



Impact of COVID-19 on dental professionals 2021

A report by Pye Tait Consulting for the
General Dental Council

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Abbreviations

AGP	Aerosol Generating Procedures
CI	Confidence interval
CPD	Continuous Professional Development
DCP	Dental Care Professional
GDC	General Dental Council
IC	Infection control
PPE	Personal Protective Equipment

Glossary

Term	Definition
Dental professional	Dental professional is an umbrella terms for all individuals working in the seven General Dental Council (GDC) registrant roles including clinical dental technicians, dental hygienists, dental nurses, dental technicians, dental therapists, dentists, and orthodontic therapists.
Dental care professional (DCP)	Dental care professional (DCP) is an umbrella term which includes six of the seven General Dental Council (GDC) registrant roles including clinical dental technicians, dental hygienists, dental nurses, dental technicians, dental therapists, and orthodontic therapists.
Dental sectors	In the report we refer to those working in 'predominantly NHS', 'predominantly private', and 'mixed practice'. The categories were defined as predominantly private: over 75% of income from private sources, predominantly NHS: over 75% of income from NHS sources, and mixed: those in between. Respondents were categorised based on their response to the sources of their personal income from dentistry, or where unknown, the income of the dental business they worked in.
Fallow time	A period of time to allow infectious particles to settle

Analysis of responses by registrant role

Sub-group analysis of responses for different roles was initially undertaken at the level of dentist and DCP. Where notable differences in responses at dentist/DCP level occurred, further analysis was undertaken to examine responses by specific role to test for statistically significant differences.

Supplementary material

Full data tables will be published and made available on the GDC website.

Acknowledgements

We would like to thank all research participants, and the team at the GDC for their support and advice.

1. Executive Summary

1.1 Context

The General Dental Council (GDC) is the UK-wide statutory regulator of dental professionals.

In August 2021, the GDC commissioned Pye Tait Consulting to conduct research to explore the impact and future implications of COVID-19 for dental professionals and dental businesses. This study was the second of two studies exploring the impact of COVID-19, following the first which was undertaken in Autumn 2020.

1.2 Aims and objectives

The aim of this second study was to see how dental professionals' perceptions, experiences, and impact of COVID-19 are evolving. Specific objectives were to understand the ongoing nature and evolution of COVID-19's impact on:

- registrants' financial circumstances (from personal and dental business perspectives)
- registrants' mental health
- registrants as professionals (were, and are they now in the right place with the right skills, education, training, guidance, support, and equipment to be confident about working to standards and protecting themselves and the public)
- registrants' ability to provide services to the public
- registrants' perspectives on the public's use of dental services and their confidence in them
- registrants' perceptions and views of what will work best in helping the industry recover
- what GDC and others can do to support registrants to prepare for similar events in the future
- changes in the dental sectors (NHS, private, mixed), in different registrant groups (dentist and DCPs), in relation to different types of dental treatment (emergency, elective, orthodontic and cosmetic), and in relation to sub-sector types for cosmetic dental treatments.

The research sought to understand the continuing impact for dental professionals in different sectors and nations, and how this had changed since the first research in Autumn 2020.

1.3 Methodology

The methodology comprised two key strands. Firstly, an online survey was undertaken which received 2,168 completions. Secondly, six focus groups with 39 participants in total and five top-up in-depth telephone interviews provided additional qualitative data to delve into the issues within the survey in more detail. Research was conducted during the Autumn of 2021.

Responses were weighted at the level of dentist and DCP. After weighting, roles were represented in line with the GDC register. Data in this report pertain to weighted findings.

Statistical testing was undertaken to identify differences by respondent sub-group, and between the two research studies. The word "significant" is used in the report only to identify statistically significant differences at the 95% confidence level.

1.4 Economic and personal impact

Dental businesses

The COVID-19 pandemic was found to have a continuing major impact on dental businesses' finances. Just over two-thirds (69%) of dental business owners said their current average monthly dental business income had decreased compared to average monthly income in the year before March 2020. Meanwhile, just over a third (35%) predicted their income would remain lower than pre-COVID levels over the coming 12 months, while just under a third (30%) believed it would remain steady. Significantly higher proportions of NHS or mixed sector workers reported decreases in income than those in the private sector for both these circumstances. Overall, however, dental businesses were more optimistic than at the time of the first research (Autumn 2020), with a significant decrease in the proportion of those reporting, or anticipating, a decrease in income.

The implementation of infection control measures has impacted negatively on dental business income, with few dental businesses (13%) reporting they had received a grant or financial support to ensure they meet the requirements for infection control. Significantly fewer dental businesses in England reported receiving this support than those in other nations. Just over five-in-six (86%) dental businesses reported making changes to mitigate this impact, including changes to private patient charges, and employment contracts for dentists, dental nurses, and dental hygienists. A third (33%) of dental businesses foresaw, in 12 months' time, employing more staff than they did before March 2020, while just over a third (36%) believed staffing levels would be constant.

Personal impact

Just over two-fifths (43%) of dental professionals believed their current average monthly income would remain steady over the next 12 months compared to the 12 months prior to March 2020, while just under a third (30%) believed their income over the next year would be lower than before COVID-19. This was a picture of greater optimism than compared with the time of the first research (Autumn 2020), with proportions of those predicting an increase or a decrease, rising and falling, respectively. A greater proportion of dentists than DCPs predicted a decrease in income (52% vs 17%) – a significant difference.

In this second study, there appeared to be a noticeable shift in the relative proportion of individuals' income from NHS to private sources since March 2020. This potential directional change was in part highlighted by just under two-fifths of dental professionals who said they expect that in 12 months' time they would be spending more time (38%), or delivering more treatments (39%, up from 29% in the first research), in private dental care compared to before COVID-19.

Just under two-in-five (38%) believed they now spend more time on average each month in dentistry compared to before March 2020. While most registrants (67%) saw themselves being in their current role in a year's time, one-in-five (20%) felt this was unlikely, and around one-in-six believed they would be economically inactive (16%), or no longer on the GDC register (18%) – significantly more DCPs than dentists foresaw themselves working outside the sector.

Mental health, stressors, and wellbeing

Key drivers, when making decisions about jobs or roles, included mental health and wellbeing (mentioned by 95%), dental income (90%) and family circumstances (88%). Wellbeing of dental professionals was found to be lower than the wider UK population, and dentists were significantly more anxious and less happy than DCPs. Most dental professionals (59%) reported receiving no personal support during the last 12 months in relation to the COVID-19 pandemic, but of those who did, this was typically with people getting in touch to check they were ok (20%) or some form of financial assistance (12%). Over two-thirds (71%) of dental professionals reported patients being less tolerant of delays, or of waiting, since August 2020, while about two-thirds (65%) of dental business owners believed patients were more likely to be aggressive towards staff. Focus group participants

described some of their experiences as “stressful” or “demanding”, noting the job as they knew it had changed markedly since March 2020.

1.5 Protecting safety

Registrants as professionals

There was near consensus among dental professionals (98%) that they had the necessary skills to do their job safely. Nine-in-ten (90%) agreed that they were confident that they could do their job safely, that they had had the necessary training to do their job safely (90%), and that they had the right equipment to do their job safely (89%).

Just under three-quarters (72%) of dental professionals agreed they had been able to access all the mandatory training they had needed. Around three-in-five (61%) dental professionals agreed they had undertaken training less frequently over the past 12 months compared to the 12 months before COVID-19 although just over one-third (36%) disagreed. There was a split among respondents on whether they had been able to access all CPD activities they would normally wish to (57% agreed and 41% disagreed), and whether online training and CPD activities had proved less valuable than in-person events (45% agreed and 47% disagreed).

Providing services to the public

Focus group participants noted that the introduction of enhanced personal protective equipment (PPE), while protecting safety, does result in reduced ability for dental professionals to communicate verbally and visually in a face-to-face setting with patients. In terms of practical changes, some participants had introduced telephone or video consultations for emergency cases and for clinically vulnerable individuals. Digital technologies had been a notable innovation to maintain connection with patients for all sectors.

1.6 Patient confidence and access to care

Patient confidence

Nearly half (49%) of responding dental professionals felt patients’ confidence in the safety of their services remained at similar levels now as pre-COVID while a quarter (25%) believed patients’ confidence had increased – a significant increase from 20% in 2020. An increase in patient confidence was significantly higher for dental professionals working in the private sector. According to focus group participants, lack of access to care was the key factor negatively impacting on public confidence, with both private and NHS sectors experiencing this, due to a lack of NHS capacity, more patients instead tried to access private care.

Access to care

Just under two-fifths (38%) of dental professionals anticipated their patient volume would decrease over the next year compared with levels before the pandemic – a significant difference compared with 66% in 2020. Of the 38% predicting a drop, an average decrease in patient volume of 30% was anticipated.

More than four-fifths (84%) of respondents believed that overall patient demand had increased to some extent since March 2020, and a similar proportion (81%) reported likewise for emergency dental care. Increases were significantly higher for individuals working in the NHS or mixed sectors. Focus group participants confirmed a backlog in treatment had led to extremely high demand for care, with many cases currently being emergencies. Net demand for all types of treatment was reported to have increased since March 2020. However, net confidence to be able to meet this increased demand was on average lower.

Around half of respondents believed that people unable to afford dental treatment (51%) and people at high risk from COVID-19 (clinically extremely vulnerable) (48%) had experienced reduced access to their services due to COVID-19. Those commenting noted how all patients – and particularly new patients – had experienced reduced access due to the introduction of new practice requirements such as fallow time and overall reducing capacity to manage flow and patient numbers. Focus group participants raised concern about patients in more rural areas accessing services. In terms of measures that have worked, or might work, to compensate for the risk of reduced dental service, dental professionals most commonly, stated they were prioritising appointment schedules to see patients with reduced access over other patients, and were most commonly managing their appointment backlog by deciding priority based on clinical urgency. Around three-in-five (59%) were not able to accept new NHS patients and almost three-in-four (74%) were concerned patients' oral health had declined since March 2020.

Increases in waiting times since March 2020 were noted by responding dental professionals for all types of service, notably for periodontal treatments with AGP (68%) and routine dental care (67%). A significantly higher proportion of those in the NHS reported an increase in waiting times compared with those in the private sector.

1.7 Supporting registrants

The dental sector has introduced many changes to care and services over the past two years due to COVID-19. Looking ahead, dental professionals outlined four, key ways in which they felt enhanced support might be provided. First, clearer, more consistent guidance and the development of a longer-term strategy was welcomed. Second, there was a request for increased financial support to assist with equipment, recruitment and pay. Third, it was felt that a public awareness campaign would help to manage patients' expectations. Fourth, additional CPD specifically focused on COVID-19 related issues was requested. Dental professionals saw the pandemic as an opportunity for the GDC to work with other stakeholders to provide the sector with clearer, more consistent messaging using a more empathetic tone, as well as a chance to potentially cut red tape, and increase public engagement.

1.8 Conclusions

The aim of this research was to understand the ongoing nature and evolution of COVID-19's impact on dental businesses and professionals. The conclusions are linked back to the original research objectives; the research objective around changes by dental sector, by registrant group, and by type of treatment cuts across the other objectives.

1. **Registrants' financial circumstances.** Dental businesses and dental professionals continue to be negatively financially impacted by the COVID-19 pandemic, although at the time of research, this appears to be easing slightly. Responses from dental professionals suggest that the COVID-19 pandemic appears to be resulting in a shift by some from NHS to private work in terms of their income and working patterns.
2. **Impact on registrants' mental health.** Wellbeing among dental professionals was found to be lower than the general UK population. Mental health and wellbeing were stressed by dental professionals as being a primary factor when making career decisions.
3. **Understanding registrants as professionals.** This research found that dental professionals believed they had the skills, knowledge, and training to practise safely.
4. **Registrants' ability to provide services to the public.** Findings suggest that there remains an imbalance, with dental professionals reporting that both patient demand and waiting times have

continued to increase – evidence indicates that this is particularly the case for NHS treatments – suggesting a system that is currently overstretched. Demand is growing while supply is constrained by COVID-related restrictions, placing pressure on both business models to deliver care.

5. **Registrant’s view on the public’s use of dental services and their confidence in them.** Dental professionals believe patients’ confidence in the safety of their service has remained steady (49%) or increased (25%) since before the COVID-19 pandemic. Responses indicate that, since the onset of the pandemic, there has been an overall decline in oral health and a general reduced access to dental services for the public.
6. **What will work best to help the industry recover, and supporting registrants to prepare for similar events in the future.** Dental professionals suggest that clearer, more consistent guidance, the development of a strategy to work with COVID-19 in the long-term, increased financial support, closer support and understanding, improved communication with registrants and the public, and COVID-19-related training and CPD, provided by the GDC in collaboration with relevant stakeholders, will all help to support the sector’s recovery.

At the time of writing, the UK is “learning to live” with COVID-19 as related restrictions end across the UK. This study contributes to the evidence base from which the sector as a whole can draw as it continues to transition and adjust to how it will operate in a future environment where COVID-19 is ever-present.

2. Introduction

The General Dental Council (GDC) is the UK-wide statutory regulator of just under 114,000 dental professionals. Its primary purpose is to protect patient safety and maintain public confidence in dental services. To achieve this, it registers qualified dental professionals, sets standards, investigates complaints about dental professionals' fitness to practise, and works to ensure the quality of dental education.

In August 2021, the GDC commissioned Pye Tait Consulting to conduct research to explore the impact and future implications of COVID-19 for dental professionals and dental businesses. Research was conducted during the Autumn of 2021. This study was a second research study exploring the impact of COVID-19, following initial research undertaken in Autumn 2020.

2.1 Context

As a result of the initial COVID-19 pandemic lockdown which began in March 2020, the dental industry and dental care services were affected. During this initial lockdown, routine face-to-face dental care was suspended and instead different routes in each UK nation were established for patients to seek urgent care from special sites. While there was some national variation during the lockdown, dental practices were either fully closed, part of the urgent care networks, or providing remote services only, such as triaging patients for urgent dental care or issuing prescriptions. From June 2020 onwards, when lockdown restrictions began to be eased, dental practices gradually began to resume their full range of services, providing they were able to meet new safety requirements, such as following the personal protective equipment (PPE) and infection prevention and control (IPC) protocols. The UK, however, subsequently entered further lockdowns towards the end of 2020 and various tiered restrictions were implemented. Unlike the first lockdown, throughout this period, dental practices in all four nations stayed open for the full range of services.

Over time, developing learning, experience and the evidence base have informed the guidance and practise responses across the UK and within nations, resulting in measures being implemented which aimed to make the delivery of dental services as safe as possible. New measures included restrictions for certain treatments, enhanced use of PPE, regular testing, the introduction of infection control, and the requirement for a fallow period following Aerosol Generating Procedures (AGP). With its core aim of protecting patient safety and maintaining public confidence, the GDC was in a position to play a supporting role.

In 2020, the GDC commissioned a first research study with registrants to understand the impact of COVID-19 and to draw out implications for the future. This formed part of a wider research and engagement programme to understand the impact of COVID-19 for dental regulation, the public, and professionals.

2.2 Study objectives and methods

Building on the 2020 research, this second research study aimed to see how dental professionals' perceptions, experiences, and impact of COVID-19 are evolving. Specific objectives were to understand the ongoing nature and evolution of COVID-19's impact on:

- registrants' financial circumstances (from personal and dental business perspectives)
- registrants' mental health
- registrants as professionals (were, and are they now in the right place with the right skills, education, training, guidance, support and equipment to be confident about working to standards and protecting themselves and the public)

- registrants' ability to provide services to the public
- registrants' perspectives on the public's use of dental services and their confidence in them
- registrants' perceptions and views of what will work best in helping the industry recover
- what GDC and others can do to support registrants to prepare for similar events in the future
- changes in the dental sectors (NHS, private, mixed), in different registrant groups (dentists and DCPs), in relation to different types of dental treatment (emergency, elective, orthodontic and cosmetic), and in relation to sub-sector types for cosmetic dental treatments.

The methodology comprised two key strands. Firstly, an online survey was undertaken which received 2,168 completions. Secondly, six focus groups with 39 participants in total and five top-up in-depth telephone interviews provided additional qualitative data to delve into the issues within the survey in more detail.

2.2.1 Online survey of dental professionals

The survey questionnaire was developed from the question set used in 2020¹ and co-designed between the GDC and Pye Tait Consulting. Questions that still retained value in measuring change over time were preserved to enable year-on-year comparison, and new questions were added.

Pye Tait Consulting designed and hosted the survey and the GDC undertook the circulation of a link to the survey and promotion of it. In the week commencing 11 October 2021, the GDC sent an initial email to all dental professionals registered with the GDC, inviting them to participate in the survey. A census approach was used, meaning the survey link was sent to all registered dental professionals. One set of reminder emails was sent by the GDC before the survey closed on 19 November 2021. The GDC also undertook social media promotion while the survey was live, as well as promoting it through newsletters and via other sector bodies. In total, 2,168 complete responses were received,² resulting in a response rate of c. 2%. An overview of the respondent profile can be found in the Appendix 8.2.

Responses were weighted at the level of dentist and DCP. Table 1 outlines the composition of the GDC registrant population, the unweighted responses by role, the weighting factors applied, and the final weighted response rate. After weighting, roles were represented in line with the GDC register. Data in this report pertain to weighted findings.

Table 1 Responses by dentists and DCP compared with the registrant population

Role	GDC registrant role: Total (Aug 2021)	GDC registrant role: Percent (Aug 2021)	Responses by role: Total (not weighted)	Responses by role: Percent (not weighted)	Responses by role: Total (weighted)	Responses by role: Percent (weighted)	Weighting factor
Dentists	42,978	38%	1,133	52%	824	38%	0.73
DCPs	69,742	62%	1,035	48%	1,344	62%	1.30
Total	112,720	100%	2,168	100%	2,168	100%	-

The margin of error when interpreting the results by main dental professional group is +/- 3.4% at the 95% confidence interval for dentists, and +/- 2.6% for DCPs. Margins of error for other sub-

¹ Ecorys undertook the 2020 research and their contribution to the research tool design is acknowledged.

² In total, 2,345 responses were received. Of these, 2,145 were fully complete and a further 23 completed at least 75% of the survey, resulting in n=2,168. Responses less than 75% complete were excluded from the analysis.

analyses (e.g. by nation) are in Appendix 8.1. Differences highlighted are those which are statistically significant, unless stated otherwise. Statistical testing was undertaken to identify differences by respondent sub-group, and between the two research studies. The word “significant” is used in the report only to identify statistically significant differences at the 95% confidence level.

2.2.2 Qualitative research with dental professionals

Following completion of the online survey, six focus groups were undertaken with dental professionals from across the UK. Participants were recruited through registering interest at the end of the online survey. The focus group discussion guide was developed from the question set used in 2020 and co-designed between the GDC and Pye Tait Consulting.³ A purposive sampling approach was used to ensure a spread of participants by role, sector, nation, ethnicity, age, and gender.

Focus groups lasted up to 90 minutes and were facilitated by a researcher from Pye Tait Consulting. Groups were hosted online using Microsoft Teams and recorded for analysis purposes.

In total, 39 participants attended the six focus groups that were held in mid to late November 2021. A small number of those agreeing to participate in focus groups were unable to do so, and to address these absences, an additional five in-depth telephone interviews were undertaken in early December 2021, which used the same topic guide.

Qualitative research was intended to supplement the quantitative survey and the focus group findings should be treated as indicative. All qualitative data were analysed using a combination of manual coding and NVivo 12 software and responses were coded into key themes that are discussed in the report.

For ease of reference, individuals who participated in focus groups and interviews are referred to as “focus group participants” throughout this report.

2.2.3 Data limitations

The survey was completed by 2% of those registered with the GDC: although survey data were weighted by role, there was a potential for non-response bias, particularly if those choosing to participate had more polarising viewpoints than non-participants. The method of distribution may also have affected results, as the link was sent to dental professionals by email and the survey required internet access to complete.

³ Ecorys undertook the 2020 research and their contribution to the research tool design is acknowledged.

3. Economic and personal impact

This chapter provides the perspectives of dental business owners on the impact of COVID-19. It then looks at the impact for dental professionals personally in terms of their income, wellbeing, and employment intentions, by bringing together survey findings and focus group feedback.

Chapter summary

Dental business economic impact

- Just over two thirds (69%) of dental business owners said current dental business income is down since COVID-19.
- Just over a third (35%) predicted income will remain lower than pre-COVID levels over the coming 12 months, while just under one-third (30%) believed it will remain steady.
- About one-in-eight (13%) dental businesses said they had received a grant or financial support to ensure they meet the requirements for infection control.

Personal economic impact

- Just over two-fifths (43%) of all respondents believed their income would remain steady, while just under one-third (30%) believed their income over the next year would be lower than before COVID-19.
- There appeared to be a noticeable shift from NHS to private work over the coming 12 months, with dental professionals predicting more income from this source, and greater time anticipated to be spent (38%), as well as more treatments delivered privately (39%), over the next year compared to before COVID-19.
- Just under two-fifths (38%) believed they now spend more time in dentistry compared to pre-COVID-19.

Impact on mental health and wellbeing

- Key drivers when making decisions about job roles included mental health and wellbeing (mentioned by 95%), dental income (90%) and family circumstances (88%).
- Wellbeing was lower than for the wider UK population, and dentists were significantly more anxious and less happy than DCPs.
- Over two-thirds (71%) of dental professionals reported patients being less tolerant of delays, or of waiting, since August 2020, while about two-thirds (65%) of dental business owners believed patients were more likely to be aggressive towards staff.

3.1 Profile of dental business owners

Nearly one-fifth (19%) of responding dental professionals were the owner or principal of a dental practice or laboratory. Of this group, around three-quarters (76%) were a single practice owner or principal dentist, while 15% were a practice owner or principal dentist as part of a group (independent or corporate). The remaining 9% were laboratory owners.⁴

Of the 402 respondents who were practice owners, most (87%) were dentists or specialists, while 8% were dental technicians. Other dental business owners worked as clinical dental technicians, dental hygienists, dental nurses, dental therapists, or were non-clinical practice owners – there were fewer than ten of each such respondent. The profile of dental business owners in this survey is different to

⁴ Unweighted data.

the 2020 research when this group comprised 61% dentists/specialists, 18% dental technicians, and 16% dental nurses.⁵

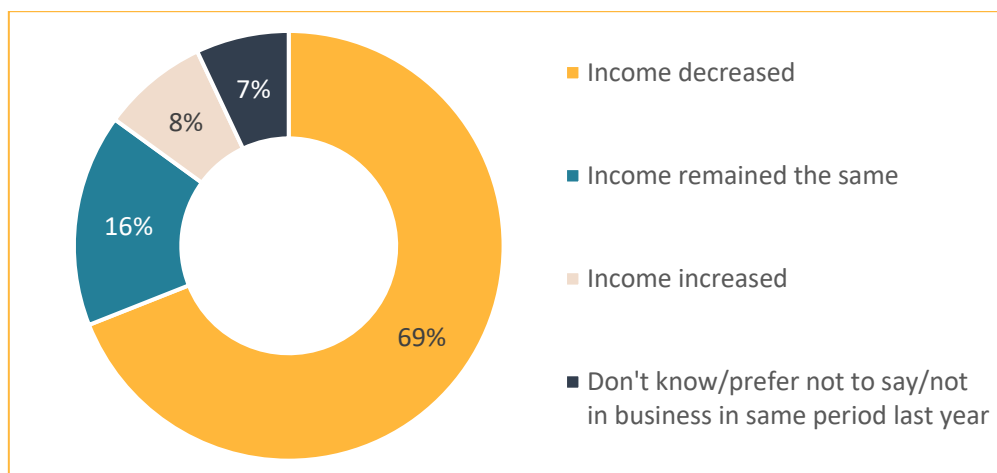
Around half (51%) of dental business owners worked mainly in the private sector, just over one-fifth (22%) worked mainly in the NHS, while responses indicated that about one-quarter (26%) worked across both sectors – to note for comparative purposes, the 2020 profile was 43% private, 33% NHS, 25% mixed. Most dental business owners (84%) worked in single independent practices or within a small group of independent practices (10%). Smaller proportions worked in a large group of corporately owned practices (4%), in a small group of corporately owned practices (3%), or in a large group of independently owned practices (2%), with these responses being similar to the 2020 profile.

3.2 Dental business income

3.2.1 Current income

Dental business owners were asked how average monthly dental business income had changed due to COVID-19 when compared to the average monthly dental business income in the year prior to March 2020, and just over two-thirds (69%) stated it had decreased, which is a significant drop from 78% in 2020. Around one-in-six (16%) said income had remained unchanged while fewer than one-in-ten (8%) believed income had increased. A total of 7% were unsure, preferred not to say, or were not in business in the same period last year – see Figure 1 below.

Figure 1 How dental business income has changed since March 2020



Weighted base: 322 respondents. Source: Pye Tait Consulting, 2021

A significantly higher proportion of predominantly NHS or mixed practices reported a decrease in income (78% and 80%, respectively) compared with predominantly private dental businesses (63%). Furthermore, significantly more private dental businesses reported an increase (13%) than the other sectors.

Of those reporting a decrease in income, the average (mean) drop in monthly dental business income was 26% – a significant fall from the 45% noted last year. Those reporting an increase in income had seen an average (mean) uplift of 17%.

Focus group participants talked about the impact of the COVID-19 pandemic of their dental business income. Most private and NHS dental businesses said their income had reduced as they were seeing

⁵ Unweighted data.

fewer patients and prioritising emergency care as a result of implementing sector guidance. Consequently, practitioners noted they were having to make a choice either to work longer hours or experience a reduction in income.

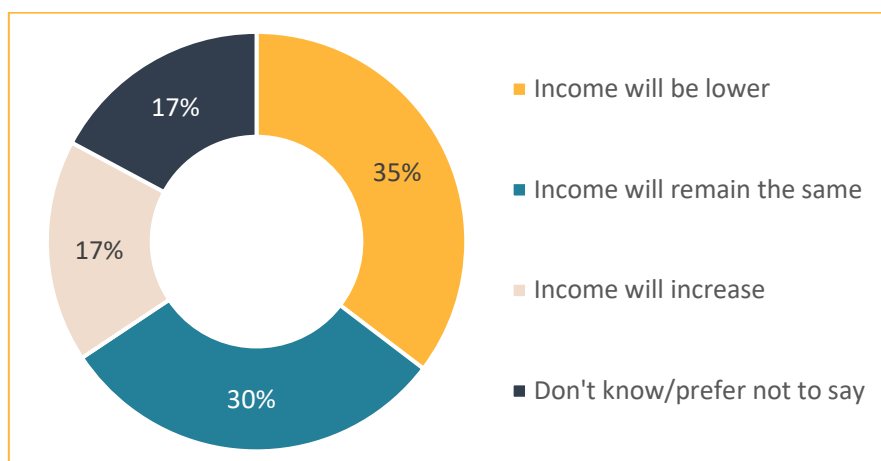
I work exactly the same hours but in terms of income took a 16% pay cut, so that's impacted slightly. – Dentist, England

When normal practices were shut and we were the only ones running, we worked extended hours. – Dental nurse, England

3.2.2 Future income

Dental business owners were asked how they anticipate average monthly dental business income would change over the next 12 months due to COVID-19, compared to the 12 months prior to March 2020. Just over a third (35%) predicted that income would remain lower than pre-COVID levels over the coming year – a significant drop from 63% in 2020 – while just under a third (30%) believed income would remain steady. One-in-six (17%) dental business owners predicted an increase in income over the coming year, compared to before March 2020, although a similar proportion (17%) were uncertain or preferred not to say how income would be affected – see Figure 2.

Figure 2 How dental business income will change over next year, compared to March 2020



Weighted base: 322 respondents. Source: Pye Tait Consulting, 2021

More NHS or mixed practices anticipated a decrease in income (both 49%) compared with private dental businesses (25%) – a significant difference.

Of those predicting a drop in income, an average (mean) decrease of 21% was anticipated in monthly business income over the next year. Of those predicting an increase in income, the average (mean) increase was 18%.

3.3 Costs and dental business models

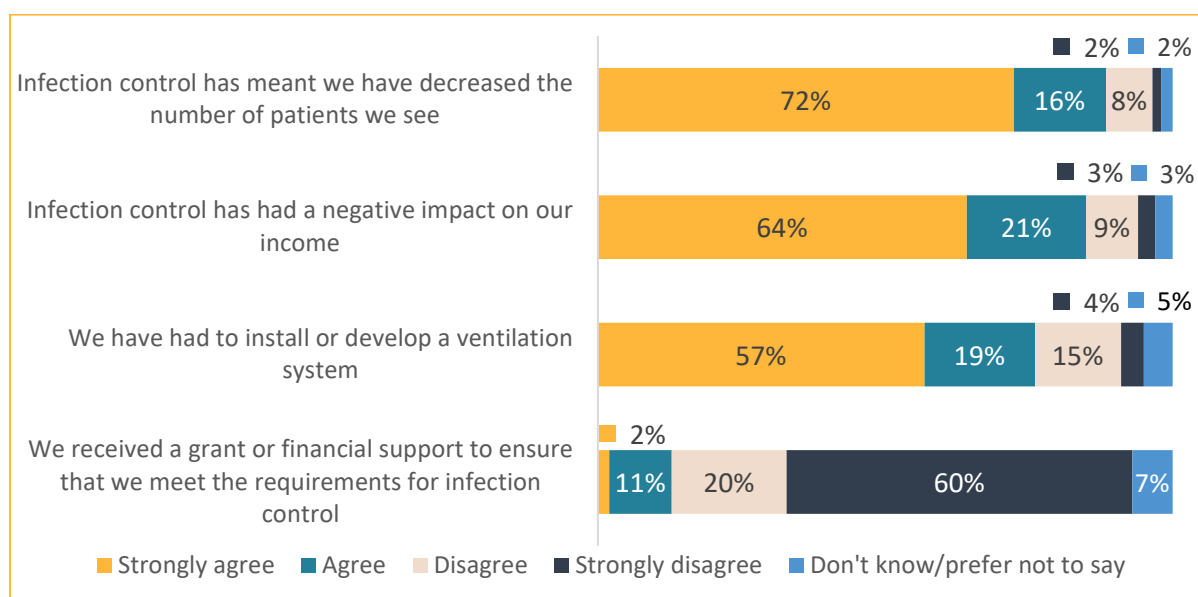
Dental business owners were asked, based on their knowledge and experience, the extent to which they agreed with a series of statements relating to how their dental business was now run, and the changes they have had to make, specifically due to COVID-19.

Just over five-in-six (85%) dental business owners agreed or strongly agreed that infection control had had a negative impact on their income. Meanwhile, just under nine-in-ten (88%) agreed or strongly agreed infection control had meant they have had to reduce the number of patients they see. About three-quarters (76%) reported having to install or develop ventilation systems – see

Figure 3. Significantly more dentists agreed or strongly agreed with each of these three impacts compared with DCPs.

The cost of these measures would appear to have been borne by dental businesses themselves, with around one-in-eight (13%) agreeing that they had received a grant or financial support to ensure they met the requirements for infection control. More dental businesses in Scotland (35% agreed or strongly agreed), Northern Ireland (29%) and Wales (22%) indicated that they had received financial support for this than was the case for those in England (8%) – a significant difference.

Figure 3 Impact of COVID-19 on dental businesses



Weighted base: variable 316 to 318 respondents. Source: Pye Tait Consulting, 2021.

Dental business owners were asked what changes they had made or were likely to make in the next 12 months to mitigate the economic impact of COVID-19. Over two-thirds of dental business owners (70%) reported increasing (private) patient charges, while over one-quarter had increased opening hours (29%) or changed employment contracts for dentists (27%) or dental nurses (26%), with just under one-fifth (18%) doing likewise for dental hygienists. Around one-in-six (15%) reported making no specific change. For each of these changes, significantly more dentists agreed or strongly agreed than DCPs. Compared with the first research (Autumn 2020), a significantly higher proportion of dental business owners now said they had increased (private) patient charges (53% in 2020) and made changes to dentists' contracts (19% in 2020).

Focus group participants expanded on how the COVID-19 pandemic had impacted their business models. They noted persisting financial challenges and how some dental businesses had switched from NHS to private work. Several noted specific changes they had made in response: one participant had reduced their scope of practice and indemnity because of the possibility of litigation, and also to simplify their work in challenging times. Participants also mentioned the use of savings and/or the raising of income through the selling of assets. Two participants described changes in business models heard of via colleagues, including setting up a mobile unit to visit patients in their homes. Other changes included telephone advice and going directly into care homes to provide care. Meanwhile, one private practice noted it was within two weeks of going under because it could not obtain a bank loan.

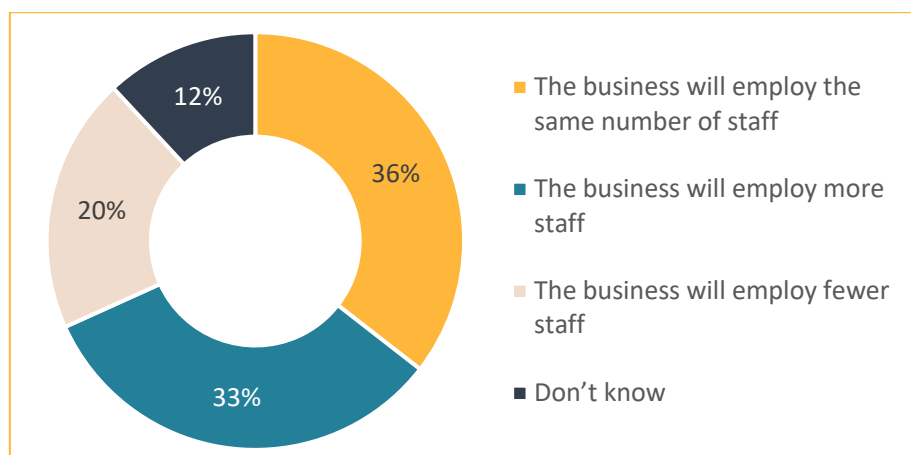
I have picked up a lot of people who are on waiting lists because I go into their environment. I don't have that restriction on fallow time etc. and I have come across many patients with dental problems that I have been able to help or could help if the scope of practice would allow me. I think COVID-19 hopefully will allow us to think outside the box. – Dental hygienist, Scotland

3.4 Employment

Based on their knowledge and experience, dental business owners were asked how the number of full-time equivalent staff they expect to employ in 12 months would differ compared to levels before March 2020. Dental businesses appeared to be fairly optimistic, with one-third (33%) believing they would employ more staff – a significant increase from 10% in 2020. Just over one-third (36%) believed staffing levels would remain similar, while one-in-five (20%) believed staffing levels would decrease (a significant fall from 35% in 2020). The remaining 12% of dental businesses were unsure – see Figure 4.

Significantly more dentists said they would employ more staff than DCPs (37% vs 19%) in 12 months' time, while significantly more DCPs than dentists said they would employ fewer staff (31% vs 17%). More private dental businesses (38%) than NHS ones (23%) said they would employ more staff in 12 months' time – a significant difference. Meanwhile, significantly more dental businesses in England said they would employ more staff (36%) than those in Scotland (16%) or Northern Ireland (14%), while significantly more Scottish (32%) and Welsh (33%) dental business said they would employ fewer staff than English dental businesses (18%) in 12 months' time.

Figure 4 Dental business owners' future employment intentions for coming 12 months compared to before March 2020



Weighted base: 322 respondents. Source: Pye Tait Consulting, 2021.

Those who believed that they would employ fewer staff in 12 months' time compared to pre-COVID levels, were asked about their reasons for their answer. The most common reason, stated by 38% of respondents, was difficulty in recruiting staff who want to work for the salary offered. About a third (32%) raised concerns about recruiting staff with the right skills. Difficulty in recruiting staff who want to work the right working pattern was noted by 10% of those dental business owners predicting a decrease in staffing levels.

Many focus group participants (both private and NHS) said they had to stop working during the first lockdown in spring 2020, and/or lost their jobs as dentists, dental hygienists, or dental nurses due to being on furlough, and had decided to slightly change their scope of work or were redeployed within

their practice or hospital. Since then, these individuals who stopped working and/or who lost their job had been working reduced hours and/or reduced their level of professional indemnity cover. Other focus group participants mentioned working longer hours to accommodate emergency patients when practices reopened after lockdown.

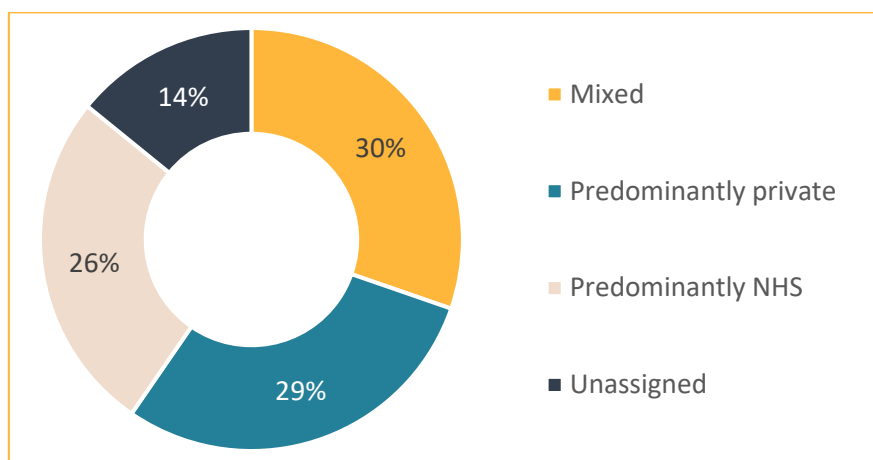
The throughput of work has been completely reduced, especially during the initial period of COVID-19, we did nothing. And, of course, with regard to patients' health this has had a dramatic effect. – Dental technician, England

3.5 Personal income from dentistry

Survey respondents worked in different sectors. About one-quarter (26%) worked predominantly in the NHS, while slightly more (29%) worked predominantly privately, or had a mixed source of income (30%). The remaining 14% of respondents could not be assigned a sector based on their survey responses as they did not provide a response to the question used to derive their sector for analysis purposes – see Figure 5. To note, the 2020 profile was 30% NHS, 26% private, 30% mixed, and 13% unassigned.⁶

To investigate the extent to which the COVID-19 pandemic had changed reliance on different income sources, all survey respondents except dental nurses (who work to a banded salary) were asked about their personal income prior to March 2020 compared to the current situation, broken down by NHS versus private income.

Figure 5 Survey respondents by sector of work



Unweighted base: 2,168 respondents. Source: Pye Tait Consulting, 2021.

There has been a noticeable shift from NHS to private working in the 18 months between March 2020 and when the fieldwork for this research was undertaken. The average (mean) percentage of dental professionals' income from the NHS had decreased by around 5% and income from private work had increased by a similar proportion. A similar trend was seen in the median (middle) rating received to this question – see Table 2.

⁶ Unweighted data.

Table 2 Split in personal income between NHS and private sources, before March 2020 and now

Income source	Mean (before March 2020)	Median (before March 2020)	Mean (currently)	Median (currently)
NHS	57.6	80	52.0	60
Private	54.3	49	60.2	70

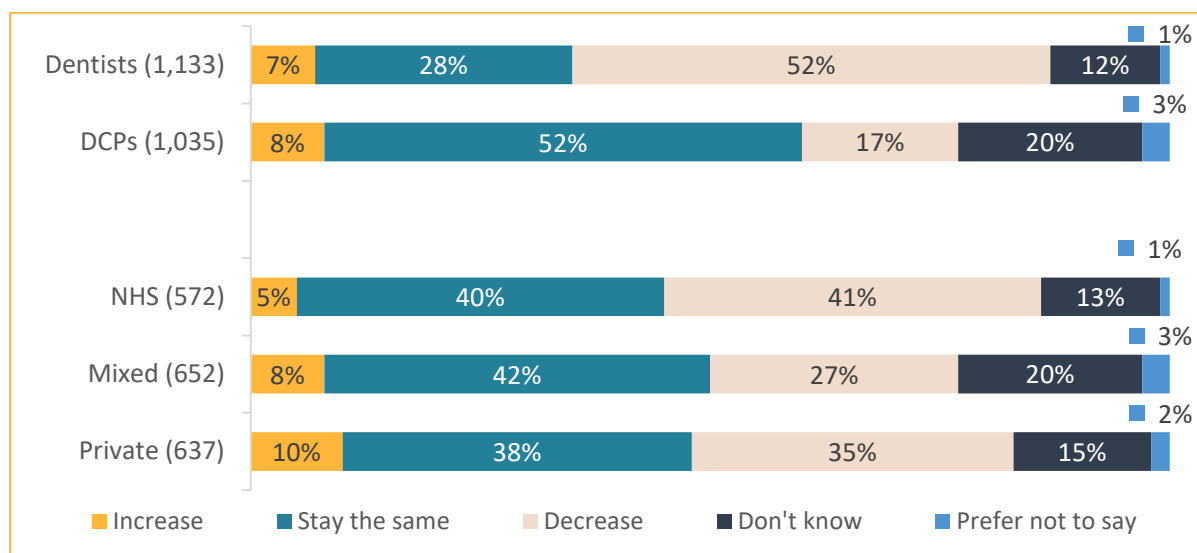
Weighted base: 1,420 respondents. Source: Pye Tait Consulting 2021.

DCPs had a significantly higher proportion of their income from private sources (84%) than dentists (53%), with dental hygienist and dental therapist reporting a significantly higher proportion of private income than other DCP roles. Meanwhile, registrants aged 50 and below had a significantly higher proportion of their income from NHS sources than private, while those aged over 50 had a significantly higher proportion of income from private sources.

All respondents were asked how they believed their average monthly personal income from dentistry would change over the next 12 months due to COVID-19, compared to the 12 months before March 2020. A similar pattern in response was seen to dental businesses' prediction: just over two-in-five (43%) believed income would remain at similar levels while just under one-third (30%) believed income would have decreased. Of those predicting a decrease, an average (mean) drop of 28% in their monthly personal income was anticipated. A high degree of uncertainty still persisted with around one-in-six (17%) being unsure. A small proportion (7%) believed their income would increase compared to levels before March 2020 – these respondents predicted an average (mean) increase of their monthly personal income of 16%.

Overall, the picture was one of greater optimism compared with the findings from the first research (Autumn 2020) as more dental professionals now believed that monthly personal income would increase over the next year (up from 2% in 2020) and fewer believed it would decrease (down from 58% in 2020).

Figure 6 Predicted change in income over next 12 months compared to before March 2020



Source: Pye Tait Consulting, 2021.

In this research, significantly more dentists predicted their income would decrease (52%) than DCPs (17%), while significantly more DCPs said their income would remain steady (52% vs 28%) – Figure 6. Greater proportions of individuals in private and mixed practices predicted an increase in income

(10% and 8%, respectively) compared with those working in the NHS (5%) – a significant difference. In a similar vein, a significantly higher proportion of those working in the NHS predicted a drop in income (41%) compared with those working privately (35%) or with mixed income sources (27%).

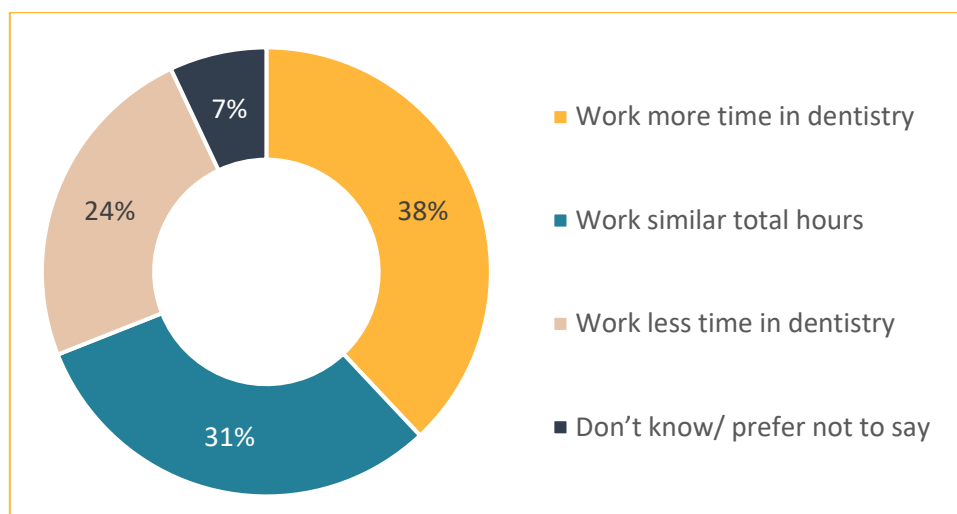
While this question was asked specifically in the context of COVID-19, it is possible that other economic factors, such as pressures on disposable income, may have also affected or influenced how dental professionals have responded.

Among focus group participants, most believed the effect of the pandemic had been to reduce personal income as they were seeing fewer patients overall. However, two NHS dentists noted they had not seen a substantial reduction in income and had enjoyed work more with a reduced workload.

3.6 Personal employment intentions and working patterns

Dental professionals were asked to consider the average monthly time they currently spend on dentistry and if/how this had changed since March 2020. Just under two-in-five (38%) respondents believed they now spend more time each month working in dentistry, while just under a third (31%) believed they were working similar total hours each month. Nearly one-quarter (24%) believed they were, on average, doing less time in dentistry each month compared to before the COVID-19 pandemic – see Figure 7.

Figure 7 Average monthly time currently spent in dentistry compared to before March 2020



Weighted base: 2,165 respondents. Source: Pye Tait Consulting 2021.

Those aged 50 and below said they had spent more time in dentistry than those aged over 50, while those aged over 50 said they had spent less time on dentistry – both significant differences. Significantly more registrants in Scotland (32%) or Northern Ireland (39%) had decreased the time they spend working in dentistry compared with those in England (23%).

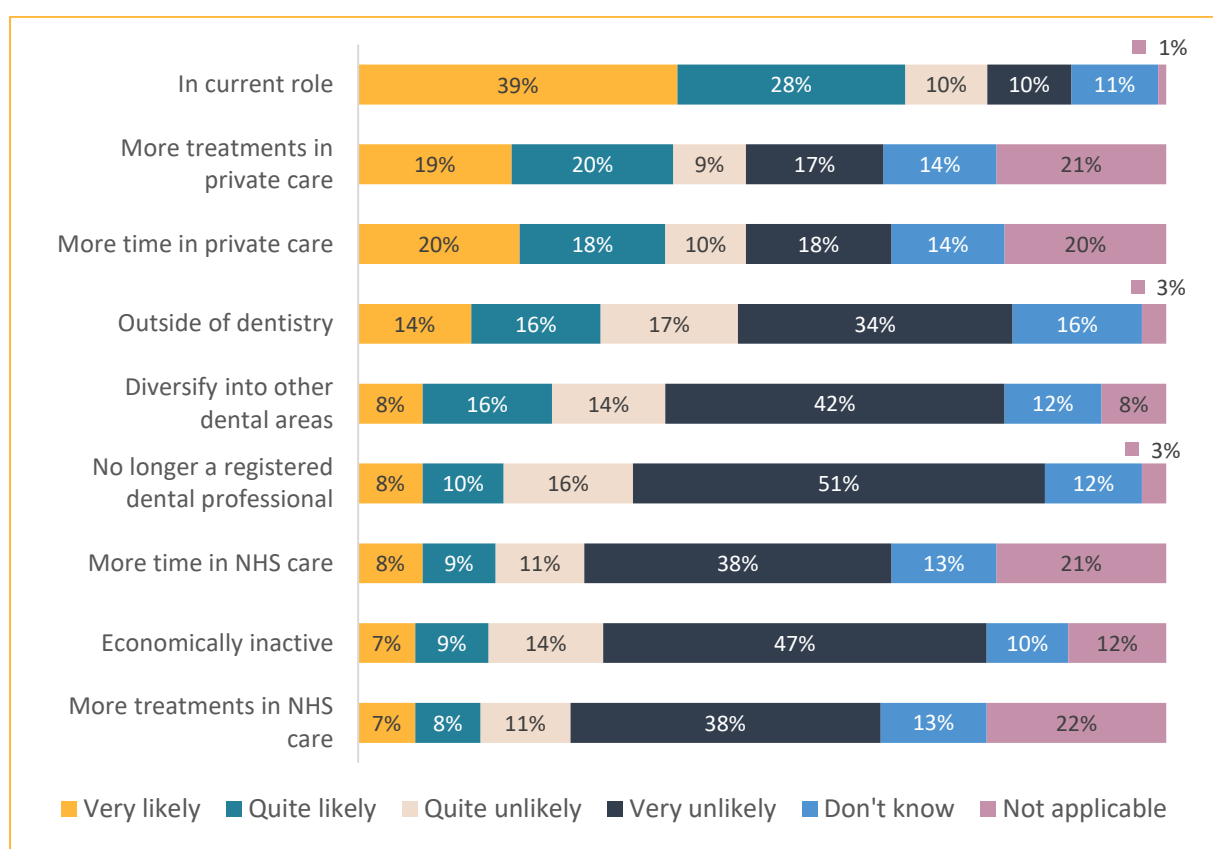
All respondents were presented with a series of statements about jobs, roles, and working patterns, and were asked to rate the likelihood of them applying in 12 months' time from this research fieldwork (i.e. in October 2022). Two-thirds (67%) of dental professionals believed they will still be in their current role using their current title, while around one-in-six (16%) anticipated being economically inactive in a year's time or no longer registered as a dental professional (18%) – there were no significant differences compared to the first research. More dentists foresaw themselves in their current role compared with DCPs (70% vs 64%), while more DCPs than dentists saw themselves

working outside of dentistry (34% vs 25%), or no longer registered as a dental professional (21% vs 14%) – both significant differences.

Around two-in-five (39%) dental professionals foresaw they would be delivering more treatments in private dental care or spending more time in private dental care (38%) in October 2022 than prior to March 2020 – significantly more dentists than DCPs agreed with this. Around one-in-six (15%) of all respondents believed they would be delivering more treatments in NHS dental care or spending more time in NHS dentistry (17%) in October 2022 than prior to March 2020 – see Figure 8.

Significantly more registrants working in the private and mixed sectors than those working in the NHS foresaw spending more time, or delivering more treatments, in the private sector. Meanwhile those working predominantly in the NHS foresaw increasing the time and treatments they offer in the NHS, compared with those working privately.

Figure 8 Dental professionals’ employment intentions for the next 12 months



Weighted base: variable 2,113 to 2,135 respondents. Source: Pye Tait Consulting, 2021.

All respondents were asked what the key drivers are in making decisions about their job or role over the next 12 months by rating the importance of various factors. Factors which had a direct impact for individuals personally were rated as important: most respondents (95%) rated their mental health and wellbeing as very or quite important; dental income (90%) and family circumstances (88%) were also rated highly. Factors from respondents’ professional work settings were also key drivers when making decisions about jobs, with just over four-in-five (83%) rating health and safety concerns at work, or GDC requirements (82%), as being very or quite important in this regard – see Table 3.

Significantly more dentists than DCPs said that the NHS contract, or retirement, were important factors in making decisions about jobs roles. However, for all other options presented, significantly

more DCPs than dentists said that these were key factors, although the top three highest rated factors were the same for both groups (mental health and wellbeing, income, family circumstances).

Compared to the first research in 2020, key drivers increasing significantly in importance included mental health and wellbeing (up from 88% to 95%) and dental income (up from 86% to 90%), while those decreasing significantly in importance included redundancy (down from 62% to 43%) and HSE requirements (down from 78% to 71%).

Table 3 Key drivers when making decisions about job role over the next year

	Very or quite important	Not very or not at all important
My mental health and wellbeing	95%	4%
My dental income	90%	7%
Family circumstances	88%	8%
Health and safety concerns at work	83%	13%
GDC requirements	82%	17%
CQC requirements	72%	17%
HSE requirements	71%	20%
NHS contract	54%	17%
Career options outside of dentistry	55%	29%
Redundancy	43%	25%
Retirement	34%	24%

Weighted base: variable 2,118 to 2,138 respondents. “Not applicable” responses omitted for clarity. Source: Pye Tait Consulting 2021

Other factors, not mentioned in the table above, were noted by 69 respondents as being very or quite important. Concerns raised included:

- being disillusioned with dentistry and planning to change sector (mentioned by 16 respondents),
- mandatory vaccinations (mentioned by 10 respondents),
- financial problems (nine respondents, including five dental nurses),
- stress and a “negative” work environment (eight respondents), and
- education – pursuing degrees or teaching (seven respondents).

3.7 Wellbeing

All respondents were asked to rate how happy they felt on a scale from 0 (not at all happy) to 10 (completely happy).⁷ This was identical to a question asked as part of the Office for National Statistics’ (ONS) Annual Population Survey (APS). When analysing the data, the ONS divides responses into four groups.

- 0 to 4 (low)
- 5 to 6 (medium)
- 7 to 8 (high)
- 9 to 10 (very high)

⁷ Please note that this question is designed to collect basic information. It is not designed to replace questions from specialist surveys on personal wellbeing.

The mean average happiness score among dental professionals was 5.2. For comparison, the average UK happiness score in 2020/21 was 7.31.⁸

There was some variation by registrant sub-group. DCPs reported being significantly happier than dentists (5.5 vs 4.8), men more so than women (5.4 vs 4.9), and those in the private (5.6) or mixed (5.1) sectors more so than those working predominantly in the NHS (4.7).

All respondents were also asked to rate how anxious they felt on a scale from 0 (not at all anxious) to 10 (completely anxious).⁹ This was another question used by the ONS in its APS, and responses are divided into four groups.

- 0 to 1 (very low)
- 2 to 3 (low)
- 4 to 5 (medium)
- 6 to 10 (high)

The mean average anxiety score among dental professionals was 5.6. For comparison, the average UK anxiety score in 2020/21 was 3.31.¹⁰

A similar trend in anxiety by respondent sub-group was seen. Dentists reported being significantly more anxious than DCPs (6.0 vs 5.3), women more so than men (5.8 vs 5.4), and those working predominantly in the NHS (6.0) more so than those in private (5.4) or mixed (5.6) sectors.

All respondents were asked about the kinds of help they had received from any source in the last 12 months in relation to the COVID-19 pandemic. Around three-fifths (59%) of dental professionals said they had not received help of any kind during this time. One-in-five (20%) respondents had people get in touch to check they were okay while around one-in-eight (12%) had received some form of financial assistance, or had time off work (excluding furlough) (13%). A significantly higher proportion of respondents in the private sector had received financial assistance (19%) than those in the NHS (10%) or mixed (12%) sectors.

Other kinds of help were identified by 31 respondents. Of these, around half (16 respondents) had received support from medical organisations and training providers for stress or depression.

Respondents who noted receiving some form of help during this time were asked who had provided this support. Just under three-fifths (58%) said this help had been provided by family and friends, while over a quarter noted this had been provided by work colleagues (30%), a medical professional outside of dentistry (such as a GP or nurse) (29%) or their place of work (27%) – on this latter point, a significantly higher proportion of DCPs than dentists (31% vs 21%) had received support from their workplace. Over 100 respondents cited “other” sources of support – these most typically focused on financial support from bodies including HMRC, SEISS (Self-Employment Income Support Scheme), insurance firms, local councils, banks, or from the government in general (for instance through its furlough scheme, Universal Credit, or bounce back loans).

⁸ ONS, Personal well-being in the UK: April 2020 to March 2021. Office for National Statistics. 15 October 2021.

www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/april2020tomarch2021

⁹ Please note that this question is designed to collect basic information. It is not designed to replace questions from specialist surveys on personal wellbeing.

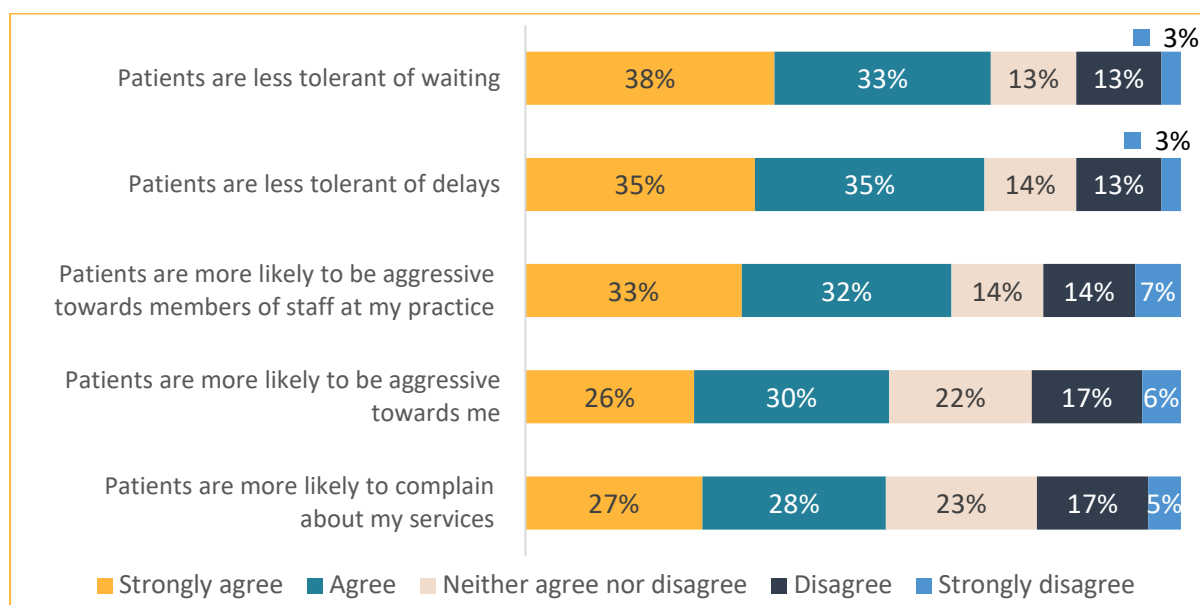
¹⁰ ONS, Personal well-being in the UK: April 2020 to March 2021. Office for National Statistics. 15 October 2021.

www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/april2020tomarch2021

In terms of wellbeing in the workplace, all respondents (except dental technicians who have fewer direct interactions with patients) were asked about their knowledge and experience of dealing with patients since August 2020 in the context of their role. Over two-thirds of dental professionals agreed or strongly agreed that patients were less tolerant of waiting (71%), or of delays (71%), while around two-thirds (65%) of dental business owners agreed or strongly agreed that patients were more likely to be aggressive towards their staff. Over half of dental professionals agreed or strongly agreed that patients were more likely to be aggressive towards them (55%), or be more likely to complain about their services (55%) although just over one-in-five (23% and 22%, respectively) disagreed or strongly disagreed with these statements – see Figure 9.

Significantly more DCPs than dentists (75% vs 66%) reported that patients were less tolerant of waiting, or of delays (74% vs 65%), with dental nurses and dental therapists reporting highest levels of agreement. Those in the private sector reported significantly higher levels of disagreement with all statements compared with those in working in the NHS or mixed sectors.

Figure 9 Dental professionals’ experience of dealing with patients in the past year



Weighted bases: 2,089, 2,086, 271, 2,085 and 2,089 respondents. Source: Pye Tait Consulting, 2021.

Some focus group participants mentioned noticing a higher incidence of colleagues retiring (mainly those in the NHS) or changing jobs or profession (mainly those working privately).¹¹ Just over half of participants (23 of 44 participants) discussed how the pandemic had impacted negatively on their and their patients’ wellbeing, describing their experiences using words such as: stressful, hard, anxious, demanding, exhausting, long hours, burnt out, and under-appreciated. Many noted that the job as they knew it before March 2020 had changed radically, with the introduction of enhanced PPE creating a lack of face-to-face engagement, a backlog of patients, and reduced interaction with some patient groups (e.g. elderly, clinically vulnerable).

Three participants specifically talked about an increased number of mental health issues among colleagues. Some noted there was informal support available from their colleagues, while others had been referred to other medical professionals such as psychiatrists.

¹¹ For context, the average age of focus group participants is higher than that of the GDC register.

We've seen a lot more mental health issues. We've seen a lot more people breaking than would normally break. At this point in time, we don't have any other choice because we've got such a backlog of treatment. It's a bit of a double-edged sword. – Dental nurse, England

Of the 44 focus group participants, two said that their wellbeing had been good or had improved in the last 18 months, and one of the two mentioned being happier in the job than before the pandemic, citing a better work-life balance with reduced stress.

4. Protecting safety

This chapter explores how dental professionals' knowledge and skills have been affected by training and CPD undertaken since COVID-19 and outlines how changes introduced to ensure patient safety are impacting dentistry.

Chapter summary

Registrants as professionals

- Near consensus among registrants that they had the necessary skills to do their job safely (98%), that they were confident they could do their job safely (90%), and that they had the necessary training (90%), and the right equipment (89%) to do their role safely.
- Just under three-quarters (72%) agreed or strongly agreed they could access all mandatory training they needed.
- Around three-in-five (61%) had undertaken training less frequently in the past 12 months compared to pre-COVID.
- About nine-in-ten (89%) agreed there was sufficient availability of appropriate PPE for them.

Providing services to the public

- While enhanced PPE does protect safety, focus group participants noted that it had resulted in reduced ability for dental professionals to communicate verbally and visually in a face-to-face setting with patients.
- Telephone or video consultations had been introduced, and digital technologies had been a notable innovation to maintain patient connection.

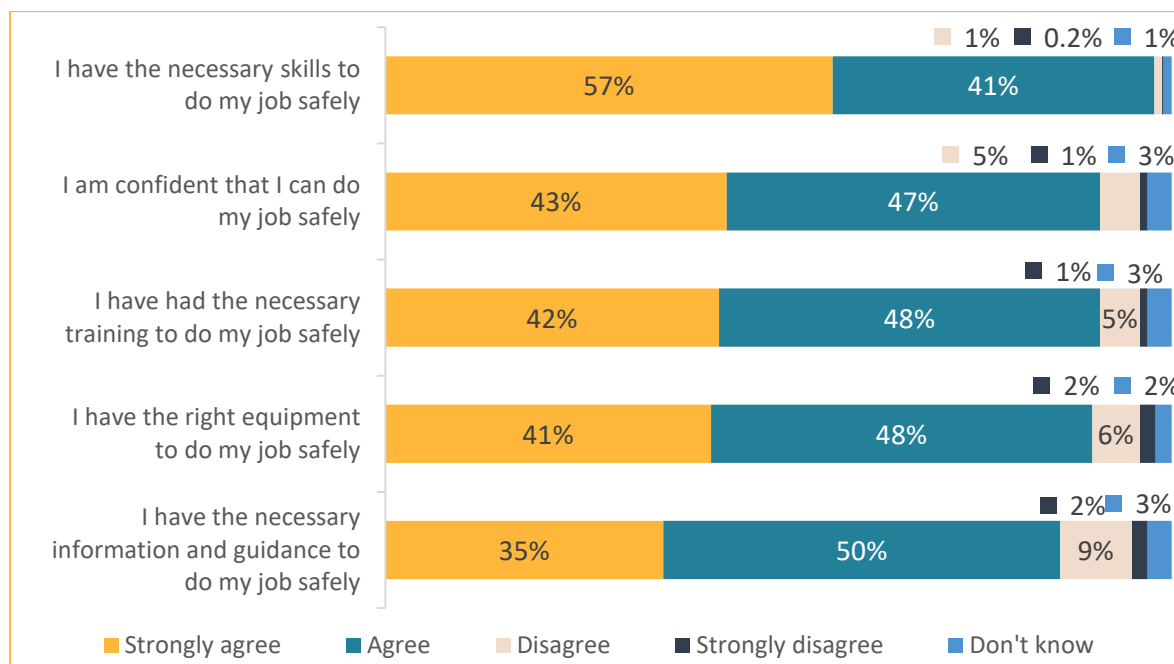
4.1 Knowledge, skills, and training to practice safely

All dental professionals were asked, via a series of statements, whether they currently have the ability to work safely in the context of COVID-19.

There was near consensus among dental professionals (98%) that they had the necessary skills to do their job safely. Around nine-in-ten respondents agreed that they: were confident they could do their job safely (90%), had the necessary training to do their job safely (90%), and had the right equipment to do their role safely (89%). There were slightly lower levels of agreement – but still high overall (85%) – that dental professionals had the right information and guidance to do their job safely – see Figure 10. For all statements, there was significantly higher agreement compared with the findings from the first research study (Autumn 2020).

Significantly more DCPs than dentists agreed that they: had the necessary information and guidance to do their job safely (89% vs 79%); were confident of being able to do their job safely (92% v 88%); and had the necessary training to work safely (92% vs 87%). Respondents working in the private or mixed sectors reported significantly higher levels of agreement with all statements than those working in the NHS, except that relating to information and guidance (no significant difference).

Figure 10 Extent to which dental professionals believe they can perform their job safely



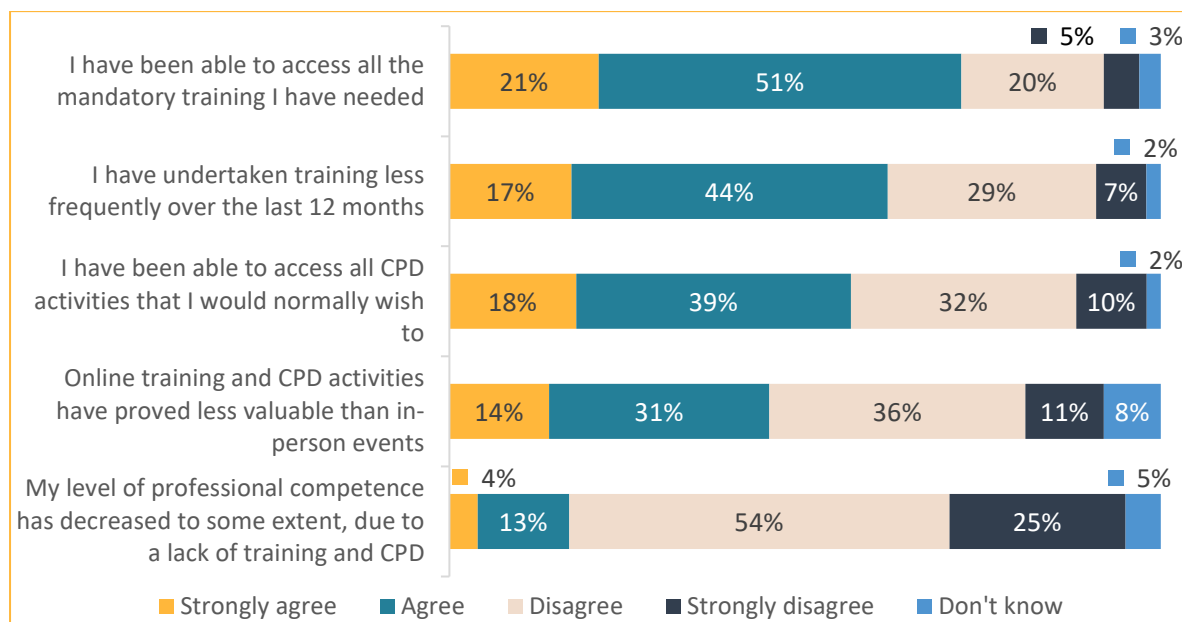
Weighted base: variable 2,143 to 2,153 respondents. "Not applicable" responses omitted for clarity. Source: Pye Tait Consulting, 2021.

All respondents were asked to consider the extent to which they agreed with statements on training and Continued Professional Development (CPD) activities over the past year compared to the year prior to March 2020.

Just under three-quarters (72%) of dental professionals agreed they had been able to access all the mandatory training they had needed, although one-quarter (25%) disagreed to some extent. Around three-in-five (61%) dental professionals agreed they had undertaken training less frequently in the past 12 months compared to pre-COVID, although just over one-third (36%) disagreed. There was a split among respondents as to whether they had been able to access all the CPD activities they would normally wish to (57% agreed and 42% disagreed), and whether online training and CPD activities had proved less valuable than in-person events (45% agreed and 47% disagreed). However, around eight-in-ten (79%) dental professionals disagreed that their level of professional competence had decreased to some extent due to a lack of training and CPD – see Figure 11.

There were various significant differences when examining by respondent sub-group. More DCPs than dentists agreed they had been able to access all mandatory training needed (75% vs 67%) or all CPD activities they would normally wish to (65% vs 43%). Meanwhile, more dentists than DCPs agreed that online training/CPD has proved less valuable than in-person events (54% vs 39%). More registrants in England agreed they had been able to access all mandatory training (74%) compared with those in Scotland (67%) or Wales (58%), while more registrants in Wales agreed their level of professional competence had decreased to some extent due to a lack of training and CPD (27%) compared with Scottish (17%) and English (16%) counterparts.

Figure 11 Dental professionals' access to, and impact of, training and CPD activities



Weighted base: variable 2,146 to 2,153 respondents. Source: Pye Tait Consulting, 2021.

While reporting an initial cancellation of all CPD activities when the COVID-19 pandemic reached the UK, focus group participants said they now had ready access to CPD and training and that these activities were continuing as normal. Activities had, however, shifted to a predominantly online format, and several participants said they missed the face-to-face element which they felt provides deeper learning and opportunities to network and share experiences, knowledge, and best practice. Broadly, dental professionals stressed the importance of keeping training and skills up-to-date to ensure safety.

4.2 Guidance on PPE and infection control

Most focus group participants said they had been issued with guidance on PPE and infection control (IC) at 'some point' during the COVID-19 pandemic, and this perception especially applied to the earliest part of the first lockdown in 2020. Some participants reported being unsure exactly what PPE and IC was needed, how to use some PPE, how to obtain it, or how to fit-test it. A small number felt that guidance relating to PPE had been ambiguous and open to interpretation resulting in its incorrect usage across their practices and wider teams.

[Initially] We did not know how far we needed to go with PPE, nor how long to wear it for. We were unsure about sorting out types of PPE and supply. – Dental nurse, England

A small number of focus group participants also felt that, at various points during the pandemic, there had been inconsistency/conflict between advice provided, specifically in government guidance for shops and hospitality venues compared with that for visiting health and care institutions.

4.3 Implications for the operation of dentistry

As COVID-19 became prevalent in the UK, new requirements were introduced into dental practices in 2020 to manage the risk of transmission. Such requirements focused on the use of PPE and the introduction of fallow time after procedures, as well as managing patient flow and capacity.

Most dental professionals (89%) agreed or strongly agreed that there was sufficient availability of appropriate PPE for them in their current practice – a significant increase from 65% in the first research (Autumn 2020). More registrants in England agreed (90%) than those in Scotland (81%) or Wales (82%) – a significant difference.

In relation to the post-Aerosol Generating Procedure (AGP) fallow time, three-in-five (60%) agreed or strongly agreed that this was necessary to ensure patient safety – a significant decrease from 62% in 2020. However, around one-quarter (26%) disagreed or strongly disagreed, while one-in-ten (10%) were unsure. Significantly more DCPs than dentists (69% vs 46%) agreed on this point.

Dental professionals in the focus groups confirmed other measures they had introduced to maintain and protect patient's safety, and manage their backlog, including:

- changes in how practices organise patient visits including regular check-ups, emergency treatments, and AGP treatments
- changes in how practices deal with current and new patients, for example some participants' practices were not accepting new patients
- new modes of supporting patients, e.g. telephone and video consultations.

Focus group participants noted that the introduction of enhanced PPE, while protecting safety, had resulted in reduced ability for dental professionals to communicate verbally and visually in a face-to-face setting with patients. In terms of other practical changes, some participants introduced telephone or video consultations for emergency cases and clinically vulnerable individuals. Generally, participants noted they kept communication as simple and as clear as possible to ensure understanding.

Digital technologies had been a notable innovation to maintain connection with patients for all sectors. Some focus group participants explained how their practices now arrange video consultations via Microsoft's Teams software or had introduced online services to complete medical histories or registration. Others – mainly in the private sector – had sent video snippets to patients showing their staff wearing PPE, or using iPads for written consent, to try to engage patients and explain why they work the way they do. Communicating with patients by email or text, and online consultations with patients taking photos had risen massively for NHS and private practices.

However, against this shift was an increased fear of litigation among focus group participants (particularly those working in the NHS) with these individuals leaning towards a "defensive" approach with increased record-keeping and less innovation. This appears to have been a continuation throughout the pandemic, as 2020 focus group participants also noted that "some dental professionals felt vulnerable to future investigation relating to some of the clinical decisions they have had to make".¹²

Depending on what sort of PPE you're wearing, if you're wearing the stealth masks, it's very difficult to get a pair of magnifying loupes to fit on that. I worked two days a week and was having headaches that were lasting till the following week, because the mask was pressing down so much. That meant that you either don't see, don't work, or are not safe. – Dentist, England

¹² Palmer, H., Campbell-Jack, D., Lillis, J., Elsby, A., Impact of COVID-19 on dental professionals, UK: Ecorys, 2020.

5. Patient confidence and access to care

This chapter examines dental professionals' perceptions of patients' views on dental services and how patients' access to care has been impacted, and continues to be impacted, by the COVID-19 pandemic.

Chapter summary

Patient confidence

- Nearly half (49%) of dental professionals felt patients' confidence in the safety of their current services remained at similar levels to pre-COVID. According to focus group participants, lack of access to care was the key reason for low public confidence.

Access to care

- Just under two-in-five (38%) anticipated their patient volume will decrease over the next year compared to levels before the pandemic.
- Over four-fifths (84%) believed overall patient demand had increased since March 2020, and likewise (81%) for emergency care. Increases were significantly higher for individuals working in the NHS or mixed sectors than the private sector.
- Focus group participants confirmed a backlog in treatment had led to extremely high demand for care, with many cases currently being emergencies.
- Net demand for all types of treatment was reported to have increased since March 2020. However, net confidence to be able to meet this increased demand was lower on average.
- Around half of respondents believed people who are unable to afford dental treatment (51%), or that people at high risk from COVID-19 (clinically extremely vulnerable) (48%) had experienced reduced access to services due to COVID-19.
- Those commenting noted how all patients had experienced reduced access due to the new requirements (e.g. follow time, overall reducing capacity to manage flow and numbers).
- Increases in appointment waiting times since March 2020 were noted by responding dental professionals for all types of service, notably for periodontal treatments with AGP (68%) and routine dental care (67%). Significantly more NHS sector dental professionals reported an increase in waiting times compared with those in the private sector.

5.1 Patients' confidence in dental services

Dental professionals were asked to consider how patients' and services users' confidence in the safety of their current service had changed compared to that prior to March 2020. Nearly half (49%) of respondents felt patients' confidence remained at similar levels to pre-COVID while one-quarter (25%) believed patients' confidence had increased – a significant increase from 20% in 2020. Remaining respondents were evenly split into two groups, those who believed patient confidence had fallen since March 2020 (12%, a significant decrease from 18% in 2020) and those who were unsure (13%).

Significantly more registrants working in the NHS stated that patient and service user confidence had stayed the same (56%) or decreased (13%) compared with those working privately (50% and 8%, respectively). Significantly more registrants working privately (33%) or in mixed sectors (26%) reported an improvement in patients' and users' confidence compared with NHS workers (19%).

According to focus group participants, lack of access to care was the key reason for cases of low public confidence. The combination of the backlog created by various lockdowns with COVID-19 safety regulations and fallow time limiting patient numbers had led to longer waiting lists, with some dental professionals noting these can extend up to 2.5 years. Both public and private sectors were experiencing this problem because of a lack of capacity in the NHS. The situation was leading to more people trying to access private care, which in turn lacked sufficient time and resource to accommodate everyone. Dental professionals, particularly those working in the NHS, additionally noted that the lack of access to care also overlapped with higher patient expectations and apparent conflicts between government messages for dentistry compared with other environments (such as hospitality).

Government will be saying, 'Dentistry is open. You can get your six-month check-up.' but, in reality, that's not true and then patients think it is dentists who are not doing what they're told. – Dentist, Scotland

Focus group participants noted some patients were grateful to be seen, but that most were frustrated by the COVID-19 pandemic and restrictions, and this was reflected in their anxiety – and in some cases, increased aggression – towards dental professionals, particularly in NHS settings.

5.2 Changes to the provision of dental services

All respondents were asked how they believed the number of patients they think they will provide dental services to over the next 12 months, compared to levels before March 2020, would change due to COVID-19. Just under two-in-five (38%) dental professionals anticipated that their patient volume would decrease (a significant difference compared with 66% in 2020). Around one-in-five (21%) believed patient numbers would remain roughly the same, while over one-quarter (29%) foresaw an increase in patients – a significant rise from 11% last year. The remaining 13% were unsure.

Significantly more workers in the private (32%) or mixed (28%) sectors predicted an increase in patient volume than NHS workers (23%), while significantly more of those working predominantly in the NHS (51%) predicted a decrease than their private (37%) or mixed (36%) counterparts. More DCPs than dentists (34% vs 20%) predicted an increase, while on the other hand more dentists than DCPs (56% vs 26%) predicted a decrease – both significant differences.

Of those anticipating a drop in patient numbers, the average (mean) predicted decrease compared to levels before March 2020 was 30%. Of those foreseeing an increase in patient numbers, the average (mean) increase was 31%.

5.3 Changes in overall demand and emergency care

Dental professionals were asked how they believed overall patient demand for services had changed since March 2020. About five-in-six (84%) respondents believed that overall patient demand had increased to some extent with just under half (48%) agreeing demand had increased significantly. A small proportion (7%) reported no change in demand, and 4% believed overall patient demand had fallen. There is a significant difference in the proportion of dental professionals who said that overall patient demand for services has increased, up from 63% in 2020.

About eight-in-ten (81%) dental professionals reported an increase in demand for emergency dental care – the same as in 2020 – with just over half (53%) of all respondents deeming that demand had increased significantly. A small proportion (8%) reported no change in demand, and 1% believed demand for emergency care had fallen since March 2020.

Significantly more registrants working in the NHS reported increases in both overall patient demand (88%) and for emergency care (91%) compared with registrants working privately (81% and 69%, respectively). Meanwhile, significantly more respondents in Wales than those in England said demand in both these instances had increased (92% vs 83% for overall demand, 92% vs 79% for emergency care).

This increase in overall patient demand is corroborated by focus group participants in both NHS and private settings, who noted that a backlog in treatment had led to extremely high demand for care, with many cases currently being emergencies. Some noted their practices triaged patients over the phone which can be ineffective if patients cannot fully describe their problems, or instead can lead to a backlog of referrals.

Our books are full of emergencies for three months, so we are not even doing check-ups just yet. We're bursting at the seams, and there is nothing we can do. –
Dentist, Scotland

5.4 Changes in demand and supply of specific treatments

Dental professionals were asked how overall demand for specific services had changed since March 2020. In addition, respondents were also asked how confident they were in being able to meet demand for these services over the coming 12 months due to COVID-19.¹³

Net demand¹⁴ for all types of treatment was reported to have increased since March 2020. In particular, net demand for extractions and restorative treatments with no lab work (such as fillings and root canals) was anticipated to increase by around three-in-five (net 62% and net 60%, respectively) – see Figure 12. Furthermore, routine check-ups and periodontal treatment including AGP were noted to have increased in net demand by net 55% and net 54%, respectively. Broadly speaking, significantly more respondents working predominantly in the NHS than those in mixed or private sectors reported an increase in demand.

However, net confidence¹⁵ to be able to meet this increased demand was lower on average than the anticipated rise in demand, although this varied by type of treatment. Dental professionals were most confident they would be able to meet demand for extractions (net 32%) and denture repair/reconstruction (net 25%). However, dental professionals were least confident they would be able to meet demand for periodontal treatment including AGP (net -12%) or routine dental examinations (net -11%). Respondents working predominantly privately were more confident of meeting this increased demand than those in NHS settings.

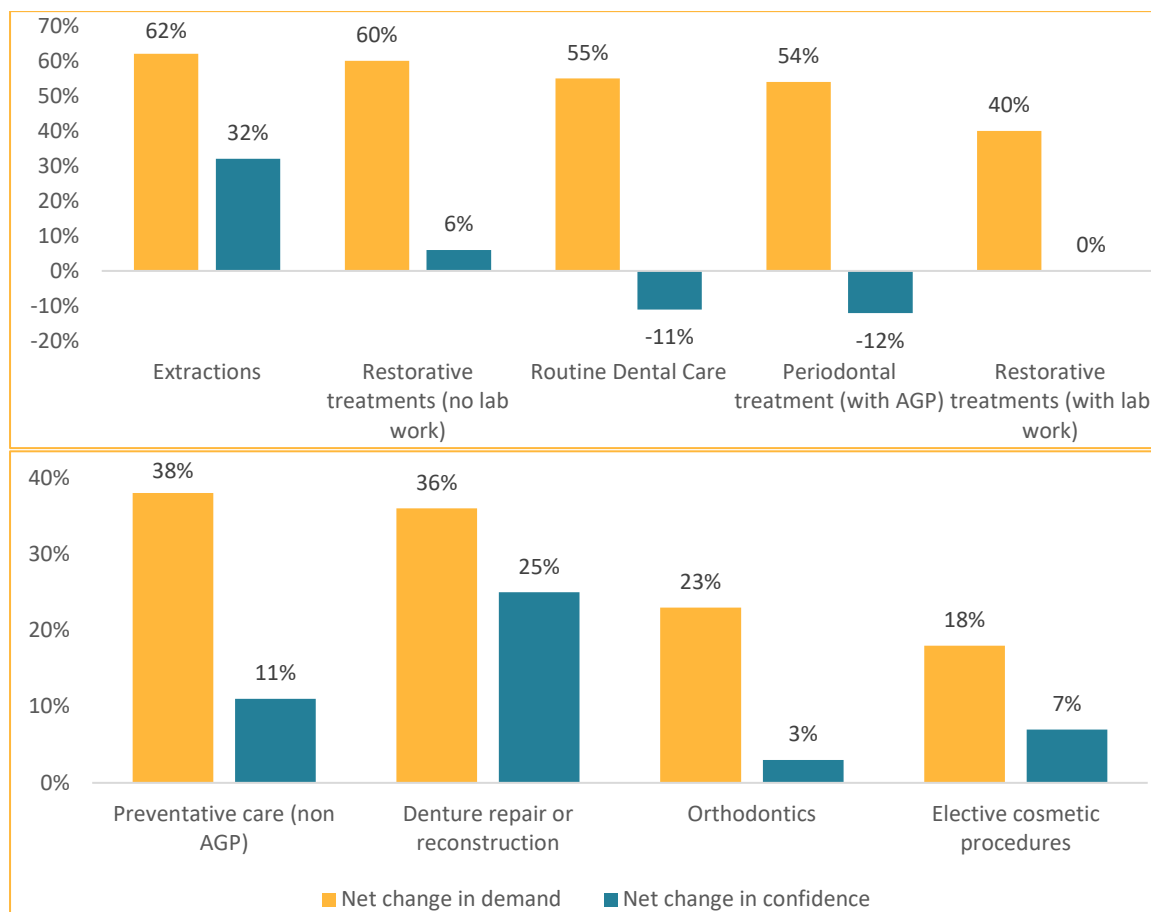
Compared to the first research in 2020, demand was reported to have increased significantly for all treatments except extractions and denture repair since March 2020. However, net confidence had not followed to the same extent – only increasing significantly in the past 12 months for periodontal treatments and restorative treatments with lab work.

¹³ Note that, respondents were asked different questions, depending on their registrant role and work settings.

¹⁴ Defined as the percentage of respondents believing demand will “significantly increase” or “increase”, minus the percentage of those believing demand will “significantly decrease” or “decrease”. Don’t know or not applicable responses are excluded.

¹⁵ Defined as the percentage of respondents who are very or quite confident, minus the percentage of those who are not very or not at all confident. Don’t know or not applicable responses are excluded.

Figure 12 Net demand and net confidence in meeting demand for specific services



Weighted base: variable from 990 to 1,003 respondents. Source: Pye Tait Consulting, 2021.

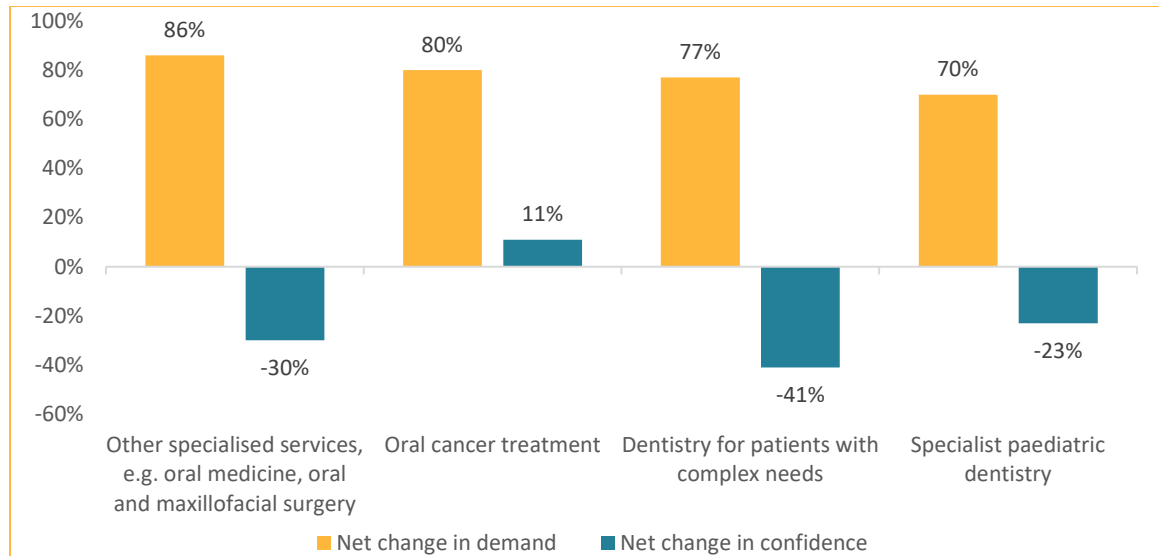
With an increased focus on emergency care, focus group participants reported undertaking fewer filling or crown procedures, and those working in the NHS noted denture repairs to be a low priority. Participants reported seeing an increase in the number of patients with clenching issues, TMJ (temporomandibular) problems, and precancerous lesions. Due to a reduced capacity, some feared an increase in “DIY dentistry”. One participant described the difficulties faced in deciding how to prioritise patients on a daily basis.

*How do you say to one child that your need is not as great as the other patient?
Making these decisions is very difficult when everybody has a need and staff find it really difficult. – Dental therapist, England*

5.4.1 Demand in hospital settings

Dentists and specialists working in dental hospitals or other hospital settings were asked how overall demand for specific services was expected to change over the next 12 months due to COVID-19. In addition, these respondents were also asked how confident they were in being able to meet demand for these services over the coming 12 months due to COVID-19.

Figure 13 Net demand and net confidence in meeting demand for specific services (hospital settings)



Weighted base: variable 32 to 33 respondents. Source: Pye Tait Consulting, 2021.

Net demand for all types of hospital treatment was expected to increase markedly over the coming year, with a net increase of at least 70% anticipated for all types of treatment, with the highest net increase for other specialised services (net 86%) and oral cancer treatments (net 80%) – see Figure 13.

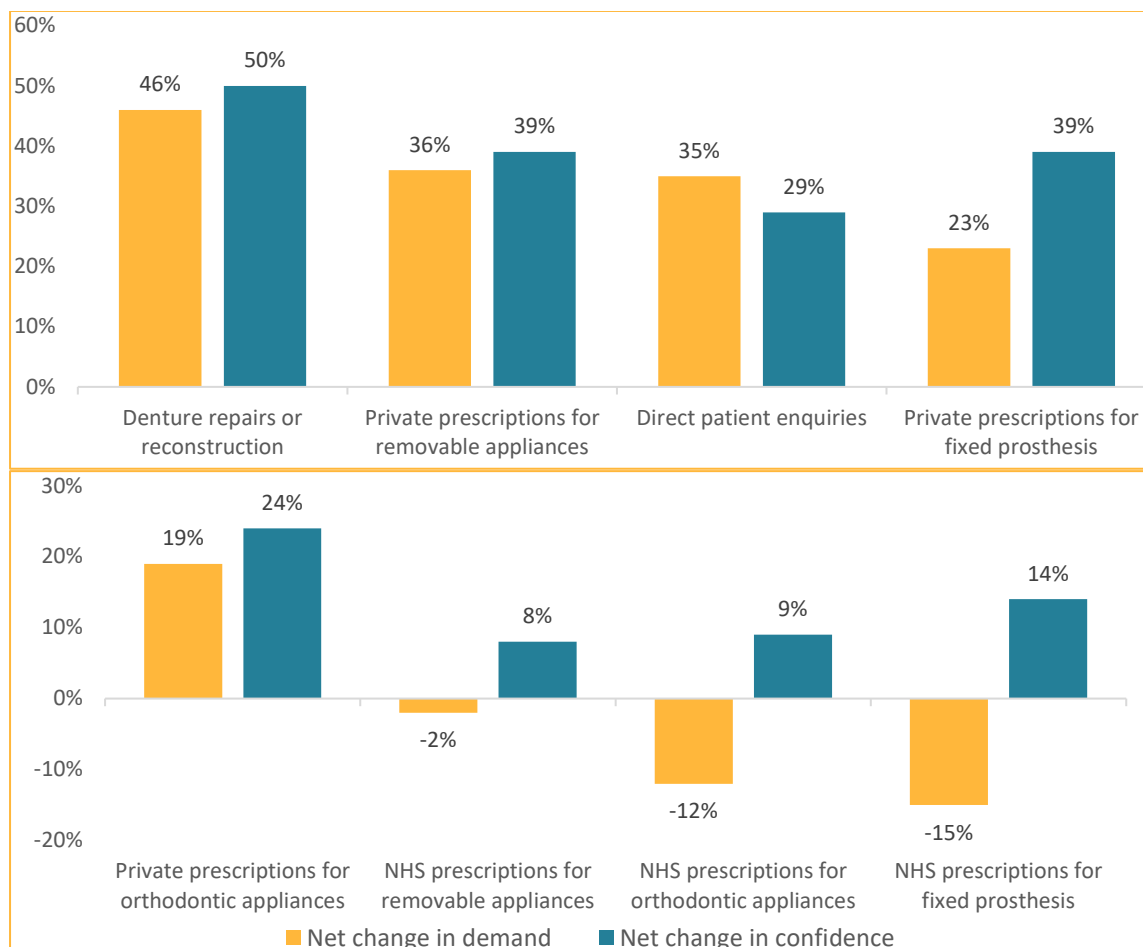
However, net confidence to meet this demand fell short of this anticipated rise. While dentists and specialists were confident they would meet demand for oral cancer treatment (net 11%), they were notably unconfident in being able to meet demand for other types of service, particularly to offer dentistry for patients with complex needs (net -41%).

Compared to the first research in 2020, there had been a significant increase in demand for oral cancer treatment and for other specialised services since March 2020, but no corresponding significant change in confidence.

5.4.2 Technician services

Clinical dental technicians and dental technicians were asked how overall demand for specific services was expected to change over the next 12 months due to COVID-19. In addition, these respondents were also asked how confident they were in being able to meet demand for these services over the coming 12 months due to COVID-19.

Figure 14 Net demand and net confidence in meeting demand for specific services (technician services)



Weighted base: variable 84 to 87 respondents. Source: Pye Tait Consulting, 2021.

Net demand for most treatments was expected to increase, with denture repairs/reconstruction anticipated to increase most (net 46%) followed by private prescriptions for removable appliances (net 36%) and direct patient enquiries (net 35%). Net demand for all types of NHS prescription was anticipated to fall slightly over the coming year compared to March 2020 levels – see Figure 14.

Technicians were reasonably confident that they would be able to meet this level of demand, with a net positive confidence reported for all types of service. Highest levels of net confidence were seen for the two services anticipated to increase most in demand: denture repairs/reconstruction (net 50% confidence) and private prescriptions for removable appliances (net 39% confidence).

Compared to the first research in 2020, there was little change of significance in demand and confidence.

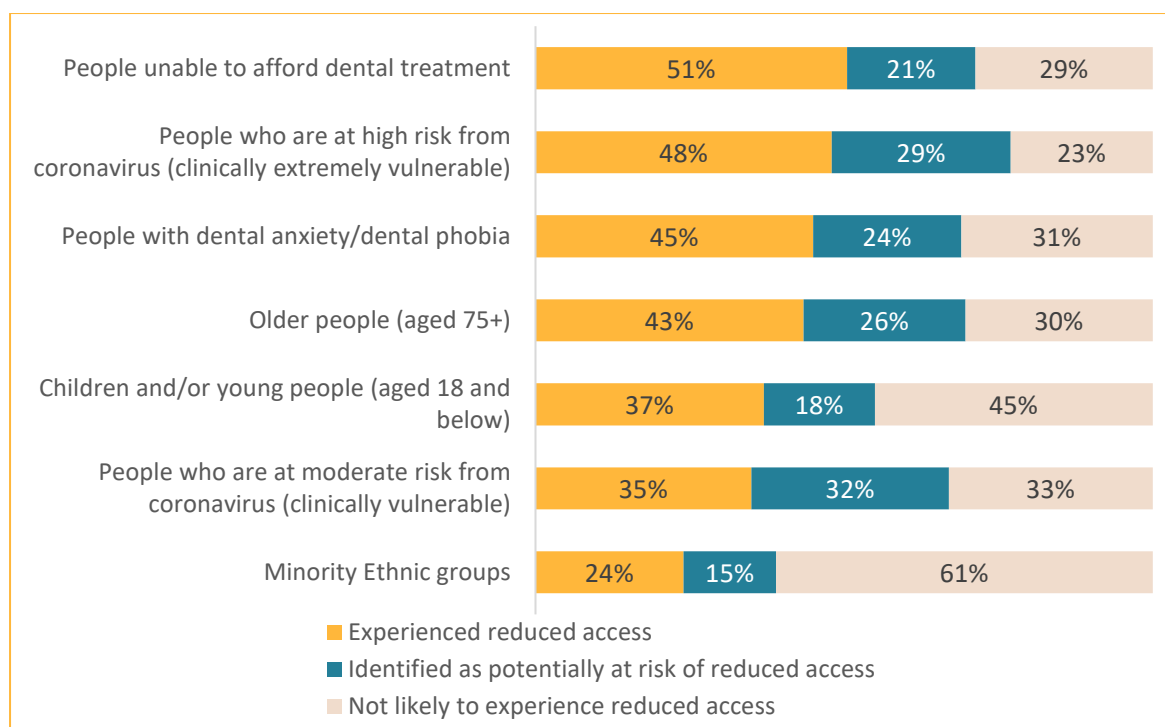
5.5 Groups most likely to experience reduced access to care

All dental professionals except dental technicians were asked to consider which groups (from a pre-defined list) had experienced reduced access to services to their services due to COVID-19, or were identified as potentially at risk of experiencing reduced access.

Around half (51%) of respondents believed that people unable to afford dental treatment had experienced reduced access, and just under half (48%) believed likewise for people at high risk from

COVID-19 (clinically extremely vulnerable). Meanwhile, over two-fifths believed likewise for people with dental anxiety/dental phobia (45%) or people aged 75+ (43%). There was an even split between those dental professionals who believed people aged 18 and below, or people at moderate risk from COVID-19 (clinically vulnerable), had experienced reduced access (37% and 35%, respectively) versus those who believed these two groups were not likely to experience reduced access (45% and 33%, respectively) – see Figure 15. Meanwhile, around three-in-five (61%) dental professionals believed minority ethnic groups were not likely to experience reduced access to their services (there was no significant difference by respondent ethnicity).

Figure 15 Dental professionals’ views on groups that experienced reduced access to their services



Weighted base: 2,093 respondents. Source: Pye Tait Consulting, 2021.

Significantly more dentists than DCPs stated that all of these patient groups had experienced reduced access to their services due to COVID-19. Furthermore, significantly more dental professionals working in the NHS than those in mixed or private settings stated that all patient groups had experienced reduced access – the only exception being in relation to people unable to afford dental treatment, where private dental professionals’ response was significantly higher than those providing mainly NHS care.

Compared to respondents in England, significantly higher proportions of those in Scotland stated that all patient groups had experienced reduced access to care (except for those patients unable to afford treatments where there was no significant difference). Meanwhile, significantly more respondents in Wales compared with all other UK nations raised concerns that people unable to afford treatment had experienced reduced access.

Dental professionals could also write in other groups that they thought had experienced, or were potentially at risk of experiencing, reduced access to services due to COVID-19. Of the 249 comments received, most noted that all patients in general had experienced reduced access due to the introduction of new practice requirements such as fallow time and overall reduced capacity to manage flow and patient numbers. Some also noted that new patients, or those who had dropped

off the register, and/or those who were unable to afford private care, had experienced reduced access.

Respondents were asked why they believed some groups were facing reduced dental services due to COVID-19. Dental professionals claimed that all patients had experienced reduced access to care to some extent due to national lockdowns and the subsequent backlog, as well as the implementation of procedures to reduce infection that reduce dental capacity. Waiting lists, fallow time, and prioritisation of emergency treatments also contributed. Moreover, dental professionals (particularly dentists) argued that some patient groups such as the clinically vulnerable and/or those with other health conditions (including mental health issues) remained anxious about attending practices. Respondents – working in both NHS and private settings – commented that most patients await NHS treatment because they cannot afford private care but noted that the NHS does not have the capacity to assist them all in good time.

Where dental professionals identified one or more groups as having experienced, or potentially at risk of experiencing reduced access, they were asked what measures had worked for them, or may work in the future, to compensate for this risk of reduced dental service. Most commonly, just under two-fifths of dental professionals (38%) stated they were prioritising appointment schedules to see patients with reduced access above other patients – this is significantly higher in NHS (42%) or mixed (39%) sectors than private (33%). Meanwhile, just over one-in-three (36%) noted they had direct contact with groups experiencing, or at risk of, reduced access (e.g. via telephone, email, SMS). Significantly more respondents in the private sector used letters to contact patients (29%) than dental professionals in other sectors (20% NHS, 22% mixed).

Other measures were mentioned by 50 respondents. Around a third, largely dentists, noted they had taken on more staff and had extended practice opening hours to meet demand. Remaining comments took a broader view as to how access might be improved. Respondents noted greater funding could be made available through the NHS to assist with the backlog, and that wider promotion could be undertaken to relay the state of affairs in dentistry to the general public, to manage their expectations.

Some focus group participants based in community practices noted they had completely lost access to patients during lockdowns – these were predominantly elderly patients or those with special needs – meaning they could not access routine care. Children were also noted to have experienced some reduced access.

5.6 Impact on waiting times

All dental professionals were asked to consider how overall appointment waiting times for various services had changed since March 2020. Broadly speaking, respondents reported increases in waiting times for all different types of service.

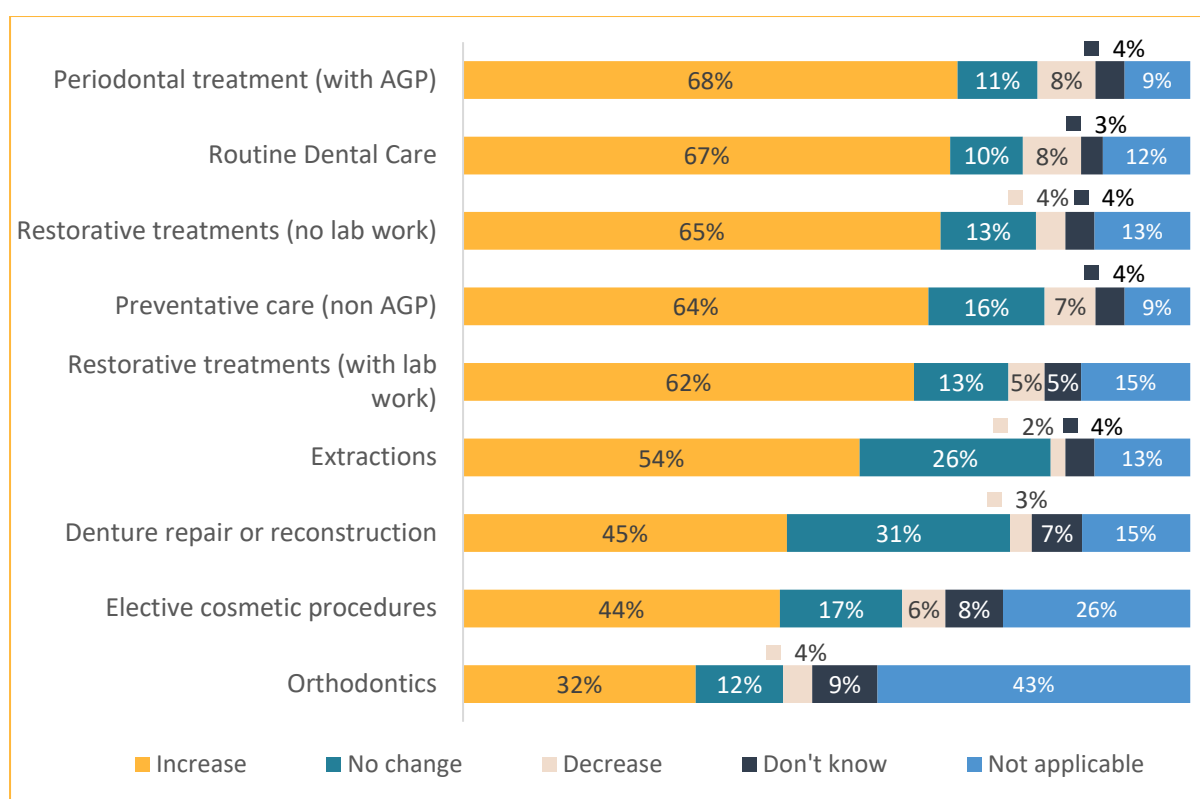
Around two-thirds of dental professionals believed that waiting times had increased to some extent for various services including: periodontal treatments with AGP (68%), routine dental care (67%), restorative treatments with (62%) or without lab work (65%), and preventative dental care with no AGP (64%). Fewer than 10% perceived waiting time to have decreased to some extent for any treatment – see Figure 16.

Significantly more dentists than DCPs said that waiting times had increased for all treatments, except orthodontics. Meanwhile, significantly more dental professionals in the NHS sector than those working privately said waiting times had increased to some extent for all types of treatment, except for orthodontics and elective cosmetic procedures. Significantly more dental professionals in

Scotland than those in England said that waiting times had increased to some extent for most treatments (the exceptions being orthodontics, cosmetic procedures, and extractions).

Respondents who noted an increase in waiting time for any service to any extent were asked how they were managing their backlog of appointments. Two-thirds (66%) stated their priorities for appointment-making were based on clinical urgency – this was significantly higher for NHS respondents (72%) than those in mixed (66%) or private sectors (61%). Just under two-fifths of dental professionals noted receptionists (37%), or dental care professionals (37%), were involved in deciding patient priority. The involvement of DCPs in deciding patient priority was significantly lower in Northern Ireland (25%) than England (37%) or Scotland (40%). Meanwhile, one-in-eight (13%) respondents stated dentists are the only ones to decide on patient priority.

Figure 16 Dental professionals’ views on change in waiting times for procedures since March 2020



Weighted base: 2,168 respondents. Source: Pye Tait Consulting, 2021.

“Other” measures to manage appointment backlogs were mentioned by 89 respondents. Of these, one-in-six (14 respondents) noted they had no fixed process or procedure in place and took things day by day. A similar sized group (15 respondents) noted they had dedicated admin staff to manage appointments. Another group of similar size (13 respondents) stated their strategy was simply to book patients further in advance, or slot them into cancelled slots. Eight dental professionals said they prioritised on a first come first served basis, or more aggressive patients who threaten to complain formally.

Focus group participants believed waiting times had increased since March 2020 because of the introduction of fallow time and other procedures (disinfection, changing PPE between patients). The impact of COVID-19 on waiting times appeared to vary by practice, according to focus group participants, as practices interpreted and implemented guidelines differently and/or had different

capacities and facilities available (e.g. one-chair practices could more easily separate patients than larger practices who may have to request people wait outside).

Participants noted that, as problems faced in the chair were sometimes more severe than anticipated, patients' treatment could take longer than planned, resulting in other appointments being rescheduled. Aggressive patients could also be a problem, with some participants having been involved in arguments with patients to explain the need for masks in dental practices, when such time could be better spent on delivering care.

6. Taking stock and looking forwards

While the initial shock of the COVID-19 pandemic and the resulting lockdowns has passed, the ongoing effects are still being felt by a dental sector that is having to adapt to a new way of working by implementing changed operating procedures to protect patients' safety. These effects will continue to be felt for years to come.

Research participants were therefore asked to reflect back on what changes stood out for them over the past 18 months, and where additional support and guidance is required to help the sector move forwards.

Chapter summary

Taking stock

- Just over four-fifths (82%) of dental professionals had seen an increase in emergency care required and nearly three-quarters (74%) reported a decline in patients' standard of oral health.
- Nine-in-ten (90%) reported an increase in waiting lists and almost three-in-five (59%) were unable to accept new NHS patients.

Looking forwards

- Dental professionals outlined four ways in which they felt enhanced support might be provided:
 - Clearer, more consistent guidance and development of a longer-term strategy was welcomed.
 - A request for increased financial support to assist with equipment, recruitment, pay.
 - A public awareness campaign would help to manage patients' expectations.
 - Additional CPD specifically focused on COVID-19 related issues was requested.
- Dental professionals saw the pandemic as an opportunity for the GDC to work with other stakeholders to provide the sector with clearer, more consistent messaging using a more empathetic tone, as well as a chance to potentially cut red tape, and increase engagement with the public.

6.1 COVID-19 – almost two years on

All respondents except dental technicians (who do not interact directly with patients) were asked to reflect on how their current position compared to that prior to March 2020. Nine-in-ten (90%) dental professionals agreed that waiting lists had increased since then – a significant increase from 82% in 2020. Just over four-fifths (82%) agreed that there had been an increase in emergency care required (a significant increase from 79% in 2020), and nearly three-quarters (74%) were concerned that patients' standard of oral health had declined in this time (another significant increase from 71% in 2020) – see Table 4.

There were also concerns about a reduction in access to services compared to before the COVID-19 pandemic: just over two-thirds (69%) concurred that access had been reduced for non-registered patients (a significant increase from 64% in 2020), nearly three-in-five (59%) were unable to accept new NHS patients, and just over half (52%) reported limitations on the treatments provided where they work (a significant change from 68% in 2020).

More registrants in the NHS sector than those in the private sector agreed there had been increases in waiting lists (96% vs 83%), emergency care (90% vs 75%), and referrals (66% vs 51%), and decreases in oral health (81% vs 68%), and access to services for non-registered patients (75% vs 64%) – all significant differences.

Compared with other nations, significantly more Scotland respondents reported greater limitations on treatments provided in their workplace (68% vs 50% in England, 48% in Wales, and 52% in Northern Ireland). In addition, significantly more respondents in Scotland than England reported increases in waiting times (94% vs 90%), declines in patients’ standard of oral health (81% vs 73%), and increases in emergency care required (89% vs 81%).

Table 4 Change in dentistry landscape since March 2020

Since March 2020...	Strongly or tend to agree	Strongly or tend to disagree
There has been an increase in waiting lists	90%	5%
There has been an increase in emergency care required	82%	7%
There has been a decline in patients’ standard of oral health	74%	16%
There has been a reduction in access to services for non-registered patients	69%	13%
There has been an increase in referrals	62%	21%
We are now unable to accept new NHS patients	59%	12%
There has been a shift from NHS to private practice	57%	18%
There are now limitations on the treatments provided where I work	52%	38%
There has been a decrease in referrals of possible oral cancer	30%	32%
There has been a shift from private practice to NHS	13%	59%

Weighted base: variable from 2,059 to 2,072 respondents. “Not applicable” and “Don’t know” responses omitted for clarity. Source: Pye Tait Consulting 2021.

Meanwhile, there had been a shift, to some extent, from NHS to private practice for dental professionals – a significant increase to 57% agreeing in 2021 from 35% in 2020. However, the 2021 view differed markedly depending on registrants’ sector of work, with significantly more registrants working in the NHS agreeing there had been a shift from private to NHS (19% compared with 6% of private sector workers), while significantly more of those working privately agreed there had been a shift from NHS to private (69% compared with 40% of NHS sector workers).

Several focus group participants from both public and private sectors believed that the COVID-19 pandemic had served to accelerate a trend in dentistry of shifting care from the NHS to private. They felt that NHS dentistry faced the risk of being reduced to simple treatments or “a safety net” (as one individual put it) for those who cannot afford private care, with more advanced treatments more likely to be available privately.

There was also concern among focus group participants from the NHS sector that NHS dental professionals had gone unrecognised during the COVID-19 pandemic compared with other healthcare professions (for example, not being eligible to enter supermarkets early) which impacted on sector morale, and it was felt that dental professionals could have been recognised more publicly.

While certainly not wholesale among focus group participants, most were more pessimistic than optimistic, and pointed towards high levels of stress and physical exhaustion, resulting in lower morale; this was exacerbated by a perception that there was a lack of public understanding of the challenges that dental professionals faced currently. Notably, however, younger participants, and those working in the private sector appeared to be more optimistic.

6.2 Guidance, support, and training to support dental business recovery

Survey respondents were asked, via an open-ended question, what further guidance, support, or training they felt was required to support their, or their dental business', recovery from COVID-19, and 732 comments were received. A similar question was asked of focus group participants. Among responses from all these dental professionals, four key themes emerged:

- Clearer and more consistent guidance, and development of a longer-term strategy.
- Increased financial support.
- Raising public awareness to manage expectations and assist dental professionals' wellbeing.
- Related COVID-19 CPD and training.

6.2.1 Clear guidance and a longer-term strategy

Around half of responses suggested that key stakeholders such as the GDC, Care Quality Commission (CQC), Chief Dental Officers, and UK and Nation governments, could work together to provide clearer and more consistent guidance for dental professionals across the UK, noting that guidance had at times throughout the pandemic been conflicting or ambiguous. This group requested clearer guidance on PPE, IC, aerosol treatments, patient management (fallow time), room temperatures for AGP, and even toilet breaks, arguing that practices implemented these rules differently. These respondents also requested a wider review of current operating procedures and fallow times, particularly for AGP, and they would like to see a shift towards a more sustainable way of operating, driven by scientific evidence and international comparisons.

Focus group participants agreed that, to enable a full recovery from the COVID-19 pandemic, proper planning, communication, and cross-sector working between representative organisations (such as the GDC, British Dental Association (BDA), CQC, and the College of General Dentistry) was required, to formulate a longer-term strategy. This view was noted particularly by registrants aged over 40, and more so from dentists in the private sector.

I would like to see a road map for how we are going to navigate our way back to either normality or the 'new' normal over the long term. – Dentist, England

6.2.2 Financial support

Around one-in-six (120 respondents) survey respondents commenting requested greater levels of financial support, with those in the NHS sector concerned about under-funding, and those working privately concerned that their sector was overlooked. This support was suggested to come from government, regulatory and professional bodies, to provide assistance with medical equipment and/or grants towards PPE, to aid with recruitment, to review NHS contracts, or to increase pay for NHS staff (particularly dental nurses), to thereby offer support in cases where income had dropped since the pandemic.

Focus group participants would welcome increased support from government for both NHS and private sectors, noting the latter was being impacted by government regulations to the same extent as the former. Lack of staff and funding as well as reduced capacities due to the infection protocol were seen as key contributors towards the financial problems facing some dental businesses, and focus group participants would welcome assistance with recruitment and support in the form of grants.

6.2.3 Raising public awareness

In terms of wellbeing, around one-in-six (114 respondents) surveyed dental professionals providing comment pointed to the unprecedented conditions they were working under, with this group (comprising mainly dentists and dental nurses) explaining the stress and mental burnout they felt, and the need for appreciation of their efforts by the GDC, government, and the wider public. This

group believed raising public awareness about the state of the sector, including the need for fallow time, would help to manage public expectations, anger, and anxiety – this was suggested to be delivered best by government, the GDC and through the media.

Clearer lines of communication between key organisations and dental professionals would also be welcomed by focus group participants. These participants, particularly those working predominantly in the NHS, also believed that proactive communication to raise public awareness about the current state of the sector (e.g. patient backlog, capacity) would help to manage expectations and aid recovery, and suggested Chief Dental Officers could be involved in this messaging.

6.2.4 CPD and training

Around one-in-ten (68 respondents) of those surveyed who provided comment believed that the mode of CPD training should shift towards more face-to-face delivery. There was a desire for more specific CPD in areas such as IC, sedation, Immediate Life Support (ILS) training, radiography (IRMER), CPR/emergencies, life support, radiation, as well as for more training and support relating to the impact of the pandemic, for instance stress management and resilience workshops, particularly among dentists and dental nurses.

Focus group participants tended to agree that they preferred face-to-face training and believed it to be of greater benefit than online, although some noted the latter was more cost and time effective. Looking forwards, participants requested more training in IC and they would appreciate more training which related specifically to COVID-19, for instance around managing targets, mental health, and communication. Participants also raised concerns that students' access to patients and the amount of equipment they could use had been reduced compared to before March 2020, meaning they could lack practical experience and/or lack confidence in their skills after study.

6.3 Health inequalities

A notable theme raised by focus group participants was that of social determinants of health, such as location and minimum wage. Some dental professionals who worked predominantly in the NHS in areas of greater deprivation said they had observed deterioration in oral health among their patients and believed that these individuals were struggling in particular due to limited NHS capacity currently. Private dentists supported this view by noting how financial barriers were the main problem for access to care for these patients.

A lot of new patients opt to go for private dentistry, even if they can't strictly afford it. They're desperate and willing to pay for private dental care. It's really sad, especially with children, who are not getting access to the care they require. But, also, when you're in private practice, you treat 'the wealthy worried' and are not seeing the people that really need dental care, which is in deprived areas of the country. And that's where most dental disease still exists. – Dental therapist, England

In the context of behavioural risks, only one focus group participant agreed they had seen an overall improvement in patients' dental hygiene. Participants put this deterioration down largely to individuals' changes in routine (lower hygiene) and stress (increased smoking and drinking).

Four focus group participants based in rural locations raised concerns that patients from rural areas may struggle more to access care due to a combination of local community practices currently being unavailable and with larger practices in towns and cities not currently registering new patients. These respondents were concerned that the problem may worsen in the future if practices cannot accept more patients. With a shift towards greater use of digital tools, these same participants

worried that limited access to technology might be a potential barrier for some patient groups, particularly the elderly in rural/remote areas, or those in care homes.

6.4 Supporting the recovery from the COVID-19 pandemic

Survey participants were asked what they believed the GDC could do to support recovery from COVID-19 and 1,140 comments were received. Focus group participants also shared their thoughts on this topic. These combined comments can be grouped into two main themes:

- Closer support and understanding.
- Improved communication and clearer guidance.

6.4.1 Closer support and understanding

The key message emerging among survey participants was a request for closer support and understanding from the GDC given the unprecedented nature of the crisis dentistry was experiencing (mentioned by 221 respondents). These respondents would welcome the GDC having more realistic expectations of their capacity as dental professionals, suggesting this might be reflected through existing regulations, as well as support from the GDC, not only to safeguard patients, but also to assist dental professionals.

Dental professionals would welcome the GDC's assistance in recruiting more staff and ensuring they are suitably trained and skilled to enter the sector (142 respondents). Another solution suggested to assist with skills gaps/shortages was to extend the scope of practice for dental nurses, dental therapists, and dental hygienists (20 respondents). Retaining staff could also be assisted through reduced registration fees or lobbying to increase wages and firm protection of the rights of workers (198 respondents). In addition, mandatory vaccination was mentioned as a reason for more staff leaving by 40 respondents – this was raised particularly by female respondents (28 individuals) and dental nurses (18 individuals).¹⁶

Dental professionals in focus groups corroborated these points and suggested the GDC could use the scope of practice for dental care professionals more effectively, with dentists acting as mentors (similar to a GP practice), referencing similar set-ups in the US, Canada, Australia, and Western Europe in terms of diversity of approaches to offering treatments.

Although outside the GDC's direct remit, focus group participants noted the Urgent Dental Care hubs available during the early stages of the pandemic worked well and were warmly received. They would welcome these being reinstated to provide patients with support for emergency care and COVID-19 related advice, and to ease the burden on dental practices.

6.4.2 Improved communication and clearer guidance

Surveyed dental professionals would welcome the GDC's continued "lobbying" of the interests of the dental sector¹⁷ at governmental level (53 respondents), and being more vocal about the situation the industry was facing (221 respondents), and its needs including government funding (renegotiating the NHS contract and daily targets (UDAs) were suggested by 93 respondents).

Linked to this, dental professionals would welcome reduced red tape and regulation to be able to spend more time delivering care and reduce the potential for stress caused by the fear of litigation (135 respondents).

¹⁶ Since a high number of dental nurses in the registrant population and in the survey identify as women further analysis would be required to identify if these outcomes interrelate.

¹⁷ The word "lobbying" is one used by respondents. No further follow-up with respondents was undertaken on this point.

Wider communication with the public to manage expectations was also suggested by focus group participants and survey respondents to help increase awareness and understanding among patients.

Improved communication with dental professionals themselves by the GDC was highlighted by focus group participants and surveyed respondents. Participants would like clearer guidance on standards and new operating procedures. Dental professionals would welcome receiving timely communication on newly issued guidance, and for guidance to be short and “to the point” when having to be implemented quickly. Focus group participants would like to see increased clarity within this guidance, to outline what is practical and achievable, as well as regular reviews of current operating procedures to ensure they are in line with scientific findings and best practices.

In addition, 108 respondents commenting would welcome positive, empathetic communication from the GDC as one way of recognising the work undertaken by dental professionals during the pandemic. Coupled with this, and to support dental professionals in their work, registrants suggested the introduction of programmes focusing on mental health and support for wellbeing.

6.4.3 Other points

Three other points were raised by a small number of respondents. Firstly, financial support for dental practices and professionals experiencing difficulties would be welcomed by focus group participants. Secondly, dental professionals would appreciate more accessible (cheaper) CPD and greater flexibility in its cycle (mentioned by 67 survey respondents). Finally, focus group participants suggested the GDC boards and groups could be more diverse to be representative of its registrants. They suggested that there could be more individuals from Wales, Scotland, and northern England within the GDC, and that more practitioners could be a part of the organisation.

7. Conclusions

The aim of this research, undertaken in late 2021, was to look at the ongoing nature and evolution of COVID-19's impact on dental businesses' and professionals' work including supply and demand, income streams, employment, service availability, and service accessibility.

The research looked at the evolving impact of COVID-19 on dental professionals' perspectives on the public's use of dental services and confidence in them as professionals, and on dental professionals' financial circumstances, mental health, and ability to provide services to the public. The 2021 research sought to understand registrants' ability to deliver services safely in the context of COVID-19 in relation to skills, education, training, guidance, support, and equipment to be confident about working to standards and protecting themselves and the public, as well as exploring what registrants believe will help the industry to recover. It also looked at registrants' views of what the GDC could do to support registrants to prepare for similar events in the future. Exploring changes in the NHS, private, and mixed sectors, in different registrant groups, and in relation to different types of dental treatment were also part of the research.

Based on the research findings in this report, the following conclusions may be drawn about the current state of play, what has changed, and what this means for the future. The following conclusions are tied directly back to the original research objectives. The research objective around changes by dental sector, by registrant group, and by type of treatment cuts across the other objectives.

7.1 The current situation

Dental professionals were asked about the current impact – at the time of research – of the COVID-19 pandemic for them as dental professionals and for their dental businesses.

7.1.1 Registrants' financial circumstances

The COVID-19 pandemic has continued to have a substantial impact on dental businesses' and dental professionals' finances, with income reported to be lower than March 2020. Infection control appears to be a major factor with 85% of dental business owners saying this has had a negative impact on their income and 88% pointing to a reduction in the volume of patients they see as a result. In terms of income split and working patterns, there is evidence of a shift among dental professionals from NHS to private work since the beginning of the COVID-19 pandemic.

7.1.2 Impact on registrants' mental health

Wellbeing among dental professionals was found to be lower than the general UK population. Mental health and wellbeing were stressed by dental professionals as being a primary factor when making career decisions.

7.1.3 Understanding registrants as professionals

This research found that dental professionals believed they had the skills, knowledge, and training to practise safely.

7.1.4 Registrants' ability to provide services to the public

New measures that were introduced in response to the COVID-19 pandemic to protect safety, such as fallow time, have reduced practices' capacity. The result has been an increase in waiting times for all treatments as a patient backlog formed. Patient demand has increased (84% of dental professionals agree and over 48% believe it has increased significantly), both overall and for emergency care. This is most notable in NHS settings compared with private settings. Net confidence

to be able to meet this increased demand is lower on average than the anticipated rise in net demand. In addition, 59% of respondents said their practice is unable to accept new NHS patients.

7.1.5 Registrant's view on the public's use of dental services and their confidence in them

Dental professionals believe patients' confidence in the safety of their service has remained steady (49%) or increased (25%) since before the COVID-19 pandemic. Since the onset of the pandemic, dental professionals reported seeing an overall decline in oral health. Anecdotally, dental professionals believe patients have been increasingly looking to private care over NHS in order to avoid waiting lists.

Drawing these findings together, the COVID-19 pandemic is still having a notable impact for dental professionals and dental businesses. Patient confidence in services, and dental professionals' confidence in their ability to work safely remains high, however, the research findings indicate a dental sector that is now overstretched and is one where supply is struggling to meet demand.

7.2 What has changed?

This latest research sought to understand the ongoing nature and extent of the pandemic's impact, being the second research study to explore dental professionals' perceptions, experiences, and the impact of COVID-19, building on the first study undertaken in autumn 2020.

7.2.1 Registrants' financial circumstances

Dental businesses' and dental professionals' income remains lower than pre-COVID-19 levels. However, fewer reported having a lower income compared to pre-COVID levels than at the time of the first research – a possible indication of optimism in recovery.

7.2.2 Registrants' ability to provide services to the public, and to understand perspectives on the public's use of dental services and their confidence in them

Dental professionals reported that patient demand and waiting times have increased significantly even since the first research in autumn 2020 as practices operate at a reduced capacity. Furthermore, a combination of a backlog of appointments, provision of emergency care, and implementation of IC and PPE procedures has continued to place great strain on the system. In addition, the apparent shift from NHS to private treatment has continued since the first research. However, public demand for NHS services remains high, placing pressure on both business models to deliver care.

Taken together, these findings suggest that the pandemic is still having a substantial effect for dental professionals and dental businesses and that the sector as a whole remains stretched and under great strain.

7.3 Looking forward

The future for the dental sector, in relation to COVID-19, was also explored with dental professionals.

7.3.1 What will work best in helping the industry recover, and what the GDC and others can do to support registrants to prepare for similar events in the future

Key themes emerging from dental professionals centred on the need for:

- clearer and more consistent guidance for dental professionals and dental businesses received from sector stakeholders,

- development of a longer-term strategy for the dental sector as the UK “learns to live” with COVID-19,
- increased financial support to assist with equipment, PPE, IC, and recruitment,
- closer support and understanding from the GDC given the unprecedented nature of the pandemic to have realistic expectation of capacity,
- improved communication, including raising public awareness to manage expectations, and more timely correspondence with dental professionals, and
- related COVID-19 CPD and training, with a desire for a return to more face-to-face training.

These points provide several suggestions for the GDC to consider carefully, in collaboration with relevant stakeholders.

7.4 The bigger picture

With COVID-19 restrictions now ending across the UK, healthcare and dentistry continue to operate with additional measures in place for patient safety, but there is now opportunity to regularly review these measures, and for the GDC to work in tandem with other stakeholder organisations to develop a longer-term roadmap for the dental sector to plot a route forward in living with COVID-19, and to provide ways to manage the public’s expectations in a high-demand environment.

8. Technical Appendix

The appendix is split into five sections:

- an overview of the methodology
- an overview of the respondent profile
- an outline of the professional role, sector, and place of work of survey respondents
- the online survey questionnaire
- the focus group topic guide.

8.1 Methodological approach

This research was the second study with dental professionals to explore the impact of COVID-19 and used a similar methodology to the first, namely an online survey followed by focus groups.

8.1.1 Online survey of dental professionals

Testing

A three-stage approach to testing the questionnaire was implemented, involving: i) internal sense- and logic-testing of the scripted online tool, ii) external review by the GDC research team, and iii) cognitive testing with 13 external stakeholders, facilitated by the GDC. Two identical versions of the questions were tested in early October 2021, one with the set of Diversity Monitoring questions placed at the start, and the other at the end. The results of the testing provided two main points of action. Firstly, the length of the draft questionnaire was shortened to minimise burden on respondents. Secondly, the Diversity Monitoring questions were finalised to be at the end.

Online fieldwork

The average length of time (mode) to complete the survey was 15 minutes. The full anonymised data set would be sent to the GDC at the end of the study.

For comparison, the 2020 research achieved 9,388 responses that were included in the final analysis, a response rate of 8%, while the average time to complete the survey was 25 minutes.

Response rate and respondent profile

Table 5 Response rate by registrant role (unweighted)

Role	GDC registrants Total	GDC registrants Percentage	Survey respondents Total	Survey respondents Percentage	Response rate
Dentist	42,978	36%	1,059	49%	2%
Dental nurse	58,053	49%	748	35%	1%
Dental hygienist	7,889	7%	141	7%	2%
Specialist	-	-	74	3%	-
Dental therapist	4,099	3%	60	3%	1%
Dental technician	5,286	4%	58	3%	1%
Clinical dental technician	378	0%	11	1%	3%
Orthodontic therapist	812	1%	11	1%	1%
Non-clinical practice owner	-	-	6	0%	-
Total	119,495	100%	2,168	100%	2%

Weighting strategy

GDC registrant data noted that a DCP registrant may be registered for more than one role, and that the sum of DCP roles registered will be greater than the actual number of individual DCP registrants. The GDC register data also includes counts for dentists and DCPs which are corrected to account for individuals with more than one role – these figures were used for weighting. After weighting, disaggregated roles were represented in line with the registrant population – see Table 6.

Table 6 Responses by registrant role (weighted)

Role	Response by role Aug 2021 Weighted total	Response by role Aug 2021 Weighted percent
Dentist	770	36%
Dental nurse	971	45%
Dental hygienist	183	8%
Specialist	54	2%
Dental therapist	78	4%
Dental technician	75	3%
Clinical dental technician	14	1%
Orthodontic therapist	14	1%
Non-clinical practice owner	8	0%
Total	2,168	100%

Data cleaning and post-coding

The survey data were checked and cleaned prior to analysis. This involved post-coding any “other” responses to pre-existing codes where applicable.

Additional coding was undertaken to assign survey respondents to a sector. Respondents were categorised based on their response to the sources of their personal income from dentistry, or where unknown, the income of the dental business they worked in. The categories were defined as predominantly private (over 75% of income from private sources), predominantly NHS (over 75% of income from NHS sources) and mixed (those in between).

Analysis

Analysis was undertaken according to a plan agreed with the GDC. Statistical analysis was conducted using Merlin (survey analysis software) which enables the use of confidence intervals and t-tests. Year-on-year comparative testing was also undertaken. While 9,388 cases were included in the 2020 analysis and report, due to data handover issues, 9,376 cases were identified from the 2020 dataset for inclusion in the 2021 vs 2020 testing and the remaining 12 could not be confidently identified.

Margins of error

The data presented in this report highlight differences across sub-groups which were of statistical significance (unless otherwise stated). The overall margin of error for all registrants was 2.1% at the 95% confidence interval (C.I.). The following tables show the margins of error for broad and specific registrant roles, nation, ethnicity, age, and gender. Note that total numbers may vary as individuals may hold more than one role.

Role	Responses (weighted)	GDC register Aug 2021	Margin of error (95% C.I.)
Dentist	824	42,978	3.4%
DCP	1,344	69,742	2.6%
Total	2,168	112,720	2.1%

Role	Responses (weighted)	GDC register Aug 2021	Margin of error (95% C.I.)
Dentist	770	42,978	3.5%
Dental nurse	971	58,053	3.1%
Dental hygienist	183	7,889	7.2%
Specialist	54	-	-
Dental therapist	78	4,099	11.0%
Dental technician	75	5,286	11.2%
Clinical dental technician	14	378	25.7%
Orthodontic therapist	14	812	26.0%
Non-clinical practice owner	8	-	-
Total	2,168	119,495	-

Nation	Responses (weighted)	GDC register Aug 2021	Margin of error (95% C.I.)
England	1,697	96,619	2.4%
Scotland	243	11,661	6.2%
Wales	106	5,315	9.4%
Northern Ireland	79	4,005	10.9%
Total	2,166	117,600	-

Gender	Responses (weighted)	GDC register Aug 2021	Margin of error (95% C.I.)
Female	1,515	86,303	2.5%
Male	569	25,917	4.1%
Prefer not to say	81	-	-
Total	2,166	112,720	-

Ethnicity	Responses (weighted)	GDC register Oct 2021	Margin of error (95% C.I.)
White	1,721	72,375	2.3%
Black, Black British, Caribbean or African	29	1,916	18.1%
Asian or Asian British	184	14,981	7.2%
Mixed, or Multiple ethnic groups	46	2,111	14.3%
Other ethnic group	21	1,868	21.3%
Prefer not to say	165	1,787	7.3%
Total	2,166	113,667	-

Age	Responses (weighted)	GDC register Aug 2021	Margin of error (95% C.I.)
16 to 21	29	1,712	18.0%
22 to 30	334	17,388	5.3%
31 to 40	531	22,455	4.2%
41 to 50	603	15,155	3.9%
51 to 60	477	10,023	4.4%
61 to 65	99	2,393	9.6%
over 65	41	630	14.8%
Prefer not to say	54	-	-
Total	2,166	69,756	-

8.2 Respondent profile

This section outlines, in a series of tables, the demographic details of the survey respondents (unweighted data) and focus group participants in comparison to the GDC's registrant population.¹⁸

8.2.1 Survey respondents

Table 7 Response rate by gender

Gender	GDC registrants Total	GDC registrants Percentage	Survey respondents Total	Survey respondents Percentage
Female	86,803	77%	1,356	63%
Male	25,917	23%	686	32%
Prefer not to say	-	-	117	5%
Other	-	-	2	0%
Total	112,720	100%	2,161	100%

Table 8 Response rate by nation

UK nation	GDC registrants Total	GDC registrants Percentage	Survey respondents Total	Survey respondents Percentage
England	96,619	82%	1686	78%
Scotland	11,661	10%	248	11%
Wales	5,315	5%	110	5%
Northern Ireland	4,005	3%	80	4%
Prefer not to say	-	-	42	2%
Total	117,600	100%	2,166	100%

¹⁸ GDC registration data in this Appendix are taken from the GDC's 2020 Registration Statistical Report 2020, published in August 2021, and from a snapshot of the registrant database taken on 16 August 2021.

Table 9 Response rate by age

Age	GDC registrants Total	GDC registrants Percentage	Survey respondents Total	Survey respondents Percentage
16 to 21	1,712	2%	22	1%
22 to 30	17,388	25%	301	14%
31 to 40	22,455	32%	506	23%
41 to 50	15,155	22%	622	29%
51 to 60	10,023	14%	499	23%
61 to 65	2,393	3%	108	5%
over 65	630	1%	48	2%
Prefer not to say	-	-	60	3%
Total	69,756	100%	2,166	100%

Table 10 Response rate by ethnicity¹⁹

Ethnic background	GDC registrants Total	GDC registrants Percentage	Survey respondents Total	Survey respondents Percentage
White	72,375	64%	1,674	77%
Black, Black British, Caribbean or African	1,916	2%	27	1%
Asian or Asian British	14,981	13%	210	10%
Mixed, or Multiple ethnic groups	2,111	2%	48	2%
Other ethnic group	1,868	2%	25	1%
Prefer not to say	1,787	18%	182	8%
Total	113,667	100%	2,166	100%

Table 11 Responses by religion

Religion	Survey respondents Total	Survey respondents Percentage
Christian (all denominations)	983	45%
Buddhist	16	1%
Hindu	72	3%
Jewish	19	1%
Muslim	77	4%
Sikh	16	1%
Any other religion	7	0%
No religion	722	33%
Prefer not to say	251	12%
Total	2,163	100%

¹⁹ GDC registration data for this table was taken from a snapshot of the registrant database taken on 11 October 2021.

Table 12 Responses by marital status

Marital status	Survey respondents Total	Survey respondents Percentage
Never married and never registered in a civil partnership	473	22%
Married	1254	58%
In a registered civil partnership	16	1%
Separated, but still legally married	29	1%
Separated, but still legally in a civil partnership	2	0%
Divorced	120	6%
Formerly in a civil partnership which is now legally dissolved	0	0%
Widowed	17	1%
Surviving partner from a registered civil partnership	1	0%
Prefer not to say	254	12%
Total	2,166	100%

Table 13 Responses by sexual orientation

Sexual orientation	Survey respondents Total	Survey respondents Percentage
Straight/heterosexual	1841	85%
Gay/Lesbian	38	2%
Bisexual	30	1%
Other	4	0%
Prefer not to say	251	12%
Total	2,164	100%

8.2.2 Qualitative participants

In total 44 individuals participated in the qualitative research across six focus groups and five in-depth interviews.

Table 14 Focus group participants by registrant role

Registrant role	Total
Dentist	18
Dental nurse	7
Dental therapist	6
Dental hygienist	5
Specialist	3
Dental technician	3
Clinical dental technician	1
Orthodontic therapist	1

Table 15 Focus group participants by gender

Gender	Total
Female	28
Male	16

Table 16 Focus group participants by nation

Nation	Total
England	34
Scotland	7
Northern Ireland	2
Wales	1

Table 17 Focus group participants by age

Age	Total
22-30	4
31-40	14
41-50	10
51-60	9
61-65	5
65+	2

Table 18 Focus group participants by ethnicity

Ethnicity	Total
White	34
Black, Black British, Caribbean or African	2
Asian or Asian British	5
Mixed, or Multiple ethnic groups	1
Other ethnic group	1
Prefer not to say	1

8.3 Professional role, sector, and place of work of survey respondents

This section outlines the professional role of survey respondents, the sectors they work in and their main place of work. This analysis was based on unweighted data.

Table 19 Survey respondents by sector

Sector	Survey respondents Total	Survey respondents Percentage
Predominantly NHS	572	26%
Mixed	652	30%
Predominantly private	637	29%
Unassigned	307	14%
Total	2,168	100%

Table 20 Survey respondents by place of work

Place of work	Survey respondents Total	Survey respondents Percentage
General dental practice	1633	75%
Specialist dental practice	101	5%
Community dental service	143	7%
Dental hospital	72	3%
Other hospital settings	48	2%
Laboratory	50	2%
In education as a student	5	0%
In education as a member of staff	30	1%
Not working	31	1%
Other	53	2%
Total	2,168	100%

“Other” work settings mentioned by 2% of respondents included military, consultancy, justice, and public health.

Table 21 Survey respondents by employment status

Employment	Survey respondents Total	Survey respondents Percentage
Employed	1,003	48%
Self-employed	1,081	52%
Trainee	7	0%
Working unpaid	1	0%
Total	2,092	100%

Table 22 Survey respondents by hours worked

Hours worked	Survey respondents Total	Survey respondents Percentage
Nothing has changed - full time contract c. 30 to 40+ hours per week	1,260	60%
Nothing has changed - part time contract – fewer hours than above per week but formally agreed	441	21%
Part time on reduced hours - my choice because of COVID-19	122	6%
Part time on reduced hours - my choice because of other non-COVID-19 reasons	129	6%
Part time on reduced hours - choice of my employer because of COVID-19	143	7%
Total	2,095	100%

The 20% of respondents working part time on reduced hours were asked when they expected to return to normal hours.

Table 23 Anticipated return to normal hours

Employment	Survey respondents Total	Survey respondents Percentage
Within less than 1 month	6	2%
Within 1 to 3 months	14	4%
Within 4 to 6 months	27	7%
Within 7 to 9 months	8	2%
Within 10 to 12 months	7	2%
Longer than a year	27	7%
Unsure	146	37%
I will not return to my normal hours	157	40%
Total	392	100%

8.4 Survey questionnaire

[GDC survey on the impact of COVID-19 on dental professionals.](#)

8.5 Focus group topic guide

[GDC survey on the impact of COVID-19 on dental professionals: Focus group discussion guide.](#)

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