes from the resolution process, comprising forty of the fifty-seven total responses<sup>1</sup>.
- 4.11 Respondents were also asked to rank the items selected from the most useful to the least useful in the **resolution** of the case.
- Nineteen respondents (39%) considered a **refund** to be the most helpful resolution of their complaint, followed by an **explanation**, selected by just eleven respondents (22%).
  - Three respondents (6%) considered an **apology** to have been the most helpful, twenty-five respondents (50%) considered it to have been the second most helpful form of resolution.
  - An additional question was included in the survey, asking respondents for whom the resolution had **included an apology** to rank on a scale of 1-10 what difference they thought this had made to the complainant’s satisfaction with the resolution of their complaint. Thirty-one respondents (63%) rated this question on the higher end of the scale, giving responses of 7-9 out of 10, indicating that they found **an apology can make a considerable difference** to the complainants’ satisfaction with the resolution of their complaint. However, several respondents commented that an apology was only slightly helpful, as the complainant mainly wanted a refund.

#### Signposting and recommending the DCS

- 4.12 Forty-four respondents (90%) said that they were likely to **signpost patients** to the DCS, although some said that they would do so only after first referring to their internal complaints procedure. Of those who were less likely or unlikely to signpost, one gave dissatisfaction with the way the case was handled as the reason.
- 4.13 The ‘Net Promoter Score’ (NPS), used by market researchers to predict customer loyalty, was calculated based on responses to the question **On a scale from 0 to 10 how likely are you to recommend the services of the Dental Complaints Service to a fellow dental professional?** NPS scores can range from 100 to -100 so the NPS score of 19 can be considered good. A positive NPS score indicates there were more promoters than

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<sup>1</sup> Respondents could select more than one answer. 34 respondents were asked this question the rest were Not Applicable or don’t know.

detractors. **Promoters** – keen to recommend the DCS service to others. **Detractors** are less satisfied individuals who could potentially damage the reputation of the DCS through negative word-of-mouth.

- 4.14 Respondents were asked to explain their score. Those classified as ‘Promoters’ gave reasons including:
- a. A **supportive, professional and effective** service;
  - b. A good **medium for communication** between themselves and their patients;
  - c. **Preferable to alternatives** they might face, in particular those involving the GDC
- 4.15 Some of those who were ‘Detractors’ considered that the DCS were **not impartial**, acting more on behalf of patients, pre-judging the situation and **not listening** to the dental professional.

#### Further developments

- 4.16 Respondents were asked directly to suggest any extension to the remit and services of the DCS that would be beneficial to the dental profession. Nineteen respondents provided suggestions of how the DCS could extend their remit and the service provided. These ranged from offering more **support and advice services to dental professionals** (such as learning courses and apps) to more **advertising** and **extending the service to NHS patients**. Final comments and suggestions included **involving more dental professionals** in the delivery of the service, and a role for the DCS in the **education of patients**.

#### Implications

- 4.17 Overall, respondents report **high levels of satisfaction** with the DCS. Many also report that their perceptions of the DCS **improved** as a result of their experience. However, the findings also suggest that there may be a **perception of bias towards the patient** among some dental professionals using the service. The remit of the DCS is to offer an impartial service and therefore it is important to consider the sources of this perception and how it might be addressed. This is particularly important insofar as impartiality is likely to form one of the criteria for assessing the DCS and alternative models under the Phase 2 DCS review. Consideration should be given to what impartiality means in practice and how it is understood by the GDC, dental professionals and patients and public
- 4.18 The Customer Satisfaction UK report originally included an action plan with five areas suggested for improvement, which has since been removed from the research report and presentation. Instead, it will be considered by the DCS. In the action plan, in addition to **improving perceptions of/satisfaction with impartiality**, it is suggested that the DCS focus on increasing satisfaction/decreasing dissatisfaction in the following areas:
- a. **Knowledge and skills** of Complaints officer;
  - b. **Advice** given by Complaints Officer;
  - c. Ultimate **resolution of case**;
  - d. Perceived **helpfulness** of service provided by the DCS.
- 4.19 The recommendation regarding the knowledge and skills of the Complaints Officer, and the advice given links to the suggestion made by some respondents regarding the involvement of dental professionals or those with clinical expertise in the service. Again, this should be considered as part of the Phase 2 review, with attention to what this might imply for the impartiality of the service.

## 5. Legal, policy and national considerations

- 5.1 **Legal.** The paper refers to research conducted as part of the DCS review which refers to the duty to maintain and promote public confidence which is specified in the Dentists Act 1984.
- 5.2 **Policy.** The survey was designed to generate robust data to enable an understanding of the experiences and perceptions of the DCS from the perspective of dental professionals engaging with the service. As such it is an important source of evidence informing the Phase 2 review of the DCS. Our plan to communicate the findings internally will ensure that this learning supports the review
- 5.3 **National.** The DCS offers its services to patients and dental professionals from all four nations. We did not collect information from respondents about their geographical location in order to protect anonymity.

## 6. Equality, diversity and privacy considerations

- 6.1 The relatively small sample size for this survey did not allow for sub-sample analysis. The decision was therefore made not to collect EDI in order to ensure that respondents were not identifiable and that they were not asked to give information that would not be used. No EIA has been carried out.

## 7. Risk considerations

- 7.1 All communications activity comes with a degree of risk in terms of impact on GDC reputation and our relationship with stakeholders.
- 7.2 About one in five registrants (n=8) expressed negative views about GDC, generally in relation to proportionality.
- 7.3 However, we consider the DCS survey analysis to be consistent with perceptions found in other research (i.e. the stakeholder perceptions research), which are being addressed positively through messaging developed for our ongoing work to communicate key aspects of the Costed Corporate Plan 2020-2022, the profession-wide complaint handling initiative, the End to End review of the Fitness to Practise process and the development of new guidance for tone of voice and engagement.
- 7.4 Therefore, we consider these research findings to represent a low risk, and we do not consider it necessary to address these negative perceptions specifically in our response.
- 7.5 Please refer to the communications and engagement plan (**Appendix 3**).

## 8. Resource considerations and CCP

- 8.1 The cost for the Survey is included in the DCS budget for 2019 and on into 2022.

## 9. Development, consultation and decision trail

- 9.1 The DCS Survey of Dental Professionals was included in the Policy and Research Plan approved by Policy and Research Board in November 2018.
- 9.2 As part of Shifting the Balance, Phase 2 of the DCS review commenced on 1 September 2018, following the initial project board meeting on 16 August 2018. This phase of the review aims to deliver a fit-for-purpose strategically aligned service for patients and professionals, offering patients and professionals value for money by utilising the capacity of DCS staff in the most effective and efficient manner. It will contain three key deliverables
- a. The optimisation of the current DCS model within its existing jurisdiction;

- b. A review and feasibility assessment of alternative models (i.e. who could fund and deliver the service), identifying a preferred model;
- c. A service rebrand and launch based on the selected alternative model (if appropriate).

9.3 Further updates will be provided as necessary going forwards.

9.4 It was agreed by the SLT on 9 October 2019 to recommend to PRB the publication of the report according to the Communications and Engagement Plan (**Appendix 3**).

9.5 In February 2020, the PRB (via email correspondence), agreed to recommend to the Council that it approve publication of the report in full, subject to additional detail about internal GDC communication being added to the communication plan (see **yellow** highlights in **Appendix 3**).

## **10. Next steps and communications**

10.1 Subject to Council approval, it is hoped that the DCS report will be published in April.

10.2 See **Appendix 3** for the communications and engagement plan.

### **Appendices (attached separately)**

- a. Appendix 1: DCS Dental Professionals Survey full report (Customer Satisfaction UK)
- b. Appendix 2: DCS Dental Professionals Survey slide pack (Customer Satisfaction UK)
- c. Appendix 3: Communications and Engagement Plan for the Patient and Public Survey report.

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