Ipsos MORI

Patient and Public Survey 2012

Research Report Prepared for the General Dental Council

General Dental Council

protecting patients, regulating the dental team

Legal notice

Contents

Executive summary

This report contains the findings of the Annual Patient and Public Survey 2012 carried out by Ipsos MORI for the General Dental Council (GDC). Specifically the study was designed to capture patient and public awareness and perceptions of the GDC and provide insight into key policy areas. The 2012 survey followed a previous survey in 2011, using the same methodology – a representative, face-to-face survey with c.1,600 people in the UK. The 2012 study also includes qualitative telephone interviews with ten members of the public. A qualitative method was employed in addition to the quantitative work as it allows for a more exploratory approach, to provide an in-depth understanding of some of the topics covered and gather further insights into underlying attitudes.

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

Attitudes to regulation

Around eight in ten people (78%) say they are confident that the GDC is regulating dental professionals effectively, in line with results in 2011. Confidence in regulation in general is slightly lower, though still high, with the majority of people believing it is working effectively (71%). The qualitative interviews showed that people tended to have faith in regulation as long as they had not seen evidence that led them to believe otherwise. The same is true in relation to regulation of healthcare.

People tend to display a similar level of trust in dealing with dental professionals. Fewer than one in ten (9%) has checked the qualifications of the professional(s) treating them. Participants in the qualitative interviews tended to assume that if a dental practice existed, it must be run by registered, qualified and regulated dental professionals. They were far more concerned with recommendations from family and friends as to the competence and manner of the dentist or dental care professional.

Awareness of the GDC

There has been a positive shift in awareness of the GDC. Although awareness remains relatively low, it has risen significantly since 2011. One in five (20%) now say they have

definitely heard of the organisation, compared to one in ten (10%) last year. Considerably fewer say they have not heard of the GDC (57% in 2012 vs. 70% in 2011).

However, how the public has become aware of the GDC is not clear. A significant proportion say it is just through general knowledge or they can't remember how they have heard of the GDC (21% say general knowledge, while 12% say they can't remember). Preferred sources of information about the GDC's role and services (and that of the Dental Complaints Service) are leaflets in practices, television and the GDC website, though the proportions choosing each vary amongst different population subgroups, illustrating the need for a multi-strand approach.

The complaints process

A series of questions were asked about patient complaints. Generally these did not focus on the services provided by GDC's Dental Complaints Service or through Fitness to Practise but gathered broader evidence on motivations and barriers to complaining. Few people have complained or even considered making a formal complaint about a dental professional. Motivation to complain tends to come from a desire for poor performance to be addressed or to prevent other patients from encountering the same problems, rather than to seek compensation. However, significant numbers of patients say they did not know how to complain or to whom. For example, three in ten people (32%) who complained or considered complaining say they did not know to whom they should complain. One in five (20%) also says they were put off complaining because they didn't believe that the matter would be investigated. These results demonstrate the need for support for these patients to pursue their complaints, and the need to ensure they know to whom they should complain.

Fitness to practise and the register

As part of its duty to protect the public, the GDC considers cases where a dental professional may have fallen short of the standards expected of them. Through its Fitness to Practise procedures, the GDC ultimately has the power to remove the dental professional from the register. However, the Fitness to Practise procedures can also result in a range of temporary restrictions being taken against the dental professional.

When asked about whether details of restrictions should remain on the register after the restrictions have expired, no consensus emerges. Public opinion is equally divided between thinking they should remain on the register, should not remain on the register, or that it depends on the nature of the restrictions. Amongst those taking part in the qualitative interviews there was little interest in keeping details of restrictions on the register for any length of time once they were completed (except perhaps for the most serious cases). They

tended to think that the professional should be free to practise without any mark against their name, if the regulatory body had deemed them fit.

Opinions as to whether the committee making decisions on a dental professional's fitness to practise should be run by a separate body from that investigating the complaint were also equally divided, though not covered in the qualitative interviews.

Giving feedback on dental professionals

It is anticipated that utilising feedback from patients may contribute to informing how a registrant continues to develop professionally. In the future, it might also help a registrant demonstrate how he or she continues to be fit to practise. A minority of patients have given feedback at their last visit about the dental professional(s) treating them (15%). This is generally given verbally. Patients are generally clear on how the feedback is used. Participants were happy to provide it if asked but were not particularly concerned about how it was taken forward. If, however, they offered negative feedback voluntarily, they were more likely to expect to be informed as to how it had been dealt with.

Treatment plans

In its draft guidance on standards, the GDC states that patients must be given a written treatment plan. In the survey, patients tend to say they are fully informed about their treatment, whether verbally or in writing. However, while six in ten (59%) patients say the professional fully informed them about what to expect (on their last visit), a substantial minority say they were not informed at all. Most patients receiving further treatment appear to have received a treatment plan, but half (54%) say this was done verbally, with no written document. One in five (25%) say they received a written plan only, while one in ten (12%) verbally discussed the written plan with the professional. The qualitative interviews revealed a preference for this combination approach, and they wanted the plan to cover the nature of the problem, the proposed treatment, the number of visits required, the likely associated pain and cost.

Direct access to dental care professionals

At the moment, patients need a referral from a dentist in order to see another dental professional, for example, to have dental hygiene work done. However the GDC is currently consulting on whether patients should be able to go to a dental care professional without requiring a referral from a dentist first. While the majority of patients are happy to be referred on to another dental professional by their dentist, three in ten (30%) would like to be able to

access them directly. Reasons behind this include avoiding the cost of the initial check-up, the greater convenience and increased control over the treatment.

Newly qualified dentists

Prior to qualification, student dentists learn and are tested through a combination of academic work and supervised hands-on work treating patients. After successfully qualifying, the newly qualified dentists are then able to treat patients without further supervision. The GDC is investigating the risks to patient safety during the transition from graduation to fully unsupervised practice and how to identify proportionate solutions. Again, no strong consensus emerges either way on whether people would be happy or not to be treated unsupervised by a newly qualified dentist. Just under a half (46%) say they would be happy, and a third (34%) say they would not. The qualitative interviews again illustrate people's faith in the system and their belief that the professional's training should properly equip them to practise safely. There was some sense though that more experience would enable dentists to better deal with more sensitive situations or vulnerable patients.

Conclusions

The results contain some positive messages for the GDC. Confidence in the GDC and dental professionals remains high, in line with 2011 results. Awareness of the GDC has risen since 2011, though it remains relatively low. It is unclear how people first became aware of the GDC, while preferred sources of information about the GDC (and the Dental Complaints Service) are leaflets in practices, television and the GDC website.

The proportion of patients who have made a complaint about a dental professional (or even considered complaining) is very small. There seem to be a range of barriers for the GDC to consider, including doubts that the matter will be investigated and a lack of knowledge of how to take the complaint forward.

Regarding the topical issues covered, the survey showed that on some of them there is no clear consensus at this stage. The qualitative interviews allowed for a more in-depth exploration of the issues, which demonstrated the range of issues that can influence opinion on these topics. Key amongst these was the personal relationship that exists between the patient and professional, particularly when the patient is vulnerable.

Overall, the survey covers a range of issues and three key themes emerged in addition to the specific findings above:

The first is the high level of **trust** that people have in the regulation of dentistry in the UK, and the standards that they assume to be in place.

The second theme is the perceived **importance of 'soft' skills**. People's trust in regulation of dentistry means that they are generally happy not to check the qualifications of dentists, and are more concerned with the 'softer' skills displayed; for example, putting the patient at ease, making them feel comfortable, and communicating clearly in a way the patient can understand what treatment is needed, why, and what it will involve.

The third theme running through the findings is the **correlation between social grade and ethnicity, engagement with dentistry, and expectations**. The results suggest that people from lower social grades and non-white people are less engaged with dentistry in a number of ways. For example they are less likely to have visited the dentist recently, are likely to visit less often or to have never visited a dentist, feel less fully informed about their treatment[1], and are less aware of the GDC. This may in turn negatively affect their expectations of the complaints process and giving feedback.

[1] Please note the weighted base size of non-white respondents here is under 100.

1. Introduction

1.1 Background and objectives

Background

This report contains the findings of a quantitative survey of the general public carried out by Ipsos MORI on behalf of the General Dental Council (GDC), supported by qualitative interviews with a small number of members of the public who participated in the quantitative survey. As an organisation independent of the National Health Service and Government, the GDC is responsible for regulating dental professionals in the UK. All dental professionals are registered with the GDC, whose aim is to protect the public and patients and regulate the dental team.

About quantitative and qualitative research

This research project employed both quantitative and qualitative methods.

The purpose of quantitative research is to determine conclusively what any given population thinks about certain issues (in this case a representative sample of the general public was interviewed). From a quantitative survey we can therefore say conclusively what the general population thinks, subject to certain margins of error. In order to ensure margins of error are not too broad, a quantitative survey of the general public will typically involve interviewing a sample of at least 1,000 people. Each person will be interviewed in the same way (in this survey interviewers spoke to people face to face), with the interviewer adhering strictly to a pre-agreed questionnaire.

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

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

Further detail on how the research was carried out can be found under the 'Methodology' heading later in the Introduction.

Research objectives

The key objectives of the research were as follows:

To track how opinions have changed on the questions that were also asked in the previous Annual Survey in 2011.

Capture public and patient awareness and perceptions of the GDC and its performance and impact in fulfilling its regulatory roles and responsibilities;

Obtain public and patient insight into key policy initiatives being developed by the GDC;

Test public views and understanding of topical or current issues in dentistry / dental regulation; and

Identify emerging policy issues that are relevant to the GDC.

A new feature of this survey is the inclusion of a **qualitative** research element. Following the quantitative survey, a number of in-depth telephone interviews were carried out to explore some of the topics in greater depth and gather further insights into underlying attitudes.

About Ipsos MORI

Ipsos MORI is an independent social and market research agency working in accordance with the Market Research Society code of conduct[2]. As such, Ipsos MORI's work conforms to industry standards of impartiality, independence, data protection, and information security. The conduct of the research and the findings in this report are therefore not influenced by the GDC in any way, nor does the GDC have access to any of the personal responses of people who participated in the research.

1.2 Methodology

The research was structured in two complementary phases: the quantitative survey took place first, followed by the qualitative in-depth interviews. This enabled us to explore in more depth some of the nuances, motives and thought processes that may be behind the survey

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

results. This was particularly useful in relation to some of the new survey questions around topical policy issues which involved some complex concepts and information.

Quantitative survey

The Annual Survey questions were placed on the Ipsos MORI Capibus survey, a weekly omnibus survey of a representative sample of adults aged 15 and over in Great Britain. This was supplemented with an additional standalone survey of adults in Northern Ireland, which is not covered by Capibus. Extra Capibus interviews were also carried out in Wales to ensure at least 100 interviews there. This meant that sufficient interviews were completed within each of the UK nations to provide more statistically robust results within each nation, i.e. results not subject to an excessively wide margin of error.

Ipsos MORI and the GDC worked together to develop the survey questionnaire. A key part of this work was the cognitive testing[3] of the questionnaire with members of the public prior to the start of fieldwork. A detailed summary of cognitive testing findings was shared with the GDC and fed into the subsequent finalisation of the questionnaire.

Fieldwork took place between 31 August and 17 September 2012. A total of 1,509 people were interviewed via Capibus in Great Britain, with 100 also interviewed in Northern Ireland, giving a total sample size of 1,609.

Quantitative data

Quotas were set and data weighted[4] to ensure a nationally representative sample of adults aged 15 and over in Great Britain and Northern Ireland. This included down-weighting the additional interviews carried out in Northern Ireland and Wales.

When interpreting the survey findings, it is important to remember that the results are based on a sample of the population, not the entire population. Consequently, results are subject to margins of error, and not all differences between subgroups are statistically significant (i.e. a real difference). For example, for a question where 50% of the people in a weighted sample of 1,609 respond with a particular answer, the chances are 95 in 100 that this result would not vary more than plus or minus two percentage points from the result that would have been

[3] The purpose of cognitive testing is to explore how well, precisely, and consistently questions are understood by the participant; and to ensure the questions are eliciting the required information.

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

obtained if the entire population was asked (using the same procedures). The margins of error for the smaller base sizes in the survey (i.e. questions which were asked to only a proportion of the overall sample) are indicated in Appendix A on statistical significance.

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

Qualitative in-depth interviews

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

Participants in the qualitative interviews were selected so as to be broadly representative in terms of age, gender and social grade. They were also recruited to reflect a range of attitudinal factors expressed in answers given to certain questions in the Annual Survey. A full breakdown of the qualitative sample can be found in Appendix D.

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

1.3 Public and patient use of dental professionals

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

Last visit to the dentist: Two thirds of people (66%) have visited the dentist in the last 12 months, and three quarters (76%) have been to the dentist within the last two years. Just under one in ten (7%) says they have never been to the dentist. These are almost identical to results from 2011: 66% had visited in the last 12 months, 76% in the last two years, and 3% had never been.

Frequency of visits to the dentist: One in two (52%) visits the dentist on average once every six months. Again this is comparable to the 2011 result, where 49% visited once every six months on average.

Length of time with current dentist or dental practice: Over one in ten (14%) has been with their dentist for over 20 years. It is more common to stay with the same dentist for a shorter period of time; one in two (50%) has been with their dentist for at least five years.

Private vs. NHS care: The question wording was changed for the 2012 survey, following concerns that the question used in the previous survey did not trigger sufficiently accurate recall amongst patients. Various formulations of the question were tested during cognitive testing and the final question wording included references to free and paid-for NHS treatment rather than simply referring to NHS care. The results show that three-quarters have received either paid-for (45%) or free (31%) NHS treatment at their last visit to the dentist. This is a significantly greater proportion than the 61% in 2011 who said they had received NHS care. Also, in the current survey, one in five (18%) says they have received private treatment in the UK. This compares with the 27% in 2011 who said they had received private dental care.

Treatment by dental care professionals other than a dentist: Just over one quarter (27%) have had an appointment with a professional other than a dentist. Of these, the majority (72%) were with a dental hygienist. This question was a new addition to the survey and not asked in the previous survey in 2011, so there is no tracking data available.

Frequency of appointments with other dental care professionals: People who have had an appointment with a dental hygienist tend to see them at least once a year. This question was not asked in the previous survey in 2011, so there is no tracking data available.

Full details of these questions including charts can be found in the Appendices.

1.4 About this report

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

Attitudes to regulation;

Awareness of the GDC;

The complaints process; and

- Topical policy issues including Fitness to Practise restrictions; giving feedback on dental professionals; treatment plans; direct access; and unsupervised treatment by newly qualified dentists.

The structure of the report mirrors these topics, presenting the quantitative and qualitative findings together. The main focus of the report is on the quantitative analysis, with material and *verbatim* quotes from the qualitative research where they add insight and extra depth to the quantitative findings. The final chapter draws together the main themes into conclusions for the GDC to consider.

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

1.5 Acknowledgements and publication of the data

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

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

2. Attitudes to regulation

This chapter explores attitudes to regulation, comparing views on regulation in general with those relating to the regulation of healthcare and the work of the GDC. It then considers patients' thoughts on whether and how they might check the credentials of a dental professional.

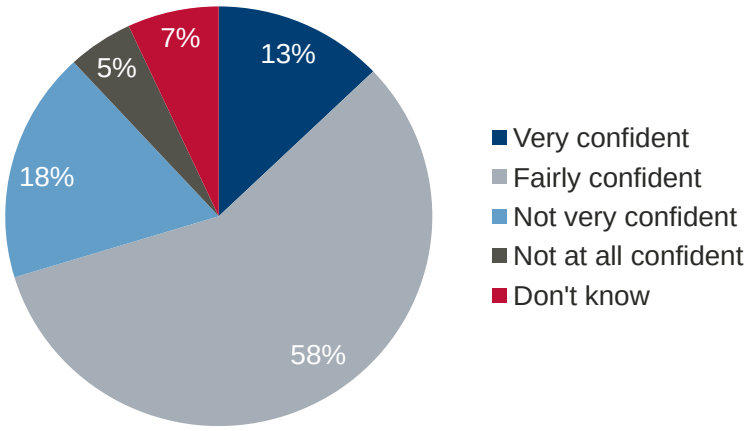
2.1 Confidence in regulation

Regulation in general

Confidence in regulation in general is high, with the majority of people believing that it is working effectively. Seven in ten (71%) are confident that regulation in general works effectively, though only a relatively small proportion (13%) are *very* confident. This may be due to a lack of detailed knowledge or experience of regulation so that people tend to believe that regulation works, in the absence of any evidence to the contrary.

Confidence in regulation in general

How confident if at all are you that regulation in general works effectively?



Base: All respondents (1,609), 31st August – 17th September 2012

Source: Ipsos MORI

Ipsos MORI
Social Research Institute

This certainly appeared to be the case in the qualitative interviews conducted. People tended to have confidence that regulation worked, because they had heard nothing to suggest that it *wasn't* working. There was an expectation that they would have heard of any problems if they existed.

I think it's difficult to tell whether things are worse or better, and I think people are more willing to complain if things are going wrong.

Female, aged 45+, Social grade B

However, it was clear that their views were often dependent on which industry was being regulated. On the whole they thought regulation was effective, but there were exceptions for some professions, especially those that had been featured in news stories over recent years, such as politicians.

Regulation works for like doctors, lawyers and dentists but not for all professions. Politicians don't follow the rules at all, all they do is lie and cheat so there is no regulation working for them.

Male, aged under 45, Social grade E

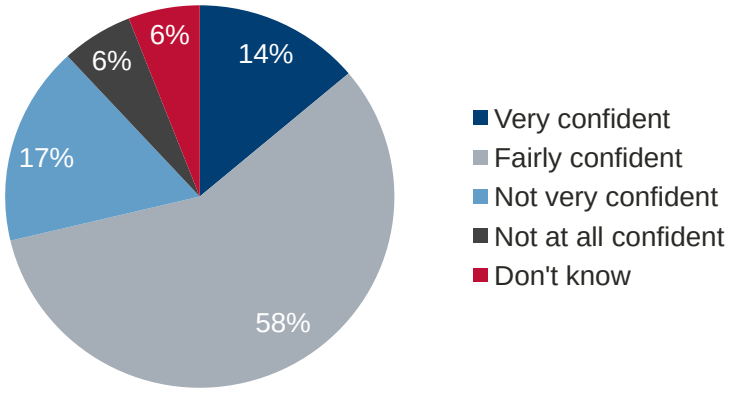
Views on regulation in general are relatively consistent across different demographic groups. Confidence in regulation does differ with social grade; those in higher social grades tend to be more confident that regulation works effectively (for example, 74% AB vs. 66% DE). White people also tend to be more confident than non-white people (71% vs. 62%).

Healthcare regulation

Confidence in the regulation of healthcare in general is also high (72%) and the pattern of responses is almost identical to that just seen in relation to regulation in general. Again, over seven in ten say that they are confident that regulation works, but few are *very* confident (14%). It is likely that the same issues apply, in that people simply have a certain level of faith that the system works if they do not hear of instances where it does not.

Confidence in regulation of healthcare in general

How confident if at all are you that healthcare in general is regulated effectively?



Base: All respondents (1,609), 31st August – 17th September 2012

Source: Ipsos MORI

Ipsos MORI
Social Research Institute

Again, this was illustrated in the qualitative interviews; people generally accepted that regulation in healthcare was working effectively, unless they had evidence to believe otherwise. The effectiveness of healthcare regulation was only questioned when particular instances were highlighted in the media.

> *Because of high profile cases in the media, for example Dr Harold Shipman, how doctors were able to get away for so long over periods of years providing very questionable treatment and actually abusing patients before it was ever noticed and brought to the attention to authorities and I would have thought that their colleagues would have questioned these things, these patterns that were going on.*
>
> Male, Age under 45, Social Grade ABC1

Views of healthcare regulation are slightly less consistent across the population than seen earlier in relation to regulation in general. Gender and age appear important. Women are more likely to say they are *very* confident in healthcare regulation (16% vs 12% of men), though they are no more likely to say they are confident overall. Similarly, the youngest members of the public are more likely to be *very* confident (for example 20% of 15-24 year olds compared to 14% on average). Social grade also features again, with higher social

grades more confident (77% AB vs. 66% DE), as does ethnicity (73% white vs. 64% non-white).

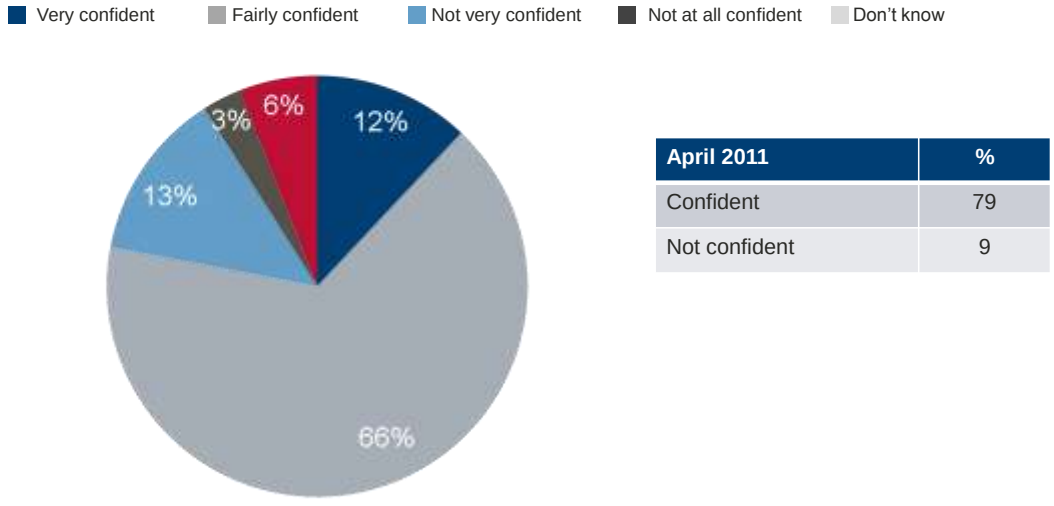
Regulation of dental professionals

Overall, confidence in the General Dental Council (GDC) is higher than confidence in regulation in general or healthcare regulation. Almost eight in ten people (78%) are confident that the GDC is regulating dentists and dental care professionals (DCPs) effectively. This question was only asked of those who were aware of the GDC, and so the higher levels of confidence are likely to reflect this greater level of knowledge.

Although the overall proportion of those expressing confidence in the GDC is similar to last year (78% in 2012 vs. 79% in 2011), the proportion of those who say they are 'very confident' has dropped from 20% to 12%. The preceding questions which draw respondents' attention to regulation in general may have affected how people answered this question. Therefore this result should be treated with caution.

Confidence in GDC

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



April 2011	%
Confident	79
Not confident	9

Base: People who have definitely heard of the GDC or who think they have heard of the GDC (602), 31st August – 17th September 2012

Ipsos MORI
Social Research Institute

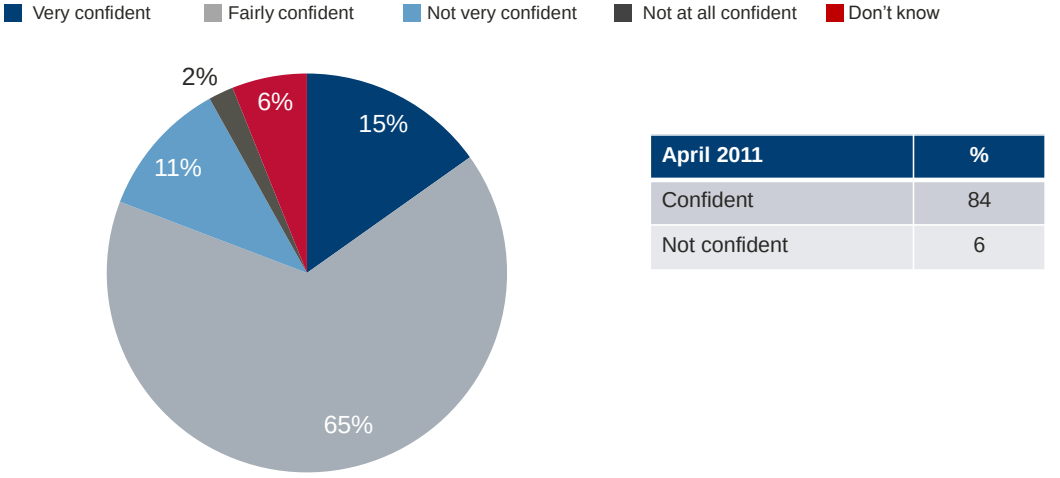
There are again differences by age, gender and social grade, as seen in previous questions about confidence in regulation. Usage of dental services is also important; those who have been to the dentist in the last year are more likely to be confident in the GDC's effectiveness than those who haven't (80% vs. 71%).

Confidence that dental professionals are following GDC rules

Those with knowledge of the GDC are also likely to believe that professionals are following the rules. Again, eight in ten (80%) are confident that dentists and DCPs follow the GDC rules, but few are very confident. Patients who have seen a dentist in the last 12 months are more likely to say they are confident (83% vs. 71%), again illustrating the link between frequency of contact with dental professionals and confidence. White people tend to be more confident than non-white people (81% vs. 66%).

Confidence that dentists and dental care professionals follow the GDC rules

And overall how confident if at all are you that dentists and dental care professionals follow the General Dental Council rules?



April 2011	%
Confident	84
Not confident	6

Base: People who have definitely heard of the GDC or who think they have heard of the GDC (602), 31st August – 17th September 2012

Ipsos MORI
Social Research Institute

2.2 Checking credentials

Checking qualifications

The overwhelming majority of people have not checked whether the dental professionals they use are qualified to treat them. As discussed later in this chapter, the qualitative

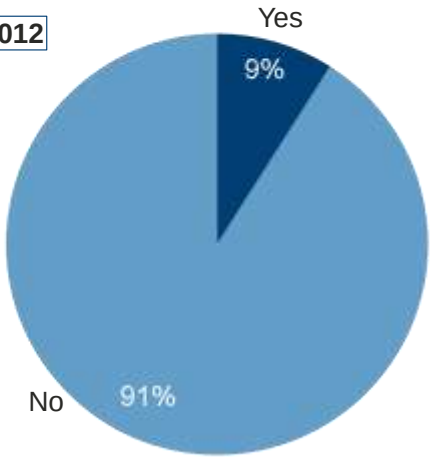
interviews revealed that patients were happy to use informal means of checking such as word of mouth, but were less concerned with checking on qualifications. They tended to trust that if a dental practice was operating, it must therefore be run by professionals that are registered and regulated.

While the question was worded differently in the 2011 survey, the results reflect a similar picture, in that a high proportion said that they did not check.

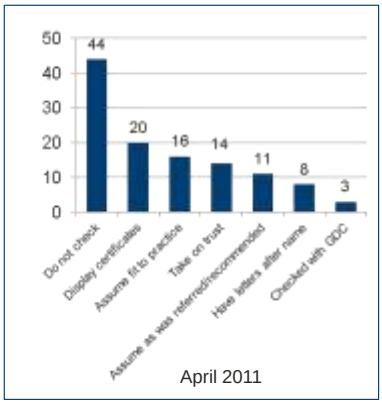
Checking qualifications

Have you personally ever checked whether or not the dental professionals you have used were qualified to treat you?

September 2012



How, if at all, do you check whether or not the dental professionals you used were qualified to treat you?



Base: People who have been to the dentist at some point (1,464), 31st August – 17th September 2012; All who go to the dentist once a year or more often (997), 8th – 17th April 2011

Ipsos MORI
Social Research Institute

There are few significant differences between demographic subgroups, but older age groups do appear more likely to say that they have checked the credentials of their dental professional (14% of those aged 55-64 vs. 9% overall).

Usage of dental services also has a bearing on whether people check credentials. For example, people who have been to the dentist more recently, and who go more frequently, are more likely to say they have checked (10% who have been in the last 12 months vs. 5% who last went more than 12 months ago; 10% who visit once a year or more vs. 5% who visit less often). It is not clear though whether this is simply because there are more occasions on which these people might check or because they are more concerned about their dental health and therefore the calibre of those treating them.

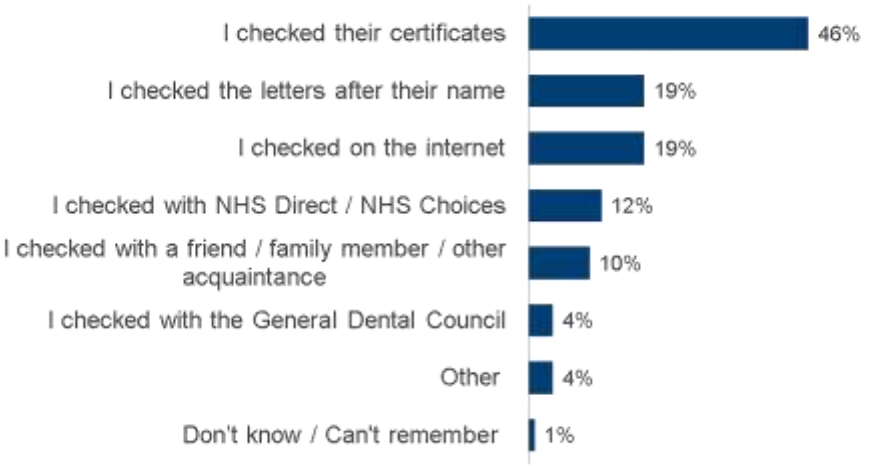
In addition, those who are aware of the GDC are more likely to have checked the credentials of their dental professional. Again, causality cannot be assumed from the results and, in fact, it is still only a minority of people that have checked (17% of people who are aware of the GDC say they have checked compared with 4% who are unaware).

Methods used to check qualifications

When people do check, nearly half (46%) say they check certificates. It is probably safe to infer from comments made in the qualitative interviews that this means looking at the certificates on display at the dental surgery. This indicates a generally passive approach to checking. More proactive means of checking, such as looking on the internet, are less common.

Methods used to check qualifications

You said you have checked whether or not the dental professionals you have used were qualified to treat you. How did you check?



Base: People who have checked whether or not the dental professionals they have used were qualified to treat them (129), 31st August – 17th September 2012

Source: Ipsos MORI

Ipsos MORI
Social Research Institute

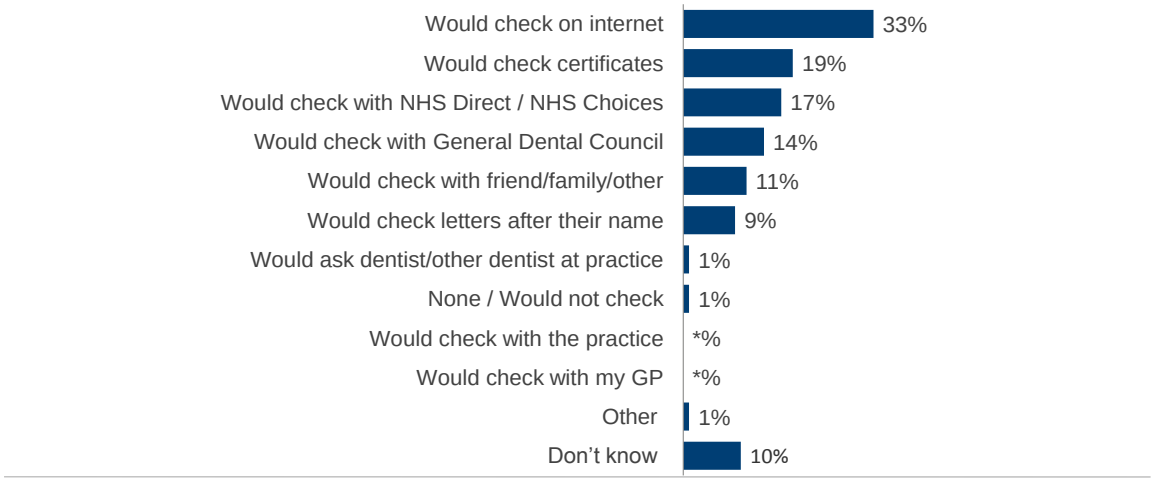
Potential methods to check qualifications

However, hypothetically, people think they would use the internet to check. One in three people (33%) who have not checked credentials say they would check on the internet if they did decide to check. Given the difference between this result and the previous survey, however, it should not be assumed that patients are actively seeking this opportunity. In fact,

the qualitative interviews revealed how passive people were about this point (see later in this chapter).

Potential methods to check qualifications

You said you have never checked whether or not the dental professionals you have used were qualified to treat you. However, if you did decide to check, how do you think you might do so?



In addition, some groups are less likely to use the internet at all, let alone to check credentials of their dental professional:

> People aged 65 and over are much less likely than all other age bands to say they would use the internet (14% vs. for example 36% aged 55-64 and 40% aged 25-34). The over-65s are more likely than others to say they would check with friends and family (17% vs. 11% overall).
>
> People in the higher social grades tend to be more likely to say they would use the internet (for example 44% in social grade 'B' vs. 28% in social grade 'C2').

Non-white people are significantly more likely than white people to say they would check with NHS Direct or NHS Choices (26% vs. 17%).

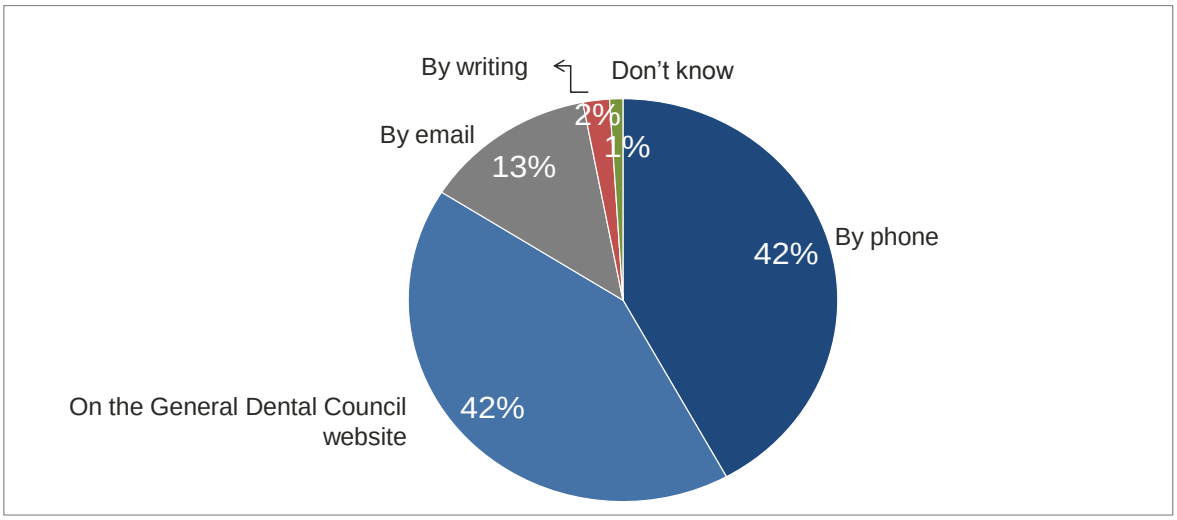
Checking qualifications with the GDC

As shown in the chart above, one in seven people (14%) say they would check with the GDC. The chart below shows that the vast majority of these would check by phone or on the

GDC website. The oldest age band (65 and over) are by far the most likely to check by phone (63% vs. 42% overall).

Checking with GDC

You said that you would check with the General Dental Council. How would you be most likely to do this?



Base: People who would check with the GDC if the dental professionals they used were qualified to treat them (169), 31st August – 17th September 2012

Ipsos MORI
Social Research Institute
© Ipsos MORI

Qualitative findings around checking credentials

The qualitative interviews explored attitudes to checking qualifications and other credentials in more depth. In line with the quantitative findings, checking the qualifications of their dental professionals was not a priority for participants in the qualitative interviews. Generally they took them on trust, a theme apparent throughout the research.

> *If they work in dental practice I assume they must be good, they must be qualified.*
>
> Male, Age under 45, Social Grade C2

Many visits to the dentist are for routine or minor things. These patients may be especially unlikely to think about checking qualifications, other than passively (for example noticing the qualifications on the wall).

> *I felt that based on the fact it was just a clean and a superficial filling and my previous experience has been positive. Another thing, they are qualified and their qualifications*

are on the door and I felt trust them overall. They are a very busy practice. I felt that if there was some serious concerns perhaps word would have got around.

Male, Age under 45, Social Grade ABC1

When it came to choosing a new dentist or practice, people tended to say they had relied on, or would rely on, word of mouth recommendations. Leaving aside qualifications, which people were generally happy to trust would be in order, the real experiences of other patients seemed to count for more. Other members of the family may have been using the practice for some time.

I changed dentist when I got married. I moved to my wife's practice. She'd had no problems and it was the closest to us

Male, Age under 45, Social Grade C2DE

.

Participants often emphasised the importance of word of mouth. Registration and qualifications were assumed to be in place. It was the patient experience that mattered.

I'd probably take them at face value. I'd look for word of mouth recommendations from other patients. I assume there's a register of dentists. You have to be registered.

Female, Age 45+, Social Grade B

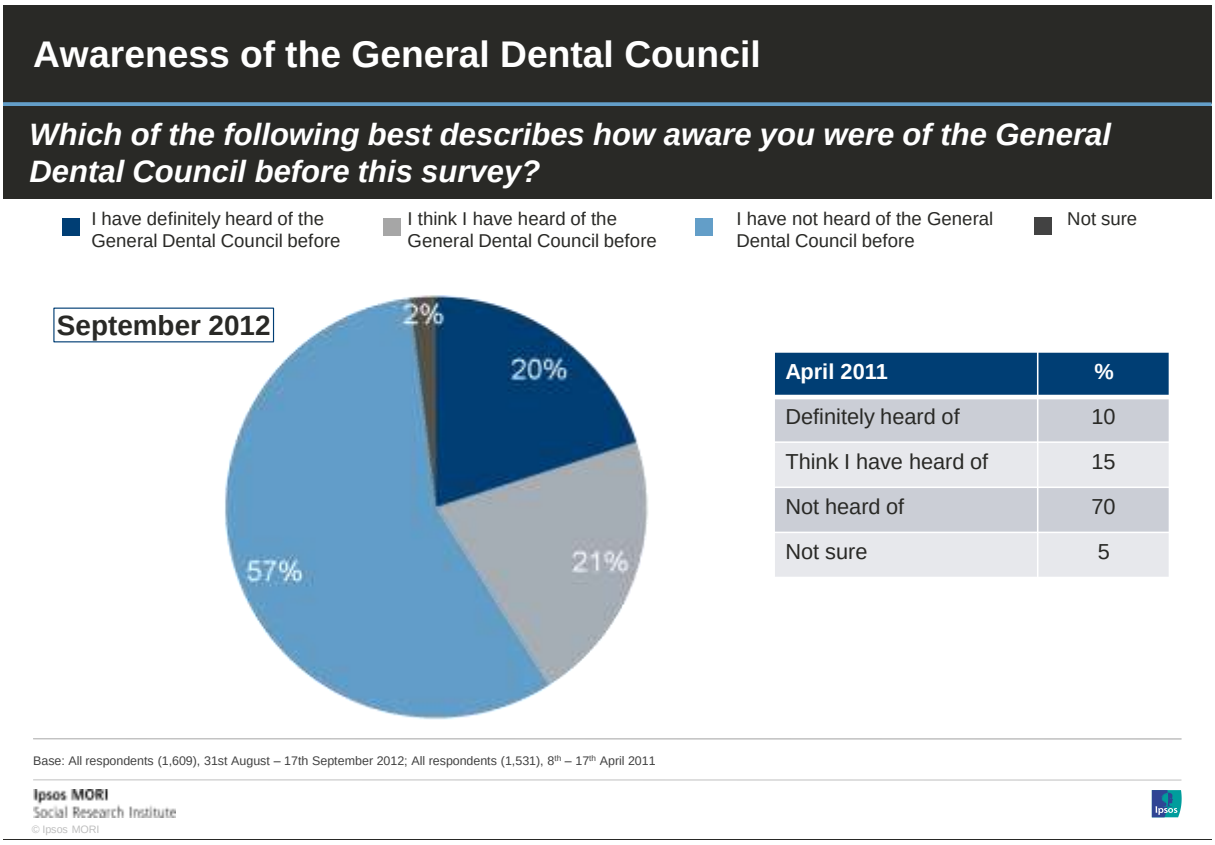
3. Awareness of the General Dental Council

This chapter explores public awareness of the GDC and Dental Complaints Service (DCS), and considers how best to communicate with patients and the public.

3.1 Awareness of the GDC

Overall awareness

Awareness of the GDC remains low, with over half (57%) **not** having heard of the GDC before the survey was carried out. However, awareness has risen since last year's survey. In 2011, seven in ten people (70%) had not heard of the GDC before the survey.



April 2011	%
Definitely heard of	10
Think I have heard of	15
Not heard of	70
Not sure	5

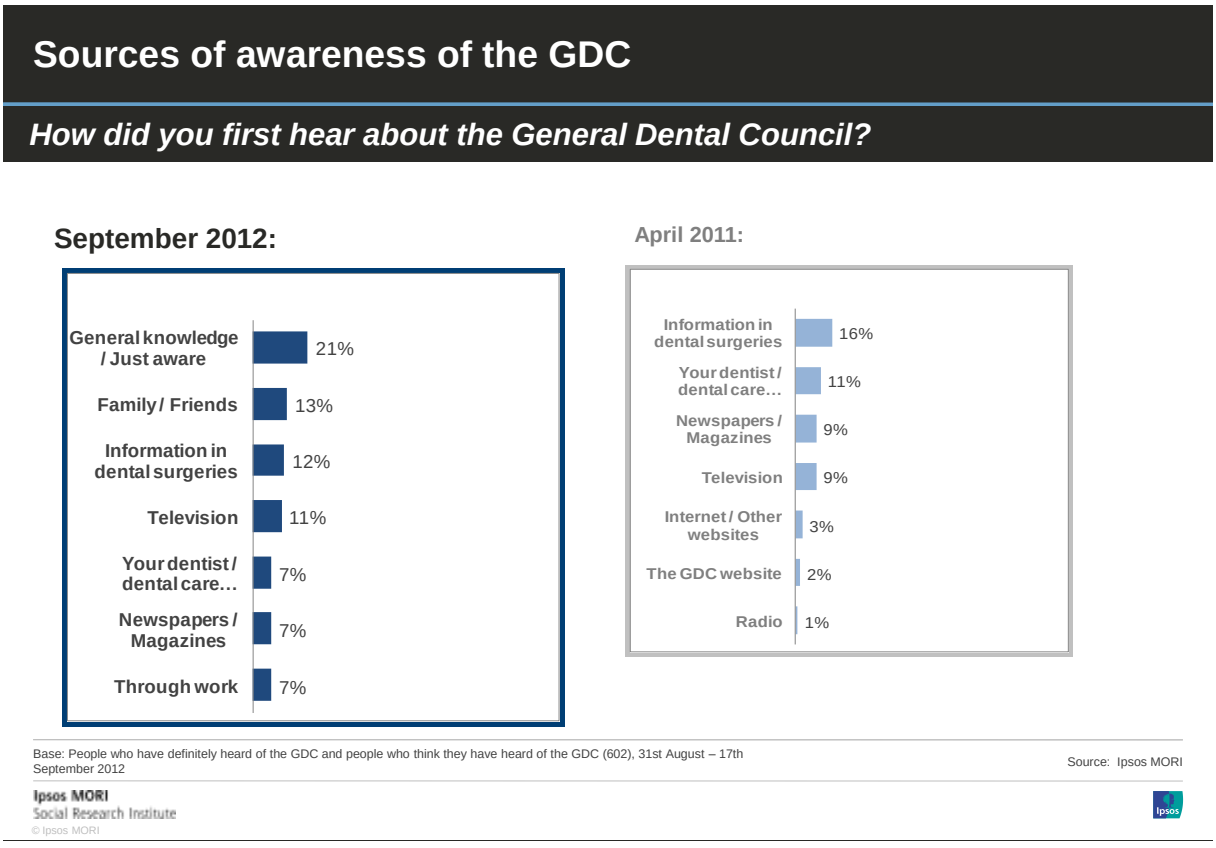
There are a few key factors which appear to be linked to reported awareness of the GDC. Age is important, with younger people much less likely to have heard of the GDC (3% of those aged 15-24 have definitely heard of the GDC before the survey vs. 32% of 55-64 year olds and 24% of those aged 65 and over). Social grade has an impact on awareness of the GDC (41% of those from social grade 'A' compared to 20% on average).There is also a difference in terms of ethnicity (21% of white people have definitely heard of the GDC compared with 10% of non-white people). Those groups with higher awareness are also

those who visit the dentist more regularly, which may reflect the greater number of opportunities they have to encounter GDC communications, or a greater interest in dental health.

How people found out about the GDC

In fact, it is not entirely clear how people first became aware of the GDC. People are most likely to say that it was simply general knowledge or "they were just aware" (21%). The qualitative research showed that on some occasions there was an awareness of a regulatory body for dental professionals. Several referred to their knowledge of the General Medical Council and thought that might be why the GDC sounded familiar.

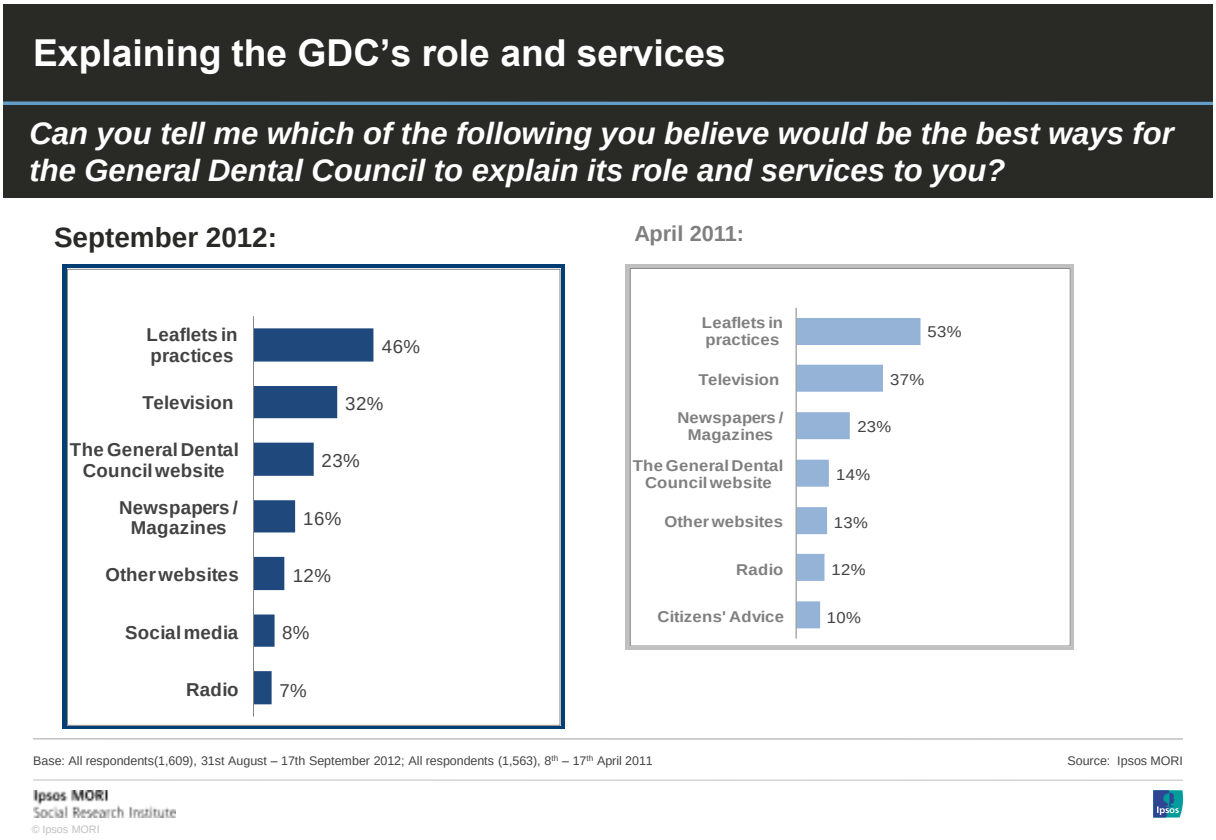
The most successful source appears to be leaflets in the dental surgery. Just over one in ten (12%) says that they had heard about the GDC through this route. Non-white people are particularly likely to cite family and friends (23% vs. 12% of white people).



Please note that care needs to be taken in comparing 2011 and 2012 results in the chart below as the list of responses differs slightly between the two surveys. Only the most frequently mentioned responses are shown in the chart.

Preferred sources of information about the GDC

Almost half (46%) say they would like to receive information about the GDC via leaflets in surgeries. Although possibly not a feasible option, television is also a popular choice (32%). The internet is also thought to be a useful means of communication, with almost a quarter (23%) choosing the GDC website as the best way for the organisation to explain its roles and services. Perhaps the important point is that results varied across different groups and a multi-strand approach is likely to be the most useful. For example, older age groups are more likely to prefer leaflets in surgeries (52% of those aged over 65 vs. 38% of those aged 15-24), whereas this approach is relatively unpopular amongst non-white people (28% vs. 49% of white people).

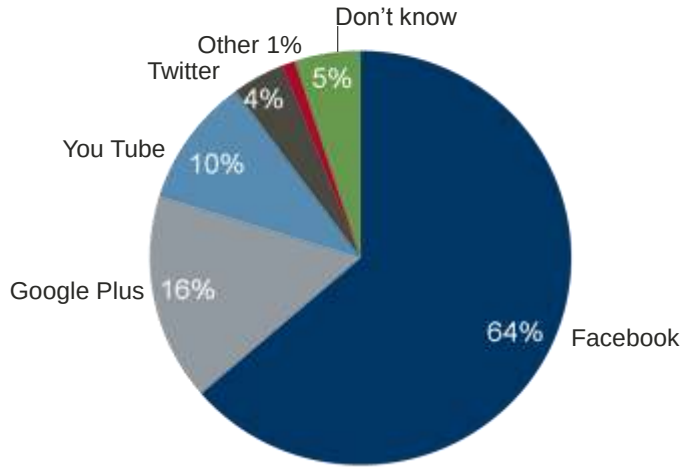


Again, care needs to be taken in comparing 2011 and 2012 results in the chart below as the full list of responses differs slightly between the two surveys. Only the most frequently mentioned responses are shown in the chart.

As can be seen in the chart above, 8% suggest that social media would be the best way for the GDC to communicate with them. Amongst these, Facebook is by far the most popular, with 63% preferring it. Google Plus (16%), YouTube (10%) and Twitter (4%) also feature. It should be noted that only 134 people answered this question so the numbers of respondents mentioning each individual social medium are small.

GDC communicating via social media

You mentioned social media. Which one of the following social media would you prefer the General Dental Council to use to communicate with you?



Base: People who believe that social media is the best way for the GDC to explain its role and services to them (134), 31st August – 17th September 2012

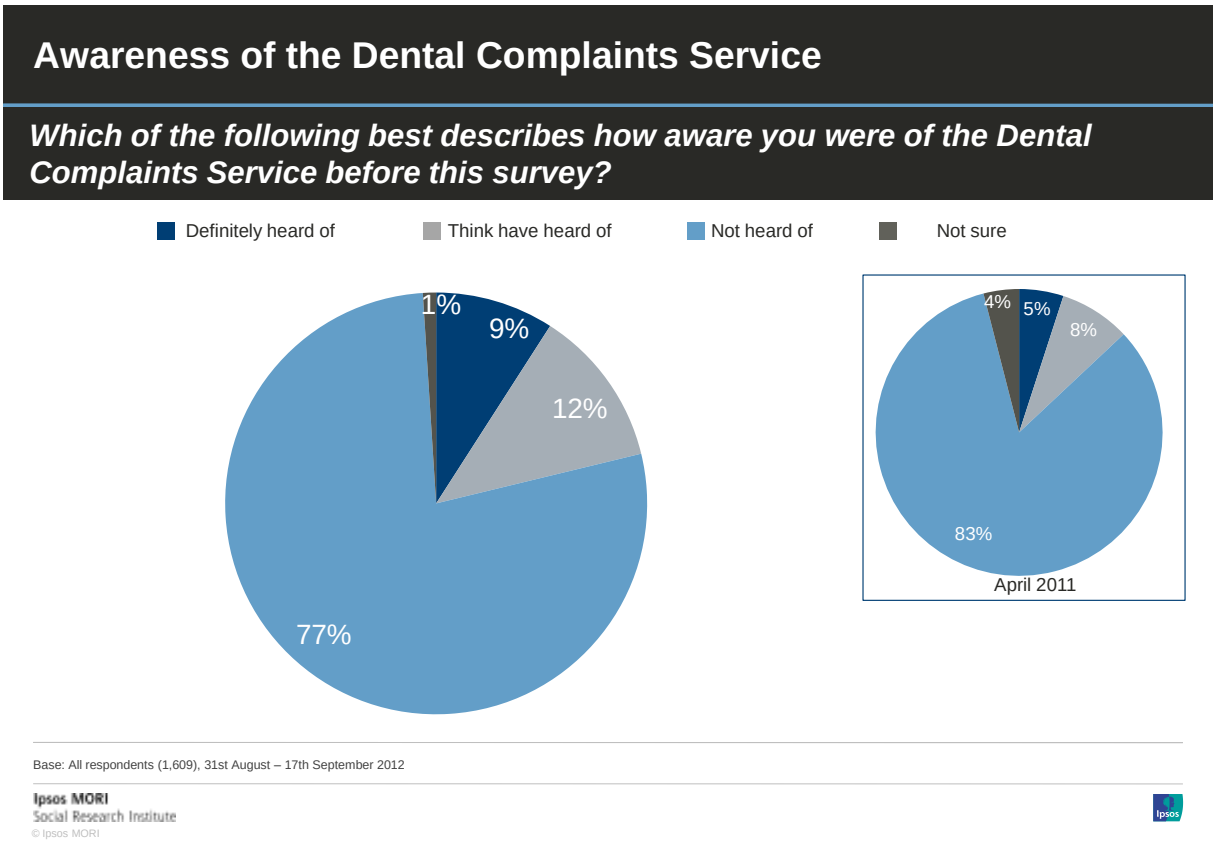
Source: Ipsos MORI

Ipsos MORI
Social Research Institute

3.2 Awareness of the Dental Complaints Service

Overall awareness

The majority of people have not heard of the Dental Complaints Service (DCS) before this survey (77%). However, the results suggest that awareness has risen slightly since 2011.



As is the case with awareness of the GDC, older age groups and those from higher social grades tend to have higher levels of awareness of the DCS. Those in social grade A (21%) and those aged 55-64 (15%) are most likely to have definitely heard of the DCS. Similarly, patients (11%) and those who visit a dentist at least once a year (11%) are more likely to have definitely heard of the DCS.

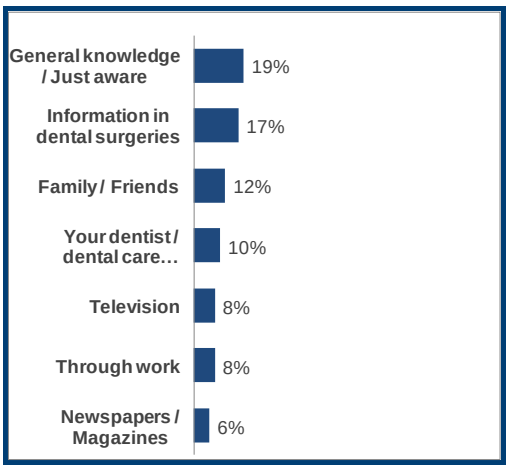
How people found out about the DCS

Again, this is not entirely clear. One in five people who have heard of the DCS say this is through general knowledge (19%). Communications in surgeries again feature though (17%). Looking at sub-groups, non-white people are again particularly likely to say they heard through family and friends (23% vs. 11% of white people). Care needs to be taken in comparing 2011 and 2012 results in the chart below as the full list of responses differs slightly between the two surveys. Only the most frequently mentioned responses are shown in the chart.

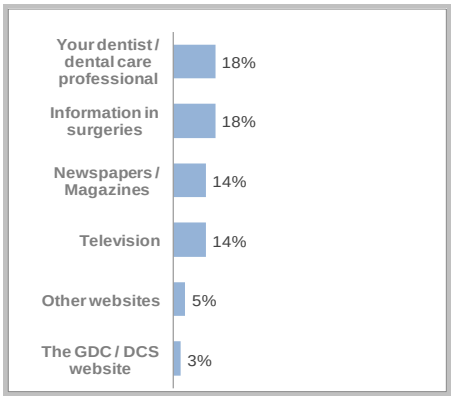
Sources of awareness of the DCS

How did you first hear about the Dental Complaints Service?

September 2012:



April 2011:



Base: People who have definitely heard of the DCS and people who think they have heard of the DCS (331), 31st August – 17th September 2012

Source: Ipsos MORI

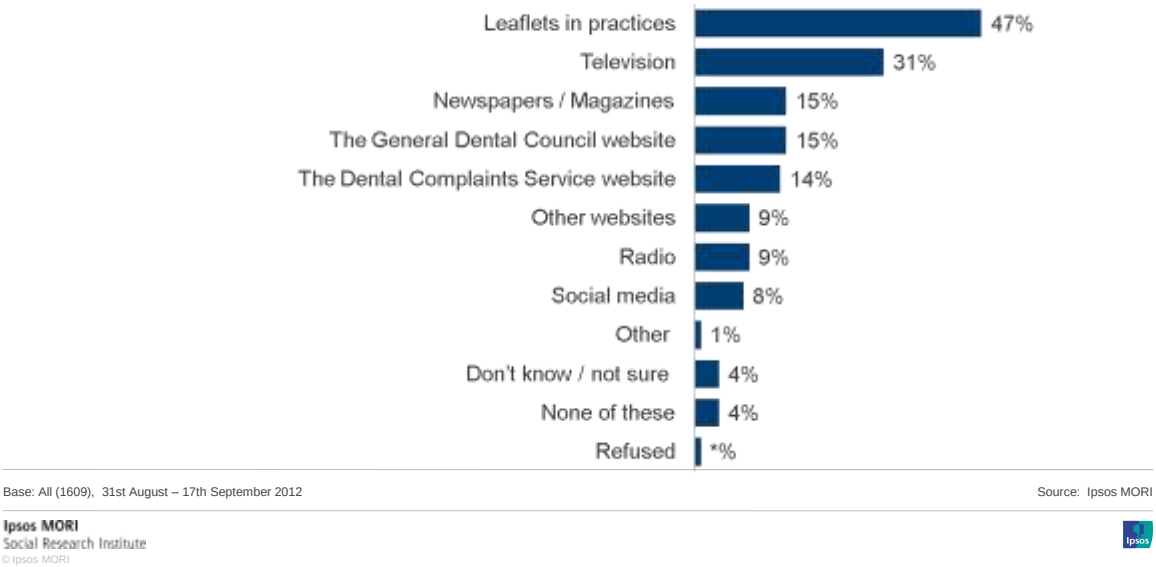
Ipsos MORI
Social Research Institute

Preferred sources of information about the DCS

The preference for leaflets in surgeries is repeated as a means for the DCS to explain its role and services. Almost half (47%) choose this option. Television and the internet also feature. The pattern is somewhat different for non-white people, however. Only 27% prefer leaflets in surgeries compared with 49% of white people. They also have a stronger preference for television (37% vs. 30% for white people).

Explaining the DCS's role and services

Can you tell me which of the following you believe would be the best ways for the Dental Complaints Service to explain its role and services to you?



Again, amongst those who would prefer the DCS to use social media, Facebook is most popular (60%), followed by Google Plus (22%), YouTube (13%), and Twitter (4%). Please note that only 115 people answered this question so the numbers of respondents mentioning each individual social medium are small.

3.3 Implications for GDC and DCS communications

Awareness remains generally low, and those who have heard of either the GDC or DCS tend to be vague about how or where they heard. There is not a strong sense of what these organisations are amongst the public, or how and what they communicate.

Overall, a multi-strand communications approach would be useful. Amongst younger people awareness is especially low. Online-based communications strategies could therefore be a priority, along with communication via other media, for reaching this group. For older people, more traditional means of communication such as leaflets in surgeries are likely to be effective.

Communications also need to be crafted and tested to ensure they are accessible, particularly in terms of language, across different social grades. A theme running throughout the research is the relative lack of engagement with dentistry in a number of ways amongst people in lower social grades and non-white people, for example less frequent visits to the

dentist and lower awareness of the GDC. Language, concepts, and the level of base knowledge assumed would therefore need to be carefully considered.

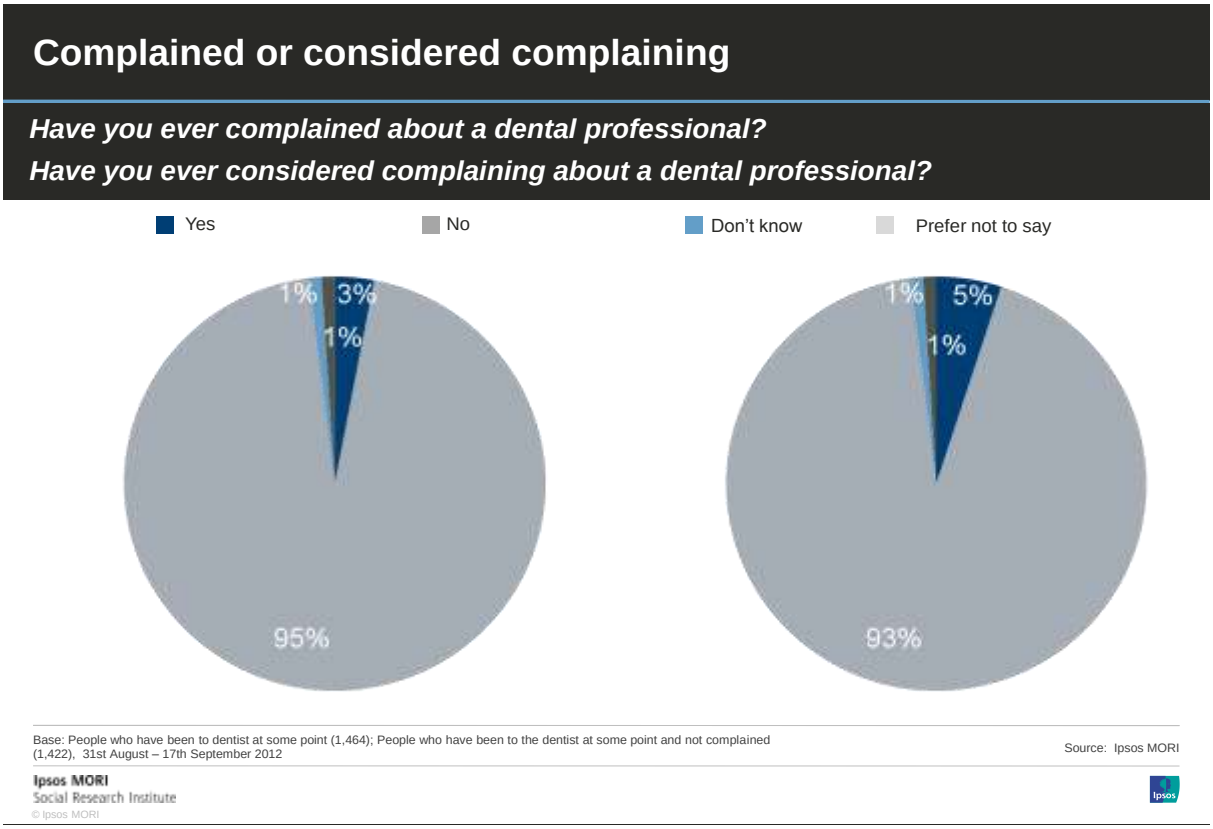
4. The complaints process

The survey included a series of questions about patient complaints. Generally these focused on gathering broader information on motivations and barriers to complaining. Rather than looking at the GDC's Dental Complaints Service or Fitness to Practise processes.

4.1 Making a complaint

People who have complained or considered complaining

Few people say they have complained or even considered making a formal complaint about a dental professional. There is little significant difference between subgroups, although no non-white respondents at all have considered complaining, compared with 6% of white respondents.



It should not however be assumed from this that people had not experienced any problems when being treated by a dental professional. Some participants in qualitative interviews who had not even considered complaining did however reveal unsatisfactory experiences. One participant, who had neither complained nor considered complaining, highlighted poor treatment by a previous dentist, compounded by a refusal to admit to the mistake. With hindsight she felt she should have considered complaining.

When I was younger I put dentists and doctors on a pedestal. Not now – I know now it's OK to question them… The dentist made a mistake and didn't own up to it. He tried to suggest the bruising and swelling on my cheek was due to me biting the inside of my mouth rather than his botched injection.

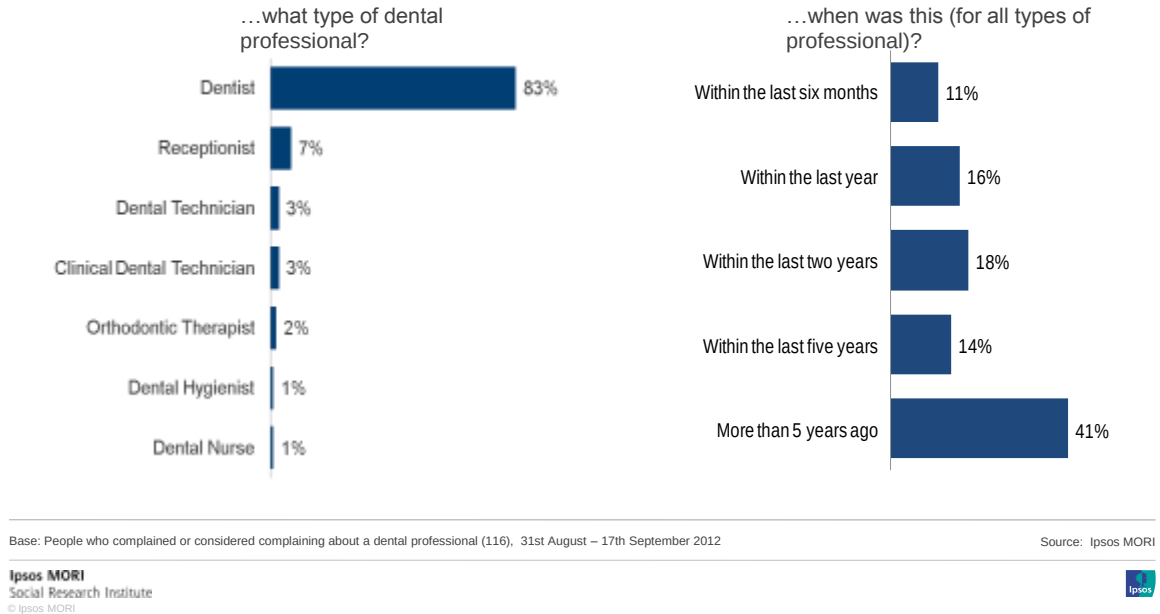
Female, Age 45+, Social Grade B

The subject of complaints made or considered

Amongst those who have complained or considered complaining, this is usually about a dentist. Over eight in ten say dentist (83%), with a further 7% mentioning the receptionist. Other dental professionals are mentioned far less often, possibly linked to lower use of these professionals. When asked about the most recent time they complained or considered complaining, at least two in five (41%) say it was more than five years ago.

Type of professional and timing of complaint

Thinking about the most recent time you complained or considered complaining…



Base: People who complained or considered complaining about a dental professional (116), 31st August – 17th September 2012

Source: Ipsos MORI

Ipsos MORI
Social Research Institute

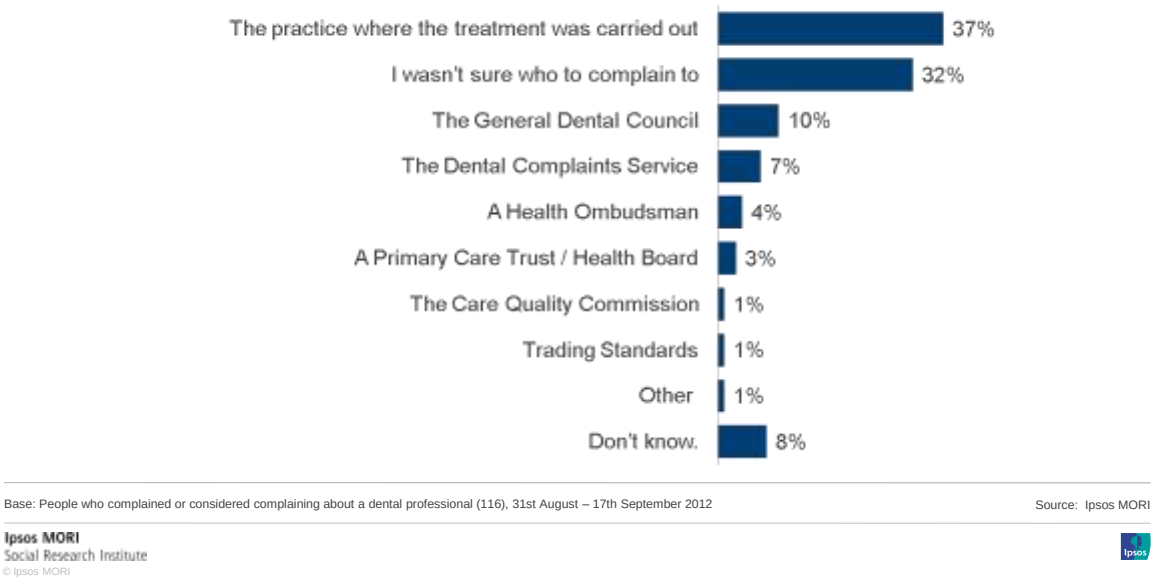
Who people complain to

When people do complain they tend to speak directly to the practice where they received treatment. More than a third (37%) approached their dental practice (or considered doing so). However, the key finding here is that **nearly one third (32%) of those who complained or considered complaining say they were not sure who to complain to**. This finding

highlights the importance of caution in assuming that the low proportion of patients who have complained or considered complaining means that people are happy with all aspects of their dental care services. There is a possibility that some people are not happy but do not know how to speak out effectively. Unfortunately the numbers are too small to show whether any sub-groups are particularly likely to say they do not know who to complain to.

Complained or considered complaining to

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



4.2 Motivation to make a complaint

What motivates people to complain?

Amongst those who have actually made a complaint, by far the most commonly cited motivation is to raise concerns about the professional's performance. Almost half say this is why they complained (47%). Concern about the professional's competence and its impact on other patients is clearly a strong motivator, as a further one in five (18%) says they want to ensure that other patients don't have the same problems. Compensation ranks relatively low down the list of motivations (8%). Complainants appear to be far more concerned with addressing poor performance and preventing other patients from encountering the same problems.

However it should be noted that the base size here is small; therefore comparisons between sub-groups should be treated with caution.

Motivation to complain

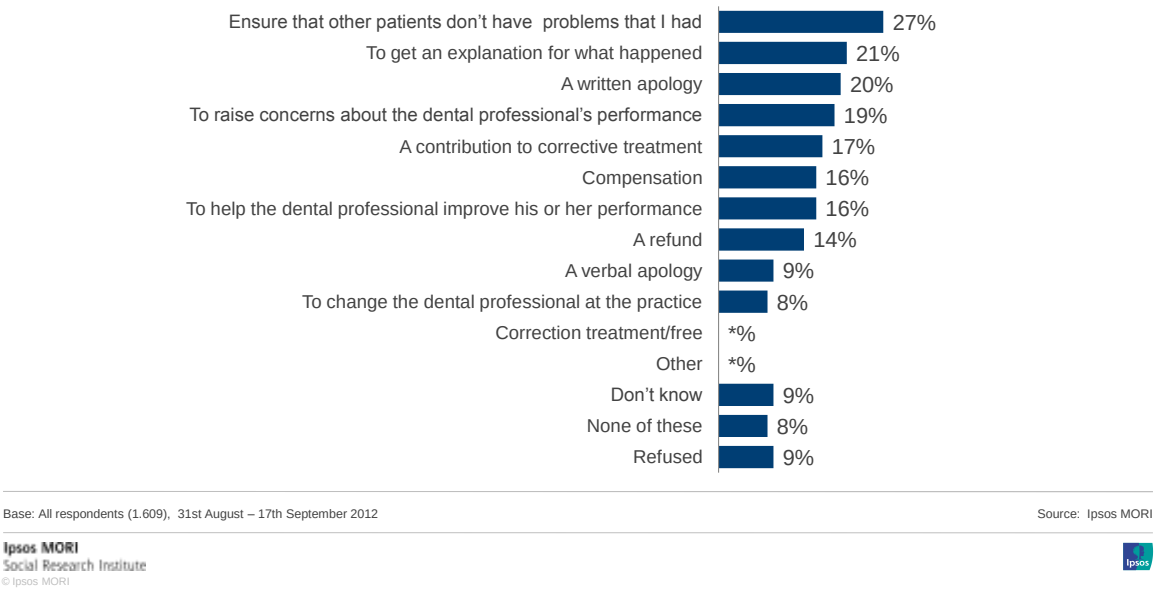
You said you made a complaint about a dental professional. What motivated you to complain?

Expectations of making a complaint

Everyone in the sample, regardless of whether they had complained or considered complaining or not, was asked about what they expected, or would expect, from complaining. Again, gaining refunds and compensation tend not to be people's overriding concerns. They are more concerned with getting an apology (20%) or explanation (21%), or ensuring other patients avoid similar problems (27%).

Expectations of making a complaint

What would or did you expect to achieve from complaining to the General Dental Council's Dental Complaints Service in particular?



While there are few demographic differences, social grade appears important. **People in higher social grades are more likely to express expectations than those in lower social grades**. For example 38% and 39% in social grades A and B respectively would expect 'to ensure that other patients don't have the problems that I had' compared with 20% and 17% in social grades D and E. A similar pattern is found in relation to raising concerns about the dental professional's performance, and helping them improve their performance. Moreover, people in the lowest social grade are significantly more likely to say they don't know what they'd expect (18% compared with 4% and 6% in social grades A and B respectively).

A notable trend emerges regarding ethnicity. For example, 13% of non-white people responded 'None of these' compared with 7% of white people. Only 17% said they wanted 'to ensure that other patients don't have the problems that I had' compared with 28% of white people.

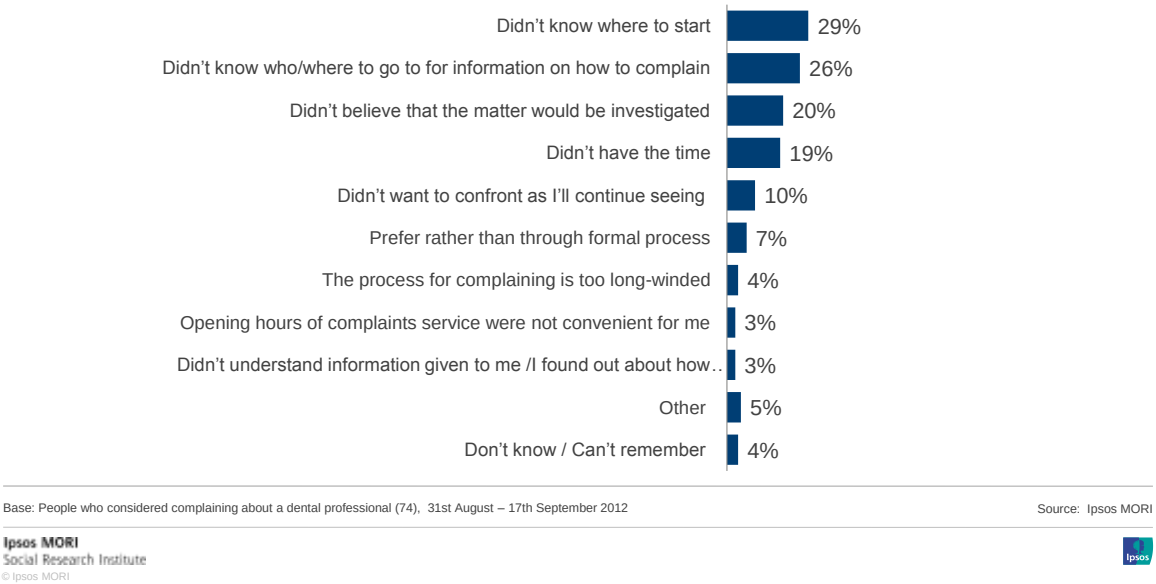
4.3 Barriers to complaining

As discussed earlier, a significant minority of people who complained or considered complaining say they did not know to whom they should complain. Indeed this appears to constitute the main barrier for those who consider complaining but do not take this forward. Almost three in ten (29%) say they did not know where to start, and a further one in four (26%) say they did not know how. Another significant, and perhaps concerning, reason given

by one in five (20%) of those who considered complaining is that they 'didn't believe the matter would be investigated'. The results do not allow further investigation as to why these people feel this way and the small number of qualitative interviews conducted did not contain anyone responding in this way. Therefore it is not known whether these patients had some concrete reason to feel like this or whether it was an assumption, borne out of a lack of awareness. Regardless, this result does show that patients need further support in order to take their complaint forward.

Barriers to complaining

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



5. Topical policy issues

The survey covered a number of policy issues, which are discussed below. Further detail on each of these topics is given where appropriate in each of the following sub-sections:

Fitness to Practise and temporary restrictions: Should details of past restrictions placed on professionals remain against the professional's name on the GDC public register, and if so, for how long?

Giving feedback: Have people ever given feedback to dental professionals on the treatment they received, how did they give it, and were they clear on how the feedback was used?

Treatment plans: How well do dental professionals inform people about what to expect at their visit? If further treatment was recommended at the last visit, how were they informed about it – verbally, in writing, or both? How clear did people feel about costs at their last visit?

Direct access to dental care professionals: Would people like to be able to visit a dental professional other than a dentist (for example a hygienist) without seeing a dentist first and being referred?

Treatment by newly qualified dentists: Are people happy to be treated by newly qualified dentists working without supervision?

As some of these areas are potentially complex, require background information and explanation, and are therefore difficult to explore in-depth, insights from the qualitative interviews were particularly useful here.

5.1 Fitness to Practise

Temporary restrictions

As part of its duty to protect the public, the GDC considers cases where a dental professional may have fallen short of the standards expected of them. Through its Fitness to Practise procedures, the GDC ultimately has the power to remove the dental professional from the Register. However, the Fitness to Practise procedures can also result in a range of temporary restrictions being taken against the dental professional.

The survey asked the public whether details of past restrictions should remain against the professional's name on the GDC public register, and if so, for how long.

Overall, the public are fairly evenly split on whether details of these restrictions should remain against the professional's name on the register once the restrictions are over. Around three in ten people (31%) say they should remain on the register, but a similar figure says they should not (30%), and that it depends on the nature of the restrictions (29%).

As seen throughout this report, age, ethnicity, and social grade are important. Younger people, non-white people and those in some lower social grades are more likely to say restrictions should not remain against the professional's name:

> 36% aged 25-34 answered 'No' compared with 26% aged 65 and over, and 30% overall.
>
> 38% in social grade 'D' answered 'No' compared with 26% in social grade 'B', 30% in social grade 'C1', and 30% overall.
>
> 40% of non-white people answered 'No' compared with 28% of white people.

Awareness of the GDC is also a factor: nearly half (47%) of those who are aware of the GDC say restrictions should remain on the register compared with just three in ten (29%) of those who are unaware, and fewer (23%) of those who are unsure whether or not they have heard of the GDC. This may reflect a greater awareness of how problems with performance are dealt with by the GDC.

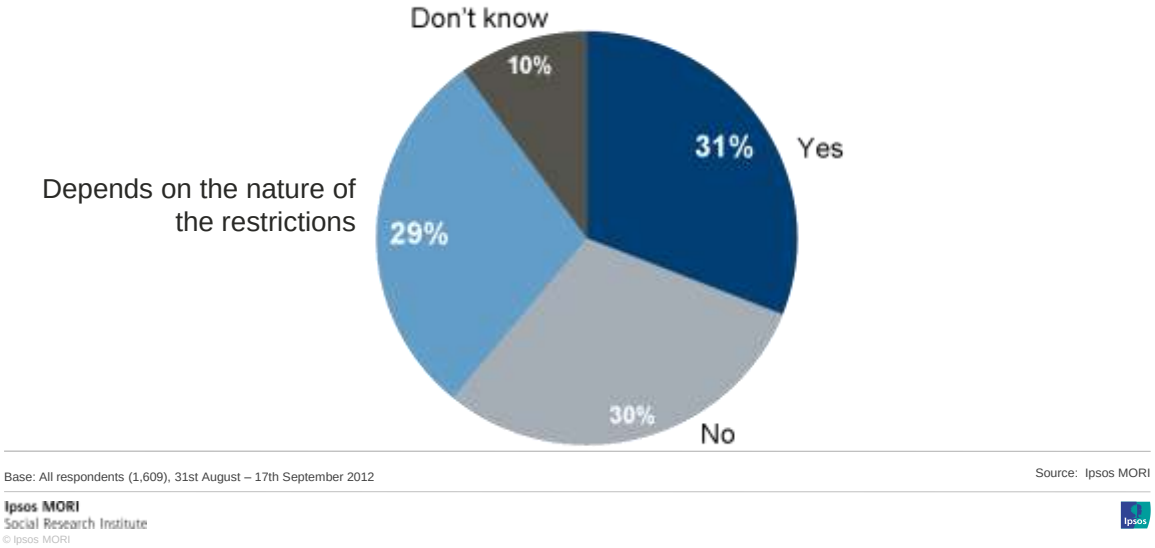
Overall, though, there is a great deal of uncertainty. Over one third (39%) either don't know or feel it depends on the nature of the restrictions. People in higher social grades are more likely to say that it 'depends on the nature of the restrictions', whilst those in lower social grades are more likely to say they don't know. For example:

> 38% in social grade 'B' say it depends on the nature of the restrictions compared with 17% in social grade 'D' and 21% in social grade 'E'.
>
> 14% in social grade'C2' and 13% in social grade 'D' say they don't know compared with 6% in social grade 'B'.

Also, white people are more likely than non-white people to say it depends on the nature of the restrictions (30% vs. 20%) and less likely to say they don't know (8% vs. 27%).

Details of restrictions on register

If a dentist or dental care professional is considered to be safe to practise again and the period of temporary restrictions is over, do you think that the details of these restrictions should remain against their name on the public register, or not?

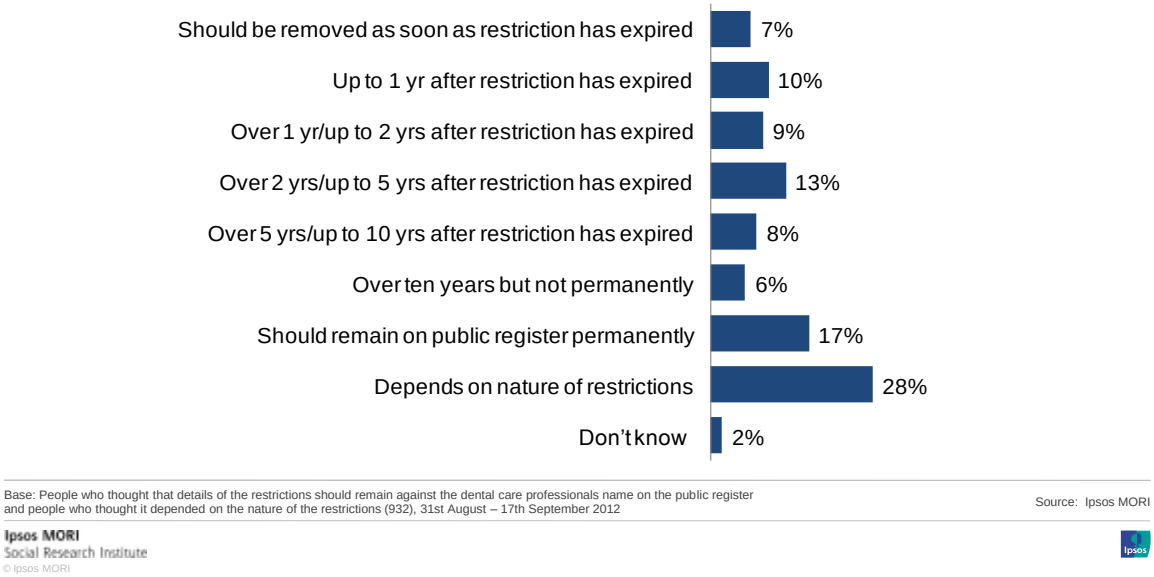


Length of time restrictions should remain on the register

Similarly, when asked how long restrictions should remain on the register, many feel this depends on the nature of the restrictions (28%). Otherwise, responses are fairly evenly spread: no clear consensus emerges. Again, social grade and ethnicity are important. For example, people in higher social grades are more likely to say it depends on the nature of restrictions (40% in social grade ‘B’ compared with 15% and 20% in social grades ‘D’ and ‘E’ respectively). Non-white people are more likely than white people to say the information should be removed from the register as soon as the restrictions have expired (18% vs. 6%).

Past restrictions: length of time on register

For how long would you expect this information concerning past restrictions to remain on the public register?



Base: People who thought that details of the restrictions should remain against the dental care professionals name on the public register and people who thought it depended on the nature of the restrictions (932), 31st August – 17th September 2012

Source: Ipsos MORI

Ipsos MORI
Social Research Institute

The qualitative interviews provided a means of unpicking the responses to these two questions on restrictions. For some there was a distinction between restrictions based on problems around the dental professional's manner and communications, and those to do with their actual skills. Whilst the former could result in unsatisfactory and unpleasant experiences, the latter was more serious as it could result in serious physical damage.

> *Manner is important but most serious concerns are to do with their technical skills… Things to do with communication, misunderstandings, the dentist's manner etc. are more personal and should not go on the register. Mistakes regarding treatment however should go on the register.*
>
> Female, Age 45+, Social Grade B

Regarding the length of time restrictions should remain on the register, participants in the qualitative research tended to feel they should remain for at least the duration of the restriction and perhaps a little longer. There was little interest, however, in keeping details of restrictions on the register indefinitely, except perhaps for the most serious cases. Participants generally accepted that professionals usually deserved a second chance, and did not want to see jobs lost and careers 'ruined' without good reason.

It should be published – you have to root out bad practice – but probably should be removed once the restrictions are over otherwise it would be millstone round their neck for their whole career which wouldn't be fair.

Male, Age 45+, Social Grade C1

If a restriction has been placed on a person then that should be on the register for everyone to see so that you can make an informed decision about whether to go to them. But as soon as the restriction has finished then it should be taken off the register. If they are deemed fit to practise again, then nobody should need to know about the past.

Female, Age under 45, Social Grade C1

People's general trust in regulation and the processes for dealing with problems was also reflected in some of the qualitative interviews. There was a sense that if the professional was following the terms of the restriction as set out and monitored by the regulator, that was a guarantee that the problem was being dealt with in a way that ensured the public was protected.

If it's dealt with to the satisfaction of the governing body, then there's no need to have anything on their record.

Female, Age 45+, Social Grade B

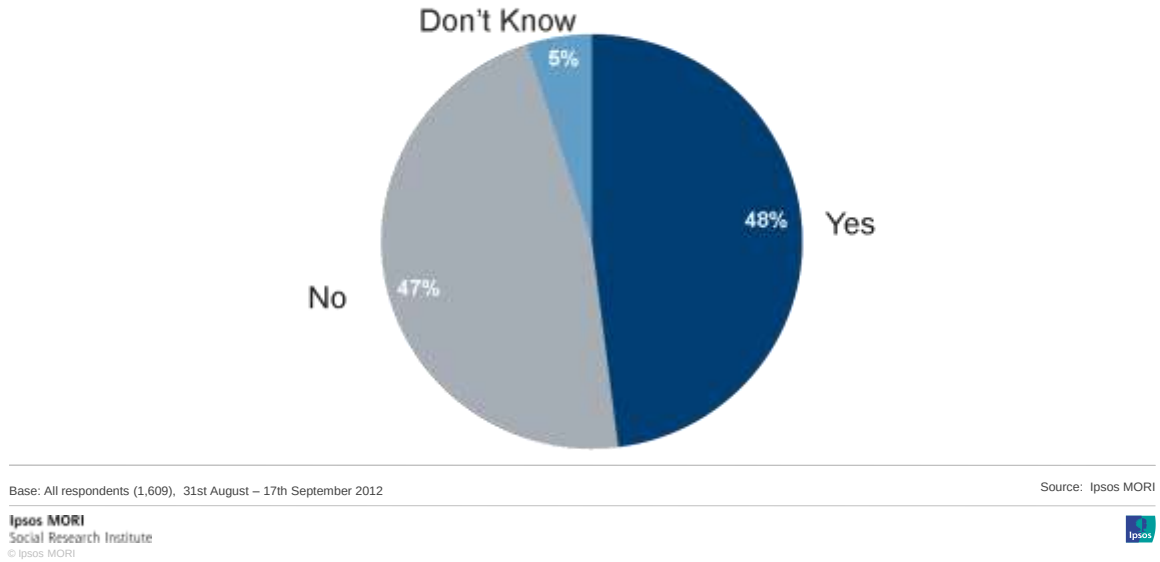
Independence of the Fitness to Practise committee

At the moment, an independently appointed panel carries out an initial investigation of a complaint about a dentist or DCP's fitness to practise. It can then forward the case to another independently appointed committee if it feels there are serious concerns about fitness to practise. This committee has the power to make decisions on whether or not a dental professional should be allowed to continue to practise.

Opinions as to whether this body should be run by a separate body from that investigating the complaint were almost equally divided. Again, there was no clear consensus, following the theme of the previous two questions. Although not covered in the subsequent qualitative interviews, this may be a topic worthy of further in-depth exploration. It is possible that the near 50/50 split results from a lack of detailed thought or understanding of the subject. A qualitative approach may elicit more considered views.

Running the panel and committee

Both the panel and the committee are run by the General Dental Council. Do you think the second Committee should be run by a separate body from that investigating the complaint, or not?



In terms of demographic differences, age and ethnicity seem to matter. Older people are more likely to say they should be run by separate bodies (51% aged 65 and over vs. 37% aged 15-24). Non-white people are more likely than white people to say they should not (68% vs. 45% of white people). It is possible that this is linked to a lower level of engagement or concern amongst these younger age groups and amongst non-white people.

5.2 Giving feedback about a dental professional

While complaints and fitness to practise are key components when considering the performance of dental professionals, feedback, whether positive or negative, is also important. It is anticipated that utilising feedback from patients may contribute to informing how a registrant continues to develop professionally. In the future, it might also help a registrant demonstrate how he or she continues to be fit to practise. People were asked if they had ever given feedback to dental professionals on the treatment they received, how they gave it, and whether they were clear on how the feedback was used.

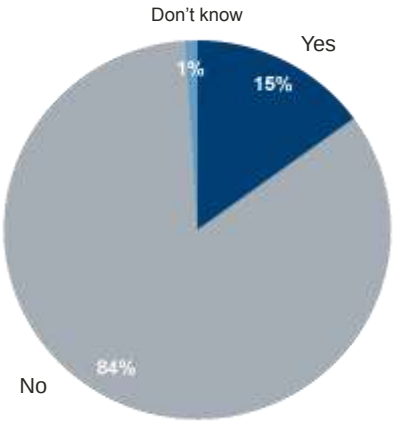
Who has given feedback?

A minority of patients (15%) have given feedback at their last visit, and they tend to be older people (for example 24% aged 55-64 vs. 8% aged 15-24). Those who are aware of the GDC are also more likely to have given feedback, potentially reflecting their greater level of

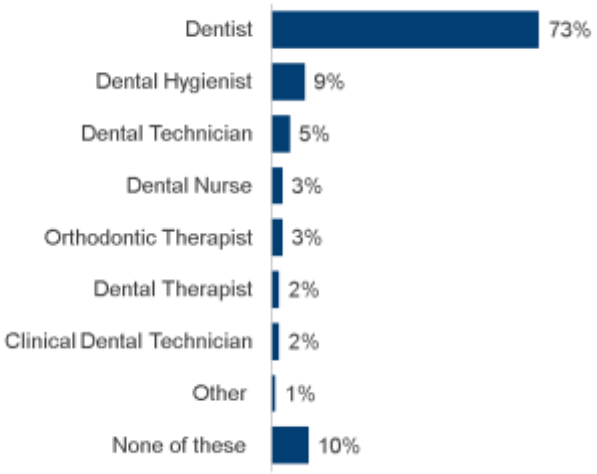
general engagement (22% of people who are aware of the GDC vs. 14% who are unaware). Of those who had given feedback, most had fed back on a dentist (73%).

Feedback on dental professionals

Thinking about the last time you went to the dentist, did you give feedback – either positive or negative - on the performance of the dental professional(s)?



The last time you went to the dentist, which dental professional or professionals did you give feedback on?



Base: People who go to the dentist (1,320), 31st August – 17th September 2012

Source: Ipsos MORI

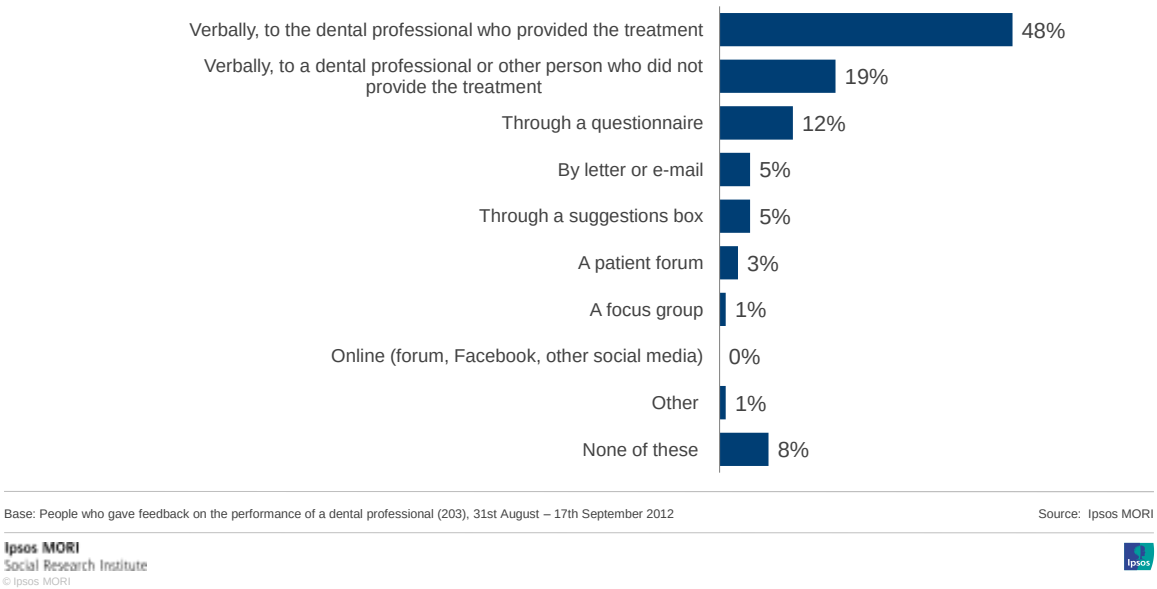
Ipsos MORI
Social Research Institute

How is feedback given?

Feedback is generally given verbally. Older and retired people were especially likely to say they simply spoke to the professional who provided the treatment (for example 63% of retired people vs. 36% of full-time workers).

How is feedback given to professionals?

How did you give the feedback?



Feedback questionnaires do not appear to be very common. This was reflected to an extent in the qualitative interviews: participants generally did not report being proactively asked for their feedback, but did not see this as a problem. One participant who did report completing a feedback form was at a private rather than NHS practice, and received private care only:

> *My dental practice gives out feedback forms, asks if you're happy, if you have any complaints. They're open to your opinion.*
>
> Female, Age 45+, Social Grade B

When encouraged to think hypothetically about giving feedback, those in the qualitative interviews favoured an informal approach - speaking directly to the professional concerned at least in the first instance.

> *If I wasn't happy with something I would probably just say it straight to the dentist then and there.*
>
> Female, Age under 45, Social Grade C1

Things could usually be sorted out without resort to formal, high-level complaints.

I appreciate that sometimes things can be dealt with at the first level of feedback. It's not necessary, for example, to write to the Department of Health, to give a rather extreme example of escalation. You know, I think sometimes things can be sorted out at a lower level.

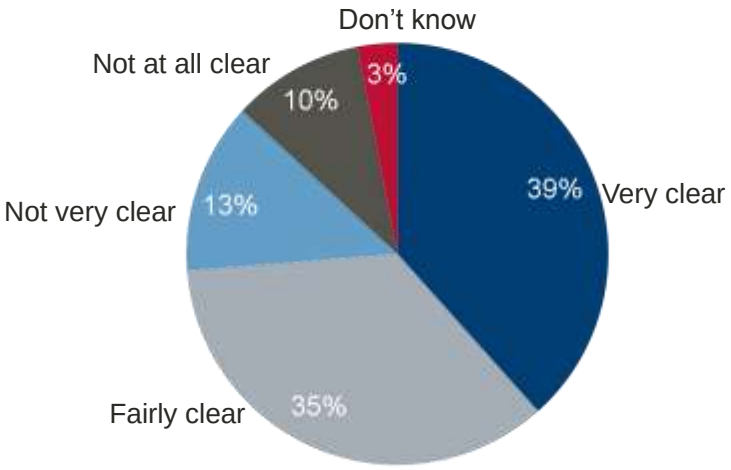
Male, Age under 45, Social Grade C1

How is feedback used?

While only a minority of patients have given feedback, they are generally clear on how their feedback was taken forward. Almost three quarters (74%) say it was clear to them how it would be taken forward. There are no significant differences between sub-groups here.

How is feedback used?

When you provided feedback on the performance of the professional, how clear, if at all, were you on how the feedback was used?



Base: People who gave feedback on the performance of a dental professional (203), 31st August – 17th September 2012

Source: Ipsos MORI

Ipsos MORI
Social Research Institute

The qualitative interviews revealed some differences in expectations though, depending on the type of feedback given. Generally, if the feedback was negative and concerned a problem, some kind of follow-up on how it had been acted on was hoped for. For more positive feedback, patients seemed less concerned about how it was being used. While patients would be happy to provide feedback if asked, they did not need to know how it was being used.

If I wasn't happy I'd want some follow-up on my feedback. I'd want to know whether anyone else had made a similar complaint, whether anyone else felt the way I did.

Female, Age 45+, Social Grade B

For one participant, the way feedback was received and acted on should reflect the way it was given: written feedback should receive a written reply, acknowledging the weight that the patient has given to their feedback. Information should also be supplied on what has been done to remedy the problem.

If I'd written a letter or an email I'd expect a reply. Also feedback on what had been done to put things right.

Male, Age under 45, Social Grade C2

5.3 Treatment plans

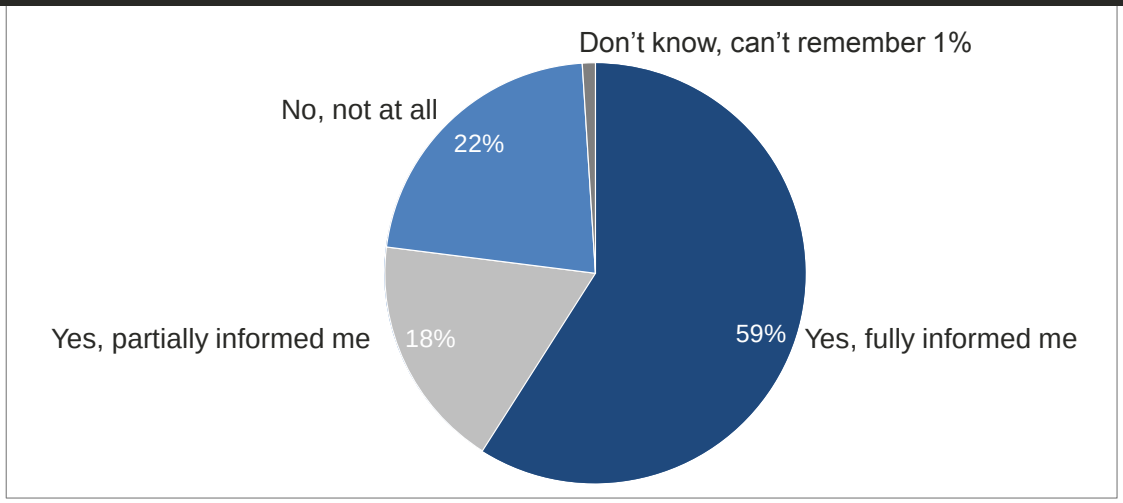
In its draft guidance on standards, the GDC states that patients must be given a written treatment plan. In the survey, patients were asked about how the dental professional informed them about their treatment, and whether and in what format they received a treatment plan.

Informing patients about what to expect

The GDC are also interested in understanding communication between the dental professional and patient. While six in ten patients (59%) say that the professional fully informed them about what to expect at their last visit, a substantial minority say they were either only partially informed or not informed at all about what to expect at their last visit to the dentist.

Informing patients about their treatment

Thinking about the last time you went to the dentist, did the dentist or other dental professional inform you of what to expect from your visit, for example what the treatment you were undergoing or the check-up would include?



Base: People who go to the dentist at least once every two years (1,145), 31st August – 17th September 2012

Source: Ipsos MORI

Ipsos MORI
Social Research Institute

Social grade, ethnicity, and level of engagement – possibly interlinked – appear to have a significant bearing on whether people are fully informed. Those who have been fully informed tend to be those who are more engaged with dentistry in a number of ways:

> Those who have been to the dentist recently (for example 62% who have been in the last 12 months were fully informed vs. 43% who had last been more than 12 months ago).
>
> Those who go to the dentist more frequently (61% who go once a year or more were fully informed vs. 41% who go less often).
>
> Those who are aware of the GDC (79% of those who are aware were fully informed vs. 55% of those who are unaware).

Older people, white people, and those in higher social grades also tend to be significantly more likely to say they were fully informed. We know from findings relating to complaints that white people and people in higher social grades have more detailed and extensive expectations of the complaints process, indicating a greater level of engagement and ability to get what they need. Older people may simply have the benefit of confidence borne of

experience and a subsequently better understanding of what to expect and how to get it. The sub-group differences here are also probably driven by greater engagement. For example:

62% in social grade ‘B’ say they were fully informed vs. 49% in social grade ‘D’.

65% aged 55-64 say they were fully informed vs. 51% aged 25-34.

61% of white people say they were fully informed vs. 41% of non-white people.

Private patients are also significantly more likely to say they were fully informed (69% vs. 58% who received only NHS treatment at their last visit). This may be related to the other demographic characteristics of those more likely to say this: for example people in higher social grades are significantly more likely than those in lower social grades to say they had private treatment only at their last visit (for example 29% in social grade ‘B’ vs. 14% in social grade ‘C2’ and just 5% in social grade ‘D’).

Receiving treatment plans

Just over one third (36%) say that at their last visit, further treatment was recommended. Perhaps not surprisingly, these are more likely to be:

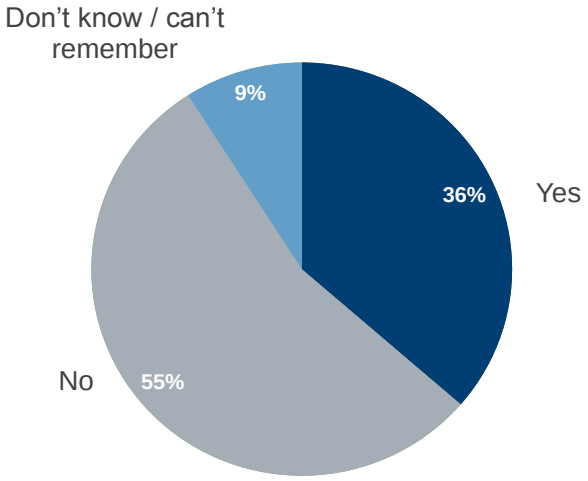
People who have been to the dentist recently (38% who have been in the last 12 months vs. 26% who last visited more than 12 months ago).

Older people (for example 44% aged 65 and over vs. 25% aged 15-24).

Private patients (i.e. who had private treatment only at their last visit) are also significantly more likely to say they had further treatment recommended (45% vs. 34% who received NHS treatment only at last appointment). Again this is probably not surprising: NHS-only patients may be more likely to have simply had a routine check-up at their last appointment, whereas private patients may be more likely to have opted to go privately in order to have a particular course of treatment.

Recommendations for further treatment

And was it recommended that you have treatment, or further treatment?



Base: People who go to the dentist at least once every two years (1,145), 31st August – 17th September 2012

Source: Ipsos MORI

Ipsos MORI
Social Research Institute

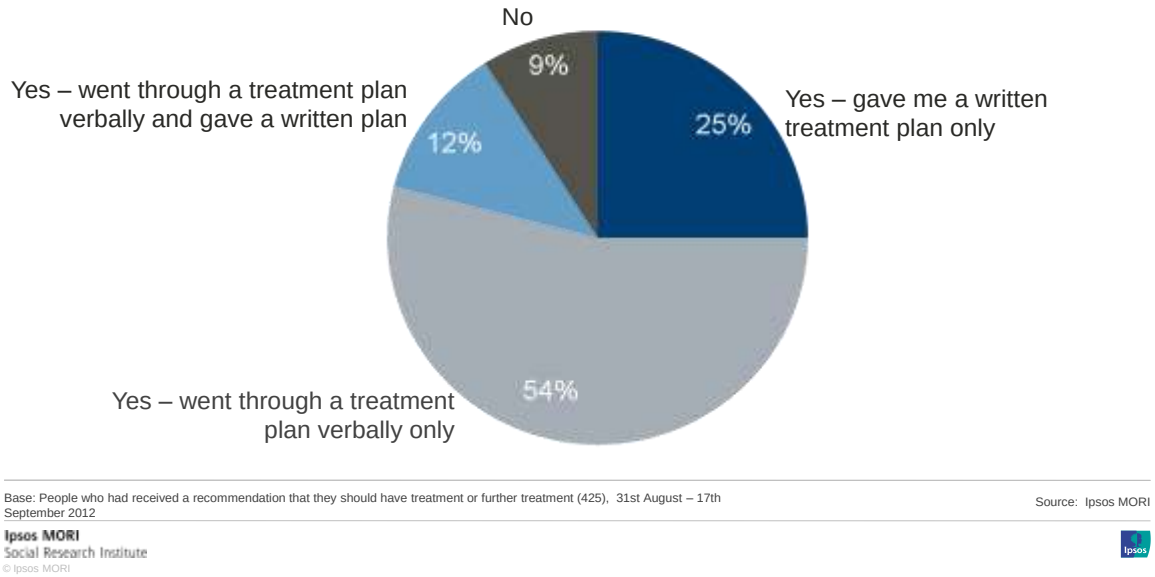
Just over half of patients (54%) report receiving their treatment plan verbally only. One in four (25%) received a written treatment plan only. There is some evidence that more engaged patients are more likely to receive a written plan. For example:

30% in social grade 'B' say they received a written plan only compared with only 7% in social grade 'E'. People in this latter grade are also much more likely to say they received a verbal plan only (83% vs. 54% overall).

37% of those who are aware of the GDC say they received a written plan only vs. 19% who are unaware.

Treatment plan

And did the dentist give you a treatment plan in writing or go through a treatment plan verbally with you?



Base: People who had received a recommendation that they should have treatment or further treatment (425), 31st August – 17th September 2012

Source: Ipsos MORI

Ipsos MORI
Social Research Institute

The qualitative interviews showed that generally, patients preferred to have things explained verbally. Written plans were seen as useful but needed to be complemented by a face-to-face explanation from the dentist.

> *The written plan and discussion are both useful. You need both – one is a record I can refer back to while the discussion helps me understand it.*
>
> Female, Age under 45, Social Grade C1

> *Before my initial treatment he went through everything verbally. Much of the written-down detail consists of colour-coded diagrams of my mouth so isn't very helpful. I'd prefer a verbal explanation backed up with written information rather than just the diagrams.*
>
> Female, Age 45+, Social Grade B

In terms of the content of the treatment plan, participants focused on the following key requirements as important:

- The nature of the problem;
- The proposed treatment (including things like preliminary injections);

The number of visits required;

The likely level of pain; and

The cost.

The most important thing is cost. Also what needed doing and what's wrong, does it need injections, is it going to hurt.

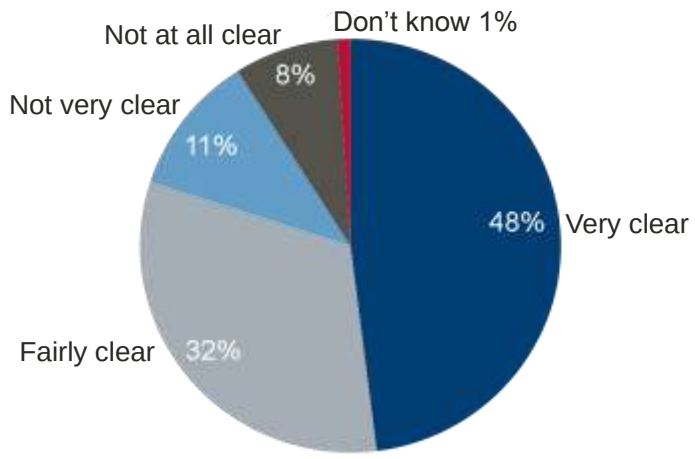
Male, Age under 45, Social Grade C2DE

Clarity on costs

In most cases, patients do appear to have clarity on the proposed costs of their treatment. Eight in ten (80%) say they were clear on what the costs would be prior to their last check up or treatment.

Costs

Thinking about the last time you went to the dentist, before you had the check-up or treatment, how clear, if at all, were you on what the costs would be for you?



Base: People who visit the dentist at least once every two years (1,145), 31st August – 17th September 2012

Source: Ipsos MORI

Ipsos MORI
Social Research Institute

There are few significant differences between social grades: the exception is that people in the lowest social grade (E) are more likely than overall to say they were not at all clear (14% vs. 8% overall). Also, whilst having similar levels of clarity overall, white people are significantly more likely than non-white people to say they were *very* clear (50% vs. 32%).

Perhaps unsurprisingly, frequency of contact with dental professionals has a bearing:

Those who visit the dentist more frequently are more likely to say they were very clear on costs (50% of those who visit the dentist once a year or more vs. 33% who visit less often).

Those who last visited the dentist in the last 12 months are more likely to say they were very clear on costs (52% vs. 29% who last visited more than 12 months ago).

5.4 Direct access to another dental professional

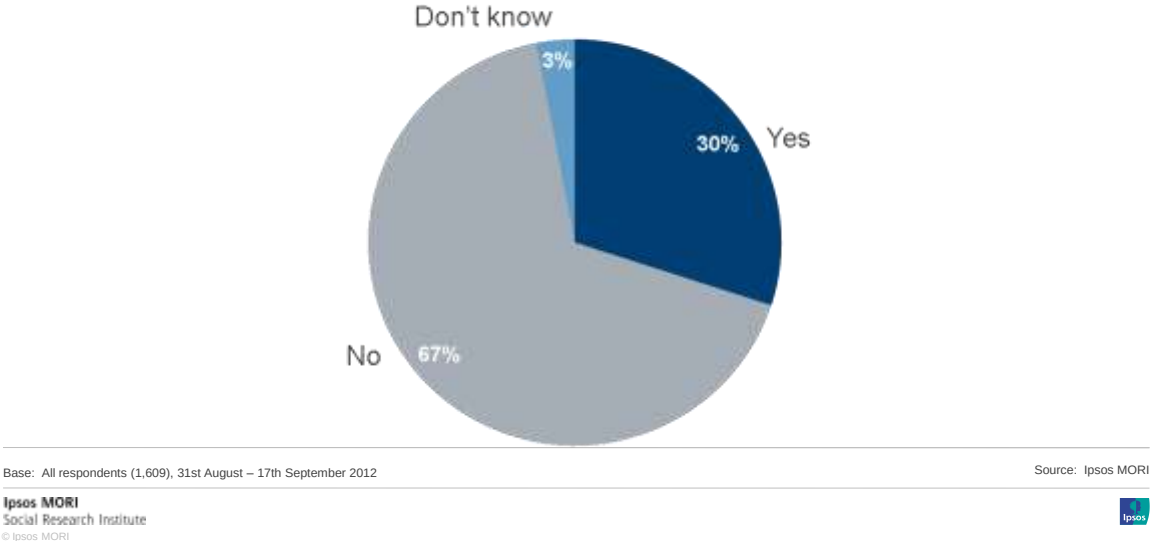
At the moment, patients need a referral from a dentist in order to see another dental professional, for example, to have dental hygiene work done. The GDC is currently consulting on whether to patients should be able to go to a dental care professional without a referral from a dentist first[5].

Access to another dental professional without referral from a dentist

Three in ten people (30%) say they would consider going directly to a dental care professional without going through a dentist first.

Referral to another dental professional

At the moment, patients need a referral from a dentist in order to see another dental professional, for example, to have dental hygiene work done. If it were possible, would you consider going directly to a dental care professional without going through a dentist first?



Age appears important here: the oldest age groups tend to be the most strongly opposed to direct access. For example, nearly three quarters (73%) aged 65 and over are opposed.

[5] Ipsos MORI is currently undertaking a further qualitative project on the subject of direct access separately for the GDC, and as a result this was not covered in the qualitative strand of this work.

Amongst 15-24 year olds, one third (33%) are in favour compared with only 22% aged 65 and over. This may be due to the fact that younger people, perhaps partly because they are less intensive users of health services, tend to be happier to see someone they do not know, providing it is the quickest and easiest way for them to obtain the treatment they need.

Frequency of use and type of dental treatment also seems to play a role:

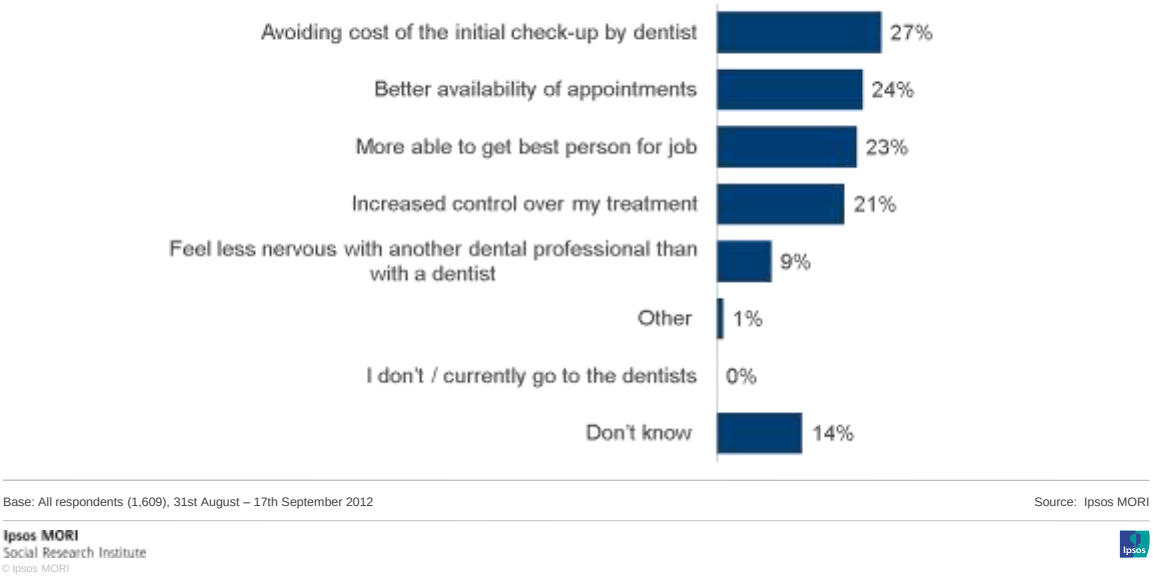
> People who went to the dentist in the last 12 months are more likely to favour direct access than those who last went more than 12 months ago (33% vs. 24%). This could reflect a greater familiarity with dental services: people who go frequently are probably more likely to be having follow-up appointments with hygienists and others. People attending less often may only visit the dentist when they have a serious problem, so expect to see the dentist him or herself.
>
> Patients who received NHS treatment only at their last visit are also more likely to favour the idea than those who received private treatment only (33% vs. 22%).

Motivation to go directly to a dental care professional

Motivators for direct access are varied. Over one quarter (27%) say that they would want to go directly to a dental care professional so that they could avoid the cost of the initial check-up. Slightly fewer (24%) think that appointments would be more readily available. Other motivators are that they would be more able to get the best person for the job (23%) and that they would have increased control over their treatment (21%).

Motivation to go directly to a dental care professional

Which of the following reasons, if any, would motivate you to go directly to a dental care professional without going through a dentist first?



Motivators vary across the population:

Cost is a particular motivation for the middle social grades (29% and 30% in social grades 'C1' and 'C2' respectively vs. 21% in social grade 'D') and for the 45-54 age group (33% vs. 23% aged 55-64, for example, and 27% overall).

The youngest people are more likely to focus on **better availability of appointments** (30% aged 15-24 cite this compared with 21% aged 25-34 and 20% aged 65 and over).

Those with very young children are also understandably focused on better availability of appointments (30% with children aged 0-3 vs. 23% with no children aged under 16).

People who last went to the dentist more than 12 months ago are more likely to mention they would **feel less nervous with another dental professional** (12% vs. 8% who went to the dentist in the last 12 months).

Non-white people are significantly more likely than white people to say they **don't know** what would motivate them (24% vs.13%).

Direct access was not covered in the qualitative interviews.

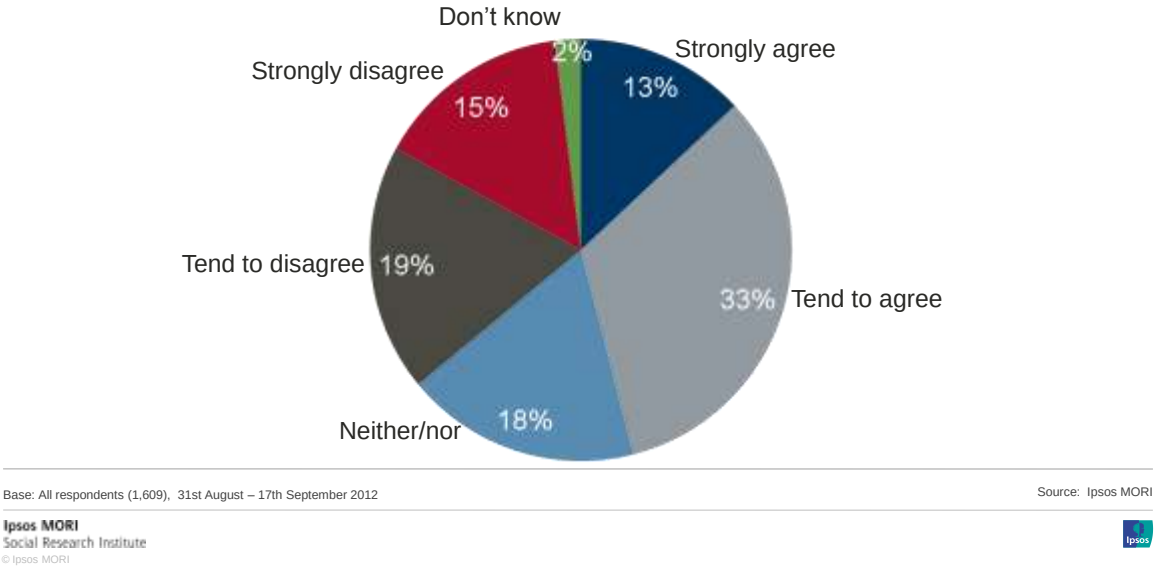
5.5 Unsupervised treatment by newly qualified dentists

Prior to qualification, student dentists learn and are tested through a combination of academic work and supervised hands-on work treating patients. After successfully qualifying, the newly qualified dentists are then able to treat patients without further supervision. The GDC is investigating the risks to patient safety during the transition from graduation to fully unsupervised practice and how to identify proportionate solutions.

No strong consensus emerges either way on whether people would be happy or not to be treated unsupervised by a newly qualified dentist. While just under a half (46%) say they would be happy, a third (33%) say they would not.

Treatment by newly qualified dentists

To what extent do you agree or disagree with the following statement:
'I would be happy for a newly qualified dentist to provide me with dental care unsupervised'.



Social grade appears to play a role here. For example, those in higher social grades are more likely to agree (either strongly or tend to) with the statement (for example 52% in social grade 'B' vs. 37% in social grade 'D'). Ethnicity also plays a role: white people are more likely to agree than non-white people (48% vs. 38%). There is a greater tendency amongst non-white people to be neutral on the issue (27% neither agree nor disagree vs. 17% of white people).

This topic was further explored in the qualitative interviews and some nuanced findings emerged. People's general starting point was that they would be happy to be treated unsupervised by a newly qualified dentist. This tended to be rooted in their faith in systems of training and regulation.

As long as they were trained then yes.
Female, Age under 45, Social Grade D

I've no problems with that. If my dentist is on holiday I see someone else. I don't ask how long he's been practising. I take it on faith.
Male, Age under 45, Social Grade C2

Active supervision was not something that people felt was generally necessary, although having help at hand for an inexperienced dentist could lend reassurance to some.

I would be happy to be treated by them if I knew that they were in a practice with another experienced dentist so if they had a problem there was somebody there that could help them. Even in a different room, it doesn't need to be right over the top of them, somebody there that if they weren't sure of something they could go and check with.
Female, Age under 45, Social Grade C1

Not necessarily someone in the room all the time. They should be able to get advice on what to do but then be left to do it.
Male, Age under 45, Social Grade C2

Participants tended to feel that if a dentist was qualified (even newly qualified), their technical skills should not be a cause for concern, and they should not need to be supervised for that reason.

You would expect them to be able to do the work, as you say technically, but it is confidence when you're new in a job isn't it?
Female, Age 45+, Social Grade B

Instead, where supervision was felt to be more appropriate, it was in dealing with different types of patient – for example children or vulnerable adults, or people who are simply afraid of dentists. There was some lack of clarity about whether dental training covered this.

Dentists can really cause quite a lot of pain and they can do a lot of damage as well, you know. It's just that fact there's the fear thing with me and that's always going to be there.

Female, Age 45+, Social Grade B

Another participant observed:

There's nothing impersonal about dentistry, it's a very personal thing. You've got to be able to handle people in a sympathetic way. The way you engage with the patient, that's important. I don't know how much they're taught to engage with patients

Female, Age 45+, Social Grade B

6. Conclusions

The 2012 survey was designed both to track public perceptions of the GDC and its performance, and to provide insight and understanding on current and future policy issues.

On the first of these, the results contain some positive messages for the GDC. Confidence in the GDC and dental professionals remains high, in line with 2011 results. Awareness of the GDC has risen since 2011, though it remains relatively low. It is unclear how people first became aware of the GDC, while preferred sources of information about the GDC (and the Dental Complaints Service) are leaflets in practices, television and the GDC website.

The proportion of patients who have made a complaint about a dental professional (or even considered complaining) is very small. There seem to be a range of barriers for the GDC to consider, including doubts that the matter will be investigated and a lack of knowledge of how to take the complaint forward.

Policy issues covered in the survey included topics forming current and emerging initiatives for the GDC. These are described in detail in the executive summary and in the relevant places in the main body of the report. The results here showed that views were often divided, and the qualitative work was particularly useful in unpicking these opinions. A number of underlying themes emerged, and these also have relevance to perceptions of the GDC and its performance. These are discussed in the following sections of this chapter:

- Trust in dental professionals;
- The importance of soft skills (for example, interpersonal and communication skills, ability to set the patient at ease etc.); and
- The relationship between social grade and ethnicity, and expectations of and engagement with services.

Trust

People place a great amount of faith in the standards within the dental sector and the regulation of dentistry in the UK. It was apparent in the qualitative interviews in particular the extent to which a general faith in the effectiveness of regulation in ensuring public protection underpinned people's attitudes towards dentistry. There is therefore limited interest, among patients, in checking qualifications and other 'official' credentials: these are generally assumed to be in order. The assumption is that if a dental practice is in existence, it must therefore be registered and regulated. Priorities for checking are therefore focused on what

the patient experience is like, and the primary source of information on this would tend to be word of mouth reports from other patients.

Whilst the reputation of regulation would therefore appear to be very good, there are a few things worth bearing in mind:

> Awareness of the GDC remains quite low, so faith in regulation is not necessarily based on any detailed knowledge of how regulation works.
>
> Protecting the reputation of the regulation of dentistry is particularly important given the amount of faith people have in it. If people had reason to seriously doubt the effectiveness or impartiality of regulation it could provoke a deep crisis of confidence.
>
> A large minority of patients say they were not fully informed about what to expect at their last visit to the dentist. Given the basic faith in regulation and the integrity of professionals, this indicates how much some patients are taking on trust.

Importance of 'soft' skills

In the survey, most people who had received recommendations for further treatment received some kind of verbal treatment plan. This was explored further in the qualitative interviews where people detailed the value of being able to talk to the dentist face-to-face about their treatment. There can be a place for written information but there is no substitute for discussing treatment face-to-face and being able to ask questions and seek clarity.

This links into a broader theme that emerged from the qualitative interviews: the very personal nature of the relationship between the dental professional and patient, and the subsequent importance of 'soft' skills. By 'soft' skills we mean skills relating to communication, empathy and setting the patient at ease – as opposed to technical skills.

The dental professional needs to be personable and reassuring. They need to be able to manage the anxiety and fear that many patients have around dentists, and explain clearly what is happening and why, and what pain if any to expect. That includes when working with children and other vulnerable patients

For some, the dental professional's experience is indeed measured by the extent to which they have dealt with different types of patient in different scenarios – not just the range of technical skills and treatments they have employed. When people talk about seeking word of

mouth feedback from other patients, it is often the ‘soft’ skills they are most keen to hear about.

Engagement with services, expectations, and social grade and ethnicity

The importance of social grade and ethnicity was prominent throughout the findings. The results suggest that people from lower social grades and non-white people are less engaged with dentistry in a number of ways:

They are less likely to have visited the dentist recently;

They go to the dentist less often;

They feel less fully informed about their treatment; and

They are less aware of the GDC.

This may in turn negatively affect their expectations of the complaints process and giving feedback. The evidence from the research shows that the more engaged people are in the ways set out above, the more likely they are to voice clear and detailed expectations around feedback and complaints. Therefore the GDC may wish to consider communicating more effectively with less-engaged people on one hand, and making the service and its structures more universally accessible on the other. This could involve reviewing the style and language of communications, for example.

Appendices

Appendix A: Statistical significance

It should be remembered that a sample and not the entire population of adults living in Great Britain and Northern Ireland has been interviewed. Consequently, all results are subject to potential margins of error.

For example, for a question where 50% of the people in a weighted sample of 1,609 respond with a particular answer, the chances are 95 in 100 that this result would not vary more than plus or minus two percentage points from the result that would have been obtained if the entire population was asked (using the same procedures). That is, there is a margin of error of plus or minus two percentage points at the 95% confidence level.

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

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

Base:	Base size:	Approximate sampling tolerances applicable to percentages at or near these levels		
		10 or 90%	**30 or 70%**	**50%**
All	1,609	2	2	2
People who go to the dentist	1,320	2	3	3
People who go to the dentist at least once every two years	1,145	2	3	3
People who have been to a dentist at some point	1,464	2	2	3
People who have had an appointment with a dental professional other than a dentist	340	3	5	5
People who knew which type of dental professional they saw	338	3	5	5
People who have definitely heard of the GDC	280	4	5	6
People who have definitely heard of the GDC or who think they have heard of the GDC	602	2	4	4
People who have checked whether or not the dental professionals they have used were qualified to treat them	129	5	8	9
People who have not personally ever checked whether or not the dental professionals they have used were qualified to treat them	1,335	2	3	3
People who would check with the GDC if the dental professionals they used were qualified to treat them	169	5	7	8
People who believe that social media is the best way for the GDC to explain its role and services to them	134	5	8	9
People who have heard and think they have heard of the Dental Complaints Service	331	3	5	5
People who thought social media would be the best for the Dental Complaints Service to explain its role and services to them	115	6	8	9

People who have not complained about a dental professional	1,422	2	2	3
People who complained or considered complaining about a dental professional	116	6	8	9
People who complained about a dental professional	42	9	14	15
People who considered complaining about a dental professional	74	7	11	12
People who thought that details of the restrictions should remain against the dental care professionals name on the public register and people who thought it depended on the nature of the restrictions	932	2	3	3
People who gave feedback on the performance of a dental professional	203	4	6	7
People who had received a recommendation that they should have treatment or further treatment	425	3	4	5
People who chose more than one answer at Q34.a	273	4	5	6

Appendix B: Topline findings

GDC Patient and Public Survey 2012
Topline Results, September 2012

- Results are based on 1609 interviews conducted among a representative sample of adults aged 15+ in Great Britain between 31st August and 17th September 2012.
- Booster interviews were carried out to ensure at least 100 interviews each in Wales and Northern Ireland.
- Interviews were conducted face to face using the Ipsos MORI Capibus.
- Quotas were set and data weighted to reflect a nationally representative sample of adults aged 15 and over in Great Britain and Northern Ireland.
- An asterisk (*) denotes a figure less than 0.5%, but greater than zero.
- Base 'all' unless otherwise stated. For details of margins of error for different base sizes, please refer to the table below.

About You

A1. **When was the last time you went to the dentist?**

	%
In the last 6 months	50
In the last 7-12 months	16
In the last 1-2 years	10
More than 2 years' ago	10
I used to go to the dentist but I don't any more	8
I have never been to the dentist	7
Don't know	1

A2. **On average, how often do you go to the dentist?**

	%
Once every six months	52
Once a year	27
Once every two years	8
Less than once every two years	12
Don't know	*

Base: People who go to the dentist (1,320)

A3. **And how long have you been with your current dentist or dental practice?**

	%
One year or less	14
Over one year, up to two years	13
Over two years, up to five years	22

Over five years, up to 10 years	18
Over 10 years, up to 15 years	11
Over 15 years, up to 20 years	7
Over 20 years	14
Don't know	1

Base: People who go to the dentist (1,320)

A4. **Thinking about the last time you visited your dentist or dental practice, which of these options best describes the type of care you think you received?**

	%
NHS dental care that I paid for	45
NHS dental care that was free	31
NHS dental care and additional private dental care in the UK	5
Private dental care only in the UK	18
I had treatment abroad	1
I'm not sure what type of care I received	*

Base: People who go to the dentist at least once every two years (1,145)

A5. **The term 'dental care professional' covers a range of different professions within dental care. Dental care professionals are: dental nurses, dental technicians, clinical dental technicians, dental hygienists, dental therapists and orthodontic therapists.**

Have you ever had an appointment with a dental care professional other than a dentist? By this we mean an appointment where the dentist was not present.

	%
Yes	27
No	73
Don't know	*

Base: People who have been to a dentist at some point (1,464)

A6. **You said you have had an appointment with a dental care professional other than a dentist. Which dental care professional or professionals did you see? Please select all that apply.**

	%
Dental hygienist	72
Orthodontic therapist	15
Dental nurse	9
Dental technician	8
Clinical dental technician	3
Doctor/Surgeon	1
Dental therapist	1
Other	1
Don't know / Can't remember	1

Base: People who have had an appointment with a dental professional other than a dentist (340)

A7. **When was the last time you had an appointment with…**

	In the last 6 months	In the last 7-12 months	In the last 1-2 years	More than 2 years ago	Don't know
Dental hygienist (%) *Base: 239*	38	24	14	23	-
Orthodontic therapist (%) *Base: 54*	11	6	11	72	-
Dental nurse (n) *Base: 30*	14	5	2	9	2
Dental technician (n) *Base: 24*	6	9	2	13	-
Clinical dental technician (n) *Base: 5*	-	4	1	3	-
Dental therapist (n) *Base: 3*	1	1	-	-	-

Base: People who knew which type of dental professional they saw (338)

A8. **On average how often do you see…**

	Once every six months	Once a year	Once every two years	Less than once every two years	Don't know
Dental hygienist (%) *Base: 239*	30	30	9	31	*
Orthodontic therapist (%) *Base: 54*	12	1	3	85	-
Dental nurse (n) *Base: 30*	11	9	*	9	2
Dental technician (n) *Base: 24*	-	6	5	17	1
Clinical dental technician (n) *Base: 5*	2	-	3	3	-
Dental therapist (n) *Base: 3*	1	1	-	-	-

Base: People who knew which type of dental professional they saw (338)

Regulation of Dental Professionals

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

Q1. **How confident if at all are you that regulation in general works effectively?**

	%
Very confident	13
Fairly confident	58
Not very confident	18
Not at all confident	5
Don't know	7

Q2. **How confident if at all are you that healthcare in general is regulated effectively?**

	%
Very confident	14
Fairly confident	58
Not very confident	17
Not at all confident	6
Don't know	6

Q3. **Which of the following best describes how aware you were of the General Dental Council before this survey?**

	%
I have definitely heard of the General Dental Council before	20
I think I have heard of the General Dental Council before	21
I have not heard of the General Dental Council before	57
Not sure	2

Q4. **You mentioned that you have definitely heard of the General Dental Council before this survey. Was this because you made a complaint to them?**

	%
Yes – I heard about the General Dental Council because I made a complaint to them	8
No - I heard about the General Dental Council for another reason	91

Base: People who have definitely heard of the GDC (280)

Q5. **How confident if at all are you that the General Dental Council is regulating dentists and dental care professionals effectively?**

	%
Very confident	12
Fairly confident	66
Not very confident	13
Not at all confident	3
Don't know	6

Base: People who have definitely heard of the GDC or who think they have heard of the GDC (602)

Q6. **And overall how confident if at all are you that dentists and dental care professionals follow the General Dental Council rules?**

	%
Very confident	15
Fairly confident	65
Not very confident	11
Not at all confident	2
Don't know	6

Base: People who have definitely heard of the GDC or who think they have heard of the GDC (602)

The General Dental Council protects patients by regulating dental professionals in the UK. So, all dentists, dental nurses, dental technicians, clinical dental technicians, dental hygienists, dental therapists and orthodontic therapists must be registered with the General Dental Council to work here.

Q7. **Have you personally ever checked whether or not the dental professionals you have used were qualified to treat you?**

	%
Yes	9
No	91

Base: People who have been to the dentist at some point (1,464)

Q8. **You said you have checked whether or not the dental professionals you have used were qualified to treat you. How did you check? Please select the options below that apply to you.**

	%
I checked their certificates	46
I checked the letters after their name	19
I checked on the internet	19
I checked with NHS Direct / NHS Choices	12
I checked with a friend / family member / other acquaintance	10
I checked with the General Dental Council	4
Other	4
Don't know / Can't remember	1

Base: People who have checked whether or not the dental professionals they have used were qualified to treat them (129)

Q9. **You said you have never checked whether or not the dental professionals you have used were qualified to treat you. However, if you did decide to check, how do you think you might do so? Please select the options below that apply to you.**

	%
I would check on the internet	33
I would check their certificates	19
I would check with NHS Direct / NHS Choices	17
I would check with the General Dental Council	14
I would check with a friend / family member / other acquaintance	11
I would check the letters after their name	9
I would ask my dentist / other dentist at the practice	1
None / I would not check	1
I would check with the practice	*
I would check with my GP	*
Other	1

Don't know	10

Base: People who have not personally ever checked whether or not the dental professionals they have used were qualified to treat them (1,335)

Q10.a **You said that you checked with the General Dental Council. How did you do this? Please select the options that apply:**

	N
By phone	1
By e-mail	3
On the General Dental Council website	1

Base: People who checked with the GDC if the dental professionals they used were qualified to treat them (5)

Q10.b

	%
By phone	42
On the General Dental Council website	42
By email	13
By writing	2
Don't know	*

Base: People who would check with the GDC if the dental professionals they used were qualified to treat them (169)

Q11. **Can you tell me which of the following you believe would be the best ways for the General Dental Council to explain its role and services to you? Please select up to three of the following:**

	%
Leaflets in practices	46
Television	32
The General Dental Council website	23
Newspapers / Magazines	16
Other websites	12
Social media	8
Radio	7
Other	1
Don't know / Not sure	1
None of these	4

Base: People who have definitely heard of the GDC and people who think they have heard of the GDC (602)

Q12. **How did you first hear about the General Dental Council? Please select one of the following options:**

	%
General knowledge / Just aware	21
Family / Friends	13
Information in dental surgeries	12
Television	11
Your dentist / dental care professional	7
Newspapers / Magazines	7
Through work	7
Other websites	3
The General Dental Council website	2
Radio	2
Exhibitions / Shows	*
Poster / Leaflets	1
Through completing a survey	1
They contacted me	*
Other	4
Can't remember	12

Q13. **You mentioned social media. Which one of the following social media would you prefer the General Dental Council to use to communicate with you?**

	%
Facebook	63
Google Plus	16
YouTube	10
Twitter	4
Other	1
Don't know	5

Base: People who believe that social media is the best way for the GDC to explain its role and services to them (134)

Q14.a **The Dental Complaints Service is an independent dental complaints service funded by the General Dental Council. Its purpose is to assist private dental patients to resolve complaints about private dental services.**

Which of the following best describes how aware you were of the Dental Complaints Service before this survey?

		%
A	I have definitely heard of the Dental Complaints Service before	9
B	I think I have heard of the Dental Complaints Service before	12
C	I have not heard of the Dental Complaints Service before	77
D	Not sure	1

Q14.b **How did you first hear about the Dental Complaints Service? Please select one of the following options:**

	%
General knowledge / Just aware	19
Information in dental surgeries	17
Family / Friends	12
Your dentist / dental care professional	10
Television	8
Through work	8
Newspapers / Magazines	6
The General Dental Council website	4
Other websites	4
The Dental Complaints Service website	3
Radio	1
Exhibitions / Shows	1
Other	2
Can’t remember	6

Base: People who have heard and think they have heard of the Dental Complaints Service (331)

Q14.c **Can you tell me which of the following you believe would be the best ways for the Dental Complaints Service to explain its role and services to you? Please select up to three of the following:**

	%
Leaflets in practices	47
Television	31
Newspapers / Magazines	15
The General Dental Council website	15
The Dental Complaints Service website	14
Other websites	9
Radio	9
Social media	8
Other	1
Don't know / not sure	4
None of these	4
Refused	1

Q15. **You mentioned social media. Which one of the following social media would you prefer the Dental Complaints Service to use to communicate with you?**

	%
Facebook	60
Twitter	22
YouTube	13
Google Plus	4
Other	-

Base: People who thought social media would be the best for the Dental Complaints Service to explain its role and services to them (115)

Complaints

Q16. **Have you ever complained about a dental professional?**

		%
A	Yes	3
B	No	95
C	Don't know	1
D	Prefer not to say	1

Base: People who have been to dentist at some point (1,464)

Q16.a **Have you ever considered complaining about a dental professional?**

		%
A	Yes	5
B	No	93
C	Don't know	1
D	Prefer not to say	1

Base: People who have not complained about a dental professional (1,422)

Q17. **Thinking about the most recent time you complained or considered complaining, what type of dental professional did you complain or consider complaining about? Please select one of the following options:**

	%
Dentist	83
Receptionist	7
Dental Technician	3
Clinical Dental Technician	3
Orthodontic Therapist	2
Dental Hygienist	1
Dental Nurse	1
Dental Therapist	-
Don't know / Can't remember	-

Base: People who complained or considered complaining about a dental professional (116)

Q18. **Thinking about the most recent time you complained or considered complaining, when was this? Please select one of the following options:**

		%
A	Within the last six months	11
B	Within the last year	16
C	Within the last two years	18
D	Within the last five years	14
E	More than five years ago	41
F	Don't know / Can't remember	-

Base: People who complained or considered complaining about a dental professional (116)

Q19. **Thinking about the most recent time you complained or considered complaining, who did you complain or consider complaining to? Please select one of the following options:**

	%
The practice where the treatment was carried out	37
I wasn't sure who to complain to	32
The General Dental Council	10
The Dental Complaints Service	7
A Health Ombudsman	4
A Primary Care Trust / Health Board	3
The Care Quality Commission	1
Trading Standards	1
Other	1
Don't know.	8

Base: People who complained or considered complaining about a dental professional (116)

Q20. **You said you made a complaint about a dental professional. What motivated you to complain? Please select the top three reasons from the following list:**

	%
To raise concerns about the dental professional's performance	47
To ensure that other patients don't have the problems that I had	18
To change dental professional at the practice	16
So that the dental professional can improve his / her performance	16
To get a refund	12
To get a contribution to corrective treatment	12
To get an explanation for what happened	12
To gain compensation	8
To get a written apology	7
To get a verbal apology	5
Other	-
Don't know / Can't remember	-

Base: People who complained about a dental professional (42)

Q21. **You said you considered making a complaint about a dental professional. What prevented you from complaining? Please select the top three reasons from the following list:**

	%
I didn't know where to start	29
I didn't know who or where to go to for information on how to complain	26
I didn't believe that the matter would be investigated	20
I didn't have the time	19
I didn't want to confront the dental professional as I'll have to continue seeing them in the future	10
I prefer to talk to someone face-to-face about my concerns rather than to go through a formal complaints process	7
The process for complaining is too long-winded	4
The opening hours of the complaints service were not convenient for me	3
I didn't understand the information that was given to me or that I found out about how to complain	3
Other	5
Don't know / Can't remember	4

Base: People who considered complaining about a dental professional (74)

Q22. **What would or did you expect to achieve from complaining to the General Dental Council's Dental Complaints Service in particular? Please select the top three things you would expect to achieve from the following list:**

	%
To ensure that other patients don't have the problems that I had	27
To get an explanation for what happened	21
A written apology	20
To raise concerns about the dental professional's performance	19
A contribution to corrective treatment	17
Compensation	16
To help the dental professional improve his or her performance	16
A refund	14
A verbal apology	9
To change the dental professional at the practice	8
Correction treatment/free	*
Other	*
Don't know	9
None of these	8
Refused	9

Fitness to Practise

Q23. **One of the functions of the General Dental Council is to investigate cases where a dentist or dental care professional may have fallen short of the standards expected of them. Through its Fitness to Practise procedures, the General Dental Council ultimately has the power to permanently prevent the dental professional from working in dentistry. However, the Fitness to Practise procedures can also result in a range of temporary restrictions being taken against the dental professional.**

If a dentist or dental care professional is considered to be safe to practise again and the period of temporary restrictions is over, do you think that the details of these restrictions should remain against their name on the public register, or not? Please select one of the following options.

		%
A	Yes	31
B	No	30
C	Depends on the nature of the restrictions	29
D	Don't know	10

Q24. **For how long would you expect this information concerning past restrictions to remain on the public register? Please select one of the following options:**

		%
A	The information should be removed from the register as soon as the restriction has expired	7
B	Up to one year after the restriction has expired	10
C	Over one year and up to two years after the restriction has expired	9
D	Over two years and up to five years after the restriction has expired	13
E	Over five years and up to ten years after the restriction has expired	8
F	Over ten years but not permanently	6
G	The restrictions should remain on the public register permanently	17
H	Depends on the nature of the restrictions	28
I	Don't know	2

Base: People who thought that details of the restrictions should remain against the dental care professionals name on the public register and people who thought it depended on the nature of the restrictions (932)

Q25. **At the moment, an independently appointed panel carries out the initial investigation of a complaint about a dentist or dental care professional's fitness to practise. If, after its investigations, the panel has serious concerns about their fitness to practise, it forwards the case to another committee. This committee has the power to make decisions on whether or not a dental professional should be allowed to continue to practise. It is also independently appointed.**

Both the panel and the committee are run by the General Dental Council. Do you think the second Committee should be run by a separate body from that investigating the complaint, or not?

		%
A	Yes	48
B	No	47
C	Don't Know	5

Feedback

Q26. **Thinking about the last time you went to the dentist, did you give feedback – either positive or negative - on the performance of the dental professional(s)? Please note this does not include giving feedback on the receptionist.**

		%
A	Yes – on one or more dental professional	15
B	No – on none	84
C	Don't know/can't remember	1

Base: People who go to the dentist (1,320)

Q27. **The last time you went to the dentist, which dental professional or professionals did you give feedback on? Please select all the options that apply from the list below.**

	%
Dentist	73
Dental Hygienist	9
Dental Technician	5
Dental Nurse	3
Orthodontic Therapist	3
Dental Therapist	2
Clinical Dental Technician	2
Other	1
None of these	10

Base: People who gave feedback on the performance of a dental professional (203)

Q28. **How did you give the feedback? Please select all the options that apply from the list below**.

	%
Verbally, to the dental professional who provided the treatment	48
Verbally, to a dental professional or other person who did not provide the treatment	19
Through a questionnaire	12
By letter or e-mail	5
Through a suggestions box	5
A patient forum	3
A focus group	1
Online (forum, Facebook, other social media)	*
Other	1
None of these	8

Base: People who gave feedback on the performance of a dental professional (203)

Q29. **When you provided feedback on the performance of the professional, how clear, if at all, were you on how the feedback was used?**

		%
A	Very clear	38
B	Fairly clear	35
C	Not very clear	13
D	Not at all clear	10
E	Don't know	3

Base: People who gave feedback on the performance of a dental professional (203)

Topical

Q30. **Thinking about the last time you went to the dentist, did the dentist or other dental professional inform you of what to expect from your visit, for example what the treatment you were undergoing or the check-up would include? Please select one of the following options:**

		%
A	Yes – fully informed me	59
B	Yes – partially informed me	18
C	No – not at all	22
D	Don't know / can't remember	1

Base: People who go to the dentist at least once every two years (1,145)

Q30B **And was it recommended that you have treatment, or further treatment?**

		%
A	Yes	36
B	No	54
C	Don't know / can't remember	9

Base: People who go to the dentist at least once every two years (1,145)

Q31. **And did the dentist give you a treatment plan in writing or go through a treatment plan verbally with you? Please select the options below that apply to you**.

		%
A	Yes – gave me a written treatment plan only	25
B	Yes – went through a treatment plan verbally only	54
C	Yes – went through a treatment plan verbally and gave a written plan	12
D	No - neither	9
E	Don't know / can't remember.	*

Base: People who had received a recommendation that they should have treatment or further treatment (425)

Q32. **Thinking about the last time you went to the dentist, before you had the check-up or treatment, how clear, if at all, were you on what the costs would be fore you?**

		%
A	Very clear	48
B	Fairly clear	32
C	Not very clear	11
D	Not at all clear	8
E	Don't know	1

Base: People who visit the dentist at least once every two years (1,145)

Q33. **At the moment, patients need a referral from a dentist in order to see another dental professional, for example, to have dental hygiene work done. If it were possible, would you consider going directly to a dental care professional without going through a dentist first?**

		%
A	Yes	30
B	No	67
C	Don't know	3

Q34.a **Which of the following reasons, if any, would motivate you to go directly to a dental care professional without going through a dentist first? Please select the main three reasons that apply to you.**

	%
Avoiding the cost of the initial check-up by the dentist	27
Better availability of appointments	24
More able to get the best person for the job	23
Increased control over my treatment	21
I would feel less nervous with another dental professional than I would with a dentist	9
Other	1
I don't / currently go to the dentists	*
Don't know	14
Nothing/none/null	

Q34.b **You said that the following reasons would motivate you to go directly to a dental care professional without going through a dentist first:** Ranked answers by number of top mentions.

	%
Avoiding the cost of the initial check-up by the dentist	61
Better availability of appointments	59
More able to get the best person for the job	55
Increased control over my treatment	55
I would feel less nervous with another dental professional than I would with a dentist	16
Other	1

Base: People who chose more than one answer at Q34.a (273)

Q35. **Prior to qualification, student dentists learn and are tested through a combination of academic work and supervised hands-on work treating patients. After successfully qualifying, the newly qualified dentists are then allowed, if they want to, to treat patients without further supervision.**

To what extent do you agree or disagree with the following statement:

'I would be happy for a newly qualified dentist to provide me with dental care unsupervised'.

	%
Strongly agree	13
Tend to agree	33
Neither agree nor disagree	18
Tend to disagree	19
Strongly disagree	15
Don't know	2

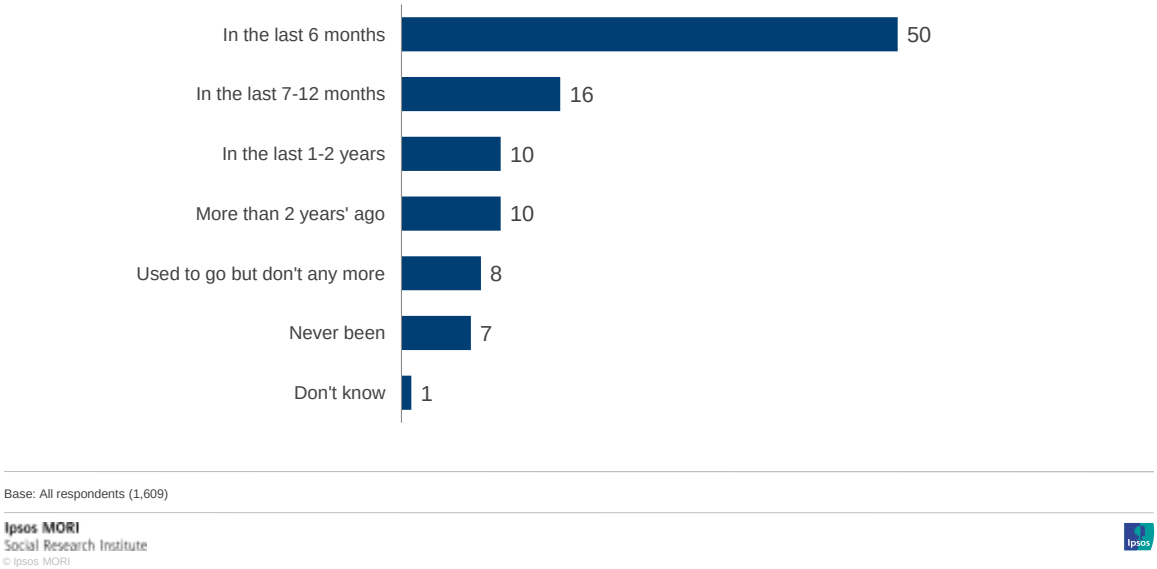
Appendix C: Public and patient use of dental professionals

Last visit to the dentist

Around half of respondents have been to the dentist in the last 6 months.

Last visit to the dentist

When was the last time you went to the dentist?



Those most likely to have visited in the last 6 months include:

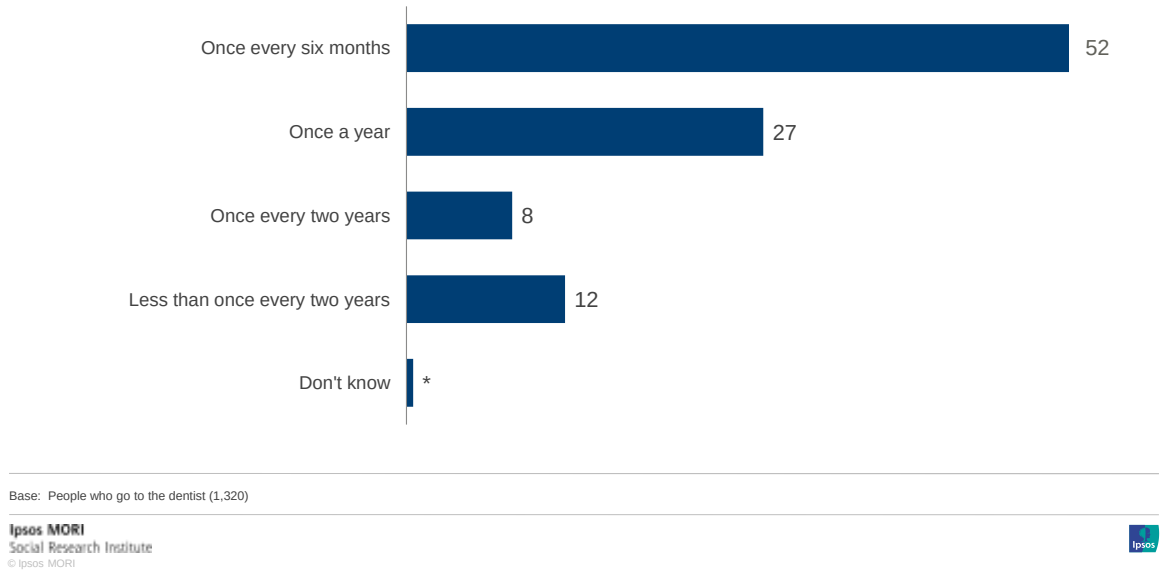
- Women (53% vs. 45% of men)
- Middle aged or older people (e.g. 53% aged 45-54 vs. 42% aged 25-34)
- People in higher social grades (e.g. 62% in social grade B vs. 49% in social grade C2)
- Married or cohabiting people (53% vs. 44% of single people)
- White people (53% vs. 24% of non-white people)

Frequency of visits to the dentist

Just over half of respondents visit the dentist at least once every six months.

Frequency of visits to the dentist

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



People visiting at least once every six months are most likely to be:

Women (57% vs. 47% of men)

Middle aged or older people (e.g. 61% aged 55-64 vs. 49% aged 15-24)

People in higher social grades (e.g. 63% in social grade B vs. 40% in social grade D)

Married or cohabiting people (54% vs. 47% of single people)

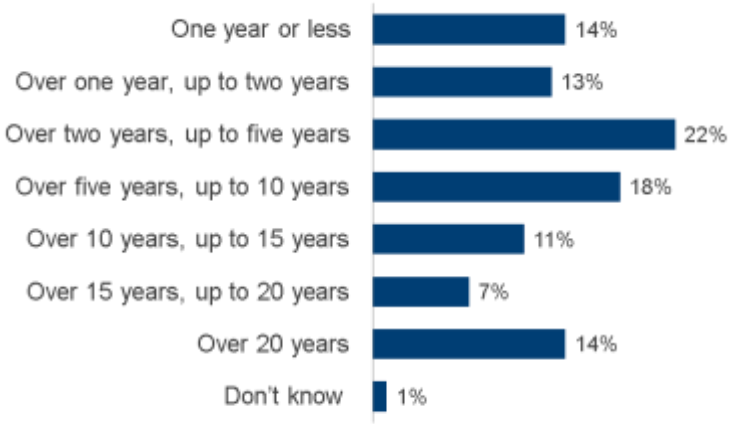
White people (54% vs. 34% of non-white people)

Length of time with current dentist

Most respondents have been with their current dentist for at least two years.

Length of time with dentist

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



Base: People who go to the dentist (1,320), 31st August – 17th September 2012 Source: Ipsos MORI

Ipsos MORI
Social Research Institute

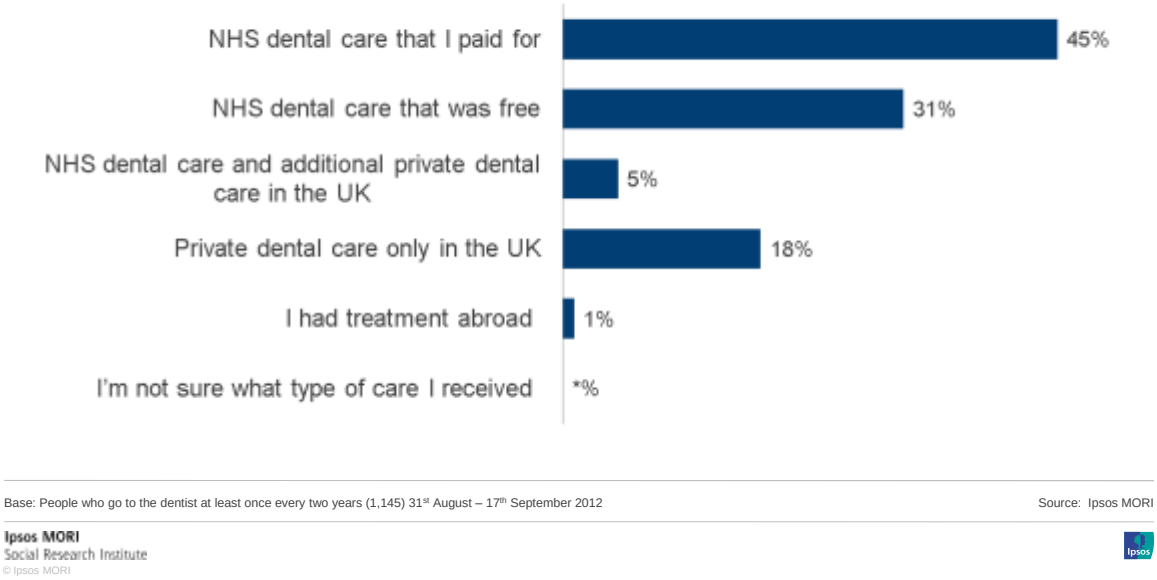
Older people tend to have been with their current dentist for the longest (e.g. 22% aged 55-64 have been with their current dentist for more than 20 years compared with just 5% aged 35-44). Non-white people are significantly more likely than white people to have been with their current dentist for one year or less (21% vs. 13%).

NHS vs. private care

The vast majority of respondents had at least some NHS treatment at their last appointment.

Visiting dentist

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



Base: People who go to the dentist at least once every two years (1,145) 31st August – 17th September 2012

Source: Ipsos MORI

Ipsos MORI
Social Research Institute

People who had free NHS care tended to be:

Very young (51% aged 15-24 vs. e.g. 21% aged 45-54)

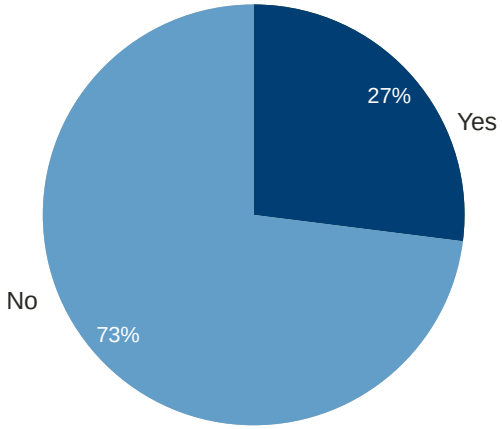
From lower social grades (e.g. 14% in social grade B vs. 69% in social grade E)

Appointment with someone other than a dentist

Most people have only ever seen a dentist.

Appointment with someone other than a dentist

Have you ever had an appointment with a dental care professional other than a dentist?



Base: People who have been to a dentist at some point (1,464), 31st August – 17th September 2012

Source: Ipsos MORI

Ipsos MORI
Social Research Institute

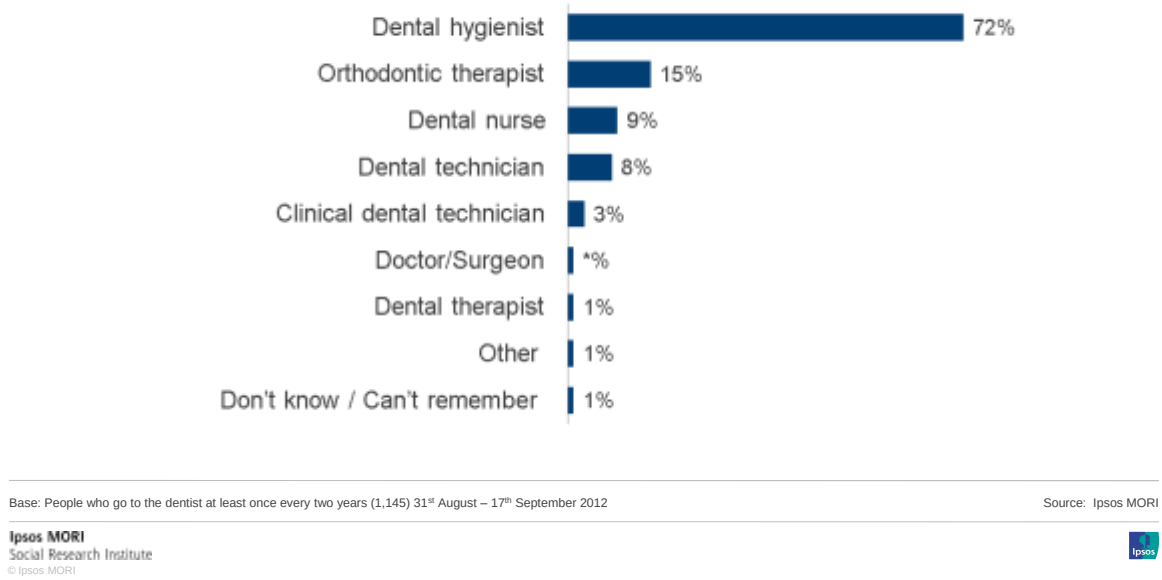
People in higher social grades are most likely to have seen someone other than a dentist (e.g. 47% in social grade A vs. 21% in social grade C2). White people are also more likely than non-white people to have done so (28% vs. 11%).

Professionals seen other than a dentist

Of those who had seen a professional other than a dentist, the great majority had seen a dental hygienist.

Seeing a professional

You said you have had an appointment with a dental care professional other than a dentist. Which dental care professional or professionals did you see?



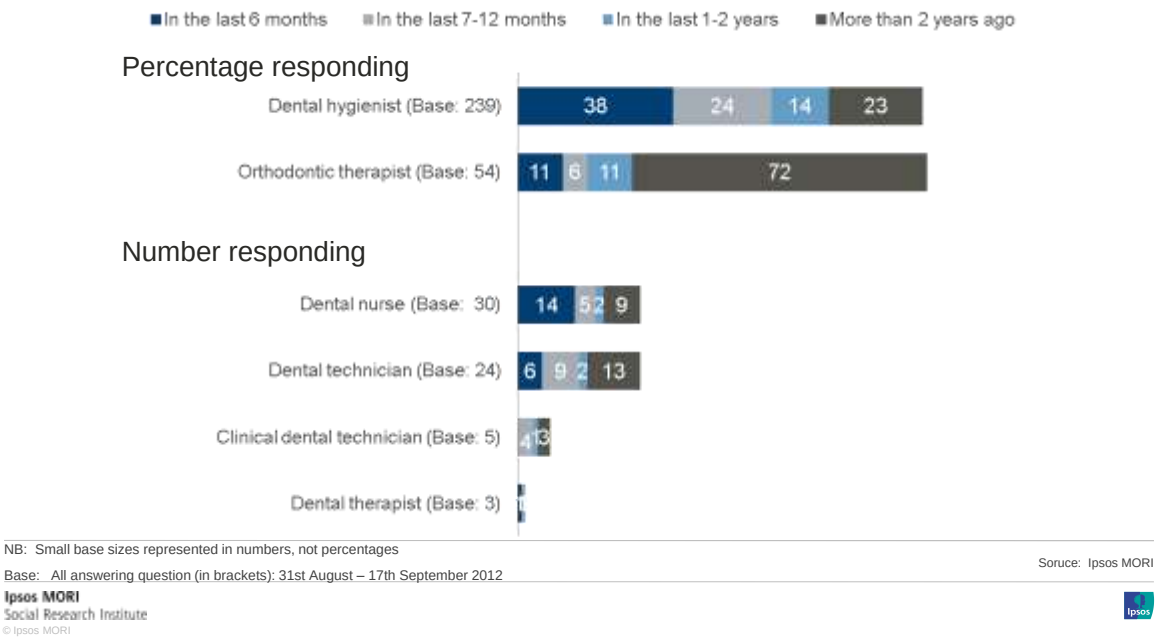
The youngest age group (aged 15-24) were by far the most likely to have seen an orthodontic therapist (49% vs. 15% overall).

Time and frequency of last appointment with someone other than a dentist

Appointments with the orthodontic therapist tend to have been at least 2 years ago. Those with dental hygienists tend to have been within the last year. Please note that there are some small base sizes here, so results should be treated with caution.

Last appointment

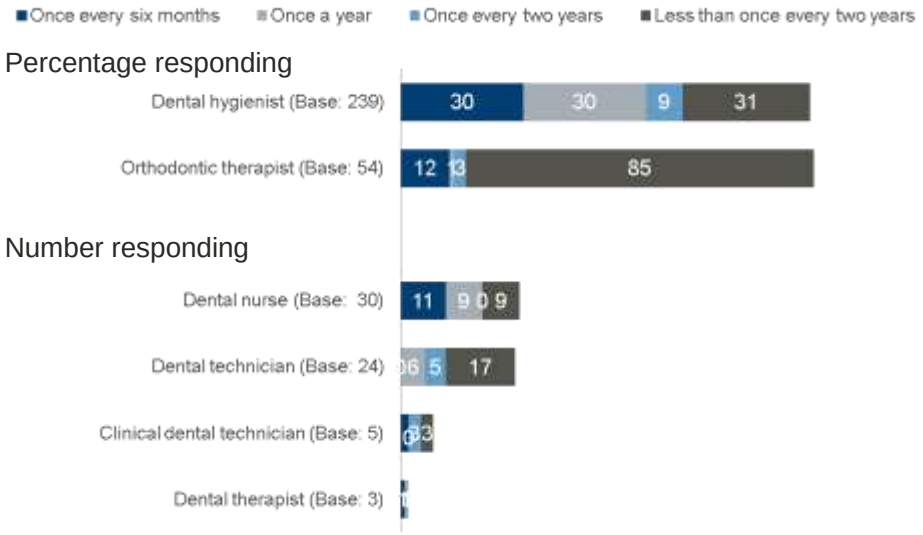
When was the last time you had an appointment with . . .?



Visits to an orthodontic therapist tend to be infrequent. Regarding dental hygienists, people tend to visit once a year or more. Again please note that there are some small base sizes here, so results should be treated with caution.

Frequency of visits

On average how often do you see . . .?



NB: Small base sizes represented in numbers, not percentages

Base: All answering question (in brackets): 31st August – 17th September 2012

Soruce: Ipsos MORI

Ipsos MORI
Social Research Institute

Appendix D: Profile of qualitative interviews

	Age	Gender	Social Grade	Type of care received	Awareness of the GDC	Consider going directly to dental care professional	Ever considered complaining	Gave feedback	Received a treatment plan	Checked if dental profession is qualified
Respondent 1	17	Female	D	NHS- free	Not heard of GDC	Yes	No	No	Yes- verbal	No
Respondent 2	62	Female	B	Private in the UK	Definitely heard of GDC	Yes	Yes	No	Yes- written	Yes
Respondent 3	38	Male	C1	Private in the UK	Not heard of GDC	No	No	No	Unsure	No
Respondent 4	30	Female	C1	NHS- paid for	Definitely heard of GDC	Yes	Yes	No	Yes- written	No
Respondent 5	64	Male	C1	Private in the UK	Definitely heard of GDC	No	No	Yes	Unsure	No
Respondent 6	61	Female	D	NHS- free	Not heard of GDC	Yes	Yes	Yes	Yes- written	No
Respondent 7	37	Female	B	NHS- paid for	Think they have heard of GDC	No	No	Yes	Yes- written	No
Respondent 8	75	Female	B	NHS- paid for	Definitely heard of GDC	No	No	No	No	Yes
Respondent 9	39	Male	D	NHS- paid for	Think they have heard of GDC	No	No	No	Unsure	No
Respondent 10	38	Male	C1	NHS- free	Not heard of GDC	Yes	Yes	Yes	Unsure	No
Respondent 11	49	Female	D	Unsure	Not heard of GDC	No	Unsure	Yes	Unsure	No
Respondent 12	39	Male	E	NHS- free	Not heard of GDC	No	No	No	Unsure	Yes