

ECORYS 

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Years | tomorrow's
challenges
today

GDC survey on the impact of COVID-19 on dental professionals

Survey overview and questionnaire content

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1.0 Overview of registrant survey

Aims

The General Dental Council (GDC) has commissioned Ecorys to conduct a survey to explore the impact and future implications of COVID-19 on GDC registrants. The aim of the research is to provide GDC with evidence to inform its approach to regulation, as the dental industry adjusts to the impact of COVID-19 in its response and recovery now and in the future to prevent and/or mitigate harm of the pandemic. The research seeks to understand how COVID-19 has affected the different dental sectors (NHS, private, mixed) and registrant groups (dentists and dental care professionals (DCPs) across the four nations. The questionnaire will be distributed by GDC to over 100,000 registrants through a link to an online platform (SurveyGizmo) during mid to late September 2020¹. Based on our experience of similar census surveys, we anticipate an overall response rate of 10%. In this document we set out:

- ▶ our approach to design including the timeline for questionnaire design and sign off;
- ▶ our recommended questionnaire design, with accompanying notes and considerations for GDC.

Approach to design

The questionnaire is designed to be completed in around fifteen minutes. It includes predominantly closed questions requiring a scaled response, with a small number of open questions where suggestions and recommendations are required.

To inform the design of questionnaire, Ecorys reviewed a range of literature gathered by GDC and our independent research team about the impact of COVID-19 on the dental profession and other related sectors. The predominantly grey literature includes articles from journals and guidance issued by regulatory and other professional bodies. These documents provide useful contextual information and commentary on how the pandemic has variously affected the range of GDC registrants. The evidence is weighted towards the impact of the pandemic on dentists in both NHS, private and mixed settings, and across the four nations of the UK. There is less information about how the impact has affected other DCPs including nurses, hygienists, and technicians. We also reviewed other surveys related to the impact of COVID-19 undertaken by government and professional bodies.

We will implement a three stage approach to testing the questionnaire which will involve: i) external review by the GDC research team and internal stakeholders; ii) internal (Ecorys) testing including sense and logic testing of the scripted online tool; and iii) pilot with 10-12 external stakeholders to be agreed with the GDC representing the different registered professions. The timeline for sign off is as follows:

- ▶ First draft of online questionnaire from Ecorys - Thursday 20/8
- ▶ Technical feedback on survey to Ecorys - Friday 21/8
- ▶ Revised survey to GDC from Ecorys - Monday 24/8
- ▶ GDC comments to Ecorys - Wednesday 26/8
- ▶ Survey signed off - Thursday 27/8
- ▶ Survey scripted week beginning - Monday 31/8
- ▶ Survey piloted week beginning – Monday 7/9
- ▶ Survey fieldwork week beginning – Monday 21/9

¹ We are currently examining the possibility of using Cookies to prevent duplicate responses from the same device. Final decision will depend on consent requirements and functionality

2.0 Initial invitation email

Subject: How has COVID-19 affected you?

Dear <first name>,

We are inviting you to complete an online survey to tell us about how COVID-19 has affected you as a dental professional and the services you provide. It will take around **15-20 minutes** of your time and your response is needed by **Friday 9th October 2020**. You can complete the survey on a mobile phone, tablet, a laptop, or a PC. If possible, **we recommend that you complete on a laptop or PC** to make the survey easier to read on screen.

[Click here to access the survey](#)

Why has GDC commissioned this research?

We need to understand the scale and shape of the impact that COVID-19 has had, and continues to have, on dental professionals and practices. Ecorys, an independent research organisation, is conducting this research on our behalf. We will use what you tell us to inform and help formulate our future regulatory response. What we learn from this survey will also feed into our ongoing programme of research, engagement and dialogue with dental professionals and stakeholders.

Is my response anonymous?

All answers provided in the survey will be anonymised. The privacy policy can be found at the start of the survey. At the end of the survey you will also be given the chance to let Ecorys contact you to take part in an online focus group, which will give you a further chance to let us know your thoughts.

If you have any queries, please contact Ecorys at: GDCRegistrantSurvey@ecorys.com

Many thanks for your help

General Dental Council

3.0 Introduction to the survey

This survey will allow us to understand the scale and shape of the impact of COVID-19 on dental professionals and will be used to help formulate our future regulatory response. **Please read the information sheet and privacy notice in full and then answer the following question to confirm if you consent to participate in the survey.**

View Information Sheet [PN: hyperlink to Information Sheet](#)

Impact of COVID-19 on Dental Professionals - Privacy Policy

Any information you provide is confidential. Ecorys has been commissioned by the General Dental Council (GDC) to conduct a survey exploring the impact and future implications of COVID-19 on dental professionals. Any responses you provide will be analysed alongside those from other respondents, but you will not be named or otherwise identified in any reports. The final data-sets will be transferred securely to the GDC at the end of the evaluation and may be used for future research, but any analyses and publications will be entirely anonymous.

The study is being carried out in full compliance with all relevant data protection legislation, including the General Data Protection Regulation 2016/679 (GDPR). Ecorys UK is a registered data controller with the UK Information Commissioner's Office (No. Z5564761).

SurveyGizmo Privacy Policy [PN: Hyperlink to SurveyGizmo Privacy Policy](#)

1. I give consent to the processing and use of any data (including personal data) submitted in this online survey by Ecorys, in line with the privacy notice, information sheet and any other information provided as part of the consent process.

Yes	1
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PN: SINGLE-CODE ONLY

4.0 Main survey content

PN: WHENEVER THE WORD LOCKDOWN IS USED, ADD A TOOL-TIP TO INCLUDE THE ABOVE TEXT AS A REMINDER

Throughout the survey we use the term **lockdown** to refer to the period when face to face care was suspended (23rd March 2020) to when the Chief Dental Officers (CDOs) asked that dental practices commence re-opening.

Your professional role

2. Which of the following best describes your **current employment situation**? (Please select **ONE** answer only)

Working as an employee (select this option if you are currently furloughed)	1
Self-employed or freelance (including locum work)	2
On a government sponsored training scheme or studying	3
Working paid or unpaid for your own or your family's business	4
Not working or unemployed	5
Other [type in]	6

Source: Final recommended questions for the 2011 Census in England and Wales; amended slightly to reflect dental workforce

PN: SINGLE-CODE ONLY

3. What was your **primary field of practice prior to the suspension of normal dental services** due to COVID-19? (Please select **ONE** answer only)

If you are not currently practising, please select the role you are registered with the GDC to carry out.

Clinical dental technician	1	PN: GO TO Q4
Dental hygienist	2	PN: GO TO Q4
Dental nurse	3	PN: GO TO Q4
Dental technician	4	PN: GO TO Q4
Dental therapist	5	PN: GO TO Q4
Dentist	6	PN: GO TO Q4
Orthodontic therapist	7	PN: GO TO Q4
Specialist	8	PN: GO TO Q3
Non-clinical practice owner	9	PN: GO TO Q4

PN: SINGLE-CODE ONLY

PN: ASK IF Q3 == “SPECIALIST”

4. Please tell us your **main specialism prior to the suspension of normal dental services** due to COVID-19?
(Please select **ONE** answer only)

Dental and maxillofacial radiology	1
Dental public health	2
Endodontics	3
Oral and maxillofacial pathology	4
Oral medicine	5
Oral microbiology	6
Oral surgery	7
Orthodontics	8
Paediatric dentistry	9
Periodontics	10
Prosthodontics	11
Restorative dentistry	12
Special care dentistry	13

PN: SINGLE CODE ONLY

5. Which of the following was your **main place of work prior to the suspension of normal dental services** due to COVID-19? (Please select **ONE** answer only)

General dental practice	1
Specialist dental practice	2
Community dental service	3
Dental hospital	4
Other hospital settings	5
Laboratory	6
In education as a student	7
In education as a member of staff	8
Not working	9
Other [type in]	10

PN: SINGLE-CODE ONLY

6. And which of the following is your **main place of work now?** (Please select **ONE** answer only)

General dental practice	1
Specialist dental practice	2
Community dental service	3
Dental hospital	4
Other hospital settings	5
Laboratory	6
In education as a student	7
In education as a member of staff	8
Not working	9
Other [type in]	10

SOURCE: Bristol University survey (with additions)

PN: SINGLE-CODE ONLY

7. Were you **re-deployed from your usual job role** for any period due to COVID-19? (Please select **ONE** answer only).

Re-deployed means you were moved to work in a different setting, e.g. from general dental practice to work in a hospital.

Tick no if you provided remote triage and assessment for your usual employer, or if you were furloughed.

Yes	1
No	2

PN: SINGLE-CODE ONLY

PN: ASK IF Q6, 1/2/6== “General dental practice” OR “Specialist dental practice” or Laboratory. NOT RELEVANT FOR OTHER SETTINGS

8. Which of the following **best describes** the type of organisation **you most commonly work in now?** (Please select **ONE** answer only)

Single independent practice	1
Small group of independent practices (less than ten)	2
Small group of corporately owned practices (less than ten)	3
Large group of independently owned practices (ten or more)	4
Large group of corporately owned practices (ten or more)	5

PN: SINGLE-CODE ONLY

PN: ASK IF Q6 == “General dental practice” OR “Specialist dental practice” OR “Laboratory”.

9. Thinking about the **main organisation you worked in prior to lockdown**, which of the following best describes the source(s) of business income? (Please select **ONE** answer only)

NHS only	1
Mixture of NHS and private plan	2
Private only	3
Don't know	4
Prefer not to say	5

PN: SINGLE CODE ONLY

PN: ASK IF Q9/2 == “Mixture OF NHS and private”)

10. Thinking about the **main organisation you worked in prior to lockdown²**, what **percentage of business income** came from **NHS sources** and what percentage came from **private sources**? (Please provide the relevant information in each box)

Please leave blank if you do not know the answer. If known, sum of both boxes should equal 100%.

NHS	PN: Allow 1-99
Private	PN: Allow 1-99

PN: Soft check. If NHS + Private do not sum to 100%, prompt with “Can you check your answer and make sure they add to 100%”. Allow resubmission or to move on to next question.

PN: Q11 ASK ALL

11. Which of the following options best describes whether you are the **owner or principal dentist** at a **dental practice or a laboratory**? (Please select **ONE** answer only)

I do not own or lead a dental practice or laboratory	1	PN: GO TO Q19
I am a single practice owner/principal dentist	2	PN: CONTINUE TO NEXT SECTION
I am a practice owner/principal dentist as part of a group (independent or corporate)	3	PN: CONTINUE TO NEXT SECTION
I am a laboratory owner	4	PN: CONTINUE TO NEXT SECTION
Other - type in	5	PN: CONTINUE TO NEXT SECTION

PN: SINGLE-CODE ONLY

² Throughout the survey we use the term 'lockdown' to refer to the period when face to face care was suspended (23rd March 2020) to when the Chief Dental Officers (CDOs) asked that dental practices commence re-opening

Financial impact of COVID-19 on dental businesses

PN: ASK Q12-16 IF OWN A DENTAL BUSINESS (Q11, Options 2 or 3 or 4 or 5). IF DO NOT, CONTINUE TO Q19

12. Thinking about the business you own or lead, how has **current average monthly business income changed** due to COVID-19 when **compared to average monthly business income in the same period last year?** (Please select **ONE** answer only)

Please include any income from government grants or the furlough scheme. Do not include loans that will have to be repaid.

Increased	1	PN: CONTINUE TO Q13
Stayed the same	2	PN: GO TO Q14
Decreased	3	PN: CONTINUE TO Q13
Not in business in the same period last year	4	PN: GO TO Q14
Don't know	5	PN: GO TO Q14
Prefer not to say	6	PN: GO TO Q14

PN: SINGLE-CODE ONLY

PN: ASK IF Q12 == "INCREASED" OR "DECREASED"

13. And **by what percentage has current average monthly business income changed** due to COVID-19 when **compared to average monthly business income in the same period last year?** (Please enter a whole number in the box)

(If you anticipate income will decrease, please enter a negative number e.g. -50%. If you anticipate income will increase, please enter a positive number, e.g. 50%).

___%	PN FOR INCREASE: Allow 1-200
	PN FOR DECREASE: Allow 1-100

PN: Soft check if outside suggested parameters

PN: ASK Q14 IF OWN A DENTAL BUSINESS (Q11, Options 2 or 3 or 4 or 5).

14. How do you anticipate **average monthly business income will change over the next 12 months** due to COVID-19 **compared to average monthly business income over the 12 months prior to lockdown?** (Please select **ONE** answer only)

Increase	1	PN: CONTINUE TO Q15
Stayed the same	2	PN: GO TO Q16
Decrease	3	PN: CONTINUE TO Q15
Not in business in the 12 months prior to lockdown	4	PN: CONTINUE TO Q16
Don't know	5	PN: GO TO Q16
Prefer not to say	6	PN: GO TO Q16

PN: SINGLE-CODE ONLY

PN: ASK IF Q14 == "INCREASE" OR "DECREASE"

15. And by what percentage do you anticipate **average monthly business income will change over the next 12 months** due to COVID-19 when compared to **average monthly business income over the 12 months prior to lockdown** (to 22nd March 2020)? (**Please enter a whole number in the box**)

(If you anticipate income will decrease, please enter a negative number e.g. -50%. If you anticipate income will increase, please enter a positive number, e.g. 50%).

__%	PN FOR INCREASE: Allow 1-200 PN FOR DECREASE: Allow 1-100
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PN: Soft check if outside suggested parameters

PN: ASK Q16 IF OWN A DENTAL BUSINESS (Q11, Options 2 or 3 or 4 or 5).

16. To what extent do you **agree or disagree** that the **increased costs of PPE and infection control can be absorbed within your current business model?** (please select **ONE** answer only)

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
	1	2	3	4	5

PN: ASK Q17 IF OWN A DENTAL BUSINESS (Q11, Options 2 or 3 or 4 or 5).

17. Which of the following changes **have you made, or are likely to make in the next 12 months to mitigate the economic impacts of COVID-19** on the dental business you lead or manage? (Please tick **ALL** that apply)

Increased patient charges (private only)	1
Increased opening hours	2
Changes to employment contracts for dentists	3
Changes to employment contracts for hygienists	4
Changes to employment contracts for nurses	5

Made redundancies	6
Closed practice(s)	7
Borrowed money	8
Other 1 (type in)	9
Other 2 (type in)	10
Other 3 (type in)	11
Prefer not to say	12
No specific changes	13

PN: ASK Q17 IF OWN A DENTAL BUSINESS (Q11, Options 2 or 3 or 4 or 5).

18. Which of the following best explains any **change in the number of staff** (full-time equivalent) you expect your business to employ **12 months from now** compared to prior to lockdown? (Please select **ONE** answer only)

The business will employ more staff	1
The business will employ the same number of staff	2
The business will employ fewer staff	3
Don't know	4
Prefer not to say	5

PN: SINGLE-CODE ONLY

The financial impact of COVID-19 on your personal income from dentistry

PN: DO NOT ASK IF Q3! "Dental Nurse"

19. What percentage of your **personal income prior to lockdown came from NHS sources** and what percentage **came from private sources**? (Please provide the relevant information in each box)

Please leave blank if you do not know, or prefer not to provide the answer

NHS	PN: Allow 0-100
Private	PN: Allow 0-100

PN: Soft check. If NHS/HS + Private do not sum to 100%, prompt with "Can you check your answer and make sure they add to 100%". Allow resubmission or to move on to next question.

PN: ASK ALL

20. How do you anticipate your **average monthly personal income from dentistry** will change over **the next 12 months** due to COVID-19 when **compared to the 12 months prior to lockdown**? (Please select **ONE** answer only)

Increase	1
Stay the same	2
Decrease	3
Don't know	4
Prefer not to say	5

PN: SINGLE-CODE ONLY

PN: IF ANSWERED Q20 == "INCREASE" OR "DECREASE"

21. And by what percentage do you anticipate your **average monthly personal income from dentistry** will change over **the next 12 months** due to COVID-19 when compared to the 12 months prior to lockdown? (Please enter a whole number in the box)

(If you anticipate income will decrease, please enter a negative number, e.g. -50%. If you anticipate income will increase, please enter a positive number, e.g. 50%)

__%	PN FOR INCREASE: Allow 1-200 PN FOR DECREASE: Allow 1-100
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PN: Soft check if outside suggested parameters

Guidance, support, and training to deliver your service(s) safely in the context of COVID-19

22. Since the start of the COVID-19 pandemic have you **accessed guidance** on either of the following? (Please select **ONE** answer only in each row)

	Yes	No	
Use of Personal Protective Equipment (PPE)	1	2	If no, route to question 28
Infection control	1	2	

PN: SINGLE-CODE ONLY IN EACH COLUMN

PN: ASK IF Q22 “Use of PPE” == “Yes”

23. Which organisation(s) provided the guidance you accessed on **use on PPE**? (Please select **all that apply** or **provide the source(s) of guidance you accessed**)

Care Quality Commission	1
Chief Dental Officer – England	2
Chief Dental Officer – Scotland	3
Chief Dental Officer – Wales	4
General Dental Council	5
Health Education and Improvement Wales	6
Healthcare Improvement Scotland	7
Health Protection Scotland	8
Health and Social Care Board (NI)	9
Health and Safety Executive	10
NHS England	11
NHS Scotland	12
NHS Wales	13
Public Health England	14
Regulation and Quality Improvement Agency	15
Scottish Dental Clinical Effectiveness Programme (SDCEP)	16
None of the above	17
Other – type in	18
Don't know	19

PN: MULTI-CODE PERMITTED

PN: ASK IF Q22 “Infection control” == “Yes”

24. Which organisation(s) provided the guidance you accessed on infection control? (Please select all that apply or provide the source(s) of guidance you accessed)

Care Quality Commission	1
Chief Dental Officer – England	2
Chief Dental Officer – Scotland	3
Chief Dental Officer – Wales	4
General Dental Council	5
Health and Safety Executive	6
Health and Social Care Board (NI)	7
Health Education and Improvement Wales	8
Health Protection Scotland	9
NHS England	10
NHS Scotland	11
NHS Wales	12
Public Health England	13
Scottish Dental Clinical Effectiveness Programme (SDCEP)	14
Regulation and Quality Improvement Agency	15
Healthcare Improvement Scotland	16
None of the above	17
Other – type in	18
Don't know	19

PN: ASK IF Q22 “Use of PPE” == “Yes OR Q22 “Infection control” == “Yes”

25. How easy or difficult was it to find the guidance on each of the following? (Please select ONE answer only for each option)

	Very easy	Quite easy	Quite difficult	Very difficult	I did not find the guidance
Use of PPE	1	2	3	4	5
Infection control	1	2	3	4	5

PN: SINGLE-CODE ONLY IN EACH COLUMN

PN: ASK IF Q22 “Use of PPE” == “Yes OR Q22 “Infection control” == “Yes”

26. How **clear or unclear** was the **guidance** on each of the following? (Please select **ONE** answer only for each option)

	Very clear	Quite clear	Not very clear	Not at all clear	I have not looked at the guidance
Use of PPE	1	2	3	4	5
Infection control	1	2	3	4	5

PN: SINGLE-CODE ONLY IN EACH COLUMN

PN: ASK IF Q22 “Use of PPE” == “Yes OR Q22 “Infection control” == “Yes”

27. And how **easy or difficult** has it been to **apply the guidance** on each of the following where you work? (Please select **ONE** answer only for each option)

	Very easy	Quite easy	Quite difficult	Very difficult	I have not tried to apply the guidance
Use of PPE	1	2	3	4	5
Infection control	1	2	3	4	5

PN: SINGLE-CODE ONLY IN EACH COLUMN

PN: ASK ALL

28. To what extent do you **agree or disagree** with the following statements regarding **your ability to work safely** in the context of COVID-19 now? (Please select **ONE** answer only for each statement)

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	Not applicable
I have the right equipment to do my job safely	1	2	3	4	5	6
I have the necessary skills to do my job safely	1	2	3	4	5	6
I have the necessary information and guidance to do my job safely	1	2	3	4	5	6
I am confident that I can do my job safely	1	2	3	4	5	6
I have had the necessary training to do my job safely	1	2	3	4	5	6

PN: SINGLE-CODE ONLY IN EACH ROW

PN: RANDOMISE STATEMENTS

PN: ASK THOSE WHO WERE RE-DEPLOYED (Q7 == “Yes”)

29. And to what extent do you **agree or disagree** with the following statements regarding **your ability to work safely when you were redeployed** in the context of COVID-19? (Please select **ONE** answer only for each statement)

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	Not applicable
Where I worked, I had the necessary indemnity to carry out the new role safely	1	2	3	4	5	6
Where I worked, I felt able to apply my professional judgement to enable me to work safely	1	2	3	4	5	6

PN: ASK ALL

30. Reflecting on your **current practice**, to what extent do you **agree or disagree** with the following? (Please select **ONE** answer only for each option)

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	Not applicable
My place of work is able to protect staff while working in a way that gives me confidence	1	2	3	4	5	6
Our approach to social distancing is contributing to safety at my place work	1	2	3	4	5	6
Our patients have been reassured about procedures for infection prevention and control	1	2	3	4	5	6
I do not have sufficient access to the fit tested masks I need	1	2	3	4	5	6
There is sufficient availability of appropriate PPE	1	2	3	4	5	6
There is insufficient clarity for me about the transmission of COVID-19 in dental settings to be confident about working safely	1	2	3	4	5	6
The post-AGP fallow time is necessary to ensure patient safety	1	2	3	4	5	6

PN: SINGLE-CODE ONLY IN EACH ROW.

PN: RANDOMISE STATEMENTS

31. What further guidance, support and/or training would help improve your ability to ensure staff and patient safety? Where would you expect this to come from (organisations and/or individuals)? (Please type in below)

Possible changes to patient demand and dental sector supply of services

We recognise your responses to the following questions will be an estimate, but we value receiving your views. There is also the option to say, 'don't know'.

PN: ASK ALL

32. When comparing your **current service with delivery prior to COVID-19**, to what extent if any would you say that your patients' or service users' **confidence in your ability to deliver your services safely has changed?** (Please select **ONE** answer only)

Improved	1
Stayed the same	2
Got worse	3
Don't know	4

PN: SINGLE-CODE ONLY IN EACH COLUMN

PN: ASK ALL

33. In the next 12 months, how do you think that **the number of patients you provide dental services for will change** due to COVID-19? (Please select **ONE** answer only)

Increase	1	PN: CONTINUE TO Q36
Stay the same	2	PN: GO TO Q37
Decrease	3	PN: CONTINUE TO Q36
Don't know	4	PN: GO TO Q37

PN: SINGLE-CODE ONLY IN EACH COLUMN

PN: ASK IF Q33 == "Increase" OR "Decrease"

34. In the next 12 months, **by what percentage do you think the number of patients you provide care for will change** due to COVID-19 ? **(Please enter a whole number in the box).**

(If you anticipate patient numbers will decrease, please enter a negative number e.g. -50%. If you anticipate patient numbers will increase, please enter a positive number, e.g. 50%).

__%	PN FOR INCREASE: Allow 1-200 PN FOR DECREASE: Allow 1-100
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PN: Soft check if outside suggested parameters

PN: ASK ALL EXCEPT TECHNICIANS (Q3 != “Dental technician”)

35. How do you think overall **demand** for the following services will change **in the next 12 months** due to COVID-19? (The next section will ask about your capacity to supply these treatments, which may be different to patient demand).

(Please select **ONE** answer only for each option. Select “**not applicable**” if you will not provide a particular service)

	Significantly increased demand	Increased demand	No change in demand	Decreased demand	Significantly decreased demand	Don't know	Not applicable
Overall patient demand	1	2	3	4	5	6	7
Emergency dental care	1	2	3	4	5	6	7

PN: SINGLE-CODE ONLY IN EACH ROW. Fixed positions. Soft check for completion

PN: ASK ALL EXCEPT TECHNICIANS (Q3 != “Dental technician”)

36. How confident are you that you will be able to **meet demand** for the following services **in the next 12 months**?

(Please select **ONE** answer only for each option. Select “**not applicable**” if you will not provide a particular service)

	Very confident	Quite confident	Quite unconfident	Very unconfident	Don't know	Not applicable
Overall patient demand	1	2	3	4	5	6
Emergency dental care	1	2	3	4	5	6

PN: SINGLE-CODE ONLY IN EACH ROW. Fixed positions. Soft check for completion

PN: ASK IF Q3 == “Dentist” or “Dental hygienist” or “Dental therapist” or “Ortho therapist” OR “Specialist or “Non-clinical practice owner” AND IF DOES work in Q6, Options 1-3 “General dental practice” or “specialist dental practice” or “community”

37. How do you think overall **demand** for the following services will change **in the next 12 months** due to COVID-19? (*The next section will ask about your capacity to supply these treatments, which may be different to patient demand*).

(Please select **ONE** answer only for each treatment option. Select “**Not applicable**” if you will not provide a particular service)

	Significantly increased demand	Increased demand	No change in demand	Decreased demand	Significantly decreased demand	Don't know	Not applicable
Routine dental examinations (inc. new patient and recall attendance)	1	2	3	4	5	6	7
Preventative dental care that does not include AGPs	1	2	3	4	5	6	7
Periodontal treatment that does include AGPs	1	2	3	4	5	6	7
Extractions	1	2	3	4	5	6	7
Restorative treatments that do not require lab work (e.g. fillings and root canal treatment)	1	2	3	4	5	6	7
Restorative treatments that do require lab work (e.g. crowns, bridges, implants)	1	2	3	4	5	6	7
Elective cosmetic procedures (e.g. whitening, facial aesthetic treatments, aligner treatments)	1	2	3	4	5	6	7
Denture repair or reconstruction	1	2	3	4	5	6	7
Orthodontics (fixed or removable appliance treatment)	1	2	3	4	5	6	7

PN: SINGLE-CODE ONLY IN EACH ROW. Fixed positions. Soft check for completion

PN: ASK IF Q3 == “Dentist” or “Dental hygienist” or “Dental therapist” or “Ortho therapist” AND IF DOES work in Q6, Options 1-3 “General dental practice” or “specialist dental practice” or “Community”

38. How confident are you that you will be able to **meet demand** for the following services **in the next 12 months** due to COVID-19?

(Please select **ONE** answer only for each treatment option. Select “**Not applicable**” if you will not provide a particular service)

	Very confident	Quite confident	Not very confident	Not at all confident	Don't know	Not applicable
Routine dental examinations (inc. new patient and recall attendance)	1	2	3	4	5	6
Preventative dental care that does not include AGPs	1	2	3	4		6
Periodontal treatment that does include AGPs	1	2	3	4	5	6
Extractions	1	2	3	4		6
Restorative treatments that do not require lab work (e.g. fillings and root canal treatment)	1	2	3	4	5	6
Restorative treatments that do require lab work (e.g. crowns, bridges, implants)	1	2	3	4		6
Elective cosmetic procedures (e.g. whitening, facial aesthetic treatments, aligner treatments)	1	2	3	4	5	6
Denture repair or reconstruction	1	2	3	4	5	6
Orthodontics (fixed or removable appliance treatment)	1	2	3	4	5	6

PN: SINGLE-CODE ONLY IN EACH ROW. Fixed positions. Soft check for completion

PN: ASK IF Q3 == “Dentist” OR “Specialist” AND Q6 == “Dental hospital” OR “Other hospital settings”

39. How do you think overall demand for the following services will change **in the next 12 months** due to COVID-19? *(The next section will ask about your capacity to meet demand for these treatments, which may be different to patient demand).*

(Please select **ONE** answer only for each treatment option. Select “**Not applicable**” if you will not provide a particular service)

	Significantly increased demand	Increased demand	No change in demand	Decreased demand	Significantly decreased demand	Don't know	Not applicable
Specialist paediatric dentistry	1	2	3	4	5	6	7
Oral cancer treatment	1	2	3	4	5	6	7
Other specialised services, e.g. oral medicine, oral and maxillofacial surgery	1	2	3	4	5	6	7

PN: SINGLE-CODE ONLY IN EACH ROW. Fixed positions. Soft check for completion

PN: ASK IF Q3 == “Dentist” OR “Specialist” AND Q6 == “Dental hospital” OR “Other hospital settings”

40. How **confident** are you that you will be able to **meet demand** for the following services **in the next 12 months** due to COVID-19?

(Please select **ONE** answer only for each treatment option. Select “**Not applicable**” if you will not provide a particular service)

	Very confident	Quite confident	Not very confident	Not at all confident	Don't know	Not applicable
Specialist paediatric dentistry	1	2	3	4	5	6
Oral cancer treatment	1	2	3	4	5	6
Other specialised services, e.g. oral medicine, oral and maxillofacial surgery	1	2	3	4	5	6

PN: SINGLE-CODE ONLY IN EACH ROW. Fixed positions. Soft check for completion

PN: ASK IF Q3 == “Clinical dental technician” or “Dental technician”

41. How do you think overall **demand** for the following services will change **in the next 12 months** due to COVID-19? *(The next section will ask about your capacity to supply these services, which may be different to patient demand).*

(Please select **ONE** answer only for each treatment option. Select “**Not applicable**” if you will not provide a particular service)

	Significantly increased demand	Increased demand	No change in demand	Decreased demand	Significantly decreased demand	Don't know	Not applicable
Denture repairs or reconstruction	1	2	3	4	5	6	7
Private prescriptions for removable appliances	1	2	3	4	5	6	7
NHS prescriptions for removable appliances	1	2	3	4	5	6	7
Private prescriptions for fixed prosthesis	1	2	3	4	5	6	7
NHS prescriptions for fixed prosthesis	1	2	3	4	5	6	7
Private prescriptions for orthodontic appliances	1	2	3	4	5	6	7
NHS prescriptions for orthodontic appliances	1	2	3	4	5	6	7
Direct patient enquiries	1	2	3	4	5	6	7

PN: SINGLE-CODE ONLY IN EACH ROW. Fixed positions. Soft check for completion

PN: ASK IF Q3 == “Clinical dental technician” or “Dental technician”

42. How confident are you that you will be able to **meet demand** for the following services **in the next 12 months** due to COVID-19?

(Please select **ONE** answer only for each treatment option. Select **“Not applicable”** if you will not provide a particular service)

	Very confident	Quite confident	Not very confident	Not at all confident	Don't know	Not applicable
Denture repairs or reconstruction	1	2	3	4	5	6
Private prescriptions for removable appliances	1	2	3	4	5	6
NHS prescriptions for removable appliances	1	2	3	4	5	6
Private prescriptions for fixed prosthesis	1	2	3	4	5	6
NHS prescriptions for fixed prosthesis	1	2	3	4	5	6
Private prescriptions for orthodontic appliances	1	2	3	4	5	6
NHS prescriptions for orthodontic appliances	1	2	3	4	5	6
Direct patient enquiries	1	2	3	4	5	6

PN: SINGLE-CODE ONLY IN EACH ROW. Fixed positions. Soft check for completion

PN: ASK ALL

43. Thinking about where you work, which groups, if any, do you think might be particularly likely to experience reduced access to your service due to COVID-19? (Please select **ALL** that apply)

Children and/or young people	1
Older people	2
People who are at high risk from coronavirus (clinically extremely vulnerable)	3
People who are at moderate risk from coronavirus (clinically vulnerable)	4
BAME (Black, Asian, Minority Ethnic) groups	5
People unable to afford dental treatment	6
People with dental anxiety/dental phobia	7
Other – type in	8
I don't think any groups are likely to experience reduced access	9

PN: MULTI-CODE PERMITTED. Alphabetical order

PN: ASK ALL

44. Please explain why you think this/these groups will face reduced dental service due to COVID-19?

Type in

PN: ASK ALL EXCEPT TECHNICIANS (Q3 != “Dental technician”)

45. How likely or unlikely are any of the following to apply in your work setting in the next 12 months? (Please select ONE answer for each statement)

	Very likely	Quite likely	Quite unlikely	Very unlikely	Don't know	Not applicable
Shift from NHS to private practice	1	2	3	4	5	6
Limitations on the treatments provided where you work	1	2	3	4	5	6
Shift from private practice to NHS	1	2	3	4	5	6
Increased waiting lists	1	2	3	4	5	6
Increased referrals	1	2	3	4	5	6
Decline in patients' standard of oral health	1	2	3	4	5	6
Unable to accept new NHS patients	1	2	3	4	5	6
Reduced waiting lists	1	2	3	4	5	6
Decreased referral of possible oral cancer	1	2	3	4	5	6
Increase in emergency care required	1	2	3	4	5	6
Reduced access to care for non-registered patients	1	2	3	4	5	6

PN: SINGLE CODE ONLY IN EACH ROW. RANDOMISE ORDER OF STATEMENTS

PN: ASK ALL

46. The questionnaire will now present some statements about **jobs and roles**. Please state how **likely or unlikely** each of them is to apply to you **in 12 months' time**. (Please select **ONE** answer only for each statement)

	Very likely	Quite likely	Quite unlikely	Very unlikely	Don't know	Not applicable
I will be delivering more private dental care than prior to COVID-19	1	2	3	4	5	6
I will be working outside of dentistry	1	2	3	4	5	6
I will be economically inactive (e.g. early retirement, on long-term sick leave, caring, studying)	1	2	3	4	5	6
I will be in my current role using my current title	1	2	3	4	5	6
I will no longer be a registered dental professional	1	2	3	4	5	6
I will diversify into other dental areas, e.g. cosmetics	1	2	3	4	5	6
I will be delivering more NHS dental care	1	2	3	4	5	6

PN: SINGLE-CODE ONLY IN EACH ROW. RANDOMISE ORDER OF STATEMENTS

PN: ASK ALL

47. How important are each of the following in **making decisions about your job or role** over the next 12 months? (Please select **ONE** answer only for each statement)

	Very important	Quite important	Not very important	Not at all important	Not applicable
GDC requirements	1	2	3	4	5
CQC requirements	1	2	3	4	5
HSE requirements	1	2	3	4	5
NHS contract	1	2	3	4	5
The impact of COVID-19 on my mental health and wellbeing	1	2	3	4	5
The impact of COVID-19 on my dental income	1	2	3	4	5
Health and safety concerns at work	1	2	3	4	5
Family circumstances	1	2	3	4	5
Redundancy	1	2	3	4	5
Retirement	1	2	3	4	5
Career options outside of dentistry	1	2	3	4	5

PN: SINGLE-CODE ONLY IN EACH ROW. RANDOMISE ORDER OF STATEMENTS

PN: ASK ALL

48. What three changes are most needed to help you/your business recover from COVID-19 or prepare for the future? (Please type in each suggested change in a separate box)

Suggested change 1

PN: OPEN TEXT

Suggested change 2

PN: OPEN TEXT

Suggested change 3

PN: OPEN TEXT

49. What, if anything, could GDC do to support recovery from COVID-19? (Please type in below)

PN: OPEN TEXT

About you

Finally, we'd like to ask you some important questions about you. This is so we can learn more about answers across the range of personal backgrounds within the dental profession and to make sure that we are taking the views of different types of respondent into account. We will not use this information to identify any individual.

PN: ASK ALL

50. What year were you born?

PN: INSERT DROP DOWN BOX WITH YEARS [1930 TO 2005]
--

PN: SINGLE-CODE ONLY

PN: ASK ALL

51. Which sex were you assigned at birth? (Please select **ONE** answer only)

Female	1
Male	2
Intersex	3
Prefer not to say	4

PN: SINGLE-CODE ONLY

PN: ASK ALL

52. Which gender do you most identify with? (Please select **ONE** answer only)

Female	1
Male	2
Prefer not to say	3
Other – type in	4

PN: SINGLE-CODE ONLY

PN: ASK ALL

53. Which of the following best describes your ethnic background?

Please select one of the following options.

PN: Drop down options

White	1
Black or Black British	2
Asian or Asian British	3
Mixed ethnic background	4
Chinese or any other ethnic group	5
Prefer not to say	6

PN: If White

White – please specify.

British	1
Irish	2
Any other white background (please specify)	3

PN: If Black or Black British

Black or Black British – please specify.

African	3
Caribbean	4
Any other Black background (please specify)	5

PN: If Asian or Asian British

Asian or Asian British – please specify

Bangladeshi	6
Indian	7
Pakistani	8
Any other Asian background (please specify)	9

PN: If Mixed ethnic background

Mixed Ethnic Background – please specify.

White and Asian	10
White and Black African	11
White and Black Caribbean	12
White and Chinese	13
Any other mixed ethnic background (please specify)	14

PN: If Chinese or any other ethnic group

Chinese or any other ethnic group – please specify.

Chinese	15
Any other ethnic background (please specify)	16

PN: SINGLE-CODE ONLY

54. We want to understand **if your risk of coronavirus has influenced your answers.** Thinking about your health now, which of the following best applies?

At normal risk from coronavirus	1
At moderate risk from coronavirus (clinically vulnerable)	2
At high risk from coronavirus (clinically extremely vulnerable)	3
Don't know	4
Prefer not to say	5

PN: SINGLE-CODE ONLY

PN: ASK ALL**55.** What is your religion?

Buddhist	1
Christian	2
Hindu	3
Jewish	4
Muslim	5
Sikh	6
Any other religion/faith (please specify)	7
No religion	8
Prefer not to say	9

PN: SINGLE-CODE ONLY**PN: ASK ALL****56.** What is your marital status?

Civil partnership	1
Divorced	2
Married	3
Separated	4
Single	5
Widowed	6
Prefer not to say	7

PN: SINGLE-CODE ONLY**PN: ASK ALL****57.** What is your sexual orientation? (Please select **ONE** answer only)

Bi-sexual	1
Gay man	2
Gay woman	3
Heterosexual	4
Prefer not to say	5

PN: SINGLE-CODE ONLY

PN: ASK ALL

58. Please let us know where you most commonly work by entering the first section (three or four characters) of your work postcode in the box below. This will be used to allow us to analyse responses on demand and supply at a localised level. It will **NOT** be used to identify anyone individually. (Please type your answer below)

--

PN: OPEN TEXT**PN: SOFT CHECK IF DO NOT PUT IN RIGHT NUMBER OF DIGITS****PN: ASK ALL**

59. So we can check the postcode data, please let us know which area you most commonly work in using the options below? (Please select one answer only)

Nation**PN: Drop down**

England	1
Scotland	2
Wales	3
Northern Ireland	4

Region (England)**PN: If England, drop down**

North East	1
North West	2
Yorkshire and the Humber	3
East Midlands	4
West Midlands	5
East of England	6
London / Greater London	7
South East	8
South West	9

Region (Scotland)**PN: If Scotland, drop down**

Eastern Scotland	1
South Western Scotland	2
North Eastern Scotland	3
Highlands and Islands	4

Region (Wales)

PN: If Wales, drop down

West Wales and the Valleys	1
East Wales	2

PN: SINGLE-CODE ONLY

Information regarding online focus groups

PN: ASK ALL

60. In the next few weeks, we will be hosting several **online focus groups** asking dental professionals to provide their views on the issues covered in this survey, and importantly feed back on what could **help the dental sector to recover from the impact of COVID-19**.

If you want to be contacted about this opportunity, tick the relevant box below and provide your contact details (email address). Ecorys will be able to link your contact details (email address) to your survey response but will **only do so to ensure the focus groups include a mix of dental professionals who represent the range of nations, sectors, job roles and other relevant ethnicity and diversity characteristics**. We will not use your contact details for any other purpose. You do not have to take part, and you can change your mind at any point.

I give my consent for my contact details (e-mail address) to be kept by Ecorys so they can contact me about taking part in an online focus group on the impact of COVID-19 on the dental profession. My contact details will not be used for any other purpose.

Yes	
No	

PN: ASK IF Q60 == "Yes"

61. Please provide your email address below.

PN: OPEN TEXT

PN: SHOULD BE SOFT CHECKS ON ANY VALIDATION. IF PEOPLE WANT TO TICK YES BUT THEN PROVIDE FALSE DETAILS, WE SHOULD ALLOW

Thank You Page

Thank you for taking the time to participate in this important survey. If you have any queries, please do not hesitate to contact the research team.

GDCRegistrantSurvey@ecorys.com