Ipsos MORI
Social Research Institute

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Patient and public survey 2015

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 2015 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 2015 survey followed previous surveys in 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 2015 study also includes qualitative telephone interviews with ten 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 11.1.

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 satisifed with the care they receive (96%). In addition, more people than before are likely to recommend their dental practice to friends or family (79% say they would do so now compared with 75% in 2014).

Despite this high level of satisfaction, it is useful to consider what could help increase it further. Just looking at those who are not *very* satisfied, more reasonably priced treatment is most commonly mentioned as something that would make them more satisfied (mentioned by 25%). This is followed by better quality treatment (mentioned by 22%) and the ability to access necessary treatment on the NHS (mentioned 20%).

1.3 The General Dental Council Standards

1.3.1 Putting patients' interests first

The majority of people who have been to a dentist agree that the dental professional put their interests as a patient first during their last visit (83%). The qualitative research revealed that people tended to be thinking about their interaction with the dental professional when answering this question, rather than their overall experience at the dental practice. The dental professional's interpersonal skills and their ability to provide a clear explanation of the available treatment options tended to influence their answers.

Participants were able to identify some potential conflicts between the interests of patients and those of dental professionals, mostly related to financial matters. However, such situations were not considered to be widespread.

1.3.2 Informed decision making

Ensuring dental patients have enough information to make an informed decision about their treatment is a core part of the GDC standards. The survey findings show that the majority of patients feel they are given this information (76% of

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those who visit a dentist at least once every two years agree they were given enough information by a dental professional about the treatment options and their related costs to make an informed decision about their treatment).

The sorts of infomariton people consider useful when making a decision about their treatment include explanations about the need for the treatment, what is is involved in the treatment, and the associated costs. People prefer receivng this information verbally during their appointment, rather than being given the information in written form, such as in a leaflet.

1.3.3 Risks and benefits

Linked to this, a key part of making an informed decision about any potential treatment is being notified of the risks and benefits of each option. The vast majority of those who visit a dentist at least once every two years say they received a clear explanation about the risks and benefits of each treatment option the last time they needed treatment beyond a check-up (82%). Despite this positive finding, participants of the qualitative interviews found it difficult to articulate any specific risks and benefits that had been presented to them.

1.3.4 Clarity of cost

The qualitative part of this research suggests that the costs of treatment are not always made clear to patients, echoing findings from a 2015 Which? study.[1] Even those who *strongly* agreed that they received a clear explanation of the treatment options and costs mentioned that they could have received even more information. Participants said that they did not always see prices clearly displayed in their dental practice and were sometimes unclear about the total cost of their treatment.

1.3.5 Written treatment plan

Four in ten people who go to the dentist at least once every two years remember receiving a written treatment plan the last time they received dental treatment beyond a check-up (42%). Of those who received a plan, the majority thought that the costs provided in the treatment plan were clear (86%).

The qualitative research suggests, however, that patients perceive written treatment plans more as a summary or receipt of treatment than an aid to deciding between different treatment options. If the purpose of the plans is the latter, this research suggests that further work is required for them to become embedded as part of a patient's decision-making process.

1.3.6 Communicating effectively with patients

Another part of the GDC standards is that dental professionals in the UK must be sufficiently fluent in written and spoken English to communicate effectively with patients, their families and colleagues. The majority of the public say they have not been treated by a dental professional who was unable to communicate because of poor English in the past ten years (87%). Only 1% say they often have and just a further 1% say they experienced this at every visit.

[1] footnote http://www.which.co.uk/news/2015/01/dentists-unclear-about-costs-and-treatment-options-finds-which-392103/

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1.4 Making complaints

Only 4% 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 such a complaint. The qualitative interviews suggest that people may be only be thinking about formal complaints when answering this question and discounting informal complaints (such as those made verbally at dental practices). Qualitative participants also expressed a general reluctance to complain and a lack of knowledge about how to.

Poor quality treatment, unnecessary treatment, unnecessary pain and the attitude and professionalism of dental professionals were all cited as reasons why people might consider making complaints. If they are to do so, they expect their complaints to be listened to and heard, investigated and for appropriate action to be taken. Feedback forms are considered an appropriate way for people to make complaints in some situations, but not for serious matters.

1.5 Treatment in non-traditional settings

Public opinion is divided about whether or not people would receive the same level of dental treatment and care in a hospital A&E department as they would in a dental practice (33% agree they would, 36% disagree and 26% say they neither agree nor disagree). There is a similar pattern regarding perceptions of whether people would receive the same level of dental treatment and care in a nursing or residential home as they would in a dental practice, though in this case the proportion agreeing is smaller (25% agree, 35% disagree and 31% neither agree nor disagree).

1.6 Treatment by dental students

If they were to receive dental treatment from a dental student, the public would be most concerned about how the student was being supervised (35% say this), followed by the quality of care provided (33%), as well as the student's level of experience (19%). Only 9% of people feel that the student's behaviour in their personal time is important, with participants of the qualitative research explaining that this seems largely irrelevant to their dental treatment and care.

How students will be supervised and their level of experience are also both pieces of information people would want to receive prior to being treated by a student, emerging both in the quantitative and qualitative strands of the research.

1.7 Knowledge about teeth whitening

Almost six in ten can correctly identify who can legally carry out teeth whitening in the UK (58%). There is some misunderstanding though. Around two in ten incorrectly think that they can carry out teeth whitening themselves (22%), and around one in ten think each of the following can: a beautician (13%), someone working in a teeth whitening booth in a shopping centre (10%), or another medical professional (9%).

The reason for this misperception could be that people's understanding of the term teeth whitening varies. Only a third of people were thinking of teeth whitening as defined by the GDC when answering the question about who can legally carry it out (32%). Others were thinking of things such as whitening toothpaste (26%), whitening gel or bleach they can administer themselves (12%), or whitening strips (8%).

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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 qualitative interviews 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 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 2014, 2013 and 2012, a qualitative research element was also included. Following the quantitative survey, ten in-depth telephone interviews 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[2]. 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.

2.2 Methodology

2.2.1 About quantitative and qualitative research

This research project employed both quantitative and qualitative methods.

[2] http://www.mrs.org.uk/standards/code_of_conduct/

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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 27 November and 10 December 2015, followed by the qualitative research, which involved in-depth interviews undertaken between 15 and 23 February 2016. 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 adults aged 15 and over in Great Britain. To achieve UK wide coverage for the survey, this was supplemented with an additional standalone survey of adults 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[3] 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.

Fieldwork took place between 27 November and 10 December 2015. A total of 1,156 people were interviewed via Capibus in Great Britain, with 103 also interviewed in Northern Ireland, giving a total sample size of 1,259.

[3] 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.

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2.2.4 Quantitative data

Quotas were set and data weighted[4] to ensure a nationally representative sample of adults 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[5]. 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 1,259 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 11.1 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 in-depth interviews

Ten people, who had taken part in the quantitative survey and expressed a willingness to take part in a further qualitative interview, were interviewed by telephone. The qualitative interviews lasted 45 minutes on average.

Participants in the qualitative interviews 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 in-depth interview sample can be found in appendix 11.4.

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.

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:

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[4] When data collected from survey respondents 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.

[5] The data tables with full details of all results by stratification are available on the GDC website: http://www.gdc-uk.org

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Last visit to the dentist: Just over half of the public visited a dentist in the last six months (54%). This respresents an increase on the levels recorded in 2014, when half had (50%). Seven in ten people visited the dentist within the last twelve months (70%), and eight in ten went within the last two years (79%). Fewer than one in twenty have never been to a dentist (3%).

Frequency of visits to the dentist: Close to six in ten people visit the dentist on average once every six months (56%). This is comparable to the 2014 and 2013 results, where 53% and 54% respectively said they visited once every six months on average.

Length of time with current dentist or dental practice: Around four in ten patients have been with their dentist for five years or less (37%). This is in line with the levels recorded in 2014 (41%) and 2013 (41%). The majority have been with their dentist over five years (61%). Among these, almost two in ten have been with their dentist for over 20 years (18%).

Private vs. NHS care: As in 2014, the survey records that around seven in ten patients received NHS treatment only during their last visit to the dentist (70%), either paid-for (45%) or for free (25%). Two in ten received private dental care only (19%), amd this is similar to previous years (19% did in 2014 and 20% did in 2013). The proportion receiving both NHS dental care and additional private dental care is also in line with previous years (6% now, 7% in 2014 and 6% in 2013).

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;
- The General Dental Council Standards;
- Making complaints;
- Awareness of, and confidence in, regulation;
- Treatment in non-traditional settings;
- Treatment by dental students;
- Knowledge about teeth whitening

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 with material and verbatim quotes from the qualitative 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 interviews can be found in the appendices. Full data tables will be published and made available on the GDC's website.

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2.5 Acknowledgements and publication of the data

We would like to thank Guy Rubin and Jessica Rothnie at the General Dental Council for their support and advice throughout the project. We would also like to thank all the members of the public who took part in the quantitative survey, especially those who also took part in the subsequent qualitative interviews.

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.

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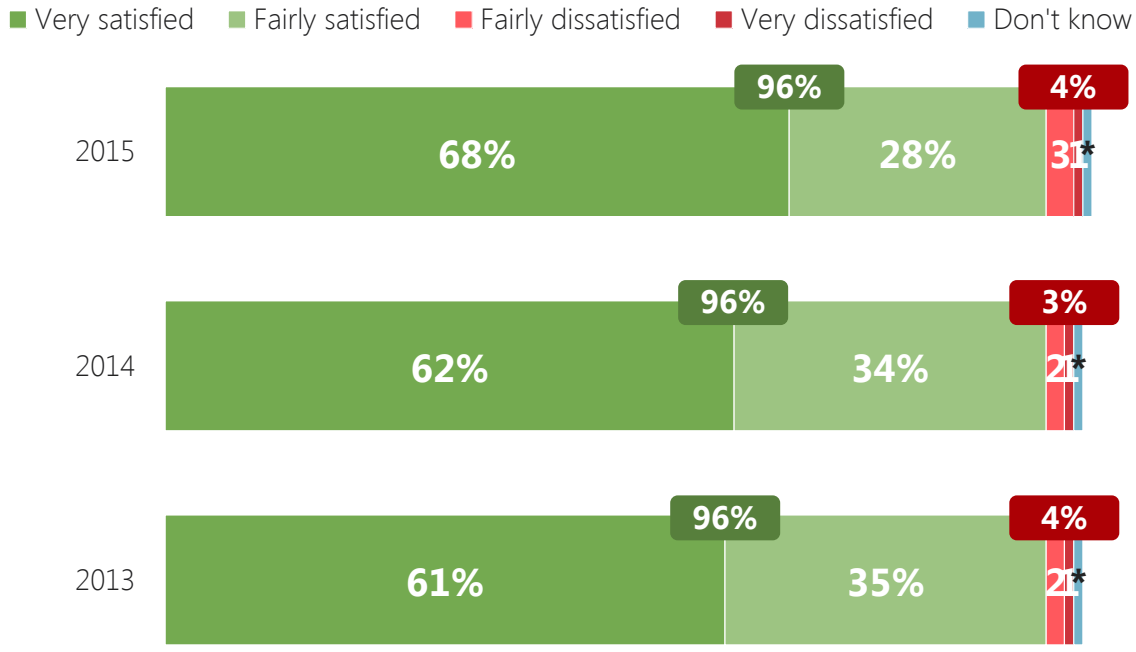
Satisfaction with dental care or treatment

3 Satisfaction with dental care or treatment

3.1 Satisfaction levels

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 (96%). This breaks down into 68% who are *very* satisfied and 28% who are *fairly* satisfied. These results have not changed over the last three years (exactly the same proportion are satisfied now as were in 2014 and 2013).

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



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

Some groups of people are more likely to be *very* satisfied than others, and these echo the findings from the 2014 survey. These groups include:

- older people (78% of those aged 65 and over say they are *very* satisfied compared with 68% overall);
- people in social grades A and B compared with those in social grades D and E (74% compared with 60%); and
- those from a white background compared with those from ethnic minority groups (71% compared with 41%[6]).

[6] The small base size means comparisons of figures and trends are indicative only.

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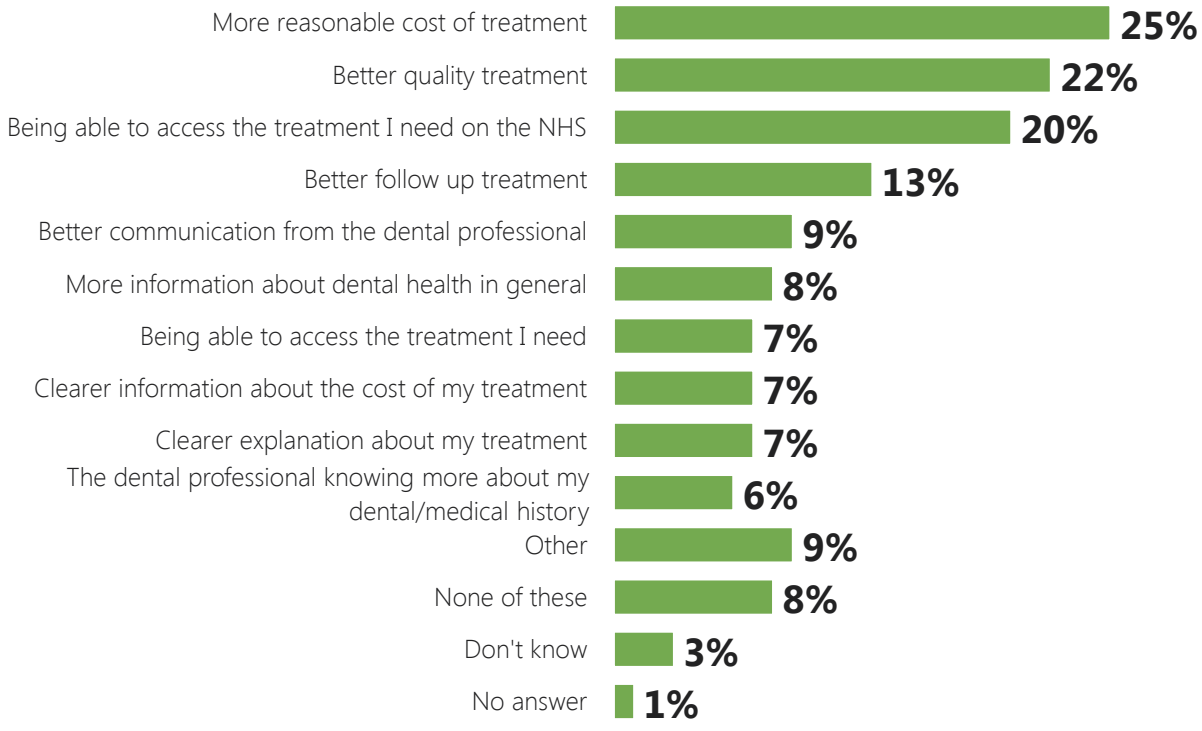
3.2 What could increase satisfaction levels?

As well as understanding which groups of people are more likely to be *very* satisfied with their dental treatment and care, it is also useful to consider what would make those who are not as satisfied more satisfied. More reasonably priced treatment is most commonly mentioned as something that would raise satisfaction levels (25% of people who are not *very* satisfied with their dental treatment and care mention this). Around two in ten say that receiving better quality treatment would make them more satisfied (22%) and a similar proportion say that being able to access the treatment they need on the NHS would (20%). Just under one in ten say that none of the factors presented to them would make them more satisfied (8%).[7]

What, if anything, would make you feel more satisfied with your dental care or treatment?



Base: People who are not very satisfied with their dental care or treatment (289).
Respondents may give multiple answers.

Source: Ipsos MORI

It follows that those who did not receive a written treatment plan the last time they needed dental treatment beyond a check-up are more likely than those who did to say that receiving clearer information about the cost of their treatment would make them more satisfied (13% compared with 1%).

[7] At this question, participants were able to give multiple answers, except if they said 'Don't know' or 'None of these'.

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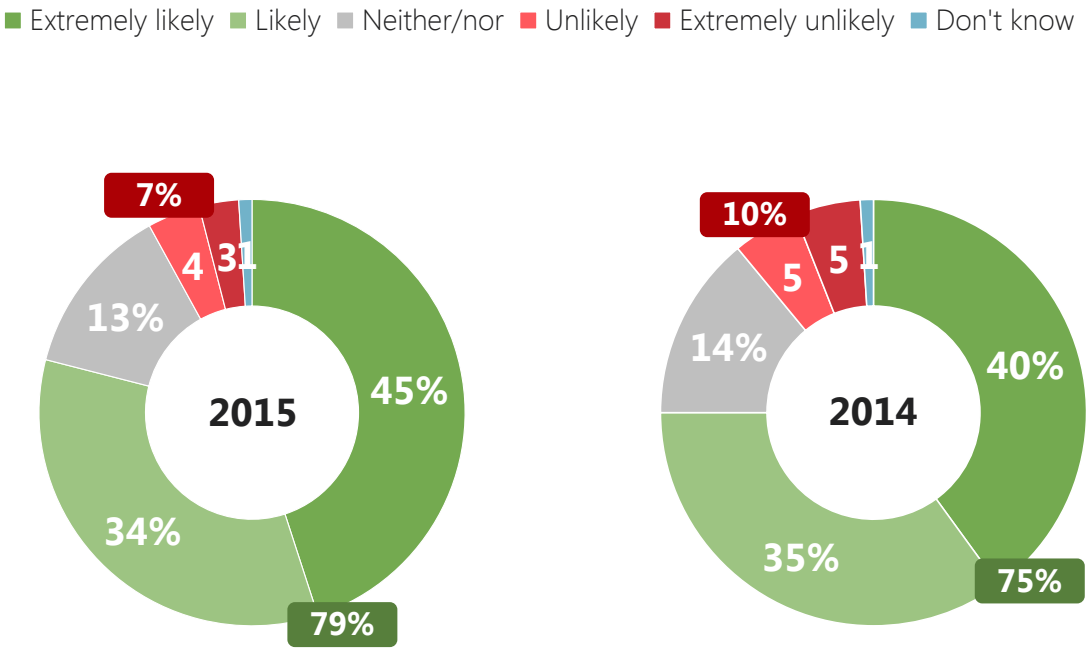
Those in social grades D and E are more likely than people overall to say that better follow-up treatment would help raise their satisfaction levels (23%[8] compared with 13%), as are those who received NHS dental care the last time they visited their dental practice (16% compared with 13% overall).

3.3 Likelihood to recommend dental practice

Although satisfaction levels with dental treatment and care have not changed over the last year, more people than before are likely to recommend their dental practice to friends or family (79% say they would recommend their practice now compared with 75% in 2014). Almost half of people are extremely likely to do so (45%). Fewer than one in ten say they would be unlikely to recommend their practice (7%, lower than the 10% recorded in 2014).

How likely or unlikely are you to recommend your dental practice to friends and family if they needed similar care or treatment?



Base: People who have been to a dentist at some point: 2015 (1,209), 2014 (1,564) Source: Ipsos MORI

Advocacy is higher among those who feel more informed about their dental treatment and care. Those who think they received a clear explanation of the risks and benefits of each treatment option the last time they needed treatment beyond a check-up are more likely to recommend their practice than those who do not think they did (90% compared with 60%[9]). Similarly, those who feel their dental professional gave them enough information about treatment options and

[8] The small base size means comparisons of figures and trends are indicative only.

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related costs to make an informed decision about their treatment the last time they needed treatment beyond a check-up are more likely to recommend than those who do not (90% compared with 64%[10]).

Another group who are more likely to recommend their dental practice are those who think their dental professional puts their interests as a patient first. Nearly nine in ten of those who think their dental professional put their interests first during their last visit say they would recommend their practice compared with a quarter who do not (89% compared with 26%[11]).

[10] The small base size means comparisons of figures and trends are indicative only.

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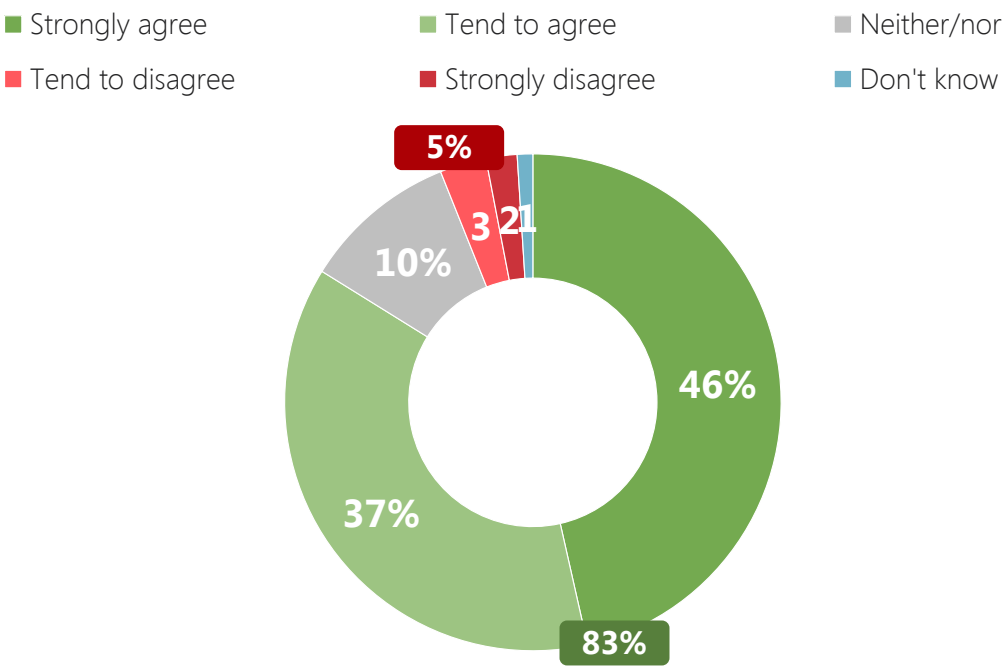
The General Dental Council standards

4 The General Dental Council Standards

4.1 Putting patients' interests first

The majority of people who have been to a dentist agree that their interests as a patient were put first during their last visit. Just over eight in ten agree that the dental professional put their interests as a patient first (83%). Slightly under half *strongly* agree that this was the case (46%), while around four in ten *tend* to agree (37%). Only one in twenty disagree (5%).

Thinking about your most recent experience of visiting your dental practice, to what extent do you agree or disagree that the dental professional put your interests as a patient first?



Base: People who have been to a dentist at some point (1,209) Source: Ipsos MORI

Certain groups are more likely to agree that their interests as a patient were put first:

- Women are more likely to agree than men (85% compared with 80%).
- People in social grades A and B compared with those in social grades D and E (88% compared with 77%).
- Those from a white background are more likely to *strongly* agree than those from an ethnic minority group (48% *strongly* agree compared with 23%).

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However, people in Wales are less likely to agree that the dental professional put their interests as a patient first than the public overall (74% agree compared with 83%).

There are also differences in relation to frequency of dental visits, whether they received a treatment plan and the type of treatment received:

- People who go to the dentist at least once a year are more likely to agree than people who visit less often (89% agree compared with 67%).
- Those who received a written treatment plan are more likely to agree than those who did not (93% compared with 86%).
- People who received private treatment are more likely to *strongly* agree, with 63% *strongly* agreeing, compared with 46% overall.

The qualitative interviews carried out as part of this research allowed for more detailed exploration of the aspects that influenced how people answered this question and what they considered their interests as a patient to be. Differences between the interests of dental professionals and patients were also explored to gain an understanding of how levels of trust between dental professionals and patients could be enhanced.

4.1.1 What participants based their responses on

For most participants, their answer was exclusively based on their experience with their dentist, rather than the practice as a whole. This reflects findings from the 2014 wave of this research, when the factors people consider in their decision to recommend their dental practice were explored (Friends and Family Test). When thinking about whether the dental professional put their interests as a patient first the majority of people were thinking beyond their last visit and considered their overall experience with their current dentist. Some drew upon their full body of experiences with dentists to contextualise their views about their current dentist. For example, they related negative childhood experiences and compared recent experiences with previous visits. This was particularly evident amongst those who had negative experiences of dental treatment and care in the past, who recounted experiences where they felt their interests hadn't been put first.

4.1.2 Important factors

Several factors emerged that were integral to participants feeling that the dental professional had put their interests as a patient first. These are explored below.

Interpersonal skills of the dentist

The interpersonal skills of the dentist were fundamental to people feeling that the dental professional put their interests as a patient first. Participants talked about the ability of the dental professional to create conversation, listen to them, and help them feel at ease.

"They went out of their way to make me feel relaxed and comfortable."

(Male, over 45, social grade C2)

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For some, dissatisfaction with a dentist's interpersonal skills had in the past prompted them to move to a different practice.

"The main reason I changed my old dentist was because when I used to go to my old dentist he wasn't very talkative and he just wasn't very happy; he just wanted to get the job done and get you out".

(Female, under 45, social grade E)

The same participant, when relating a positive experience with their new dentist, spoke of them expressing concern and interest in them as a person and how they were. There was a perception that, by doing so, dental professionals demonstrated an interest in, and care for, their wellbeing.

"Thinking about how they are when I go to the dentist they're really positive, no negatives. They just check how you are and see how you are".

(Female, under 45, social grade E)

Linked to this was a view that dentists taking their time over their treatment and care would help reassure patients that they were putting their interests first.

"They could take a little bit more time, instead of having so many people through. If they took a little bit longer, so you don't feel that you are being hurried, especially if a patient is nervous".

(Male, over 45, social grade C2)

These findings reflect those from the 2014 wave of this research, where the interpersonal skills of the dentist were found to be central to creating a positive experience that would encourage people to recommend their dental practice to friends and family (Friends and Family Test).

Explanation of the treatment options

Another key aspect (and linked to the points made in the previous section) was the need for an open dialogue between the dental professional and patient about the treatment options. People spoke of a requirement for the dentist to explain why a treatment was needed, the different treatment options and the possible outcomes for each option.

"Any procedures that they're doing they explain what they're going to do and why they're going to do it and why it's beneficial to you. They're not just going ahead and saying we need to do such and such and that's that. Explain to you why they're doing it and the repercussions if they don't do it. If they do that it puts your mind at ease and lets you know that the treatment is for your benefit".

(Male, over 45, social grade C2)

As well as explaining the immediate treatment options and outcomes, for some having a long term plan for their dental treatment and care was important.

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"I've no idea from the dentist whether I might need false teeth or a bridge in the future. There is no thought or forward thinking or any plan that is being discussed".

(Male, over 45, social grade B)

Involvement in decision making

It was also important for people to feel that their views and opinions of the treatment options were respected and that they were involved in decision making. The extent to which people would like to be involved in decisions relating to their treatment options is explored in detail later in this chapter.

"A dental professional could convey this by explaining the options fully and making it the patient's choice. ...this is important to know because you're the one receiving the treatment. You want to know that it's as effective as it can be and that it's necessary".

(Female, over 45, social grade C1)

Necessity of treatment

For some, knowing that the treatment was necessary was also central to feeling that their interests were being put first by the dental professional. This was often linked to receiving a full explanation of the treatment options and was particularly important for those who had experienced instances in the past where they felt that a dental professional had undertaken treatment that was unnecessary or those who had read about ineffective treatment in the media.

"I feel that you know the dentist is taking good care of you; they're not being extravagant in what they're doing. They're only doing things that are necessary".

(Male, over 45, social grade C2)

Those who had experienced unnecessary treatment noted that in future it would be important for them to know the long term benefit of any treatment suggested.

"They would need to convince me that there's a long term health benefit in doing the work that they suggest".

(Male, over 45, social grade C2)

Advice

For some, receiving advice about looking after their teeth and aftercare was also an important aspect to feeling that the dental professional was putting their interests first.

"I recently purchased an electric toothbrush for the first time, and would have liked to have been able to go to the dentist and ask which is the best type of brush".

(Male, over 45, social grade B)

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"You know the only thing they try to advise you about how to look after your teeth etc.....aftercare thing that they're explaining what you should do".

(Male, over 45, social grade C2)

4.1.3 Interests of patients and dental professionals

Perceived conflicts between the interests of dental professionals and patients were explored to gain an understanding of how levels of trust between dental professionals and patients could be enhanced.

Opinion was split on whether the interests of patients and dental professionals differ:

- For a minority there was no difference. For this group, dental professionals are interested in giving the best possible outcome to patients. None of these participants mentioned experiences of dental professionals undertaking what they deemed to be unnecessary treatment and did not think that there was a financial conflict of interests.

"To give the best possible action towards your teeth really. So their interests are giving the best possible treatment".

(Female, under 45, social grade E)

However, the majority identified some potential differences between the interests of patients and dental professionals, some of which could lead to a conflict of interests. Almost all of these participants related past experiences of feeling that a dental professional had undertaken unnecessary work or had heard of instances of dentists invoicing the NHS for treatment they hadn't provided. For these participants the main difference centred on the financial interests of the dental professional. They spoke of the need for dentists to retain their customers (patients) in order to keep their business (dental practice) running. However, these participants still spoke of the general professionalism of dentists, and where conflicts of interest were noted, they were by no means seen to be the norm.

"Interests would be to try and get as many potential patients within a day to keep their surgery ticking over"...The main concern of dentists is to have a clientele".

(Male, over 45, social grade B)

- The interests of dental professionals to keep their dental practice running would also mean that they would want to keep patients satisfied and keep them coming back. However a potential conflict of interest was acknowledged if the dental professional put financial gain above patient need and conducted work/ additional appointments that were deemed unnecessary.

"I'd say their interests are to make sure they're doing a good job and they're not getting any complaints etc. Obviously they want to keep their patients within that practice and so they're not going elsewhere, they want to ensure that they're satisfied with the service they're giving... Previously I did feel that the dentist interests were different from mine...I think he was looking more at the financial side than anything else...He was adamant to save them [his teeth] but at the end of the day it's costing me more money having to keep going back".

(Male, over 45, social grade C2)

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"With a previous dentist, I felt that additional appointments were scheduled because of the fee that could be charged".

(Male, over 45, social grade C2)

- Others mentioned that the dental professional could opt to do a quicker form of treatment to maximise the number of patients they can see.

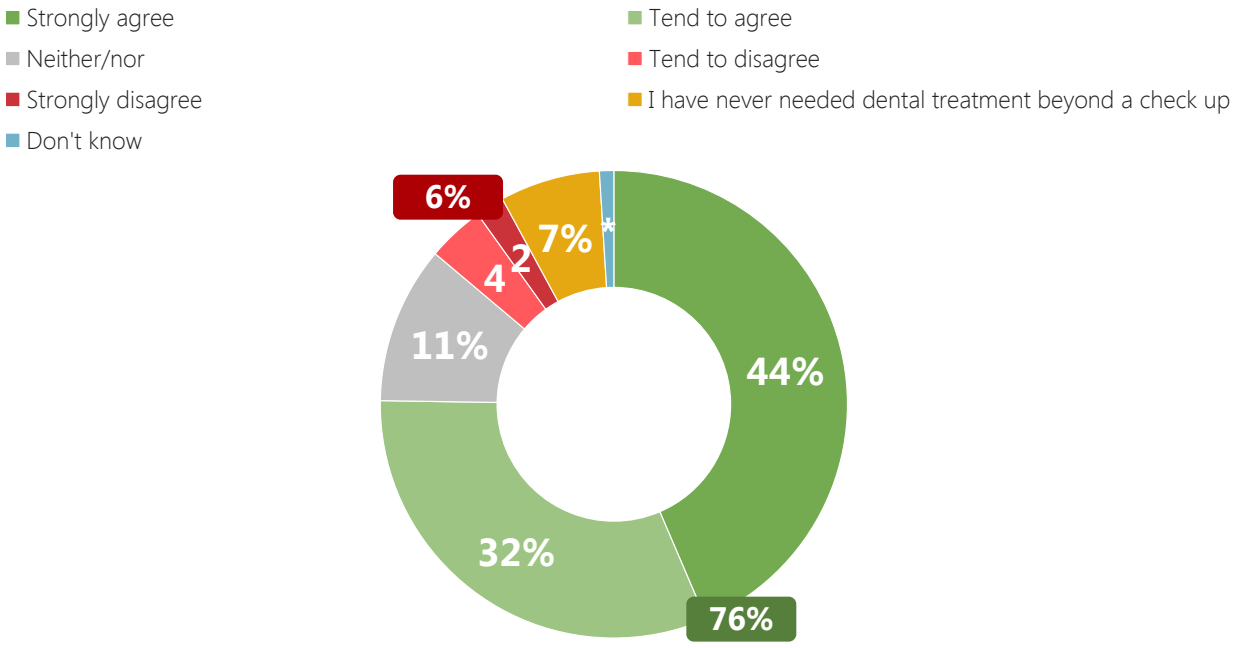
"Dentists might choose to do a quicker treatment so they can see more patients in that day, which reflects on the monetary side of it".

(Male, over 45, social grade C2)

4.2 Informed decision making

Ensuring that patients have enough information to make an informed decision forms a core part of the standards for the dental team set out by the GDC. Around three quarters of people who visit a dentist at least once every two years agree that they were given enough information by the dental professional about the treatment options and their related costs to make an informed decision about their treatment (76%). This includes just over four in ten who *strongly* agree (44%) and around a third who *tend* to agree (32%).

Thinking about the last time you needed dental treatment beyond a check-up, to what extent do you agree or disagree that you were given enough information by the dental professional about the treatment options and their related costs to make an informed decision about your treatment?



Base: People who go to the dentist at least once every two years (982) Source: Ipsos MORI

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Some groups are more likely to agree that they were given enough information to make an informed decision:

- Those in older age groups are more likely to agree than those in younger age groups. Just over eight in ten of those aged 55-64 and those aged 65 and over agree that they were given enough information to make an informed decision (82%) compared with just over six in ten of those aged 18-24 (63%) and around seven in ten of those aged 25-34 (71%)
- People in social grades A and B are more likely to agree than the public overall (81% compared with 76% overall).
- Those from a white background are more likely to agree than those from an ethnic minority group (78% agree compared with 61%).

Again, there are also differences relating to the frequency of dental visits and whether or not the patient had received a treatment plan:

- Those who go to the dentist more frequently are more likely than those who go less often to agree that they received enough information to make an informed decision about their treatment. Just under eight in ten of those who visit the dentist at least once a year agree (77%), compared with two thirds (64%[12]) of those who visit the dentist less often.
- Those who have received a written treatment plan are more likely to *strongly* agree than those who did not receive a plan (54% *strongly* agree compared with 44% respectively).

4.2.1 Information required to make an informed decision

Participants in the qualitative interviews spoke of the following information as being required to make an informed decision:

- An explanation of the dental problem.
- An explanation of why any necessary treatment is required. If treatment isn't required, an explanation of why the problem can be left untreated.
- An explanation of the treatment options – in particular the long-term and short-term benefits of each treatment and linked to this, the quality of the treatment options; for example, the strength of a filling and whether it would provide a permanent or short-term fix.
- The costs of each treatment option – in order to make an informed decision it was important for people to know the costs prior to agreeing to treatment.
- Whether the treatment is available on the NHS or privately.
- A step by step explanation of the treatment itself (once agreed).

[12] The small base size means comparisons of figures and trends are indicative only.

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- The length and number of appointments required.

Opinion on how best to convey this information varied and a number of different methods were suggested by participants, which are outlined below:

- Leaflet – mentioned by a few participants, this method of communication was felt to be less likely to be lost and meant that the patient could revisit the information after the appointment and placed less of a burden on remembering it at the time.

- Verbally – for the majority, getting a verbal explanation during the appointment was the preferred way of receiving information. Participants suggested a number of ways that a verbal explanation could be improved, for example by the dental professional using visual aids when explaining the dental issue and showing the cost treatment on the computer screen, to support its accuracy.

"Normally they have a file up on the computer screen as well, they show you that as well so they've normally got the costs there, they're quite good at this so you know they're not telling you a figure off the top of their head they've actually got it there on file".

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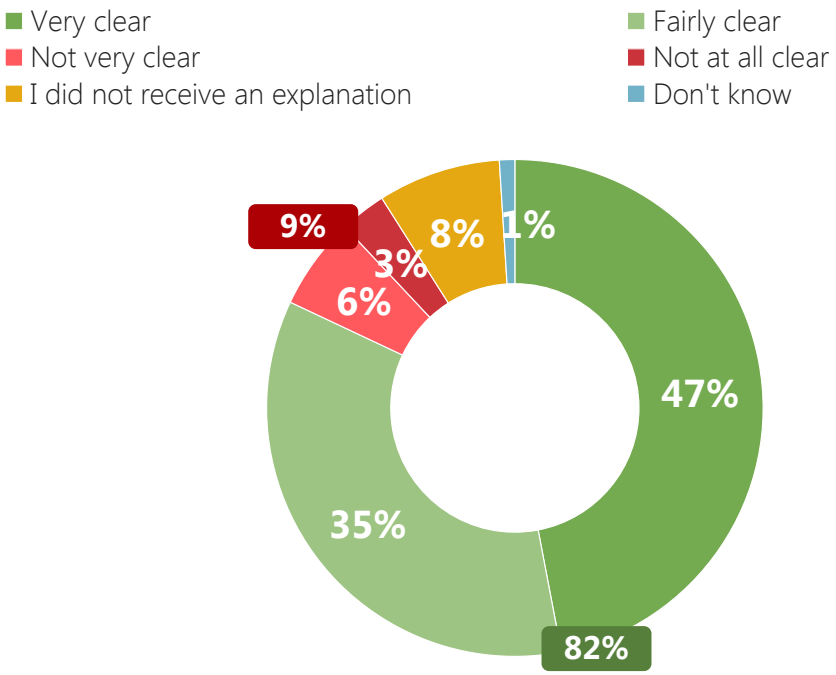
4.2.2 Risks and benefits

In order to make an informed decision, the GDC standards[13] expect patients to be made aware of the risks and benefits of any treatment. The vast majority of those who visit a dentist at least once every two years say they received a clear explanation about the risks and benefits of each treatment option the last time they needed treatment beyond a check-up (82%). Almost half feel that the explanation they received was *very* clear (47%) and 35% thought the explanation was *fairly* clear. Conversely only 9% received an explanation that was not clear and 8% did not receive an explanation at all.

Thinking about the last time you needed dental treatment beyond a check-up, how clear, if at all, was the explanation you received about the risks and benefits of each treatment option?



Base: People who go to the dentist at least once every two years and have had dental treatment beyond a check-up (912) Source: Ipsos MORI

Those aged 65 and over are more likely to say that they received a clear explanation of the risks and benefits of their treatment options than the public overall (87% compared with 82% overall).

People who have been to the dentist in the last year are more likely to say that they received a clear explanation of risks and benefits of treatment options than those who have not been as recently (83% compared with 75%).

[13] The GDC Standards read "You must listen to patients and communicate effectively with them at a level that they can understand. Before treatment starts you must:: explain the options (including those of delaying treatment or doing nothing) with the risks and benefits of each;"

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Those who received a written treatment plan are more likely to say they received a clear explanation of the risks and benefits of treatment options than those who did not, 90% compared with 76%.

What participants based their responses on

The qualitative interviews allowed for more detailed exploration of people's experiences of receiving an explanation of the risks and benefits of each treatment option, as well as the opportunity to understand how people think about this interaction.

Despite the positive quantitative findings, participants found it difficult to articulate the decision-making process explicitly in terms of risks and benefits. While they were satisfied that they understood the treatment options available to them, few were able to list the specific risks and benefits that had been presented to them. Where they could, the risks centered around the treatment failing and the risks associated with the treatment itself, such as bleeding. Benefits were mentioned less often than risks and only in relation to aesthetics.

4.2.3 Involvement in decision making

For some, an absence or lack of explanation of the treatment options led to a feeling of a lack of involvement in decision making.

"Would have wanted to know if there was any possibility at all that they could saved the tooth and prevented its removal...Dentist just said that they have to remove the tooth. I wasn't comfortable with [the] level of involvement".

(Male, over 45, social grade B)

For the majority, it was important to feel involved to some degree in making decisions about their treatment options. This could mean a discussion of the treatment options with the dental professional or making the final decision about which option to choose. The degree to which participants wanted to be involved in decision making and the factors that impacted upon the required level of involvement varied:

- For some, the dental professional should primarily decide upon the best treatment for the patient. Those who held this view spoke of the appropriateness of dental professionals making the decision because 'they're the professionals'. However, cost was important and something that they, as the customer, would make the final decision on.

"Basically I just go with the professional's advice...they're the professional...If it was a bad tooth, for example, it should be more of a joint decision. I'd want to have the final say because I'd be the one paying for it".

(Male, over 45, social grade C2)

- Another view was that the patient should make the final decision as they would be having the treatment and the potential consequences of making a wrong decision would be acute.

"I think it should be the person involved. I'm not saying that they'll always make the right decision but at the end of the day the person that's getting the treatment should be the person that's making the decision.

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Obviously with anything dental it's not life threatening…I feel with dental work it should be the decision of the patient, what treatment they receive and whether they want the treatment".

(Male, over 45, social grade C2)

- For others, the patient and the dental professional should come to a joint decision on the course of treatment, with the dental professional advising on the options and a joint decision made on the treatment to undertake.

"We both have input in the decision". [Asked what part think the dentist should play] "provide with treatments and what's wrong".

(Female, under 45, social grade E)

The following factors emerged which were important to decision making:

Lack of knowledge

Participants acknowledged the difficulty in making a decision about the treatment options due to a lack of knowledge. This was linked to a perception that knowledge of dental health was limited in comparison to general health. As a consequence, confidence would be higher and involvement greater, when interacting with a doctor than with a dentist. Participants noted that it would be important for the dental professional to provide a full explanation of the treatment to aid understanding.

"***With a dentist you are taking their word more than you might with a doctor. They should explain a bit more while they are doing it. This is what I'm looking for, this is what we're doing, this is why we're doing it".***

(Female, under 45, social grade B)

Severity and complexity of treatment

The severity and complexity of a treatment affected the degree to which a patient should be involved in decision making. If a treatment was complex and held the possibility of impacting on long term health it would be more appropriate for the dental professional to make the decision rather than the patient. For example, one participant described being comfortable making the decision about their treatment during their last visit because it was mainly aesthetic.

4.2.4 Clarity of cost

Research undertaken by Which? in January of 2015 across 25 dental practices found that some dentists did not explain dental prices upfront or make clear what NHS treatment patients were entitled to.[14]

Explaining costs upfront

The qualitative interviews conducted as part of this research suggest that the costs of the treatment are not always made clear to the patient. Even those who *strongly agreed* that they received a clear explanation of the treatment options and

[14] footnote http://www.which.co.uk/news/2015/01/dentists-unclear-about-costs-and-treatment-options-finds-which-392103/

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costs mentioned that they could have received more information about the costs. Participants spoke of not seeing pricing displayed in the surgery and mentioned being unclear about the total cost of their treatment.

"In the last visit...the dentist didn't go into the costs and only presented one option. Thinking back maybe they could be more explanatory with options".

(Male, over 45, social grade C2)

"I didn't receive any information about the treatment options or costs. Paid for the treatment in instalments but wasn't sure what the total would be just hoped that what I'd been paying each week would cover it and it did. I had to fill out forms and the dentist said the treatment would be on the NHS and gave a vague cost but nothing more than that".

(Male, over 45, social grade C2)

Treatment available on the NHS or privately

The research conducted by Which? found that dentists were weakest at explaining NHS and private treatment options. The qualitative interviews provides further evidence on this topic. While a few participants felt they were informed, the majority were unclear about whether their current dentist offered private treatment or which elements of their treatment were available privately or on the NHS.

"I'm aware that they have private clients, but it has never struck me that actually perhaps I could access that as a NHS patient".

(Female, under 45, social grade B)

"I basically just go in and pay what is necessary at the end of the session. I'm not too clued up on what things should cost".

(Male, over 45, social grade C2)

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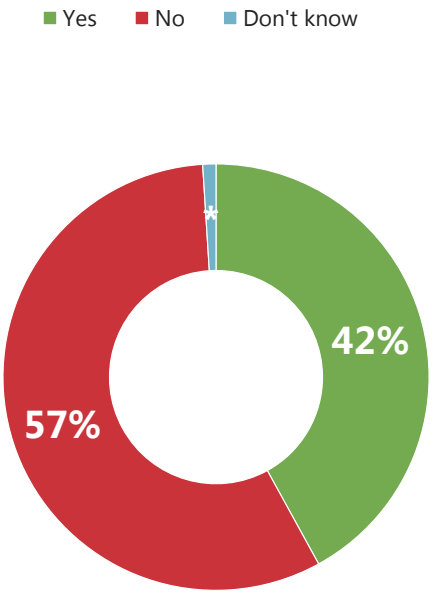
4.2.5 Written treatment plan

To ensure that patients receive appropriate information dental professionals must provide patients with a written treatment plan, or plans, before the treatment starts.[15]

Just over four in ten people who go to the dentist at least once every two years remember receiving a written treatment plan the last time they received dental treatment beyond a check-up (42%). Conversely, just under six in ten do not remember receiving one (57%). It is important to note that an example of an NHS and private treatment plan was shown to people to help inform their answer to this question.

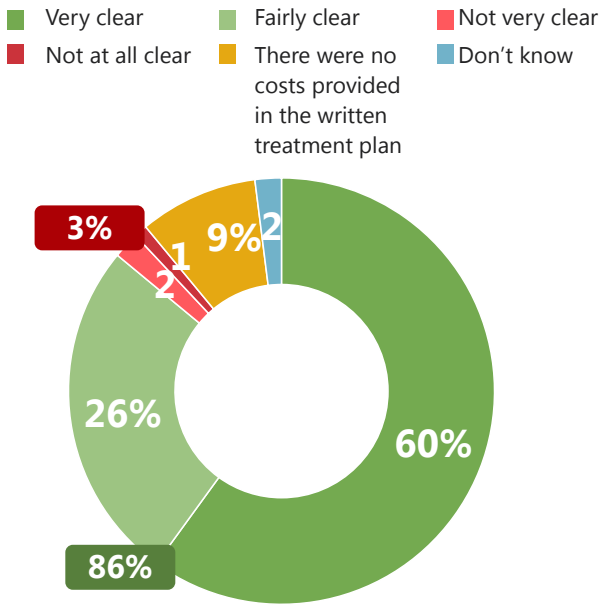
Of those who received a plan, the majority thought that the costs provided in the treatment plan were clear (86%). Only 3% thought the costs were unclear and 9% stated that no costs were provided in the plan.

Again thinking about the last time you needed dental treatment beyond a check-up, do you remember receiving a written treatment plan?



Base: People who go to the dentist at least once every two years and have had dental treatment beyond a check-up (912)

And how clear, if at all, were the costs provided in the written treatment plan?



Base: People who received a written treatment plan the last time they needed dental treatment beyond a check-up (383)

Source: Ipsos MORI

Those aged 65 and over were more likely than the public overall to say that they don't remember receiving a written treatment plan (64% compared with 57% overall). While the majority of this age group didn't receive a written treatment plan, 82% still agreed that they received enough information about the treatment options and costs to make an informed decision about their treatment.

[15] Standard 2.3.6 https://www.gdc-uk.org/Newsandpublications/Publications/Publications/Standards%20for%20the%20Dental%20Team.pdf

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Again, those who go to the dentist more frequently were more likely to have received a written treatment plan than those who visit less often. Just over four in ten people who went to the dentist at least once in the last year received a treatment plan (44%) compared with just over three in ten who did not go as recently (31%).

The qualitative interviews explored people's perceptions of the treatment plan, including its purpose and whether it was felt to be valuable. Those who remembered receiving a written treatment plan had received it once the treatment had been agreed. Perhaps because of this, the treatment plan was not seen as a means of selecting a treatment option but rather as a summary or proof of treatment.

"It's always struck me that it is the dentist proving that they have done the work. That is what I believed the purpose of it was".

(Female, under 45, social grade B)

The treatment plan was valued by all who received it for different reasons. For some it was useful for providing a summary of the dental problem. They spoke of the picture of teeth shown on the NHS plan as a useful means helping them to understand their dental problem.

"It shows you a full picture of your teeth, so you get an idea of whereabouts it is".

(Female, under 45, social grade E)

For others it was a useful as a summary of the work that had been completed and as a record of their dental treatment. Some suggestions for improvements to the plan were made. The plan was sometimes unclear because it was handwritten and a typed copy was suggested instead. Another suggestion was that rather than simply handing the plan over the dentist should talk through and explain the plan fully.

Amongst those who did not receive a treatment plan, opinions were mixed as to whether that mattered. For some it didn't matter because the dental professional had explained the options and discussed with them any future treatment needs.

"I don't think it is really necessary because she had already explained at the time what treatment is needed and what could be done in the future".

(Male, over 45, social grade C2)

Similarly, for others it wasn't needed, as long as the dental professional explained the options and showed that they had recorded the treatment on file.

" I don't really think it matters so much as long as when you're in the practice they explain things to you and they can show you they've got it on your file. I feel as long as they can do that it kind of reassures you...personally I don't think I require it in written form".

However, the majority of participants (including those who stated that it didn't matter that they received a treatment plan during their last visit) could see value in having one. The following aspects were outlined as valuable:

- Written summary – having a written summary of the treatment options and costs was felt to be useful in itself for the following reasons:

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- Clearer than talking to someone
- Helpful if you wanted to compare prices or get a second opinion
- Useful as a record of treatment and to keep track of potential future treatment, which one participant likened to advisories on an MOT

- As a schedule for treatment that was long and complex
- For insurance purposes if you needed to recover costs.

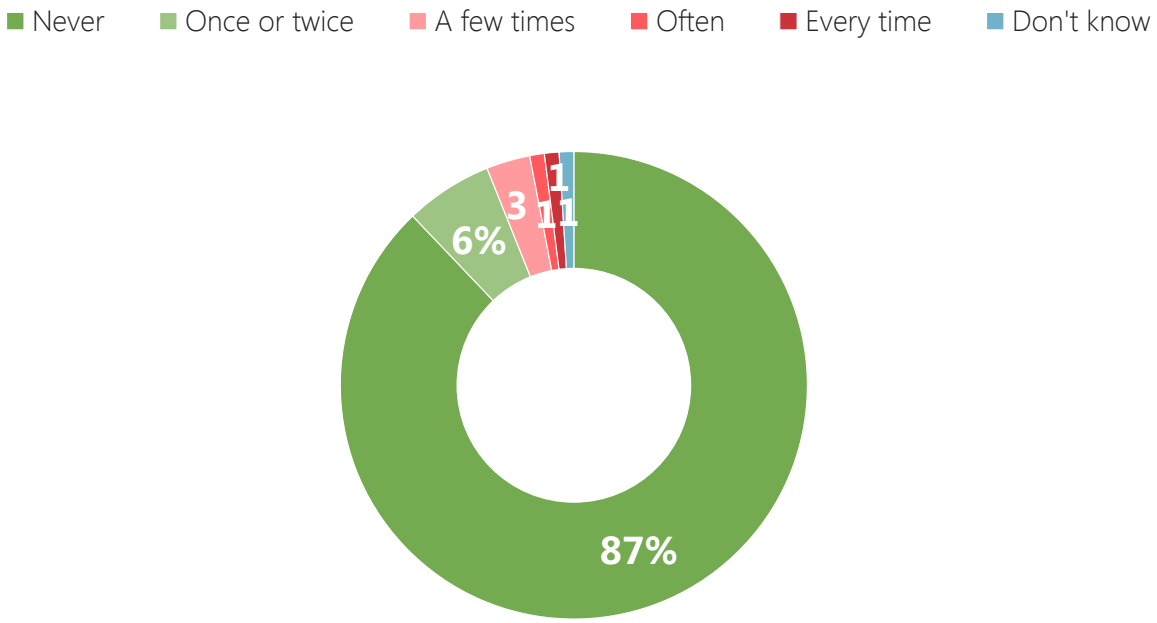
Therefore, the treatment plan does hold value for patients but the interviews suggest that it requires further work to become embedded as part of the process.

4.3 Communicating effectively with patients

As part of the GDC standards, dental professionals in the UK must be sufficiently fluent in written and spoken English to communicate effectively with patients, their families and colleagues.

The majority of the public say they have not been treated by a dental professional who was unable to communicate because of poor English in the past ten years (87%). Only 1% have often been treated by a dental professional who couldn't communicate because of poor English and a further 1% had experienced this at every visit.

Thinking about your dental experiences over the last 10 years, how often, if at all, have you been treated by dental professionals who were unable to communicate with you because of poor English?



Base: People who have been to a dentist at some point (1,209) Source: Ipsos MORI

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There are few differences by demographic sub-group. However, those in social grades A and B are more likely than others to say they have not been treated by a dental professional who was unable to communicate because of poor English in the last ten years (93% compared with 87% overall).

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Making complaints

5 Making complaints

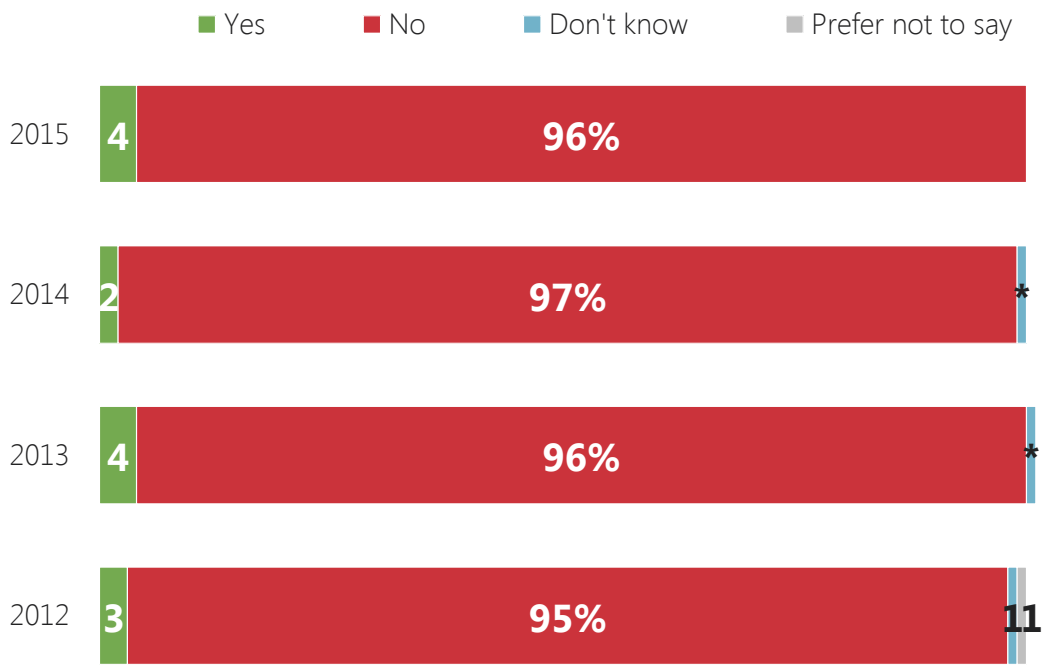
5.1 How many people have made or considered making a complaint

Few people report that they have *made* or have *considered making* a complaint about a dental professional. Only 4% 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 such a complaint.

However, both of these figures represent a significant increase on last year, where the numbers stood at 2% and 5% respectively. This constitutes a return to the levels seen in 2013, and builds a picture of slight annual fluctuations since 2012.

Evidence from the qualitative interviews suggests that some people may be thinking only about formal complaints made through certain channels when answering this question, discounting informal complaints. For example, one participant, who had said in the quantitative survey that he had not made a complaint, talked about a bad experience he had had at a previous dentist where he stopped the treatment halfway through. He then told the receptionist what had happened, refused to pay and walked out, subsequently changing dental practice.

Have you ever complained about a dental professional?



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

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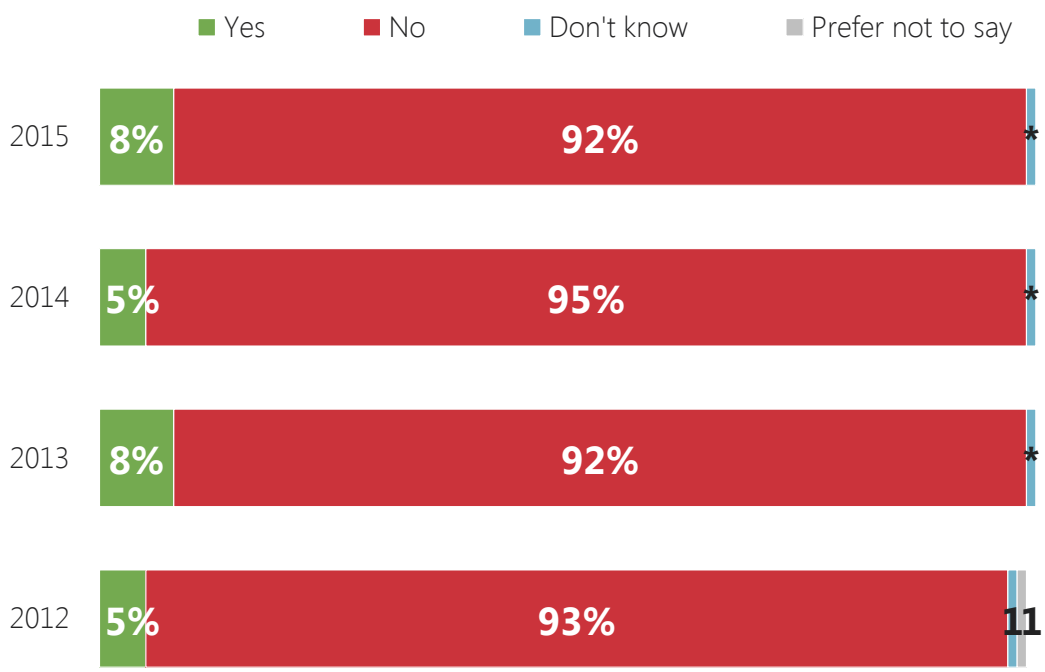
Have you ever *considered* complaining about a dental professional?



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

Source: Ipsos MORI

There are few significant differences between sub-groups, but those aged 15-24 are less likely to complain than the general population (1% compared with 4%).

There are no ethnic variations among people who have made a complaint; however those from ethnic minority backgrounds are less likely to *consider* complaining than people from a white background (3% compared with 8%). There are no regional variations in either regard.

Awareness of the GDC seems to make little difference in the likelihood of either making or considering making a complaint. The same is true for the type of dental treatment received at the last visit, whether NHS or private, and the receipt or otherwise of a written treatment plan.

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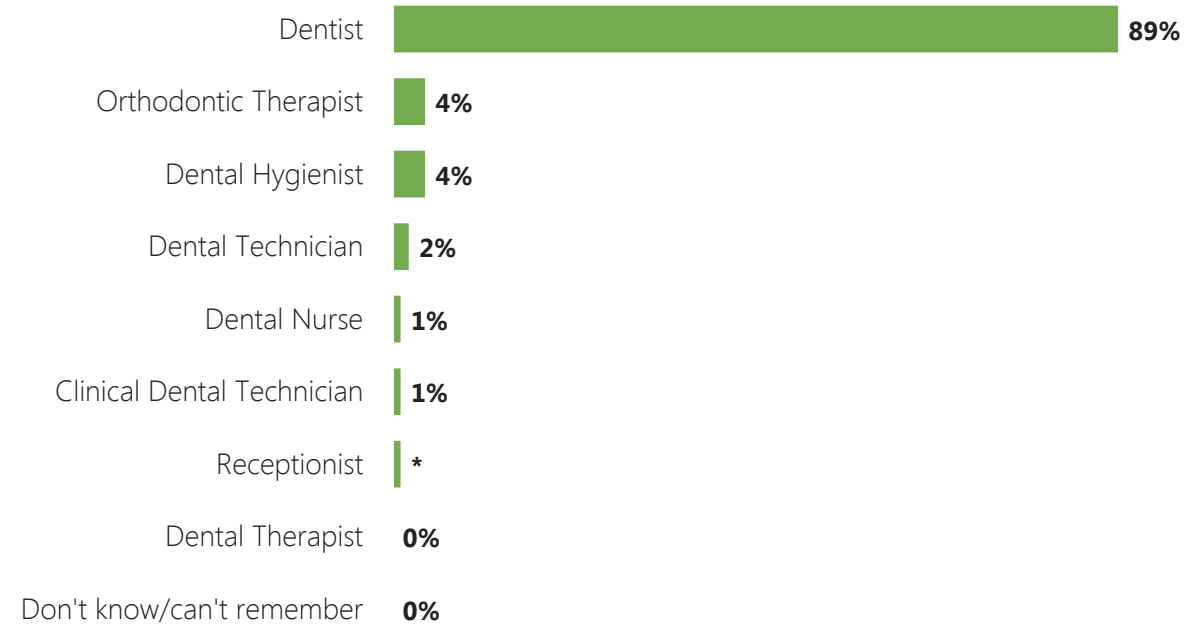
5.2 Which type of dental professional was the subject of the complaint

In the majority of these cases, the subject of the complaint is the dentist, whether the complaint was made or only considered (89%). This is slightly higher than in previous years, at 83% in both 2014 and 2012.

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) Source: Ipsos MORI

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

5.3 Reasons for making a complaint

5.3.1 Circumstances

Participants in the qualitative interviews mentioned a number of reasons that would lead to, or had led to, them making a complaint:

- Poor quality treatment: This would include if the patient felt the dentist made a mistake or carried out the wrong treatment in the first place, or if the work did not last as it should have done and needed rectifying. For example, one participant talked about his experience of having a filling. Subsequently the filling fell out and this led to the tooth becoming infected and ultimately it had to be extracted.
- Unnecessary pain: One participant chose to have a filling done without anaesthetic. However the dentist was "quite rough" and consequently it hurt more than the patient had expected. For some participants this would only lead to a complaint if it were a regular occurrence. If it were a one-off they would give them the benefit of the doubt.

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- The attitude or manner of the dentist: For example if the patient considered that the dentist was disinterested in the treatment that they were giving, or if they felt that they weren't being given due time and attention. One participant was unhappy that her dentist spent "two minutes, if that" on her check-up and made a complaint the third time this happened. Another had a bad experience at a new practice and thought the care was not up to standard. Then when the practice opened up to private patients he felt that staff were caring more for them than for the NHS patients.

- Similarly, a lack of professionalism would also cause some people to complain. For example if there were comments made or language used that was inappropriate for the workplace, if they were judgmental or made the patient feel uncomfortable.

- Unnecessary treatment: One participant talked about his experience with a previous dentist who he felt had a habit of carrying out work on him that was chargeable but not actually needed.

"He was making as much money as he could out of me."
(Male, over 45, social grade C2)

5.3.2 Underlying themes

Understanding not only the circumstances that prompt complaints but also the underlying themes that lead to this can be valuable. In some cases the understanding could be used to promote awareness of public expectations among dental professionals, while in other cases efforts may be made to realign public expectations.

One theme which underlies all of the reasons mentioned above is that participants approached dentistry with the mindset of a consumer and therefore had certain expectations surrounding choice, quality and value.

"[I would complain because] ...we have to pay money, we are being charged."
(Female, under 45, social grade C1)

However, while participants were conscious that they were paying for a service, they were also mindful that they were being treated by a healthcare professional, and this brought with it certain expectations. For example, when discussing professionalism, participants in the qualitative study observed that dental professionals should be held to the same high standards as doctors, particiularly in relation to the quality of the treatment provided and their expectations around the attitude of the professional.

Finally, a third theme that can be seen in some of the circumstances above is whether an issue was a one-off or part of a repeated pattern. Of course this would vary according to the patient, but certain issues would only prompt a complaint if repeated. This may include the attitude of the dental professional, the amount of pain caused and timekeeping.

5.4 Lowering potential barriers to complaints

As discussed above, participants were able to name issues that had prompted or would potentially prompt a complaint. However, they also talked about the barriers they faced in making a complaint, and support that might be needed to overcome these barriers.

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5.4.1 The importance of reception staff

Reception staff have a vital role to play in enabling complaints. A common pattern in initial responses from participants who had not made a complaint was that they were not sure how they would go about it if they wanted to. However, when prompted further, participants often said that they would speak to the receptionist in order to seek guidance on what to do, seeing them as the natural first port of call.

This was also the first action taken by some who had in fact made a complaint. This was typically because the dentist was the subject of the complaint and the participant felt more comfortable speaking to the receptionist rather than confronting the dentist, or, as above, because they wanted advice on how to proceed.

As such, it is important that front desk staff are able to provide clear information on the channels and procedures involved in making a complaint. It is also important that they are receptive to patients who want to make a complaint to them, there and then.

5.4.2 Anticipating reluctance to complain

By contrast some participants said that in the first instance they would speak to the dentist directly. This might be because they wanted to give them the chance to rectify the situation first. However, others said they wouldn't want to "get [the dentist] in trouble".

"I wouldn't feel too comfortable [making a complaint to the dental practice]. I don't like rocking the boat at times you know."
(*Male, over 45, social grade C2*)

Linked to this, some participants expressed a general reluctance to complain, perhaps because they preferred to avoid conflict or didn't like to make a fuss. For some this was also seen in their threshold for making a complaint. There were situations that others may complain about which they considered not serious enough to warrant a complaint, or where they would only complain if it happened multiple times.

In addition, there was some awareness that to follow through with a complaint could take time and energy. Some participants talked in terms of weighing this cost against the perceived benefits of doing so, perhaps reaching the conclusion that it was not worth it.

In cases where participants did show reluctance to complain, for any of the above reasons, they would often resort to changing dental practice as an alternative course of action. This echoes the findings of the 2014 Patient and Public Survey conducted by Ipsos MORI for the GDC.[16]

This highlights the importance of providing a clear and easily accessible means of feeding back dissatisfaction. For some people the process will need to be one that is capable of coaxing their complaints out of them. Without this many legitimate grievances will remain hidden. This use of feedback mechanisms is explored further later in this chapter.

[16] Patient and Public Survey 2014, An Ipsos MORI report for the General Dental Council, (Chapter 8.1.6)

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5.4.3 Lack of knowledge a source of inertia rather than a barrier

As noted above there were particpants who would not know how to complain, but thought that the receptionist would be their first port of call. Others thought that they would go away and find out what they should do and who they should contact in order to make the complaint. This may be through an internet search or by asking an organisation such as the Citizen's Advice Bureau. Participants who said this seemed confident that they would be able to find out what they needed to know in this way. Whilst not an insurmountable hurdle, it should be recognised that making a complaint in these circumstances may require greater motivation and, as such, efforts to make the relevant information readily available would be beneficial.

5.5 Patients' expectations once they have made a complaint

5.5.1 Escalating complaints

In the qualitative interviews participants were asked what they would do (or did do) if they were not satisfied with the initial outcome of their complaint. By and large, responses indicated that they would take it further if it were serious enough. For some, the attitude shown towards their initial complaint would be a definitive factor in the decision. This is a key lesson for the early stages of a mutually beneficial complaints procedure.

"[I would take it further] if they were being rude and uncooperative and stuff like that."

(Female, under 45, social grade E)

If taking it further, there was an expectation that there would be an ombudsman or similar body to whom the matter could be taken, though no one seemed aware of the details of such an organisation. There was also an expectation that the dental practice itself would give advice to patients as to how to proceed. This again reflects a consumer mindset, but it also indicative of a high degree of trust in the professionalism of the industry.

For some whose initial first step would be speaking to the receptionist, there would be an interim step of speaking or writing to the practice before escalating it to an external organisation.

In cases where the escalation of their complaint still left them dissatisfied, some participants would consider seeking legal advice, but only if circumstances were serious enough to warrant it. Examples of such circumstances included if significant damage had been done to a person's teeth, if the dental professional had said something very offensive, or if there had been an assault. This was typically seen as a last resort and, even so, the prospect of a lengthy and costly process could be a dissuasive factor.

5.5.2 Expectations of the outcome

Participants were asked what they would expect to happen as a result of their complaint, whether actual or hypothetical. Several key themes emerged from responses here.

Participants expected to be listened to and heard. Even if it was subsequently dismissed, it was considered important to know that the complaint had been taken seriously and fairly considered – if needs be, by an independent body. One participant complained to a receptionist about the attitude of the dentist, asking to be assigned a different dentist. She said that she had been surprised by, and unhappy with, the response. She had expected the receptionist to understand

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her point of view and accommodate her request without any pushback or fuss. Instead the receptionist was adamant that she wouldn't reassign her, and told her that she needed to take the matter up with the dentist directly.

Participants would also expect their complaint to be investigated, particularly in scenarios where a complaint had been escalated. Those who talked about an external body would expect this body to pursue the matter on their behalf, acting in their interests and liaising with them about it. They would expect the facts of the case to be gathered and examined. Some participants talked about receiving a written response, detailing how the complaint would be resolved or the outcome of the investigations.

As a result of investigations they would expect appropriate action to be taken. This action varied according to the situation. Some were to do with 'righting the wrong' to the individual, including remedial action, where work is re-examined and redone if necessary; and compensatory action. Others were to do with ensuring that the same thing doesn't happen to someone else, including corrective action, whereby the person in question would learn from the process, possibly with additional training, in order that they perform the procedure better the next time; and disciplinary action, even to the point of dismissal.

"They can't treat people like that and get away with it."

(Male, over 45, social grade C2)

It was also acknowledged that one valid outcome may be 'no further action', and that this was considered fair as long as the complaint had been fully and fairly considered. An important point, therefore, is that in cases where the decision is made to take no further action it should be adequately demonstrated to the complainant that a fair process has been correctly followed.

5.6 Feedback forms as an alternative to making a complaint

In the 2014 research, participants in the qualitative interviews were asked for suggestions as to what would make a good complaints procedure. One of the suggestions was that complaints or feedback forms could be provided, and that this would save people having to write a letter of complaint from scratch. Consequently in the 2015 qualitative interviews participants were asked whether they would leave feedback instead of making a complaint if the option were available.

As would be expected, responses indicated that this would depend on the situation in question. The situations in which participants did consider feedback forms to be suitable included long waiting times, the dental professional's manner and the treatment being painful.

In cases where someone was looking for a specific action as an outcome, feedback forms were not considered a good alternative. For example, one of those who had made a complaint had wanted to be assigned a different dentist. Another participant, who did not end up making a complaint, would have preferred to discuss the situation face-to-face because he would have wanted remedial treatment to be provided in order to make good the poor quality original treatment.

For many participants, feedback forms were also felt to be an unsuitable alternative to making a complaint when it came to more serious matters. In these cases some would prefer to raise the issue more formally, rather than just posting it in a box.

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However there were also participants for whom a feedback form would provide an easier pathway to expressing a grievance. Without speaking in terms of the gravity of the scenario in mind, they appreciated the anonymity that such a form could provide, as well as the ability to voice a grievance without making a big issue of it.

Some participants also thought in terms of using feedback forms for positive feedback. It was recognised that this was valuable for the professional and the practice.

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Awareness of, and confidence in, regulation

6 Awareness of, and confidence, in regulation

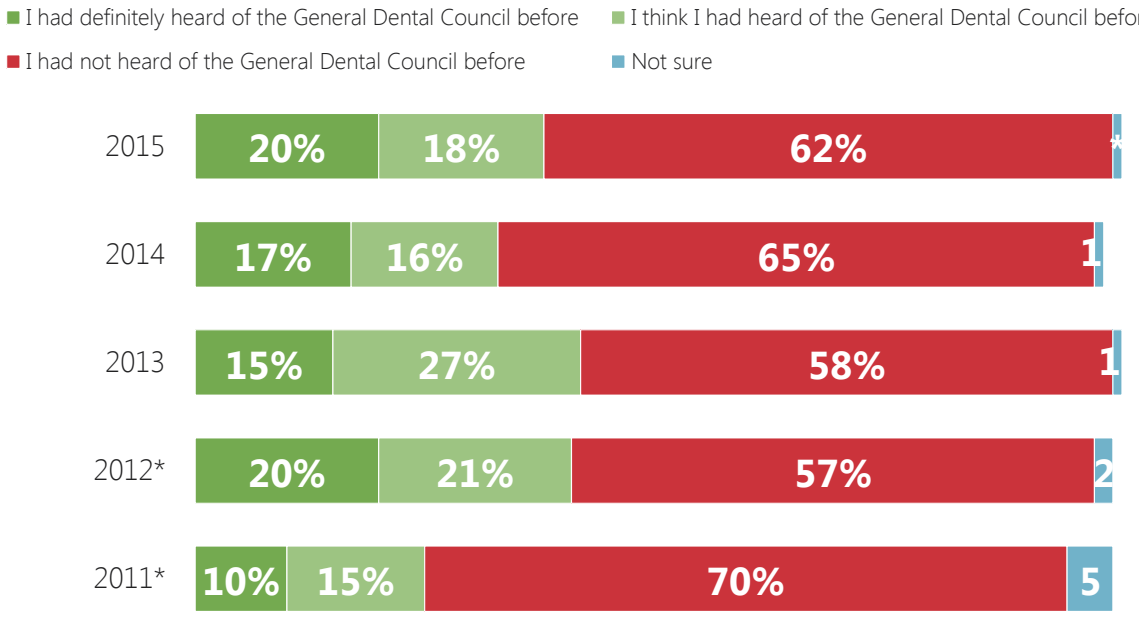
The questions on awareness in the survey are primarily included for analysis purposes. For example in chapter 5 section 5.1, awareness of the General Dental Council is analysed against the likelihood of either making a complaint or considering making a complaint. Overall findings are reported here.

6.1 Awareness of the General Dental Council

Awareness of the General Dental Council (GDC) has fluctuated over the last few years. One in five members of the public now say that they had definitely heard of the GDC before the survey (20%) compared with one in six in 2014 (17%) and around one in seven in 2013 (15%). This represents a return to the result obtained in 2012 (also 20%).

There has been no significant change in the proportion who *think* they had heard of the GDC before the survey (18% in 2015 compared with 16% in 2014).

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



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

Base: All respondents: 2015 (1,259), 2014 (1,640), 2013 (1,603), 2012 (1,609), 2011 (1,563) Source: Ipsos MORI

As has been the pattern in previous years, there are certain sub-groups that have higher levels of awareness of the GDC:

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- People aged 35 and above are far more likely to have heard of the GDC than younger people. Around a quarter of people aged 35-64 had definitely heard of the GDC before the survey (24% of 35-44 year olds, 27% of 45-54 year olds, and 25% of 55-64 year olds), as have nearly three in ten aged 65 and over (28%). By contrast just 4% of 15-24 year olds and 9% of 25-34 year olds say they had heard of the GDC before the survey.

- Those in the social grades A and B are more likely than anyone else to be aware of the GDC; 33% had definitely heard of the GDC before the survey.

- There is also a marked contrast when it comes to ethnicity. More than two in ten white people say that they had definitely heard of the GDC before the survey (22%), whereas fewer than one in ten of those from an ethnic minority group say the same (8%). Furthermore, the gap between the two sub-groups is widening, with an increase in the proportion of white people who say they had definitely heard of the GDC, up from 18% in 2014. The proportion of people from ethnic minorities who say this has not changed significantly (9% in 2014).

- People in Scotland are more likely to say that they had definitely heard of the GDC than those in Wales (26% compared with 14%). The figures for England and Northern Ireland are 20% and 18% respectively, although these are not statistically significant differences.

- Additionally, as may be expected, awareness of the GDC rises with recency and frequency of visits to a dental practice. More than two in ten of those who have been to a dentist in the previous 12 months say they had definitely heard of them (22%) compared with around one in six who have been less recently (16%). A similar contrast is seen between those who go to the dentist at least once a year and those who go less often (23% compared with 13%).

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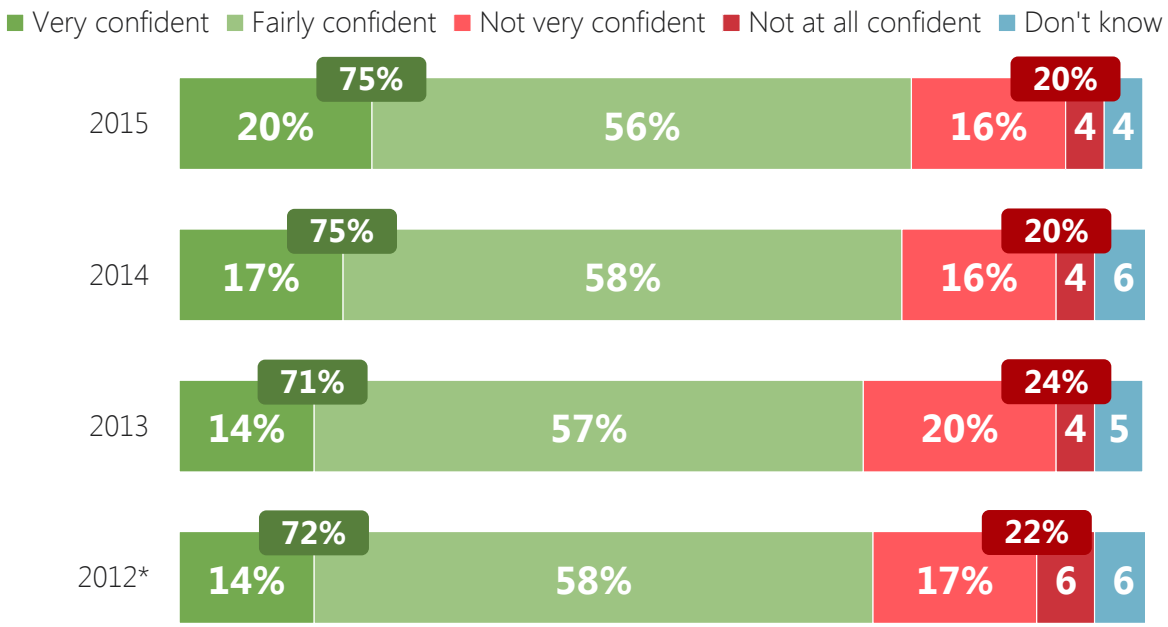
6.2 Confidence in regulation

6.2.1 Confidence in regulation of healthcare

In order to provide context to the issue of regulation of dental care professionals, participants were first asked about the regulation of healthcare. Overall levels of confidence are high, with three quarters of the population saying that they are confident that the regulation of healthcare works effectively (75%). This result is in line with 2014 (75%) but has increased since 2013 (71%).

While the level of confidence is in line with what was seen in 2014, the degree of confidence has increased, with 20% of people saying that they are *very* confident, compared with 17% in 2014 and 14% in 2013 and 2012.

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 is regulated effectively?'

Base: All respondents: 2015 (1,259), 2014 (1,640), 2013 (1,603), 2012 (1,609) Source: Ipsos MORI

Looking at differences across sub-groups, it can be seen that those in the highest social grades are more confident than others in the regulation of healthcare, with eight in ten people in grades A and B expressing confidence (80%) compared with three quarters of the population as a whole (75%). Furthermore, people in social grades C1 and C2 are more likely to be confident in healthcare regulation than those in the lowest social grades, D and E (76% and 77% respectively for C1 and C2, compared with 68% for D and E).

There are also regional variations. Levels of confidence are highest in Northern Ireland, with nearly nine in ten people expressing confidence in regulation (87%). This is significantly higher than for Wales (56%) and England (77%). It is also higher than for Scotland (78%), although this difference is not statistically significant.

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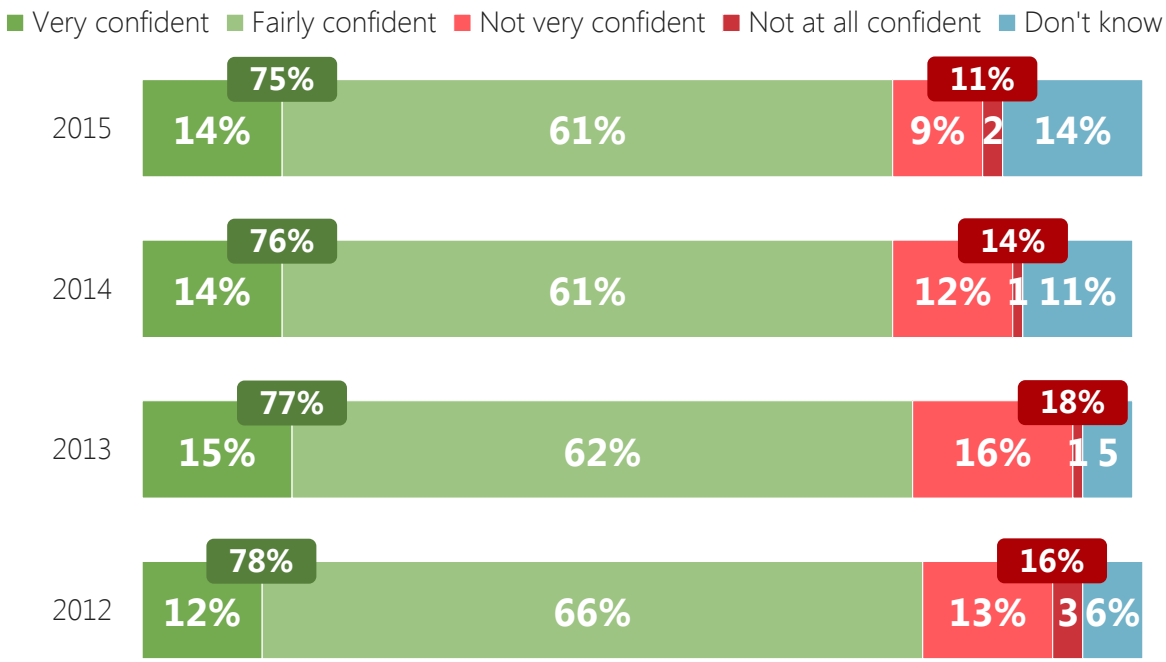
6.2.2 Confidence in the GDC's regulation of dental professionals

As in 2014, three quarters of people who had heard of the GDC prior to the survey are confident that it is regulating dental professionals effectively (75%). While this is comparable to confidence in regulation of healthcare more generally, it represents a gradual decline since 2012 when confidence was at 78%.

However, looking at *net confidence* (found by subtracting the percentage of people who are not confident from the percentage who are confident) we see a different story. In 2012 net confidence was 62%. This fell to 59% for 2013 and 2014, and now it is at its highest point since the survey began, 64%. This is explained by more people answering 'don't know' in each of the previous two years.

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: 2015 (465), 2014 (558), 2013 (664), 2012 (602) Source: Ipsos MORI

There are few significant variations across sub-groups here. Unlike with healthcare regulation, differences are not seen in the confidence levels expressed by different social grades. Neither are the same regional variations seen.

However, again there is a difference depending on the how recently someone has visited a dentist, but this time it is in the opposite direction. Those who have been to the dentist in the last 12 months are less likely to say they are confident in the GDC's regulation of dental professionals than those whose last visit was more than a year ago (72% compared with 83%).

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Treatment in non-traditional settings

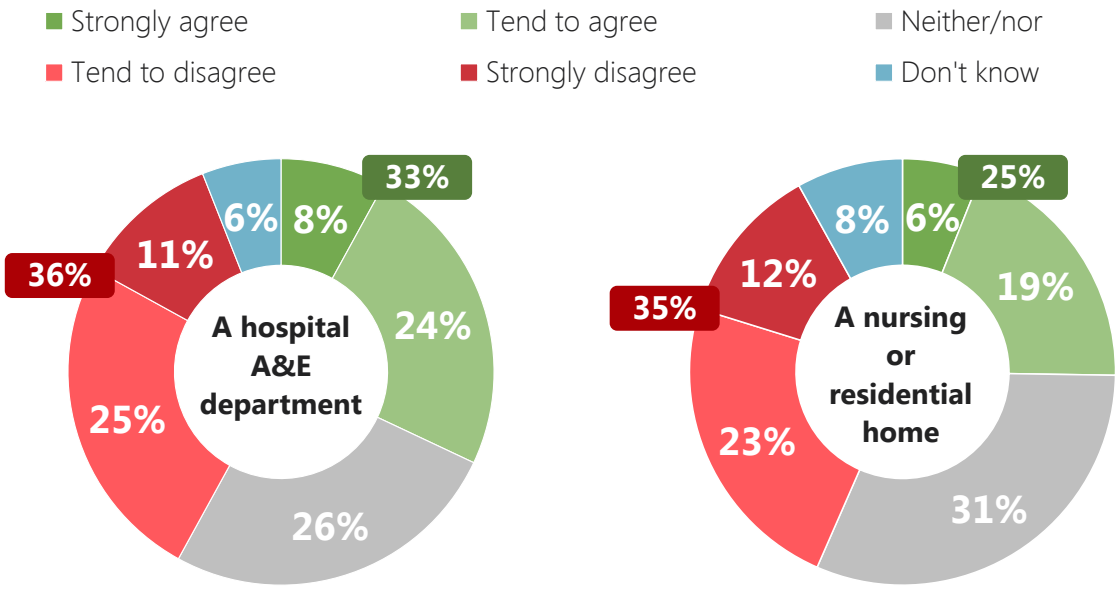
7 Treatment in non-traditional settings

7.1 Perceptions of level of treatment

Public opinion is divided about whether or not people would receive the same level of dental treatment and care in a hospital A&E department as they would in a dental practice. Around a third agree they would (33%), the same proportion disagree (36%) and a quarter say they neither agree nor disagree (26%).

A similar pattern can be seen regarding perceptions of whether people would receive the same level of dental treatment and care in a *nursing or residential home* as they would in a dental practice. In this case though, the proportion agreeing is smaller, as more people say they neither agree nor disagree (25% agree they would, 35% disagree and 31% neither agree nor disagree).

To what extent do you agree or disagree with the following statement? People would receive the same level of dental treatment and care in a hospital A&E department/a nursing or residential home as they would in a dental practice.



Base: All respondents (1,259) Source: Ipsos MORI

There are some age-related differences in responses to the two questions, with younger people being more likely than people overall to agree that the level of treatment and care would be the same in each setting as in a dental practice, and middle aged people being more likely to disagree:

- 47% of those aged 15-24 agree that people would receive the same level of dental treatment and care in a *hospital A&E department* as they would in a dental practice, compared with 33% overall; and 43% of those aged 45-54 disagree with this compared with 36% overall.

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- 40% of those aged 15-24 agree that people would receive the same level of dental treatment and care in a *nursing or residential home* as they would in a dental practice compared with 25% overall; and 46% of those aged 45-54 disagree with this compared with 35% overall.

There are also some regional differences, but only in relation to the level of dental treatment and care provided in a *nursing or residential home*. Four in ten of people in Wales agree that people would receive the same level of treatment and care there as in a dental practice, as do a third of those in Scotland (39% and 32% respectively). This compares with only around two in ten of those in each of England and in Northern Ireland (23% and 19% respectively).

There are differences too, when looking just at those who *disagree* with both statements. Those in social grades A and B more likely to disagree with both statements than those in social grades D and E:

- 41% of those in grades A and B disagree that people would receive the same level of dental treatment and care in a *hospital A&E department* as they would in a dental practice compared with 26% of those in grades D and E; and
- 44% of those in grades A and B disagree that people would receive the same level of dental treatment and care in a *nursing or residential home* as they would in a dental practice compared with 27% of those in grades D and E.

Those from a white background are also more likely to disagree with both statements than those from ethnic minority groups:

- 38% of those from a white background disagree that people would receive the same level of dental treatment and care in a *hospital A&E department* as they would in a dental practice compared with 19% of those from ethnic minority groups; and
- 37% of those from a white background disagree that people would receive the same level of dental treatment and care in a *nursing or residential home* as they would in a dental practice compared with compared with 22% of those from ethnic minority groups.

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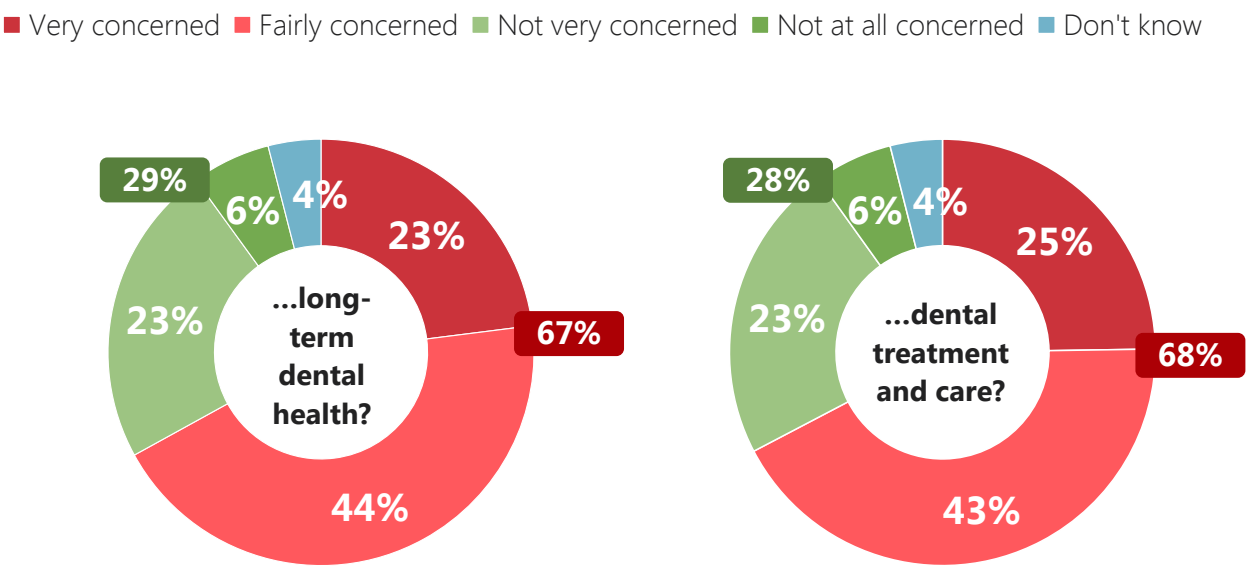
7.2 Long-term health conditions

Close to seven in ten would be concerned about a friend or family member's long-term dental *health* if they had a long-term health condition (67%), and the same proportion would be concerned about their dental *treatment and care* in the same scenario (68%). Close to three in ten would not be concerned in both instances (29% and 28% respectively).

If you had a friend or family member with a long-term health condition that had an impact on their ability to care for themselves how concerned, if at all, would you be about their…?



Base: All respondents (1,259) Source: Ipsos MORI

People aged 35-44 are more likely to say they would not be concerned about both statements than people overall.

- 37% of those aged 35-44 say they would not be concerned about a friend or family member's long-term dental *health* if they had a long-term health condition compared with 29% overall; and
- 37% of those aged 35-44 say they would not be concerned about a friend or family member's long-term dental *treatment and care* if they had a long-term health condition compared with 28% overall.

People from ethnic minority groups are more likely to say they would not be concerned about a friend or family member's long-term dental *health* if they had a long-term health condition compared with people from a white background (21% compared with 30%).

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Treatment by dental students

8 Treatment by dental students

8.1 Important factors when being treated by a dental student

8.1.1 Levels of concern

When being treated by a student, the public are primarily concerned about the supervision they are under, the quality of the student's work and their levels of experience. They are most likely to identify the way in which the student is supervised as important, with nearly two thirds of people saying this (63%). More than half feel that the quality of care is important (54%), while more than four in ten say the same of the student's level of experience (44%). A third think that the student's behaviour during the appointment is important (33%) and just under three in ten say that patient confidentiality is important (28%). Only 9% of people feel that the student's behaviour in their personal time is important.[17]

With regards to behaviour in personal time, the qualitative interviews shed some light on the apparently low level of concern. Many participants found the question hard to answer and initially expressed surprise at being asked about someone's behaviour in their personal time, feeling that this was "very judgmental". A typical view was that as long as their performance and professionalism during the appointment remained unaffected then outside indiscretions should be treated separately through the relevant channels.

"It's not really of my concern what they do in their own personal life, it's down to them and their conscience and the police or whoever."

(Male, over 45, social grade C2)

However, when prompted further, it did emerge that some socially undesirable behaviours were not acceptable, even if they occurred outside of work. In particular, participants objected to behaviours that hurt or offended another individual – there was a feeling that this type of person should not be treating patients, perhaps reflecting the personal, and professional, nature of the relationship. As such, it made no difference whether the person treating them was a student or qualified professional.

"I wouldn't like to get a treatment from that kind of person."

(Female, under 45, social grade C1)

[17] At this question, participants were able to give multiple answers, except if they said 'Don't know' or 'None of these'.

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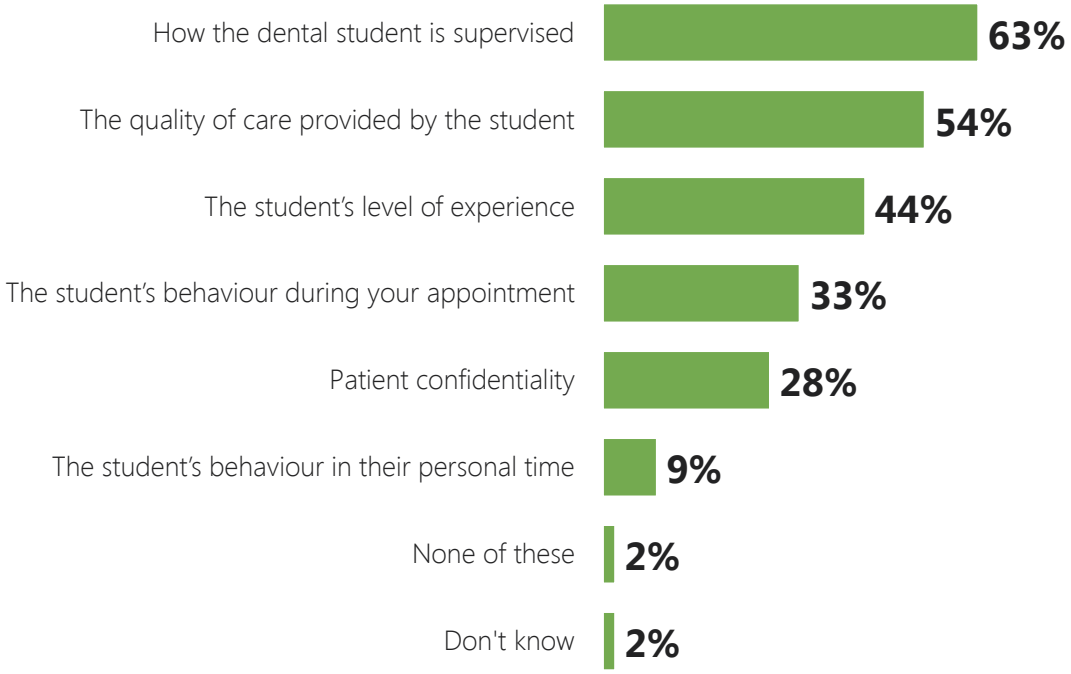
If you were to be treated by a dental student while being supervised by a qualified dental professional, which of the following, if any, would be important to you?



Base: People who say at least one of a list of things would be important to them if being treated by a dental student while being supervised by a qualified dental professional (1,234)
Respondents may give multiple answers.

Source: Ipsos MORI

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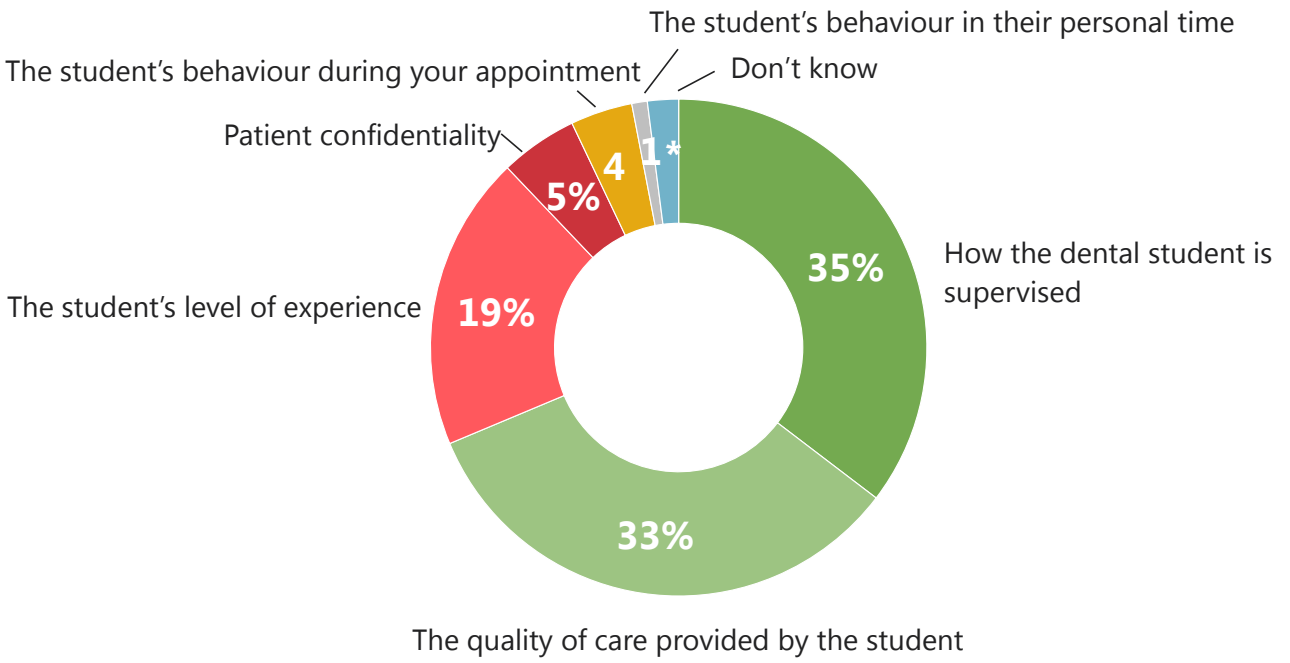
When asked to name which of these factors is the most important, the findings reflect the same pattern as above, with three factors dominating the responses. Just over a third of people name the way the student is supervised as being most important to them (35%), a third say the quality of care provided by the student (33%), while nearly two in ten say the student's level of experience (19%). Beyond this, patient confidentiality is the most important thing to 5% of people, the student's behaviour during the appointment is the most important to 4% of people, and their behaviour in personal time is the most important thing to just 1% of people.

And which of these would you say is the most important to you?



Base: People who say at least one of a list of things would be important to them if being treated by a dental student while being supervised by a qualified dental professional (1,234)

Source: Ipsos MORI

There are differences among age groups as to what is considered most important when being treated by a student. Those who are over the age of 65 are more likely than others to say the way that the student is supervised (44% compared with 35% overall) and less likely to say the quality of care (26% compared with 33% overall).

The social grade groupings don't show the same readily identifiable patterns as the age groupings. However people in social grades A and B are more likely than those in grades D and E to name supervision as the most important factor, with four in ten doing so compared with three in ten (40% and 29%).

People who live in Northern Ireland and Scotland show a strong preference for supervision as the most important factor compared with their counterparts in England and Wales. This is named as the most important factor by 46% of people in both Scotland and Northern Ireland, compared with 33% of people in England and 32% in Wales. Those in England (34%) and Wales (37%) consider the quality of care the most important thing when being treated by a student. In both cases this is significantly different to Scotland, where 24% of people say this.

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Cultural differences may be important, in that people from ethnic minority backgrounds are more likely than those from a white background to identify patient confidentiality as the most important factor to them (12% compared with 5%). White people are more likely than those from ethnic minority groups to name supervision as the most important aspect (37% compared with 22%).

8.1.2 Nature of concerns

When discussing the sorts of concerns people would have if being treated by a student, findings from the qualitative interviews reflected those seen in the quantitative survey.

Participants expressed that the type and complexity of the treatment being undertaken would have an impact on their level of concern.

"As long as it was a minor treatment I don't think I'd mind."

(Male, over 45, social grade C2).

This was because the potential consequences of something going wrong could be more significant with a more complex procedure. Some mentioned that the student may be nervous and therefore more likely to make a mistake.

Similarly, the student's level of experience was a significant factor. Some would have fewer concerns if they were coming to the end of their training but would be hesitant to accept treatment from a student if it were early on in their training.

"I would need to know…that it wouldn't be the first time they were doing it or if they were drilling a hole in your tooth or doing a filling, that these things they'd done before."

(Male, over 45, social grade B)

Others mentioned the overall quality of the work they would expect to receive at the hands of a student.

"If you are an acknowledged professional then you have already achieved and satisfied the authorities on your competency. With a student…you hope that they are good enough, but you have no guarantee that they have proved their competence."

(Male, over 45, social grade A).

8.1.3 Overcoming concerns

Despite concerns being present, a recurring theme was that they could largely be mitigated by effective supervision, reassurance and a sense of control. Part of the reassurance could come from directly addressing the issues above, for example by explaining why the student was ready to carry out the procedure, or that they had done it before.

"You just want reassurance."

(Male, over 45, social grade B).

A large part of the reassurance would come simply from the fact that they were being supervised.

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"[One reason I wouldn't have concerns is]…just the fact that there is a qualified dentist in the room that could take over should things not be quite right."

(Female, under 45, social grade B).

Furthermore there was evidence of significant trust in the dental profession. One of the patterns seen was an assumption from many that the very fact that the student was *allowed* to carry out the treatment meant that it would be ok. They assumed that in this circumstance the student would have already received proper training and demonstrated sufficient competence, and that they would be working under the close supervision of a fully qualified professional.

"I kind of have faith that if they were not a very good student they wouldn't let them loose on me."

(Female, under 45, social grade B)

"…You put your trust in them because obviously they're not going to ask a trainee to do something they don't have any idea about."

(Male, over 45, social grade C2)

Some participants, however, didn't demonstrate such implicit trust. They would want to know that the supervisor was qualified, fully in control and ready to step in if needs be, and that there would be no detriment to the quality of the care they were to receive.

"I would want it made absolutely clear that…all the work would be overseen specifically and directly by a professional and that any major limitations as a consequence of that treatment would be rectified at the expense of the organisation themselves."

(Male, over 45, social grade A).

An additional factor that can be crucial to alleviating concerns for some is a sense of control. For example, some participants suggested they would be more comfortable in the hands of a dental student than those of another professional such as a trainee surgeon as they would be able to stop the treatment more easily.

"If you're under the anaesthetic you can't turn around and stop it, whereas with dentistry…if you don't feel comfortable you can stop it."

(Male, over 45, social grade C2).

The importance of this was also seen in the fact that participants tended to either mention or assume the idea of being able to refuse treatment from a student.

8.1.4 Support for learning

Given the necessary reassurances, the majority of those interviewed in the qualitative part of the study were happy to be treated by a student and were supportive of the idea that dental students do need to carry out treatments at some point.

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"I don't have a problem with that at all and at the end of the day it's the only way they can learn."

(Male, over 45, social grade C2)

Support for their learning was also seen when discussing giving feedback to students. Feedback was seen as something that would be valuable to the student. It would help them to learn and improve. Participants thought about the students' development rather than about a mechanism for voicing complaints and, by and large, feedback was framed in positive terms. However, some would prefer to give feedback later, for example by means of a questionnaire.

"...if they have done a good job it might boost their confidence."

(Male, over 45, social grade C2).

"It's not something I'd like to do in front of them, embarrass them or anything."

(Male, over 45, social grade C2).

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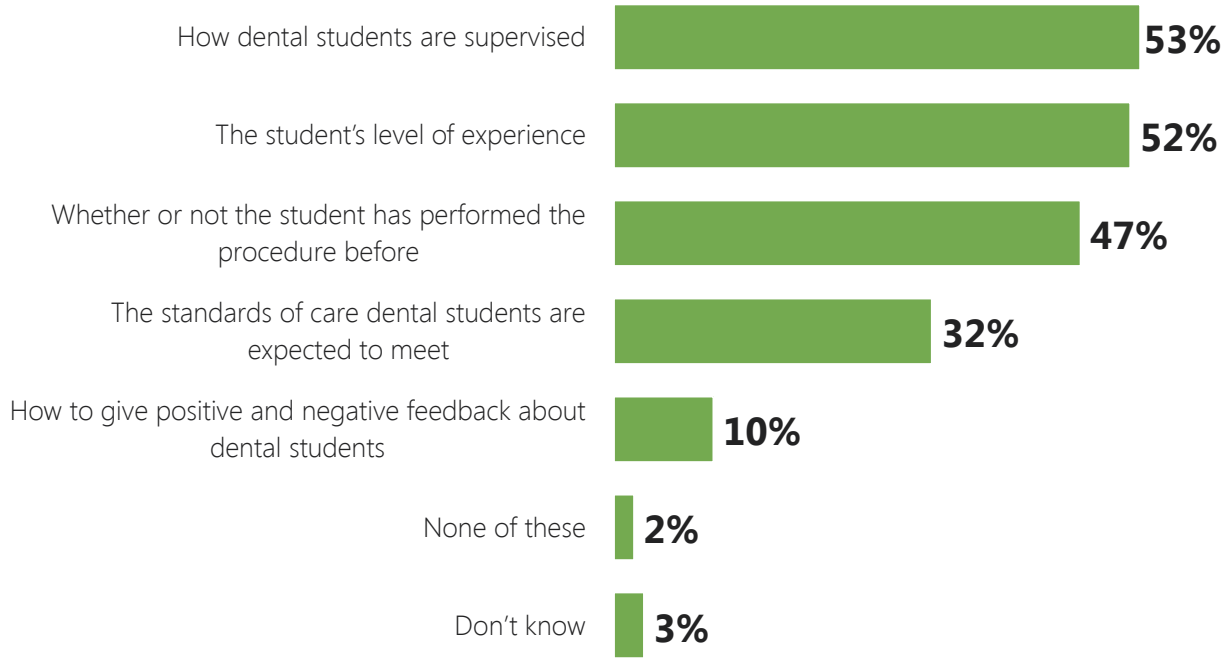
8.2 Important factors to know in advance of treatment by a student

8.2.1 Levels of concern

When thinking about what is important to *be told in advance* of being seen by a student, the public again attach importance to the nature of the supervision and levels of experience. More than half of people consider it important to be told in advance how students are supervised (53%) and the student's level of experience (52%). Just under half of people want to know whether the student has performed the procedure before (47%) and a third want to know the standards of care that students are expected to meet (32%). One in ten wants to be told ahead of the appointment how to give positive and negative feedback (10%).[18]

Still thinking of being treated by a dental student while being supervised by a qualified dental professional, which, if any, of these do you think it is important for you to be told in advance of treatment?



Base: All respondents (1,259). Respondents may give up to three answers. Source: Ipsos MORI

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

- Broadly speaking, middle aged and older people are more likely to want to know about the student's supervision than younger people. This is important to around six in ten of those aged 35-44, 45-54 and 55-64 (at 58%, 60% and 57% respectively), compared with just over four in ten 25-34 year olds (44%). The oldest age group is less likely than others to say it is important to know whether the student has performed the procedure before (37% compared with 47% overall).

[18] At this question, participants were able to give up to three answers, except if they said 'Don't know' or 'None of these'.

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- People in grades A and B, and C1 are more likely to say it is important to know about the student's supervision than people in grades D and E (58% and 56% compared with 45%). However, those in grades A and B are also more likely than all others to want to be told whether the student has performed the procedure before. This is mentioned by 56% of people in grades A and B, compared with 47% of people in grade C1 and just 40% of people in grades C2 and D and E.

- White people are more likely than those from ethnic minority groups to want to know how students are supervised (55% compared with 38%) and also whether the student has performed the procedure before (48% compared with 36%).

- Nearly two thirds of people in Scotland think it important to know how the students are supervised (64%) compared with half in England and Northern Ireland (50% each). In contrast, people who live in Northern Ireland are notably more concerned than others about knowing whether or not the student has performed the procedure before. This is mentioned by seven in ten people in Northern Ireland, compared with around five in ten in England and four in ten in Scotland and Wales (71% compared with 47%, 42% and 38% respectively).

8.2.2 Overcoming concerns by providing timely information

It has been seen earlier in this chapter that many concerns patients may have about being treated by a dental student can be overcome by giving reassurance. The qualitative interviews showed the importance of being provided with the right information at the right time.

"Obviously [it would be important] to be told that they are a student…You'd want to know in advance and not have it sprung on you… I wouldn't be very happy with going to the dental surgery and the dentist saying 'Oh by the way, today we've got a student and they're going to do this'. I'd want to know in advance that this was going to happen and be asked if I was happy with it."

(Female, over 45, social grade C1)

Some of the information that would alleviate concerns would be standardised and therefore could be provided in advance of any such appointment, for example in a letter or on a leaflet or website. This would include information about the training dental students undertake, the point at which they start to carry out live procedures, and the nature of the supervision that they are under whilst doing so. Some participants favoured receiving this in written form as it would allow them time to read and digest it. Others still would *prefer* to receive it verbally as it would allow the opportunity to discuss it.

Of course some things would be pertinent to the particular student in question, and therefore may need to be communicated in a more tailored way. Participants mentioned the level of experience of the student and whether they had performed the procedure before. In these cases some said that they would be happy to be told verbally on the day. Others would prefer more advance notice, by means of a telephone call or a letter ahead of the appointment. In cases where participants do receive information verbally they wanted to be sure that they would be given the opportunity to decline treatment from the student. And in order to avoid awkwardness this conversation should not take place in front of the student.

"[You should not] be put in a position where you don't feel like you can't really say no"

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(Female, under 45, social grade B).

It was also suggested that in some cases participants would prefer not to know certain things.

"You'd need to be told…any previous experience that they'd had, whether or not you're the first person they've treated. But I don't know whether you should know that or not. It may be better if you didn't."

(Female, over 45, social grade C1).

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Knowledge about teeth whitening

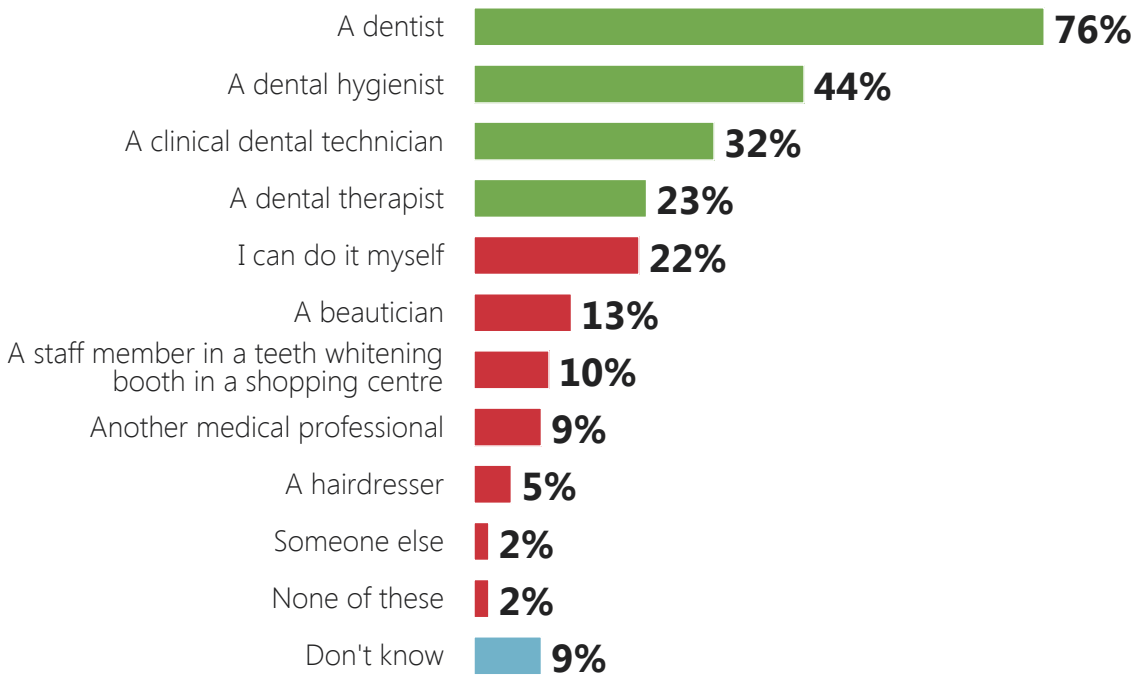
9 Knowledge about teeth whitening

Teeth whitening is part of the practice of dentistry, and can only be legally carried out by dental professionals who are registered with the GDC. As well as dentists, GDC registered dental hygienists, dental therapists and clinical dental technicians can also carry out teeth whitening on the instructions of a dentist.

Almost six in ten can correctly identify who can legally carry out teeth whitening in the UK (58%). Dentists are most commonly mentioned (76%), followed by dental hygienists (44%), clinical dental technicians (32%) and dental therapists (23%).

There is some misunderstanding though. Around two in ten incorrectly think that they can carry out teeth whitening themselves (22%), and around one in ten think each of the following can: a beautician (13%), someone working in a teeth whitening booth in a shopping centre (10%), or another medical professional (9%). One in twenty incorrectly think a hairdresser can (5%).[19]

Please tell me which of the following people, if any, do you think can legally carry out teeth whitening in the UK? Which others?



Base: All respondents (1,259). Respondents may give multiple answers. Source: Ipsos MORI

[19] At this question, participants were able to give multiple answers, except if they said 'Don't know' or 'None of these'.

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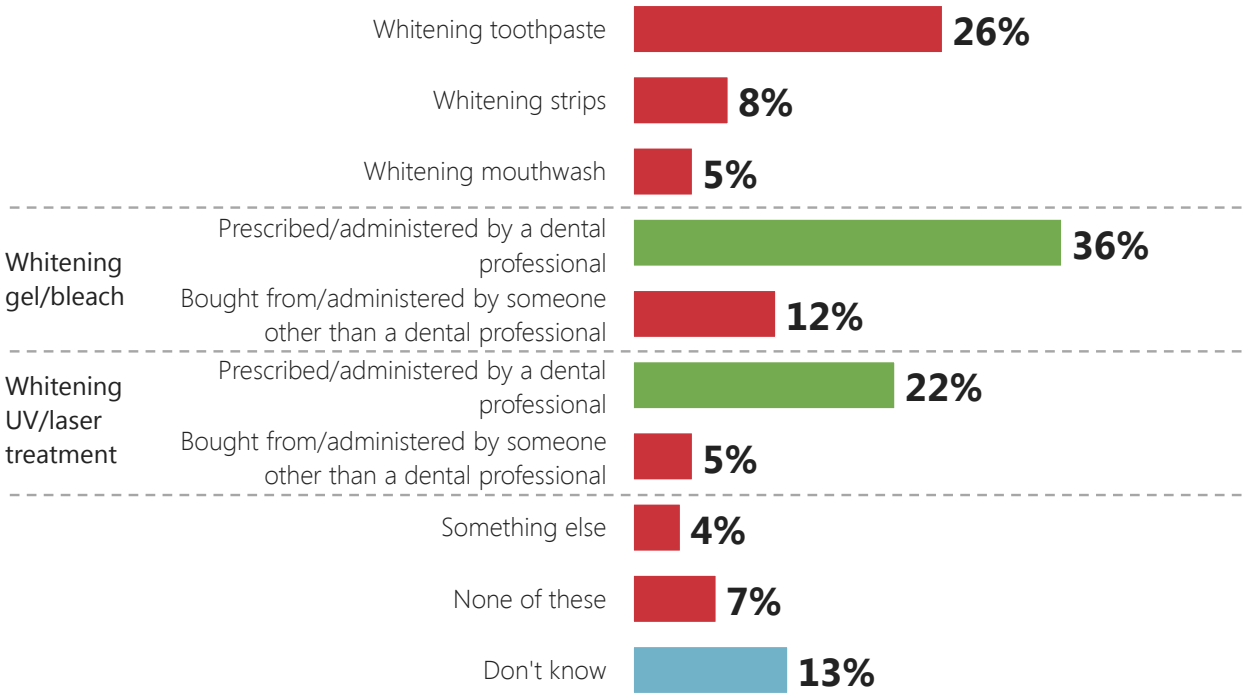
The reason for this misperception could be that people's understanding of the term teeth whitening varies. Only a third of people were thinking of teeth whitening as defined by the GDC when answering the question about who can legally carry it out (32%). Others were thinking of things such as whitening toothpaste (26%), whitening gel or bleach they can administer themselves (12%), or whitening strips (8%).[20]

Please tell me what type of teeth whitening you were thinking about while answering the previous question? What else?



Base: All respondents (1,259). Respondents may give multiple answers. Source: Ipsos MORI

Looking just at those who were thinking of teeth whitening as defined by the GDC, the proportion of those who name dentists rises (from 76% to 91%).

The proportions mentioning the other types of dental professionals who can legally carry out teeth whitening do not change though:

- 43% mention dental hygienists;
- 30% mention clinical dental technicians; and
- 19% mention dental therapists

[20] At this question, participants were able to give multiple answers, except if they said 'Don't know' or 'None of these'.

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The proportions of people mentioning people who cannot legally carry out teeth whitening do decrease in nearly all cases though:

- from 22% to 10% for people who think they can carry out teeth whitening themselves;
- from 13% to 7% for people who think a beautician can;
- from 10% to 6% for people mentioning someone working in a teeth whitening booth in a shopping centre; and
- from 9% to 5% for people mentioning another medical professional.

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Conclusion

10 Conclusion

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 remains very high.

As in previous years, nearly all of those who visit their dentist at least once a year are satisfied with their treatment. In addition, more people than before say they would recommend their dental practice to friends or family.

Interpersonal skills remain key – particularly in relation to patients feeling that their interests are being put first.

The majority of people agree that their interests as a patient have been put first, often making this judgement on the basis of the manner of the professional treating them. Simple conversation demonstrates to patients that the professional is interested in, and cares, about their wellbeing.

At the same time, they recognise that the business interests of the professional could conflict with those of the patient, but do not think this commonly causes problems.

Patients do not seem to be asking for more information, but can see the value of the written treatment plan.

Most say they were given enough information to make an informed decision about their treatment, and that the risks and benefits were clearly explained to them. However, there is still a lack of certainty about the costs of treatment, and fewer than half recall receiving a written treatment plan. While this does not seem to be causing particular dissatisfaction or concern, patients do recognise the potential value of the written treatment plan, and would welcome it, in addition to verbal explanations.

The receptionist plays a central role for many in the complaints process.

The proportion who say they have made or considered making a complaint about a dental professional remains low, though it has increased since last year. However, the qualitative interviews showed that people often discounted 'informal complaints' to the dental practice when thinking about this.

As in previous years, awareness of the complaints process is low, but many people said that the receptionist would be their first port of call. And, while they have limited knowledge of the process, they have clear expectations about escalation procedures and the likely outcomes. They recognise that action might not be taken in all cases, but this is acceptable as long as the complaint has been fully and fairly considered.

There is uncertainty about whether treatment in non-traditional settings matches up to that provided in dental practices, and there are concerns about those with long-term conditions.

The public is divided on whether dental treatment in A&E and nursing or residential homes is at the same level as provided in a dental practice. In addition, the majority of people would be concerned about a friend or family member's long-term dental health and their treatment and care if they had a long-term health condition.

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Supervision is key to reassuring patients about receiving treatment from dental students.

There are some public concerns about being treated by students, but people also recognise the need for students to learn. They choose a number of factors as important when thinking about being treated by a student. However, they most commonly name the way the student is supervised as being most important to them, followed by the quality of care provided by the student and the student's level of experience. And while they do have some concerns, there is a general belief that the student would not be permitted to treat patients if they were not safe to do so.

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Appendices

11 Appendices

11.1 Statistical significance

It should be remembered that a sample and not the entire population of adults 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 1,259 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
1259 interviews	2	3	3
1640 interviews	2	2	2
1603 interviews	2	2	2
1609 interviews	2	2	2
1563 interviews	2	2	3

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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 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
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

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11.2 Topline findings

Findings from the 2014 survey have been tested against the 2015 survey. Results that are significantly different to the 2014 survey have been highlighted in yellow.

Use of Dentists and Dental Care Professionals

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

	2015 %	2014 %	2013 %	2012 %	2011 %
In the last 6 months	54	50	51	50	53
In the last 7-12 months	15	14	15	16	12
In the last 1-2 years	9	10	10	10	10
More than 2 years ago	11	13	11	10	15
I used to go to the dentist but I don't any more	6	8	9	8	7
I have never been to the dentist	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: 2015 (1125); 2014 (1422); 2013 (1376); 2012 (1320)

	2015 %	2014 %	2013 %	2012 %
Once every six months	56	53	54	52
Once a year	24	26	24	27
Once every two years	8	6	9	8
Less than once every two years	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: 2015 (1125): 2014 (1422); 2013 (1376); 2012 (1320)

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

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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: 2015 (982); 2014 (1216); 2013 (1188); 2012 (1145)

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

Satisfaction with Dental Care

GD05 Now thinking about <u>your own experience</u>, how satisfied or otherwise are you with your dental care or treatment?

Base: People who go to the dentist at least once a year: 2015 (898); 2014 (1129); 2013 (1063)

	2015 %	2014 %	2013 %
Very satisfied	68	62	61
Fairly satisfied	28	34	35
Fairly dissatisfied	3	2	2
Very dissatisfied	1	1	1
Don't know	*	*	*

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GD06 What, if anything, would make you feel more satisfied with your dental care or treatment?
Multi-code question except for 'Don't know' and 'None of these' answer codes
Base: People who are not very satisfied with their dental care or treatment: 2015 (289)

	2015 %
More reasonable cost of treatment	25
Better quality treatment	22
Being able to access the treatment I need on the NHS	20
Better follow up treatment	13
Better communication from the dental professional	9
More information about dental health in general	8
Being able to access the treatment I need	7
Clearer explanation about my treatment	7
Clearer information about the cost of my treatment	7
The dental professional knowing more about my dental/medical history	6
Other (please specify)	9
None of these	8
Don't know	3
No answer	1

Friends and Family Test

GD07 We would like you to think about your most recent experience of visiting your dental practice. How likely or unlikely are you to recommend your dental practice to friends and family if they needed similar care or treatment?
Base: People who have been to a dentist at some point: 2015 (1209); 2014 (1564)

	2015 %	2014 %
Extremely likely	45	40
Likely	34	35
Neither likely or unlikely	13	14
Unlikely	4	5
Extremely unlikely	3	5
Don't know	1	1

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Putting Patients First

GD08 **Thinking about your most recent experience of visiting your dental practice, to what extent do you agree or disagree that the dental professional put your interests as a patient first?**

Base: People who have been to a dentist at some point: 2015 (1209)

	2015 %
Strongly agree	46
Tend to agree	37
Neither agree nor disagree	10
Tend to disagree	3
Strongly disagree	2
Don't know	1

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.

GD09 Now thinking about healthcare, how confident, if at all, are you that regulation of this works effectively?

	2015 %	2014 %	2013 %	2012 %
Very confident	20	17	14	14
Fairly confident	56	58	57	58
Not very confident	16	16	20	17
Not at all confident	4	4	4	6
Don't know	4	6	5	6

In 2012, the question was worded: 'How confident, if at all, are you that healthcare in general works effectively'.

GD10 Which of the following best describes how aware you were of the General Dental Council before this survey?

	2015 %	2014 %	2013 %	2012 %	2011 %
I had definitely heard of the General Dental Council before	20	17	15	20	10
I think I had heard of the General Dental Council before	18	16	27	21	15
I had not heard of the General Dental Council before	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'.

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GD11 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: 2015 (465); 2014 (558); 2013 (644);2012 (602)

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

Complaints

GD12 Have you ever complained about a dental professional?

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

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

GD13 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: 2015 (1156); 2014 (1523); 2013 (1467); 2012 (1422)

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

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GD14 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: 2015 (142); 2014 (119); 2012 (116)

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

Standards

GD15 Thinking about the last time you needed dental treatment beyond a check-up, to what extent do you agree or disagree that you were given enough information by the dental professional about the treatment options and their related costs to make an informed decision about your treatment?
Base: People who go to the dentist at least once every two years: 2015 (982)

	2015 %
Strongly agree	44
Tend to agree	32
Neither agree nor disagree	11
Tend to disagree	4
Strongly disagree	2
I have never needed dental treatment beyond a check up	7
Don't know	*

GD16 Again thinking about the last time you needed dental treatment beyond a check-up, do you remember receiving a written treatment plan? It may have looked similar to these.
Base: People who go to the dentist at least once every two years and have had dental treatment beyond a check-up: 2015 (912)

	2015 %
Yes	42
No	57
Don't know	*

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GD17 And how clear, if at all, were the costs provided in the written treatment plan?

Base: People who received a written treatment plan the last time they needed dental treatment beyond a check-up: 2015 (383)

	2015 %
Very clear	60
Fairly clear	26
Not very clear	2
Not at all clear	1
There were no costs provided in the written treatment plan	9
Don't know	2

GD18 **Thinking about the last time you needed dental treatment beyond a check-up, how clear, if at all, was the explanation you received about the risks and benefits of each treatment option?**

Base: People who go to the dentist at least once every two years and have had dental treatment beyond a check-up: 2015 (912)

	2015 %
Very clear	47
Fairly clear	35
Not very clear	6
Not at all clear	3
I did not receive an explanation about the risks and benefits of each treatment option	8
Don't know	1

Treatment in Non-Traditional Settings

GD19 To what extent do you agree or disagree with the following statements?

		Strongly agree	Tend to agree	Neither/ nor	Tend to disagree	Strongly disagree	Don't know
A	People would receive the same level of dental treatment and care in a hospital A&E department as they would in a dental practice	8	24	26	25	11	6
B	People would receive the same level of dental treatment and care in a nursing or residential home as they would in a dental practice	6	19	31	23	12	8

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GD20 If you had a friend or family member with a long-term health condition that had an impact on their ability to care for themselves, how concerned, if at all, would you be about their long term dental health?

	2015 %
Very concerned	23
Fairly concerned	44
Not very concerned	23
Not at all concerned	6
Don't know	4

GD21 If you had a friend or family member with a long-term health condition that had an impact on their ability to care for themselves, how concerned, if at all, would you be about their dental treatment and care?

	2015 %
Very concerned	25
Fairly concerned	43
Not very concerned	23
Not at all concerned	6
Don't know	4

Treatment by Dental Students

We are now going to ask you some questions about dental students. As part of their training, dental students start to treat patients while being supervised by qualified dental professionals.

GD22 If you were to be treated by a dental student while being supervised by a qualified dental professional, which of the following, if any, would be important to you?
Multi-code question except for 'Don't know' and 'None of these' answer codes

	2015 %
How the dental student is supervised	63
The quality of care provided by the student	54
The student's level of experience	44
The student's behaviour during your appointment	33
Patient confidentiality	28
The student's behaviour in their personal time	9
None of these	2
Don't know	2

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GD23 **And which of these would you say is the most important to you?**

People who say at least one of a list of things would be important to them if being treated by a dental student while being supervised by a qualified dental professional: 2015 (1234)

	2015 %
How the dental student is supervised	35
The quality of care provided by the student	33
The student's level of experience	19
Patient confidentiality	5
The student's behaviour during your appointment	4
The student's behaviour in their personal time	1
Don't know	2

GD24 **Still thinking of being treated by a dental student while being supervised by a qualified dental professional, which, if any, of these do you think it is important for you to be told in advance of treatment? You may choose up to three.**

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

	2015 %
How dental students are supervised	53
The student's level of experience	52
Whether or not the student has performed the procedure before	47
The standards of care dental students are expected to meet	32
How to give positive and negative feedback about dental students	10
None of these	2
Don't know	3

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Teeth Whitening

GD25 **Please tell me which of the following people, if any, do you think can legally carry out teeth whitening in the UK? Which others?**
Multi-code question except for 'Don't know' and 'None of these' answer codes

	2015 %
A dentist	76
A dental hygienist	44
A clinical dental technician	32
A dental therapist	23
I can do it myself	22
A beautician	13
A staff member in a teeth whitening booth in a shopping centre	10
Another medical professional	9
A hairdresser	5
Someone else (please specify)	2
Don't know	2
None of these	9

GD26 **Please tell me what type of teeth whitening you were thinking about while answering the previous question?**
Multi-code question except for 'Don't know' and 'None of these' answer codes

	2015 %
Whitening toothpaste	26
Whitening mouthwash	5
Whitening strips	8
Whitening gel/bleach	
Prescribed/administered by a dental professional	36
Bought from/administered by someone other than a dental professional	12
Whitening UV/laser treatment	
Prescribed/administered by a dental professional	22
Bought from/administered by someone other than a dental professional	5
Other	
Something else (please specify)	4
Don't know	13
None of these	7

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Language Requirement

GD27 Dental professionals in the UK must be sufficiently fluent in written and spoken English to communicate effectively with patients, their families and colleagues.

Thinking about your dental experiences over the last 10 years, how often, if at all, have you been treated by dental professionals who were unable to communicate with you because of poor English?

	2015 %
Never	87
Once or twice	6
A few times	3
Often	1
Every time	1
Don't know	1

Re-contacting Respondents for Future Research

GD28 Both Ipsos MORI and the General Dental Council may wish to carry out some 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	38
No	62

Demographics

Gender

	%
Male	49
Female	51

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Age

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

Social grade

	%
A	5
B	22
C1	27
C2	22
D	15
E	8

Marital status

	%
Married/living as	57
Single	28
Widowed/divorced/separated	15

Working

	%
Working	54
Not working	46

Occupation

	%
Full-time	35
Part-time	12
Self-employed	7
Not working – housewife	6
Still in education	7
Unemployed	5
Retired	24
Other	4

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Children in household

	%
Yes	34
No	66

Children's ages
Multi-code question

	%
Aged 0-3	14
Aged 4-5	9
Aged 6-9	11
Aged 10-15	15
None aged under 16	66

Location

	%
England	73
Northern Ireland	4
Scotland	15
Wales	8

Ethnicity

	%
White	89
Non-white	11

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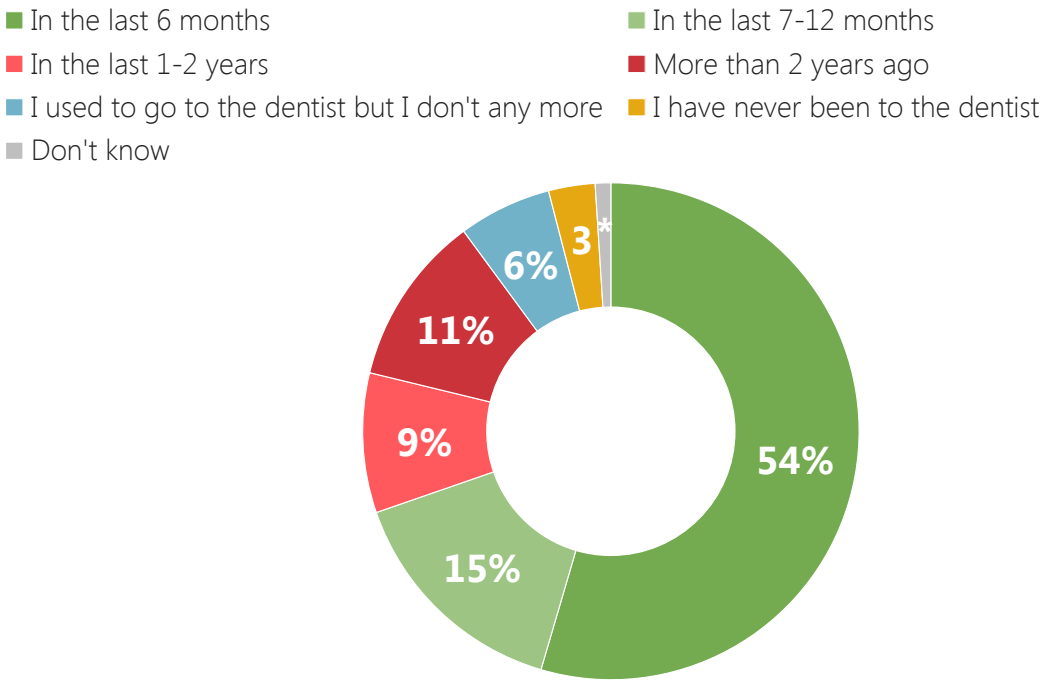
11.3 Patient and public use of dental professionals

11.3.1 Last visit to dentist

Seven in ten people visited the dentist in the last twelve months (70%).

When was the last time you went to the dentist?



Base: All respondents (1,259) Source: Ipsos MORI

Those most likely to have visited the dentist in the last six months include:

- people in social grades A and B (65% compared with 54% overall);
- those in Northern Ireland or Scotland (71% and 62% respectively, compared with 54% overall); and
- white people (56% have compared with 38% of people from ethnic minorities).

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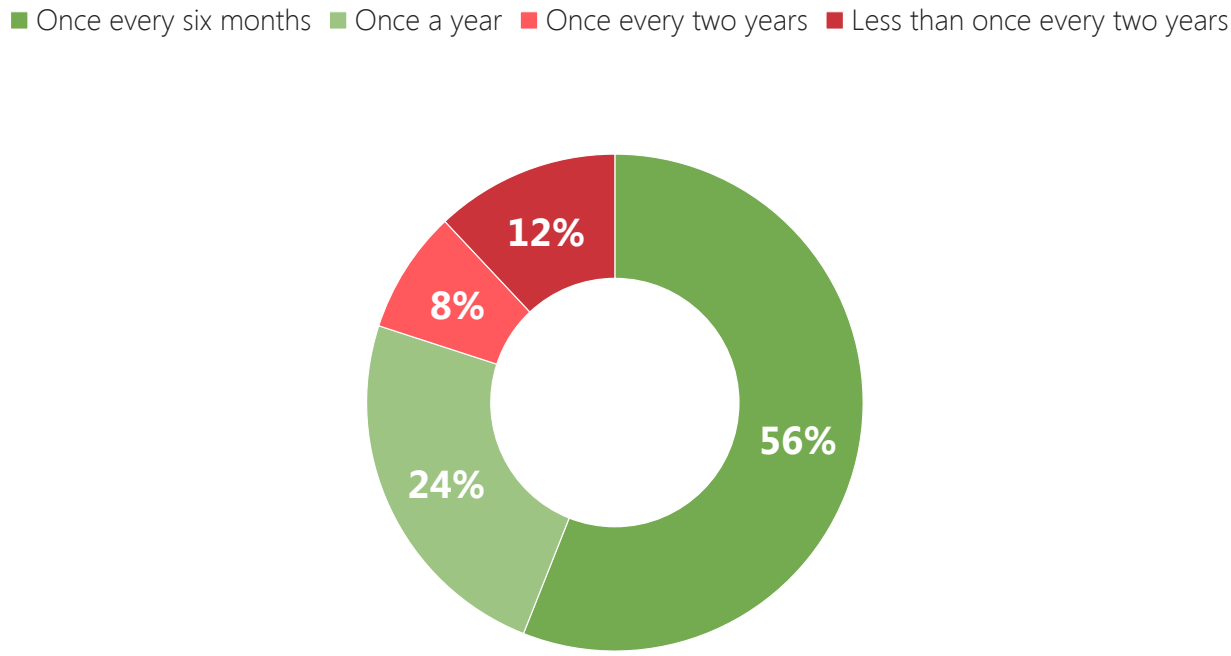
11.3.2 Frequency of visits to dentist

Around six in ten people visit the dentist on average once every six months (56%).

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



Base: People who go to the dentist (1,125) Source: Ipsos MORI

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

- women (60% compared with 51% of men);
- people in social grades A, B and C1 (65% of those in social grades A and B and 61% of those in C1, compared with 56% overall);
- people in Scotland (64% compared with 56% overall); and
- those who are retired (62% compared with 56% overall).

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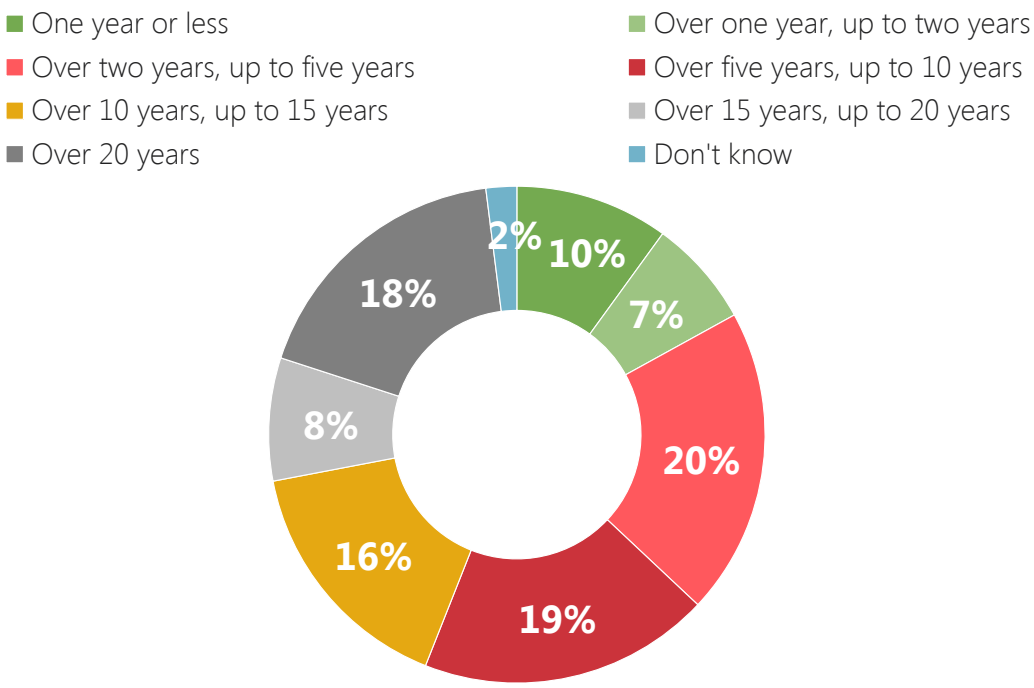
11.3.3 Length of time with current dentist or dental practice

Around four in ten patients have been with their dentist for five years or less (37%).

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



Base: People who go to the dentist (1,125) Source: Ipsos MORI

Older people tend to have been with their current dentist for the longest (25% of aged those 55-64, and 30% of those aged 65 and over have been with their current dentist for more than 20 years compared with 18% overall).

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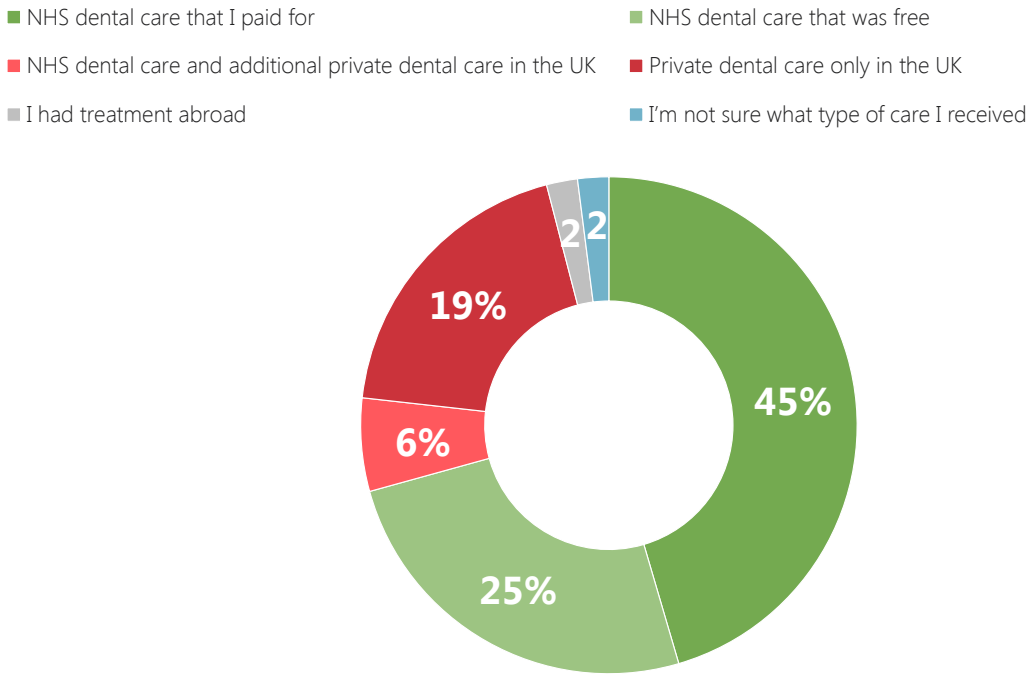
11.3.4 NHS vs. private care

Seven in ten patients having received solely NHS treatment (70%), either paid-for (45%) or free (25%), at their last visit to the dentist.

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 (982) Source: Ipsos MORI

Older people tend to have been with their current dentist for the longest (25% of aged those 55-64, and 30% of those aged 65 and over have been with their current dentist for more than 20 years compared with 18% overall).

Those aged 25-34 are more likely than the public overall to have been with their current dentist for one year or less (16% compared with 10% overall).

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11.4 Profile of qualitative interviews

Participant	Age	Gender	Social grade	Ethnicity	Region	Last visit to dentist	NHS or private dental treatment	Interests as a patient put first	Enough information regarding options and costs	Received a written treatment plan	Clarity of risks and benefits explanation	Complained	Considered complaining	Treated by dental student
1	19	Female	E	Mixed - White and Asian	England	In the last 6 months	NHS dental care that was free	Strongly agree	Tend to agree	Yes	Very clear	No	No	No
2	27	Female	B	White - British	England	In the last 6 months	NHS dental care that was free	Strongly agree	Tend to agree	Yes	Fairly clear	No	No	No
3	34	Female	C1	Asian/Asian British	England	In the last 6 months	NHS dental care that was free	Tend to agree	Tend to agree	No	Fairly clear	No	No	No
4	46	Male	C2	White - British	England	In the last 6 months	NHS dental care that I paid for	Tend to agree	Strongly agree	Yes	Very clear	No	No	No
5	47	Male	C2	White - British	England	In the last 6 months	NHS dental care that I paid for	Tend to agree	Strongly disagree	No	Not at all clear	No	Yes (dentist)	No
6	49	Male	B	White - British	Wales	In the last 6 months	NHS dental care that I paid for	Neither agree nor disagree	Neither agree nor disagree	No	I did not receive an explanation	Yes (dentist)	N/A	No
7	53	Male	C2	White - British	Scotland	In the last 6 months	NHS dental care that was free	Strongly agree	Tend to agree	No	Fairly clear	No	Yes (dentist)	No
8	54	Male	C2	White - British	Scotland	In the last 6 months	NHS dental care that I paid for	Strongly disagree	Strongly disagree	No	Not at all clear	No	No	No
9	55	Female	C1	White - British	Northern Ireland	In the last 6 months	NHS dental care that was free	Strongly agree	Strongly agree	No	Very clear	Yes (dentist)	N/A	Yes
10	79	Male	A	White - British	England	In the last 1-2 years	Private dental care only in the UK	Neither agree nor disagree	Neither agree nor disagree	No	Fairly clear	Yes (dentist)	N/A	No

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11.5 Discussion guide for qualitative interviews

General Dental Council Patient and Public Research 2015
Discussion Guide for Qualitative Interviews

Section title:	Questions:	Objectives:	Time:
Introduction	• Introduce yourself and Ipsos MORI. • Thank participant for taking part. • Explain the interview should last 45 minutes – 1 hour. • 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. • 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. • Explain anonymity: names will not be used when reporting the findings and we will not tell anyone at the General Dental Council who said what. Ipsos MORI works in accordance with MRS guidelines and the Data Protection Act. • 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. • Explain that we would like to offer them a cheque for £30 to thank them for their time and we will collect the details about where to send this to at the end of the interview.	To set the scene, introduce participants to research, reassure about anonymity etc.	2 minutes

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	• Obtain permission to record discussion (we will be using the transcripts in our analysis). • Explain terminology we will use: 'Dental Professionals' refers to the full range of registered professions working in dental care and treatment, including dentists. 'Dental Care Professionals' refers to all registered professions except dentists. Refer to list of dental professions if necessary.		
- Standards			
1.1 Putting patients' interests first	So to start with, could you begin by telling me when the last time you had an appointment with your dental practice was? And how was your experience the last time you went? PROBE: - Why was it good? / Why was it bad? - What, if anything, would you have wanted done differently? You may remember that in the survey we asked about the extent to which you agreed or disagreed that the dental professional put your interests as a patient first. I would like to discuss that question with you in bit more detail to gain a more in-depth understanding of your views. Can you explain to me what you were thinking of when you answered this question? PROBE: - Were you thinking about your overall experience or specific aspects of your experience? - Were you actually thinking of your most recent experience? - Were you thinking about the whole practice team or an individual/a few individuals?	To help ease participants into the interview, and also to explore their satisfaction levels with current dental practice. To explore participants' views on whether their interests were put first and what influenced their answer to this question in the quantitative survey.	7 minutes

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	In the survey, you gave the answer [INCLUDE ANSWER CODE PARTICIPANT GAVE]. Why did you say this? PROBE: - IF STRONGLY AGREE: o What were you thinking about when you said this? - IF TEND TO AGREE, NEITHER AGREE NOR DISAGREE OR DON'T KNOW: o What aspect meant that you did not strongly agree with the statement? - IF TEND TO DISAGREE OR STRONGLY DISAGREE: o What was it about your experience that made you feel your interests were not being put first? o Have you had different experiences with other dental professionals in the past? IF SO, what made the experiences different? ASK ALL Can you describe what you think your interests as a patient are? PROBE: - Best available treatment? - Cheapest/most cost effective treatment? - Minimum amount of pain? - Comfort and reassurance? - Being told about the different options open to you? - Being given enough information to allow you to make a decision? And can you describe what you think the interests of the dental professional are?		

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	PROBE: - Financial? Profits? - Time – e.g. getting patients in and out as quickly as possible? - Easiest treatment? - Doing the best thing for the patient? (i.e. the same interests as the patient's) Do you think there are differences between the interests of patients and those of dental professionals? PROBE: - Why do you say that? - In what way? - Do you think there is a conflict between the interests of patients and those of dental professionals? - What could or should be done about that? How could a dental professional convey that they are putting your needs as a patient first? PROBE: - Is it important for you to know this? - Why? / Why not?	To gain an understanding of how levels of trust could be enhanced.	
1.2 Written treatment plans	Thinking back to the survey again, we asked you about whether or not you received enough information to make an informed decision about your treatment. I think you said that the last time you needed dental treatment beyond a check-up, you [INSERT ANSWER HERE] that you were given enough information by the dental professional about the treatment options and their related costs to make an informed decision about your treatment. Can you explain to me what you were thinking of when you answered this		10 minutes

	question? PROBE: - IF STRONGLY AGREE: o What were you thinking about when you said this? o What information were you given? o In what format were you given it? o When were you given the information? o Is there any other information that would have been useful? - IF TEND TO AGREE, NEITHER AGREE NOR DISAGREE OR DON'T KNOW: o What were you thinking about when you said this? o What information were you given? o In what format were you given it? o When were you given the information? o What information were you not given that you would like to have been given? o How would you have liked to receive it? o What aspect meant that you did not strongly agree with the statement? - IF TEND TO DISAGREE OR STRONGLY DISAGREE: o What were you thinking about when you said this? o What information were you given? o In what format were you given it? o When were you given the information? o What information were you not given that you would like to have been given? o How would you have liked to receive it? ASK ALL If your dentist offers both NHS and private treatments, how clear was it	To explore people's attitudes to making informed decisions about their treatment	

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	whether each option was available on the NHS or privately? Next time you need dental treatment beyond a check-up, what information would you like to know in order to make an informed decision about your treatment? PROBE: - Why is this important to know? What do you think is the best way to convey this information? PROBE: - What format would be best? Leaflets, practice website, posters in the clinic? - What are the advantages of conveying the information this way? [ASK IF THEY REMEMBERED RECEIVING A WRITTEN TREATMENT PLAN] In the survey we asked if you remembered receiving a written treatment plan the last time you received treatment beyond a check-up and we showed you two examples of treatment plans. You said that you did remember receiving one. Please can you tell me what you remember about the plan you received? PROBE: - What information did it show? - How useful was it? - What do you think its purpose was? - Are there other situations you would compare this to? - Was it more like a menu or a bill? A quote or an invoice? - At what stage did you receive it? Before or after making a decision about treatment? - How much did this matter?	To see what information they think is important and how best to convey this To see how people think about written treatment plans.	

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	[ASK IF THEY DID NOT REMEMBER RECEIVING A WRITTEN TREATMENT PLAN] In the survey we asked if you remembered receiving a written treatment plan the last time you received treatment beyond a check-up and we showed you two examples of treatment plans. You said that you did not remember receiving one. How much do you think it mattered that you did not receive one? PROBE: - Why did it / didn't it matter? - [INSERT ORIGINAL SURVEY ANSWER ABOUT WHETHER ENOUGH INFORMATION WAS PROVIDED RE TREATMENT OPTIONS AND COSTS] and query around relationship between this and receiving a written plan. - How did the dental professional provide the information instead? ASK ALL What do you think the purpose of a written treatment plan should be?		
1.3 Clarity of risks and benefits of treatment options	In the survey I think you said that the explanation you received about the risks and benefits of each treatment option was [INSERT PARTICIPANT'S ANSWER]. What were you thinking about when answering this? PROBE: - Can you tell me more about your last visit? - How many options were presented to you? - What risks were outlined to you? - What benefits were outlined to you? [ASK IF THEY ANSWERED 'VERY CLEAR'] What was it about the explanation that made it very clear?	To learn about people's experiences of receiving an explanation of the risks and benefits of different options	5 minutes

	[ASK IF THEY DID NOT ANSWER 'VERY CLEAR'] What would have made things more clear? ASK ALL We've talked about receiving clear information about the different options and their associated risks, benefits and costs. Thinking about the last time you needed treatment beyond a check-up, how involved did you feel in making the decision about which treatment option to go for? PROBE: - Who do you feel made the final decision? - Who do you feel should be making the decision about this? - What makes you say that? - How comfortable were you with your level of involvement in the decision? - How comfortable were you with the decision?	To understand how people think about this interaction, whether they see themselves as a consumer or would rather 'defer to an expert'.	
- Students			
2.1 Important information when treated by a student	You may remember that we also asked about receiving treatment from someone who is training to be a dental professional, and again I'd like to explore your thoughts about this. As part of their training, dental students start to treat patients while being supervised by qualified dental professionals. Would you have any concerns about being treated by a student? PROBE: - What would those concerns be? - Can you tell me why that would be a concern? - What would you want done about that?	To inform the content of the GDC student fitness to practise guidance.	5 minutes

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	- IF NONE, PROBE:
	  o Why is it that you'd be unconcerned?
	- How would you feel about having your hair cut by a trainee hairdresser? How is this the same? How is it different?
	- How would you feel about having surgery carried out by a trainee surgeon? How is this the same? How is it different?
	
	If someone were to be treated by a student, what things would you consider important to be told in advance?
	PROBE:
	- Probe with answer codes:
	  o How dental students are supervised
	  o The student's level of experience
	  o Whether or not the student has performed the procedure before
	  o The standards of care dental students are expected to meet
	  o The standards of behaviour dental students are expected to meet
	  o How to give positive and negative feedback about dental students
	  o How any feedback you give would be used in training for the student
	  o What to do if you are unhappy with the experience you have had when receiving care from a student
	- (For each answer): What would be helpful about knowing this? / What makes you say that this is unimportant?
	- What other things would be important to know?
	
	What do you think would be the best way to convey this information?
	PROBE:
	- What makes you say that?
	- What about a poster on display?
		To gain an understanding of what people would like to know when being treated by a student, and how they would want the information to be provided.	

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	- A verbal explanation immediately before the appointment? - A letter sent to you in advance of the appointment? - A leaflet given to you at the time of the referral for treatment? - Information on a website?		
2.2 Behaviour in personal time	When asked about being treated by a student, some people said that the student's behaviour in their personal time would be important to them. What do you think about this? PROBE: - Would this be important to you? - What makes you say that? - What sorts of things are you thinking about when answering this? - What sorts of behaviours in personal time would you consider unimportant? Why? - What sorts of behaviours in personal time would you consider important? Why? And what about if you were being treated by a qualified dentist, to what extent would their behaviour in their personal time be important to you? PROBE: - Would this be important to you? - What makes you say that? - What sorts of things are you thinking about when answering this? - What sorts of behaviours in personal time would you consider unimportant? Why? - What sorts of behaviours in personal time would you consider important? Why? Would you have different expectations of a qualified dentist compared with a student in terms of their behaviour in their personal time? PROBE: - Why? Why not?	To find out whether people are genuinely unconcerned about students' behaviour in their personal time, and to gauge whether or not expectations are different for students, dentists and dental nurses and why.	10 minutes

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	Now thinking about a qualified dental nurse, would you have different expectations of their behaviour in their personal time, compared with a dentist? PROBE: - Why? Why not? Now, thinking again about dental students again, to what extent would their use of social media be important to you? PROBE: - For example if a dental student posted a patient's x-ray online (e.g. on Facebook or on a forum)? What would you think about that? - Or if they posted comments criticising their colleagues? Would your expectations about social media use be different for a qualified dentist as opposed to a student? PROBE: - Why? Why not? And thinking about a qualified dental nurse, would your expectations be about social media use be different compared with a dentist? PROBE: - Why? Why not? Thinking about dental students again, what about if they were engaged in some undesirable behaviours in their personal time, how much would that matter to you? PROBE: - Parking in a disabled parking space when they do not have a		

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	disability - Being filmed being rude to staff on public transport - Theft - Financial fraud - Possession of illegal substances? Using? Dealing? - Child abuse - Aggressive or violent behaviour Again, how if at all, would your expectations be different for a qualified dentist compared with a student if they were engaged in some undesirable behaviours in their personal time? PROBE: - Why? Why not? And thinking about a qualified dental nurse, would your expectations about them engaging in undesirable behaviours in their personal time be different than they would for a dentist? PROBE: - Why? Why not? At which point in their course, do you think a student should start acting in a professional way? PROBE: - From the very beginning, or only when they start interacting with patients, or at the end when they qualify, or is it a learning process throughout?		
- Complaints			
3.1 Making complaints	I'm now going to move on to ask you some questions about making complaints about dental professionals.	To understand what motivates people to complain and what motivates them to complain in the way they do.	10 minutes

	[ASK ALL WHO HAVE NOT MADE OR HAVE NOT CONSIDERED MAKING A COMPLAINT] What sort of things, if any, would you make you lodge a complaint about a dental professional? PROBE: - Why? - Are there any issues that you can think of that you wouldn't complain about? Why? And if you wanted to make a complaint, how would you go about it? PROBE: - Who would you approach? Which organisations and which individuals within those organisations? - Would you know who to approach? What would you expect to happen as a result of your complaint? PROBE: - Who would you expect to deal with it? - What sort of action would you expect them to take? If you were not satisfied with the outcome, what, if anything, would you do next? PROBE: - Would you know who to contact? IF YES: Who? - Would you escalate the complaint? IF YES: To who/which organisation? Is there anything your dental practice could do to prevent you from escalating the complaint? - Would you consider seeking legal advice? IF YES: At what point and why?		

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	How comfortable would you feel making a complaint about your dental treatment or care at your dental practice itself? PROBE: - Why do you say that? - What, if anything, would make you feel more comfortable? At some dental practices, it is possible to leave positive and negative feedback at the practice itself, for example via feedback forms. Would you consider using this in place of making a formal complaint? PROBE: - Why? Why not? - What issues would you consider to be appropriate to feed back about in this way? - Are there any issues that you feel wouldn't be appropriate to feed back about in this way? [ASK ALL WHO HAVE CONSIDERED MAKING A COMPLAINT] In the survey you said that you had considered making a complaint against a dental professional in the past. Would you mind telling me why you did not ending up making a complaint? PROBE: - How serious did you feel the issue was that you considered complaining about? - Did you know how to go about making a complaint? - Did you feel comfortable making a complaint? And if you wanted to make a complaint, how would you go about it?		

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	PROBE: - Who would you approach? Which organisations and which individuals within those organisations? - Would you know who to approach? What would you expect to happen as a result of your complaint? PROBE: - Who would you expect to deal with it? - What sort of action would you expect them to take? If you were not satisfied with the outcome, what, if anything, would you do next? PROBE: - Would you know who to contact? IF YES: Who? - Would you escalate the complaint? IF YES: To who/which organisation? Is there anything your dental practice could do to prevent you from escalating the complaint? - Would you consider seeking legal advice? IF YES: At what point and why? How comfortable would you feel making a complaint about your dental treatment or care at your dental practice itself? PROBE: - Why do you say that? - What, if anything, would make you feel more comfortable? At some dental practices, it is possible to leave positive and negative feedback at the practice itself, for example via feedback forms. Would you consider using this in place of making a formal complaint? PROBE: - Why? Why not?		

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	- What issues would you consider to be appropriate to feed back about in this way? - Are there any issues that you feel wouldn't be appropriate to feed back about in this way? [ASK ALL WHO HAVE MADE A COMPLAINT] In the survey you said that you have made a complaint against a dental professional in the past. Could you talk me through the process? How did you go about making your complaint? PROBE: - Who did you approach? Which organisations and which individuals within those organisations? - Did you know who to approach initially? What did you expect to happen as a result of your complaint? PROBE: - Who did you expect to deal with it? - What sort of action would did you expect them to take? And how did the outcome fit with your expectations? PROBE: - How satisfied were you with the outcome? Why / why not? [ASK ALL WHO HAVE MADE A COMPLAINT AND ARE SATISFIED WITH OUTCOME] If you had not been satisfied with the outcome, what, if anything, would you have done next?		

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	PROBE: - Would you have known who to contact? IF YES: Who? - Would you have escalated the complaint? IF YES: To who/which organisation? Is there anything your dental practice could have done to prevent you from escalating the complaint? - Would you have considered seeking legal advice? IF YES: At what point and why? [ASK ALL WHO HAVE MADE A COMPLAINT AND ARE NOT SATISFIED WITH OUTCOME] What did you do next? PROBE: - Did you know who to contact? IF YES: Who? - Did you escalate the complaint? IF YES: To who/which organisation? Is there anything your dental practice could have done to prevent you from escalating the complaint? - Did you consider seeking legal advice? IF YES: At what point and why? [ASK ALL WHO HAVE MADE A COMPLAINT AND DID SO AT THEIR DENTAL PRACTICE] How comfortable did you feel making a complaint about your dental treatment or care at your dental practice itself? PROBE: - Why do you say that? - What, if anything, would make you feel more comfortable? [ASK ALL WHO HAVE MADE A COMPLAINT AND DID NOT DO SO AT THEIR DENTAL PRACTICE]		

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	How comfortable would you feel making a complaint about your dental treatment or care at your dental practice itself? PROBE: - Why do you say that? - What, if anything, would make you feel more comfortable? [ASK ALL WHO HAVE MADE A COMPLAINT] At some dental practices, it is possible to leave positive and negative feedback at the practice itself, for example via feedback forms. Would you consider using this in place of making a formal complaint? PROBE: - Why? Why not? - What issues would you consider to be appropriate to feed back about in this way? - Are there any issues that you feel wouldn't be appropriate to feed back about in this way?		
Conclusion	I would like to finish by asking you a quick summary question… 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? Is there anything else, you would like to say that we haven't had a chance to cover today? As I mentioned earlier, to thank you for your time, we would like to offer you a cheque for £30. Please could you tell me who you would like the	To wrap up the discussion.	2 minutes

	cheque to be made out to? WRITE DOWN NAME AND CONFIRM. And what address should we post it to? WRITE DOWN ADDRESS AND CONFIRM. THANK AND CLOSE.		

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