Registrant Survey 2017-18

Final Report

General Dental Council

April 2018

Thornhill Brigg Mill, Thornhill Beck Lane, Brighouse, West Yorkshire, HD6 4AH

T: 01484 404797 W: www.enventure.co.uk

Report prepared by:

Matt Thurman
matt@enventure.co.uk

Kayleigh Pickles
kayleigh@enventure.co.uk

Report reviewed by:

Katie Osborne
katie@enventure.co.uk

Andrew Cameron
andrew@enventure.co.uk

Enventure Research

Head Office:
Thornhill Brigg Mill, Thornhill Beck Lane, Brighouse
West Yorkshire HD6 4AH
T: 01484 404797

London Office:
Smithfield Business Centre, 5 St John's Lane, London, EC1M 4BH
T: 0207 549 1616

W: www.enventure.co.uk E: info@enventure.co.uk

Reg no: 4693096
VAT no: 816927894

Contents

Executive Summary

Aims and objectives

Enventure Research, an independent research agency, was commissioned by the General Dental Council (GDC) to undertake its Registrant Survey 2017-18, which it carries out as part of its commitment to using a research base to inform policy and practice. There were two elements to the Registrant Survey; a large-scale online survey followed by an extensive programme of qualitative research to investigate key themes highlighted in the survey results.

The aim of the Registrant Survey is to provide valid and statistically reliable data and qualitative evidence of GDC registrants' views on key aspects of its work to help inform future GDC policy and performance.

Methodology

As in previous years, a mixed quantitative and qualitative approach was taken to this research in the form of an online survey (quantitative research), focus groups and in depth telephone interviews (qualitative research).

The online survey was issued to a stratified random sample of 36,000 GDC registrants, drawn from the GDC registrant database, in order to ensure that a representative response to the survey was achieved, based on gender, age, profession, number of years registered and country. Over a six week period, 6,203 registrants completed the survey (a response rate of 17.2%), providing a very robust sample size for analysis.

A discussion guide was designed to form the basis of discussion during the focus groups and in depth interviews, based around the results of the online survey to stimulate discussion and provide greater understanding of the results. Four focus groups and 26 in depth interviews took place, all moderated by researchers from Enventure Research. Participants were stratified to be as representative of GDC registrants as possible. In total, 54 GDC registrants took part in the qualitative research.

Registrants who took part in the online survey are referred to as 'respondents' and registrants who took part in the qualitative research are referred to as 'participants'.

Key Findings

The future of dentistry
More dental professionals, responding to the online survey said they were pessimistic (36%) than optimistic (32%), in contrast to previous years where optimists outnumbered pessimists. Most Dental Care Professional (DCP) groups tended to be more optimistic when compared to dentists, who were more likely to indicate that they were pessimistic.

The most common area of optimism suggested was learning and development (73%), as seen in previous years. The most common areas of pessimism suggested were financial issues (62%), changes in regulation (61%), and the new NHS dental contract (53%), all of which were suggested by a greater proportion of dentists compared to DCPs.

Seriousness, misconduct and regulatory action
Survey respondents were provided with a series of misconduct scenarios and were asked to suggest what they thought the most appropriate action to be taken by the GDC should be, if any, in this situation. Respondents provided a range of what they thought the most appropriate regulatory actions should be for different personal and clinical misconduct fitness to practise scenarios, but generally favoured reprimands and conditions over the more severe options of suspension and striking from the register. Respondents also provided very similar responses for the actions that should be taken against dentists

and dental nurses, with the exception of a scenario where a wrong tooth is extracted, in which case they felt a more lenient ruling should be taken against a dental nurse when compared to a dentist

The same misconduct scenarios were discussed in greater depth during the focus groups. During these discussions, participants were very interested in the finer details of each case, as they believed that they are very important to be able to make an informed decision as to which regulatory action would be most appropriate. Participants typically focused their decisions on whether the misconduct was the result of an honest mistake or whether there was malicious intent behind the actions taken, whether it was a first-time offence or whether it was repeated, and whether patient safety was put at risk or not. Participants also discussed that often no action by the GDC was required, and that the GDC should know when to step back and take no action in certain scenarios, instead relying on local resolution.

The future of fitness to practise

When discussing fitness to practise in focus groups, participants clearly favoured remediation over punishment wherever possible, focusing on helping the professional to avoid similar mistakes in the future via support and training. Participants also strongly believed that each case should be judged on its own merits, rather than focusing on providing a consistent approach for all cases of a similar nature. There was a perception among focus group participants that the fitness to practise process is currently unbalanced in favour of the patient.

Patient feedback and complaints

The majority of survey respondents (87%) said that their workplace has a way of collecting patient feedback, with most indicating that this was collected via comment cards (77%) and used to improve services in the workplace (84%). Most participants explained that they had structures in place to learn from patient complaints and any actions taken as a result.

The largest proportion of respondents (40%) indicated that the number of complaints their workplace had received in the last year had stayed the same, with 13% indicating that it had increased and 19% that it had decreased. The majority of respondents (89%) were aware of the complaint handling system in their workplace and almost all indicated that their workplace has a clear, written procedure (91%) which is available to patients (90%). The most common means of ensuring patients were aware of how to complain was via information displayed in the practice (75%). The majority of respondents said that they were confident that their workplace handles complaints well (91%) and resolved complaints wherever possible (93%).

Participants explained that they were concerned about receiving a complaint, particularly in the current climate where litigation against the profession is popular. They therefore explained that they focused on local resolution of complaints wherever possible, sometimes providing apologies, free additional treatment or refunds, even when they do not agree with the complaint they have received. They felt that complaints should only be escalated outside the practice when they were of a significant level of severity, if patient safety was at risk, or if local resolution of the complaint had failed.

Many participants felt that, in their experience, patients knew how to complain or could easily find out how to if they needed to. Participants discussed that, whilst it may not be necessary to promote how to complain any more than they already do, more could be done to ensure that patients feel comfortable about raising a concern to prevent patients from going elsewhere rather than making a complaint if they receive a poor standard of care.

Challenges

The greatest challenges in current daily practice were identified in the survey results as finding time and opportunities to develop (47%), keeping up to date with changes in guidance, rules and the law (44%), meeting patient expectations (43%) and meeting the demands of regulation (42%). The proportion of respondents suggesting meeting patient expectations as a challenge has increased over time since 2012.

Participants explained that patient expectations were becoming an increasing challenge, as patients were more demanding and more aware of their treatment options. Participants also identified the challenge of an increasingly litigious and hostile environment, which made them fearful of making a

mistake and receiving a complaint. The challenge of meeting the demands of regulation was also discussed by participants, who perceived that meeting these demands often resulted in the amount of time they were able to spend directly with their patients being limited. These high expectations, combined with significant fears of making a mistake, complaints and litigation, and meeting the demands of regulation, pose significant challenges for registrants, particularly their ability to effectively treat their patients.

Perspectives on the GDC

Large proportions of registrants agreed that they would describe the GDC as authoritative (80%), patient-centred (77%) and professional (74%). By contrast, smaller proportions of registrants agreed that they would describe the GDC as fair (52%), efficient (52%), approachable (50%) and transparent (46%).

Participants were asked whether they would describe the GDC as fair. Those who perceived the GDC to be fair linked this view to their perceptions of the regulatory actions taken by the GDC which they viewed as reasonable, or to the fact that they have had little interaction with the organisation. Many of those who did not view the GDC as fair typically focused their reasoning on the way in which the GDC handles complaints and fitness to practise, the perception that the GDC favour the views of patients over the profession, and the Annual Retention Fee.

Communication

The majority of survey respondents (76%) answered that the GDC communicates with them effectively, representing an increase from previous waves of the survey. In particular, a significantly larger proportion of registrants felt that the GDC communicated with them ‘very effectively’ (22%) when compared to previous years.

By far the most popular channel of communication used by the GDC that was viewed as being used effectively was email (90%), but a significant proportion of respondents also felt that emails (28%) and presence at dental conferences (23%) could be used more effectively. The majority of respondents find out information about the GDC online via email (61%) and the GDC website (60%). The largest proportion of respondents said that communications from the GDC sometimes (38%) or often (36%) told them what they needed to know.

Displaying registration information

Over a third of respondents (35%) said that their workplace displayed their GDC registration number in the reception/waiting room, and a further 30% said it was displayed on their workplace website. A significant proportion (31%) said that they did not think their registration number was displayed anywhere within their workplace.

Fitness to practise and Dental Complaints Service information

Survey results show that the fitness to practise information to be shared by the GDC that was most popular amongst registrants was the most common clinical matters that are seen in fitness to practise (73%), and they felt this would be best shared via a dedicated section on the GDC website (68%) to help them understand patient expectations (71%).

Respondents also indicated that the Dental Complaints Service information to be shared by the GDC that was most popular amongst registrants were the treatment types/subject matters and what the concerns raised were (66%), which would also be best shared via a dedicated section on the GDC website (70%) to help them understand patient expectations (71%).

1. The Research Programme

1.1 Introduction

The General Dental Council (GDC) is an organisation which regulates all practicing dental professionals within the United Kingdom, protecting patients and members of the public. All dental professionals, including dentists and dental care professionals (DCPs) are required to be registered with the GDC to practise. There are approximately 109,000 dental professionals registered with the GDC. Of these, approximately 69,000 are DCPs and 40,000 are dentists.

As part of its commitment to using research to build a strong evidence base to inform the organisation's policy and practice, the GDC conducts a regular survey to consult with its registrants to provide robust quantitative data and evidence of their views on key aspects of the GDC's work. This survey (2017) is the fourth time that the survey has been conducted, with the preceding survey being conducted in 2013, meaning that there has been a significant gap between the two most recent survey waves.

In order to provide an in depth understanding of the survey results, the GDC commissioned a programme of qualitative research with its registrants, following up on any key themes which are highlighted in the survey results. The findings from this research will be used to influence GDC business planning and performance management processes.

Enventure Research, an independent research agency, was commissioned to undertake this research. All research was conducted independently by Enventure Research to ensure a true and accurate reflection of registrants' views was achieved.

1.2 Aims and objectives

The aim of the research was to provide valid and statistically reliable quantitative data and qualitative evidence of GDC registrants' views on key aspects of its work to help inform future GDC policy and performance. Within this overall aim, the project objectives were to:

- Provide benchmarking of data to track views, attitudes and perceived performance levels
- Obtain registrants' insight into key policy initiatives
- Test registrants' views and understanding of current topics and issues within dental regulation and the dentistry profession
- 'Horizon scan' and identify emerging policy issues with registrants
- Explore key themes or issues emerging in depth from the survey results

1.3 Methodology

1.3.1 Mixed methodology of quantitative and qualitative research

A mixed methodology of quantitative and qualitative approaches was undertaken for this research in the form of an online survey, focus groups and in depth interviews.

The purpose of quantitative research is to determine as conclusively as possible what any given population thinks about certain issues by collating the views of a sample from within that population, in this case, a representative sample of dental professionals registered with the GDC. By analysing the results of a quantitative survey, we can make accurate assumptions and conclusions based on what the overall population of dental professionals thinks, subject to certain margins of error. In order to reduce the margin of error, a large sample size is required.

Qualitative research differs from quantitative research in that it is not meant to be statistically representative or to produce any definitive conclusions. It is used instead to explore opinions, attitudes and motivations in greater depth, exploring the reasons that sit behind the views that may be expressed within a survey. Qualitative research is ideal for exploring issues which are highlighted in quantitative survey results in depth, asking more probing questions, something which is not possible in a quantitative setting. Qualitative research is undertaken in the form of open-ended and free-flowing discussion and deliberation based around a number of broad themes, topics or issues. The number of participants involved in qualitative research is generally much smaller than those involved in quantitative research, as much more time is spent with each participant to gain a greater depth of understanding.

The quantitative research (the online survey) allowed for robust statistical data to be collected from a large, representative number of GDC registrants. The qualitative research (focus groups and in depth interviews carried out with a select number of GDC registrants) provided in depth exploration of issues and key themes that were highlighted in the results of the online survey.

1.3.2 Questionnaire design

A questionnaire was designed by the GDC and Enventure Research. It consisted of 53 questions which covered the following topic areas:

- The future of dentistry
- Challenges in every day practice
- Perspectives on the GDC
- Communication
- Patient feedback
- Complaints
- Displaying registration information
- Regulatory actions
- Fitness to practise information

For reference, a copy of the questionnaire can be found in **Appendix A**.

1.3.3 Sampling

It was essential to ensure a representative sample of registrants took part in the survey to allow for confidence, robustness and accuracy in any results drawn.

The GDC registrant database, which includes all practising dental professionals registered with the GDC, was used as the sample frame, from which a random sample of registrants was drawn. To ensure the sample drawn was representative, the registrant database was first stratified by gender, age,

profession, number of years registered and country. A stratified random sample of 36,000 registrants was drawn (approximately a third of the registrant population).

1.3.4 Online survey fieldwork

The survey was hosted online by Enventure Research between 13 October and 13 November 2017. All GDC registrants within the sample received a personalised email invitation which contained a unique link to take part in the survey. During the fieldwork period, those who were yet to complete the survey were targeted with reminder email invitations. Four reminder emails were issued to encourage registrants to participate in the survey. Respondents were able to save their progress and return to the questionnaire at a later date if they wished.

During the four-week period, 6,203 GDC registrants took part in the survey, which provides a very robust sample size to draw results from. This equates to a response rate of 17.2%. The table below provides a demographic breakdown of respondents.

Figure 1 – Demographic profile of respondents

Demographic	Overall	Dentists	DCP
Gender			
Male	25%	52%	9%
Female	75%	48%	91%
Age			
16-21	1%	-	2%
22-30	22%	21%	22%
31-40	31%	33%	30%
41-50	23%	21%	24%
51-60	18%	18%	17%
61-65	3%	4%	3%
66+	2%	3%	1%
Refused	0%	0%	1%
Ethnicity			
White	78%	65%	85%
Asian or Asian British	11%	19%	6%
Black or Black British	2%	2%	3%
Mixed	2%	2%	1%
Chinese or other ethnic group	2%	3%	1%
Refused	6%	9%	4%

1.3.5 Discussion guide design

Focus groups and in depth interviews were facilitated by researchers from Enventure Research, who followed a specifically designed discussion guide to allow all relevant topics to be covered. The discussion guide was designed to highlight key results from the online survey to participants in order to stimulate discussion and explore the reasons behind the results in greater depth. Other standalone topics were also explored during discussions. The main areas covered within the discussion guide were:

- Professional challenges
- Feedback from patients and complaints
- Misconduct and regulatory action scenarios and fitness to practise
- The reputation of the GDC

The focus group and in depth interview discussion guide can be found in **Appendix B**.

1.3.6 Focus group and in depth interview stratification

A series of four focus groups and 26 in depth interviews was held with a selection of GDC registrants between 12 February and 2 March 2018.

Focus groups and interviews were stratified to ensure that those who participated were broadly representative of all GDC registrants in terms of country, profession and length of time on the register, as well as representative of the UK population in terms of gender and ethnicity.

Three focus groups were held in England (North, Midlands, South) and one was held in Scotland. Seven dental professionals attended each group. In depth interviews were also stratified to ensure a range of dental professional groups were included within the research working in different countries (including Wales and Northern Ireland), in a mix of urban and rural areas and with different levels of experience.

The stratification of focus groups and in depth interviews can be found in section 2.11 of this report.

In total, 54 GDC registrants took part in the qualitative research.

1.4 Interpretation of the research findings

1.4.1 Weighting of survey sample

A stratified random sample was used to ensure a representative sample was achieved in terms of profession, number of years registered, geographical location and key demographics. Therefore, the returned sample was generally representative of the GDC registrant database. However, weights have been applied to the returned data to ensure that it is as close to the profile of registrants as possible, using the GDC registrant database supplied by the GDC to Enventure Research in October 2017. Weighting adjusts the proportions of certain groups within a sample to match more closely to the proportions in the target population. All results presented within this report are based on the weighted data.

1.4.2 Previous survey results

Where appropriate, this year's survey results have been highlighted for comparison to previous years (2012 and 2013) to track the views and opinions of registrants over time. However, as there has been a significant gap between this survey and the previous wave (2013), it is important to remember that comparisons should be treated with some caution and are purely indicative.

1.4.3 Interpreting quantitative data

This report contains several tables and charts that present survey results. In some instances, the responses may not add up to 100%. There are several reasons why this might happen:

- The question may have allowed each respondent to give more than one answer
- Only the most common responses may be shown in the table or chart
- Individual percentages are rounded to the nearest whole number so the total may come to 99% or 101%
- A response of less than 0.5% will be shown as 0%

As the online survey was undertaken with a sample of registrants, and not the entire population, all results are subject to sampling tolerances. However, as the response rate to the online survey was large (6,203 registrants took part in the survey of approximately 109,000), the margin of error when interpreting the results is low.

For example, when interpreting the results to a survey question which all respondents answered, where 50% of registrants in the sample responded with a particular answer, there is a 95% chance that this result would not vary by more than +/- 1.2 percentage points had the result been obtained from the entire registrant population (between 48.8% and 51.2%). Where not all survey respondents have answered a question, as not all questions were relevant to all respondents, the sample size is sometimes smaller.

Subgroup analysis has been undertaken to explore the results provided by different registrant groups and other key subgroups such as professional role. This analysis has only been carried out where the sample size is seen to be sufficient for comment (over 100). Where sample sizes were not large enough, subgroups have been combined (for example, number of years registered) to create a larger group.

It should also be borne in mind that certain subgroups overlap, such as age, dental professional group and the number of years registered with the GDC. For example, dental nurses have only been registered with the GDC since 2008, but their views may differ due to their role or due to the number of years they have been registered.

Throughout this report, registrants who took part in the online survey are referred to as 'respondents'.

1.4.4 Interpreting the qualitative findings

When interpreting qualitative research findings, which for this research have been collected via focus groups and in depth interviews, it is important to remember that these findings differ to those collected via a quantitative methodology. Qualitative findings are collected by speaking in much greater depth to a select number of participants (in this case, 54 GDC registrants).

Therefore, it should be remembered that qualitative findings are not meant to be statistically accurate, robust or representative, but instead are collected to provide additional insight and greater understanding based on in depth discussion and deliberation, something not possible to achieve via a quantitative survey. For example, if the majority of participants in a series of focus groups hold a certain opinion, this does not necessarily apply to the majority of GDC registrants.

Throughout this report, registrants who took part in qualitative research (focus groups or in depth interviews) are referred to as 'participants'.

2. Research Findings

This section of the report presents the detailed research findings for the Registrant Survey 2017-18. The findings follow the results of the quantitative online survey, which are supported where relevant by qualitative evidence from the focus groups and in depth interviews. The results of the online survey are presented in tables, charts and percentages, supported by subgroup analysis where relevant. The findings from the qualitative research are illustrated by direct quotations where appropriate. Enventure Research has also supplied the GDC with a full set of data tables related to the survey. These will be published on the GDC website.

The views expressed in this report are those of Enventure Research and are not necessarily shared by the General Dental Council.

2.1 The future of the profession

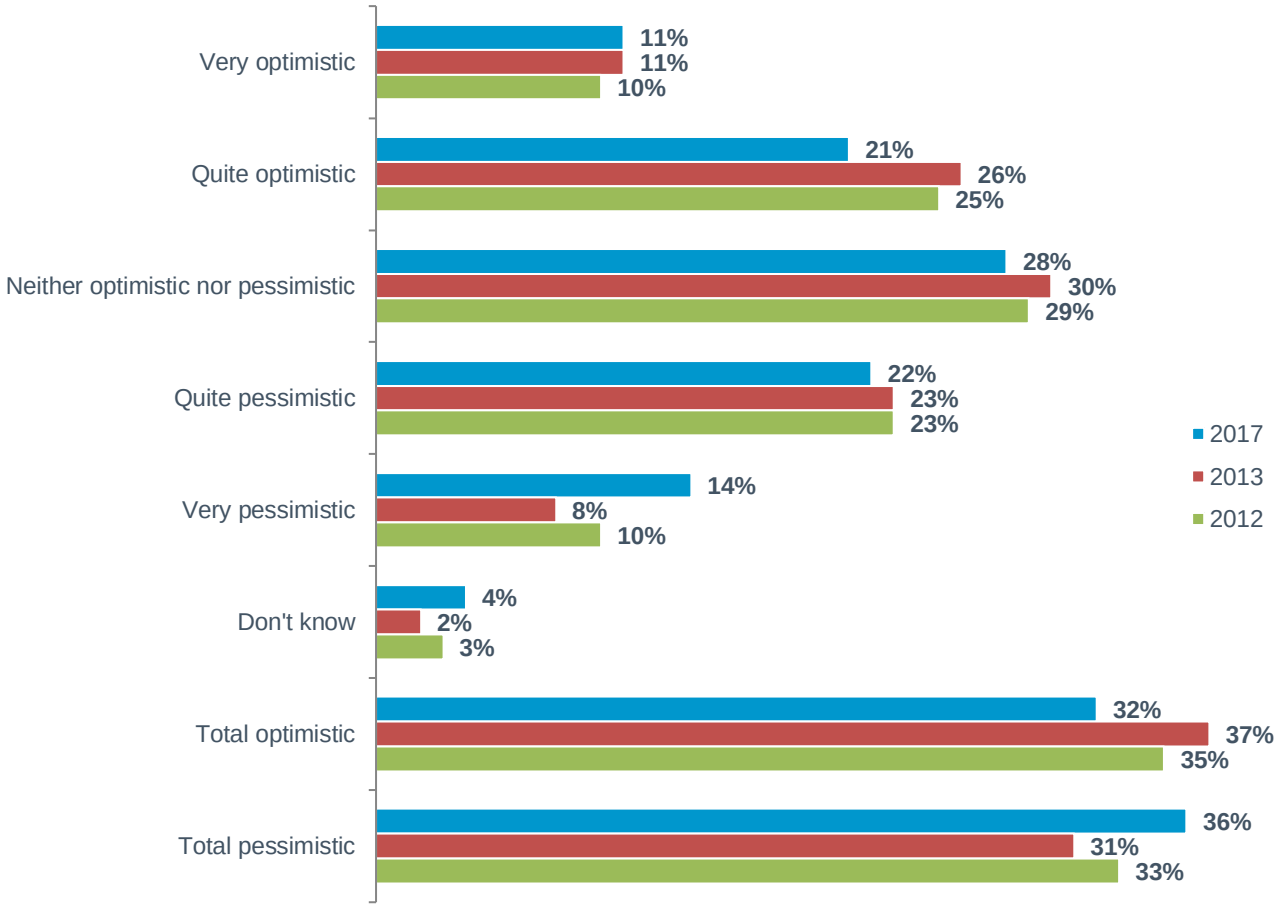
2.1.1 Optimistic or pessimistic?

In previous waves of the Registrant Survey, questions have been included which gained an understanding of how registrants were feeling about the future of their profession and to act as a general temperature check, in order to horizon scan for any emerging issues dental professionals may have been facing or were concerned about. The same questions were asked in this wave of the survey to track attitudes and opinions about the future of the profession.

More dental professionals said they were pessimistic (36%) than optimistic (32%), in contrast to previous years where optimists outnumber pessimists. A further 28% indicated that they were neither optimistic nor pessimistic.

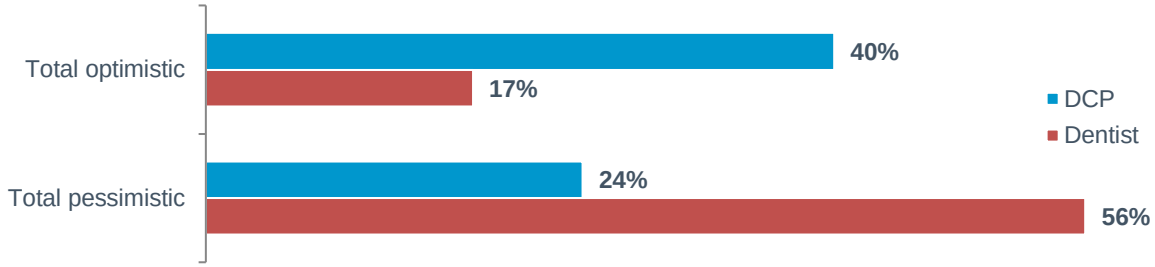
Overall optimism has fallen from 37% in 2013 to 32% in in 2017, representing a decrease of 5%. A similar proportion of respondents indicated that they were very optimistic over the three waves of the survey, but a smaller proportion of respondents indicated that they were quite optimistic (-5% in comparison to 2013). Furthermore, a larger proportion of respondents said that they were very pessimistic (+6% in comparison to 2013).

Figure 2 – Would you say you are optimistic or pessimistic about the future of your profession over the next two years?
Base: All respondents – 2017 (6,203) / 2013 (3,611) / 2012 (4,610)



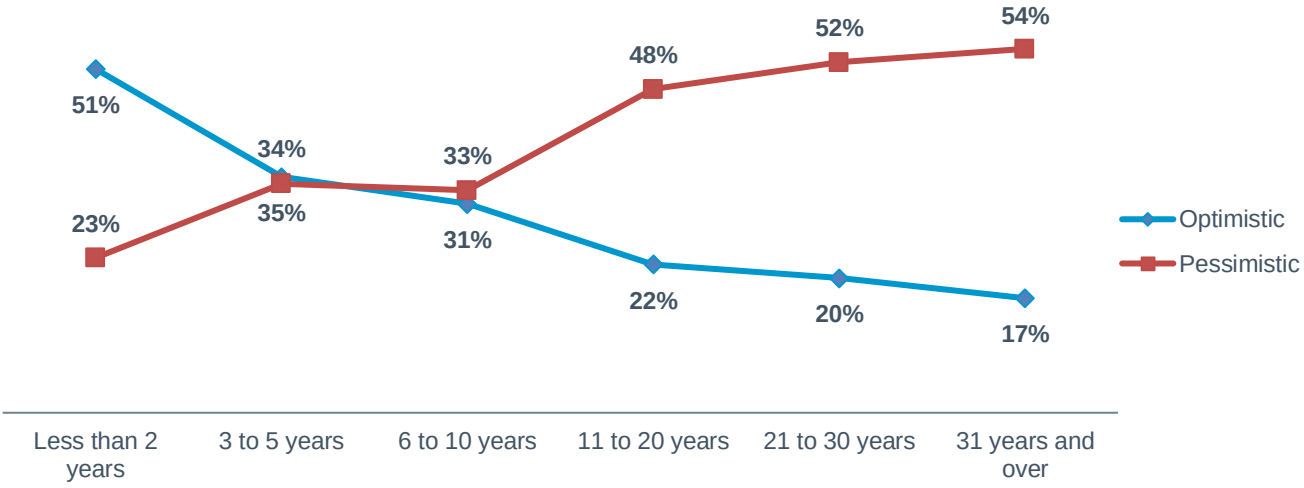
As found in previous waves of the survey, DCP respondents were more optimistic about the future (40%) when compared with dentists (17%), and dentists were more pessimistic (56%) when compared with DCP respondents (24%).

Figure 3 – Would you say you are optimistic or pessimistic about the future of your profession over the next two years? By registrant type
Base: DCPs (3,908) / Dentists (2,295)



As also seen in previous waves of the survey, those who had been registered for a longer period of time were more likely to be pessimistic when compared to those registered for a shorter period of time. The chart below shows how the levels of optimism decrease and the levels of the levels of pessimism decrease as the number of years registered increase.

Figure 4 – Levels of optimism and pessimism by years on the GDC register
Base: All respondents (6,203)



Subgroup analysis

Subgroups more likely to be **optimistic** about the future of their profession (32% overall) included those who:

- Were dental hygienists (43%), dental nurses (41%) and dental therapists (42%) compared to other roles
- Had been registered for less than two years (51%) compared to those registered for a longer period of time
- Provided private dental care only (40%) compared to those who provided NHS dental care only (31%)

Subgroups more likely to be **pessimistic** about the future of their profession (36% overall) included those who:

- Were dentists (56%) and specialists (51%)
- Had been registered for less than 11 years or more (51%) compared to those who had been registered for a shorter period of time
- Worked in Wales (43%) compared to other UK countries

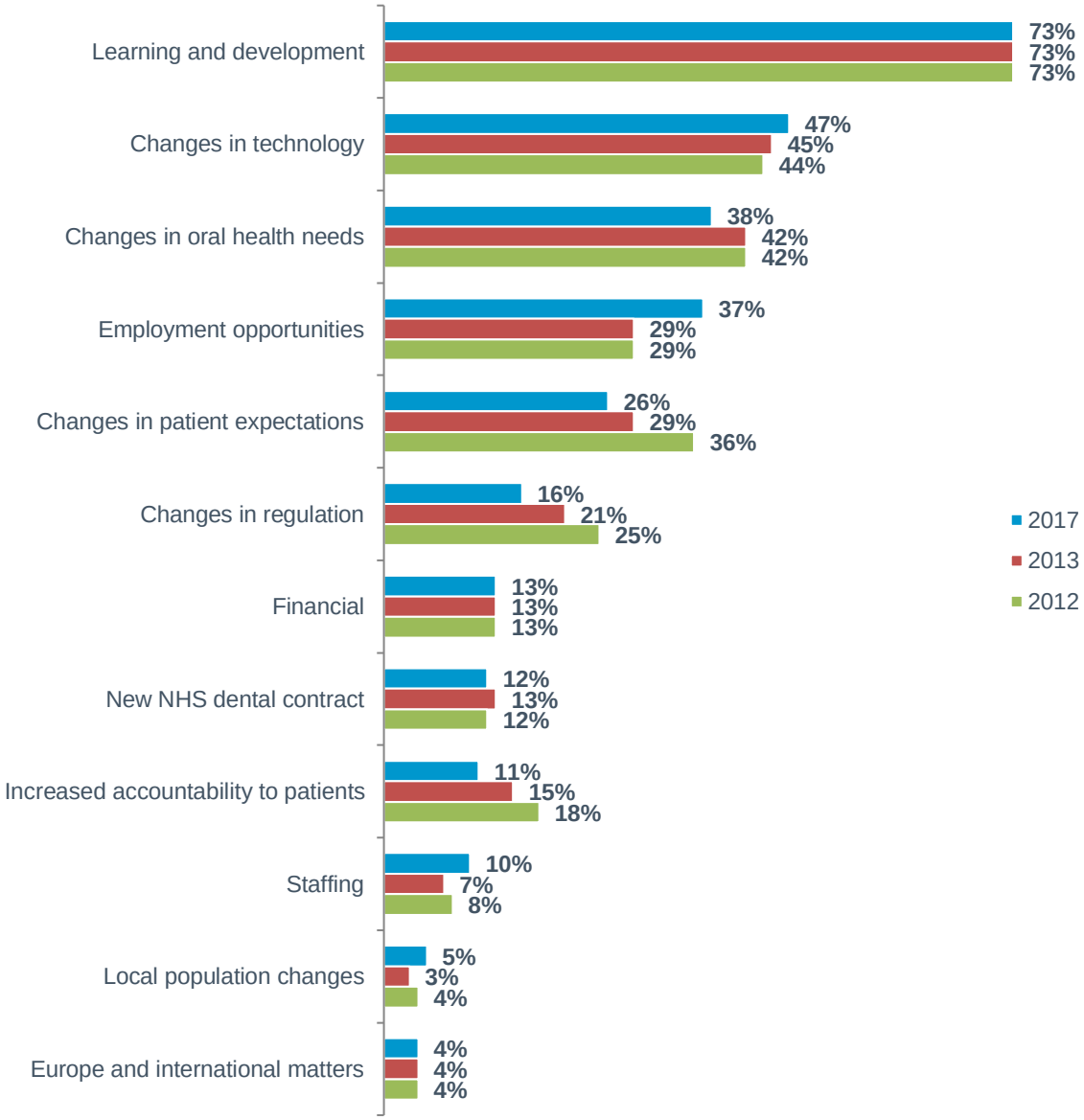
2.1.2 Areas of optimism and pessimism

Those who indicated that they were optimistic about the future were asked what areas specifically they felt optimistic about, and were able to select multiple options from a list provided.

Learning and development was by far the most popular suggestion at 73%, exactly the same result as in previous waves of the survey. Almost half of respondents (47%) also suggested changes in technology, followed by a further 38% who suggested changes in oral health needs and 37% who suggested employment opportunities.

The proportion of respondents selecting changes in technology and employment opportunities as areas to feel optimistic about have increased over time, whereas the proportion of respondents selecting changes in patient expectations, changes in regulation, and increased accountability to patients have fallen over time.

Figure 5 – What areas do you feel optimistic about?
Base: Respondents who are optimistic about the future – 2017 (1,981) / 2013 (1,320) / 2012 (1,450)



Subgroup analysis

Subgroups more likely to be optimistic about **changes in technology** (47% overall) included those who:

- Were dentists (56%) and dental technicians (82%) compared to other roles
- Provided private dental care only (51%) compared to those who provided NHS dental care only (44%)
- Worked in Scotland (56%) compared to other UK countries

Subgroups more likely to be optimistic about **changes in oral health needs** (38% overall) included those who:

- Were in DCP roles (40%) when compared to dentists (30%)
- Were female (40%) when compared to male respondents (25%)

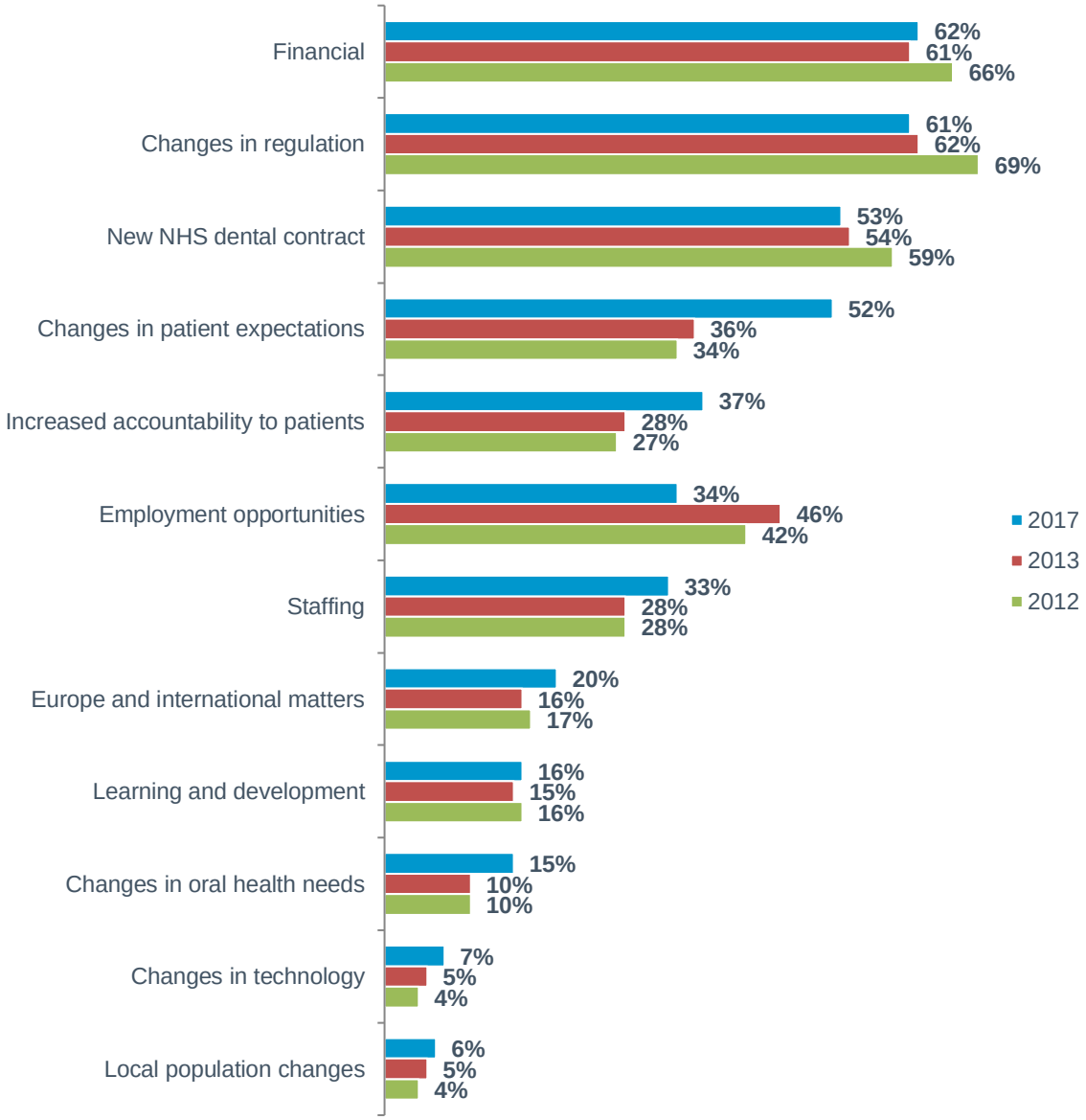
Subgroups more likely to be optimistic about **employment opportunities** (37% overall) included those who:

- Were dental nurses (41%) and dental therapists (56%)
- Had been registered for less than two years (50%) compared to those registered for a longer period of time
- Were female (39%) when compared to male respondents (29%)

Respondents who indicated that they felt pessimistic about the future were asked to specify which areas they were thinking of, selecting multiple options from a list provided. Just over three in five respondents (62%) said that they felt pessimistic about financial issues, followed by almost the same proportion (61%) who suggested changes in regulation and just over half (53%) who suggested the new NHS dental contract.

In comparison to previous years, this wave of the survey highlights that a larger proportion of respondents are pessimistic about changes in patient expectations, increased accountability to patients, and staffing.

Figure 6 – What areas do you feel pessimistic about?
Base: Respondents who are pessimistic about the future – 2017 (2,235) / 2013 (1,113) / 2012 (1,380)



Subgroup analysis

Subgroups more likely to be pessimistic about **financial issues** (62% overall) included those who:

- Were dentists (63%) when compared to those in DCP roles (60%)
- Had been registered for less than two years (71%) compared to those who had been registered for a longer period of time

Subgroups more likely to be pessimistic about **changes in regulation** (61% overall) included those who:

- Were dentists (75%) when compared to those in DCP roles (41%)
- Had been registered for 11 years or more (71%) compared to those who had been registered for a shorter period of time
- Provided private dental care only (67%) compared to those who provided NHS dental care only (54%)

Subgroups more likely to be pessimistic about the **new NHS dental contract** (53% overall) included those who:

- Were dentists (67%) when compared to those in DCP roles (33%)
- Had been registered for 21 years or more (59%) compared to those who had been registered for a shorter period of time
- Provided a mixture of NHS and private dental care (60%) and NHS dental care only (56%) compared to those who provided private only dental care (17%)
- Worked in England (56%) and Wales (57%) compared to Scotland (27%) and Northern Ireland (43%)

Subgroups more likely to be pessimistic about **employment opportunities** (34% overall) included those who:

- Were dental hygienists (61%), dental nurses (48%) and dental therapists (64%)
- Had been registered for five years or less (42%) compared to those registered for a longer period of time
- Provided NHS dental care only (42%) compared to those who provided private dental care only (32%) or a mixture of NHS and private dental care (32%)
- Were female (42%) when compared to male respondents (21%)

2.2 Seriousness, misconduct and regulatory action

2.2.1 Appropriate actions for the GDC to take

To explore expectations of the action the GDC should take against dental professionals in instances of poor care and wrongdoing, respondents were presented with examples of unprofessional behaviour for both a dentist and a dental nurse and asked to select which action, if any, would be most appropriate for the GDC to take.

The list of actions respondents could select were:

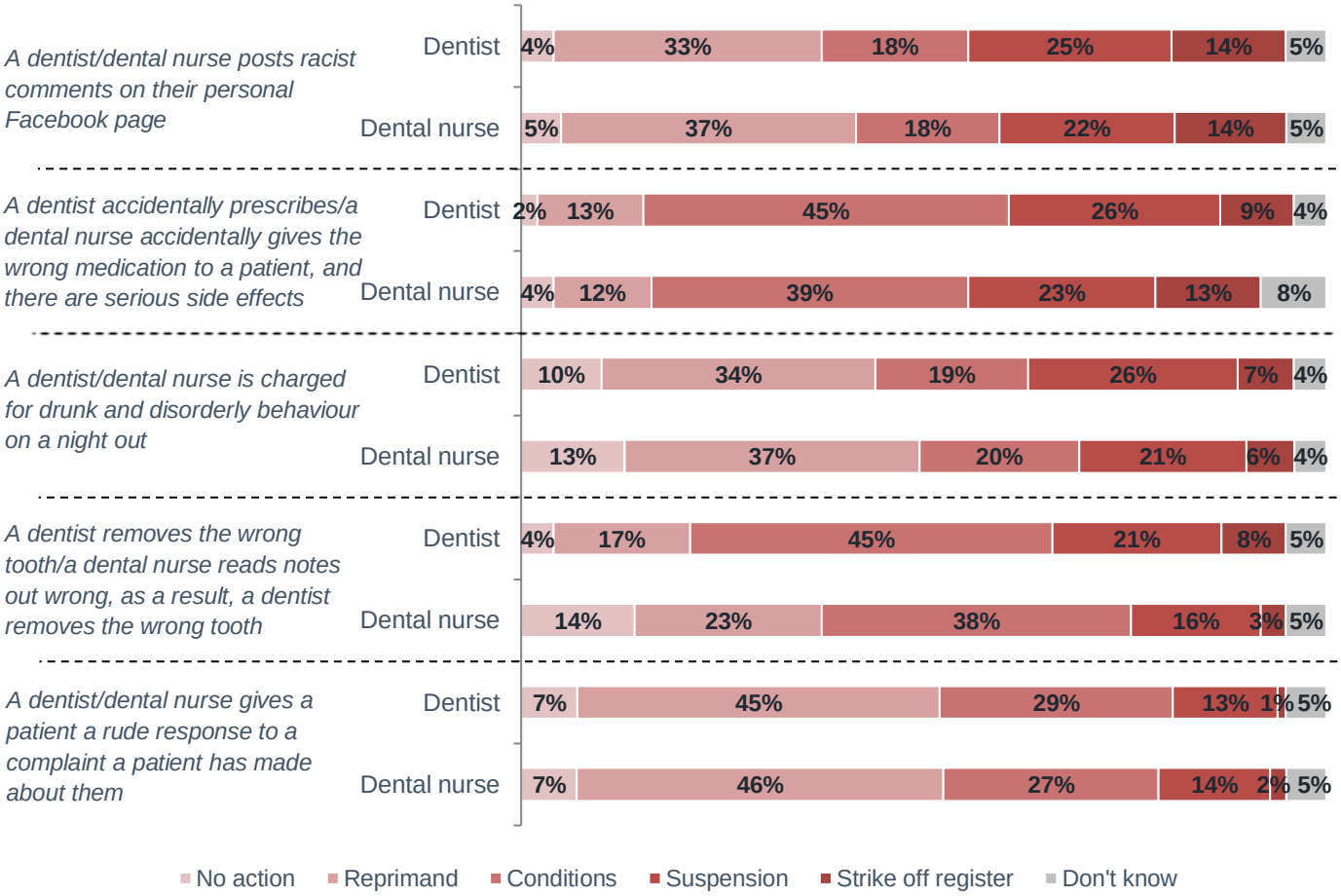
- **Reprimand** - This is a statement of the GDC's disapproval, but the dental professional is still fit to practise with no restrictions
- **Conditions** - This is where restrictions are placed on the dental professional's registration for a set amount of time, for example that they must take further training and provide evidence that they are taking steps to improve
- **Suspension** - This means that the person cannot work as a dental professional for a set period of time, but may return to work after the suspension is completed
- **Strike off register** - This is the most serious sanction as it removes a dental professional's name from the register. This means they can no longer work in dentistry in the UK
- **No action**

The following scenarios were presented to survey respondents:

- A dentist/dental nurse posts racist comments on their personal Facebook page
- A dentist accidentally prescribes/a dental nurse accidentally gives the wrong medication to a patient, and there are serious side effects leading to the patient being admitted to hospital
- A dentist/dental nurse is charged for drunk and disorderly behaviour on a night out
- A dentist removes the wrong tooth/a dental nurse reads notes out wrong, as a result, a dentist removes the wrong tooth
- A dentist/dental nurse gives a patient a rude response to a complaint a patient has made about them

The chart overleaf presents a summary of the results for each scenario for both a dental nurse and a dentist from all respondents.

Figure 7 – For each scenario, please indicate what you think would be the most appropriate action, if any, for the dental regulator to take against the dentist/dental nurse
Base: All respondents (6,203)



The action selected by the largest proportions of respondents for each scenario were typically reprimands, conditions or suspension. However, the regulatory action deemed to be most appropriate varies depending on the scenario. For example, the most common action suggested in response to the scenario 'a dentist accidentally prescribes/a dental nurse accidentally gives the wrong medication to a patient, and there are serious side effects' was conditions for both dentists and dental nurses (45% and 39% respectively). By comparison, the most common action suggested in response to the scenario 'a dentist/dental gives a patient a rude response to a complaint' was a reprimand for both dentists and dental nurses (45% and 46% respectively).

The proportion of respondents who selected the most severe regulatory action, to strike the dental professional off the register, was largest for two scenarios, one which represented personal misconduct (a dentist/dental nurse posts racist comments on their personal Facebook page) at 14% for both dentists and dental nurses, and one which represented clinical misconduct (a dentist accidentally prescribes/a dental nurse accidentally gives the wrong medication to a patient, and there are serious side effects) at 9% for dentists and 13% for dental nurses.

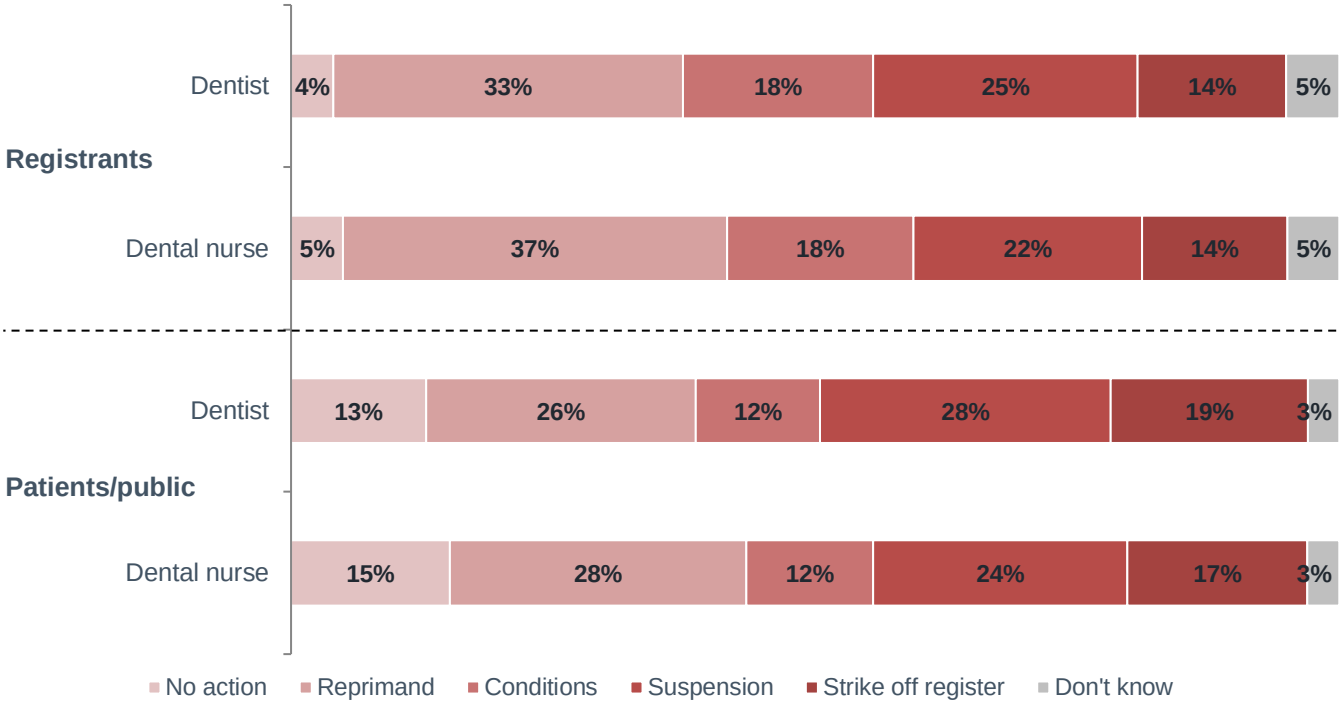
The proportion of respondents who selected that no action should be taken was largest for the scenario 'a dentist/dental nurse is charged with drunk and disorderly behaviour' for both dentists and dental nurses (10% and 13% respectively), and also for the scenario 'a dental nurse reads notes out wrong and, as a result, a dentist removes the wrong tooth' for dental nurses only (14%).

Each scenario is covered individually overleaf, comparing the results from this survey to the recent GDC Patient and Public Survey 2017 where the same question was asked to members of the public, supported by feedback from the registrant focus groups.

2.2.2 A dentist/dental nurse posts racist comments on their personal Facebook page

Whilst registrant opinion is divided as to which action would be most appropriate to take in response to a dentist or dental nurse who has posted racist comments on their personal Facebook page, similar responses have been recorded for dentists and dental nurses. The largest proportion suggested that these registrants should be reprimanded (33% for dentists, 37% for dental nurses), followed by those who felt they should be suspended (25% for dentists, 22% for dental nurses). A further 18% suggested that conditions would be most appropriate for both dentists and dental nurses in this scenario.

Figure 8 – A dentist/dental nurse posts racist comments on their personal Facebook page
Base: All registrant survey respondents (6,203) / all patient survey respondents (1,232)[1]



When comparing the registrant survey results to the patient and public survey, the public appear to be both more lenient and more severe in terms of which action would be most appropriate, with larger proportions indicating that no action should be taken or that the dentist/dental nurse should be struck off the register or suspended.

Qualitative feedback

To gain some further insight into the survey results, focus group participants were asked a series of questions regarding the misconduct and regulatory action scenarios presented.

Action that should be taken by the GDC
When considering the first scenario, 'A dentist/dental nurse posts racist comments on their personal Facebook page', the largest proportion of survey respondents felt that a reprimand would be the most appropriate action for the GDC to take against either a dentist or dental nurse. Some focus group participants agreed, particularly if this was a first offence for the dental professional in question, suggesting that a reprimand should act as a warning against future instances of unprofessional behaviour. Whilst acknowledging that the scenario did not directly endanger patients, one participant commented that the behaviour was unprofessional and therefore could bring the profession into disrepute.

[1] GDC Patient and Public Survey 2017, Ipsos MORI, August 2017 - https://www.gdc-uk.org/about/what-we-do/research/patient-and-public-survey

A warning, first of all. There should be a strongly worded warning.

Dentist, England

I don't think you should put a racist comment on Facebook in the first place – that's the bottom line. So you'd get a reprimand I would assume.

Dentist, England

I'd say reprimand. I don't think it's endangering patients. It's unprofessional and possibly bringing the profession into disrepute, but if it's a first offence it should just be 'don't do that again'. If they're a repeat offender that's different because they haven't responded to a reprimand, so then you need to move onto something else.

Dentist, England

Some participants felt that the scenario would warrant further action, suggesting that conditions could be placed on the registrant, generally in the form of further training. Such training could include some form of sensitivity or social media training, in order that registrants can avoid similar situations in the future.

They might need more training. They might think it's perfectly fine to go around saying whatever the racist comment was.

Dental nurse, England

I'd personally suggest conditions. There may be more training that's needed, whether in the sense of the racist comments or in the sense of how to use social media in a positive way without bringing our profession into disrepute.

Dental nurse, England

No difference between a dentist and a dental nurse

All participants agreed that there should be no difference in the way a GDC investigates and responds to a report of this behaviour by either a dentist or a dental nurse. They discussed how all registrants, regardless of their role type, are members of the GDC and should therefore abide by the same rules and regulations.

It shouldn't matter because they're still a member of the GDC. We all abide by the same rules. Dental nurses also have a lot of extended duties where they're responsible for patients.

Dental nurse, England

If you are on the register, whatever capacity you are on the register, it is the same. You can't sanction a dentist any more than you can sanction a hygienist or a dental nurse.

Dentist, England

Potentially a patient safety issue as could lead to professional misconduct

Other participants felt that the scenario was too vaguely defined and that more information would be needed before a decision could be made. In particular, participants felt that a judgement would need to be made about the severity of the comment in order to determine the intent behind it. It was explained that an inappropriate comment on Facebook could be indicative of either a genuine racist viewpoint or merely a poorly judged joke. In turn, the ultimate intention behind the registrant's comment would provide an indication of whether or not patient safety would be threatened.

It's a bit vague. We need to know more about what happened. Each case needs to be investigated on its own level.

Dentist, England

Are we allowed to say an investigation followed by a reprimand only if it seems it's more objectionable or more likely to affect their professional practice?

Dentist, England

It would depend on the level of the comment. If that person is exhibiting real, genuine hatred for a group of people then maybe it is a patient safety issue. If it's an off-colour joke then it probably isn't. So any of those actions could be appropriate.

Dentist, England

Further discussion of this point demonstrated some participants' concerns that a dentist or dental nurse's professional conduct could be called into question in light of their personal views. Some said they would be worried that a dental professional who posts racist comments on Facebook could treat patients differently based on their prejudicial viewpoints, therefore calling their clinical conduct into question as a result of personal misconduct.

I'd be questioning the patient group that they treat. What's to say they aren't like that with their patients?

Dental nurse, England

If that person's judgement is affecting the way they are treating patients, then that's relevant to the GDC.

Dentist, England

Mixed views about whether the GDC should become involved

Although all participants agreed that the behaviour exhibited in the scenario was unacceptable, there was some debate about whether or not it should be referred to the GDC as a regulatory issue. Some participants felt that the behaviour represented personal misconduct and therefore should be dealt with outside of the professional body, with one questioning the appropriateness of the GDC making judgements on such issues. However, others did feel that the GDC should be involved in this scenario, with some participants explaining that they felt personal misconduct is of particular relevance to the GDC if it leads to a police complaint or legal action.

When you join the professional body you say that you'll conduct yourself in a certain way. To practice, you're saying you'll conduct yourself in a certain way.

Dental nurse, England

It's personal misconduct, but if it goes to a police complaint then it goes to the GDC because that's the way the regulations work.

Dentist, England

Concern about the impact of GDC investigation on the registrant

Another issue discussed was the impact of investigation by the GDC on the dental professional concerned. One participant described how a colleague had experienced a similar situation, in which a comment they had put on Facebook was taken out of context and reported to the GDC. Although the GDC investigation resulted in no action being taken against the registrant in question it did cause stress and worry, and the registrant felt that they continued to face implications at work. Another participant also reported a concern that the investigation of such issues by the GDC could leave registrants vulnerable to false and malicious claims.

I actually had a friend that put a comment on Facebook and a well-meaning person they worked with in the practice sent it to the GDC. It was taken out of context. They were hauled up in front of the GDC and had a case against them…At the end of the investigation it was dropped. But in the end, she said, mud sticks.

Dental hygienist, England

We're open to potentially maliciously intended claims that can ruin our professional lives, and we're not really supported and looked after.

Dentist, England

Reaction to registrant and patient and public survey results

Focus group participants discussed the results seen to this question in both the registrant survey and the earlier patient and public survey. When considering the registrant survey results, participants felt it was clear that some action should be taken, however felt that striking off was too extreme, and were

surprised that other dental professionals would suggest such a severe response, particularly as a professional's livelihood would be at risk.

> *Something should be done, because it's not acceptable.*
>
> **Dentist, England**

> *You've got to remember that it's someone's profession at the end of the day. Should they be struck off for a comment?*
>
> **Dental nurse, England**

Again, participants felt that further information would be needed to further clarify the situation and help registrants to make a decision about the appropriate action to be taken. It was suggested that a varied range of responses was received to the survey question because they had a lack of insight into the nature of the Facebook comment.

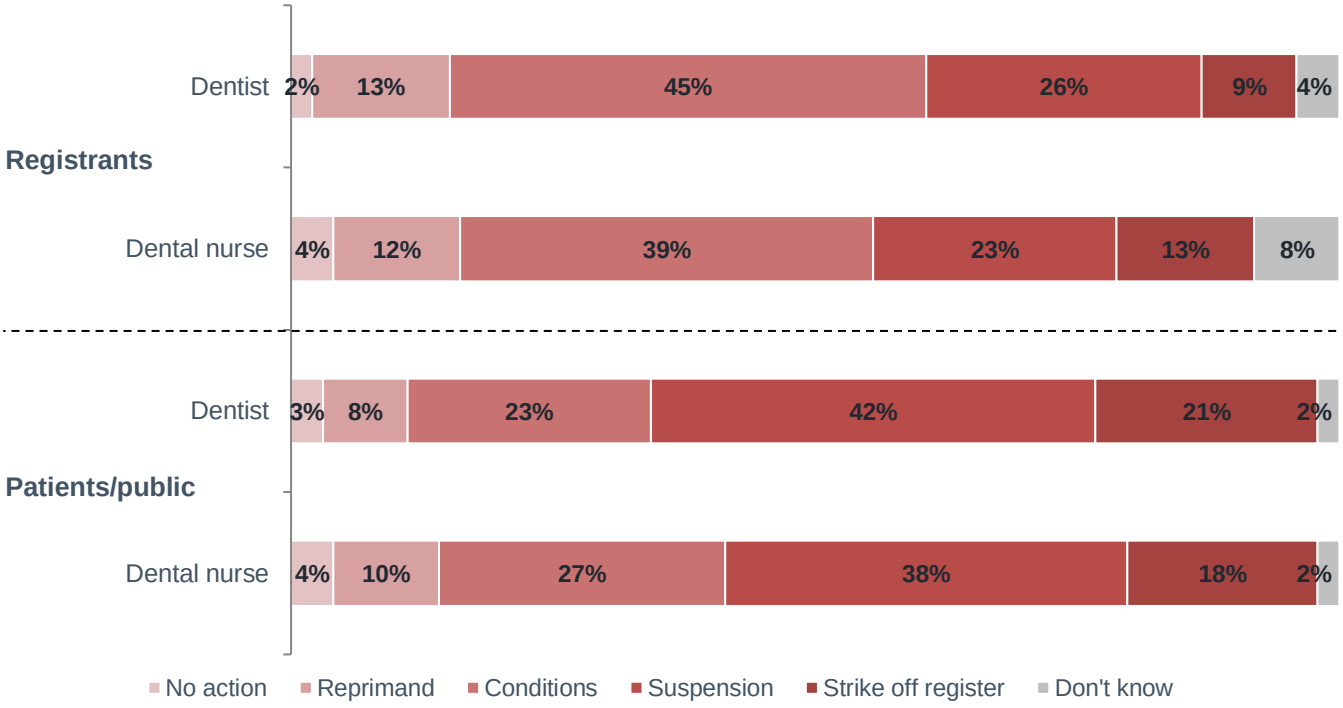
Registrants were surprised that the patient and public survey results demonstrated a larger proportion of the public thought that no action should be taken in comparison to registrants, as they assumed the public would want to be tougher in response.

> *I'd have thought they'd select the tougher options. People don't like dentists.*
>
> **Dental nurse, England**

2.2.3 A dentist accidentally prescribes/a dental nurse accidentally gives the wrong medication to a patient, and there are serious side effects

The largest proportion of registrant survey respondents said that conditions would be the most appropriate action the GDC should take against a dentist who accidentally prescribes the wrong medication to a patient, or a dental nurse who accidentally gives the wrong medication to a patient, and there are serious side effects (45% and 39% respectively). A larger proportion of respondents (13%) think that a dental nurse should be struck off the register in this scenario when compared to dentists (9%).

Figure 9 – A dentist accidentally prescribes/a dental nurse accidentally gives the wrong medication to a patient, and there are serious side effects leading to the patient being admitted to hospital
Base: All registrant survey respondents (6,203) / all patient survey respondents (1,232)[2]



When comparing the registrant survey results to the patient and public survey, the public think that more severe action should be taken against both dentists and dental nurses in this scenario, with larger proportions of respondents suggesting to strike off the register or suspend.

Qualitative feedback

Action that should be taken by the GDC
Participants discussed the scenario, 'A dentist accidentally prescribes/a dental nurse accidentally gives the wrong medication to a patient and there are serious side effects leading to the patient being admitted to hospital'. Again, it was felt that further information would be needed to be able to make an informed judgement, particularly in light of the fact that patients' medical histories are not always fully known, and that the consequences of the serious side-effects are not known.

> *It depends what the circumstances were. You'd need far more information to be able to make a judgement.*
>
> **Dentist, England**

[2] GDC Patient and Public Survey 2017, Ipsos MORI, August 2017 - https://www.gdc-uk.org/about/what-we-do/research/patient-and-public-survey

It could be because of an allergy or something. Has the patient declared all their medical history?

Dental nurse, England

It was felt that a dentist or dental nurse should not be judged too harshly in this scenario, particularly if it was an honest mistake or partly the fault of the patient. Participants discussed how dental professionals should seek to learn from the situation to avoid future mistakes from occurring. Suggestions for actions to be taken by the GDC included a reprimand and conditions in the form of further training, which was also the most common response seen in the registrant survey.

If it happened it would be a learning point to know that you can't just rely on their medical history and you need to ask them every time.

Dentist, England

It's a mistake. We're in a situation where a mistake is intolerable. If this person is actively trying to do harm to someone then it's different. If it's a mistake then the person may just need more training.

Dentist, England

If it was a mistake then it should be a reprimand but maybe with some training, but not with any restrictions in place. How can you restrict a dentist from writing prescriptions?

Dental nurse, England

However, participants felt that if the mistake highlighted something more serious, such as the practice never updating patients' medical history, then more serious action should be taken. In this case, a suspension was suggested as the most appropriate action for the GDC to take.

If it turned out that practice never bothered updating medical histories that's serious, because that's what led to this problem. If they never took a medical history it should be a suspension because they're dangerous. If it was because they had a busy day and they forgot to ask the patient, then it's not as serious.

Dentist, England

Reaction to registrant and patient and public survey results

Focus group participants were again surprised at the registrant survey findings, where a large proportion of respondents said that the dental professional should be struck off the GDC register, particularly as the mistake was an accident and there was no malicious intent. Again, participants suggested that perhaps respondents were thinking about what action they thought the GDC would take in this scenario, or had answered in the way they thought the GDC would approve of.

If the word 'accidentally' wasn't there it might be different, but it's an accident so they shouldn't be struck off.

Dental nurse, England

Participants also indicated surprise at the proportion of public survey respondents who felt that the dental professional should be struck off in this situation. One participant questioned whether or not those who responded in this way would expect to be sacked from their own jobs should they do something by accident or make a mistake.

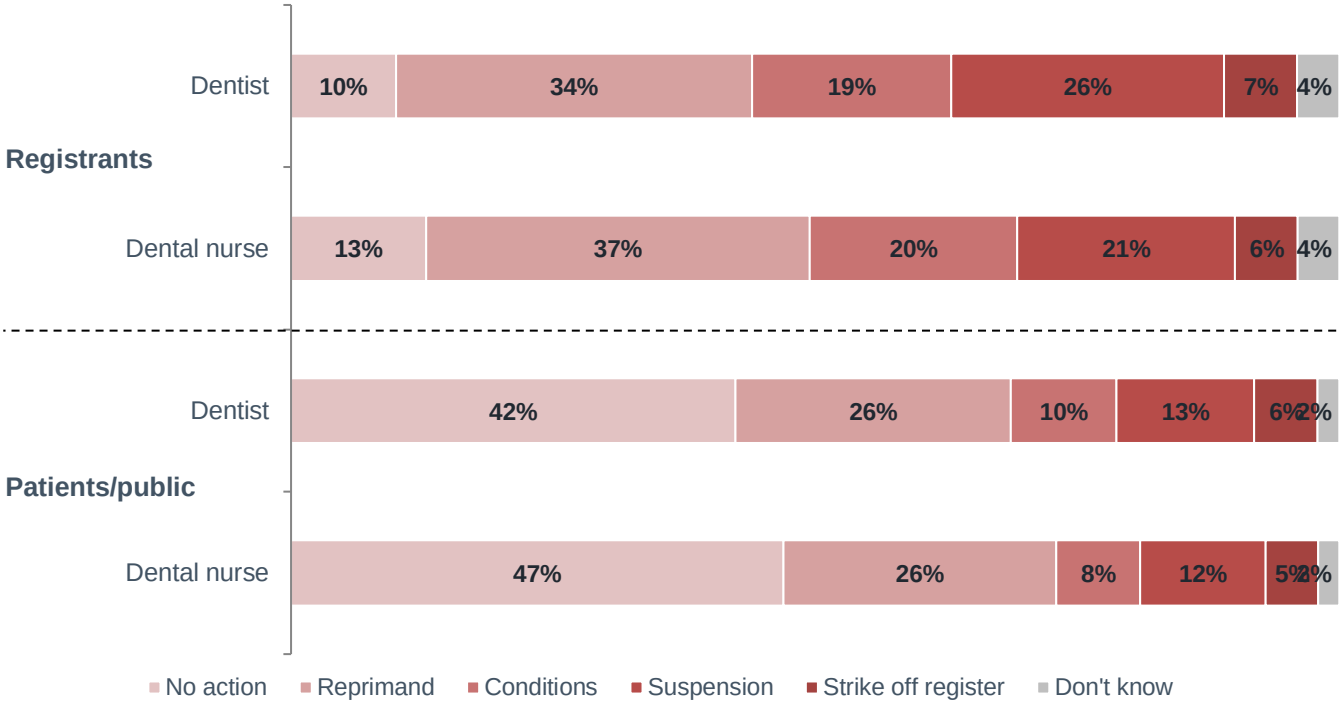
It goes back to patient expectations. One in five thinks that if you make a mistake that's it, your career is over and you should be a binman. Do they think, in their jobs, that if they make one mistake they should be sacked? It's a very odd society.

Dentist, England

2.2.4 A dentist/dental nurse is charged for drunk and disorderly behaviour on a night out

One in three respondents (34%) thought that dentists who were charged for drunk and disorderly behaviour on a night out should receive a reprimand, and a quarter (26%) said that they should receive a suspension. Almost two in five respondents (37%) said that dental nurses should receive a reprimand in this scenario, a larger proportion in comparison to dentists. A larger proportion of respondents (13%) also suggested that no action should be taken against dental nurses in this scenario when compared to dentists (10%).

Figure 10 – A dentist/dental nurse is charged for drunk and disorderly behaviour on a night out
Base: All registrant survey respondents (6,203) / all patient survey respondents (1,232)[3]



Attitudes between registrants and the public differ significantly in relation to the most appropriate action to take in this scenario. A much larger proportion of the public felt that no action should be taken against dentists and dental nurses, suggesting that they view personal misconduct quite differently to clinical misconduct.

Qualitative feedback

Action that should be taken by the GDC

When considering what action, if any, should be taken by the GDC against a dentist or dental nurse who is charged for drunk and disorderly behaviour on a night out, the majority of focus group participants did not feel that the registrant should face significant consequences. Participants were split between those who said a reprimand should be given and those who said no action should be taken.

> *Initially I would have said a reprimand, but I think I've changed my mind to no action.*
>
> **Dentist, England**

> *Until they're actually found guilty there should be no action.*
>
> **Dentist, England**

[3] GDC Patient and Public Survey 2017, Ipsos MORI, August 2017 - https://www.gdc-uk.org/about/what-we-do/research/patient-and-public-survey

As with the other scenarios, participants felt that more information would be needed to come to a decision, for example, if they were also convicted as a result of being charged, and what exactly their drunk and disorderly behaviour constituted.

> *But what is the definition of 'drunk and disorderly'? Is it a bit leery, a bit loud and shouty?*
>
> **Dentist, England**

Personal misconduct with potential professional misconduct implications

Although participants agreed that being drunk and disorderly on a night out was an example of personal rather than professional misconduct, there was a split in opinion as to whether this would have an impact on the registrant's professional performance. Some argued that the behaviour would have no impact on patient safety and therefore should not be an issue brought to the attention of the GDC.

> *Since the GDC's remit is to deal with patient safety, why would being drunk and disorderly affect a patient's safety?*
>
> **Dentist, England**

> *It's not affecting patients.*
>
> **Dentist, Scotland**

Other participants, however, felt that the behaviour could potentially impact on patient safety, for example, if the dental professional goes to work drunk the next day or if there is a long term problem with alcohol which would impact on their day-to-day practice. In cases involving alcohol abuse, participants discussed how remediation would be less appropriate than offering support to the dental professional.

> *The only way that drunkenness will affect anyone is if the dentist comes to work the next day, and that's a different thing completely.*
>
> **Dentist, England**

> *It may need to be investigated for alcohol abuse.*
>
> **Dentist, Scotland**

Discussion also centred around the implications of a dentist or dental nurse being charged with drunk and disorderly behaviour, in terms of public views about dentistry as a profession. Although accepted that this is an example of personal misconduct, some felt that it could bring the profession into disrepute.

> *Are they bringing the profession into disrepute? That is the question.*
>
> **Dental hygienist, Scotland**

> *I think you've got to have a certain level of professionalism though, and if somebody is acting unprofessionally and has been charged I think they are bringing our profession into disrepute.*
>
> **Dentist, England**

Mixed opinions about whether the behaviour should be referred to the GDC

Linked to the debate around whether being charged with drunk and disorderly on a night out could have implications for professional practice, there was discussion about whether or not the behaviour should be reported to the GDC in the first place. Some registrants felt that there should be a clear distinction between registrants' personal and professional lives and expressed concern that the GDC would consider personal behaviour in a professional light.

> *I see it as the GDC intruding into too many parts of my life that they have nothing to do with – they are eroding into our personal space.*
>
> **Dental technician, Scotland**

> *The GDC's problem is that they would treat this as professional issue.*
>
> **Dentist, Scotland**

Reaction to registrant and patient and public survey results

In comparison to the results seen in the registrant survey, a much larger proportion of the public felt that no action should be taken against a dental professional in this scenario. Participants were generally surprised at this finding, expecting that patients would judge dental professionals more harshly. A number expressed the opinion that dentists in particular were not viewed in a positive light by the general public and therefore would be quick to cast judgement, but were surprised in this instance to see this was not the case.

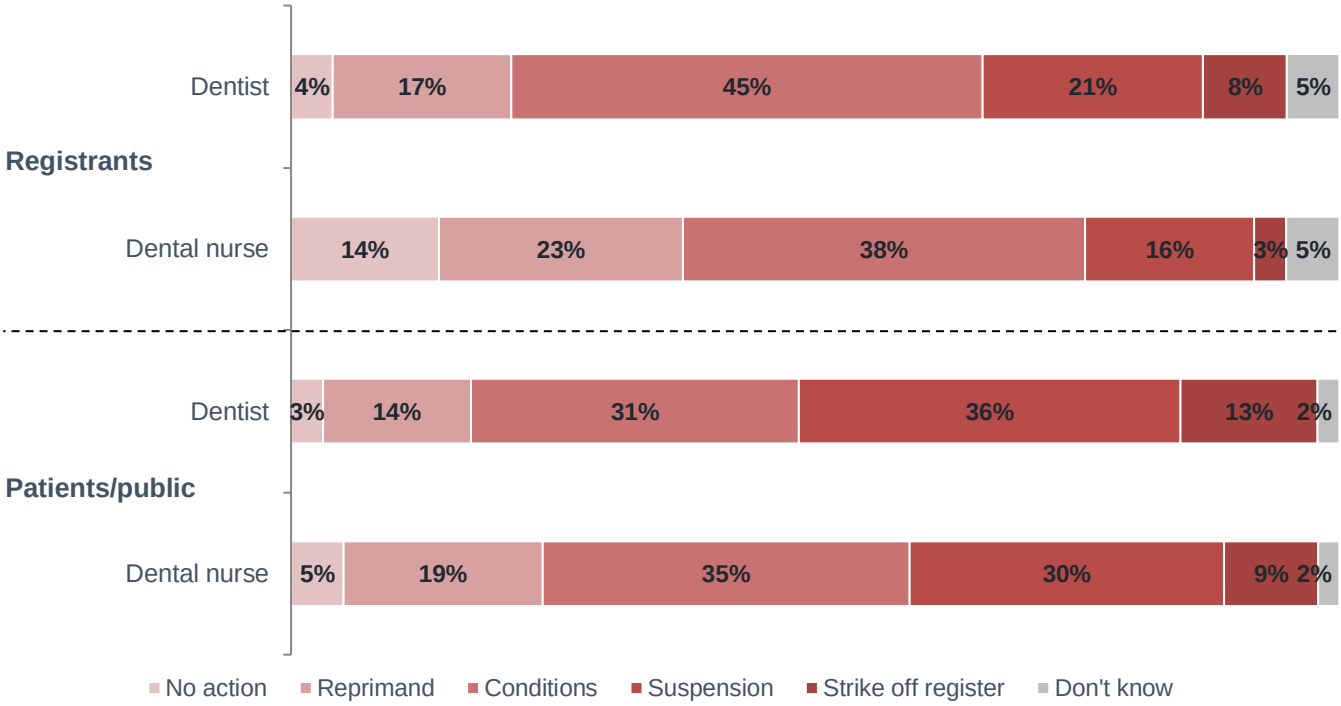
> *I doubt they would judge us by the standards that they judge themselves.*
>
> **Dentist, England**

> *Patients expect dentists to be perfect, but they are quite entitled to have their own social time.*
>
> **Dentist, Scotland**

2.2.5 A dentist removes the wrong tooth/a dental nurse reads notes out wrong and, as a result, a dentist removes the wrong tooth

Over two in five respondents (45%) thought that dentists who remove the wrong tooth should be subject to conditions, followed by a further 21% who said that the most appropriate action in this scenario would be suspension. By comparison, almost two in five (38%) said that a dental nurse should be subject to conditions, and just 16% said that they should be suspended. Almost a quarter (23%) said that a dental nurse should be reprimanded in this situation. A larger proportion of respondents said that no action should be taken against a dental nurse (14%) when compared to a dentist (4%).

Figure 11 – A dentist removes the wrong tooth/a dental nurse reads notes out wrong and, as a result, a dentist removes the wrong tooth
Base: All registrant survey respondents (6,203) / all patient survey respondents (1,232)[4]



Larger proportions of public survey respondents said that dentists and dental nurses should be struck off the register or suspended in this scenario when compared to the views of registrants, showing that they see this as a situation that requires a more severe regulatory action to be taken.

Qualitative feedback

Action that should be taken by the GDC
Participants tended to feel that a dentist removing the wrong tooth (or a dental nurse reading the notes out wrongly, leading to the removal of a wrong tooth) should lead to conditions, with most suggesting that further training would be warranted. This corresponds with the results from the survey, where the majority said that the dental professional should be subject to conditions.

> *It's a training issue potentially.*
>
> **Dentist, England**

> *Maybe a refresher course on prescribing may be good, but again would depend on the circumstances.*
>
> **Dentist, Scotland**

[4] GDC Patient and Public Survey 2017, Ipsos MORI, August 2017 - https://www.gdc-uk.org/about/what-we-do/research/patient-and-public-survey

Imposing conditions on the registrant was thought to be particularly appropriate if a similar event occurred on more than one occasion. However, one participant questioned whether any action would be required if this was a single isolated event.

If it's a consistent event then the dentist needs training.

Dentist, England

I think conditions if it's multiple.

Dentist, England

If they had done it ten times it's different, but what if it's a one-off?

Dentist, Scotland

More than one possible cause therefore further investigation needed

Participants agreed that there were multiple potential explanations for a dentist removing the wrong tooth and that further investigation would be needed to establish how the mistake happened. For example, whilst it might eventually become evident that the wrong tooth was removed, at the time there could have been a perfectly good explanation for removing that particular tooth. Participants discussed how it is not always a simple task to determine the 'correct' tooth to be removed, particularly when the tooth is being removed to try and ease pain, based on information provided by the patient.

You would need an investigation to see what was at fault, if anyone.

Dentist, Scotland

You could take one tooth out and then the next day the patient still has pain and says you've taken the wrong one out. It could be that the pain was coming from both of them.

Dentist, England

The only clear-cut 'wrong' one is when you take out the wrong tooth in an orthodontic case. That can be 100% wrong.

Dentist, England

Reaction to registrant and patient and public survey results

When compared to the registrant survey results, larger proportions of public respondents said that dental professionals should be suspended or struck off the GDC register in this scenario. Although this response was considered somewhat harsh by a number of participants, some said they could understand this from a patient's perspective as no-one wants to have the wrong tooth removed by a dentist. It was also suggested that patients are less likely to understand the reasoning behind a potentially complex clinical decision and therefore more likely to perceive the decision as incorrect.

It's so harsh!

Dental nurse, Scotland

I can kind of understand how they think with this one.

Dentist, England

Because it could be them, couldn't it?

Dental nurse, England

Considering the results of the registrant survey, where the largest proportion of respondents said the GDC should provide the registrant with conditions, participants provided an interesting perspective. It was explained by dental professionals who had been on the GDC register for a longer period of time that mistakes do happen, but that this is perhaps viewed as much more serious an event by a more recently qualified professional.

I think that potentially, as an older dentist, we know from experience that these things can happen. I think maybe with a younger dentist they might think it's a serious crime. They may not realise it, but it does happen.

Dentist, England

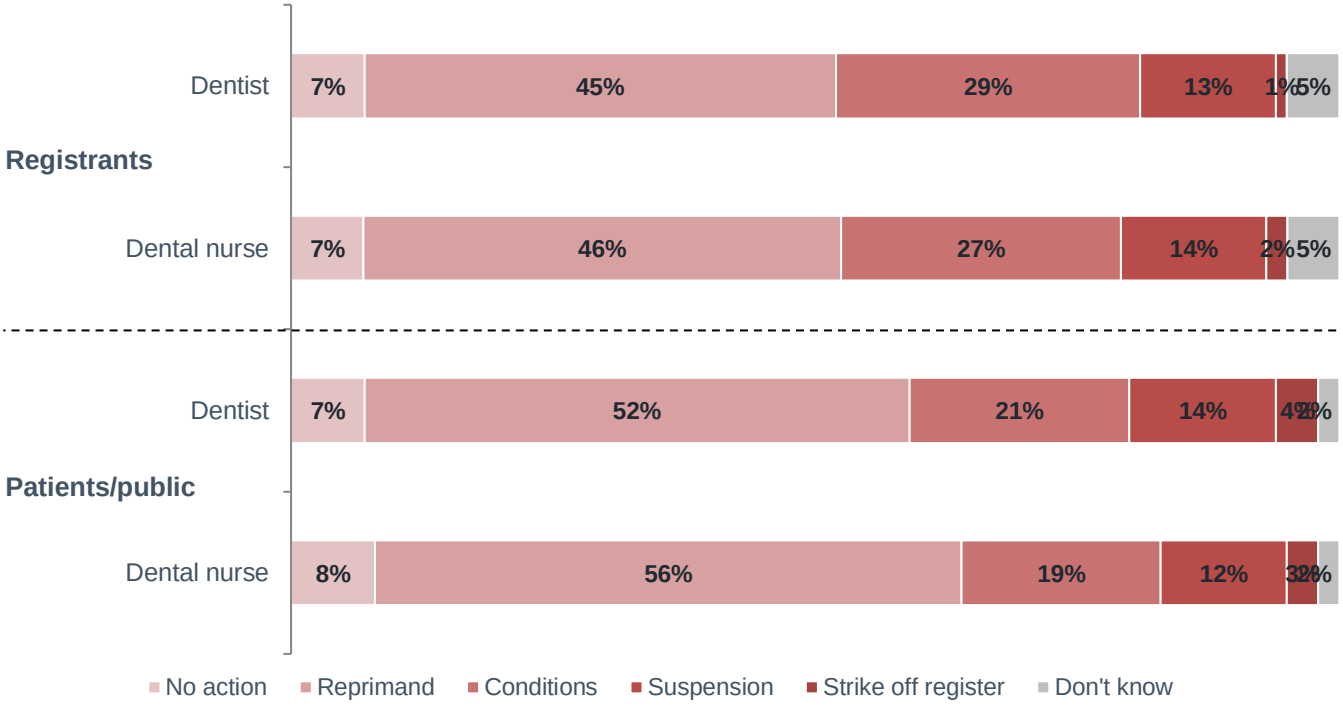
I can imagine the younger dentists who have just come out of dental school would be quite scared. They would think it's quite a serious thing to take a wrong tooth out.

Dentist, England

2.2.6 A dentist/dental nurse gives a patient a rude response to a complaint a patient has made about them

Respondents provided almost the same response for both dentists and dental nurses who gave patients a rude response to a complaint a patient had made about them. Over two in five (45% for dentists, 46% for dental nurses) said that a reprimand was the most appropriate action, followed by conditions (29% for dentists, 27% for dental nurses) and suspension (13% for dentists, 14% for dental nurses).

Figure 12 – A dentist/dental nurse gives a patient a rude response to a complaint a patient has made about them
Base: All registrant survey respondents (6,203) / all patient survey respondents (1,232)[5]



When comparing this result to the patient survey, larger proportions of patients suggested that both dentists and dental nurses should be reprimanded in this situation.

Qualitative feedback

Action that should be taken by the GDC
Considering the scenario, 'A dentist/dental nurse gives a patient a rude response to a complaint a patient has made about them', most participants felt that no action should be taken, but those who did suggest some form of regulatory action said that imposing conditions on the dental professional would be the most appropriate, in the form of additional training.

> *It would just be retraining, wouldn't it?*
>
> **Dental nurse, England**

> *Just a little bit of extra training would resolve that, wouldn't it? If there's a little bit of friction in the workplace and they can't cope with it then a little bit of extra training is going to help them deal with that, to say things in a different way so they don't come across as being rude.*
>
> **Dental nurse, England**

[5] GDC Patient and Public Survey 2017, Ipsos MORI, August 2017 - https://www.gdc-uk.org/about/what-we-do/research/patient-and-public-survey

Interestingly however, many participants did not feel that the complaint should be escalated to the GDC at all and should be dealt with in-house as a first port of call. One participant described how a colleague had experienced a similar situation, where a patient complained about the way their initial complaint had been responded to. The registrant in question was suspended for a time and considered leaving dentistry as a result of the stress caused by the situation. The participant felt that this could have been avoided by dealing initially with the complaint in the practice setting, rather than escalating it to the GDC and fitness to practise.

> *I think it should be done in-house This shouldn't reach the GDC.*
>
> **Dental nurse, England**

> *I had a friend who was suspended for over a year by the GDC because the patient didn't like the way that he'd dealt with the complaint that they'd made…He didn't know whether he could be bothered going back to dentistry after that. Years ago that would have been sorted out in the practice. You don't need to go to the GDC.*
>
> **Dental nurse, England**

As with most of the other scenarios discussed, participants explained that further information would be needed to make a decision. As well as defining what the complaint is, participants said they would need to know what format the rude response took (i.e. verbal or written) and what and who defined it as a 'rude' response. One participant commented that the concept of 'rude' was subjective and that the complaint from the patient might have been rude.

> *It depends on what the complaint is. That changes the scenario quite dramatically.*
>
> **Dental hygienist, England**

> *It needs to be defined. Is that using particular language, particular words? Is that verbal? Written? There's a lot of aspects.*
>
> **Dentist, England**

> *It's also whose perception it is that the response was rude. I mean, was the complaint rude?*
>
> **Dentist, England**

Reaction to registrant and patient and public survey results

The most common response to this scenario in the registrant survey was that the dental professional should be reprimanded for their action. Focus group participants however did not tend to favour this option, explaining that they did not feel the professional's conduct was serious enough to warrant a reprimand. It was explained by some participants that a rude response did not necessarily affect patient care.

> *A reprimand implies guilt…It doesn't fulfil thresholds of misconduct.*
>
> **Dentist, England**

> *A rude reply doesn't necessarily affect the care of the patient.*
>
> **Dentist, England**

Alternatively, participants suggested that the GDC could simply send a letter to the dental professional involved explaining that the behaviour was not appropriate and that repeat instances might lead to further investigation or regulatory action.

> *It could be a letter that's issued to the dentist without putting blame on the individual…[Saying] 'we would ask you not to do it again, and if it were to happen again we might need to take this further'.*
>
> **Dentist, England**

2.3 The future of fitness to practise

Following discussions about misconduct and the most appropriate regulatory actions that should be taken in different scenarios, focus group participants were asked about their opinions of the current fitness to practise system to understand how well they think it works and how it might need to change in the future to achieve its aims.

The aims of fitness to practise

Participants discussed what they thought the aims of fitness to practise should be. The most common aim suggested was to protect the public and maintain public safety by identifying dental professionals who pose a risk. Many participants focused on the aim of fitness to practise to remove dental professionals from the register if they posed a genuine risk to public safety, rather than suggesting the other types of regulatory actions that could be taken, such as conditions and suspensions.

> *It's to maintain patient safety and identify dentists or other registrants who are a genuine risk to the public.*
>
> **Dentist, England**

> *The GDC strapline is to protect the public, so they obviously want to check the dentist is fit to practise.*
>
> **Dentist, Scotland**

> *Patient safety. It's to get rid of the bad dentistry. I care about my profession and I don't like the fact that certain dentists are not good and can potentially damage our professional status. Fitness to practise I think is there to weed those people out.*
>
> **Dentist, England**

No participants discussed adherence to the GDC's standards as an aim of fitness to practise. Some participants also questioned whether maintaining public confidence in the profession was an aim, as they were unsure whether the public were aware of the process of fitness to practise, and felt that the public would only have a vague and assumed understanding that the profession would be regulated in some way. Some believed the public only really care about their access to services and that dental professionals carry out their jobs properly.

> *I think the public wouldn't necessarily be aware of it, but would assume if you're a professional there must be some sort of rules and processes to give them confidence.*
>
> **Dental nurse, England**

> *I don't think they're aware of a governing body, so won't know about fitness to practise as such, so I don't think we can say it's about maintaining public confidence.*
>
> **Dental nurse, England**

> *Do you think the public cares?*
>
> **Dental technician, Scotland**

A number of participants stated that, whilst they understood what the aims of fitness to practise should be, they felt that in reality, they perceived the aim of fitness to practise was to create a sense of fear amongst dental professionals to scare them into behaving correctly and avoiding any interaction with the GDC at all costs. One participant suggested that they felt the aim of fitness to practise was to process as many cases as possible to show the profession what could happen if they make a mistake.

> *I think it's there to create terror. The GDC thinks that the more people they put through fitness to practise, the more they're doing a good job. Showing that they're being tough on them.*
>
> **Dentist, England**

> *It gives the message of 'we're here to make you jump', 'we're here to make you suffer'. It's bullying people and I think they enjoy the power.*
>
> **Dentist, England**

It was suggested that fitness to practise should also aim to protect and support the interests of the dental profession as much as it is there to protect the patient. Many participants explained that, due to the current culture of encouraging litigation, dental professionals were vulnerable to unfounded complaints against them, placing their careers at risk. It was, therefore, suggested that fitness to practise should aim to equally protect the patient and the professional.

> *Protecting and supporting the healthcare worker.*
>
> **Dental technician, Scotland**

The balance between remediation and punishment in fitness to practise

The consensus amongst focus group participants was that fitness to practise should focus more on remediation whenever possible rather than punishment. Participants discussed that punishment may be required in some circumstances, where registrants must be suspended or removed from the register entirely, but many felt strongly that remediation was a more positive course of action for those dental professionals who have made honest mistakes and who may need further training to overcome their issues and prevent the same mistake happening again. It was suggested that punishment was more appropriate in cases where the registrant has knowingly done something wrong, in contrast to those who have made honest mistakes.

> *It should focus on remediation if possible, because it should be invested in the training of the dentist. So if it's possible for somebody to be returned to the profession, then absolutely.*
>
> **Dentist, England**

> *If it's obvious that there is no way back, but in the majority of cases it will be trying to turn the practitioner around and get them back into practice.*
>
> **Dental nurse, England**

> *Unless the crime they're committing is deeply fraudulent, then I think it is a retraining issue. If it's a capability problem – where they've got themselves in a sort of bubble of bad practice, and they're just not working correctly – that's a training aspect.*
>
> **Dentist, England**

As with many issues surrounding fitness to practise and appropriate regulatory actions, a number of participants said that it was difficult to say whether fitness to practise should focus on remediation or punishment, as they felt that each case was unique and that the course of action to be taken was heavily dependent on the specific circumstances of the case.

> *Every case should be treated individually, no-one sets out to make a mistake.*
>
> **Dental hygienist, Scotland**

When discussing the balance between remediation and punishment, many participants stated that the actions taken as a result of fitness to practise should concentrate on providing support for the dental professional in question wherever possible. It was suggested that the current system of fitness to practise appears to focus too heavily on punishment and should concentrate more on supporting dental professionals to overcome issues uncovered by fitness to practise.

> *There's never any mention of support. Mistakes and accidents will happen. It seems like its only dentists who have reprimand or conditions or suspension. When the same situations apply to a hospital dentist or a doctor, it's more about support. They've worked out that there will be mistakes. Human error is a factor. If its systemic failing or callous disregard, then fine, but if it's a mistake then it should be about support.*
>
> **Dentist, England**

> *You've got to identify why – if something is not coming up to standard – why it is happening and what support is needed to stop it happening again?*
>
> **Dental nurse, England**

Judging each fitness to practise case individually

When asked to think about what factors should be taken into account when deciding what sanctions should be taken in different fitness to practise scenarios, participants again strongly felt that each case should be judged individually based on its own merits and context. Many participants linked back to the scenarios that they had discussed earlier in the focus groups, where they had said that the wider context of the scenario was needed to understand what regulatory action would be most appropriate, as each case would be different.

In particular, participants focused again on whether the fitness to practise case was caused by an honest mistake on the part of the dental professional, or whether it was malicious, and also the level of seriousness of the case, which would then determine what action should be taken.

> *If there's a mistake, is it purely individual? Is it because of callousness? Is it systemic? Is it because the person doesn't have the right resources or be in the right environment to do that job?*
>
> **Dentist, England**

> *Each case needs to be looked at individually and judged on the severity.*
>
> **Dental nurse, England**

Participants also discussed the need to take into account the context of the case to investigate the reasons why a mistake could be made that could lead to a fitness to practise hearing. For example, participants suggested that a dentist may have made a mistake when providing treatment to a patient due to a high level of stress placed upon them by UDA targets, encouraging them to not spend much time with their patients. It was felt that external factors such as workplace stress should be taken into account when assessing fitness to practise cases, further emphasising why each case should be treated individually.

> *Rather than saying 'you have prescribed the wrong medication and you are poor', yes they might be, but it might also be that they are under undue pressures that resulted in the mistake, maybe the prescription form is too unclear, maybe they had no back up and no one to check it.*
>
> **Dentist, England**

> *We impose these UDAs and stuff on young dentists and so forth, and it's target driven. Because of that, although we say it's 'bad dentistry', we're forcing them to hit those targets and there's a pressure.*
>
> **Dentist, England**

It was also suggested that it was important to take into account whether a fitness to practise case was a first time offence for a dental professional, or whether it was a repeated offence. Participants felt that first-time offences should be treated differently to those that highlighted repeated mistakes or malpractice, as this could differentiate between those who had made an honest mistake and those who were acting maliciously or were not competent.

> *It depends. Is it a one-off case or someone who's repeatedly doing things wrong?*
>
> **Dentist, England**

As participants were generally in agreement that each fitness to practise case should be assessed individually, they therefore felt that consistency of sanctions and outcomes in relation to similar cases were less important when deciding which regulatory actions should be taken.

> *Consistency isn't the issue. It's the actual choices that they make for each case.*
>
> **Dentist, England**

> *Everything should be looked at as an individual case. You can't give the same verdict just because it's the same kind of case. They have to be assessed on the severity of each situation.*
>
> **Dental nurse, England**

Ensuring fitness to practise is fair for patients and the profession

When discussing how to ensure that fitness to practise was balanced to be fair for both patients and dental professionals in the future, participants exclusively focused on how to make the process fairer for the profession, as almost all participants felt that it was currently unbalanced in favour of the patient.

A common suggestion made by participants to ensure that fitness to practise was fair for both patients and the profession was to ensure that dental professionals are more deeply involved in the decision-making process, in addition to lay people. Participants explained that they understood the need for lay people to ensure that the profession was not self-regulated and to incorporate independence, but at the same time, they strongly felt that only dental professionals with experience were in a position to judge the actions of other registrants. It was felt that the opinion of professionals was of particular importance to understand the context of fitness to practise cases, where complaints may have reached the GDC that, to a lay person may sound justified, but to be a professional may not, and that this may explain why so many cases are taken to fitness to practise hearings rather than being passed back to practice level or dismissed. It was, therefore, suggested that a more appropriate balance should be sought between professionals and lay people during the fitness to practise processes, possibly with a greater emphasis on professionals.

> *You should have lay people involved to make sure the profession isn't just looking after itself. But lay people have taken over the process, and the problem is that they don't understand dentistry or the context of a case. There needs to be a more sensible balance, with more professional input in the decision-making process right from the beginning as soon as they receive a case.*
>
> **Dentist, England**

Some participants also suggested that the route which complaints take when they are received by the GDC should be reviewed in order to ensure that the system of fitness to practise is fair for dental professionals. Many participants also said that the GDC should know when to 'stand back' in certain circumstances or for certain complaints, and felt that the GDC was often too quick to get involved and investigate individuals when perhaps it could be dealt with lower down the chain at a local level. It was suggested that changing the current system where patients can raise a complaint online could be changed to ensure that only serious complaints were received in this way.

> *They need to take a reasonable standpoint and stand back when they're not required.*
>
> **Dental hygienist, Scotland**

> *Alter the route where they allow patients to go straight to the GDC online.*
>
> **Dentist, England**

Many suggestions made by a number of focus group participants to make fitness to practise a fairer process for dental professionals referred to the approach and tone taken by the GDC when contacting registrants who they were investigating. It was widely suggested that, as previously highlighted, once a dental professional is involved in a fitness to practise case, they are treated as 'guilty until proven innocent' by the GDC, with the strong perception held that the GDC immediately sides with the patient over any complaint they receive.

> *Having been through a GDC complaints process, it's completely guilty until proven innocent. In those eight months I questioned whether I really wanted to carry on as a dentist.*
>
> **Dentist, England**

A prime example of this suggested by participants were the letters sent out by the GDC to registrants when a complaint has been received against them. A number of participants felt that these letters were poorly worded, making the dental professional feel immediately like they had done something wrong and that they were under threat of being struck off the register, even if the complaint was not deemed to be that serious. The initial letter from the GDC informing registrants that they were under investigation, and in some cases to all that registrant's patients, was suggested as needing significant review, as participants discussed that it seemed designed to scare. It was strongly felt that these letters

should be tailored to the complaint that had been raised and should only take a severe tone if the complaint raised was immediately deemed to be of such a serious nature.

> *I've been dragged through the system. It was totally dismissed at the end of the day, but it's that first letter that you get saying you're under investigation. The letter that went to me and to all my patients said this dentist is under investigation…the initial letter made me sound guilty to my patients before I was cleared of anything. Forty to fifty letters went out to my patients saying I was under investigation, but it didn't say why.*
>
> **Dentist, England**

> *You might have an erroneous complaint from a patient about something completely trivial and get the same sort of letter.*
>
> **Dentist, England**

> *A case that's a very low level should have a low level letter.*
>
> **Dentist, England**

Learning from fitness to practise cases

Focus group participants discussed what registrants could learn from fitness to practise cases. It was generally agreed that it was possible to learn from fitness to practise cases, but participants tended to state that, in its current format, it was difficult to do so. Some participants highlighted that it was possible to read the outcomes of cases and view charge sheets, but felt that this was not necessarily the best way of communicating what could be learnt from the outcomes of cases.

> *I'm sure there are lots of opportunities to learn from it.*
>
> **Dentist, England**

> *At the moment it's just charge sheets, but in theory you could learn more from it. If it was done in a fair way.*
>
> **Dentist, England**

Some suggestions were made for how to communicate the learnings from fitness to practise to the registrant population. Some participants suggested that case studies could be developed from fitness to practise cases to provide further insight into what the issue was, how it came about, what the ruling of fitness to practise was, and importantly, what the learnings are from the case to prevent the case from happening again. It was suggested that these case studies should be developed in a positive and constructive way, highlighting how to support the profession from making these mistakes and suggesting further training and development that may be helpful.

> *If someone commits a fraud, why have they committed that fraud? Are we picking people who don't have the right attitudes to join the profession? What corrupts them? Why are things not picked up in time? Then learn from it and correct things and develop going forward.*
>
> **Dentist, England**

> *You can identify the problems and say these are the areas we're failing in, so why don't you just do a bit of training on this and do this differently.*
>
> **Dental nurse, Scotland**

It was also suggested that the GDC could allow access to its fitness to practise data and provide reports to registrants on what common cases come to fitness to practise, what regulatory actions have been taken as a result, and how the GDC can support registrants to overcome similar issues and therefore avoid being at risk of a fitness to practise hearing. It was suggested that this could be provided in a regular communication to registrants, or that access to this information could be provided online for registrants to browse anonymised fitness to practise case information.

> *The statistics that are held by the GDC [mean] they will know better and have statistical evidence for what is the most frequent problem…they need to work with the profession and say*

in the annual letter or whatever, 'this is what we're finding', 'we really need you to do a course' or 'this is what we suggest' to help overcome that. That's how our money should be spent.

Dentist, England

There could be a database where we could just go online or get emailed these other cases anonymously.

Dentist, England

I think if there was a website where people could look at anonymised cases to see what the outcomes were would be very useful.

Dentist, England

Some participants highlighted that the dental protection organisations are effective in communicating learnings from the cases that they process, providing helpful advice and signposting for support if required to allow dental professionals to develop in certain areas and avoid issues in the future. They suggested that the GDC could attempt to adopt a similar approach.

The protection organisations do a much better job of highlighting cases and issues and talking through them. Reading through a charge sheet isn't helpful. The defence organisations cover a topic and give advice.

Dentist, England

Sadly, a number of participants indicated that they had learnt to be fearful of the GDC from reading the outcomes of fitness to practise cases, as they indicated that they could see themselves making similar mistakes and could therefore be facing the same punishments as other registrants. They explained that this was disappointing and that it would be more useful if they were able to learn something more constructive from the outcomes of fitness to practise cases.

I've learnt that it's a horrible experience. It's made me absolutely petrified that I would ever do anything to cause me to be in front of that panel.

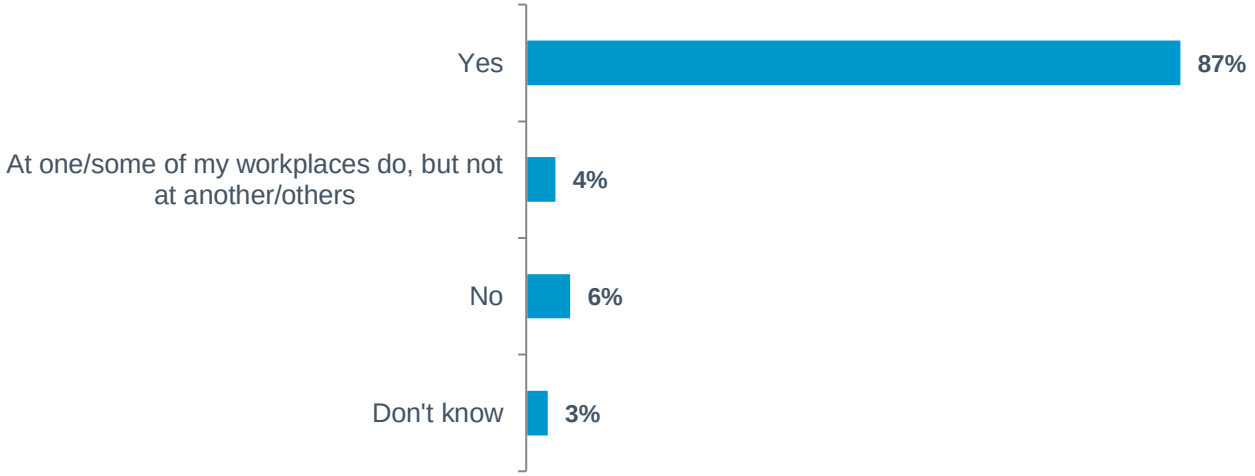
Dental nurse, Scotland

2.4 Patient feedback and complaints

2.4.1 Collecting patient feedback

Respondents who were currently working were asked whether their workplace has a way of collecting patient feedback, both positive and negative. Almost nine in ten respondents (87%) said that their workplace did have a way of collecting patient feedback. However, one in sixteen (6%) said that their workplace did not have this in place, and a further 4% said that one or some of their workplaces did, but that others did not.

Figure 13 – Does your workplace(s) have a way of collecting patient feedback (both positive and negative)?
Base: Respondents who were currently working (5,993)



Subgroup analysis

Subgroups more likely to answer that their workplace **did have a way of collecting patient feedback** (87% overall) included those who:

- Were dentists (91%) in comparison to those in DCP roles (85%)
- Worked as part of a dental practice (91%) compared to other workplace settings

Subgroups more likely to answer that their workplace **did not have a way of collecting patient feedback** (6% overall) included those who:

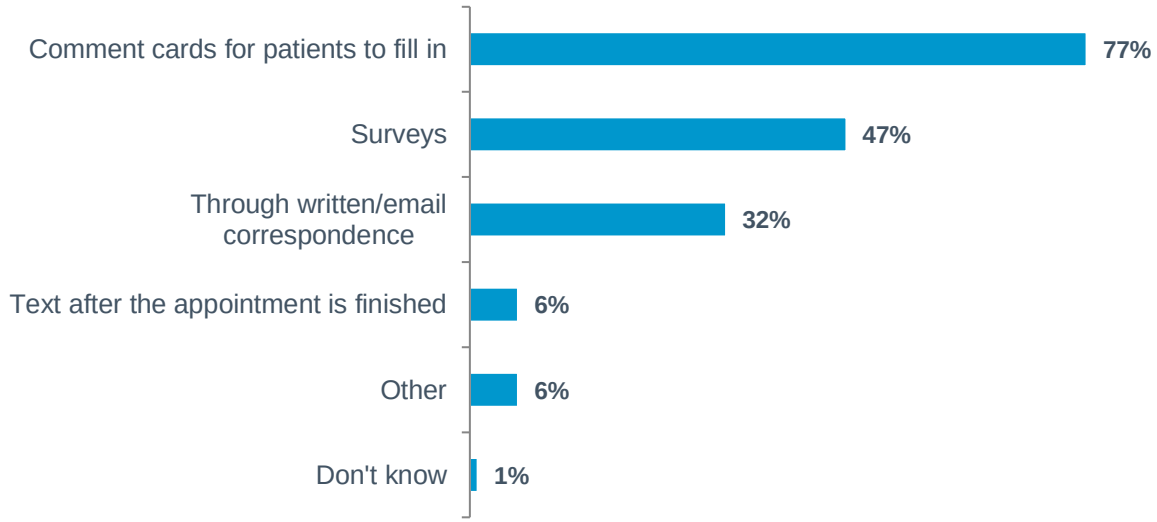
- Were dental technicians (32%) in comparison to other roles
- Worked in a dental laboratory (38%) in comparison to other workplace settings
- Worked in Scotland (21%) compared to respondents from other countries

Subgroups more likely to answer that they **didn't know whether their workplace had a way of collecting patient feedback** (3% overall) included those who:

- Were dental technicians (18%) in comparison to other roles
- Worked in a dental laboratory (16%) in comparison to other workplace settings
- Worked in Scotland (7%) compared to respondents from other countries

Respondents who indicated that their workplace had a way of collecting patient feedback were asked to specify how this was collected, and were able to select more than one option from a list provided. Over three quarters (77%) said that their workplace used comment cards for patients to fill in, and almost half (47%) said their workplace used surveys. A third (32%) also suggested that their workplace collected patient feedback via written or email correspondence, and just one in sixteen (6%) said that they sent patients a text message after the appointment is finished.

Figure 14 – How is this feedback collected?
Base: Respondents who said that patient feedback is collected at their workplace(s) (5,438)



'Other' suggested ways of collecting patient feedback primarily focused on verbal feedback provided to the receptionist, as well as social media feedback/reviews.

Subgroup analysis

Subgroups more likely to answer that their workplace collected patient feedback via **comment cards** (77% overall) included those who:

- Were dentists (81%), dental hygienists (83%) and dental therapists (81%) in comparison to other roles
- Worked in a practice owned by a multiple (84%) compared to other workplace settings
- Provided private plan dental care (81%) compared to respondents who delivered other types of dental care
- Worked in England (81%) compared to respondents from other countries

Subgroups more likely to answer that their workplace collected patient feedback via **surveys** (47% overall) included those who:

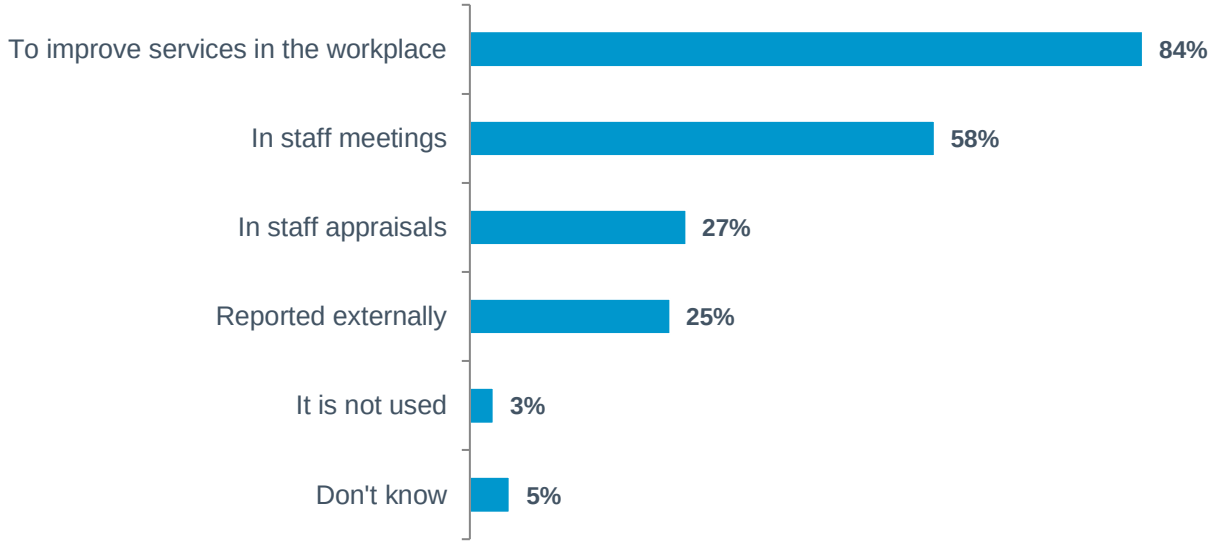
- Worked in a hospital (52%), community (52%) or dental school/university/college/school setting (55%) compared to other workplace settings
- Provided private plan dental care (58%) compared to respondents who delivered other types of dental care
- Worked in Northern Ireland (60%) compared to respondents from other countries

Subgroups more likely to answer that their workplace collected patient feedback via **written/email correspondence** (32% overall) included those who:

- Were dental technicians (40%) in comparison to other roles
- Worked in a dental laboratory (40%) compared to other workplace settings
- Provided private only dental care (39%) compared to respondents who delivered other types of dental care
- Worked in Scotland (41%) compared to respondents from other countries

These respondents were also asked how patient feedback is used, and were able to select more than one option from a list provided. The majority of respondents (84%) said that this feedback was used to improve services in the workplace. A further 58% said that it was used in staff meetings. Smaller proportions of respondents said that feedback was used in staff appraisals (27%) and was reported externally (25%). Just 3% indicated that the feedback was not used.

Figure 15 – How feedback used?
Base: Respondents who said that patient feedback is collected at their workplace(s) (5,438)



Subgroup analysis

Subgroups more likely to answer that their workplace used patient feedback **in staff meetings** (58% overall) included those who:

- Were dentists (61%) compared to those in DCP roles (55%)
- Worked as part of a dental practice (61%) or in a practice owned by a multiple (60%) compared to other workplace settings
- Provided private plan dental care (66%) compared to respondents who delivered other types of dental care
- Worked in Northern Ireland (62%) compared to respondents from other countries

Subgroups more likely to answer that their workplace used patient feedback **in staff appraisals** (27% overall) included those who:

- Were dentists (37%) compared to those in DCP roles (21%)
- Worked in a hospital (36%) or dental school/university/college/school setting (35%) compared to other workplace settings

Subgroups more likely to answer that their workplace used patient feedback **to report externally** (25% overall) included those who:

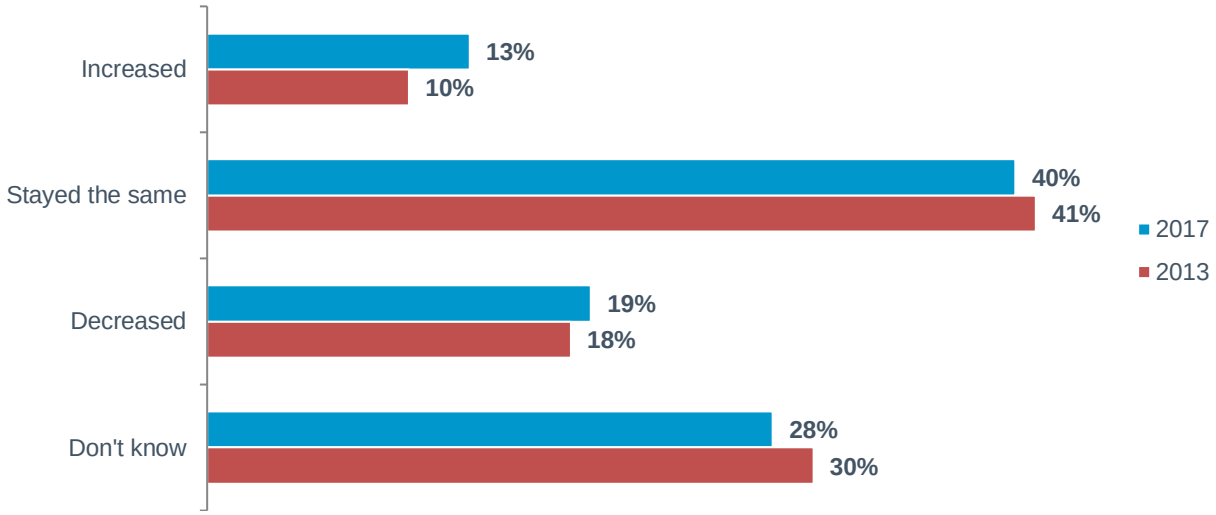
- Were dentists (29%) compared to those in DCP roles (22%)
- Worked in a practice owned by a multiple (38%), hospital (35%) or community setting (44%) compared to other workplace settings
- Provided NHS dental care only (35%) compared to respondents who delivered other types of dental care

2.4.2 Complaints

Survey respondents who were currently working were asked a series of questions about the handling of complaints at their place of work. First they were asked whether they thought that the number of complaints received by their place of work had increased, decreased or stayed the same over the last year. Two in five indicated that the number of complaints had stayed the same (40%). One in eight (13%) said that the number of complaints at their work place had increased and a further 19% that the number had decreased. However, a significant proportion of respondents answered 'don't know' to this question (28%).

This question was also asked in the 2013 wave of the survey, showing that only small changes have been recorded, with an additional 3% indicating that the number of complaints had increased over the previous year from 10% in 2013 to 13% in 2017.

Figure 16 – During the last year, do you think the number of complaints received by your work place(s) has…?
Base: Respondents who were currently working 2017 (5,993) / 2013 (3,611)



Subgroup analysis

Subgroups more likely to answer that the number of complaints had **increased** (13% overall) included those who:

- Were dentists (17%) and dental therapists (16%) in comparison to other roles
- Worked in a practice owned by a multiple (23%) compared to other workplace settings

Subgroups more likely to answer that the number of complaints had **decreased** (19% overall) included those who:

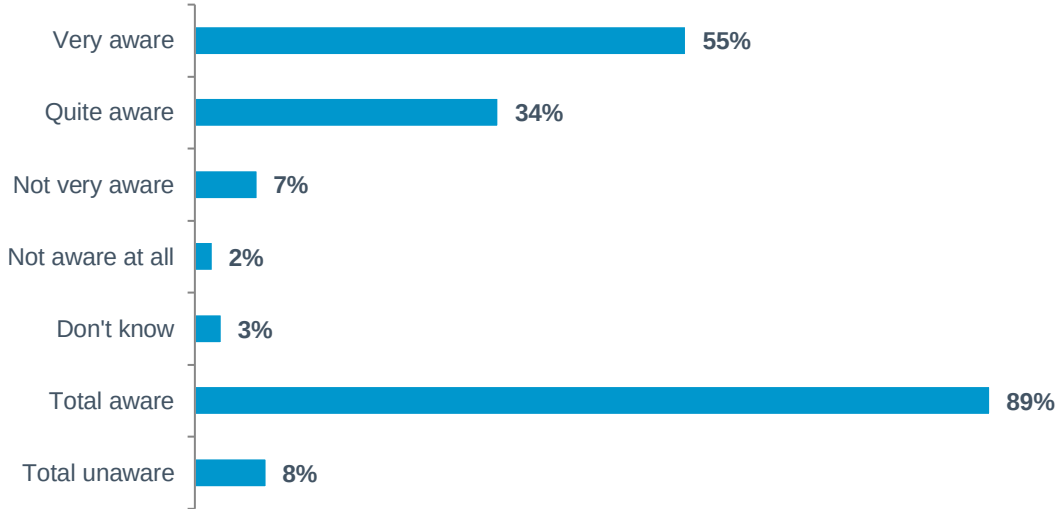
- Were dental nurses (22%) and dental technicians (22%) in comparison to other roles
- Worked in a dental laboratory (25%) or in salaried primary dental care services (21%) in comparison to other workplace settings

Subgroups more likely to answer that they **didn't know whether the number of complaints had increased or decreased** (28% overall) included those who:

- Were dental hygienists (40%), dental technicians (42%) and dental therapists (40%) in comparison to other roles
- Worked in a hospital (38%), dental laboratory (38%), dental school/university/college/ school setting (37%) or as a locum (57%) in comparison to other workplace settings
- Provided NHS dental care only (34%) compared to respondents who delivered other types of dental care

Nine in ten respondents (89%) said that they were aware of the complaint handling system in their workplace, with 55% answering that they were very aware and 34% that they were quite aware. A total of 8% indicated that they were unaware, with 7% answering that they were not very aware and 2% that they were not aware at all.

Figure 17 – How aware are you of the complaint handling system in your workplace?
Base: Respondents who were currently working (5,993)



Subgroup analysis

Subgroups more likely to answer that they were **aware** of the complaint handling system (89% overall) included those who:

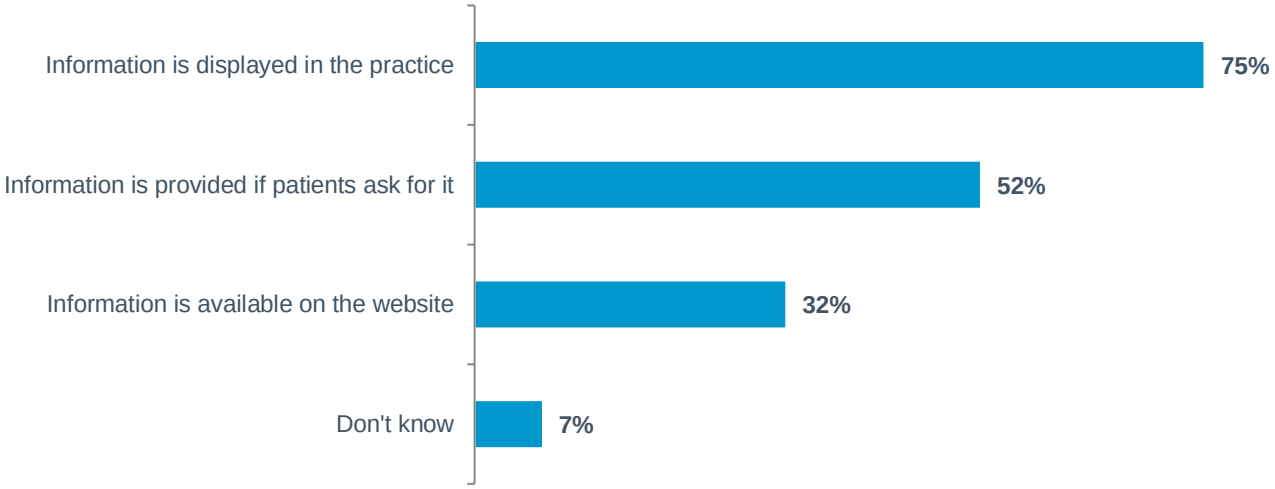
- Were dentists (93%) compared to those in DCP roles (87%)
- Had been registered for 11 years or more (93%) compared to those registered for a shorter length of time
- Provided private plan dental care (92%) compared to respondents who delivered other types of dental care

Subgroups more likely to answer that they were **unaware** of the complaint handling system (8% overall) included those who:

- Were dental technicians (16%) compared to other roles
- Had been registered for less than two years (14%) compared to those registered for a longer length of time
- Provided NHS dental care only (11%) compared to respondents who delivered other types of dental care

Three quarters of respondents (75%) said that patients were made aware of how to complain via information displayed in the practice, followed by over half (52%) who said it was via information provided if patients ask for it and a third (32%) who said information is available on the website.

Figure 18 – How are patients made aware of how to complain?
Base: Respondents who were currently working (5,993)



Subgroup analysis

Subgroups more likely to answer that **information is displayed in the practice** (75% overall) included those who:

- Were dentists (84%) compared to those in DCP roles (70%)
- Worked as part of a dental practice (80%) or in a practice owned by a multiple (82%) compared to other workplace settings
- Provided private plan dental care (80%) compared to respondents who delivered other types of dental care
- Worked in Northern Ireland (82%) compared to respondents from other countries

Subgroups more likely to answer that **information is provided if patients ask for it** (52% overall) included those who:

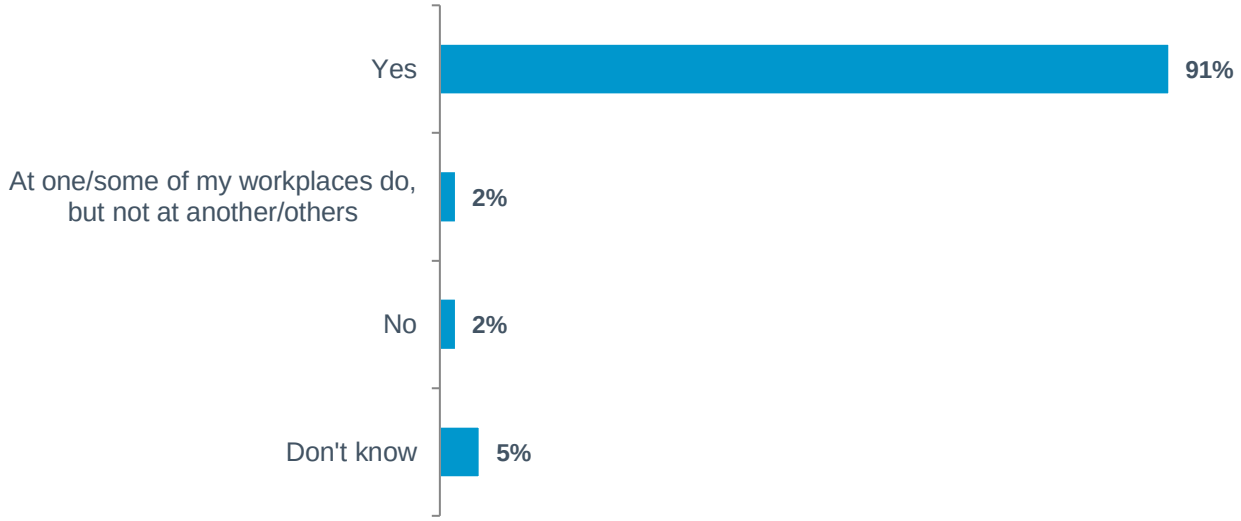
- Were dentists (55%) compared to those in DCP roles (50%)
- Worked in a community setting (57%) or in salaried primary dental care services (63%) in comparison to other workplace settings

Subgroups more likely to answer that **information is available on the website** (32% overall) included those who:

- Were dentists (38%) compared to those in DCP roles (28%)
- Worked in a practice owned by a multiple (40%), in a hospital (40%) or in a dental school/university/college/school setting (39%) compared to other workplace settings
- Provided private plan dental care (40%) compared to respondents who delivered other types of dental care

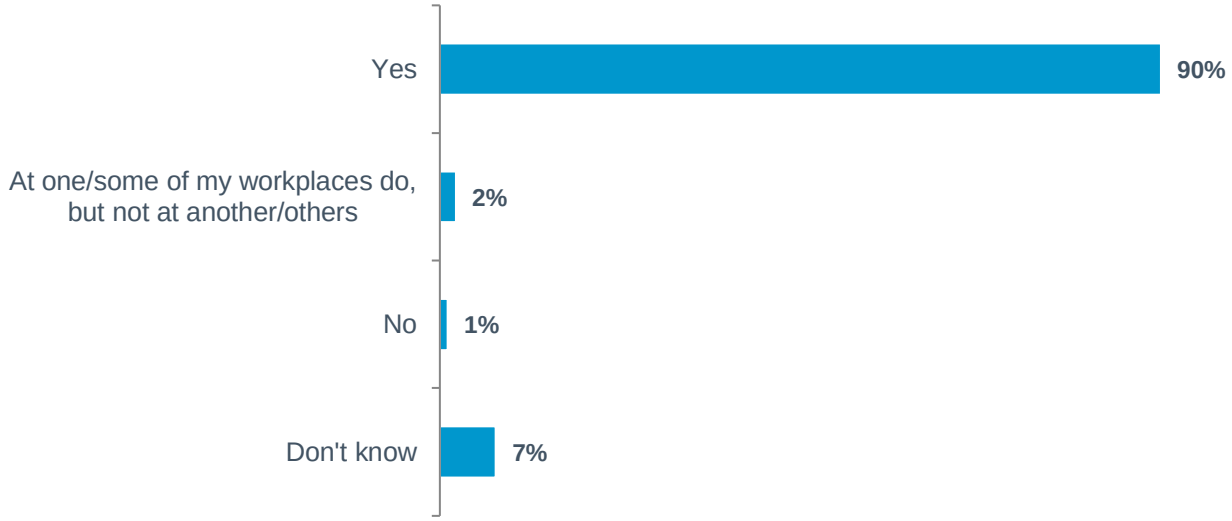
Nine in ten respondents (91%) said that their workplace has a clear, written procedure for handling patient complaints. Just 2% said that a procedure was in place at one or some of their workplaces, but not at others, and a further 2% said there was no procedure.

Figure 19 – Does your workplace(s) have a clear, written procedure for handling patient complaints?
Base: Respondents who were currently working (5,993)



Of those respondents who indicated that their workplace had a written procedure for handling patient complaints, nine in ten (90%) said that this procedure was available to patients.

Figure 20 – Is the written procedure available to patients?
Base: Respondents who indicated their workplace had a written procedure for handling patient complaints (5,558)



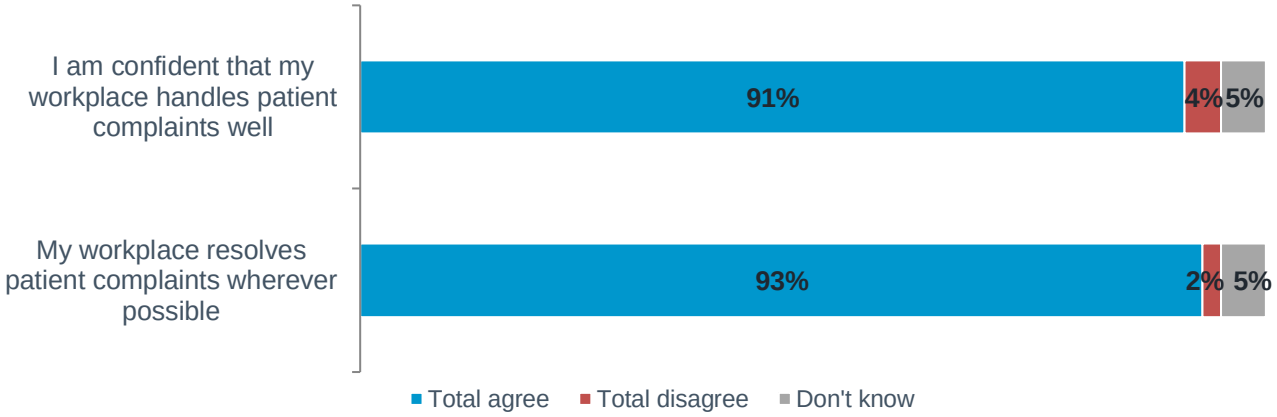
Subgroup analysis

Subgroups more likely to answer that their workplace **did not have a clear, written procedure for handling patient complaints** (2% overall) or that the **written procedure was not available to patients** (1%) included those who:

- Were dental technicians (17% and 12% respectively) in comparison to other roles
- Worked in a dental laboratory (19% and 15% respectively) in comparison to other workplace settings

Nine in ten respondents (91%) agreed that they were confident that their workplace handles patient complaints well, and over nine in ten (93%) agreed that their workplace resolves patient complaints wherever possible.

Figure 21 – Please indicate to what extent you agree or disagree with the following statements Base: Respondents who were currently working (5,993)



2.4.3 Qualitative feedback

Confidence in how their workplace handles complaints

The topic of patient feedback and complaints was covered during the focus groups and in depth interviews. In line with the survey results, most participants said that they were confident that their workplace handles complaints well. One of the main reasons why participants were confident of this was because they said they had a clear complaints procedure in place that was followed should a complaint be received.

> *They are handled very well. We have a complaints procedure that we follow, and we also have feedback forms which people fill in all the time.*
>
> **Dental hygienist, Wales**

Other participants explained that they were confident in how their place of work handled complaints because they worked with front-line staff, including practice managers and receptionists, who were very effective in handling complaints from their patients.

> *Very confident because we've got a good practice manager. On the occasion that there is an issue our practice manager can handle it very well so it's always resolved.*
>
> **Dentist, England**

> *Our front desk staff try to diffuse the situation immediately. The majority of the time it's a misunderstanding or a miscommunication. If you have good staff then you're ok.*
>
> **Dentist, England**

Some participants also said that they were confident that their place of work handles complaints well simply because they receive very few complaints, and those that they do receive are dealt with effectively and are rarely escalated outside the practice level.

> *Very confident, because we have a system and it seems to generally keep people happy.*
>
> **Dentist, Scotland**

Procedures for handling complaints

Participants gave an overview of the complaints procedures at their place of work. In the main, these were all very similar, including defined timescales in place for when to acknowledge and respond to complaints, speaking directly with the patient and the dental professional involved in the complaint, encouraging face-to-face communication where possible, reviewing patient notes and paperwork associated with the complaint, and contacting indemnity organisations when required.

They ring up and they complain to the reception team saying 'I'm not happy with x, y and z'. At that point we advise the reception to pass the message on to us and we will call them back. From there we kind of triage what we can do – can we correct it with a telephone call to clear things up? Can we correct it by inviting them to a consultation with the dentist? If it's something that can't be resolved because it's not a clinical matter – maybe it's personal, maybe they found us rude – then we triage it to the manager who would then address it formally, writing it down and then putting in an action plan if it was required.

Dental nurse, England

Whilst all participants explained that they had a formal complaints procedure in place, many explained that the procedure was often not utilised as the majority of their complaints were handled immediately once they were raised by a patient, simply by speaking with them. It was widely agreed that most complaints could be handled by listening to the patient's concerns and providing an apology, additional treatments if required at no extra cost, or in some cases, a refund.

We've had very few complaints that have escalated very far, because there are various layers. You can start with just an apology, and then there are various ways in which you can put things right.

Dentist, Scotland

If you can solve it first of all in the surgery, or in reception, then that's the first place. A simple 'sorry' can solve a lot of problems. And then you'd listen to the patient and deal with it accordingly. The second reference is to our practice manager. If it's dealt with in-house it's far easier. We haven't had any more serious complaints to warrant me wondering what the procedure is.

Dental hygienist, Wales

All participants agreed that local resolution at a practice level was the preferred way of handling complaints, and that the majority of the complaints they received were dealt with in this way, with the aim of avoiding any escalation of complaints to external bodies such as the GDC. Some participants explained that, as soon as a complaint was escalated outside the practice, the process became much more complex and time-consuming, and therefore every effort was made to avoid this. Some participants said that often they will offer an apology, additional treatment at no extra charge, or a refund to patients who complain, even if they do not feel that the complaint is justified or if the patient is being unreasonable, to ensure that the complaint is dealt with quickly and locally and that it is not escalated further.

One of the things I have found is to always try and keep the complaints in-house [so you] don't lose control of the situation.

Dentist, England

We handle complaints exceptionally well. If I'm honest I think we bend over backwards to be too nice to people who are occasionally unreasonable.

Dentist, England

It is the advice of our professional bodies to give refunds. 1.2% of our turnover is refunds of some sort.

Dentist, England

Learning from complaints

After discussing experiences of complaints in their workplace, participants were asked whether they or their practice had learnt anything or whether any changes had been made as a result of going through the complaints process. A small number of participants said that they had learnt something and made changes as a result of the complaint. One participant explained that their practice was now much more careful in how they documented all interactions with patients to ensure that accurate records were kept. Another participant stated that a dentist within the practice had received additional training to improve their behaviour, which had been highlighted by the complaint.

I think just that the way we document things – always make sure that you are writing in the notes…Just at the end of the day making sure that you are writing things up appropriately.

Dental nurse, Scotland

I believe that dentists have done extra training and been spoken to by HR about their conduct.

Dental nurse, Wales

However, the majority of participants said that nothing had been learnt or had changed as a result of going through the complaints process. Typically, this was because they had handled the complaint in its early stages by speaking directly to the patient, providing an apology, carrying out additional treatment at no additional charge, or providing a refund. It was again highlighted that often these actions are taken even though the practice may not agree with the complaint to simply diffuse the situation quickly and avoid the complaint being escalated further.

[Nothing] really, because they were an experienced clinician, and the patient clearly just got the wrong end of the stick. So she didn't change her practice as a result.

Dental hygienist/therapist, Scotland

The process worked, the patient was resolved and was complimentary to us in the way that we handled the complaint, so I think in all regards it worked fairly well. From a clinical point of view, it was just one of those things that happen, so there was no need to change anything.

Dentist, Scotland

Despite this, most participants said that they had structures in place to learn from patient complaints and any actions taken as a result. Typically, this was in the form of regular practice meetings or committee meetings, where the number and content of complaints and any actions taken were discussed, to allow the learnings of complaints to be shared in order to prevent them from happening again, or to know how to best deal with similar complaints in the future. Either all staff would be in attendance at these meetings, or the feedback would be circulated to staff where appropriate.

We have regular practice meetings and complaints are discussed quite openly. We revisit it, look and see if anything could be handled better in the future. Sometimes it's about giving the staff the right words to be able to use with patients.

Dentist, England

Certainly here we discuss them in a clinical governance committee every three months. So the complaints are discussed then as what happened, what did we do, what do we put in place to make sure it doesn't happen again, and what changes do we need to make.

Dental nurse, Scotland

If we do have something like that where we can learn or where we can do something different, it's brought up at the practice meeting if it's a generic thing. If it's specific to someone else, that's then discussed with them.

Dental nurse, England

When local resolution of complaints is not appropriate

Participants were in general agreement that there were circumstances when attempting to resolve a complaint at local level was not appropriate. Typically, participants said that complaints should be escalated outside the practice when they were of a particular level of severity.

Serious complaints need to go above.

Dental nurse, England

When asked to explain what they would constitute as sufficiently severe to warrant escalating a complaint, participants provided a number of examples, including when there is a patient safety issue, if a patient has been harmed, if there is clear negligence or misconduct, or if the complaint relates to fraud.

When it's clear negligence and involves real patient safety then it should go to the GDC.

Dental nurse, England

Obviously if there was dentist fraudulent behaviour or such. Because there was a bit of an issue about four years ago where the GDC needed to be involved, about one of the dentist's behaviour, which obviously the practice can't do. I think it went to our local health board but then it went to the GDC.

Dental nurse, Wales

A smaller number of participants also felt that complaints should be escalated from attempted local resolution if and when the complaints procedure has broken down within the practice, or if a patient has failed to get a satisfactory response after a certain amount of time or after a number of attempts.

If a patient isn't getting resolution out of it. If they're finding that the dentist isn't dealing with it, if they've been back a time or two and they haven't got an answer within their five working days, or whatever it is.

Dentist, Northern Ireland

Some participants, however, highlighted that the decision to escalate the complaint was generally not in the hands of the dental professional or practice, but in the hands of the patient, as they could choose to go immediately to a body or organisation outside the practice such as the GDC, even before attempting local resolution.

I think the patients tend to make that decision. They will take it out of our hands.

Dentist, England

I think in some cases if a patient is very angry their knee-jerk reaction is that they're going to complain to the GDC.

Dental hygienist/therapist, Scotland

Using patient feedback

The majority of participants indicated that they had systems in place at their place of work to allow patients to provide feedback on their experience, in addition to having the ability to complain if they required. This was usually in the form of regular patient satisfaction surveys or comment cards and feedback forms available to patients in the waiting room or at reception.

We carry out patient satisfaction surveys quite frequently, and we do act upon them. There are leaflets for it at reception and it's on the website.

Dental hygienist, England

We have got our own feedback forms that we hand out and we have to hit a certain quota every week. That then gets sent to our head office, which is filtered down to us.

Dental nurse, England

Some participants said that patient feedback was acted upon in a similar way to complaints, where the feedback was reviewed, discussed at team meetings, and actions taken if necessary. Participants said that patient feedback tended to focus on less serious issues relating to the practice itself, including the waiting room, seating, toilets and lighting, or waiting times, rather than feedback on the treatment they had received or on an individual member of the dental team.

I think it's really when they don't want to make anything too formal. Like if they're waiting for too long in the reception area to be seen, or little bits like that. They're not actual complaints but they're something where you can improve your service slightly.

Dental therapist, Wales

We have patient surveys in the front reception so they can talk about everything from the reception to the dental nurses to the layout of the surgery – everything basically. We review

these every couple of months and learn from it. Things like there aren't enough chairs in the waiting room, or the lighting isn't bright in the toilet – we try and improve these areas.

Dental nurse, Wales

It was highlighted that providing the ability for patients to provide feedback on their experience could be beneficial, as not only did it highlight improvements that could be made, it enabled patients' the opportunity to vent their frustrations via feedback, rather than making a formal complaint. It was suggested that this helped to reduce the number of complaints received if the feedback was acted upon.

When you are seen to be getting your opinion and be doing something about it then that may stop complaints.

Dental nurse, Scotland

Patient awareness and understanding of how to complain

As previously stated, the survey found that 92% of registrants were confident that their workplace handles complaints well and 93% were confident that their workplace resolves complaints wherever possible. However, a recent survey of the public and patients conducted by the GDC in August 2017[6] found that 33% of the public said they wouldn't know how to complain, 13% said they didn't believe the matter would be investigated if they did complain, and 13% didn't think they would get a satisfactory response.

Focus group and interview participants were provided with these results, and most said that they were not surprised by the survey results. They explained that, in their experience, patients were either aware of how to complain as this was made clear to them in the practice waiting room and on the practice website (whilst not necessarily directly promoted), or that patients only became aware of how to complain if they needed to do so. Participants therefore felt that this explained why such a significant proportion of survey respondents said that they wouldn't know how to complain.

When a patient comes in we don't say, 'by the way, this is the complaints policy'. But there is a poster of what to do at reception if the patient wants to give feedback.

Dental nurse, Scotland

Because it's one of those things where you don't really know how to do it until you need to, and they you find out how to complain.

Dental nurse, England

If you've never had a need to complain, you wouldn't know how to.

Dentist, England

Participants tended to indicate that their patients would either know how to complain, again based on the information provided within the practice and on the practice website, or were confident that they would be able to easily find out how to should they need to do so. The majority of participants indicated that how to complain was clearly displayed in their practice waiting room, as this was a requirement of the CQC. However, participants again explained that there was a careful balance between making the complaints procedure clear to patients and actively encouraging them to complain, and therefore questioned whether any more should be done to promote the complaints process.

We give a practice leaflet when we send out appointments to new patients to introduce them to the practice. It provides information such as practice opening times, how to contact the practice, what to do out of hours and what to do if you have any complaints.

Dentist, Wales

[6] GDC Patient and Public Survey 2017, Ipsos MORI, August 2017 - https://www.gdc-uk.org/about/what-we-do/research/patient-and-public-survey

It's not something that's really promoted. We don't want to encourage people to complain. Sometimes people can come in and complain about something silly that can take up a lot of time and stress which they feel are important, but in the grand scheme of things, it doesn't really impact onto their health.

Dentist, Northern Ireland

Being discouraged from making a complaint

Focus group and interview participants were asked whether they thought that patients felt comfortable about making complaints about their dental care. Some participants explained that, in their experience, many participants are comfortable with making complaints, and that they seemed to be becoming more comfortable over time. These participants suggested that certain sections of the public were now more aware, confident and willing to make a complaint if they perceive that the level of care they received was not to the standard that they expected.

I think the general public are these days quite good at complaining. There's social media, the internet, all that sort of stuff. You can say what you want, to who, when, and to how many people you want to say it to. I don't think folk are scared in coming forward with a complaint these days.

Dental hygienist, Wales

Conversely, some participants suggested that patients may feel uncomfortable about making a complaint. It was suggested that patients may not wish to make a complaint about the care provided by a particular member of staff if they knew that they would be coming back for another appointment with that individual in the near future, as they felt that they might be treated differently after making the complaint. Participants explained that the relationship between the dentist and the patient was complex, as the patient was in a vulnerable position during their treatment, which may discourage them from doing anything to upset or anger the dentist. They also suggested that some patients may be discouraged from complaining for fear that the dentist may decide to no longer treat them in the future, and they may be unable to find another dental practice able to take them.

Your mouth is quite a vulnerable place, and people can be quite anxious about going to the dentist. I think that sometimes people think if they do [make a complaint] then next time they go [the dentist] might do something. I know that's completely irrational, but you have to see it from a patient's point of view.

Dental nurse, Scotland

I suppose because there is a lack of dentists, they feel that if they complain they might not find another dentist and that the dentist might not see them again. I think there is a fear of that. Because we've got patients coming from everywhere and there is a lack of dentists – especially NHS dentists.

Dental nurse, Wales

It was also highlighted by a number of participants that patients were often not comfortable about making a complaint directly to the dentist, but were comfortable if they made the complaint to another member of staff, usually the reception staff, again suggesting a reluctance of patients to disclose any dissatisfaction to their dentist if they are someone they visit on a regular basis.

Patients are very reluctant to complain directly to their dentist. They can come to reception and be really quite angry, and the minute the dentist calls them in they're totally different. It's a funny relationship. They're not going to go and complain directly to someone who's about to stick a needle into them!

Dental nurse, England

It was suggested that those patients who may be reluctant to make a complaint are further encouraged to do so, as they know that should they need to, they can find another dentist elsewhere. Some participants suggested that sometimes patients would prefer to change their dentist completely rather than make a complaint, with some indicating that new patients had come to them after receiving poor care from another dentist and not wishing to make a complaint about it.

> *If they felt like they couldn't raise a complaint, they'd probably talk with their feet and not go back to that practice because they're probably worried about what could happen. We sometimes get patients who come from elsewhere because they're not happy with a treatment they've received and they'll tell you about it. They say they feel like they can't go back.*
>
> **Dental nurse, England**

Helping patients feel comfortable to make a complaint

A number of suggestions were made by participants to help make patients feel more comfortable about making a complaint if they needed to. Some suggested that more could be done to simply reassure patients that, if they do make a complaint, it will be handled sensitively, even if handled at a practice level. Importantly, it was explained that, if the complaint was being made about a specific dental professional, patients should be reassured that this would not have any impact on the treatment they receive from that dental individual as they would continue to act in a professional manner. However, participants found it difficult to specify ways in which they could be achieved. It was also suggested that this should be made clear to staff to ensure they know to handle any complaints received in this way.

> *Make it clear to patients that anything they want to complain about will be handled sensitively and carefully. Make sure the staff are aware of it too, because there's the potential to lose patients if they don't feel comfortable enough to complain and they'll go elsewhere.*
>
> **Dental hygienist, England**

> *You could say that the process isn't going to impact them, that it's also not going to be a vindictive process from the person that they complain about.*
>
> **Dentist, Scotland**

It was suggested that providing a way for patients to anonymously complain at practice level might make them feel more comfortable to make a complaint if they wanted to. This would enable the patient to raise a specific issue or concern about a particular member of staff without the worry that they might then be treated differently by them as a result.

> *If they could do it anonymously that might help. Or if there was someone in the middle but at a local level that you could go to. Then you wouldn't have the dentist treating them any differently.*
>
> **Dentist, England**

It was also suggested by a number of participants that, if a patient does go elsewhere for their dental treatment rather than making a complaint, that the new dental professional that they see should encourage the patient to go back to their original practice and raise their concern. Participants explained that bad practice and poor performance of dental professionals would never be brought to light if patients went elsewhere instead of complaining, meaning that other members of the public would be at risk of facing the same problems in the future. Some participants suggested that they already did this if they encountered a patient who told them that they had changed practice to avoid making a complaint. However, they also highlighted that they were aware of other dental professionals who did not do this, and instead encouraged these patients to take legal action, which they felt could be damaging for the profession.

> *We've got a good relationship with the other local dentists, and if they see someone who has an issue they'll tell them to go back and that's great. But you get the occasional one that will tell them to go down to the dental law partnership instead. That's not helpful.*
>
> **Dentist, England**

Participants discussed that more could be done to make patients understand that they have the power to complain, as it was suggested that patients may believe that their views will not be listened to and that the dental professional is in a position of power over the patient, when in reality it is the other way around. However, it was also suggested to not actively promote and encourage patients to complain, as it was strongly felt that this could lead to unnecessary complaints being made.

I think reassurance to the patient that they're perfectly within their rights to make a complaint, and for their complaint to be investigated and the outcome referred back.

Dental nurse, Northern Ireland

There's a curious position of power relationships. Patients think that we are in power, but in reality they are in power but they're just not aware of it. There are so many avenues of complaint through the GDC or the NHS or the ombudsmen or their MP, but there's a perception of power imbalance. So as a result, they'd rather go somewhere else. But if they knew all the avenues they had to complain then it might be different.

Dentist, England

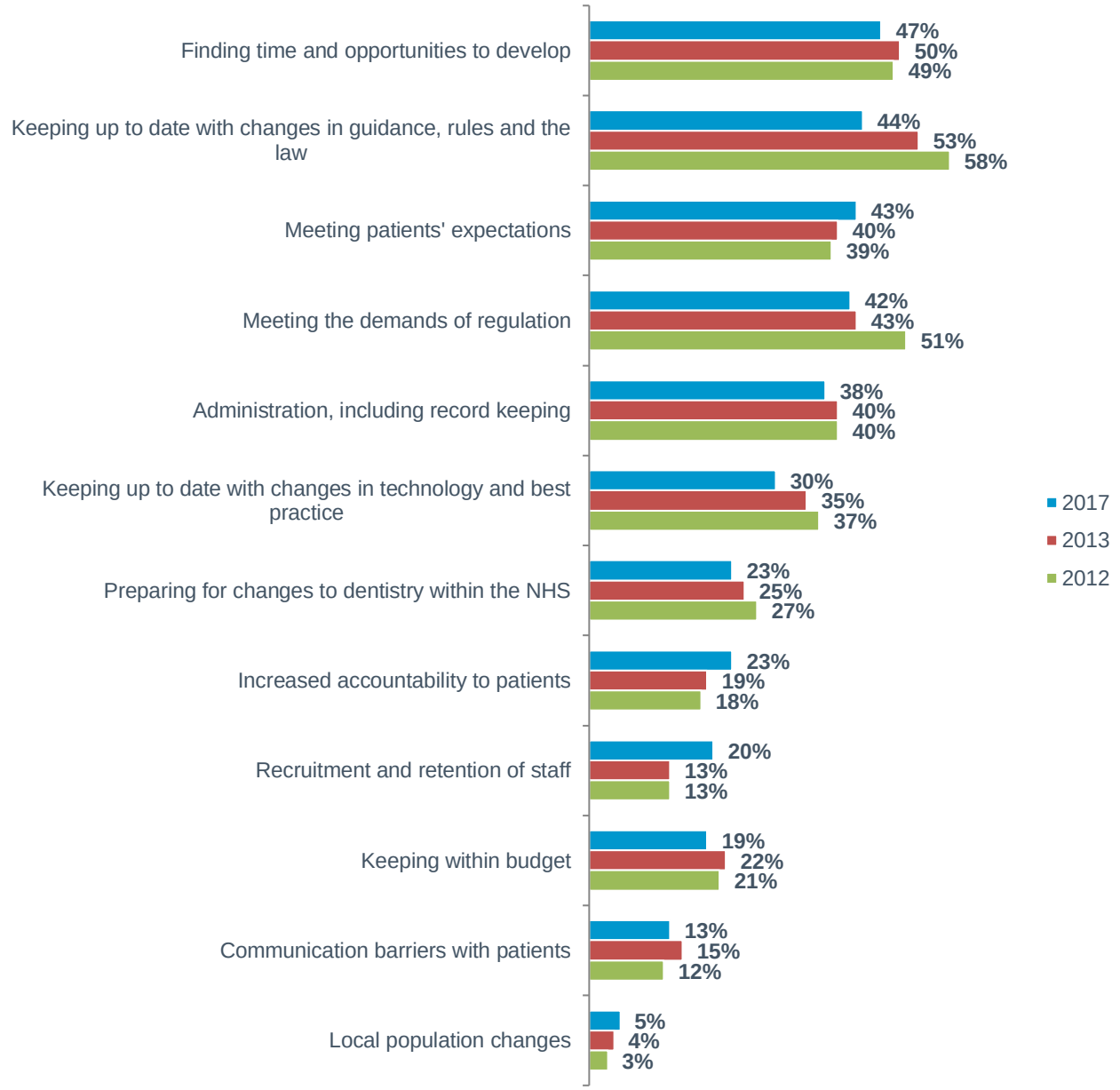
2.5 Professional challenges

2.5.1 Professional challenges in daily practice

All survey respondents were asked to indicate what they felt were the greatest challenges in their current daily practice and were able to select multiple options from a list provided. Almost half (47%) suggested that finding the time and opportunities to develop was a challenge, followed by over two in five (44%) who suggested keeping up to date with changes in guidance, rules and the law and a further 43% who said meeting patients' expectations.

In comparison to previous waves of the survey, meeting patients' expectations, increased accountability to patients, and recruitment and retention of staff have become more common challenges. By contrast, smaller proportions of respondents suggested keeping up to date with changes in guidance, rules and the law, meeting the demands of regulation, keeping up to date with changes in technology and best practice, and preparing for changes to dentistry within the NHS over time as challenges, suggesting that these are becoming less challenging areas of daily practice.

Figure 22 – What are the greatest challenges in your current daily practice?
Base: All respondents – 2017 (6,203) / 2013 (3,611) / 2012 (4,160)



Subgroup analysis

Subgroups more likely to suggest **finding time and opportunities to develop** as a challenge (47% overall) included those who:

- Were in DCP roles (50%) when compared to dentists (42%)
- Provided NHS dental care only (51%) compared to those who provided private dental care only (42%)
- Were female (49%) when compared to male respondents (39%)

Subgroups more likely to suggest **keeping up to date with changes in guidance, rules and the law** as a challenge (44% overall) included those who:

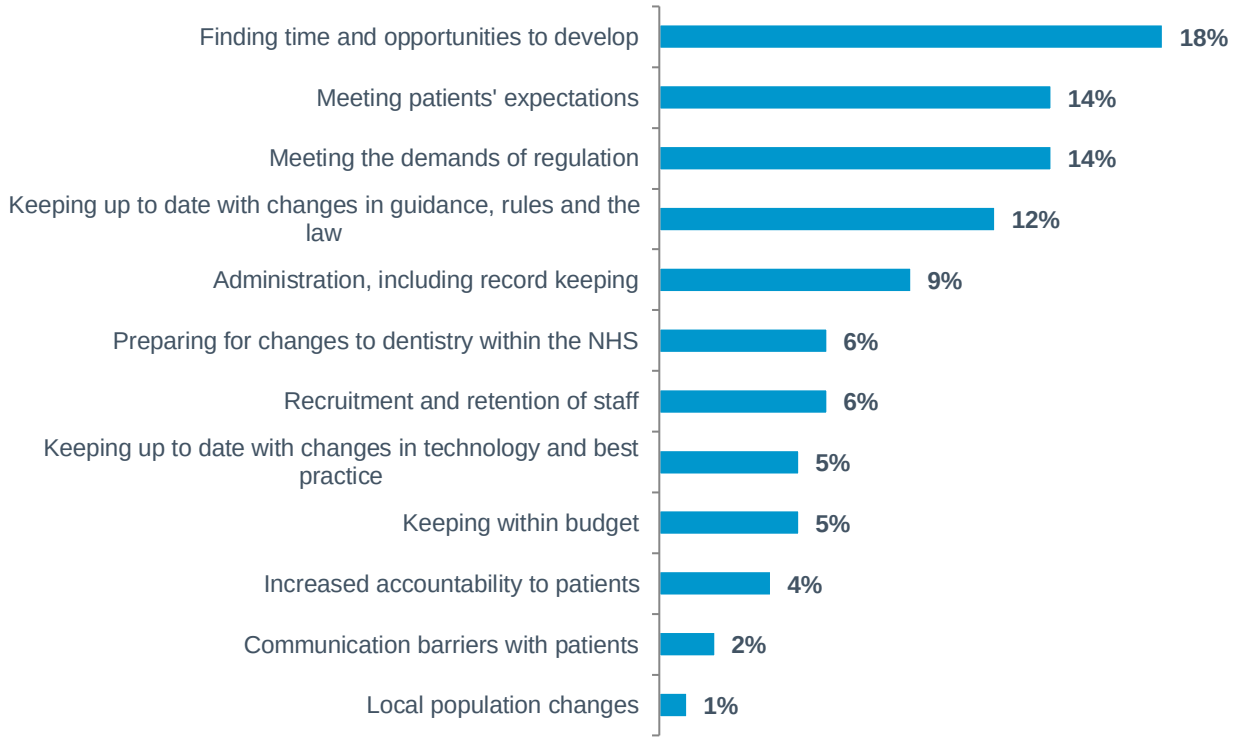
- Were dentists (49%) when compared to those in DCP roles (41%)
- Had been registered for 11 years or more (53%) compared to those who had been registered for a shorter period of time
- Provided private dental care only (51%) compared to those who provided NHS dental care only (39%)

Subgroups more likely to suggest **meeting the demands of regulation** as a challenge (42% overall) included those who:

- Were dentists (57%) when compared to those in DCP roles (33%)
- Had been registered for 11 years or more (57%) compared to those who had been registered for a shorter period of time
- Provided private dental care only (46%) compared to those who provided NHS dental care only (36%)

Respondents who answered the previous question were then asked to indicate which of the options they had chosen was the greatest professional challenge in daily practice. Almost one in five respondents (18%) said that finding the time and opportunities to develop was the greatest challenge, and one in seven (14%) said that meeting patients' expectations and meeting the demands of regulation were the greatest challenge.

Figure 23 – Which of these do you feel is the greatest challenge?
Base: Respondents who identified challenges in the previous question (5,942)



2.5.2 Qualitative feedback

The topic of professional challenges was covered during focus group and in depth interview discussions with registrants. A number of specific challenges were raised, some of which were also found in the survey results.

Meeting patient expectations

As found in the survey results, many participants suggested that meeting the expectations of patients was a challenge in their current daily practice, even before the results of the survey were made known to them. It was widely agreed that patients had become more demanding over recent years, which they generally attributed to an increasing interest in their personal health, coupled with an improved awareness of what treatments and procedures were available, and importantly, what they thought they were entitled to, when visiting a dental professional. Participants suggested that this improved level of awareness was due to the ease of accessing information online.

> *I think that in general a lot of people nowadays take their health more seriously. People are more knowledgeable and maybe they read a lot more on the internet.*
>
> **Dental nurse, Northern Ireland**

> *I think they've changed. I think people's expectations are greater. They have access to information on the internet, social media. The information isn't always right but I think their expectations have perhaps changed.*
>
> **Dentist, Wales**

It was felt that in some ways it was positive that patients had higher expectations, as they were demanding the best service possible from their dental professional, and that moves towards patient-centred care were beneficial. Some participants explained that they found their patients were now more likely to question the treatment that they were offered, discuss alternatives, or challenge the recommendations of the dental professional. It was felt that patients were typically more demanding when receiving private dental care, but some participants said that they saw that patient expectations were also beginning to increase within NHS dental care.

> *People do now challenge more about what they want or how they feel that their problem can be fixed.*
>
> **Dental nurse, Northern Ireland**

> *Private patients are more demanding…They say, 'I want an appointment, I want this right now', and they're very demanding.*
>
> **Dental nurse, Wales**

> *I think because the NHS is predominantly accessed for free, when they have a dental appointment, because they're paying for it, they should get a certain level of service.*
>
> **Dental nurse, England**

Some participants explained that many patients' expectations had changed to focus more on cosmetics, with an increasing number of patients requesting teeth whitening and other cosmetic procedures to achieve a 'perfect smile', which participants attributed to the media, in particular social media, and celebrities, and that sometimes their expectations of what could be achieved were unrealistic.

> *There's a lot more exposure to 'beautiful smile makeovers' and all these sorts of things. There was a whole load of programmes at one time which have mostly been pulled because of the dental problems associated with them…There's a huge pressure on people to look good. They expect everything will work wonderfully and that everything will be right for them.*
>
> **Dentist, England**

Some participants highlighted that these increasingly demanding patients were often requesting treatments that were not necessarily in their best interests in the opinion of the dental professional,

meaning that often registrants were advising against or refusing the treatments they requested, which could result in the patient feeling dissatisfied.

> *There's a lot of pressure on dentists to do things which aren't necessarily in the patient's best interests. And the difference between dentistry and medicine is the fact that, because money changes hands, people expect more.*
>
> **Dentist, England**

> *Patients have more of a say in their care. And that's well and good, it's really positive that we are actually patient-centred, however that can have a detrimental effect because sometimes their expectations are way beyond what they can actually have. There's that dilemma between patient-centred care and letting people be involved in their treatment and their care, but actually they don't have the knowledge to understand the challenges that clinicians have and that it is nigh on impossible to give them what they want.*
>
> **Dental nurse, England**

Participants also said that it was becoming even more difficult to meet patients' increasingly high expectations being placed upon them, which they explained meant that they had less time to spend with the patient to meet their expectations.

> *Meeting patients' expectations and trying to provide them with the best service that you possibly can in the limited time that you've got.*
>
> **Dental hygienist, Wales**

Fear of making a mistake, complaints and litigation

Another widely discussed challenge in daily practice suggested by a number of participants from a variety of roles was the fear of making a mistake and facing litigation or the attention of the GDC as a result. These participants explained that they perceived there to have been a shift in public attitudes towards being encouraged to make complaints with the aim of receiving compensation, not just in dentistry but in various aspects of society, with motor accident and medical malpractice claims mentioned. They explained that patients were now much more likely to find reasons to complain about their dental treatment and were often encouraged to do so in order to make a financial claim.

> *No win, no fee lawyers – that started it all off.*
>
> **Dentist, England**

> *It's like the whiplash scenario. They know that they're going to get £3,000 for the claim and that it costs more to fight it than to pay out the money…We lead the world by far in medico-legal claims.*
>
> **Dentist, England**

As a result of this increasingly challenging environment, participants said that they were now very fearful of making mistakes or having complaints made against them, particularly if complaints reach the GDC. Participants were aware that the consequences could be that they are subject to a long and drawn-out process of litigation or fitness to practise, and that as a result they may be ruled as no longer able to practice dentistry and therefore earn a living. It was highlighted that they were still fearful of having a complaint made against them, even if they knew they had not made a mistake, as they felt that the patient was more likely to be listened to and believed than the dental professional.

> *My biggest worry on a day to day basis is being sued or having complaints made against me. I'm just constantly on guard that the patient has all the cards when I could be 100% right in what I did.*
>
> **Dentist, Wales**

This fear of litigation meant that dental professionals were now more likely to practice defensive dentistry and less likely to attempt more complex and restorative procedures that would ultimately be of benefit to the patient, as there would be an increased risk that something could go wrong. They were now therefore more likely to refer patients elsewhere for this type of treatment, or to carry out a 'safer'

option for their treatment, to ensure they were not putting themselves at risk, despite knowing that this may not be in the best interest of the patient. It was also highlighted that this was detrimental to the profession, as more complex procedures were not being carried out, meaning that skills were not being developed.

> *We practice defensive dentistry. I've stopped doing certain more complicated procedures because I don't want to take the risk. I'll even explain to the patient that because of the current atmosphere I'm not prepared to do this and I'll have to refer them. We're all a bit more inclined to not attempt the more difficult things that could be beneficial to the patient because we're scared, we're not treated fairly.*
>
> **Dentist, England**

> *If you're moving away from advanced dentistry and restorative treatment because of fear of litigation, then your skills base drops. So you're actually deskilling the profession*.
>
> **Dentist, England**

A number of participants felt that this perceived culture of litigation had been exacerbated by the publication by the GDC of an advertisement in The Telegraph in 2014, which they felt encouraged patients to complain if they were not entirely satisfied with the treatment they had received. They explained that this confirmed what many of them already felt, which was that the GDC was 'pursuing dentists', as they were now actively encouraging patients to make complaints to the GDC. The majority of participants were aware of this advertisement and had very negative recollections of when it was published, which had left lasting negative impressions of the GDC, tarnishing their attitude towards the GDC.

> *It changed when there was an advert in the paper. Everyone became a bit more aware that they were actually pursuing dentists for things that they'd done wrong.*
>
> **Dentist, England**

> *If you have an ad there that says how to complain – and in the public perception, that could lead to money – then you're going to have a lot of people complain. I would say that's an absolute given. There's the things about PPI, have you been in a road accident etc. That's the time that we're living in. I think it's naïve of the GDC to try and publicise the complaint process and not appreciate the implications that that has on the profession.*
>
> **Dentist, Scotland**

Meeting the demands of regulation

Another very widely discussed challenge within daily practice was meeting the demands of regulation, which was also suggested by a large proportion of survey respondents. By far the main concern from participants in relation to this challenge was the amount of time that was required to meet the demands of regulation during each individual appointment with a patient. Participants explained that, by the time they had ensured all regulations had been met, they had very little time remaining to interact with and treat the patient, exacerbated by very short timings for appointments and strict targets to meet. They felt that this lack of time was detrimental for the patient, as they found it difficult to provide the level of care required during such a short amount of time.

> *It means we don't have the right amount of time with the patients because there are such strict regulations around sterilisation and decontamination.*
>
> **Dental hygienist, England**

When discussing this challenge, many participants highlighted that, whilst they could understand the need for many of the regulations that they worked to, there were others that they perceived to be unnecessary verging on trivial. Others suggested that many of the regulations were simply 'tick box exercises' as they did not enforce dental professionals to provide any proof of what they were doing to meet the regulation, other than simply ticking a box. A particular form of meeting regulations mentioned by a number of participants was the increased requirement to gain patient consent at various stages of the appointment process, which they felt was very time consuming and often unnecessary and unreasonable.

It really is a tick box exercise. You could be doing all these tick box exercises perfectly and still not doing what you're supposed to be doing, still failing on sterilisation or how you manage people and everything. So I think the tick box exercises are pointless. It doesn't really examine if you're doing things properly or not.

Dentist, Northern Ireland

I want to spend more time actually making sure the jobs are done rather than ticking paperwork to say I've done it, because I know there are people out there who will tick boxes and say they've done it when they haven't.

Dentist, England

Before they do anything they have to get them to give their consent, go through the risks, sign ten-fold, really emphasising the complications that can happen. They're having to cover their backs, it takes a long time. They're frantically on the computer printing off consent forms to sign and initial. We don't have enough time to do the check up in the first place.

Dental nurse, England

A number of participants also explained that it was difficult to keep up with the demands of regulation due to new regulations being continually introduced and existing regulations being revised on a regular basis. Participants said that they struggled to keep up to date with changes in regulation.

When discussing the challenge of meeting the demands of regulation, a number of regulatory organisations were mentioned, including the GDC, Care Quality Commission (CQC), Regulation and Quality Improvement Authority (RQIA) and Healthcare Inspectorate Wales (HIW). Participants typically felt that the challenge of meeting the demands of regulation came from the regulations imposed on dental professionals across all these organisations, with some regulations overlapping, meaning that they had a number of different rules and regulations to work within.

Everyone seems to produce their own forms of guidance. There's so little joined up thinking. So somebody will produce a regulation and somebody else will also produce a regulation, and somebody else will produce something different.

Dentist, England

There is – particularly when the GDC brought the Standards out – an awful lot in there. And if you're working within that, plus the constraints of the NHS, and then within the constraints of what patients can afford, you've got three things that are very difficult to put together. Just the volume of things you have to pay attention to. There's a lot of rules you may fall foul of if you're not really on the ball.

Dentist, Scotland

A number of participants explained that the more challenging regulations came from organisations such as CQC, RQIA and HIW rather than the GDC, as these organisations specifically set out requirements that had to be met during inspections, whereas the GDC's regulations were more concerned with their professional conduct.

It's mainly CQC regulations rather than the GDC in terms of things like decontamination and sterilisation. And there's a lot of paperwork in the NHS as well, which again is very time consuming taking your time away from the patient.

Dental hygienist, England

I think GDC regulations are quite easy to follow. It's about looking after patients, making sure that you're ethical in your work. I think that comes naturally. It's just the HIW regulations that cause the time issue.

Dental nurse, Wales

Obviously trying to keep up with the demands of regulation…the RQIA has had a big impact in Northern Ireland in the past five or six years so we feel very thoroughly inspected. The fact that

we're inspected by three different elements is quite a lot. It seems more than any other profession.

Dentist, Northern Ireland

Participants were additionally asked whether they had read the GDC publication 'Shifting the Balance', which sets out the GDC's views on reforming dental regulation to make the system better for patients and fairer for professionals. A small number of participants were aware of the publication, and a smaller proportion had read it. Those who had read it typically had positive feedback. They perceived it to be largely about the GDC encouraging local resolution of complaints where possible which they were pleased to see. Participants did not mention any other aspects of Shifting the Balance. They felt that this would be beneficial for dental professionals, who would be less worried about small complaints reaching the GDC, and for the GDC itself who would have fewer cases to deal with that should not have been escalated to that level.

Yes. I've read it, I've read the newsletter and what it says about coming into action, when they had all their meetings about it, trying to get more complaints handled within the practice…I think it's better because no one wants it to go to the GDC, no one wants it to go to a panel…But I think the manager can only offer so much to keep it in-house.

Dental nurse, England

I think it's a very good approach, it makes sense. I like the idea of local resolution, the upstreaming, things like that. It makes more sense rather than escalating everything to sort things out.

Dental therapist, Wales

When I'm teaching dental nurses, that's the first thing I say to them. You want to encourage people to complain within the practice. Because if you don't give them the chance to complain in the practice they will go elsewhere.

Dental nurse, England

Finding time and opportunities to develop

Participants also discussed the challenge of finding time and opportunities to develop, which was suggested by a large proportion of survey respondents. A key issue faced by participants was the requirement to take time off to attend training courses, as there was little or no scope for many of them to attend during their working hours. The cost of attending training courses was also discussed as a challenge for some participants, where their employer did not contribute towards the cost. Typically, this challenge was faced by those who provided private dental care and not those who worked within the NHS, where time and funding was often made available for dental professionals. However, even participants who provided NHS dental care indicated that it was still difficult to be allocated funding to attend a training course due to the current financial state of the NHS.

There is no funding to provide people to go externally for training. Obviously you've also got your own personal development, and it's just finding time for that. So, finding time to do training and further development is quite a major issue.

Dental nurse, Scotland

Participants also discussed that it was difficult to meet the challenge of finding time and opportunities to develop due to the GDC's Continuing Professional Development (CPD) criteria. They explained that the requirements of CPD were changing and becoming more difficult to achieve during the allotted amount of time per cycle.

With the new CPD criteria, what I think is going to be more difficult is planning ahead. Because I don't know how we can possibly plan what we're going to be doing. Especially when a nurse has ten sessions a week in clinic, or more in some practices…I think that's going to be the biggest challenge going forward.

Dental nurse, Scotland

Other challenges faced in daily practice

Other challenges facing registrants in daily practice were discussed by smaller numbers of participants. Some participants highlighted that low morale of dental professionals was becoming an increasing challenge. They said that the pressure of their roles, combined with high patient expectations, the increasing demands of regulation, and the fear of complaints, often resulted in registrants suffering from low morale, and in some circumstances facing challenges such as illness and mental health problems such as depression. Again, participants highlighted that they felt that, if an issue was to be raised about them by a patient, they would be 'guilty until proven innocent', and that this perceived atmosphere was disheartening for many dental professionals.

> *It's a high-pressured job, and sometimes people find their morale is low. The whole profession is being hammered by the fact that nobody trusts anybody any more.*
>
> **Dental nurse, Northern Ireland**

> *I had to go off sick with stress. I was off for three months. I just broke. The second you say that you have a mental health problem, people just handle you with a long stick.*
>
> **Dentist, Wales**

Some participants also said that low morale was a particular challenge for newly qualified dental professionals who were becoming quickly disillusioned with their careers upon entering the profession, and in some cases, leaving to explore other career options.

> *I've got a young dentist who has just qualified working for me, after two or three years they've lost the enthusiasm, the passion for the job, because they've put so much effort into those patients and that same patient they've cared for turned around and basically sued them or whatever. They're disheartened with the continuous times that it happens.*
>
> **Dentist, England**

> *People are getting disappointed very early on in their careers.*
>
> **Dentist, England**

> *The attrition rate for dental nurses is high. My concern with that is that if you've got a high attrition rate for keeping dental nurses and getting them trained, that impacts on patient care.*
>
> **Dental nurse, England**

Some participants suggested that financial constraints were a key challenge for them during their daily practice, particularly those who were providing NHS dental care and those who were responsible for the running of dental practices. These participants discussed the fee structure within the NHS and the NHS dental contract, the cost of the GDC Annual Retention Fee, insurance, practice overheads and staff wages, which combined to result in dental professionals facing more difficulties.

> *Because we work within the NHS sector, we always have to be very mindful of our budget.*
>
> **Dental nurse, Northern Ireland**

> *The NHS isn't fit for practice in the fee structure that it creates. They ask you to do a root canal or an extraction for a number of UDAs. So the choice pressure is to go for the one that isn't going to wreck your day and have litigation following it up.*
>
> **Dentist, England**

A small number of participants also indicated that staffing was becoming an increasing challenge for them, including both the recruitment and training of dentists and dental nurses with the required level of skill and enthusiasm for the roles.

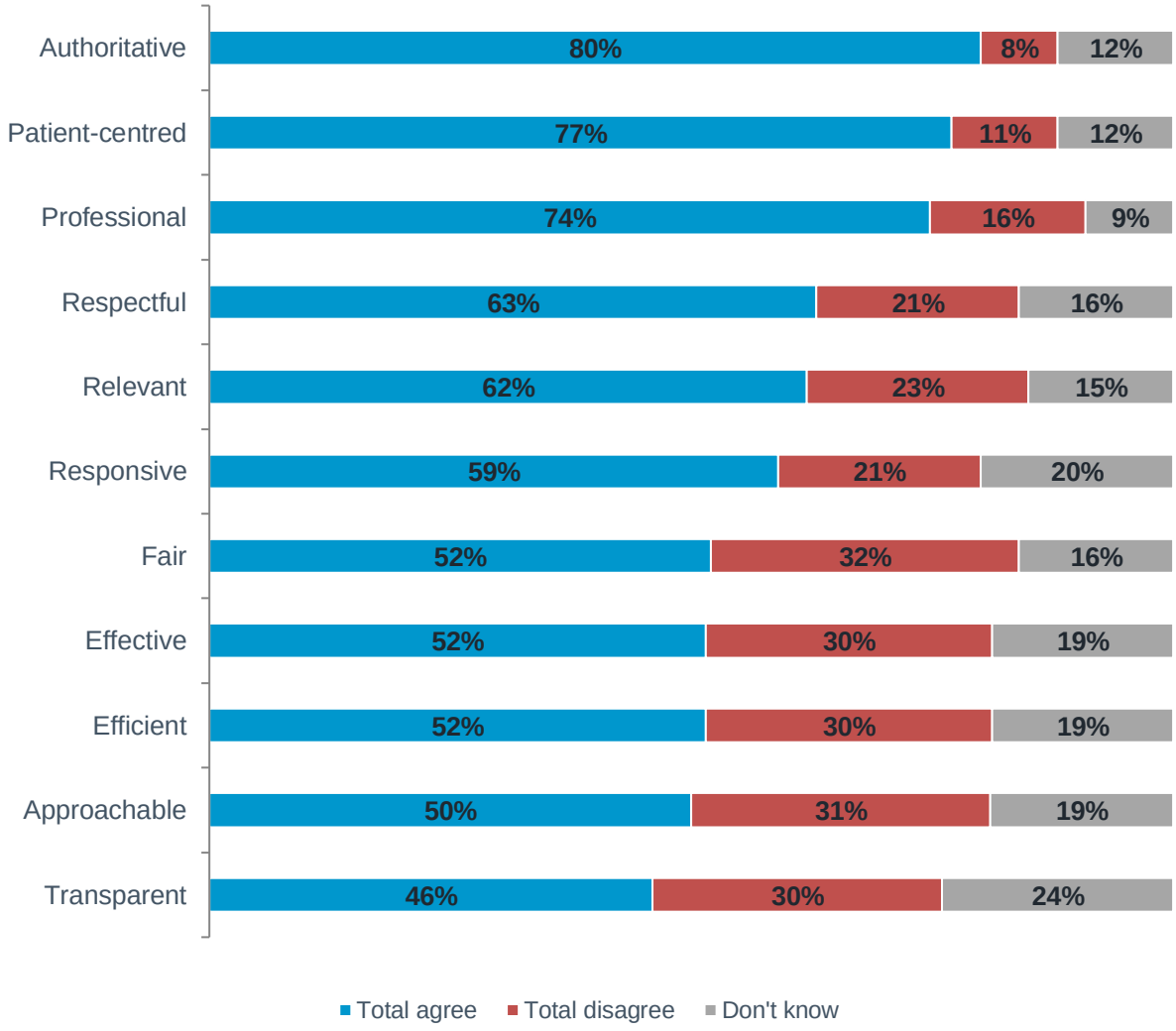
> *For me it's probably trying to train new trainee dental nurses. Because I find that the work ethic we're getting now for our trainee roles is not quite as good as what we've had in the past. It's a generation thing.*
>
> **Dental nurse, Wales**

2.6 Perspectives on the GDC

2.6.1 Describing the GDC

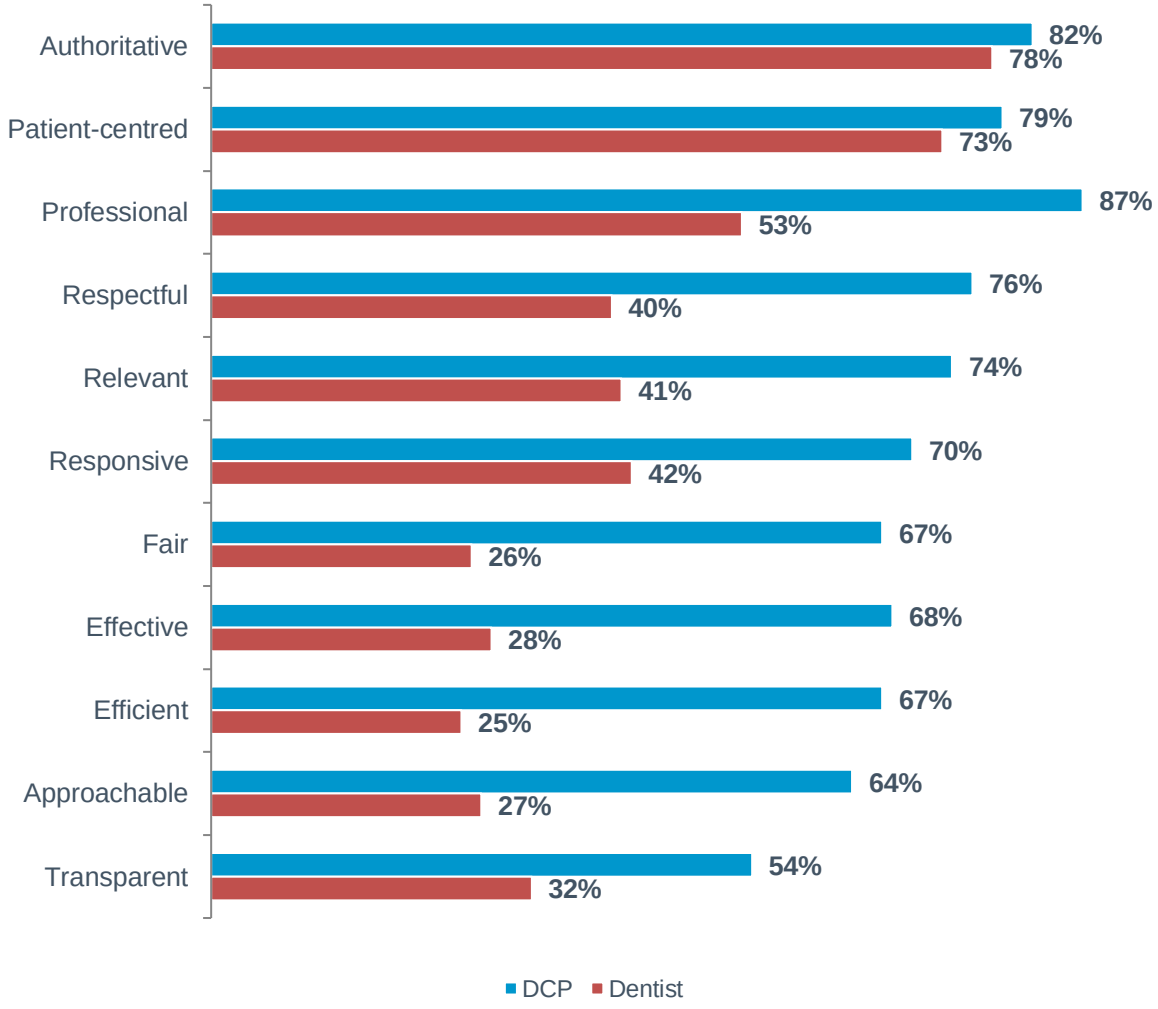
All respondents were asked to agree or disagree whether they would use a series of words to describe the GDC. The highest level of agreement (80%) was found in response to the word 'authoritative', followed by 'patient-centred' where just over three quarters of respondents (77%) agreed that they would use this word to describe the GDC. By contrast, the highest level of disagreement (32%) was found in response to the word 'fair', followed by approachable (31%), effective (30%), efficient (30%) and transparent (30%).

Figure 24 – To what extent would you agree or disagree that the following words describe the GDC?
Base: All respondents (6,203)



Subgroup analysis highlights that DCP respondents were more likely to agree that each word could be used to describe the GDC when compared to dentist respondents. The biggest differences between DCP and dentist respondents were found in agreement with the words 'efficient' (a difference of 42%), 'fair' (a difference of 41%), and effective (a difference of 40%). DCP and dentist respondent agreement was closest for the words 'authoritative' (a difference of 4%) and 'patient-centred' (a difference of 6%).

Figure 25 – To what extent would you agree or disagree that the following words describe the GDC? Total level of agreement by registrant type – Level of agreement
Base: DCPs (3,908) / Dentists (2,295)



2.6.2 Describing the GDC as fair

The survey found that just half of all respondents (52%) agreed that they would describe the GDC as fair, but a further 32% disagreed with this. The word 'fair' recorded the highest level of disagreement of all potential words used to describe the GDC for dentists. A much larger proportion of DCP respondents (67%) agreed that they would describe the GDC as fair when compared to dentist respondents (26%).

Further subgroup analysis highlights that dental nurses were most likely to agree that the GDC could be described as fair (70%) when compared to other dental professional roles. Those who had been registered for a longer period of time were less likely to agree with this, with agreement steadily falling from 67% for those who had been registered for less than two years to just 33% for those who had been registered for 31 years and over.

Describing the GDC as fair

The topic of 'fairness' was considered in more detail during the in depth interview discussions with registrants. As seen in the survey results, participants demonstrated mixed views when asked whether or not they would describe the GDC as 'fair'. Some participants were inclined to perceive the GDC as fair, but acknowledged that they had limited experience of dealing with the organisation and therefore had no reason to think it was not fair.

> *I've never had any call personally to feel that they're not fair.*
>
> **Dental nurse, Northern Ireland**

> *I've never had any reason to doubt what they do.*
>
> **Dental hygienist/therapist, Scotland**

Despite having had little or no contact with the GDC, a number of participants expressed a general trust that the organisation would be fair towards registrants, despite its remit to protect patients and members of the public. Some participants explained that the investigatory process was clear and open, and that in their experience, the outcomes of GDC hearings were perceived to be fair. This was typically based on general awareness that they had gained from the outcomes of fitness to practise cases.

> *They're there primarily to help the general public, they're not there to be on our side as dental professionals. But I do think if anything ever came up and you had to contact them, regardless I think that they would be fair and I would trust in them that that's what they would do.*
>
> **Dental hygienist, Wales**

> *I've never had a disciplinary process, but it does seem like the process they go through now has a lot more checks, balances and stages…They're pretty good at explaining what processes they do have.*
>
> **Dentist, Scotland**

> *I'd say they're fair based on the outcomes that I've read, where the GDC places conditions on their registration and things like that.*
>
> **Dental nurse, Northern Ireland**

Some participants reported positive experiences of dealing with the GDC on which they based their perceptions of 'fairness'. One participant said that the GDC was an accessible organisation, whilst another reported finding it easy to contact and request information from the GDC.

> *My dealings with them have been very fair.*
>
> **Dentist, Northern Ireland**

> *I think they probably are fair, and in my experience they've been accessible as well.*
>
> **Dentist, Wales**

> *I actually did a dissertation a few years ago about complaints procedures. I phoned up a number of times for information and it was readily available. There was always somebody to help me.*
>
> **Dentist, Wales**

The Annual Retention Fee as a reason to describe the GDC as unfair

A small number of participants felt that the GDC was a fair organisation but highlighted that the cost of maintaining registration was high.

> *I've no reason to not think they're fair other than they're very expensive.*
>
> **Dentist, England**

> *I've got nothing really to do with them. Apart from that I pay them £120 a year to call myself a dental nurse.*
>
> **Dental nurse, Northern Ireland**

However, for some patients, the Annual Retention Fee was their main reason for describing the GDC as unfair. This view was particularly prevalent in registrants working as dental nurses. Some dental nurse participants negatively compared the registration fee for dental professionals to the fee paid by other healthcare professionals, and some dentists also highlighted that their registration fee was higher than that paid by doctors. One dentist participant described how they worked in a specialist orthodontic role and therefore had to pay a higher Annual Retention Fee, explaining that this was unfair because less qualified dentists often carried out similar work for which they were unqualified and did not have to pay the higher rate.

> *I think we as dental nurses are expected to pay too much for our registration, and that's not fair…So fair in how they regulate, but not fair in terms of payments.*
>
> **Dental nurse, England**

> *I don't think the registration fee is fair. I've got a sister who's a registered nurse and they pay half of what we do but have to know a lot more than a dental nurse, so I don't see how it's fair. But I think the way they regulate is fair, from what I know.*
>
> **Dental nurse, England**

> *As a specialist, I have to pay more, even though I've paid to become a specialist, I've invested in my training in years and finance…You get general dentists going out and doing orthodontics, and they're the ones getting sued. But I pay more – so I'm essentially paying for their cases.*
>
> **Dentist, Wales**

Favouring patients over dental professionals as a reason to describe the GDC as unfair

As mentioned previously, the GDC has a responsibility to regulate the dental profession and protect patients and members of the public. However, a number of participants explained that they felt the GDC focused too heavily on protecting the public without offering sufficient protection or support to registrants. Many participants perceived that the GDC tended to immediately favour the views of those bringing complaints against dental professionals rather than the views of registrants, even before an investigation has begun.

> *I know the GDC are there to support the patient and not look after clinicians, but I feel like with any complaint that goes to the GDC they'll immediately take the patient's side whether they're right or wrong.*
>
> **Dental hygienist, England**

> *You pay your registration fee to be part of the GDC, but it's always that the patient is right before they've even begun anything. You're already made to feel like you're in trouble before anything has even progressed further.*
>
> **Dental nurse, England**

This perceived imbalance of protecting patients was felt to be reflected in the wording of certain resources such as the GDC Standards for the Dental Team. These participants explained how being investigated by the GDC could cause stress and upset, particularly when the complaint is perceived as relatively minor and receives an inappropriately proportioned response.

> *It always appears that they're in the patient's favour in the way that they word documents.*
>
> **Dental nurse, England**

> *I definitely don't feel that they're there for me, I think they're there for the patient. Which is good, don't get me wrong – you need someone to advocate for the patient. But they've done it in such a way that it's gone the other way. I don't think I have to do much to be hung out to dry.*
>
> **Dentist, Wales**

Handling of complaints and fitness to practise as a reason to describe the GDC as unfair

Although some participants highlighted that they felt the GDC's investigatory process was fair, others questioned the investigation of relatively minor issues, feeling that some of the charges brought against

registrants were unfair. One participant described the focus of the GDC as 'prosecutory' rather than 'regulatory'.

> *They spend so much time investigating relatively minor issues, and of the charges that have been brought against the dentist, they seem very unfair.*
>
> **Dentist, England**

> *They're trying to regulate rather than prosecute, and what we're all feeling is that it's more of a prosecution body than a regulator.*
>
> **Dentist, England**

Changing registrants' perceptions of the GDC

When asked what the GDC could do differently to be viewed as fair by those who did not agree, participants focused heavily on changing the way the GDC deals with complaints. A large number of participants said that it should make an effort to consider the views of patients and registrants in an equal light and treat registrants fairly during its investigation of complaints.

> *Not too extreme in protecting patients and not too extreme in protecting the dental profession. Being rounded and looking at everything in a clear light.*
>
> **Dental therapist, Wales**

> *I think that they should be more in the middle. They're obviously there to protect patients but they're not necessarily always protecting the profession…They almost need to be a neutral party.*
>
> **Dental nurse, Scotland**

Participants felt that, to be perceived as fair by registrants, the GDC should take a more balanced approach to investigating complaints raised against dental professionals, considering all of the information available and coming to a reasoned decision about the most appropriate action to be taken, if any. In cases where no action is taken, some participants felt it was important that the GDC publicises this, as often there will have been significant impact from a case already, for example in terms of the registrant's reputation as a dental professional or in terms of stress caused by the investigation. Many felt that the GDC should take a sensible approach to dealing with complaints, for example, not spending time and resources investigating issues which are unlikely to result in any action against the registrant. The GDC should reserve investigation for only the most serious complaints.

> *They need to show that they're not being unfair and immediately siding with patients. That they'll look at both sides of the argument and can support the clinician's decision if they were in the right.*
>
> **Dental hygienist, England**

It was discussed by a number of participants how initial investigation of complaints could be completed at a more local level, with local resolution being the preferred outcome for all concerned, and that this would help to improve perceptions of the GDC as a fair organisation. Some participants suggested that the GDC should not begin to investigate complaints unless the patient had already attempted resolution at a practice level.

> *Complaint handling could be done much more locally…it doesn't need to be dealt with in central London.*
>
> **Dentist, England**

> *I personally feel that patients should not be complaining to the GDC until local resolution has at least been attempted…If that doesn't work then I have absolutely no objection to things being escalated to the GDC when appropriate.*
>
> **Dentist, Scotland**

Some participants discussed how having to travel to London for GDC hearings was a stressful and unnecessary experience for registrants, and therefore that having more localised or regional GDC

offices would be of benefit in helping to reduce this. One participant suggested that there should be a separate GDC branch based in Scotland, as this would help to better represent Scottish registrants and encourage them to view the GDC as fair.

> *A regional GDC or regional dental councils…I think a lot of things could be dealt with in a local way.*
>
> **Dentist, Scotland**

> *I think the mood in Scotland is to have a Scottish GDC…I think the GDC is seen as hugely expensive in terms of our registration fees and out of touch with what happens in Scotland.*
>
> **Dentist, Scotland**

When complaints are of a serious enough nature to warrant further GDC investigation, participants felt that the investigation process should be more transparent and proceed more quickly than at present. Some participants discussed the impact of lengthy investigations on the registrant, either speaking from personal experience or considering the effect they had witnessed on colleagues and acquaintances working in the dental profession.

> *Most people don't know of the practices and processes because they haven't been involved. It's all a bit of a mystery, it appears, to a lot of people.*
>
> **Dentist, Wales**

> *Making their processes more open so that you know if a complaint did escalate enough to get taken to the GDC how it would be handled.*
>
> **Dentist, Scotland**

> *It takes so long for things to happen, and it's not fair to impact somebody's life for such a long period of time.*
>
> **Dental nurse, Scotland**

It was also suggested that, to be viewed as fair by dental professionals, the GDC should ensure the views of those in diverse workplace settings are represented on fitness to practise panels.

> *I think what the GDC needs to realise is important is that not everyone works in a dental surgery.*
>
> **Dentist, England**

Whilst undertaking an investigation that was fair to both patients and registrants, interview participants discussed how more support could be offered to registrants, again highlighting the stress and worry caused by the investigation process that can have a negative impact on a registrant's mental health. Participants explored the implications of such stress on clinical performance, suggesting that more mistakes could be made in practice as a result. It was also felt that the GDC should make a concerted effort to put into place guidelines for supporting registrants, which might encourage them to view the organisation as fair.

> *Perhaps give a little more support. People who have had complaints levied against them have just felt as if they've done something really awful. They haven't felt supported.*
>
> **Dental hygienist, England**

> *Just trying to find some kind of balance…If you are working under a heavy stress of when the next complaint is going to come in and what the consequences of that are going to be, I think that could actually have a big impact on your clinical ability. You could end up making more mistakes as a result.*
>
> **Dental hygienist/therapist, Scotland**

> *I don't know whether the GDC should publish something on respect, mental health, being there for registrants.*
>
> **Dental nurse, Wales**

Interestingly, some participants felt that the GDC should take more steps to prevent complaints from being made in the first place to be viewed as fair by a larger proportion of its registrants. Some participants suggested that there should be more guidelines available to registrants to help them meet the GDC's expectations, whilst others explored the possibility of developing guidelines for patients and members of the public to help them appropriately question dentistry procedures and understand what they should reasonably expect from a dental professional.

> *I think there need to be articles in the journals that are very explicit about what the GDC are expecting.*
>
> **Dental nurse, Scotland**

> *They actually also need to protect the public from the public…You need to direct the public, to tell them that when they are going to a dentist they need to check x, y and z. You need to teach the public what questions to ask.*
>
> **Dentist, England**

The Annual Retention Fee was also discussed when considering what steps the GDC could take to improve how it is viewed as a fair organisation. Again, comparisons were made between registration fees paid by dentists and other health professionals, and that their fees should be reduced. Other participants suggested that fees should be structured on a pro rata basis according to the hours worked, or based on the type of treatment provided by a dental professional, and that a monthly direct debit system of payment would be fairer for those on lower incomes.

> *They should bring the retention fee down because it's not fair that dentists pay more than doctors.*
>
> **Dentist, England**

> *I think they are unfair when it comes to dental nurses who don't earn great money having to pay the full fee when they only work part time… [They should] do it pro rata according to the hours that you work.*
>
> **Dental nurse, Northern Ireland**

> *I think they need to restructure their fees. They need to look at what treatment an individual provides rather than their qualification. So if you're a specialist or a non-specialist, if you provide orthodontic treatment then there should be a rate for that.*
>
> **Dentist, Wales**

Positive steps already taken by the GDC to be perceived as fair by registrants

Positively, a number of participants felt that the GDC had already taken some steps towards being perceived as a fairer organisation, for example, stakeholder engagement events and the Shifting the Balance publication. Others reported being glad that the GDC existed, explaining that all professions should be held accountable to an independent regulator.

> *I think personally to be honest in the last 18 months to two years there's been quite a lot to do with [improving the perception of 'fairness']. I think their stakeholder engagement events have been really good and I think that 'Shifting the Balance' is a very positive step.*
>
> **Dental therapist, Wales**

> *I think the way they deal with professionals is a lot more open now and it's more transparent.*
>
> **Dentist, Wales**

> *I am wholeheartedly glad that the GDC are there and are a dental body, a government body. I think the structures in place are good but they maybe just need to be tweaked.*
>
> **Dentist, Northern Ireland**

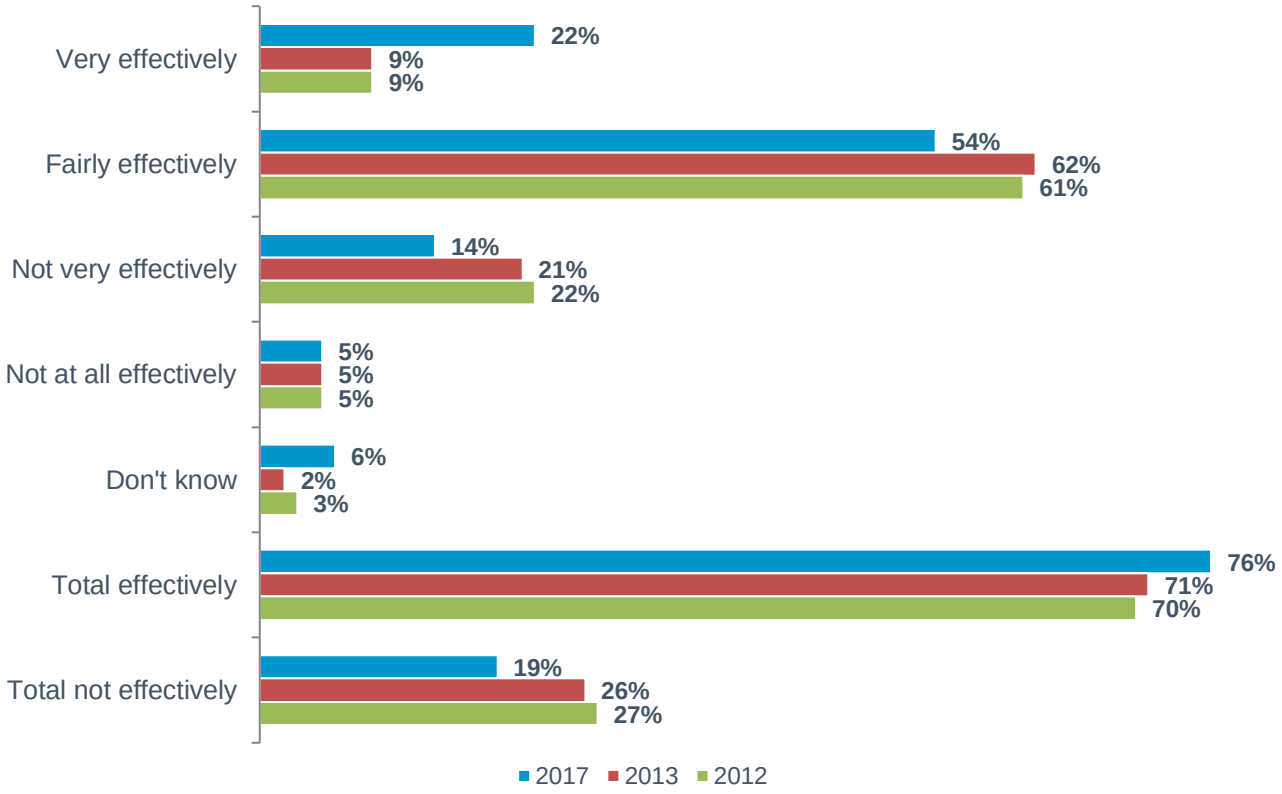
2.7 Communication

2.7.1 Effective communication

All respondents were asked to indicate how effectively they felt the GDC communicated with them. Three quarters of respondents (76%) felt that the GDC communicated with them effectively, with 54% indicating that they felt the GDC communicated fairly effectively and 22% very effectively. One in five (19%) felt the GDC did not communicate effectively with them, split between 14% who felt communication was not very effective and 5% not effective at all.

In comparison to the results collected in previous years, an increase in the proportion of respondents who thought that the GDC communicates with them effectively has increased from 71% in 2013 to 76% in 2017 (an increase of 5%). In particular, a much larger proportion of respondents indicated that they thought the GDC communicates very effectively (22%) when compared to 2013 (9%).

Figure 26 – In general, how effectively, if at all, do you think the GDC communicates with you? Base: All respondents 2017 (6,203) / 2013 (3,611) / 2012 (4,160)



Subgroup analysis

Subgroups more likely to think that **the GDC communicates effectively** with them (76% overall) included those who:

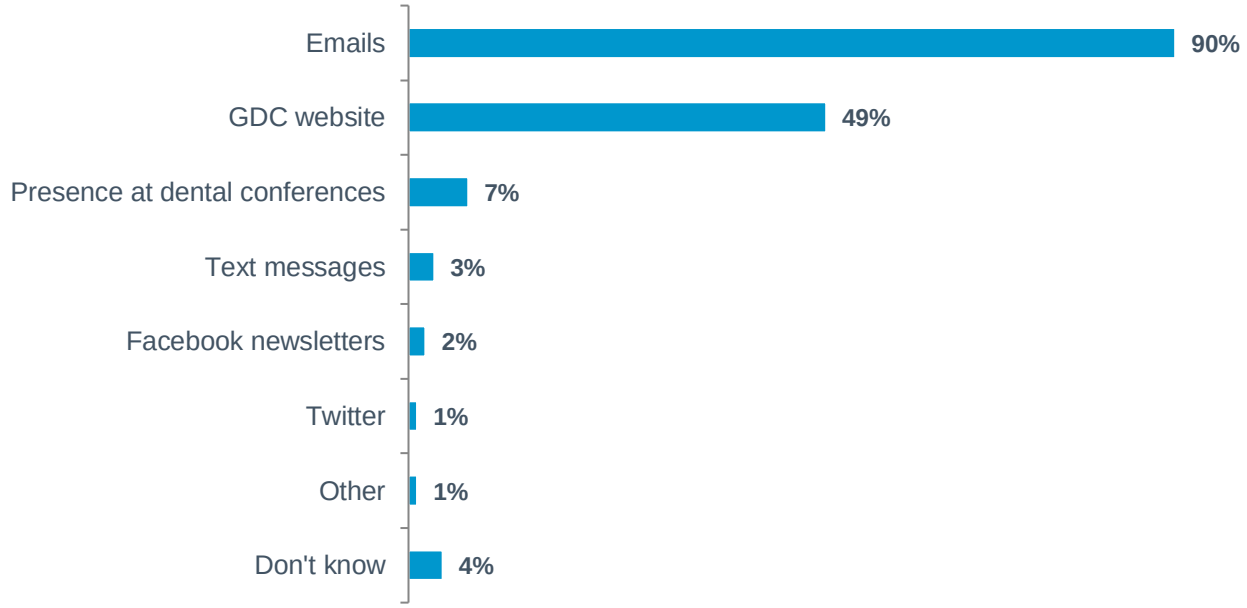
- Were dental hygienists (87%), dental nurses (84%) and dental therapists (87%)
- Had been registered for less than two years (81%) compared to those who had been registered for a longer period of time

Subgroups more likely to think that **the GDC does not communicate effectively** with them (19% overall) included those who:

- Were dentists (31%) and dental technicians (24%)
- Had been registered for 21 years or more (28%) compared to those who had been registered for a shorter period of time
- Worked in Wales (22%) compared to other UK countries, particularly Scotland (15%)

Respondents were asked to state which communication channels they felt the GDC were using effectively and were able to select multiple options from a list provided. Nine in ten respondents (90%) said that the GDC used emails to communicate effectively, followed by almost half (49%) who said the GDC website. Much smaller proportions of respondents suggested presence at dental conferences (7%), text messages (3%), Facebook newsletters (2%) and Twitter (1%).

Figure 27 – What communication channels do you feel the GDC are using effectively? Base: All respondents (6,203)



'Other' suggested communication channels that respondents thought the GDC were using effectively included letters/post/direct mailings, phone calls and journals.

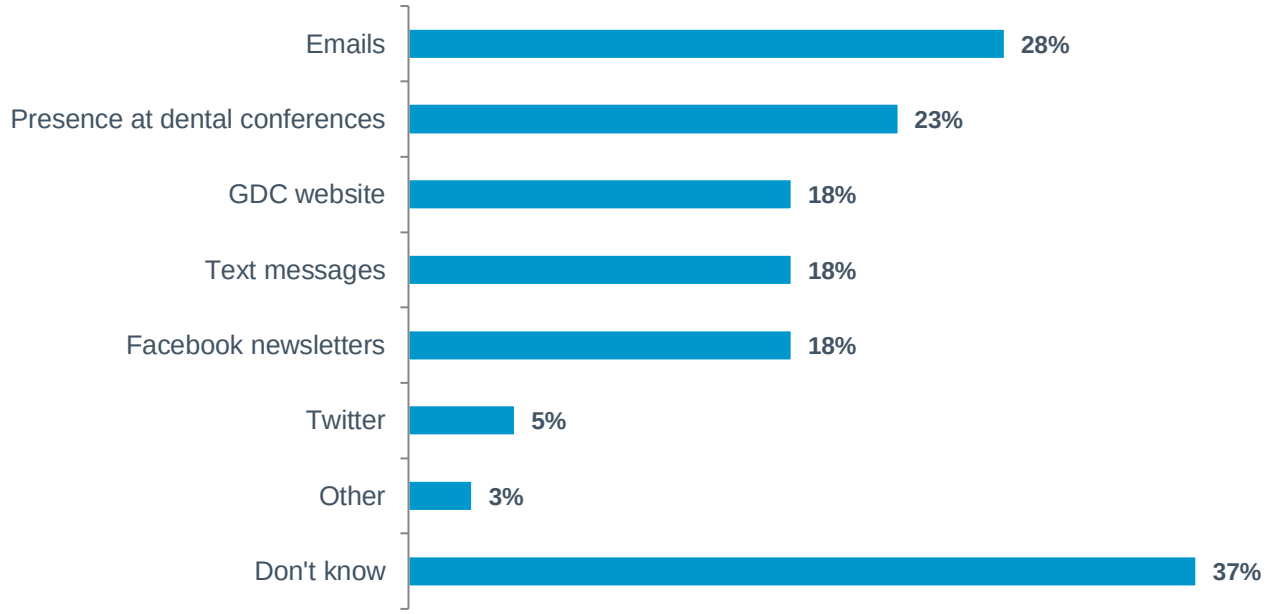
Subgroup analysis

Subgroups more likely to think that the GDC uses **the GDC website** to communicate effectively (49% overall) included those who:

- Were dental hygienists (55%) compared to other professional roles
- Had been registered for 21 years or more (55%) compared to those who had been registered for a shorter period of time

Respondents were then asked to state which communication channels they felt the GDC could be using more effectively and were able to select multiple options from a list provided. Whilst the majority of respondents had previously indicated that the GDC uses emails to communicate effectively, emails were also the communication channel that was suggested by the largest proportion of respondents (28%) to be used more effectively. A further 23% said that the GDC's presence at dental conferences could be used more effectively. Almost two in five respondents (37%), however, said that they didn't know.

Figure 28 – What communication channels do you feel the GDC could be using more effectively?
Base: All respondents (6,203)



'Other' suggested communication channels that respondents thought the GDC could be using more effectively included letters/post/direct mailings, direct face-to-face contact, magazines/journals and phone calls.

Subgroup analysis

Subgroups more likely to think that the GDC could use **emails** more effectively (28% overall) included those who:

- Were dentists (39%) when compared to those in DCP roles (21%)
- Had been registered for 11 years or more (33%) compared to those who had been registered for a shorter period of time

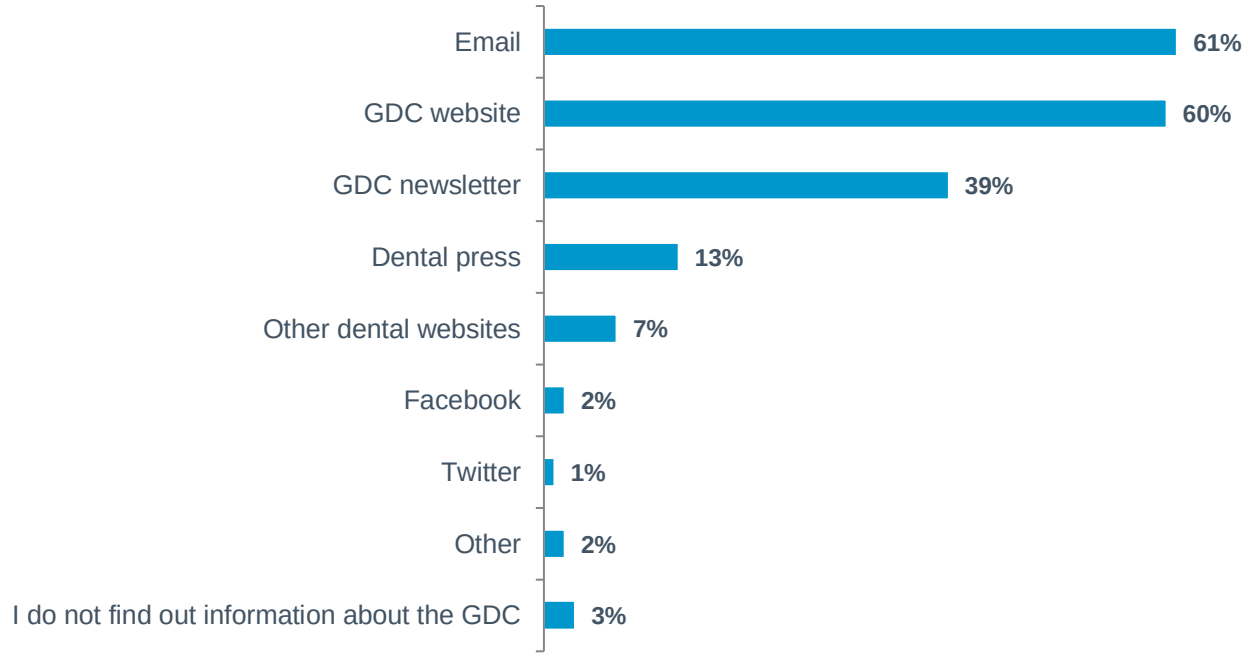
Subgroups more likely to think that the GDC could use **presence at dental conferences** more effectively (23% overall) included those who:

- Were dentists (31%) and dental hygienists (33%) compared to other professional roles
- Were male (27%) compared to female respondents (22%)

2.7.2 Finding out information about the GDC

Continuing the topic of communication, respondents were also asked how they find out information about the GDC, and were able to select more than one option from a list provided. The most common way of finding out information was via email, suggested by three in five respondents (61%), very closely followed by almost the same proportion (60%) who suggested the GDC website. A further two in five respondents (39%) said they found out via GDC newsletters and 13% via the dental press.

Figure 29 – How do you find out information about the GDC?
Base: All respondents (6,203)



'Other' suggested ways of finding out information about the GDC primarily focused on word of mouth.

Subgroup analysis

Subgroups more likely to find out about the GDC via **emails** (61% overall) included those who:

- Were in DCP roles (63%) when compared to dentists (58%)
- Worked in Scotland (67%) when compared to other UK countries

Subgroups more likely to find out about the GDC via the **GDC website** (60% overall) included those who:

- Were dental hygienists (71%) and dental therapists (72%) compared to other professional roles
- Worked in Wales (66%) when compared to other UK countries

Subgroups more likely to find out about the GDC via the **GDC newsletter** (39% overall) included those who:

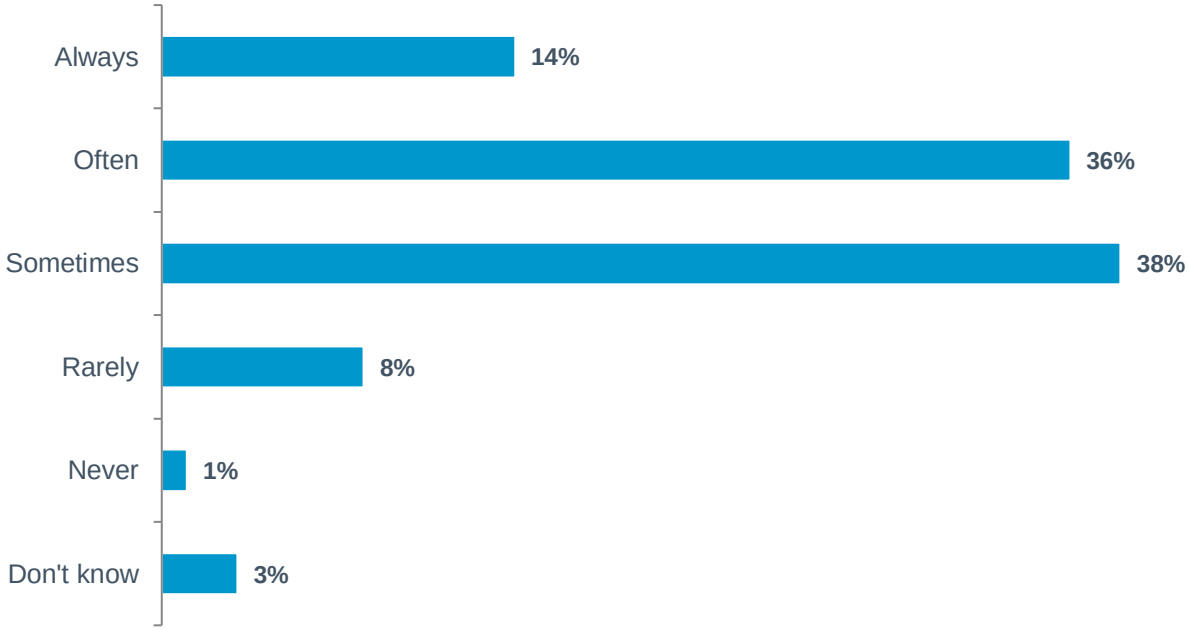
- Were dental hygienists (50%) and dental therapists (49%) compared to other professional roles
- Had been registered for 21 years or more (52%)

Subgroups more likely to find out about the GDC via the **dental press** (13% overall) included those who:

- Were dentists (20%) when compared to those in DCP roles (9%)
- Had been registered for 21 years or more (31%)

Respondents were also asked to what extent communications from the GDC told them what they need to know. The largest proportion of respondents (38%) said that GDC communications sometimes tell them what they need to know, closely followed by 36% who said that they often tell them what they need to know. One in seven respondents (14%) said that GDC communications always tell them what they need to know, but a further 8% said that they rarely did. Just 1% of respondents answered that these communications never tell them what they need to know.

Figure 30 – Do communications from the GDC tell you what you need to know?
Base: All respondents (6,203)



Subgroup analysis

Subgroups more likely to answer that GDC communications **always** tell them what they need to know (14% overall) included those who:

- Were dental nurses (20%) in comparison to other roles
- Those who had been registered for less than two years (21%) compared to those who had been registered for a longer length of time

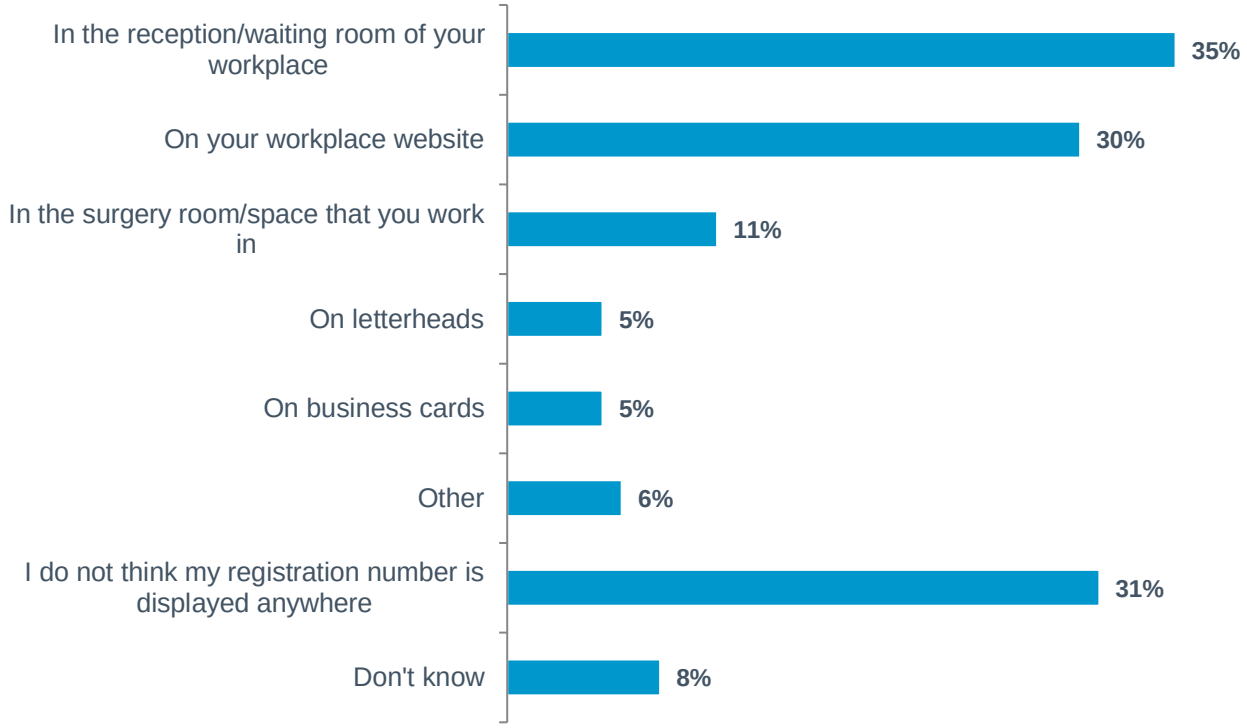
Subgroups more likely to answer that GDC communications **rarely** tell them what they need to know (8% overall) included those who:

- Were dentists (12%) when compared to those in DCP roles (5%)
- Those who had been registered for 31 years or more (11%) compared to those who had been registered for a shorter length of time

2.8 Displaying registration information

Respondents who were currently working were asked to indicate where their workplace displayed their GDC registration number. Just over a third (35%) indicated that it was displayed in the reception or waiting room of their workplace, three in ten (30%) said that it was displayed on their workplace website, and one in nine (11%) said it was displayed in the surgery room or space that they work in. However, a further 31% said that they did not think their registration number was displayed anywhere in their workplace and 8% said that they did not know.

Figure 31 – Where does your workplace display your GDC registration number?
Base: Respondents who were currently working (5,993)



'Other' suggested locations included on patient information leaflets and brochures and outside the entrance to the practice.

Subgroup analysis

Subgroups more likely to answer that their workplace displayed their GDC registration number **in the reception/waiting room** (35% overall) included those who:

- Were dentists (42%) in comparison to those in DCP roles (31%)
- Worked in a practice owned by a multiple (43%) compared to other workplace settings
- Worked in Wales (40%) compared to respondents from other countries

Subgroups more likely to answer that they **did not think their registration number was displayed anywhere** (31% overall) included those who:

- Were in DCP roles (38%) compared to dentists (19%)
- Worked in a hospital (62%), community (53%) or dental school/university/college/school setting (49%), or as a locum (45%) or in salaried dental care services (51%) in comparison to other workplace settings
- Provided NHS dental care only (54%) compared to respondents who delivered other types of dental care

2.9 Fitness to practise and Dental Complaint Service information

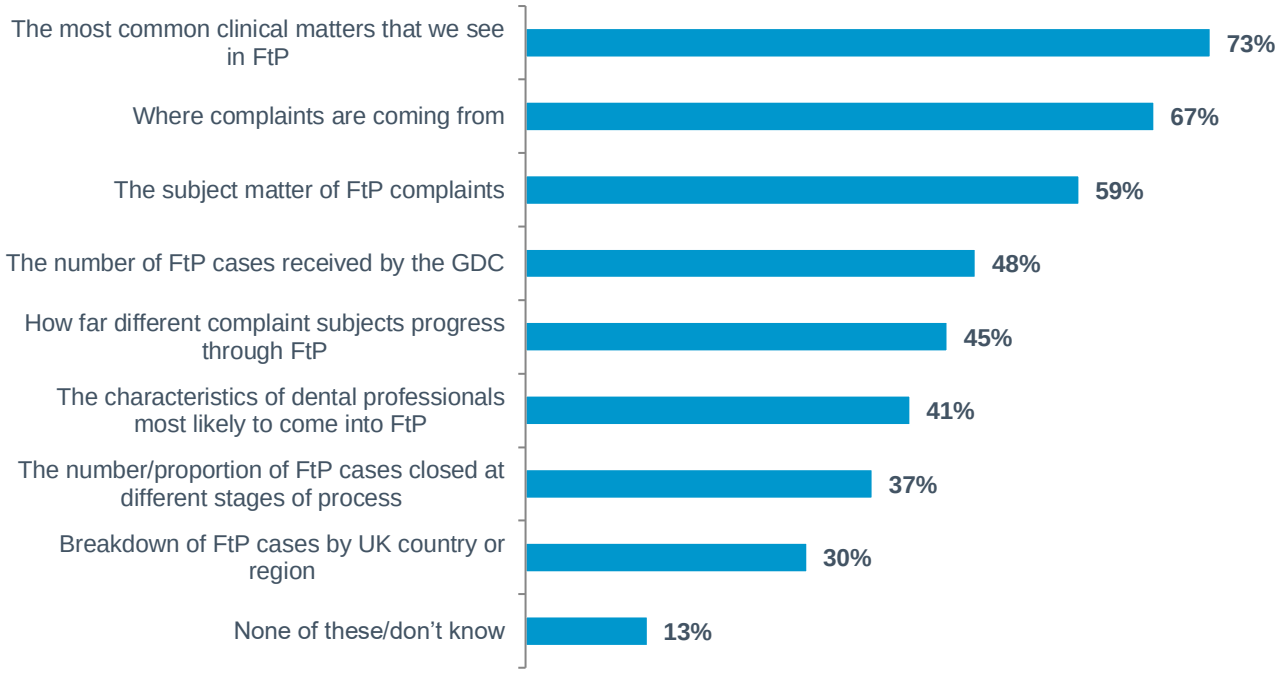
2.9.1 Fitness to practise information

The GDC holds a lot of information on fitness to practise (FtP) cases, including the reason or reasons for the complaint and the stage it closed at, and can access information held by the Dental Complaint Service on the numbers and types of complaints it deals with. The GDC also holds information on the dental professionals that are on the GDC register. This includes information such as individuals' gender, age, length of time on the register and place of primary qualification and fitness to practise history.

The GDC is starting to analyse this data to get a better understanding of any trends that may be emerging, and wishes to share this anonymised information on trends with dental professionals to support them in their day to day work. Respondents were therefore asked a series of questions about what information on fitness to practise and the Dental Complaints Service they would like to be shared, why it would be useful, and how it could be shared with registrants.

Almost three quarters of respondents (73%) said that they would like the GDC to share information about the most common clinical matters that they see in FtP, followed by 67% who said they would like to see where complaints are coming from and a further 59% who suggested the subject matter of FtP complaints should be shared.

Figure 32 – What information on fitness to practise (FtP) would you like the GDC to share with dental professionals?
Base: All respondents (6,203)

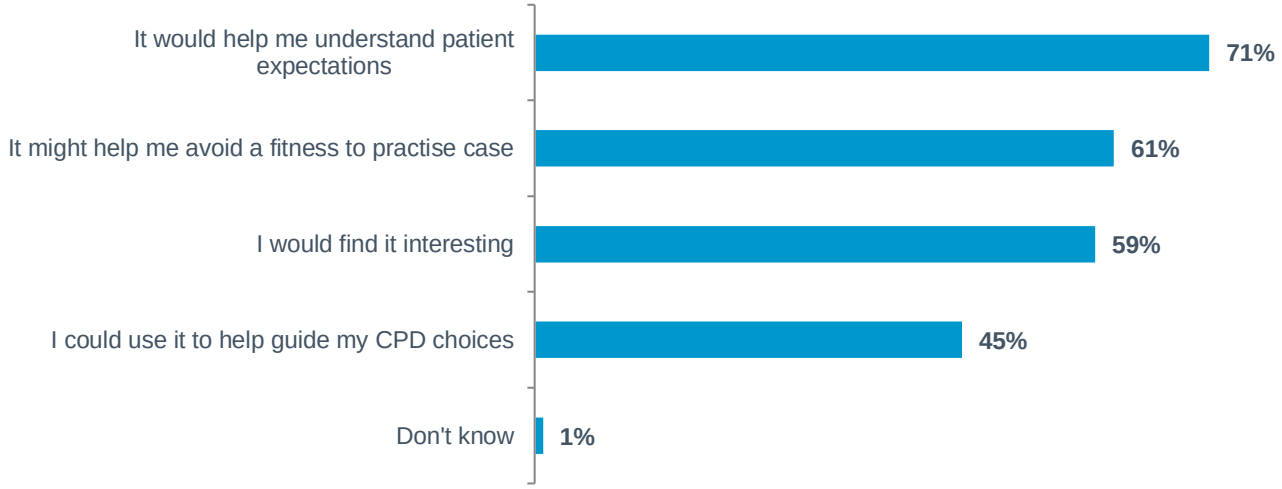


Subgroup analysis

Subgroup analysis highlights that dentists, dental hygienists and dental therapists were more likely to suggest that they would like most of the information on fitness to practise to be shared by the GDC when compared to other roles. For example, 89% of dentists, 84% of dental hygienists and 84% of dental therapists said they would like the GDC to share information about the most common clinical matters that they see in FtP, compared to 62% of dental nurses and 48% of dental technicians. By contrast, dental nurses and dental technicians were more likely to answer that they would like the GDC to share none of this information (19% and 27% respectively) when compared to dentists (4%), dental hygienists (7%) or dental therapists (5%).

Respondents who selected one or more options from the previous question, indicating that they wanted the GDC to share information on fitness to practise with dental professionals, were then asked why they would want this information. The majority of respondents (71%) said that they would want this information because it would help them understand patient expectations. Three in five (61%) said it would help them avoid a fitness to practise case and a similar proportion (59%) said they would find it interesting. A further 45% said that they could use the information to help guide their CPD choices.

Figure 33 – Why would you want this information?
Base: Respondents who selected FtP information in the previous question (5,391)



Subgroup analysis

Subgroups more likely to answer that the information would **help them understand patient expectations** (71% overall) included those who:

- Were dental hygienists (80%) and dental therapists (78%) in comparison to other roles
- Had said that they would like the GDC to share the number/proportion of FtP cases closed at the different stages of the process (80%) or a breakdown of FtP cases by UK country or region (80%)

Subgroups more likely to answer that the information might **help them avoid a fitness to practise case** (61% overall) included those who:

- Were dental hygienists (69%), dental therapists (73%) and dentists (78%) in comparison to other roles
- Had said that they would like the GDC to share the number/proportion of FtP cases closed at the different stages of the process (76%) or the characteristics of dental professionals most likely to come into FtP (73%)

Subgroups more likely to answer that **they would find the information interesting** (59% overall) included those who:

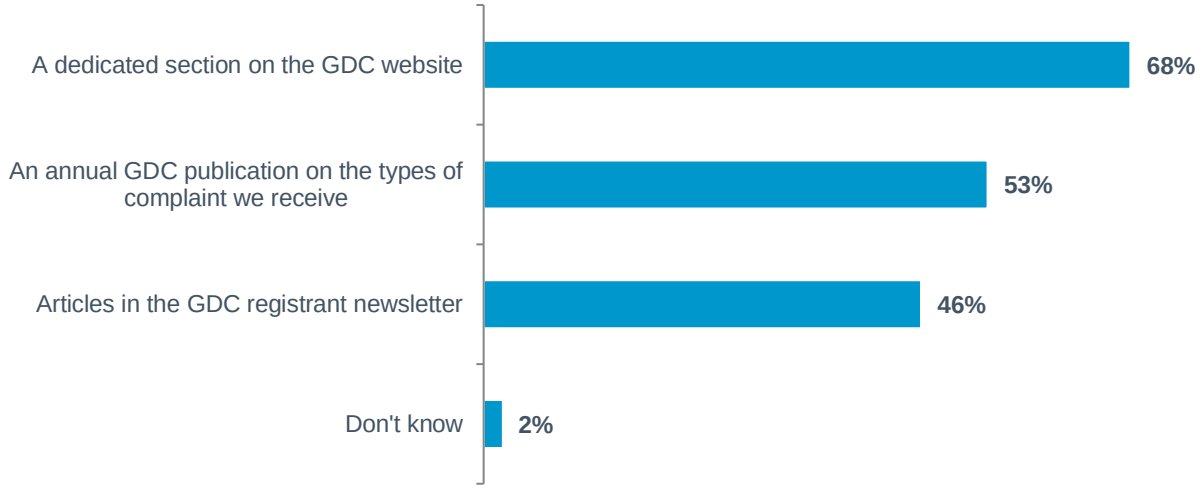
- Were dental hygienists (62%), dental therapists (65%) and dental nurses (62%) in comparison to other roles
- Had said that they would like the GDC to share a breakdown of FtP cases by UK country or region (69%) or the number/proportion of FtP cases closed at the different stages of the process (68%)

Subgroups more likely to answer that the information could **help guide their CPD choices** (45% overall) included those who:

- Were dental hygienists (57%), dental therapists (59%) and dentists (54%) in comparison to other roles

Two thirds of these respondents (68%) said that the best way of the GDC sharing this information with dental professionals would be via a dedicated section on the GDC website. Over half (53%) also suggested an annual GDC publication on the types of complaints received, and a further 46% said the information should be shared via articles in the GDC registrant newsletter.

Figure 34 – What would be the best way of the GDC sharing this information with dental professionals?
Base: Respondents who selected FtP information in the previous question (5,391)



Subgroup analysis

Subgroups more likely to answer that the best way to share this information would be via **a dedicated section on the GDC website** (68% overall) included those who:

- Had said that they would like the GDC to share a breakdown of FtP cases by UK country or region (74%) or the number/proportion of FtP cases closed at the different stages of the process (74%)

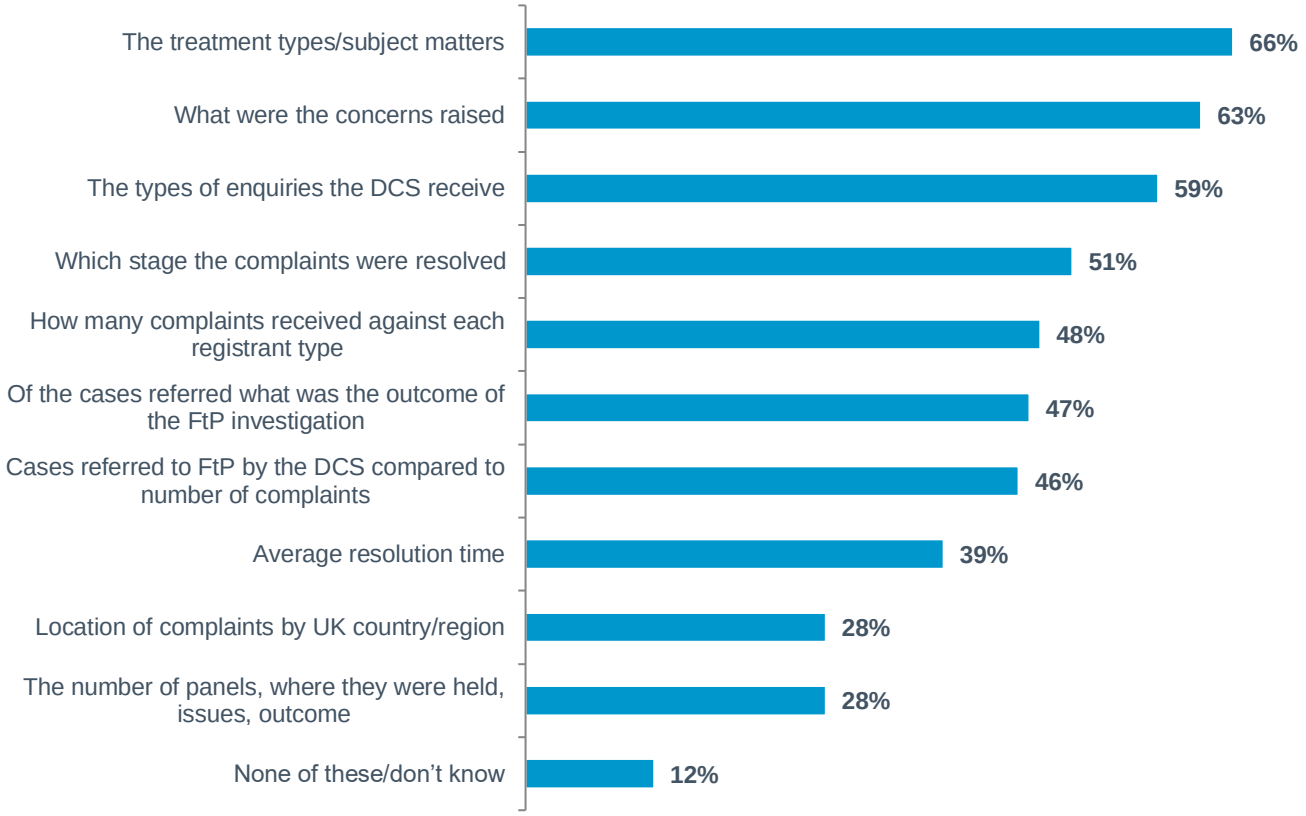
Subgroups more likely to answer that the best way to share this information would be via **an annual GDC publication** (53% overall) included those who:

- Were dental therapists (57%) and dentists (60%) in comparison to other roles
- Had been registered with the GDC for 21 years or more (65%) compared to those registered for a shorter length of time
- Had said that they would like the GDC to share the number/proportion of FtP cases closed at the different stages of the process (63%)

2.9.2 Dental Complaints Service information

The most common pieces of information that respondents would like the GDC to share with dental professionals on the Dental Complaints Service included the treatment types/subject matters (66%), what the concerns raised were (63%) and the types of enquiries the DCS receives (59%).

Figure 35 – What information on the Dental Complaints Service would you like the GDC to share with dental professionals?
Base: All respondents (6,203)



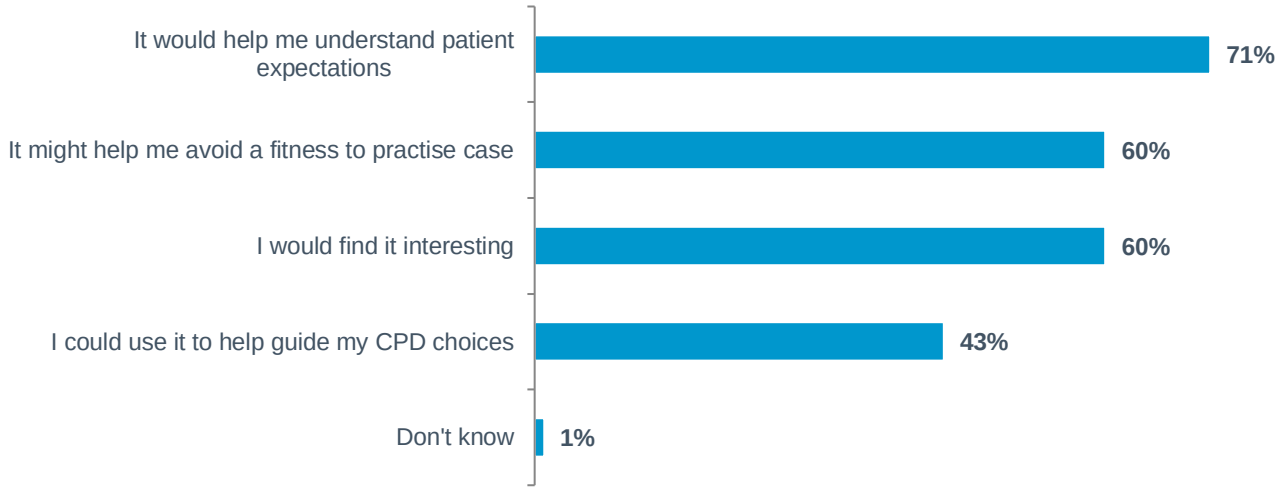
Subgroup analysis

As with information about fitness to practise, subgroup analysis highlights that dentists, dental hygienists and dental therapists were more likely to suggest that they would like the majority of the information on the Dental Complaints Service to be shared by the GDC when compared to other roles. For example, 82% of dentists, 79% of dental hygienists and 84% of dental therapists said they would like the GDC to share information about the treatment types and subject matters, compared to 54% of dental nurses and 47% of dental technicians.

By contrast, dental nurses and dental technicians were more likely to answer that they would like the GDC to share none of this information (17% and 21% respectively) when compared to dentists (6%), dental hygienists (7%) or dental therapists (5%).

Respondents who selected one or more options from the previous question, indicating that they wanted the GDC to share information on the Dental Complaints Service with dental professionals, were then asked why they would want this information. The majority of respondents (71%) said that they would want this information because it would help them understand patient expectations. Three in five (60%) said it would help them avoid a fitness to practise case and the same proportion (60%) said they would find it interesting. A further 43% said that they could use the information to help guide their CPD choices.

Figure 36 – Why would you want this information?
Base: Respondents who selected DCS information in the previous question (5,445)



Subgroup analysis

Subgroups more likely to answer that the information would **help them understand patient expectation**s (71% overall) included those who:

- Were dental hygienists (80%), dental therapists (81%) and dentists (75%) in comparison to other roles
- Had said that they would like the GDC to share the number of panels, where they were held, the issues and the outcomes of the panel meetings (81%)

Subgroups more likely to answer that the information might **help them avoid a fitness to practise case** (60% overall) included those who:

- Were dental hygienists (70%), dental therapists (75%) and dentists (77%) in comparison to other roles
- Had said that they would like the GDC to share the number of panels, where they were held, the issues and the outcomes of the panel meetings (77%)

Subgroups more likely to answer that **they would find the information interesting** (60% overall) included those who:

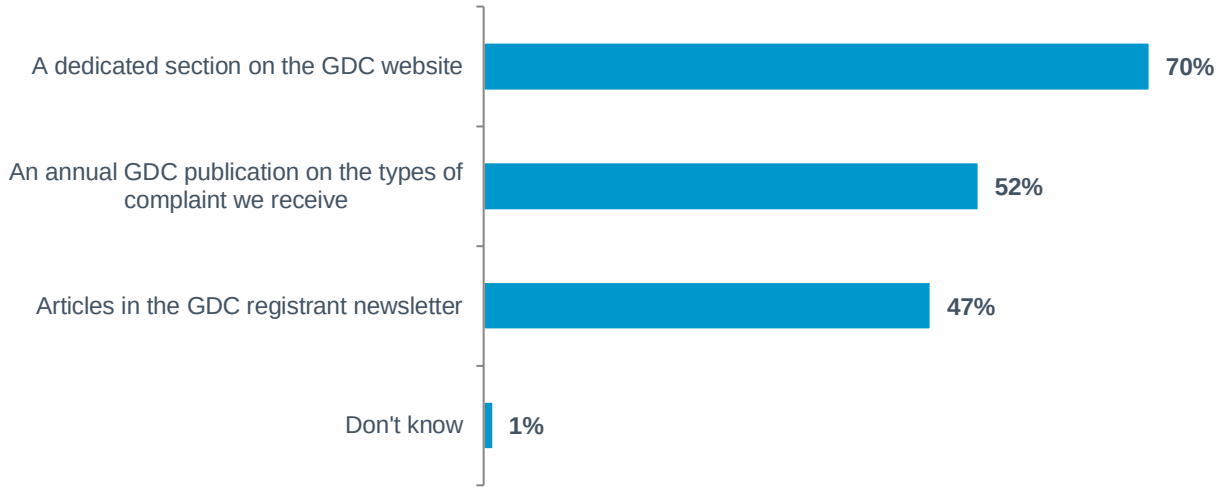
- Were dental hygienists (65%), dental therapists (66%) and dental nurses (63%) in comparison to other roles
- Had said that they would like the GDC to share the location of complaints by UK country/region (72%)

Subgroups more likely to answer that the information could **help guide their CPD choices** (44% overall) included those who:

- Were dental hygienists (52%), dental therapists (59%) and dentists (52%) in comparison to other roles
- Had said that they would like the GDC to share the number of panels, where they were held, the issues and the outcomes of the panel meetings (57%)

Seven in ten respondents (70%) said that the best way of the GDC sharing this information with dental professionals would be via a dedicated section on the GDC website. Over half (52%) suggested an annual GDC publication on the types of complains received, and a further 47% said the information should be shared via articles in the GDC registrant newsletter.

Figure 37 – What would be the best way of the GDC sharing this information with dental professionals?
Base: Respondents who selected DCS information in the previous question (5,445)



Subgroup analysis

Subgroups more likely to answer that the best way to share this information would be via **an annual GDC publication** (52% overall) included those who:

- Were dentists (59%) compared to those in DCP roles (47%)
- Had said that they would like the GDC to share the number of panels, where they were held, the issues and the outcomes of the panel meetings (63%)

Subgroups more likely to answer that the best way to share this information would be via **articles in the GDC registrant newsletter** (47% overall) included those who:

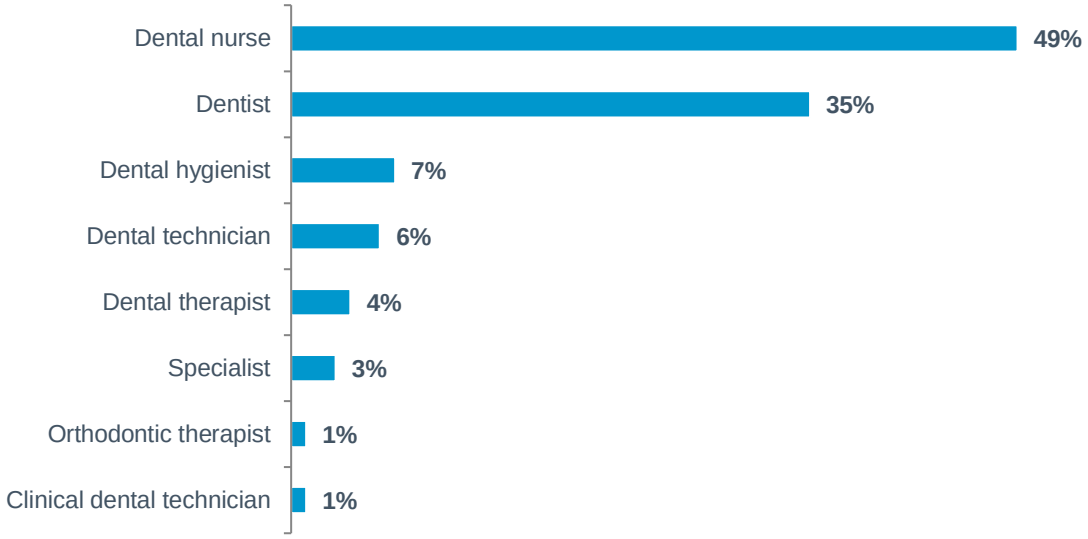
- Had said that they would like the GDC to share the number of panels, where they were held, the issues and the outcomes of the panel meetings (58%)

2.10 Online Survey Respondent Profile

As the sample from the GDC registrant database was drawn using stratified random sampling, those who responded to the online survey were generally representative of the GDC registrant profile in terms of gender, age, registrant group and number of years registered. The results have been weighted to ensure that the achieved final sample is as representative as possible.

Respondents were asked to state what their role was, and could select more than one role if appropriate. The largest group to respond to the survey was dental nurses at 49%, the largest group of DCPs. Just over a third of respondents were dentists (35%).

Figure 38 – Dental professional role
Base: All respondents (6,203)



Respondents who indicated that they were a specialist were asked to specify what area they specialised in from the GDC's 13 specialist lists, the most common being Orthodontics (39%).

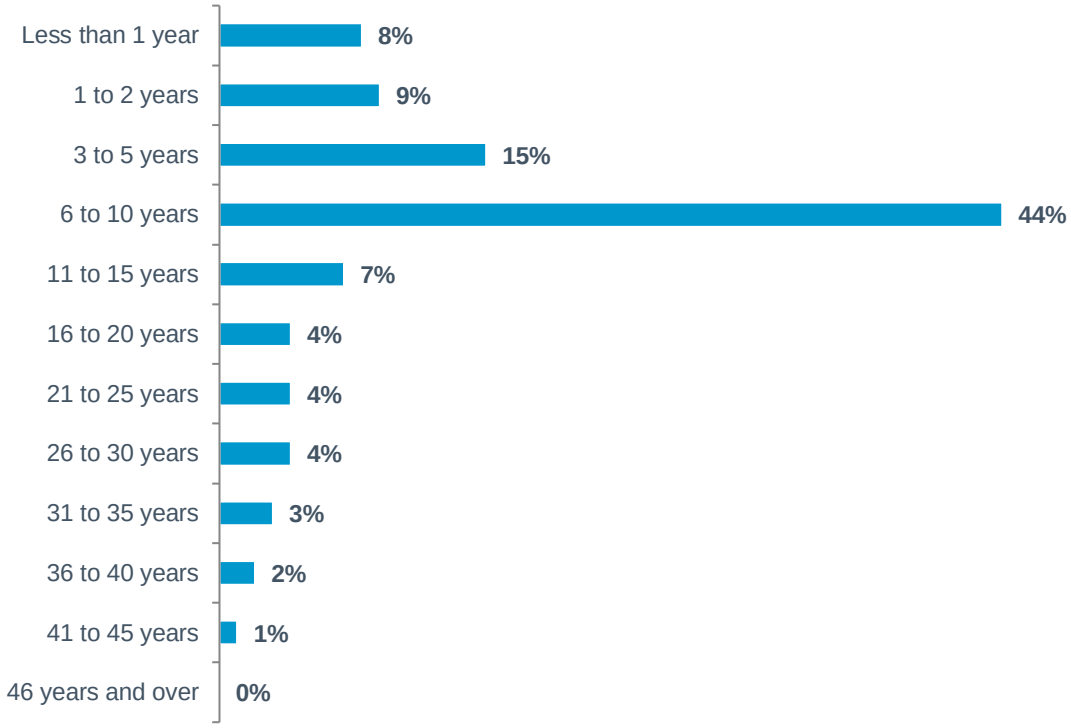
Figure 39 – Specialist roles
Base: Specialists (207)

Specialism	Percentage
Orthodontics	39%
Oral Surgery	19%
Prosthodontics	11%
Periodontics	9%
Endodontics	7%
Special Care Dentistry	7%
Restorative Dentistry	5%
Paediatric Dentistry	4%
Dental Public Health	3%
Oral and Maxillofacial Pathology	2%
Oral Medicine	1%
Oral Microbiology	1%
Dental and Maxillofacial Radiology	1%
Other	8%

The majority of 'other' specialist areas were within Oral & Maxillofacial Surgery.

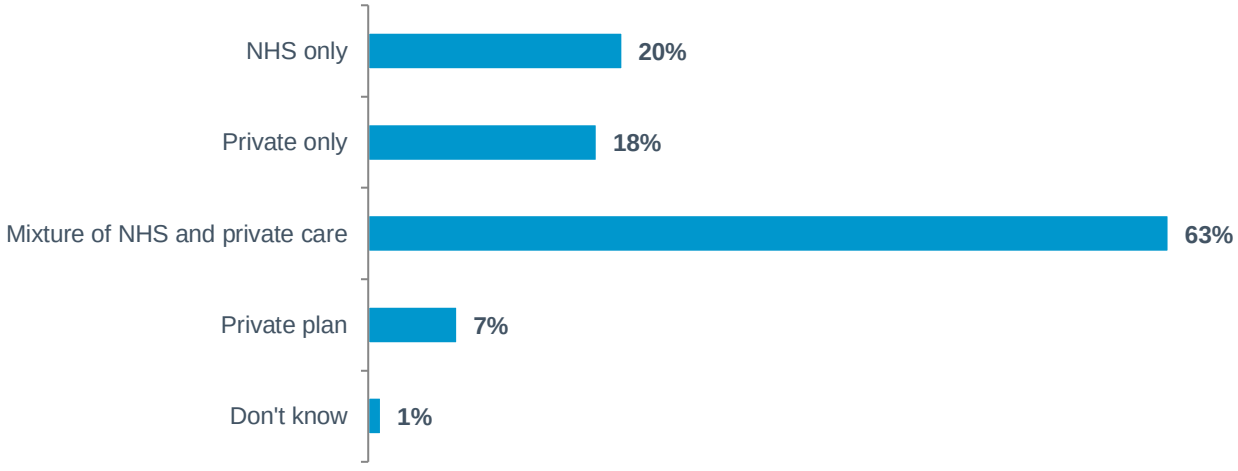
The largest proportion of respondents had been registered for between 6 and 10 years (44%). The majority of these respondents were DCPs, reflecting their more recent registration with the GDC in 2008.

Figure 40 – How long have you been on the GDC register?
Base: All respondents (6,203)



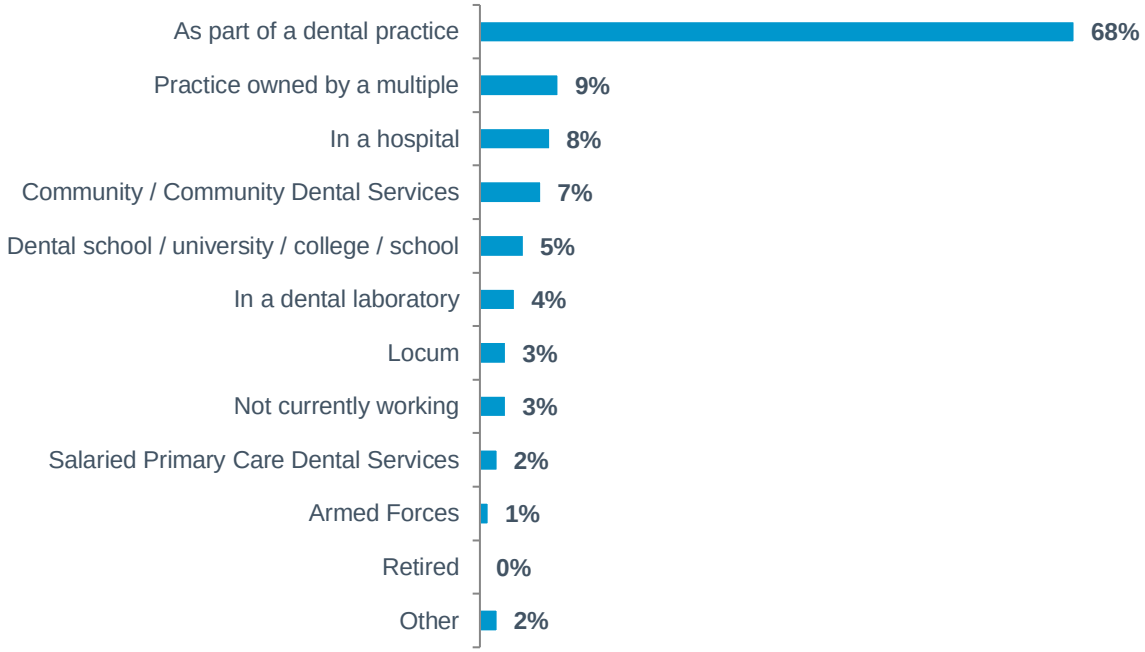
Overall, the majority of respondents provided a mixture of NHS and private care (63%), with one in five (20%) providing NHS only, 18% private only and a further 7% providing private plan care.

Figure 41 – What type of dental care do you provide?
Base: Respondents currently working (5,993)



The majority of respondents indicated that they worked as part of a dental practice (68%). One in eleven (9%) worked in a practice owned by a multiple and one in twelve (8%) worked in a hospital. A further 7% worked within the community/community dental services.

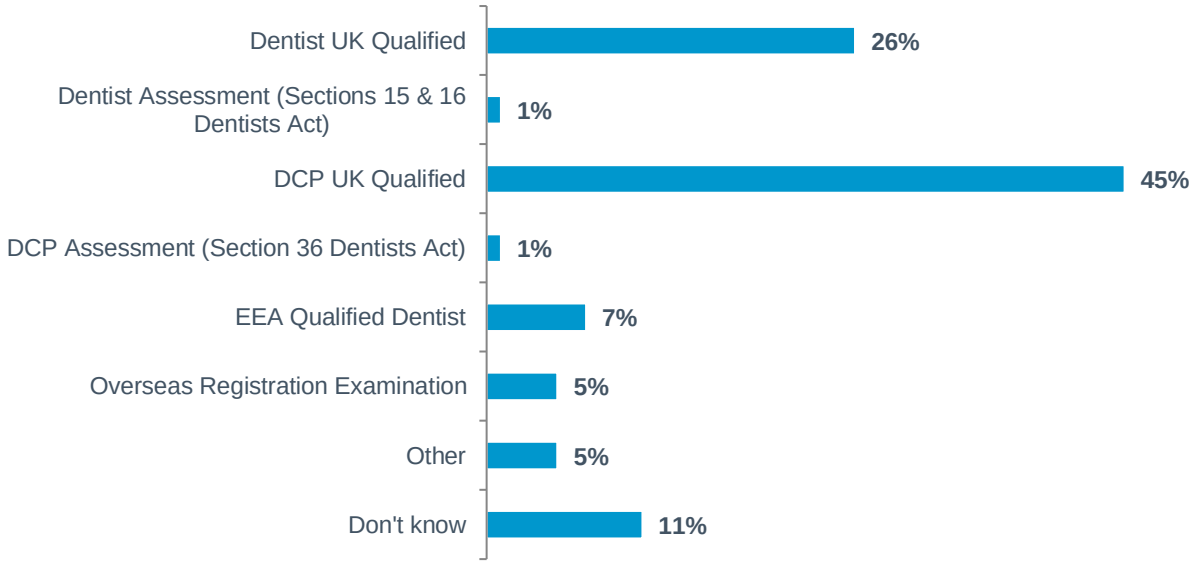
Figure 42 – Where do you work?
Base: All respondents (6,203)



'Other' suggested workplace settings included dental education, specialist practice, dental advice service, emergency/out of hours dentistry and public health.

Over two in five respondents (45%) had taken the DCP UK Qualified route to registration, and a further 26% had taken the Dentist UK qualified route.

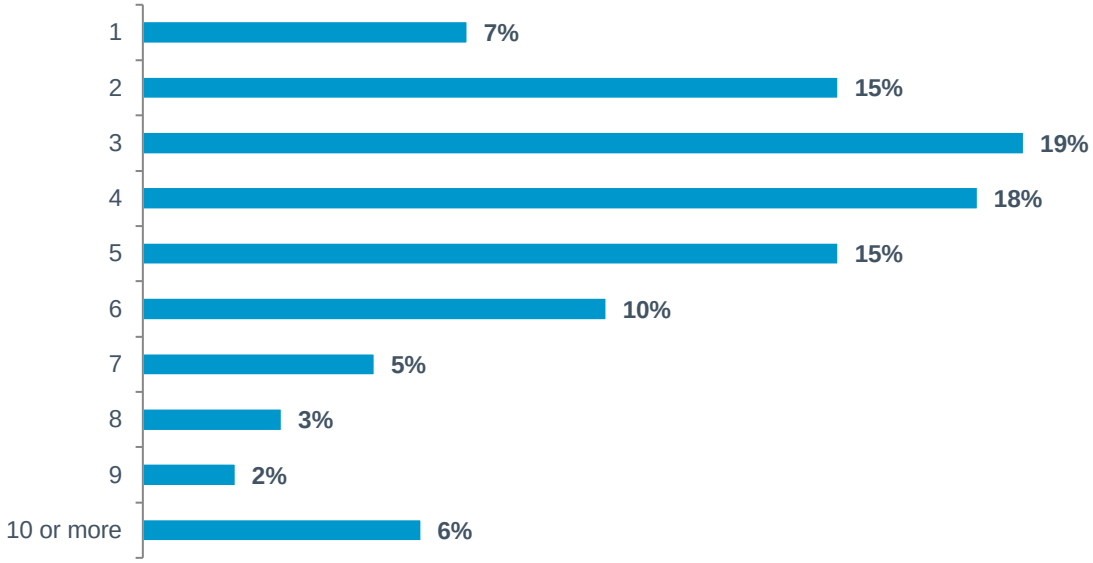
Figure 43 – What is your route to registration?
Base: All respondents (6,203)



The majority of 'other' suggested routes to registration mentioned the National Examining Board for Dental Nurses (NEBDN).

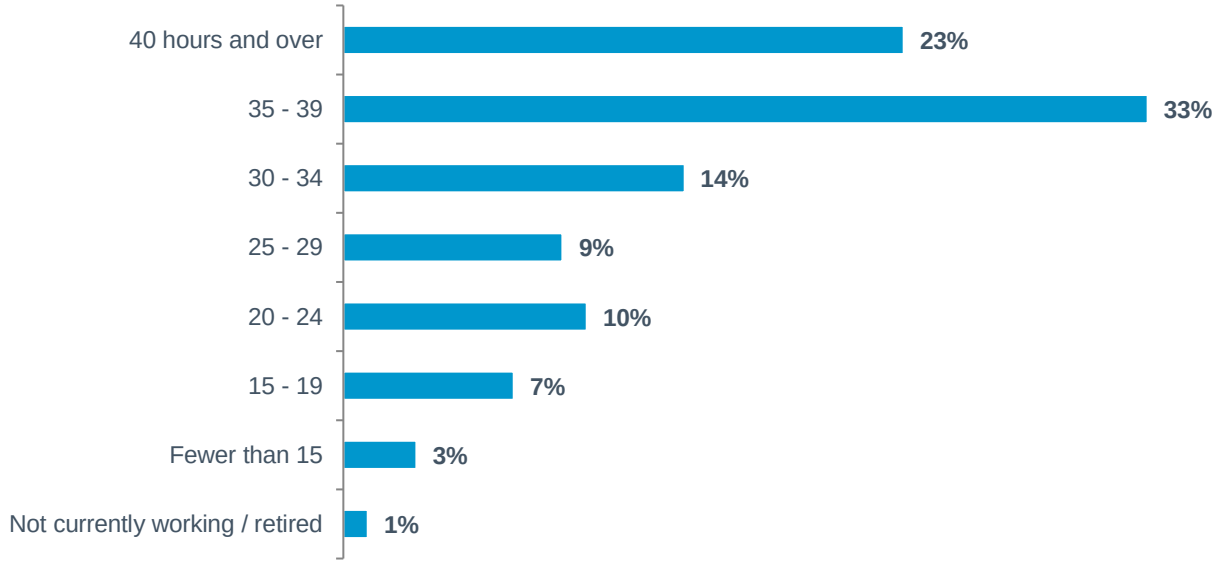
Respondents who indicated that they worked in a dental practice were asked how many dentists worked there. A total of 74% indicated that there were five dentists or fewer where they worked.

Figure 44 – How many dentists (including yourself, if applicable) are there in the dental practice where you work?
Base: Respondents working as part of a dental practice (4,565)



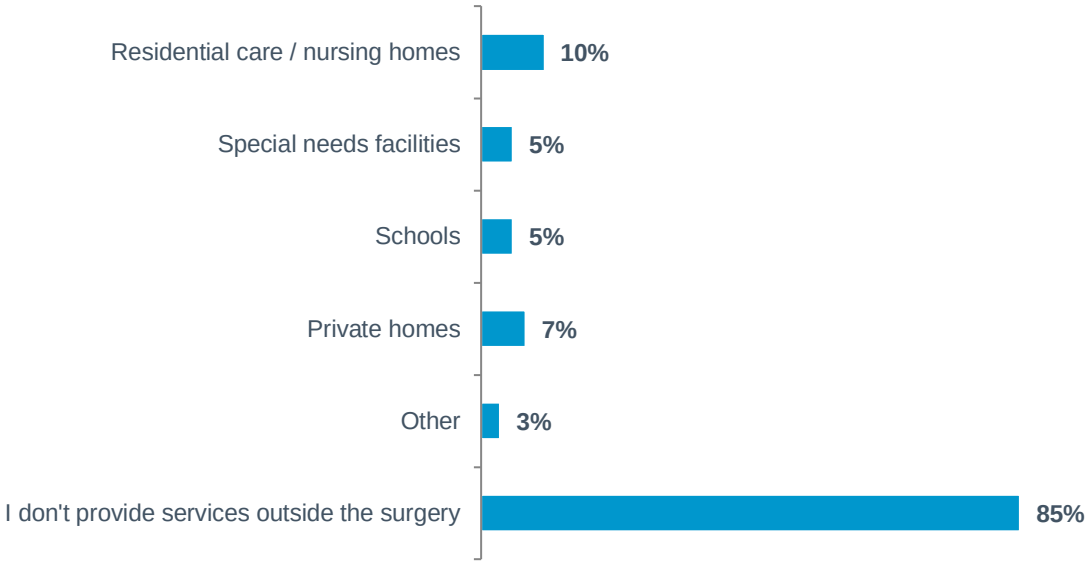
A third of survey respondents who were currently working worked between 35 and 39 hours per week (33%), and almost a quarter worked 40 hours and over (23%).

Figure 45 – Approximately how many hours per week do you normally work?
Base: Respondents currently working (5,993)



The majority of respondents (85%) did not provide any dental care outside their routine surgery environment. However, one in ten (10%) said that they also provided dental care within residential care or nursing homes.

Figure 46 – As part of your work, do you provide any dental care outside your routine surgery environment?
Base: Respondents currently working (5,993)



2.11 Focus group and in depth interview stratification

The two tables below present the stratification of the qualitative focus groups (4) and in depth interviews (26). Additional interviews were conducted with registrants based in Wales and Northern Ireland as no focus groups were held in these countries.

Figure 47 – Focus group stratification

Group	Country	Stratification
Group 1	England North (Manchester)	Mix of dental professional disciplines, practice settings, genders, ethnicities, ages
Group 2	England Midlands (Birmingham)	
Group 3	England South (London)	
Group 4	Scotland (Glasgow)	

Figure 48 – In depth interview stratification

Number of interviews conducted	Dental Professional Role	Location
2	Dentist	England
3	DCP	England
2	Dentist	Scotland
3	DCP	Scotland
3	Dentist	Wales
5	DCP	Wales
3	Dentist	Northern Ireland
5	DCP	Northern Ireland

3. Conclusions

The research has generated a wide range of quantitative data and qualitative feedback for the General Dental Council to consider. The final chapter of this report outlines some of the key findings.

A larger proportion of registrants are pessimistic about the future of the profession, outweighing those who are optimistic

The results of this year's Registrant Survey show that a larger proportion of registrants are pessimistic about the future of the dental profession than those who are optimistic. This is in contrast to previous waves of the survey in 2012 and 2013, where more registrants were optimistic than pessimistic. However, in line with previous results, DCP registrants were more optimistic when compared to dentists, who were more likely to indicate that they were pessimistic.

Key areas of optimism and pessimism are very similar to those found in previous years. Learning and development is the area that the largest proportion of registrants feel most optimistic about, and a large proportion of registrants feel most pessimistic about financial issues.

Registrants require a high level of detail to be able to select the most appropriate regulatory action to be taken in misconduct scenarios

Registrants provided a range of what they thought the most appropriate regulatory actions should be for different personal and clinical misconduct fitness to practise scenarios, but generally favoured reprimands and conditions over the more severe options of suspension and striking from the register. Registrants were also generally consistent in which action they felt was most appropriate for both dentists and dental nurses, with the exception of a scenario where a wrong tooth is extracted, in which case they felt a more lenient ruling should be taken against a dental nurse when compared to a dentist.

When assessing misconduct scenarios, registrants are very concerned about the specific details of each case, as they believe that they are very important to be able to make an informed decision as to which regulatory action would be most appropriate. Registrants typically focus their decisions on whether the misconduct was an honest mistake or whether it had malicious intent, whether it was a first-time offence or whether it was repeated, and whether patient safety was put at risk or not. Registrants also feel strongly that the GDC should know when to take no action in these scenarios.

Registrants want to see a change in fitness to practise to address a perceived imbalance in favour of patients

When discussing the future of fitness to practise, it is clear that registrants favour remediation over punishment where possible, focusing on supporting the professional to avoid similar mistakes in the future. Registrants strongly believe that each case should be judged on its own merits, rather than providing a consistent approach for all cases of a similar nature. Registrants also feel that fitness to practise is currently unbalanced in favour of the patient over the professional, and that changes are required to address this.

Registrants are confident in how their workplace handle complaints and focus on local resolution of complaints wherever possible

Whilst the largest proportion of registrants indicated that the number of complaints their workplace had received in the last year had stayed the same, a significant minority indicated that it had increased, representing an increase from the last wave of the survey in 2013. However, registrants were very confident that their workplace handles complaints well and resolves complaints wherever possible, with their patients typically being made aware of how to complain via information displayed in the practice.

Registrants are concerned about receiving a complaint, particularly in the current climate where litigation against the profession is popular. They therefore focus heavily on local resolution of

complaints wherever possible, sometimes providing apologies, free additional treatment or refunds, even when they do not agree with the complaint they have received. It was suggested that, whilst it may not be necessary to promote how to complain any more than they already do, more could be done to ensure that patients feel comfortable about raising a concern to prevent patients from going elsewhere rather than making a complaint if they receive a poor standard of care.

Finding time and opportunities to develop, meeting patient expectations and meeting the demands of regulation are the greatest challenges facing registrants

Registrants identified that the greatest challenges in their current daily practice were finding time and opportunities to develop, meeting patient expectations and meeting the demands of regulation, representing a similar response to previous waves of the survey.

Registrants feel that it is becoming increasingly difficult to meet patient expectations, which they feel have been increasing over recent years, alongside an increasingly litigious and hostile environment. These high expectations, combined with significant fears of making a mistake, complaints and litigation, and meeting the demands of regulation, pose significant challenges for registrants, particularly their ability to effectively treat their patients.

The GDC is widely perceived to be authoritative, patient-centred and professional, but not necessarily fair

Large proportions of registrants agreed that they would describe the GDC as authoritative, patient-centred and professional, suggesting that the majority of the registrant population perceive their regulator in these ways. However, by contrast, larger proportions of registrants disagreed that they would describe the GDC as fair, effective, efficient, approachable and transparent, suggesting that, should the GDC wish to be viewed in this light, these are areas on which to concentrate.

Registrants who view the GDC as fair appear to do so because they agree with the regulatory actions they take and view their regulations as reasonable, or have had little interaction with the organisation. Those who do not view the GDC as fair tend to base this on the way in which the GDC handles complaints and fitness to practise, the perception that the GDC will always favour the views of patients over the profession, and the Annual Retention Fee.

The majority of registrants think that the GDC communicates effectively

Survey results highlight that the majority of registrants think that the GDC communicates with them effectively, and this year's results represent an increase from previous waves of the survey. In particular, a significantly larger proportion of registrants felt that the GDC communicated with them 'very effectively' when compared to previous years. By far the most popular channel of communication used by the GDC that was viewed as being used effectively was email, suggesting that the majority of registrants receive communication from the GDC online.

Desire to share fitness to practise and Dental Complaints Service information

The fitness to practise information to be shared by the GDC that was most popular amongst registrants was the most common clinical matters that are seen in fitness to practise, which would be best shared via a dedicated section on the GDC website, to help them understand patient expectations.

The Dental Complaints Service information to be shared by the GDC that was most popular amongst registrants were the treatment types/subject matters and what the concerns raised were, which would also be best shared via a dedicated section on the GDC website, to help them understand patient expectations.