

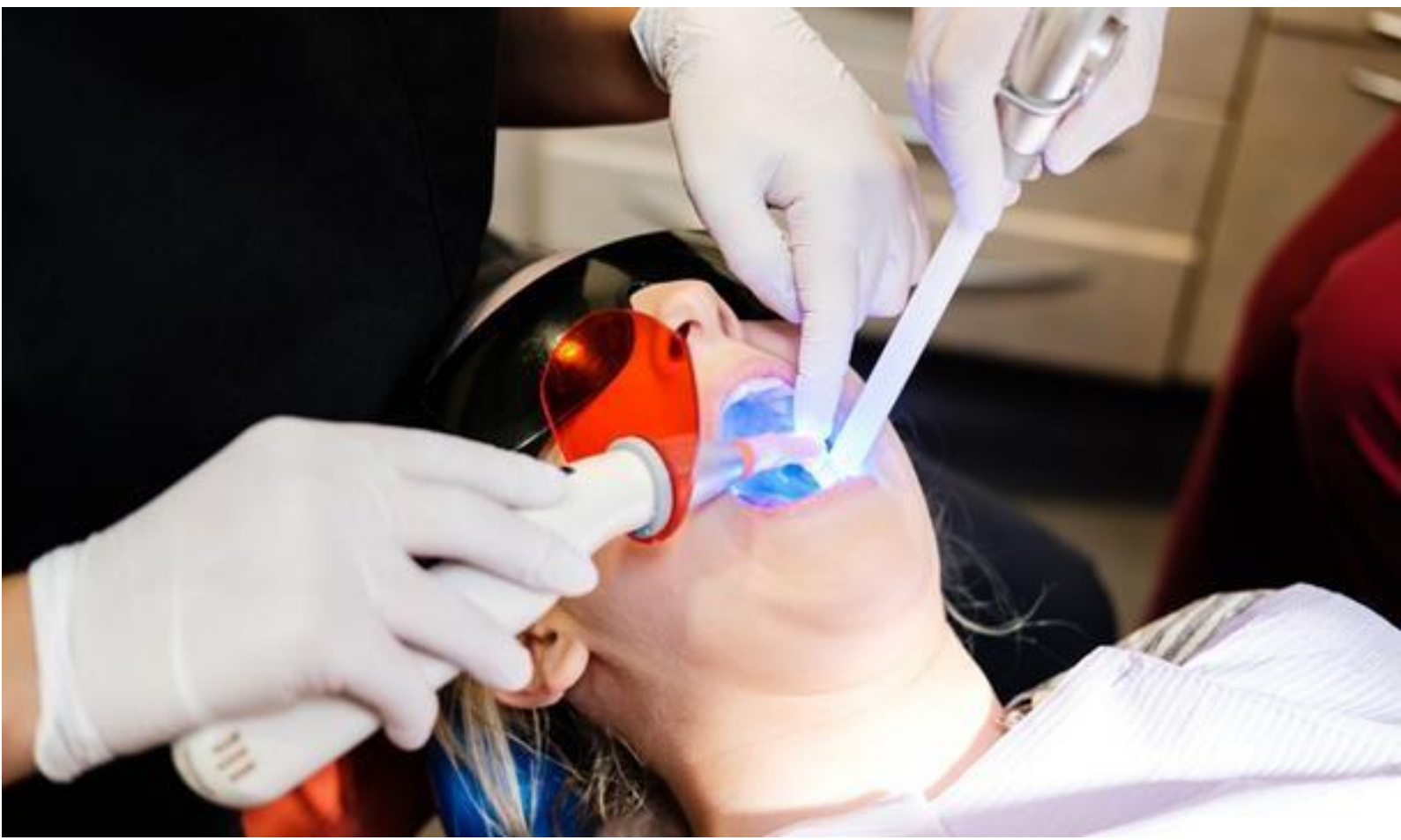
# Research into a shared understanding of professionalism

Bringing together patients and dental professionals

February 2021



*Bringing the voices of communities into the heart of organisations*



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# 1. Executive summary

## 1.1 Introduction

The General Dental Council (GDC) is carrying out a programme of work to develop a consensus-based understanding of professionalism in dentistry to inform development of 'Principles of professionalism' that will inform a review of the standards expected of dental professionals. This research brought together 20 patients and 10 dental professionals, in the spirit of co-production, to further inform that work.

## 1.2 Key findings

### Views of professionalism

- Patients and professionals enjoy and acknowledge a degree of shared understanding in relation to professionalism. This is underpinned by expectations of: good communication; trust; teamwork; knowledge and skill; and respecting patients as individuals.
- Patients and dental professionals regard clinical expertise (knowledge and skill) as core to professionalism even though it is not always evident in the positive stories of professionalism shared by patients and professionals.
- Communication is often used as a proxy for clinical expertise as patients judge a dental professional's clinical expertise based on their ability to communicate treatment options.
- Although there is much common ground in patients' and dental professionals' views of professionalism, there are also differences.
  - Patients' views are firmly rooted in the interactions they have with dentists rather than professionalism as a holistic construct. As a result, dental professionals are quick to point out that patients' examples of professionalism make little of the rules, regulations and ethics that govern their own view of professionalism.
  - Patients expect professionals to have a more in-depth view of professional behaviours based on their years of training, potentially resulting in professionals holding themselves to a higher account (than patients).

### Exploring specific influences on professionalism

- Patients predominantly regard themselves as patients rather than consumers, placing their trust in a dental professional and expecting appropriate treatment and advice in return. Comparisons are made to other healthcare professions such as doctors. In contrast, dental professionals explain the patient-consumer dynamic as a spectrum (rather than giving a binary answer).



- Regardless, the patient-consumer dynamic is not thought to impact on expectations of professionalism.
- Dental professionals appear more concerned than patients about business interests impacting on professionalism. They draw attention to issues with the NHS contract as well as market forces and put forward a number of specific examples to evidence their view.

### Reactions to draft principles

Participants were shown a set of draft principles of professionalism (based on existing Standards). These principles require further refinement, however, initial reactions are broadly positive:

- Both patients and dental professionals welcome the draft principles of professionalism and few indicate that there is anything missing.
- Dental professionals believe that they are already delivering against the principles.
  - Although there are several mentions of the challenges involved in 'work in partnership with others'.
- In contrast, patients are more likely to question whether ALL dental professionals are delivering against the principles.

### Exploring the Delphi process

One of the aims of this research was to contribute to the further understanding of findings from the Delphi process<sup>1</sup> commissioned as part of a mixed-methods research study conducted by the Association for Dental Education in Europe (ADEE).

A number of differences that emerged from the Delphi process (where patients and dental professionals did not reach a consensus about whether a particular behaviour was highly unprofessional or not) appear to reflect two different views on professionalism, particularly in relation to out of work behaviours:

- Dental professionals who take a holistic view of professionalism and are familiar with the rules and regulations associated with it, including the prospect of

<sup>1</sup> The modified Delphi method aimed to seek a quantitative consensus (based on 1069 responses to round 1 of the study and 665 responses to round 2) in how professionalism is defined and the behaviours and attributes it encompasses (using 53 statements). Seeking to identify clearly defined areas of agreement and also areas where there is a lack of consensus. Further information can be found [here](#).



litigation that might follow a breach in behaviour, are more likely to take a stringent view of out of work behaviours.

- Patients, who are primarily concerned about the professionalism of the interaction, show more leniency towards a number of out of work behaviours, often citing that professionals are entitled to a private life (as long as it does not impact on the interaction).
  - As a result, they are more likely to take a societal rather than a regulatory view of behaviour.
- The research also confirms the contextual nature of professionalism. When rating the Delphi statements dental professionals and patients often question the context of a particular behaviour. There is a reluctance to view ambiguous behaviours as highly unprofessional unless there is a clear understanding of context. This is particularly the case for dental professionals who often draw attention to specific scenarios when rating the attributes and behaviours.

Finally, there are some questions raised over language in relation to several statements in the Delphi process.

- Having a good knowledge of other dental professionals' roles and duties was not always regarded essential as 'good knowledge' suggested an unachievable level of expertise to some.
- Providing non-essential antibiotics at a patient's request raised some to query what was meant by non-essential.



## 2. Introduction

### 2.1 Context

The GDC is carrying out a programme of work to develop a consensus-based understanding of professionalism in dentistry to as part of a programme of work to promote the importance of professionalism, including the development of 'Principles of professionalism'. Extensive research has already been conducted, most notably 'Professionalism: A Mixed-Methods research Study' undertaken by the Association for Dental Education in Europe (ADEE). This study included a modified Delphi method that sought consensus on how professionalism was defined, as well as highlighting areas where there was a lack of consensus.

The GDC wished to build on this research and further inform the review by undertaking further engagement towards understanding consensus (and lack of) between patients and the public and registrants. More specifically, the objectives of the research were to provide the GDC with further clarity about:

- Patient/public understanding of professionalism in dentistry, and what this looks like in practice.
- Registrants' understanding of professionalism in dentistry, and what this looks like in practice.
- Areas of consensus in patient/public and registrants' understanding and expectations of professionalism.
- Areas of disagreement in patient/public and registrants' understanding and expectations of professionalism.
- An outline of consensus-based 'key themes of professionalism' to inform the GDC's ongoing development of the principles.

### 2.2 Methodology

The methodology was built on the spirit of co-production and brought together patients and dental professionals in a qualitative and collaborative online forum. An online forum offers a level of anonymity that would not be possible in face-to-face workshops and therefore it can enable participants to share more sensitive and/or honest points of view. Participants could contribute at any time of the day or night whilst the forum was live, it was therefore also a good method to fit in with the schedules of busy professionals.



The forum took a sequential approach, initially convening 20 patients and 10 dental professionals to work in homogenous groups, before bringing the two audiences together to explore the emerging themes of professionalism. This approach allowed patients to build knowledge and confidence on the subject of professionalism, based on their own experience and without the possible intimidation they would feel in participating in a joint discussion with registrants from the start. It also ensured that dental professionals had a safe space to share any challenging views, for example the potential tension between financial interest and patients' interests and any impact this has on professionalism. The approach and content is summarised in Figure 1.

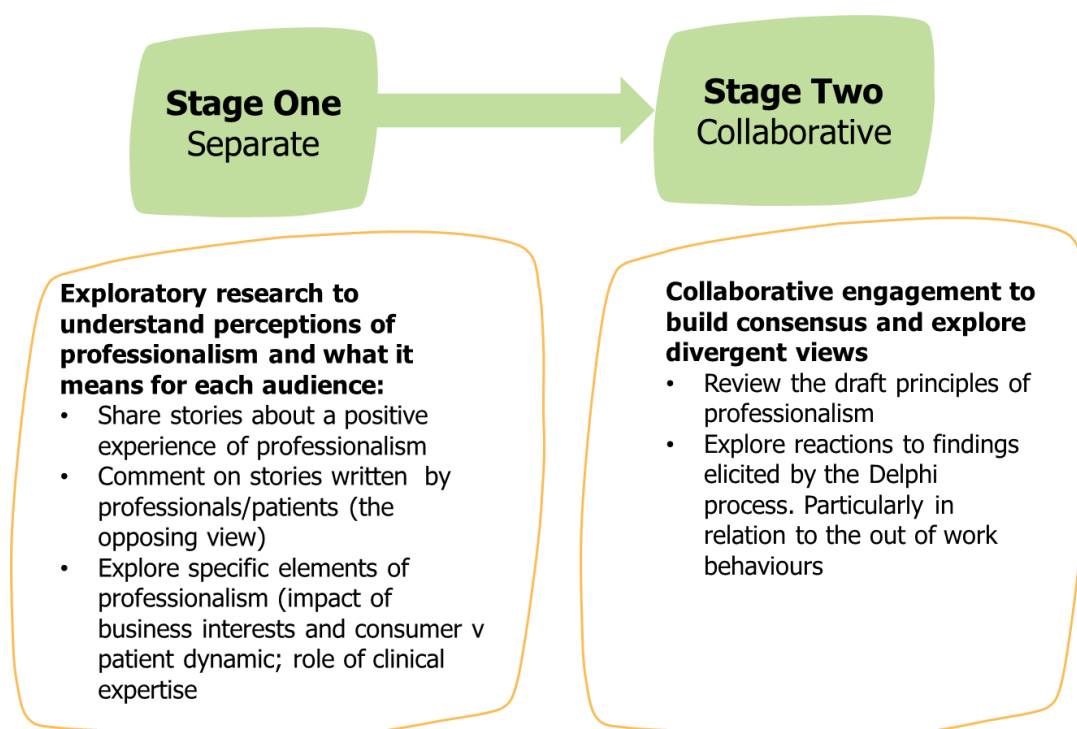


Figure 1 – Summary of approach

A full outline of the tasks undertaken by participants is provided at Appendix A.

## 2.3 Sample

20 patients and 10 dental professionals were recruited to the online forum. Quotas were set to ensure a broad cross section of both patients (Table 1) and dental professionals (Table 2). The final sample was as follows:





Table 1 – Sample of patients

Criteria	Number
Type of care	5 x Private 5 x NHS Free 8 x NHS Paid 2 x NHS and Private
Country	13 x England 2 x Scotland 3 x Wales 2 x Northern Ireland
Urban versus rural (self-classification)	12 x Urban 8 x Rural
Gender	9 X Male 10 x Female 1 x Other
Age	7 x Under 35 years 9 x 35-65 years 4 x 65+ years
SEG	7 x AB 7 x C1C2 6 x DE
Ethnicity	5 x BAME
Long term condition/disability	3 x LTC or disability

Table 2 – Sample of dental professionals

Criteria	Number
Profession	4 x Dentist 3 x Dental nurse 3 x Hygienist
Country	6 x England 3 x Scotland 1 x Wales 1 x Northern Ireland
NHS x Private practice	4 x NHS 3 x Private 3 x Both
Gender	6 x Female 4 x Male
Age	4 x Under 35 years 3 x 35-45 years 3 x 45 + years



## 2.4 Notes on reading the report

It is worth noting that the dental professionals and patients who participated in this research 'opted in' to the process and actively responded to communication about the research saying that they were willing to participate. It could be that those who opted into the process are different in some way to the wider population of professionals and patients eligible to participate.

It is also important to note that qualitative research is not intended to be statistically reliable and, as such, does not permit conclusions to be drawn about the extent to which something is true for the wider population.

Throughout the report, quotes have been included to illustrate particular viewpoints. It is important to remember that the views expressed do not always represent the views of all dental professionals and patients who participated. In general, however, quotes have been included to illustrate where there was particular strength of feeling about a topic.

Where positive stories of professionalism have been highlighted it is important to recognise that they are considered positive from the perspective of the interviewees who outlined them as such and not necessarily by the GDC.



## 3. Positive stories of professionalism

### 3.1 Introduction to the task

At the very beginning of the online forum, patients and dental professionals, in separate groups were asked to share a positive experience of professionalism in dentistry. Participants were told that the focus of the research was not specifically on views of professionalism during the COVID-19 pandemic. Stories about professionalism when it was 'business as usual' before the pandemic, as well as more recent examples during the current crisis, were invited.

Patients were asked to describe a time that they felt that a dental professional behaved professionally towards themselves or their child (if they struggled to think of a notable example, they could describe what happened in their last appointment and highlight what was 'professional' about the experience).

Professionals were asked to share a story of a time when they witnessed, experienced or demonstrated an action or behaviours that exemplified professionalism or showed a fellow professional's character, nature or professional values.

The resulting stories received from both groups supported a central finding from recent research commissioned by the GDC<sup>2</sup>: "Good communication is paramount to all concerned. The public expect clear explanations, engagement in the decision-making process, being put at ease, made aware of the risks and consequences, and feeling their opinions matter. They do not want to be overwhelmed or confused or told what will happen without consideration of their views."

### 3.2 The patient perspective

Several themes emerged from the stories shared by patients. These were as follows:

- Expectations of professional behaviour extended to the **whole practice team**, including reception staff.
- Patients linked **timeliness of appointments** to professionalism. Several stories referenced:
  - Receiving an almost immediate appointment when in pain.
  - Being seen on time.

<sup>2</sup> [https://www.gdc-uk.org/docs/default-source/research/professionalism---a-mixed-methods-research-study.pdf?sfvrsn=3327e7e2\\_1](https://www.gdc-uk.org/docs/default-source/research/professionalism---a-mixed-methods-research-study.pdf?sfvrsn=3327e7e2_1)



The way the dentist understood the severity of my pain and arranged for the next day appointment was really a professional behaviour. (Patient, 25-34, NHS Paid, Northern Ireland)

- Patients also linked **good hygiene standards** to professionalism; perhaps more so than ever during the COVID-19 pandemic than previously:

During the pandemic I have been pleased with the dentist and hygienists wearing masks and reassuring me about everything having been sterilised before my appointment. (Patient, 25-34 years, NHS Paid, England)

- **Good communication** (between dental professionals and patients) was a common thread throughout all the patient stories and included references to:
  - Dental professionals giving clear explanations of treatment options, preventative measures and costs.
  - Dental professionals actively listening to patients' questions and concerns.
  - Dental professionals adapting communication styles to children, nervous patients and patients with specific communication needs.

He also explained the charges that I would incur and made sure I was happy with these before he started. He also checked that I was comfortable at various times during the check-up and explained what he was going to do, at all times. (Patient, 25-34 years, NHS Paid, England)

I am hard of hearing and the entire process of going to these appointments was quite stressful as with the added PPE (masks and visors) it is difficult for me to hear and understand what is being said. Without needing to be asked (unsure if it was on my notes or if she noticed my hearing aids) my dentist ensured she was facing me throughout the appointment so the sound was not distorted. She explained everything to me in a clear and loud voice which really helped me to follow what was going on throughout the procedure. (Patient, 25-34 years, NHS Paid, England)

- Communication was linked to **how dental professionals made patients feel**. This was another important aspect of professionalism for patients and stories highlighted:
  - Patients being made to feel at ease.
  - Patients not feeling rushed.
  - Patients being made to feel proud of their dental hygiene routines.

Once in the dental room, the staff do not make you feel rushed and are always very pleasant and reassuring, especially when my children were younger. (Patient, 44-64 years, NHS Paid, Northern Ireland)



During the check-up, the orthodontist assessed the health and cleanliness of my gums. He was very encouraging and let me know that I was doing a good job of maintaining the health of my mouth. His positivity motivated me to keep being diligent in keeping the gum line and the areas around the braces clean. (Patient, 35-44 years, NHS Paid, England)

I struggle to figure out if a temporary filling feels comfortable, so she checked it thoroughly and allowed me time to really think about it and gave me chance to change my mind if needed. (Patient, 25-34 years, NHS Free, England)

- Finally, several stories included professionals **going the extra mile** for a patient.
  - One patient with agoraphobia was never asked to use the waiting room.
  - Two stories were given about nervous patients being met outside the practice and being accompanied throughout the appointment.

First of all, the dental nurse met me outside when the taxi arrived so that I would not have to go in alone. She stayed with me at all times and even held my hand during treatment. Having all my upper teeth out was traumatic and my self-confidence was at an all-time low but they quickly fitted my denture and were full of enthusiasm and compliments to try and boost my confidence and mood. (Patient, 35-44 years, NHS Free, Wales)



### 3.3 An example of the patient perspective

#### **A patient's story of professionalism**

My first appointment with my current practice is an outstanding example of professional behaviour. I had not attended a dentist for many years and was phobic. My husband had warned the practice of my fear when making my appointment and from the moment I first walked through the door until the moment I left I feel I was treated in a professional manner. The reception staff were welcoming and told me to take a seat and they let me know how long it would be before I would be called. A dental nurse came to collect me from the waiting room and led me to the treatment room. When I got into the room the dentist smiled and greeted me. Overwhelmed, I burst into tears and told her how scared I was. The dentist was very calming and reassuring and let me gather myself before even getting me to sit in the chair. Before going near my mouth she fully explained exactly what she was going to do and reassured me that she would stop if I felt uncomfortable at any point in time. When I got in the chair I was asked if I was comfortable and during my check up and x-rays I was constantly reassured that I was doing well and exactly what was happening was explained to me. The dentist showed me my x-rays, explained their results and then formulated a treatment plan with me. At all times she was calm, did not rush me and explained things in such a way that I was able to understand what she was talking about. I left the treatment room relaxed and no longer in fear of going to the dentist. (Patient, 45-54 years, NHS Paid, England)

### 3.4 The dental professional perspective

The stories recounted by dental professionals touched on some of the same themes highlighted by patients as well as more specific aspects of professionalism, including:

- The importance of **communication skills**, particularly in challenging circumstances, this incorporated:
  - Educating patients about treatment options.
  - Dealing effectively with angry or agitated patients.
  - Demonstrating warmth/compassion.

The dentist discussed all the options with the patient and explained that veneers were a poor choice. Through taking a little extra time with the patient, the patient became educated in more suitable options, and the caring approach was acknowledged by the patient. (Dentist)

The dentist smiled and said "it's okay, we all have our days". It was amazing the way he tackled the patient. This case stood out for me as the dentist showed such patience which is rare in today's world. His calm and composed demeanour changed the patient's heart and I feel it exemplified professionalism. (Hygienist)



- The care taken to obtain **informed consent**:

We decided then that we did not and could not gain consent to carry out treatment on this occasion. We called the patient's wife to come collect him and so he left. (Dental Nurse)

- The **clinical expertise** of the dental professional:

An example of professionalism is when during the first lockdown when dentists were closed and only urgent hubs were open.....They had a telephone consultation with a patient complaining of a swelling in their mouth. They arranged for the patient to come into the clinic and arranged for an x-ray to be taken which showed something not normal.....it shows that rare things can be picked up by dentists and it shows that patients need to be examined face to face in order to make a diagnosis. (Dentist)

- Working as part of a **team**:

I explained he may need a referral to have a specialist look at it and I would be happier if he saw a dentist too. We decided to carry on with the scale and polish, the patient's oral hygiene was excellent and there was minimal work for me to do, I completed the treatment much quicker than the time allowed. I explained as he needed a shorter appointment than anticipated I would only charge him for a standard appointment and I would arrange for him to see one of our dentists. I answered all of his queries and he happily made an appointment to see a dentist later the same day. I hope his first impression of the practice was of extreme professionalism, from the reception greeting to his treatment in the surgery and the advice and care he received. (Hygienist)

- Adhering to **guidelines** (including those more recently necessitated by COVID).

A few weeks ago I had a patient who had high temperature and still turned up to his emergency appointment. My team was concerned and worried as the patient could potentially have COVID-19. After taking his temperature repeatedly from different locations of his body, it was still very high. I explained the current procedures to the patient and calmly asked him to contact NHS 111 and book a COVID test. Three days later the patient returned back and had a negative test result. I believe I approached this situation very professionally and did not put anyone at risk. (Dentist)



### 3.5 An example of the dental professional perspective

#### **A dental professional's story of professionalism**

The patient became angry with this news and said I was being over the top asking them to defer their treatment. I apologised to the patient and explained I was just following up to date guidance and that I was doing this to keep the patient safe. The next time I saw this patient they apologised for being rude about having to rearrange their appointment. The patient was going through a difficult family matter at the time and all their stress and upset at the time came out that day. I listened to the patient and understood why they would be acting that way in the given circumstances. I believe I acted with professionalism as I never judged the patient for how they acted, I acted with kindness and understanding, whilst also maintaining the need to follow strict guidance to keep myself and the patient safe. I continue to never take it personally when a patient gets upset with me or appears to be acting rude. I understand that everyone's human and may be having off days. And often patients are scared having to visit the dental surgery and this can often be manifested into acting defensively. I believe having compassion for my patients is so important in my job, and is a true example of professionalism. (Hygienist)

### 3.6 Self-identified similarities and differences

Patients and dental professionals read through examples of each other's stories and were asked what they saw as the similarities and differences between the two viewpoints. Several common themes were highlighted by participants as well as some noticeable differences of perspective.

#### **Similarities in the stories shared by dental professionals and patients**

Both parties immediately recognised that good communication was at the heart of many of the stories that had been shared.

Indeed, several dental professionals believed that patients judged professionalism solely in relation to communication:

Communication is an underlying theme. Without effective two-way dialogue then the process breaks down. (Dentist)

They are very similar with the professional posts because they all contain examples of compassion from the dental professionals, taking the time to listen and explain things properly and in detail to the patients. (Hygienist)

I think communication is the key similarity in both. Good communication with the patient is what both agree is important when it comes to professionalism....and also patience. (Patient, 25-34 years, NHS Paid, Wales)





Dental professionals and patients both recognised the importance of trust within the stories:

I think it shows that both dental professionals and patients rely heavily on trust between them and both recognise that treatment needs to be adequately explained for individuals to understand. This puts the patient's mind at rest and allows the dentist to have confirmation of what has been agreed. (Dental Nurse)

From my story and others, I think we have a high level of trust in our dentists, and from these statements you can see why. (Patient, 45-55 years, Private, Scotland)

Stories highlighted patients being respected as individuals – a 'patient first' approach. Patients and dental professionals believed that the stories defined professionalism as being when:

- Dental professionals demonstrated empathy and compassion towards an individual patient's circumstances.
- Dental professionals took time to understand the best outcome for a patient.

The stories all show, that being professional, means taking time and care and thinking about the best outcome for the patient. Even at challenging times. (Patient, 44-64 years, NHS Paid, Northern Ireland)

They also exemplify appropriate personal and professional treatment of each patient. Overwhelmingly, they demonstrate holistic care for each individual and their specific needs. (Patient, 55-64 years, NHS Free, England)

Patients and dental professionals both recognised that the stories made reference to the wider dental team.

Additionally, I think it shows that patients like to have contact with all members of the dental team, from receptionist, nurses and dentists. This was shown in the previous examples of professionalism [by dental professionals] when multiple members of the dental team would get involved to help or assist with a patient's care. (Dental Nurse)

The main similarity the professional stories have to the patient stories is that they highlight the unwavering dedication of dental staff and their colleagues to taking care of patients. (Patient, 35-44, NHS Paid, England)



## Differences in the stories shared by dental professionals and patients

Patients and dental professionals regarded professionals' stories as more diverse and complex than those shared by patients. They explained that:

- Dental professionals' stories were more likely to touch upon the clinical expertise of the dental professional.
- Dental professionals' stories were more likely to highlight difficult situations faced by professionals, and sometimes conflict.
- In contrast, patients focused on more day-to-day aspects of professionalism (business as usual).

In part the difference in the nature of the stories may be driven by the research design (with patients being told they could describe their last appointment if they could not think of a standout example of professionalism). However, it is also likely to be a result of dental professionals having many more interactions with patients (than patients do with dental professionals) and therefore more 'stand-out' stories to choose from.

It seems to me that from a patient's perspective, to be professional is to be polite, show interest in the patient as a person not a mouth, make them feel at ease and comfortable. The dental professional stories tell of diffusing problems with aggressive patients, making the correct diagnosis in extreme circumstances, managing patients' unrealistic expectations of cosmetic dentistry. (Hygienist)

I think they all involve far more diverse and complicated situations than I have ever had to experience (thankfully) when visiting a dentist. It is enlightening to read of such complicated events which I have never heard of before, or considered in the past. It has brought it home to me just how difficult and interlaced dentistry obviously is, and although I understand good and professional dentists do consider the welfare of their patients, the many ways this welfare is considered and put into practice is something of a revelation. (Patient, 65-74 years, Private, England)

I think the professionals describe mainly situations where they have gone above and beyond for their patients, whereas us as patients have described more simple things as being examples of professionalism such as just being friendly with us and explaining things to us clearly making us feel reassured. (Patient, 25-34 years, NHS Paid, Wales)

Several patients noted that some of the stories shared by dental professionals referred to professionals standing their ground, abiding by regulations and/or



demonstrating confidence in their own expertise and experience. These were professional behaviours that patients assumed resulted from a dental professionals' training.

I noticed that in all of the stories, staff would recall themselves and their colleagues keeping the balance between being patient and reassuring, and the need to abide by the rules and regulations in order to keep both staff and patients safe. (Patient, 35-44, NHS Paid, England)

Several dental professionals noted that patients tended to focus on their interactions with dental professionals and did not make reference to a more holistic concept of professionalism.

Professionalism in dentistry is not only good communication with the patients. The stories posted by patient only focus on that. They omit everything else that is part of professionalism. I was surprised by the fact that no one mentioned at least the fact if the dentist is registered and if the dentist undertook continuous professional development. (Dentist)



## 4. Exploring specific aspects of professionalism

### 4.1 The relationship between clinical expertise and professionalism

Although it was mentioned by dental professionals, clinical expertise was not a component of many of the earlier stories. To explore why this was the case, the following quote (taken from previous research) was shared within the online forum to prompt debate:

Several participants stated that good communication was the most important aspect of being professional. The groups with dental professionals suggested that good communication can help to avoid official complaints, making these 'soft skills' even more important than clinical knowledge.

#### **Clinical expertise is core to professionalism**

Overall, patients and dental professionals acknowledged the vital role that 'soft skills' played in professionalism, but they did not agree that 'soft skills' were more important than clinical knowledge.

Dental professionals regarded clinical expertise, resulting from extensive and continual training, as the bedrock of professionalism.

It is proven, I think from previous GDC research that the better the clinician's 'soft skills' the less likely that the clinician will receive any complaints, formal or otherwise. As a clinician, I would think clinical expertise is most important, however if you have the soft skills too, that is a great mix. (Hygienist)

I feel clinical knowledge is definitely the foundation of practice and should be given the most importance. I also feel soft skills are important, not only to prevent litigation, but to provide care and compassion to the patients and to make them feel at ease. Clinical expertise is one of the core elements of professionalism. (Hygienist)

Patients fully agreed with dental professionals about the primary role of clinical expertise within professionalism.

If they don't have clinical expertise, what are they doing practising in dental surgery and dental treatment? I think this could be said for any profession. You expect expertise first and foremost. (Patient, 35-44 years, NHS Free, Wales)

We should be able to take, the clinical excellence of any practitioner, for granted. There are requirements, for a person to practice. (Patient, 44-64 years, NHS Paid, Northern Ireland)



While they play an important role in the provision of care, soft skills cannot be a substitute for the detailed clinical knowledge that healthcare professionals spend years developing to become proficient in their field of work. (Patient, 35-44, NHS Paid, England)

### Difficulty of patients judging clinical expertise

Both dental professionals and patients acknowledged that it was difficult for patients to make judgements about clinical expertise. Some patients explained that they would not feel comfortable asking direct questions relating to the clinical expertise of a dental professional and others highlighted that online reviews were often an unreliable source of information.

Patients and dental professionals agreed that patients could only rely on their own experiences to judge clinical expertise and would do this based on their experiences of:

- Alleviation of pain (through treatment).
- Aesthetics (more so in relation to cosmetic dentistry).
- Comfort and fit (dentures).
- Longevity of treatment (e.g. how long the filling or crown lasts).

I am actually unsure of how a patient would judge the clinical skills of a dental professional. I guess if what work they have had carried out looks right, is pain free and results in better overall oral health for the patient. (Hygienist)

I don't think that the majority of patients really understand clinical expertise. For many the defining argument for this is pain free dental treatment, and longevity, and this reflects my own experience providing routine dental treatment. (Dentist)

I'm not sure a patient can judge the clinical expertise of his or her dentist, or needs to. If the patient comes away from treatment healed and satisfied, I doubt if they care. (Patient, 65-74 years, Private, England)

Since not all patients would be able to make a judgement based on experience, both patients and dental professionals recognised that communication was often used as a proxy for clinical expertise. Dental professionals reported that they demonstrated their clinical expertise by giving detailed explanations of treatment options, preventative measures and so on.

Dental professionals communicate [clinical expertise] in a number of ways, explaining it all to the patient before starting ... showing them Digital X-rays pointing out and showing healthy and unhealthy teeth. Even just pointing



things out in a mirror helps so the patient can see for themselves. (Dental Nurse)

Patients confirmed that they relied on this type of communication to reach a judgement on the clinical expertise of a dental professional.

If the dental professional has managed to efficiently explain the problem at hand and the action plan for future treatment, this reassures me of the dental professional's expertise. He has recognised the problem and then come with a plan to help rectify the problem, this is proof of his/her capabilities. (Patient, 25-34 years, Private, England)

I measure their expertise by how well they convey that information to me. If they are able to explain to me the procedure with me having full knowledge and understanding of what is happening then I will see them as being an expert at the job. (Patient, 25-34 years, NHS Paid, England)

Several dental professionals suggested that patients' lack of ability to assess clinical expertise was the reason it was not more evident in the positive examples of professionalism recounted by patients. They also questioned whether a patient should really need to question the clinical skill of a qualified professional.

I think most patients that enter a dental practice are aware the dentists treating them have trained for a long period of time and often don't necessarily think twice about their clinical knowledge. They just take it as a given. (Dental Nurse)

## 4.2 How the consumer dynamic impacts on professionalism

Patients were asked whether, when visiting a dental professional, they see themselves as a customer /consumer or a patient and what difference that makes to their expectations. Patients mostly identified themselves as patients rather than consumers, this included several patients who had received fully private dental treatment at their last visit. For the most part, patients regarded dentists as akin to medical and other healthcare professionals (doctors, nurses), explaining that they placed their trust in these professionals and expected sound advice and treatment in return.

I see myself as a patient as it is my health that is being looked after. This means I expect excellent care, just the same as when I go to a doctor. I see the two as very similar experiences. (Patient, 25-34 years, NHS Paid, Wales)

I see myself as a patient, similar to going to doctor, or even hospital. I think I see myself as a patient because you are putting trust in a knowledgeable healthcare professional and letting them treat you as they see fit – e.g. if they



say you need a filling then they know best and you have faith in the diagnosis. (Patient, 45-55 years, Private, Scotland)

I would always see myself as a patient. I attend a dentist, even for a routine check-up, for what is effectively medical advice. My expectation is that the dentist would advise on the best course of action, from a medical perspective. That is not to say, that on certain treatments then may be a range of differently priced options, but the care should be primarily based on clinical advice. A dentist can be every bit as professional and important, as a doctor. (Patient, 44-64 years, NHS Paid, Northern Ireland)

The minority of patients who wholly, or partially, identified themselves as consumers did so because of the 'fees' involved in dentistry (they were NHS patients who paid for treatment). However, regardless of whether they identified as patients or consumers they expected to be treated with the same level of professionalism by dental professionals, again making comparisons between dentists and doctors.

I see myself as both. If I'm expected to pay [often exorbitant!] fees, I'm a consumer, but as it's a health situation, I'm also a patient. No, I expect the same level of professionalism as with a doctor visit. (Patient, 65-74 years, NHS Free, Scotland)

Yes, primarily I think myself as a patient but then as I am paying a hefty fee, I have the right to consider myself as a consumer. There is, as such, no massive differences, I expect the same level of professionalism in both the scenarios. The dentist and the doctor both are similar type of profession and their primary job is to save life and thus irrespective of whether I am paying or not I expect similar professionalism. (Patient, 25-34, NHS Paid, Northern Ireland)

In contrast, dental professionals expressed more divergent views about the extent to which their own patients identified as patients or consumers, as follows:

- Some supported the majority patient view, explaining that as dentistry was a healthcare service, they believed most would see themselves as patients rather than consumers.
- Some believed that there was a difference between those receiving free NHS treatment and those who paid for treatment (privately or through the NHS), with those required to pay, more likely to behave as and see themselves as consumers.
- Some believed that it was dependent on the type of treatment, with people looking to alleviate pain more likely to identify as patients, whilst those seeking cosmetic treatment more likely to identify as consumers and to 'shop around'.
- Finally, there was a suggestion that the younger, 'Instagram' generation was potentially more likely to view themselves as consumers, than older people.



I believe they see themselves as patients as we are here to make sure their oral health, function and aesthetic needs are met. They start to become consumers if they are purely requesting things that are not necessarily improving their oral health or function. So, in a nutshell, a patient who is in severe pain is not the same as a patient who would like teeth whitening. Their needs and requests are different. (Dentist)

In essence, for almost all dental professionals (and for a very small number of patients) there was no blanket view of whether those requiring dental services and treatments view themselves as patients or consumers, rather it can be viewed as a spectrum. Some factors (cosmetic treatments, age, payment of fees) have the potential to push patients towards feeling they are consumers. Other factors (being in pain, in receipt of free NHS treatment, nervousness/fear of dentists) are more likely to keep patients seeing themselves as patients.

Paying fees or not (whether NHS or private) does not, in and of itself, automatically determine the patient's position on this spectrum.

### 4.3 How 'business' impacts on professionalism

In previous research dental professionals had discussed the tension between patients' interests and financial interests in relation to professionalism. To further explore this tension, dental professionals and patients were shown a quote taken from the research report:

I think the difficulty that can be put in the way of dentists is that you're not just a healthcare professional, but you're also a businessperson and it's getting those two parts of your role right. And it's understanding that they can sometimes be competing, and you may be tempted to behave in a way that's not truly professional in order to keep the business side of things going.

Patients and dental professionals were then asked how concerned they were that dental professionals were balancing managing a business, whilst providing healthcare.

#### Dental professionals' perspective

Dental professionals did not tend to allude to business interests impacting on their own professionalism, but almost all dental professionals did express some level of concern relating to the impact of business interests on professionalism in dentistry more generally. These concerns appeared to be driven by one of two factors:





- The NHS contract – and the potential for it to impact on the type of treatment offered, as well as on transparency of treatment options.
- Market forces - competition amongst dental practices resulting in:
  - The need to mitigate against increases in material and staffing costs, including potentially the costs of training and upskilling as part of Continued Professional Development.
  - The potential temptation to recommend unnecessary treatments.

Examples of these concerns were eloquently expressed by dental professionals themselves:

### The NHS contract

I am quite concerned that dentists are balancing a business whilst providing healthcare, especially in the NHS. There is limited time for dentists to work with patients and the professionalism may be compromised due to time restrictions especially when undergoing lengthy procedures such as root canal treatment. (Dentist)

At times, I think some professionals in the NHS sector do lean towards private treatment and at times offer both options to patients, but can try to heavily influence a patient's decision. This has worried me at times when I feel it is borderline crossing the ethical principles set out by the GDC. An example I have had a few times is when individuals present with a large cavity present on a molar tooth and the options given are for a private onlay or crown. I have seen times when NHS crowns are only quickly mentioned and even private fillings are almost ignored. I understand a dentist is looking for the best restoration option for a tooth, but again there must be transparency and understanding between patient and professional. I have felt that professionalism has been affected in these instances. (Dental Nurse)

The concerns regarding professionalism would be regarding NHS dentistry, for example, if a dentist needed to do a root canal treatment on an upper first molar, these teeth have three roots and the treatment would take a minimum of one hour and may require two appointments, plus the filling on top, the dentist would get paid a Band Two fee. The alternative would be to extract the tooth which would take 20 minutes and the dentist would get paid the same fee. The correct treatment would be the root canal, however, from a business perspective, this doesn't work and I'm sure it affects the dentist's professional judgement. (Hygienist)

An example of how professionalism could be compromised due to dentistry being a business is the NHS Units of Dental Activity (UDA) system. A patient could present with high needs in terms of their dental health, e.g. needing multiple fillings and multiple sessions needed to treat gum disease, give diet advice etc. Gold standard treatment would be to spend a good amount of hours to carry out thorough treatment, but because of how the UDA system works this would be terrible for business, as little financial gain would be made from spending so much time treating just one patient. This compromises care I believe, and therefore professionalism. (Hygienist)



### Market forces

Regarding cost/business considerations getting in the way of professionalism, I think at the current times, and with the profit margins dropping so fast, dentists will try to save money, and this will reflect on the quality of machinery and materials used to provide dental care. Another thing is that quality CPD is expensive and if we want to keep on top of the latest innovations and techniques we will need to spend money. If you don't have the money to do it, you will need to keep taking current CPD which doesn't bring almost anything new, just gives you hours for your mandatory CPD cycle requested by the GDC. (Dentist)

It's a tricky time just now, cost of materials have skyrocketed, utilities keep going up, cost of PPE has exploded, lab fees, constant changes to guidance etc. Running a business and trying to turn a profit and keep everyone happy could affect the running of a practice in a way that you could see corners cut, examples would be cheaper materials, shorter appointment times, not running at adequate staff levels, raised prices for private treatment. (Dental Nurse)

I feel extremely concerned about this situation. As per the situation in current times, we can see that dental professionals are competing with each other like never before. This is giving rise to an unhealthy competition and marketing. I feel some professionals could also convince their patients to get a hefty treatment done even if it's not required. (Hygienist)

### Patient perspective

Conversely, many patients expressed no, or very little, concern about the impact of running a business on professionalism.

It's never been a concern for me and if I thought my dentist wasn't acting in my best interests then I would not go back. I was a bit surprised by the statement and don't expect anything less than the best and correct treatment from my dentist. Don't think a dentist would last long taking a different approach. If a dentist started to make profit by misdiagnosing (giving treatment that isn't needed, advising from a profit point of view), then they would lose patients quite quickly. (Patient, 45-55 years, Private, Scotland)

I have never felt that I have been offered treatment based on a commercial aspect. I'm confident, that all treatment offered was first and foremost, based on clinic need. (Patient, 44-64 years, NHS Paid, Northern Ireland)

That said, many patients did express a degree of uneasiness in relation to how commercial concerns may affect professionalism in dentistry, concerns included perceptions that:

- Many NHS dentists are switching to private practice.
- Dental professionals are focussing on cosmetic treatment (believed to boost profit).



- Dental professionals are not always offering the most appropriate treatment option, for example, recommending extraction over root canal was muted as an example by several participants.

One patient went as far to refer to the NHS contract and UDAs.<sup>3</sup>

I think it's a huge concern that dentists also have to operate as a business as this creates conflicts of interest. I am aware that professionals will often refuse to treat certain people/conditions as there's not enough profit in it for them. I think that for any ethical dentist, it must be an extremely stressful balance to find because as a health professional, they want to do what is best for the patient's health and wellbeing, but they are restricted by finances. I have heard the following experiences from other people: Dentists who won't root treat molars because it takes too long, so they don't get enough UDA's (units of dental activity), making it not worth their time - regardless of whether the patient needs this treatment. Some dentists will say that only amalgam fillings are available on the NHS (which isn't true) because amalgam is cheaper and takes less time. This means they don't take into consideration what type of filling would actually be most effective for the patient, or the impact the look of the filling might have on the patient's mental wellbeing. Some dentists will only offer to remove a problematic tooth which could actually be treated and saved because tooth removal is cheaper for them. (Patient, 25-34 years, NHS Free, England)

<sup>3</sup> Note that participants were unable to see each others' responses until they had answered each question themselves, so this was the respondent's prior knowledge rather than learning from other responses.



## 5. Reactions to the draft principles

Having had the opportunity to spontaneously discuss professionalism, patients and dental professionals were brought together for the first time to share their views on the following draft principles of professionalism<sup>4</sup>:

**Maintain trust in the profession:** Act with integrity and ensure your actions maintain the trust of colleagues, patients, and the public.

**Treat patients with respect:** Treat patients with dignity and support them to make informed decisions about their care.

**Work in partnership with others:** Work with colleagues to ensure an effective and supportive environment in which the safety and wellbeing of the patient and dental team is protected.

**Practise safely:** Ensure you work within your knowledge and skills, keep up to date and speak up to protect others.

### 5.1 Overall reaction to the draft principles

Both patients and dental professionals broadly welcomed the draft principles of professionalism and believed that they captured the essence of their earlier stories and discussions.

I like all the principles mentioned above as they are crucial to provide the best healthcare to the patients. (Dentist)

I like that they are easily explained and cover all the aspects of what I think professionalism means. (Dentist)

I think overall, the principles lay a great fundamental understanding of what should be adhered to. (Dental Nurse)

<sup>4</sup> The existing Standards were coded and grouped into themes by members of the GDC project team, aiming for a maximum of 6 themes. Each theme was given a name and a short description, capturing what the theme is about. The project team then met to compare themes and grouping of Standards, followed by further work to identify areas of similarity and difference, and to produce a first iteration of the principles. These draft Principles are still under development and subject to change.



I think the principles are on point, they clearly and concisely detail the key principles that should be followed. (Patient, 25-34 years, Private, England)

I think they describe professionalism very well and have made it more clear to me on how to describe what it actually is. (Patient, 25-34 years, NHS Paid, Wales)

That said, several patients and dental professionals did question whether the draft principles offered sufficient detail, particularly in terms of how they would be measured, given they were considered open to interpretation.

I think they are too simplistic, although, that may be the point! They seem to be common sense principles to me, of course I'm going to treat my patients with respect, work safely, work as part of a team and show integrity. (Hygienist)

They are a bit vague and quite hard to measure as people have different opinions on what they think is respectful etc. They cover the right topics but do need to be more in depth overall to give us more of an idea of what is to be expected. (Patient, 25-34 years, NHS Paid, England)

Not really a dislike, but they could be open to interpretation and could be slightly vague. (Patient, 45-55 years, Private, Scotland)

## 5.2 Reactions to individual principles

To encourage a more detailed discussion, participants were asked to select which they felt were the most and the least important of the draft principles. This forced choice exercise revealed little consensus. However, the exercise did highlight the perceived inter-dependency of the principles to both patients and dental professionals.

Acting safely is important, but if your actions are maintaining the trust of others in the profession, then you should be acting safely anyway. (Dentist)

I don't think this or any of the other principles can be marked as the least important, as they are all essential to form a proper foundation for a successful team of healthcare professionals. (Patient, 35-44 years, NHS Paid, England)

Not a negative principle by any stretch of imagination, but I have rated it the least important as I would expect trust in the dental profession to a resultant product that would follow naturally should the other principles be followed. (Patient, 65-74 years, Private, England)



### 5.3 Missing elements

The four dentists participating in the online forum suggested that there was nothing missing from the draft principles, re-emphasising that they captured the points raised in earlier discussions.

I think the principles are detailed enough to follow clearly. (Dentist)

I think they cover all the previous mentioned aspects of professionalism. Can't think of anything that is generally missing. (Dentist)

However, there were specific suggestions put forward by some other dental professionals in terms of potential additions, including:

- More explanation on how to raise concerns within the **practise safely** principle.
- Greater emphasis on patient choice within the **treat patients with respect** principle.
- Taking a multi-agency view within **working in partnership** principle.

I would like to see a multi-agency approach mentioned in 'working in partnership with others'. It shouldn't be limited to working in partnership in one practice, it should include our outside agencies that we need to run effectively, our dentists, orthodontists, labs and dental hospitals. We all work together and are all registered and governed by the same body. (Dental Nurse)

Two patients also made suggestions relating to elements missing from the draft principles: the need for candour; listening and acting on patient feedback.

Just working on the feedback of a patient is missing and I think a dentist is not always correct and if they try to evolve and want to become a perfect professional they should carefully work on patients' feedback as well. (Patient, 25-34 years, NHS Paid, Northern Ireland)

Not necessarily missing, but it would be useful to highlight the need for honesty when things don't go according to plan. (Patient, 44-64 years, NHS Paid, Northern Ireland)

### 5.4 Delivering against the principles

On the whole, patients and dental professionals were relatively content that their own dental practices delivered against the draft principles of professionalism, believing them to be fundamental to running a professional practice.

I believe that these principles are met to the most part across the board. Certainly in my practice, and anyone who works here acts professionally,



always with the patients best interests at heart. Mostly those who don't comply are outliers and not respected in the dental community. There would be few legitimate reasons why you can't meet those professionalism standards. (Dentist)

I think all the principles are being demonstrated in practice, at least I can say so for where I work.....I don't think any of the principles would be hard to meet as a professional. (Hygienist)

However, patients, more so than dental professionals, questioned the extent to which all practices were delivering against these principles, with several referring to their own variable experiences.

Obviously this varies greatly from practice to practice, and even from dentist to dentist within a practice. Dentists are human individuals too, after all. It's pretty difficult to answer this by generalising; I've experienced both ends of the spectrum, and plenty in between. (Patient, 65-74 years, NHS Free, Scotland)

That said, three dental professionals did outline examples of how they had and, where they could, struggle to deliver against the principle 'working in partnership with others', COVID restrictions had the potential to exacerbate this.

My patients that would call when I was not in practice would need to be triaged by other dentists. One of them just refused to triage the patients and used to tell them to call back when I would be in. This is the best example of lack of teamwork. (Dentist)

I had seen some co-workers who had a disliking for each other and would not want to see each other's patients when required, leading to hindrance at the reception and ultimately an impact on patients. (Hygienist)

The one which I find most difficult to meet is working together as a team, in a busy practice that rarely has team meetings, I do not get chance to discuss anything with my colleagues, I may not see them from one week to the next, especially at the moment due to covid restrictions, where you cannot sit in the staff room etc. (Hygienist)



## 6. Exploring findings from the Delphi process

### 6.1 Introduction to the Delphi process

One of the aims of this research was to deliberately explore areas of difference between dental professionals and patients that emerged from the Delphi process<sup>5</sup> conducted by the Association for Dental Education in Europe (ADEE).

The findings from the Delphi process suggested that:

- Some areas of professionalism were well defined, such as not discriminating against patients; the importance of gaining consent from patients; communicating effectively; and making care decisions based on the patient's best interest.
- However, other aspects were less clear, for example, where professional life begins and ends.
- Professionalism is a multi-faceted construct and whether an action or behaviour is considered to be unprofessional will depend on context.

### 6.2 The online forum approach to exploring the results

This research focussed on reactions to several behaviours and attributes included within the Delphi process, where there was found to be a lack of consensus and/or where the different stakeholder groups displayed different reactions. These included:

- The behaviours of dental professionals outside the workplace.
- Several specific behaviours linked to the workplace/clinical practice.

Mirroring the methodology used in the Delphi process, participants in the online forum were asked to rate specific attributes or behaviours according to whether they were:

- Not necessary, desirable, essential
- Not unprofessional, moderately unprofessional, highly unprofessional

<sup>5</sup> The modified Delphi method aimed to seek a consensus in how professionalism is defined and the behaviours and attributes it encompasses within the dental profession. Seeking to identify clearly defined areas of agreement and also areas where there is a lack of consensus, and how these areas may vary by stakeholder groups (patients, dental care professionals, dentists).





Once familiar with the questions, headline findings from the Delphi process were shared with participants, to prompt further debate.

### 6.3 Differences between patients' and dental professionals' responses: spontaneous expectations

Before being shown some headlines from the wider Delphi process, participants were asked if they anticipated that patients and dental professionals would have rated the attributes and behaviours differently. Many suspected this was likely for one or a combination of reasons:

- Everyone naturally offers a unique experience or perspective.
- Professionals have a more in-depth understanding of what it means to be a professional resulting from their education, training and experience of regulation.
- Patients may have high, potentially unrealistic, expectations of dental professionals.
- Or, conversely, patients may be less concerned with a dental professional's private life.

I think the dental professionals would have answered the questions quite differently as they know more about this kind of thing than the patient does, as its their profession. (Patient, 25-34 years, NHS Paid, Wales)

We are looking at it from very different perspectives. For instance, some of the things I personally would not consider totally unprofessional, I expect a dental professional would have been taught differently. (Patient, 55-64 years, NHS Paid, England)

I think patients and professionals may have answered the questions differently. I think they may hold themselves to higher standards as they have been trained to act in certain ways. I see dentists as fellow humans and if their teeth aren't straight or I saw them in their free time drunk in a pub, I would not think them less professional as those things would have no bearing on how well they could treat my teeth. (Patient, 45-54 years, NHS Paid, England)

I feel patients may not be so overly concerned with what dental professionals do in their personal lives, so long as they are receiving quality care. We are all human after all and make mistakes. I could be wrong though. (Hygienist)

### 6.4 Behaviours outside of the workplace

Participants were given the following information, based on the wider Delphi data, to prompt debate:



Patients were less likely (than dental professionals) to class the following as highly unprofessional/essential:

- Getting drunk in a public bar during the working week
- Being convicted of a drink driving offence
- Making sexual advances to a patient outside the workplace
- Getting drunk at home when working the next day
- Use of recreational (illegal) substances when not working the next day
- Having a clean criminal record

Dental professionals were less likely (than patients) to class the following as highly unprofessional:

- Accepting friend requests from patients via social media, or sending them

A key difference between patients and dental professions that emerged from the online forum was that patients were far less likely than dental professionals to see professionalism 'as a core belief extending beyond the workplace into everyday life' as an essential attribute of professionalism. This may, in part, account for why patients were not necessarily surprised by some of the Delphi findings such as:

- Patients being less likely than dental professionals to regard getting drunk in a public bar during the working week as highly unprofessional.
- Patients being less likely than dental professionals to regard getting drunk at home when working the next day as highly unprofessional.
- Patients being less likely than dental professionals to regard having a clean criminal record as essential.

Patients emphasised that their primary concern was with how the dental professional treated them and that, if professionalism was maintained in the workplace, then a dental professional's out of work behaviour was 'none of their business'.

I wouldn't expect dentists to be saints, but just that they are knowledgeable about their job and are respectful and good at communicating with other staff and their patients. In particular, a lot of these don't concern their patients and I wouldn't want future dentists to be deterred from the profession because of trivial reasons. (Patient, 25-34 years, NHS Paid, England)

What someone does in their private time outside of work is their choice. Everyone deserves to do as they please (obviously as long as they aren't hurting anyone) outside of work hours. Also with regards to a clean criminal record. It all depends on the record really. I personally have something on my record which doesn't reflect on my character or my ability to do my job. I think



it depends on the seriousness of the crime and whether the person can be trusted. (Patient, 35-44 years, NHS Free, Wales)

Some patients, however, were surprised that their fellow patients had taken a more lenient standpoint on out of work behaviour and surmised that this was due to patients not focussing on the holistic concept of professionalism.

I can only assume that the difference in perception between patients and dental professional is that patients are more concerned with the level of service/care they personally receive, whereas the professional is more concerned about how they represent themselves. (Patient, 55-64 years, NHS Free, England)

I think perhaps patients aren't thinking about the dentists' general reputation, but how those behaviours would impact their personal experience during their appointment. (Patient, 25-34 years, NHS Free, England)

Dental professionals were also somewhat surprised that patients had taken a more lenient view towards several out of work behaviours and expressed the view that this may be because dental professionals, unlike patients, know what the profession (and the GDC) demands of them. Several dental professionals also suggested that their own more stringent views of out of work behaviours could be further fuelled by practical considerations, including:

- The potential for litigation.
- Desire to ensure repeat business.

The importance of professionalism has been drummed into us professionals all the time. The public has a different view of what professionalism is. (Dentist)

Dental professionals would also have patient health as a primary thought, they also would be thinking from a view of preventing litigation in practices, whereas patients are responding clearly from the point of getting the best health care possible. (Hygienist)

I suppose being a professional we maybe hold ourselves to higher regard but also know what we ourselves would want our own dentists and staff to look like and behave. It's a code of conduct so to speak. We also have the knowledge of the cleanliness side of things in more detail. We also want our patients to come back! I am maybe a bit surprised to see what they classed as less likely to class as unprofessional. Saying that, they have not had the training or knowledge to know what is expected of us by our employers and the GDC. There are rules to follow! (Dental Nurse)



However, it is worth noting that when answering the questions themselves, not all dental professionals participating in the forum had taken a more stringent view (than patients) on out of work behaviours, explaining that there was sometimes insufficient context for each statement. This suggests the possibility that some of the differences found in the Delphi study may be related to the study's design, rather than a genuine difference of view between audiences.

The topics are too vague to answer. For example, I have friends who are also a patient - can I accept their friend request? Cursing and swearing - with friends, in front of kids, at a football match, which words? (Dentist)

Getting drunk at home/public bar... How drunk is drunk?? Outside of working hours you should be able to have alcoholic drinks if that's what you want to do, it is not illegal. Getting so drunk that you are over the drink driving limit the following morning or that it impairs your judgement is another matter. (Hygienist)

Being convicted of a drink driving offence - debatable as shows lack of judgement/sense however if a long time ago (i.e. when young) or if very minimally over the limit then may be seen as understandable to a certain extent. (Dental Nurse)

Patients and dental professionals participating in the online forum believed that 'accepting friend requests from patients via social media, or sending them' was a grey area that required more context. However, not one of the four dentists in the online forum rated accepting or sending friend requests as highly unprofessional.

One idea mooted by dental professionals to explain why dental professionals may not rate this as 'highly unprofessional' was that dental practices often operate social media accounts related to their practice and the Delphi statement does not make clear if invitations are from a personal or a work account.

Accepting friend or follow requests to professional social media accounts is not unprofessional. However, accepting them to your personal social media account can be unprofessional. Most businesses are using social media as a mean of communicating with their patients, so accepting friend requests to social their media is not unprofessional. (Dentist)

Receiving or sending friends requests.... sometimes lives overlap, patients become friends and friends become patients. Although one should never send a friends request or accept one from someone who is strictly a patient. (Hygienist)



Accepting patient friend requests can be harmless if it is that they know the patient personally from their past. It all depends on the intent when adding or sending the request. (Patient, 25-34 years, NHS Paid, England)

## 6.5 Behaviours associated with the workplace

Participants were given the following information based on the wider Delphi data to prompt debate:

Dental professionals were less likely (than patients) to class the following behaviours as highly unprofessional:

- Accepting freebies for promoting dental products to patients.
- Providing non-essential antibiotics at a patient's request.
- Discussing with a patient their medical or dental care in the presence of others.

Dental professionals were less likely than patients to view as essential:

- Having a good knowledge of other dental professionals' roles and duties.

### **Providing non-essential antibiotics at a patient's request**

A number of dental professionals and patients displayed strong reactions upon finding out that dental professionals were less likely than patients to rate prescribing non-essential antibiotics as highly unprofessional.

I was also shocked by the providing of non-essential antibiotics, this is a big 'no no'. (Hygienist)

It's highly unprofessional to prescribe anything other than essential. We are audited and monitored on our prescriptions by our health boards. (Dental Nurse)

I am very surprised to see that dentists don't find it unprofessional to prescribe non-essential antibiotics. (Dentist)

Whereas dental professionals took the view that prescribing non-essential antibiotics was against the rules, patients were more likely to take a wider societal view and express concerns about antibiotic resistance related to the over-prescription of antibiotics more generally.

While antibiotic resistance occurs naturally, misuse of antibiotics in humans is seen to be accelerating the process. A growing number of infections are becoming harder to treat as the antibiotics used to treat them become less effective. I would see a dentist who prescribes 'just in case' antibiotics as



accelerating this problem. I say this as I believe some people would probably take them even if they didn't really need them. (Patient, 45-54 years, NHS Paid, England)

Those patients who took a more lenient view towards prescribing antibiotics, generally did so because they felt that dental professionals could find themselves faced with nuanced situations that they, as patients, may not fully understand. Indeed, several dental professionals put forward example situations to demonstrate why they themselves did not always view the behaviour as highly unprofessional.

Antibiotics are a contentious issue regarding COVID-19, and in many cases we have been 'asked' to provide antibiotics to delay acceptance of a patient onto a waiting list, as some trusts are overwhelmed with referrals. (Dentist)

I know dentists who have prescribed antibiotics 'just in case' the patient gets a flare up whilst on holiday for example, the patients are very grateful in these scenarios, again I think the way the question is worded has made the public think that is highly unprofessional. (Hygienist)

Several patients 'softened' their response after reading the latter comment:

Yes, this is less surprising to me as there is a reason for giving the antibiotics in this kind of situation whereas I was just thinking about them giving antibiotics for no reason and just because a patient requests it. (Patient, 25-34 years, NHS Paid, Wales)

On hearing examples of not-immediately essential antibiotics being issued to patients due to go away on holiday for emergency use only if needed, I am marginally less disappointed. Nevertheless, I do believe that dental health care professionals have an ethical and professional duty not to pander to clients' demands for any medication as, either the line of least resistance or, worse again, to inflate (private) patients' bill. (Patient, 55-64 years, NHS Free, England)

### **Accepting freebies for promoting dental products to patients**

Whereas the wider Delphi process showed that the public was more likely to rate accepting freebies for promoting dental products as highly unprofessional, patients and dental professionals participating in the online forum agreed that it was another grey area that required a more detailed understanding of the context.

I think accepting freebies for promoting dental products is a really vast topic. You would need to know the full details to know if this is unprofessional. They could be promoting a great product that would prove beneficial. (Patient, 25-34 years, Private, England)



Those patients who did not rate accepting freebies as highly unprofessional perceived that it was nothing more than giving out free tubes of toothpaste, which they felt would benefit the patient.

I think freebies is ok, like putting toothpastes out for patients to take and try, as long as it's not products that distort treatment decisions. (Patient, 45-55 years, Private, Scotland)

And professionals explained that without trying products themselves it is difficult to recommend products to patients.

Accepting freebies.... how are you supposed to recommend products if you haven't tried them yourself first? (Hygienist)

Accepting freebies and gifts from sales reps is the norm nowadays. It allows us to try the material before we purchase them. (Dentist)

### **Having a good knowledge of other dental professionals' role and duties**

Both patients and dental professionals who deemed this attribute as essential almost always did so because they believed that it facilitated teamwork and ensured that patients received the best possible treatment/experience.

As a dental professional this is essential for me. I need to know exactly what each team member does and can't do, how I can work with them in a way to treat my patients best. If I didn't know the scope of practice for each team member, I wouldn't be able to utilise the whole team collectively in the patient's best interest. (Hygienist)

We have to be aware of other roles of dental professionals as sometimes we need to work in collaboration with them, such as when dealing with complex cases, and referring patients to right resources. So it is very essential. (Dentist)

I think it's essential to be able to work effectively with other members of their team. If you don't truly understand the role or duties of your dental nurse, how can you have a helpful, productive, effective working relationship? Also, they would need to have good knowledge of other dental professionals' specialisms in order to make appropriate referrals. (Patient, 25-34 years, NHS Free, England)

Teamwork was also recognised as a common theme in the stories shared by dental professionals and patients at the beginning of the research (see 3.6) and, although several dental professionals highlighted difficulties in delivering against the draft principle of 'working in partnership' (see 5.4), the importance that dental professionals placed on teamwork was evident throughout the research. Both



patients and dental professionals go on to mention teamwork as one of the key components of professionalism (see next section).

Those patients and dental professionals who regarded 'having a good knowledge of other dental professionals' role and duties' as desirable, rather than essential, did not argue against the importance of teamwork but rather shared the view that 'good knowledge' was open to interpretation. Whilst many felt that it was important for the dental team to have an appreciation and understanding of each other's role, there was a sense that 'good knowledge' was potentially a much bigger ask and, in some instances, unrealistic.

A dental nurse does not have the training a dentist does, a dentist does not have the training a nurse does and a receptionist does not have the training of either! To say it is essential is to say that it is ok for a nurse to tell the dentist what they will do treatment-wise on the patient when they come in. (Dental Nurse)

I answered this based on the wording. What is a 'good knowledge'? I certainly don't have a good knowledge of oral surgery for example or how to make a denture, but I have 'adequate knowledge'. So, I would say it's essential to have adequate knowledge, and desirable to have good knowledge. (Dentist)

It is desirable as not all dentists have to know [the roles and duties] of other specialists and dentists who may have a better skillset. It is more of an above and beyond type of patient care, where they want to help complex patient situations the best they can. (Patient, 25-34 years, NHS Paid, England)







- And section 4.1 highlights how communication can further be used as a proxy for clinical expertise.
- Patients were less likely to refer to rules, regulation and ethics, and Continual Professional Development (CPD).
  - These comprise the more 'learned' aspects of professionalism that are less visible to patients.
  - The lack of this more 'learned' view of professionalism was noted by both patients and dental professionals when they reviewed each other's stories relating to a positive experience of professionalism.
- The visualisation highlights that clinical expertise was a core component of professionalism for both audiences, even though it was not always top of mind when describing professional behaviour. Knowledge, skills and expertise received frequent mentions.

In the words of one patient and one dental professional:

If I had to pick the five ingredients of professionalism they would be: 1. compassion, understanding, and excellent communication skills; 2. ability to carry out your work to a high standard, by keeping up to date with CPD and working on the skills you're lacking and having the ability to recognise these and be proactive in doing something about it; 3. working as a team in the patient's best interest, having a good understanding of each other's roles and great communication skills within the team; 4. respecting patients' choices, dignity and confidentiality; 5. being completely open and honest with patients and carrying out work with a good moral compass. (Hygienist)

Treating patients and co-workers with respect and compassion at all times; having good knowledge of their field, keeping up-to-date with advances etc.; maintaining integrity, confidentiality and appropriate relationships with patients (i.e. being held to the same standards as doctors); and making sure to address any breaches of these standards through reporting etc. (Patient, 25-34 years, NHS Free, England)



### 7.3 Reaching consensus

From different starting points, patients and dental professionals were taken on a journey whereby they were able to reach consensus on the broad principles of professionalism. Furthermore, patients began to develop a more holistic view of professionalism. This journey is highlighted in Figure 3.

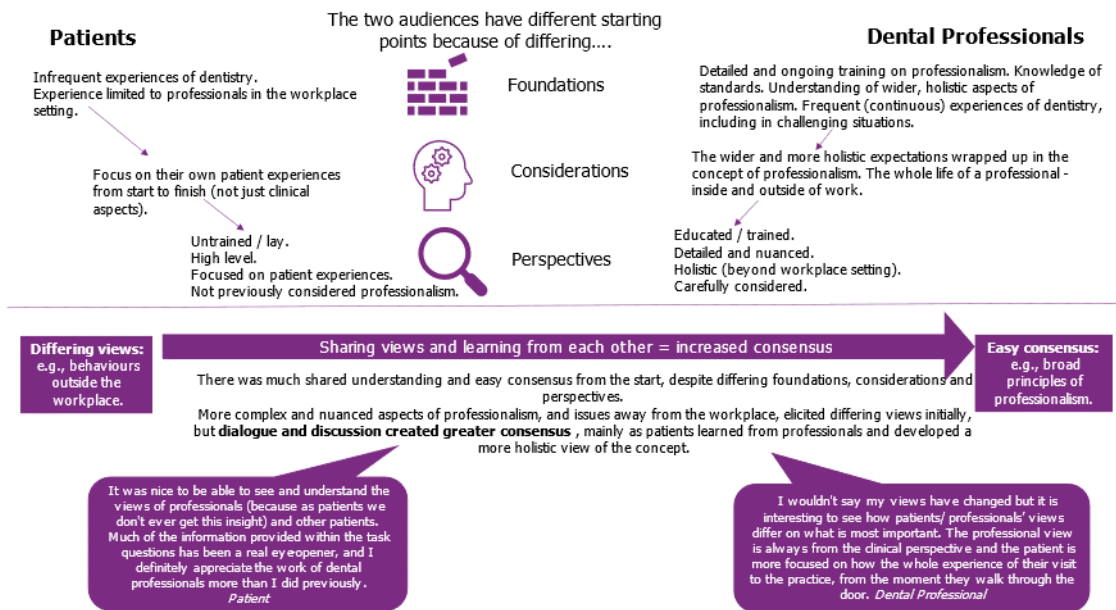


Figure 3 – Reaching consensus



## 8. Appendices

### 8.1 Appendix A

#### Research instruments

### GDC Professionalism research

### Outline for online forum FINAL

January 2020

#### **TASK 1 – SHARING STORIES (Patients and Professionals are in separate groups)**

The first activity for all participants joining the online community would be an up-front call for anecdotes or examples of professionalism. This will help us to understand the starting point for participants and identify attitudes to/beliefs relating to professionalism. These stories will then be reviewed by Community Research and formatted before being shared (i.e. professionals will view patient stories and patients will view professionals' stories in the next task)

#### **FOR PROFESSIONALS**

##### **Discussion on Questionboard**

Please recount, as fully as you can, a story of a time when:

You witnessed, experienced or demonstrated an action or behaviours that exemplified professionalism or showed a fellow professional's character, nature or professional values.

This may have been you, a colleague or another fellow dental professional in the same profession as you but it could be based on your experience as a dental patient.

Please consider:

- Why this example stands out to you?
- In what way does it exemplify professionalism?
- What was your main take out? Has it changed how you think about what it means to be a professional or changed your behaviour in any way?
- These stories will be shared with members of the public so please explain any technical terms and avoid jargon where possible.



THE FOCUS OF THIS RESEARCH IS NOT SPECIFICALLY ON VIEWS OF PROFESSIONALISM DURING THE COVID-19 PANDEMIC. WE ARE AS INTERESTED IN YOUR STORIES ABOUT PROFESSIONALISM WHEN IT HAS BEEN 'BUSINESS AS USUAL' BEFORE THE PANDEMIC AS WELL AS MORE RECENT EXAMPLES DURING THE CURRENT CRISIS.

PLEASE WRITE AS FULLY AS YOU CAN AS YOUR EXAMPLE WILL LATER BE CIRCULATED AMONGST OTHER PATIENTS/PROFESSIONALS. PLEASE DO NOT INCLUDE ANY DETAILS THAT COULD LEAD ANYONE INVOLVED (FOR EXAMPLE, OTHER HEALTH PROFESSIONALS, PATIENTS, SERVICE USERS OR EMPLOYERS ETC.) BEING IDENTIFIED. PLEASE BE MINDFUL THAT INFORMATION GIVEN COULD INDIRECTLY IDENTIFY INDIVIDUALS OR ORGANISATIONS.

## FOR PATIENTS

Please recount, as fully as you can, a story of a time that:

**You felt that a dental care professional (as well as a Dentist, this could be a clinical dental technician, Dental hygienist, Dental nurse, Dental technician, Dental therapist or Orthodontic therapist) behaved professionally towards you or your child (if you have one) You may feel that they always behave professionally and therefore you can just describe what happened in the last appointment, thinking about the whole process from making the appointment through to making payment (if payment was necessary) and highlighting what made you feel it was professional behaviour.**

Please **focus on what was positive** about the appointment/behaviour as we already have lots of examples of unprofessional behaviour....And please do not worry about spelling or grammar we are not teachers and we will not be marking your work!

THE FOCUS OF THIS RESEARCH IS NOT SPECIFICALLY ON VIEWS OF PROFESSIONALISM DURING THE COVID-19 PANDEMIC. WE ARE AS INTERESTED IN YOUR STORIES ABOUT PROFESSIONALISM WHEN IT HAS BEEN 'BUSINESS AS USUAL' BEFORE THE PANDEMIC AS WELL AS MORE RECENT EXAMPLES DURING THE CURRENT CRISIS.

PLEASE WRITE AS FULLY AS YOU CAN AS WE MAY USE YOUR EXAMPLE LATER. PLEASE DO NOT INCLUDE ANY DETAILS THAT COULD LEAD ANYONE INVOLVED (FOR EXAMPLE, DENTAL CARE PROFESSIONALS, PATIENTS, EMPLOYERS ETC.) BEING IDENTIFIED. PLEASE BE MINDFUL THAT INFORMATION GIVEN COULD INDIRECTLY IDENTIFY INDIVIDUALS OR ORGANISATIONS.



## **TASK 2 – COMMONALITIES AND DIFFERENCES (patients and professionals are still in separate groups)**

This task is to allow patients/professionals to spontaneously identify common views of professionalism and any potential differences between patients and professionals.

PATIENTS WILL READ STORIES WRITTEN BY PROFESSIONALS  
PROFESSIONALS WILL READ STORIES WRITTEN BY PATIENTS

The task will outline the joint nature of the research and provide valuable background for the collaboration, whilst providing a safe space for professionals and patients to air their general views (negative or positive) about each audience.

### **SAME TASK FOR PROFESSIONALS AND PATIENTS (CONDUCTED IN SEPARATE GROUPS)**

Please read through some of the stories that PROFESSIONALS/PATIENTS have written (Note patients will read the stories written by professionals' and vice versa). The idea is to see if you think there are any differences in how professionals and patients view 'professionalism'.

EACH SET OF STORIES WILL BE NUMBERED AND COLLATED IN A DOCUMENT THAT CAN BE DOWNLOADED BY PARTICIPANTS.

#### **Discuss on Questionboard**

- What do the stories have in common with stories that your fellow patients/professionals posted on the board in Task 1. (Note that they can refer back)?
- Can you spot any differences in the stories about how patients and professionals recall/describe professionalism?
- Is there anything that surprises you about the stories? Why is that?
- You can refer to the story number to highlight anything specific that stands out to you.
- Are there aspects of professionalism that didn't come up in the stories that you would have expected?

Moderator to view all stories and may add specific probes in advance e.g. approach to explanation of treatment options and associated costs, obtaining consent.

- What do you think drives the different views of patients and professionals?



### **TASK 3 – EXPLORING PATIENT VERSUS CONSUMER DYNAMIC AND VIEWS ON CLINICAL EXPERTISE (still working in separate groups)**

To understand how costs/the transactional elements of dentistry impact on perceptions of professionalism; and views on clinical expertise. We envisage using the previous stories to highlight issues wherever possible or we will refer to previous research.

#### **FOR PROFESSIONALS AND PATIENTS**

We may use themes emerging from the stories, if not we will highlight previous research (as below).

#### **Discuss on Questionboard**

Below is a quote from previous research on professionalism:

*I think the difficulty that can be put in the way of dentists is that you're not just a healthcare professional, but you're also a businessperson and it's getting those two parts of your role right. And it's understanding that they can sometimes be competing, and you may be tempted to behave in a way that's not truly professional in order to keep the business side of things going.*

- How concerned are you that dental professionals are balancing a business whilst providing healthcare? Why do you say that? What affect do you think it has a dental professional's ability to be professional?

#### **ASK Professionals:**

- When visiting a dental professional do you think patients see themselves as consumers or patients? What difference does that make to their expectations?

#### **ASK Patients:**

- When visiting a dental professional, do you see yourself as a customer /consumer or a patient? What difference does that make to your expectations? Do your expectations of professionalism differ from when you go to a doctor?

#### **ASK All:**

Based on your own experience and the experience of others (patients and professionals) could you give specific examples where you think cost/business considerations have or could get in the way of professionalism? (Use previous stories where possible).

And here is a finding taken from previous research on professionalism:

*"Several participants stated that good communication was the most important aspect of being professional. The groups with dental professionals suggested that*



*good communication can help to avoid official complaints, making these 'soft skills' **even more important** than clinical knowledge."*

Along with a quote giving an alternative view:

*"For me [professionalism is] ..... that they have the right knowledge and skills to practice autonomously."*

- How do you feel about the findings/quotes given above? To what extent do you agree or disagree with them?
- How do you think clinical expertise fits within professionalism?
- {Presuming this is true} The stories you gave did not often mention skill and clinical expertise as being central to professionalism...why do you think that is?

## **PATIENTS AND PROFESSIONALS ARE BROUGHT TOGETHER FROM THIS POINT ON**

### **TASK 4 – REACTIONS TO BROAD PRINCIPLES (patients and professionals in the same group)**

This task would be split across Smartboard as well as Questionboard. The aim is to uncover reactions to the broad principles and get a sense of what is welcomed, what is missing, what requires further clarity etc. The loose ranking is a means of forcing an opinion and identifying any clear differences between public and professional reactions.

#### **SAME TASK FOR PROFESSIONALS AND PATIENTS**

Give context to the principles i.e. explain their proposed purpose/where they would be found or ask them simply to focus on them as means of articulating the key principles professionalism.

- **Treat patients with respect:** Treat patients with dignity and support them to make informed decisions about their care
- **Practise safely:** Ensure you work within your knowledge and skills, keep up to date and speak up to protect others
- **Maintain trust in the profession:** Act with integrity and ensure your actions maintain the trust of colleagues, patients, and the public
- **Work in partnership with others:** Work with colleagues to ensure an effective and supportive environment in which the safety and wellbeing of the patient and dental team is protected

Use **Smartboard** mark-up tool to highlight:





- Most important principle (green), Least important principle (red) and any other comments (neutral)
- Add reasons for decisions on the post-its

Reconvene on **Questionboard** to explore the principles/summary in more depth: What you particularly like/dislike about each individual principle/statement?

- To what extent do you think that they reflect earlier individual stories of professionalism?
- What do you think is missing overall/from individual principles (or statements)?
- To what extent do you think this is already happening in dental practice?
- Dental professionals - Are there any aspects of professionalism outlined above which you see as particularly difficult to meet?

## **TASK 5 – SURVEY TO EXPLORE DELPHI FINDINGS (patients and professionals in the same group)**

We will replicate some of the questions from the Delphi process to find out how our participants would have answered.

### **SAME TASK FOR PROFESSIONALS AND PATIENTS**

#### **Survey tool**

In this section we present statements related to the behaviours and attributes of dental professionals and we want you to tell us if they are not necessary/desirable/essential:

- Having neat hair and grooming
- Being a positive role model for younger colleagues
- Keeping political opinions out of discussions with patients
- Having a clean criminal record
- Having straight, unstained teeth
- Seeing professionalism as a core belief extending beyond the workplace into everyday life

ASK FOR OPEN ENDED FEEDBACK IF THEY DO NOT SELECT ESSENTIAL I.E. WHY DO YOU NOT FEEL THAT IT IS ESSENTIAL.

In this section for each item listed we would like you to indicate the extent to which the behaviour or attribute is unprofessional (choose from not unprofessional, moderately unprofessional, highly unprofessional):



- Accepting freebies for promoting dental products to patients
  - Getting drunk in a public bar during the working week
  - Getting drunk at home when working the next day
  - Cursing and swearing in public
  - Accepting friend requests from patients via social media, or sending them
  - Being convicted of a drink driving offence
  - Being severely depressed and not seeing a doctor about it
- ASK FOR OPEN ENDED FEEDBACK IF THEY DO NOT SELECT HIGHLY UNPROFESSIONAL

**Patients and professionals to come back to Questionboard:**

- How did they find the survey questions?
- Any behaviours they hadn't thought about before?
- Any questions they really had to think about? Why?
- Do they think patients/dental professionals may have answered the questions differently? Why do you think that?

**TASK 6 – EXPLORE BEHAVIOUR OUTSIDE THE WORKPLACE (patients and professionals in the same group)**

This task is designed to understand more about why professionals and patients may view behaviour outside the work place differently.

**FOR PROFESSIONALS AND PATIENTS**

**Questionboard to discuss:**

Below are the attributes and behaviours that patients were less likely to view as essential (and dental professionals were more likely to view as essential):

- Having neat hair and grooming
- Having a clean criminal record
- [Dental professionals] reflecting on their own knowledge and seeking out training to improve it

And they were less likely (than dental professionals) to class the following as highly unprofessional:

- Getting drunk in a public bar during the working week
- Being convicted of a drink driving offence
- Making sexual advances to a patient outside the workplace
- Getting drunk at home when working the next day
- Use of recreational (illegal) substances when not working the next day

So, the questions for you are:

- Are you surprised by any of these findings?



- Why do think patients and public are less likely to view these behaviours and attributes to be less essential or less highly unprofessional?

Now, we are going to look at the attributes and behaviours that dental professionals were less likely (than patients) to class as highly unprofessional:

- Accepting freebies for promoting dental products to patients
- Providing non-essential antibiotics at a patient's request
- Discussing with a patient their medical or dental care in the presence of other patients i.e. in the reception area
- Making sexist remarks in public
- Accepting friend requests from patients via social media, or sending them

So, the questions are:

- Are you surprised by any of these findings?
- Why do think dental professionals are less likely to class these behaviours as highly unprofessional?

Another aspect of professionalism that we are very interested in is 'Having a good knowledge of other dental professionals' roles and duties'

- Why do some of you regard this as essential?
- Why do some of just see it as desirable?

A number of stories, especially from patients, related to softer/communication skills of a dental professional rather than their clinical expertise but when we asked a specific question about clinical expertise most agreed that the clinical expertise was equally, if not more important than softer skills. Given its importance -

- How do patients judge the clinical expertise of a dental professional?
- What do dental professionals do to communicate this expertise?



## TASK 7 – REFLECTION (patients and professionals in the same group)

The final task will look at what professionals and patients have learned from the process and if their views have altered in anyway.

### FOR PROFESSIONALS AND PATIENTS

#### Questionboard to discuss:

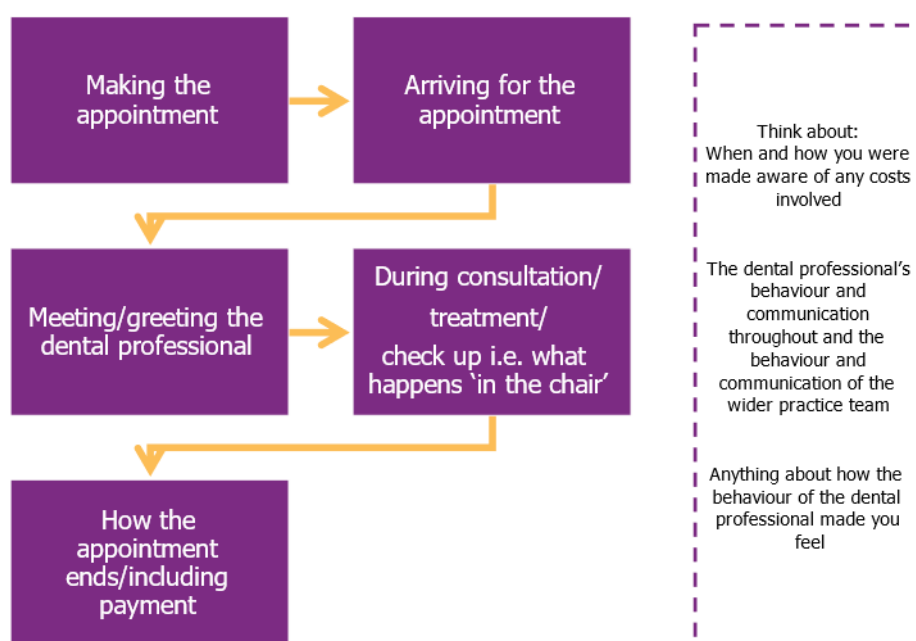
- What do you see as the 5 key components (or can think of them as ingredients) of professionalism)? Please provide a short list.
- If you are not the first to answer the question, have look at what others have written?
- Do you see any important differences that you wish to highlight?
- Have your views on professionalism changed since the research began?
- What, if anything, have you learned from other patients and professionals?

## TASK 8 – FINISHING UP

### REVIEW AND THANK PARTICIPANTS

- Follow up on any specific questions/areas of interest that may have emerged though the course of discussions.
- Evaluation survey and incentives.
- Thank and close for others.

## Stimulus: To help patients think about the patient journey



## Stimulus: Draft Principles of Professionalism

