



Annual Survey of Registrants 2012

Research Report for The General Dental Council

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Enventure Research

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Executive Summary

Aims and objectives

Enventure Research, an independent research agency, was commissioned by the General Dental Council (GDC) to undertake its Annual Survey of Registrants 2012, which it carries out as part of its commitment to using a research base to inform policy and practice. In addition to the survey, Enventure Research was also commissioned to undertake an extensive programme of qualitative research to support the survey, following up on key themes highlighted in the results.

The aim of the Annual Survey of Registrants 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. Specific objectives within this aim are to:

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

Methodology

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). Qualitative research was included alongside the quantitative survey to allow a more exploratory approach, providing a greater depth of understanding on certain topics within the survey and increased insight into underlying attitudes and opinions, which it is not possible to achieve via a survey. A full explanation of the differences between, and purposes of, the two types of research can be found in Paragraph 1.3.1 of the report.

The online survey was issued to a stratified random sample of 18,000 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.

During a four week period, 4,160 registrants completed the survey (a response rate of 24%), providing a very robust sample size for analysis. The reliability of survey results depends on the base size for each question (the number of respondents who answered each question). As some questions were only asked to certain proportions of respondents, base sizes may vary. The smaller the base size, the less reliable the result tends to be, as the margin of error increases. A full explanation of the statistical reliability of the survey results can be found in Paragraph 1.6 of the report.

A discussion guide was designed to form the basis of discussion during the focus groups and in depth interviews. The guide was based around the results of the online survey to stimulate discussion and provide greater understanding of the results. Five focus groups and 24 in depth interviews took place, all moderated by researchers from Enventure Research. Participants were stratified to be as representative of the GDC as possible in terms of role, gender, age, number of years registered and country of qualification. In total, 62 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

Where notable, variations in views between DCPs and dentists have been described. Significant sub-group analysis of the perspectives from the individual DCP registrant groups and in relation to demographics can be found throughout the main body of the report.

The future of dentistry

Online survey results found that opinion was almost equally split between optimism and pessimism about the future of the dental professions over the next two years. Those who had been registered with the GDC for longer tended to be more pessimistic about the future, whereas those who were newer to the GDC were more optimistic. A clear difference in the results was seen between dentists, who tended to be more pessimistic, and DCPs who were more optimistic.

The most popular area of optimism highlighted in the online survey was learning and development, whereas the most common areas of pessimism were changes in regulation, employment and financial issues, and the new NHS contract.

It was suggested by many qualitative participants that DCPs, primarily dental nurses, may be more optimistic about the future due to their relatively recent registration with the GDC. This may have provided them with greater opportunities for training and development, encouraging them to see their job more as a career. It was also widely illustrated by qualitative participants that dentists may be more pessimistic due to their interaction with increasing levels of regulation and the pressures of running a practice, something which DCPs generally do not have as much involvement with.

Just over half of those who took part in the survey perceived that changes in technology would have a small impact on the nature of their practice in the next two years.

Challenges

The greatest challenges in current daily practice were identified in the survey results as keeping up to date with changes in guidance, rules and the law, and meeting the demands of regulation. A number of participants in the qualitative research suggested that time constraints were an increasing challenge, as well.

Registrant perspectives on regulation in general and the GDC

Opinion was fairly evenly split within the survey results between those who felt that the overall regulation of dentistry was too much and those who felt it was about right. The sample shows that more dentists indicated that regulation was too much and more DCPs that it was about right. As the number of years registered increased, registrants were more likely to feel that the level of regulation was too much. A slight increase in the proportion of registrants who felt that regulation was too much was seen between 2011 and 2012.

In the qualitative research, those who felt regulation was too much tended to explain that it was taking up increasing amounts of their time, reducing the amount of time they could spend with patients, and that the majority of the 'over the top' regulation came from the CQC (in England) or the RQNI (in Northern Ireland). Research participants who felt that the level of regulation was about right tended to state that high levels of regulation were to be expected within the professions, where patient safety was very important.

The survey found that confidence in the GDC's effectiveness to regulate dentists and DCPs was generally high, and that DCPs were significantly more confident in the GDC than dentists. In the qualitative research, those participants who were less confident in the GDC explained this was the case because they were personally aware of registrants or practices that were operating to what they saw as outside the rules, but who were not being picked up by the GDC. A smaller number of participants also explained that they had reported issues to the GDC and had seen no results, which led to their confidence in the GDC being low.

The largest proportion of survey respondents indicated that they would be neutral about the GDC, with only small proportions stating that they would speak highly or critically of the GDC. Qualitative research participants provided a more in depth explanation of this response, suggesting that most GDC registrants have little or nothing to do with the GDC other than paying their Annual Retention Fee, meaning that awareness of what the GDC does is low. Therefore, these participants believed it would be hard for registrants to feel strongly about the GDC, either positively or negatively. It was suggested that the GDC should do more to promote itself with its registrants.

Survey respondents felt that the GDC was more in touch with the views of dentists and patients than it was with the views of DCPs. However, DCPs tended to indicate that the GDC was more in touch with dentists, DCPs, patients and the public generally.

Findings from the qualitative research suggest that this may be due to the fact that the majority of DCPs have only recently joined the register and that over time this is something which will change. A number of DCP participants felt that the GDC was doing more to become in touch with their views, but others did not agree with this view. Those dentists participating in the qualitative research, who disagreed with the survey results, suggested that the GDC was no longer in touch with the views of dentists, as it was no longer run 'for dentists by dentists'.

The Annual Retention Fee

Most survey respondents thought that the Annual Retention Fee for dentists and DCPs was too high. 47% of all survey respondents thought that the dentist fee was too high and 66% thought that the DCP fee was too high. It was seen in the qualitative research that most registrants felt the level of fee for DCPs was too high, with particular focus given to dental nurses. Participants from all roles agreed with the view that the fee for dental nurses was too high, explaining that it was unfair to expect dental nurses to pay the same as dental therapists and hygienists, despite their salary being significantly less.

In the qualitative research, the most common suggestions for changes to the Annual Retention Fee were based around the role of the registrant, their potential income, the number of hours they work, and their level of risk to patients.

Cost-effectiveness of the GDC

Just under half of survey respondents felt that the GDC was not cost-effective, highlighting an increase in the proportion of respondents expressing this view from 2011 to 2012. Qualitative research participants focused on the lack of value for money they feel they receive from their Annual Retention Fee. A small number of participants understood that much of their fee paid for Fitness to Practise proceedings, but many explained that they did not know what their money paid for. It was widely agreed that it would be beneficial to inform registrants how their money is spent in a simple way.

Communication from the GDC and the Dental Complaints Service

The majority of survey respondents felt that the GDC communicated with them effectively. In particular, a larger proportion of dental hygienists and dental therapists felt that the GDC was effective in its communication with them, which was not the case

for dental technicians. A slight increase in the level of respondents who thought that the GDC communicated effectively was seen between 2011 and 2012.

By far the most common method of finding out information about the GDC was via the GDC Gazette by post. This was also reported as being the best way for the GDC to communicate, but it was more closely followed by online means of communication including the GDC monthly e-newsletter, the GDC Gazette online and the GDC website.

Most survey respondents were aware of the Dental Complaints Service (DCS), recording a slight improvement between the results of 2011 and 2012. The GDC Gazette by post was also the most common method of registrants first hearing about the DCS, and was the most favoured method of communication by the DCS. This was again followed by online communication channels.

Topical Policy Issues

The background to the topical policy issues which follow below can be found in the relevant sections of the main body of the report.

Proposed new standards for dental professionals

Almost all survey respondents thought it was appropriate to include the need to be fluent in written and spoken English as a requirement for effective communication, and it was widely agreed that private and mixed practices should be required to display a list of private charges for basic services (a view more strongly held by DCPs).

The majority of respondents agreed that any member of the dental team treating patients should work with another appropriately trained dental team member, with little variation seen in the views expressed by the different groups of dental professional.

Direct access

On the subject of direct access, where registered DCPs could have the option of providing direct to patients without the need for a dentist's prescription, there was support across the professions. Whereas almost all DCPs agreed with the idea of direct access, 57% of dentists agreed. Half of DCPs indicated that they would take up the option to provide services directly, although there was variation between the registrant groups.

Transition to independent practice

The majority (79%) of survey respondents agreed that it should be compulsory rather than optional for new dentists to undertake a period of supervised clinical practice after graduation before being allowed to register with the GDC, a view that was held by a slightly larger proportion of DCPs in comparison to dentists. In the context of any risks there may be in the transition to independent practice, focus group and in depth interview participants felt that voluntary foundation training was invaluable, that education was now too academically focused and that newly qualified dentists lacked sufficient experience. It was also felt that supervision should be compulsory for DCPs in independent clinical roles. However, it was acknowledged that compulsory supervision would require an increase in the number of places available to newly graduated dental professionals, which may be a challenge.

Amending GDC regulations

Opinion was divided between survey respondents as to whether the GDC should be able to amend rules and regulations without necessarily going through certain law making processes, with almost equal proportions agreeing and disagreeing with this proposal.

eGDC

Almost three quarters of survey respondents were aware of eGDC and a similar proportion of these respondents said that they used eGDC. Almost all those who used

eGDC used it to log their CPD, as well as update their contact details and view their online register information. Those who did not use eGDC did not do so because they were happy with the current method or confused by the process of logging in. However, these respondents were generally aware of all of eGDC's online facilities. Similarly, those who were not aware of eGDC indicated that they would use the majority of its facilities, now that they know about it.

Continuing professional development

Almost all survey respondents were confident that they knew how much continuing professional development (CPD) they were required to do overall, including the levels of verifiable and non-verifiable CPD. Confidence levels were slightly lower when asked whether they knew what action the GDC may take if they did not complete their CPD. A majority of respondents (58%) agreed that the GDC should make annual CPD declarations compulsory to maintain their registration.

Feedback from patients

The online survey found that most respondents (81%) had received feedback on their performance from patients, either verbally or in writing. Qualitative research participants also said that they had received feedback from patients during their careers, both positive and negative. It was highlighted that the majority of this feedback was informal, especially within private practice. Participants working in a hospital setting indicated that they had more formal procedures in place to record feedback as part of their appraisal and to monitor their training needs.

Most participants explained that any negative feedback was dealt with via their complaints procedure, which they saw as very important and beneficial. It was also explained that they were now recording more feedback as part of their commitment to regulations.

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

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 101,800 dental professionals registered with the GDC. Of these, 62,000 are DCPs and 39,800 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 an annual 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 year (2012) sees the second time that the survey has been conducted.

In order to provide an in depth understanding of the survey results, the GDC also wished to undertake 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 process.

Enventure Research was commissioned to undertake this research. All research was conducted independently by Enventure Research to ensure a true and accurate reflection 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 more in-depth any key themes or issues emerging 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 conclusively 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 to 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 interview discussions 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 68 questions which covered the following topic areas:

- The future of dentistry
- Challenges in every day practice
- Perspectives on the GDC
- The Annual Retention Fee
- Communication
- The Dental Complaints Service
- Areas of the proposed new standards
- Continuing professional development and eGDC

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

1.3.3 Sampling

It was essential to ensure a representative sample of registrants took part in the GDC's Annual Survey of Registrants to allow for confidence, robustness and accuracy in any results drawn.

The GDC registrant database, which details 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. The stratified random sample drawn included 18,000 registrants.

1.3.4 Online survey fieldwork

The survey was hosted online by Enventure Research between 15 November and 13 December 2012. 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. Three 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, 4,160 GDC registrants took part in the survey which provides a very robust sample size to draw results from. Taking into account the number of invalid email addresses (818), this equates to a response rate of 24%. **Table 1** below provides a demographic breakdown of respondents.

Table 1 – Demographic profile of respondents

Demographic	Total	Dentists	DCP
Male	28%	55%	11%
Female	72%	45%	89%
Refused	0%	0%	0%
16-21	2%	-	3%
22-30	26%	23%	28%
31-40	28%	31%	27%
41-50	24%	22%	25%
51-60	16%	17%	15%
61-65	3%	4%	2%
66+	2%	3%	1%
Refused	0%	0%	0%
White	82%	70%	89%
Asian or Asian British	9%	17%	3%
Black or Black British	2%	1%	2%
Mixed	2%	2%	1%
Chinese or other ethnic group	1%	3%	0%
Refused	5%	7%	3%

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. The main areas covered within the discussion guide were:

- The future of dentistry – areas of optimism and pessimism
- Challenges in every day practice

- Attitudes towards the GDC
- The Annual Retention Fee and cost-effectiveness
- The transition to independent practice of newly qualified dental professionals
- Receiving and recording feedback from patients

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

1.3.6 Focus group and in depth interview stratification

A series of five focus groups and 24 in depth interviews was held with a selection of GDC registrants between 5 and 22 February 2013.

Focus groups were stratified to ensure that those who attended 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. One group was held in each UK country, with two held in England due to the proportion of GDC registrants working there. Between six and eleven dental professionals attended each group.

In depth interviews were also stratified to ensure a range of dental professional roles were included within the research working in different countries with different levels of experience.

The stratification of focus groups and in depth interviews can be found in **Appendix A**.

In total, 62 GDC registrants took part in the qualitative research.

1.4 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 in November 2012. 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.

1.5 Previous research and Patient and Public Survey

As this is the second Annual Survey of Registrants, it is possible to compare certain results to those collected in the 2011 survey. Where appropriate, these results have been highlighted for comparison to track the views and opinions of registrants over the past year. Results from the Patient and Public Survey 2012 have also been included where relevant.

1.6 Interpretation of the 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 between 0% and 1% 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 (4,160 registrants of 101,800 took part in the survey), 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 +/- 1.5 percentage points had the result been obtained from the entire registrant population.

Where not all survey respondents have answered a question, as not all questions were relevant to all respondents, the sample size is sometimes smaller. The smaller the sample size, the less reliable the result tends to be. For example, only 148 respondents were asked which social media channels they would prefer the GDC to use (Q30). Here, the sampling tolerance would be +/- 8 percentage points.¹

Subgroup analysis has been undertaken to explore the results provided by different registrant roles and other key subgroups such as the number of years registered. 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 role 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 Other examples of varying sampling tolerances:

See Question 34 (p.62, Figure 36), sample size 98, sampling tolerance of +/- 9.8%

See Question 39 (p.67, Figure 42), sample size 2,553, sampling tolerance of +/- 1.9%

See Question 40 (p.68, Figure 44), sample size 1,216, sampling tolerance of +/- 2.8%

1.7 Interpretation of 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, 62 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 report presents the detailed research findings for the Annual Survey of Registrants 2012. The findings follow the results of the quantitative online survey, which are then 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. The findings from the qualitative research are illustrated by direct quotations where appropriate. Enventure has also supplied the GDC with a full set of data tables related to the survey. These will be published on the GDC website.

2.1 Online Survey Respondent Profile

2.1.1 Registrant role and setting

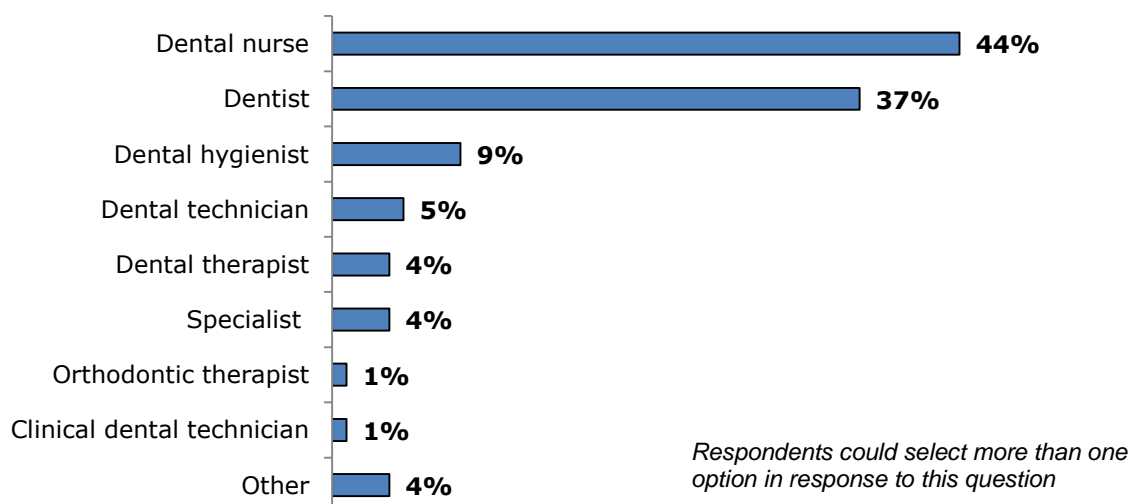
As the sample from the GDC registrant database was drawn using stratified random sampling, those who responded to the online survey were generally representative of the GDC registrant profile in terms of gender, age, role and number of years registered. The results have been weighted to ensure that the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

Data about ethnicity collected by the GDC is incomplete as it has not been compulsory for registrants to supply this to the GDC when registering. As a result, it is not possible for the sample to be representative in terms of ethnicity. However, a question relating to ethnicity was asked of all respondents. Therefore, the survey has been able to collect some useful information about the ethnic breakdown of the GDC register.

Respondents were asked to state what their role was, and could select more than one role if appropriate. As can be seen below in **Figure 1**, the largest group to respond to the survey was dental nurses at 44%, the largest group of DCPs (DCPs now make up the majority of GDC registrants). Almost two in five respondents were dentists (37%).

A third of dentists (32%) had been registered with the GDC for 21 years or more, whereas the majority of DCPs had been registered between 3 and 5 years. However, it is important to remember that GDC registration was only made compulsory for certain groups of DCPs in 2008 who were not already registered (dental nurses and technicians, orthodontic therapists and clinical dental technicians), which reflects the stark difference in the amount of time registered.

Figure 1 – Dental professional role
Base: All respondents (4,160)



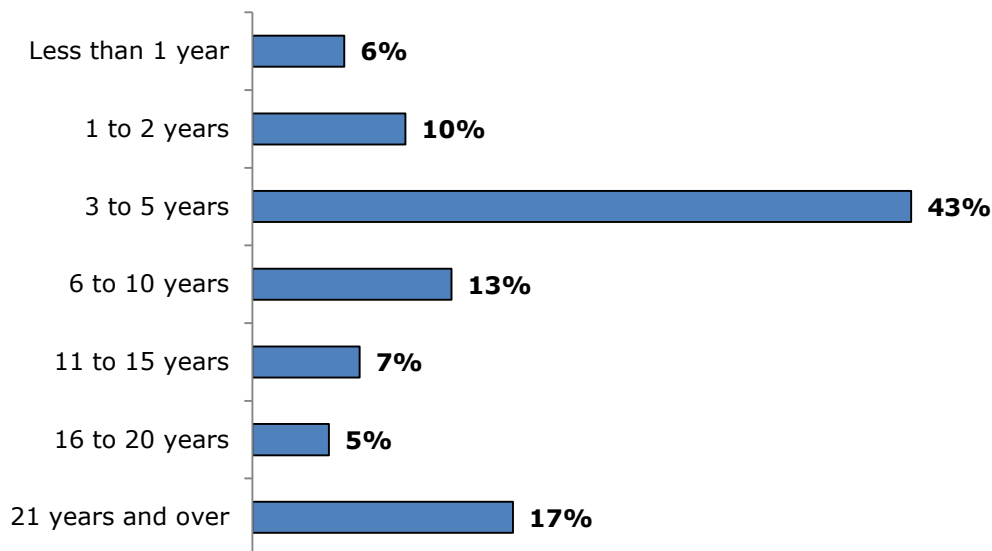
The roles within the category of 'other' included practice managers, tutors and educational positions. 4% of respondents indicated that they were a specialist. Specialist roles are detailed below in **Table 2**.

Table 2 – Specialist roles
Base: Specialists (245)

Specialism	Percentage
Orthodontics	39%
Oral surgery	12%
Periodontics	11%
Restorative Dentistry	8%
Special Care Dentistry	8%
Paediatric dentistry	7%
Endodontics	4%
Oral and Maxillofacial Surgery	4%
Dental Public Health	3%
Other	4%

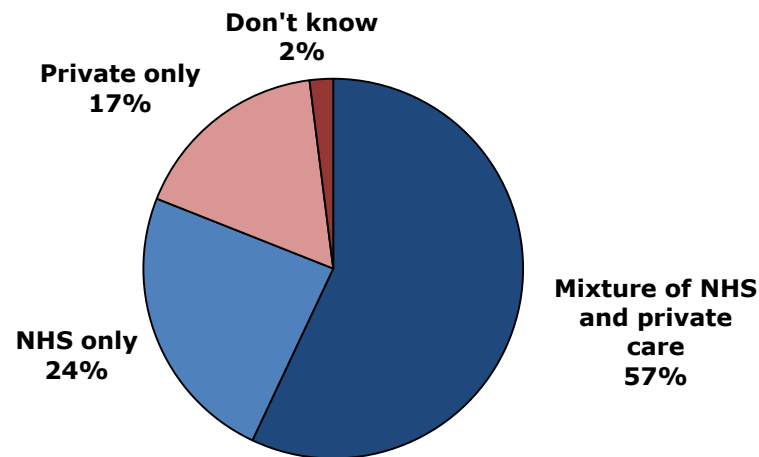
Figure 2 below shows the number of years respondents had been registered with the GDC. Just over two in five respondents (43%) had been registered with the GDC for between 3 and 5 years. The majority of these respondents (59%) were DCPs, again reflecting their recent registration with the GDC.

Figure 2 – How long have you been on the GDC register?
Base: All respondents (4,160)



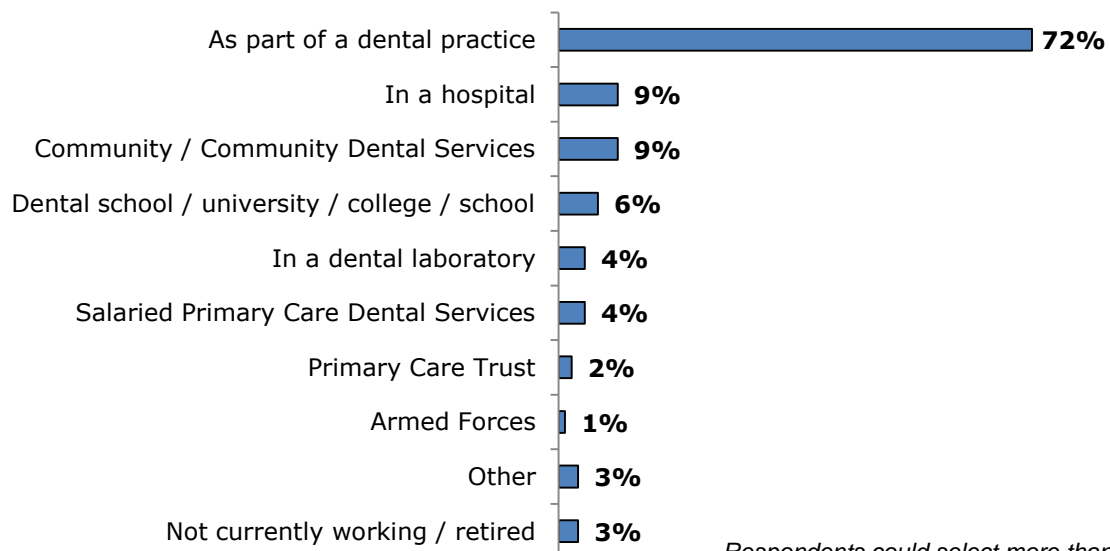
Overall, the majority of respondents (57%) provided a mixture of NHS and private care, with a quarter (24%) providing NHS only, and 17% private only. These results are shown in **Figure 3**. Both dentists and DCPs were most likely to provide a mixture of NHS and private care, but a slightly larger proportion of dentists indicated that they provided a mixture (60%), where as a slightly larger proportion of DCPs indicated that they provided private only care (21%). In particular, a larger proportion of dental hygienists worked in private only care (24%) in comparison to other dental roles.

Figure 3 – What type of dental care do you provide?
Base: All respondents (4,160)



The majority of respondents indicated that they worked as part of a dental practice (72%). Smaller numbers worked in hospitals and within the community/community dental services (9% respectively). This is shown in **Figure 4** below.

Figure 4 – Where do you work?
Base: All respondents (4,160)

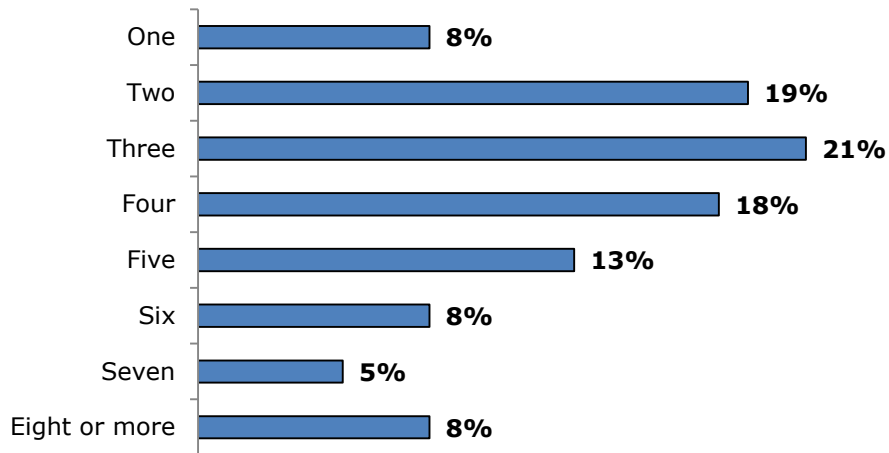


Respondents could select more than one option in response to this question

Respondents who indicated that they worked in a dental practice were asked how many dentists worked there. The range of responses can be seen in **Figure 5** below. Four in five respondents (a total of 79%) indicated that there were five dentists or fewer where they worked.

Figure 5 – How many dentists (including yourself, if applicable) are there in the dental practice where you work?

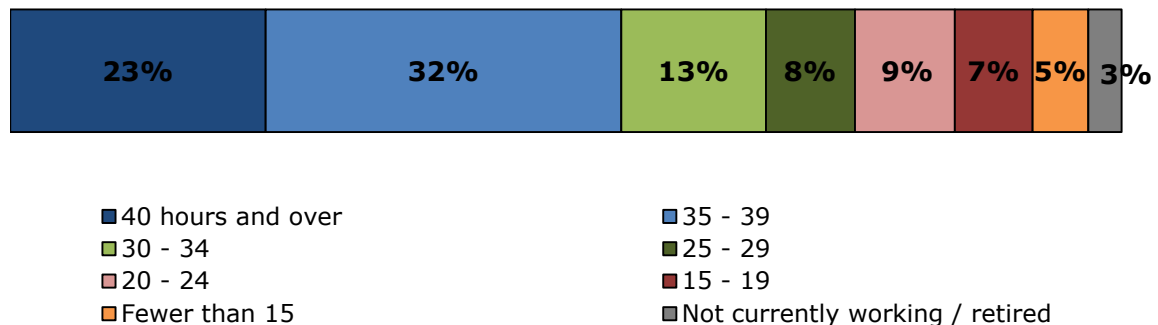
Base: Respondents working as part of a dental practice (2,987)



A third of survey respondents (32%) worked between 35 and 39 hours per week, and almost a quarter (23%) worked 40 hours and over.

Figure 6 – Approximately how many hours per week do you normally work?

Base: All respondents (4,160)



2.1.2 Specialists and the use of GDC specialist lists

Those working in practices were also asked whether dentists on the specialists lists offering specialist care were employed there. Three in ten (29%) indicated that specialist dentists were employed in their practice. These respondents were additionally asked which type of specialist dentists worked at their practice. As shown in **Figure 8**, 50% worked with specialists in orthodontics and 37% in oral surgery.

Figure 7 – Does the practice employ dentists on the specialist lists offering specialist care?

Base: Respondents working as part of a dental practice (2,992)

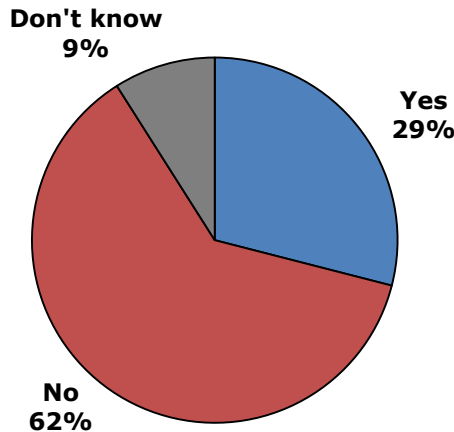
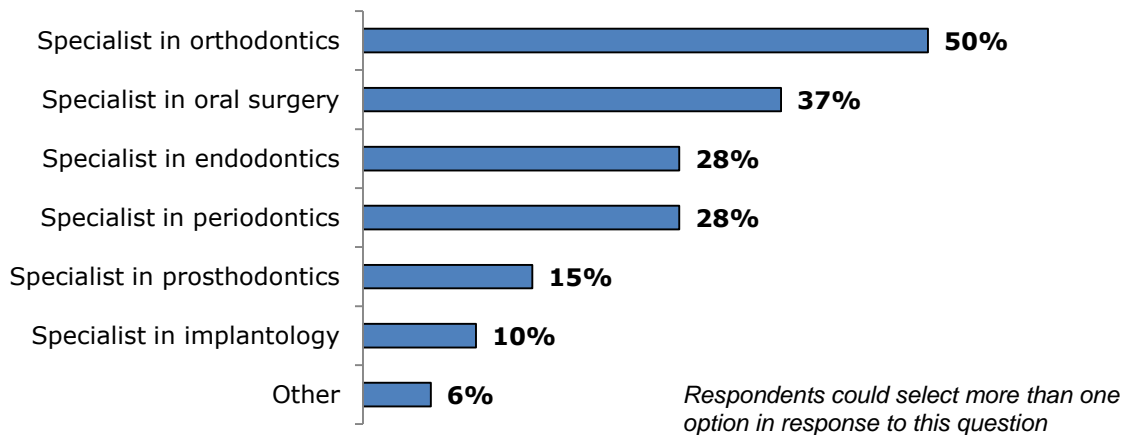


Figure 8 – Please state which type of specialist dentist(s) is / are working at the practice?

Base: Respondents working as part of a dental practice which employs specialists (854)

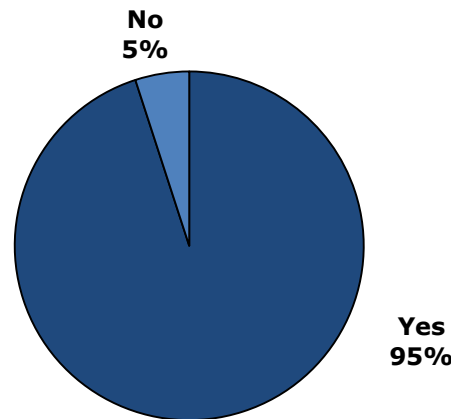


Other specialists included specialists in maxillofacial surgery, restorative dentistry, sedation, special care dentistry and paediatrics.

Respondents who were dentists working in a practice setting were asked whether they were responsible for making referrals to specialists when specialist care is recommended. Nearly all of these respondents (95%) indicated that they were responsible.

Figure 9 – Where specialist care is recommended, are you responsible for making a referral to a specialist?

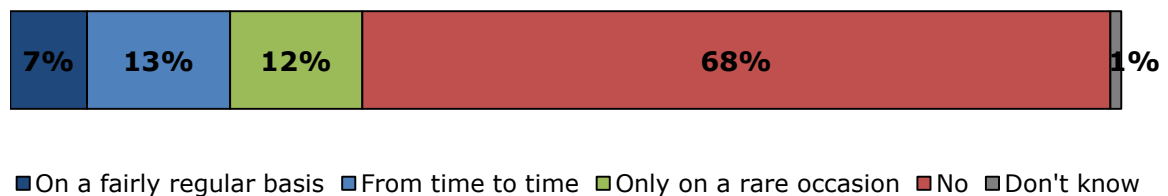
Base: Respondents who are dentists working as part of a dental practice (1,221)



Those who were responsible for making referrals to specialists were additionally asked whether they actively checked the GDC specialist lists when doing so. Two thirds (68%) said that they did not actively check the lists.

Figure 10 – Do you actively check on the GDC specialist lists when making a referral?

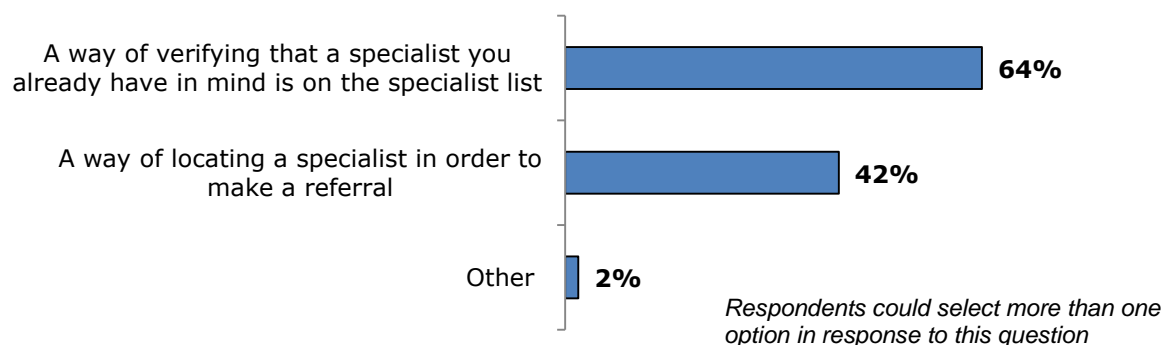
Base: Respondents responsible for making a referral to a specialist (1,161)



The main reason indicated for checking the lists was as a way of verifying that a specialist already in mind was on the specialist list, suggested by almost two thirds of these respondents (64%). Survey respondents were able to provide more than one response to this question.

Figure 11 – For what reason do you check the lists?

Base: Respondents who check GDC specialist lists (359)



2.2 The Future

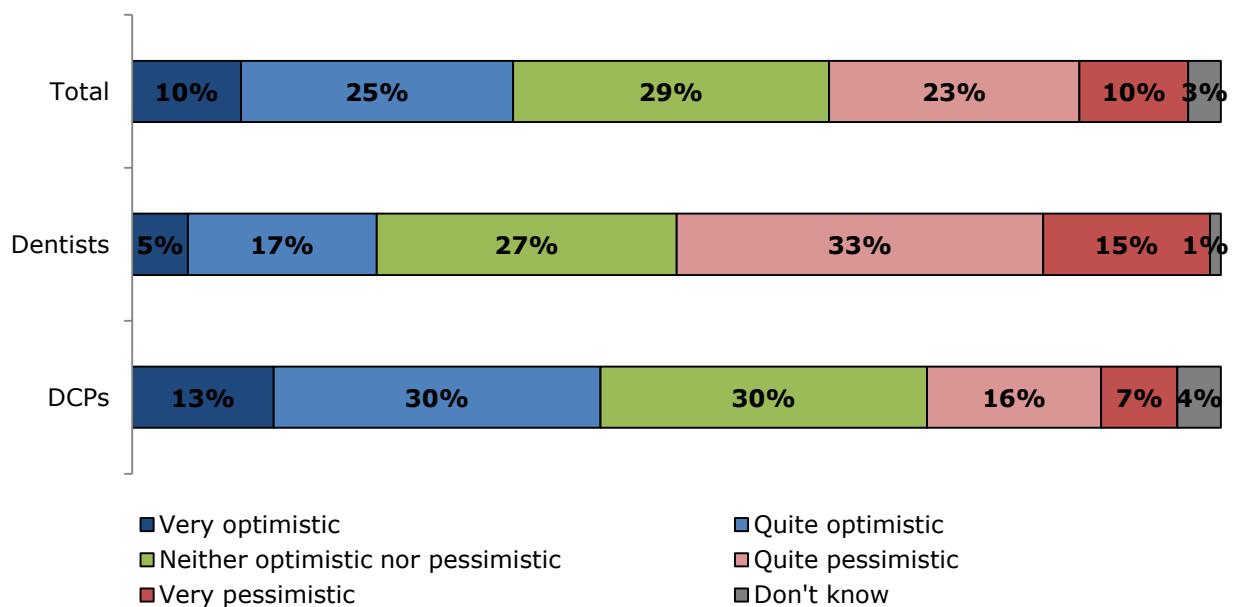
2.2.1 Optimistic or pessimistic?

A new addition to the Annual Survey of Registrants was to include questions which gain an understanding of how registrants are feeling about the future of their profession and act as a general temperature check, in order to horizon scan for any emerging issues dental professionals may be facing or are concerned about.

Opinion about the future of dentistry over the next two years appears to be quite split between those who are optimistic and those who are pessimistic. Whilst just over a third of survey respondents indicated that they were in some way optimistic about the future (35%), another third were in some way pessimistic (33%), and another third (29%) were neither optimistic nor pessimistic.

Figure 12 – Would you say you are optimistic or pessimistic about the future of your profession over the next two years?

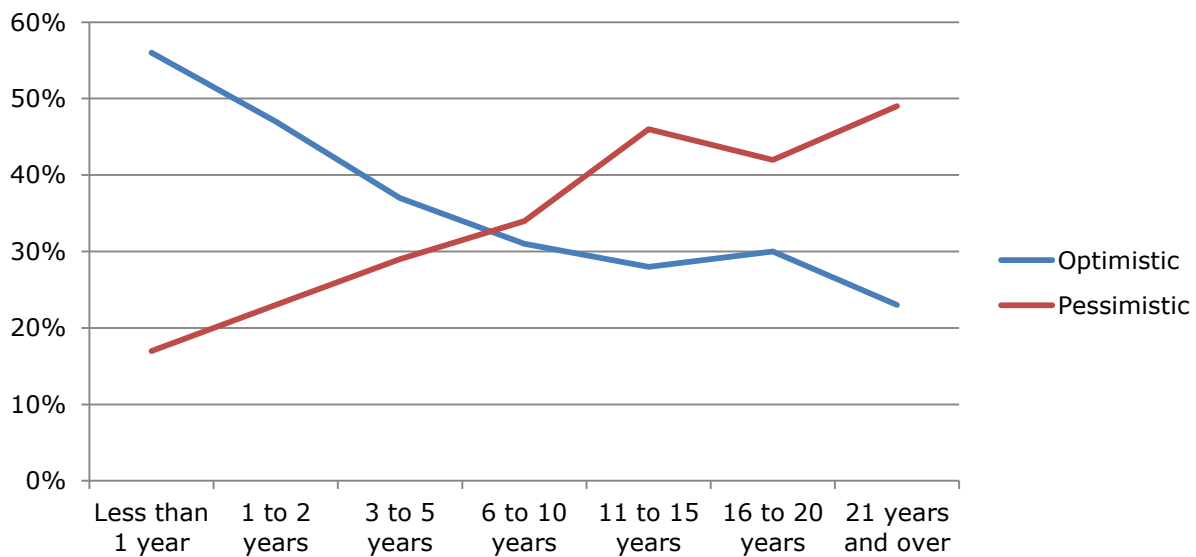
Base: All respondents (4,160)



Subgroup analysis highlights that larger proportions of certain respondents were more pessimistic than others, such as dentists (33% quite pessimistic / 15% very pessimistic), dental technicians (27% quite pessimistic / 20% very pessimistic), and those who had been registered with the GDC for a longer period of time. Male respondents were also more likely to be pessimistic at a total of 50% (compared to female respondents at 27%).

The percentage of those who indicated that they felt pessimistic clearly increases and the percentage of those who indicated that they felt optimistic clearly decreases as the number of years registered increases, as shown overleaf in **Figure 13**.

Figure 13 – Levels of optimism and pessimism by years on the GDC register
Base: All respondents (4,160)



The sample also shows that a larger proportion of DCPs was optimistic about the future of their profession (43%) compared with dentists (22%). Respondents working in Scotland and Wales were also more inclined to be optimistic about the future (39% and 42% respectively) compared with respondents working in England and Northern Ireland (33% and 32% respectively).

Qualitative findings

The views expressed by focus group and depth interview participants provided a better understanding of the survey findings. Several qualitative research participants highlighted that DCPs may feel that they have more reason to be optimistic about the future, focusing on the fact that many are still relatively new to the GDC as registrants. Therefore, DCPs may feel that there are new opportunities available to them in terms of career development, progression and training, and it was highlighted by several participants from many different roles that dental nurses in particular may be the driving force behind this optimism. Many participants, including dental nurses and dentists, acknowledged that the role of dental nurses has significantly developed since their inclusion within the GDC, allowing nurses to see their role as a career rather than 'just a job', and that they are now seen as an important part of the dental team.

There are lots of opportunities for nurses. Their registration gives them a sense of professionalism that they didn't have before. Nurses can have more roles now than before, it's expanding.

(Dentist, depth interview, England)

I think dental nurses now look at it as a career and you can go further. You're now a very important part of the team.

(Dental nurse, focus group, Northern Ireland)

Nowadays nurses see it as a structured career rather than just some little job to go into. There are more opportunities than there ever used to be for them. They can see a career pathway now.

(Dentist, focus group, England)

A number of qualitative participants, including dentists and DCPs, explained that they could also see why more dentists may have felt pessimistic about the future in the survey results due to increasing levels of regulation and responsibility, and financial issues related to the running of a business. Several dentists and DCP participants suggested that, because many DCPs were shielded from the pressures of running a business, or not informed by dentists as to what is going on 'behind the scenes', they would be more inclined to feel optimistic about the future. It was also suggested that older dentists may be more inclined to be pessimistic, as many are now trying to sell their practices and leave the profession due to the way it has changed over the years with significant increases in regulation.

Dentists are likely to be more pessimistic because of the [NHS] contract and the RQIA and there just seems to be more and more regulations.

(Nurse/Hygienist, focus group, Northern Ireland)

The DCPs are isolated from the problems and worries that you have.

(Dentist, focus group, Scotland)

I can see why dentists might be more pessimistic. They have to work harder than ever now. Older dentists are all trying to sell their practices.

(Hygienist, depth interview, Northern Ireland)

We always say that they [dentists] keep us in the dark until the last minute. DCPs are at the end of the chain and dentists have more insight into the figures and what's going on.

(Dental nurse, depth interview, Scotland)

A small number of dentist participants additionally suggested that dentists may feel pessimistic about the future of dentistry due to the increasing role of DCPs and the issue of 'direct access'. These participants explained that allowing DCPs to take on roles and duties typically carried out by dentists and to see patients without going through a dentist first was encroaching on the role of the dentist. This could potentially take work away from them, passing it to who they perceived to be less skilled professionals. Therefore, they may feel that their careers are under threat. However, it is important to note that whilst a small number of dentists expressed this view, a similar number highlighted that they felt happy to see the increasing roles of DCPs, indicating that it was improving the levels of service being offered to patients and allowing dentists to focus on other more complex aspects of dentistry.

This is a threat to dentists and is making DCPs dentists by stealth while making considerable savings!

(Dentist, focus group, Wales)

DCPs have greater roles to play. They should be able to take on more and more straightforward clinical stuff. Therapists are really underused. A lot of dentists are wary of them, but I don't see why. It's positive.

(Dentist, depth interview, Scotland)

There's a lack of understanding from dentists on the positive role that hygienists and therapists play in dentistry.

(Hygienist, depth interview, Scotland)

It is interesting to note that a number of qualitative participants from Scotland also indicated that they had more reason to be optimistic compared to dental professionals working in other countries within the UK, backing up the results from the online survey.

The focus of this view was based on the levels of regulation in England and the new NHS contract.

Whilst we are being hammered with cuts and changes, at least we've got the continuity that we are not going to have the rug pulled out at the end of our contracts. If I were in England I probably wouldn't be sleeping.

(Dentist, focus group, Scotland)

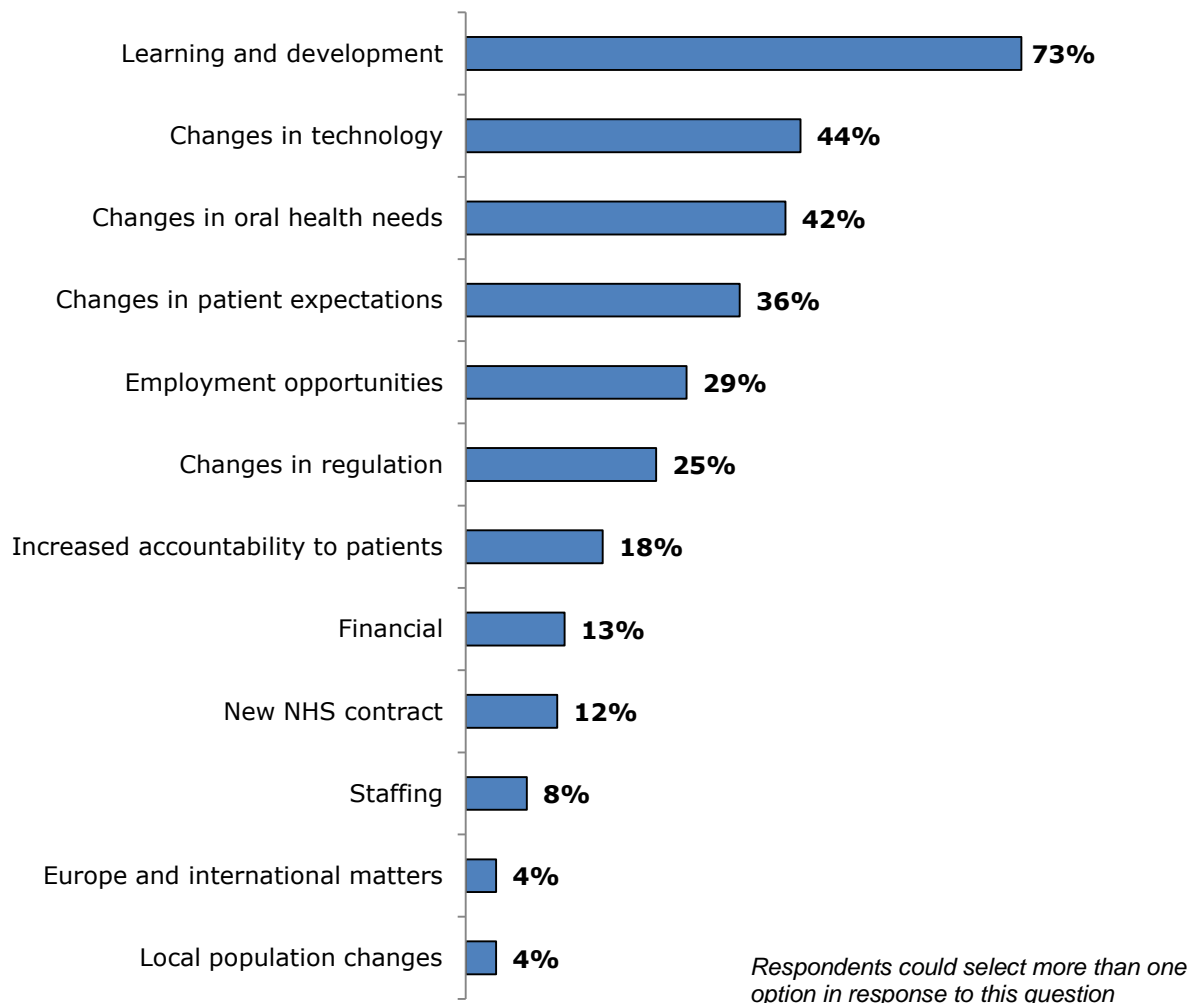
Here in Scotland we've had a lot of success with the Child Smile programme, and there's the general improving oral health of the nation to feel optimistic about.

(Orthodontic therapist, depth interview, Scotland)

2.2.2 Areas of optimism

Those who indicated that they were optimistic about the future were asked what areas specifically they felt optimistic about. Survey respondents were able to select multiple options. As seen in **Figure 14**, learning and development was by far the most popular suggestion at 73%. This area was suggested by a larger proportion of dental nurse respondents at 76%. Changes in technology was suggested by over two in five respondents overall (44%), and was considerably higher for dentists at 59% and dental technicians at 69%. Changes in oral health needs was suggested by just over two in five (42%) of respondents overall, but also by a larger proportion of dental hygienists at 49%.

Figure 14 – What areas do you feel optimistic about?
Base: Respondents who are optimistic about the future (1,450)



These respondents were additionally asked to rank the areas which they had selected as feeling optimistic about in terms of importance (where 1 was the most important). The areas are listed below in **Table 3** in terms of importance, based on the mean score recorded. The mean is calculated in the same way that an average score is calculated, by finding the sum of all the scores and dividing by the number of scores provided. Areas with a lower mean score were seen as more important, and those with a higher mean score were seen as less important.

Learning and development was seen as the most important area to feel optimistic about which recorded a mean score of 1.7, followed by changes in oral health needs at 2.3. It is interesting to see changes in regulation with a mean score of 2.5, as this was generally focused on as an area of pessimism in the qualitative research.

Table 3 – Ranking of importance of optimistic areas within the dental profession over the next two years
Base: Respondents who are optimistic about the future (1,450)

Area	Mean score
Learning and development	1.7
Changes in oral health needs	2.3
Changes in patient expectations	2.5
Changes in regulation	2.5
New NHS contract	2.7
Employment opportunities	2.9
Changes in technology	3.0
Increased accountability to patients	3.1
Financial	3.5
Staffing	3.9
Europe and international matters	4.1
Local population changes	4.8

Qualitative findings

Many qualitative research participants, particularly those who were more optimistic about the future of dentistry, also felt that learning and development was by far the area of dentistry to feel most optimistic about. This was a view held by a large number of qualitative participants, but particularly focused on by DCPs who explained that their access to learning and development had increased significantly since their registration with the GDC. It was highlighted that there were far more training courses available to them and opportunities to further themselves within their career, enhanced by the amount of courses now available online. A smaller number of dentists also agreed with this finding, highlighting the opportunities available to specialise within dentistry and the benefits of online study.

Now that DCPs have to be registered there's a lot more CPD out there now. There's a need for it.

(Hygienist, focus group, England)

It's really accessible, there's loads of CPD online now. The internet is really helpful, it encourages more knowledge in the profession.

(Dental nurse, depth interview, England)

Gone are the days where you qualified and stopped learning. Most dentists who've graduated in my generation will probably do some kind of post grad and specialise. It gives a higher standing to the profession.

(Dentist, depth interview, England)

A small number of qualitative research participants also agreed that changes in oral health needs and patient expectations were areas to feel optimistic about, as it was felt that the public was taking better care of their teeth as the years progressed, meaning that teeth were being retained and that there was more work and opportunities to help patients maintain their teeth as a consequence. It was also suggested by these participants that patients were now more open to new treatments and dental procedures, and therefore expected a high level of service which participants indicated they were pleased to deliver.

However, it was also felt that changes in patient expectations could be perceived in a negative way, with a number of qualitative participants stating that patients were often expecting too much from their dental professionals, which was seen as a particular problem within the NHS, where it was felt that dentists have more constraints on them.

As a hygienist, people are retaining their teeth now instead of becoming toothless, so there are a lot of opportunities now to care for patients – there's more out there, there's more demand, so there's more opportunity for a hygienist.

(Hygienist, focus group, England)

People are keeping their teeth longer now, so it means there's more work out there for us.

(Therapist, depth interview, Wales)

Patients are a lot more aware of what's available to them. They have access to the internet and they expect a certain standard of care.

(Dental nurse/hygienist, focus group, Northern Ireland)

Expectations from the public have changed, they expect real high quality which for some people can be hard to provide.

(Hygienist, depth interview, Northern Ireland)

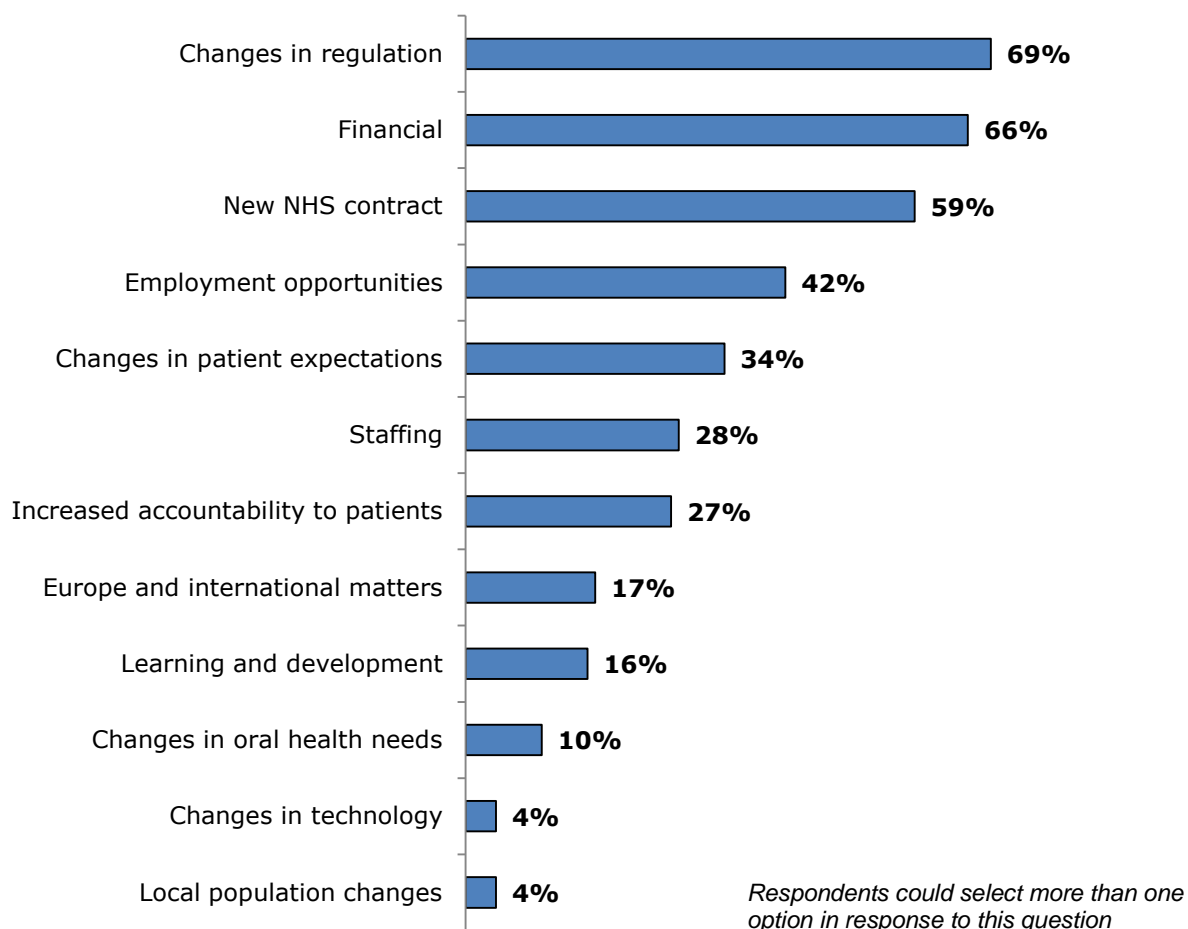
2.2.3 Areas of pessimism

Respondents who indicated that they felt pessimistic about the future were also asked to specify which areas they were thinking of. Survey respondents were able to select multiple options. **Figure 15** overleaf shows that the majority of these respondents focused on changes in regulation (68%), financial issues (66%) and the new NHS contract (59%). All of these areas were suggested by a larger number of dentists in comparison to DCPs at 75%, 68% and 75% respectively, again highlighting that a larger proportion of dentists felt pessimistic about the future.

A larger proportion of respondents who had been registered with the GDC for a longer period of time suggested changes in regulation as an area of pessimism, which steadily increased as the number of years registered increased. Just 49% of those who had been registered for less than two years suggested changes in regulation, which increased to 79% for those registered for 21 years and over. However, those who had been registered for less than two years were more likely to suggest employment opportunities as an area of pessimism at 58% (compared to 42% overall).

Far fewer DCPs suggested the new NHS contract as an area to feel pessimistic about at 37%.

Figure 15 – What areas do you feel pessimistic about?
Base: Respondents who are pessimistic about the future (1,380)



Again, these respondents were additionally asked to rank the areas which they had selected as feeling pessimistic about in terms of importance. As seen in **Table 4**, the most widely selected areas of changes in regulation, financial issues and the new NHS contract were also seen as most important, all with similar mean scores. Employment opportunities were also seen as important with a mean score of 2.8.

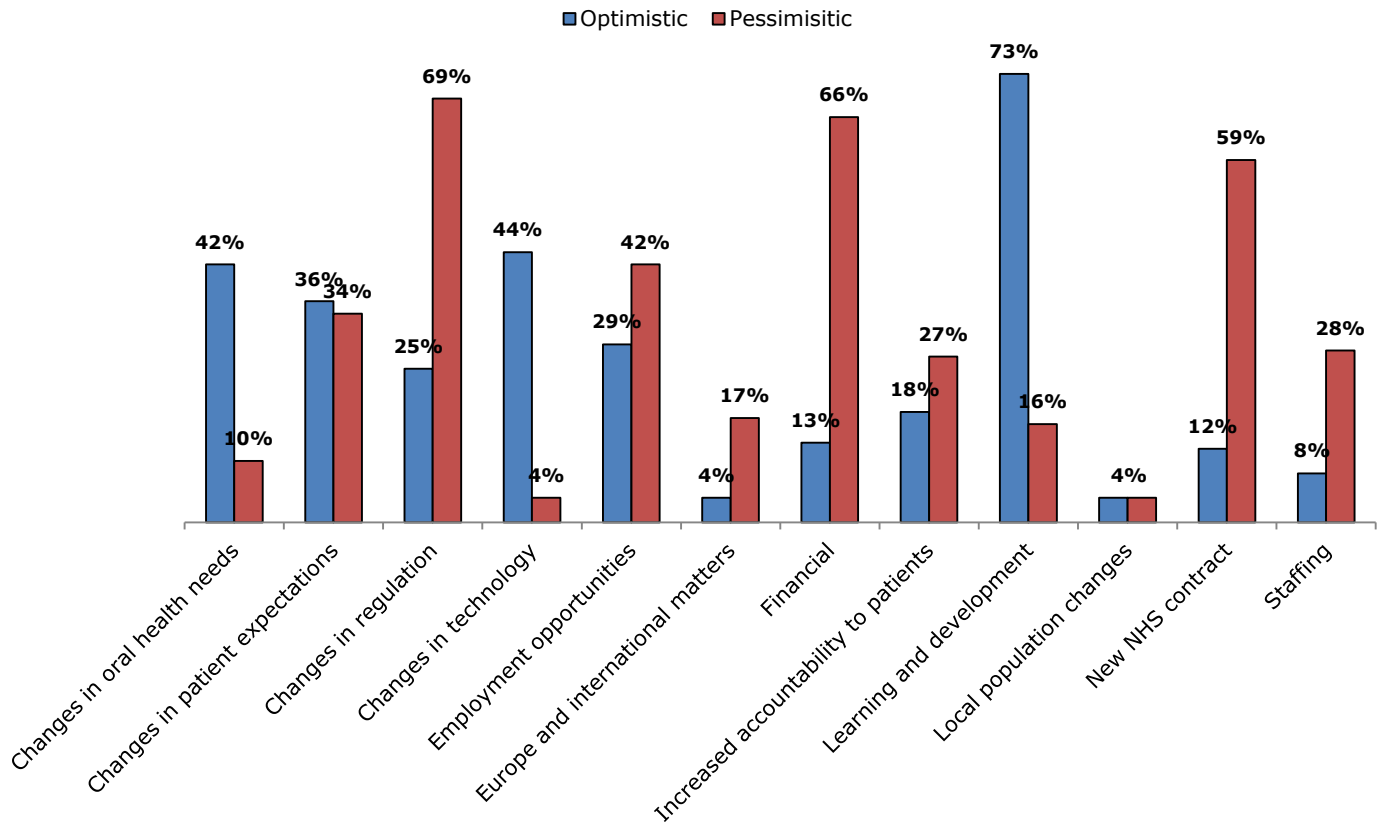
Table 4 – Ranking of pessimistic areas within the dental profession over the next two years
Base: Respondents who are pessimistic about the future (1,380)

Area	Mean score
Changes in regulation	2.3
Financial	2.3
New NHS contract	2.4
Employment opportunities	2.8
Increased accountability to patients	3.4
Changes in patient expectations	3.6
Learning and development	3.3
Staffing	3.4
Europe and international matters	3.6
Changes in oral health needs	4.1
Changes in technology	4.7
Local population changes	5.4

To allow for comparison between key areas of optimism and pessimism, both sets of results have been displayed below in **Figure 16**.

Figure 16 – What areas do you feel optimistic / pessimistic about?

Base: Respondents who are optimistic about the future (1,450) / Respondents who are pessimistic about the future (1,380)



Qualitative findings

Areas of pessimism were much more widely discussed than areas of optimism during the qualitative research and this allowed the reasons behind the areas highlighted in the survey to be explored in greater depth. The areas of regulation, finance, the new NHS contract and employment opportunities were the most discussed areas of pessimism.

The importance of regulation in dentistry was acknowledged across all the qualitative research, but increasing levels of regulation were seen as the most frustrating and difficult areas of modern dental practice. A large number of participants, particularly dentists, explained that they enjoyed working within their profession and treating patients, but were finding this increasingly difficult due to what they perceived to be increasing levels of regulation which they had to deal with on a daily basis. These participants were not happy with the amount of time they had to spend ensuring that they were operating to the latest regulations, as it resulted in them being able to spend less time treating patients. The Care Quality Commission (CQC) in England and the Regulation and Quality Improvement Authority (RQIA) in Northern Ireland were highlighted as the main providers of increased regulation, particularly the CQC which was criticised by almost all participants.

Treating patients is still part of the job we all enjoy and why students come into the profession. It's all the other stuff; the paperwork, the rules, the regulations that we don't enjoy.

(Dentist, focus group, Wales)

The CQC regulation is massive. I think people are thinking about CQC regulation rather than the GDC. People are getting fed up with it because it's so difficult to comply with it all.

(Dentist, focus group, England)

Dentists are more likely to be pessimistic because of the RQIA, there just seems to be more and more regulations.

(Dental nurse, focus group, Northern Ireland)

Financial issues were also discussed within the qualitative research, mainly by dentists, who indicated that the increasing regulation came hand in hand with increasing costs. The issue of decontamination was raised many times in both focus groups and in depth interviews as causing a large expense which practices have had to incur in order to operate within current rules and regulations. It was also highlighted by some dentists that many dental professionals have not received a pay rise for some years, and some had even experienced pay cuts, which coupled with the current economic climate, was raising concerns about financial and job security.

You have an ongoing financial commitment to keep up to these regulations.

(Dentist, depth interview, Scotland)

That's the outlay people have had to make to comply with HGM105, putting in decon rooms with no funding. Some practices have had to fork out up to £30,000.

(Dentist, focus group, England)

Our pay has been frozen and jobs are being restructured. A lot of people are worried about the future.

(Dental nurse, depth interview, Scotland)

Some concern was also raised by a number of qualitative participants in relation to the new NHS contract, who were apprehensive of what impact it would have on the future of dentistry. Much of this concern came from more experienced dental professionals who had worked within the previous NHS contract, and this was creating a general feeling of uncertainty amongst the profession, particularly for dentists.

There's a lot of uncertainty around the NHS contract, no one knows where that's going. There's generally a lot more uncertainty around the profession than there was 10 or 20 years ago.

(Dentist, focus group, England)

Dentists are worried about the new NHS contract and the financial burdens, but it's not really as bad for DCPs.

(Therapist, depth interview, Wales)

Employment opportunities were also raised as an area of pessimism by many qualitative participants, both older and younger. It was generally agreed that employment opportunities for newly qualified dentists were much fewer in comparison to ten or fifteen years ago, especially by older participants who explained that when they had graduated they were almost guaranteed a job. It was explained by these participants

that there were too many dentists qualifying in relation to the number of vacancies and training placements available. This appears to be a view held by participants who took part in the qualitative research from all countries within the UK.

I think there's a lot of pessimism about potential unemployment for new graduates. I know there are a lot of orthodontic trainees coming through who might not be able to get consultant jobs.

(Orthodontic therapist, depth interview, Scotland)

We've got so many graduates who are unemployed now, and that's never happened before. They train for five years and they're not guaranteed a job anymore which they used to be.

(Dentist, focus group, England)

I wouldn't want to be a newly qualifying dentist now, they'll have a really tough time. There are just too many people qualifying at the moment.

(Dentist, depth interview, Scotland)

2.2.4 Challenges

All survey respondents were asked to indicate what they felt were the greatest challenges in their current daily practice. Survey respondents were able to select multiple options. Almost three in five respondents (58%) suggested keeping up to date with changes in guidance, rules and the law, closely followed by meeting the demands of regulation at 51% and finding time and opportunities to develop at 49%.

Subgroup analysis shows that DCPs were more likely to suggest that finding time and opportunities to develop was a challenge at 55% (compared to dentists at 41%), and that this was especially the case for dental nurses at 56%. A larger proportion of dentists suggested meeting the demands of regulation as a challenge at 57%, something which was suggested by far fewer DCPs, particularly dental therapists (42%), hygienists (45%) and technicians (46%).

A larger proportion of male respondents suggested administration at 50% compared to female respondents at 37%, where as a larger proportion of female respondents suggested finding time and opportunities to develop at 53% compared to male respondents at 40%.

Significantly fewer respondents living in Scotland suggested meeting the demands of regulation as a challenge within their current daily practice at 39%.

Figure 17 – What are the greatest challenges in your current daily practice?
Base: All respondents (4,160)



Respondents were asked to rank the challenges they had selected to indicate which they felt were the most challenging, shown in **Table 5**. Preparing for changes within the NHS, whilst not the most widely suggested challenge, was seen as the most important alongside keeping up to date with changes in technology and best practice, both receiving a mean score of 2.5. Meeting the demands of regulation and keeping up to

date with changes in guidance, rules and the law were also seen as challenging by a larger number of respondents, both with mean scores of 2.8.

Table 5 – Ranking of challenges
Base: Respondents who indicated challenges (4,037)

Challenge	Mean score
Preparing for changes within the NHS	2.5
Keeping up to date with changes in technology and best practice	2.5
Meeting the demands of regulation	2.8
Keeping up to date with changes in guidance, rules and the law	2.8
Administration, including record keeping	3.1
Increased accountability to patients	3.2
Finding time and opportunities to develop	3.3
Recruitment and retention of staff	3.4
Meeting patients' expectations	3.5
Local population changes	4.0
Keeping within budget	4.1
Communication barriers with patients	4.5

Qualitative findings

Qualitative research participants largely shared the view that meeting the demands of regulation and keeping up to date with changes in guidance, rules and the law was very challenging as it took up so much of their time, energy and resources which they felt could be better used treating patients.

Excessive regulation is the biggest challenge. It's so time consuming. A lot of them are ridiculous policies that are there just to satisfy the bureaucracy of dentistry.

(Dentist, depth interview, Northern Ireland)

You don't know where to get the best information from. It's easy to miss the information you need and you spend a lot of time looking for it.

(Dental nurse, depth interview, England)

However, a smaller number of participants explained that that regulation, guidance, rules and the law are a standard part of their profession which they expected to have to deal with. It seems that there was understanding that it was becoming increasingly time consuming, but these participants tended to feel that regulation was an essential and important part of dentistry, and therefore did not see it as a challenge.

It goes hand in hand with the job. Some regulations change every month, we get memos. You just get on with it, maybe you moan for five minutes.

(Dental nurse, depth interview, Scotland)

Keeping up to date with changes in technology and best practice was seen by a number of participants as an element of the profession which was enjoyed by many professionals, particularly in comparison to areas of regulation and the law. It was, therefore, seen by many as a positive challenge.

I quite enjoy the challenge of keeping up with technology. It's the legal side of things with regulation that's the burden.

(Dentist, depth interview, England)

There's lots being pushed at dentists that's new and cutting edge, it can be hard to keep up. Technology is exploding, there's so much that can aid us.

(Dentist, depth interview, Scotland)

I would say keeping up with technology is the best bit!

(Dentist, focus group, Scotland)

A challenge suggested by a significant number of qualitative research participants which was not directly listed as an option in the survey was time restrictions when treating patients. These participants tended to work in NHS settings, and reported that the time allocated for various procedures had been reduced, meaning that less time could be spent with patients. Therefore, more patients were seen each day and they found it quite challenging to ensure the same level of quality and care. It was also felt that time constraints did not allow dental professionals to focus on preventative treatments.

Time constraints is the biggest challenge. It used to be 30 minutes for a new patient, now it's 20. It's five minutes less for a root canal appointment too, all are five or ten minutes shorter.

(Dental nurse, depth interview, Scotland)

I think time is a real challenge for dentists. There's so much repair work being done, so it's a case of 'get them in and done'. But this cycle needs to stop and focus on prevention as you're never going to stop it are you?

(Dental nurse, Depth Interview, Wales)

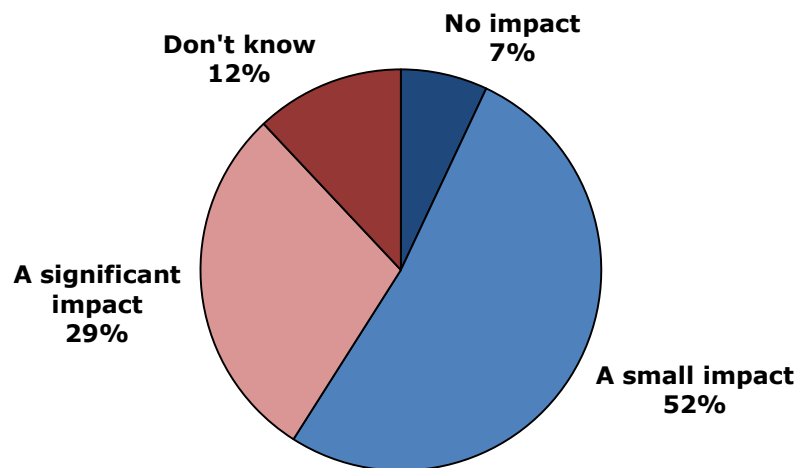
2.2.5 The impact of technology

Also on the topic of the future of dentistry, survey respondents were asked to indicate what impact they thought changes in technology would have on the nature of their practice in the next two years.

Just over half of survey respondents (52%) perceived changes in technology to have a small impact, a view held by a larger proportion of dentists at 57% and also those who had been registered with the GDC for 21 years and over at 61%. However, three in ten respondents (29%) felt that technology would have a significant impact, which was suggested by a significantly larger proportion of dental technicians at 41%.

A larger proportion of respondents from an Asian/Asian British background also perceived changes in technology to have a significant impact at 37%.

Figure 18 – How much impact do you perceive changes in technology will have on the nature of your practice in the next two years?
Base: All respondents (4,160)



2.3 Perspectives on the GDC

2.3.1 The level of regulation

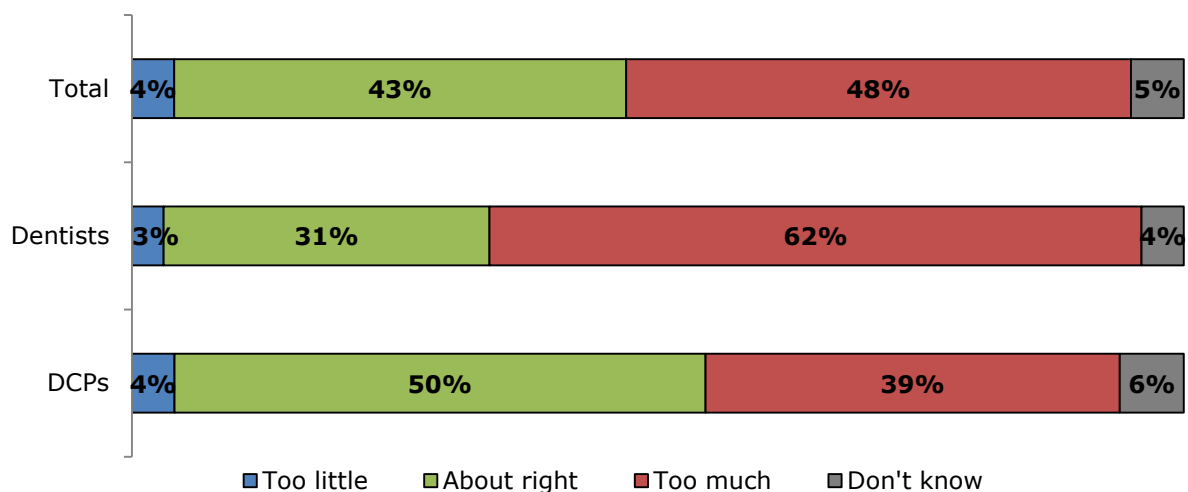
Survey respondents were asked to indicate whether they felt the level of regulation of dentistry was about right, too little or too much. As can be seen in **Figure 19** below, almost half (48%) stated that they thought the level of regulation was too much. However, just over two in five respondents (43%) indicated that the level of regulation was about right. Just 4% felt that the level of regulation was too little.

Looking across the subgroups, a larger proportion of DCPs said that the level of regulation was about right, in comparison to dentists (50% compared to 31%), where a larger proportion suggested that it was too much (62% compared to 39%). In terms of the specific DCP roles, dental hygienists and therapists were most likely to indicate that the level of regulation was about right at 59% and 58% respectively, whereas a greater proportion of dental technicians indicated that it was too little at 12% (compared to just 4% overall).

Female respondents were significantly more likely to state that regulation levels were about right at 50% compared to male respondents at 25%. A larger proportion of male respondents indicated that regulation levels were too much at 67%, compared to female respondents at 41%. A larger proportion of respondents from an Asian/Asian British background also perceived that regulation levels were too much at 63%.

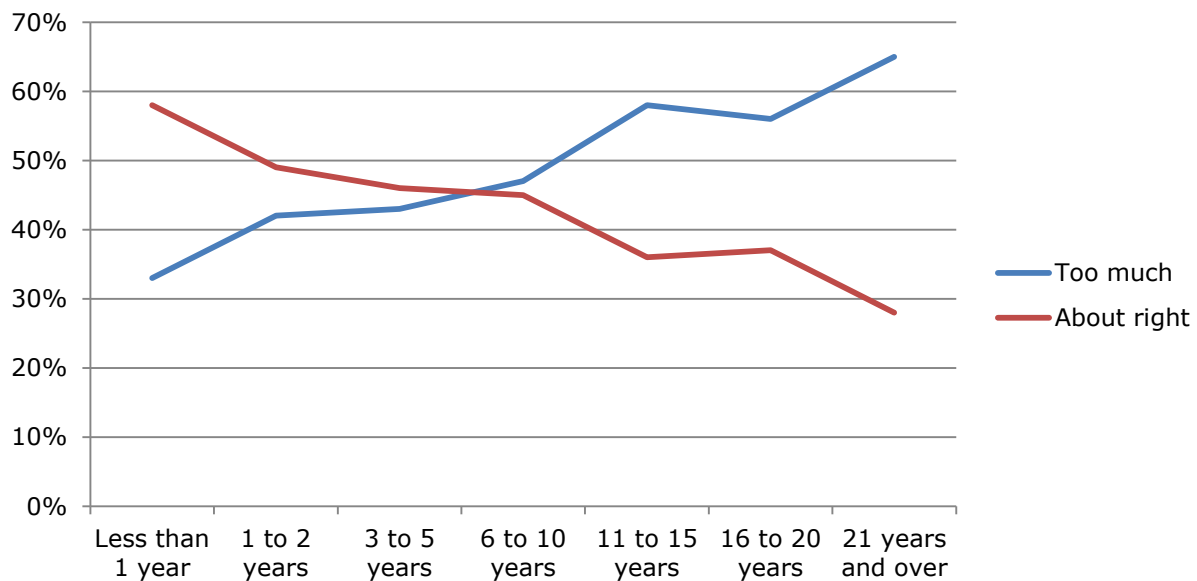
Figure 19 – Thinking in general about the overall regulation of dentistry, do you think the level of regulation is...?

Base: All respondents (4,160)



The number of years on the GDC register also has a significant impact on the results to this question, with the proportion of respondents indicating that regulation is about right falling as the years increase, and conversely the proportion of respondents indicating that regulation is too much increasing. This finding is shown in **Figure 20** overleaf.

Figure 20 – View of the level of regulation by years on the GDC register
Base: All respondents (4,160)



In comparison to the 2011 Annual Survey of Registrants results, an increase in the level of registrants who indicated that the level of regulation is too much can be seen (+9%) at the expense of those who saw the level as about right (-5%). Looking at the roles, it appears that this shift in opinion is due to the views of DCPs, where 39% see the level of regulation as too high, compared to 26% in 2011 (an increase of 13%). The views of dentists have remained largely unchanged.

Table 6 – The level of regulation – 2011 and 2012 results
Base: 2,827 (2011) / 4,160 (2012)

Level of regulation	2011	2012	Difference
Too little	7%	4%	-3%
About right	48%	43%	-5%
Too much	39%	48%	+9%
Don't know	5%	5%	-

Qualitative findings

Focus group and depth interview participants were generally of the opinion that dentistry was becoming an over-regulated profession, as they perceived the levels of regulation to be increasing year on year. Whilst a significant number of qualitative research participants acknowledged the need for comprehensive regulation, they explained that the current levels of regulation were making it harder for them to care for patients due to the level of commitment and attention they had to give to keeping up with regulation. It was also highlighted by a small number of participants that the high levels of regulation make some dentists feel that they cannot be trusted to treat patients with care using what they described as 'common sense'.

Regulation is a massive issue. Our practice manager spends hours each week dealing with new legislation. It takes a huge amount of time to deal with all the paperwork. I think it de-professionalises the profession.

(Dentist, depth interview, England)

It feels like you're not trusted to do your job, and you lose a lot of time which would be spent with patients.

(Dentist, depth interview, England)

However, it seems that the main focus of this view was not on the GDC's regulations, but on the CQC which independently regulates all health and social care services in England. Of those who discussed the CQC, none had anything positive to say about it, explaining that their inspections were frustrating due to their attention on what they saw as less critical and more bureaucratic issues rather than important clinical issues, and that inspections were often conducted by people with little or no knowledge of the dental profession. Additionally, a number of participants who worked in Scotland who were not governed by the CQC felt that its regulations were inappropriate and unreasonable based on feedback from colleagues working in England, and those working in Northern Ireland reported similar frustrations with the RQIA. It was agreed by these participants that the actions of other regulators, mainly the CQC and RQIA, would have likely influenced the results to this survey question, and that in many ways, much of the regulation of dentistry was outside the GDC's control.

The CQC regulation is massive. I think people are thinking about CQC regulation rather than the GDC. People are getting fed up with it because it's so difficult to comply with it all. The level of assessment varies massively, its pot luck who you get on the day. A lot of them don't have a clue about dental.

(Dentist, focus group, England)

There's absolutely nothing in CQC that's about standards of clinical practice – it's all about premises, protocols and policies. They're focusing on areas that aren't as important so it's frustrating.

(Dentist, focus group, England)

Our version of the CQC, the RQIA, it's terrible. It's so much paper pushing. It's not focused on the important things, so it's not in the interests of patients.

(Dentist, depth interview, Northern Ireland)

Despite the focus on over-regulation, some qualitative research participants indicated that the overall level of regulation was about right. They explained that, whilst it appeared there was a lot of regulation and that it was time consuming to keep up with it, the current levels of regulation were necessary to ensure best practice and to protect patients. Many of these participants were speaking from experiences of seeing how some dental practices operate, outside obvious regulations, which they explained led them to understand the reasoning behind a lot of dental regulations. A small number of participants were simply content with the current level of regulation which they expected to ensure high standards in dentistry. However, many of these participants were DCPs, not dentists, who may not be dealing with as much regulation on a regular basis.

People will say that there's too much regulation, but I've seen practices working as a locum that in no way meet regulations. There are a lot of people out there getting away with things.

(Dental nurse, focus group, England)

I think it's about right – it's not too stringent and there's some scope for interpretation.

(Therapist, depth interview, Wales)

No one likes being told what to do, but it's the career we chose.

(Dental nurse, depth interview, England)

2.3.2 Confidence in the GDC

Survey respondents were asked to indicate how confident they were, if at all, in the GDC’s ability to regulate dentists and DCPs effectively. Despite the majority of respondents seeing the level of regulation as too high in response to the previous question, in **Figure 21** below we can see that this does not appear to have affected respondents’ confidence in the GDC, as over half (54%) indicated that they were fairly confident. Almost two-thirds (65%) said that they were in some way confident (either very or fairly confident), whereas a total of three in ten (29%) were not confident.

Figure 21 highlights that DCPs were significantly more confident in the GDC’s effectiveness to regulate (a total of 72%) when compared to the view of dentists (a total of 52%). Looking specifically at DCP roles, dental therapists and dental hygienists had significantly higher levels of confidence in the GDC (totals of 85% and 81% respectively), whereas dental technicians were far less confident with a total of 34%.

A large difference in confidence can be seen between male and female respondents, with a total of 73% of female respondents confident compared to just 44% of male respondents.

As seen in response to other survey questions, the number of years registered with the GDC also has an impact on responses. As the number of years registered increases, the level of confidence in the GDC’s effectiveness at regulating falls. Those who had been registered for 10 years or less recorded a total level of confidence of 69%, where as those registered for 11 years or more recorded a total level of 52%.

Figure 21 – Overall, how confident, if at all, are you that the GDC is regulating dentists and DCPs effectively?
Base: All respondents - 2,827 (2011) / 4,160 (2012)

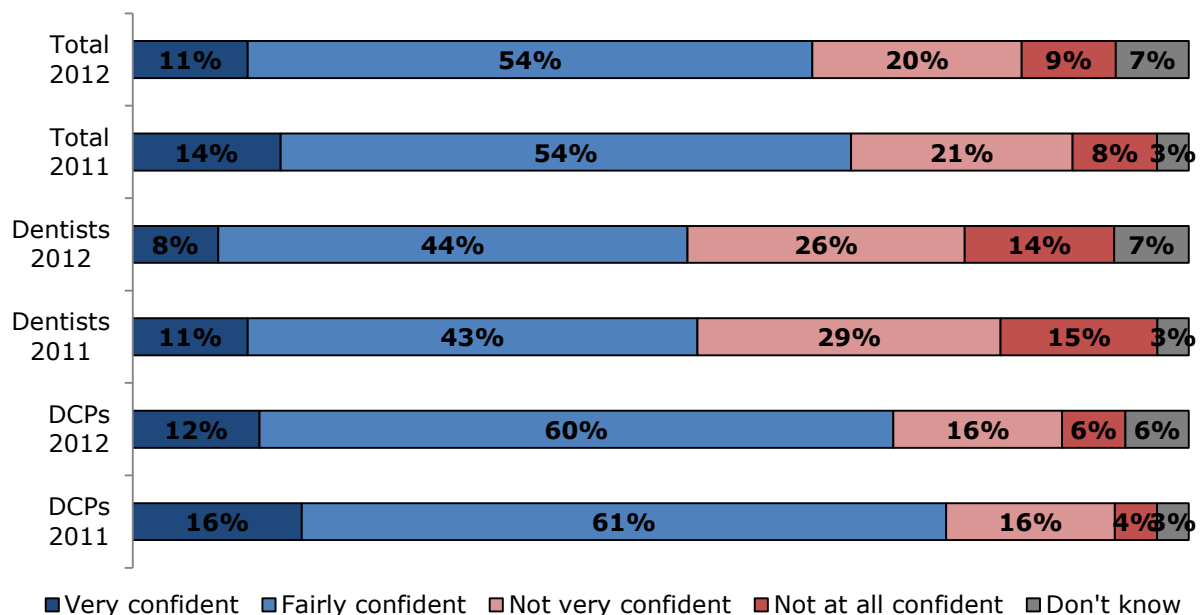


Figure 21 also presents the results collected in response to this question from the 2011 Annual Survey of Registrants. When comparing the levels of confidence recorded only slight changes can be seen. The same proportion of respondents indicated that they were fairly confident in both surveys. A difference of 3% was seen between those who felt very confident in 2011 (14%) and 2012 (11%), but the main area that an increase

was seen was those who said that they didn't know, with an increase of 4%. Similar results were seen for both dentists and DCPs.

It is also interesting to look at the results to this question in relation to the Patient and Public Survey 2012, where overall confidence in the GDC's ability to regulate dental professionals was significantly higher amongst patients and the public, at 78% compared to dental professionals at 65% (a difference of 13%).

Qualitative findings

When discussing their confidence in the GDC to regulate dentists and DCPs effectively, focus group and in depth interview participants' opinions were mixed. Many participants felt that they, and the majority of registrants like them, were fairly confident in the GDC's ability to regulate. It was acknowledged by a number of these participants that regulating dentistry was a difficult undertaking, intensified by the registration of DCPs, and that therefore the GDC was doing a good job given the scope of regulation required in the UK.

It's a difficult job to do and there's an increasing workload with all the new DCPs, but they're doing it fairly well.

(Dentist, depth interview, Scotland)

There are practice panels and lots of things in place, so I don't understand why anyone wouldn't be confident at all.

(Dental nurse/hygienist, focus group, Northern Ireland)

A significant number of qualitative research participants explained that they were not specifically aware of how the GDC regulated dentists and DCPs other than a general awareness of Fitness to Practise and the GDC removing dental professionals from their register which they saw in the GDC Gazette. These participants, therefore, simply put their trust in the GDC to regulate dentistry with the assumption that the GDC know what they are doing, despite the lack of awareness and understanding.

It's hard to know how well they are doing apart from the stuff you see in the Gazette. You just have to trust them.

(Dentist, depth interview, Scotland)

You just assume it's ok and you trust them to regulate the profession. Most people will have the view that it doesn't affect them because they behave.

(Dentist, depth interview, England)

However, a similar number of participants were less confident in the effectiveness of the GDC to regulate. This view was based on their own personal experiences of working in dental practices and with other dental professionals who they saw as working outside the correct regulations of the profession. A small number of participants had even reported dental professionals to the GDC, but had been dissatisfied with the outcome. As they were aware of dental professionals 'getting away' with not working within the regulations of the profession, they felt that the GDC was, therefore, not effectively regulating. Issues of illegal teeth whitening and other cosmetic procedures were highlighted here by many participants.

I complained about a dentist to the GDC and they did nothing about it, but three years later he was struck off for fraud. I'm not sure they took me seriously

(Dental nurse, focus group, England)

Sometimes you hear the horror stories about what dentists get away with – a lot of dentists talk about it and it's never picked up.

(Dental nurse, focus group, Northern Ireland)

I've still had no response from them regarding the outcome [of a raised concern], and this person is still practising, so I'm not very confident from my own experience.

(Dental technician, depth interview, England)

It was also indicated by a small number of participants that there is a sense of frustration with how long it can take for the GDC to conduct Fitness to Practise proceedings, and how some of the cases brought to Fitness to Practise are seen as trivial in comparison to other more serious offenses. One or two participants who were dentists also felt that some registrants were removed from the GDC register for minor offences, whilst others were suspended for what they perceived to be more serious offences. This view led these participants to express that their confidence in the GDC's effectiveness to regulate was low.

We see these bulletins from the GDC with all the cases that are live, but they seem to have taken years to get to that point or to be resolved and that doesn't give anyone confidence.

(Dentist, focus group, Wales)

You see it in the back pages of the Gazette. It's only a minority who lose their jobs. It's quite shocking, some just get a slap on the wrists when they should be struck off.

(Dental nurse, depth interview, Scotland)

It was also highlighted by a number of those who were not confident in the GDC's regulation that those who are not working to regulations and the law are able to do so until it is reported by someone to the GDC. It was felt by these participants that the GDC should be actively looking for those not adhering to the correct rules and regulations.

Around here there are people flouting the rules on tooth whitening and dentures, but the GDC just sit and wait for someone to report it. It shouldn't be like that – they should be a police force, not just waiting.

(Dentist, depth interview, Northern Ireland)

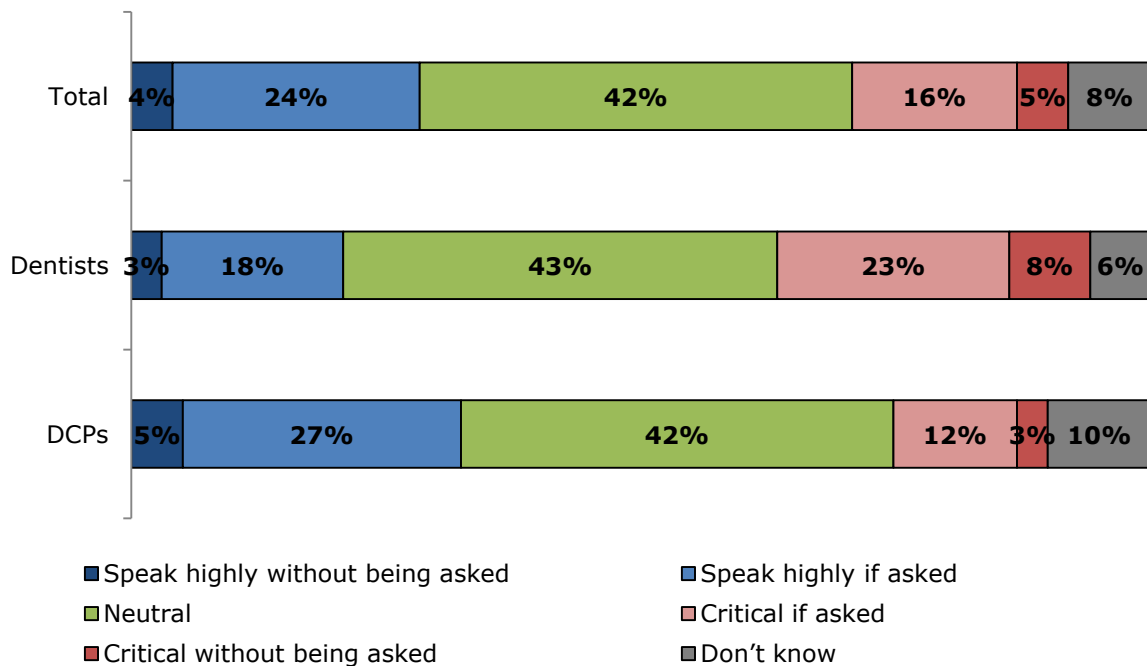
2.3.3 How registrants would speak of the GDC

Continuing the theme of registrants’ perspectives on the GDC, survey respondents were asked to indicate how they would speak of the GDC based on all they know about it. As seen in **Figure 22**, just over two in five respondents (42%) indicated that they would remain neutral about the GDC, refusing to speak highly or speak critically. A quarter of respondents (24%), however, indicated that they would speak highly of the GDC if asked. Only small numbers of respondents indicated that they would speak highly or critically of the GDC without being asked.

A significantly larger proportion of dentists reported that they would be critical of the GDC if asked at 23% (compared to 16% overall), whereas a larger proportion of DCPs said that they would speak highly of the GDC if asked. Dentists, dental hygienists and respondents from Northern Ireland were more likely to be critical of the GDC if asked at 23%, 26% and 22% respectively (compared to 16% overall).

Male respondents appeared to be more critical of the GDC in comparison to female respondents. For example, 28% of male respondents would be critical of the GDC if asked, compared to just 12% of female respondents. Similarly, 27% of female respondents would speak highly of the GDC if asked, compared to just 16% of male respondents.

Figure 22 – Thinking about all that you know about the GDC, which of the following statements would apply to you?
Base: All respondents (4,160)



When comparing results to those collected in 2011, similar opinions can be seen. A slightly higher proportion of respondents would speak highly about the GDC if asked this year in comparison to 2011 (+2%). This comparison can be seen in **Table 7** below.

Table 7 – How registrants would speak of the GDC – 2011 and 2012 results
Base: 2,827 (2011) / 4,160 (2012)

Opinion	2011	2012	Difference
Speak highly without being asked	4%	4%	-
Speak highly if asked	22%	24%	+2%
Neutral	43%	42%	-1%
Critical if asked	17%	16%	-1%
Critical without being asked	7%	5%	-2%
Don't know	7%	8%	+1%

Qualitative findings

Focus group and depth interview participants were generally unsurprised by the result that 42% of survey respondents said they would be neutral about the GDC. Reasons for this result were explored in greater depth, and it was strongly felt that this neutrality was related to the fact that awareness of who the GDC is and exactly what they do is generally low. Several participants illustrated that there was a general understanding that the GDC is there to regulate dentistry, and has the power and authority to remove professionals from the register if required, preventing them from practising in the UK. However, it was suggested by many participants that registrants' understanding of the GDC is limited, which would discourage respondents from speaking highly or critically about the GDC. It was also felt that this was reinforced by the lack of contact that the majority of registrants have with the GDC, where most simply pay their registration fees and receive a quarterly magazine from the GDC, preventing respondents from having a strong opinion about the GDC.

The full picture of what the GDC does isn't clear – I know they protect the patient, but I'm not sure what they do for us.

(Dental technician, depth interview, England)

People don't know enough about the GDC and how it works to feel confident in them. I've been registered with them for 30 years and the only interaction I've had with them is paying my fees.

(Dentist, depth interview, England)

You can understand why people are neutral. I mean how relevant is the GDC in our day to day lives? Yes we get the Gazette every now and then and pay our fees, but that's about it. For most of us who obey the rules we don't have much to do with them.

(Dentist, depth interview, Northern Ireland)

A number of participants suggested that, to encourage registrants to speak highly of them, the GDC should do more to promote what they do in the interests of dental professionals to provide regulation, which would allow registrants to gain an improved understanding of what the GDC does, other than conduct Fitness to Practise proceedings. A small number of participants highlighted that the more positive activities of the GDC should be focused on in order to contrast against its more authoritative role of removing dental professionals from its register. It was also suggested by a small number of participants that they perceived the GDC as an organisation operating from a distance

with little to do with dental professionals at a grassroots level, and they felt increased promotion of the GDC's activities would improve this view.

The roadshows they had around the country were a good effort to get people to know exactly what they're doing.

(Dentist, focus group, England)

They need to be more user-friendly and less aloof. There's no kind of contact with the profession. It's like they're in another room or looking at you from afar.

(Dentist, depth interview, Scotland)

It may be of some help if the GDC project themselves better to the profession, showing what they do other than investigating cases, highlighting the good parts.

(Dentist, depth interview, Scotland)

One participant in particular explained that she would speak highly of the GDC because she has actively found out what the GDC can do for her as a trainer of dental nurses in terms of information and resources. This participant felt that other registrants might feel the same way if they were more aware of what the GDC could offer them and utilise the GDC to benefit their career.

I speak highly because I research and find out what the GDC can give us on information for training and development, roles and standards. I look on the website. But most DCPs just register and that's it, they don't know what else the GDC does for them.

(Dental nurse, depth interview, Scotland)

2.3.4 In touch with the views of dentists, DCPs, and patients/the public

Survey respondents were asked how in touch they thought the GDC was with the views of dentists, DCPs, patients and the public. **Figure 23** shows the overall response to this question. A greater proportion of respondents felt that the GDC was in touch with the views of dentists (a total of 60%) than of DCPs (a total of 41%). Whereas 18% of respondents felt that the GDC was not very in touch with the views of dentists, 28% thought they were not very in touch with the views of DCPs.

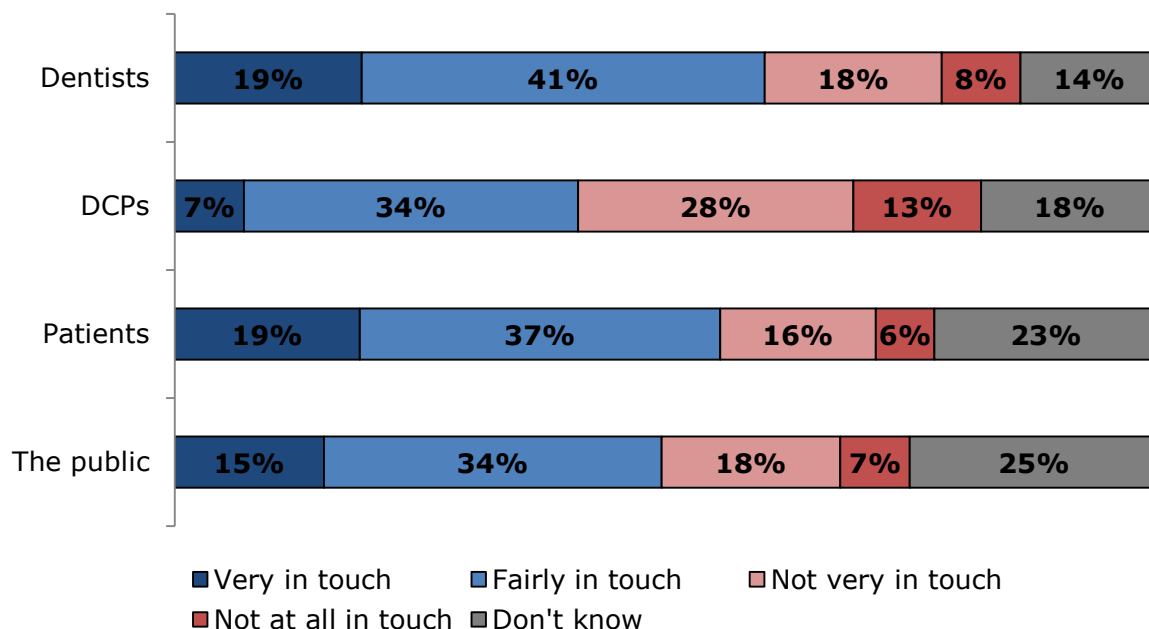
Subgroup analysis shows that a greater proportion of DCPs felt that the GDC was in touch with the views of dentists (69%) compared with DCPs (45%). However, a greater proportion of DCPs also felt that the GDC was in touch with their own views (49%) compared with dentists (30%), suggesting that DCPs feel that the GDC is generally more in touch with the views of all registrants. Specifically, dental nurses, hygienists and therapists indicated that the GDC was in touch with DCPs (50%, 61% and 60% respectively), whereas dental technicians did not (25%)

Female respondents appear to feel that the GDC is more in touch with both dentists and DCPs at 66% and 47% respectively, compared to 36% and 27% for male respondents.

Similar results were recorded when looking at how in touch respondents felt the GDC was with patients and the public, with the majority indicating that the GDC was in some way in touch with their views (56% patients, 49% the public). Very little difference was seen across the subgroups here. However, it is interesting to note that respondents think that the GDC is more in touch with the views of patients than DCPs.

Figure 23 – How in touch would you say the GDC is with the views of each of the following?

Base: All respondents (4,160)



When comparing this year's results to those collected in 2011, the level of respondents who felt that the GDC was in touch with dentists has remained the same, but has decreased slightly for DCPs (-2%). However, the percentage of respondents indicating that the GDC were not in touch with dentists, DCPs, patients and the public has also decreased, and the percentage of those indicating that they don't know in response to this question has increased. This comparison can be seen in **Table 8** overleaf.

Table 8 – Is the GDC in touch with dentists, DCPs, patients and the public – 2011 and 2012 results**Base: 2,827 (2011) / 4,160 (2012)**

	In touch			Not in touch			Don't know		
	2011	2012	Difference	2011	2012	Difference	2011	2012	Difference
Dentists	60%	60%	-	31%	26%	-5%	8%	14%	+6%
DCPs	43%	41%	-2%	47%	41%	-6%	10%	18%	+8%
Patients	60%	56%	-4%	28%	22%	-6%	13%	23%	+10%
The public	50%	49%	-1%	35%	25%	-10%	15%	25%	+10%

Qualitative findings

A clear finding across the focus groups and in depth interviews was that participants felt the GDC to be more in touch with the views of dentists when compared to DCPs. It was strongly felt by many participants from both dentist and DCP roles that the reason for this was historic, as DCPs have been registered with the GDC for a much shorter length of time compared with dentists. It was accepted by many participants, including dentists and DCPs, that the GDC was doing more to become in touch with DCPs, and that it would take time for them to understand the role and views of DCPs. A large number of participants were positive about this learning curve.

It's historic, but they'll be trying to become more in touch with DCPs now.

(Dentist, depth interview, Scotland)

It's historic because dentists have been regulated since the year dot, whereas DCPs haven't. It's a learning curve for the GDC to understand DCPs.

(Orthodontic therapist, depth interview, Scotland)

A smaller number of DCP participants, however, illustrated that the GDC was doing anything to better understand DCPs. They indicated that they found this frustrating as they were aware that DCPs made up the majority of GDC registrants. Key issues raised by these participants were in relation to the Annual Retention Fee which they felt was too high for dental nurses to pay, which in their opinion highlighted a lack of understanding by the GDC.

I don't think they really know how much dental nurses get paid. Some are on about £6 an hour. I don't get the impression that they've asked any nurses how much they can afford. They don't really know who we are.

(Dental nurse, focus group, England)

Therapists and hygienists have always felt a minor part of the GDC. DCPs make up 60% of the GDC now but I don't think the focus has changed enough yet. It may do with time.

(Therapist, depth interview, Wales)

I don't think they have a clue what the role of dental nurses is. They're such a huge group too.

(Hygienist, depth interview, Northern Ireland)

Whilst a number of dentists who took part in the qualitative research accepted that the GDC was more in touch with the views of dentists over DCPs, a significant number felt that the GDC was not in touch with the views of dentists. Reasons provided for this view related to the structure of the GDC, with a number of dentists explaining that the GDC

was no longer run 'for dentists by dentists' with fewer dentists being represented within the GDC who had first-hand knowledge of dentistry. These participants felt strongly that the GDC was not operating in the interests of dentists due to a lack of understanding. This tended to be a view expressed by older participants.

The perception is it should be a body run by dentists for dentists. It's now a government quango.

(Dentist, focus group, Scotland)

It's become more of a 'lay organisation' that's been watered down over the years and the number of dentists on the board has decreased. I think they've lost touch with us a bit.

(Dentist, focus group, Wales)

When discussing whether the GDC was in touch with the views of its registrants, a small number of participants suggested that the GDC did not take a strong enough role in representing the interests of dental professionals. These participants explained that they understood that the primary function of the GDC was to protect patients, but they felt that promoting the interests of dentists and DCPs was seen as a secondary role, making them feel that the GDC was not in touch with dental professionals. This perhaps suggests some confusion as to what the GDC's role is.

It's clear that the GDC is there for patients, but I'm not sure it's there for professionals.

(Dental therapist, depth interview, Wales)

In relation to this point, one participant provided the example of the General Medical Council's strap-line of 'Regulating doctors, ensuring good medical practice' which they felt was much more positive and well-suited than the GDC's 'Protecting patients, regulating the dental team'. This participant explained that this was a clear example of the GDC's focus on patients and the public over the interests of dental professionals, and also felt that it gave the wrong impression that dentists required a high level of regulating because they were trying to harm patients.

The GDC is there for patients really, we know that. But the GDC's [strap-line] is much more negative. Protecting patients suggests they need it and that we're trying to harm them. It's how people perceive the GDC. They're a regulatory body, but they come across as though they're against us.

(Dentist, depth interview, England)

A few qualitative participants also highlighted that they felt it was hard for the GDC to appear in touch with all its registrants when it only had offices based in London. They explained that this made the GDC appear 'London-centric' and very removed from the everyday working life of registrants based in the North of England, Scotland, Wales and Northern Ireland. It was suggested by these participants that regional GDC offices or representatives could encourage registrants to become more aware of the GDC and feel that they are more in touch with them.

There should be more than just one office, not just one in London but around the country so you can go and see them if you needed to.

(Dental nurse, depth interview, England)

It would be nice to have someone more local, not just based in London. Something more regional, so you can actually see someone from the GDC.

(Dental nurse, focus group, England)

2.4 The Annual Retention Fee

2.4.1 Current Annual Retention Fee levels

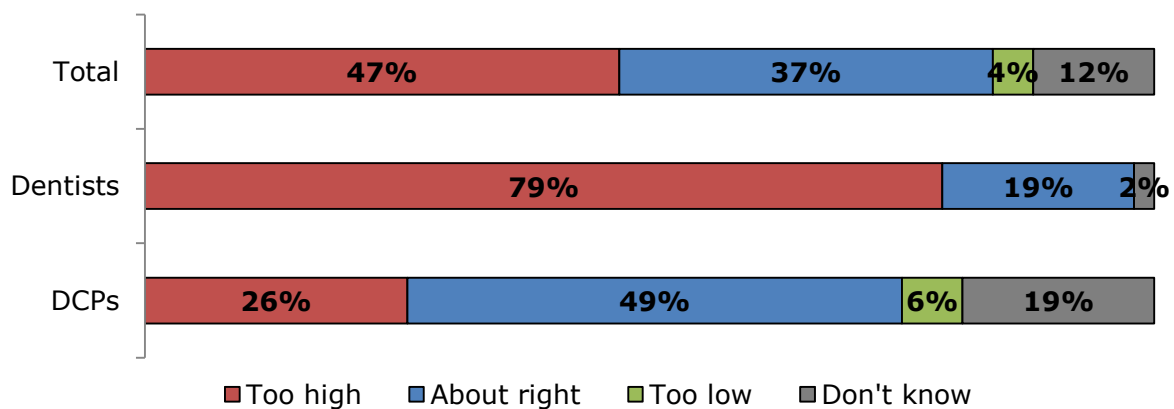
Survey respondents were asked to indicate whether they thought that the current level of the Annual Retention Fee for dentists and DCPs was about right, too high or too low. Most survey respondents thought that the Annual Retention Fee for dentists and DCPs was too high. Almost half of all survey respondents (47%) thought that the dentist fee was too high, and 66% thought that the DCP fee was too high.

Looking at the fee which dentists currently pay (£576), **Figure 24** shows that four in five dentists (79%) indicated that it was too high, and less than 1% said it was too low. When comparing these results to the previous year's survey, we can see a slight reduction in the proportion of dentists who felt that the fee was too high of 6% (85% in 2011 to 79% in 2012), and a slight increase in dentists indicating that the fee was about right of 5% (14% in 2011 to 19% in 2012).

DCPs, however, were more likely to state that the level of fee for dentists was about right (49%), with just over a quarter (26%) indicating that they thought it was too high. A similar response was seen across the DCP roles.

A much larger proportion of male respondents indicated that the fee for dentists was too high 67% compared to female respondents at 39%. Female respondents were more likely to indicate that the fee was about right at 42%, compared to male respondents at 24%.

Figure 24 – Would you say that the level of fee for dentists is...
Base: All respondents (4,160)



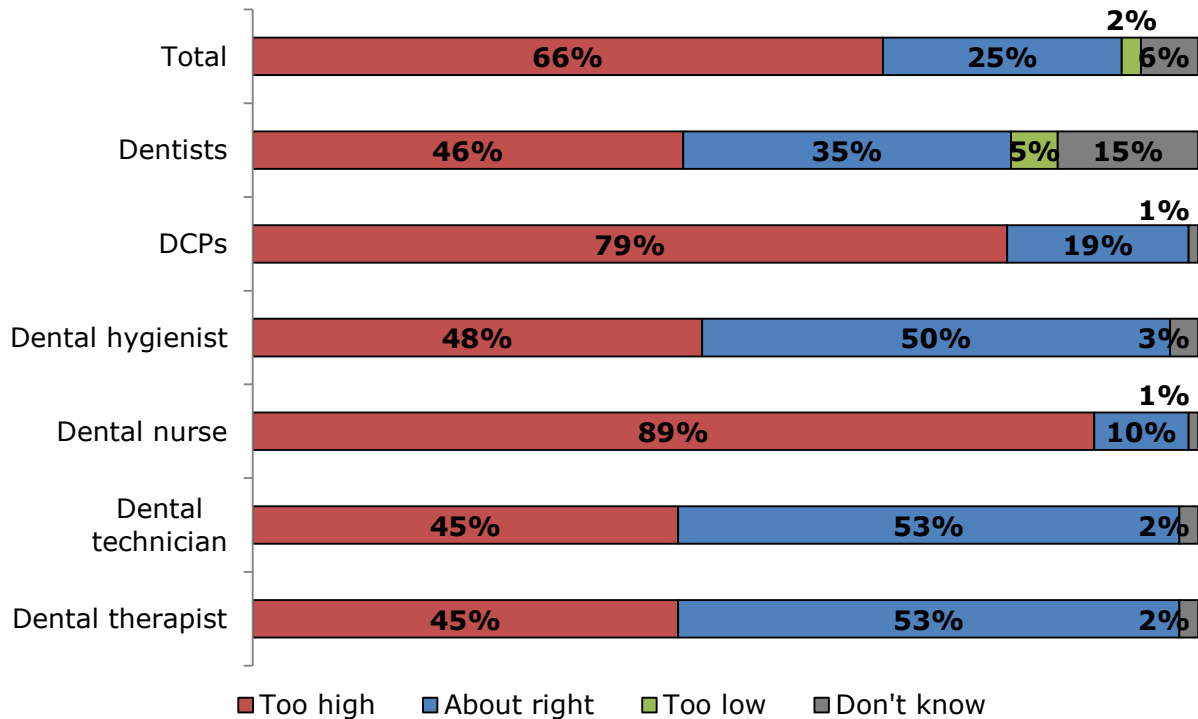
Interestingly, **Figure 25** overleaf shows that the proportion of DCPs who thought the DCP fee (£120) too high was the same as the proportion of dentists who thought the dentist fee too high. Four in five DCPs (79%) felt that the level of fee paid by DCPs was too high, and less than 1% said that it was too low.

Within the DCP roles, we can see a much larger proportion of dental nurses indicating that the fee is too high for DCPs at 89%, in comparison to similar levels of between 45% and 48% for dental hygienists, therapists and technicians. A larger proportion of female respondents indicated that the level was too high at 72% compared to male respondents at 51%, and a larger proportion of those of Asian/Asian British ethnicity indicated that the level was about right at 34% (compared to 25% overall).

Again, when comparing these results to the results from 2011, we can see a slight reduction in the proportion of DCPs who indicated that the fee was too high (83% in

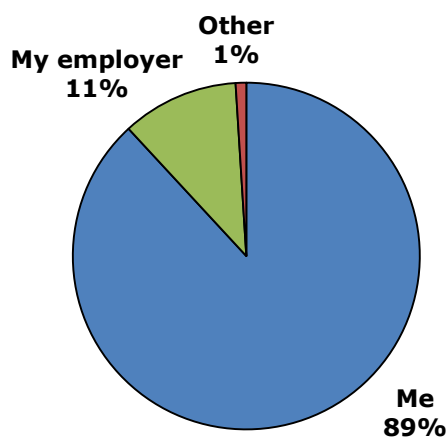
2011 to 79% in 2012) of 4%, and a slight increase in DCPs indicating that the fee was about right (15% in 2011 to 19% in 2012) of 4%. However, in contrast to the results recorded for the dentists' fee, a large proportion of dentists (46%) said that they felt the fee paid by DCPs was too high.

Figure 25 – Would you say that the level of fee for DCPs is...
Base: All respondents (4,160)



Nine in ten respondents (89%) paid their own retention fee, with 11% indicating that it was paid by their employer. Almost all those who indicated that their employer paid their annual retention fee were DCPs, just seven were dentists. Almost all 'other' responses (25 respondents) were recorded as an equal split of the fee between the respondent and their employer.

Figure 26 – Who pays your annual retention fee?
Base: All respondents (4,160)



Qualitative findings

The GDC is in the early stages of reviewing the principles on which the Annual Retention Fee is based and, therefore, wished to explore registrant views on the subject. The

Annual Retention Fee was one of the main points of discussion for many qualitative research participants in both the focus groups and the in depth interviews. For many registrants, it seems that paying the Annual Retention Fee is one of the few times they interact with the GDC and, therefore, they focused heavily on it.

The fee which DCPs currently pay (£120) was most widely discussed by all participants of all roles. It was strongly agreed that the fee structure for DCPs, where all DCPs pay the same amount, was unfair due to the wide range in earning ability of different roles. The difference between the typical salaries of dental nurses and hygienists was highlighted to emphasise this point. Many participants had a lot of sympathy for dental nurses' concerns over the fee, including dentists and even dental hygienists, therapists and other DCPs who earned more than dental nurses. Some DCP participants even went as far as to suggest that they could potentially pay more than £120 per year given their earnings. It was additionally highlighted by many dental nurses that registered general nurses pay less per year to be registered with the Nursing and Midwifery Council but are generally on higher paying salaries.

It's grossly too high for nurses. Even registered nurses in the NHS only pay £76 and they're on a higher pay band. How do they figure £120 for dental nurses to be fair?

(Dental nurse, depth interview, Scotland)

I earn far more than a dental nurse, so why should our registration fee be the same? A clinical lab technician will probably be earning a lot more too. It's got to be relative to what that person is earning.

(Hygienist, focus group, England)

It was, therefore, widely suggested that the Annual Retention Fee should be set based on the salary or potential earnings of the individual, or based on the professional role which the individual is registered as, in order to bring fairness to the amount DCPs are expected to pay. It was suggested that setting fees based on the roles of DCPs would also relate to the levels of responsibility and interaction with patients, reflecting a higher fee for those who have more responsibility who would, therefore, be more likely to require the GDC during their career as they are potentially more at risk.

Nurses do earn a lot less than other DCP groups and maybe it should go by their duties, their scope of practice.

(Dental nurse/hygienist, focus group, Northern Ireland)

The suggestion to base the Annual Retention Fee on the level of risk of the individual was suggested by a smaller number of participants who explained that this could also be taken into account based on the number of hours that registrants work. Those working part time hours generally felt that they were paying too much to be registered with the GDC and that their fee should be pro rata based on the hours they work. Some of the participants who worked part time went on to state that if they worked fewer hours they were a lower risk to patients and, therefore, should pay a lower level of fee.

I'm paying the same now working two days a week as I was when I worked full time which annoys me a lot. It should be based on the number of hours you work.

(Dentist, focus group, England)

Defence organisations charge based on hours worked. The GDC should do something similar. You're obviously more of a risk the more hours you work.

(Dentist, depth interview, England)

Discussions around the Annual Retention Fee level for DCPs, particularly for dental nurses, highlighted what was seen as a general unfairness based on their typical income. A number of dental nurses highlighted that many of their colleagues had questioned whether they should continue working in the profession as they would not have to pay a fee to be registered with a regulatory body if they worked part time in other jobs. This was also acknowledged by dentists, who explained that a number of good dental nurses had been lost to the profession as they could not justify paying the fee to register with the GDC when they could work in another similar salaried job without having to pay and without increased levels of responsibility.

Some people who work part time question whether they actually want to keep working in the job. Other jobs don't require them to pay out like that.

(Dental nurse, depth interview, England)

The registrants' fee and compulsory registration has meant a lot of good staff have been lost to the profession. Some experienced staff just didn't register and left.

(Dentist, focus group, Wales)

Whilst changing the way that the Annual Retention Fee was structured was popular with the a large proportion of participants, particularly dental nurses and those working part time hours, it was highlighted by a smaller number of participants that making any of the changes suggested would increase the level of administration required by the GDC which could itself increase fees as a result.

It would be too much hassle to manage if you based it on hours worked, that would just increase fees.

(Therapist, depth interview, Wales)

In comparison, a larger proportion of those paying the dentist fee of £576 per year indicated that it was a fair amount to pay based on the amount they can earn and the need for effective regulation of dentists, which contrasts to the results of the survey where most dentists indicated the fee was too high.

Smaller numbers of dentists felt the fee was too high, and that it had increased significantly in a short space of time. It was also highlighted by a few dentists that the fee was very high for newly qualified dentists, who they explained would have just completed their expensive studies and may not immediately have much money after graduating. Whilst it was felt that the fee would eventually become appropriate, it was suggested that, for at least the first year of registration, a reduced fee could be introduced.

The amount is about right for dentists. We earn more.

(Dentist, depth interview, England)

I don't mind paying it. I'd much rather work in a country where dentistry is regulated.

(Dentist, depth interview, Northern Ireland)

It's not fair. Young dentists have to pay half a year's registration straight away on graduating at the time in their life when they are very poor. Then a full year's registration 6 months later.

(Dentist, depth interview, England)

Another suggestion from a minority of participants for a change to the way that the Annual Registration Fee is structured was a reduction in the fee based on the amount of

CPD done each year, where it was explained that the risk level of that individual would be lower as they were more qualified. A small number of participants also suggested that the way the Annual Retention Fee was paid could be made more flexible to reduce the impact of the payment, such as monthly instalments.

Could there not be an incentive based on the more courses you go on and the more CPD requirements you obtain, the less you pay. The more qualified you are, the less risk you are.

(Hygienist, focus group, England)

Something to make paying more flexible would help, so you could pay over 10 months or something to make it easier.

(Dentist, focus group, England)

2.4.2 Membership of professional bodies

Just over half of survey respondents (52%) were also members of professional bodies, which were paid for personally or on their behalf. The majority of dentists (70%) were members of a professional body, whereas two in five DCPs (40%) were.

Almost half of these respondents (47%) indicated that they were members of one other professional body, and almost two in five (37%) were members of two, as shown in **Table 9** below. The majority of DCPs (60%) were members of one professional body. Two in five dentists (39%) claimed to be members of two professional bodies.

Figure 27 – Do you, or someone on your behalf, also pay membership of a professional body or professional bodies?

Base: All respondents (4,160)

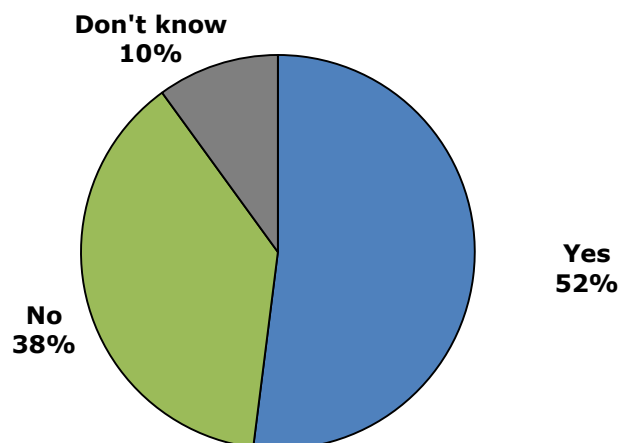


Table 9 – Number of other professional body memberships

Base: Respondents who pay membership of other professional bodies (2,109)

Number of professional body memberships	%
1	47%
2	34%
3	12%
4	5%
5 or more	2%

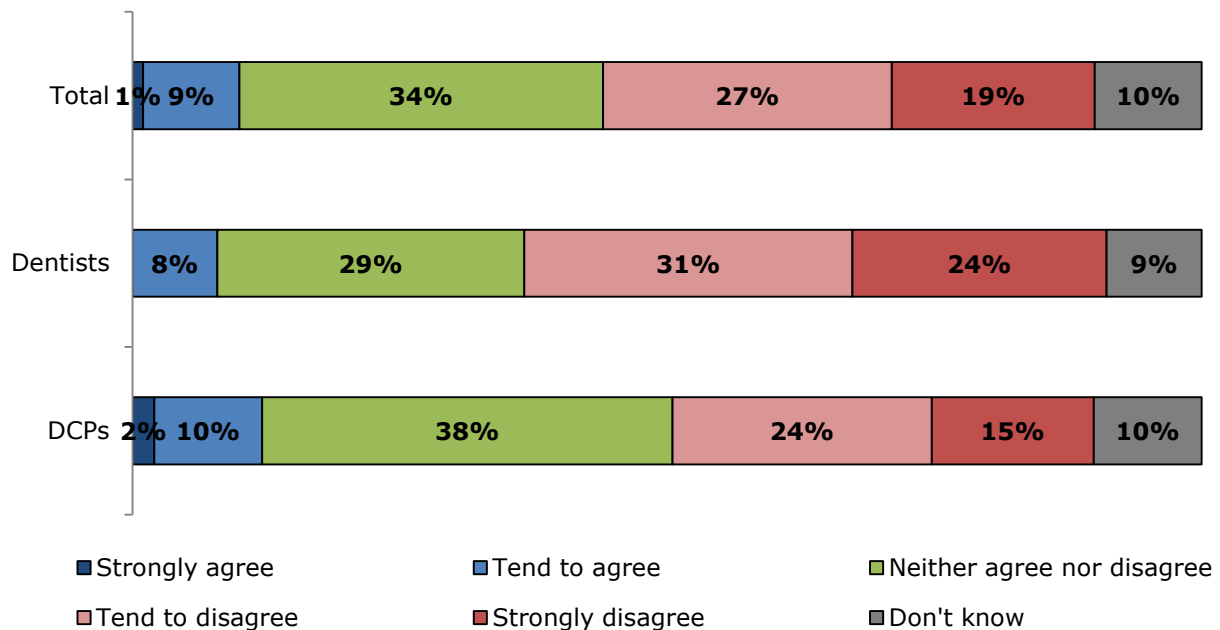
2.5 Cost-effectiveness of the GDC

Following on from questions relating to the Annual Retention Fee, survey respondents were asked to what extent they agreed or disagreed that the GDC is cost-effective. As shown in **Figure 28**, overall almost half of respondents (46%) disagreed with the statement that the GDC was cost-effective (27% tended to disagree, 19% strongly disagreed). Dentists were more inclined to disagree (a total of 55%) compared to DCPs (a total of 39%), who were more likely to neither agree nor disagree at 38%.

In terms of country, a larger proportion of respondents working in Northern Ireland also disagreed that the GDC was cost effective at 55% (compared to 46% overall). The youngest age group of 16 to 21, however, were more inclined to agree that the GDC was cost effective, with 22% tending to agree (compared to 9% overall). A larger proportion of dental therapists also agreed at 27%.

Male respondents were more likely to disagree at 57% compared to female respondents at 40%, whereas female respondents were more likely to neither agree nor disagree at 37%, compared to male respondents at 27%.

Figure 28 – To what extent do you agree or disagree that the GDC is cost-effective?
Base: All respondents (4,160)



In comparison to the results collected in the 2011 survey, the level of respondents who agreed that the GDC is cost-effective has fallen significantly by a total of 18%. Those who tend to disagree has increased by a total of 8%, and those who neither agree nor disagree has increased by 9%.

Table 10 – Views on cost effectiveness of the GDC– 2011 and 2012 results
Base: 2,827 (2011) / 4,160 (2012)

Opinion	2011	2012	Difference
Strongly agree	12%	1%	-11%
Tend to agree	16%	9%	-7%
Neither agree nor disagree	25%	34%	+9%
Tend to disagree	21%	27%	+6%
Strongly disagree	17%	19%	+2%
Don't know	9%	10%	+1%

Qualitative findings

Focus group and in depth interview participants taking part in the qualitative research felt that the GDC was not cost effective. The main driving force behind this view was the Annual Retention Fee, which for most participants was the only understanding they had of the GDC and cost-effectiveness, meaning that they focused on the value for money they were personally receiving for the fee they had to pay.

Many participants from across all dental roles explained that they did not understand what their fees paid for, which for many was a point of particular dissatisfaction with the GDC, especially for those who felt that the Annual Retention Fee was too high. There was a vague understanding from a smaller number of participants that their fees contributed to the running of Fitness to Practise panels, with some participants having a greater understanding of this than others. In the main, however, feedback from participants was that they did not sufficiently understand what the GDC did with the money they paid each year.

I don't actually know what the GDC spends its money on. A lot will probably go on Fitness to Practise salaries and quality assurance.

(Therapist, depth interview, Wales)

I don't think we get value for money, it all seems to go on striking people off.

(Dental Nurse, focus group, England)

Negative opinions towards cost effectiveness were exacerbated when participants focused on the fact that they operated within the rules and regulations set out by the GDC, and therefore had not been called before a Fitness to Practise panel. There was a strong sense from several participants, therefore, that their fees were simply paying to regulate those within the profession who were not obeying the rules.

I asked the GDC before what our fees paid for the last time they went up and they said it was to cover the cost of all the court cases. But it shouldn't cost us so much just because some people can't behave themselves.

(Dental nurse, depth interview, Scotland)

We see our money going on legal aspects on people being investigated. It doesn't seem cost effective for the rest of us.

(Hygienist, depth interview, Scotland)

It was, therefore, widely suggested on a number of occasions that the GDC should do more to inform its registrants of how it spends the money generated from the Annual Retention Fee. The most popular solution here was to provide all registrants with a simple breakdown of spending each year, potentially with the Annual Retention Fee forms which all registrants receive.

People would appreciate a simple balance sheet to see where their money is spent.

(Dentist, depth interview, Scotland)

A breakdown is needed. We only hear about the regulatory side, but what about all of us who work hard and don't get into trouble? What do we see for our fees? They could explain things better.

(Dentist, depth interview, Scotland)

The GDC definitely needs to make it clearer why the fee is what it is. It just needs a bit of an explanation.

(Dental nurse, Depth Interview, Wales)

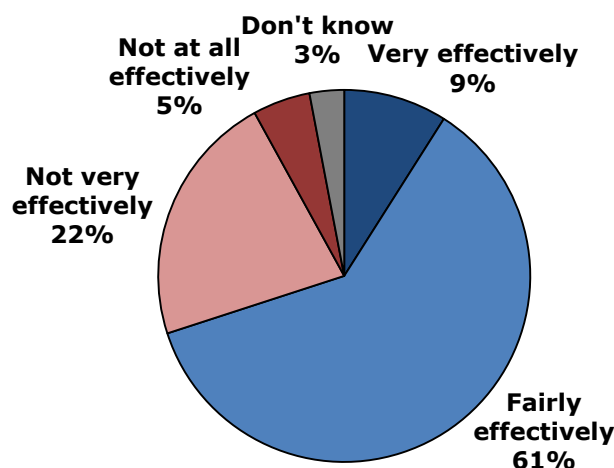
2.6 Communication

2.6.1 Effective communication

Seven in ten survey respondents (70%) felt that the GDC communicated with them effectively, with 61% indicating that they felt the GDC communicated fairly effectively and 9% very effectively. However, just over a quarter (27%) felt the GDC did not communicate effectively with them.

Figure 29 – In general, how effectively, if at all, do you think the GDC communicates with you?

Base: All respondents (4,160)



Subgroup analysis at first does not highlight any significant differences between dentists and DCPs in response to this question. However, if we look at specific DCP roles, it can be seen that a larger proportion of dental hygienists and dental therapists felt that the GDC communicated with them effectively (85% and 86% respectively), whereas dental technicians were more likely to suggest that the GDC did not communicate with them effectively (46%). This difference between the roles is highlighted in **Table 11**, also including the views of dentists and DCPs overall for comparison.

Table 11 – Effectiveness of communication by dental professional role

Base: 2,827 (2011) / 4,160 (2012)

Level of effectiveness	Total	Dentist	DCPs	Dental hygienist	Dental therapist	Dental technician
Very effectively	9%	9%	9%	13%	15%	6%
Fairly effectively	61%	63%	61%	72%	71%	47%
Not very effectively	22%	21%	23%	12%	10%	34%
Not effectively at all	5%	5%	5%	2%	3%	12%
Don't know	3%	3%	3%	1%	2%	2%

The sample also highlights that a large proportion of respondents of Black/Black British ethnicity rated the level of communication to be very effective at 30% compared to just 9% overall.

Table 12 overleaf shows this year's results alongside those collected in 2011. It is positive to note that a slightly larger proportion of respondents said that the GDC

communicated fairly effectively (+4%), with slight decreases seen in the proportion of respondents who did not think the GDC communicated effectively.

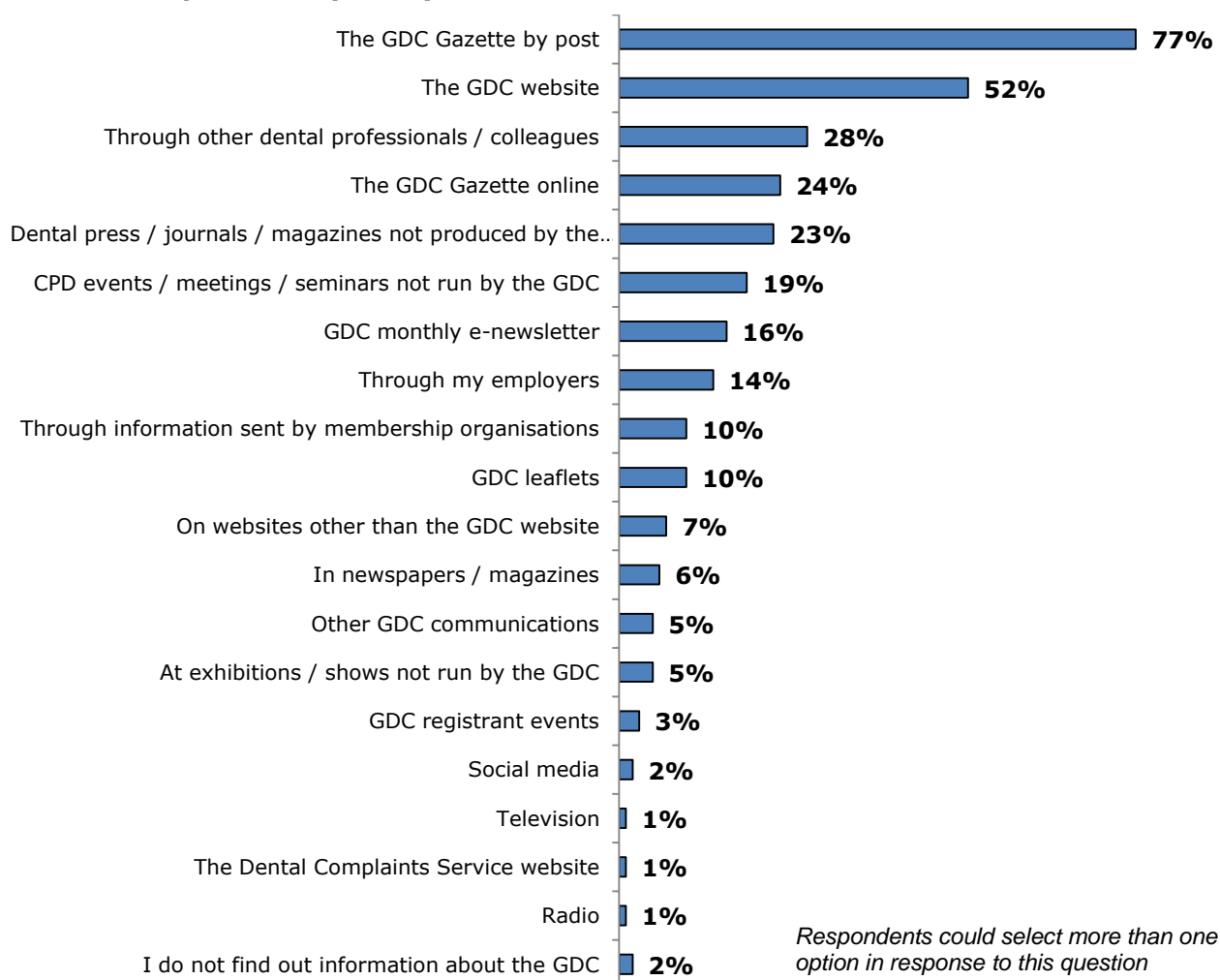
Table 12 – Effectiveness of communication – 2011 and 2012 results
Base: 2,827 (2011) / 4,160 (2012)

Level of effectiveness	2011	2012	Difference
Very effectively	10%	9%	-1%
Fairly effectively	57%	61%	+4%
Not very effectively	24%	22%	-2%
Not effectively at all	7%	5%	-2%
Don't know	2%	3%	+1%

2.6.2 Communication channels

Respondents were asked how they find out information about the GDC, and were able to select more than one option within the survey. By far the most common way of finding out information was via the GDC Gazette by post, suggested by just over three quarters of respondents (77%). The GDC website was also a popular channel of communication for respondents, suggested by just over half (52%). The complete response to this question can be seen in **Figure 30**. These results are similar to those found in the 2011 Annual Survey of Registrants, where 70% found out information via the GDC Gazette by post and 56% via the GDC website.

Figure 30 – How do you find out information about the GDC?
Base: All respondents (4,160)



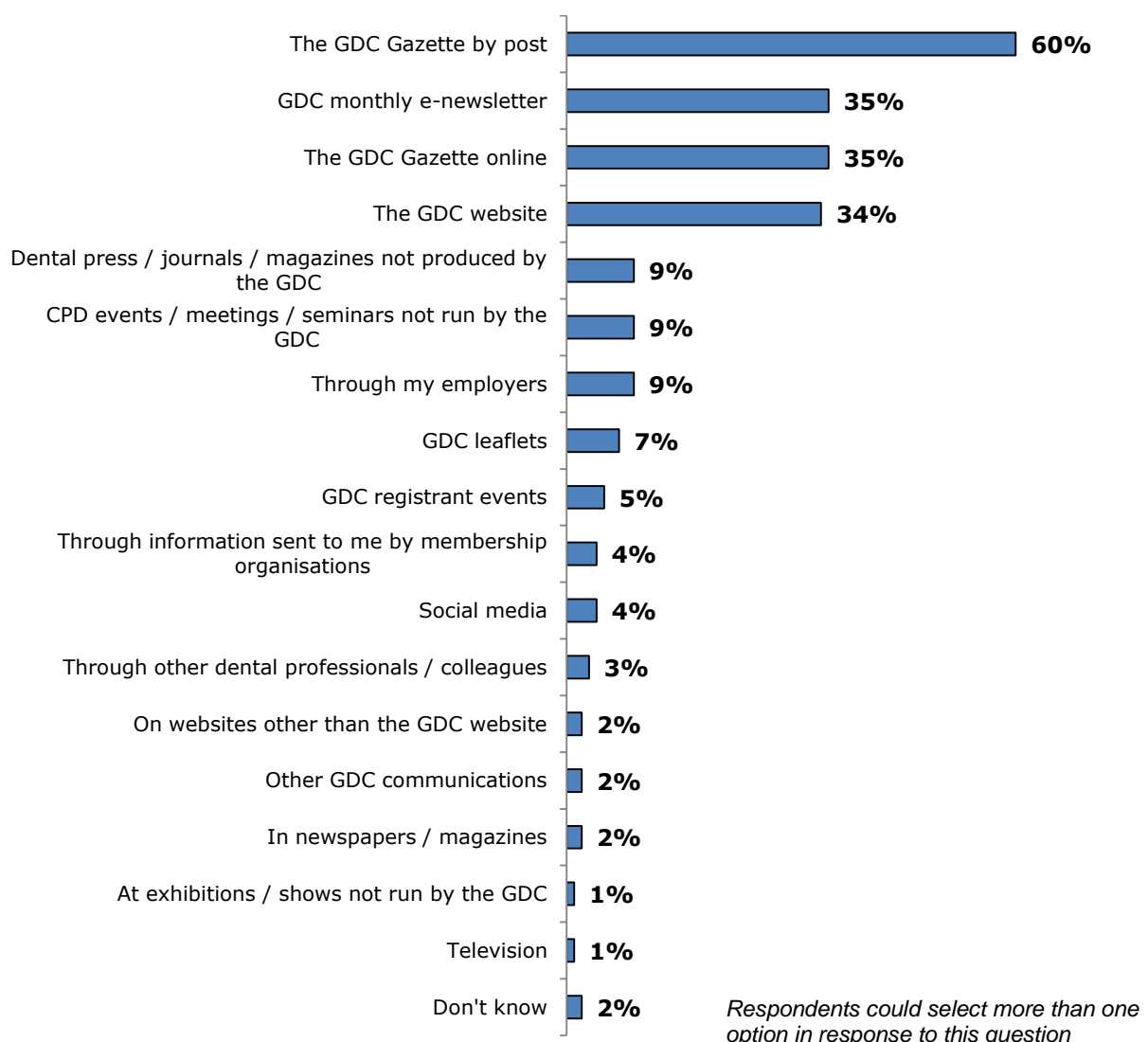
Finding out information about the GDC via the Gazette by post was more popular with those who had been registered with the GDC for a longer period of time. For example, the GDC Gazette by post was suggested by just 53% of those who had been registered for less than a year, but was suggested by 83% of those who had been registered for 21 years and over. Readership was also slightly higher in England, Scotland and Wales (77%, 80% and 80% respectively) when compared to Northern Ireland (72%).

Younger respondents tended to find out information about the GDC through other dental professionals and colleagues, particularly those aged 16 to 21 at 43% (compared to 28% overall). A significantly larger proportion of dentists also indicated that they used the GDC website at 58%, compared to DCPs at 49%.

Respondents were then asked to state the best way for the GDC to communicate with them, selecting up to three options. The GDC Gazette by post was by far the most popular suggestion for the best communication channel at 60%. It is interesting to see that the GDC monthly e-newsletter was suggested by just over a third of respondents (35%) alongside the GDC Gazette online (35%), as only 16% had previously indicated that they used the e-newsletter to find out information about the GDC. This suggests that respondents wish to see increased use of online channels of communication by the GDC.

Figure 31 – Which of the following would be the best ways for the GDC to communicate with you?

Base: All respondents (4,160)

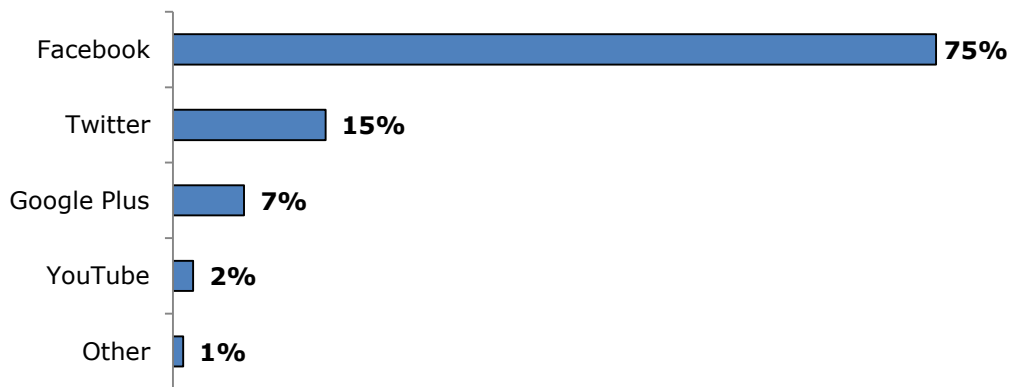


There was little difference between the subgroups in response to this question. However, whilst only selected by 4% of respondents in total, social media was suggested mainly by those aged between 16 and 30 at 6%.

Results to this question from the 2011 Annual Survey of Registrants are different in that the majority of respondents (62%) indicated that email was the best way for the GDC to communicate, followed by 56% suggesting the GDC Gazette by post.

Those who had suggested that social media would be the best way for the GDC to communicate with them were additionally asked to specify which social media they would prefer. Facebook was by far the most common response, suggested by three quarters of these respondents (75%).

**Figure 32 – Which one of the following social media would you prefer the General Dental Council to use to communicate with you?
Base: Respondents who mentioned social media (148)**



2.7 The Dental Complaints Service

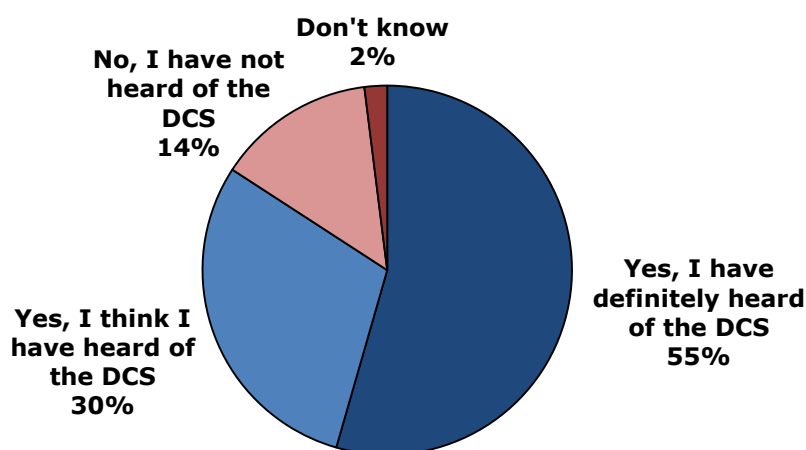
2.7.1 Awareness of the Dental Complaints Service

The Dental Complaints Service (DCS) is an independent dental complaints service funded by the GDC. Its purpose is to assist private dental patients to resolve complaints about private dental services.

As seen below in **Figure 33**, the majority of survey respondents indicated that they were aware of the DCS. Over half of respondents (55%) had definitely heard of it, whilst a further 30% thought they had heard of it. A slightly larger proportion of dentists indicated that they had definitely heard of the DCS (58%), whereas more DCPs stated that they thought they had (31%). Dental nurses were the group most likely to have not heard of the DCS at 17%.

Figure 33 – Before today, were you aware of the Dental Complaints Service (DCS)?

Base: All respondents (4,160)



When comparing the results to this question to the results collected in the 2011 survey, a small increase in the percentage of those aware of the DCS can be seen of 4% (+6% of those who had definitely heard of the DCS, -2% of those who think they had heard of the DCS). This comparison is shown in **Table 13** below.

Table 13 – Awareness of the DCS – 2011 and 2012 results

Base: 2,827 (2011) / 4,160 (2012)

Level of effectiveness	2011	2012	Difference
Yes, I have definitely heard of the DCS	49%	55%	+6%
Yes, I think I have heard of the DCS	32%	30%	-2%
Not heard of the DCS	17%	14%	-3%
Don't know	2%	2%	-

In contrast, the results to the Patient and Public Survey 2012 highlight that the public is far less aware of the DCS in comparison to dental professionals, with just 21% aware, a difference of 64%.

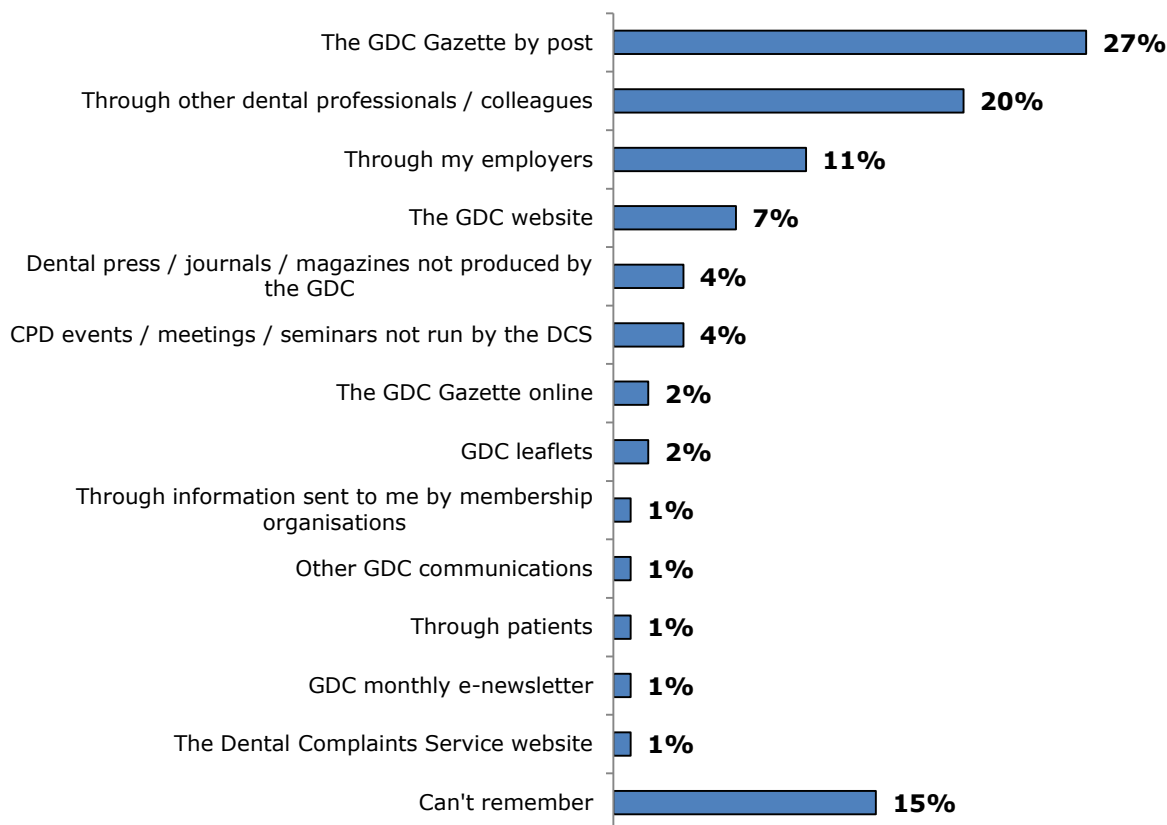
As shown in **Figure 34** overleaf, of those who were aware of the DCS, just over a quarter (27%) stated that they had first heard about it via the GDC Gazette by post, one in five (20%) via other dental professionals/colleagues, and one in nine (11%) through

their employers. One in seven respondents (15%) said that they could not remember how they had first heard about the DCS.

Subgroup analysis highlights that those registered with the GDC for less than 2 years were more likely to have first heard of the DCS through other dental professionals or colleagues at 32% (compared with 20% overall), whereas those registered for over 2 years were most likely to have first heard of the DCS via the GDC Gazette by post at 29% (compared to 27% overall). A larger proportion of female respondents also indicated that they first heard of the DCS via other dental professionals at 22% compared to male respondents at 17%.

When comparing results to those collected in the 2011 Annual Survey of Registrants, an increase of 3% can be seen for respondents indicating that they first heard about the DCS via the GDC Gazette by post (30%), and a 4% increase for those who first heard via other dental professionals/colleagues (24%).

Figure 34 – How did you first hear about the DCS?
Base: Respondents who were aware of the DCS (3,523)



Respondents could select more than one option in response to this question

2.7.2 Communication by the Dental Complaints Service

All respondents were asked to indicate the best ways for the DCS to communicate with them, selecting up to three methods. Those who were initially not aware of the DCS were provided with a brief explanation to allow them to answer the question.

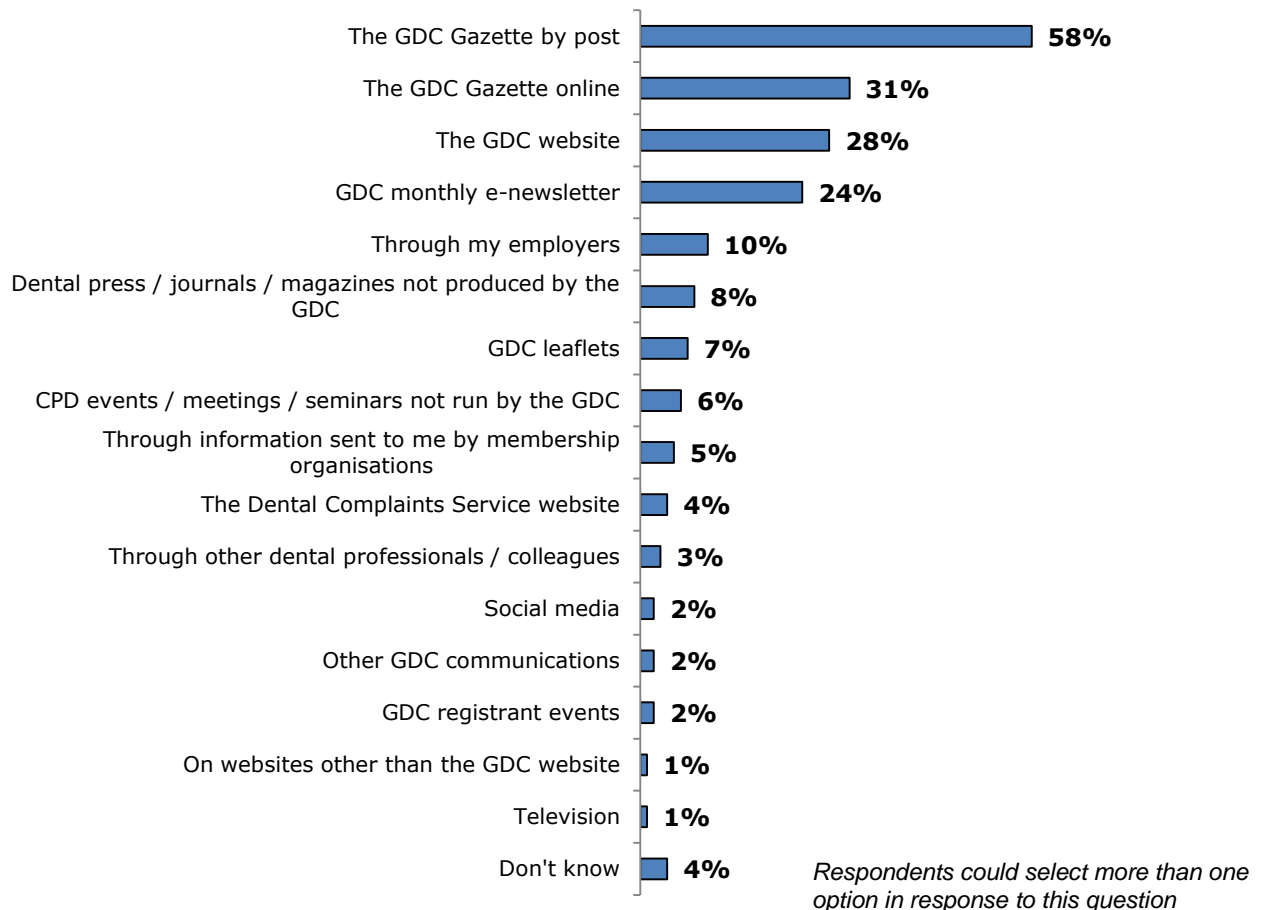
As seen in **Figure 35**, the GDC Gazette by post was again seen as the most popular method of communication, suggested by almost three in five respondents (58%). This was followed by online methods of communication, including the online version of the

same publication at 31%, the GDC website at 28% and the GDC monthly e-newsletter at 24%.

Results to this question from the 2011 Annual Survey of Registrants are different in that the majority of respondents (63%) indicated that email was the best way for the DCS to communicate, followed by 42% suggesting the GDC Gazette by post.

Figure 35 – Which of the following would be the best ways for the DCS to communicate with you?

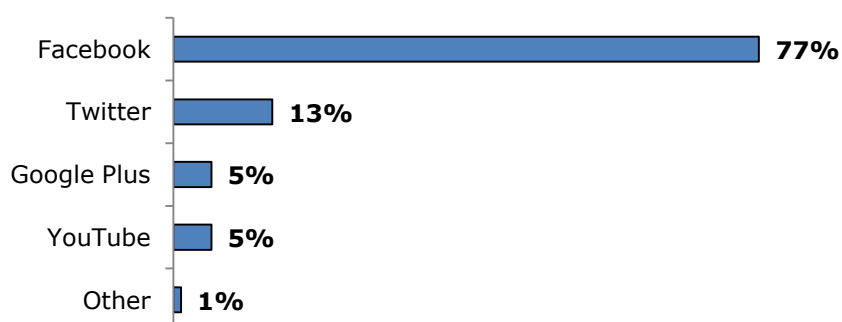
Base: All respondents (4,160)



As seen previously, Facebook was suggested as the most preferred social media channel to be used by the DCS to communicate, suggested by just over three quarters (77%) of those who indicated that social media was one of the best ways to communicate with them. When interpreting this result, it is important to remember that this question was only answered by 98 respondents.

Figure 36 – Which one of the following social media would you prefer the Dental Complaints Service to use to communicate with you?

Base: Respondents who mentioned social media (98)



2.8 Topical Policy Issues

The Annual Survey of Registrants aims to test registrants' views and understanding on areas of GDC policy and new developments. Survey respondents were asked a series of questions relating to new areas of GDC policy. This chapter covers the results to these questions.

2.8.1 The draft Standards of Conduct, Performance and Ethics

Research and consultation has been undertaken into the new standards which dental professionals must adhere to as part of their registration with the GDC. The draft standards document is titled 'GDC Standards of Conduct, Performance and Ethics'. Survey respondents were asked a series of questions relating to new areas included within the GDC's draft new standards on the following areas:

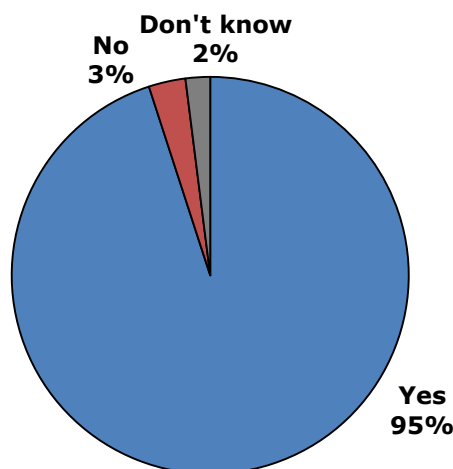
- Fluency in written and spoken English
- Displaying of private charges for basic services
- Working with another appropriately trained dental team member

All survey respondents were shown a new section of the draft standards which stated:

You should be sufficiently fluent in written and spoken English to communicate effectively with patients, their relatives, the dental team and other health care professionals in the UK

Almost all respondents (95%) agreed that it was appropriate to include the need to be fluent in written and spoken English as a requirement for effective communication. Little differences are seen across the subgroups in answer to this question. Only a slightly higher proportion of respondents from countries outside the UK and those of Black/Black British ethnicity indicated that they did not think it appropriate to include in the Standards the need to be fluent in written and spoken English at 7% and 8% respectively, suggesting this is a widely held view by the vast majority of registrants.

**Figure 37 – Do you think it appropriate to include the need to be fluent in written and spoken English as a requirement for effective communication?
Base: All respondents (4,160)**

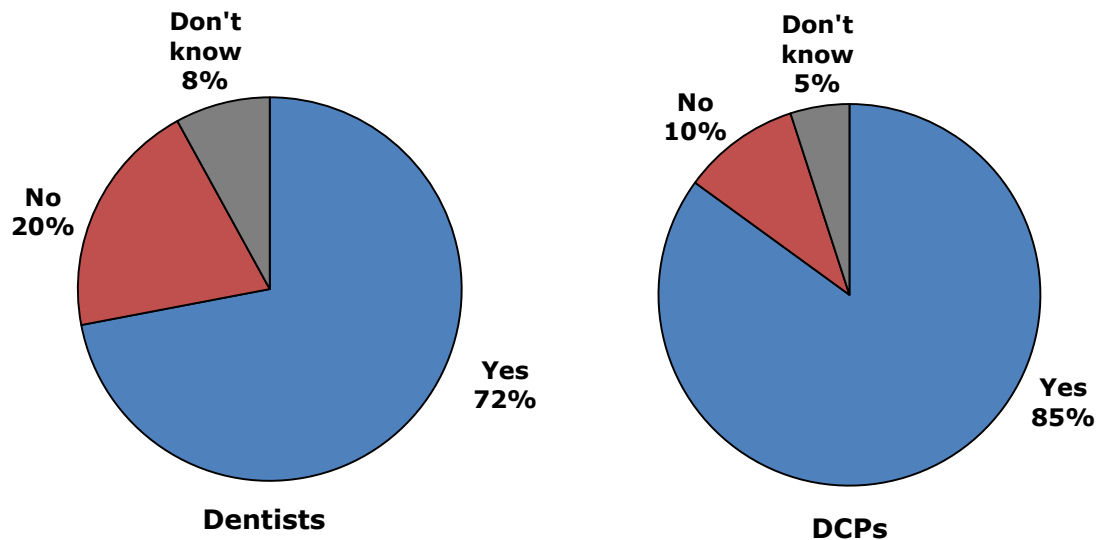


NHS practices are already required to display a list of NHS charges for dental procedures. Overall, four in five respondents (80%) agreed that private and mixed practices should also be required to display a list of private charges for basic services such as a simple filling or check up. Overall, one in seven (14%) disagreed with this suggestion, made up of a larger proportion of dentists (20%) compared to DCPs (10%), as highlighted in **Figure 38**.

Dental nurses in particular were most in agreement that private charges should be displayed at 86%. However, respondents from Wales were slightly more likely to disagree with this suggestion at 16% in comparison to other UK countries. A larger proportion of female respondents agreed at 83% compared to male respondents at 73%. Those of Asian/Asian British ethnicity were more likely to disagree at 19% compared to 14% overall.

Figure 38 – Do you think private and mixed practices should be required to display a list of private charges for basic services such as a simple filling or check up?

Base: All dentists (1,627) / All DCPs (2,533)



All survey respondents were shown another new section of the draft standards which stated:

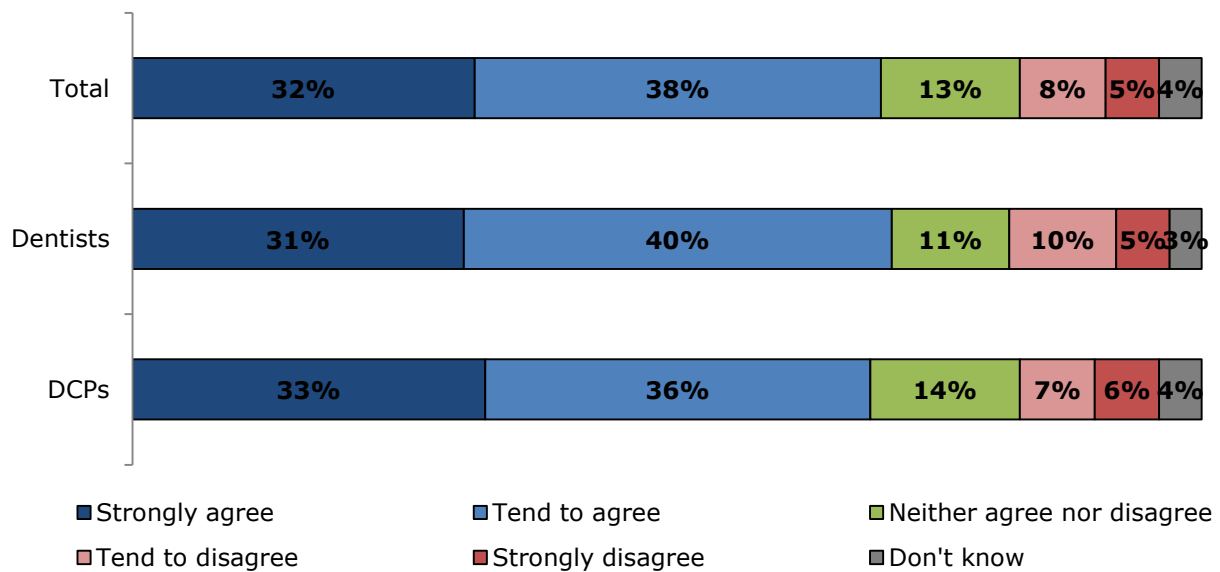
Any member of the dental team treating patients should work with another appropriately trained dental team member. An 'appropriately trained dental team member' is an individual who is either registered with the GDC or is 'in training' towards gaining qualification leading to registration with the GDC. The only circumstances in which this does not apply are:

- *Treating patients in an out of hours emergency*
- *Providing treatment as part of a public health programme, or*
 - *Exceptional circumstances*

Overall, one in seven respondents (70%) agreed with the wording of this guidance; 32% strongly agreed and 38% tended to agree. As seen in **Figure 39**, little difference was seen between dentists and DCPs in response to this question. However, differences can be seen between DCP roles, where dental hygienists and dental therapists were more inclined to agree with the wording of the guidance at 76% and 74% respectively.

Figure 39 – To what extent do you agree or disagree with the wording set out in this guidance?

Base: All respondents (4,160)



2.8.2 Direct access

Currently, the GDC requires that every member of the dental team must work to the prescription of a dentist, which means that patients must be seen by a dentist before being treated by any other member of the dental team. The only exception to this is with clinical dental technicians; they are able to provide full dentures to patients who have no teeth without the need for a prescription. The GDC has been considering whether to remove this requirement and to allow 'direct access' for all patients. This would mean that patients could see other members of the dental team for example a dental hygienist or dental therapist, without seeing a dentist first.

All survey respondents were shown the following statement relating to direct access:

Registered dental care professionals should have the option to provide direct to patients, any care assessment, treatment or procedure that is within their scope of practice and for which they are trained and competent

Overall, almost three quarters of respondents (74%) agreed with the statement concerning DCPs providing direct care to patients; 40% strongly agreed and 34% tended to agree. Significant difference can be seen between dentists and DCPs, as over four in five DCPs (84%) agreed with the statement, compared with just 57% of dentists. Differences can also be seen between male and female respondents, as a larger proportion of female respondents agreed at 79% compared to male respondents at 61%.

Figure 40 – To what extent do you agree or disagree with the following statement?

Base: All respondents (4,160)

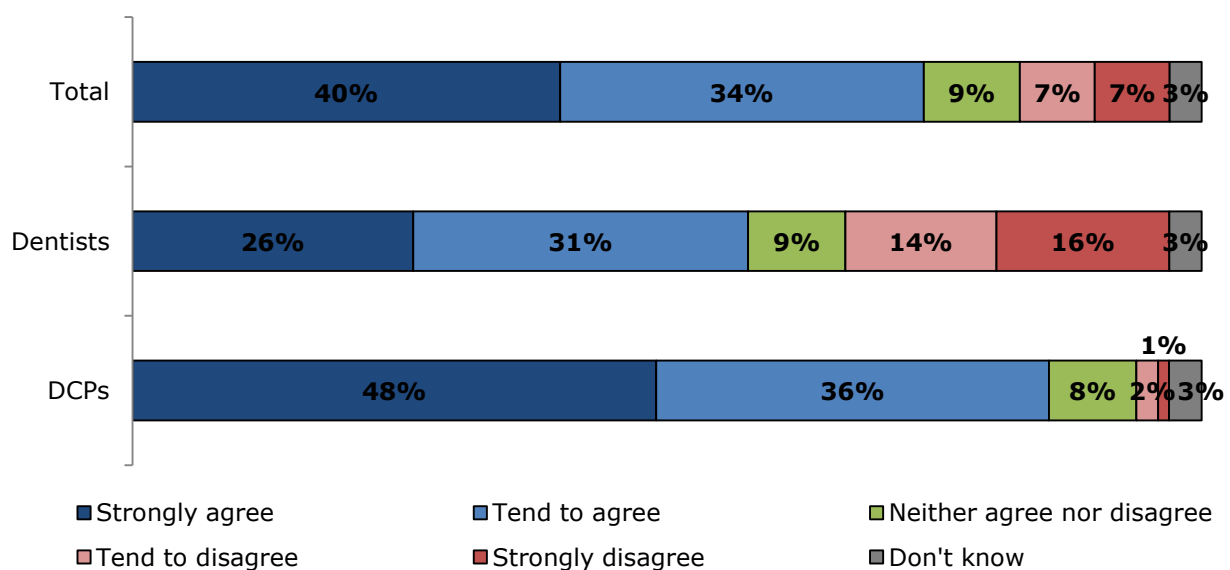
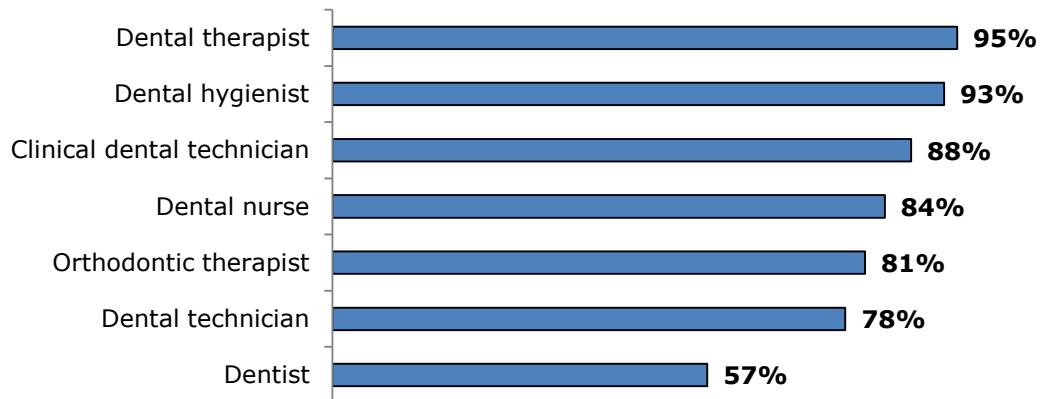


Figure 41 overleaf shows the net levels of agreement (the total of those who strongly and tend to agree) with the statement relating to direct access for each dental professional role. Nearly all dental therapists (95%) agreed (with 76% strongly agreeing), and over nine in ten dental hygienists agreed (with 71% strongly agreeing).

Figure 41 – Net agreement with the option to provide direct to patients by dental professional role
Base: All respondents (4,160)



All DCP survey respondents were additionally asked whether they would personally take up the option to provide services directly to patients, subject to being trained and competent, or whether they would continue to operate under a dentist’s prescription. As shown in **Figure 42** below, almost half (48%) said that they would take up the option to provide services directly, yet a significant minority (39%) said that they would continue to operate under a dentist’s prescription. A larger proportion of male DCPs indicated that they would take up the option to provide services directly at 56% compared to female respondents at 47%.

Figure 42 – Thinking about your future plans, would you personally take up the option to provide services directly, subject to being trained and competent, or would you continue to operate under a dentist's prescription?
Base: All DCP respondents (2,533)

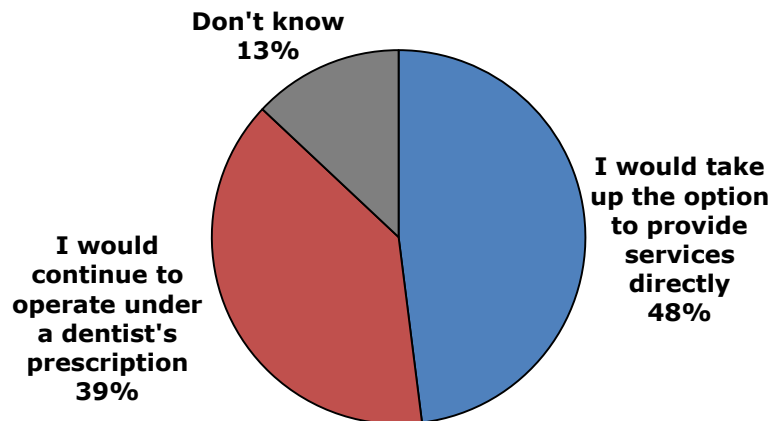
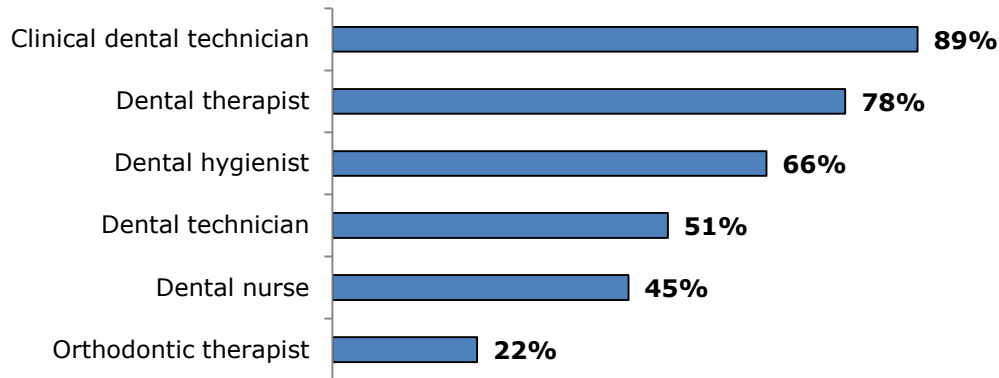


Figure 43 overleaf shows which DCP roles were most in favour of taking up the option to provide services directly to patients. Clinical dental technicians were most likely to indicate that they would take up the option at 89%, followed by almost four in five dental therapists (78%).

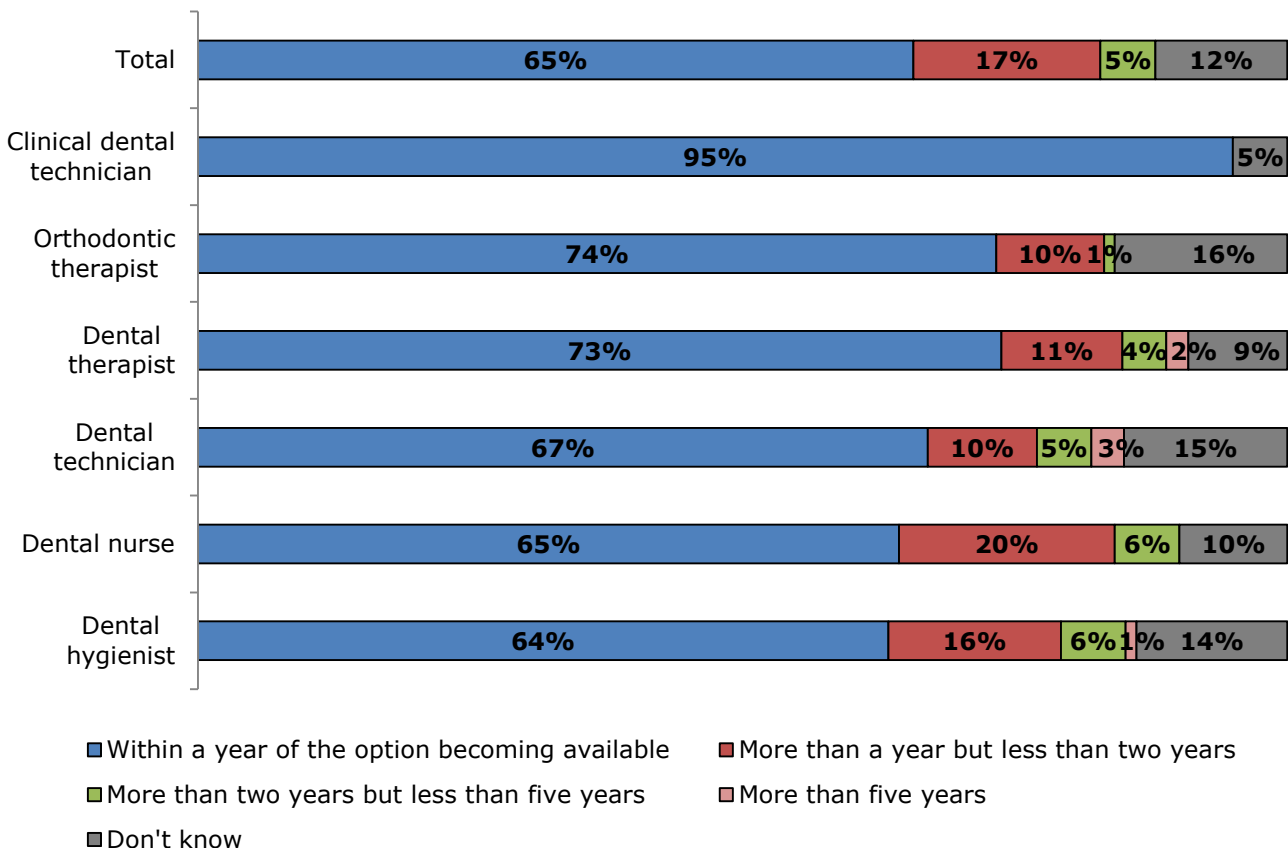
Figure 43 – Take up the option to provide services directly by DCP role
Base: All DCP respondents (2,533)



The results of the 2012 Patient and Public Survey show that 30% of patients and the public would consider going directly to a dental care professional without going through a dentist first.

DCP respondents who indicated that they would take up the option to provide services directly were additionally asked when they would take up the option if it became available to them. **Figure 44** shows that for all DCP roles, almost two thirds (65%) would take up the option within a year of it becoming available. Almost all clinical dental technicians indicated that they would take up the option within a year (95%), followed by orthodontic therapists (74%) and dental therapists (73%).

Figure 44 – If the option to provide services directly becomes available, when do you think you would take up the option?
Base: Respondents who would take up the option to provide services directly (1,216)



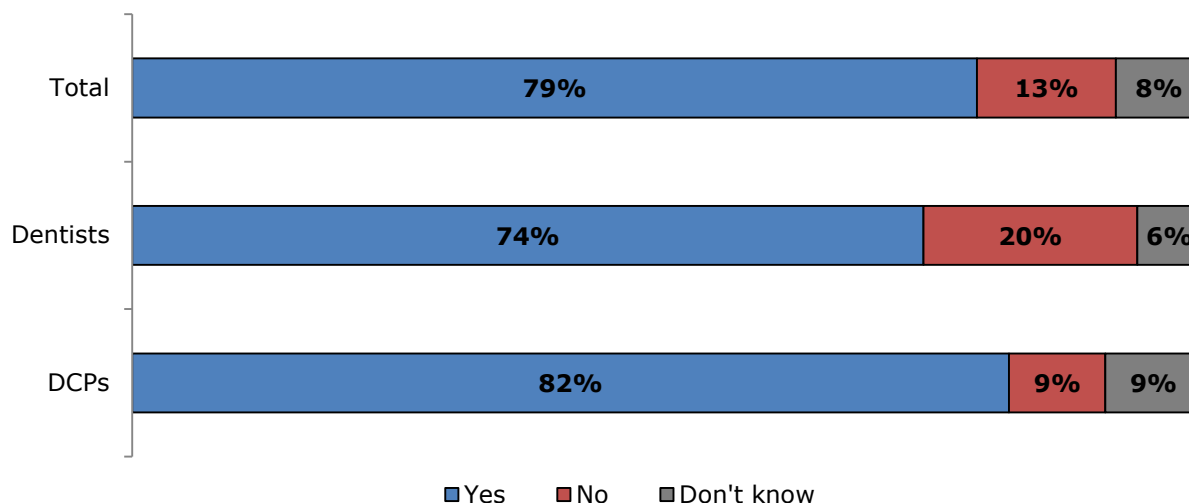
2.8.3 Transition to independent practice for newly qualified dental professionals

The GDC is investigating the risks to patient safety, if any, during the transition from graduation to fully unsupervised practice and how to identify proportionate solutions. Currently, newly graduated dentists are able to register with the GDC immediately on graduation. Although most new dentists undertake a period of voluntary foundation training after graduation, this is not obligatory.

Survey respondents were asked whether they thought it should be compulsory rather than optional for new dentists to undertake a period of supervised clinical practice after graduation before being allowed to register with the GDC. Four in five (79%) indicated that it should be compulsory. However, a larger proportion of dentists indicated that this should not be compulsory at 20% (compared to 13% overall), as seen in **Figure 45** below. A greater proportion of female respondents agreed that it should be compulsory at 81%, compared to male respondents at 75%.

Figure 45 – Do you think it should be compulsory rather than optional for new dentists to undertake a period of supervised clinical practice after graduation before being allowed to join the GDC register?

Base: All respondents (4,160)



However, the results of the 2012 Patient and Public Survey show that the view of the public is different, with 46% in agreement that they would be happy for a newly qualified dentist to provide them with dental care unsupervised.

Qualitative findings

The subject of newly graduated dentists undertaking a period of compulsory supervised clinical practice before being able to register with the GDC was discussed with the select number of registrants who participated in focus groups and in depth interviews. The overwhelming opinion from all participants, including both dentists and DCPs, was that it should be compulsory.

Definitely agree with this. Going from school to practice is very different – it's a big change. They need a supervisor to support them for a two year period.
(Dental therapist/hygienist, depth interview, England)

There's definitely the need for real world experience before joining a practice.
(Clinical and dental technician, depth interview, England)

A number of participants, particularly those with more experience of working with trainees, praised the current voluntary foundation training that most dentists went through upon graduating. It was felt that this training was essential to the development of new dentists, and that it was during this training that they learnt the 'real skills' required to be a competent dentist. Many of these participants focused on the increased level of confidence it instilled in dentists.

We have VTs and its invaluable. It brings them on so well, when they leave they're confident and competent.

(Dental nurse, depth interview, Scotland)

Vocational Training (VT) (superseded by Foundation Training) was seen as even more important today by several qualitative research participants, again mainly by those who had more experience of dentistry, who indicated that the level of experience which newly qualified dentists have received during their education can be very low. Many of these participants explained that current dental education is more academically focused rather than practically focused, and therefore does not sufficiently prepare individuals for practice. This was a view widely held by more experienced dental professionals who had graduated a long time ago, who explained that the level of practical experience gained through education was far less than when they had trained. However, it is important to note that this view was not exclusively held by more experienced participants, as several more recent graduates who took part in the research highlighted that they were certainly not ready to go straight into practice after graduating due to a lack of 'real life' clinical experience.

We used to have requirements when we were training. You had to take out 200 or 250 teeth, but now people have only got experience of taking out a couple of teeth.

(Dentist, focus group, England)

Instead of saying you must do x number of fillings or z number of extractions or y number of crowns, it's you need to have 'knowledge' of...

(Dentist, focus group, Scotland)

A number of qualitative participants, again both dentists and DCPs, were able to justify their strong opinion that a period of supervised clinical practice should be compulsory based on their own personal experiences of working with newly qualified dentists who were undertaking their voluntary training, highlighting particular memorable 'horror stories' of times where they had to intervene during a procedure or call upon a more experienced dentist to take over. Their experiences led them to stress the importance of the training period, where they had seen very unconfident and unskilled graduates develop, and to strongly question how some dentists could avoid a period of training. The risk to patient safety was focused on by many of these participants.

It really worries me what they're taught in dentist schools. When I'm with a new dentist, I'm finding it really difficult not to tell them what to do. They just don't seem to know.

(Dental Nurse, focus group, England)

What you see them doing sometimes is mind blowing! The stuff they were doing that they thought was right ... I had to stop them about six times a day.

(Dental nurse, depth interview, Scotland)

There is a risk to patient safety. Some go out and they're a disaster waiting to happen

(Hygienist, depth interview, Northern Ireland)

Both dentists and DCPs agreed that there should be a compulsory period of supervised clinical practice after graduation for newly qualified dentists. However, it was also highlighted by a small number of DCP participants that this policy should be adopted for DCPs qualifying in independent roles such as hygienists, therapists and clinical dental technicians. These participants highlighted that this was also important for these due to their level of contact with patients. It was felt that compulsory supervision was not necessary for other less independent or non-clinical DCP roles such as dental nurses and dental technicians due to the current provision of training which they receive.

It's important for therapists too, to be given time to enhance your skills. Most therapists are used as hygienists and there's a risk of de-skilling quickly. Supervision lets them get some clinical experience.

(Therapist, depth interview, Wales)

DCPs should have some sort of supervision, but non clinical DCPs get supervision as a nature of their job anyway.

(Hygienist, depth interview, Northern Ireland)

It was additionally suggested by a small number of participants that all dentists from outside the UK should undertake a similar period of compulsory clinical practice due to what they perceived as a large difference between the skill levels of UK qualified and overseas qualified dentists. Again, the potential risk to patient safety was highlighted. These participants felt that, even though many of these dentists had sufficient qualifications, they often did not meet the same level of standards expected within the UK. This perception, however, was only expressed by dental professionals who had qualified within the UK.

It's about the risk to patients from dentists coming from abroad. There may be equivalence for qualifications, but it needs to be the same for levels of experience. Dentists from overseas should all do supervised practice if they've not worked in the UK for at least a year.

(Dentist, depth interview, England)

Whilst all participants felt that dentists should be required to undertake a period of compulsory clinical practice, it was acknowledged by some participants that this may be difficult to implement due to the number of training places that would be required. Several participants had already indicated that they perceived a diminishing number of training places available for newly graduated dentists, and therefore said that the GDC would need to guarantee that these places could be provided if implementing this change in policy.

I completely agree, I think they should do it. But there needs to be a system in place for supervision because we've got so many people graduating now who can't get a place.

(Dentist, focus group, England)

The concern would be not having enough places available.

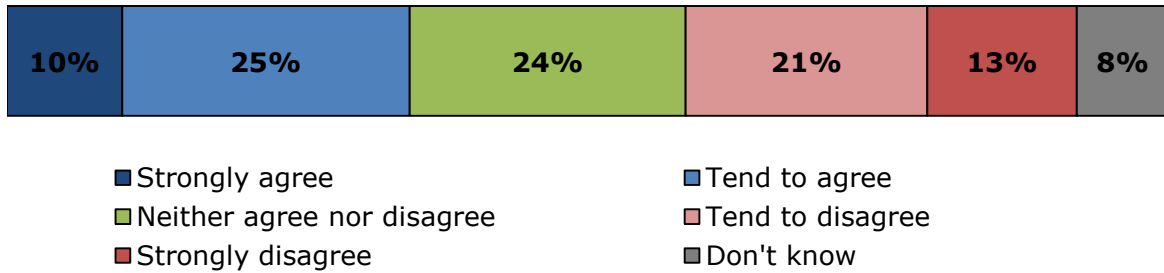
(Orthodontic therapist, depth interview, Scotland)

2.8.4 GDC and the law making process

In order to amend rules and regulations that govern its work, the GDC often needs to go through certain law making processes. It has been proposed that the GDC and other healthcare regulators should be able to amend their rules and regulations without necessarily going through these processes.

Survey respondents were asked whether they agreed or disagreed with this proposal. As can be seen in **Figure 46**, opinion was almost equally divided between those who agreed (35%), those who disagreed (34%), and those who did not agree or disagree (24%). A larger proportion of dentists disagreed with this proposal (42%) in comparison to DCPs (29%). Respondents who had been registered with the GDC for 16 to 20 years were more likely to agree with the proposal (40%).

Figure 46 – It has been proposed that the GDC and other healthcare regulators should be able to amend their rules and regulations without necessarily going through these processes. Do you agree with this proposal?
Base: All respondents (4,160)

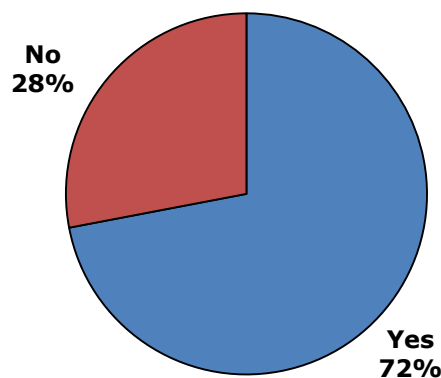


2.9 CPD

eGDC is a self-service registrant website which allows registrants to manage their GDC registration online, where they can pay their Annual Retention Fee, change contact details and submit continuing professional development returns.

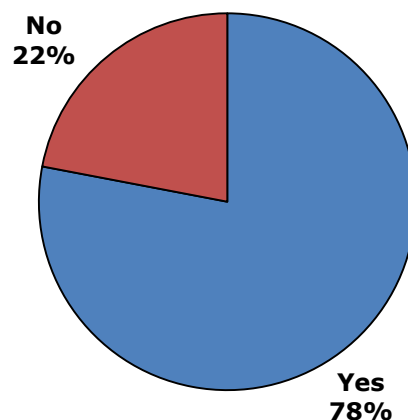
Almost three quarters of respondents (72%) indicated that they were aware of eGDC before taking part in the online survey, as seen in **Figure 47** below. The sample shows that a larger proportion of dentists were aware of eGDC at 76%, compared to DCPs at 69%. It can also be seen that awareness is highest amongst those who have been registered with the GDC between 6 and 10 years (77%), but is considerably lower amongst those who have been registered for less than year (58%) or for 21 years and over (67%). Awareness was also higher amongst respondents from Northern Ireland at 80%.

Figure 47 – Before today, had you heard of eGDC?
Base: All respondents (4,160)



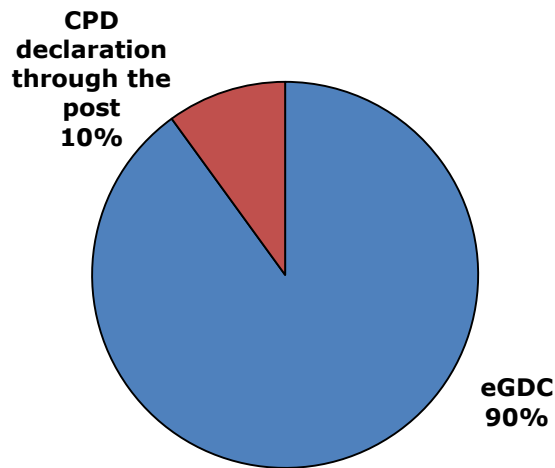
Those aware of eGDC were then asked whether they used it. As seen below in **Figure 48**, almost four in five (78%) of these respondents used eGDC. Usage between dentists and DCPs was equal. Again, those who have been registered with the GDC for 6 to 10 years are most likely to use eGDC at 83%. Despite awareness of eGDC being higher in Northern Ireland, usage by respondents from Northern Ireland was lower than other UK countries at 71%.

Figure 48 – Do you use eGDC?
Base: Respondents aware of eGDC (2,986)



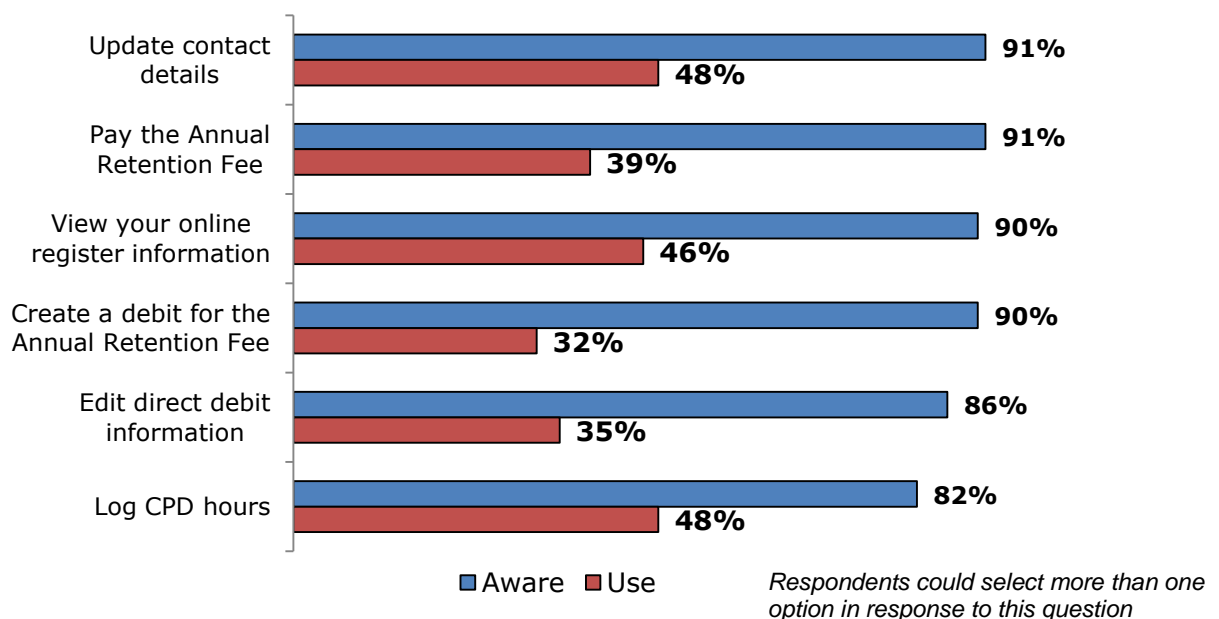
Respondents who indicated that they used eGDC were asked how they currently logged CPD. Nine in ten respondents (90%) used eGDC to log their CPD, with just 10% using CPD declarations through the post, shown in **Figure 49**.

Figure 49 – What method do you currently use to log CPD?
Base: Respondents who use eGDC (2,330)



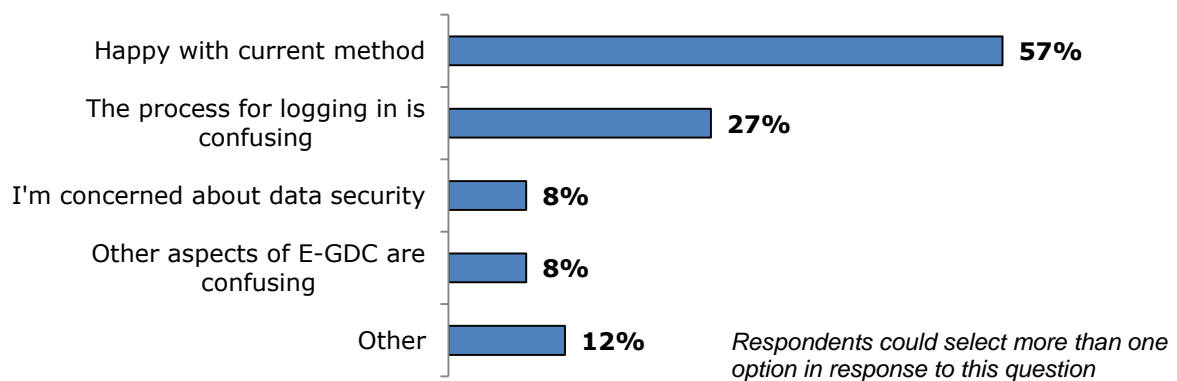
The same respondents were additionally asked what aspects of eGDC they were aware of, and which they used. As seen below in **Figure 50**, the majority of respondents were aware of all eGDC facilities, with logging CPD hours and editing direct debit information receiving slightly lower levels of recorded awareness at 82% and 86% respectively. Usage of these facilities, however, was much lower by comparison. The most popular facilities were updating contact details and logging CPD hours at 48% each, followed by viewing online register form at 46%.

Figure 50 – Which of the following are you aware you can do online, and which would you use?
Base: Respondents who use eGDC (2,330)



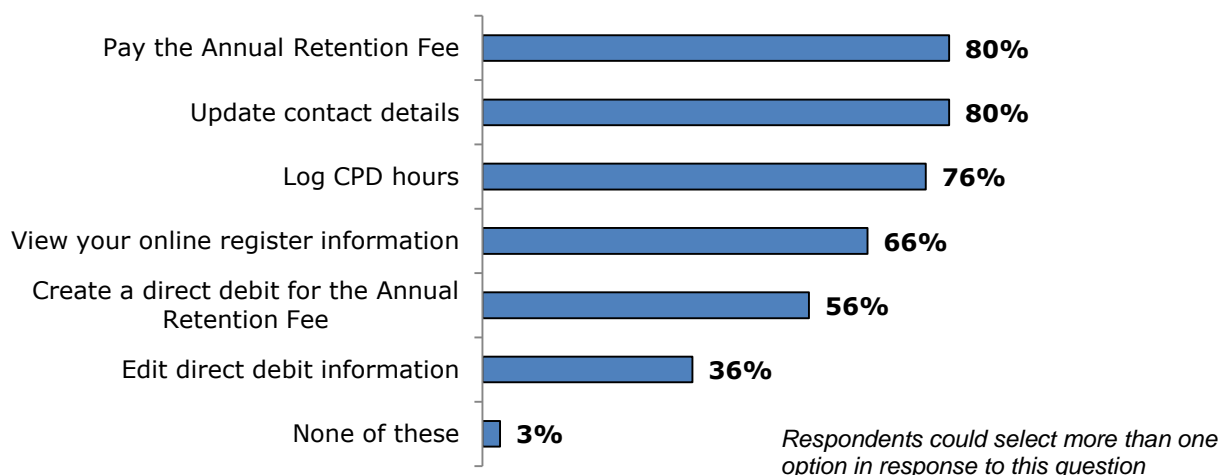
Those who were aware of eGDC but did not use it were asked to indicate why this was the case. Survey respondents were able to select multiple options in response to this question. Almost three in five respondents (57%) said that they did not use eGDC because they were happy with the current method, followed by a quarter (26%) who found the process for logging in to eGDC confusing. A larger proportion of dentists and those registered for 16 to 20 years found the process for logging in confusing at 32% and 51% respectively. The majority of those registered for over 21 years who did not use eGDC indicated that they were happy with the current method (70%). Other responses included difficulties accessing a computer, lack of time, not yet having registered, and technical difficulties with the website.

Figure 51 – Why do you not use eGDC?
Base: Respondents who do not use eGDC (655)



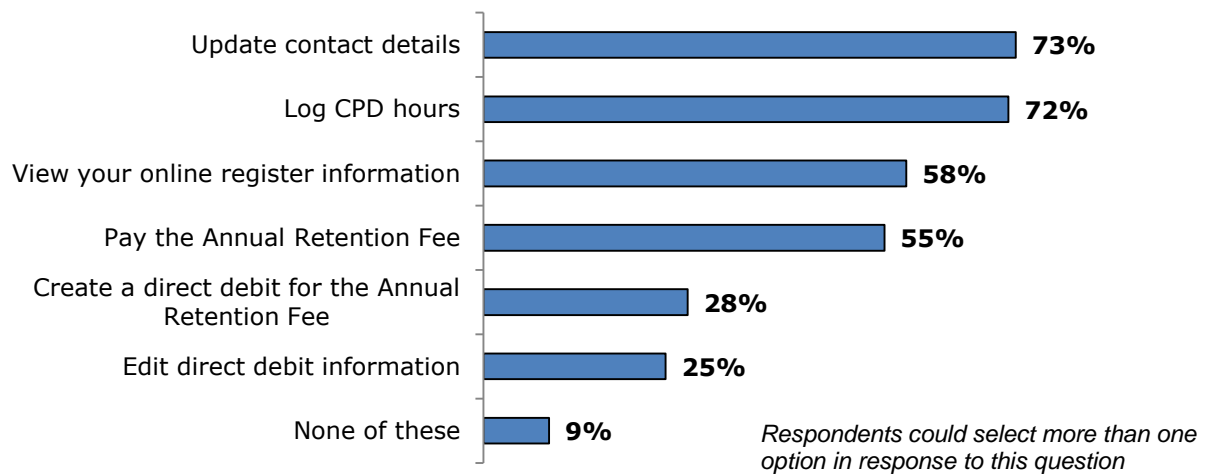
These respondents were also asked which eGDC facilities they were aware of, despite not using the website. The most well-known facilities were the ability to pay the Annual Retention Fee and update contact details, selected by 80% of these respondents. Just 3% were unaware of any facilities of eGDC.

Figure 52 – Which of the following are you aware you can do online?
Base: Respondents who do not use eGDC (655)



Respondents who were unaware of eGDC were briefly informed of what the website was. They were then asked which aspects of eGDC they would use. The most popular facilities were updating contact details (73%) and logging CPD hours (72%). Only 3% indicated that they would not use any of eGDC's facilities.

Figure 53 – Which of the following aspects of eGDC would you use?
Base: Respondents who unaware of eGDC (1,174)



2.10 eGDC

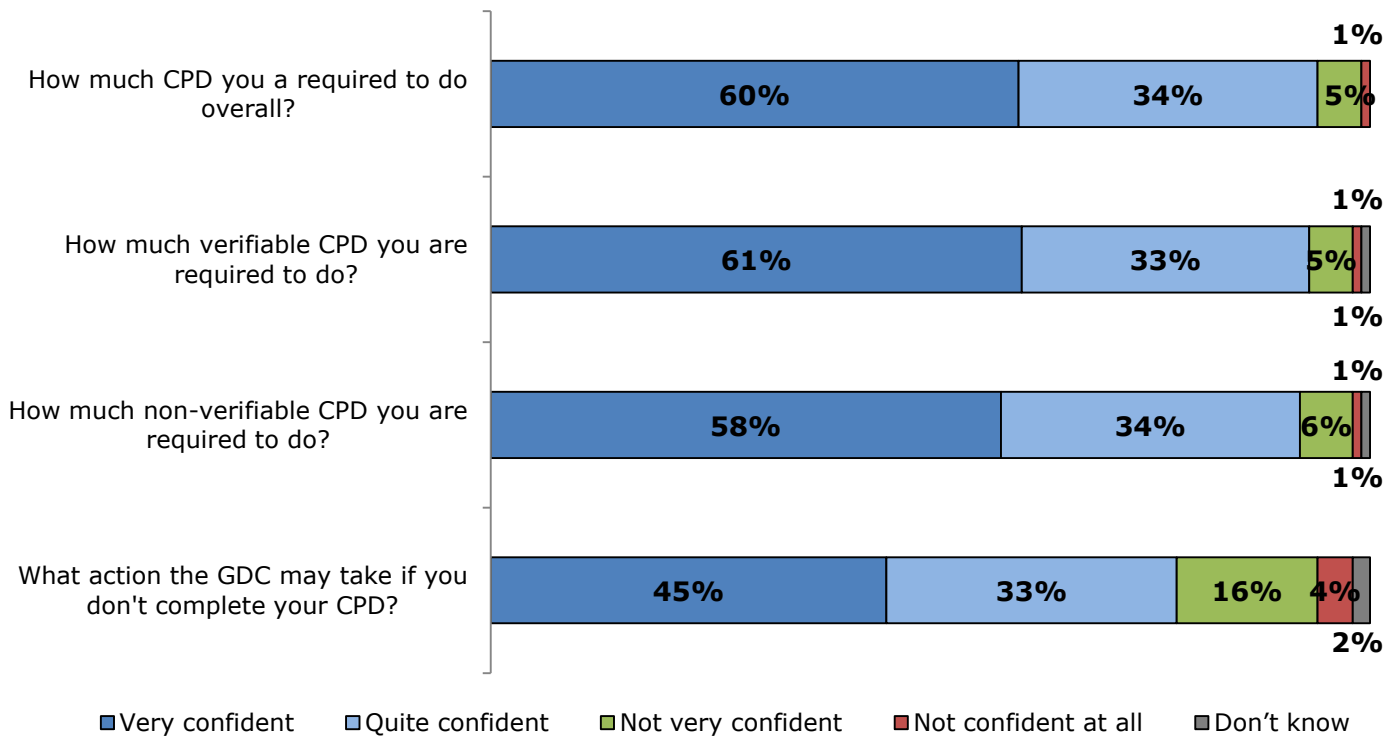
Continuing professional development (CPD) is any activity which contributes to the professional development of dentists and dental care professionals, with the ultimate aim of benefiting their patients through up to date treatment and care. A CPD activity can be anything from private study time to attending training courses. The GDC requires that CPD is undertaken by all dental professionals to continue their registration.

Survey respondents were asked to indicate how confident they were that they knew how much CPD they were required to do overall. As seen in **Figure 54**, almost all (a total of 94%) respondents were in some way confident, with three in five claiming to be very confident. Confidence increased as the number of years registered increased, where 81% of those who had been registered for less than a year were confident, compared to 98% of those who had been registered for 11 years or more.

Respondents were equally as confident that they knew how much verifiable and non-verifiable CPD they were required to do at 94% and 92% respectively. Again, this level of confidence increased with the number of years registered. A larger proportion of dentists also tended to be very confident in comparison to DCPs, who were more likely to be quite confident.

The overall level of confidence was slightly lower when respondents were asked if they knew what action the GDC would take if they did not complete their CPD at 78%. One in six respondents indicated that they were not very confident. No differences were seen between dentists and DCPs here.

Figure 54 – How confident are you that you know...
Base: All respondents (4,160)



Also on the topic of CPD, respondents were asked whether they agreed with the proposal by the GDC to make annual CPD declarations compulsory to maintain registration. Almost three in five respondents (58%) agreed with this proposal, with a quarter (24%) agreeing strongly. A greater proportion of dental therapists and hygienists agreed with this proposal at 68% respectively, as did female respondents at 61% compared to male respondents at 51%.

Figure 55 – The GDC is proposing that annual CPD declarations should be compulsory to maintain registration. To what extent do you agree or disagree with this proposal?

Base: All respondents (4,160)



- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know

2.11 Feedback from Patients

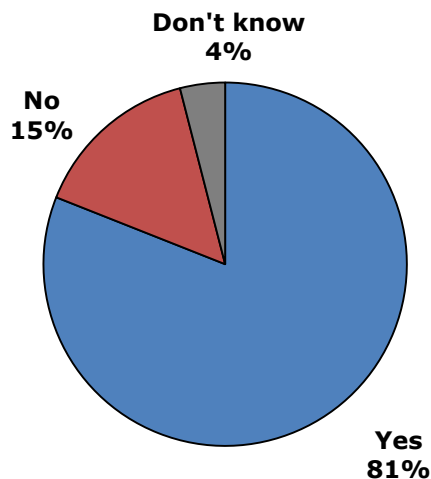
2.11.1 Receiving verbal or written feedback from patients

The GDC anticipates that utilising feedback from patients may contribute to informing how registrants continue to develop professionally. In the future, they perceive that it may also help a registrant demonstrate how he or she continues to be fit to practise. In relation to this, survey respondents were asked whether they had ever received feedback on their performance from patients, either verbally or in writing.

As seen in **Figure 56**, four in five respondents (81%) had received this type of feedback. This response was more popular with dentists (91%) in comparison to DCPs (74%), and more popular with male respondents (88%) than female respondents (78%). Respondents from Scotland were less likely to have received feedback on their performance compared with other UK countries at 70%.

Figure 56 – Have you ever received feedback on your performance from patients, either verbally or in writing?

Base: All respondents (4,160)



Results collected in the Patient and Public Survey 2012 highlight that just 15% of patients provided feedback on a dental professional, and that of those who did, 67% provided this feedback verbally. The majority of these patient respondents indicated that it was clear how their feedback was used.

Qualitative findings

A large proportion of qualitative research participants said that they had received feedback from their patients during their careers and therefore were unsurprised by the survey results. It was explained by a number of participants that feedback from patients could take many forms, and was usually dependent on the patient and the type of treatment carried out. However, it seems that this feedback is typically verbal and informal. The majority of feedback recalled by participants was positive in the form of a card or present. In private practices, the process of recording feedback, either positive or negative, appears to be very informal and unstructured.

In my job we always get feedback from patients, but it is informal.

(Dental nurse, depth Interview, Wales)

As a clinical technician I do get feedback from clients – usually letters and cards, but we don't have a formal procedure to get feedback – we're only a small practice.

(Clinical and dental technician, depth interview, England)

We do review comments from patients at practice meetings and agree if something needs to be done. We don't have a formal structure of recording them though.

(Dental therapist/hygienist, depth interview, England)

Participants working in secondary care roles, particularly those in hospitals, appeared to have a more structured process in place for recording feedback from patients, explaining that they kept all the positive feedback they receive such as cards and letters and routinely file these away to feed into their staff appraisals. A small number of these participants also highlighted that they use patient feedback to monitor any training needs for continuing professional development of staff.

People are very happy when they get braces removed, some buy you chocolates or a card. It means a lot when we get it. We have an appraisal system via the hospital and we put all our cards and things into it.

(Orthodontic therapist, depth interview, Scotland)

There's a formal appraisal process in hospital, so they keep all the cards and thank yous.

(Dentist, depth interview, England)

We use patient feedback to monitor training needs and for staff appraisals and CPD.

(Dentist, focus group, Wales)

We analyse any feedback and do training as a result so we can get CPD points.

(Dentist, focus group, Scotland)

A large number of qualitative participants indicated that any negative feedback is dealt with via their complaints procedure, in both private care and in the hospital setting. It was also highlighted by a small number of participants that it was difficult to capture negative feedback outside the process of the complaints procedure, as if a patient is unhappy with their treatment they will typically not come back. However, almost all participants highlighted the importance of having a complaints procedure and the benefits of dealing with a complaint, as often services can be improved as a result.

Feedback from patients is of course a great diagnostic for any professional.

(Dentist, focus group, Wales)

When you're in general practice negative feedback walks out the door and you never see it again.

(Dentist, focus group, Scotland)

Participants involved in the training of other dental professionals often indicated that they stipulated that feedback was sought from patients who were being treated by those undergoing training as part of their development.

Because of vocational trainees we do get feedback. It's a sort of routine thing that we do.

(Dentist, focus group, Scotland)

When discussing feedback, several participants explained that they were now being pushed to record more feedback in the form of patient surveys in order to meet the requirements of regulation. Some of these participants had found this type of activity useful, whereas others were not happy to record what they saw as unnecessary feedback. They agreed that feedback was important, but that it should not be 'over the top'.

It's a CQC requirement now to get feedback from patients!

(Dentist, focus group, England)

Don't regulate us to get feedback from every patient.

(Dentist, focus group, Scotland)

3. Conclusions

3.1 The future of dentistry

This year's Annual Survey of Registrants has provided useful insight into the current attitudes of registrants and how they feel about the near future of dentistry. The results show that opinion is equally split between optimistic and pessimistic views of the future. As seen in both the survey results and the qualitative feedback, whilst there are many areas of dentistry to feel positive about, there are as many, if not more, areas that give rise to pessimism.

Whilst a significant proportion of registrants felt that the current levels of regulation were about right, a similar proportion felt that dentistry was heading towards over-regulation. There appears to be a general feeling of pessimism in relation to the future in terms of concerns about regulation. Some registrants see this as becoming an increasing burden on them, focusing less on the GDC and more on other regulatory bodies such as the CQC and RQNI.

Other concerns for the future of the profession were in relation to the new NHS contract, of which many registrants were apprehensive, and future financial and job prospects. It appeared in the qualitative research that a number of both young and old registrants felt that dentistry was no longer the financially secure profession it once was, with increasing financial constraints and diminishing job opportunities for graduates.

With perceived levels of regulation continuing to increase, it is advised that the GDC ensures that it makes its role clear to registrants both to provide reassurance that regulation is worthwhile and to show how the GDC fits in with the overall context of regulation. It is also suggested that the GDC increases its relationships with other regulatory bodies to avoid duplication of rules and regulations, which may go a long way to reducing any frustration that registrants have.

The findings from these questions can be used to provide rich context to the GDC's work including the development of policy.

3.2 Optimism of DCPs

Whilst approximately a third of registrants appear pessimistic about the future of dentistry, a noteworthy finding from this research is that DCPs, with the exception of dental technicians, are generally more optimistic about the future. Particularly for dental nurses, this may be due to their recent registration with the GDC, and many DCPs now have greater opportunities for learning and development, as highlighted in the survey, providing better career progression and training. Registrants engaged with during the qualitative research indicated that many dental nurses no longer saw their role as simply a job, but as a career and that they feel more included within the professions.

It is recommended that the GDC continues to build on these generally higher levels of optimism and its developing relationship with DCPs to ensure that they are kept engaged with the GDC, its regulation and activities. This is increasingly important as DCPs now make up the majority of registrants. This will also help convince those DCPs who feel that the GDC is still more in touch with dentists that it is equally committed to working with and understanding DCPs.

3.3 A need for increased awareness of the GDC's role and its work

A common theme behind several survey findings was that registrants typically have a low level of awareness of what the GDC is and what they do. The qualitative research

findings suggest that many registrants have very little interaction with the GDC other than paying their Annual Retention Fee and receiving (but not necessarily reading) the GDC Gazette. This appears to have been the driving force behind a number of survey results, such as lack of confidence by a significant minority in the GDC's effectiveness to regulate dentists and DCPs, a generally neutral view of the GDC, and the opinion that the GDC is not cost-effective (see below).

Confidence in the GDC to regulate the profession was generally high, with two thirds of survey respondents expressing some level of confidence. However, a significant minority indicated that they were not confident. Further investigation within the qualitative research suggests that this view may be linked to a lack of understanding of what the GDC does to regulate dentists and DCPs.

The survey found that the largest proportion of registrants would not speak highly or critically of the GDC (42%), but instead would remain neutral. Again, qualitative research findings indicate that this may be due to dental professionals having low levels of awareness about what the GDC does to be able to have an opinion which either praises the GDC or criticises it.

Very few registrants who took part in the survey were of the opinion that the GDC was cost-effective. However, it was highlighted by a good number of qualitative research participants, who focused on their Annual Retention Fee, that many registrants were unaware of how the GDC spent its budget and what their fees paid for, which they felt explained this survey result.²

All these issues could potentially be improved if the GDC increases awareness amongst registrants of its role and activities, informing them how it protects patients, what it offers dental professionals, how it regulates, and where it spends its money. By providing registrants with this information and becoming an organisation which registrants understand and to which they can relate, the GDC may be able to significantly improve its rating with many dental professionals.

3.4 The structure of the Annual Retention Fee

Most survey respondents thought that the Annual Retention Fee for dentists and DCPs was too high. 47% of all survey respondents thought that the dentist fee was too high and 66% thought that the DCP fee was too high. There was particular concern about the DCP fee, with 79% of DCPs thinking their ARF is too high. However, it is worth noting that, while just under half of dentists thought the ARF for DCPs is too high, this number has declined by 10% on last year. The view that the ARF was too high for DCPs was expressed, both by dentists and DCPs, in the qualitative work, particularly in relation to dental nurses. It was felt that dental nurses were paying an unreasonable amount to be registered with the GDC based on their income. This situation was highlighted by the fact that dental nurses pay the same fee as higher salaried DCPs such as dental hygienists and dental therapists.

This research makes it clear that the review of the principles that underlie how the GDC sets its fee would be welcomed by registrants, particularly dental nurses, who were the group most likely to suggest that the current level of fee for DCPs was too high. Suggestions for changes to the principles from the qualitative research included taking into account the potential earnings, role and levels of responsibility of the individual registrant, rather than setting the same fee for all DCP roles. As the GDC is currently in the early stages of reviewing the Annual Retention Fee levels, this research provides a useful starting point.

² The Annual Retention Fee was being collected whilst the Annual Survey of Registrants was online for registrants to complete

3.5 Communications

Whilst the qualitative research suggested that many registrants were only vaguely aware of the GDC and its role in regulating dentistry, the survey results illustrate that the majority of registrants believe that the GDC communicates with them effectively. Indeed, it is positive to note that a slight increase in this proportion of registrants has occurred since 2011. However, it was seen that dental technicians and clinical dental technicians did not feel as strongly that the GDC communicated with them effectively, suggesting that it may be useful to consult with registrants from these roles to investigate why they feel this way, when other roles are much happier with the levels of communication they receive.

By far the most used and favoured method of communication is the GDC Gazette by post. However, it is interesting to note that online methods of communication such as the GDC monthly e-newsletter, the GDC Gazette online and the GDC website were also popular methods suggested as the best ways for the GDC to communicate with registrants. This implies that a move towards increasing communication via online channels could be beneficial. It is important to note, however, that support for the GDC to communicate via social media was still relatively low, but that this may be something which changes over time.

3.6 Proposed new standards for dental professionals

Covering particular areas of the proposed new standards for dental professionals within the research has produced some interesting and useful results. All three areas covered generated very strong and clear cut opinions, where the majority of registrants felt the same way. These included the requirements to be fluent in written and spoken English, to display private charges in private and mixed practices, and to a lesser extent, to always work with another appropriately trained member of the dental team. This suggests that these areas will be well received if included within the new standards for dental professionals. The results to these questions help support the current proposals for the new standards.

3.7 Direct access

Other topic areas which were covered within the survey, however, produced slightly less clear results, particularly the issue of direct access. Overall a significant majority indicated that they agreed with the suggestion that registered dental care professionals should have the option to provide direct to patients outside the prescription of a dentist. However, a larger proportion of DCPs were in favour of direct access, whereas survey results show that dentists were less likely to agree to it. It may be that these dentists see direct access as a threat to their profession, or it could be related to concerns over patient safety. The results to the questions – which were included in the survey undertaken at the end of last year - have been useful to the GDC in developing its policy on direct access.

3.8 Transition to independent practice

Another area of possible GDC policy which received widespread agreement was the suggestion that it should be compulsory rather than optional for all new dentists to undertake a period of supervised clinical practice after graduation before being allowed to join the GDC register. The survey results showed that the majority of registrants were in favour of this supervision, backed up by the qualitative findings, where participants indicated that it was hard to see any drawbacks to this requirement, and that it provided benefits to both patients and dental professionals. However, it was also highlighted in the qualitative research that, should this policy be taken forward, its implementation may have an impact on the number of required places for supervision. Many had already

reported concerns about the availability of Foundation Training places. Therefore, it is recommended that the GDC fully explores how sufficient training places will be provided if some form of compulsory period of supervision (be it Foundation Training or otherwise) is made mandatory. Exploration into this suggested area of GDC policy has also highlighted general concern over the current levels of clinical experience provided to undergraduates, which should be borne in mind when the GDC is assuring the quality levels of dental training.

3.9 Amending GDC regulations

Registrant opinion was split in response to the proposal to allow the GDC to amend its rules and regulations without going through certain law making processes. It is likely that this division may be due to a lack of understanding of the implications of this proposal, and therefore it is recommended that further research is conducted with registrants to explore this issue.

3.10 eGDC

Awareness and usage levels of eGDC were fairly high amongst registrants, but there is clear room for improvement. Those who were not aware of eGDC indicated that they would be interested in using many of its facilities. This suggests that by simply increasing awareness of how to register and access the website and how it can benefit registrants would significantly increase usage levels.

3.11 CPD

In relation to CPD, the vast majority of registrants appear to be aware of what is required of them. However, awareness of the consequences of not completing the required levels of CPD was lower and, therefore, may benefit from being promoted to encourage compliance with the policy.

3.12 Obtaining feedback from patients

The majority of registrants receive feedback in some form from patients, generally verbally and informally. From the qualitative research, it appears that very few registrants, especially those working in private practice, have any formal systems in place to record feedback in order to assist their continuing professional development or to demonstrate their fitness to practise. Generally, positive feedback is stored for internal staff appraisals, and negative feedback is either not received (as patients go elsewhere) or is dealt with via a formal complaints procedure.

If the GDC wishes registrants to begin to utilise feedback from patients in a more formal way, to contribute to informing how registrants continue to develop professionally and to demonstrate how they continue to be fit for practice, it will need to make this clear to them. This will ensure registrants are in the correct mindset to record this feedback, as most currently see feedback as an important but informal process.

Appendix A – Focus group and in depth interview stratification

Focus Group Stratification

Group	Country	Stratification
Group 1	England North (Manchester)	<p>Representative mix of dental professional disciplines</p> <p>Gender/ethnicity – broadly representative of UK population</p>
Group 2	England Midlands (Birmingham)	
Group 3	Wales (Cardiff)	
Group 4	Northern Ireland (Belfast)	
Group 5	Scotland (Edinburgh)	

In depth interview matrix

	Dental Professional Role	Location	Years registered	Country of qualification
1	Clinical dental technician	Wales	3 to 5	UK
2	Dental hygienist	England	11 to 15	UK
3	Dental hygienist	Northern Ireland	21+	UK
4	Dental hygienist	Scotland	21+	UK
5	Dental nurse	Scotland	3 to 5	UK
6	Dental nurse	Scotland	3 to 5	UK
7	Dental nurse	Wales	3 to 5	UK
8	Dental nurse	Wales	3 to 5	UK
9	Dental nurse	Scotland	6 to 10	UK
10	Dental nurse	England	Less than 1	UK
11	Dental technician	Scotland	3 to 5	UK
12	Dental technician	England	6 to 10	UK
13	Dental therapist	Wales	16 to 20	UK
14	Dental therapist	England	6 to 10	UK
15	Dentist	England	21+	UK
16	Dentist	Northern Ireland	21+	Ireland
17	Dentist	Northern Ireland	21+	UK
18	Dentist	Scotland	21+	Australia
19	Dentist	Scotland	21+	UK
20	Dentist	England	3 to 5	UK
21	Dentist	England	3 to 5	UK
22	Dentist	Northern Ireland	3 to 5	UK
23	Orthodontic therapist	England	21+	UK
24	Orthodontic therapist	Scotland	21+	UK

Appendix B – Online Questionnaire

Annual Registrants' Survey 2012

Welcome to the General Dental Council Annual Registrants' Survey 2012.

You can navigate through the questionnaire using the 'next' and 'back' buttons. To remove your answers to a question click on the 'reset' button. Should you wish to save your responses and return to the questionnaire, click the 'save' button.

If you have any questions about completing the questionnaire, please call the survey helpline on 0844 522 0100 or email gdc@enventure.co.uk

The survey will take no longer than 20 minutes to complete. Please complete this survey by 13 December 2012.

Confidentiality - This survey is being carried out independently on behalf of the GDC by Enventure Research, a market research agency, bound by the Market Research Society's Code of Conduct. This ensures that your personal details and other information will only be used for the purposes of the survey and will not be disclosed to any third parties.

Your role

1. Please tell us which of the following roles apply to you

Select all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Clinical dental technician | <input type="checkbox"/> Dental technician | <input type="checkbox"/> Orthodontic therapist |
| <input type="checkbox"/> Dental hygienist | <input type="checkbox"/> Dental therapist | <input type="checkbox"/> Specialist |
| <input type="checkbox"/> Dental nurse | <input type="checkbox"/> Dentist | <input type="checkbox"/> Other |

Other (please specify)

Specialist (please specify)

2. What type of dental care do you provide?

- | | | | |
|-----------------------------------|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> NHS only | <input type="checkbox"/> Private only | <input type="checkbox"/> Mixture of NHS and private care | <input type="checkbox"/> Don't know |
|-----------------------------------|---------------------------------------|--|-------------------------------------|

3. Where do you work?

Select all that apply

- | | |
|--|--|
| <input type="checkbox"/> As part of a dental practice | <input type="checkbox"/> Salaried Primary Care Dental Services |
| <input type="checkbox"/> In a hospital | <input type="checkbox"/> Primary Care Trust |
| <input type="checkbox"/> Community / Community Dental Services | <input type="checkbox"/> Armed Forces |
| <input type="checkbox"/> In a dental laboratory | <input type="checkbox"/> Other |

- Dental school / university / college / school Not currently working / retired

Other (please specify)

4. How many dentists (including yourself, if applicable) are there in the dental practice where you work?

Type the number in the box below

5. Does the practice employ dentists on the specialist lists offering specialist care?

- Yes No Don't know

6. Please state which type of specialist dentist(s) is / are working at the practice?

Select all that apply

- | | |
|--|--|
| <input type="checkbox"/> Specialist in endodontics | <input type="checkbox"/> Specialist in periodontics |
| <input type="checkbox"/> Specialist in oral surgery | <input type="checkbox"/> Specialist in prosthodontics |
| <input type="checkbox"/> Specialist in orthodontics | <input type="checkbox"/> Other |

Other (please specify)

7. Where specialist care is recommended, are you responsible for making the referral to a specialist?

- Yes No

8. Do you actively check on the GDC specialist lists when making a referral?

- Yes, on a fairly regular basis
 Yes, from time to time
 Yes, only on a rare occasion
 No, I don't actively check on the lists
 Don't know

9. For what reason do you check the specialist lists?

- A way of locating a specialist in order to make a referral
 A way of verifying that a specialist you already have in mind is on the specialist list
 Other

Other (please specify)

10. Approximately how many hours per week do you normally work?

- 40 hours and over
 35 - 39
 30 - 34
 25 - 29

- 20 - 24
- 15 - 19
- Fewer than 15
- Not currently working / retired

11. How long have you been on the GDC register?

- Less than 1 year
- 1 to 2 years
- 3 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- 21 years and over

About your future

12. Would you say you are {optimistic/pessimistic} about the future of your profession over the next two years?

- Very optimistic
- Quite optimistic
- Neither optimistic nor pessimistic
- Quite pessimistic
- Very pessimistic
- Don't know

13. What areas do you feel optimistic/pessimistic about?

Select all that apply

- | | |
|---|---|
| <input type="checkbox"/> Changes in patient expectations | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Changes in oral health needs | <input type="checkbox"/> New NHS contract |
| <input type="checkbox"/> Learning and development | <input type="checkbox"/> Staffing |
| <input type="checkbox"/> Changes in technology | <input type="checkbox"/> Employment opportunities |
| <input type="checkbox"/> Europe and international matters | <input type="checkbox"/> Local population changes |
| <input type="checkbox"/> Changes in regulation | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Increased accountability to patients | <input type="checkbox"/> Other |

Other (please specify)

14. Of the areas that you have selected, please rank from the most important to the least important, where 1 is the most important, 2 is the second most important etc

Type the ranking number into each box

- Changes in patient expectations _____
- Changes in oral health needs _____
- Learning and development _____
- Changes in technology _____
- Europe and international matters _____
- Changes in regulation _____

- Increased accountability to patients _____
- Financial _____
- New NHS contract _____
- Staffing _____
- Employment opportunities _____
- Local population changes _____
- Other _____

15. What are the greatest professional challenges in your current daily practice?

Select all that apply

- | | |
|--|---|
| <input type="checkbox"/> Meeting patients' expectations | <input type="checkbox"/> Increased accountability to patients |
| <input type="checkbox"/> Finding time and opportunities to develop | <input type="checkbox"/> Keeping within budget |
| <input type="checkbox"/> Keeping up to date with changes in technology and best practice | <input type="checkbox"/> Preparing for changes within the NHS |
| <input type="checkbox"/> Administration, including record keeping | <input type="checkbox"/> Local population changes |
| <input type="checkbox"/> Recruitment and retention of staff | <input type="checkbox"/> Communication barriers with patients |
| <input type="checkbox"/> Keeping up to date with changes in guidance, rules and the law | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Meeting the demands of regulation | <input type="checkbox"/> Other |

Other (please specify)

16. Of the challenges that you have selected, please rank from the most challenging to the least challenging, where 1 is the most challenging, 2 is the second most challenging etc

Type the ranking number into each box

- Meeting patients' expectations _____
- Finding time and opportunities to develop _____
- Keeping up to date with changes in technology and best practice _____
- Administration, including record keeping _____
- Recruitment and retention of staff _____
- Keeping up to date with changes in guidance, rules and the law _____
- Meeting the demands of regulation _____
- Increased accountability to patients _____
- Keeping within budget _____
- Preparing for changes within the NHS _____
- Local population changes _____
- Communication barriers with patients _____

Other _____

17. How much impact do you perceive changes in technology will have on the nature of your practice in the next two years?

- No impact
- A small impact
- A significant impact
- Don't know

Your perspective on the GDC

18. Thinking in general about the overall regulation of dentistry, do you think the level of regulation is...?

- Too little
- About right
- Too much
- Don't know

19. Overall, how confident, if at all, are you that the GDC is regulating dentists and DCPs effectively?

- Very confident
- Fairly confident
- Not very confident
- Not at all confident
- Don't know

20. Thinking about all that you know about the GDC, which of the following statements would apply to you?

- I would speak highly of the GDC, without being asked
- I would speak highly of the GDC, if asked
- I would be neutral about the GDC
- I would be critical of the GDC to others, if asked
- I would be critical of the GDC to others, without being asked
- Don't know / no opinion

21. How in touch would you say the GDC is with the views of each of the following?

	Very in touch	Fairly in touch	Not very in touch	Not at all in touch	Don't know
Dentists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DCPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Annual Retention Fee

22. The current annual retention fee for dentists is £576.

Would you say that the level of the fee for dentists is...?

- Too high
- About right
- Too low
- Don't know

23. The current annual retention fee for DCPs is £120.

Would you say that the level of the fee for DCPs is...?

- Too high
- About right
- Too low
- Don't know

24. And to what extent do you agree or disagree that the GDC is cost-effective?

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know

25. Who pays for your annual retention fee?

- Me
- My employer
- Other
- Don't know

Other (please specify)

26. Do you, or someone on your behalf, also pay for membership of a professional body or professional bodies?

- Yes
- No
- Don't know

Please specify the number of other professional bodies in the box below

How the GDC communicates with you

27. In general, how effectively, if at all, do you think the GDC communicates with you?

- Very effectively
- Fairly effectively
- Not very effectively
- Not at all effectively
- Don't know

28. How do you find out information about the GDC?

Select all that apply

- The GDC Gazette by post
- The GDC Gazette online
- The GDC website
- GDC leaflets
- GDC registrant events
- GDC monthly e-newsletter
- Other GDC communications
- The Dental Complaints Service website
- Through other dental professionals / colleagues
- Through my employers
- Through patients
- On websites other than the GDC website
- In newspapers / magazines
- At exhibitions / shows not run by the GDC
- Television
- Radio
- Dental press / journals / magazines not produced by the GDC
- Through information sent to me by membership organisations
- CPD events / meetings / seminars not run by the GDC
- Social media
- Other
- I do not find out information about the GDC

Other (please specify)

29. Which of the following would be the best ways for the GDC to communicate with you?

Select up to three options from the list below

- | | |
|--|--|
| <input type="checkbox"/> The GDC Gazette by post | <input type="checkbox"/> On websites other than the GDC website |
| <input type="checkbox"/> The GDC Gazette online | <input type="checkbox"/> In newspapers / magazines |
| <input type="checkbox"/> The GDC website | <input type="checkbox"/> At exhibitions / shows not run by the GDC |
| <input type="checkbox"/> GDC leaflets | <input type="checkbox"/> Television |
| <input type="checkbox"/> GDC registrant events | <input type="checkbox"/> Radio |
| <input type="checkbox"/> GDC monthly e-newsletter | <input type="checkbox"/> Dental press / journals / magazines not produced by the GDC |
| <input type="checkbox"/> Other GDC communications | <input type="checkbox"/> Through information sent to me by membership organisations |
| <input type="checkbox"/> The Dental Complaints Service website | <input type="checkbox"/> CPD events / meetings / seminars not run by the GDC |
| <input type="checkbox"/> Through other dental professionals / colleagues | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Through my employers | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Through patients | <input type="checkbox"/> Other |

Other (please specify)

30. You mentioned social media.

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

- Facebook Twitter YouTube Google Plus Other

Other (please specify)

31. Before today, were you aware of the Dental Complaints Service (DCS)?

- Yes, I have definitely heard of the Dental Complaints Service
 Yes, I think I have heard of the Dental Complaints Service
 No, I have not heard of the Dental Complaints Service
 Don't know

32. How did you first hear about the DCS?

Select one option from the list below

- The GDC Gazette by post Through other dental professionals / colleagues Dental press / journals / magazines not produced by the GDC

- | | | |
|--|--|---|
| <input type="checkbox"/> The GDC Gazette online | <input type="checkbox"/> Through my employers | <input type="checkbox"/> Through information sent to me by membership organisations |
| <input type="checkbox"/> The GDC website | <input type="checkbox"/> Through patients | <input type="checkbox"/> CPD events / meetings / seminars not run by the DCS |
| <input type="checkbox"/> GDC leaflets | <input type="checkbox"/> On websites other than the GDC website | <input type="checkbox"/> Social media |
| <input type="checkbox"/> GDC registrant events | <input type="checkbox"/> In newspapers / magazines | <input type="checkbox"/> Other |
| <input type="checkbox"/> GDC monthly e-newsletter | <input type="checkbox"/> At exhibitions / shows not run by the GDC | <input type="checkbox"/> I do not find out information about the DCS |
| <input type="checkbox"/> Other GDC communications | <input type="checkbox"/> Television | <input type="checkbox"/> Can't remember |
| <input type="checkbox"/> The Dental Complaints Service website | <input type="checkbox"/> Radio | |

Other (please specify)

The Dental Complaints Service is an independent dental complaints service funded by the GDC. Its purpose is to assist private dental patients to resolve complaints about private dental services.

33. Which of the following would be the best ways for the DCS to communicate with you?

Select up to three options from the list below

- | | | |
|--|--|--|
| <input type="checkbox"/> The GDC Gazette by post | <input type="checkbox"/> Through other dental professionals / colleagues | <input type="checkbox"/> Dental press / journals / magazines not produced by the GDC |
| <input type="checkbox"/> The GDC Gazette online | <input type="checkbox"/> Through my employers | <input type="checkbox"/> Through information sent to me by membership organisations |
| <input type="checkbox"/> The GDC website | <input type="checkbox"/> Through patients | <input type="checkbox"/> CPD events / meetings / seminars not run by the GDC |
| <input type="checkbox"/> GDC leaflets | <input type="checkbox"/> On websites other than the GDC website | <input type="checkbox"/> Social media |
| <input type="checkbox"/> GDC registrant events | <input type="checkbox"/> In newspapers / magazines | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> GDC monthly e-newsletter | <input type="checkbox"/> At exhibitions / shows not run by the GDC | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other GDC communications | <input type="checkbox"/> Television | |
| <input type="checkbox"/> The Dental Complaints Service website | <input type="checkbox"/> Radio | |

Other (please specify)

34. You mentioned social media.

Which one of the following social media would you prefer the Dental Complaints Service to use to communicate with you?

- Facebook Twitter YouTube Google Plus Other

Other (please specify)

Our Proposed New Standards for Dental Professionals

Our draft new standards guidance called 'GDC Standards of Conduct, Performance and Ethics' states:

You should be sufficiently fluent in written and spoken English to communicate effectively with patients, their relatives, the dental team and other health care professionals in the UK

35. Do you think it appropriate to include the need to be fluent in written and spoken English as a requirement for effective communication?

- Yes
 No
 Don't know

36. NHS practices are already required to display a list of NHS charges.

Do you think private and mixed practices should be required to display a list of private charges for basic services such as a simple filling or check up?

- Yes
 No
 Don't know

The draft new guidance states:

Any member of the dental team treating patients should work with another appropriately trained dental team member. An 'appropriately trained dental team member' is an individual who is either registered with the GDC or is 'in training' towards gaining a qualification leading to registration with the GDC.

The only circumstances in which this does not apply are:

- treating patients in an out of hours emergency,*
- providing treatment as part of a public health programme, or*
- exceptional circumstances*

37. Do you agree or disagree with the wording set out in this guidance?

- Strongly agree
 Tend to agree
 Neither agree nor disagree
 Tend to disagree
 Strongly disagree

Don't know

38. To what extent do you agree or disagree with the following statement?

Registered dental care professionals should have the option to provide direct to patients, any care assessment, treatment or procedure that is within their scope of practice and for which they are trained and competent.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know

39. Thinking about your future plans, would you personally take up the option to provide services directly, subject to being trained and competent, or would you continue to operate under a dentist's prescription?

- I would take up the option to provide services directly
- I would continue to operate under a dentist's prescription
- Don't know

40. If the option to provide services directly becomes available, when do you think you would take up the option?

- Within a year of the option becoming available
- More than a year but less than two years
- More than two years but less than five years
- More than five years
- Don't know

41. Currently, newly graduated dentists are able to register with the GDC immediately on graduation. Although most new dentists undertake a period of voluntary foundation training after graduation, this is not obligatory.

Do you think it should be compulsory rather than optional for new dentists to undertake a period of supervised clinical practice after graduation before being allowed to join the GDC register?

- Yes
- No
- Don't know

42. In order to amend rules and regulations that govern its work, the GDC often needs to go through certain law making processes.

It has been proposed that the GDC and other healthcare regulators should be able to amend their rules and regulations without necessarily going through these processes.

Do you agree with this proposal?

- Strongly agree
- Tend to agree

- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know

CPD and E-GDC

43. Before today, had you heard of E-GDC?

- Yes No

44. Do you use E-GDC?

- Yes No

45. What method do you currently use to log CPD?

- E-GDC CPD declaration through the post

46. Which of the following are you aware you can do online, and which would you use?

	I am aware	I would use
Update contact details (registered address, telephone numbers, email address)	<input type="checkbox"/>	<input type="checkbox"/>
Pay the Annual Retention Fee	<input type="checkbox"/>	<input type="checkbox"/>
Create a debit for the Annual Retention Fee	<input type="checkbox"/>	<input type="checkbox"/>
Edit direct debit information	<input type="checkbox"/>	<input type="checkbox"/>
View your online register information	<input type="checkbox"/>	<input type="checkbox"/>
Log CPD hours	<input type="checkbox"/>	<input type="checkbox"/>

47. Why do you not use E-GDC?

- Happy with current method
- The process for logging in is confusing
- Other aspects of E-GDC are confusing
- I'm concerned about data security
- Other

Other (please specify)

48. Which of the following are you aware you can do online?

Select all that apply

- Update contact details (registered address, telephone numbers, email addresses)
- View your online register information

- Pay the Annual Retention Fee
- Create a direct debit for the Annual Retention Fee
- Edit direct debit information
- Log CPD hours
- None of these

49. E-GDC is the self-service registrant website which allows you to manage your registration online.

Which of the following aspects of E-GDC would you use?

Select all that apply

- Update contact details (registered address, telephone numbers, email addresses)
- Pay the Annual Retention Fee
- Create a direct debit for the Annual Retention Fee
- Edit direct debit information
- View your online register information
- Log CPD hours
- None of these

50. How confident are you that you know how much CPD you are required to do overall?

- Very confident
- Quite confident
- Not very confident
- Not confident at all
- Don't know

51. How confident are you that you know how much verifiable CPD you are required to do?

- Very confident
- Quite confident
- Not very confident
- Not confident at all
- Don't know

52. How confident are you that you know how much non-verifiable CPD you are required to do?

- Very confident
- Quite confident
- Not very confident
- Not confident at all
- Don't know

53. How confident are you that you know what action the GDC may take if you don't complete your CPD?

- Very confident
- Quite confident
- Not very confident
- Not confident at all
- Don't know

54. The GDC is proposing that annual CPD declarations should be compulsory to maintain registration.

To what extent do you agree or disagree with this proposal?

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know

55. Have you ever received feedback on your performance from patients, either verbally or in writing?

- Yes
- No
- Don't know

Further Research

- 56.** In order to ensure that the GDC provides an excellent service, further research will be conducted in the new year. This research could involve attendance at a focus group or taking part in a telephone interview.

Are you interested in taking part in further research with the GDC?

By answering yes you are agreeing to be contacted by the GDC or Enventure Research concerning this research.

- Yes
- No

So that we can contact you about taking part in further research, please provide your name, contact number and email address in the boxes below. *Your details will not be passed on to any third parties and will only be used for the purposes of conducting further research. Your details will also be separate from your questionnaire answers meaning that you will not be identified in any way.*

- 57. Name**

- 58. Contact number**

- 59. Email address**

About you

- 60. Are you...?**

- Male
- Female
- Prefer not to say

- 61. Which of these bands does your age fall into?**

- 16 - 21
- 22 - 30
- 31 - 40
- 41 - 50
- 51 - 60
- 61 - 65
- 65 +
- Prefer not to say

- 62. To which of these groups do you consider you belong?**

- White
- Black or Black British
- Chinese or other ethnic group
- Asian or Asian British
- Mixed
- Prefer not to say

- | | | |
|--|---|---|
| <input type="checkbox"/> British | <input type="checkbox"/> Other European | <input type="checkbox"/> Any other white background |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Eastern European | |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Bangladeshi | |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Any other Asian background | |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> African | <input type="checkbox"/> Any other black background |
| <input type="checkbox"/> White and black Caribbean | <input type="checkbox"/> White & Asian | |
| <input type="checkbox"/> White & black African | <input type="checkbox"/> Any other mixed background | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Any other ethnic group | |

68. Which country do you live in?

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> England | <input type="checkbox"/> Wales | <input type="checkbox"/> Other |
| <input type="checkbox"/> Scotland | <input type="checkbox"/> Northern Ireland | <input type="checkbox"/> Prefer not to say |

Other (please specify)

Please click 'submit' below to finish this survey.

Thank you.

Appendix C – Focus group / in depth interview discussion guide

General Dental Council – Annual Survey Qualitative Research Focus Group/In Depth Interview Discussion Guide

Please note this discussion guide is intended as a guide to the moderator only. Sections may be subject to change during the course of the focus groups if, for example, certain questions do not illicit useful responses.

Times shown are based on 90 minute focus group – these will be shortened accordingly for in depth interviews

Introduction (10 mins)

My name is.....and I work for a company called Enventure Research.

You recently took part in an online survey – the General Dental Council’s Annual Survey – to give your views and opinions on a range of important issues relating to the field of dentistry.

The results have been collected and analysed, and now the GDC would like to explore some of the results and issues that have been highlighted in more detail, directly with dental professionals like you.

We want to hear what you think to certain topics and issues based on your own experiences as a dental professional. We want to hear from all roles, including dentists, hygienists, therapists, nurses, technicians etc.

IMPORTANT: Please be assured that everything you say during this session is totally confidential, so please be as open and honest as possible. There is no right or wrong answer. Enventure Research is an independent research agency, meaning that we are not part of the GDC. We are not checking up on registrants in any way, we simply want to know what you think based on your own personal experiences and views.

Enventure works to the Market Research Society Code of Conduct, which means that anything you say this evening will be treated in the strictest confidence, and nothing will be tied back to your name.

All views and opinions of all present, no matter what your profession, are valid and will help shape the standards for the GDC.

I will be recording the session so I do not need to take notes as you are talking. However, the recording is only used to help me write my report and is deleted once it has been used.

The session will last for no more than 90 minutes.

Do you have any questions before we begin?

Can you please introduce yourselves?

- First name
- Where from
- Job role/title and what it involves
- Where work and with how many other people
- How long you have been working in the dental profession?

During this evenings discussion we will be looking at some of the key results from the online Annual Registrant Survey and finding out what you think to them, exploring why you think certain results have been achieved and whether they mean anything to you and your profession, taking your personal experiences into consideration.

For each section the moderator will display relevant survey results in easy-to-understand charts / tables on a projector screen to form the basis of discussion

For certain sections, respondents will be provided with a sheet to complete where they can estimate the results to questions before seeing the results.

The future (optimistic/pessimistic/challenges)

(15 mins)

The survey asked registrants whether they felt optimistic or pessimistic about the future of their profession. On the sheet provided, please fill in the boxes to estimate what percentage you think said they were optimistic and what percentage said they were pessimistic. **(activity sheet Q1)**

Moderator to ask group what percentages they wrote down and why

*Moderator to then reveal results to this question **(slide 1)***

As you can see, opinion seems quite split

- What do you think to this result? Is it surprising?
- Why do you think opinion is split?
- What things are there to feel optimistic about as a dental professional?
 - Why do you say that?
- What things are there to feel pessimistic about as a dental professional?
 - Why do you say that?

*Moderator to show that a larger proportion of dentists felt pessimistic / DCPs felt more optimistic about the future **(slide 1)***

- Why do you think there is a difference between how dentists and DCPs view the future of their profession?

*Moderator to show areas respondents felt most optimistic about / more pessimistic about – results specific to dentists / DCPs to be explored in more depth in specific groups **(slide 2)***

- Why do you think 'learning and development' is an area that registrants felt most optimistic about?
 - Probe for any positive feedback on CPD
- Why do you think 'changes in regulation' and 'financial issues' were areas that registrants felt most pessimistic about?
 - What could be done to improve these areas of pessimism?

The survey asked registrants indicate what they felt was the greatest challenge they faced in their daily practise. On the sheet provided you can see the top 4 responses, in no particular order. Please fill in the boxes to estimate what order these challenges came in, where 1 is the greatest challenge. **(activity sheet Q2, slide 3)**

Moderator to ask group what order they wrote down and why

Moderator to then show results to 'greatest professional challenges' question (slide 4)

- Why do you think these are the most popular challenges suggested by registrants?
 - What could be done to address these challenges?
 - Is there anything that the GDC could do to make things easier for registrants in relation to these challenges?
 - Is there anything the GDC could provide more information on / make clearer?

Attitudes towards the GDC

(15 mins)

The survey asked registrants indicate whether they felt the overall level of regulation of dentistry was too much, too little, or about right, and how much confidence they had in the GDC. On the sheet provided please fill in the boxes to estimate what the overall survey response was to these questions. **(activity sheet Q4 and Q4, slide 5)**

Moderator to ask group what percentages they wrote down and why

Moderator to then reveal the results to both these questions. (slide 6)

- Why do you think that almost half of registrants surveyed felt that regulation was too much?
 - Do you agree? If so, why?
 - If not, why not?
 - What could be done to make the level of regulation about right?
- What do you think to the level of confidence in the GDC?
 - Why do you think that DCPs have more confidence than dentists?
- The level of confidence has increased since 2011 by 39%
 - Why do you think confidence has increased?

The survey asked registrants indicate how they would speak of the GDC, whether they would speak highly or whether they would be critical. **(slide 7)**

Moderator to reveal the results to this question (slide 8)

- Why do you think most people are neutral about the GDC?
 - What could the GDC do to make people speak positively of them?
- Why do you think some registrants are critical of the GDC?
 - What would the GDC need to do to change these attitudes?

The survey asked registrants to indicate how in touch they felt the GDC was with dentists and DCPs. On the sheet provided, please fill in the boxes to estimate what the overall survey response was to this question for both dentists and DCPs. **(activity sheet Q5, slide 9)**

Moderator to then show the results to this question (slide 10)

- Why do you think that results show registrants think the GDC is more in touch with dentists than DCPs?
 - Probe for differences in opinion between dentist and DCP respondents
- What could the GDC do to better understand the needs of DCPs?

Annual Retention Fee

(10 mins)

Dentists currently pay £576/year. DCPs currently pay £120/year.

- As you know, at the moment, all dentists pay the same fee and all six DCP groups pay the same fee.
 - Do you agree with this way of setting the fee?
 - If yes, why?
 - If not, why not?
- What principles should underlie how the GDC sets the annual retention fee?
 - *Probe on the importance of affordability of the fee for different groups, the cost of regulating different groups of registrants, administrative simplicity*
 - And why?
- **For those not happy with the current model**
 - What other models would you prefer? And why?

...followed by 'Is the GDC cost effective?

(10 mins)

The survey asked registrants indicate whether they agreed or disagreed that the GDC is cost effective. On the sheet provided please fill in the boxes to estimate what the overall survey response was to this question. **(activity sheet Q6, slide 11)**

Moderator to ask group what percentages they wrote down and why

*Moderator to then reveal the results to both this question **(slide 12)***

- Why do you think the majority of respondents did not think the GDC was cost effective?
 - Do you think this view is related to anything specific? Or is it just a general dissatisfaction?
 - What could be changed to make the GDC cost effective for registrants?
 - What are the top priorities for you in making the GDC cost effective?

GDC policy

(15 mins)

Transition to independent practice for newly qualified dental professionals

Currently newly graduated dentists are able to register with the GDC immediately on graduation. Although most new dentists undertake a period of voluntary foundation training after graduation, this is not obligatory.

The survey asked whether it should be compulsory rather than optional for new dentists to undertake a period of supervised clinical practice after graduation before being allowed to join the GDC register.

79% said yes
13% said no
8% said don't know
(slide 13)

Ask all

- How did your first qualification prepare you for practice?
 - Were there any gaps?
 - What was good? What was bad?
- How aware of your own skill level were you upon first registration?
- What supervision / support did you receive on first registration?
- (Reassure participants that their comments are anonymous) Do you recall you or your newly qualified peers having concerns about patient safety being compromised through being new to the job?
 - If so, how were these dealt with?

Ask dentists

- Where did you work upon first registration?
 - Private/NHS small/large practice etc?
- Did you complete Vocational (or Foundation) Training or not?
 - If yes – what were the benefits, what were the issues? How were you assessed? How prepared for practice did you feel after VT?
 - If no – why not? What could be the issues/advantages?

Ask experienced registrants

- Do you employ / work with new registrants? By new registrants we are referring to either dentists or DCPs who have registered within the last two years.
- (if talking to a dentist) Are you a VT / FT trainer?
- (if working with new dentists), have they all completed VT / FT?
- What do you observe on skills / competence of new registrants? (may need to prompt participants on whether there were any issues relating to communication skills, technical matters in clinics, self-management and leadership qualities or general professionalism (which correspond to our four domains in 'Preparing for Practice'))
- Are new registrants aware of their own limitations and able to seek advice / help appropriately?
- Were there any patient safety issues with new registrants? What were they?
- Have more concerns been raised by patients or peers about new registrants than about other practitioners?
- Would you employ a new dentist registrant without VT in private practice?
- If you have employed a new registrant who hasn't completed VT, what supervision was provided?

Receiving and recording feedback from patients

(10 mins)

Moderator to show results from feedback from patients question (slide 14)

- Who in this group has received feedback from patients?
 - Was the patient feedback you received formal?
 - In what format was it provided?
 - How was the feedback taken forward, if at all?
 - Have you received negative feedback?
 - If yes, how did you deal with this?
 - If no, how might you deal with negative feedback?
 - What actions were taken as a result of the feedback, if any?
 - Is / could feedback from patients be used to influence your choice of CPD?

Close

(5 mins)

- Summarise the key points from the discussion:
 - What are the most surprising findings from the survey that you have heard this evening?
 - Which results do you think are the most important to the GDC?
 - What are the 3 most important things we have discussed this evening that the GDC need to be aware of? Both positive and negative
- Thank everyone for their time and input
- Any other questions/points to raise?
- Hand out the incentive payments
- Thank & close