



**Ipsos MORI**  
Social Research Institute

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# **Patient and public survey 2017**

**Research report prepared for the General Dental Council**



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# Executive summary

# 1 Executive summary

## 1.1 Introduction

This report contains the findings of the Annual Patient and Public Survey 2017 carried out by Ipsos MORI for the General Dental Council (GDC). Specifically, the study was designed to capture patient and public awareness and perceptions of the GDC and provide insight into key policy areas. The 2017 survey followed previous surveys in 2015, 2014, 2013, 2012 and 2011 using the same methodology – a representative, face-to-face survey with between c.1000 and c.1600 people in the UK. The 2017 study also includes qualitative findings from two online discussion groups with nine members of the public. The qualitative element complements the quantitative work as it allows for a more exploratory approach, to provide an in-depth understanding of some of the topics covered and gather further insights into underlying attitudes highlighted by the survey.

The reliability of the survey results depends on the base size for each question (that is, the number of people asked each question). Some questions were asked only of a proportion of the sample. The smaller the base size, the less reliable the result tends to be, as the margin of error increases. A full explanation and description of statistical reliability for each base size in the survey can be found in appendix 9.1.

## 1.2 Satisfaction with dental care or treatment

Patient satisfaction with dental treatment and care remains very high, with almost all of those who go to the dentist at least once a year being satisfied (97%). These results are in line with those seen over the last four years.

## 1.3 Awareness of, and confidence in, regulation

The proportion of the public who say they have *definitely* heard of the GDC has increased (from 20% in 2015 to 24% this year).

Among those who are aware of the GDC, the proportion who are *very* confident that the GDC is regulating dental professionals effectively has increased (from 14% in 2015 to 20% this year). Also, the proportion of the public who say they are *very* confident that the regulation of healthcare generally works effectively has increased. A quarter of the public now say they are *very* confident (24%) compared with one in five in 2015 (20%).

## 1.4 Treatment expectations

When being treated by a dental professional, the factor most important to the public is the hygiene and cleanliness of the dental practice (selected by 69% of people), closely followed by the quality of care provided by the dental professional (selected by 64%). Only 7% of people think that the dental professional's behaviour in their personal time is important.

When thinking about what is important to be told in *advance* of treatment, the public consider the cost of treatment to be the most important thing to know (selected by 74%).

## 1.5 Making complaints

Few people have made or considered making a complaint about a dental professional (5% and 8% respectively), and, of those who have, around half did so more than five years ago (48%). The majority of complaints (made and considered) were made about a dentist.

When people do complain (or consider complaining) they tend to speak directly to staff at their dental practice (48%). However, a relatively large proportion are not sure where to complain to (31%). The qualitative research explored reasons for discomfort with complaining at dental practices. Participants expressed a lack of confidence in the ability of the practice staff to investigate complaints impartially. However, evidence of formal complaints procedures might reduce these concerns.

The majority of people who have never complained would go online to find out how or where to complain to (59%). Receptionists remain important gatekeepers for complaints (as highlighted in the 2015 research). Three in ten would approach the receptionist at their dental practice for information about how or where to complain (29%) and two in ten would approach the receptionist at their GP practice (22%).

Most people who have not complained about a dental professional would not have any concerns about making a complaint (56%). A minority would be concerned in case they have to continue seeing the dental professional in future (14%) and one in ten would be afraid the practice would refuse to treat them in future (11%).

Those who have considered making a complaint in the past but did not say they were prevented from doing so because they did not know where to start (selected by 33%), because they did not have the time (24%), or did not believe that the matter would be investigated (14%).

In some cases, patients cannot find the right organisation to investigate their complaint. In such cases, the majority of people would want the organisation who sent their complaint to to pass it on to the appropriate organisation and let them know that they had done so (61%). Three in ten would want the complaint passed back to them so that they could decide what to do next (28%).

## 1.6 Attitudes to serious misconduct

In general, the public expects the GDC to take more severe action in instances of wrongdoing by a dental professional when the wrongdoing occurs during treatment, as opposed to in their personal time. For example, in a scenario where a dentist accidentally prescribes the wrong medication, leading to serious side effects, around six in ten think that they should be struck off or suspended by the GDC (63%), and only 3% think that no action is required from the regulator. In contrast, if a dentist was charged for drunk and disorderly behaviour on a night out, only two in ten think they should be struck off or suspended (19%), and four in ten think that no action is required (42%).

An exception to this is that almost half of people think that a dentist should be struck off or suspended if they post racist comments on their personal Facebook page (46%). The qualitative research found that people thought this behaviour could impact on a dental professional's ability to treat patients fairly and could therefore undermine patient trust. Also, if such comments became public, they could damage broader public trust in the profession.

The public tend to think the GDC should apply *slightly* more lenient sanctions on a dental nurse than a dentist. Qualitative findings suggest that this may be driven by the view that a dentist is more senior and has greater responsibility, with

regards to both the quality of care provided and the reputation of the profession. The public tend to think the regulatory model should reflect this.

In the qualitative research, throughout the different scenarios, participants often emphasised the training aspect of the regulatory action 'conditions'. For this reason they sometimes combined this action with other actions such as a suspension.

# Introduction



## 2 Introduction

### 2.1 Background and objectives

#### 2.1.1 Background

This report contains the findings of a quantitative survey of the general public carried out by Ipsos MORI on behalf of the General Dental Council (GDC), supported by two online discussion groups with a small number of people who participated in the quantitative survey. The GDC is a UK-wide dental regulator. It is independent of the government and the NHS. The GDC role is to protect dental patients. In order to practise, dental professionals must be registered with the GDC.

#### 2.1.2 Research objectives

The key objectives of the research were as follows:

- to track how opinions have changed against a set of baseline questions that were asked in the previous annual surveys in 2015, 2014, 2013, 2012 and 2011;
- to capture and compare public and patient awareness and perceptions of the GDC and its performance and impact in fulfilling its regulatory roles and responsibilities;
- to obtain public and patient insight into key policy initiatives being developed by the GDC;
- to test public views and understanding of topical or current issues in dentistry/dental regulation; and
- to identify emerging policy issues that are relevant to the GDC.

As in 2015, 2014, 2013 and 2012, a qualitative research element was also included. Following the quantitative survey, two qualitative online discussion groups were carried out to explore some of the topics in greater depth and gather further insights into underlying attitudes.

#### 2.1.3 About Ipsos MORI

Ipsos MORI is an independent social and market research agency working in accordance with the Market Research Society Code of Conduct<sup>1</sup>. As such, Ipsos MORI's work conforms to industry standards of impartiality, independence, data protection, and information security. The conduct of the research and the findings in this report are therefore not influenced by the GDC in any way, nor does the GDC have access to any of the personal responses of people who participated in the research.

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<sup>1</sup> [http://www.mrs.org.uk/standards/code\\_of\\_conduct/](http://www.mrs.org.uk/standards/code_of_conduct/)

## 2.2 Methodology

### 2.2.1 About quantitative and qualitative research

This research project employed both quantitative and qualitative methods.

The purpose of **quantitative** research is to determine conclusively what any given population thinks about certain issues (in this case a representative sample of the general public was interviewed). From a quantitative survey, we can therefore say what the general population thinks, subject to certain margins of error. In order to ensure margins of error are not too broad, a quantitative survey of the general public will typically involve interviewing a large sample of people. Each person will be interviewed in the same way (in this survey interviewers spoke to people face-to-face), with the interviewer adhering strictly to a pre-agreed questionnaire.

**Qualitative** research, on the other hand, is not meant to be representative or to produce definitive conclusions. It is, rather, useful for exploring nuances in people's opinions and their motivations. It is ideal for exploring issues in depth, something that is not possible to do in a quantitative survey where interviewers cannot deviate from the questionnaire. As such, qualitative research discussions tend to be open-ended and free-flowing, based around a number of broad themes or topics.

Typically, qualitative research involves speaking to much smaller numbers of people than quantitative research. There are a variety of qualitative research methods, including focus or discussion groups, and in-depth one-to-one interviews, either face-to-face or by telephone. This project involved telephone in-depth interviews.

### 2.2.2 About this research

The research was structured in two complementary phases: the quantitative survey took place first, between 31 March and 9 April 2017, followed by the qualitative research, which involved online discussion groups undertaken between 5 and 12 July 2017. The qualitative research enabled us to explore in more depth, for some key issues, some of the nuances, motives and thought processes that may be behind the survey results.

### 2.2.3 Quantitative survey

The annual survey questions were placed on the Ipsos MORI Capibus survey, a weekly face-to-face omnibus survey of a representative sample of people aged 15 and over in Great Britain. To achieve UK wide coverage for the survey, this was supplemented with an additional standalone survey of people in Northern Ireland, which is not covered by Capibus. Extra Capibus interviews were also carried out in Wales to ensure at least 100 interviews there. This meant that sufficient interviews were completed within each of the UK nations to provide more statistically robust results within each nation.

Ipsos MORI and the GDC worked together to develop the survey questionnaire. A key part of this work was the cognitive testing<sup>2</sup> of the questionnaire with members of the public prior to the start of fieldwork. A detailed summary of cognitive testing findings was shared with the GDC and fed into the subsequent finalisation of the questionnaire.

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<sup>2</sup> The purpose of cognitive testing is to explore how well, precisely, and consistently questions are understood by the participant; and to ensure the questions are eliciting the required information.

Fieldwork took place between 31 March and 9 April 2017. A total of 1,132 people were interviewed via Capibus in Great Britain, with 100 also interviewed in Northern Ireland, giving a total sample size of 1,232.

#### 2.2.4 Quantitative data

Quotas were set and data weighted<sup>3</sup> to ensure a nationally representative sample of people aged 15 and over in Great Britain and Northern Ireland. This included down-weighting the additional interviews carried out in Northern Ireland and Wales. Quotas were based on age, gender and working status within region.

Throughout the report findings will highlight, and make reference to, different sub-groups based on responses to certain questions<sup>4</sup>. When interpreting the survey findings, it is important to remember that the results are based on a sample of the population, not the entire population. Consequently, results are subject to margins of error, and not all differences between sub-groups are statistically significant (i.e. a real difference). For example, for a question where 50% of the people in a weighted sample of 1,232 respond with a particular answer, the chances are 95 in 100 that this result would not vary more than plus or minus three percentage points from the result that would have been obtained if the entire population was asked (using the same procedures). The margins of error for the smaller base sizes in the survey (i.e. questions which were asked to only a proportion of the overall sample) are indicated in appendix 9.1 on statistical significance.

Caution should be exercised when comparing percentages derived from base sizes of 99 survey participants or fewer, and particularly when comparing percentages derived from base sizes of 50 survey participants or fewer. In the reporting that follows, percentages which derive from base sizes of 50-99 survey participants should be regarded as indicative and are flagged as such.

#### 2.2.5 Qualitative online discussion groups

Nine people, who had taken part in the quantitative survey and expressed a willingness to participate in further qualitative research, took part in online discussion groups. Each discussion group lasted 90 minutes on average.

Participants of the discussion groups were selected to be broadly reflective of the general population in terms of age, gender and social grade. They were also recruited to reflect a range of attitudinal factors expressed in answers given to certain questions in the annual survey. A full breakdown of the qualitative discussion group sample can be found in appendix 9.4.

That said, it should be remembered that the small numbers involved mean that qualitative research is not able to provide a representative picture of the views of the wider population. Rather, the aim of this element of the research is to explore views and opinions in-depth in a way not possible in the format of a quantitative survey.

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<sup>3</sup> When data collected from survey participants are adjusted to reflect the profile of the actual population, this is called weighting. For example, in this survey, the proportion of interviews conducted in Northern Ireland was greater than the proportion of UK residents who live in Northern Ireland. In the overall results the Northern Ireland interviews are therefore 'down-weighted' i.e. each interview in Northern Ireland is given less weight in the overall results than an interview in England, for example.

<sup>4</sup> The data tables with full details of all results by stratification are available on the GDC website: <http://www.gdc-uk.org>.

## 2.3 Public and patient use of dental professionals

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

**Last visit to the dentist:** Just over half of the public visited a dentist in the last six months (54%) and seven in ten went to a dentist within the last 12 months (69%). Eight in ten visited a dentist within the last two years (79%). Only 2% have never been to a dentist. This is in line with the levels recorded in 2015.

**Frequency of visits to the dentist:** The proportion of people visiting the dentist at least once every six months has decreased since 2015. Half of people visited the dentist on average once every six months (50%), compared with close to six in ten in 2015 (56%).

**Length of time with current dentist or dental practice:** Four in ten patients have been with their dentist for five years or less (41%). This is in line with the levels recorded in 2015 (37%) and 2014 (41%). The majority have been with their dentist over five years (61%).

**Private vs. NHS care:** In line with the 2015 survey, around seven in ten patients received NHS treatment only during their last visit to the dentist (68%), either paid-for (47%) or for free (22%). Two in ten received private dental care only (18%), and this is similar to previous years (19% did in 2015 and 19% did in 2014). The proportion receiving both NHS dental care and private dental care has increased this wave (10% now compared with 6% in 2015). However a change to the question wording may have had an impact.<sup>5</sup> (wording changed to '*A mixture of NHS dental care and private dental care in the UK*' from '*NHS dental care and additional private dental care in the UK*').

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

## 2.4 About this report

The topics covered in the quantitative and qualitative aspects of the research were as follows:

- Satisfaction with dental care or treatment;
- Regulation of dental professionals;
- Public and patient treatment expectations;
- Making complaints; and
- Attitudes to serious misconduct.

The structure of the report mirrors these topics, presenting the quantitative and qualitative findings together. The report comprises findings from the quantitative analysis, together with material and verbatim quotes from the qualitative

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<sup>5</sup> The wording of an answer code changed from '*NHS dental care and additional private dental care in the UK*' in the 2015 wave to '*A mixture of NHS dental care and private dental care in the UK*' in the 2017 wave.

research where they add insight and extra depth. The final chapter draws together the main themes into conclusions for the GDC to consider.

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

## 2.5 Acknowledgements and publication of the data

We would like to thank Guy Rubin at the General Dental Council for his support and advice throughout the project. We would also like to thank all the members of the public who took part in the quantitative survey, especially those who also took part in the subsequent online discussion groups.

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

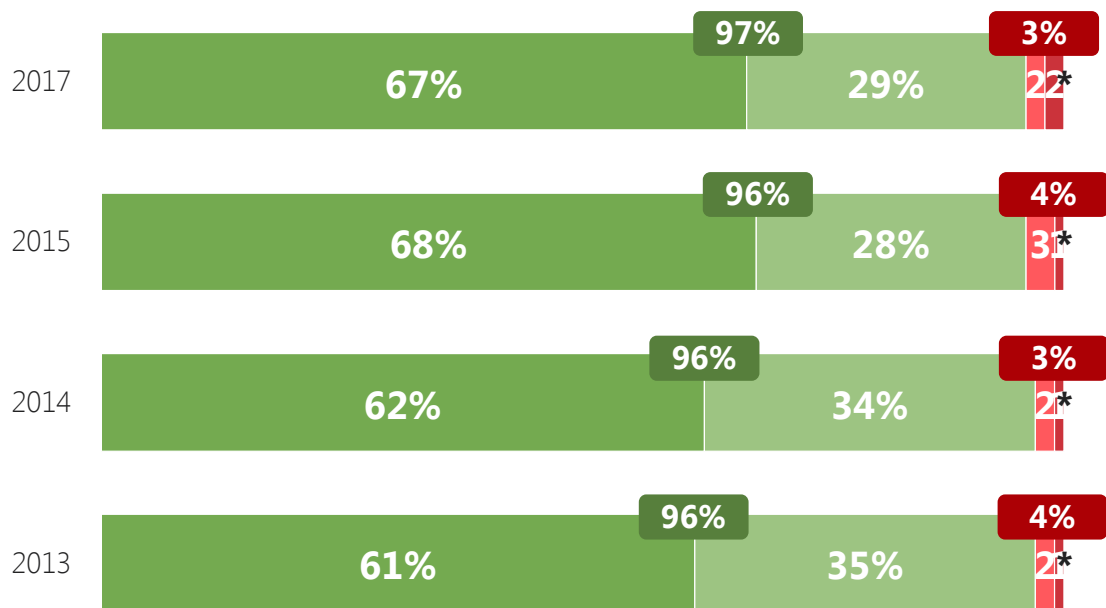
# Satisfaction with dental care or treatment

## 3 Satisfaction with dental care or treatment

Patient satisfaction with dental treatment and care remains very high, with almost all of those who go to the dentist at least once a year being satisfied (97%). This breaks down into 67% who are *very* satisfied and 29% who are *fairly* satisfied. These results are in line with those seen over the last four years.

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

Very satisfied Fairly satisfied Fairly dissatisfied Very dissatisfied Don't know



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

Source: Ipsos MORI

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Those who are confident in dental regulation are more likely to say they are satisfied than those who are not (97% compared with 85%). Also, echoing the findings from the 2015 survey, those from a white background are more likely to be *very* satisfied than those from ethnic minority groups (69% compared with 53%<sup>6</sup>).

Some groups of people are also more likely to be dissatisfied than others. For example:

- those aged 25-34 (7% compared with 3% overall), and those aged 65 and over (5% compared with 3% overall) are more likely to be dissatisfied;
- as are people in social grades D/E compared with those in social grades A/B and C1 (7% compared with 3% and 2% respectively).

<sup>6</sup> The small base size means comparisons of figures and trends are indicative only.

**Awareness of, and confidence in,  
regulation**



## 4 Awareness of, and confidence in, regulation

The questions on awareness in the survey are primarily included for analysis purposes. For example, in chapter 5 section 5.1, awareness of the General Dental Council is analysed against the likelihood of either making a complaint or considering making a complaint. Overall findings are reported here.

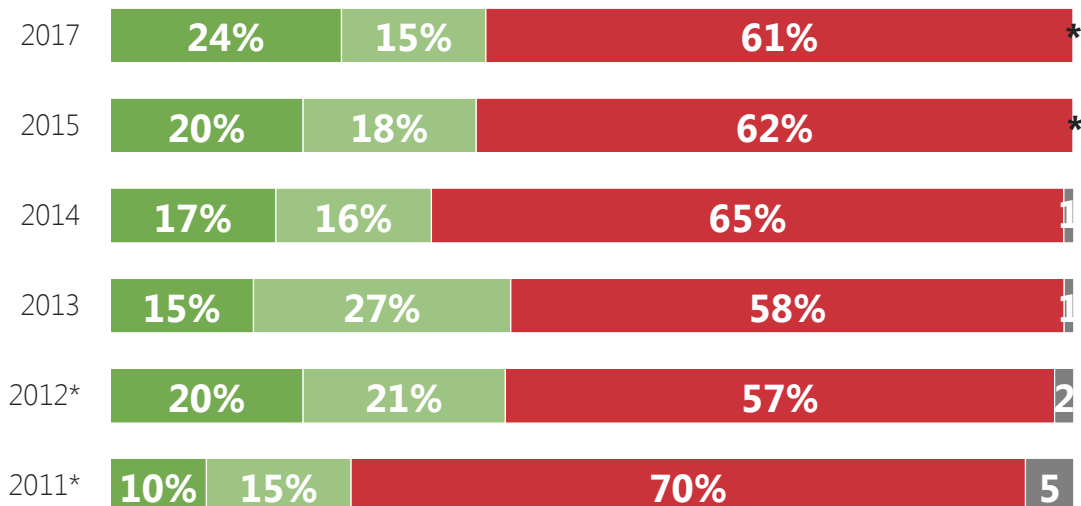
### 4.1 Awareness of the General Dental Council

A quarter of the general public say that they had *definitely* heard of the GDC before the survey (24%). This compares with one in five in 2015 (20%), one in six in 2014 (17%), around one in seven in 2013 (15%) and one in ten in 2011 (10%). With the exception of a spike of one in five in 2012 (20%), these figures represent a steady growth in the proportion of people who are certain that they have heard of the GDC.

Since the 2015 survey, there has also been a decrease in the proportion of people who *think* they had heard of the GDC before (15% in 2017 compared with 18% in 2015).

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

- I had definitely heard of the General Dental Council before
- I think I had heard of the General Dental Council before
- I had not heard of the General Dental Council before
- Not sure



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

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

Source: Ipsos MORI

Some groups of people are more likely to have heard of the GDC than others:

- Those in social grades A/B are more likely than anyone else to be aware of the GDC, with 38% having definitely heard of the GDC before the survey compared with 24% of those in grade C1, 19% of those in grade C2 and 12% of those in grades D/E.
- Awareness in Scotland and England is higher than in Northern Ireland. One third of people in Scotland and around a quarter of those in England have definitely heard of the GDC compared with one in ten in Northern Ireland (33% and 23% compared with 11%).
- There is also a contrast when it comes to ethnicity. One quarter of people from a white background say they had definitely heard of the GDC before the survey (25%), whereas only around one in seven people from ethnic minority groups say the same (14%).
- Additionally, as may be expected, awareness of the GDC rises with recency and frequency of visits to a dental practice. More than a quarter of those who have been to a dentist in the previous 12 months say they had definitely heard of the GDC compared with around one in six who have been less recently (27% compared with 16%). A similar contrast is seen between those who go to the dentist at least once a year and those who go less often (26% compared with 20%).

## 4.2 Confidence in regulation

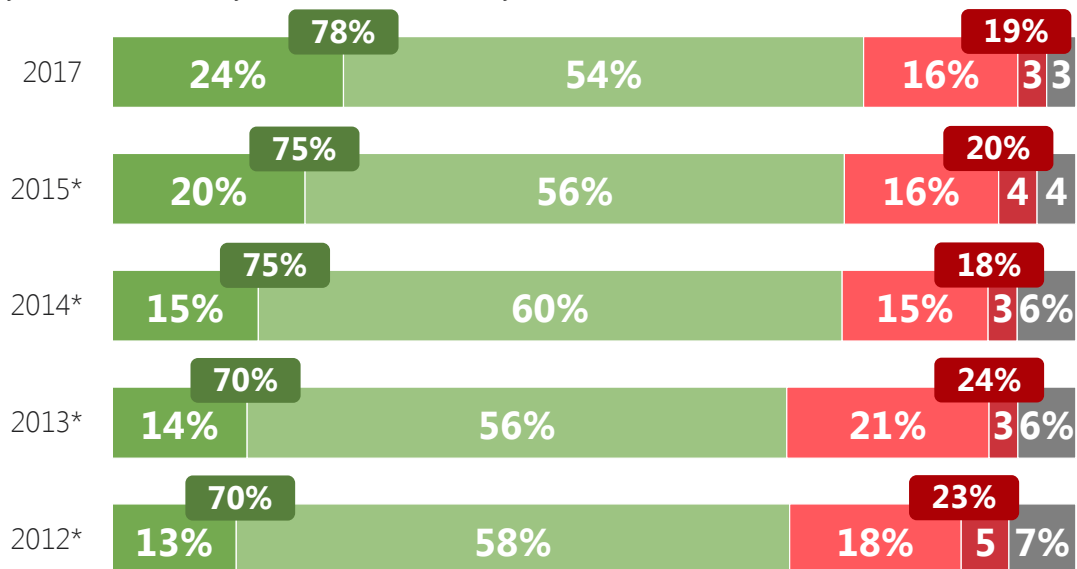
### 4.2.1 Confidence in regulation of healthcare

Confidence in the regulation of healthcare is high. Over three quarters of the population say they are confident that the regulation of healthcare works effectively (78%). This result is in line with the two previous waves of the study in 2015 and 2014 (both 75%), despite the question wording changing slightly in this wave.

While the overall level of confidence is in line with 2015, the proportion saying they are *very* confident has increased, with 24% of people saying this now, compared with 20% in 2015, 15% in 2014, 14% in 2013 and 13% in 2012.

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

■ Very confident ■ Fairly confident ■ Not very confident ■ Not at all confident ■ Don't know



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

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

Source: Ipsos MORI

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Sub-group differences can be seen with regards to age and the country in which people live:

- Young people aged 15-24 are more confident than average that healthcare regulation works effectively (85% compared with 78% overall).
- People in Scotland are more confident about healthcare regulation than those in England and Wales (86% in Scotland compared with 76% in England and 74% in Wales). In Northern Ireland 85% of people are confident about this, but this is not a statistically significant difference compared with the results from the other countries.

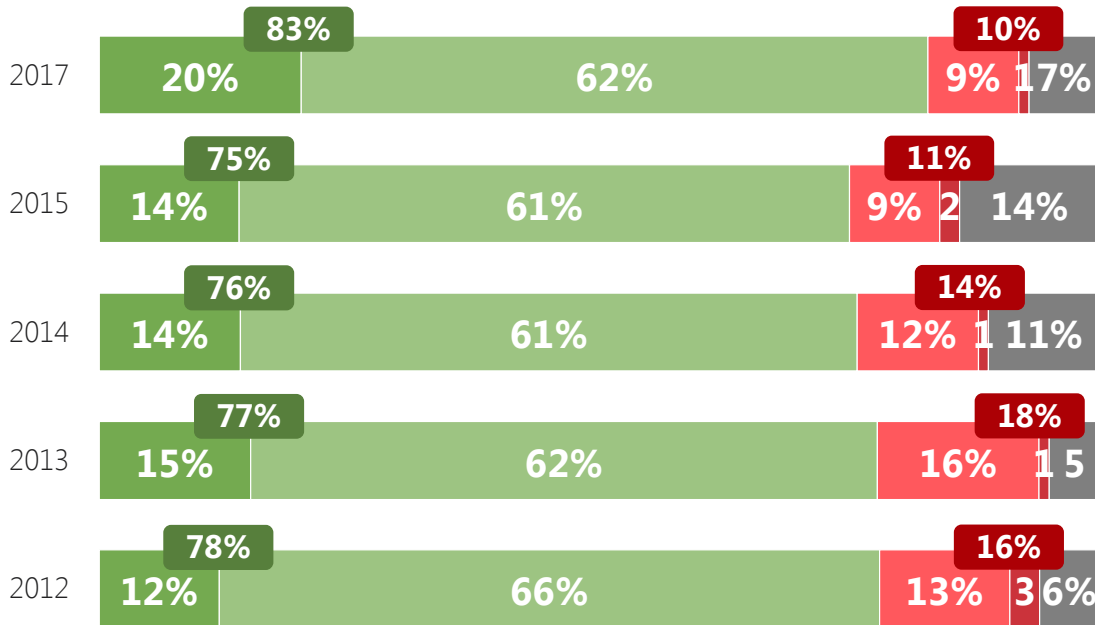
### 4.2.2 Confidence in the GDC’s regulation of dental professionals

The majority of people who have heard of the GDC are confident that it is regulating dental professionals effectively (83%). In recent years this measure has been fairly stable, but the 2017 data shows a significant increase compared with previous years (up from 75% in 2015, 76% in 2014, 77% in 2013 and 78% in 2012).

The proportion of people saying they are *very* confident has also increased, with two in ten now saying they are *very* confident in the GDC’s regulation compared with around one in seven in recent years (20% compared with 14% in 2015 and 2014, 15% in 2013 and 12% in 2012).

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

■ Very confident ■ Fairly confident ■ Not very confident ■ Not at all confident ■ Don't know



Base: People who have heard of the General Dental Council before: 2017 (492), 2015 (465), 2014 (558), 2013 (644), 2012 (602) Source: Ipsos MORI



There are some differences by age, with those aged 65 and over less confident than people on average about the GDC’s regulation of dentistry (74% compared with 83% overall).

# Treatment expectations

## 5 Treatment expectations

### 5.1 Important factors when receiving treatment

There are a variety of elements that could be important to people when receiving dental treatment. The most important is the cleanliness and hygiene of the dental practice (mentioned by 69% of people when the question was posed to them). This is closely followed by the quality of care provided by the dental professional (selected by 64% of people). Just over four in ten think the dental professional's level of experience is important (43%) and a third think that the dental professional's behaviour during appointments is important (33%). Only 7% of people think that the dental professional's behaviour in their personal time is important.

#### Which of the following, if any, would be most important to you when receiving treatment from a dental professional?



Base: All respondents: (1,232). Respondents may give multiple answers.

Source: Ipsos MORI



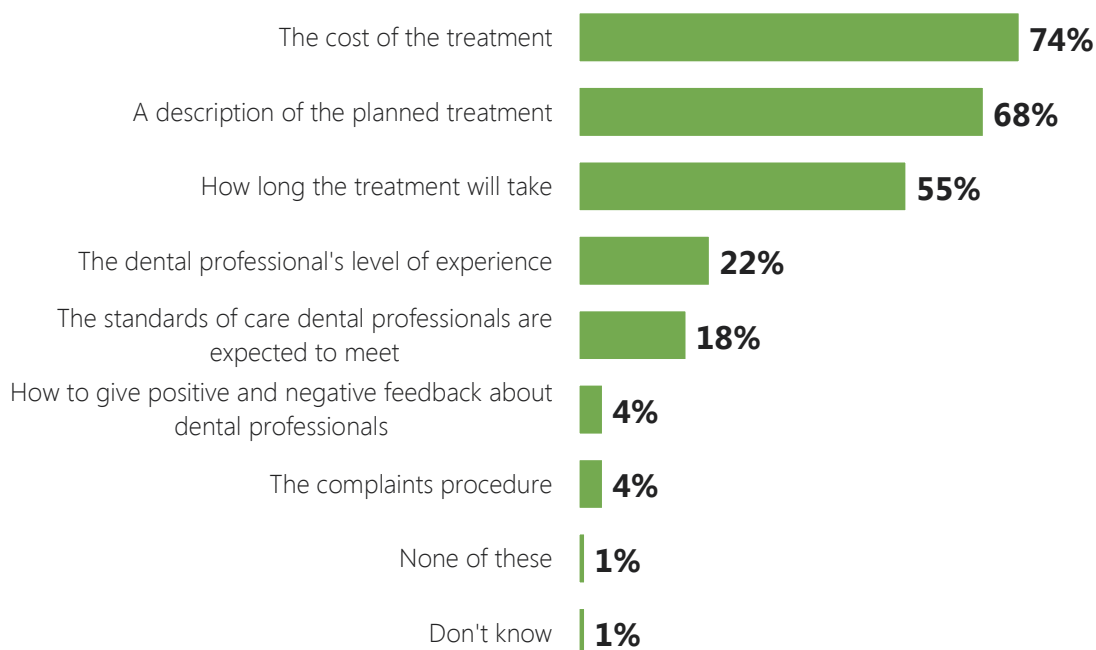
Different groups of people are more likely to think different factors are more important than others. For example, people in social grades A/B and C1 are more likely than those in grades C2 and D/E to think that the cleanliness and hygiene of the dental practice is important (73% and 72% compared with 63% and 67% respectively), and that the quality of care provided by the dental professional is important (75% and 67% compared with 57% and 56% respectively).

Those aged 45-54 and 55-64 are more likely to cite the quality of care provided by the dental professional as being important compared with people overall (72% and 72% compared with 64%).

## 5.2 Important factors to know in advance of treatment

When thinking about what is important to be told in advance of treatment, the public consider the cost of treatment to be the most important thing (selected by 74%). Just under seven in ten consider it important to be given a description of the planned treatment in advance (68%). Over half want to know how long the treatment will take (55%). Interestingly although over four in ten think the dental professional's level of experience is important *when receiving* treatment (43%), only around two in ten think this aspect is important to be told *in advance of* treatment (22%).

### Which, if any, of these do you think it is important for you to be told before treatment starts?



Base: All respondents: (1,232). Respondents may give multiple answers.

Source: Ipsos MORI



Looking at sub-groups of the population, differences can be seen with regards to the importance of these factors:

- People from ethnic minority groups are more likely than those from a white background to think it is important to be told about the complaints procedure in advance of treatment (11% compared with 3%). Those from a white background are more likely than those from ethnic minority groups to want to be given a description of the planned treatment (69% compared with 57%).
- People in social grades A/B and social grade C1 are more likely to think that the cost of treatment is important to know in advance of treatment than those in social grades C2 and D/E (79% and 80% respectively, compared with 69% and 65%). Those in social grades A/B and C1 are also more likely to think that receiving a description of the planned treatment in advance is important (82% and 70% respectively compared with 61% in C1 and 56% in groups D/E). People in social grades A/B are more likely to want to be told how long the treatment will take (64% compared with 55% overall).

- Looking at variation by age, those aged 65 and over are less likely to view an advanced description of the planned treatment as important (59% compared with 68% overall). People in this age group are also less likely to think that being told how long the treatment will take is important (44% compared with 55% overall). However they are more likely to think that it is important to be told the dental professional's level of experience (30% compared with 22% overall). Those aged 15-24 are more likely to think that it is important to be informed of the standards of care dental professionals are expected to meet in advance of treatment (28% compared with 18% overall).

In the qualitative research participants were asked which factors would make their experience of a dental appointment more positive. The findings reflect those from the survey and participants also mentioned some other factors that would make their experience more positive, such as:

- an explanation of the treatment (what is being done and why);
- an explanation of the treatment options (some participants noted that this would help them to overcome their fear/nerves regarding treatment);
- an incentive (free tooth brushes, toothpaste, or teeth whitening treatments were suggested);
- flexibility regarding appointment times; and
- appointments starting on time and being carried out quickly.



# Making complaints

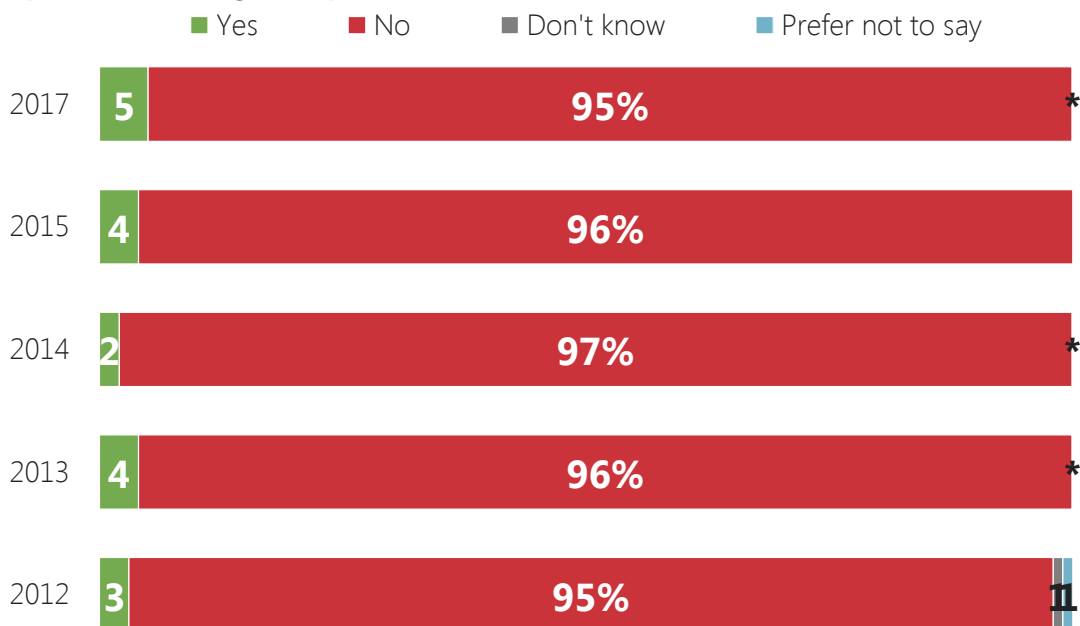
## 6 Making complaints

### 6.1 How many people have made or considered making a complaint

Few people report that they have made or have considered making a complaint about a dental professional. Only 5% of those who have been to a dentist at some point say they have ever made a complaint about a dental professional and, of those remaining, just 8% say they have considered making a complaint.

Both of these figures are in line with the previous wave. This is despite the question wording having changed slightly in this wave to include the sentence 'This includes making a complaint to staff at your dental practice, including a receptionist' to try and encourage participants to include complaints made informally at their dental practice in their definition of a complaint about a dental professional, and not just those made to a third party organisation.

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

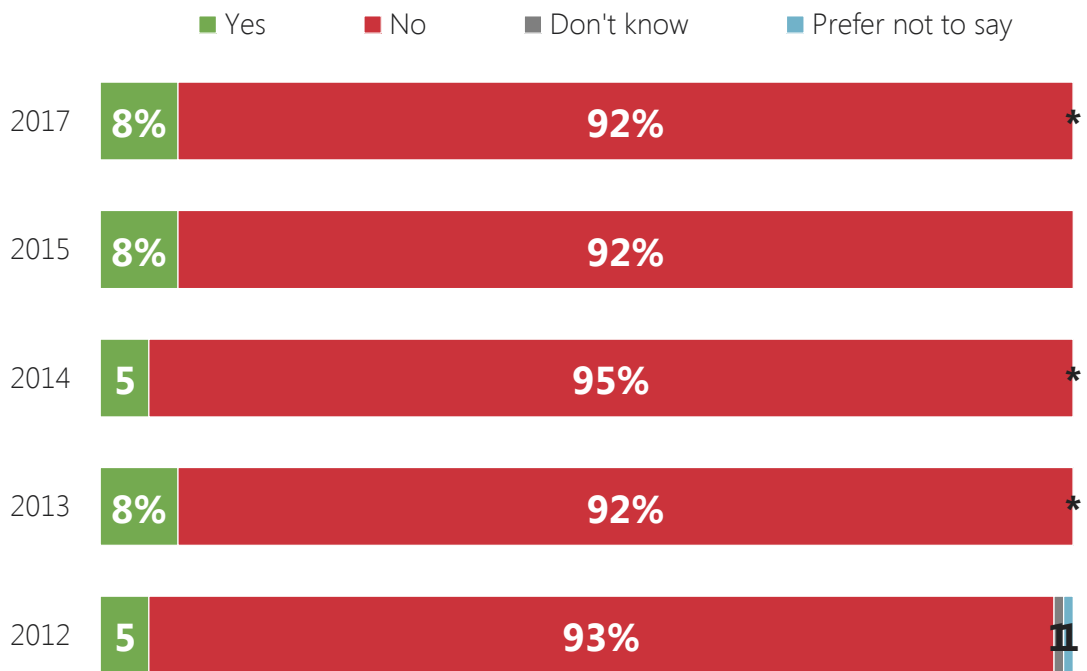


In 2015, 2014, 2013 and 2012 the question was worded: 'Have you ever complained about a dental professional?'

Base: People who have been to a dentist at some point: 2017 (1,209), 2015 (1,209), 2014 (1,564), 2013 (1,524), 2012 (1,464)

Source: Ipsos MORI

### Have you ever *considered* complaining about a dental professional?



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

Source: Ipsos MORI

**Ipsos MORI**  
Social Research Institute

There are several variations in complaining behaviour among sub-groups:

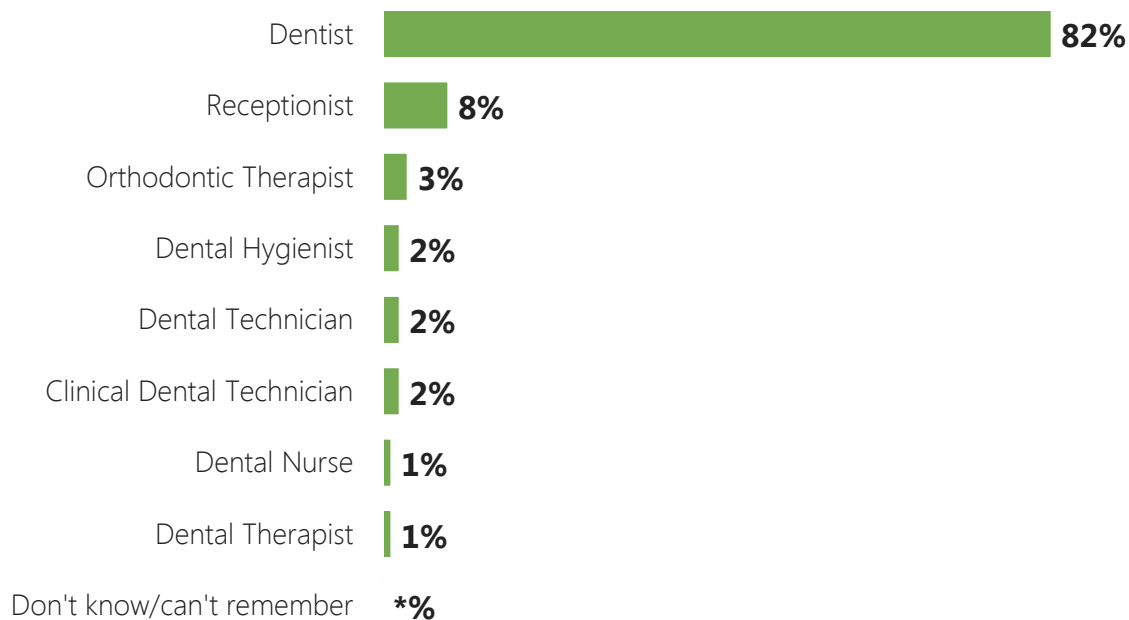
- Women are more likely than men to have made a complaint (7% compared with 4%). However, they are not more likely to have considered complaining (both 8%).
- Those aged 15-24 are the least likely of all age groups to have made a complaint (2% compared with 8% overall).
- People in Wales are *less* likely to have made a complaint than others, with just 1% having done so compared with 5% overall.
- Those who had heard of the GDC before the survey are more likely to have made a complaint than those who had not heard of them (8% compared with 4%).

No significant differences are seen in complaining behaviour with regards to the type of dental treatment received, whether that be through the NHS, privately, or a mixture of the two. There are also not any significant differences with regards to ethnicity.

## 6.2 Which type of dental professional was the subject of the complaint

In the majority of these cases, the subject of a complaint is a dentist, whether the complaint was made or only considered (82%). Although the proportion of people mentioning dentists as the subject of their complaint has not changed since 2015, there has been a significant increase in people mentioning receptionists (from 1% in 2015 to 8% now). However, it should be noted that adding the sentence 'This includes making a complaint to staff at your dental practice, including a receptionist' after the question 'Have you ever complained about a dental professional' might have led to more people in 2017 mentioning receptionists as the subject of their complaint than before.

### Thinking about the most recent time you complained or considered complaining, what type of dental professional did you complain or consider complaining about?



Base: People who have complained or considered complaining about a dental professional (142).  
Respondents may give multiple answers.

Source: Ipsos MORI

The small numbers involved mean that it is not possible to explore sub-group differences.

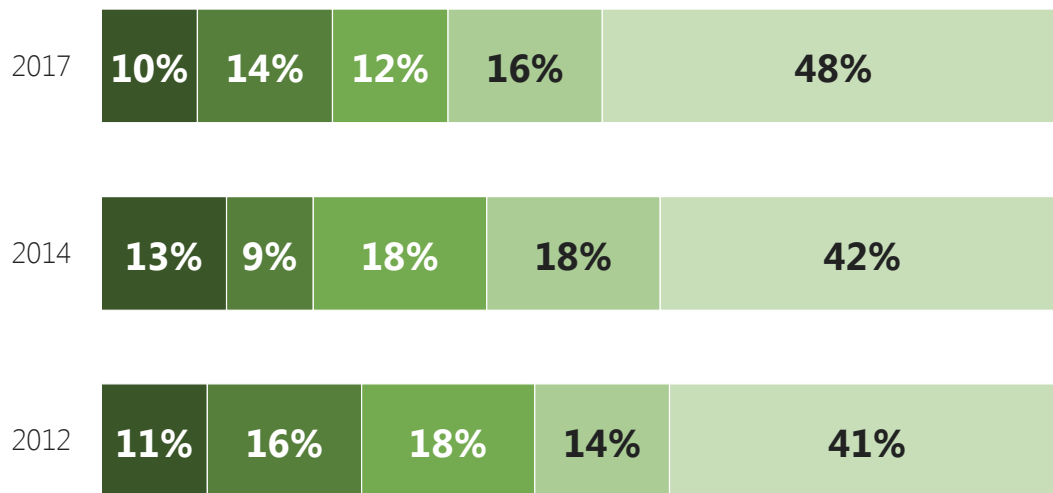
### 6.3 When the complaint was made

Looking at the circumstances surrounding their most recent complaint (whether made or considered), in the majority of cases people are referring to a situation from over a year ago (75%). In half of cases, the most recent time people made or considered making a complaint was more than five years ago (48%).

Only one in ten people refer back to a complaint they made or considered making in the last six months (10%), while one in seven say the complaint was within the last year (14%).

#### Thinking about the most recent time you complained or considered complaining, when was this?

- Within the last 6 months
- Within the last year
- Within the last two years
- Within the last five years
- More than five years ago



Base: People who have complained or considered complaining about a dental professional: 2017 (142), 2014 (119), 2012 (116)

Source: Ipsos MORI

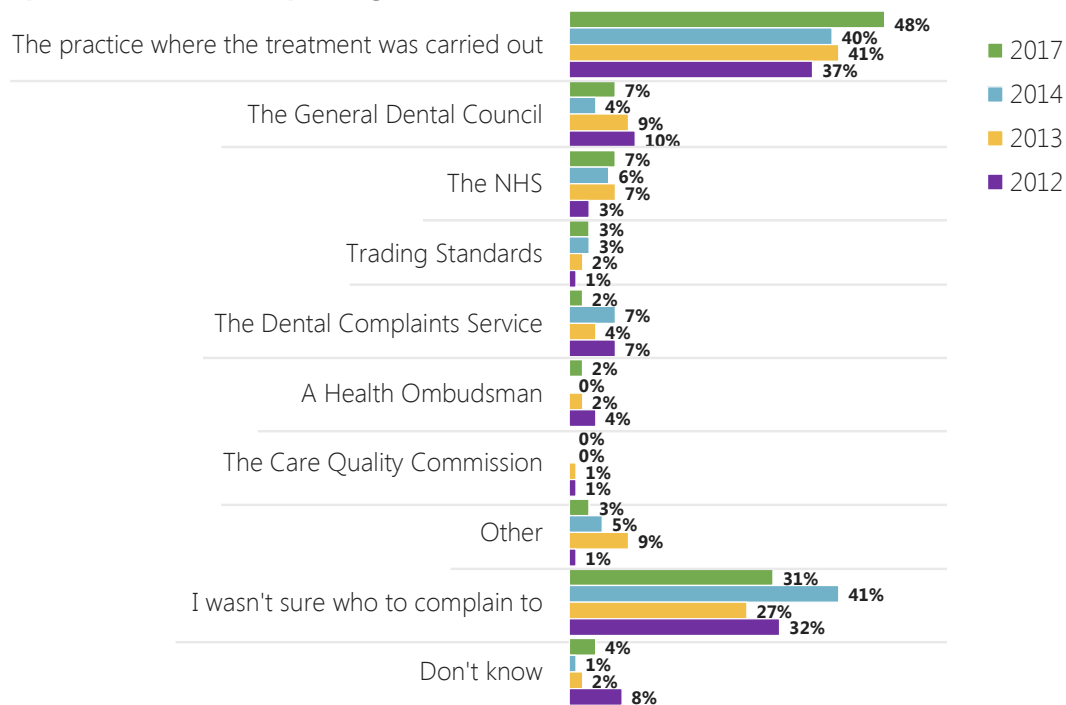


Again, the small numbers involved mean that it is not possible to explore sub-group differences.

## 6.4 Who people complained to

In line with the findings from previous years, when people have complained (or considered complaining) they tend to speak (or consider speaking) directly to the practice where they received treatment. Half of people say did this the most recent time they complained (or considered complaining) (48%). However, three in ten say they were not sure who to complain to (31%). Only 7% made a complaint to the GDC, or considered that option, and 2% say they complained or considered complaining to the Dental Complaints Service.

### Thinking about the most recent time you complained or considered complaining, who did you complain or consider complaining to?



Base: People who have complained or considered complaining about a dental professional: 2017 (142), 2014 (119), 2013 (165), 2012 (116). Respondents may give multiple answers.

Source: Ipsos MORI

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Social Research Institute

In the qualitative groups participants mentioned that they would complain directly to the dentist, the company that owns their dental practice, or their local NHS. However, one participant who failed to get the outcome they were seeking from what was then their Primary Care Trust, said:

***"...now you've told us about the GDC I would probably go to them if anything bad happened again".***

*Female, 65+, social grade B*

#### 6.4.1 How comfortable people feel complaining at the dental practice

Participants in the qualitative groups were asked to discuss how comfortable they would feel complaining at their dental practice. They explained that they were more likely to feel inclined to complain at their practice if they felt very strongly about their complaint, or if they felt a desire to see improvements made at their practice. As one participant said:

***“I think people should complain. How are they going to change or improve what they did if people don't complain when things go wrong?”***

*Female, 18-24, social grade C2*

But some raised concerns about complaining at their practice. They questioned if the practice staff would be impartial, as practices are often owned by the dentists who work there and perceived a conflict of interest.

***“How do you know they're going to do anything about it? Aren't most dental practices owned by the dentists themselves?...I'm not sure it would be, as Claire put it, impartial. After all a dentist makes the business money, you're just one person.”***

*Female, 25-34, social grade B*

As another participant said:

***“If the outcome reflects unfavourably on the practice financially or in terms of reputation then it's hard to see how they can be objective and independent.”***

*Female, 25-34, social grade B*

One participant observed that people might have to make a complaint to a staff member about their colleague, which could be daunting and potentially pointless if the person who received the complaint sided with their colleague (and the participant thought this was likely to happen).

Other reasons participants gave for being uncomfortable about making complaints at their dental practice included: concern that they might be in a vulnerable position the next time they have treatment; a sense that it is unfair to make a complaint if the dental professional has a good previous track record; concern that they might feel they should move dental practice afterwards and that it might be difficult to find one; and the fact that some issues don't become apparent until a while after the incident, by which time it would feel inappropriate to complain.

#### 6.4.2 Enabling complaints at the dental practice

Participants of the qualitative research identified two factors which they think have the potential to reduce any concerns people might have about complaining at their dental practice. The first is the dental practice having a formal complaints procedure (where complainants are kept informed about the how their complaint is being investigated), and the second is ensuring people are able to make complaints in writing.

Looking at the first in a bit more detail, people thought having a formal complaints procedure, where complainants are kept informed about the how their complaint is being investigated, would be beneficial because:

- being transparent with complainants about the steps involved in the complaints process would give them confidence that their complaints were being dealt with impartially;
- if the dental practice sends the complainant a letter acknowledging receipt of their complaint and outlining the next steps in investigating it, this would convey to the complainant that they have been listened to and taken seriously. In the 2015 study this sense of being 'heard' was found to be a central part of a satisfactory complaints procedure;
- if the dental practice provides subsequent updates on the progress of investigating the complaint and its outcome this would provide further assurance to the complainant that the matter was being taken seriously.

Participants also thought that ensuring people are able to make complaints in writing would have the following benefits:

- it would reassure complainants that the dental practice would keep a record of the complaint;
- it was thought that the dental practice might be more likely to send the complainant a response to the complaint than they would otherwise;
- complainants who find conflict and confrontation uncomfortable might find the process more relaxed;
- complainants who perceive a power imbalance with their dentist (e.g. if they are younger than their dentist or because they see their dentist as an expert) might find the process easier.

As one participant summarised:

***“Dealing face-to-face with the dentist is just like complaining to a doctor - they feel that they are all-knowing experts who put themselves above the patient in terms of expertise. I haven't met that kind of a professional who realises that they are actually in a service industry and that the views and experience of the patient is important. Therefore, they take any feedback - good or bad - as a slight on their professionalism when it may just be a complaint about the way they handled the task. Writing about it first removes that awkward moment where as a patient you may not fully understand the validity of the complaint you are making. If it turns out that the dentist agrees that there is an issue, then you feel more empowered as a patient to stand up for yourself.”***

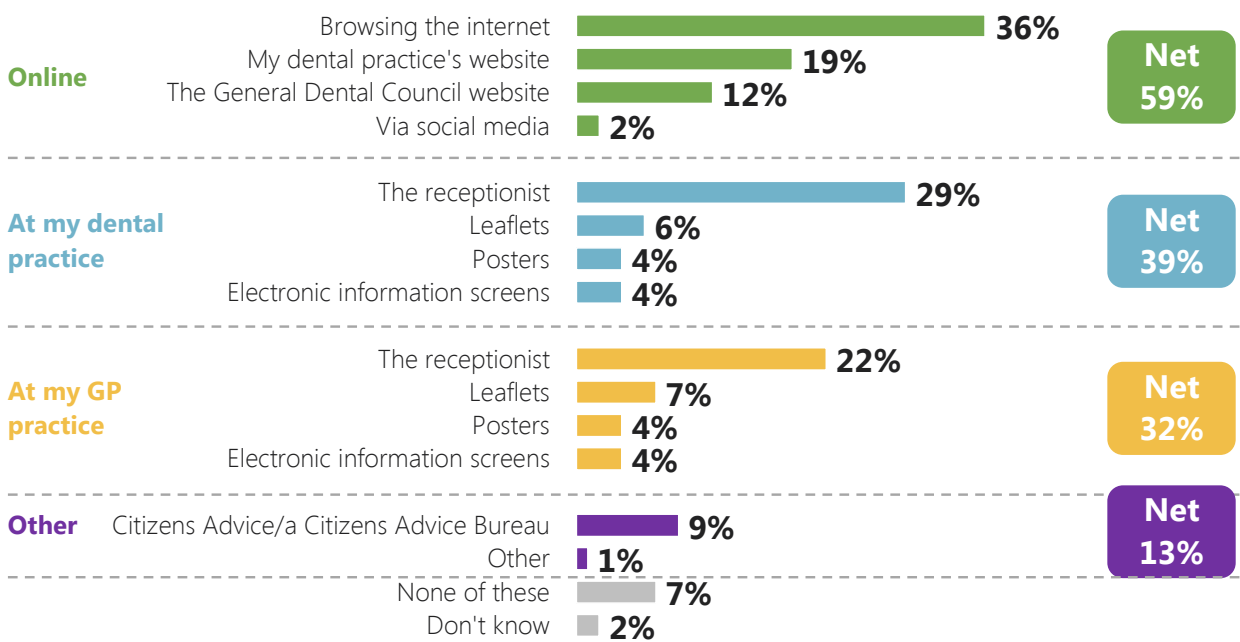
*Female, 45-54, social grade C1*



### 6.5 Most useful way to inform people about out how or where to complain

There are a variety of ways in which people could find out how to make a complaint about a dental professional should they need to. Just looking at those who have not made a complaint (or do not know if they have, or prefer not to say if they have), the internet is the most popular place to start (36% percent of people say they would find this most useful). Slightly fewer would approach the receptionist at their dental practice (29%) and two in ten would approach the receptionist at their GP practice (22%). Just under two in ten would look at their dental practice’s website (19%).

**If you did want to make a complaint, which of the following would be the most useful way for you to find out how or where to complain to?**



Base: All who have not, don't know or prefer not to say if they have complained about a dental professional (1,149). Respondents may give multiple answers. Source: Ipsos MORI



People in social grades A/B and C1 are more likely to browse the internet to find out how or where to complain to than people in social grades C2, D/E (42% for A/B and 41% for C1 compared with 30% for C2 and 27% for D/E). Those in social grades D/E are more likely to speak to the receptionist at their dental practice than others (36% say this compared with 29% overall).

A similar pattern is seen among people aged 65 and over. Their strongest preference is to speak to their dental practice receptionist, mentioned by three in ten people in this age group (31%). Fewer of them than others express a preference for browsing the internet, with one in five saying this (19% compared with 40% of people under 65).

There are also a few differences related to ethnicity. Fewer people from ethnic minority groups think that the GDC website would be a useful way to find out how or where to complain (7% say this compared with 13% of white people). Similarly, only 14% of people from ethnic minority groups think that speaking to the receptionist at their GP would be useful

compared with 23% of people from a white background. At the same time, those saying that they don't know what would be most useful, while still low, is higher than for people from a white background (4% compared with 1%).

## 6.6 Motivations for making a complaint

There are many reasons why people complain about dental professionals and participants in the qualitative groups suggested several. They thought people were most likely to make complaints about poor or bad quality treatment. The sorts of things they were thinking of as poor or bad quality treatment were: dental professionals making major mistakes that cause damage to patients, dental professionals providing the wrong treatment, providing the wrong medication, failing to be thorough, or missing something that subsequently becomes a problem.

Dental professionals carrying out unnecessary treatment is another reason why people might complain. One participant spoke of her experience of this:

***“As soon as I left school my dentist told me I needed two fillings and charged me for them. I actually didn't need them.”***

*Female, 45-54, social grade E*

Others said that unhygienic or unsafe environments would lead them to complain:

***“There could be a possibility of infection if the equipment isn't properly sterilised.”***

*Male, 60-64, social grade C2*

For some, dental professionals being rude or unprofessional would motivate them to complain. All of these findings are in line with those from previous waves of this study.

## 6.7 Barriers to making a complaint

Those who considered making a complaint but did not were asked what prevented them from doing so. The most common reason given is that people didn't know where to start; a third of people who have considered complaining and did not say this (33%). The second most common barrier is that people did not have the time to make a complaint (24%). This is followed by a lack of faith that the complaint would be investigated (mentioned by 14% of people) or that the issue would get a satisfactory response (mentioned by 13%). The third main barrier relates to low expectations regarding the value of making a complaint. A quarter of people say that they didn't make a complaint because they didn't think the matter would be investigated or that it wouldn't get a satisfactory response (24%).

The idea of continuing to see a dental professional after making a complaint about them is a barrier for some. One in ten say that they decided not to make a complaint for this reason (10%), while 13% say that rather than complaining they simply changed dental practice and 8% say they changed dental professional.

## You said you considered making a complaint about... What prevented you from complaining?



The small base sizes means comparison of figures and trends is indicative only.

In 2014 and 2012 the question was worded: 'You said you considered making a complaint about a dental professional. What prevented you from complaining? Please select the top three reasons from the following list.'

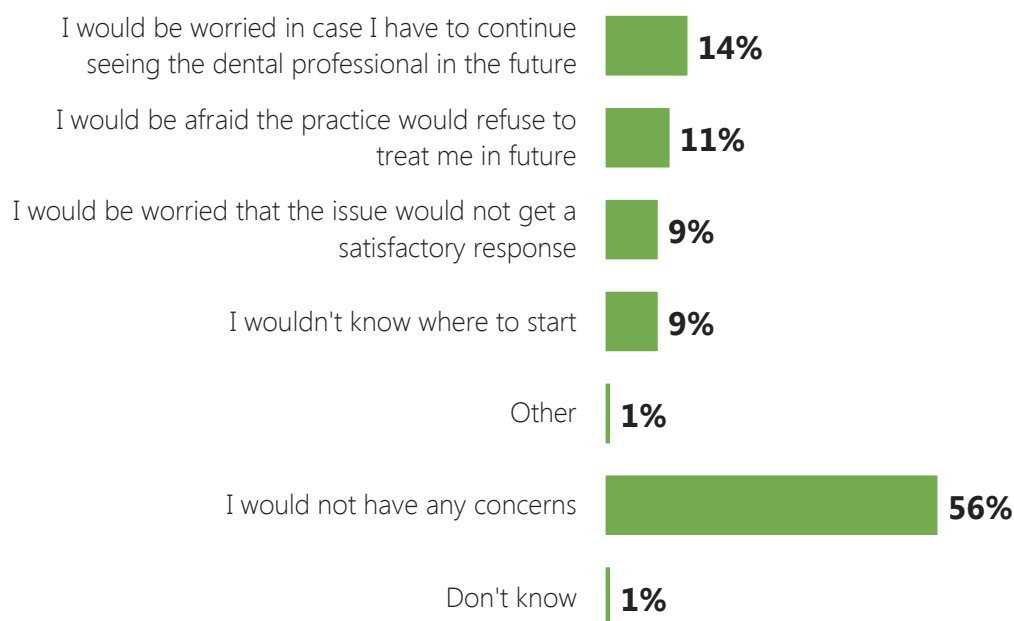
Base: People who have considered complaining about a dental professional 2017 (82)\*, 2014 (78)\*, 2012 (74)\*.  
 Respondents may give multiple answers.

Source: Ipsos MORI

The small numbers involved mean that it is not possible to explore sub-group differences.

As well as asking what prevented people from making a complaint, those who have not made one (or don't know if they have or prefer not to say) were also asked what would concern them about doing so. Having to see the dental professional who is the subject of a complaint in the future again is important (14% mention this). One in ten are afraid that the dental practice may refuse to treat them in the future (11%). The majority say that they would not have any concerns about making a complaint however (56%).

### What, if anything, would concern you about making a complaint?



Base: People who have not, don't know or prefer not to say of they have complained about a dental professional (1,149). Respondents may give multiple answers.

Source: Ipsos MORI



Numbers here do allow for sub-group analysis and several differences are observed.

Men express more confidence than women regarding making a complaint. They are more likely than women to say that they would have no concerns about doing so (60% compared with 52%). They are less likely to say that they would be worried that the practice would refuse to treat them (9% compared with 14%). They are also less likely to say that they wouldn't know where to start (6% compared with 11%). However, the evidence seen in section 5.1 above does not support this. Men and women are equally likely to consider making a complaint but not do so (both 8%), yet women are nearly twice as likely as men to *actually* make a complaint (7% compared with 4%).

Looking across people of different social grades, there are no significant differences when it comes to people saying that they would not have any concerns about complaining. However, those in grades A/B are less likely than others to say that wouldn't know where to start (with only 5% mentioning this as a concern compared with 9% of those in grade C1, 11% of those in grade C2 and 10% of those in grades D/E). Despite this, this group are also more worried than others that they would not get a satisfactory response (13% of those in social grade A/B say this compared with 9% of those in grade C1, 7% of those in grade C2 and 6% of those in grades D/E).

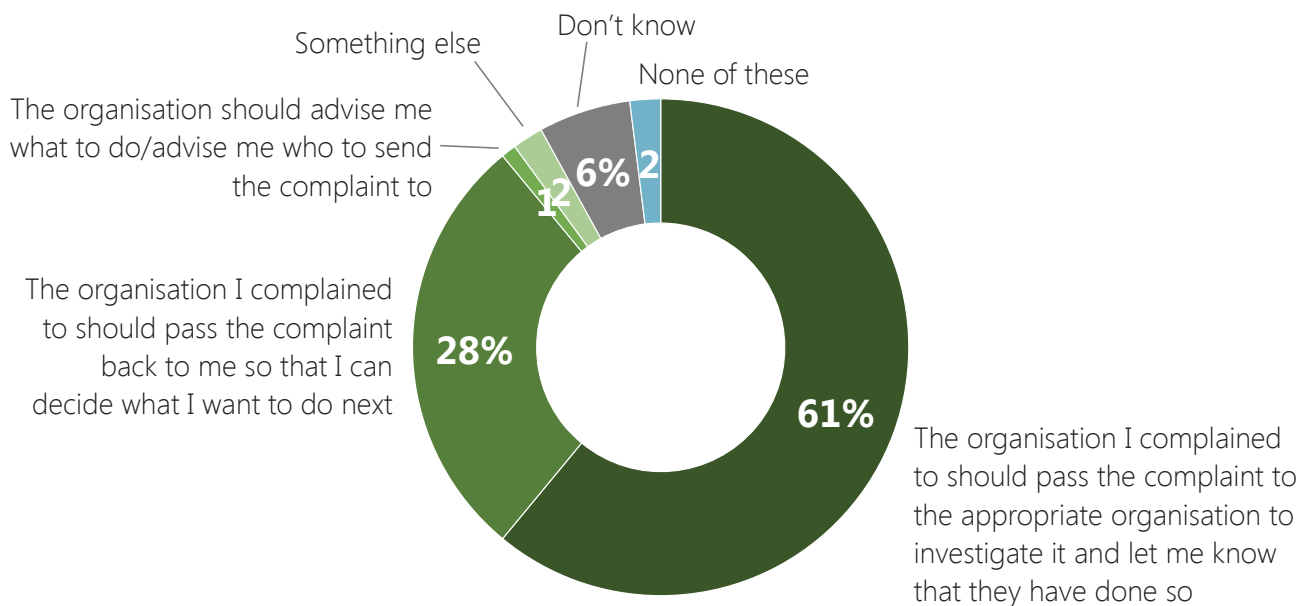
People from a white background appear more confident than those from ethnic minority groups when it comes to making a complaint, with 57% saying that they would have no concerns about doing so compared with 45% of people from ethnic minority groups.

Interestingly, people who have heard of the GDC are less likely to say that they wouldn't know where to start with a complaint about a dental professional than those who have not heard of the GDC (6% compared with 11%).

## 6.8 Patient expectations once they have made a complaint

In some cases, patients cannot find the right organisation to investigate their complaint. If this happened, the majority of people would want the organisation who they complained to pass their complaint on to the appropriate organisation and let them know that they had done so (61% say this). Three in ten would want the organisation to pass their complaint back to them so that they could decide what to do next (28%). Just 1% of people would want the organisation to advise them who to send the complaint to. 6% of people would want the organisation to advise them what to do/advise them who to send the complaint to. 2% of people would want the organisation to advise them who to send the complaint to. 1% of people would want the organisation to advise them who to send the complaint to. 1% of people would want the organisation to advise them who to send the complaint to.

**In some cases, patients cannot find the right organisation to investigate their complaint. If this happened to you, which of the following, if any, would you want to happen?**



Base: All respondents: (1,232)

Source: Ipsos MORI

**Ipsos MORI**  
Social Research Institute

People in social grades A/B express a strong preference for the organisation they complained to dealing with their complaint on their behalf. Seven in ten would want their complaint to be forwarded compared with six in ten or fewer of those in other social grades (71%, compared with 62% of those in social grade C1, 56% of those in grade C2 and 55% of those in grades D/E).

People in Wales are less likely than others to want their complaint to be forwarded for them (49% say this compared to 61% overall) and are the group most likely to want to be able to decide what to do next for themselves (42% compared with 28% overall).

The qualitative follow-up work provides some further insight regarding misdirected complaints. People who felt that the recipient organisation would not have the time to investigate their complaint wanted the organisation to pass it back to them, as they acknowledged that to pass the complaint on could be time consuming and may not be a priority for the organisation. However, there was still a desire among participants to be pointed in the right direction.

***“I can’t expect a third party to run around when they have their own priorities. However, a helpful piece of advice costs a business or organisation next to nothing.”***

*Female, 25-34, social grade B,*

Those who would want the complaint passed back to them expressed a preference for clarity:

***“Then you know exactly what’s going on. Not a third party playing middle man.”***

*Female, 25-34, social grade B,*

Those who would not trust a third party organisation to pass their complaint on also would prefer to be able to pass it on themselves:

***“Otherwise they will just say they have [passed it on] when they probably haven’t.”***

*Female, 18-24, social grade C2*

# Attitudes to serious misconduct

## 7 Attitudes to serious misconduct

The General Dental Council's strategy (2016-2019) centres on developing more efficient and effective regulation. The GDC believes that the current model of regulation has become unsustainable and the way in which dental professionals are regulated requires rethinking and reform. To ensure the regulatory model is fit for the future, the GDC has set out proposals to modernise dental regulation, shifting the balance<sup>7</sup> from an enforcement model of regulation to a preventative one. This shift would result in complaints being handled more efficiently and effectively, and where possible, being resolved upstream in the dental practice itself or through professional networks. The model aims to better reflect public expectations of dental professionals. To inform this work, public perceptions of misconduct and what would constitute proportionate action towards serious misconduct through the GDC's fitness to practise process were explored in the quantitative and qualitative strands of this research. The findings from this element of the research are outlined in this chapter.

### 7.1 Views of misconduct by dental professionals in their personal time

Participants in the qualitative focus groups had mixed views about the importance of the behaviour of dental professionals in their personal time. For some a dental professional's behaviour in their personal time was not perceived to impact upon their performance at work, or was considered to be unimportant *as long as* it was not impacting upon their work. Others emphasised that a professional role (which is based on patient trust) requires that dental professionals adhere to a moral standard and conduct themselves in a manner which reflects their standing in the community. They noted that they would want to know if dental professionals were engaging in racist, sexist or homophobic behaviour because this would impact on their ability to treat patients fairly. Others noted that if dental professionals were engaging in illegal activity, such as drug use, this too could reduce patient trust in the dental professional, their ability to practice, as well as their trust in the profession more widely. An extract from the discussion which illustrates these points is included below.

***"Their behaviour in their personal time has no bearing on their professional performance I would hope, and I would not really be likely to know what they get up to anyway."***

*Male, 60-64, social grade C2*

***"Only in so far as it reflects on their judgement as people. I would like to think they would have a certain moral stance (don't really care what that stance is, just that they recognise that they need to conduct themselves with respect in relation to the rest of their community). If you have a position of responsibility within your community, then I would like to think that you weren't committing major crime in your free time."***

*Female, 45-54, social grade C1*

***"I am interested in the dentist's behaviour when I attend the practice for treatment."***

*Male, 35-44, social grade C1*

<sup>7</sup> <https://www.gdc-uk.org/about/what-we-do/regulatory-reform>



***“Well, here's the thing - I probably would like to know if my dentist was engaging in racist, sexist, homophobic behaviour outside of their professional hours. Would you?”***

*Female, 45-54, social grade C1*

***“Depends what we are talking about. If he plays golf or not is none of my concern, but anything that may affect his ability to practice or my treatment is. Something, such as drugs use, that affects his ability to practice safely, plus risk of HIV etc. Similarly, drinking heavily or staying up the night before etc. Anything illegal or immoral that you became aware of would reduce your trust in that person and their practice and the profession as a whole. As with any person in a professional role that you place trust in, they are there to treat you and are unable to do that objectively if they are discriminative against certain groups.”***

*Female, 25-34, social grade B*

***“I would prefer not to know what they do in their private lives as long as they do a good professional job in their work.”***

*Male, 60-64, social grade C2*

## 7.2 Appropriate actions for the GDC to take

To explore expectations of the action the GDC should take against dental professionals in instances of poor care and wrongdoing the public was presented with examples of unprofessional behaviour (for both a dentist and a dental nurse) and asked to select which action, if any, would be most appropriate for the regulator to take<sup>8</sup>. This action would be on top of any action other organisations, such as the police, may have taken.

The list of actions presented to the public were as follows:

### **No action**

**Reprimand** – this is a statement of the General Dental Council’s disapproval, but the dental professional is still fit to practise with no restrictions

**Conditions** – this is where restrictions are placed on the dental professional’s registration for a set amount of time, for example that they must take further training and provide evidence to prove that they are taking steps to improve

**Suspension** – this means that the person cannot work as a dental professional for a set period of time, but may return to work after the suspension is completed

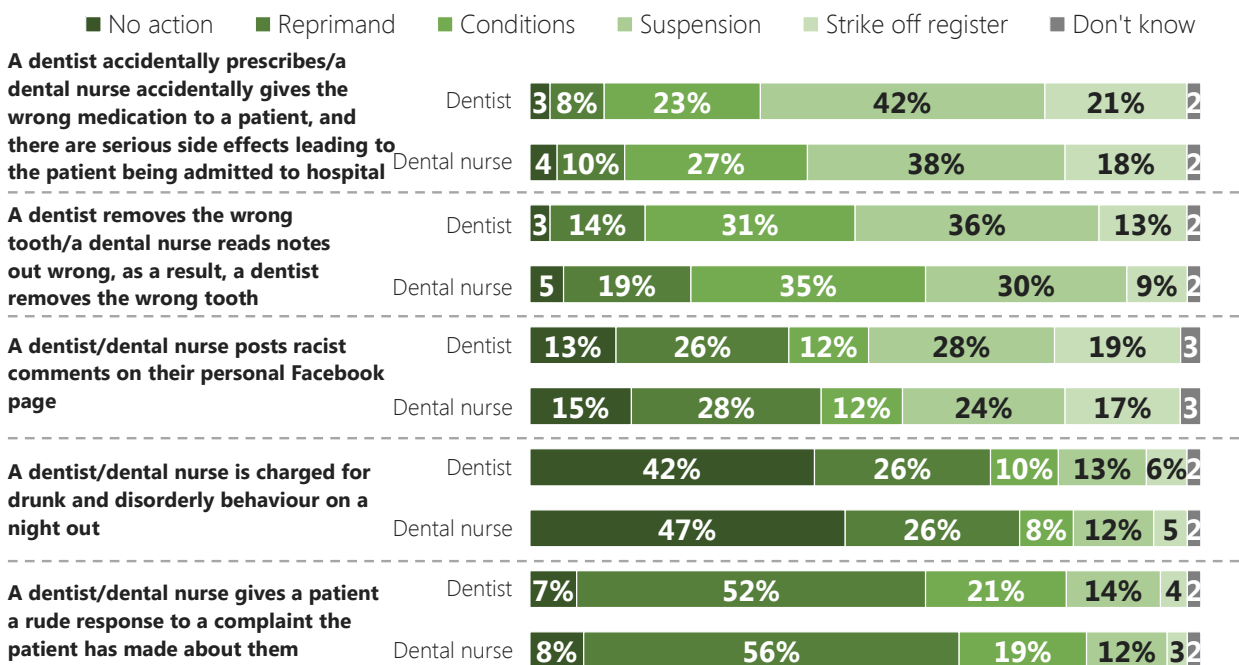
**Strike off register** – this is the most serious sanction as it removes a dental professional’s name from the register. This means that they can no longer work in dentistry in the UK

### **Don’t know**

<sup>8</sup> All participants were shown each scenario for both a dental nurse and a dentist and the order that the situations were shown in was randomised.

The following chart shows a summary of the results for each situation for both a dental nurse and a dentist. The regulatory action deemed appropriate by the public varies greatly across the scenarios. The proportion of the public selecting the most severe actions, to *strike off the register* or *suspend* the dental professional, are larger for instances involving the dentist or dental nurse delivering poor care during treatment, such as prescribing/giving the wrong medication during treatment and removing the wrong tooth. Reflecting the qualitative findings outlined at the start of this chapter, the proportion of the public selecting *no action* is largest for a situation related to the behaviour of the dental professional in their personal time. Around half of the public think that no action should be taken against a dental nurse who is charged for drunk and disorderly behaviour on a night out (47%) and just over four in ten think that no action should be taken against a dentist (42%).

**For each of these situations, please tell me what you think would be the most appropriate action, if any, for the dental regulator to take against the dentist/dental nurse? This action would be on top of any action other organisations, such as the police, may have taken.**



Base: All respondents: (1,232)

Source: Ipsos MORI



### 7.2.1 Differences in actions selected for a dentist and a dental nurse

In the survey, the public tend to suggest that the GDC should treat dental nurses more leniently than dentists. For example, 24% think that a dental nurse should receive a suspension for posting a racist comment on their personal Facebook page but 28% think a dentist should receive a suspension in the same situation. Also 52% think that a dental nurse should receive a reprimand for giving a rude response to a complaint a patient has made about them, whereas 56% think a dentist should receive a reprimand in the same situation.

The online focus groups carried allowed for more detailed exploration of the reasons behind this. Some participants described a hierarchy of accountability within the practice. They thought that dentists have greater responsibility than dental nurses and saw them as more senior. As such, they thought the regulatory model should reflect this.

***“A dentist has more responsibility than a nurse and is more likely to bring the practice into disrepute.”***

*Female, 65-74, social grade B*

Some even saw it as part of the dentist’s responsibility to discipline a dental nurse in the instances of wrongdoing described:

***“The nurse would be under the dentist’s supervision so he should be the first to reprimand.”***

*Male, 60-64, social grade C2*

However views were mixed about whether dentists and dental nurses should be treated differently. Some felt that all dental professionals should be treated equally and the nature of the offence should be the key factor when deciding what action, if any, to take. This belief was underlined by a feeling that all dental professionals should meet the same standards and level of professional etiquette, regardless of their role.

***“No, if the standard is set then it should be set across the board. Why give different levels per role? It would be more likely to be affected by the choice of comment, or method it’s given.”***

*Female, 25-34, social grade B*

### 7.2.2 Sub-group differences

Looking across all the different scenarios, there are some groups of the population that tend to think the GDC should be less lenient than others. Those from ethnic minority groups are more likely than those from a white background to suggest the GDC impose more severe actions. For example, 20% of those from an ethnic minority background think that a dentist should be struck off the register for removing the wrong tooth compared with 12% of those from a white background; and 9% of those from an ethnic minority background think that a dentist should be struck off the register for giving a rude response to a complaint a patient has made about them compared with 3% of those from a white background.

There are also some differences in terms of geographical location. People in Northern Ireland tend to suggest that the GDC should impose more severe actions than people living in the other nations. For example, 27% of those living in Northern Ireland think a dental nurse should be struck off the register for posting racist comments on their personal Facebook page compared with 17% overall.

### 7.2.3 Differences in participant opinion of appropriate action prior to and during the focus groups

The GDC was keen to understand if being in a group situation influenced participants’ views of the most appropriate action for the GDC to take in each scenario. So, before taking part in the online focus groups, each participant was emailed two of the scenarios and asked to select which action they thought would be most appropriate for the GDC to take and their reasons. Their responses were later compared with those they gave during the focus groups to see if there were any differences between them.

The findings are mixed. Some participants suggested the GDC take the same action during the focus group as they did beforehand, whereas others did not. For example, one participant said before the focus group that the GDC should place conditions on a dentist who posts racist comment on personal Facebook page, but then said during the group that the GDC should suspend the dentist.

Some participants changed their opinion during the group in reaction something another participant said, particularly when the participants had built up a rapport with each other. An extract from such a discussion is included below:

*Participant A: **"Reprimand."***

*Female, 25-34, social grade B*

*Participant B: **"Conditions. They should be set a goal of attending a customer training programme."***

*Female, 45-54, social grade C1*

*Participant C: **"Conditions, review."***

*Male, 35-44, social grade C1*

*Participant A: **"Actually yes I agree with [participant B]. Conditions on the basis that they are asked to attend some kind of course."***

*Female, 25-34, social grade B*

### 7.2.4 A dentist/dental nurse posts racist comments on their personal Facebook page

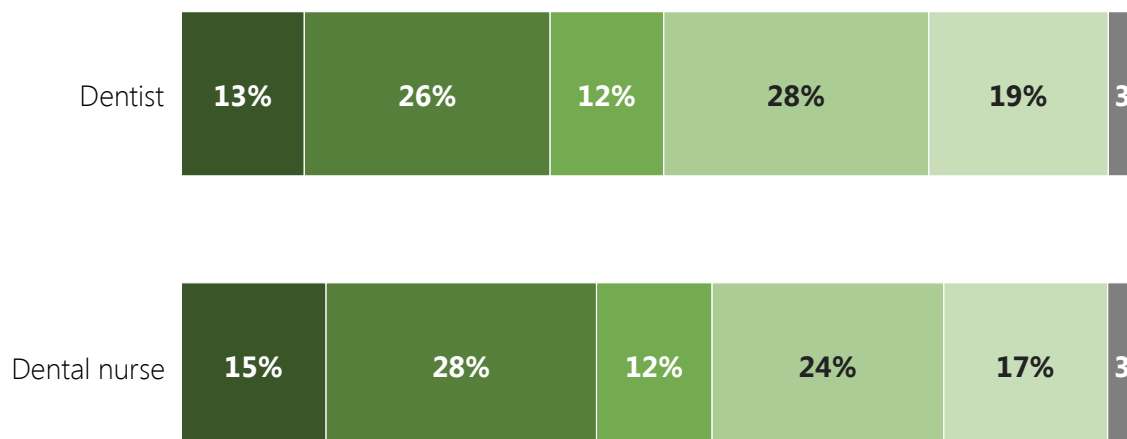
Public opinion is divided as to the most appropriate action for the GDC to take in response to a dentist or dental nurse posting racist comments on their personal Facebook page. Two in ten think that a dentist should be struck off the register (19%), around three in ten think that the dentist should receive a suspension (28%), a similar proportion think that a reprimand would be the most appropriate action (26%) and just over one in ten think that the GDC should take no action (13%).

The public are more likely to say that a dentist should receive a suspension posting racist comments on their personal Facebook page than they are about a dental nurse (28% compared with 24%). The proportions selecting the other actions for a dental nurse are in line with the proportions selecting other actions for a dentist.

**For each of these situations, please tell me what you think would be the most appropriate action, if any, for the dental regulator to take against the dentist/dental nurse? This action would be on top of any action other organisations, such as the police, may have taken.**

#### **A dentist/dental nurse posts racist comments on their personal Facebook page**

■ No action ■ Reprimand ■ Conditions ■ Suspension ■ Strike off register ■ Don't know



Base: All respondents: (1,232)

Source: Ipsos MORI



The qualitative research allowed for an exploration of the reasons behind participants' choice of action for each scenario. The overwhelming sense in the online focus groups was that a dentist should be suspended for posting racist comments on their personal Facebook page. People felt racism would impact on a dental professional's ability to treat patients fairly and would undermine patient trust. If the comments became public they would have the potential to damage wider public trust in the profession.

***"Suspension, I am tough on this one. As a trusted professional you need to be unbiased and have all your patients' best interests at heart. How can anyone of that race have any confidence in you***

***to treat them to the best of your ability if you openly discriminate against them? The practice and profession will also be impacted by such behaviour.”***

*Female, 25-34, social grade B*

Others, while acknowledging that such comments had the potential to damage the reputation of a dental professional, perceived Facebook as a private forum and therefore thought the less severe action of a reprimand would be more appropriate than a suspension, or even thought that no action should be taken. As two participants said:

***“Reprimand, it brings the dental practice into disrepute. As much as I don’t like racism that is their personal space, and should in my opinion be kept private.”***

*Female, 25-34, social grade B*

***“No action, people make stupid comments on their personal Facebook pages all the time. If it was on a public sight well possible suspension although the trend is to punish people hard for racist comments these days.”***

*Male, 60-64, social grade C2*

These views are contrast to those who felt that more severe actions should be taken, who often considered Facebook to be a public space. They acknowledged that, even if an individual’s settings are set to ensure the maximum level of privacy, they still have no control over the sharing of posts by friends.

***“Facebook is public. Even if set to private those posts can be downloaded/shared/screenshotted and spread by your friends all of which you have no control over.”***

*Female, 25-34, social grade B*

7.2.5 A dentist removes the wrong tooth/a dental nurse reads notes out wrong, and as a result, a dentist removes the wrong tooth

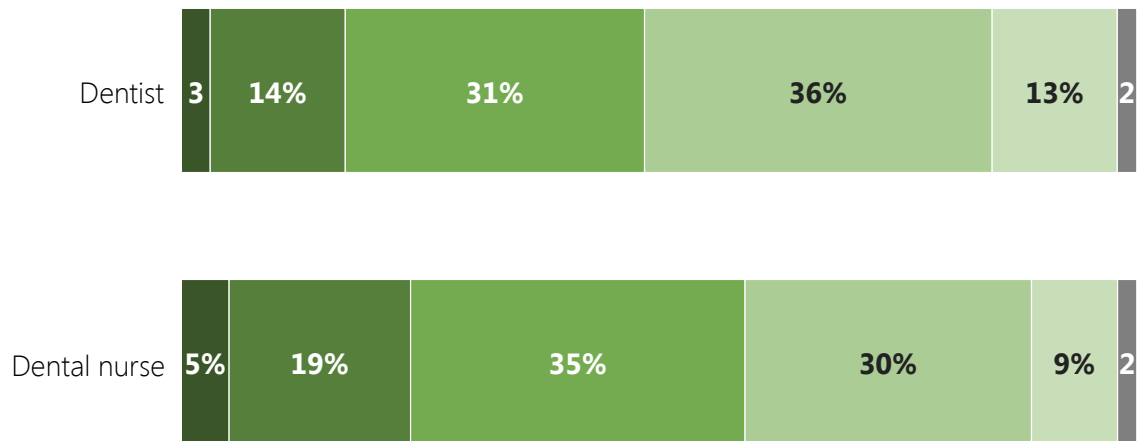
Around three in ten people think that a dentist should receive a suspension for removing the wrong tooth (36%) and a similar proportion think they should receive conditions (31%). Just under one in seven think that a dentist should be struck off the register (13%) and a similar proportion think the most appropriate action would be a reprimand (14%). Only 3% think that no action should be taken.

The proportions selecting each action are different when the scenario is about a dental nurse. More people select no action for a dental nurse than a dentist (5% compared with 3%), or more lenient actions such as reprimands (19% compared with 14%) or conditions (35% compare with 31%). Fewer people select the more stringent actions for dental nurses than for dentists (30% and 9% think dental nurses should or receive a suspension or be struck of the register respectively compared with 36% and 13% who think the same for a dentist). It is important to note that the wording of the scenario for a dental nurse is different to that for a dentist, which may go some way to explaining these differences.

**For each of these situations, please tell me what you think would be the most appropriate action, if any, for the dental regulator to take against the dentist/dental nurse? This action would be on top of any action other organisations, such as the police, may have taken.**

**A dentist removes the wrong tooth/a dental nurse reads notes out wrong, as a result, a dentist removes the wrong tooth**

■ No action ■ Reprimand ■ Conditions ■ Suspension ■ Strike off register ■ Don't know



Base: All respondents: (1,232)

Source: Ipsos MORI



In general participants in the qualitative focus groups felt that this error would warrant relatively severe action, the suspension of a dentist or striking them off the register. For some, their response would depend on whether it was the professional's first mistake. If so they would select conditions alongside a suspension, so that the dentist could undertake retraining. However, if a similar incident had occurred previously then they would prefer the dentist to be struck off the register.



***"I think that depends, I'd suspend with conditions of retraining health checks like eyesight etc. for a first mistake. If it were more than that then I'd say strike off register."***

*Female, 25-34, social grade social grade B*

Several participants stated that they would want the dental practice to correct the mistake and offer an implant and/or compensation.

In the qualitative research, there was a sense that a dental nurse should be treated the same way as a dentist in this scenario, given the severity of the consequences.

7.2.6 A dentist accidentally prescribes/a dental nurse accidentally gives the wrong medication to a patient, and there are serious side effects leading to the patient being admitted to hospital

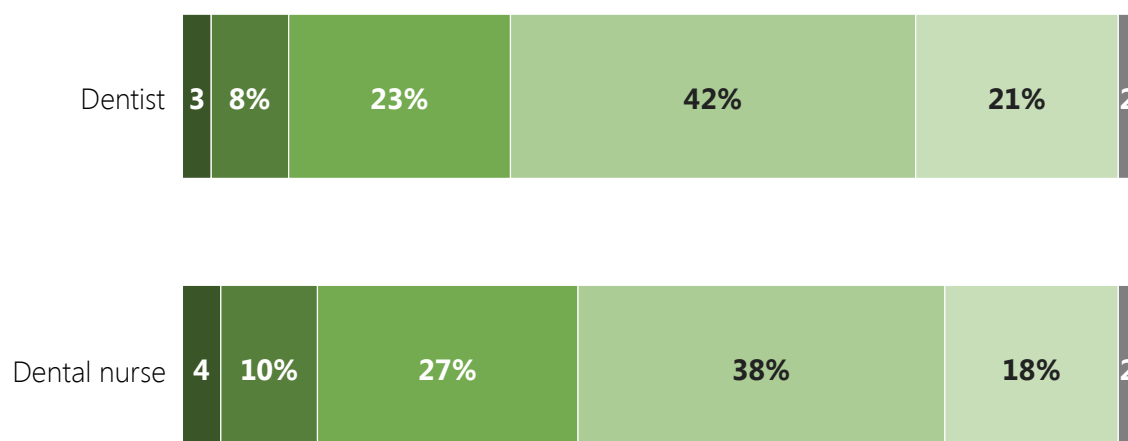
Four in ten people think that a dentist should be suspended for accidentally prescribing the wrong medication to a patient which leads to serious side effects and the patient being admitted to hospital (42%). Around a quarter think a dentist should be given conditions (23%) and one in five think a dentist should be struck off the register (21%). Only 3% think that no action should be taken and a further 8% think that a dentist should receive a reprimand.

More of the public think that a dental nurse should receive conditions for accidentally giving the wrong medication to a patient than think a dentist should in the same situation (27% compared with 23%). Fewer people think a dental nurse should receive a suspension in this scenario than think a dentist should (38% compared with 42%). The proportions of the public who think dental nurses should receive the other actions are in line with views about dentists in the same scenario.

**For each of these situations, please tell me what you think would be the most appropriate action, if any, for the dental regulator to take against the dentist/dental nurse? This action would be on top of any action other organisations, such as the police, may have taken.**

**A dentist accidentally prescribes/a dental nurse accidentally gives the wrong medication to a patient, and there are serious side effects leading to the patient being admitted to hospital**

■ No action ■ Reprimand ■ Conditions ■ Suspension ■ Strike off register ■ Don't know



Base: All respondents: (1,232)

Source: Ipsos MORI



In the qualitative research, people said that they would expect the GDC to suspend the dentist in such a scenario so that the case could be investigated. Participants felt that this mistake would be unacceptable (unless it was unforeseeable) and would signify that there was something wrong with the dentists practice.

***“Suspension. That would be totally out of order, unless there were a situation that could not have been foreseen.”***

*Male, 60-64, social grade C2*

Some would want conditions to be put as well as a suspension, with the expectation that the dentist would demonstrate what they had learned from the incident and ensure that it would not happen again.

***“Suspension, but there needs to be conditions to that as well. The dentist would need to demonstrate their knowledge of why it happened and how they will ensure that it will never happen again.”***

*Female, 45-54, social grade C1*

A few participants stated that, if the mistake was genuine and the dentist had no history of poor practice, a reprimand would be the most appropriate action.

***“I put reprimand for this on the basis that this was a genuine mistake and a one off in an otherwise unblemished career. Humans make errors unfortunately due to the nature of the job the impacts of errors can be catastrophic. Perhaps training would be advisable as [it] may be down to complacency.”***

*Female, 25-34, social grade B*

7.2.7 A dentist/dental nurse gives a rude response to a complaint the patient has made about them

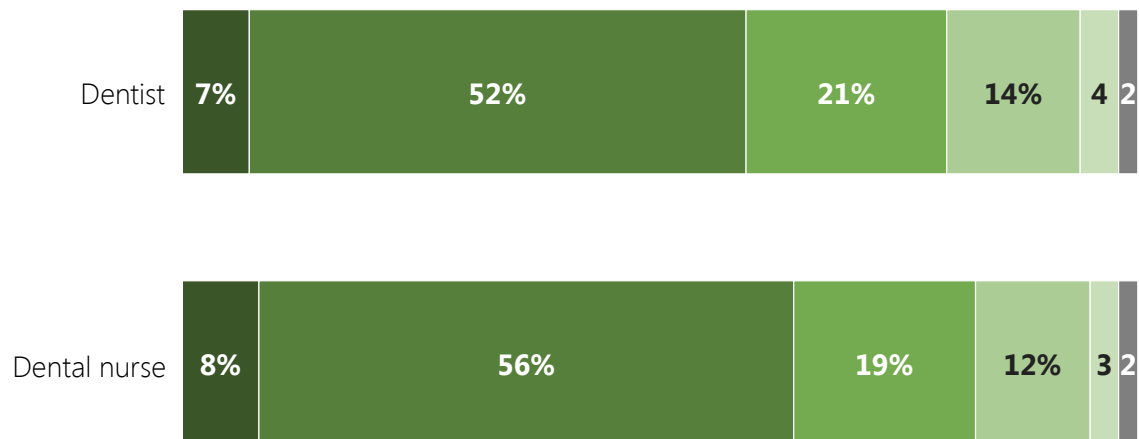
The majority of the public think that a dentist should receive a reprimand for giving a rude response to a complaint a patient has made about them (52%). One in five think that a dentist should receive conditions (21%) and one in seven a suspension (14%). Only 4% think that a dentist should be struck off the register and 7% think that no action should be taken.

The public are more likely to say that a dental nurse should receive a reprimand for giving a rude response to a complaint a patient has made about them than say a dentist should in the same situation (56% compared with 52%). The proportions selecting other actions for dental nurses are in line with the proportions doing so when asked about a dentist in the same scenario.

**For each of these situations, please tell me what you think would be the most appropriate action, if any, for the dental regulator to take against the dentist/dental nurse? This action would be on top of any action other organisations, such as the police, may have taken.**

**A dentist/a dental nurse gives a patient a rude response to a complaint the patient has made about them**

■ No action ■ Reprimand ■ Conditions ■ Suspension ■ Strike off register ■ Don't know



Base: All respondents: (1,232) Source: Ipsos MORI



The qualitative research revealed that people thought that dentists who are rude should undergo training to improve their people skills, and applying conditions were seen to be the best way to achieve this. As one participant said:

***“By attending a training course the dentist will learn the importance of customer service.”***

*Male, 35-44, social grade C1*

Some thought that, as this sort of behaviour could put people off going to the dentist, it should be dealt with.

***“Rudeness is unprofessional and should be actively dealt with. It discourages legitimate complaint and reduces attendance at the dentist, all bad for the profession and for the community.”***

*Female, 45-54, social grade C1*

### 7.2.8 A dentist/dental nurse is charged for drunk and disorderly behaviour on a night out

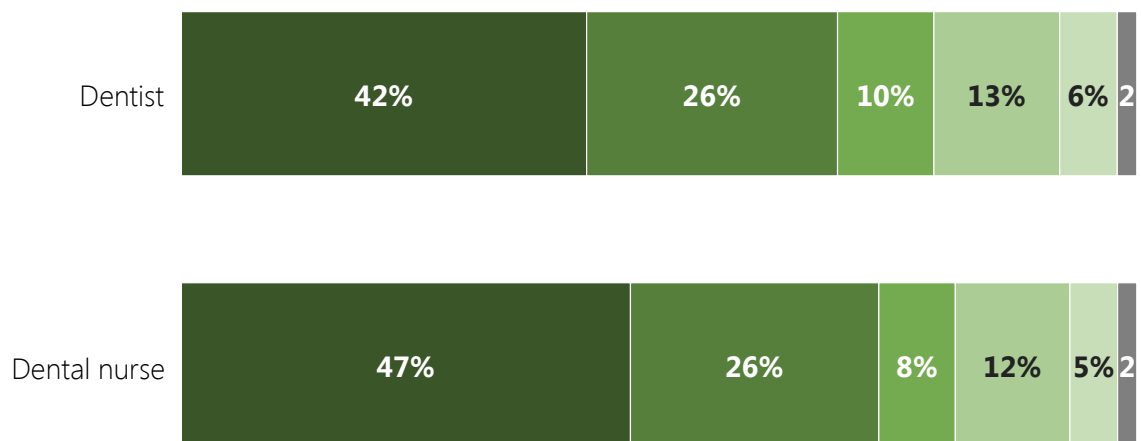
Just over four in ten people think that no action is required against a dentist who is charged for drunk and disorderly behaviour on a night out (42%). A quarter think that a dentist should receive a reprimand (26%), one in ten conditions (10%) and a similar proportion think a dentist should receive a suspension (13%). Only 6% think that a dentist should be struck off the register.

More people think that no action is required from the GDC against a dental nurse who is charged with drunk and disorderly behaviour on a night out than think the same about a dentist (47% compared with 42%). The proportions for the other actions are in line for both dental nurses and dentists.

**For each of these situations, please tell me what you think would be the most appropriate action, if any, for the dental regulator to take against the dentist/dental nurse? This action would be on top of any action other organisations, such as the police, may have taken.**

#### **A dentist/dental nurse is charged for drunk and disorderly behaviour on a night out**

■ No action ■ Reprimand ■ Conditions ■ Suspension ■ Strike off register ■ Don't know



Base: All respondents: (1,232)

Source: Ipsos MORI

**Ipsos MORI**  
Social Research Institute

In the qualitative focus groups, there was a sense that the GDC should not be too strict about misdemeanours that occur in people's personal time. As one participant said:

***“In this case, conditions, it comes back to what he does in his personal life. It would not be a very professional way to behave, but as long as he does his job well and is prepared to take advice, conditions would be sufficient.”***

*Male, 60-64, social grade C2*

Another explained that they would suggest the GDC issued a:

***“Reprimand, has no impact on his ability to treat patients if a one-off occurrence...I’m of the opinion everyone makes mistakes, if it is out of character and not affecting his ability to practice then it has been dealt with by the courts. It should be noted but no further punishment given.”***

*Female, 25-34, social grade B*

However, some did think that this behaviour could have an impact on patients, and so felt that a more severe action would be more appropriate:

***“Suspension for being convicted...the private behaviour reflects on their professional judgement. The GDC need to be aware of any issues that could directly affect the welfare of patients.”***

*Female, 45-54, social grade C1*

# Conclusions

## 8 Conclusions

The research has generated a wide range of quantitative and qualitative data for the General Dental Council to consider. The final chapter of this report outlines some of the key findings.

### **Patient satisfaction with dental care continues to be very high.**

In line with previous years, nearly all of those who visit their dentist at least once a year are satisfied with their treatment.

### **The proportion who are *very* confident that the GDC is regulating dental professionals effectively has increased since 2015.**

This is accompanied by a rise in the proportion of people who are *very* confident that the regulation of healthcare is working effectively, and a rise in the proportion of people who have *definitely* heard of the GDC. It will be important and interesting to monitor if these positive shifts are maintained in future years.

### **The cleanliness and hygiene of the dental practice, and the quality of care provided by the dental professional are the most important factors for people when receiving treatment.**

How dental professionals behave in their personal time is less important for people. Most would like to be told about the cost of treatment before their treatment, as well as be given a description of the planned treatment and how long it will take.

### **Raising awareness of dental practices' formal complaints procedures might encourage those who wish to make complaints to do so at their dental practices, rather than elsewhere.**

The qualitative research revealed that some people are discouraged from making complaints at their dental practice because they think that the practice might not investigate the complaint impartially. However, people would feel more comfortable doing so if there is a formal, written complaints procedure at their practice, as this is seen to make the complaints process more transparent and is thought to increase the likelihood of the complaint being investigated. As many dental practices already have such procedures, it is worth considering how to raise public awareness about them.

As highlighted in the 2015 research, the receptionist is an important gatekeeper for complaints and many people would approach a dental receptionist or their GP receptionist for information about how or where to lodge a complaint should they want to.

### **The public think that the GDC should issue stronger sanctions<sup>9</sup> for dental professionals who deliver poor care or treatment in a professional context than those who get in trouble in their personal time.**

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<sup>9</sup> The mechanism through which the GDC could achieve this could be through its fitness to practise actions.



Although some are concerned about wrongdoing dental professionals might be involved in during their personal time, many think that, if it does not impact the dental professionals' work, the GDC does not need to get involved. There are mixed views about whether dentists should be treated differently to dental nurses.

# Appendices: Technical details

## 9 Appendices: Technical details

### 9.1 Statistical significance

It should be remembered that a sample and not the entire population of people aged 15 and over living in the United Kingdom has been interviewed. Consequently, all results are subject to potential sampling tolerances (or margins of error), which means that not all differences between results are statistically significant. For example, for a question where 50% of the people in a weighted sample of 1,232 respond with a particular answer, the chances are 95 in 100 that this result would not vary more than plus or minus three percentage points from a census of the entire population (using the same procedures).

Indications of approximate sampling tolerances for this survey are provided in the following table. As shown, sampling tolerances vary with the size of the sample and the size of the percentage results (the bigger the sample, the closer the result is likely to be to the result that would be obtained if the entire population was asked the same question).

This survey used a quota sampling approach. Strictly speaking the tolerances applied here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be almost as accurate.

Approximate sampling tolerances applicable to percentages at or near these levels			
Size of sample on which survey result is based	10% or 90%	30% or 70%	50%
	±	±	±
100 interviews	6	9	10
200 interviews	4	6	7
300 interviews	3	5	6
400 interviews	3	5	5
500 interviews	3	4	4
600 interviews	2	4	4
700 interviews	2	3	4
800 interviews	2	3	4
900 interviews	2	3	3
1232 interviews	2	3	3
1640 interviews	2	2	2
1603 interviews	2	2	2
1609 interviews	2	2	2
1563 interviews	2	2	3

Different groups within a sample (e.g. men and women) may have different results for the same question. A difference has to be of a certain size in order to be statistically significant though. To test if a difference in results between two sub-groups within a sample is a statistically significant one, at the 95% confidence interval, the differences between the two results must be greater than the values provided in the table below. Again, strictly speaking the sampling tolerances shown here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be almost as accurate.

Differences required for significance at or near these percentages			
Size of sample on which survey result is based	10% or 90%	30% or 70%	50%
	±	±	±
100 and 100	8	13	14
100 and 200	7	11	12
100 and 300	7	10	11
100 and 400	7	10	11
100 and 500	7	10	11
200 and 200	7	10	11
200 and 300	5	8	9
200 and 400	5	8	9
200 and 500	5	8	8
300 and 300	5	7	8
300 and 400	5	7	8
300 and 500	4	7	7
400 and 400	4	6	7
400 and 500	4	6	7
500 and 500	4	6	6
1232 and 1259 (2017 and 2015 surveys)	2	4	4
1259 and 1640 (2015 and 2014 surveys)	2	3	4
1640 and 1603 (2014 and 2013 surveys)	2	3	3
1603 and 1609 (2013 and 2012 surveys)	2	3	4
1603 and 1563 (2013 and 2011 surveys)	2	3	4
1609 and 1563 (2012 and 2011 surveys)	2	3	4

## 9.2 Topline findings

Findings from the 2015 survey have been tested against the 2017 survey. Results that are significantly different to the 2015 survey have been highlighted in yellow.

### Use of Dentists and Dental Care Professionals

#### GD01 When was the last time you went to the dentist?

	2017 %	2015 %	2014 %	2013 %	2012 %	2011 %
In the last 6 months	54	54	50	51	50	53
In the last 7-12 months	15	15	14	15	16	12
In the last 1-2 years	10	9	10	10	10	10
More than 2 years ago	13	11	13	11	10	15
I used to go to the dentist but I don't any more	5	6	8	9	8	7
I have never been to the dentist	2	3	5	4	7	3
Don't know	*	*	*	*	1	N/A

#### GD02 On average, how often do you go to the dentist?

Base: People who go to the dentist: 2017 (1148); 2015 (1125); 2014 (1422); 2013 (1376); 2012 (1320)

	2017 %	2015 %	2014 %	2013 %	2012 %
Once every six months	50	56	53	54	52
Once a year	27	24	26	24	27
Once every two years	9	8	6	9	8
Less than once every two years	14	12	15	13	12
Don't know	*	0	*	*	*

#### GD03 And how long have you been with your current dentist or dental practice?

Base: People who go to the dentist: 2017 (1148); 2015 (1125); 2014 (1422); 2013 (1376); 2012 (1320)

	2017 %	2015 %	2014 %	2013 %	2012 %
One year or less	11	10	9	11	14
Over one year, up to two years	10	7	9	9	13
Over two years, up to five years	20	20	23	20	22
Over five years, up to 10 years	19	19	18	19	18
Over 10 years, up to 15 years	13	16	12	12	11
Over 15 years, up to 20 years	7	8	9	9	7
Over 20 years	17	18	18	18	14
Don't know	3	2	2	2	1

GD04 As you're probably aware, dental care is available both through the NHS and privately. Sometimes during one visit to the dentist, you may even have a combination of NHS and private treatment.

Thinking about the last time you visited your dentist or dental practice, which of these options best describes the type of care you think you received?

Base: People who go to the dentist at least once every two years: 2017 (997); 2015 (982); 2014 (1216); 2013 (1188); 2012 (1145)

	2017	2015	2014	2013	2012
	%	%	%	%	%
NHS dental care that I paid for	47	45	45	48	45
NHS dental care that was free	22	25	26	24	31
A mixture of NHS dental care and private dental care in the UK*	10	6	7	6	5
Private dental care only in the UK	18	19	19	20	18
I had treatment abroad	2	2	1	1	1
I'm not sure what type of care I received	2	2	1	1	*

\*In 2015, 2014, 2013 and 2012, the answer code was worded: 'NHS dental care and additional private dental care in the UK.'

### Regulation of Dental Professionals

The following questions will ask you about your views on the regulation of different types of services. By 'regulation' we mean where there is a set of rules that govern behaviour, actions and conduct, and where action may be taken if these rules aren't met.

GD06 Now thinking about healthcare generally (and not just dental care), how confident, if at all, are you that regulation of this works effectively?\*

	2017	2015	2014	2013	2012
	%	%	%	%	%
Very confident	24	20	15	14	13
Fairly confident	54	56	60	56	58
Not very confident	16	16	15	21	18
Not at all confident	3	4	3	3	5
Don't know	3	4	6	6	7

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

GD07 Which of the following best describes how aware you were of the General Dental Council before this survey?

	2017	2015	2014	2013	2012	2011
	%	%	%	%	%	%
I had definitely heard of the General Dental Council before	24	20	17	15	20	10
I think I had heard of the General Dental Council before	15	18	16	27	21	15
I had not heard of the General Dental Council before	61	62	65	58	57	70
Not sure	*	*	1	1	2	5

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

GD08 How confident, if at all, are you that the General Dental Council is regulating dentists and dental care professionals effectively?

Base: People who have heard of the General Dental Council before: 2017 (492); 2015 (465); 2014 (558); 2013 (644); 2012 (602)

	2017 %	2015 %	2014 %	2013 %	2012 %
Very confident	20	14	14	15	12
Fairly confident	62	61	61	62	66
Not very confident	9	9	12	16	13
Not at all confident	1	2	1	1	3
Don't know	7	14	11	5	6

### Complaints

GD09 Have you ever complained about a dental professional? This includes making a complaint to staff at your dental practice, including to a receptionist.

Base: People who have been to a dentist at some point: 2017 (1209); 2015 (1209); 2014 (1564); 2013 (1524); 2012 (1464)

	2017 %	2015 %	2014 %	2013 %	2012 %
Yes	5	4	2	4	3
No	95	96	97	96	95
Don't know	*	0	*	*	1
Prefer not to say	0	0	0	0	1

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

GD10 Have you ever *considered* complaining about a dental professional?

Base: People who have not, don't know or prefer not to say if they have complained about a dental professional: 2017 (1149); 2015 (1156); 2014 (1523); 2013 (1467); 2012 (1422)

	2017 %	2015 %	2014 %	2013 %	2012 %
Yes	8	8	5	8	5
No	92	92	95	92	93
Don't know	*	0	*	*	1
Prefer not to say	0	0	0	0	1

GD11 Thinking about the most recent time you complained or considered complaining, what type of dental professional did you complain or consider complaining about?

Multi-code question except for 'Don't know/can't remember' answer code\*

Base: People who have complained or considered complaining about a dental professional:  
2017 (142); 2015 (142); 2014 (119); 2012 (116)

	2017 %	2015 %	2014 %	2012 %
Dentist	82	89	83	83
Receptionist	8	*	1	7
Orthodontic Therapist	3	4	6	2
Dental Hygienist	2	4	3	1
Dental Technician	2	2	1	3
Clinical Dental Technician	2	1	2	3
Dental Nurse	1	1	2	1
Dental Therapist	1	0	1	0
Don't know/can't remember	*	0	1	0

\*In 2017 participants could select more than one answer; in 2015, 2014 and 2012 participants could only select one answer.

GD12 Thinking about the most recent time you complained or considered complaining, when was this?

Base: People who have complained or considered complaining about a dental professional:  
2017 (142); 2014 (119); 2012 (116)

	2017 %	2014 %	2012 %
Within the last six months	10	13	11
Within the last year	14	9	16
Within the last two years	12	18	18
Within the last five years	16	18	14
More than five years ago	48	42	41
Don't know / Can't remember	0	0	0

GD13 Thinking about the most recent time you complained or considered complaining, who did you complain or consider complaining to?

Multi-code question except for 'I wasn't sure who to complain to' and 'Don't know' answer codes

Base: People who have complained or considered complaining about a dental professional:  
2017 (142); 2014 (119); 2013 (165); 2012 (116)

	2017 %	2014 %	2013 %	2012 %
The practice where the treatment was carried out	48	40	41	37
The General Dental Council	7	4	9	10
The NHS	7	6	7	3
Trading Standards	3	3	2	1
The Dental Complaints Service	2	7	4	7
A Health Ombudsman	2	0	2	4
The Care Quality Commission	0	0	1	1
Other (please specify)	3	5	9	1
I wasn't sure who to complain to	31	41	27	32
Don't know	4	1	2	8



GD14 You said you considered making a complaint about <INSERT RESPONSE FROM GD11>. What prevented you from complaining? Please select the top three reasons from the following list.\*\*  
Multi-code question (up to three options) except for 'Don't know/can't remember' answer code  
Base: People who have considered complaining about a dental professional: 2017 (82)\*; 2014 (78)\*; 2012 (74)\*

	2017 %	2014 %	2012 %
I didn't know where to start	33	35	29
I didn't have the time	24	22	19
I didn't believe that the matter would be investigated	14	12	20
I changed dental practice	13	N/A	N/A
I didn't think that the issue would get a satisfactory response	13	N/A	N/A
I didn't want to confront the dental professional as I'll have to continue seeing them in the future	10	12	10
The process for complaining is too long-winded	8	7	4
I changed dental professional	8	N/A	N/A
I prefer to talk to someone face-to-face about my concerns rather than to go through a formal complaints process	3	7	7
I was worried that it might negatively impact on the dental professional's career	3	N/A	N/A
I was afraid the practice would refuse to treat me in future	1	N/A	N/A
The opening hours of the complaints service were not convenient for me	0	0	3
I didn't understand the information that was given to me or that I found out about how to complain	0	4	3
I thought that the issue was too serious to be dealt with at the practice	0	N/A	N/A
I didn't know who or where to go to for information on how to complain	N/A	20	26
I changed dentist	N/A	3	N/A
Other (please specify)	7	11	5
I didn't think the issue was serious enough / these things can happen	7	N/A	N/A
Too much hassle / I don't like to complain	3	N/A	N/A
Don't know / Can't remember	0	1	4

\* The small base sizes means comparison of figures and trends is indicative only.

\*\*In 2014 and 2012 the question was worded: 'You said you considered making a complaint about a dental professional. What prevented you from complaining? Please select the top three reasons from the following list.'

GD15 If you did want to make a complaint, which of the following would be the most useful way for you to find out how or where to complain to?

Multi-code question except for 'Don't know' and 'None of these' answer codes

Base: People who have not, don't know or prefer not to say if they have complained about a dental professional: 2017 (1149)

	2017 %
<b>Online</b>	<b>59</b>
Browsing the internet (e.g. using Google or another search engine)	36
My dental practice's website	19
The General Dental Council website	12
Via social media e.g. Facebook or Twitter	2
<b>At my dental practice</b>	<b>39</b>
The receptionist	29
Leaflets	6
Posters	4
Electronic information screens	4
<b>At my GP practice</b>	<b>32</b>
The receptionist	22
Leaflets	7
Posters	4
Electronic information screens	4
<b>Other</b>	<b>13</b>
Citizens advice/a Citizens Advice Bureau	9
Other (please specify)	1
None of these	7
Don't know	2

GD16 What, if anything, would concern you about making a complaint?

Multi-code question except for 'I would not have any concerns' and 'Don't know' answer codes

Base: People who have not, don't know or prefer not to say if they have complained about a dental professional: 2017 (1149)

	2017 %
I would be worried in case I would have to continue seeing the dental professional in the future	14
I would be afraid the practice would refuse to treat me in future	11
I wouldn't know where to start	9
I would be worried that the issue would not get a satisfactory response	9
Other (please specify)	1
I would not have any concerns	56
Don't know	1

GD17 In some cases, patients cannot find the right organisation to investigate their complaint. If this happened to you, which of the following, if any, would you want to happen?

	2017 %
The organisation I complained to should pass the complaint to the appropriate organisation to investigate it and let me know that they have done so	61
The organisation I complained to should pass the complaint back to me so that I can decide what I want to do next	28
Something else (please specify)	2
The organisation should advise me what to do / advise me who to send the complaint to	1
Don't know	6
None of these	2

### Treatment Expectations

GD18 Which of the following, if any, would be most important to you when receiving treatment from a dental professional?

Multi-code question (up to three options) except for 'Don't know' and 'None of these' answer codes

	2017 %
The cleanliness and hygiene of the dental practice	69
The quality of care provided by the dental professional	64
The dental professional's level of experience	43
The dental professional's behaviour during appointments	33
The dental professional's communication skills	25
The dental practice's approach to patient confidentiality	13
The dental professional's behaviour in their personal time	7
None of these	1
Don't know	1

GD19 Which, if any, of these do you think it is important for you to be told before treatment starts?

Multi-code question (up to three options) except for 'Don't know' and 'None of these' answer codes

	2017 %
The cost of the treatment	74
A description of the planned treatment	68
How long the treatment will take	55
The dental professional's level of experience	22
The standards of care dental professionals are expected to meet	18
How to give positive and negative feedback about dental professionals	4
The complaints procedure	4
None of these	1
Don't know	1

## Regulatory Action

GD20 The dental regulator, the General Dental Council, is able to take a range of actions against dental professionals in cases of poor care or wrongdoing. I am going to read out a series of situations where a dentist has not acted professionally. For each of these situations, please tell me what you think would be the most appropriate action, if any, for the dental regulator to take against the dentist?

	2017 %
<b><u>A dentist posts racist comments on their personal Facebook page</u></b>	
No action	13
<b>Reprimand</b> – this is a statement of the General Dental Council’s disapproval, but the dental professional is still fit to practise with no restrictions	26
<b>Conditions</b> – this is where restrictions are placed on the dental professional’s registration for a set amount of time, for example that they must take further training and provide evidence to prove that they are taking steps to improve	12
<b>Suspension</b> – this means that the person cannot work as a dental professional for a set period of time, but may return to work after the suspension is completed	28
<b>Strike off register</b> – this is the most serious sanction as it removes a dental professional’s name from the register. This means that they can no longer work in dentistry in the UK	19
Don’t know	3
<b><u>A dentist accidentally prescribes the wrong medication to a patient, and there are serious side effects leading to the patient being admitted to hospital</u></b>	
No action	3
<b>Reprimand</b> – this is a statement of the General Dental Council’s disapproval, but the dental professional is still fit to practise with no restrictions	8
<b>Conditions</b> – this is where restrictions are placed on the dental professional’s registration for a set amount of time, for example that they must take further training and provide evidence to prove that they are taking steps to improve	23
<b>Suspension</b> – this means that the person cannot work as a dental professional for a set period of time, but may return to work after the suspension is completed	42
<b>Strike off register</b> – this is the most serious sanction as it removes a dental professional’s name from the register. This means that they can no longer work in dentistry in the UK	21
Don’t know	2
<b><u>A dentist is charged for drunk and disorderly behaviour on a night out</u></b>	
No action	42
<b>Reprimand</b> – this is a statement of the General Dental Council’s disapproval, but the dental professional is still fit to practise with no restrictions	26
<b>Conditions</b> – this is where restrictions are placed on the dental professional’s registration for a set amount of time, for example that they must take further training and provide evidence to prove that they are taking steps to improve	10
<b>Suspension</b> – this means that the person cannot work as a dental professional for a set period of time, but may return to work after the suspension is completed	13
<b>Strike off register</b> – this is the most serious sanction as it removes a dental professional’s name from the register. This means that they can no longer work in dentistry in the UK	6
Don’t know	2

	%
<b><u>A dentist removes the wrong tooth</u></b>	
<b>No action</b>	3
<b>Reprimand</b> – this is a statement of the General Dental Council’s disapproval, but the dental professional is still fit to practise with no restrictions	14
<b>Conditions</b> – this is where restrictions are placed on the dental professional’s registration for a set amount of time, for example that they must take further training and provide evidence to prove that they are taking steps to improve	31
<b>Suspension</b> – this means that the person cannot work as a dental professional for a set period of time, but may return to work after the suspension is completed	36
<b>Strike off register</b> – this is the most serious sanction as it removes a dental professional’s name from the register. This means that they can no longer work in dentistry in the UK	13
<b>Don’t know</b>	2
<b><u>A dentist gives a patient a rude response to a complaint the patient has made about them</u></b>	
<b>No action</b>	7
<b>Reprimand</b> – this is a statement of the General Dental Council’s disapproval, but the dental professional is still fit to practise with no restrictions	52
<b>Conditions</b> – this is where restrictions are placed on the dental professional’s registration for a set amount of time, for example that they must take further training and provide evidence to prove that they are taking steps to improve	21
<b>Suspension</b> – this means that the person cannot work as a dental professional for a set period of time, but may return to work after the suspension is completed	14
<b>Strike off register</b> – this is the most serious sanction as it removes a dental professional’s name from the register. This means that they can no longer work in dentistry in the UK	4
<b>Don’t know</b>	2

GD21 The dental regulator, the General Dental Council, is able to take a range of actions against dental professionals in cases of poor care or wrongdoing. I am going to read out a series of situations where a dental nurse has not acted professionally. For each of these situations, please tell me what you think would be the most appropriate action, if any, for the dental regulator to take against the dental nurse?

	2017 %
<u>A dental nurse posts racist comments on their personal Facebook page</u>	
No action	15
<b>Reprimand</b> – this is a statement of the General Dental Council’s disapproval, but the dental professional is still fit to practise with no restrictions	28
<b>Conditions</b> – this is where restrictions are placed on the dental professional’s registration for a set amount of time, for example that they must take further training and provide evidence to prove that they are taking steps to improve	12
<b>Suspension</b> – this means that the person cannot work as a dental professional for a set period of time, but may return to work after the suspension is completed	24
<b>Strike off register</b> – this is the most serious sanction as it removes a dental professional’s name from the register. This means that they can no longer work in dentistry in the UK	17
Don’t know	3
<u>A dental nurse accidentally gives the wrong medication to a patient, and there are serious side effects leading to the patient being admitted to hospital</u>	
No action	4
<b>Reprimand</b> – this is a statement of the General Dental Council’s disapproval, but the dental professional is still fit to practise with no restrictions	10
<b>Conditions</b> – this is where restrictions are placed on the dental professional’s registration for a set amount of time, for example that they must take further training and provide evidence to prove that they are taking steps to improve	27
<b>Suspension</b> – this means that the person cannot work as a dental professional for a set period of time, but may return to work after the suspension is completed	38
<b>Strike off register</b> – this is the most serious sanction as it removes a dental professional’s name from the register. This means that they can no longer work in dentistry in the UK	18
Don’t know	2
<u>A dentist nurse is charged for drunk and disorderly behaviour on a night out</u>	
No action	47
<b>Reprimand</b> – this is a statement of the General Dental Council’s disapproval, but the dental professional is still fit to practise with no restrictions	26
<b>Conditions</b> – this is where restrictions are placed on the dental professional’s registration for a set amount of time, for example that they must take further training and provide evidence to prove that they are taking steps to improve	8
<b>Suspension</b> – this means that the person cannot work as a dental professional for a set period of time, but may return to work after the suspension is completed	12
<b>Strike off register</b> – this is the most serious sanction as it removes a dental professional’s name from the register. This means that they can no longer work in dentistry in the UK	5
Don’t know	2

	%
<u>A dental nurse reads notes out wrong and, as a result, a dentist removes the wrong tooth</u>	
<b>No action</b>	5
<b>Reprimand</b> – this is a statement of the General Dental Council’s disapproval, but the dental professional is still fit to practise with no restrictions	19
<b>Conditions</b> – this is where restrictions are placed on the dental professional’s registration for a set amount of time, for example that they must take further training and provide evidence to prove that they are taking steps to improve	35
<b>Suspension</b> – this means that the person cannot work as a dental professional for a set period of time, but may return to work after the suspension is completed	30
<b>Strike off register</b> – this is the most serious sanction as it removes a dental professional’s name from the register. This means that they can no longer work in dentistry in the UK	9
<b>Don’t know</b>	2
<u>A dental nurse gives a patient a rude response to a complaint the patient has made about them</u>	
<b>No action</b>	8
<b>Reprimand</b> – this is a statement of the General Dental Council’s disapproval, but the dental professional is still fit to practise with no restrictions	56
<b>Conditions</b> – this is where restrictions are placed on the dental professional’s registration for a set amount of time, for example that they must take further training and provide evidence to prove that they are taking steps to improve	19
<b>Suspension</b> – this means that the person cannot work as a dental professional for a set period of time, but may return to work after the suspension is completed	12
<b>Strike off register</b> – this is the most serious sanction as it removes a dental professional’s name from the register. This means that they can no longer work in dentistry in the UK	3
<b>Don’t know</b>	2

### Re-contacting Respondents for Future Research

GD22 Both Ipsos MORI and the General Dental Council may wish to carry out some further follow up research about this subject within the next 12 months. Would you be willing for us, Ipsos MORI, and The General Dental Council to securely keep hold of your contact details for this period so that either organisation can invite you to take part in the research? Please be assured that your responses to today’s survey will remain confidential to Ipsos MORI, and that both organisations would securely delete any re-contact details you agree to provide here after 12 months, unless you agree otherwise during the follow up research.

	%
Yes	41
No	59

## Demographics

### Gender

	%
Male	49
Female	51

### Age

	%
15-24	15
25-34	16
35-44	16
45-54	17
55-64	14
65+	22

### Social grade

	%
A	4
B	23
C1	28
C2	21
D	15
E	9

### Marital status

	%
Married/living as	54
Single	30
Widowed/divorced/separated	17

### Working status

	%
Working	56
Not working	44



## Occupation

	%
Full-time	37
Part-time	11
Self-employed	8
Not working – housewife	5
Still in education	8
Unemployed	3
Retired	24
Other	4

## Children in household

	%
Yes	29
No	71

## Children's ages

## Multi-code question

	%
Aged 0-3	12
Aged 4-5	7
Aged 6-9	10
Aged 10-15	12
None aged under 16	71

## Location

	%
England	73
Northern Ireland	4
Scotland	15
Wales	8

## Ethnicity

	%
White	88
Non-white	12

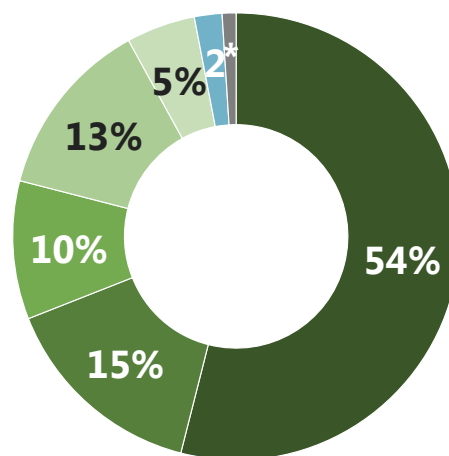
## 9.3 Public and patient use of dental professionals

### 9.3.1 Last visit to dentist

Seven in ten people visited the dentist in the last twelve months (69%).

#### When was the last time you went to the dentist?

- In the last 6 months
- In the last 7-12 months
- In the last 1-2 years
- More than 2 years ago
- I used to go to the dentist but I don't any more
- I have never been to the dentist
- Don't know



Base: All respondents (1,232)

Source: Ipsos MORI

**Ipsos MORI**  
Social Research Institute

The following groups are most likely to have visited the dentist in the last six months:

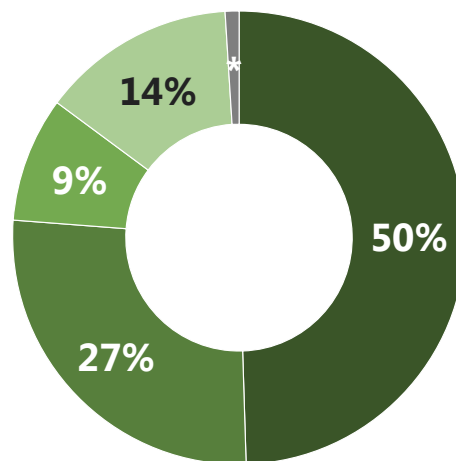
- those in older age groups (70% of people aged 55-64 and 59% of those aged 65 and over have compared with 54% overall);
- people in social grades A/B and in social grade C1 (69% and 59% respectively, compared with 54% overall);
- those in Scotland (67% compared with 54% overall); and
- people from a white background (56% have compared with 43% of people from an ethnic minority groups).

### 9.3.2 Frequency of visits to dentist

Half of people who go to the dentist go once every six months on average (50%).

#### On average, how often do you go to the dentist?

- Once every six months
- Once every two years
- Don't know
- Once a year
- Less than once every two years



Base: People who go to the dentist (1,148)

Source: Ipsos MORI

**Ipsos MORI**  
Social Research Institute

People who visit the dentist at least once every six months are more likely to be:

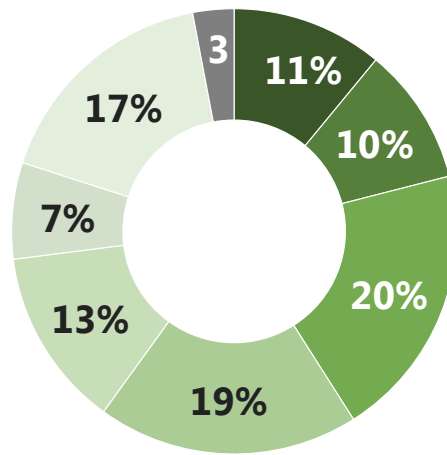
- older people (64% of those aged 55-64 and 57% of those aged 65 and over do compared with 50% overall);
- people in social grades A/B and C1 (59% of those in social grades A/B and 55% of those in C1 do, compared with 50% overall);
- people in Scotland and Wales (66% and 60% respectively, compared with 50% overall); and
- people from a white background (51% of this group do compared with 40% of people from ethnic minority groups).

### 9.3.3 Length of time with current dentist or dental practice

Four in ten patients have been with their dentist for five years or less (41%).

#### And how long have you been with your current dentist or dental practice?

- One year or less
- Over one year, up to two years
- Over two years, up to five years
- Over five years, up to 10 years
- Over 10 years, up to 15 years
- Over 15 years, up to 20 years
- Over 20 years
- Don't know



Base: People who go to the dentist (1,148)

Source: Ipsos MORI



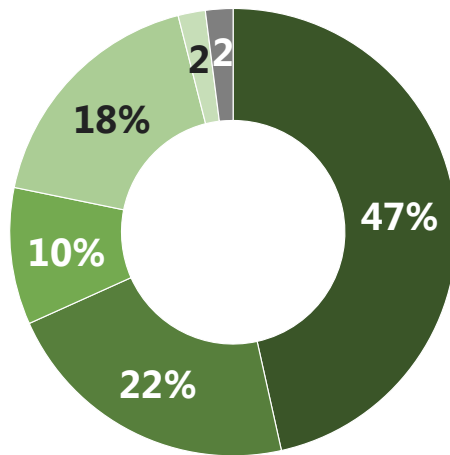
Older people tend to have been with their current dentist for the longest (27% of those aged 55-64, and 28% of those aged 65 and over have been with their current dentist for more than 20 years compared with 17% overall). Around two in ten of those aged 25-34 have been with their dentist for a year or less (19% compared with 11% overall).

### 9.3.4 NHS vs. private care

The majority of patients received solely NHS treatment (68%), either paid-for (47%) or free (22%), at their last visit to the dentist. One in ten received a mixture of NHS and private dental care (10%) and around two in ten received private dental care (18%).

**Thinking about the last time you visited your dentist or dental practice, which of these options best describes the type of care you think you received?**

- NHS dental care that I paid for
- NHS dental care that was free
- A mixture of NHS dental care and private dental care in the UK
- Private dental care only in the UK
- I had treatment abroad
- I'm not sure what type of care I received



Base: People who go to the dentist at least once every two years (997) Source: Ipsos MORI



People living in Northern Ireland and those in Scotland are more likely to say that they received a mixture of NHS and private dental care compared with those living in England (26% and 17% respectively compared with 8%).

## 9.4 Profile of participants from online discussion groups

Participant	Age	Gender	Social grade	Ethnicity	Country	Last visit to dentist	NHS or private dental treatment	Confidence in GDC's regulation of dentistry	Complained/considered complaining	A dentist posts racist comments on their personal Facebook page	A dentist is charged with drunk and disorderly behaviour on a night out	A dentist removes the wrong tooth	Dentist gives wrong medication	Rude response to a complaint
Online group one														
1	65-74	Female	B	White - British	England	In the last 6 months	Private dental care only in the UK	Not very confident	Yes	No action	No action	Reprimand	Conditions	Reprimand
2	18-24	Female	C2	White - British	England	In the last 6 months	NHS dental care that was free	-	No	Strike off	No action	Strike off	Strike off	Conditions
3	25-34	Female	B	White – British	England	More than 2 years ago	-	-	Yes	Suspension	Reprimand	Suspension	Strike off	Suspension
4	45-54	Female	E	Mixed - White & Asian	England	I used to go to the dentist but I don't any more	-	-	Yes	Strike off	Conditions	Conditions	Suspension	Conditions
5	45-54	Female	C1	Black – Other	England	In the last 6 months	Private dental care only in the UK	Fairly confident	Yes	Reprimand	No action	Strike off	Strike off	Reprimand
Online group two														
6	25-34	Female	B	White – British	England	In the last 6 months	A mixture of NHS dental care and private dental care in the UK	-	No	No action	No action	Reprimand	Reprimand	Reprimand
7	35-44	Male	C1	Asian – Asian British	England	In the last 7-12 months	NHS dental care that I paid for	-	No	Suspension	Conditions	Strike off	Suspension	Conditions
8	60-64	Male	C2	White – British	Wales	In the last 6 months	NHS dental care that was free	-	No	Reprimand	No action	Suspension	Suspension	Reprimand
9	45-54	Female	C1	White – British	Northern Ireland	In the last 1-2 years	NHS dental care that I paid for	-	No	Suspension	Conditions	Suspension	Suspension	Conditions

## 9.5 Discussion guide for qualitative discussion groups

### General Dental Council Patient and Public Research 2017 Discussion Guide for Online Discussion Group

Section title:	Questions:	Objectives:	Time:
Introduction	<ul style="list-style-type: none"> <li>• Introduce yourself and Ipsos MORI.</li> <li>• Thank participants for taking part.</li> <li>• Explain the discussion group should last 1.5 hours.</li> <li>• Explain the purpose of the discussion: to explore in more detail some of the issues about dental care and treatment that were covered in the survey they took part between November and December.</li> <li>• Explain that there are no right or wrong answers. We just want to hear about their views and experiences, and explore and understand their responses to the survey in more depth.</li> <li>• Explain anonymity: We will be keeping a record of what is said in the group for our analysis, but names will not be used when reporting the findings to the General Dental Council (GDC) and we will not tell anyone at the GDC who said what. Ipsos MORI works in accordance with MRS guidelines and the Data Protection Act.</li> <li>• Explain that the General Dental Council will use the views gathered in order to build up their knowledge about patients' views and experiences of dental services and regulation.</li> </ul>	To set the scene, introduce participants to research, reassure about anonymity etc.	2 minutes

	<ul style="list-style-type: none"> <li>Explain that we would like to offer them a £30 cheque to thank them for their time and we will send these by email after the group.</li> </ul>		
Warm up	<p>To start with, can you share with us the first two or three words that come into your head when you think of dental professionals? By dental professionals, I mean dentists, as well as other dental professionals, such as dental nurses, dental hygienists, and dental technicians etc.</p> <p>FOLLOW UP WITH QUESTIONS ABOUT WHY PEOPLE HAVE SAID CERTAIN WORDS, e.g. <b>Why did you say that?</b></p> <p>Thinking about an appointment at your dental practice, what sorts of things would make the experience a positive one for you?</p> <p>PROBE: <b>Why did you say that?</b></p> <p>And what sorts of things would make the experience less positive?</p> <p>PROBE: <b>Why did you say that?</b></p>	To help ease participants into the discussion, and also to explore their overall perceptions of dental professionals and their experience of visiting their dental practice.	5 minutes
Complaints	<p>You all took part in a survey about dentistry for us at the end of last year. You may remember that in the survey we asked some questions about making complaints about dental professionals.</p>	<p>To explore views and experiences of making complaints about dental professionals, specifically:</p> <ul style="list-style-type: none"> <li>the process people follow when making complaints about dental professionals;</li> </ul>	15 minutes



	<p><b>What sort of things, if any, would you make you lodge a complaint about a dental professional?</b>  PROBE:</p> <ul style="list-style-type: none"> <li>- Why?</li> </ul> <p><b>And if you wanted to make a complaint, how would you go about it?</b>  PROBE:</p> <ul style="list-style-type: none"> <li>- Who would you approach? Which organisations and which individuals within those organisations?</li> <li>- How would you know who to approach?</li> </ul> <p><b>What would you expect to happen as a result of your complaint?</b>  PROBE:</p> <ul style="list-style-type: none"> <li>- Who would you expect to deal with it?</li> <li>- What sort of action would you expect them to take?</li> </ul> <p><b>In some cases, dental patients make complaints to organisations that are not responsible for investigating them. If this happened to you, what would you expect to happen? Why?</b>  PROBE:</p> <ul style="list-style-type: none"> <li>- Would you want the organisation you complained to to pass the complaint to the appropriate organisation to investigate it and let you know that they have done so?</li> <li>- Would you want the organisation you complained to to pass the complaint back to you, along with information about organisations who can investigate your complaint, so that you can decide what you want to do next?</li> </ul> <p><b>How comfortable would you feel making a complaint about your dental treatment or care at your dental practice itself?</b>  PROBE:</p> <ul style="list-style-type: none"> <li>- Why do you say that?</li> </ul>	<ul style="list-style-type: none"> <li>- how much responsibility people feel they have to find the right organisation to direct their complaint to;</li> <li>- barriers and enablers to people making complaints at their dental practice (rather than another organisation).</li> </ul>	
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	<p><b>What, if anything, would make you feel less comfortable about making a complaint at your dental practice?</b>  PROBE:  - Why do you say that?</p> <p><b>What, if anything, would make you feel more comfortable about making a complaint at your dental practice?</b>  PROBE:  - Why do you say that?</p> <p><b>Which sorts of complaints, if any, do you think might be best resolved at the dental practice itself?</b>  PROBE:  - Why do you say that?  - Any others?</p> <p><b>Which sorts of complaints, if any, do you think might be best resolved somewhere other than the dental practice?</b>  PROBE:  - Why do you say that?  - Any others?  - Where do you think these complaints would be best resolved?</p>		
<p>Misconduct</p>	<p><b>Now moving on slightly, the General Dental Council regulates dental professionals in the UK. Which type of dental professionals do you think they are responsible for regulating?</b>  ANSWERS FOR MODERATOR:  - dentists'  - clinical dental technicians,  - dental hygienists,  - dental nurses,  - dental technicians,  - dental therapists, and</p>	<p>To explore participants' views of what constitutes misconduct and the extent to which the public expect the GDC to get involved in cases of misconduct that occur outside of a dental setting.</p>	<p>5 minutes</p>

	<ul style="list-style-type: none"> <li>- orthodontic therapists.</li> </ul> <p>The General Dental Council, is able to take a range of actions against dental professionals in cases of poor care or wrongdoing. Can you tell me what you understand by poor care or wrongdoing in a dental setting?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Can you give me any examples?</li> </ul> <p>And to what extent do you think the dental regulator should be involved in cases of misconduct by dental professionals outside of a dental setting? For example, if a dental professional was involved in property fraud, to what extent would you expect the dental regulator to take action against the dental professional?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Why?</li> </ul> <p>If you were to be treated by a dental professional, to what extent would their behaviour in their personal time be important to you?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Would this be important to you?</li> <li>- What makes you say that?</li> <li>- What sorts of things are you thinking about when answering this?</li> <li>- What sorts of behaviours in personal time would you consider unimportant? Why?</li> <li>- What sorts of behaviours in personal time would you consider important? Why?</li> </ul>		
<p>Regulatory action</p>	<p>In the survey, we described a series of situations where a dental professional had acted unprofessionally and asked you about what you thought would be the most appropriate action for the dental regulator to take. I'd like us to talk through your thoughts in a bit more detail now.</p>	<p>To explore what level of action the public expect the GDC to take against dental professionals in cases of poor care or wrongdoing and why,</p>	<p>50 minutes</p>

	<p>To remind you, for each scenario there are five possible actions that the General Dental Council could take and I'll give you some time to read them. They are:</p> <ol style="list-style-type: none"> <li>1. No action</li> <li>2. Reprimand – this is a statement of the General Dental Council's disapproval, but the dental professional is still fit to practise with no restrictions</li> <li>3. Conditions – this is where restrictions are placed on the dental professional's registration for a set amount of time, for example that they must take further training and provide evidence to prove that they are taking steps to improve.</li> <li>4. Suspension – this means that the person cannot work as a dental professional for a set period of time, but may return to work after the suspension is completed.</li> <li>5. Strike off register – this is the most serious sanction as it removes a dental professional's name from the register. This means that they can no longer work in dentistry in the UK.</li> </ol> <p>These actions would be on top of any action other organisations, such as the police, may have taken.</p> <p>The first scenario I'd like you to think about is a dentist giving a patient a rude response to a complaint the patient has made about them.</p> <p>What do you think would be the most appropriate action for the General Dental Council to take?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Why do you say that?</li> <li>- When would you think a less serious action would be appropriate?</li> <li>- When would you think a more serious action would be appropriate?</li> </ul>	<p>including whether dentists and dental nurses should be treated differently.</p>	
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	<p>Now I'd like you to think about a dental nurse in the same scenario, rather than a dentist. If a dental nurse gave a patient a rude response to a complaint the patient has made about them, what do you think would be the most appropriate action for the General Dental Council to take?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- IF RESPONSE FOR DENTAL NURSE IS DIFFERENT THAN FOR DENTIST: Why do you think dental nurses should be treated differently to dentists?</li> <li>- IF RESPONSE FOR DENTAL NURSE IS THE SAME AS FOR DENTIST: I note you think dental nurses should be treated in the same way as dentists. Are there any situations where you think they should be treated differently? Why?</li> <li>- To what extent do you see dentists as more senior to dental nurses? Does this have any impact on how you think the regulator should treat them?</li> <li>- FOR SECOND AND SUBSEQUENT SCENARIOS: Do you think the type or severity of the offence should impact on whether dentists and dental nurses should be treated differently to each other? Why/why not?</li> </ul> <p>NOW READ ANOTHER ONE OF THE SCENARIOS FROM THE LIST BELOW OUT AND REPEAT THE QUESTIONS IN THIS SECTION. REPEAT FOR EACH SCENARIO.</p> <ul style="list-style-type: none"> <li>- A dental professional posts racist comments on their personal Facebook page.</li> <li>- A {dentist}/{dental nurse} accidentally {IF DENTIST prescribes} {IF DENTAL NURSE gives} the wrong medication to a patient, and there are serious side effects leading to the patient being admitted to hospital.</li> <li>- A dental professional is charged for drunk and disorderly behaviour on a night out.</li> <li>- {IF DENTIST A dentist removes the wrong tooth}. {IF DENTAL NURSE A dental nurse reads notes out wrong and, as a result, a dentist removes the wrong tooth}.</li> </ul>		
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Conclusion	<p>I would like to finish by asking a quick summary question...</p> <p>Thinking about the things we have discussed today, if there is one thing you would like us to feed back to the General Dental Council, what would it be?</p> <p>Is there anything else, you would like to say that we haven't had a chance to cover today?</p> <p>As I mentioned earlier, to thank you for your time, we would email you a cheque for £30 this week.</p> <p>THANK AND CLOSE.</p>	To wrap up the discussion.	5 minutes

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