

GDC Public Research 2020

Main report

December 2020

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

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

About this report

This report contains the findings from research carried out by Ipsos MORI on behalf of the General Dental Council (GDC), including a quantitative survey of the general public, ten in-depth interviews and an online deliberative ¹ workshop.

The structure of the report mirrors the topics covered in the research. The report comprises findings from the quantitative analysis, together with material and verbatim quotes from the qualitative research where they add insight and extra depth ². The final section draws together the main themes into key learning for the GDC to consider.

Topline findings from the survey and copies of the discussion guide used in the qualitative discussion groups can be found in the separate technical appendix alongside this report. Full data tables will also be published and made available on the GDC's website.

Acknowledgements and publication of the data

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

As the GDC has engaged Ipsos MORI to undertake an objective programme of research, it is important to protect the organisation's interests by ensuring that it is accurately reflected in any press release or publication of the findings.

The report has been approved for publication by both Ipsos MORI and the GDC.

Executive summary

01

Executive summary

Introduction

This report contains the findings from research carried out by Ipsos MORI on behalf of the GDC, including a quantitative survey of the general public, ten in-depth interviews and an online deliberative³ workshop.

The objectives of the research were: to capture and compare public awareness and perceptions of the GDC, its performance and impact in fulfilling its regulatory roles and responsibilities; to obtain public 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; to identify emerging policy issues that are relevant to the GDC; and to track how opinions have changed against a set of baseline questions that were asked in the previous annual surveys.

Overall, 1674 adults aged 15 or over from across the UK took part in the survey⁴, which was conducted between 24 January and 5 February 2020⁵. Therefore the quantitative fieldwork took place before the COVID-19 lockdown in the UK in 2020. The project was paused for a period of several months during the height of the pandemic, and the qualitative interviews and workshop took place over the phone and online in September 2020.

All differences mentioned for the survey are statistically significant, unless specified otherwise. It should be remembered that a sample and not the entire population of adults aged 15 and over living in the UK has been interviewed. Consequently, all results are subject to margins of error, with full details of which can be found in the technical appendix, provided in a separate document to this report.

Those who took part in the qualitative work are referred to as participants throughout this report.

Attitudes and perceptions of dental care

- **Satisfaction.** In line with previous years of the survey, patients remained satisfied with their own experiences of dental care, with 96% saying they were fairly or very satisfied this year. White patients were more likely than patients from ethnic minority backgrounds to say that they were satisfied (97% compared with 91%).
- Participants in the workshop said that they were satisfied with their dental care. However, when asked for their initial reactions on hearing the words ‘dental care’ and ‘dentist’, responses revealed a sense of trepidation and worry, with words such as ‘pain’ and ‘fear’ being commonplace.

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

⁴ Percentages for the survey responses in this summary are based on all participants unless specified otherwise.

⁵ Two additional questions, also included in this report, were asked on a separate survey for which 1580 adults aged 15 or over took part between 21 February and 12 March 2020.

Executive summary (continued)

Attitudes and perceptions of dental care (continued)

- **Confidence.** Those taking part in the survey were asked about their levels of confidence in the last dental professional they saw and in the delivery of dental care overall.
- Overall, 96% of patients said that they were confident in the last professional they saw. There were variations in confidence by ethnicity and social grade. For example, White patients were more likely than patients from ethnic minority backgrounds to say that they had confidence in the last professional that they saw (96% compared with 92%).
- While still high, public confidence in the delivery of dental care overall had decreased since 2018 from 83% to 79% in 2020.
- Findings from the workshop indicated that levels of confidence were shaped by perceptions of a dental professional's knowledge and expertise. Skills such as bedside manner and the cleanliness of the dental practice were important, but were more linked to overall levels of satisfaction. However, the findings suggested that the factors were not discrete from one another, with wider factors - such as politeness - becoming proxy indicators of knowledge and expertise.
- **Trust.** The public trusted dental professionals, and were most trusting of the dental professionals they were most likely to have heard of. Dentists were the most trusted, with over half of the public (54%) saying they were very trustworthy; just 2% had not heard of dentists. In the 2019 Ipsos MORI veracity index⁶, dentists were in the top three trusted professions asked about, with 90% saying they would trust dentists to tell the truth. Across other types of dental professionals asked about in the GDC Public Research, responses ranged from 30% to 41% of the public rating them as very trustworthy.
- **COVID-19.** Participants in the workshop discussed satisfaction and confidence in dental care in light of the COVID-19 pandemic. They first discussed experiences during the national lockdown and communications, before discussing the specific measures in places in light of the ongoing pandemic.
- There were mixed experiences of communication during the pandemic, with participants wanting greater consistency in information about what dental services were available and how to access them. They were however, broadly supportive about measures put in place in light of the pandemic, with some caveats around the use of virtual appointments in certain circumstances and involvement of 111.

⁶ <https://www.ipsos.com/sites/default/files/ct/news/documents/2019-11/trust-in-professions-veracity-index-2019-slides.pdf>

Executive summary (continued)

Dental and health regulation

- **Confidence in health regulation overall.** In line with 2018, the public continued to be confident in healthcare regulation overall with 80% saying they were fairly or very confident in 2020.
- **Awareness of the GDC and dental regulation.** Awareness of the GDC among the public decreased in 2020, returning to 2014 levels. In 2020, 34% were aware of the GDC, a decrease of nine percentage points from 43% in 2018. While there has been a decrease, the findings on awareness have ranged from 25% to 43% across the years the survey has taken place. The 2020 findings fall within this range, while the 2018 levels of awareness were the highest across all years.
- The workshop offered further insight on levels of awareness. Participants were asked what words and images came to mind when they heard ‘dental regulation’, and initial reactions highlighted that participants did not have a detailed knowledge of roles and responsibilities of the GDC. However, once explained to participants, the functions and role of the GDC broadly matched their expectations.
- **Confidence in the GDC.** In the survey, seven in 10 (71%) said that they were confident in the GDC. There was however a decrease from 21% to 16% among those saying that they were very confident, although this is likely to reflect the decrease in awareness of the GDC.
- **Expectations of dental regulation.** As in 2018, just 7% of the public thought a regulator of dental professionals should focus mainly on taking action against dental professionals that have serious complaints raised against them. Instead, as in 2018, the most common response was that a regulator for dental professionals should focus equally on preventing bad practice and taking action against dental professionals (63% said this).
- Participants in the workshop were asked about what they would expect a regulator of dental professionals to do. Responses often reflected the current role of the GDC or instead sat under the remit of the Care Quality Commission (CQC)⁷, suggesting a lack of clarity about the roles and responsibilities of the GDC and CQC. However, in general participants thought the description of the GDC should explicitly describe protecting patients as the primary function and there was also a general expectation that the GDC should have a preventative role in ensuring safety and improvement in the industry.

⁷ The Care Quality Commission is the independent regulator of health and adult social care in England.

Executive summary (continued)

The use of the term 'doctor' and term 'specialist' by dentists

- **Choosing a dentist.** In the survey, before any information was provided on who can use the title 'doctor', the public were asked how important it is to them when choosing a dentist or practice that a dentist has the title. More than six in 10 of the public (63%) said they did not think it was important that their dentist had the title 'doctor'.
- Workshop participants were asked what choice they would make if they had to choose between a dentist with the title and one without. Choices were mixed but mostly split between those who thought they would not be able to make a choice, and those who said that they would choose the dentist with the title. Where workshop participants said that they would choose a dentist with the title, they assumed the dentist had additional qualifications or was more senior.
- **Understanding.** In the survey, the public were not clear about what qualifications were needed to use the title 'doctor' across the research, with two thirds of the public (66%) saying that a dentist would need additional qualifications to use the title.
- **Awareness.** Once informed as part of the survey, more than two thirds of the public (69%) said they were not previously aware of the different circumstances in which the title could be used.
- **Acceptability.** Half of the public (51%) felt it was unacceptable for a dentist to describe themselves as 'doctor' without a general medical qualification or PhD.
- Workshop participants were surprised that the title could be used by any dentist, and were concerned about being misled. They reflected on the fact they had initially assumed a dentist with the title may be more qualified to carry out specific or serious treatments or cosmetic surgery. Participants said that where patients place this confidence and trust in a dentist with the title doctor, they could feel misled in the choices they make if the title does not always indicate additional expertise. While participants did not say this raised potential harm to patients, the risks associated with patients feeling misled and misinformed about choices include not only reduced trust in dentists overall, but also patients feeling at risk of harm.
- Workshop participants emphasised that they already trusted dentists, so the use of the title was not needed to encourage further confidence and trust. As a result, participants wanted the use of the title to be consistent and three possible options for this were identified: all dentists should call themselves 'doctor'; only those with additional qualifications should call themselves 'doctor'; and the creation of a new title for dentists. The final two of these were preferable for participants.
- **Specialists.** Factors related to knowledge, experience and expertise were more closely associated with someone who is a 'specialist' in the survey. For example, 49% of the public would associate having completed specialist training and 33% would associate years of experience with being a 'specialist'. Nearly half the public (47%) said they would ask a dental or medical professional for a recommendation if they needed to see a 'specialist'.

Executive summary (continued)

Cosmetic treatment

- **Exposure.** When the public were asked in the survey which of four cosmetic treatments they had seen advertised, been offered or received in a dental practice, tooth whitening was the most common cosmetic treatment promoted and received at dental practices (53% had seen this advertised, 9% had been offered this and 7% had received tooth whitening treatment).
- **Confidence in practitioners.** The public were asked about Botox injections for cosmetic purposes and their confidence in a range of practitioners to deliver these. A third (33%) said they would have confidence in a dentist administering Botox injections, which was half the level of trust of plastic surgeons (62% said they would have confidence in plastic surgeon). A quarter (24%) said they would have confidence in another type of dental professional.
- **Responses when something goes wrong.** In the survey, the public were asked what they would do if something went wrong when they were having Botox injections for cosmetic purposes. Half the public were asked this about a dental practice and half about a cosmetic surgery provider, and responses in both scenarios were very similar. The most common response in both circumstances was to complain to the person who administered the injections (38% said this for a cosmetic surgery provider and 36% for a dental surgery). However, those who were asked about receiving Botox at a dental practice were more likely to say they would complain or ask for advice from the GDC (20% compared with 9% who were asked about receiving Botox at a cosmetic surgery provider).

Complaints, feedback and advocacy

- **Making a complaint.** The proportion of patients who had complained about a dental professional remained low, with just 6% having made a complaint. This is in line with findings in 2018, where 7% said that they had made a complaint about a dentist, and is consistent with findings over time.
- **Awareness of the DCS.** The majority of the public (75%) had not heard of the Dental Complaints Service (DCS)⁸. Those who received private dental care at their last appointment were no more likely to be aware.
- **Expectations of the DCS.** The public were asked in the survey about four different scenarios involving dental professionals and what they thought the DCS should do in each. The scenarios included: a dental professional being rude to a patient; a patient's filling falling out; the wrong tooth being removed; and a patient being overcharged. The views from the public about how the DCS should help varied across scenarios, although in three of the four scenarios, the response "I do not think the DCS should do anything" was one of the top five responses (ranging from 11% to 21%). Financial outcomes were more important to patients when a tooth was wrongly removed or patients had been overcharged (46% and 52% said the DCS should assist with financial compensation in each respectively).

⁸ The Dental Complaints Service (DCS) is a free and impartial service funded by the GDC that aims to help dental patients and dental professionals settle complaints about private dental care.

Executive summary (continued)

Complaints, feedback and advocacy (continued)

- **Support and advocacy.** The public were asked whether they had received support from a range of organisations when they had made a complaint of any kind (including those not about dentistry). Citizens Advice Bureau was the most commonly-contacted type of organisation (12% said they had contacted Citizens Advice Bureau about making a complaint).
- Over four fifths of the public (84%) said they would find an advocacy service helpful if something went seriously wrong during their visit to a dental professional.
- **The complaints pathway.** The qualitative interviews explored the different stages of making a complaint about dental care or treatment. This included both participants' experiences of making a complaint and their expectations of a complaints pathway. Various scenarios in which a patient may make a complaint were covered as part of this, including a dental professional being rude to a patient; a patient's filling falling out; the wrong tooth being removed; a patient being over charged; other patients not observing social distancing in the waiting room; and a dental professional briefly removing their PPE during treatment.
- While the severity of an incident was important to participants in deciding whether to make a complaint, the reaction of the dental professional was also important; reactions were seen as symbols of a professional's commitment to their duty of care. Participants said certain factors would often decide if they were to complain, examples given included being rude or appearing not to care about a mistake.
- Participants were, or had been, hesitant to raise a complaint about a dental professional or treatment in general. If they did complain they were mostly happy with the idea of making a complaint at the dental practice first, and wanted to be able to do so in a variety of ways (such as online).
- Participants did not know how to escalate a complaint beyond the dental practice and, while they did not mind being referred to other organisations, they wanted the routes to be clear and multiple referrals would deter them from continuing with the complaint.
- Across all scenarios, participants said they wanted acknowledgement of their complaint, an apology, and an appropriate resolution. Overall, knowing that the practitioner or practice had learned from the incident, and that any mistake will not be repeated with other patients, was important.

Introduction

02

Introduction

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

This research was designed using co-production methods. This involved a workshop with GDC colleagues to discuss key areas and agree topics for the research, and whether the topics were more suitable for exploration in the quantitative or qualitative research. The survey was then cognitively tested⁹ with the public, to ensure the questions were appropriately understood.

Research objectives

The key objectives of the research were as follows:

- To capture and compare public awareness and perceptions of the GDC, its performance and impact in fulfilling its regulatory roles and responsibilities;
- To obtain public 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;
- To identify emerging policy issues that are relevant to the GDC; and
- To track how opinions have changed against a set of baseline questions that were asked in the previous annual surveys in 2018, 2017, 2015, 2014, 2013, 2012 and 2011.

About Ipsos MORI

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

⁹ Cognitive testing is a technique used to test and improve survey questions, which involves administering those questions and asking participants about the thought processes they go through in answering those questions to uncover problems with those questions and to make recommendations for improvements.

An explanation of qualitative and quantitative research

This research project employed both quantitative and qualitative methods, structured over two phases (quantitative and then qualitative). The methodology is explained in greater detail overleaf, along with further information about interpretation of the data.

Quantitative research

The purpose of quantitative research is to gain a representative picture of what any given population thinks about certain issues. This survey was a nationally representative survey of people aged 15 and over, representative of age, gender and working status within region. Therefore, from this survey we can say what the general public population thinks across areas related to dentistry, subject to certain margins of error.

Quantitative surveys will typically involve interviewing a large sample of people to ensure margins of error are not too broad. This larger representative sample allows for detailed analysis - for example, by equality, diversity and inclusion characteristics, such as age and gender.

In quantitative research, each person is interviewed in the same way (in this survey, interviewers spoke to people face-to-face), with the interviewer adhering strictly to a pre-agreed questionnaire.

Qualitative research

Qualitative research, on the other hand, is not meant to be representative of a whole population, but instead purposeful sampling is used to explore nuances in people's opinions and their motivations among audiences of interest. 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, questions or topics.

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

The qualitative research in this work enabled us to explore in more depth some of the nuances, motives and thought processes that may be behind the survey results, as well as around other areas of interest for the GDC.

The survey

Methodology

Quantitative questions were placed on the Ipsos MORI Capibus survey, a weekly face-to-face omnibus survey of a nationally representative sample of people aged 15 and over in Great Britain. To achieve UK-wide coverage for the survey, this was supplemented with an additional standalone survey of people in Northern Ireland, and additional booster interviews were also carried out in Wales to ensure at least 100 interviews there. This meant that sufficient interviews were completed within each of the UK nations to provide more statistically robust results within each nation. An additional boost was also carried out to ensure there were enough responses from those from ethnic minority backgrounds to provide more robust results between groups. These were weighted to the overall population.

The survey was carried out among 1674 adults aged 15 and over in the UK between 24 January and 5 February 2020.

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

An additional two questions were asked on a separate wave of Capibus between 21 February and 12 March. Quotas were set and data weighted to ensure a nationally representative sample of people aged 15 and over in Great Britain. Quotas were based on age, gender and working status within region. A total of 1580 completed these questions and this is labelled as Base 2 in this report. Findings are presented on slide 66.

As noted, Ipsos MORI and the GDC worked together to develop the survey questionnaire, and cognitive testing of the questionnaire was then carried out with members of the public prior to the start of fieldwork. A detailed summary of cognitive testing findings was shared with the GDC and fed into the subsequent finalisation of the questionnaire. In 2020, substantial changes were made to the questionnaire, although key tracking questions were maintained.

The survey (continued)

Interpretation of the data

Where percentages do not sum to 100, this may be due to participants being able to give multiple responses to a question or computer rounding. An asterisk (*) indicates a percentage of less than 0.5% but greater than zero.

For percentages which derive from base sizes of 50-99, survey participants should be regarded as indicative and are flagged as such.

It should be remembered that a sample, and not the entire population of adults aged 15 and over living in the UK, has been interviewed. Consequently, all results are subject to margins of error. All subgroup differences are statistically significant at a 95% confidence interval unless specified otherwise in the text. This means that the chances are 95 in 100 that this result would not vary more than plus or minus a certain number of percentage points (depending on the estimates and sample size) had the whole population been interviewed. Full details on sampling tolerances can be found in the separate technical appendix for this report.

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

Those who took part in the survey are referred to as the public, or as patients where they reported having visited a dental professional.

Interviews and deliberative workshop

Methodology

The qualitative research took place between 14 and 29 September 2020.

10 people, who had taken part in the quantitative survey and expressed a willingness to participate in further qualitative research, took part in in-depth interviews via telephone. Each interview lasted approximately 30 minutes.

Quotas were set for the interviews to ensure those with long-term conditions and people from ethnic minority backgrounds were included. Attitudinal quotas were also set around perceptions of the GDC. A full breakdown of the in-depth interview sample and the discussion guide can be found the separate technical appendix.

An online deliberative workshop was also carried out with participants who had taken part in the quantitative survey and expressed a willingness to participate in further qualitative research. Participants in the workshop were selected to be broadly reflective of the general population in terms of age, gender and social grade. They were also recruited to reflect a range of attitudinal measures expressed in the survey or during recruitment. A full breakdown of the qualitative discussion group sample and the discussion guide can be found in the technical appendix.

The workshop was carried out online and lasted two hours.

Interpretation of the data

Verbatim comments from the qualitative work have been included within this report, with demographic details to provide context on the participant. These should not be interpreted as defining the views of all participants, but have been selected to provide insight into a particular issue or topic.

A full demographic profile of workshop and interview participants can be found in the technical appendices.

It is important to remember that, although the perceptions expressed through the qualitative work may not always be factually accurate, they represent the truth to those who relay them. They are not generalisable to the whole population.

Those who took part in the qualitative work are referred to as participants throughout this report.

Public and patient use of dental professionals

Early questions in the survey sought to establish the characteristics of the sample in relation to their use of dental services. The characteristics for the 2020 sample are shown below, with further details and findings presented in the appendix to this report.

As noted, in 2020, substantial changes were made to the questionnaire including adding, adapting and reordering questions on the characteristics of participants. This means it is not possible to compare the profile to previous years across all questions.



Length of time with current dentist or dental practice: Half of the public (49%) had been with their current practice for at least five years, while one in five (18%) did not have a current dental practice.



Type of dental professional: Those who had a current dental practice were most likely to have received treatment from a dentist in the last 12 months (59%), followed by a dental nurse (46%) and a dental hygienist (37%).



Frequency of visits: Of those who received treatment from any type of dental professional, nearly three-quarters (73%) received dental care or treatment at least once a year, while just over a quarter (27%) received care or treatment from a dental professional less often.



Private vs. NHS care: Use of NHS and private dental care was consistent with 2018: the most common response was receiving NHS treatment that patients paid for (45%). A further 19% received NHS treatment that was free, 10% received a mixture of NHS and private care, and a fifth (21%) had received private care only.

Bases: Length of time with dental practice: All respondents (1674); Type of dental professional: All respondents (1674); Frequency of visits: People who have seen at least one dental professional (1587); Private vs NHS care: People who go to their dental practice at least once every two years (in 2020: 1332) (in 2018: 1272)

Source: Ipsos MORI

Attitudes and perceptions of dental care

03

Introduction and summary

This section covers public perceptions of dental care, both overall and based on the individual's own experiences. In doing so it covers findings on levels of satisfaction, confidence and trust in dental care and dental professionals.

Summary

- **Satisfaction.** In line with previous years of the survey, patients remained satisfied with their own experiences of dental care, with 96% saying they were fairly or very satisfied this year. White patients were more likely than patients from ethnic minority backgrounds to say that they were satisfied (97% compared with 91%).
- Participants in the workshop said that they were satisfied with their dental care. However, when asked for their initial reactions on hearing the words 'dental care' and 'dentist', responses revealed a sense of trepidation and worry, with words such as 'pain' and 'fear' being commonplace.
- **Confidence.** Those taking part in the survey were asked about their levels of confidence in the last dental professional they saw and in the delivery of dental care overall.
- Overall, 96% of patients said that they were confident in the last dental professional they saw. Again, there were variations in confidence by ethnicity and social grade. For example, White patients were more likely than patients from ethnic minority backgrounds to say that they had confidence in the last dental professional that they saw (96% compared with 92%).
- While still high overall, public confidence in the delivery of dental care overall had decreased since 2018 from 83% to 79% in 2020.
- Findings from the workshop indicated that levels of confidence were shaped by perceptions of a dental professional's knowledge and expertise. Skills such as bedside manner and the cleanliness of the dental practice were important, but were more linked to overall levels of satisfaction. However, the findings suggested that the factors were not discrete from one another, with wider factors - such as politeness - becoming proxy indicators of knowledge and expertise.

(Continued overleaf)

Introduction and summary (continued)

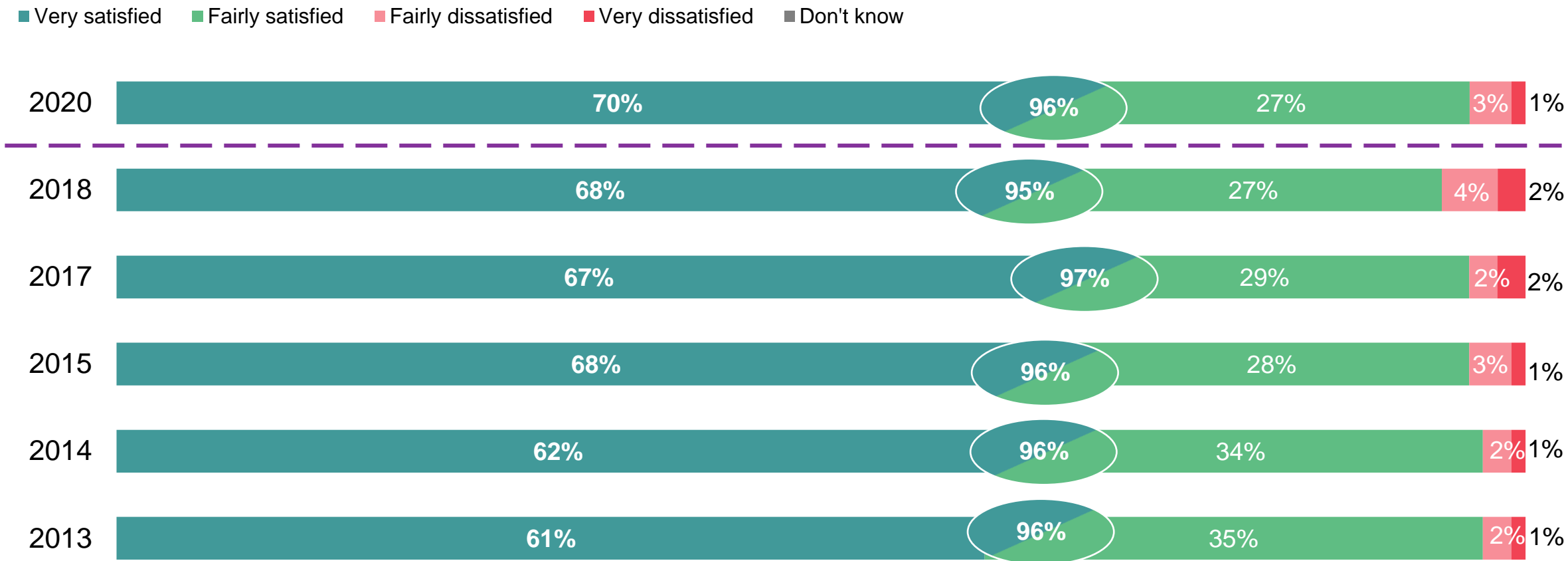
Summary

- **Trust.** The public trusted dental professionals, and were most trusting of the dental professionals they were most likely to have heard of. Dentists were the most trusted, with over half of the public (54%) saying they were very trustworthy; just 2% had not heard of dentists. In the 2019 Ipsos MORI veracity index, dentists were in the top three trusted professions asked about, with 90% saying they would trust dentists to tell the truth. Across other types of dental professionals asked about in the GDC Public Research, responses ranged from 30% to 41% of the public rating them as very trustworthy.
- **COVID-19.** Participants in the workshop discussed satisfaction and confidence in dental care in light of the COVID-19 pandemic. They first discussed experiences during the national lockdown and communications, before discussing the specific measures in places in light of the ongoing pandemic.
- There were mixed experiences of communication during the pandemic, with participants wanting greater consistency in information about what dental services were available and how to access them. They were however, broadly supportive about measures put in place in light of the pandemic, with some caveats around the use of virtual appointments in certain circumstances and involvement of 111.

Satisfaction with dental care

In line with 2018, **patient satisfaction with dental care and treatment remained high** with 96% of patients saying they were either fairly or very satisfied. The proportion saying 'very satisfied' increased between 2014 to 2015 from 62% to 68%, and those higher levels of satisfaction have been sustained since, with 70% saying they were very satisfied in 2020.

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



Base: People who go to their dental practice at least once a year: 2020 (1162); People who see a dentist at least once a year: 2018 (1153); 2017 (898); 2015 (898); 2014 (1129); 2013 (1063)
Source: Ipsos MORI
Prior to 2020, this was asked of people who had seen a dentist at least once a year.

Ipsos MORI Ipsos

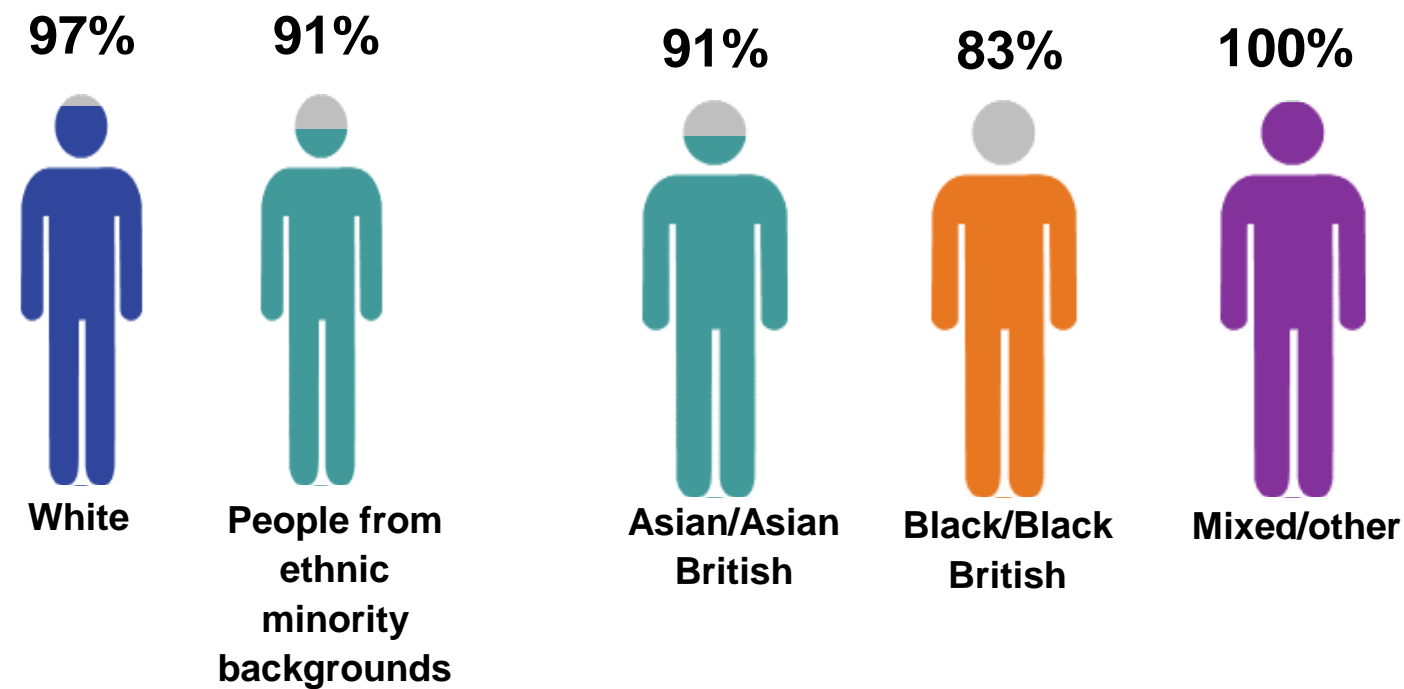
Satisfaction: differences by audience

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

Satisfaction with dental care and treatment varied by ethnicity, with White patients being more likely than patients from ethnic minority backgrounds to say that they were satisfied (97% compared with 91%).

While smaller base sizes limited the potential for significance testing, the findings ranged from 83% of Black/Black British patients to 91% of Asian/Asian British patients and 100% of mixed/other patients.

Those who were also more confident in dental regulation were more likely to say they were satisfied with their dental care and treatment: 98% of those who were confident in dental regulation said this compared with 86% who were not confident.

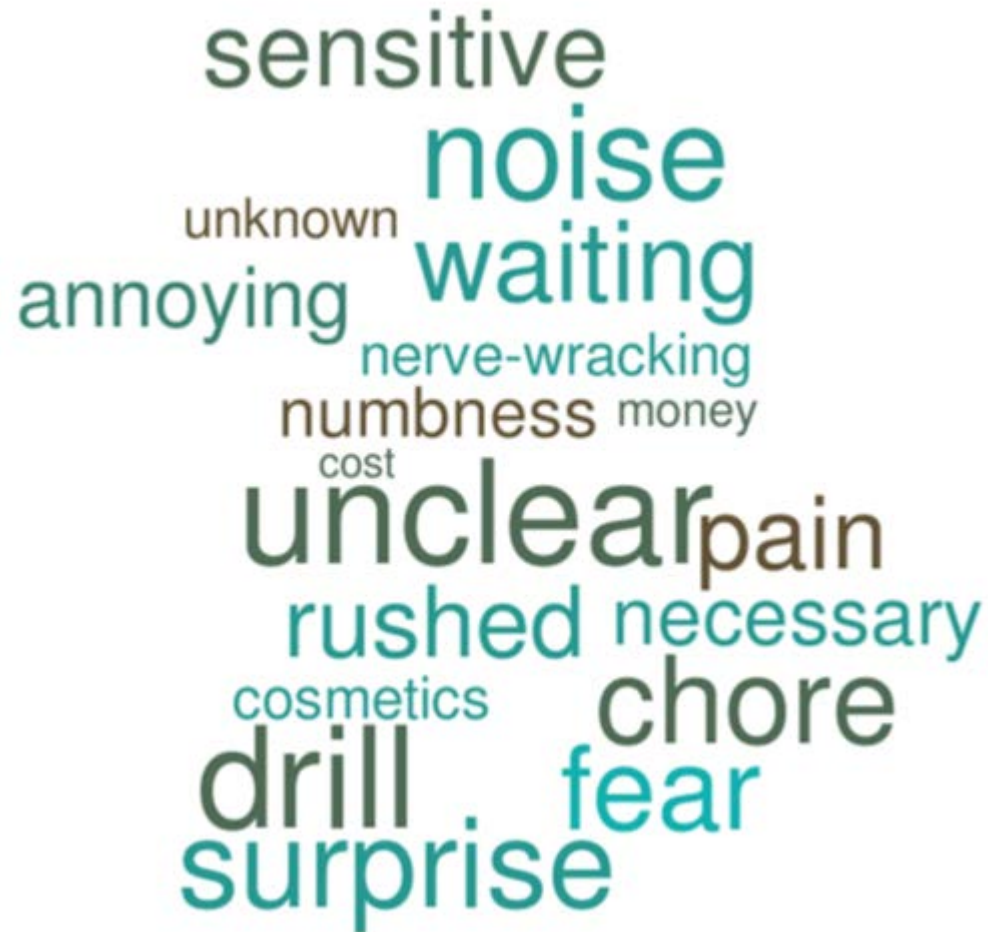


Base: People who go to their dental practice at least once a year: 2020 (Ethnicity: White (1030) Asian/Asian British (69*) Black/Black British (34*) Mixed/other (26**) people from ethnic minority backgrounds (129)

Source: Ipsos MORI

* Small base – findings should be regarded as indicative ** very small base – findings should be regarded as indicative and are ineligible for significance testing

Reactions and views on dental care in the workshop



At the start of the qualitative workshop, participants were asked what words and images come to mind when thinking about dental care.

Participants' initial reactions revealed their concerns and trepidation around receiving dental treatment, with words such as 'pain', 'nerve-wracking' and 'fear' being commonplace.

This resonates with the 2018 research. The findings in 2018 revealed the vulnerability participants felt when visiting the dentist, which was a theme across the qualitative work.

Participants also associated expense and cost with dental care and treatment. Participants gave examples of visiting the dentist and finding out that they needed extra treatment, so having to pay more than they had anticipated. However, across the workshop they also raised questions around whether dental professionals sometimes prioritise profit over what would be best for the patient, or pass costs on to patients that they did not need to. For example, this was raised when participants moved on to discuss COVID-19 and a perceived cost increase due to the personal protective equipment (PPE) measures put in place in light of the pandemic. This is covered more on slide 30.

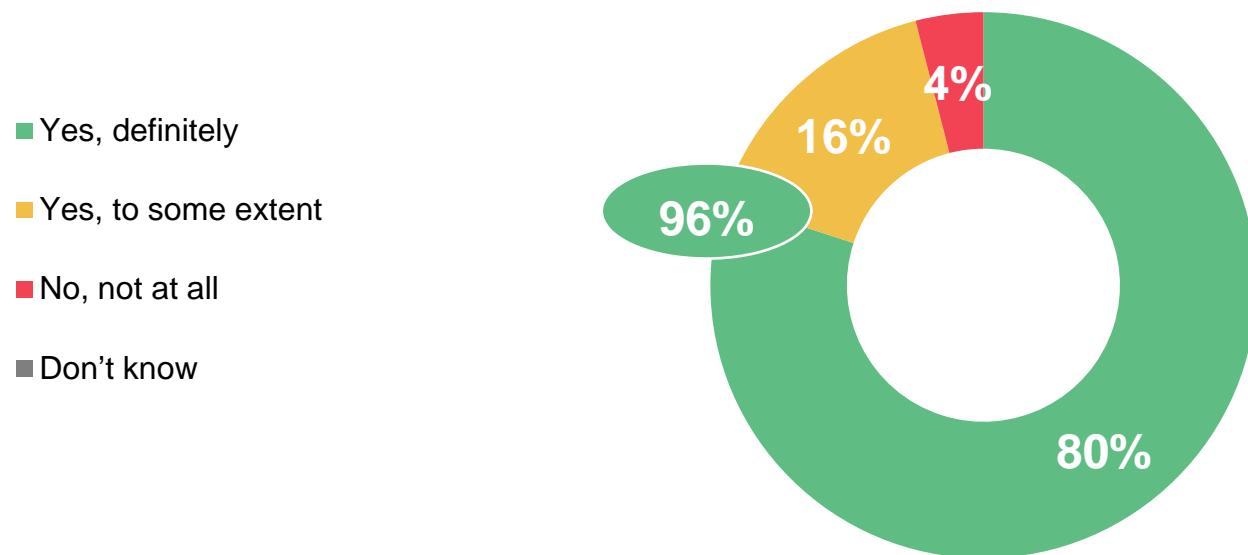
Participants also described dental care as being both an inconvenience and a necessity.

Despite some initial negative associations with dental care, participants went on to say that they were satisfied with their current dental care and dentist, reflecting views outlined in the survey. This gap in perceptions highlights the distinction between the vulnerability patients feel on visiting the dentist, leading them to be fearful at times, and their wider expectations of what 'good' dental care looks like.

Confidence in dental professionals

Among those who have visited dental professionals, 96% said that they had confidence in the last dental professional they saw, with 80% saying they definitely had confidence and 16% saying they did to some extent. Confidence was higher among those who have visited the dentist in the last 12 months compared with those who visit less often (98% and 92% respectively).

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



There were also variations in levels of confidence across demographic groups:

- Those from social grades¹⁰ AB and C1 were more likely than those from social grades C2 and DE to have had confidence in the last dental professional that they saw (98% and 97% respectively, compared with 93% among C2 patients and 92% among DE patients).
- White patients were more likely than patients from ethnic minority backgrounds to say that they had confidence in the last dental professional that they saw (96% compared with 92%).

Base: People who have seen at least one dental professional: 2020 (1587)

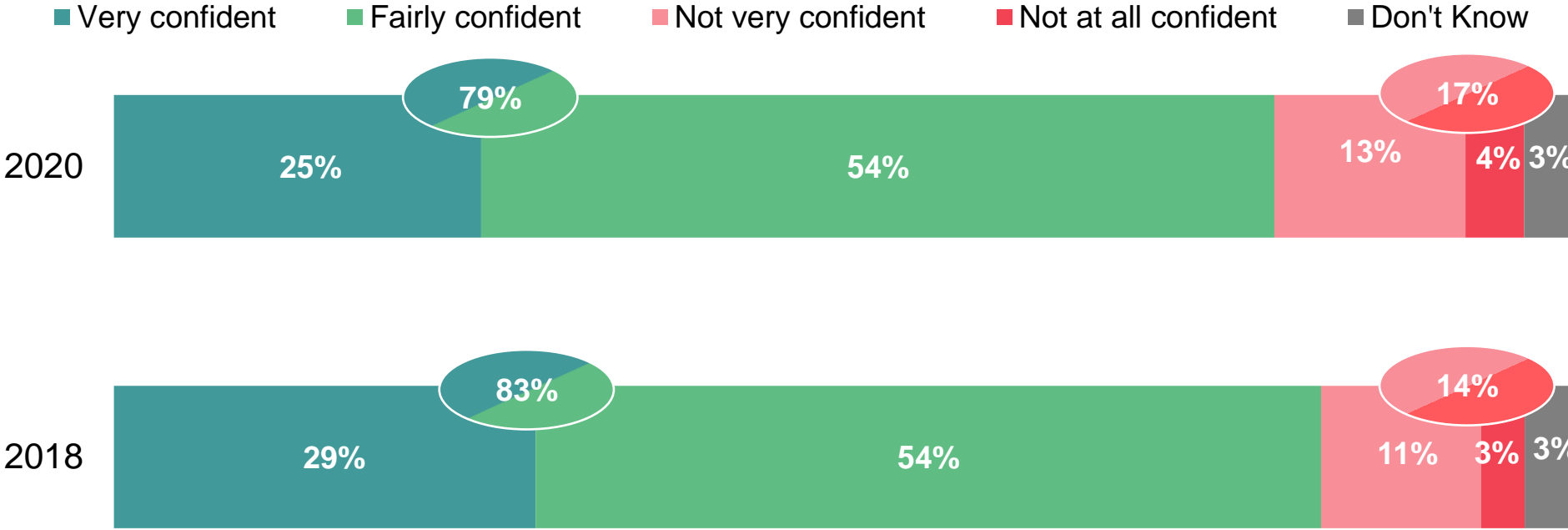
Source: Ipsos MORI

¹⁰ An explanation of the social grade classification system is included in the technical appendix.

Confidence in the way dental care is delivered

Four in five of the public (79%) said that they were confident in the way dental care is delivered in the UK and a quarter (25%) said they were very confident. This is a slight decrease from 2018 when 83% said that they were confident and 29% said very confident.

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

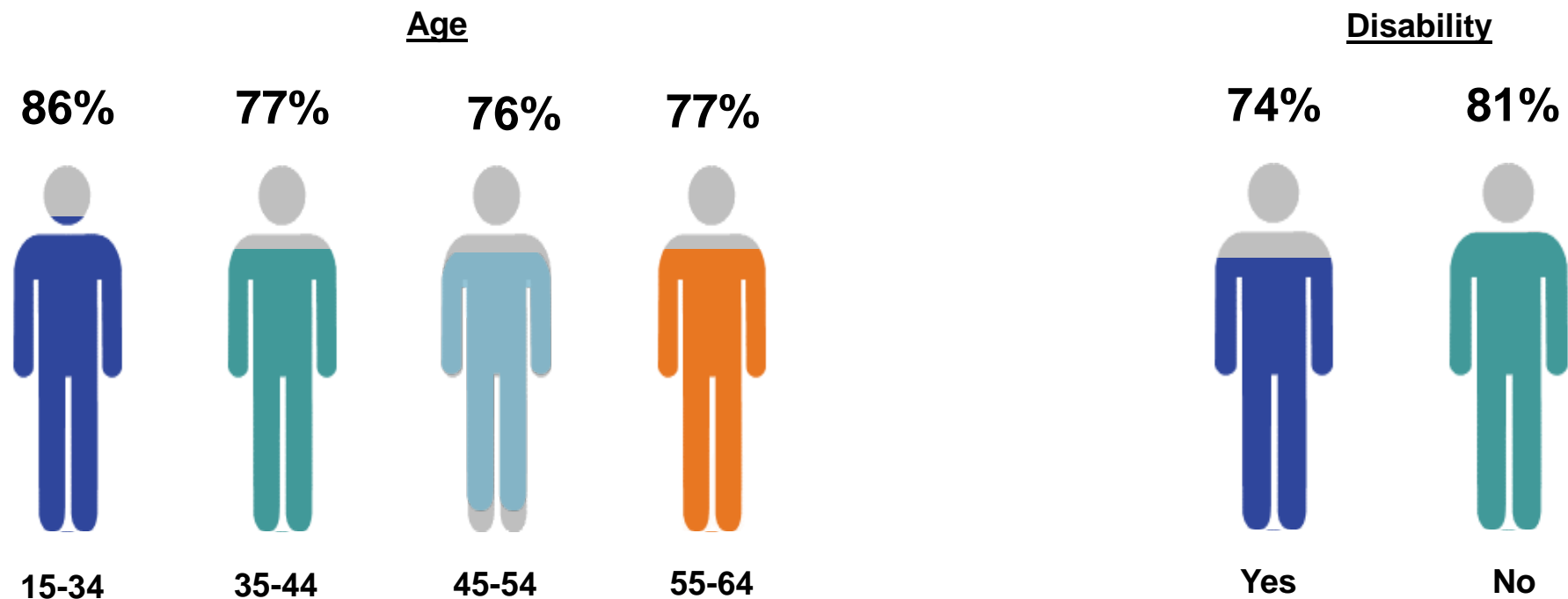


Base: All respondents: 2020 (1674) 2018 (1589)
Source: Ipsos MORI

Confidence in the way dental care is delivered: differences by audience

Public confidence in dental care overall varied by age, with those aged 15 to 34 having greater confidence than several older age groups: 86% of those aged 15 to 34 said they had confidence compared with between 76% and 77% of those aged between 35 and 64. Those living with a disability were less confident in dental care overall than those who were not (74% and 81% respectively).

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



Base: All respondents: 2020 (Age: 15-34 (433) 35-54 (462) 55+ (779); Disability / Long-term condition: Yes (204) No (1425))
Source: Ipsos MORI

Factors that shaped confidence and satisfaction

Patient confidence and satisfaction in dental care and dental professionals were also explored in the qualitative workshop. Participants were first asked to think about visiting and receiving treatment from dental professionals before the COVID-19 pandemic, and then during the pandemic.

Overall, participants said that the knowledge and expertise of a dental professional were most important to their levels of confidence and satisfaction. This reflected findings from the 2018 research which explored professionalism: across both the qualitative and quantitative work, knowledge and expertise were the features most associated with being a professional, including for professionals working in healthcare and dentistry.

In the 2020 workshop, participants gave examples of where they had reason to question the knowledge and expertise of a dental professional. For example, one participant described going to a dentist who had not been able to find a loose filling and needed to be told where to look by the dental nurse. This made the participant question the competency of the dentist and ultimately made them feel less confident and satisfied in their dental care and treatment. They had moved to be treated by a different dentist as a result.

“I found it very disturbing that the guy who’s holding a drill to my neck couldn’t see where the filling was missing”

Workshop participant, aged 55+

Factors that shaped confidence and satisfaction (continued)

Participants were asked about two different scenarios: one where a dental professional removes the wrong tooth and one where a dental professional has been caught drink driving. Discussions revealed that removing the wrong tooth was associated with a potential lack of competency and expertise, making participants less confident in that dental professional, to the extent that they may choose a new dentist. In contrast, being caught drink driving was generally seen as a personal matter that, while negative, was not seen as a sign of reduced professional competency. Again, this aligns with the findings in the 2018 research.

However, while knowledge and competency were perceived as the most important factors, participants also discussed other factors that shaped their confidence and satisfaction. This included communication, respect, bedside manner, and putting patients' needs before profit.

Participants highlighted a perceived cultural change in dentistry over time, towards improved communication skills and bedside manner, which in turn had underpinned their improved sense of satisfaction in dental care. Negative experiences as children or younger adults had created negative associations with older dentists, while younger dentists were seen as 'friendlier'.

"They're a lot more gentle and considerate, I find, than they used to be. They're very pain-aware and try to avoid anything that causes discomfort, which I appreciate"

Workshop participant, aged 55+

Factors that shaped confidence and satisfaction (continued)

While satisfaction and confidence were often spoken about interchangeably in the workshop, the findings suggest that there was a subtle difference. Being confident in the dental professional was more closely linked to their knowledge and skills, while satisfaction levels were more shaped by wider aspects of the experience, such as feeling comfortable and respected. Participants said that they may visit a dentist who did not have good communication skills or bedside manner – measures of satisfaction – as long as they were confident in their competency.

However, discussions revealed that this distinction was not always clear cut. At times, participants used factors, such as bedside manner or the cleanliness of the surgery, as indicators of knowledge and expertise. This again reflected findings from the 2018 work and is also covered in more detail in Section 5 around the use of the title 'doctor' and patient decision making.

This complexity was further highlighted by participants when discussing the importance of having any costs associated with dental treatment clearly explained to them. For example, one participant described receiving an optional cleaning without knowing they would be charged for it later. Research recently carried out by the GDC¹¹ also highlighted the importance of good communication for the patient experience. Patients in this GDC study expected to feel like their opinions matter, to be made aware of risks and provided with clear explanations. In the 2020 GDC Public Research, not having costs clearly explained to them led participants to question if that dentist was putting patient care before profit, and therefore if they could trust them to be making best use of their knowledge and expertise.

Therefore, the relationship between all the different factors was complex, and ensuring satisfaction and confidence both in dental care and dental professionals is subsequently about more than simply reassuring and informing them of a dental professional's knowledge and expertise.

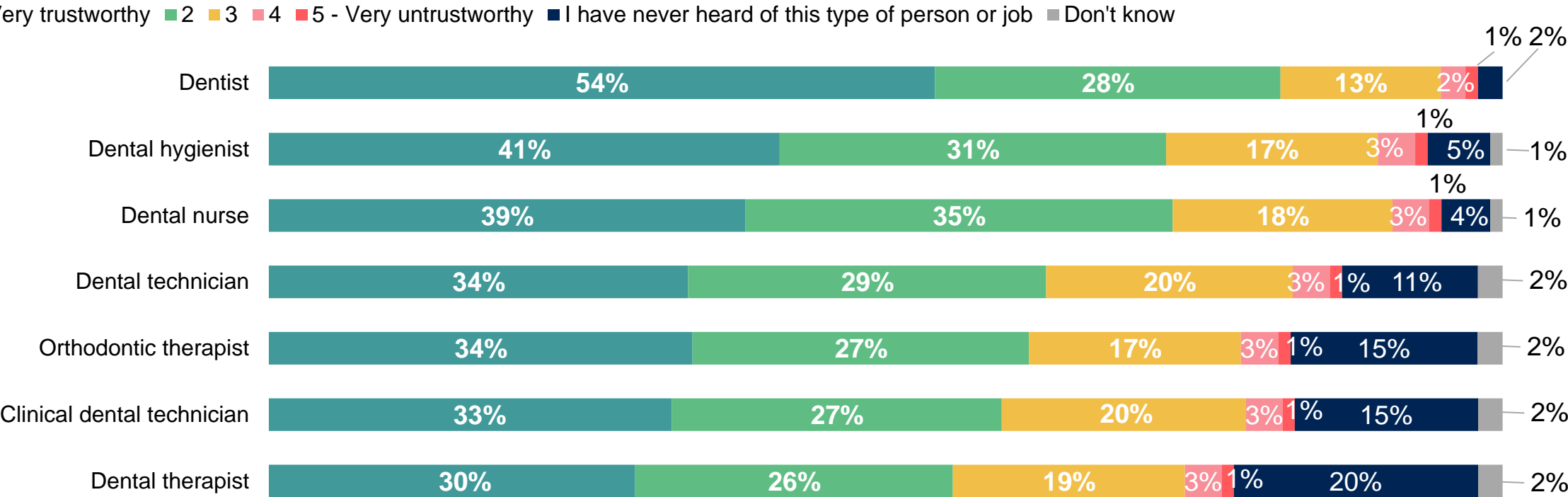
¹¹ *Professionalism: a mixed methods research study*, can be found on the GDC website at <https://www.gdc-uk.org/information-standards-guidance/standards-and-guidance/promoting-professionalism>

Trust in dental professionals

Across the seven types of dental professional asked about, the public were most trusting of dentists, with over half (54%) saying that dentists were very trustworthy. In the 2019 Ipsos MORI veracity index, dentists were in the top three trusted professions asked about, with 90% saying they would trust dentists to tell the truth.

In the GDC Public Research, those dental professionals who were least trusted, were also those that the public were less aware of. For example, 30% said dental therapists were very trustworthy, but a further 20% said that they had never heard of dental therapists. Just 2% said they had not heard of dentists.

Please look at this list of different types of dental professional. In general, do you think each is trustworthy or untrustworthy?



Base: All respondents: 2020 (1674)
Source: Ipsos MORI

Urgent care and communications during COVID-19

Participants in the workshop discussed satisfaction and confidence in dental care in light of the COVID-19 pandemic. They first discussed experiences during the national lockdown and communications, before discussing the specific measures in place in light of the ongoing pandemic.

While none of the workshop participants had had an urgent appointment, one participant had tried to access urgent care at the beginning of lockdown. This had involved a two month process of contacting 111 multiple times, and speaking to several dentists over the phone.

Participants overall were not completely clear on what constitutes urgent care in dentistry, and therefore what circumstances meant they could access care during a period of lockdown. When probed around how they would establish if their own dental care was urgent, participants based this on their assessment of the level of pain they were in.

There were also mixed experiences of communications from dental practices about accessing appointments and about the measures in place. Among those with positive experiences, communications from the practice had reassured them what to do or what was happening, both during lockdown and beyond.

Those who had not received communications from their dental practice had wanted communication and information on whether dentists were open. Some participants said they had assumed their pre-booked appointments were cancelled, but had not received confirmation either way, while others were unsure if practices were taking new patients over the pandemic and questioned what this meant for pregnant women or new mothers. They felt that media coverage on whether GPs or schools were open had reassured them, but the lack of media coverage about dentists combined with a lack of communications from their practice created greater uncertainty.

Overall, participants wanted messaging and information to be more consistent. While it is not within the GDC's remit, participants questioned whether a regulator of dental professionals could have a role in ensuring this consistency and clarity, including around safety measures in place. Views on the specific measures put in place in dentistry, in light of the pandemic, are covered overleaf.

"I haven't heard from my dental practice at all since the pandemic started – I feel like they've abandoned patients. I don't know if they're open. I'd like to book in and visit the dentist for a normal check-up, but because they haven't contacted me, it makes me feel like they don't care – like I'm not a priority."

Workshop participant, aged 18-34

Measures in place as a result of COVID-19

Participants were provided with information on measures and changes in place in light of COVID-19, including:

- Remote consultations becoming a normal first step to assess who needs a face-to-face appointment. This means having a phone or video call with someone to decide if a face-to-face appointment is required.
- The public being asked to call 111, or their dentist, for assessment and referral, rather than visiting a surgery – including if their condition is urgent.
- Patients who are shielding or COVID-19-positive being treated differently. Where sites are large enough, patients being kept separate and COVID-19-positive patients being seen quickly with PPE. Social distancing being observed in waiting rooms and across treatment bays wherever possible.
- Changes for dental professionals, particularly in the NHS. Not only do they need to wear more PPE, but they have also done extra training and taking refresher courses so that they can move to different roles they might be needed in. This sometimes means working on different sites with new teams.

PPE and social distancing measures. Workshop participants were particularly supportive of the PPE and social distancing measures and said that they would feel confident going to the dentist during the pandemic with these measures in place. While very positive overall, there were questions raised around the cost of additional PPE and if this was being passed on to patients, with some participants providing examples of where this had happened to them. While this is possible for private treatments, it is not the case for NHS treatment. However, this distinction was not clear to participants and as some patients have a mixture of NHS and private treatment (10% in the survey) this leaves scope for confusion.

Triaging and remote consultations. There was also wide support for the premise of triaging and delaying physical contact, particularly through virtual appointments. Many said that through their experiences over lockdown they had become used to using virtual platforms (although participants were recruited on the basis of being able to join the online workshop and so views may differ among those less confident). There were some questions raised about both the ability to show a dental professional the inside of your mouth in general as part of a virtual appointment, and the effectiveness of virtual appointments in cases where patients struggled to speak. However, a virtual platform with video facilities was seen as preferable to the phone in these cases.

Use of 111. There was a perceived lack of expertise by those working for 111 and making the assessments, and an assumption among participants that there would be longer waiting times. Participants also thought patients would have difficulty speaking to 111 if they were in pain. They were also reluctant to use the time of 111 where they thought operators should be focused on those with COVID-19 symptoms or other serious illnesses.

Dental and health regulation

04

Introduction and summary

This section explores perceptions of dental and health regulation, including levels of confidence and views on where the focus of a regulator of dental professionals should lie. Expectations of what a regulator of dental professionals should do are also outlined.

Summary

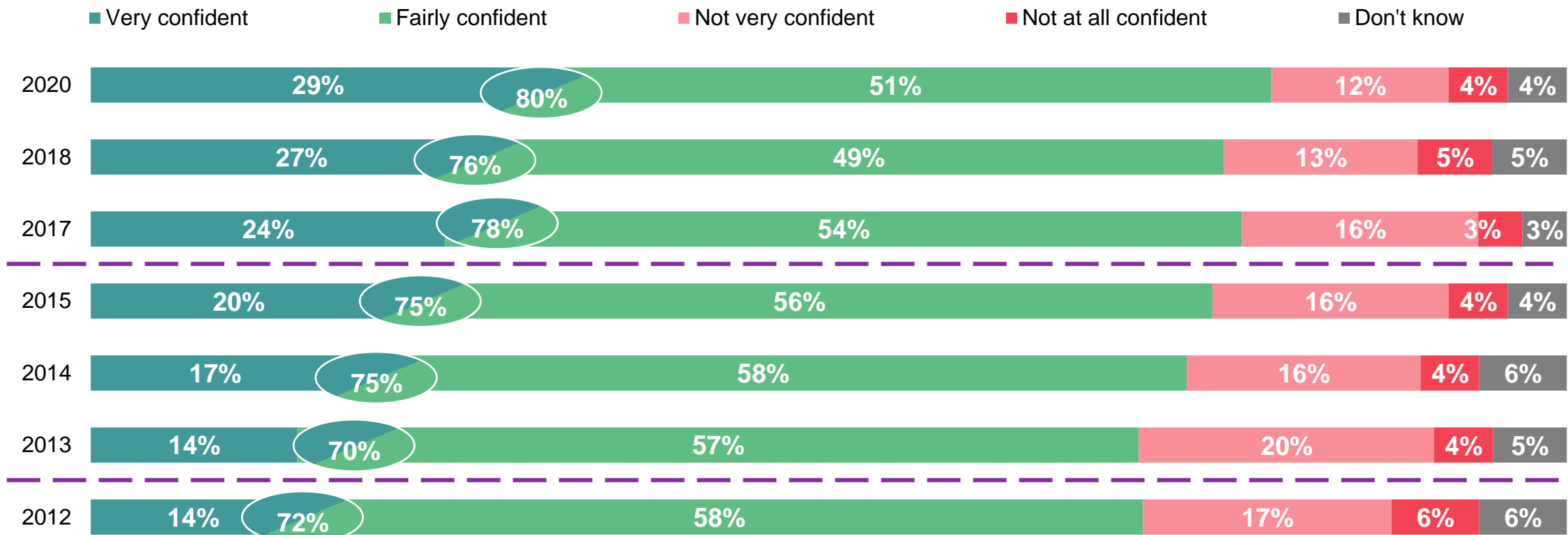
- **Confidence in health regulation overall.** In line with 2018, the public continued to be confident in healthcare regulation overall, with 80% saying they were fairly or very confident in 2020.
- **Awareness of the GDC and dental regulation.** Awareness of the GDC among the public decreased in 2020, returning to 2014 levels. In 2020, 34% were aware of the GDC, a decrease of nine percentage points from 43% in 2018. While there has been a decrease, the findings on awareness have ranged from 25% to 43% across the years the survey has taken place. The 2020 findings fall within this range, while the 2018 levels of awareness were the highest across all years.
- The workshop offered further insight on levels of awareness. Participants were asked what words and images came to mind when they heard 'dental regulation', and initial reactions highlighted that participants did not have a detailed knowledge of roles and responsibilities of the GDC. However, once explained to participants, the functions and role of the GDC broadly matched their expectations.
- **Confidence in the GDC.** In the survey, seven in 10 (71%) said that they were confident in the GDC. There was however a decrease from 21% to 16% among those saying that they were very confident, although this is likely to reflect the decrease in awareness of the GDC.
- **Expectations of dental regulation.** As in 2018, just 7% of the public thought a regulator of dental professionals should focus mainly on taking action against dental professionals that have serious complaints raised against them. Instead, as in 2018, the most common response was that a regulator for dental professionals should focus equally on preventing bad practice and taking action against dental professionals (63% said this).
- Participants in the workshop were asked about what they would expect a regulator of dental professionals to do. Responses often reflected the current role of the GDC or instead sat under the remit of the Care Quality Commission (CQC) ⁷, suggesting a lack of clarity about the roles and responsibilities of the GDC and CQC. However, in general participants thought the description of the GDC should explicitly describe protecting patients as the primary function and there was also a general expectation that the GDC should have a preventative role in ensuring safety and improvement in the industry.

Confidence in healthcare regulation

Confidence in healthcare regulation overall has increased steadily since the survey began in 2012. In 2020, **four in five participants (80%)** said that they **were either fairly or very confident in healthcare regulation overall** – an increase of four percentage points from 76% in 2018.

A similar proportion to 2018 said that they were not confident in health regulation, with 16% saying this in 2020.

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



Base: All respondents: 2020 (1674)

Source: Ipsos MORI

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

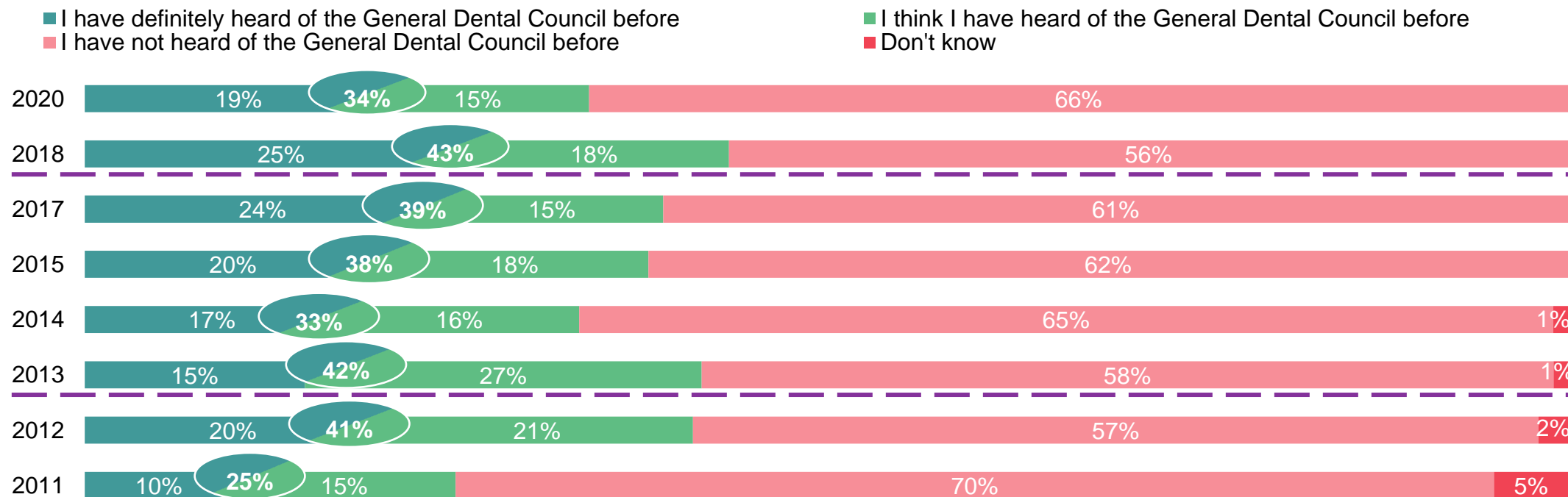
Awareness of the GDC

Awareness of the GDC previously increased steadily between 2014 and 2018. This year there was a decrease of nine percentage points in overall awareness: 34% had heard of the GDC in some capacity compared with 43% 2018.

This decrease was seen both across those who thought they had heard of the GDC and those who had definitely heard of the GDC: in 2018, a quarter of the public (25%) had definitely heard of the GDC, down to a fifth (19%) in 2020. Those aged 15 to 24 were the least likely to say that they had definitely heard of the GDC, with just 4% saying this compared with between 10% and 27% across all other age groups.

While there has been a decrease, the findings on awareness have ranged from 25% to 43% across the years the survey has taken place. The 2020 findings fall within this range, while the 2018 levels of awareness were the highest across all years.

Which of the following best describes how aware you are of the General Dental Council?



Base: All respondents: 2020 (1674)

Source: Ipsos MORI

Between 2013 and 2017 (inclusive), the question asked 'Which of the following best describes how aware you were of the General Dental Council before this survey?' and answer codes were worded: 'I had definitely heard of the General Dental Council before', 'I think I had heard of the General Dental Council before', and 'I had not heard of the General Dental Council before'.

Ipsos MORI



Initial awareness and understanding in the workshop



Workshop participants were asked what words and images come to mind when thinking about dental regulation, which offered insight into awareness and understanding more broadly.

When thinking about what words and images came to mind, responses, such as 'standards', 'serious' and 'checking' related to functions of the GDC.

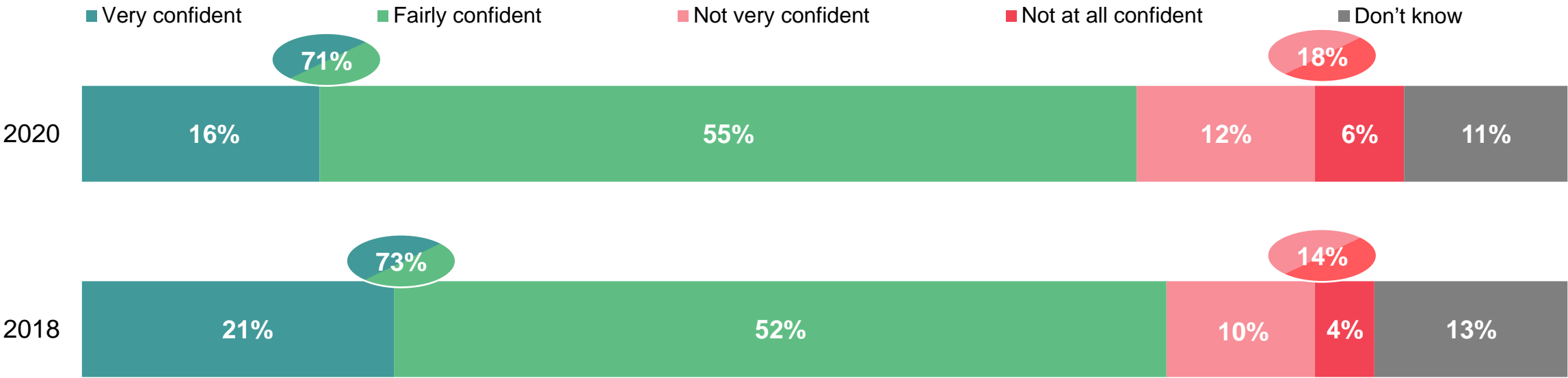
Participants were recruited to take part in the workshop based on their survey responses to ensure a range in awareness of the GDC. However, participants were generally unclear on the exact and more detailed role and responsibilities of the GDC.

Nonetheless, when the functions of the GDC were explained to participants, very few were a surprise, other than the setting standards of education. Participants said that they had not considered this before.

Confidence in the GDC

In line with 2018, **seven in 10 among the public (71%) said they were confident in the GDC**. There was however a decrease from 21% to 16% among those saying that they were very confident, although this is likely to reflect the decrease in awareness of the GDC; those who were aware of the GDC were more likely to have confidence than those who were not aware (84% compared with 65%).

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



Base: All respondents: 2020 (1674) 2018 (1589)

Source: Ipsos MORI

Since 2018 this question has been asked of all participants, rather than just those who had heard of the General Dental Council. A description of the General Dental Council was read out to participants before this question. Therefore, comparisons with previous years are not provided.

Expectations of a dental regulator

The public continued to want a regulator to balance both prevention of bad practice and taking action on serious complaints. Just 7% of the public thought a regulator of dental professionals should focus mainly on taking action against dentists that have serious complaints raised against them, which is the same as in 2018.

Across the scale of 1 to 5, the most common response was that a regulator should focus equally on prevention and taking action, with 63% saying this. In line with 2018, the balance across the scale in general rested more towards prevention than taking action against dental professionals who have serious complaints raised against them, with 22% saying a regulator should focus on preventing bad practice only.

Where on this scale best represents your views of what a regulator for dental professionals should focus on?

- 1 - A regulator for dental professionals should focus mainly on preventing bad practice in dentistry
- 2
- 3 - A regulator for dental professionals should focus equally on preventing bad practice and taking action against dental professionals that have serious complaints raised against them
- 4
- 5 - A regulator for dental professionals should focus mainly on taking action against dental professionals that have serious complaints raised against them



Base: All respondents: 2020 (1674) 2018 (1589)
Source: Ipsos MORI

Further expectations of a dental regulator

Participants in the workshop also discussed their expectations of a dental regulator.

While participants' expectations of a dental regulator broadly aligned with the current roles and responsibilities of the GDC, there were some additional expectations.

Firstly, participants thought the description of the GDC should explicitly describe protecting patients as their primary function. As part of this, they wanted a regulator to actively ensure duty of care to patients is upheld above profit in a consistent way across dental practices.

There was also a general expectation that the GDC should have a preventative role in ensuring safety and improvement in the industry. This aligns with the survey findings outlined previously, showing that 63% of the public wanted a regulator of dental professionals to focus equally on preventing bad practice and taking action against professionals who have had serious complaints raised against them.

Inspections of dental practices were seen as particularly important during the pandemic, in order to monitor dental practice observation of social distancing measures and use of PPE. While participants initially wanted the GDC to carry out inspections, they were reassured that this falls under the remit of the CQC. However, they did expect the two bodies to work together, or share knowledge, and for patient feedback to be used as part of that process. In addition, as outlined earlier, the GDC having a role in ensuring consistency in messaging around social distancing measures was important to participants.

There was also support for a regulator of dental professionals to own a review system, not dissimilar to Tripadvisor, where dental professionals actively seek and respond to feedback and patients can view it to make informed decisions when considering visiting a dental professional. While this arguably exists through the NHS service search function, the key point for participants was that this feedback should be consistently and actively sought by practices. The GDC does currently require dental practices to have complaints and feedback processes in place.

Use of the title 'doctor' and term 'specialist' by dentists

05

Introduction and summary

This section outlines findings on the use of the title 'doctor' by dentists, including how important it is to the public, awareness of the different circumstances in which it is used and perceptions and reactions to those circumstances. The section also covers uses of the term 'specialist' by dentists and what the public associate with this.

Summary

- **Choosing a dentist.** In the survey, before any information was provided on who can use the title 'doctor', the public were asked how important it is to them, when choosing a dentist or practice, that a dentist has the title. More than six in 10 of the public (63%) said they did not think it was important that their dentist had the title.
- Workshop participants were asked what choice they would make if they had to choose between a dentist with the title and one without. Choices were mixed but mostly split between those who thought they would not be able to make a choice, and those who said that they would choose the dentist with the title. Where workshop participants said that they would choose a dentist with the title, they assumed the dentist had additional qualifications or was more senior.
- **Understanding.** In the survey, the public were not clear about what qualifications were needed to use the title across the research, with two thirds of the public (66%) saying that a dentist would need additional qualifications to use the title.
- **Awareness.** Once informed as part of the survey, more than two thirds of the public (69%) said they were not previously aware of the different circumstances in which the title could be used.
- **Acceptability.** Half of the public (51%) felt it was unacceptable for a dentist to describe themselves as 'doctor' without a general medical qualification or PhD.

(Continued overleaf)

Introduction and summary (continued)

Summary

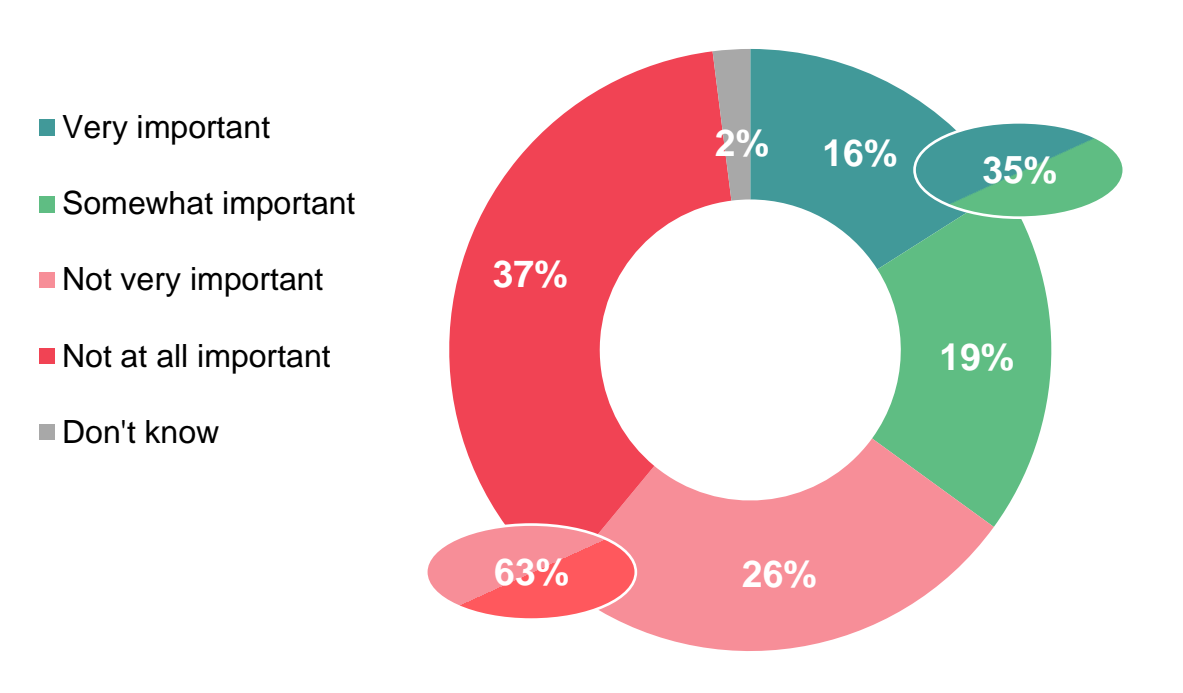
- Workshop participants were surprised that the title 'doctor' could be used by any dentist, and were concerned about being misled. They reflected on the fact they had initially assumed a dentist with the title may be more qualified to carry out specific or serious treatments or cosmetic surgery. Participants said that where patients place this confidence and trust in a dentist with the title, they could feel misled in the choices they make if the title does not always indicate additional expertise. While participants did not say this raised potential harm to patients, the risks associated with patients feeling misled and misinformed about choices include not only reduced trust in dentists overall, but also patients feeling at risk of harm.
- Workshop participants emphasised that they already trusted dentists, so the use of the title was not needed to encourage further confidence and trust. As a result, participants wanted the use of the title to be consistent and three possible options for this were identified: all dentists should call themselves 'doctor'; only those with additional qualifications should call themselves 'doctor'; and the creation of a new title for dentists. The final two of these were preferable for participants.
- **Specialists.** Factors related to knowledge, experience and expertise were more closely associated with someone who is a 'specialist' in the survey. For example, 49% of the public would associate having completed specialist training and 33% would associate years of experience with being a 'specialist'. Nearly half the public (47%) said they would ask a dental or medical professional for a recommendation if they needed to see a 'specialist'.

Importance of the title ‘doctor’ in choosing a dentist overall

Before being provided with any additional information on when the title ‘doctor’ can be used by dentists, the public were asked about how important it was to them that their dentist had the title when choosing their current practice or dentist. While just over a third (35%) said that it was important, **the majority of the public (63%) said it was not important to them when they chose their current practice or dentist.**

In the qualitative work, participants were asked about what was important to them when choosing a dental practice or dentist in general. Across these discussions, nobody said that the dentist having the title ‘doctor’ was important to them in this decision making. Instead, features such as location, price efficiency, accessibility and availability of appointments, cleanliness and general perceptions on the aesthetics of the practice were all said to be important. A judgement was made by participants on how ‘good’ they thought a dentist would be based on these proxy indicators. In one group, participants said they would also rely on recommendations from friends and family to support that decision making.

Thinking about when you chose your current dental practice or dentist, how important, if at all, was it that the dentist you saw had the title ‘doctor’?



How important it was for the dentist to have the title ‘doctor’ varied across demographic groups in the survey:

- People from ethnic minority backgrounds were more likely to say that it was important to them than their White counterparts, with 65% saying it was important, compared with 30% of White members of the public. This ranged from 53% among Black/Black British participants, to 67% of Asian/Asian British participants and 71% of mixed/other participants who said it was important.
- Younger members of the public were also more likely to say that it was important than older members of the public. For example, 43% of those aged 15 to 24 and 48% of those aged 25 to 34 said it was important, compared with 26% of those aged over 65.
- Those from social grades C1,C2 and DE were more likely to say it was important than those from social grade AB (this ranged from 34% to 41% compared with 26% of those from social grade AB).

Importance of the title ‘doctor’ in choosing a dentist in the workshop

Workshop participants were asked to consider a scenario in which they had joined a new practice and were offered a choice between a dentist with the title ‘doctor’ and one without, with all other characteristics being the same.

Choices across the groups were mixed, but mostly split between those who thought they would not be able to make a choice, and those who said that they would choose the dentist with the title ‘doctor’.

Those who said that they would choose the dentist with the title based this on expectations that this dentist would be better qualified, more competent, more experienced or more senior. The use of the title as an indicator of how competent or experienced a dentist is, chimes with earlier findings around knowledge and expertise underpinning levels of confidence. The title became even more important to participants in this respect, when they said that they did not understand ‘the letters that follow a dental professional’s name’.

Those who were reluctant to choose said they trusted that qualified dentists are of an equal standard, even if they thought the title signified additional qualifications.

“It’s like if I go to a GP I’m not expecting any more from a GP appointment – even if she’s a heart surgeon, I’m not expecting to receive those services from her at my GP appointment.”

Workshop participant, aged 35-54

Some of those who found it hard to decide said that they would be more inclined to choose the dentist with the title for more complex or serious treatments, although this would simply be a ‘welcome addition’, rather than a ‘must-have’.

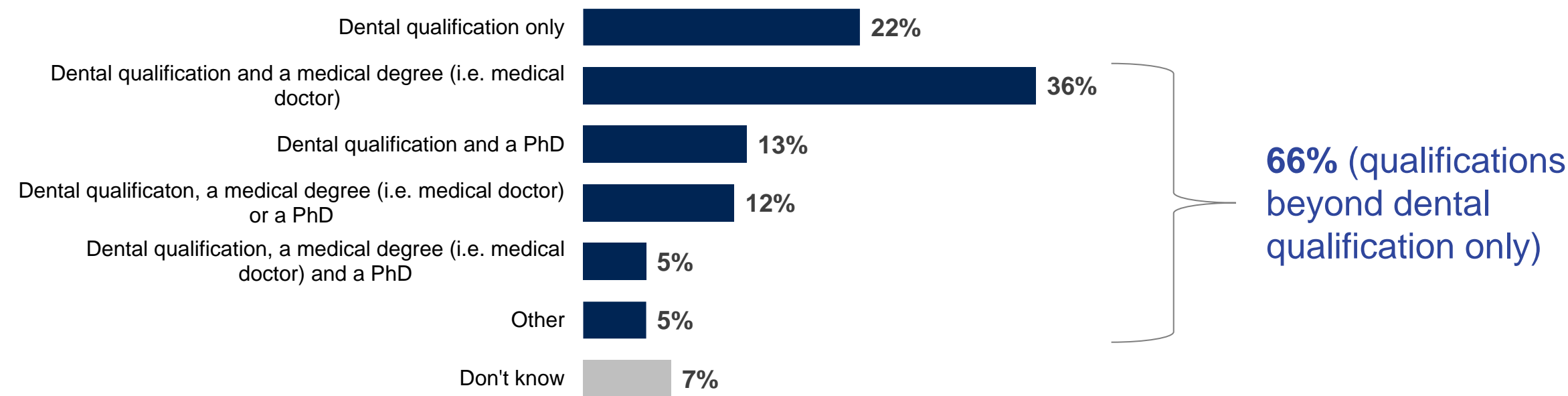
After further probing, and through further discussion, participants differed in their view of what additional qualifications the title could indicate. Some assumed it meant the dentist also had a medical degree, while others said it could be a PhD, or both, reflecting the survey findings overleaf. The point that additional qualifications may not be dentistry-related was also raised, and gave rise to concern that those dental professionals may not be fully focused on, or as committed to, dentistry.

Understanding of qualifications and the title ‘doctor’

The public were not clear on what qualifications were needed to use the title ‘doctor’. This meant that **two thirds of the public (66%)** thought that a dentist with the title **‘doctor’ would need to have a dental qualification** and at least one additional qualification (a medical degree or a PhD). The most common response was that dentists need to have both a dental qualification and a medical degree to use the title, with 36% saying this.

Younger age groups were more likely than those aged over 65 to say that a dentist must have at least one other qualification. For example, 73% of those aged 15 to 24 and 68% of those aged 25 to 34 said this compared with 58% of those aged over 65.

Which, if any, of the following best describes the qualifications you think a dentist needs to have the title ‘doctor’?



Base: All respondents: 2020 (1674)
Source: Ipsos MORI

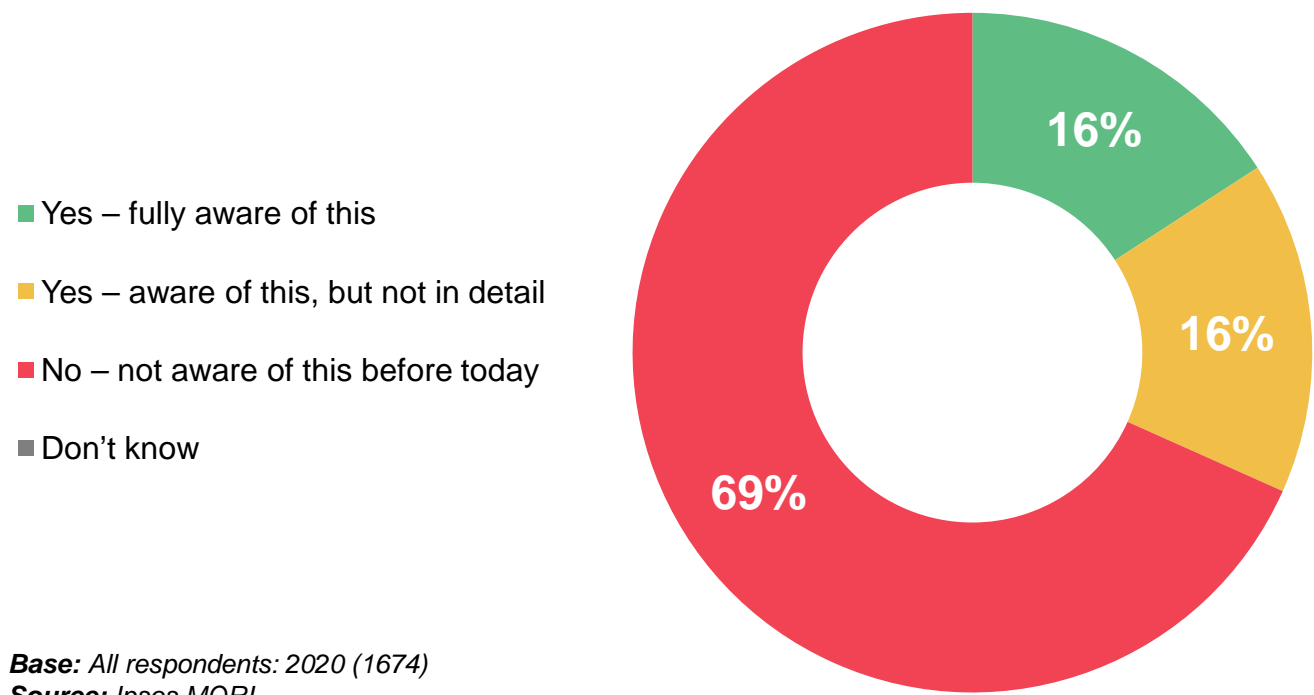
Awareness of the use of the title ‘doctor’

The public were given information on the different circumstances in which dentists can use the title ‘doctor’ as part of the survey, before being asked how aware they were of this.

The majority of the public (69%) were not aware that dentists could use the title in various circumstances, including as a courtesy title, while three in 10 (31%) were aware to some extent.

Some dentists describe themselves as ‘doctor’. This includes dentists who are qualified to be a dentist and also hold another general medical qualification, as well as qualified dentists who have a PhD. Some other qualified dentists describe themselves as ‘doctor’, but they do not also hold another general medical qualification or a PhD.

Before today, how aware if at all were you of this?



Awareness of the different ways in which the title ‘doctor’ could be used varied across subgroups.

- Women were less likely to be aware than men with 28% aware, compared with 34% of men.
- Those from ethnic minority backgrounds were more likely to be aware than their White counterparts (42% compared with 30%). This difference was notable for Black/Black British and mixed/other members of the public, with 55% and 51% saying they were aware respectively.
- Those still in education were more likely to be aware than those in any other circumstance, such as those working, unemployed or retired. For example, while 51% of those in education were aware, 34% of those working full-time and 27% of those retired were aware.

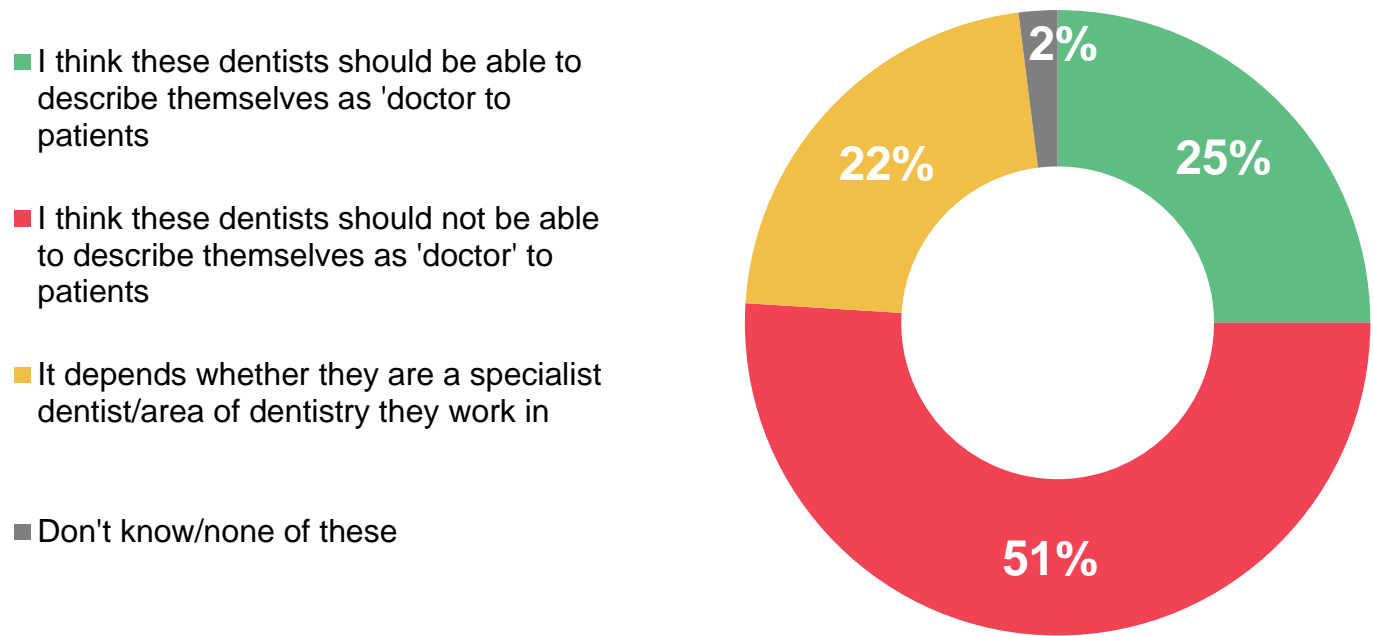
Base: All respondents: 2020 (1674)
Source: Ipsos MORI

Acceptability of use of the title 'doctor'

While a quarter of the public (25%) said dentists should be able to describe themselves as 'doctor' to patients, **half (51%) felt it was unacceptable for a dentist to describe themselves as 'doctor' without a general medical qualification or PhD**. Just over one fifth (22%) said acceptability depended on whether the dentist was a specialist, or on the area of dentistry they work in.

Those aged over 65 were more likely than those aged between 15 and 44 to say that dentists should not be able to describe themselves as 'doctor' (58% of those over 65 said this, compared with between 41% and 48% of the younger age groups). Potentially reflecting these age differences, those still in education were not only more aware, but more accepting than many of those with another working status: 42% of those still in education said dentists should be able to describe themselves as 'doctor' compared with – for example – 22% of those unemployed and 17% of those retired.

Please tell me which one of these statements, if any, best describes what you think about qualified dentists describing themselves as 'doctor' when they do not also hold a general medical qualification or a PhD?



Base: All respondents: 2020 (1674)
Source: Ipsos MORI

Reactions to use of the title 'doctor' in the workshop

As in the survey, workshop participants were informed about the different circumstances in which the title 'doctor' could be used.

Workshop participants were surprised and concerned that the title 'doctor' could be used by dentists without a medical qualification or PhD. Participants – including those who would not have chosen the dentist with the title in the initial scenario – used words such as 'unfair', 'misleading' and 'suspicious' when describing dentists who use the title without these additional qualifications.

Overall, participants deliberated on issues of trust:

- Firstly, participants did not feel that the title was needed to instil a sense of trust, given the level of trust already placed in dentists, as highlighted in the survey findings.
- Secondly, participants actually felt a sense of mistrust towards a dentist who used the title without additional qualifications. They were concerned that these dentists could have lower levels of competence and professionalism, while 'masquerading' as being better qualified. Others questioned if dentists would choose to use the title to encourage more patients to use them and increase profit, shaping further mistrust.



A word cloud of reactions to the title 'doctor'. The words are arranged in a cluster, with 'trust' and 'misleading' being the most prominent. Other words include 'unfair', 'suspicious', 'false', 'risk', 'pretend', 'devalues', and 'hierarchy'.

"I don't think it's okay for dentists to call themselves 'doctor' without a PhD or a medical degree – it's a privilege to have the right to call myself 'doctor'...now that I know this, I wouldn't trust a dentist that calls themselves a 'doctor'. To me, it's a lie."
Workshop participant, aged 35-54

Reactions to use of the title 'doctor' in the workshop (continued)

Participants also reflected on the fact some people would feel more confident in a dentist with the title 'doctor' for serious treatments. One participant had previously said they would feel more confident in a dentist with the title performing cosmetic surgery, because they assumed that either the title related to plastic surgery qualifications, or that the dentist was qualified as a medical doctor. They said they would have trusted the dentist with the title more to carry out those procedures.

The survey findings around cosmetic surgery also suggested this could instil a sense of confidence: 62% of the public said that they would be confident in a plastic surgeon to carry out Botox injections for cosmetic reasons, and 48% would be confident in a GP (compared with 33% for a dentist).

Participants said that where patients place this confidence and trust in a dentist with the title, they could feel misled in the choices they make if the title does not always indicate additional expertise. While participants did not say this raised potential harm to patients, the risks associated with patients feeling misled and misinformed about choices include not only reduced trust in dentists overall but also patients feeling at risk of harm.

Participants were also concerned about the impact on other dentists of the use of the title without a medical qualification or PhD. Participants were concerned that patients would be less confident in dentists who did not use the title, than their colleagues who do use the title, simply because they did not have the title.

Expectations of what should happen next

Discussion around participants' surprise and concern led to discussion of their expectations around what should happen. Participants wanted the use of the title 'doctor' to be consistent across the profession and clear to patients.

Initially, participants wanted others to be informed so as not to be misled, given their own initial reactions. In thinking about informing the public, it is of note that participants in the workshop had, some time before, already taken part in a survey which described the different ways in which dentists could use the title. Despite this, participants did not recall that information, and had to learn and respond to it again during the workshop.

While some still thought it was important to inform patients, others questioned it more as they discussed it, and moved on to think that it was more important to change the approach of the industry than to raise awareness among patients of the current status quo. This view was largely borne from not wanting to promote information that is likely to cause anxiety, particularly at the point of use, and that not everybody would engage with the information.

Overall, participants wanted consistency and this took three possible forms.

1

All dentists should call themselves 'doctor'

Participants were less favourable of this option, as they said they already trust dentists, so thought that the title is not needed to further encourage confidence and trust. They also said that using the title without additional qualifications devalues the title, and the work others have done to earn it, and that this could discourage dentists from further study.

2

Only those with additional qualifications should call themselves 'doctor'

Participants said that it should be clear what the title is representing in this option (a medical degree or a PhD). If it is a PhD, participants thought that it should be clear what this PhD is in, as it could be an academic qualification in a non-medical subject. Again, this was all felt to be about trust, enabling the public to feel reassured through clarity and understanding of the qualifications of their dentist. This relates to the earlier finding that participants did not feel able to discern a level of professionalism and competency, and the confidence that comes with it, from the letters that follow a dental professional's name and indicate a form of qualification.

3

The creation of a new title for dentists

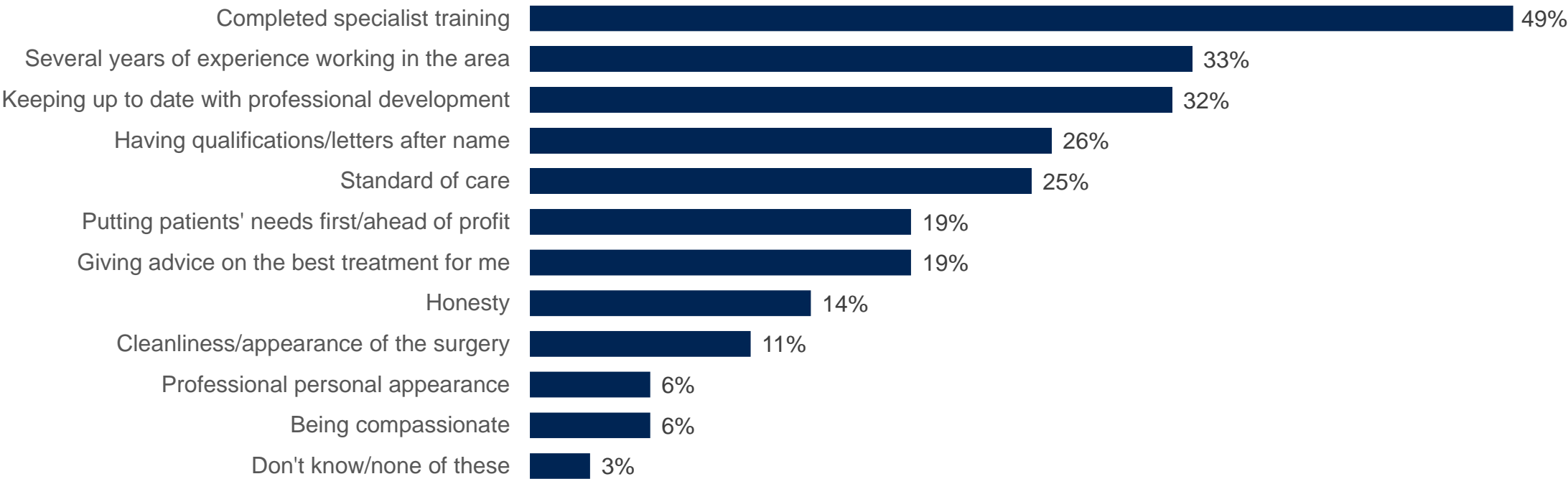
Participants suggested using different new terms ('dental doctor' or 'dentor') on the premise that this shows respect for the extent of training it takes to become a dentist, but it doesn't take away from what it means to be a doctor with a medical degree or PhD.

Perceptions of dentist using the term ‘specialist’

The public were asked what features, if any, they associate with dentists who describe themselves as a ‘specialist’. **The most common responses related to knowledge and expertise.** Overall, half (49%) said they would associate completing specialist training with a dentist describing themselves as a ‘specialist’, which was the most common response. This was followed by a third (33%) who said having ‘several years of experience working in the area’, and the same proportion (32%) who said ‘keeping up to date with professional development’.

Pertinent in light of the findings on dentists’ use of the title ‘doctor’, a quarter of the public (26%) associated having qualifications or letters after their name with someone who is a specialist.

Some dentists describe themselves as specialists in a specific area of dentistry, such as oral surgery or orthodontics. Which of the following, if any, would you associate with someone who is a ‘specialist’?



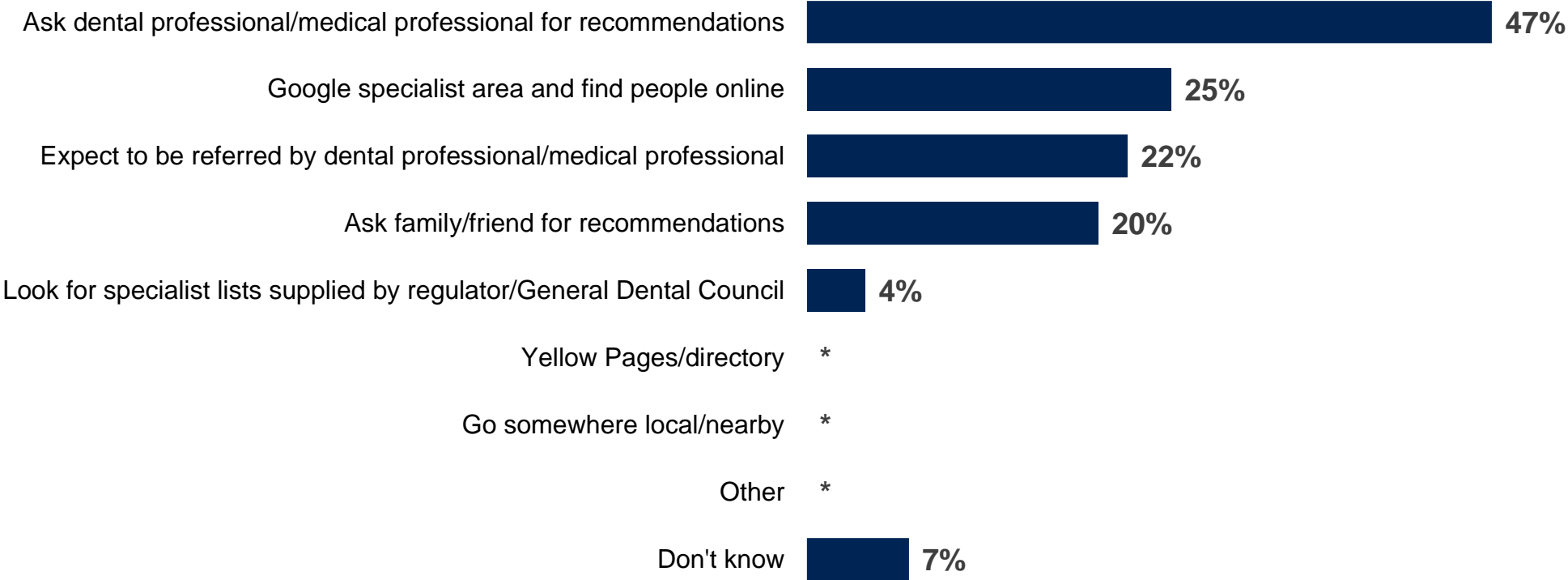
Base: All respondents: 2020 (1674)

Source: Ipsos MORI

Finding a 'specialist'

The most common response among the public when asked how they would find a 'specialist', such as an orthodontist, if they needed treatment was through a **recommendation from a dental or medical professional**: said spontaneously by 47%, with 22% saying that they would expect to be referred by a dental or medical professional. A quarter of the public (25%) said they would find people online, and a fifth (20%) said they would ask a family member or friend for a recommendation.

If you were going to receive treatment from a specialist dentist, such as an orthodontist or oral surgery specialist, how would you find them?



Base: All respondents: 2020 (1674)
Source: Ipsos MORI

Cosmetic treatment

06

Introduction and summary

This section looks at the public's experiences of seeing cosmetic treatments advertised, being offered them, and having cosmetic procedures. It also explores public confidence in a range of professionals – including dental professionals – administering Botox injections, and what the public would do if something went wrong.

Summary

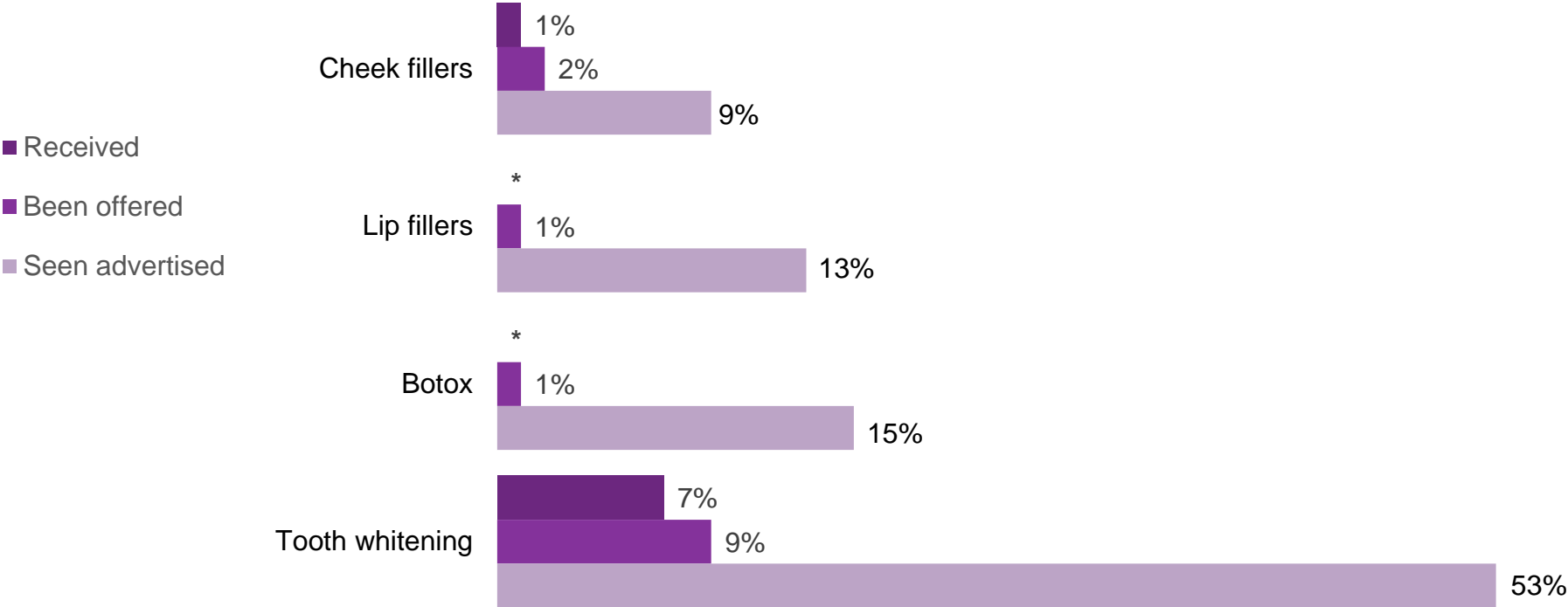
- **Exposure.** When the public were asked in the survey which of four cosmetic treatments they had seen advertised, been offered or received in a dental practice, tooth whitening was the most common cosmetic treatment promoted and received at dental practices (53% had seen this advertised, 9% had been offered this and 7% had received tooth whitening treatment).
- **Confidence in practitioners.** The public were asked about Botox injections for cosmetic purposes and their confidence in a range of practitioners to deliver these. A third (33%) said they would have confidence in a dentist administering Botox injections, which was half the level of trust of plastic surgeons (62% said they would have confidence in plastic surgeon). A quarter (24%) said they would have confidence in another type of dental professional.
- **Responses when something goes wrong.** In the survey, the public were asked what they would do if something went wrong when they were having Botox injections for cosmetic purposes. Half the public were asked this about a dental practice and half about a cosmetic surgery provider, and responses in both scenarios were very similar. The most common response in both circumstances was to complain to the person who administered the injections (38% said this for a cosmetic surgery provider and 36% for a dental surgery). However, those who were asked about receiving Botox at a dental practice were more likely to say they would complain or ask for advice from the GDC (20% compared with 9% who were asked about receiving Botox at a cosmetic surgery provider).

Exposure to different types of cosmetic treatment

Tooth whitening was the most common cosmetic treatment promoted and received at dental practices. More than half of the public (53%) had seen tooth whitening advertised at their dental practice, while this dropped to 15% for Botox, 13% for lip fillers and 9% for cheek fillers. Far fewer had been offered any of the cosmetic treatments asked about, including 9% who had been offered tooth whitening. These findings reflect learning in 2018 when the public were asked if they had seen or heard about cosmetic treatments in general. For example, seeing or hearing about them through posters in the waiting room was more common than a dentist mentioning them during an appointment without the patient asking (46% and 4% respectively).

In 2020, very few had received any of the four cosmetic treatments at a dental practice, with 7% saying that had received one or more.

Have you seen advertised or been offered any of the following cosmetic treatments at your dental practice?



Base: All respondents: 2020 (1674),

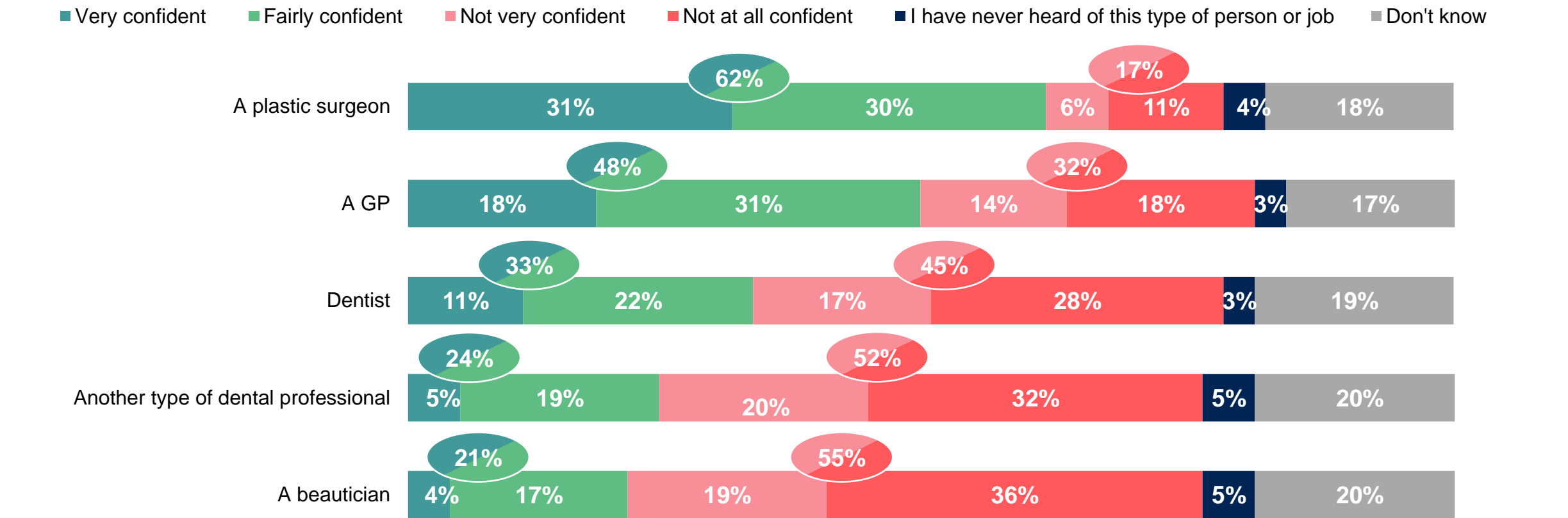
Source: Ipsos MORI

Asterisk (*) indicates a percentage of less than 0.5% but greater than zero.

Confidence in different practitioners to deliver Botox injections

Overall, a third (33%) said that they would be fairly or very confident for a dentist to administer Botox injections, half the level of plastic surgeons. A quarter (24%) said they would be confident in another type of dental professional. Nonetheless, between 45% and 52% said they would not be confident in these dental professionals and the public were more confident in a plastic surgeon (62%) and a GP (48%) administering Botox injections, than dental professionals.

If you were considering having Botox injections for cosmetic reasons, how confident, if at all, would you be for people in the following jobs to administer the injections?



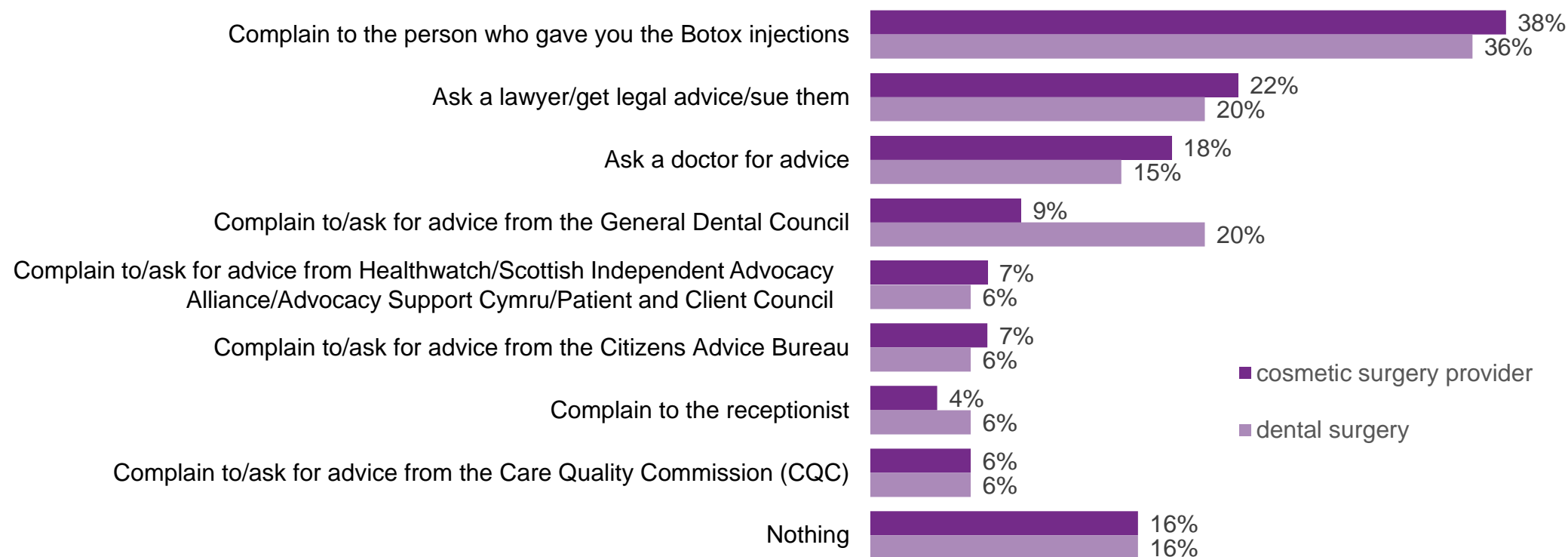
Base: All respondents: 2020 (1674)

Source: Ipsos MORI

Responses when something goes wrong with Botox injections

The public were asked to consider what they would do if something went wrong having received Botox injections for cosmetic reasons. Half of the sample were asked this in the context of a cosmetic surgery provider having administered the injections and the other half were in the context of a dental practice having administered the injections. Responses across each sample were very similar. For example, **38% who were asked about a cosmetic surgery provider said that would complain to the person who gave them the injections, and 36% of those who were asked about a dental surgery said this.** This was the most common response for both. However, a fifth (20%) of the public asked about Botox injections at a dental surgery said that they would complain or ask for advice from the GDC, while just 9% of those asked about this for a cosmetic surgery provider said they would take that action.

If you received Botox injections for cosmetic reasons at a [cosmetic surgery provider/dental practice], and something went wrong, what would you do? (all answers above 5%)



Base: Split sample where participants were randomly asked one of two questions: 2020 (cosmetic surgery provider (850) dental surgery (824))

Source: Ipsos MORI

Complaints, feedback and advocacy

07

Introduction and summary

This section covers experiences and expectations around complaints and advocacy. It includes findings on the DCS , and various non-GDC support organisations. Qualitative findings on the complaints pathway are also covered.

Summary

- **Making a complaint.** The proportion of patients who had complained about a dental professional remained low, with just 6% having made a complaint. This is in line with findings in 2018, where 7% said that they had made a complaint about a dentist, and is consistent with findings over time.
- **Awareness of the DCS.** The majority of the public (75%) had not heard of the DCS. Those who received private dental care at their last appointment were no more likely to be aware.
- **Expectations of the DCS.** The public were asked in the survey about four different scenarios involving dental professionals and what they thought the DCS should do in each. The scenarios included: a dental professional being rude to a patient; a patient's filling falling out; the wrong tooth being removed; and a patient being overcharged. The views from the public about how the DCS should help varied across scenarios, although in three of the four scenarios, the response "I do not think the DCS should do anything" was one of the top five responses (ranging from 11% to 21%). Financial outcomes were more important to patients when a tooth was wrongly removed or patients had been overcharged (46% and 52% said the DCS should assist with financial compensation in each respectively).
- **Support and advocacy.** The public were asked whether they had received support from a range of organisations when they had made a complaint of any kind (including those not about dentistry). Citizens Advice Bureau was the most commonly-contacted type of organisation (12% said they had contacted Citizens Advice Bureau about making a complaint).
- Over four fifths of the public (84%) said they would find an advocacy service helpful if something went seriously wrong during their visit to a dental professional.

(Continued overleaf)

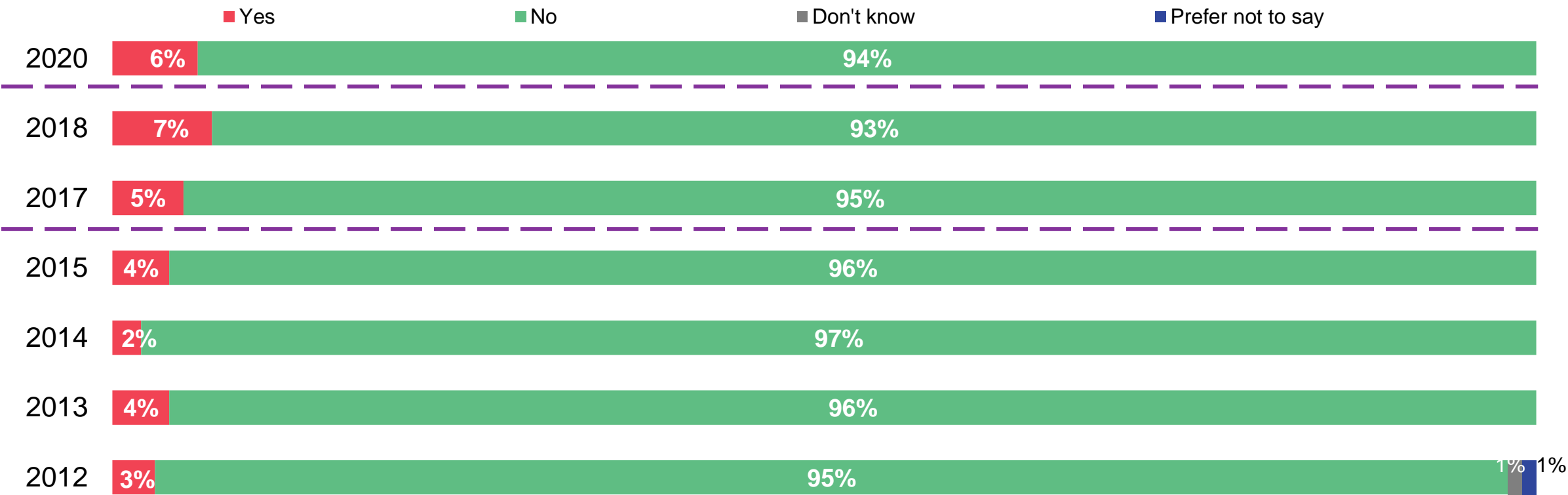
Introduction and summary (continued)

- **The complaints pathway.** The qualitative interviews explored the different stages of making a complaint about dental care or treatment. This included both participants' experiences of making a complaint and their expectations of a complaints pathway. Various scenarios in which a patient may make a complaint were covered as part of this, including a dental professional being rude to a patient; a patient's filling falling out; the wrong tooth being removed; a patient being over charged; other patients not observing social distancing in the waiting room; and a dental professional briefly removing their PPE during treatment.
- While the severity of an incident was important to participants in deciding whether to make a complaint, the reaction of the dental professional was also important; reactions were seen as symbols of a professional's commitment to their duty of care. Participants said certain factors would often decide if they were to complain, examples given included being rude or appearing not to care about a mistake.
- Participants were, or had been, hesitant to raise a complaint about a dental professional or treatment in general. If they did complain they were mostly happy with the idea of making a complaint at the dental practice first and, wanted to be able to do so in a variety of ways (such as online).
- Participants did not know how to escalate a complaint beyond the dental practice and, while they did not mind being referred to other organisations, they wanted the routes to be clear and multiple referrals would deter them from continuing with the complaint.
- Across all scenarios, participants said they wanted acknowledgement of their complaint, an apology, and an appropriate resolution. Overall, knowing that the practitioner or practice had learned from the incident, and that any mistake will not be repeated with other patients, was important.

Making a complaint about a dental professional

The vast majority of patients (94%) had never complained about a dental professional; just 6% had made a complaint. While this year the survey asked about complaints about all dental professionals, rather than complaints about a dentist, this remains consistent with previous findings on complaints since the survey began. For example, in 2018, 7% said that they had made a complaint about a dentist.

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



Base: People who have seen at least one dental professional: 2020 (1587); People who have previously seen a dentist: 2018 (1543); 2017 (1209); 2015 (1209); 2014 (1564); 2013 (1524); 2012 (1464)

Source: Ipsos MORI

In 2015, 2014, 2013 and 2012 the question was worded: 'Have you ever complained about a dental professional?'. Prior to 2020, this question was asked of people who have ever seen a dentist rather than dental professional.

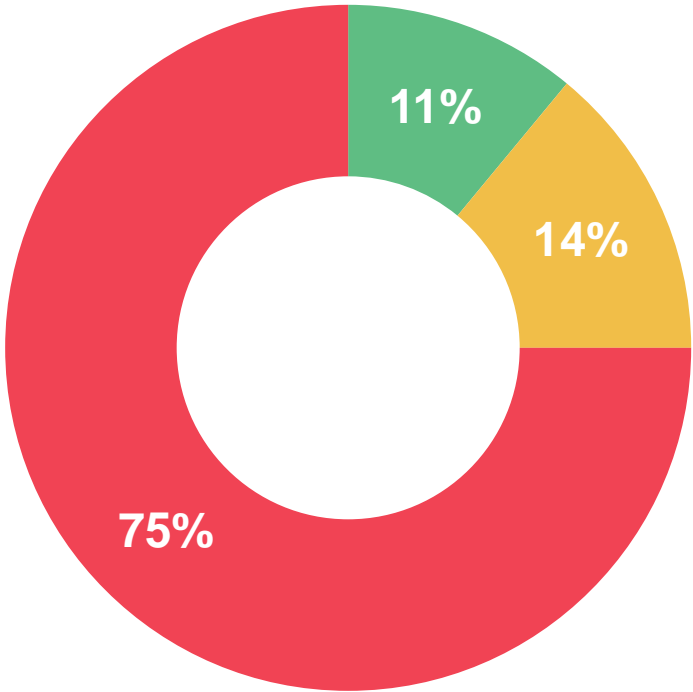
Awareness of the DCS

The DCS is a free and impartial service funded by the GDC that aims to help private dental patients and dental professionals settle complaints about private dental care.

Awareness of the DCS was low: three-quarters of the public (75%) had not heard of the DCS before, and just 11% said that they had definitely heard of it. Despite the nature of the service, those who received private dental care at their last appointment were no more aware of the DCS than those who received NHS care: 13% of those who received private treatment in their last treatment were definitely aware, 14% who received a mixture of private and NHS and 12% of those who received NHS care only).

Which of the following best describes how aware you are of the Dental Complaints Service?

- I have definitely heard of the Dental Complaints Service before
- I think I have heard of the Dental Complaints Service before
- I have not heard of the Dental Complaints Service before
- Not sure



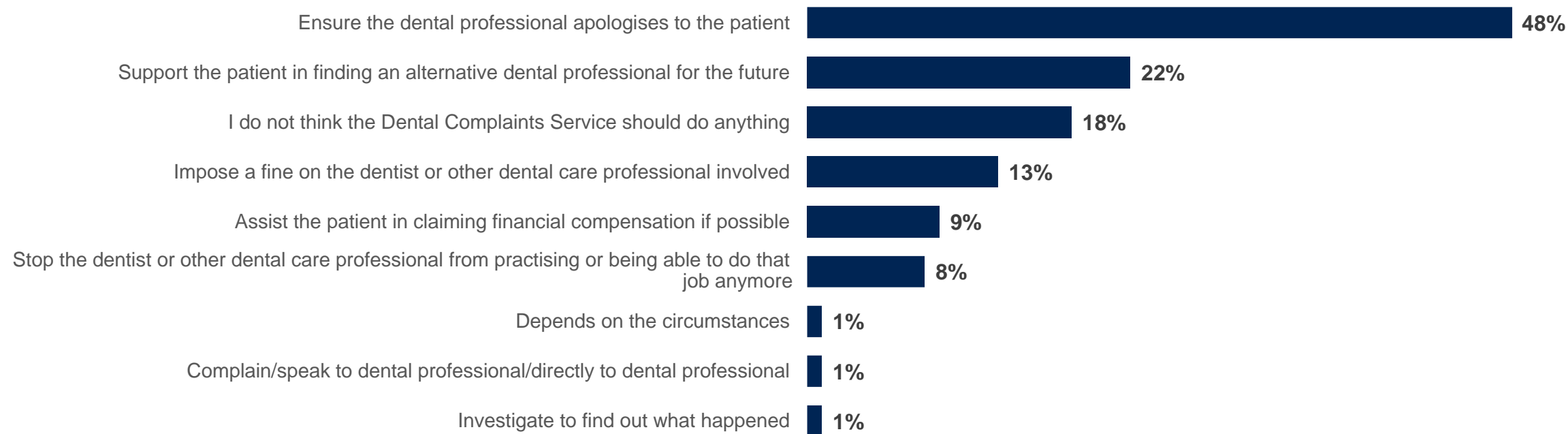
Base: All respondents: 2020 (1674)
Source: Ipsos MORI

Expectations of the DCS when a dental professional is rude

The public were asked in the survey about four different scenarios and what they think the DCS should do in each. For each scenario participants could select multiple responses. As shown in the following four charts, in three of the four scenarios, the response “I do not think the DCS should do anything” was one of the top five responses (ranging from 11% to 21% across the three scenarios).

When asked about the scenario of a private dental professional being rude to a patient, the most common action the public wanted to see from the DCS was to **ensure the dental professional apologises, with 48% saying this**. Just over a fifth (22%) wanted the DCS to support the patient in finding an alternative dental professional.

In each of the following scenarios, which, if any, of the following do you think the Dental Complaints Service should do? A private dental professional is rude to a patient

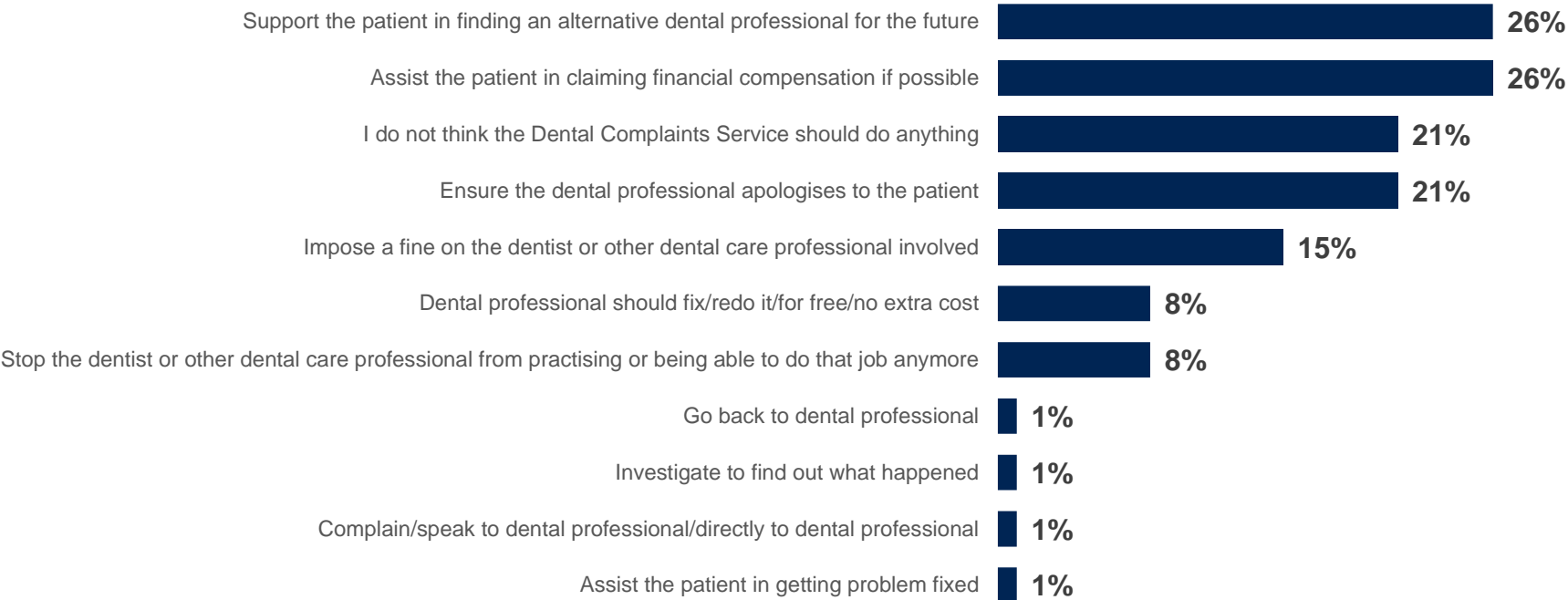


Base: All respondents: 2020 (1674)
Source: Ipsos MORI

Expectations of the DCS when a patient's filling falls out

A similar proportion to the previous scenario also wanted the DCS to support the patient in finding an alternative dental professional for the future if a patient's filling falls out after treatment – 26% said this. However, **financial compensation was much more important to the public in this scenario**, with a quarter (26%) saying they thought the DCS should assist the patient in claiming financial compensation if possible (this was selected by 9% in the scenario of a dental professional being rude to a patient).

In each of the following scenarios, which, if any, of the following do you think the Dental Complaints Service should do? A patient's filling falls out after treatment from a private dental professional



Base: All respondents: 2020 (1674)
Source: Ipsos MORI

Expectations of the DCS when the wrong tooth is removed

An even greater proportion wanted to see the DCS assist the patient in claiming financial compensation in the case of a dental professional removing the wrong tooth: 46% said that they thought the DCS should do this, which was the most common response, followed by additional financial action in the form of a fine imposed on the dentist or other dental professional involved (35%).

In addition, while just 8% of the public wanted the dental professional to be stopped from practising or being able to do that job anymore in all other scenarios, a fifth (21%) wanted the DCS to stop this in cases where a private dental professional removed the wrong tooth.

Despite this, and the greater focus was on financial compensation, supporting the patient to find an alternative dental professional in the future and ensuring the dental professional apologises to the patient were the third and fourth most common responses (27% and 26% respectively).

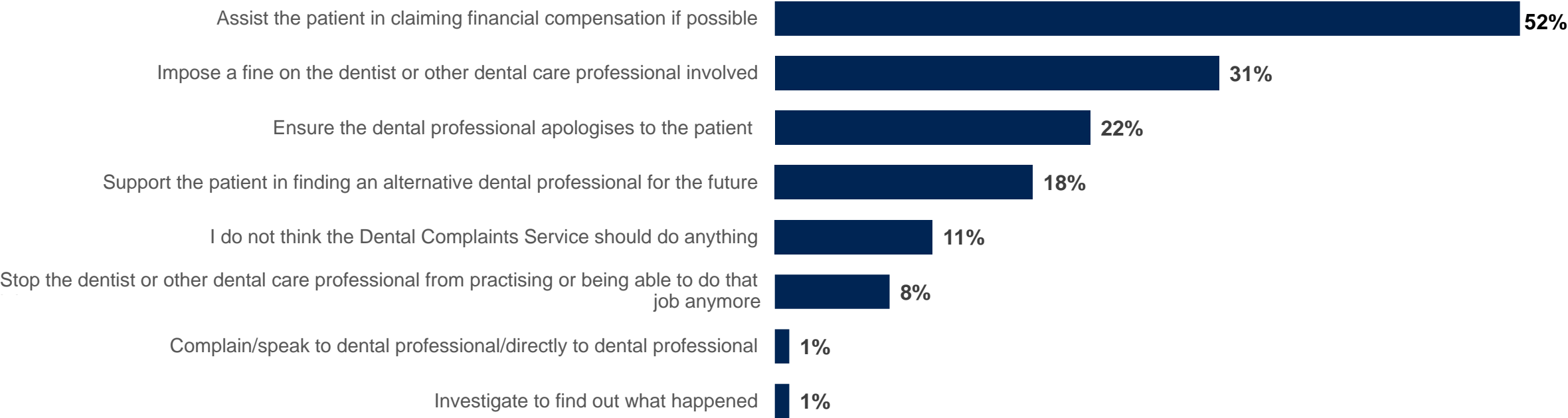


Base: All respondents: 2020 (1674)
Source: Ipsos MORI

Expectations of the DCS when a patient is overcharged

Financial compensation and a fine imposed on the dental professional were also the top responses in cases where a patient is overcharged for their treatment (52% and 31% respectively of the public said they wanted the DCS to do these).
Again, 22% said the DCS should ensure an apology is received and 18% said the DCS should support the patient in finding an alternative dental professional for the future.

In each of the following scenarios, which, if any, of the following do you think the Dental Complaints Service should do? A patient is overcharged for their treatment by a private dental professional.



Base: All respondents: 2020 (1674)
Source: Ipsos MORI

Support from advocacy services when making any type of complaint

Overall, **67% of the public said that they had never needed help making a complaint at all**. Where those making a complaint had contacted an organisation for support, Citizens Advice Bureau was the most common type of organisation (12%). This was followed by the participant's Member of Parliament (9%) and another person or organisation not shown in the survey that helps people makes complaints (5%).

Which if any of these organisations or people have you ever contacted about getting support with making any type of complaint?



Among those who had contacted a person or organisation about getting support with making any type of complaint, 11% had done so about a healthcare related issue, although none had done so about a complaint relating to dental care or treatment.

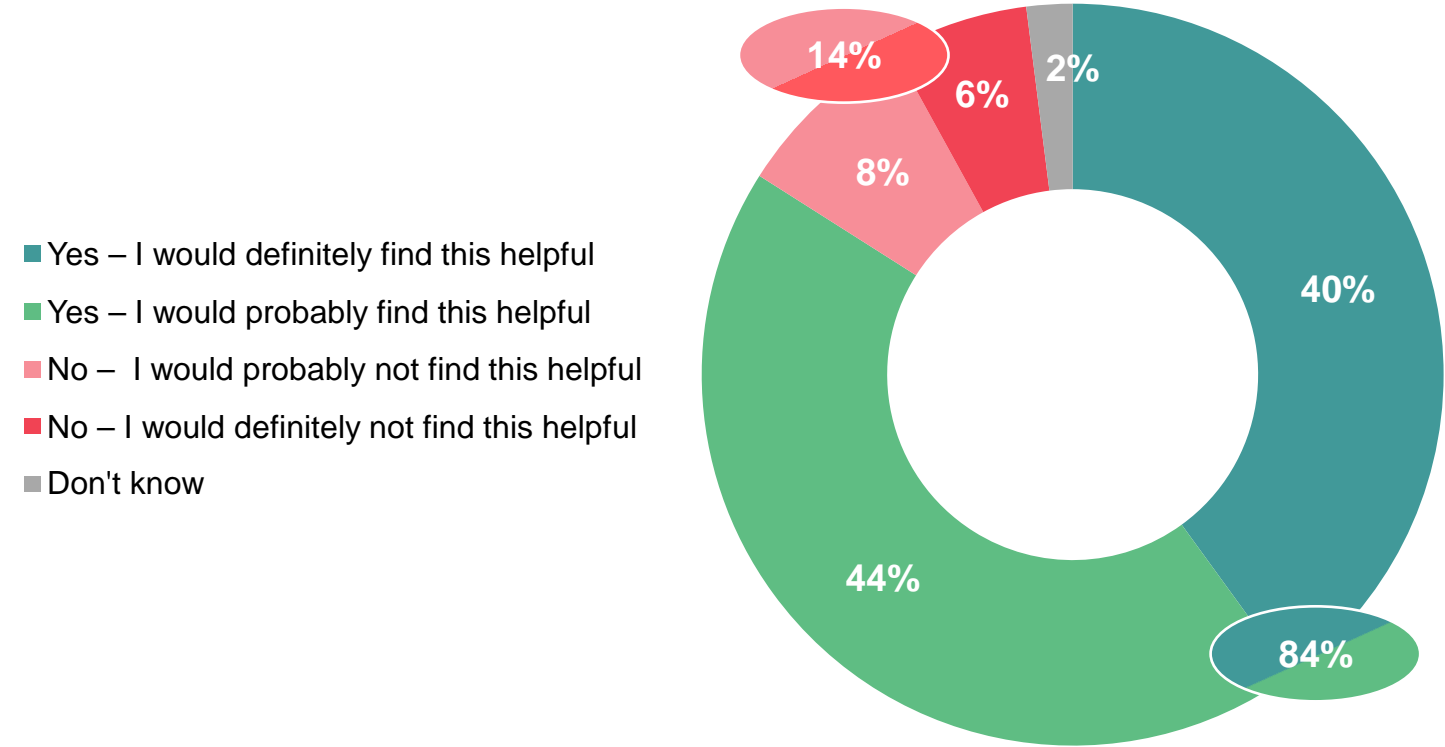
Base 2: All respondents – additional questions: 2020 (1580)
Source: Ipsos MORI

Helpfulness of advocacy services for dentistry

Over four in five of the public (84%) said that they would find it helpful to access an organisation who provide support to the public if something went seriously wrong during their visit to a dental professional. This included two in five (40%) who said that they would definitely find this helpful.

Among those who had previously used a service of this type for any type of complaint, 88% said that they would find this type of service useful if something went seriously wrong during a visit to a dental professional.

Thinking about the organisations or people who provide support to the public if they want to make any type of complaint. If something went seriously wrong during your visit to a dental professional would you find using a service like this helpful rather than just dealing with the issue another way?



There were differences across audiences in who would find this type of service more helpful if something went seriously wrong during their visit to a dental professional:

- Those aged between 25 and 64 (for whom responses ranged from 86% to 88%) were more likely to say they would finding this helpful than those aged over 65 (77%).
- Those in social grade AB were also more likely to say it would be helpful than those in C2 and DE (89% compared with 80% for both C2 and DE).
- Those who had been to the dentist in the 12 months prior to taking part in the survey were more likely to say it would be helpful than those who had been less recently (86% and 81% respectively).

Base: All respondents: 2020 (1674)
Source: Ipsos MORI

Exploring the complaints pathway

The qualitative interviews explored the different stages of making a complaint about dental care or treatment. This included both participants' experiences of making a complaint and their expectations of a complaints pathway.

Various scenarios (outlined below) in which a patient may make a complaint were covered as part of this. The scenarios broadly reflected those explored in the survey, although an additional scenario was also included in light of the COVID-19 pandemic. Not all scenarios were explored with each participant, but all were covered across the interviews and each participant discussed either scenario 5a or 5b related to the COVID-19 pandemic.

Scenario 1

A dental professional is rude to a patient

Scenario 2

A patient's filling falls out after treatment from a dental professional

Scenario 3

A dental professional removes the wrong tooth

Scenario 4

A patient is overcharged for their treatment by a dental professional

Scenario 5a

Other patients are not observing social distancing in the waiting room

Scenario 5b

A dental professional briefly removes their PPE during treatment

The decision to make a complaint

During the interviews, participants were asked to think about a complaints pathway thinking specifically about what had happened or what they would like to happen from the moment an incident happened. Then, to think through making the decision to make a complaint or not. Then, the experience of complaining and finally, the outcome of the complaint.

Deciding to make a complaint

The severity of an incident was important to participants and shaped whether they would want to make a complaint. However, the reaction of the dental professional was also important; reactions were seen as symbols of a professional's commitment to their duty of care, whereas participants felt the incident itself could have been a mistake. As such, it was these reactions that participants said would often decide if they were to complain.

Examples of reactions mentioned in this context included dental professionals: being rude or appearing not to care about a mistake; being driven by profit (or appearing to be); and not providing clear information.

Participants also said they would only complain about lack of social distancing or use of PPE if they felt the dental practice was not implementing appropriate restrictions. For example, if it was obvious the practice staff were doing their best, but the public were not adhering to it, they would not complain.

Participants were, or had been, hesitant to raise a complaint about a dental professional or treatment in general. This was the case in real-life examples they gave, even where they had wanted to complain. Reasons not to complain included generally feeling too busy at the time, and poor previous experiences with trying to make complaints about healthcare. One participant said they had considered making a complaint about their dentist, but had avoided doing so as they did not want to get their dentist (who they described as really nice) into trouble.

At times, participants had wanted to complain or provide feedback, but instead had moved to a new dental practice to avoid doing so. This aligns with the 2018 research in which participants also said that they would leave the practice to show dissatisfaction, rather than give feedback directly.

“It felt like no-one wanted to give a straight answer.”

Interview participant, aged 41-55

Making a complaint

On the whole, participants were mostly happy with the idea of making a complaint at the dental practice first. However, there were exceptions to this, based on the perception that dental professionals at their practice would 'close ranks' if one of them received a complaint. In these cases, complaining to a third party organisation was more appealing.

Participants did have some experience of raising complaints with a dental practice, but they had not received a response or had been told the person they spoke to was not able to help. In these cases, participants had not escalated the complaint because they were not clear on the process and lacked faith that it would lead to a positive outcome.

Participants wanted to have a variety of options for raising a complaint including in-person at the time, by telephone or online. While some were happy to raise a complaint at the time, others said that a variety of routes was important because they would rather avoid confrontation or conflict in person. Participants who preferred telephone said this was because it is easier to assess a person's tone of voice and to know whether you are being taken seriously, and those who preferred complaining by email liked having a paper trail. Finally, participants highlighted that some patients require text-phone or to be offered a call-back if requested via a text-line, and that this should be accounted for in the routes available.

To help with making a complaint, participants told us that they would find it helpful to have mandatory complaints information displayed more prominently in their dental practice. The GDC does require this of dental practices as set out in the Standards for the Dental Team ¹². Participants wanted to see posters (at eye level) and take-home leaflets at the reception desk or in the waiting area, as well as information on the practice website and social media pages, and as part of transactions in the practice.

"The best way I've found is to go online and find a complaints email address – but then you get a reply back saying 'This is a no-reply email address'"
Interview participant, aged 26-40

¹² These can be found on the GDC website: <https://www.gdc-uk.org/information-standards-guidance/standards-and-guidance/standards-for-the-dental-team>

Making a complaint (continued)

Participants did not know how to escalate a complaint beyond the dental practice, and all said that they would start their search for the appropriate organisation online.

Beyond this, approaching an advocacy service such as the Citizens Advice Bureau or PALS for advice was also mentioned as a possibility, as well as speaking to the local Council about issues around failures to comply with COVID-19 safety protocols like social distancing and use of PPE.

However, while participants did not mind being referred to other organisations if useful, they wanted the routes to be clear and multiple referrals would deter them from continuing with the complaint. The only exception to this was where the complaint was more serious, which participants said may motivate them to continue, even if they were frustrated at repeat referrals.

Participants told us that the COVID-19 pandemic had not made any difference to how they want to go about making a complaint, but as covered overleaf, they would expect a fast response if the complaint related to this.

“I don’t really know what my rights are”
Interview participant, aged 26-40

Actions and outcomes of complaints

Across all scenarios, participants said they wanted acknowledgement of their complaint, an apology, and an appropriate resolution. This aligns with the 2018 research where interview participants said that an apology would show that they had been taken seriously.

For issues such as being overcharged for dental care or treatment, or a dental professional removing their PPE briefly during treatment, participants said that would feel comfortable raising this at the time. They would be satisfied with an acknowledgement, an apology, and finally being refunded the excess they had been charged or the professional putting their PPE back on. Participants said they would expect a particularly fast response if people were being endangered by dental practices not implementing or enforcing rules around social distancing and use of PPE.

For more serious incidents to do with their care or treatment, such as a dental professional removing the wrong tooth, some participants said they would want their complaint to be escalated further. Reasons for this included wanting an investigation of how the incident came to happen and wanting to make sure the dental professional did not make the same mistake again. They also referred to disciplinary action where someone had intentionally done something wrong.

However, overall, knowing that the practitioner or practice had learned from the incident, and that any mistake will not be repeated with other patients, was important. This was a much stronger theme than financial compensation, even for the more serious scenarios.

“The main thing was that they said sorry – they apologised. They agreed that they should have made it clear that the fee might have been higher, at the time they quoted the price”

Interview participant, aged 26-40

“If you have nothing to hide, you shouldn’t worry about complaints because there will be something you can learn from”

Interview participant, aged 26-40

Key findings

08

Key findings

The research generated a wide range of quantitative and qualitative data for the GDC to consider, particularly around new areas in the GDC Public Research for 2020.

Attitudes and perceptions of dental care

- Despite associating dental care with negative emotions, participants remained satisfied and confident with their experience, which is positive for the dental sector.
- The knowledge and expertise of dental professionals continued to be important to the public in shaping confidence, but other skills, such as bedside manner and communication were also important and can act as a indication or proxy measure of competency for the public. The complexity of the relationship between these factors means improving confidence and satisfaction in dental professionals is not likely to be straightforward but, as noted, these remain high overall.
- The qualitative research also suggested participants' experiences are also likely to remain positive despite the Covid-19 pandemic. And participants were broadly supportive of measures in place across dental care. There was, however, a need for consistency in communications about how and when to access dental care during COVID-19 and participants questioned how the GDC could contribute to this and ensure greater clarity. As the pandemic moves into the next stages, this will become even more pertinent, particularly in light of the slight decrease in public confidence in dental care overall.
- The cost of dental care and the requirement to pay at the dentist contrasts with other healthcare experiences for patients, and this remained a theme in 2020 as it has been in other years. In 2020, this was shown to interact with perceptions of trust, particularly due to increased charges for private treatment in light of the Covid-19 pandemic.

(Continued overleaf)

Key findings

Dental and health regulation

- The findings across dental and health regulation remained positive, with the public being confident in both. For example, 80% said they were confident in healthcare regulation overall. This confidence in both dental and healthcare regulation also suggests that the public may not distinguish between professional and system regulation overall. Discussions in the workshop around expectations of a regulator of dental professionals reinforced this as, at times, participants raised expectations that sit under the remit of the CQC.
- There was, however, a drop in awareness of the GDC in 2020 to 34% from 43% in 2018. It was unclear in the survey or qualitative research why this drop in awareness may have happened, although, as noted earlier, the 2020 findings fall within the range seen over the years and 2018 levels were particularly high. Raising awareness of the GDC has not been a major priority for the GDC, and reassurances were provided in the qualitative research where participants not only assumed a regulator of dental professionals would exist, but that they were not surprised by the functions of the GDC and there was overlap with their expectations. That said, there may still be some work to do to align public expectations of a regulator of dental professionals with the remit of the GDC; participants expected the GDC to carry out inspections and be more vocal and active in public protection. While dental practice inspections fall outside the remit and purpose of the GDC, the findings suggest more could be done to reassure the public about relationships and knowledge sharing with CQC.
- Positively, given the GDC's 'Shifting the Balance'¹³ work, participants in the workshop wanted the GDC to have a preventative role, and the public continue to want a regulator of dental professionals to focus equally on prevention and taking action against dental professionals who have serious complaints raised against them.

(Continued overleaf)

¹³ <https://www.gdc-uk.org/about-us/our-organisation/our-corporate-strategy-and-business-plans/shifting-the-balance>

Key findings

The use of the terms 'doctor' and 'specialist' by dentists

- While the quantitative and qualitative research suggested that dentists having the title 'doctor' was relatively less important to patients than other factors, the assumptions made about the title, reactions to the circumstances in which the title can be used, and differences across groups in how important the title was to the public, all raise questions for the GDC.
- Notably, the findings suggest that patients may assume the title indicates additional qualifications or seniority, especially as they also did not understand what any letters after the name of a dentist indicated. While the participants also had an expectation of the specific level of care from all dentists, this does raise concerns about perceived risk of harm. This is particularly the case if patients actively choose, or have greater confidence in a dental professional with the title 'doctor' for specific types of treatment. There are also risks that this could diminish overall trust and confidence in the profession as well.
- Additional questions for the GDC relate to the potential effect on other dentists who chose not to use the title. Participants raised concerns that patients could be less confident in those dentists, particularly when faced with a choice. This has clear implications for ensuring trust and confidence in the dental profession as a whole.
- While informing the public may redress some of the risks outlined above, it may also contribute to or perpetuate some of them too, given the current circumstances in which the term can be used. The findings suggest that the public may respond better to a more consistent approach that better reflected their expectations, such as a new term.

Cosmetic treatments

- Findings on seeing and hearing about cosmetic treatments broadly reflected those found in 2018, and tooth whitening was both the most advertised and taken up form of cosmetic treatment.
- There was learning around the levels of confidence in dental professionals to deliver Botox injections for cosmetic purposes, relative to other health professionals, with the public having less confidence in dental professionals than GPs and plastic surgeons. This was particularly pertinent in light of the wider findings on the use of the title 'doctor' and potential for additional risks or damage to trust in the professions.

Key findings

Complaints, feedback and advocacy

- Reassuringly, the proportion of patients who had complained about a dental professional remained low.
- Awareness of the DCS was low, even among those who received private treatment.
- Across the different scenarios getting support from the DCS in ensuring the dental professional apologises was important, both in the quantitative and qualitative research. The research suggested that ensuring this forms a key and obvious part of the complaints pathway in general for patients will be important.
- Similarly, the research suggested that building in reassurances that any complaint or feedback has been considered and learning fed back into the system to pathways is important to patients.
- That said, the research suggests that where patients lose money or where the incident is considered more severe, financial outcomes do become a more important aspect of the pathway.
- Being clear about the routes to complain and having a variety of ways to raise complaints – particularly at the dental practice – was also important to participants. While the dental practices are already required to show this, participants wanted greater clarity and support, with clear pathways to an outcome and minimal unnecessary additional referrals.

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