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# Stakeholder perceptions research

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This report presents independent research findings, from research funded by the GDC. Any views and opinions expressed in this report are those of respondents and participants engaging in the research project conducted by DJS Research, and are not necessarily shared by the GDC.

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# 1. Executive summary

## 1.1 Objectives and methodology

The GDC commissioned two pieces of research in 2018 following its publication of 'Shifting the Balance', the first to understand perceptions of the GDC as an organisation, and the second to understand communication channel preferences. The GDC was keen to build on this research and in 2020 commissioned DJS Research to identify and understand further the perceptions and interests of dental professionals, stakeholders and students. This will be used by the GDC to identify strategies that will help to engage with them more effectively.

**The research in 2020 had six key objectives, to explore and understand:**

1. Overall perceptions of, and attitudes towards, the GDC and the basis upon which they have been formed.
2. Perceptions of, and attitudes towards, GDC communications relating to COVID-19.
3. The different channels through which dental professionals, stakeholders and students currently receive information about the GDC's activities, and their preferences.
4. Perceptions of, and attitudes towards, the different GDC channels, including comparing preferred 'tone of voice' for each channel.
5. Perceptions of, and attitudes towards, the GDC name and brand and the basis upon which they have been formed.
6. Comparisons with relevant findings from the research undertaken in 2018.

The research used a mixed methodology comprising in-depth qualitative telephone interviews and an online survey with dental professionals, stakeholders and students. To explore change over time, some survey questions from 2018 were included in the 2020 survey and comparisons have been made to understand key areas of similarity and difference.

**The research was conducted in three phases:**

- **Phase 1:** to inform survey content, an initial set of nine in-depth qualitative telephone interviews were conducted with three dental professionals, three stakeholders and three students.
- **Phase 2:** an online survey with 2,345 completed responses (1,974 dental professionals, 82 stakeholders and 289 students).
- **Phase 3:** to explore further key findings from Phase 2, a final set of 15 in-depth qualitative telephone interviews were undertaken with nine dental professionals, three stakeholders and three students.

The online survey results presented in this report are based on weighted data for dental professionals[1] and non-weighted data for stakeholders and students[2]. Stakeholders who indicated in the online survey that they were also dental professionals (n=53) were included in both the dental professional and stakeholder data. Significant differences are reported at

[1] Applying a weight to data is a statistical technique that brings the surveyed sample proportions in line with what is known about the population. For example, a survey sample with x% dental professionals would be adjusted to match the whole population of y% dental professionals through weighting to correct for this discrepancy.

[2] There was no requirement to apply weighting to the stakeholder or student data as the samples were representative of the respective populations.

a 95% confidence level[3]. To inform GDC's consideration of how best to engage with dental professionals, DJS also conducted a segmentation analysis of dental professionals based on their survey responses.

The findings from the interviews, while not statistically representative, add depth and further insight to the results. Verbatim quotations from the interviews are used throughout the report to provide context[4].

Throughout the report, 'respondents' refers to those answering the online survey and unless specified otherwise, refers to all survey respondents. 'Respondent type' refers to three distinct audiences of dental professionals, stakeholders and students. 'Participants' or 'interviewees' refers to those who took part in the in-depth interviews.

## 1.2 Key findings

### Perceptions of and attitudes towards the GDC

Respondents were asked about their current perceptions of the GDC. Overall, perceptions of the GDC were more negative (58%) than positive (21%). Students were most positive (50%) and dental professionals most negative (65%). The most frequently selected influences on respondents' perceptions of the GDC were 'experiences of colleagues/friends' (51%) followed by 'the GDC response to COVID-19' (45%).

Respondents were also asked to select from a list, up to three words they associated with the GDC. Negative words were more often associated with the GDC than positive ones with 'unrepresentative' (48%), 'fear' (40%) and 'aggressive' (30%) being the words most frequently selected. Students were more likely than dental professionals to associate positive words with the GDC such as 'helpful' (39% vs. 15%) and 'supportive' (42% vs 13%).

About half of those surveyed agreed that the GDC was 'professional' (51%), followed by 'relevant' (43%), 'respectful' (36%) and 'consistent' (36%). A minority of those surveyed thought the GDC to be 'agile' (18%), 'proportionate' (23%) or 'transparent' (28%).

Compared to 2018, negative perceptions of the GDC had increased (58% in 2020 vs. 45% in 2018). Furthermore, negative words such as 'unrepresentative' (48%), 'fear' (40%) and 'aggressive' (30%) were associated with the GDC by a larger proportion of respondents in 2020 compared to 2018 ('unrepresentative' 31%, 'fear' 33%, 'aggressive' 23%).

Fewer respondents associated 'helpful' (19%) and 'supportive' (17%) with the GDC compared to 2018 (23% and 21% respectively).

The proportion of respondents who agreed that 'the GDC is currently improving' had also declined since 2018 (from 40% to 31%) with decreases in agreement for each respondent type.

The proportion of respondents who agreed with the statement 'I believe the GDC is unrepresentative' had increased since 2018 (54% compared to 45% in 2018). Furthermore, almost half (48%) of respondents selected 'unrepresentative' as one of their top three words associated with the GDC, an increase of 17 percentage points compared to 2018. The interpretation of the term 'unrepresentative' was further investigated during the interviews, which highlighted particular irritation around the appointment of a layperson as the Chairperson of the GDC and the overrepresentation of laypeople on FtP committees.

[3] A 95% confidence interval is a range of values that you can be 95% certain contain the true mean of the population.

[4] Verbatim quotations from Phase 3 interviews include age and length of time involved with the GDC. For Phase 1 interviews, this information was not available (as it was gained from the Phase 2 online survey).

'Being 'unrepresentative' also included the view that the GDC had not included a larger number of dental professionals in either the GDC committees or Council.

Respondents were asked what they considered the GDC's core functions to be. There were high levels of awareness of three of the four functions: 'maintaining the register' (88%), 'investigating concerns about impaired fitness to practise' (80%) and 'setting/promoting professional standards' (75%), and a lower level of awareness of the GDC's responsibility for 'setting standards in education' (49%), particularly among dental professionals (44%). Respondents' awareness of the GDC's remit was broadly similar to 2018.

The view of the GDC's performance in core functions was also in line with the results of the 2018 survey. Of the four areas, the GDC was perceived to be performing best in 'maintains a register and checks requirements met' (57%-75% positive responses across the three items) and poorest in 'FtP investigations' (34%-46% across the three items)[5].

The most common misconception was that the GDC 'sets clinical standards' (50%), followed by 'represents the interests of dental professionals' (32%). Students were more likely to have misconceptions about the GDC's remit compared to dental professionals.

## Use of and preferences for GDC communications

Respondents were asked about how the GDC communicates with them and to rate their preference for each communication type. 'Via email' was, by far, the most common way that respondents reported receiving information from or about the GDC (84%) and also the most preferred (81%). 'Via the GDC website' was second most preferred (53%), and this was particularly the case for stakeholders (59%). Overall, the preference and method of communications received were well matched, in terms of the frequency a method was used and the extent to which it was preferred.

Compared with 2018, there was also an increased use of communications 'via the GDC website' (35% compared to 25%), 'via articles in dental journals' (18% compared to 7%) and 'via conferences/events/workshops' (7% compared to 3%).

Overall, a slightly lower proportion of respondents had initiated contact with the GDC in 2020 (38%) compared to 2018 (41%). Stakeholders were more likely to have initiated contact with the GDC (83%) than dental professionals (42%) or students (7%). The method most commonly used by respondents to contact the GDC was 'via phone call' (63%). However, compared to 2018, the proportion of those who contacted the GDC 'via phone call' had decreased by 14 percentage points (77% vs. 63%), while the proportion contacting the GDC by email had increased by 13 percentage points (43% vs. 56%). Stakeholders in particular reported using email to contact the GDC (88%).

## Perceptions of and attitudes towards GDC communications

Respondents were asked about the types of communications they receive from the GDC. Overall, the most frequently recalled communications were the 'registration/ Annual Renewal Fee (ARF) and indemnity requirements' (76%) and the 'regular newsletter' (57%). Respondents who recalled receiving some form of communication from the GDC were asked how useful they found those communications. Each type of communication sent out by the GDC was felt to be useful by the majority of respondents (68%-93%) receiving each

[5] In 2018, respondents were asked about the GDC's performance in each core function, whereas in 2020 they were asked to rate a number of items within each core function, therefore performance is not directly comparable. Items included within 'maintains a register and checks requirements met' were: 'processing applications to the Registers', 'Completing the Annual Renewal process' and 'monitoring dental professionals' CPD completion at cycle end (5-year cycle). Items included within 'FtP investigations' were: 'Investigating concerns about registrants' fitness to practise', 'Facilitation of fitness to practice hearings' and 'Reporting of fitness to practise outcomes'.

respective communication type. 'Inspection information' (93%) and 'Enhanced CPD guidance and information' (88%) were deemed most useful.

In the main, respondents were either 'neutral' (40%) or 'happy' (38%) about 'communications in general'. A minority of respondents were 'unhappy' (14%) with 'communications in general', however respondents were more likely to be 'unhappy' with the frequency of 'COVID-19 communications' (36%). Dental professionals were more likely to be 'unhappy' with the frequency of 'COVID-19 communications' (38%), compared to stakeholders (22%) and students (21%).

Interviews also revealed the dissatisfaction among dental professionals with regard to the GDC's handling of the ARF during the COVID-19 crisis, at a time when many professionals had a reduced income. This included dissatisfaction with the tone of the letter explaining why the ARF had not been reduced.

When asked about how the GDC could improve its website, 'more summaries of information, instead of PDFs' was the most selected option by respondents (43%) with 'a more welcoming tone of voice' the second most commonly selected option (31%). During the interviews, participants also suggested the tone of communications was as an area for improvement, with Fitness to Practise (FtP) letters given as an example, in addition to the letter regarding the 2020 ARF referred to above.

### Views on the GDC name and brand

In order to better understand attitudes towards the GDC name and brand, participants were asked whether renaming the GDC or a new tagline would help to tackle the negative perceptions and connotations of the GDC. The response was overwhelmingly against a rename, however, a new tagline was received more positively. Suggestions included referring to the 'patient' rather than the 'public' (as in 'protecting the public') and referring to working with the profession.

### Segmentation

A total of 1,974 dental professionals were included in the segmentation. The sample was segmented using the responses given across seven key survey questions including: current perceptions of the GDC, attitudes towards the GDC and contact with the GDC including website visits. The segmentation reveals five different segments, which are **Active advocates**, **Apathetic advocates, Receptive critics, Passive professionals** and **Tech savvy dental workers.** The segmentation will help to inform the way that the GDC communicates with dental professionals. The segmentation is an updated version of the segmentation which was undertaken in 2018.

## 1.3 Conclusions

There are several findings from the research which present opportunities for the GDC to improve engagement with and perceptions among stakeholders, and which suggest areas for further exploration.

### Knowledge and perceptions

Overall, perceptions of the GDC were more negative than positive, with an increase in negative perceptions compared to 2018. However, students had more positive perceptions, even when compared to dental professionals who had been registered less than five years, therefore understanding this shift in opinion and how it might be addressed, could help to improve perceptions over time. There is also an opportunity in relation to the Corporate Strategy[6], as those who were more aware of it (stakeholders) generally had a positive opinion of the GDC's strategic approach.

A key theme from the research that would benefit from further exploration is the perception that the GDC is 'unrepresentative'. Whilst the perception was linked to the misconception that a function of the GDC is to represent dental professionals, it was also apparent that representativeness includes how well the profession is represented across different professional roles, and in the perceived membership of the GDC Council and FtP committees.

When asked about the GDC's performance in its four core functions, 'investigating allegations of impaired fitness to practise' was the area where perceptions of the GDC's performance were poorest. Some suggestions for areas of improvement were made in the interviews including improving mental health and other support for dental professionals during an FtP case, and more regular communications.

### Communication

Overall, respondents were satisfied with communications from the GDC, however, there were some areas where improvements may be made. Respondents were less satisfied with communications about COVID-19 than they were with 'communications in general'. It was suggested that the GDC could publish COVID-19-related guidance more swiftly and clearly rather than signposting to other organisations. Improvements to the tone of some communications were also suggested, for example, the letter explaining the GDC's decision not to reduce the ARF during the pandemic.

Email was both the most reported method of contact from the GDC and the most preferred. With some other channels, the preference was higher than the percentage who recalled receiving communications in that way (e.g. website, events, articles).

Lastly, the segmentation exercise gives further insight into perceptions of the GDC and how these relate to different levels of engagement and preferences in terms of communications (both frequency and channel). This will allow the GDC to understand and build on these preferences to address stakeholder perceptions and engagement in future.

[6] The GDC's Corporate Strategy 2020-2022 can be found here: https://www.gdc-uk.org/about-us/our-organisation/our-corporate-strategy-and-business-plans

# 2. Introduction

The GDC is the UK-wide statutory regulator of almost 43,000 dentists and over 69,000 dental care professionals. The primary purpose of the GDC is to protect patient safety and maintain public confidence in dental services and more specifically to protect, promote and maintain the health, safety and wellbeing of the public; to promote and maintain public confidence in the professions regulated; and to promote and maintain proper professional standards and conduct for members of those professions.

To achieve this, the GDC registers qualified dentists and dental care professionals, sets standards for the dental team, investigates complaints about dental professionals' fitness to practise, and ensures the quality of dental education.

In July 2018, the GDC commissioned DJS Research to undertake research to better understand dental professionals', stakeholders' and students' perceptions of the GDC and where it needs to focus its efforts in order to strengthen and build relationships. The GDC also commissioned an accompanying piece of research into communication channel preferences. These pieces of research informed improvements to digital communications, how the GDC communicates with stakeholders and its tone of voice.

In 2020, the GDC again commissioned DJS Research to conduct another piece of research to enable it to identify and understand further the perceptions and interests of dental professionals, stakeholders and students, look at changes over time and update the evidence base at a time of transformative change.

## 2.1 Objectives

The overall aim of the research was to provide the GDC with a robust and reliable evidence base regarding dental professionals', stakeholders[7]' and students' perceptions of the GDC and to compare how perceptions and preferences regarding communications have changed since the research in 2018. The research had six key objectives, to explore and understand:

1. Overall perceptions of, and attitudes towards, the GDC and the basis upon which they had been formed.
2. Perceptions of, and attitudes towards, GDC communications relating to COVID-19.
3. The different channels through which dental professionals, stakeholders and students currently receive information about the GDC's activities, and their preferences.
4. Perceptions of, and attitudes towards, the different GDC channels, including comparing preferred 'tone of voice' for each channel.
5. Perceptions of, and attitudes towards, the GDC name and brand and the basis upon which they have been formed.
6. Comparisons with relevant findings from the research undertaken in 2018.

[7] Included those working as: Corporate Providers of Dental Care; Dental Schools/Education providers and academics; Government officials; Health Professional Regulators; Indemnifiers; NHS Health boards, commissioners and agencies; Patient groups/charities; Professional Associations and System Regulators.

## 2.2 Methodology

This research used a mixed methodology approach and was conducted in three phases.

**Phase 1:** an initial set of nine in-depth qualitative telephone interviews were conducted with three dental professionals, three stakeholders and three students. Interviews were conducted between 22 September – 5 October 2020 and lasted up to 45 minutes. This preliminary phase of interviews was conducted to provide an initial understanding of the type of topics and themes that would be most relevant to test in a larger scale survey.

**Phase 2:** an online survey with 2,345 completed responses (1,974 dental professionals, 82 stakeholders and 289 students). The survey was developed using the 2018 questionnaire as a template, and updated based on advice from the GDC and findings from the Phase 1 interviews. The survey was hosted online from 29 October – 25 November 2020. The survey lasted 10 – 15 minutes. This phase was conducted to provide robust answers to a number of pertinent questions and the survey included many of the questions asked in 2018 for comparison, in addition to some new questions.

**Phase 3:** a final set of 15 in-depth qualitative telephone interviews were undertaken with nine dental professionals, three stakeholders and three students. Interviews were conducted between 7 – 11 December 2020 and lasted up to 30 minutes. This final set of interviews were carried out to understand further any key themes that had emerged from the online survey.

Copies of the research instruments can be found in the Appendices 6.1 - 6.3.

## 2.3 Sampling

The GDC has two databases, a database of all dental professionals (over 112,000 records) and a database of approximately 500 stakeholders.

**Phase 1:** in the initial phase of telephone interviews, potential participants of interest were contacted by the GDC and with their consent, their contact details were shared with DJS. DJS contacted this list of potential participants and interviewed three dental professionals, three stakeholders and three students. All feedback provided to the GDC was anonymised to ensure participant confidentiality.

**Phase 2:** for the online survey, all dental professionals and stakeholder contacts within the GDC database were invited, via an email from the GDC, to take part in the survey. Students were contacted via an email sent by the GDC to their education providers. To ensure the dental professional sample was representative of the GDC database, the final data was weighted by age, gender, dental professional role and region (please see section 2.5, 'weighting of survey data' for further information).

**Phase 3:** within the online survey, respondents were asked whether they would like to take part in a follow-up telephone interview. Interim data from the online survey was analysed and key themes emerged; respondents whose answers were of thematic interest were then contacted for a follow-up interview.

## 2.4 Online survey

All contacts received an invitation email from the GDC which contained a link to the survey. During fieldwork, three reminder emails were issued to encourage contacts to take part.

Over the course of the four weeks of fieldwork, a total of 2,345 respondents took part (1,974 dental professionals, 82 stakeholders and 289 students) which provided a robust sample size for analysis[8]. The pie charts below provide a breakdown of dental professionals (Figure 1), stakeholders (Figure 2) and students (Figure 3). A full demographic breakdown can be found in Appendix 6.4[9]. Stakeholders (n=53) who indicated in the online survey that they were also dental professionals were included in both the dental professional and stakeholder data, making the total base size for dental professionals 2,027.

**Figure 1: Dental professionals by role**
(Base: all dental professionals 2,027)

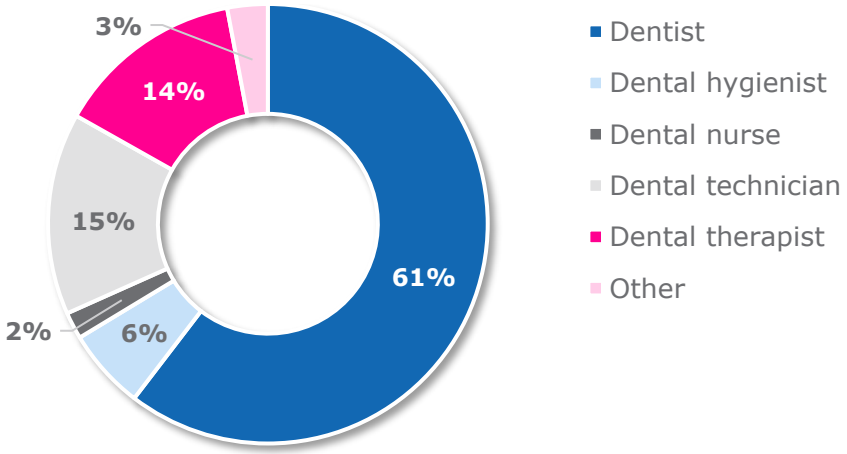
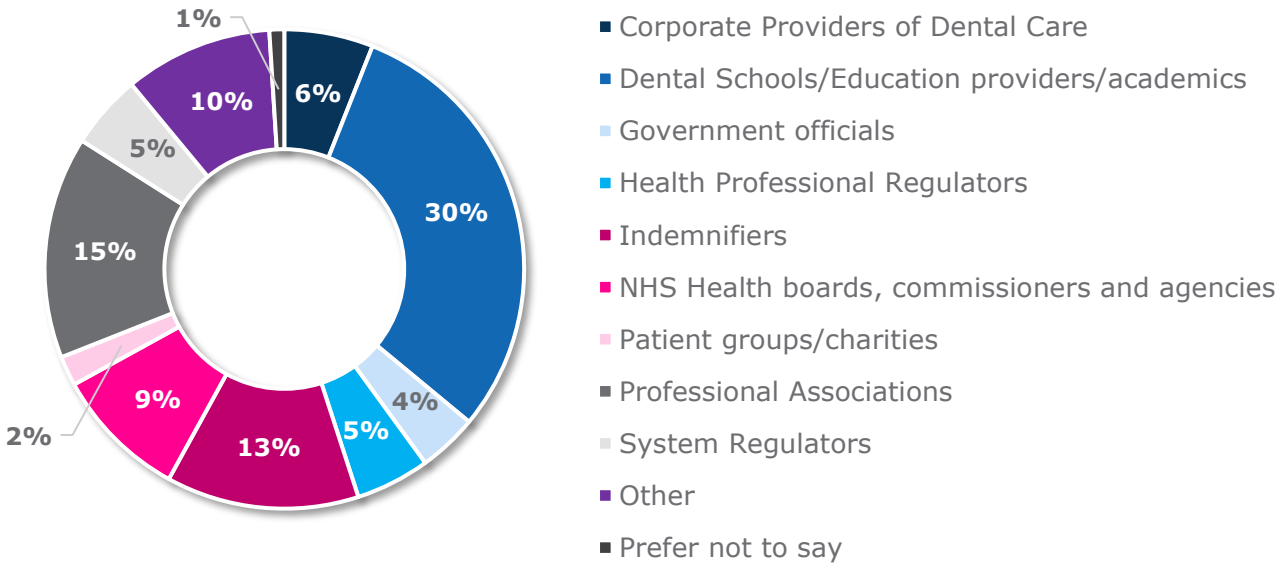


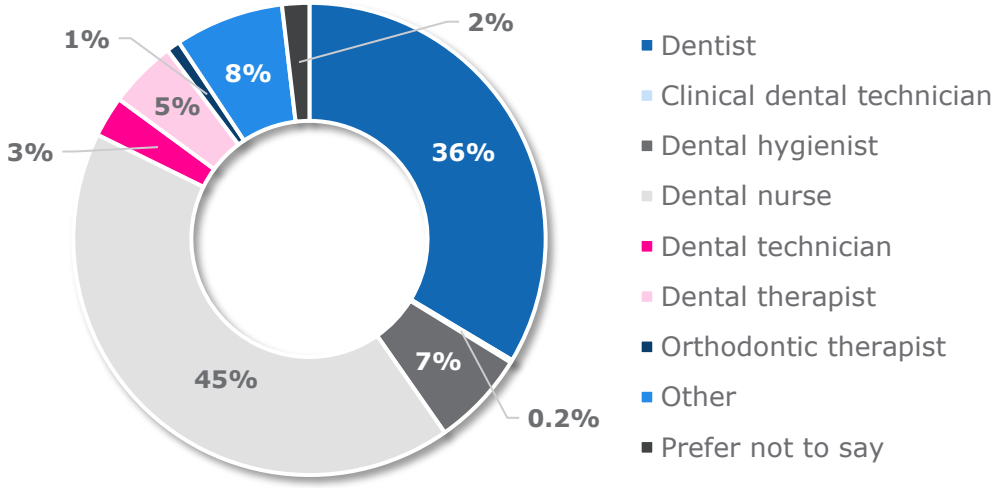

**Figure 2: Stakeholders by organisation type**
(Base: all stakeholders 82)




[8] The results for all respondents (2,345) are subject to sampling tolerances of 1.2%, meaning that 95% of similar samples of dental professionals would report a percentage that is +/- 1.2% of the figures reported here.

[9] See Table 22, Table 23,Table 24.

**Figure 3: Students by course of study**
(Base: all students 289)




## 2.5 Interpretation of the research findings

### Weighting of survey data

The sample of dental professionals who chose to participate in the survey was broadly representative of the dental professional population in terms of demographics. We applied a weighting system to match the dental professional sample to the population profile supplied by the GDC (as of September 2020) in terms of nation[10], age, gender and role. Further detail on weighting is available in Appendix 6.4.

There was no requirement to apply weighting to the stakeholder or student data as the samples were representative of the respective populations).

### Interpreting quantitative data

Analysis has been undertaken at total sample level and by respondent type (dental professionals, stakeholders, and students). Significant differences in views by demographics and other key subgroups are noted in tables or text boxes. Significant differences are only reported on sample sizes above n=100. Significant differences are reported at a 95% confidence level. Where significant differences are reported 'more/most likely' or 'less/least likely' is used to identify differences between subgroups. Where there are interesting or notable differences which are not statistically significant, 'more/less frequently' or 'more/less often' is used.

Low base sizes have been indicated (**) where subgroups are fewer than 25 and analysis of these small subgroups should be treated with caution. Percentages may not always sum to 100% for reasons including rounding, multi-code responses, or where only the most common answers are displayed. For some questions, answers have been 'netted', e.g. 'slightly agree' and 'strongly agree' have been combined to 'agree'. In these instances, the chart will indicate the data as 'net'. Where charts aren't netted, net percentages in the text may differ to those in the chart due to rounding errors. The statistical reliability for the total sample size and by respondent type can be found in Appendix 6.4 (Table 20).

[10] Nation was based on respondents' answers to a question in the survey 'Please let us know where you most commonly work using the options below.'

## Interpreting qualitative data

The findings from the interviews, while not statistically representative, add depth and further insight to the results. Verbatim quotations from interviewees are used throughout the report to provide context, and in relation to Phase 3 interviews indicate age and length of time involved with the GDC. For Phase 1 interviews, this information was not available (as it was gained from the Phase 2 online survey).

Throughout the report, 'respondents' refers to those answering the online survey and unless specified otherwise, refers to all survey respondents. 'Respondent type' refers to three distinct audiences of dental professionals, stakeholders and students. 'Participants' or 'interviewees' refers to those who took part in the in-depth interviews.

# 3. Main research findings

## 3.1 Stakeholder perceptions

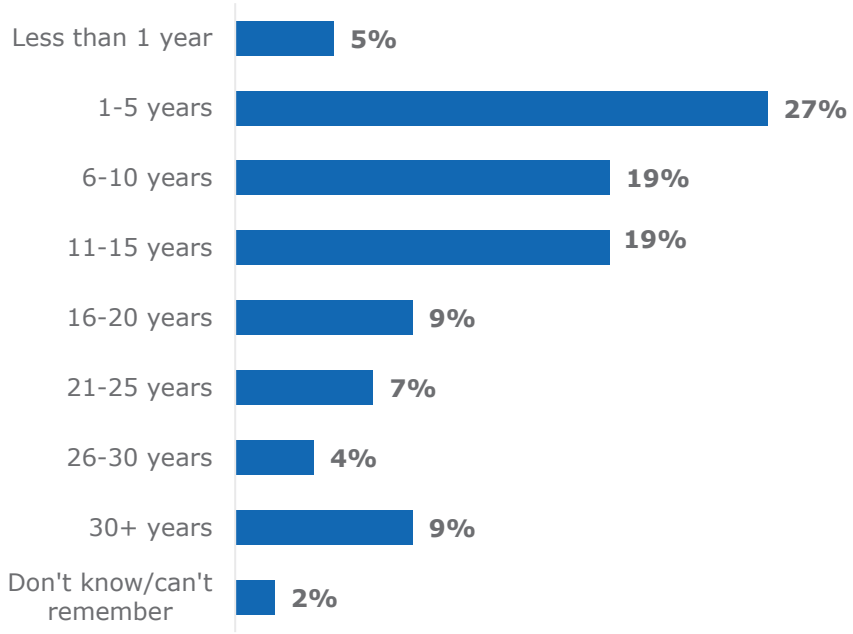
This section presents findings on perceptions of and attitudes towards the GDC, and the basis upon which they have been formed. It also includes respondents' awareness of and opinions about the GDC's role and remit and Corporate Strategy.

### 3.1.1 Relationship with the GDC

**Length of relationship**

Respondents were asked about the length of their relationship with the GDC; for dental professionals how long they had been registered, for stakeholders the length of time they had been involved with the GDC, and for students when they first heard about/came across the GDC (Figure 4).

**Figure 4: Q01. When did you first become involved with/register with/come across or hear about across the GDC?** (Base: all respondents 2,345)




Of the dental professionals surveyed, most had been registered with the GDC for 15 years or less (70%). A breakdown of time registered with the GDC by dental role can be found below (Table 1). Stakeholders typically had longer standing relationships with the GDC; over half (55%) had been involved with the GDC for 16 years or more. Unsurprisingly, students had the shortest relationship with the GDC, with about eight in ten (81%) having heard about the GDC in the last five years or less.

Length of time involved with the GDC and age of respondents have been analysed alongside other subgroups such as dental professional role, to understand whether this was a contributing factor to their perceptions of the GDC. Where there are interesting or large significant differences between subgroups these have been highlighted throughout the report.

**Table 1: Dental professional split by time involved with the GDC – most common time frame shown[11]**

| Role | Most common timeframe |
|---|---|
| **Dentist** (n=1,218) | >30 years (18%) |
| **Dental Nurse** (n=351) | 1–5 years (27%) |
| **Dental Hygienist** (n=155) | 6–10 years (19%) |
| **Dental Technician** (n=98) | 11–15 years (41%) |
| **Dental Therapist** (n=62) | 1–5 years (25%) |

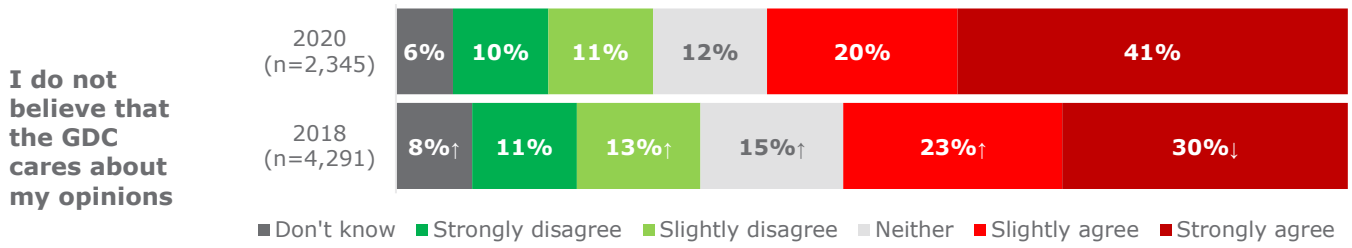
### 3.1.2 Attitudes towards the GDC

Respondents were asked to what extent they agreed or disagreed with the five statements below (Figure 5 - Figure 9).

**'I do not believe that the GDC cares about my opinions.'**

Just over six in ten respondents (61%) agreed with the statement 'I do not believe that the GDC cares about my opinions', an increase of eight percentage points compared to 2018.

**Figure 5: Q09. To what extent do you agree or disagree with each of the following statements?** (Base: all respondents)




**NB:** 2018 vs. 2020 significant differences are shown using arrows next to the 2018 figures. ↑ indicates significantly higher than 2020 and ↓ significantly lower.

Dental professionals were most likely to agree that the GDC does not care about their opinions (66%) and were the only respondent type where there had been an increase in agreement since 2018 (54%). When considering this question by job role, dentists (78%) were more likely than dental care professionals (60%) to agree with this statement.

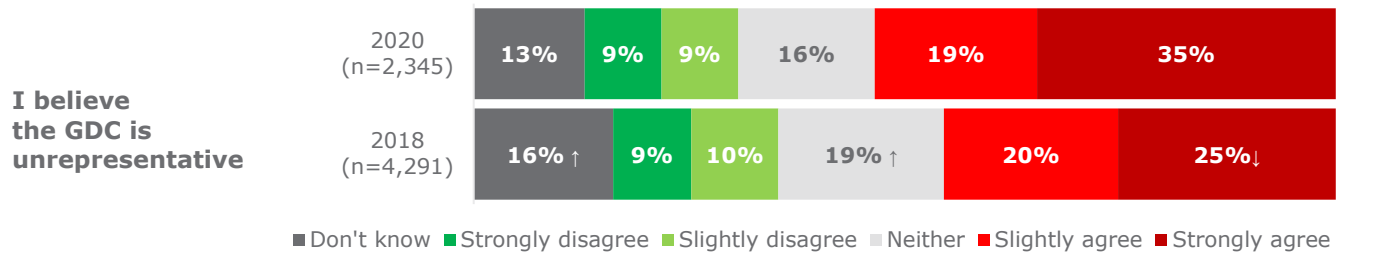
Participants who felt negatively towards the GDC acknowledged that the GDC had recently made efforts to gain feedback from professionals, including through the 'Stakeholder Perceptions' research.

**'I believe the GDC is unrepresentative'**

Over half (54%) of all respondents agreed with the statement 'I believe the GDC is unrepresentative', an increase of nine percentage points from 2018.

[11] Clinical Dental Technicians and Orthodontic Therapists are excluded due to low base size (n=17 and n=9 respectively).

**Figure 6: Q09. To what extent do you agree or disagree with each of the following statements?** (Base: all respondents)




**NB:** 2018 vs. 2020 significant differences are shown using arrows next to the 2018 figures. ↑ indicates significantly higher than 2020 and ↓ significantly lower.

Students were less likely than dental professionals (59%) and stakeholders (54%) to believe the GDC is 'unrepresentative', with around one in five (21%) agreeing with this statement. Dentists (79%) and dental therapists (70%) more frequently agreed with this statement.

The term 'unrepresentative' was used/referred to during interviews in different ways. Firstly, in terms of dental role — dental professionals stated that the GDC needed to include more professionals from a range of roles on their committees and on the Council. Secondly, overrepresentation of laypeople compared to dental professionals — the appointment of a layperson as Chairperson had led some to feel that the GDC was unrepresentative. Some felt that non-professionals were overly represented on FtP committees, and especially those who had no technical knowledge of dentistry. However, it was acknowledged that laypeople needed to be represented when it came to handling FtP issues. Lastly, some stakeholders understood that the GDC is not intended to be a representative' body, but rather for the protection of the public.

"It is unrepresentative, for instance, the Committee that sit to hear cases, I think there are far too many lay and non-dental members on those. I personally believe that dentists and hygienists should be judged by the peers, as well as a few lay members, but there seems to be far too much emphasis on not having professional members sitting on those panels, I think there should be a vast majority of dental professionals judging their peers."

**Dentist, Male, 51-60, Registered over 30 years**

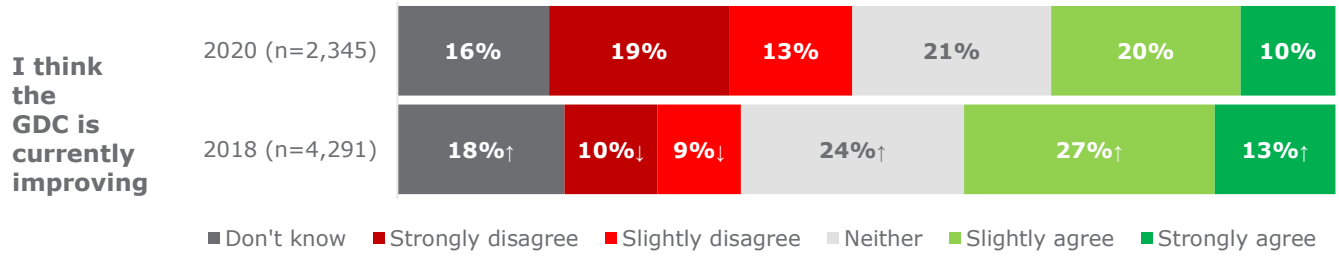
"It is not a representative body, and it shouldn't be, that is the point, it is not there to represent dental professionals. It is there for the protection of the public, and a lot of dental professionals don't quite 'get it'."

**Stakeholder, Female**

### 'I think the GDC is currently improving'

As with 2018, this was the statement that respondents least frequently agreed with (31% of all respondents agreed that 'the GDC is currently improving). There was a decrease in agreement compared to 2018 (40%), and decreases in agreement were seen for each respondent type.

**Figure 7: Q09. To what extent do you agree or disagree with each of the following statements?** (Base: all respondents)




**NB:** 2018 vs. 2020 significant differences are shown using arrows next to the 2018 figures. ↑ indicates significantly higher than 2020 and ↓ significantly lower.

Stakeholder respondents were more likely to agree that 'the GDC is currently improving' (68%), compared to students (38%) and dental professionals (29%). Within dental professional roles, dental technicians (7%) and dental therapists (17%) had the lowest level of agreement.

Stakeholder participants more frequently mentioned (compared to dental professionals and students) that the GDC was improving its FtP investigatory procedures, including swifter handling of cases and reporting of outcomes. Dental professionals, and students, acknowledged that the GDC was taking feedback from people in the industry. However, few interviewees perceived the GDC to be presently making substantial improvements.

"I know there is a 20/20 – they are looking at improving themselves – the point I am trying to make is that we seem to get a lot of fine words from GDC, but in terms of my own and our team's perception, it is taking a while to put those into practice."

**Stakeholder, Male, 61-65, Involved with the GDC over 30 years**

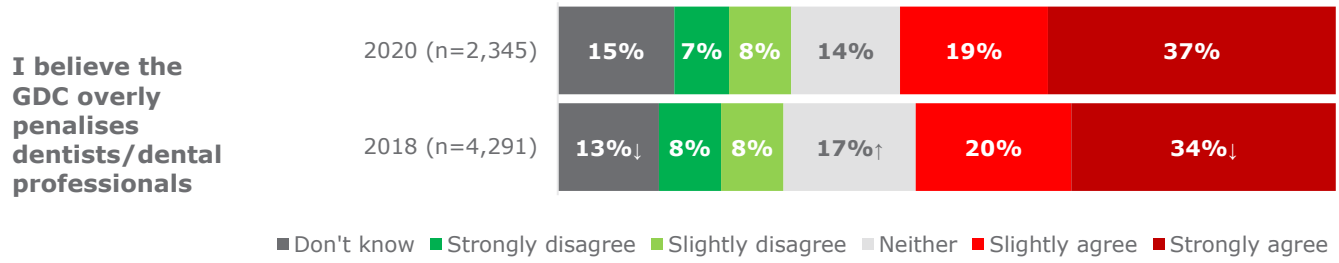
"I know that they have been going into Dental Schools to 'put a face to a name' which I think is really good. They are also improving the way that they audit their educational providers. You can see that they are trying to refine their process and they are asking for feedback, sending more surveys… but to some extent, they have to work with the knowledge they have got from those surveys. So, there needs to be a bit of a 'you said, we did' kind of approach."

**Dentist, Male, 22-30, First registered with the GDC 1-5 years ago**

### 'I believe the GDC overly penalises dentists/dental professionals'

Over half (56%) of all respondents agreed with the statement 'I believe the GDC overly penalises dentists/dental professionals'; this was similar to 2018 (54%).

**Figure 8: Q09. To what extent do you agree or disagree with each of the following statements?** (Base: all respondents)




**NB:** 2018 vs. 2020 significant differences are shown using arrows next to the 2018 figures. ↑ indicates significantly higher than 2020 and ↓ significantly lower.

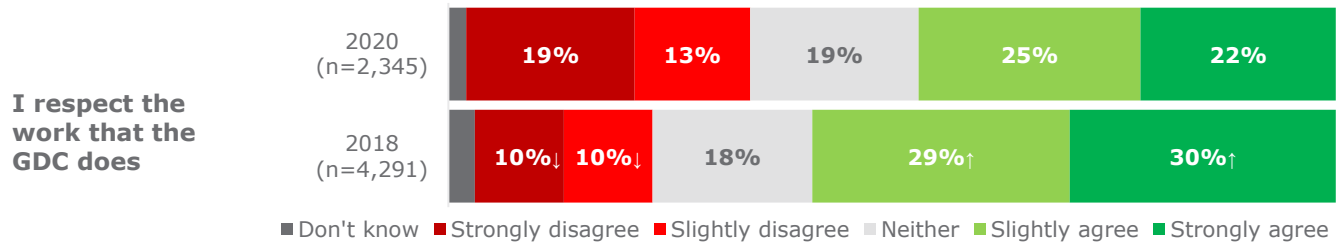
Dental professionals were more likely to agree (60%) compared to stakeholders (51%) and students (31%). When looking at dental professionals by role, dental therapists had the highest level of agreement (67%).

During the interviews, dental professionals who agreed with this statement tended to cite accounts they had heard from colleagues or cases they had read about where the individual under investigation was seen to be treated harshly. Some dental professionals felt that the GDC should offer more support to those under investigation and aim towards enabling these individuals to improve their practice, rather than aiming to remove people from the register.

### 'I respect the work that the GDC does'

Just under half (47%) of all respondents agreed with this statement, a decrease of 12 percentage points since 2018.

**Figure 9: Q09. To what extent do you agree or disagree with each of the following statements?** (Base: all respondents)




**NB:** 2018 vs. 2020 significant differences are shown using arrows next to the 2018 figures. ↑ indicates significantly higher than 2020 and ↓ significantly lower.

Compared to 2018, there was a decrease in agreement across all respondent types, although it was most marked amongst dental professionals (16 percentage point decrease). When reviewing dental professionals by role, dental technicians less frequently agreed with this statement (17%). Dentists were less likely to agree with this statement (27%) compared to dental nurses (54%).

**Subgroup analysis**

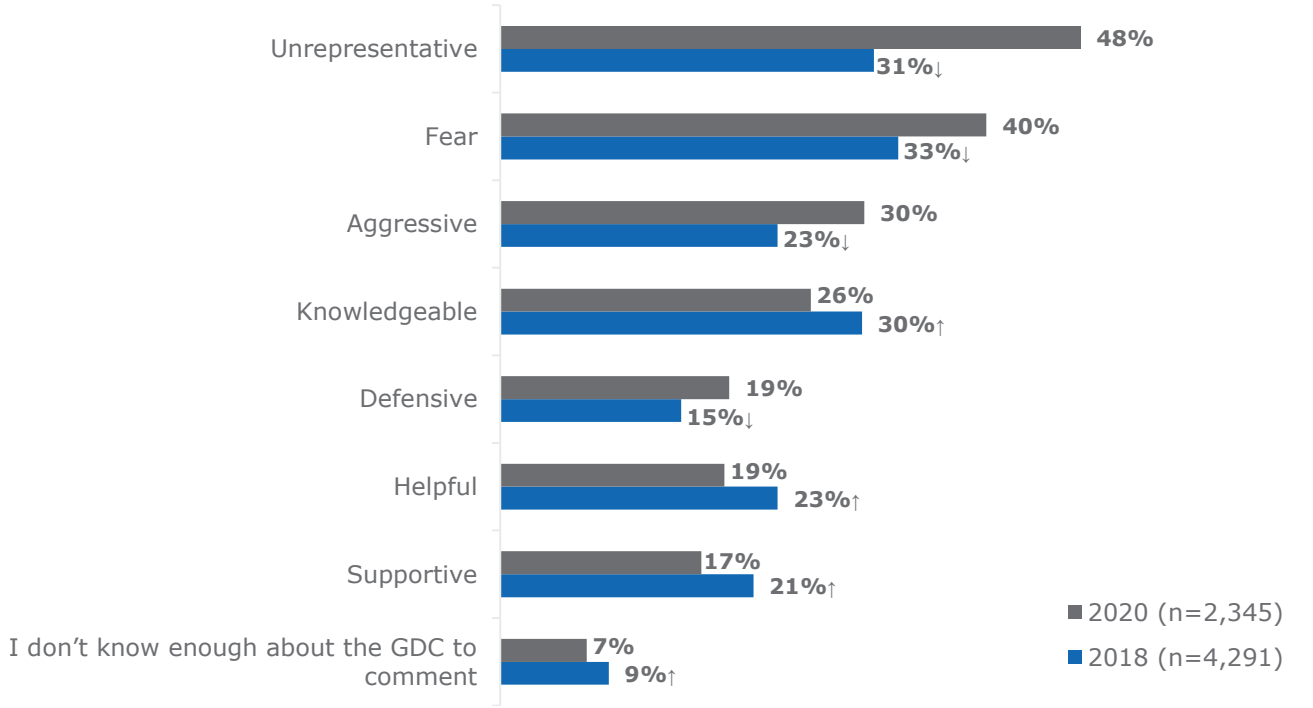
Those who had been involved with the GDC for less time (0–5 years) were more positive about the GDC than those who had been involved for longer (5+ years), more frequently selecting positive statements and less frequently selecting negative statements.

### 3.1.3 Views and opinions of the GDC

#### Views of the GDC

Respondents were asked to select, from a list of seven words, the three words that they most associated with the GDC (Figure 10). Overall, 'unrepresentative' was the most commonly selected word.

**Figure 10: Q02. Which of the following words do you associate with the GDC?** (Base: all respondents)




**NB:** 2018 vs. 2020 significant differences are shown using arrows next to the 2018 figures. ↑ indicates significantly higher than 2020 and ↓ significantly lower.

'Unrepresentative' was the word most often selected by dental professionals and stakeholders. Students most commonly selected the word 'knowledgeable'. There was a marked difference between words more commonly selected by dental professionals and stakeholders ('unrepresentative', 'fear', 'aggressive') compared to those most commonly selected by students ('knowledgeable', 'helpful', 'supportive'). A similar difference was noted in the 2018 GDC research.

Table 2 shows the word most commonly associated with the GDC for each of the main dental professional roles. For most roles, 'unrepresentative' was the most frequently selected word, however, for dentists, 'fear' was the most selected.

**Table 2: Dental professional breakdown of the most frequently selected word**[12]

| | |
|---|---|
| **Dentist** (n=1,218) | Fear 70% |
| **Dental Nurse** (n=351) | Unrepresentative 40% |
| **Dental Hygienist** (n=155) | Unrepresentative 48% |
| **Dental Technician** (n=98) | Unrepresentative 73% |
| **Dental Therapist** (n=62) | Unrepresentative 52% |

### Subgroup analysis

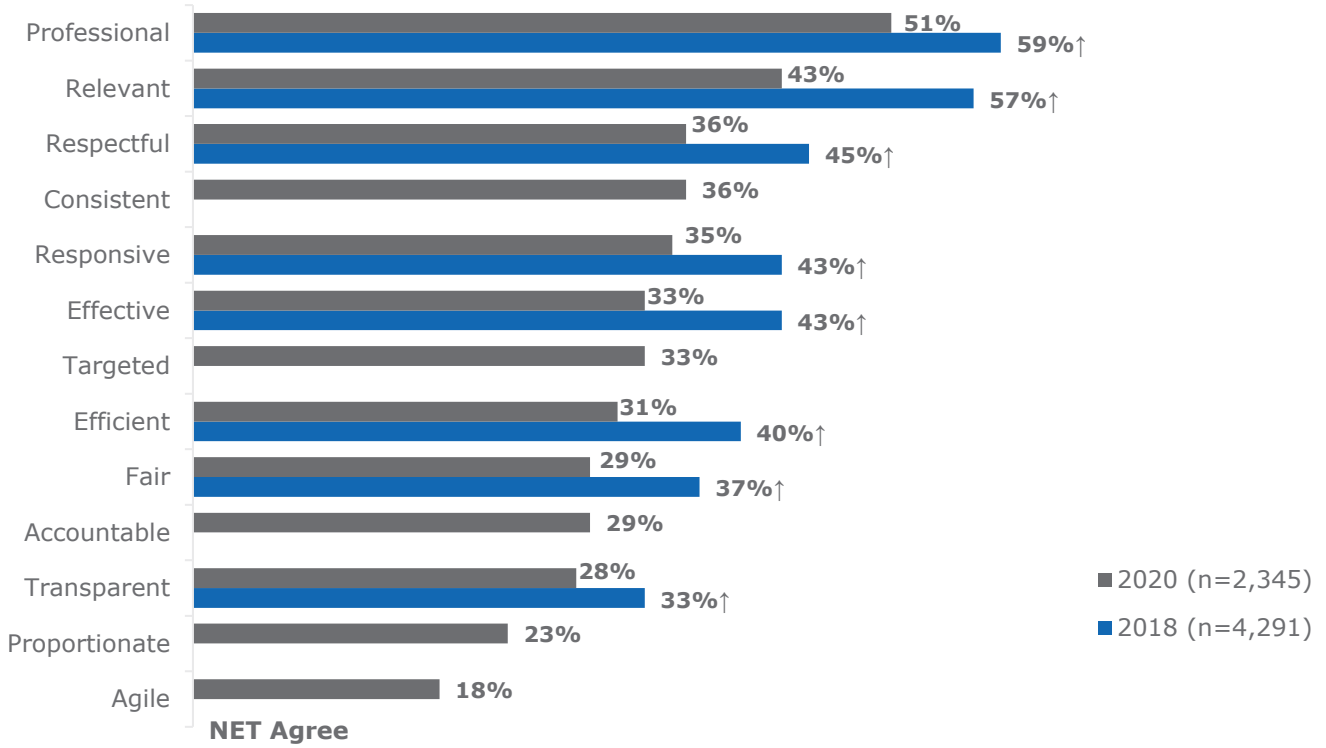
- Those in the youngest age group (18–21-year-olds) were more likely to associate positive words with the GDC (e.g. 'knowledgeable', 'supportive', 'helpful') than any other age groups, while those aged 22+ years were more likely to associate 'unrepresentative' and 'aggressive' with the GDC.
- A similar correlation can be observed with length of time involved with the GDC – those who had been involved for less than five years were more likely to select the words 'helpful', 'supportive' and 'knowledgeable', while those involved for 25+ years were more likely to associate 'unrepresentative', 'aggressive', 'defensive' and 'fear' with the GDC.

[12] Clinical Dental Technicians and Orthodontic Therapists were excluded from the table due to low base sizes (n=17 and n=9 respectively).

## Opinions of the GDC

Respondents were asked about the extent to which they agreed (from strongly disagree to strongly agree) that the GDC could be associated with a series of words. These words were chosen based on those included in the 2018 survey and to reflect the GDC Corporate Strategy 2020-2022. Figure 11 shows the proportion that either 'slightly' or 'strongly agreed' with each word (NET agreed).

**Figure 11: Q03. To what extent do you agree that the GDC is …?**
(Base: all respondents)




**NB.** 2020 significant differences are shown using arrows next to the 2018 figures. ↑ indicates significantly higher than 2020 and ↓ significantly lower.

Overall, respondents most frequently agreed that the GDC is 'professional' (51%) and 'relevant' (43%). There was a large proportion of 'don't knows' for 'agile' (17%), 'proportionate' (15%) and 'targeted' (13%). Overall, agreement was lower for all words compared to 2018, with the greatest decrease being for 'relevant' (14 percentage points) and 'effective' (10 percentage points). Some words were new to the survey in 2020, therefore there is no 2018 data for comparison for these words.

Looking across the dental professional roles (see Appendix 6.4, Table 25), all roles most frequently agreed with the GDC being 'professional', although dentists (26%) were less likely to agree compared to dental care professionals (57%).

Participants were asked about their understanding of the meaning of these words, to give context and assess understanding of the words listed above in relation to the GDC. During the interviews, participants noted that the professionalism of GDC staff had improved considerably over the past couple of years, but the GDC needed to work more with the dental profession itself.

Participants had a varying understanding of what aspects of the GDC were 'proportionate'. Some participants thought the GDC was not 'proportionate' in the outcome of FtP cases, however, in all cases the information was indirect (no participant had formed these views through direct involvement in an FtP case). Other areas where participants felt the GDC was not 'proportionate' included a lack of representation of dental nurses on the Council, and a fixed fee regardless of role or income.

Regarding 'agility', participants viewed the GDC as a large organisation that would be slow to change. Confusion arose over how the GDC could be 'targeted', aside from being focussed on the dental profession.

"I feel like the GDC come across as very professional, very non-biased, which is a big thing for me. They do come across as though they try and take into consideration everyone's point of view. I was aware that others have this negative view, but I don't know where that came from, because I personally have not had very much exposure to them."

**Student, Female, 18-21, Heard about GDC 1-5 years ago**

"I think they are constrained. So being agile is quite difficult for them. Sometimes they may not be able to move quicker. I am hoping from the discussions I've had with the GDC, that the learning from what we've been through, might enable them to consider to be a little bit more agile. They do tend to keep up with current trends, you know there is a lot come out about the BAME stuff, very early on…"

**Dental Nurse, Female**

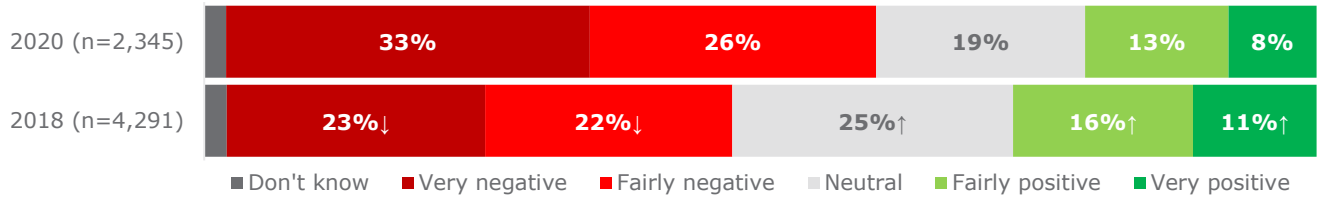
### 3.1.4 Understanding perceptions of the GDC

The research explored current perceptions of the GDC as well as how these perceptions had been formed.

#### Current perceptions

Respondents were asked about their current perceptions of the GDC (Figure 12). Overall, perceptions of the GDC were more negative (58%) than positive (21%). This was similar to the 2018 survey results, although the proportion of respondents with negative perceptions of the GDC was higher in 2020.

**Figure 12: Q04a. What are your perceptions of the GDC at present?**
(Base: all respondents)




**NB:** 2018 vs. 2020 significant differences are shown using arrows next to the 2018 figures. ↑ indicates significantly higher than 2020 and ↓ significantly lower.

Dental professions were more likely to have a negative perception of the GDC (65%) than stakeholders (41%) or students (19%). Dental professionals were also more likely to have a negative perception in 2020 than in the 2018 survey (an increase of 19 percentage points). In terms of professional roles, dentists (85%) and dental technicians (81%) more frequently had negative perceptions of the GDC. Similar to the 2018 survey, students were most likely to have a positive perception with half (50%) giving positive scores.

**Table 3: Perceptions of the GDC at present, dental professionals' breakdown**[13]

| Current perceptions | NET positive | NET negative |
|---|---|---|
| **Dentist** (n=1,218) | 5% | 85% |
| **Dental Nurse** (n=351) | 24% | 47% |
| **Dental Hygienist** (n=155) | 16% | 64% |
| **Dental Technician** (n=98) | 5% | 81% |
| **Dental Therapist** (n=62) | 14% | 70% |

### Subgroup analysis

- Positive sentiment about the GDC decreased with age, and also with length of time involved with the GDC (0–5 years 36% positive vs. 6–15 years 14% positive vs. 16–25 years 16% positive vs. 25+ years 11% positive).

**Participants gave several reasons for their perceptions of the GDC including:**

- While improvements in the GDC's approach were recognised, such as having case workers reviewing FtP outcomes and gaining feedback from professionals, it was generally perceived as having a long way to go towards being satisfactory.
- Some dental professionals strongly disapproved of the GDC's handling of the ARF during the initial COVID-19 crisis, at a time when many professionals had a reduced income. This appeared to have contributed to increased negativity of dental professionals towards the GDC in 2020.
- A feeling that the GDC supported the interests of patients, but not the interests of professionals.

"I think they have a long way to go with their image, their image has got to change and they have got to move away from the punitive side. I mean they have got to protect the patients, but it really is a double-edged sword. I think the only negative thing I would say is 'just make a decision and we will all be happy!', Sometimes they do not want to make a decision, but I do understand why."

**Stakeholder, Female 41-50,**
**First became involved with the GDC 26-30 years ago**

[13] Clinical Dental Technicians and Orthodontic Therapists were excluded from the table due to low base sizes (n=17 and n=9 respectively).

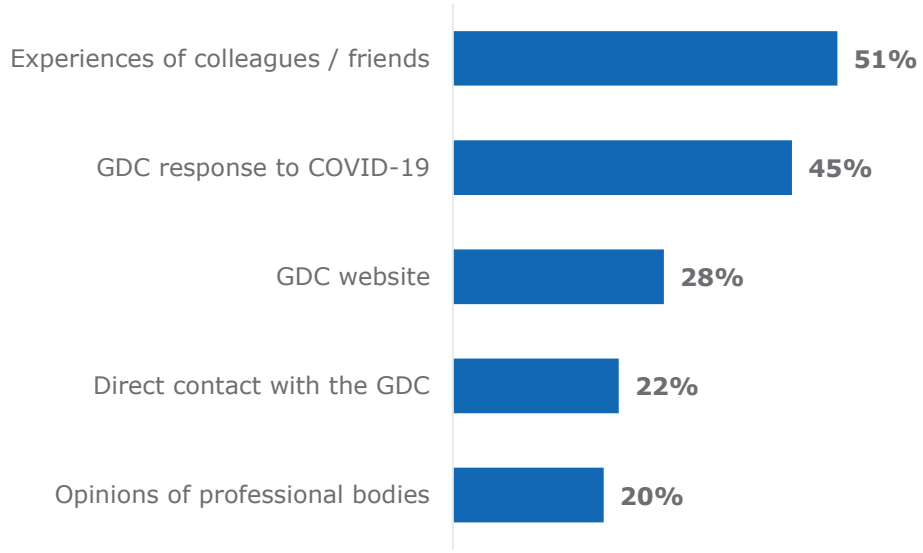
## Views on the GDC name and brand

In order better to understand attitudes towards the GDC name and brand, participants were asked whether renaming the GDC or a new tagline would help to tackle the negative perceptions and connotations of the GDC. The response was overwhelmingly against a rename, however, a new tagline was received more positively. Suggestions included referring to the 'patient' rather than the 'public' (as in 'protecting the public') and referring to working with the profession.

## Shaping perceptions

Respondents were asked what three things had been most influential in shaping their perceptions of the GDC (Figure 13). Overall, the most influential factors in shaping opinions of the GDC were 'experiences of colleagues/friends' (51%) and the 'GDC response to the COVID-19 pandemic' (45%).

**Figure 13: Q04b. Out of the following, what three things have been most influential in shaping your perceptions of the GDC?**
(Base: all respondents – 2,345, top five answers)




However, views differed across respondent groups (see Appendix 6.4, Figure 49), with stakeholders being more influenced by 'direct contact with the GDC' (77%) and students being more influenced by the 'opinions of tutors/professors' (60%). When looking at dental professional roles, 'GDC response to COVID-19' was the most important factor across the board, except for dentists for whom 'experiences of colleagues/friends' was most important (70%).

Respondents were minimally influenced by 'opinions of key outspoken professionals' (16%). The 'opinions of trade unions' had a low impact on respondents' perceptions (5%), with a minority selecting this as an influence.

Compared to 2018, the main influential factors were broadly similar, with one additional factor reported, 'GDC response to COVID-19'. However, respondents' perceptions were less influenced by 'articles online' and 'comments on social media' compared to 2018 (a 10-percentage point decline).

**Table 4: Top two most influential factors split by dental professional role (% selecting)**[14]

| **Dentist** (n=1,218) | **Dental Nurse** (n=351) | **Dental Hygienist** (n=155) | **Dental Technician** (n=98) | **Dental Therapist** (n=62) |
|---|---|---|---|---|
| Experiences of colleagues/friends (70%) | GDC response to COVID-19 (56%) | GDC response to COVID-19 (58%) | GDC response to COVID-19 (53%) | GDC response to COVID-19 (55%) |
| GDC response to COVID-19 (41%) | Experiences of colleagues/friends (38%) | Experiences of colleagues/friends (48%) | Experiences of colleagues/friends (41%) | Experiences of colleagues/friends (53%) |

**Subgroup analysis**

- Respondents who are older were more likely to be influenced by 'direct contact with the GDC' (over 65 year olds 48% vs. 18-21 year olds 12%).
- Those aged 18-21 were more likely to be influenced by 'the GDC website' (57%), 'opinions of tutors/professors' (50%) and 'articles online' (26%), than all other age groups.

As noted earlier, several dental professionals who were interviewed strongly disapproved of the GDC's handling of the COVID-19 crisis, contributing to their negative perception of the GDC. Many, especially those who had lost a significant proportion of their income, felt that the GDC's justification of the ARF for 2020 had been unfair, and the tone of the communication that there would be no reduction in the 2020 ARF, had been inappropriate.

"I genuinely did not like the tone of the letter explaining why they weren't going to change their fees. I thought it was poor. It was crass. It was quite pompous and arrogant… It upset an awful lot of people. Because I really don't think that they understood how many people are really struggling financially."

**Dental Hygienist, Female, 51-60,**
**First registered with the GDC 26-30 years ago**

### 3.1.5 Perceptions of the role and remit of the GDC

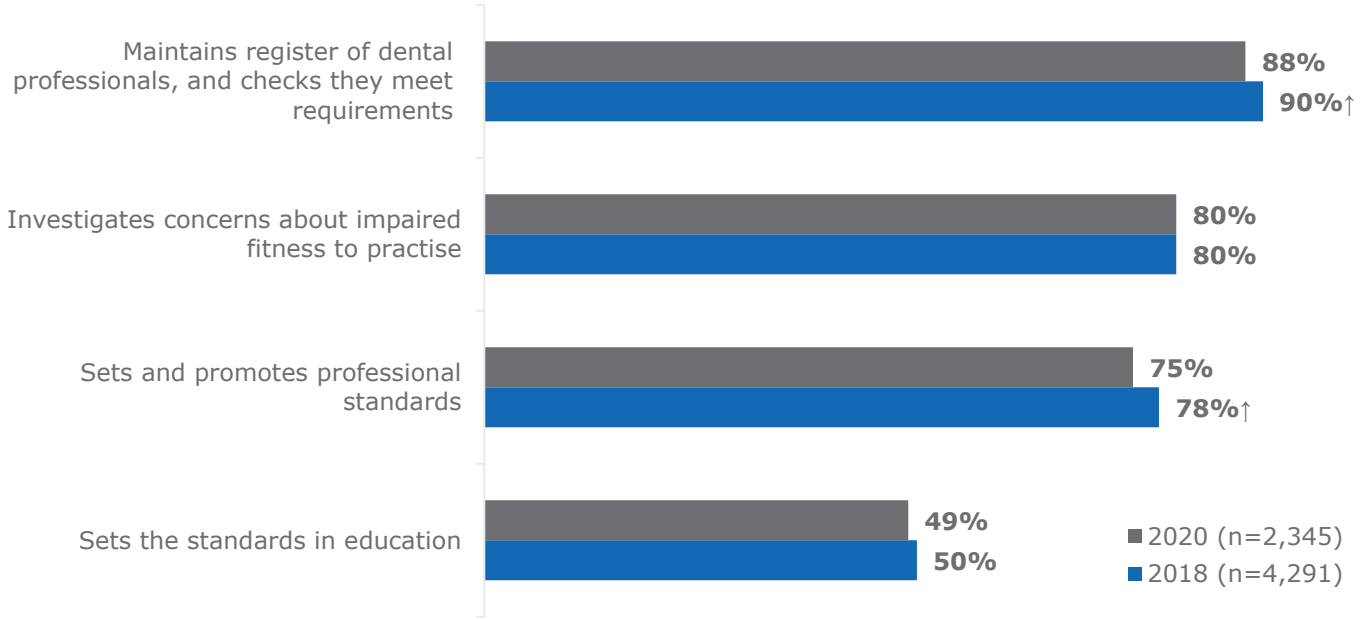
#### Perceptions of the GDC's remit: core functions

The GDC was interested in understanding what dental professionals, stakeholders and students believed to be the core functions of the GDC, and their perceptions of its performance in these core functions.

[14] Clinical Dental Technicians and Orthodontic Therapists were excluded from the table due to low base sizes (n=17 and n=9 respectively).

Respondents were asked to indicate what they considered the functions of the GDC to be, from a list of nine items, with the four core functions contained within this list. Results were similar to 2018, with most respondents correctly selecting three out of the four functions including 'maintaining the register' (88%), 'investigating concerns about impaired fitness to practise' (80%) and 'setting/promoting professional standards' (75%) (Figure 14).

**Figure 14: Q05. Which of the following do you consider to be functions of the GDC?** (Base: all respondents)




**NB:** 2018 vs. 2020 significant differences are shown using arrows next to the 2018 figures. ↑ indicates significantly higher than 2020 and ↓ significantly lower.

Similar to the 2018 research, 'setting the standards in education' was the least well recognised of the four core functions, particularly among dental professionals (44%). Also, in-line with 2018 results, stakeholders were the most well-informed when it came to understanding the core functions of the GDC. Students were the next best-informed group with dental professionals the least well-informed.

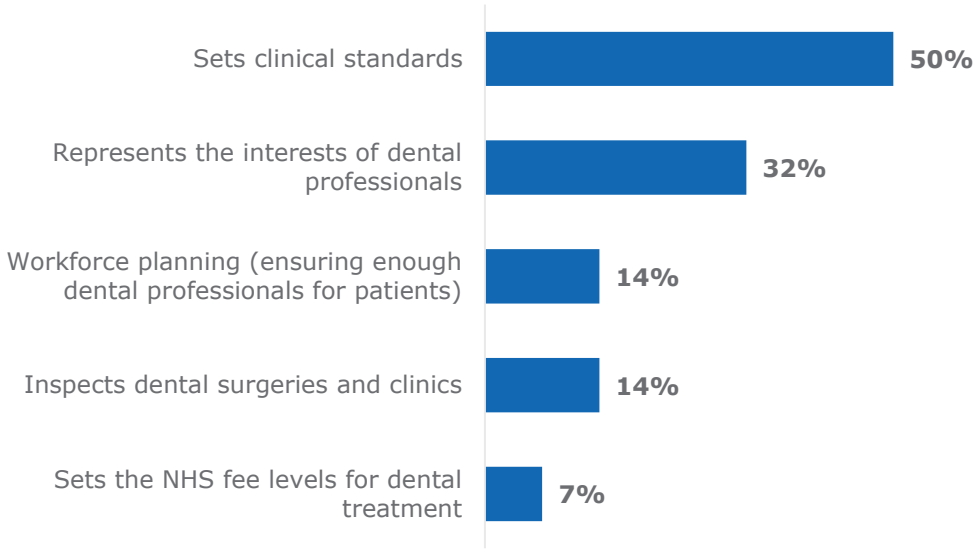
### Subgroup analysis

- Those who had been involved with the GDC for 25+ years were more likely than those involved for less time to correctly identify that the GDC's core functions include 'maintaining registers' (25+ years 96% vs. 0-5 years 88%), 'setting/promoting professional standards' (25+ years 85% vs. 0-5 years 77%) and 'investigating concerns about fitness to practise' (25+ years 89% vs. 0–5 years 75%).
- Those who had been involved with the GDC for 0–5 years (56%) and those involved for 25+ years (61%) were more likely than those involved for 6–15 years (40%) and those involved for 16-25 years (46%) to know that the GDC 'sets standards in education'.

## Perceptions of the GDC's remit: misconceptions

The most common misconception was that the GDC 'sets clinical standards' with half (50%) of respondents selecting this as a function of the GDC. Another common misconception was that the GDC 'represents the interests of dental professionals', with around a third (32%) of respondents selecting this (Figure 15).

**Figure 15: Q05. Which of the following do you consider to be functions of the GDC?** (Base: all respondents 2,345)




Students were more likely to have misconceptions about the GDC's remit compared to dental professionals. When looking at misconceptions by role, dentists were less likely to think that the GDC 'inspects dental surgeries and clinics' (5%) compared to dental care professionals (15%). Dentists were also less likely to consider that 'sets clinical standards' was a core function of the GDC (44%) when compared to dental care professionals (51%), although this misconception was still common.

**Table 5: Top misconception by dental professional role[15] (% selected)**

| | Dentist (n=1,218) | Dental Nurse (n=351) | Dental Hygienist (n=155) | Dental Technician (n=98) | Dental Therapist (n=62) |
|---|---|---|---|---|---|
| Sets clinical standards | 44% | 53% | 59% | 30% | 50% |
| Represents the interests of dental professionals | 26% | 36% | 30% | 30% | 28% |
| Inspects dental surgeries and clinics | 5% | 16% | 17% | 12% | 16% |
| Workforce planning | 14% | 12% | 14% | 9% | 7% |
| Set the NHS fee level for dental treatment | 4% | 10% | 5% | 9% | 4% |

From the interviews, it was clear that dental professionals' and students' misunderstandings of the GDC's remit were due to a general sense that the GDC was responsible for setting and enforcing standards in the industry, including clinical standards. Regarding 'representing the interests of dental professionals', it was felt by some that the GDC should change their remit to include this, driven by a belief that it would help to 'protect the public' by working with dental professionals to maintain high standards of practice.

"Because I just think of them as the regulating body… they don't set the clinical standards, but then they almost do, because that is how they regulate you: they choose which clinical standards to measure you by."

**Dentist, Female, 22-30,**
**First registered with the GDC 1-5 years ago**

## Current performance on core functions

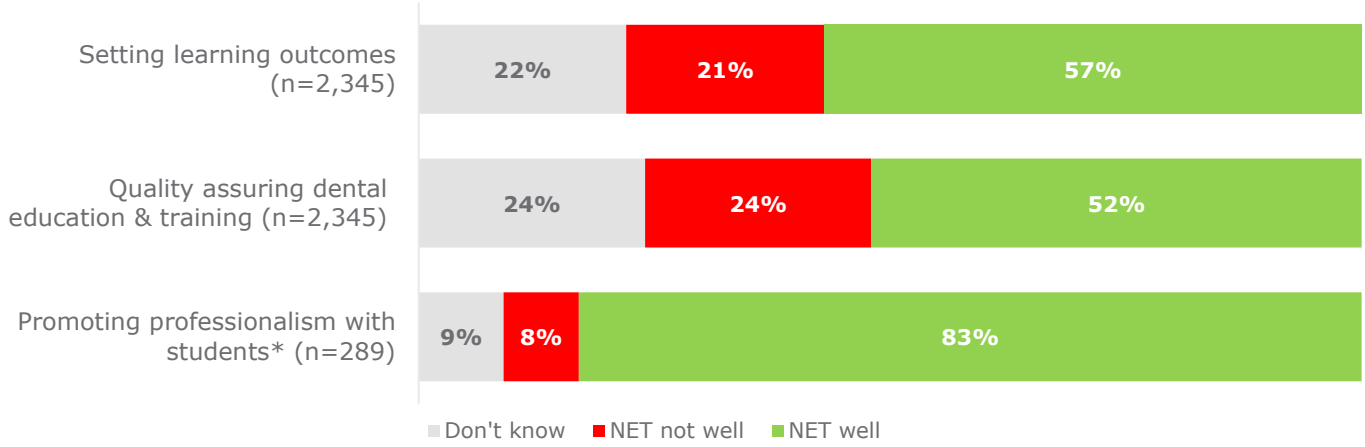
Respondents were asked how the GDC currently performs in a variety of core areas (Figure 16 - Figure 19). Broadly speaking, students were the most positive of the respondent groups when commenting on the GDC's performance across all areas. Differences between respondent groups were apparent, depending on the core area asked about.

### 'Sets the standards in education'

Over half of all respondents felt that the GDC was performing well in this area in terms of 'setting learning outcomes' (57%) and 'quality assuring dental education and training' (52%). Just over one in five, however, stated that they did not know about 'setting learning outcomes' (22%) or 'quality assuring dental education and training' (24%). Students were particularly positive, with three quarters or more giving positive scores across all areas (76%-83%).

[15] Clinical Dental Technicians and Orthodontic Therapists were excluded from the table due to low base sizes (n=17 and n=9 respectively).

**Figure 16: Q06. How does the GDC currently perform in the following core areas – setting standards in education?** (Base: all respondents)



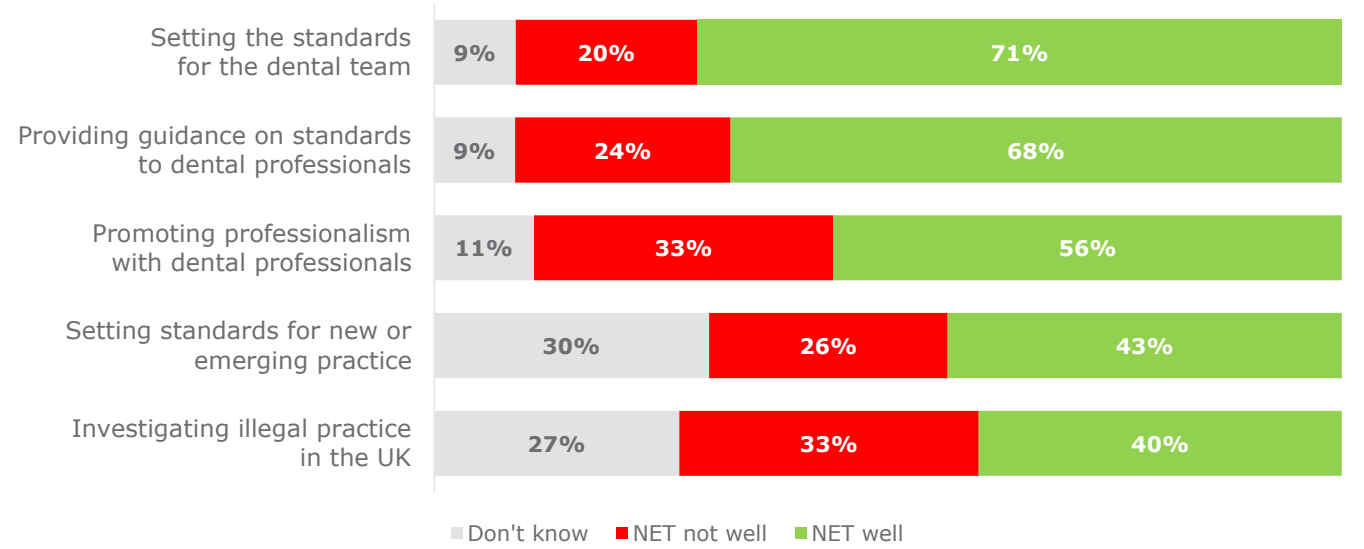

*students only

In 2018, the overall area of 'setting standards in education' was rated (rather than individual elements such as setting learning outcomes) and the views of respondents were similar (59% NET well). Students who were interviewed wanted ILOs (Intended Learning Outcomes) to be more visible while they engaged in remote learning. Dental professionals also suggested that the GDC does a good job setting standards for educating dentists, but education and learning outcomes need to be relevant for dental nurses and technologists as well.

### 'Sets and promotes professional standards'

The GDC was perceived to perform well in this area; overall this was similar to 2018. However, there were two areas within this function where performance was perceived less well compared to the other areas, namely 'setting standards for new or emerging practice' and 'investigating illegal practice in the UK'.

**Figure 17: Q06. How does the GDC currently perform in the following core areas? - Setting and promoting professional standards including continued professional development (CPD)** (Base: all respondents 2,345)



Students were more positive about GDC performance, particularly for 'setting standards for the dental team' (83% NET well) and 'providing guidance on standards to dental professionals' (81% NET well). Dental professional and stakeholder views were similar.

Feedback from the interviews added further detail, with CPD highlighted as improving, but often still being seen as a tick box exercise. It was thought that ideally, CPD should be adapted to different roles in a team and should encourage 'life-long' learning by removing the five-year cycle. During the interviews, dental professionals expressed the need for the GDC to offer guidance suited to a post-COVID-19 environment, to help dental professionals avoid being reprimanded for breaching shifting requirements.

Involving dental professionals from different roles in the production of guidelines would be viewed as a positive step.

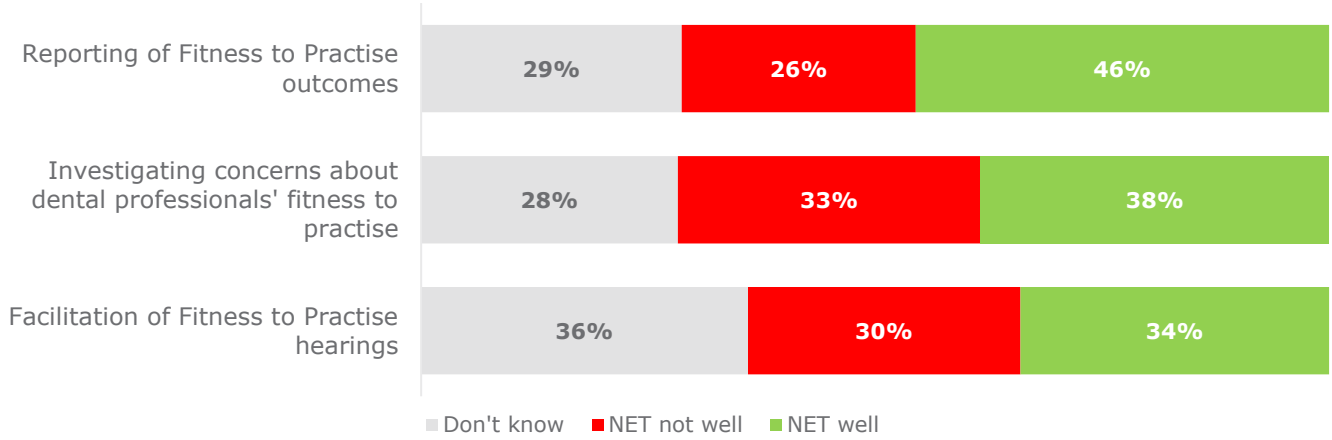
> "If the GDC took note of people like me that make things for dentists, they would see the bigger picture. They would understand where dentists are doing something which they shouldn't be doing, but isn't included in the regulations."
>
> **Dental technician, Male, 51-60, First registered with the GDC 6-10 years ago**

Dental professionals were keen for the GDC to investigate illegal activity, such as teeth whitening by beauticians, and websites containing misinformation. It was also suggested that the GDC could act on its remit to protect the public, by actively promoting the benefits of professional services by dentists.

### 'Investigating allegations of impaired fitness to practise'

Similar to 2018, out of the four core functions, the GDC was perceived to be performing worst in investigations into FtP with fewer than half of respondents providing positive responses across all areas. Dental professionals were more ambivalent than stakeholders with a greater proportion of 'don't know' responses (29%-36% vs. 16%-22%).

**Figure 18: Q06. How does the GDC currently perform in the following core areas? Investigating allegations of impaired fitness to practise** (Base: dental professionals and stakeholders 2,056)



Stakeholders were more positive about GDC performance when investigating allegations of impaired fitness to practise, particularly for 'facilitation of FtP hearings' (46% NET well vs. 34% for dental professionals).

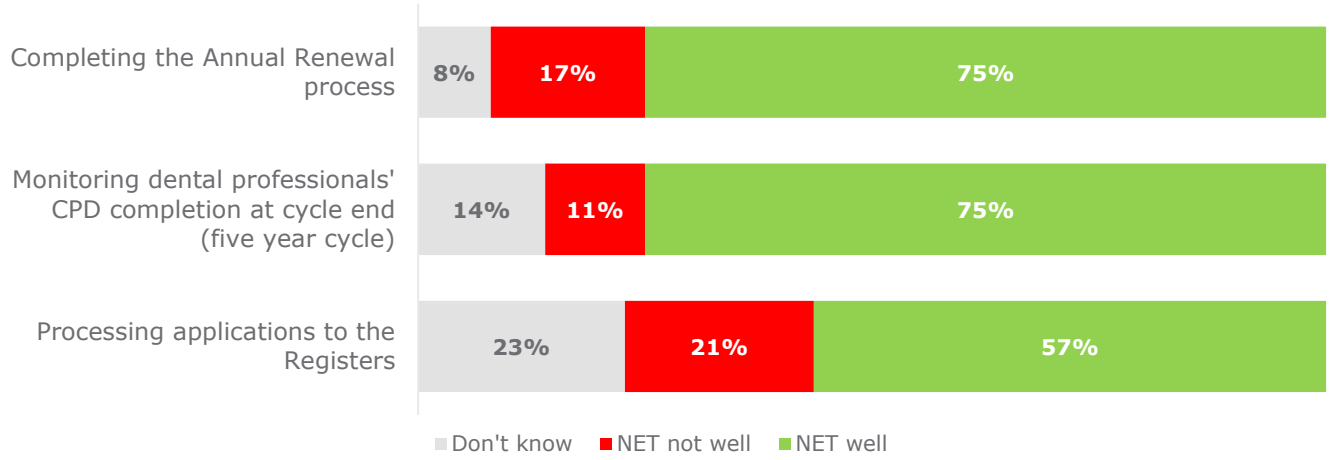
**During the interviews, dental professionals highlighted several aspects of this core function that could be improved, including:**

- Increasing awareness of potential FtP issues to prevent investigations.
- Supporting/mentoring dental professionals through the FtP process.
- Regular communication for witnesses in FtP cases.
- Case studies or summaries of subjects of investigation throughout the FtP process.
- Some dental nurses also felt they received less mental health support than dentists during an FtP case.

**'Maintains a register of dentists and dental care professionals, and checks they meet requirements'**

Scores were mostly positive for this core function for dental professionals and stakeholders. This was similar to the 2018 results, where 'maintaining the register' was the most well rated function overall (82% NET well).

**Figure 19: Q06. How does the GDC currently perform in the following core areas? - Maintaining the register of dentists and dental care professionals, and checking they meet the requirements to be on the register** (Base: dental professionals and stakeholders 2,056)




### 3.1.6 Awareness and views of the Corporate Strategy

In November 2019, the GDC published its new 'Corporate Strategy 2020-2022: Right time, right place, right touch', which laid out the GDC's proposals for the future of dental regulation. This section focuses on awareness and opinions of the Corporate Strategy.

#### Awareness of 'Right time, right place, right touch'

Respondents were asked whether they were aware of 'Right time, right place, right touch' (Table 6).

**Table 6: Q07. Are you aware of the GDC's new 'Corporate Strategy 2020–2022: Right time, right place, right touch', published in 2019?** (**Base:** all respondents)

| | **Aware** (%) |
|---|---|
| **Total** (n=2,345) | 22% |
| **Dental professionals** (n=1,974) | 22%*Stu |
| **Stakeholders** (n=52) | 74%* |
| **Students** (n=127) | 8% |

*indicates significantly higher than group stated (Stu=Students). If no group is stated, significantly higher than both other subgroups.

Overall awareness was relatively low, just over a fifth (22%) of respondents were aware of the Corporate Strategy. This was lower than the proportion who were aware of 'Shifting the Balance' (41%) during the 2018 survey. Stakeholders were more likely to be aware of 'Right time, right place, right touch' (74%) compared to dental professionals (22%) and students (8%).

When looking at awareness by dental professional roles (Table 7), dentists were more likely to be aware of the Corporate Strategy (27%) compared to dental care professionals (19%).

**Table 7: Awareness of 'Right time, right place, right touch', dental professional breakdown (aware %)[16]**

| **Dentist** (n=1,218) | **Dental Nurse** (n=351) | **Dental Hygienist** (n=155) | **Dental Technician** (n=98) | **Dental Therapist** (n=62) |
|---|---|---|---|---|
| 27% | 19% | 14% | 12% | 15% |

**Subgroup analysis**

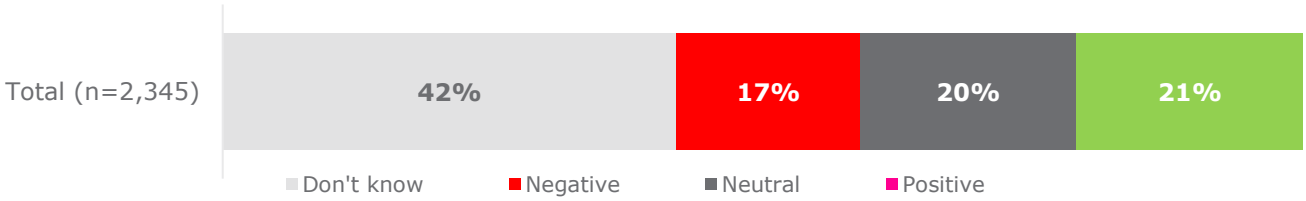
- Those involved with the GDC for over 25 years were more likely to be aware of the GDC's new Corporate Strategy, compared to those who had been involved for less time (25 years 38% aware vs. 16-25 years 26% aware vs. 6-15 years 20% aware vs. 0-5 years 16% aware).
- A similar correlation was evident for awareness of the Corporate Strategy, which increased with age.

### Opinions of 'Right time, right place, right touch'

Respondents were then asked about their opinions of the GDC's new approach to strategy development (Figure 20). Overall, opinions were more positive (21%) than negative (17%), however one in five (20%) were 'neutral'. A large proportion indicated that they could not answer due to a lack of knowledge of the strategy.

[16] Clinical Dental Technicians and Orthodontic Therapists were excluded from the table due to low base sizes (n=17 and n=9 respectively).

**Figure 20: Q08. What are your opinions of the GDC's new approach to strategy development?** (Base: all respondents)




Just over four in ten respondents (42%), particularly dental professionals and students, did not have an opinion on the GDC's new approach to strategy development (this includes 37% who selected 'I don't know enough about it to comment' and 6% who selected 'don't know'). Dental professionals were least positive about the new approach, with just under one in five giving a positive score (19%); just over six in ten of this group were either neutral or did not know enough to give an opinion (62%).

Students knew least about the GDC's new approach to strategy development with just under half (47%) stating that they did not know enough to give an opinion. When looking at the results by dental professional roles, dental nurses were the most positive (21%).

**Table 8: Opinions on the GDC's new approach to strategy development, dental professional roles[17]**

| | **Dentist** (n=1,218) | **Dental Nurse** (n=351) | **Dental Hygienist** (n=155) | **Dental Technician** (n=98) | **Dental Therapist** (n=62) |
|---|---|---|---|---|---|
| NET positive | 16% | 21% | 15% | 5% | 14% |
| NET negative | 27% | 11% | 11% | 29% | 14% |

### Subgroup analysis

- Those who had been involved with the GDC for 0-5 years were more positive about the GDC's new approach than those involved for more than five years (0-5 years 29% positive vs. 6-15 years 16% positive vs. 16-25 years 22% positive vs. 25+ years 21% positive).
- A similar picture was seen with age; those aged 18-21 were more positive than those aged 22+ years (18-21 year olds 38% positive compared to around a fifth positive (18%–22%) across all other age ranges).

[17] Clinical Dental Technicians and Orthodontic Therapists were excluded from the table due to low base sizes (n=17 and n=9 respectively).

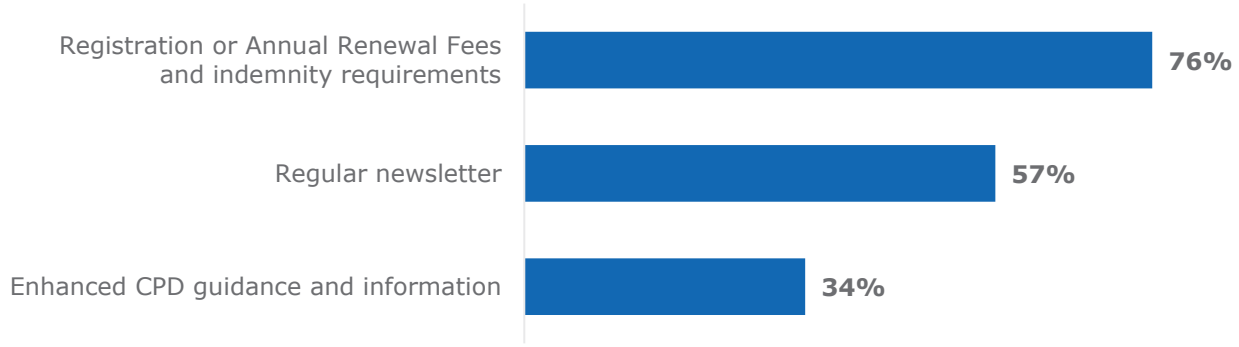
## 3.2 Communication with the GDC

### 3.2.1 Communications received and usefulness

#### Types of communication received

Respondents were asked about the types of communications they receive from the GDC (Figure 21). Overall, the most frequently recalled communications were the 'registration/ARF and indemnity requirements' and the 'regular newsletter'.

**Figure 21: Q10. Which of the following types of communication do you currently receive from the GDC?** (Base: all respondents – 2,345, top three answers shown)



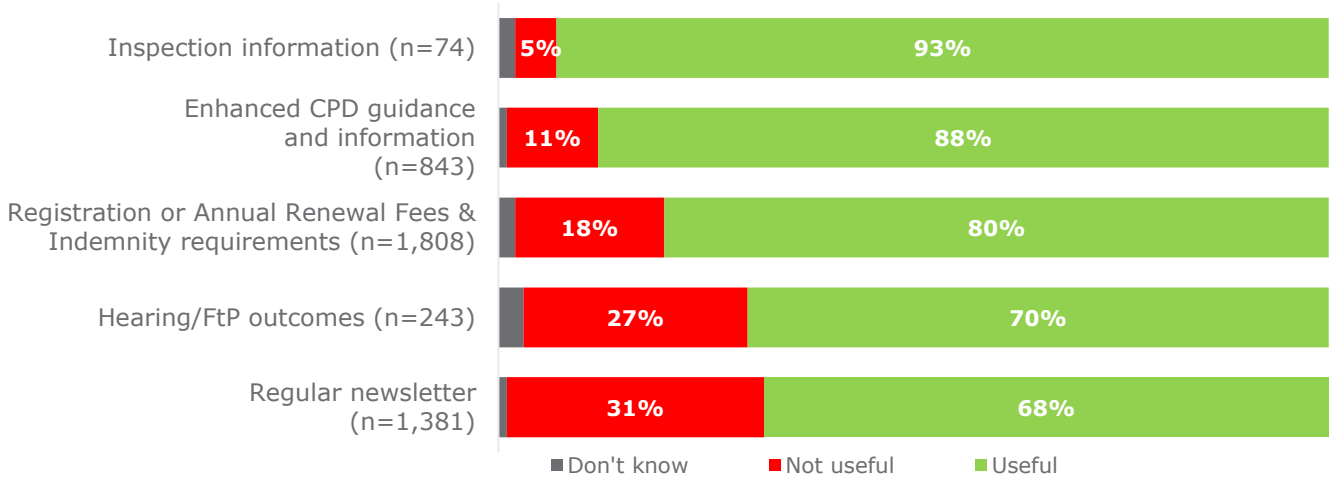

Dental professionals most frequently recalled receiving all types of communications from the GDC with no difference by dental professional role (see further detail in Appendix 6.4, Table 26), whilst students were more likely to state that they had not received anything. However, it is important to note that the GDC does not send communications directly to students, therefore those who reported receiving these, for example the newsletter, may be receiving them second-hand.

Compared to 2018, the percentages were similar for most types of communication. However, those who reported receiving the 'regular newsletter' had decreased by nine percentage points since 2018 when it was 66%. Those who reported receiving 'fee information and updates' was lower in 2018 at just 54%. However, the answer in 2020 also included registration and indemnity requirements, so a direct comparison cannot be made.

#### Usefulness of communications

Respondents who recalled receiving some form of communication from the GDC were asked how useful they found those communications (Figure 22). Each type of communication sent out by the GDC was felt to be useful by the majority of respondents (68%-93%) receiving each respective communication type.

**Figure 22: Q11. How useful do you find each of these types of communication from the GDC?** (Base: all who receive information from the GDC)




Stakeholders and students were more likely than dental professionals to find 'registration or ARF and indemnity requirements' useful (90% and 89% vs. 80% respectively) and stakeholders were more likely than dental professionals to find 'hearing/FtP outcomes' useful (88% vs. 69% respectively).

'Enhanced CPD guidance and information', 'inspection information' and 'registration or ARF and indemnity requirements' were found to be useful for at least two thirds of dental professionals, regardless of role, while the 'hearing/FtP outcomes' and 'regular newsletter' were deemed less useful by dental technicians (Table 9).

Compared to 2018, the usefulness of the 'regular newsletter'' fell by 11 percentage points (79% vs. 68%) and 'hearing/FtP outcomes' fell by 16 percentage points (69% vs 86%). All other types of communication were broadly similar to the 2018 results.

**Table 9: Dental professional breakdown – usefulness of newsletter[18]** (**NET: useful. Base:** all who receive information from the GDC)

| | **Dentist** (n=836) | **Dental Nurse** (n=215) | **Dental Hygienist** (n=94) | **Dental Technician** (n=54) | **Dental Therapist** (n=42) |
|---|---|---|---|---|---|
| Usefulness of regular newsletter | 62% | 71% | 73% | 42% | 70% |

### Subgroup analysis

- All communication types were deemed useful across all ages and all lengths of time involved with the GDC, although some differences were apparent dependent on communication type.
- 'Hearing/FtP outcomes' were deemed most useful by those who had been involved with the GDC for 25+ years (79%).

[18] Usefulness of newsletter only shown here due to low base sizes when split by role. Clinical Dental Technicians and Orthodontic Therapists are excluded due to low base size (n=17 and n=9 respectively).

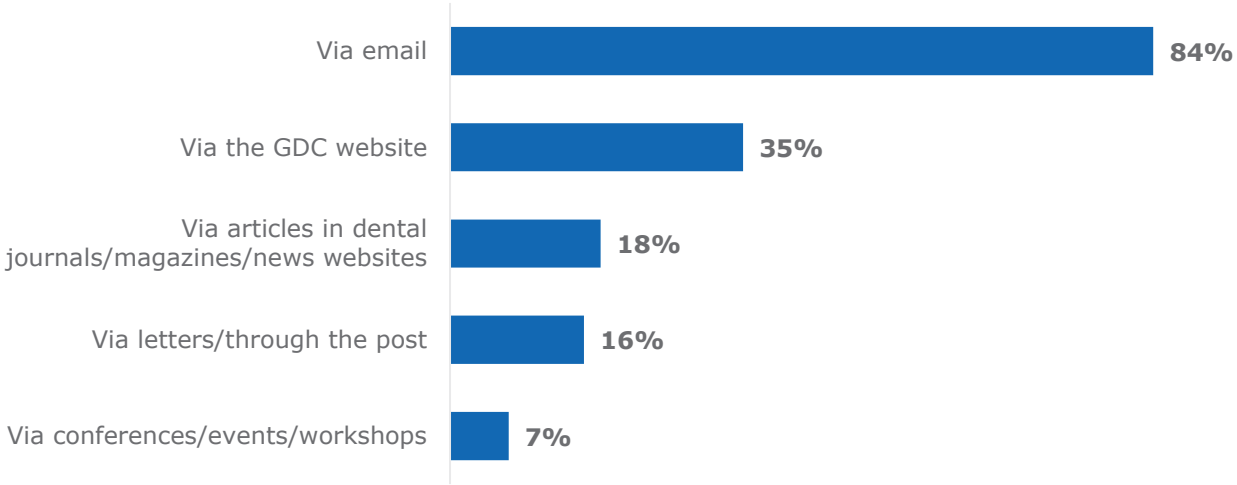
During the in-depth interviews, participants also commented on the GDC's communications during the COVID-19 crisis. In general, dental professionals recognised that the situation was unprecedented, but they felt that the GDC mostly sign-posted towards other organisations (e.g. Chief Dental Officer) for guidance. Instead, they suggested that the GDC could have published COVID-19-related guidance swiftly and clearly (e.g. guidance specific for each nation in the UK, preparing for a post-COVID-19 environment). Others were under the impression that the GDC had done 'nothing' during the COVID-19 crisis, and they had been forced to find their information elsewhere.

### 3.2.2 Communication format received and preferences

#### Communication format received

Respondents were asked about how the GDC communicates with them (Figure 23). The majority of respondents (84%) recalled being communicated with via email.

**Figure 23: Q12. How do you typically receive information from or about the GDC?** (Base: all respondents, 2,345)




For dental professionals (92%) and stakeholders (93%) 'via email' was the main communication method, while for students it was more commonly 'via the GDC website' (39%). Stakeholders were more likely than dental professionals and students to receive information 'via online meetings/webinars' and 'face-to-face meetings (prior to COVID-19)', which were both selected by three in ten (30%) stakeholders.

When dental professionals were split by role, 'via email' was still the most common communication method across all roles. Compared to 2018, communication 'via the GDC website' increased by 10 percentage points and communication 'via letter/post' fell by 13 percentage points in 2020. Communication via social media increased by six percentage points in 2020 (NET Social Media 8%), from a small base (2%) in 2018.

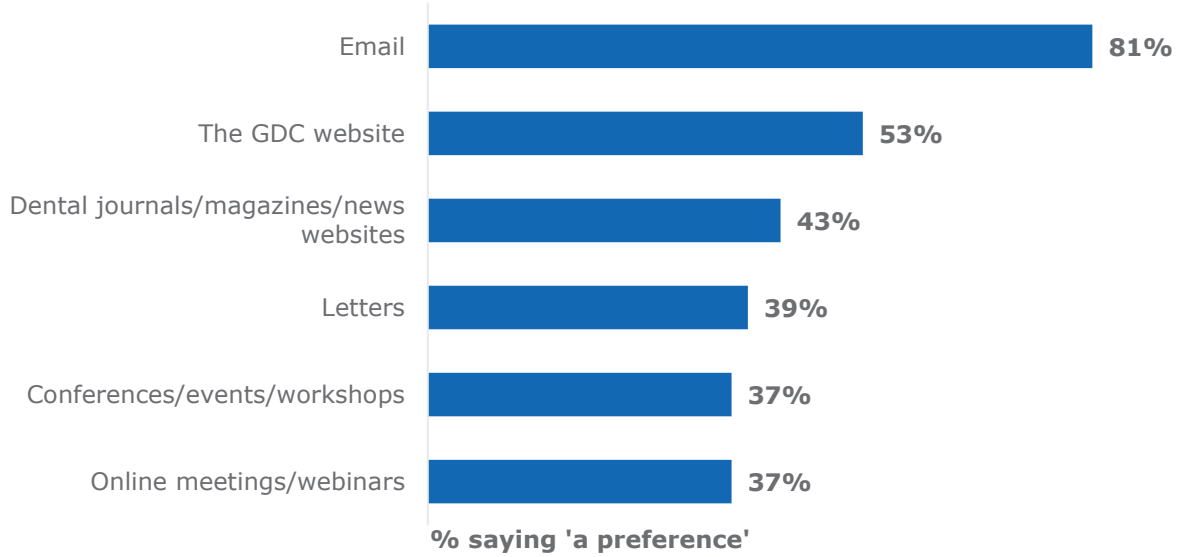
**Subgroup analysis**

- Those who had been involved with the GDC for 25+ years were more likely than those involved for a shorter length of time to receive communications 'via the GDC website' (44%), 'articles in dental journals/magazines/news websites' (30%), 'conferences/events/workshops' (12%), 'online meetings/webinars' (12%) and 'face-to-face meetings (pre COVID-19)' (8%).

## Communication preferences

Respondents were asked to rate each communication type from 'definitely not a preference', to 'strongly preferred' (Figure 24). Overall, email was the most preferred communication type (81%), with 'the GDC website' second (53%) and 'dental journals/magazines/news websites' third (43%).

**Figure 24: Q13. Please rate your preference for receiving information via each of the following** (Base: all respondents – 2,345, NET preference – top five answers shown)




Overall, preferences were very similar to those seen in 2018. The greatest difference was a decreased preference for 'letters' (down from 46% to 39%).

For dental professionals, the most preferred method of communication was email (81%) and 'the GDC website' (51%). For stakeholders it was email (89%) and 'online meetings/webinars' (73%), however they also had a strong preference for 'face-to-face meetings' (59%). For students, the most preferred method of communication was email (74%) and 'the GDC website' (69%). Email was also the most preferred communication type by all dental professionals' roles (Table 10).

**Table 10: Dental professional split by preferred types of communication – top three preferred**[19]

| | | | |
|---|---|---|---|
| **Dentist** (n=1,218) | Email (86%) | GDC website (50%) | Articles (43%) |
| **Dental Nurse** (n=351) | Email (78%) | GDC website (52%) | Articles (39%) |
| **Dental Hygienist** (n=155) | Email (85%) | Articles (51%) | GDC website (48%) |
| **Dental Technician** (n=98) | Email (71%) | Letters (41%) | GDC website (40%) |
| **Dental Therapist** (n=62) | Email (83%) | GDC website (47%) | Articles (40%) |

[19] Clinical Dental Technicians and Orthodontic Therapists were excluded from the table due to low base sizes (n=17 and n=9 respectively).

**Subgroup analysis**

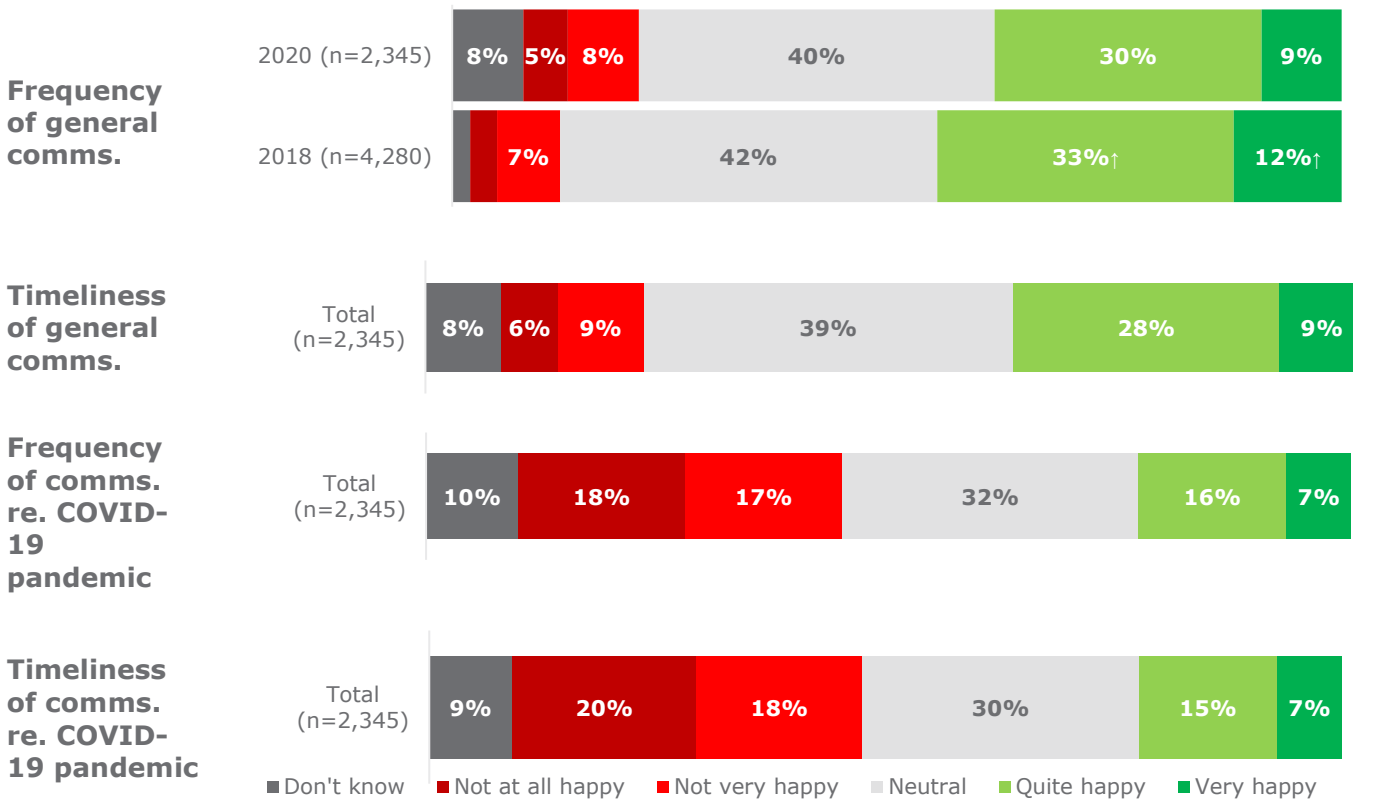
- Some differences in communication preference were evident where those aged 18-21 years old more frequently selected LinkedIn, Twitter, SMS and 'dental journals / magazines / news websites', when compared to all other age groups.
- Length of time involved with the GDC does not seem to have had as much of an impact on preference, although those who had been involved with the GDC for five years or less preferred Twitter, LinkedIn and SMS, compared to those who had been involved for six years or more.

### 3.2.3 Frequency of communications

#### Satisfaction with frequency and timeliness of communications

Respondents were asked how happy they were with the current level of communications they receive from the GDC (Figure 25). 'Communications in general' refer to all GDC communications except those about COVID-19. Overall, respondents were ambivalent about 'communications in general' (40% 'neutral'), with a similar proportion being 'happy' (38%). A minority of respondents were 'unhappy' (14%). Similar proportions were seen for the timeliness of 'communications in general'.

**Figure 25: Q14a/b. To what extent are you happy with the frequency and timeliness of communications?** (Base: all respondents)




**NB:** 2018 vs. 2020 significant differences are shown using arrows next to the 2018 figures. ↑ indicates significantly higher than 2020 and ↓ significantly lower.

Just under four in ten students stated that they did not know about the frequency (38%) or timeliness (39%) of 'communications in general', with a similar proportion for 'COVID-19 communications'. When asked about frequency and timeliness of 'communications regarding

the COVID-19 pandemic', dental professionals and stakeholders expressed lower levels of happiness compared to 'communications in general'.

When split by role, opinions differed with dentists and dental technicians being slightly unhappier with the frequency of 'communications in general' compared to other roles.

**Table 11: Happiness with frequency of communications in general by dental professional role[20] (NET: happy)**

| Dentist (n=1,218) | Dental Nurse (n=351) | Dental Hygienist (n=155) | Dental Technician (n=98) | Dental Therapist (n=62) |
|---|---|---|---|---|
| 35% | 45% | 45% | 28% | 44% |

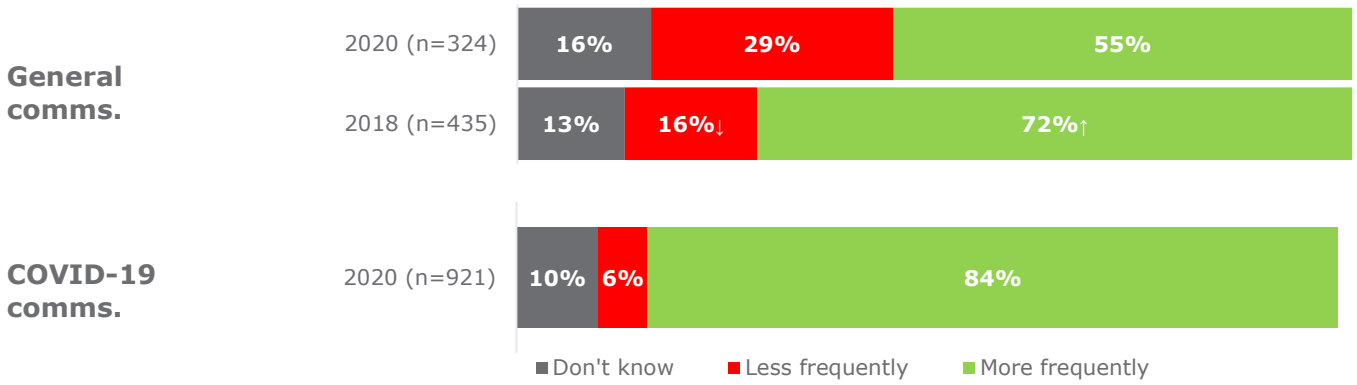
**Subgroup analysis**

- 18–21 year olds were more likely to say 'don't know' to whether they were 'happy' with the frequency and timeliness of both 'communications in general' and 'COVID-19 communications' compared to other age groups ('Don't know' for 'communications in general': frequency 32%; timeliness 35%; Don't know for 'COVID-19 related communications': frequency 34%; timeliness 34%).
- However, happiness with frequency and timeliness of 'communications in general' did not vary much by length of time involved with the GDC.

## Increased frequency of communications

The minority of respondents who were not happy with the frequency of communications were asked if they would prefer more frequent or less frequent 'communications in general', and the same question regarding 'COVID-19 related communications' (Figure 26).

**Figure 26: Q14c. Would you like to hear from the GDC more or less frequently?** (Base: all who were not happy with frequency of contact)




**NB:** 2018 vs. 2020 significant differences are shown using arrows next to the 2018 figures. ↑ indicates significantly higher than 2020 and ↓ significantly lower.

[20] Clinical Dental Technicians and Orthodontic Therapists were excluded from the table due to low base sizes (n=17 and n=9 respectively).

The results show that over half (55%) wished to receive more frequent 'communications in general' from the GDC. This rose when asked about 'COVID-19 related communications' (84%).

Stakeholders (71%) and students (77%) were more likely to say they wanted to receive more frequent 'communications in general' compared with dental professionals (52%). Results were similar across all respondent types when asked about 'COVID-19 related communications'.

When split by dental professional role (Table 12), the majority of roles stated that they would like to receive more communications to some degree.

**Table 12: Dental professionals split by more or less frequent communications required[21]**

| | **Dentist** (n=165) | **Dental Nurse** (n=49) | **Dental Technician** (n=24)** | **Dental Hygienist** (n=18)** |
|---|---|---|---|---|
| More frequently | 59% | 47% | 68% | 81% |
| Less frequently | 26% | 36% | 18% | 3% |

** indicates low base size.

**Subgroup analysis**

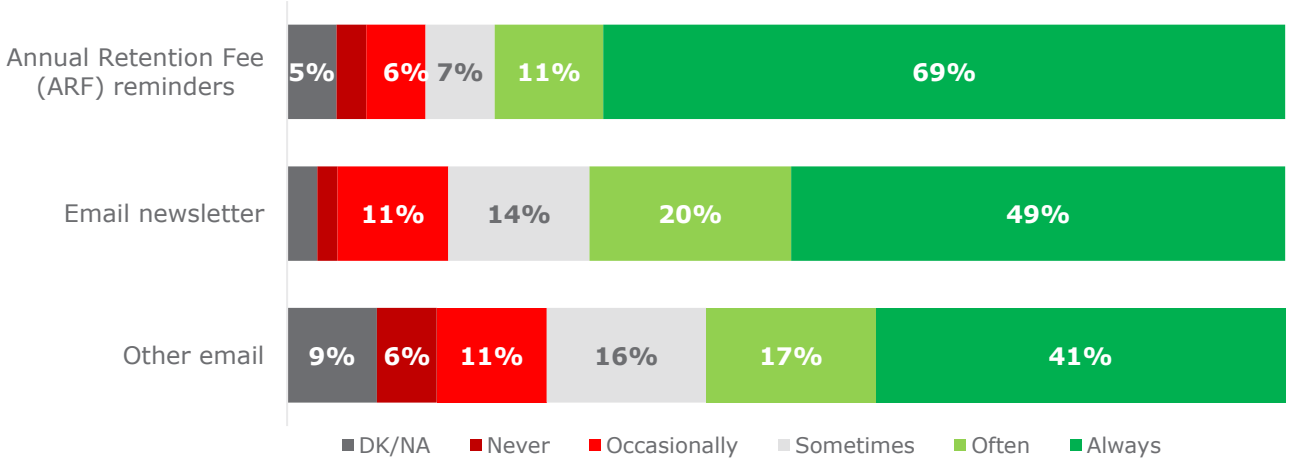
- Those aged 22–30 were more likely to say that they would like less frequent 'communications in general' (36%) compared to those aged 51-60 (16%) and 61-65 (5%).
- Those aged 18–21 more often selected than all other age groups, that they want to hear from the GDC 'more frequently' for 'communications in general' (77%).

[21] Clinical Dental Technicians (n=4), Orthodontic Therapists (n=2) and Dental Therapists (n=9) were excluded from the table due to low base sizes.

### 3.2.4 Email communications

The respondents who received emails from the GDC were asked how often they open them (Figure 27). Overall, the majority of respondents either 'often' (20%) or 'always' (49%) opened the newsletter emails they received from the GDC.

**Figure 27: Q15. How often do you open the emails you receive from the GDC?**
(Base: all who receive emails – 1,973)




Stakeholders more frequently 'always' open the newsletter emails from the GDC (59%), followed by dental professionals (50%) and finally students (25%).

In 2018, respondents were asked about the frequency of opening emails in general, and were not asked about the 'email newsletter', 'ARF reminder' and 'other' emails separately, as in 2020. The overall frequency of opening emails was broadly similar (50% 'always', 23% 'often', 13% 'sometimes', 13% 'occasionally' and 1% 'never' opening emails).

**Subgroup analysis**

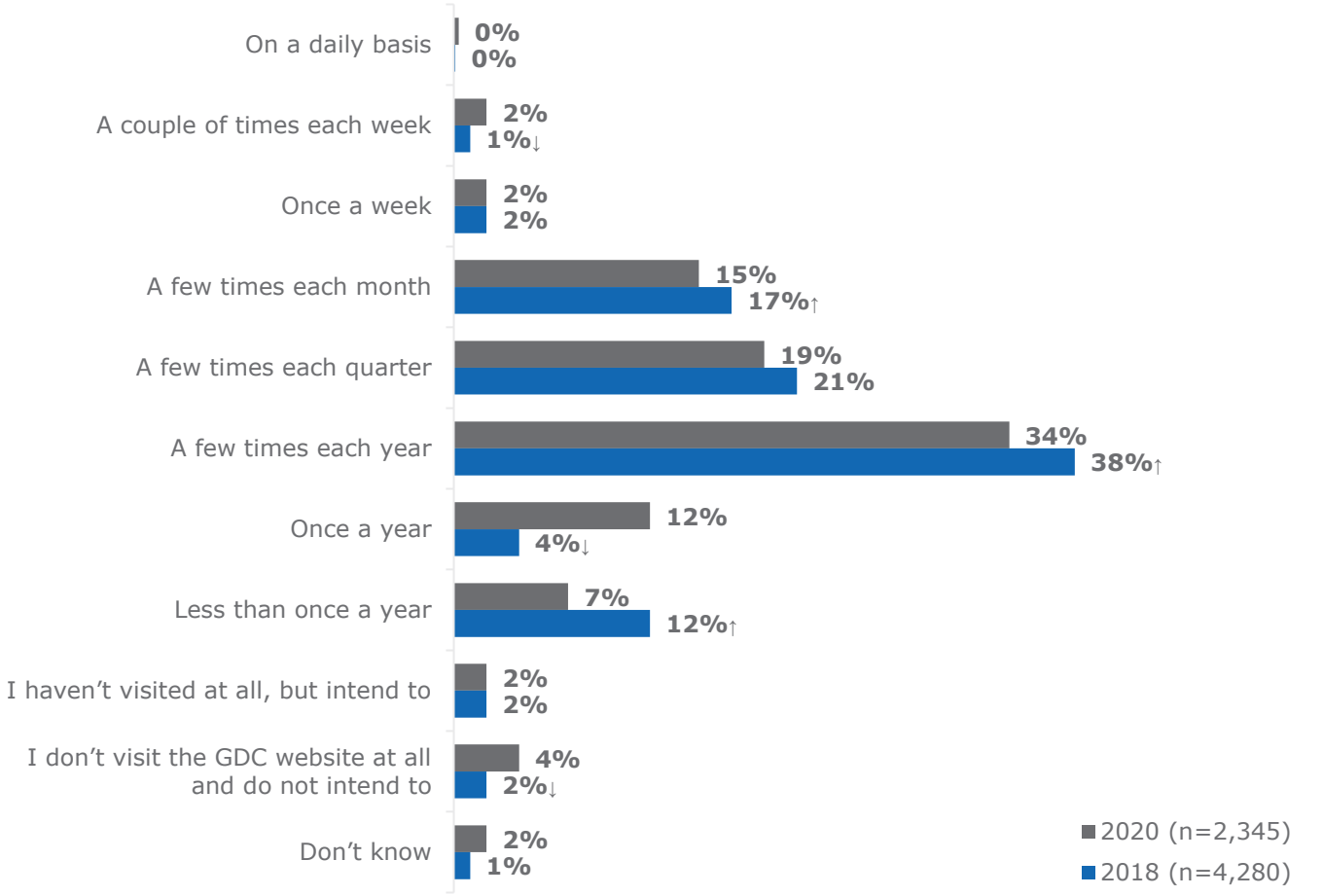
- Those who had been involved with the GDC for 25 years or more, were more likely to 'always' open email newsletters (65%) and ARF reminders (83%).

### 3.2.5 Review of the GDC website

#### Frequency of visiting the GDC website

Respondents were asked about their frequency of use of the GDC website (Figure 28). The majority of respondents visited the GDC website at least 'a few times a year'.

**Figure 28: Q16. How often do you visit the GDC website?** (Base: all respondents)




**NB:** 2018 vs. 2020 significant differences are shown using arrows next to the 2018 figures. ↑ indicates significantly higher than 2020 and ↓ significantly lower.

Dental professionals (35%) and students (26%) most commonly reported visiting the website 'a few times each year', while stakeholders most commonly reported visiting the GDC website 'a few times each month' (32%). A minority (4%) selected 'I haven't' visited at all, but intend to'; and students were more likely (8%) to say they had 'not visited the site (but intended to)' compared to dental professionals (2%) and stakeholders (1%).

**Subgroup analysis**

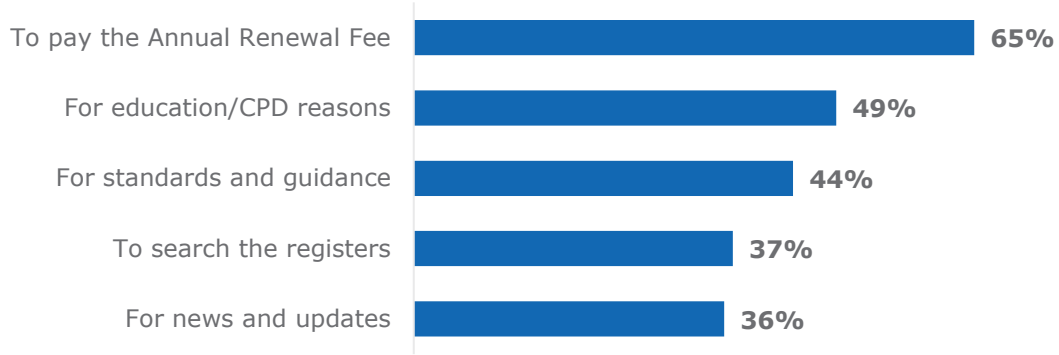
- Generally, younger respondents visit the website more frequently. Those aged 18–21 years (29%) were more likely than those aged 22-65 (11%-19%) to state that they visited the website 'a few times each month'.

## Reasons for visiting the GDC website

Those who stated that they had visited the GDC website were asked what their reason was for doing so (Figure 29). The top three reasons were to 'pay the ARF', 'for education/CPD reasons' and 'for standards and guidance'.

### Figure 29: Q17.Why do you visit the GDC website?

(Base: all who visit the website – 2,165, top five reasons shown)




The top reasons for visiting the GDC website differed between respondent types, as shown below in Table 13. When looking at the differences and similarities across dental professional roles, most claimed that the main reason why they visited the GDC website was 'to pay their ARF'. Compared to 2018, reasons for visiting the GDC website were very similar.

### Table 13: Top two reasons for visiting the GDC website by respondent type

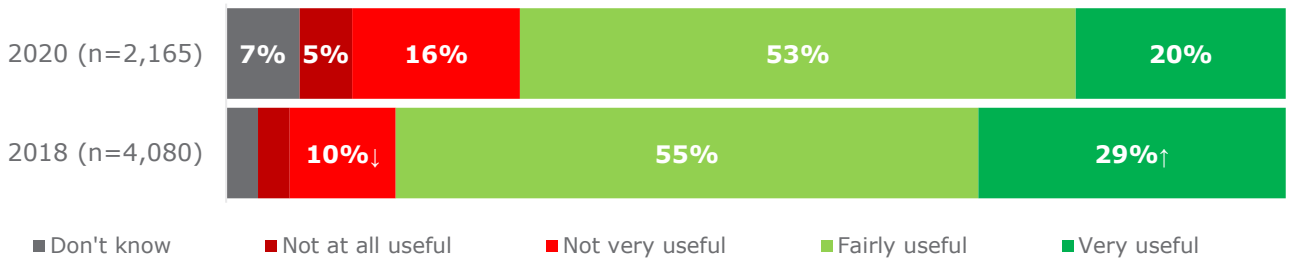
| | | |
|---|---|---|
| **Dental professionals** (n=2,027) | To pay the Annual Renewal Fee (73%) | For education/CPD reasons (73%) |
| **Stakeholders** (n=82) | To search the registers (68%) | For standards/guidance |
| **Students** (n=289) | For standards and guidance (67%) | For education/CPD reasons (62%) |

## Usefulness of the GDC website

Respondents who had used the GDC website were asked to rate how useful they found the site (Figure 30). In line with 2018, just under three quarters (73%) of all respondents selected 'useful'.

### Figure 30: Q19. How useful do you find the GDC website?

(Base: all who visit the website)




**NB:** 2018 vs. 2020 significant differences are shown using arrows next to the 2018 figures. ↑ indicates significantly higher than 2020 and ↓ significantly lower.

More stakeholders (86%) and students (91%) stated that they found the GDC website 'useful' compared to dental professionals (70%). Stakeholders had seen an increase in usefulness scores (+10 percentage points), while students remained similar compared to 2018; dental professionals had seen a decrease in usefulness scores compared to 2018 (a decrease of 14 percentage points).

When looking at the dental professionals' split by role (Table 14), dental nurses more frequently selected they find the site 'very useful' (26%), while dental technicians less frequently selected, they find the site 'very useful' (2%).

**Table 14: Dental professional role by usefulness of the GDC website[22]**

| | **Dentist** (n=1,145) | **Dental Nurse** (n=318) | **Dental Hygienist** (n=148) | **Dental Therapist** (n=62) | **Dental Technician** (n=85) |
|---|---|---|---|---|---|
| Fairly useful | 58% | 48% | 53% | 51% | 42% |
| Very useful | 8% | 26% | 20% | 18% | 2% |

**Subgroup analysis**

- Those aged 18-21 (93%) were more likely to find the website useful, compared to all other age groups (67%-82%).
- This was reflected in length of time involved with the GDC; those who had been involved for less time (0–5 years) found it more useful (81%) compared to those who had been involved with the GDC for longer (6-15 years 68%, 16-25 years 69% and 25+ years 72%).

Interviewees who had recently used the GDC website were generally positive towards it. Positive aspects of the website mentioned included: easily accessible 'Standards for the Dental Team'; directing complaints to the right place; published reports and case studies (which were also useful for students). Several interviewees reported that they had found it easy to navigate the website.

"You can look up something fairly easily if you need to find a dental professional. The information on it is fairly easy to find if you need to look up the Standards of Practice and things like that. Also, the Standards of Practice are well written and easy to read… The stuff that is written by the GDC and published, it is not lengthy, it is to the point and easy to read."

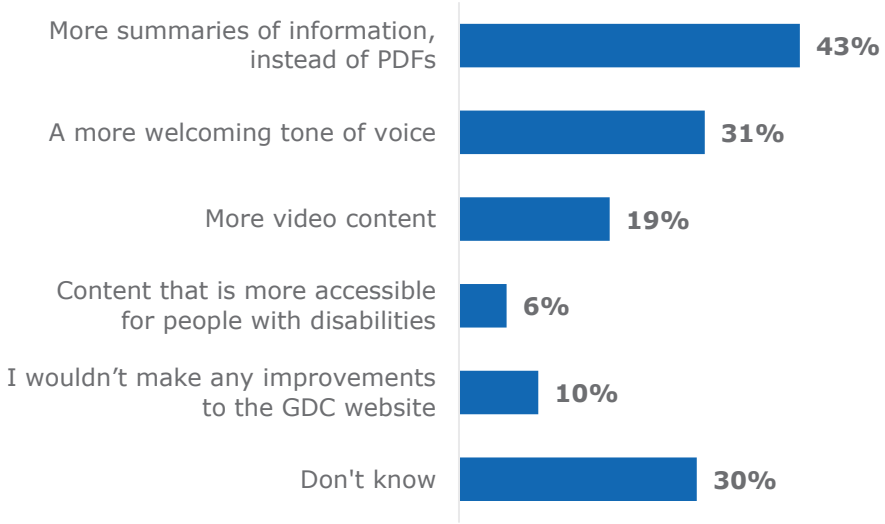
**Dentist, Male, 51-60, Registered with the GDC over 30 years ago**

[22] Clinical Dental Technicians and Orthodontic Therapists were excluded from the table due to low base sizes (n=17 and n=9 respectively).

## Website improvements

Respondents were asked how the GDC website could be improved. Overall, the most popular suggestions included 'more summaries of information' (43%), 'a more welcoming tone of voice' (31%) and 'more video content' (19%) (Figure 31).

**Figure 31: Q20. What types of improvements, if any, would you make to the GDC website?** (Base: all visiting website – 2,165)




Students were particularly keen to see 'more video content', with a third (33%) selecting this answer.

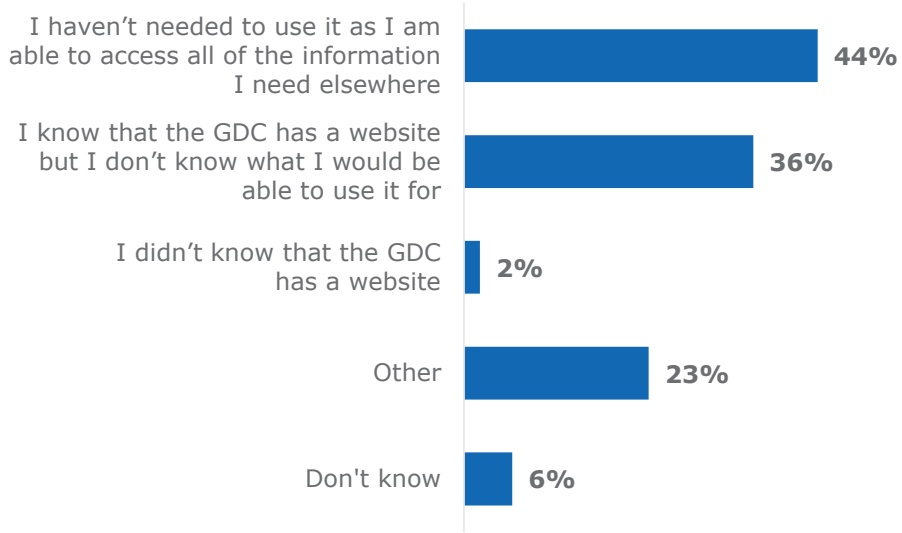
### Subgroup analysis

- Those aged 18-21 years old were more likely to want 'more video content' (37%) compared to all other age groups (14-20%).
- Those aged 18-21 less frequently selected 'a welcoming tone of voice' (20%) than all other age groups (29-39%).

## Reasons for not visiting the GDC website

Those who had not visited the website (6% of all respondents) were asked why that was (Figure 32). The main reasons for not visiting the website included not needing to because information can be accessed elsewhere (44%), and a lack of knowledge as to what the website can offer (36%). The 'other' comments (23%) were wide ranging and included not being interested in accessing the website due to feeling the GDC is irrelevant and/or unrepresentative and not wanting to read FtP case outcomes due to being fearful of the GDC.

**Figure 32: Q18. Why don't you visit the GDC website?**
(Base: all not visiting website – 143)



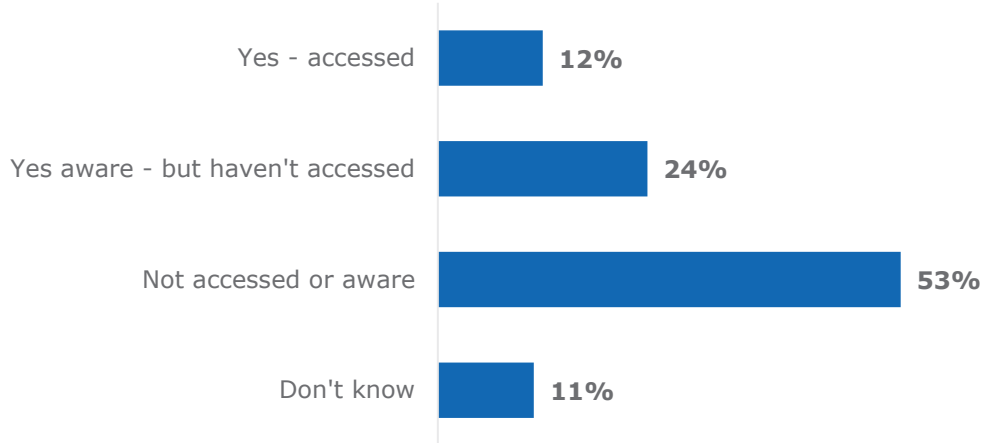

### Subgroup analysis

Those who had been involved with the GDC for less than five years more frequently selected 'I haven't needed to use it as I am able to access all of the information I need elsewhere' (61%) and those who had been involved with the GDC for over 25 years less frequently selected this (29%).

### Insights from GDC fitness to practise concerns

Respondents were asked if they had ever accessed, or were aware of, the GDC's 'Insights from GDC fitness to practise concerns'. Just over half overall (53%) were not aware and had not accessed it (Figure 33).

**Figure 33: Q22. Have you accessed/are you aware of the GDC's 'Insights from GDC fitness to practise concerns'?** (Base: all respondents – 2,345)




Stakeholders were the group most likely to have accessed the 'Insights', with almost four in ten (39%) stating that they had accessed it.

**Subgroup analysis**

Those who had been involved with the GDC for longer were more likely to have accessed the 'Insights from GDC fitness to practise concerns' (25+ years 20% vs. 0-5 years 9%).

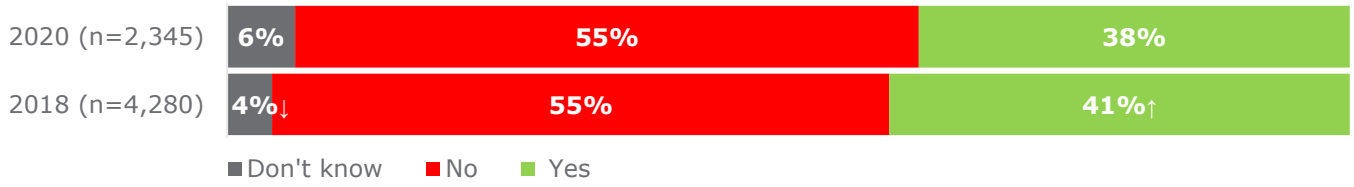
Participants were generally positive towards the 'Insights'. Dental professionals with a negative view of the GDC found it useful to read the 'Insights' to understand what fitness to practise issues the GDC was focusing on. Dental professionals and students who were not aware of the 'Insights' approved of the concept, and suggested that they should highlight the most common reasons for being investigated and how to avoid being investigated. Some dental professionals thought the report should focus on common themes rather than individual FtP cases.

### 3.2.6 Respondent led contact

#### Initiating contact with the GDC

Respondents were asked whether they had ever initiated contact with the GDC (Figure 34); there was a mixed response between respondent groups with almost four in ten (38%) having contacted the GDC overall.

**Figure 34: Q23. Have you ever initiated contact with the GDC?**
(Base: all respondents)




**NB:** 2018 vs. 2020 significant differences are shown using arrows next to the 2018 figures. ↑ indicates significantly higher than 2020 and ↓ significantly lower.

Stakeholders were most likely to have initiated contact with the GDC (83%). Dental professionals were the second most likely to have initiated contact (42%). Students were the least likely to have initiated contact (7%). Results were similar to 2018, although students had seen a nine-percentage point decline in initiating contact[23].

Responses also differed across dental professional role (Table 15), with dental care professionals being more likely to have contacted the GDC compared to dentists (43% vs. 37%).

[23] However, it is worth noting that in 2018, only final year students were surveyed and in 2020 students from all years of study were invited to complete the online survey.

**Table 15: Dental professional role – those who have initiated contact with the GDC[24]**

| Dentist (n=1,218) | Dental Nurse (n=351) | Dental Hygienist (n=155) | Dental Technician (n=98) | Dental Therapist (n=62) |
|---|---|---|---|---|
| 37% | 40% | 53% | 45% | 50% |

**Subgroup analysis**

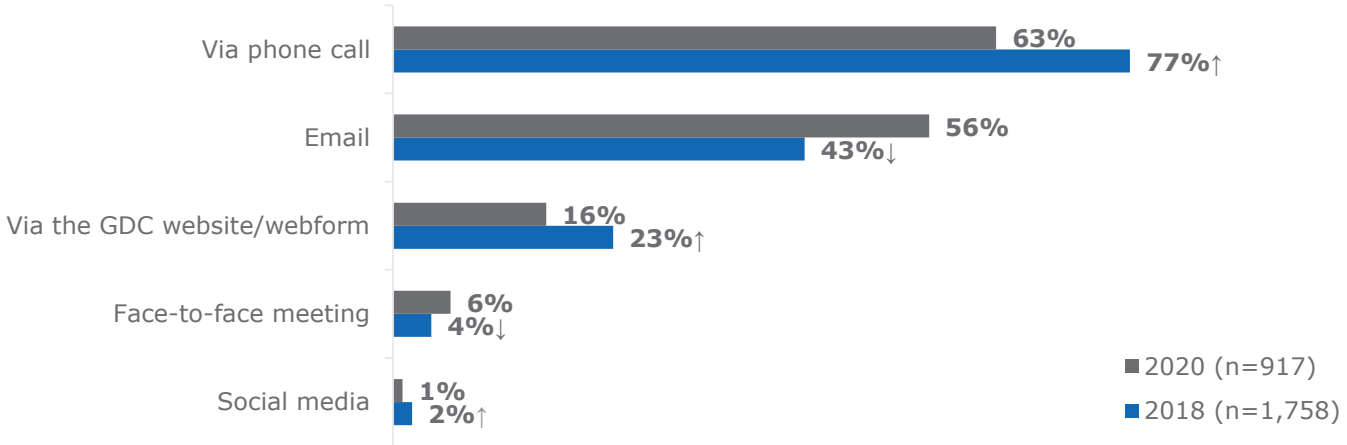
- Those aged 18-21 were less likely to have initiated contact with the GDC (8%) compared to all other age groups, contact increases with age (22-30 27%, 31-40 41%, 41-50 45%, 51-60 48%, 61-65 49%, 65+ 60%).
- This trend was reflected in length of time involved with the GDC; those who had been involved 0–5 years were less likely (27%) to have initiated contact compared to those who had been involved with the GDC for longer (6-15 years 41%, 16-25 years 41%, over 25 years 52%).

During the interviews, stakeholders mentioned that it was sometimes difficult to contact the GDC via telephone, and that the GDC could help this by providing lists of GDC individuals by department/section and their contact numbers. Dental professionals who looked for information regarding COVID-19 would often obtain this from the Office of the Chief Dental Officer (all nations) instead of the GDC but stated that they would prefer to get information directly from the GDC. Students typically received any information they needed from their university, and generally had no need to initiate contact with the GDC.

### Method of contact

Those who had initiated contact with the GDC were then asked how they had been in contact (Figure 35). Overall, the most common form of communication was 'via phone call' (63%).

**Figure 35: Q24.Which of the following methods have you used to contact the GDC?** (Base: all who have initiated contact with the GDC)




**NB:** 2018 vs. 2020 significant differences are shown using arrows next to the 2018 figures. ↑ indicates significantly higher than 2020 and ↓ significantly lower.

[24] Clinical Dental Technicians and Orthodontic Therapists were excluded from the table due to low base sizes (n=17 and n=9 respectively).

In addition to 'via phone call' (65%), stakeholders in particular favoured email (88%) and 'face-to-face meetings' (29%), however communication from stakeholders via both of these channels had declined since 2018 (due to fewer stakeholders contacting the GDC in general). When looking at dental professionals by role (Table 16), all roles typically used phone calls, emails and the website to contact the GDC.

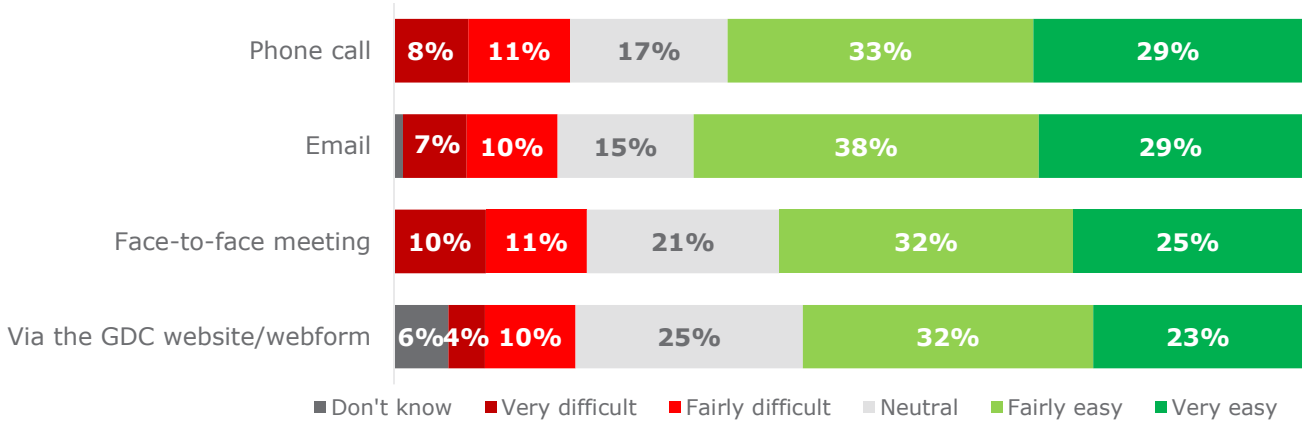
**Table 16: Top three methods used to contact the GDC – split by dental professionals[25]**

| | | | |
|---|---|---|---|
| **Dentist** (n=485) | Via phone call (63%) | Email (59%) | GDC website (12%) |
| **Dental Nurse** (n=140) | Via phone call (63%) | Email (45%) | GDC website (21%) |
| **Dental Hygienist** (n=80) | Via phone call (73%) | Email (61%) | GDC website (11%) |
| **Dental Technician** (n=46) | Email (60%) | Via phone call (55%) | GDC website (15%) |
| **Dental Therapist** (n=30) | Via phone call (71%) | Email (62%) | GDC website (25%) |

## Ease of contact

Respondents who had initiated contact with the GDC were also asked to rate how easy it was to make that contact (Figure 36). Across all varieties of contact, respondents found it more easy than difficult to make contact with the GDC; email was deemed the easiest method of contact. Students found it easier than other respondent types.

**Figure 36: Q25. How easy was it to contact the GDC via the following methods?** (Base: all who have initiated contact with the GDC – 508)




Across all dental professional roles, results were mixed with the easiest method of contact varying. However, email tended to be the first or second easiest method of contact.

Contact methods which were infrequently used are not shown in the chart below, due to low base sizes (LinkedIn, Facebook, Twitter, other).

[25] Clinical Dental Technicians and Orthodontic Therapists were excluded from the table due to low base sizes (n=17 and n=9 respectively).

**Table 17: Dental professional role split – ease of contacting the GDC[26]** (NET easy %)

| | Dentist | Dental Nurse | Dental Hygienist | Dental Technician | Dental Therapist |
|---|---|---|---|---|---|
| Via email | 63% (n=292) | 68% (n=61) | 59% (n=45) | 68% (n=27) | 57% (n=19)** |
| Via phone call | 60% (n=167) | 66% (n=93) | 67% (n=57) | 66% (n=26) | 59% (n=22)** |

**indicates low base size

### 3.2.7 The GDC app

**Interest in accessing content via an app**

Respondents were asked which information or features they would be interested in accessing via a GDC app (Figure 37). Overall, just under three quarters (72%) would be interested in using an app for at least one reason.

**Figure 37: Q21a. Which of these, if any, would you be interested in accessing via a GDC app?** (Base: all respondents, 2,345)

[26] Clinical Dental Technicians and Orthodontic Therapists were excluded from the table due to low base sizes (n=17 and n=9 respectively).

There was interest in the majority of features, but over a half would be interested in 'recording CPD hours and declarations' (56%), 'paying the ARF' (51%), 'GDC guidance' (49%) and 'Standards for the Dental Team' (48%).

Students had greater interest in most of the features, compared to stakeholders and dental professionals. Dental professionals were most interested in 'recording CPD hours and declarations' (57%), 'paying the ARF' (54%), 'GDC guidance' (46%) and 'Personal Development Plans' (46%). Stakeholders were most interested in 'GDC guidance' (50%).

**Subgroup analysis**

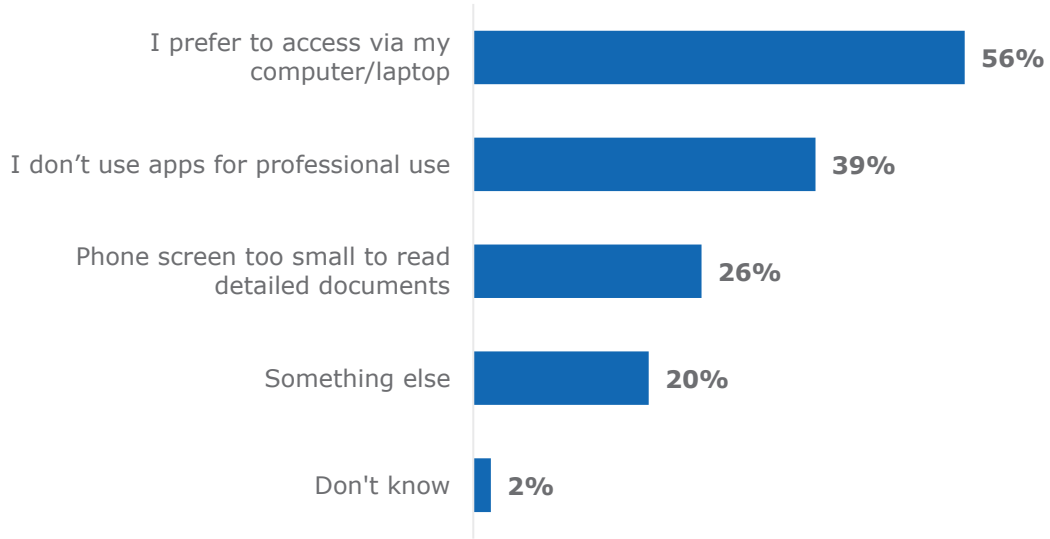
Those selecting 'I wouldn't use a GDC app' increases with age (18-21 year olds 9% vs. 22-30 year olds 14% vs. 31-40 year olds 20% vs. 41-50 year olds 21% vs. 51-60 year olds 28% vs. 61-65 year olds 35% vs. over 65s 39%).

Findings from the interviews conducted before the online survey support the survey results concerning the GDC app. Participants suggested linking CPD logs with Annual Renewal and having alerts put out to notify users of updates to the website. However, participants felt less inclined to read standards and large documents on an app and thought that computers and laptops were better suited for this.

### Reasons why not interested in a GDC app

Those who would not be interested in using a GDC app were asked why not (Figure 38). Over half of all respondents stated that it was because they 'preferred to access information/features via their computer/laptop' (56%).

**Figure 38: Q21b. What are the reasons you wouldn't use a GDC app?**
(Base: all not using GDC app – 629)




Stakeholders more frequently selected 'I prefer to access information via my computer/laptop' (74%).

**Subgroup analysis**

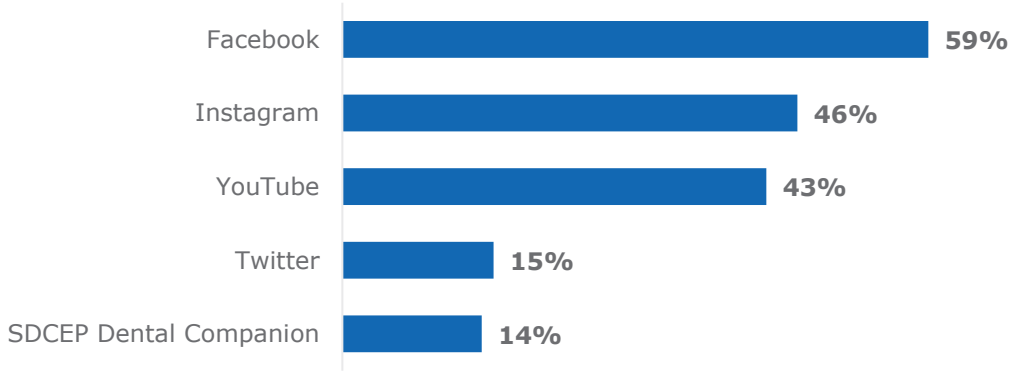
- A preference for accessing information via a computer/laptop was the top reason stated by all age groups for why they would not use a GDC app.
- In general, younger age groups less frequently selected 'I do not use apps for professional use' (18-21 year olds 29% vs. over 65 year olds 52%).
- Older age groups were more likely to say the 'phone screen is too small to read detailed documents', (22–30 year olds 12% vs. over 65s 45%). However, 36% of 18–21 year olds also selected this.

### 3.2.8 General media usage

**Use of media channels**

Respondents were asked which social media platforms they regularly used (Figure 39). Overall, the most used platform was Facebook (59%).

**Figure 39: Q26.Which of the following social media sites or apps do you regularly use?** (Base: all respondents 2,345, top five answers shown)




Differences were apparent by respondent type, however, with students mostly using Instagram (78%) and YouTube (70%). Stakeholders were most likely to use LinkedIn (34%). Stakeholders (32%) and students (31%) were more likely to use Twitter compared to dental professionals (13%).

**Subgroup analysis**

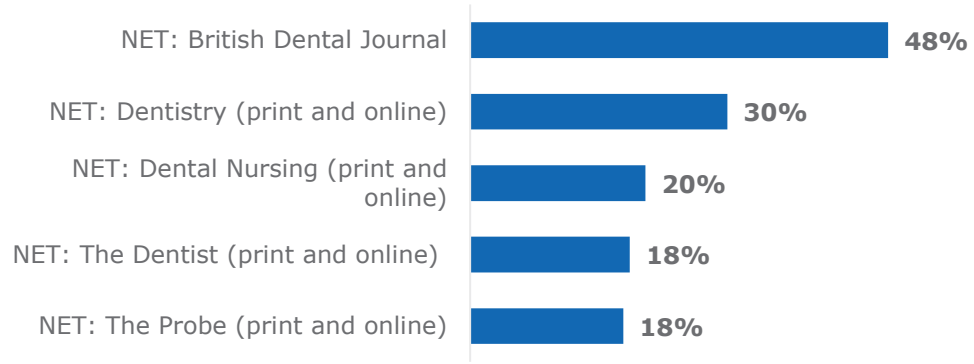
- 18–21 year olds less frequently selected LinkedIn (6%) compared to older age groups (51-60 year olds 18%, 61-65 year olds 13%).
- Instagram usage had the greatest difference across age groups with 82% of 18–21 year olds using this, compared to just 8% of those aged over 65.
- YouTube usage also had a strong link with age, with 18-21 year olds more likely to use than all other age categories (18–21 year olds 72% vs. 61–65 year olds 30%).
- Overall, social media was used more by the younger age categories. NET social media use: **18–21:** 87%, **22–30:** 87%, **31–40:** 79%, **41–50:** 70%, **51–60:** 61%, **61–65:** 54% and **over 65s:** 45%.

During the interviews, stakeholders noted that stories and outcomes around FtP cases were widely shared and commented on in social media (Facebook, Twitter) and messaging applications (e.g. WhatsApp), risking the spread of misinformation and fear.

### Use of news and opinion outlets

Dental professionals (including stakeholders who were also registered dental professionals) were next asked which dental sector news and opinion outlets they regularly use (Figure 40). The 'British Dental Journal' was the most regularly used outlet, with just under half (48%) using it.

**Figure 40: Q27. Which of the following dental sector news and opinion outlets do you regularly use?** (Base: dental professionals and stakeholders who are also registered, 2,027, top five answers shown)




Stakeholders who are also dental professionals were more likely to use 'The British Dental Journal' (79%), compared to dental professionals (48%).

**Table 18: Dental professional role split – dental news/opinion outlets used[27]**

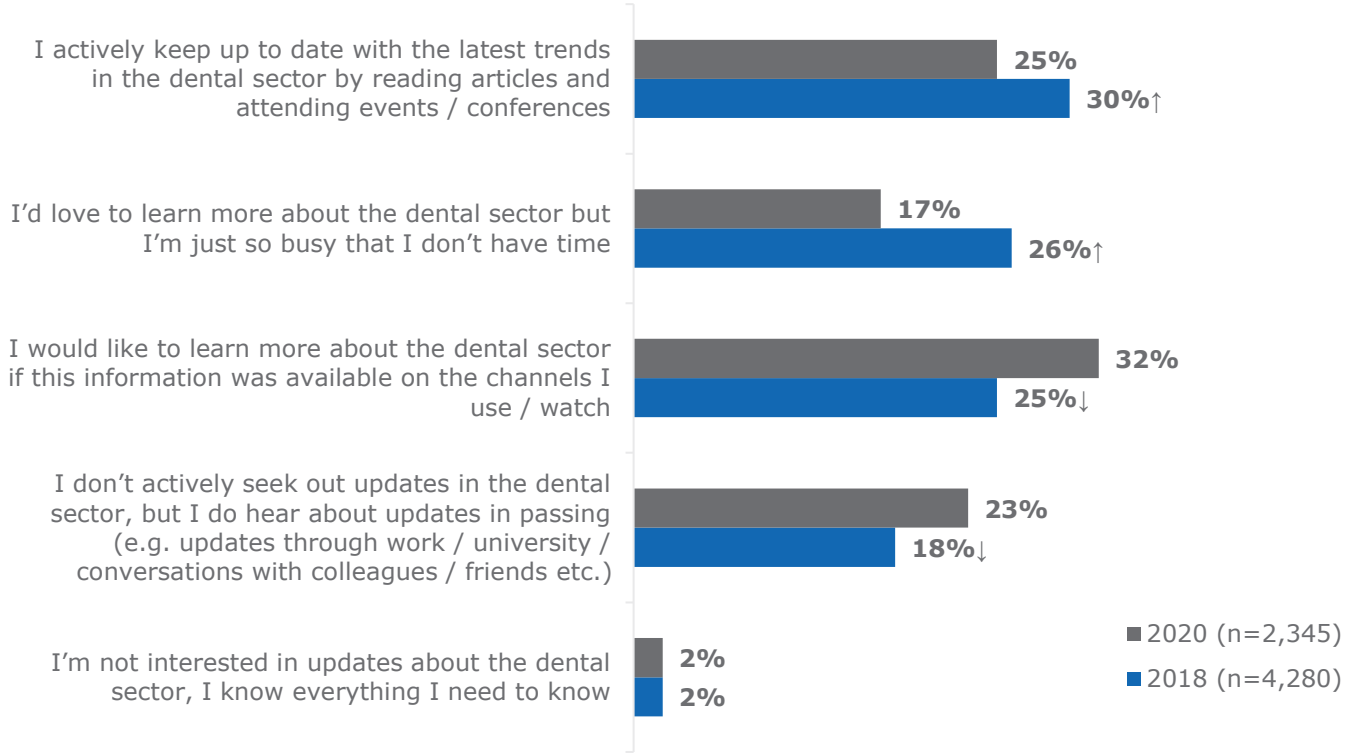
| | Dentist (n=1,218) | Dental Nurse (n=351) | Dental Hygienist (n=155) | Dental Technician (n=98) | Dental Therapist (n=62) |
|---|---|---|---|---|---|
| **NET:** British Dental Journal (print and online) | 62% | 38% | 35% | 10% | 43% |
| **NET:** Dentistry (print and online) | 41% | 17% | 41% | 28% | 44% |
| **NET:** Dental Nursing (print and online) | 0% | 43% | 1% | 0% | 1% |
| **NET:** The Dentist (print and online) | 30% | 9% | 18% | 1% | 12% |
| **NET:** The Probe (print and online) | 18% | 18% | 17% | 0% | 16% |
| **NET:** Scottish Dental Magazine (print and online) | 8% | 3% | 7% | 7% | 5% |

[27] Clinical Dental Technicians and Orthodontic Therapists were excluded from the table due to low base sizes (n=17 and n=9 respectively).

### 3.2.9 Interest in the dental sector

Finally, five statements were presented to each respondent and they were asked to select which they believed best described their views (Figure 41). Overall, the majority of respondents were interested in keeping up to date in some form, with responses varying by audience.

**Figure 41: Q28. Which of the following statements best describes your views?** (Base: all respondents)




**NB:** 2018 vs. 2020 significant differences are shown using arrows next to the 2018 figures. ↑ indicates significantly higher than 2020 and ↓ significantly lower.

Dental professionals would like to 'learn more about the dental sector using channels they already use/watch' (30%) and also 'actively keep up to date with trends in the sector' (27%); the largest proportion of stakeholders (54%) also 'actively keep up to date with dental sector trends'. Just under a half (47%) of students 'would like to learn more about the dental sector through channels they already use/watch'. When looking across the dental professional roles, views were split, mostly across those who 'actively kept up to date with trends' and those who 'would like to learn more about the sector via channels already used'.

## Table 19: Dental professional split – most applicable statement[28]

| | |
|---|---|
| **Dentist** (n=1,218) | I actively keep up to date with the latest trends in the dental sector by reading articles and attending events/conferences (33%) |
| **Dental Nurse** (n=351) | I would like to learn more about the dental sector if this information was available on the channels I use/watch (31%) |
| **Dental Hygienist** (n=155) | I would like to learn more…/I actively keep up to date with the latest trends in the dental sector …. (35%) |
| **Dental Technician** (n=98) | I don't actively seek out updates in the dental sector, but I do hear about updates in passing (e.g. updates through work/ university, conversations with colleagues/friends etc.) (47%) |
| **Dental Therapist** (n=62) | I would like to learn more about the dental sector if this information was available on the channels I use/watch (43%) |

### Subgroup analysis

- There was very little variance in interest in the dental sector by age.
- Those involved with the GDC for over 25 years were more likely to 'actively keep up to date with the latest trends' (49%) than those who had been involved for less than 25 years (15-29%). They were also less likely to say 'I'd love to learn more about the dental sector but I'm just so busy that I don't have time' (8%) compared to those involved for less than 25 years (16-21%).

[28] Clinical Dental Technicians and Orthodontic Therapists were excluded from the table due to low base sizes (n=17 and n=9 respectively).

# 4. Segmentation

As part of the analysis of the online survey, DJS conducted a segmentation (the process of dividing a sample of respondents into segments based on attitudes and behaviours) to help inform how the GDC engages with dental professionals in a more targeted and personalised manner. A total of 1,974 dental professionals were included in the segmentation. The segmentation is an updated version of the segmentation which was undertaken in 2018. There are similarities in the segmentations due to many of the questions being asked in both surveys and the same questions being used for both segmentation exercises.

**The sample was segmented on the basis of responses given to key survey questions including:**

- Current perceptions of the GDC (Q04)
- Respect for the work of the GDC (Q09)
- Belief that the GDC overly penalises dental professionals (Q09)
- The view that the GDC cares about their opinions (Q09)
- Whether they always open emails from the GDC (Q15)
- How often they visit the GDC website (Q16)
- Interest in trends in the dental sector (Q28)

**The segmentation process involved both factor analysis and cluster analysis[29]. The segmentation revealed five different segments:**

- **Active Advocates (18%):** This group of respondents have a positive perception of the GDC, tend to think they are moving in the right direction; they respect the work of the GDC and are less likely to think that they are 'over penalising dental professionals'. They tend to be quite active – keeping up to date with trends in the dental professions, accessing the GDC website and frequently opening and reading email newsletters and other communications.
- **Apathetic Advocates (18%):** Like the above group, this segment is warm to the GDC and tend to respect their work. They think the GDC is fair and listen to the opinions of dental professionals. But unlike the above group, this group tends not to be actively engaged with the GDC. However, a proportion of this group would be open to becoming more actively involved with the GDC if they communicate through preferred channels.
- **Receptive Critics (20%):** This segment has a much lower perception of the GDC compared to the previous segments. They are much more likely to think that the GDC overly penalises dental professionals and are also likely to state that the GDC does not care about their opinions. The majority of this group always open emails/newsletters from the GDC and accesses the website. Over 90% of this group actively keeps up to date with the latest trends.
- **Tech savvy dental workers (19%):** This group also expresses a fairly negative perception of the GDC. They have some interaction with the GDC, either through email or through the website but they tend to say that they would like to know more about the dental sector if this information was available in a channel that suits them.

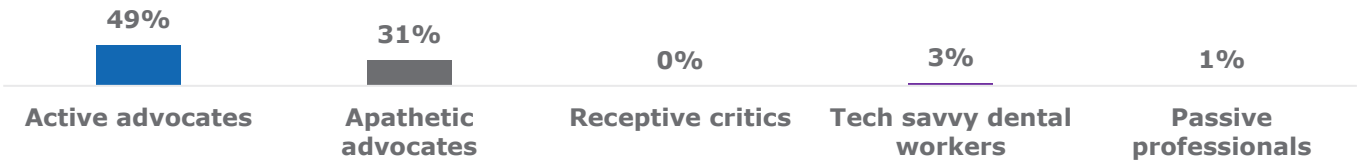
[29] Factor analysis looks at the patterns in the data. Cluster analysis is a statistical technique that groups participants into 'clusters'. Each cluster is a group of relatively homogeneous participants who share common characteristics. They are dissimilar to those outside the cluster.

- **Passive professionals (26%):** The final segment also has a broadly negative perception of the GDC. They have little interaction with the GDC other than opening emails and occasional visits to the website, but they also report a lack of interest in receiving updates.

The following charts illustrate the differences in the views of the five segments, based on weighted dental professional data.

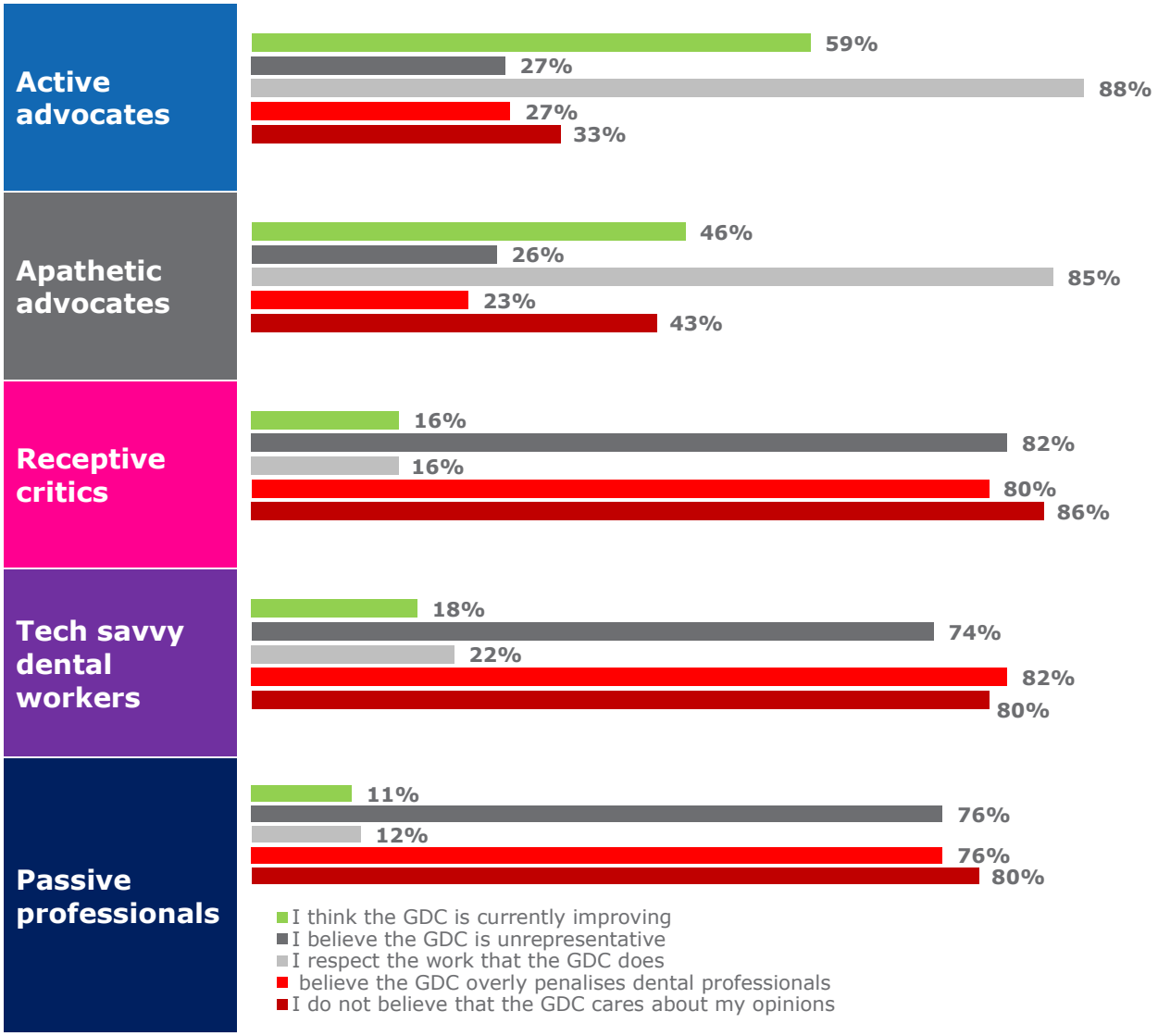
Firstly, perceptions of the GDC are illustrated below (Figure 42), with **Active advocates** being most positive and **Receptive critics** the least positive.

**Figure 42: Perceptions of the GDC by segment** (Q04: NET positive).
(Base: dental professionals n=1,974).



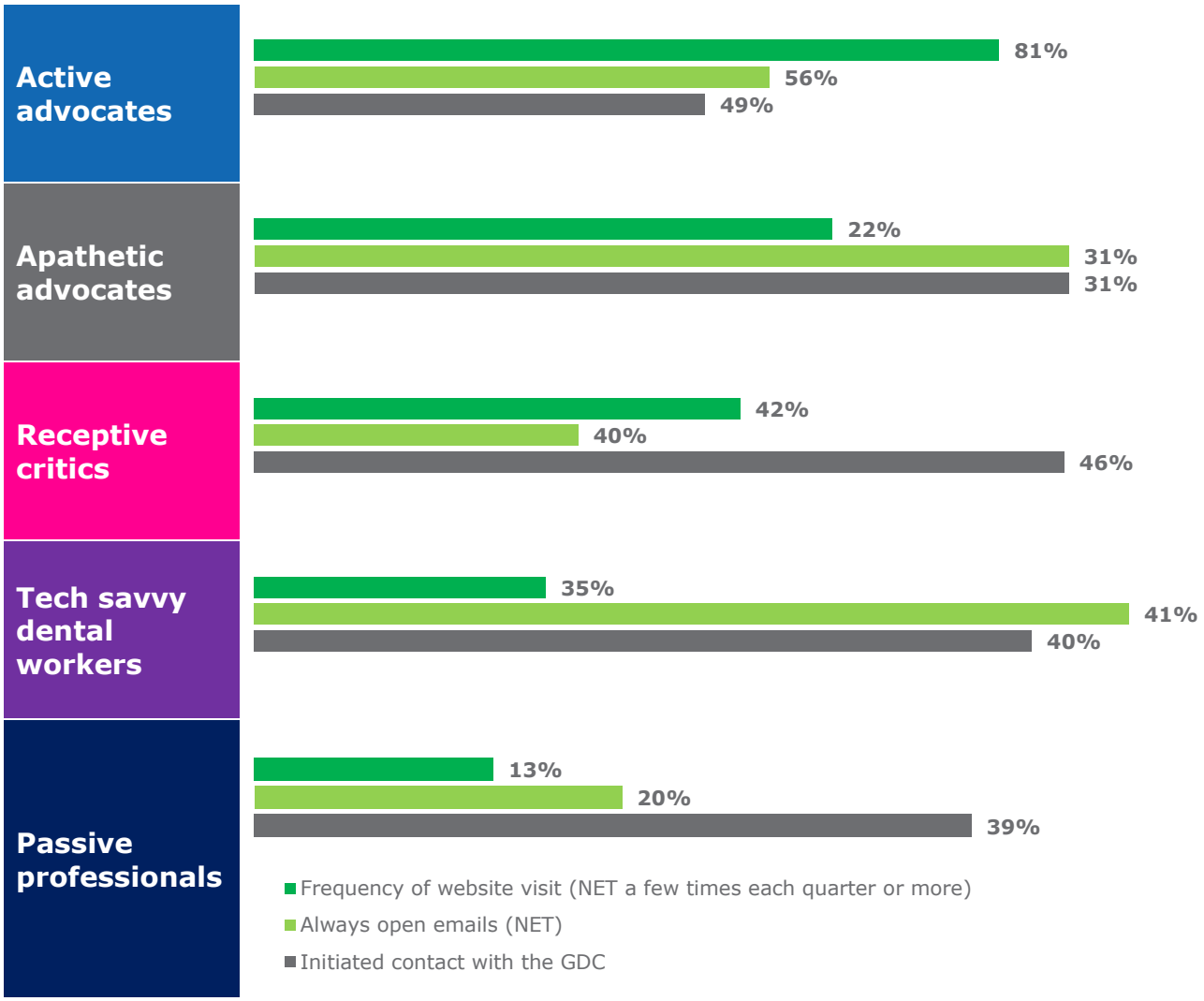

Agreement with several statements from Q09 is shown below (Figure 43) which illustrates some of the commonalities between the segments.

**Figure 43: attitudes towards the GDC by segment** (Q09)
(Base: all dental professionals n=1,974).



Web and email usage and contact with the GDC also differs by segment (Figure 44).

**Figure 44: communications and contact by segment** (Q16, Q15, Q23)
(Base: all dental professionals n=1,974).




There are some demographic factors which are linked with the segment a dental professional falls into, including role, gender and age. However, engagement is the key other factor not shown here (hence similarities between the demographics of some sectors).

**Table 20: Demographic breakdown,** (Base: all dental professionals n=1,974).

| | Female | Under 40 years old | Dentist | Dental Nurse | Aware of GDC for less than five years |
|---|---|---|---|---|---|
| **Active advocate** | 87% | 44% | 21% | 59% | 33% |
| **Apathetic advocates** | 87% | 51% | 16% | 69% | 31% |
| **Receptive critics** | 55% | 35% | 53% | 24% | 15% |
| **Tech savvy dental workers** | 68% | 52% | 46% | 36% | 27% |
| **Passive professionals** | 70% | 48% | 41% | 42% | 23% |

# 5. Conclusions

There are several findings from the research which present opportunities for the GDC to improve engagement with and perceptions among stakeholders, and which suggest areas for further exploration.

### Knowledge and perceptions

Overall, perceptions of the GDC were more negative than positive, with an increase in negative perceptions compared to 2018. Where perceptions were more positive this suggests areas for further consideration. This includes the more positive perceptions held by students. Even among dental professionals who had been registered less than five years, views of the GDC were more negative compared to students. Understanding when and why this shift in opinion is occurring, and how it might be addressed, could help to improve perceptions over time.

In addition to the more positive perceptions of students, stakeholders, who were more aware of the GDC's activities and understood the GDC's functions, generally had a more positive perception of the GDC. There is also an opportunity in relation to the Corporate Strategy. Although awareness of the Corporate Strategy was low overall, it was considerably higher for stakeholders and those who were aware of the Corporate Strategy generally had a positive opinion of the GDC's strategic approach.

A key theme from the research that might be explored further is the perception that the GDC is 'unrepresentative'. The interviews gave additional insight into how participants understood this term. While the perception was linked to the misconception that a function of the GDC is to represent dental professionals, it was also apparent that representativeness includes how well the profession, across different professional roles, is represented within the GDC. For example, there was a perception that the profession was not well-represented in the makeup of the GDC Council and FtP committees.

When asked about the GDC's performance in its four core functions, 'investigating allegations of impaired fitness to practise' was the area where perceptions of the GDC's performance were poorest. Some suggestions for areas of improvement were made in the interviews. These included improving mental health and other support for dental professionals during an FtP case, and more regular communications. It was also suggested that increased awareness of potential FtP issues, and case studies or summaries of FtP investigations, would help to prevent future investigations.

It was also suggested in the interviews that the GDC should look to build upon its remit in some areas, for example by actively promoting the benefits of receiving services from a dental professional, and raising awareness of the illegality of services such as teeth whitening when offered by people who are not registered dental professionals. The GDC could also work more closely with dental professionals on educating rather than investigating.

When asked in the interviews about a change to the GDC name to tackle negative perceptions, participants did not think this would be beneficial. However, it was suggested that a revised tagline may help to inform dental professionals about the GDC. Common suggestions included referring to the 'patient' rather than the 'public' (in line with dental professionals' language).

## Communication

Overall, respondents were satisfied with communications from the GDC, however, there were some areas that came to light, where improvements may be made.

Respondents were less satisfied with 'communications regarding COVID-19' than they were with 'communications in general'. This was true for timing and content. For instance, in relation to COVID-19, interviews highlighted that the situation was unprecedented, but it was suggested that the GDC could publish COVID-19-related guidance more swiftly and clearly rather than signposting to other organisations.

The tone of the letter explaining the decision regarding the ARF during the pandemic was raised in interviews as an area of dissatisfaction. The interviews also suggested room for improvement in communications about FtP.

Email was both the most reported method of contact from the GDC and the most preferred. With some other channels, the preference was higher than the percentage who recalled receiving communications in that way, including 'via the website', 'conferences/events/ workshops', and 'articles in dental journals'. Almost three quarters of those surveyed would use a GDC app, particularly for basic functions, for example, recording CPD hours and paying the ARF.

Lastly, the segmentation exercise gives further insight into perceptions of the GDC and how these relate to different levels of engagement and preferences in terms of communications (both frequency and channel). This will allow the GDC to understand and build on these preferences to address stakeholder perceptions and engagement in future.

# 6. Appendix

## 6.1 Phase 1 discussion guide

| (I) Introduction | 2 mins |
|---|---|
| **Brief explanation of the purpose of the research** | *Moderator to explain the nature of the research*;<br>• I work for a company called DJS Research, we are an independent market research company and today we are working on behalf of the General Dental Council (GDC).<br>• We are speaking to a number of different stakeholders, dental professionals and students in order to understand current perceptions of the GDC. The findings from these initial depths will inform the design of a large-scale quantitative online survey.<br>• *Moderator to reassure respondents about confidentiality/GDPR compliance.*<br>• Feedback will be summarised into a report along with other research, your responses will be anonymous unless agreed otherwise at the end of the interview.<br>• There are no right and wrong answers; we are just interested in your views, opinions and ideas.<br>• *Brief explanation about audio recording information* – we may use anonymised quotes in our report to illustrate the research findings, but these will not be attributed to you personally. |
| **Introductions** | *Moderator to invite respondent to introduce themselves*;<br>**DENTAL PROFESSIONALS/STAKEHOLDERS**<br>• Please tell me about your role, place of work and length of time in that role.<br>  ○ *For DPs also ask:* How big is the practice that you work in? Is it private, NHS or mix of both?<br>**STUDENTS**<br>• Please tell me about the role you are studying for, and what year of your studies you are in?<br>• Can you explain briefly how your profession/studies have been impacted by the COVID-19 pandemic?<br>[***MODERATOR***: Most of the questions in this interview are general, with specific questions around COVID. Aside from the COVID specific questions, please answer generally and not in relation to COVID-19. I will ask you at the end if there is anything in relation to COVID-19 that has not been covered which you would like to add] |

| (II) Relationship and perceptions with the GDC | 10 mins |
|---|---|
| **Relationship / interactions with the GDC** | **(Stakeholders)**<br>• When did you first come across the GDC? How did your relationship with the GDC start?<br>• What sort of relationship do you have with the GDC?<br>• How long have you been involved with the GDC?<br><br>**(Dental professionals)**<br>• When did you first register with the GDC?<br>• Since registration, what kind of interactions have you had with the GDC? *Moderator – cover interactions briefly here as covered in more detail later*<br><br>**(Students)**<br>• How did you become aware of the GDC?<br>  ○ Who or what made you aware of the GDC?<br>What do you know about the GDC? |
| **Perceptions of the GDC** | Ok so next moving on to understanding your perceptions of the GDC.<br>• What are your perceptions of the GDC at present?<br>  ○ What has influenced your opinions/perceptions of the GDC?<br>  ○ If not covered probe on:<br>  ▪ Personal experiences?<br>  ▪ Views or experiences of others who are known to me **[MODERATOR PROBE FOR WHO?]**<br>  ▪ Views or experiences I have read about **[MODERATOR PROBE FOR WHERE?]**<br>• To what extent do you agree that the GDC is:<br>  ○ Respectful<br>  ○ Professional<br>  ○ Proportionate<br>  ○ Agile<br>  ○ Targeted<br>  ○ Consistent<br>  ○ Accountable<br>• Previous research has highlighted some negative associations with the GDC. Why do you think this is the case?<br>• How could the GDC can change these perceptions of them?<br>[**MODERATOR**: Allow unprompted response, then prompt for]:<br>  ○ Re-brand: New name<br>  ○ Re-brand: New tagline/description<br>Something else? |

| (III) Remit of the GDC | 10 mins |
|---|---|

**Remit of the GDC**

Ok so next we'll look at the role and remit of the GDC in more detail.

Let's start off with the first of the core functions, 'setting the standards in education'.

- From your perspective how does the GDC perform on this? Why do you think that?

And continuing to think about 'setting the standards in education', how well do you think the GDC performs in terms of the following and why?

- Setting learning outcomes
- Quality assuring dental education and training
- Promoting professionalism with students

Moving on to another function, 'setting and promoting professional standards (including Continued Professional Development)'.

- From your perspective how does the GDC perform on this? Why do you think that?

And continuing to think about 'setting and promoting professional standards', how well do you think the GDC performs in terms of the following and why?

- Access and understanding of Standards for the Dental Team
- Providing guidance to dental professionals on standards
- Setting standards or giving guidance for new or emerging practice
- Investigations of illegal practice in the UK
- Promoting professionalism with dental professionals

**ASK DENTAL PROFESSIONALS AND STAKEHOLDERS ONLY**

Moving onto the third core function **'investigating allegations of impaired fitness to practise'.**

- From your perspective how does the GDC perform on this? Why do you think that?

And continuing to think about 'investigating allegations of impaired fitness to practise, how well do you think the GDC performs in terms of the following and why?

- Managing fitness to practise casework
- Facilitation of fitness to practise hearings
- Reporting of fitness to practise outcomes or learning

Moving on to the last core function, **'maintaining a register of dentists and dental care professionals and checking they meet the requirements to be on the register'.**

- From your perspective how does the GDC perform on this? Why do you think that?

And continuing to think about 'maintaining a register of dentists and dental care professionals', how well do you think the GDC performs in terms of the following and why?

- Processing applications to the Registers
- Completing the Annual Renewal process
- Management of CPD for dental professionals

| (IV) Interaction with the GDC and areas for improvement | 10 mins |
|---|---|

**Comms from GDC**

Let's move on now to look at communications from the GDC.
Talking firstly in general (pre COVID-19) …?

**STAKEHOLDERS/DENTAL PROFESSIONALS ONLY**

- What sort of communications do you receive from GDC?
  - How satisfied are you with how the GDC communicates with you? Why?
- What, if anything, could be improved about the way the GDC communicates with you?
- Are there any other ways that you would like GDC to communicate with you?
- Would you use a GDC app? Why/why not?
  - If yes: What content would you like to see in a GDC app?

And thinking now about information you may have sought since the COVID-19 pandemic…

- What sort of information did you look for/access from GDC regarding COVID-19?
- Was this information:
  - Signposting you to government/CDO guidance?
  - Guidance specific to GDC functions (e.g. education, CPD, FtP).
- How satisfied are you with this communication via each channel? Why?
- How frequently has the GDC interacted with you during COVID-19? How do you feel about the frequency of contact? Why? Is it what you'd expect?
- What, if anything, could be improved about the way the GDC communicates with you regarding COVID-19?

**STUDENTS ONLY**

- Have you sought information from the GDC?

  If yes:
  - What information have you sought and why?
  - Where did you go to get this information?

    [MODERATOR: If information requested from GDC]:
    - Did you receive the information you wanted?
    - Was it sent in a timely manner?

      [MODERATOR: If information was self-sourced}:
      - Were you able to find the information required?
      - Was it easy to access? Why/why not?

      If no:
      - Have you been on the GDC website?

And thinking now about information you may have requested or sought since the COVID-19 pandemic…

| | |
|---|---|
| | • Have you sought any information from the GDC since COVID-19?<br>If yes:<br>○ What information have you sought and why?<br>○ Where did you go to get this information?<br>[MODERATOR: If information requested from GDC]:<br>○ Did you receive the information you wanted?<br>○ Was it sent in a timely manner?<br>[MODERATOR: If information was self-sourced}:<br>○ Were you able to find the information required?<br>○ Was it easy to access? Why/why not?<br>• If no:<br>○ Did you seek information from elsewhere? Why/why not? |

| **(V) Areas for improvement and close** | **8 mins** |
|---|---|
| **Areas for improvement** | Moving on to the final section now.<br>• In your opinion, what would you say are the main areas that the GDC can improve upon? Why do you say that?<br>○ *Moderator to probe on any areas mentioned throughout rest of interview to understand which areas are of highest importance.*<br>• How could the GDC enhance opinion amongst stakeholders and dental professionals on the way in which it delivers its regulatory objectives? Why do you say that?<br>What other types of information would you like to receive from the GDC? |
| **Thank and close** | • Is there anything else you would like to add to the topics that we have covered today?<br>• Do you have any other advice for the GDC in regards to improving perceptions of the organisation?<br>• Based on what we have discussed today, are you happy for your responses to be attributed to yourself, or would you prefer to remain anonymous?<br>Thank you very much for your time today. We may be in contact again soon about participation in the online survey. |

## 6.2 Phase 2 online survey questionnaire

**Questionnaire: Stakeholder Perceptions Research**

| | |
|---|---|
| **Client name:** | **General Dental Council** |
| **Project name:** | Stakeholder Perceptions Research |
| **Job number:** | 7397 |
| **Methodology:** | Online |
| **Version** | 4 |

**Notes on this document**

- Instructions in **CAPS** are for computer programming
- **Bold** or underlined words are for emphasis within a question
- Different question types have different numbers:
  - Screener questions are labelled S01, S02, S03 etc.
  - Main survey questions are labelled Q01, Q02, Q03 etc.
  - Number codes are included on each question for data processing purposes

## Section A: Introduction

The General Dental Council (GDC) is the UK regulator of dental professionals. The GDC has commissioned DJS Research, an independent market research company, to carry out a survey to understand your views and perceptions of them and why you hold those views. This will help the GDC to improve the way in which they communicate and engage with you in the future.

The survey will take around 20 minutes and we'd really appreciate your input. **<STUDENTS>** As a thank you for taking part in the survey you will be asked if you would like to be entered into a prize draw, with first prize being a £50 One4All gift card and second prize being a £25 One4All gift card. You do not have to enter the prize draw to complete the survey. For more information, please visit https://www.one4all.com/

To navigate through the survey, please use the grey 'next' and 'back' buttons at the bottom of the screen. Please do not use the navigation buttons or refresh in your internet browser, as this may cause issues with completing the survey. The survey must be completed in one go.

DJS Research abides by the Market Research Society Code of Conduct which means that all of your responses will remain confidential and will not be attributed to you personally. Your details will be stored securely and will not be passed to any third parties. All details will be automatically deleted after 6 months. The MRS Code of Conduct can be accessed here https://www.mrs.org.uk/pdf/MRS-Code-of-Conduct-2019.pdf

### QUOTAS

| AUDIENCE | QUOTA LIMIT | TAKEN FROM WHERE? |
|---|---|---|
| Students | As many completes as possible | Email to be sent to GDC to circulate |
| Stakeholders | As many completes as possible | Email to be sent to GDC to circulate |
| Dentist/Dental Professionals | As many completes as possible (monitoring quotas for weighting) | Email to be sent to GDC to circulate |

### MONITORING QUOTAS

| AUDIENCE | QUOTA LIMIT | TAKEN FROM WHERE? |
|---|---|---|
| Gender | Male | S02/2 |
| | Female | S02/1 |
| Age | 18-21 | S03/1 |
| | 22-30 | S03/2 |
| | 31-40 | S03/3 |
| | 41-50 | S03/4 |
| | 51-60 | S03/5 |
| | 61-65 | S03/6 |
| | Over 65 | S03/7 |
| Country/Region | England | S04/1 OR S05a/1 OR S05c/1 |
| | Scotland | S04/2 OR S05a/2 OR S05c/2 |
| | Wales | S04/3 OR S05a/3 OR S05c/3 |
| | Northern Ireland | S04/4 OR S05a/4 OR S05c/4 |
| | Channel Islands | S04/5 OR S05a/5 OR S05c/5 |
| | International | S04/80 |

## Section B: Screening

Thank you for taking part in this survey. Before the survey starts, we have a few screening questions.

**S01.**

**BASE: ALL**

Which sex were you **assigned at birth**?

*Please select **one** answer only*

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Female | | **CONTINUE** |
| 2 | Male | | **CONTINUE** |
| 3 | Intersex | | **CONTINUE** |
| 86 | Prefer not to say | | **CONTINUE** |

**S02.**

**BASE: ALL**

Which gender do **you most identify with**?

*Please select **one** answer only*

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Female | **MONITORING QUOTAS** | **CONTINUE** |
| 2 | Male | **MONITORING QUOTAS** | **CONTINUE** |
| 80 | Other *(please specify)* | **OPEN RESPONSE** | **CONTINUE** |
| 86 | Prefer not to say | | **CONTINUE** |

**S03.**

**BASE: ALL**

Which of the following age bands do you fall into?

*Please select **one** answer only*

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | 18-21 | | **CONTINUE** |
| 2 | 22-30 | | **CONTINUE** |
| 3 | 31-40 | | **CONTINUE** |
| 4 | 41-50 | | **CONTINUE** |
| 5 | 51-60 | | **CONTINUE** |
| 6 | 61-65 | | **CONTINUE** |
| 7 | 65+ | | **CONTINUE** |
| 86 | Prefer not to say | | **CONTINUE** |

**S04.**

**BASE: STUDENTS**

Where are you currently studying?

*Please select **one** answer only*

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | England | **MONITORING QUOTAS** | **CONTINUE** |
| 2 | Scotland | **MONITORING QUOTAS** | **CONTINUE** |
| 3 | Wales | **MONITORING QUOTAS** | **CONTINUE** |
| 4 | Northern Ireland | **MONITORING QUOTAS** | **CONTINUE** |
| 5 | Channel Islands | **MONITORING QUOTAS** | **CONTINUE** |
| 80 | Other *(please specify)* | **CODE AS INTERNATIONAL – FIXED, MONITORING QUOTA** | **CONTINUE** |
| 86 | Prefer not to say | **FIXED** | **CONTINUE** |

**S05a.**

**BASE: DENTAL PROFESSIONALS**

Please let us know where you most commonly work using the options below.

*Please select **one** answer only*

**MULTICODE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | England | | **CONTINUE** |
| 2 | Scotland | | **CONTINUE** |
| 3 | Wales | | **CONTINUE** |
| 4 | Northern Ireland | | **CONTINUE** |
| 5 | Channel Islands | | **CONTINUE** |
| 86 | Prefer not to say | | **CONTINUE** |

**S05b.**

**BASE: DENTAL PROFESSIONALS**

Please let us know where you most commonly work by entering the first section (two, three or four characters) of your work postcode in the box below.

*This will allow us to analyse responses at a regional level. It will NOT be used to identify anyone individually.*

**OPEN RESPONSE**

**DP NOTE: ERROR MESSAGE IF ENTER LESS THAN 2 CHARACTERS.**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 86 | Prefer not to say | EXCLUSIVE | **CONTINUE** |

**S05c.**

**BASE: STAKEHOLDERS**

Which of the following does your organisation represent?

*Please select **one** answer only*

**MULTICODE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | England | **MONITORING QUOTAS** | **CONTINUE** |
| 2 | Scotland | **MONITORING QUOTAS** | **CONTINUE** |
| 3 | Wales | **MONITORING QUOTAS** | **CONTINUE** |
| 4 | Northern Ireland | **MONITORING QUOTAS** | **CONTINUE** |
| 5 | Channel Islands | **MONITORING QUOTAS** | **CONTINUE** |
| 6 | All of the UK | **MONITORING QUOTAS** | **CONTINUE** |
| 80 | Other *(please specify)* | **TEXT RESPONSE** | **CONTINUE** |
| 86 | Prefer not to say | **FIXED** | **CONTINUE** |

**S06a.**

**BASE: DENTAL PROFESSIONALS**

Which of the following best describes your current role? If you have dual registration, please select both roles.

**MULTI RESPONSE UP TO TWO, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Clinical dental technician | **MONITORING QUOTAS** | **CONTINUE** |
| 2 | Dental hygienist | **MONITORING QUOTAS** | **CONTINUE** |
| 3 | Dental nurse | **MONITORING QUOTAS** | **CONTINUE** |
| 4 | Dental technician | **MONITORING QUOTAS** | **CONTINUE** |
| 5 | Dental therapist | **MONITORING QUOTAS** | **CONTINUE** |
| 6 | Dentist | **MONITORING QUOTAS** | **CONTINUE** |
| 7 | Orthodontic therapist | **MONITORING QUOTAS** | **CONTINUE** |
| 80 | Other *(please specify)* | **OPEN** | **CONTINUE** |
| 86 | Prefer not to say | **EXCLUSIVE** | **CONTINUE** |

**S06b.**

**BASE: STAKEHOLDERS**

Which of the following best describes the type of organisation that you work for?
Please rest assured that your answers will be reported at an aggregate-level and nothing will be personally attributed to you or your place of work.

*Please select **one** answer only*

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Corporate Providers of Dental Care<br>e.g. Bupa Dental, Dental Care Group, Smile Together, My Dentist, Practice plan | | **CONTINUE** |
| 2 | Dental Schools or Dental Schools Council/Education providers or academics<br>e.g. University of Manchester, UCLan, University of Edinburgh, Dental Schools Council/Health Education Scotland, HEE North West, Dental Mentors UK, The Faculty of Dental Practice etc. | | **CONTINUE** |

| | | | |
|---|---|---|---|
| 3 | Government officials<br>e.g. Scottish Government, Welsh Government, DHSSPS etc. | | **CONTINUE** |
| 4 | Health Professional Regulators/ Public Service Ombudsman<br>e.g. PSA, GMC, Nursing and Midwifery Council, General Osteopathy council, etc. | | **CONTINUE** |
| 5 | Indemnifiers<br>e.g. DDU, MDU, MDDUS etc. | | **CONTINUE** |
| 6 | NHS Health boards, commissioners and agencies<br>e.g. NHS Business Services Authority, NHS England, NHS National Services Scotland, Local Health Boards (e.g. Aneurin Bevan University Health Board) etc. | | **CONTINUE** |
| 7 | Patient groups/charities<br>e.g. Oral Health Foundation, Age UK, HealthWatch, National Voices etc. | | **CONTINUE** |
| 8 | Professional Associations<br>e.g. British Dental Industry Association, BDA, BAOMS, Local Dental Committees, etc. | | **CONTINUE** |
| 9 | System Regulators<br>e.g. CQC, HIS, HIW, RQIA, PHSO, Medicine and Healthcare Products Regulatory Agency | | **CONTINUE** |
| 80 | Other *(please specify)* | **OPEN – FIXED, EXCLUSIVE** | **CONTINUE** |
| 86 | Prefer not to say | **FIXED - EXCLUSIVE** | **CONTINUE** |

**S06c.**

**BASE: STAKEHOLDERS**

Are you also a registered dental professional?

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Yes | | **CONTINUE** |
| 2 | No | | **CONTINUE** |
| 86 | Prefer not to say | | **CONTINUE** |

**S06d.**

**BASE: STUDENTS**

Which of the following best describes the role you are studying or training for?

*Please select **one** answer only*

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Clinical dental technician | | **CONTINUE** |
| 2 | Dental hygienist | | **CONTINUE** |
| 3 | Dental nurse | | **CONTINUE** |
| 4 | Dental therapist | | **CONTINUE** |
| 5 | Dental technician | | **CONTINUE** |

| | | | |
|---|---|---|---|
| 6 | Dentist | | **CONTINUE** |
| 7 | Orthodontic therapist | | **CONTINUE** |
| 80 | Other *(please specify)* | **OPEN** | **CONTINUE** |
| 86 | Prefer not to say | | **CONTINUE** |

**S07a.**

**BASE: CLINICAL DENTAL TECHNICIANS, HYGIENISTS, NURSE, THERAPISTS AND TECHNICIANS (S06d_1,2,3,4,5,7, 80 and 86)**

Are you in your final year of training?

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Yes | | **CONTINUE** |
| 2 | No | | **CONTINUE** |
| 86 | Prefer not to say | | **CONTINUE** |

**S07b.**

**BASE: DENTISTS (S06d_6)**

Which year are you in at university?

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | First year | | **CONTINUE** |
| 2 | Second year | | **CONTINUE** |
| 3 | Third year | | **CONTINUE** |
| 4 | Fourth year | | **CONTINUE** |
| 5 | Fifth year | | **CONTINUE** |
| 80 | Other *(please specify)* | **OPEN** | **CONTINUE** |
| 86 | Prefer not to say | | **CONTINUE** |

**INFO1.**

**DP NOTE: CLOSING SCREEN TEXT IF PARTICIPANT DOES NOT QUALIFY:**

Thank you for your time. Today we're looking for certain types of people to answer our survey and unfortunately on this occasion, you do not qualify for the research. We apologise for any inconvenience caused. Please click the 'Finish Survey' button.

## Section C: Stakeholder research

**Q01.**

**BASE: ALL**

When did you **<STUDENTS>** first come across/hear about **<STAKEHOLDERS>** first become involved with **<DENTAL PROFESSIONALS>** first register with **<ALL>** the GDC?

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Less than 1 year ago | | |
| 2 | 1-5 years ago | | |

| | | | |
|---|---|---|---|
| 3 | 6-10 years ago | | |
| 4 | 11-15 years ago | | |
| 5 | 16-20 years ago | | |
| 6 | 21-25 years ago | | |
| 7 | 26-30 years ago | | |
| 8 | Over 30 years | | |
| 9 | I haven't heard of the GDC until now | **STUDENTS ONLY** | **Thank and close** |
| 85 | Don't know/can't remember | **EXCLUSIVE** | |

**Q02.**

**BASE: ALL**

Which of the following words do you associate with the GDC?

*Please select up to three words*

**MULTI RESPONSE UP TO 3, RANDOMISE**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Helpful | | |
| 2 | Supportive | | |
| 3 | Knowledgeable | | |
| 4 | Unrepresentative | | |
| 5 | Aggressive | | |
| 6 | Defensive | | |
| 7 | Fear | | |
| 85 | I don't know enough about the GDC to comment | **EXCLUSIVE - FIXED** | |

**Q03.**

**BASE: ALL**

To what extent do you agree that the GDC is:

**SINGLE GRID QUESTION, RANDOMISE ROWS, ORDERED COLUMNS**

| Code | Answer list – COLUMNS | Scripting notes | Routing |
|---|---|---|---|
| 1 | Strongly disagree | | |
| 2 | Slightly disagree | | |
| 3 | Neither | | |
| 4 | Slightly agree | | |
| 5 | Strongly agree | | |
| 85 | Don't know | **EXCLUSIVE** | |

| Code | Answer list – ROWS | Scripting notes | Routing |
|---|---|---|---|
| 1 | Fair | | |
| 2 | Transparent | | |
| 3 | Responsive | | |
| 4 | Respectful | | |
| 5 | Professional | | |
| 6 | Targeted | | |
| 7 | Efficient | | |
| 8 | Agile | | |
| 9 | Relevant | | |
| 10 | Effective | | |

| | | | |
|---|---|---|---|
| 11 | Proportionate | | |
| 12 | Consistent | | |
| 13 | Accountable | | |

**Q04a.**

**BASE: ALL**

What are your perceptions of the GDC at present?

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Very negative | | |
| 2 | Fairly negative | | |
| 3 | Neutral | | |
| 4 | Fairly positive | | |
| 5 | Very positive | | |
| 85 | Don't know | **EXCLUSIVE** | |

**Q04b.**

**BASE: ALL**

Out of the following, what three things have been most influential in shaping your perceptions of the GDC?

*Please select up to three options*

**MULTI RESPONSE UP TO 3, RANDOMISE**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Direct contact with the GDC | | |
| 2 | Experiences of colleagues/friends | | |
| 3 | Publications/articles in journals and newspapers *(please specify)* | **OPEN** | |
| 4 | Articles online | | |
| 5 | Comments on social media | | |
| 6 | Opinions of key outspoken professionals | | |
| 7 | Opinions of trade unions | | |
| 8 | Opinions of professional bodies | | |
| 9 | Opinions of tutors/professors | | |
| 10 | The way I've been treated by the GDC | | |
| 11 | The GDC website | | |
| 12 | GDC response to COVID-19 | | |
| 80 | Other *(please specify)* | **OPEN - FIXED** | |
| 87 | None of the above | **EXCLUSIVE FIXED** | |
| 85 | Don't know | **EXCLUSIVE - FIXED** | |

**Q05.**

**BASE: ALL**

Which of the following do you consider to be functions of the GDC?

*Please select as many as you feel apply*

**MULTI RESPONSE, RANDOMISE**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Sets the standards in education | | |
| 2 | Maintains registers of dental professionals, and checks they meet requirements | | |
| 3 | Sets and promotes professional standards | | |
| 4 | Investigates concerns about impaired fitness to practise | | |
| 5 | Sets the NHS fee levels for dental treatment | | |
| 6 | Inspects dental surgeries and clinics | | |
| 7 | Represents the interests of dental professionals | | |
| 8 | Sets clinical standards | | |
| 9 | Workforce planning (ensuring enough dental professionals for patients) | | |
| 85 | Don't know | **EXCLUSIVE – FIXED** | |

**Q06.**

**BASE: ALL**

How does the GDC **currently** perform in the following core areas? **SINGLE GRID QUESTION, RANDOMISE SECTION (EDUCATION, STANDARD, FTP, AND REGISTER, AND ATTRIBUTES WITHIN EACH SECTION), ORDERED COLUMNS, SINGLE RESPONSE PER ROW**

| Code | Answer list – COLUMNS | Scripting notes | Routing |
|---|---|---|---|
| 1 | Not at all well | | |
| 2 | Not very well | | |
| 3 | Quite well | | |
| 4 | Very well | | |
| 85 | Don't know | **EXCLUSIVE** | |

| Code | Answer list – ROWS | Scripting notes | Routing |
|---|---|---|---|
| | **Setting standards in education** | | |
| 1 | Setting learning outcomes | **RANDOMISE WITHIN SECTION** | |
| 2 | Quality assuring dental education and training | **RANDOMISE WITHIN SECTION** | |
| 3 | Promoting professionalism with students | **RANDOMISE WITHIN SECTION** | **SHOW STUDENTS ONLY** |
| | **Setting and promoting professional standards including continued professional development (CPD)** | | |

| | | | |
|---|---|---|---|
| 4 | Setting Standards for the Dental Team | **RANDOMISE WITHIN SECTION** | |
| 5 | Providing guidance on Standards to dental professionals | **RANDOMISE WITHIN SECTION** | |
| 6 | Setting Standards for new or emerging practice | **RANDOMISE WITHIN SECTION** | |
| 7 | Investigating illegal practice in the UK | **RANDOMISE WITHIN SECTION** | |
| 8 | Promoting professionalism with dental professionals | **RANDOMISE WITHIN SECTION** | **SHOW STAKEHOLDERS DENTAL PROFESSIONALS ONLY** |
| | **Investigating allegations of impaired fitness to practise** | | |
| 9 | Investigating concerns about dental professionals' fitness to practise | **RANDOMISE WITHIN SECTION** | **SHOW STAKEHOLDERS &DENTAL PROFESSIONALS ONLY** |
| 10 | Facilitation of fitness to practise hearings | **RANDOMISE WITHIN SECTION** | **SHOW STAKEHOLDERS &DENTAL PROFESSIONALS ONLY** |
| 11 | Reporting of fitness to practise outcomes | **RANDOMISE WITHIN SECTION** | **SHOW STAKEHOLDERS &DENTAL PROFESSIONALS ONLY** |
| | **Maintaining the register of dentists and dental care professionals, and checking they meet the requirements to be on the register** | | |
| 12 | Processing applications to the Registers | **RANDOMISE WITHIN SECTION** | **SHOW STAKEHOLDERS &DENTAL PROFESSIONALS ONLY** |
| 13 | Completing the Annual Renewal process | **RANDOMISE WITHIN SECTION** | **SHOW STAKEHOLDERS &DENTAL PROFESSIONALS ONLY** |
| 14 | Monitoring dental professionals' CPD completion at cycle end (5 year cycle) | **RANDOMISE WITHIN SECTION** | **SHOW STAKEHOLDERS &DENTAL PROFESSIONALS ONLY** |

**Q07.**

**BASE: ALL**

Are you aware of the GDC's new Corporate Strategy 2020-2022 'Right Time. Right Place. Right Touch', published in 2019?

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Yes | | |
| 2 | No | | |

**Q08.**

**BASE: ALL**

The GDC's new approach to strategy development seeks to make the relationship between its regulatory activity and the fees it charges more visible.
**Right time'**, illustrates the focus on developing the GDC's approach to upstream regulation. **'Right place'**, reflects the work to support complaint and concern resolution by the correct organisation and to promote local complaint resolution, wherever possible.
**'Right touch'**, highlights the commitment to ensuring the GDC's enforcement activity and decision-making is evidence based and proportionate.

What are your opinions of the GDC's new approach to strategy development?'

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Very negative | | |
| 2 | Fairly negative | | |
| 3 | Neutral | | |
| 4 | Fairly positive | | |
| 5 | Very positive | | |
| 6 | I don't know enough about it to comment | | |
| 85 | Don't know | **EXCLUSIVE** | |

**Q09.**

**BASE: ALL**

To what extent do you agree or disagree with each of the following statements?

**SINGLE GRID, RANDOMISE ROWS, ORDERED COLUMNS**

| Code | Answer list – COLUMNS | Scripting notes | Routing |
|---|---|---|---|
| 1 | Strongly disagree | | |
| 2 | Slightly disagree | | |
| 3 | Neither | | |
| 4 | Slightly agree | | |
| 5 | Strongly agree | | |
| 85 | Don't know | **EXCLUSIVE** | |

| Code | Answer list - ROWS | Scripting notes | Routing |
|---|---|---|---|
| 1 | I respect the work that the GDC does | | |
| 2 | I believe the GDC overly penalises dental professionals | | |
| 3 | I think the GDC is currently improving | | |
| 4 | I believe the GDC is unrepresentative | | |
| 5 | I do not believe that the GDC cares about my opinions | | |

## Section D: Communications section

**Q10.**

**BASE: ALL**

Next, we'll be looking at the communication channels between yourself and the GDC. Which of the following types of communications do you currently receive from the GDC?

*Please select as many as you feel apply*

**MULTI RESPONSE, RANDOMISE**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Regular newsletter | | |
| 2 | Enhanced CPD guidance and information | | |
| 3 | Inspection information | | |
| 4 | Registration or Annual Renewal Fees and indemnity requirements | | |
| 5 | Hearing/FtP outcomes | | |
| 80 | Other *(please specify)* | **OPEN - FIXED** | |
| 87 | None of the above | **EXCLUSIVE - FIXED** | |
| 85 | Don't know | **EXCLUSIVE - FIXED** | |

**Q11.**

**BASE: ALL WHO RECEIVE INFORMATION FROM THE GDC (Q10_1-5, 80)**

How useful do you find each of these types of communication from the GDC?

**SINGLE GRID QUESTION, RANDOMISE ROWS, ORDERED COLUMNS, SINGLE RESPONSE PER ROW**

| Code | Answer list – COLUMNS | Scripting notes | Routing |
|---|---|---|---|
| 1 | Not at all useful | | |
| 2 | Not very useful | | |
| 3 | Fairly useful | | |
| 4 | Very useful | | |
| 85 | Don't know | | |

| Code | Answer list – ROWS | Scripting notes | Routing |
|---|---|---|---|
| 1 | Regular newsletter | **SHOW IF Q10_1 SELECTED** | |
| 2 | Training, eCPD and educational updates | **SHOW IF Q10_2 SELECTED** | |
| 3 | Inspection information | **SHOW IF Q10_3 SELECTED** | |
| 4 | Fee information and updates | **SHOW IF Q10_4 SELECTED** | |
| 5 | Hearing/FtP outcomes | **SHOW IF Q10_5 SELECTED** | |
| 80 | **<PULL THROUGH TEXT FROM Q10_80>** | **SHOW IF OPEN END TEXT ENTERED AT Q10_80** | |

**Q12.**

**BASE: ALL**

How do you typically receive information from or about the GDC?

*Please select as many as you feel apply*

**MULTI RESPONSE, RANDOMISE**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Via email | | |
| 2 | Via the GDC website | | |
| 3 | LinkedIn | **KEEP WITH CODES 4-5** | |
| 4 | Facebook | **KEEP WITH CODES 3,5** | |
| 5 | Twitter | **KEEP WITH CODES 3-4** | |
| 6 | Via conferences/events/workshops | | |
| 7 | Via articles in dental journals/magazines/news websites | | |
| 8 | Via letters/through the post | | |
| 9 | Through face-to-face meetings (prior to COVID-19) | | |
| 10 | Via online meetings/webinars | | |
| 11 | Via SMS | | |
| 80 | Other *(please specify)* | **OPEN - FIXED** | |
| 87 | None of the above | **EXCLUSIVE - FIXED** | |
| 85 | Don't know | **EXCLUSIVE - FIXED** | |

**Q13.**

**BASE: ALL**

Please rate your preference for receiving information via each of the following:

**SINGLE GRID QUESTION, RANDOMISE ROWS, ORDERED COLUMNS, SINGLE RESPONSE PER ROW**

| Code | Answer list – COLUMNS | Scripting notes | Routing |
|---|---|---|---|
| 1 | 1- Definitely not a preference | | |
| 2 | 2 | | |
| 3 | 3 – Neutral | | |
| 4 | 4 | | |
| 5 | 5 – Strongly preferred | | |
| 85 | Don't know | **EXCLUSIVE** | |

| Code | Answer list - ROWS | Scripting notes | Routing |
|---|---|---|---|
| 1 | Email | | |
| 2 | The GDC website | | |
| 3 | LinkedIn | **KEEP WITH CODES 4-5** | |
| 4 | Facebook | **KEEP WITH CODES 3,5** | |
| 5 | Twitter | **KEEP WITH CODES 3-4** | |
| 6 | Conferences/workshops/events | | |

| | | | |
|---|---|---|---|
| 7 | Dental journals/magazines/news websites | | |
| 8 | Letters | | |
| 9 | Face-to-face meetings | | |
| 10 | Online meetings/webinars | | |
| 11 | SMS | | |
| 80 | **<PULL THROUGH TEXT FROM Q12_80>** | | |

**Q14a.**

**BASE: ALL**

To what extent are you happy with the frequency and timeliness of communications from the GDC **in general**?

**SINGLE GRID, RANDOMISE ROWS, ORDERED COLUMNS**

| Code | Attributes (rows) | Scripting notes | Routing |
|---|---|---|---|
| 1 | Frequency *(how often you receive communications)* | | |
| 2 | Timeliness *(receiving communications at the right time)* | | |

| Code | Answer list (Columns) | Scripting notes | Routing |
|---|---|---|---|
| 1 | Not at all happy | | |
| 2 | Not very happy | | |
| 3 | Neutral | | |
| 4 | Quite happy | | |
| 5 | Very happy | | |
| 85 | Don't know | **EXCLUSIVE** | |

**Q14b.**

**BASE: ALL**

To what extent are you happy with the frequency and timeliness of communications from the GDC **relating to the COVID-19 pandemic**?

*Communications relating to COVID-19 include: shortfalls in CPD related to COVID-19; arrangements relating to fitness to practise and hearings during COVID-19; arrangements for students during COVID-19.*

**SINGLE GRID, RANDOMISE ROWS, ORDERED COLUMNS**

| Code | Attributes (rows) | Scripting notes | Routing |
|---|---|---|---|
| 1 | Frequency *(how often you receive communications)* | | |
| 2 | Timeliness *(receiving communications at the right time)* | | |

| Code | Answer list (Columns) | Scripting notes | Routing |
|---|---|---|---|
| 1 | Not at all happy | | |
| 2 | Not very happy | | |
| 3 | Neutral | | |
| 4 | Quite happy | | |
| 5 | Very happy | | |

| | | | |
|---|---|---|---|
| 85 | Don’t know | **EXCLUSIVE** | |

**Q14c.**

**BASE: THOSE WHO ARE NOT AT ALL HAPPY OR NOT VERY HAPPY WITH THE FREQUENCY OF GENERAL COMMUNICATIONS OR COVID COMMUNICATIONS Q14A.1:1-2 OR Q14_B.1:1-2**

Would you like to hear from the GDC more frequently or less frequently in relation to…?

**SINGLE GRID, ORDERED**

| Code | Rows | Scripting notes | Routing |
|---|---|---|---|
| 1 | General communications | **ONLY SHOW IF Q14A.1=1-2** | |
| 2 | COVID-19 related communications | **ONLY SHOW IF Q14B.1=1-2** | |

| Code | Answer list (columns) | Scripting notes | Routing |
|---|---|---|---|
| 1 | Less frequently | | |
| 2 | More frequently | | |
| 85 | Don’t know | **EXCLUSIVE** | |

**Q15.**

**BASE: ALL WHO RECEIVE EMAILS (Q12_1)**

How often do you open the emails you receive from the GDC?

**SINGLE GRID, ORDERED**

| Code | Answer list (rows) | Scripting notes | Routing |
|---|---|---|---|
| 1 | Email newsletter | | |
| 2 | Annual Renewal Fee (ARF) reminders | | |
| 3 | Other email | | |

| Code | Answer list (columns) | Scripting notes | Routing |
|---|---|---|---|
| 1 | Never | | |
| 2 | Occasionally | | |
| 3 | Sometimes | | |
| 4 | Often | | |
| 5 | Always | | |
| 85 | Don’t know | **EXCLUSIVE - FIXED** | |
| 87 | Not applicable | **EXCLUSIVE, FIXED** | |

**Q16.**

**BASE: ALL**

How often do you visit the GDC website **<DENTAL PROFESSIONALS AND STAKEHOLDERS ANSWERING YES AT S06C (S06C/1) ONLY:(excluding use of eGDC for managing registration/Annual Renewal)>?**

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | On a daily basis | | |
| 2 | A couple of times each week | | |
| 3 | Once a week | | |
| 4 | A few times each month | | |
| 5 | A few times each quarter | | |
| 6 | A few times each year | | |
| 7 | Once a year | | |
| 8 | Less than once a year | | |
| 9 | I haven't visited at all, but intend to | | |
| 10 | I don't visit the GDC website at all and do not intend to | | |
| 85 | Don't know | **EXCLUSIVE - FIXED** | |

**Q17.**

**BASE: THOSE VISIT THE WEBSITE (Q16_1-8)**

Why do you visit the GDC website?

*Please select as many as you feel apply.*

**MULTI RESPONSE, RANDOMISE**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | For news and updates | | |
| 2 | To contact the GDC | | |
| 3 | For education/CPD reasons | | |
| 4 | For standards and guidance | | |
| 5 | To raise a concern/make a complaint | | |
| 6 | To search the registers | | |
| 7 | For fitness to practise information and advice | | |
| 8 | Scope of practice queries | | |
| 9 | To read about the latest blogs | | |
| 10 | To learn more about the GDC | | |
| 11 | Signposting updates for COVID-19 information | | |
| 12 | To pay the ARF (Annual Renewal Fee) | | |
| 80 | Other *(please specify)* | **OPEN - FIXED** | |
| 85 | Don't know | **EXCLUSIVE - FIXED** | |

**Q18.**

**BASE: THOSE WHO DON'T VISIT THE WEBSITE (Q16_9-10)**

Why don't you visit the GDC website?

*Please select as many as you feel apply.*

MULTI RESPONSE, RANDOMISE

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | I haven't needed to use it as I am able to access all of the information I need elsewhere | | |
| 2 | I didn't know that the GDC has a website | | |
| 3 | I know that the GDC has a website but I don't know what I would be able to use it for | | |
| 80 | Other *(please specify)* | **OPEN RESPONSE** | |
| 85 | Don't know | **EXCLUSIVE** | |

**Q19.**

**BASE: THOSE VISIT THE WEBSITE (Q16_1-8)**

How useful do you find the GDC website?

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Not at all useful | | |
| 2 | Not very useful | | |
| 3 | Fairly useful | | |
| 4 | Very useful | | |
| 85 | Don't know | | |

**Q20.**

**BASE: THOSE VISIT THE WEBSITE (Q16_1-8)**

What types of improvements, if any, would you make to the GDC website?

*Please select as many as you feel apply.*

**MULTI RESPONSE, RANDOMISE**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | More video content | | |
| 2 | More summaries of information, instead of PDFs | | |
| 3 | Content that is more accessible for people with disabilities | | |
| 4 | A more welcoming tone of voice | | |
| 5 | I wouldn't make any improvements to the GDC website | **EXCLUSIVE** | |
| 85 | Don't know | **EXCLUSIVE** | |

**Q21a.**

**BASE: ALL**

Which of these, if any, would you be interested in accessing via a GDC app?

*Please select as many as you feel apply.*

**MULTI RESPONSE, RANDOMISE**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Standards for the Dental Team | | |
| 2 | Recording CPD hours and declarations | | |
| 3 | CPD development outcomes | | |
| 4 | Personal Development Plans | | |
| 5 | Indemnity declarations | | |
| 6 | Paying the ARF (Annual Renewal Fee) | | |
| 7 | Scope of Practice by profession | | |
| 8 | Learning outcomes by profession | | |
| 9 | GDC guidance | | |
| 10 | News and updates from the GDC | | |
| 11 | Learning and case studies from fitness to practise | | |
| 12 | Fitness to practise hearing outcomes | | |
| 87 | I wouldn't use a GDC app | **EXCLUSIVE, FIXED** | |
| 85 | Don't know | **EXCLUSIVE, FIXED** | |

**Q21b.**

**BASE: THOSE WHO WOULDN'T USE AN APP (Q21A/87)**

What are the reasons you wouldn't use a GDC app?

*Please select as many as you feel apply.*

**MULTI RESPONSE, RANDOMISE**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Phone screen too small to read detailed documents | | |
| 2 | I don't use app for professional use | | |
| 3 | I prefer to access via my computer/laptop | | |
| 4 | Something else | **OPEN RESPONSE, FIXED** | |
| 85 | Don't know | **EXCLUSIVE** | |

**Q22.**

**BASE: ALL**

Have you accessed or are you aware of the GDC's 'Insights from GDC fitness to practise concerns' which are published on the FtP learning pages of the GDC website and share findings from FtP cases to help prevent dental professionals from being investigated in future?

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Yes - accessed | | |
| 2 | Yes – aware but haven't accessed | | |
| 3 | Not accessed or aware | | |
| 85 | Don't know | | |

**Q23.**

**BASE: ALL**

Now moving on to think about instances where you may have initiated contact with the GDC.

Have you ever initiated contact with the GDC?

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Yes | | |
| 2 | No | | |
| 85 | Don't know | **EXCLUSIVE – FIXED** | |

**Q24.**

**BASE: THOSE WHO HAVE INITIATED CONTACT WITH THE GDC (Q23_1)**

Which of the following methods have you used to contact the GDC?
*Please select as many as you feel apply*

**MULTI RESPONSE, RANDOMISE**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Email | | |
| 2 | Via the GDC website/webform | | |
| 3 | LinkedIn | KEEP WITH CODES 4-5 | |
| 4 | Facebook | KEEP WITH CODES 3&5 | |
| 5 | Twitter | KEEP WITH CODES 3-4 | |
| 6 | Via phone call | | |
| 7 | Face-to-face meeting | | |
| 80 | Other *(please specify)* | **OPEN - FIXED** | |
| 85 | Don't know | **EXCLUSIVE – FIXED** | |

**Q25.**

**BASE: THOSE WHO HAVE INITIATED CONTACT WITH THE GDC (Q23_1) EXCLUDING THOSE WHO DON'T KNOW THE METHOD (Q24/85).**

How easy was it to contact the GDC via the following methods?

**SINGLE GRID, ORDERED**

| Code | Answer list (Rows) | Scripting notes | Routing |
|---|---|---|---|
| 1 | Email | | **PULL THROUGH IF SELECTED AT Q24.** |
| 2 | Via the GDC website/webform | | |
| 3 | LinkedIn | **KEEP WITH CODES 4-5** | |
| 4 | Facebook | **KEEP WITH CODES 3&5** | |
| 5 | Twitter | **KEEP WITH CODES 3-4** | |
| 6 | Via phone call | | |
| 7 | Face-to-face meeting | | |
| 80 | <INSERT TEXT FROM Q24/80> | | |

| Code | Answer list (COLUMNS) | Scripting notes | Routing |
|---|---|---|---|
| 1 | Very difficult | | |
| 2 | Fairly difficult | | |
| 3 | Neutral | | |
| 4 | Fairly easy | | |
| 5 | Very easy | | |
| 85 | Don't know | **EXCLUSIVE** | |

**Q26.**

**BASE: ALL**

Now thinking more generally about the types of media channels that you use.

Which of the following social media sites or apps do you regularly use?

*Please select as many as you feel apply.*

**MULTI RESPONSE, RANDOMISE**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | LinkedIn | | |
| 2 | Facebook | | |
| 3 | Twitter | | |
| 4 | Instagram | | |
| 5 | Slack | | |
| 6 | NHS App | | |
| 7 | Indemnifier App *(please specify)* | **OPEN RESPONSE** | |
| 8 | YouTube | | |
| 9 | SDCEP Dental Companion | | |
| 80 | Other *(please specify)* | **OPEN - FIXED** | |
| 87 | None of the above | **EXCLUSIVE – FIXED** | |
| 85 | Don't know | **EXCLUSIVE – FIXED** | |

**Q27.**

**BASE: DENTAL PROFESSIONALS AND STAKEHOLDERS WHO ARE ALSO REGISTERED (S06C/1)**

Which of the following dental sector news and opinion outlets do you regularly use?

*Please select as many as you feel apply.*

**MULTI RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | British Dental Journal (online) | | |
| 2 | British Dental Journal (print edition) | | |
| 3 | Dentistry (online) | | |
| 4 | Dentistry (print edition) | | |
| 5 | Dental Nursing (online) | | |
| 6 | Dental Nursing (print edition) | | |
| 7 | Dental Review (online) | | |
| 8 | Dental Tribune (online) | | |
| 9 | GDPUK (online) | | |
| 10 | Scottish Dental Magazine (online) | | |
| 11 | Scottish Dental Magazine (print edition) | | |
| 12 | The Dentist (online) | | |
| 13 | The Dentist (print edition) | | |
| 14 | The Probe (online) | | |
| 15 | The Probe (print edition) | | |
| 80 | Other titles (please specify) | **OPEN - FIXED** | |
| 85 | Don't know | **EXCLUSIVE – FIXED** | |
| 87 | I don't use any dental sectors news/opinion outlets | **EXCLUSIVE, FIXED** | |

**Q28.**

**BASE: ALL**

Which of the following statements best describes your views?

*Please select **one** answer only.*

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | I'm not interested in updates about the dental sector, I know everything I need to know | | |
| 2 | I don't actively seek out updates in the dental sector, but I do hear about updates in passing (e.g. updates through work/university, conversations with colleagues/friends etc.) | | |
| 3 | I would like to learn more about the dental sector if this information was available on the channels I use/watch | | |

| | | | |
|---|---|---|---|
| 4 | I'd love to learn more about the dental sector but I'm just so busy that I don't have time | | |
| 5 | I actively keep up to date with the latest trends in the dental sector by reading articles and attending events/conferences | | |

## Section E: Classification

**INFO3.**

**BASE: ALL**

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

**C01.**

**BASE: DENTAL PROFESSIONALS**

What kind of setting/practice do you work in?

*Please select **one** of the following options.*

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Stand-alone/single practice | | |
| 2 | Practice that is part of a group | | |
| 3 | Corporate practice | | |
| 4 | NHS Hospital (not involved in teaching university students) | | |
| 5 | Hospital involved in teaching university students/dental school/university | | |
| 6 | Dental laboratory | | |
| 7 | Armed forces | | |
| 8 | Salaried primary care dental service | | |
| 9 | Trainer/educator | | |
| 10 | Not working | | |
| 11 | Oral public health | | |
| 12 | Prison service | | |
| 80 | Other *(please specify)* | **OPEN** | |
| 86 | Prefer not to say | | |

**C02.**

**BASE: DENTAL PROFESSIONALS EXCEPT THOSE NOT WORKING (C01/10)**

What type of care is provided at your work setting?

*Please select **one** of the following options.*

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Predominantly NHS treatment with some private | | |
| 2 | Predominantly private treatment with some NHS | | |
| 3 | NHS only | | |
| 4 | Private only | | |
| 86 | Prefer not to say | | |

**C03.**

**BASE: DENTAL PROFESSIONALS EXCEPT THOSE NOT WORKING (C01/10)**

How many clinicians provide dental treatment at your work setting?

*Please select **one** of the following options.*

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | 1-4 | | |
| 2 | 5-10 | | |
| 3 | More than 10 | | |
| 4 | Not applicable – non-clinical/laboratory environment | | |
| 80 | Other *(please specify)* | **OPEN - FIXED** | |
| 86 | Prefer not to say | **FIXED** | |

**C04.**

**BASE: ALL**

Which of the following best describes your ethnic background?

*Please select **one** of the following options.*

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| | **White** | | |
| 1 | British | | |
| 2 | Irish | | |
| 3 | Any other white background *(please specify)* | **OPEN RESPONSE** | |
| | **Black or Black British** | | |
| 4 | African | | |
| 5 | Caribbean | | |
| 6 | Any other black background (please specify) | **OPEN RESPONSE** | |
| | **Asian or Asian British** | | |

| | | | |
|---|---|---|---|
| 7 | Bangladeshi | | |
| 8 | Indian | | |
| 9 | Pakistani | | |
| 10 | Any other Asian background *(please specify)* | **OPEN RESPONSE** | |
| | **Mixed ethnic background** | | |
| 11 | White and Asian | | |
| 12 | White and Black African | | |
| 13 | White and Black Caribbean | | |
| 14 | White and Chinese | | |
| 15 | Any other mixed background *(please specify)* | **OPEN RESPONSE** | |
| | **Chinese or any other ethnic group** | | |
| 16 | Chinese | | |
| 17 | Any other ethnic background *(please specify)* | **OPEN RESPONSE** | |
| 86 | Prefer not to say | | |

**C05.**

**BASE: ALL**

What is your religion?

*Please select **one** of the following options.*

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Buddhist | | |
| 2 | Christian | | |
| 3 | Hindu | | |
| 4 | Jewish | | |
| 5 | Muslim | | |
| 6 | Sikh | | |
| 7 | Any other religion/faith (please specify) | **OPEN RESPONSE** | |
| 8 | No religion | | |
| 86 | Prefer not to say | | |

**C06.**

**BASE: ALL**

What is your marital status?

*Please select **one** of the following options.*

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Civil partnership | | |
| 2 | Divorced | | |
| 3 | Married | | |
| 4 | Separated | | |
| 5 | Single | | |

| | | | |
|---|---|---|---|
| 6 | Widowed | | |
| 86 | Prefer not to say | | |

**C07.**

**BASE: ALL**

What is your sexual orientation?

*Please select **one** of the following options.*

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Bi-sexual | | |
| 2 | Gay man | | |
| 3 | Gay woman | | |
| 4 | Heterosexual | | |
| 86 | Prefer not to say | | |

**C08.**

**BASE: ALL**

As part of this research, we will also be conducting some short telephone interviews (lasting 20-25 minutes) from 7th-11th Dec 2020. During these interviews we will discuss in more detail the answers you have provided to this survey. Would you like to take part in one of these follow-up interviews? <STUDENTS ONLY: As a thank you for your time, you will receive a £20 voucher.>

**SINGLE RESPONSE, ORDERED**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Yes | | |
| 2 | No | | |

**C09.**

**BASE: ALL WHO ANSWERED YES TO TAKING PART IN FOLLOW-UP INTERVIEWS (C08_1)**

Please could you confirm your name, email address, telephone number and the best date/time to call you for this follow-up discussion. A member of the team from DJS may be in touch to arrange an interview.

Your details will not be passed back to the GDC or attributed to any of your responses.

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Name_____ | **OPEN** | |
| 2 | Email address_____ | **OPEN** | |
| 3 | Telephone number_____ | **OPEN** | |
| 4 | Date | **DROP DOWN 7th-11th Dec 2020** | |
| 5 | Time | **DROP DOWN – AM/PM/Either AM or PM** | |

**C10.**

**BASE: STUDENTS**

Would you like to be entered into the prize draw? **First prize being a £50 One4All gift card and second prize being a £25 One4All gift card.** If you would like to see the terms and conditions of the prize draw, they can be found here ***<INSERT LINK>.***

**SINGLE RESPONSE**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Yes | | |
| 2 | No | | |

**C11.**

**BASE: ALL WHO ANSWERED NO TO TAKING PART IN FOLLOW-UP INTERVIEWS AND YES TO ENTERING THE PRIZE DRAW (C08_2 + C10_1)**

Please could you confirm your name, email address and telephone number in order to be entered into the prize draw.

Your details will not be passed back to the GDC or attributed to any of your responses.

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Name_____ | **OPEN** | |
| 2 | Email address_____ | **OPEN** | |
| 3 | Telephone number_____ | **OPEN** | |

## Section F: Pilot questions

**DP NOTE: SECTION F ONLY SHOWN DURING PILOT PHASE (SOFT LAUNCH)**

**INFO5.**

**BASE: ALL**

We have 3 final questions based on how you've found the survey today, we'd really appreciate your feedback to help us improve.

**INFO PAGE**

**D01.**

**BASE: ALL**

In your opinion, was today's survey…

**SINGLE RESPONSE**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Too long | | |
| 2 | Too short | | |
| 3 | Just right | | |

**D02.**

**BASE: ALL**

And were the questions…

**SINGLE RESPONSE**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Very difficult to answer | | |
| 2 | Quite difficult to answer | | |
| 3 | Quite easy to answer | | |
| 4 | Very easy to answer | | |

**D03.**

**BASE: ALL**

Finally, in your opinion, did the survey cover the issues which are pertinent to you?

**SINGLE RESPONSE**

| Code | Answer list | Scripting notes | Routing |
|---|---|---|---|
| 1 | Yes | | |
| 2 | To an extent | | |
| 3 | No | | |

**D04.**

**BASE: ALL WHO ANSWERED TO AN EXTENT AND NO AT D03 (D03_2,3)**

Is there anything it did not cover that you'd like to raise?

**OPEN RESPONSE**

| Code | Open | Scripting notes | Routing |
|---|---|---|---|
| 1 | **OPEN** | | |
| 2 | No | **EXCLUSIVE** | |

**End of survey**

**INFO4.**

**CLOSING TEXT:**

You've now reached the end of the survey – on behalf of the GDC and DJS Research, thank you for your time!

## 6.3 Phase 3 discussion guide

| **(I) Introduction** | **5 mins** |
|---|---|
| **Brief explanation of the purpose of the research** | *Moderator to explain the nature of the research*;<br>• I work for a company called DJS Research, we are an independent market research company and today we are working on behalf of the General Dental Council (GDC).<br>• We are speaking to a number of different stakeholders, dental professionals and students as a follow up from the online survey you have taken part in. The findings from these interviews will be analysed along with the results from the survey and used to form a report on current perceptions of the GDC.<br>• *Moderator to reassure respondents about confidentiality / GDPR compliance.*<br>• Feedback will be summarised into a report along with other research, we won't pass on names/specific details of who we have spoken to back to the GDC unless you give us permission to at the end of this interview.<br>• There are no right and wrong answers; we are just interested in your views, opinions and ideas.<br>• *Brief explanation about audio recording information* – we may use anonymised quotes in our report to illustrate the research findings, but these will not be attributed to you personally. |
| **Introductions** | *Moderator to invite respondent to introduce themselves*;<br>• Please can you recap for me a bit about your role, place of work/study and the length of time you've been aware of / involved with the GDC. |
| **(II) Perceptions of the GDC** | **10-15 mins** |
| **Perceptions of the GDC** | So, moving onto your perceptions of the GDC.<br>• In the online survey, you said you felt **(word selected in Q04)** towards the GDC. Why is that?<br>**Negative:**<br>• What could the GDC do to change this opinion?<br>**Positive:**<br>• What is it that has led to your positive opinion of the GDC'?<br>**If perceptions of colleagues/friends mentioned:**<br>○ What are your colleagues/friend's opinions of the GDC?<br>○ How have these views impacted your views of the GDC?<br>• **If perceptions of colleagues/friends not mentioned:**<br>○ Do you speak to/hear about the GDC from your colleagues? If so, how does this influence your opinion of the GDC?<br>**ASK ALL**<br>**[MODERATOR TO REVIEW WHETHER SELECTED 'HELPFUL', 'SUPPORTIVE' OR KNOWLEDGEABLE' AT Q02/1-3].** |

**RESPONDENTS SELECTING AT LEAST ONE WORD.**
**ASK BELOW AS APPROPRIATE.**

You told us in the survey that you think the GDC is [helpful, supportive and knowledgeable – **INSERT AS APPROPRIATE**].

- What makes you think the GDC is helpful/supportive/knowledgeable? **[MODERATOR TO ASK FOR EACH WORD AS APPROPRIATE]**

Is this driven by:

- Perceptions of colleagues/friends?
- Communications from the GDC?
- The GDC website?
- Anything else?

**RESPONDENTS WHO DIDN'T SELECT HELPFUL, SUPPORTIVE OR KNOWLEDGEABLE. ASK BELOW AS APPROPRIATE.**

You didn't select helpful/supportive/knowledgeable, as one of your top three words to describe the GDC.

- Do you believe the GDC is helpful/supportive/knowledgeable?
- Why/why not?
- What could the GDC do to be more helpful/supportive/knowledgeable?

- You also stated that you agree/disagree with the statement **"I think the GDC is currently improving" (Q09/3).** Why do you say that? Which areas could and should the GDC be improving on?
- In the survey you stated that you agree/disagree with the statement **"I believe the GDC is unrepresentative" (Q09/4).** Why do you say that?

**IF THEY 'AGREED' WITH THIS STATEMENT**

- What do you understand by the term 'representative'?
    - Representing the dental profession in terms of supporting their interests
    - The profession being represented at the GDC (DPs in key roles at the GDC)
    - Diversity at the GDC

**IF THEY 'DISAGREED' WITH THIS STATEMENT**

- Do you think it's important that the GDC is representative?
- What do you understand by the term 'representative'?
    - Representing the dental profession in terms of supporting their interests
    - The profession being represented at the GDC (DPs in key roles at the GDC)
    - Diversity at the GDC

**ALL**

- Thinking about diversity and equality, how diverse do you perceive representation at the GDC to be? What has driven you to think this?

Thinking about your overall opinion of the GDC, you said that (**codes selected at Q04b**) have led you to form this opinion? For each answer:

- What could the GDC do to address this in order to create a more positive perception of them?

| | |
|---|---|
| | • Do you think that changing its name would change negative perceptions of the GDC? What about a new tagline?<br>**IF GDC's HANDLING OF COVID MENTIONED**:<br>What could the GDC have done differently/better in response to the pandemic? |
| **(III) Remit of the GDC** | **5-10 mins** |
| **Remit of the GDC** | OK, so next we'll look at the role and remit of the GDC in more detail focusing on some of the core functions.<br>• **DISCUSS RESPONDENT'S UNDERSTANDING OF WHAT THE GDC DO FROM Q05. FOR ANY AREAS THEY HAVE INCORRECTLY IDENTIFIED (Q05/5-9) DISCUSS:**<br>• What made you think that this was a remit of the GDC? Does it change your opinion of the GDC at all now you understand it is not e.g. if they have selected 'sets clinical standards' and feel they should've played more of this role during the pandemic?<br>• How can the GDC best communicate their remit?<br>**NEXT DISCUSS HOW WELL THEY PERCEIVE THE GDC TO BE PERFORMING IN THE FOLLOWING AREAS**<br>• **'Setting standards for new and emerging practice'.** In the survey, you said the GDC performs **(answer from Q06)**. Why do you say this? How can they support innovation and the setting of standards to support innovation?<br>**DENTAL PROFESSIONALS AND STAKEHOLDERS ONLY**<br>**Investigating concerns about dental professionals' fitness to practise:** In the survey, you said the GDC performs **(answer from Q06)**. Why do you say this? How can the GDC improve in this area? |
| **(IV) FtP & Comms** | **10 mins** |
| **FtP** | **ASK ALL**<br>Moving onto 'Fitness to Practise'.<br>• In the survey you said you have accessed/are aware but have not accessed/are not aware **(select from Q22**) of the GDC's 'Insights from GDC Fitness to Practise concerns' which are published on the FtP learning pages of the GDC website and share findings from FtP cases to help prevent dental professionals from being investigated in future.<br>**IF ACCESSED:** How useful have you found these?<br>How can these reports be improved?<br>• Would you improve the format/presentation of the reports?<br>• Would you like further information like this? If so, what?<br>**IF AWARE BUT NOT ACCESSED:** Why is this?<br>**IF NOT AWARE:** Now you are aware these exist, are they something you'll access in the future? Why? Why not?<br>What more, if anything, do you want to know about FtP?<br>**MODERATOR: ONLY ASK BELOW IF AGREE THAT GDC OVERLY PENALISES DPS (Q09/2)**<br>In the survey you stated that you agree/disagree with the statement **"I believe the GDC overly penalises dentists / dental professionals" (Q09/2)**<br>• Why do you say that?<br>[MODERATOR – IF APPROPRIATE] |

| | |
|---|---|
| | • What has led you to believe this?<br>**MODERATOR DO NOT PROMPT BUT PROBE FOR**<br>○ Personal experience<br>○ Experience of colleagues/friends<br>○ Something they have read/seen (where?) |
| **Comms** | **DENTAL PROFESSIONALS AND STAKEHOLDERS ONLY**<br>And finally, we'd like to spend a few minutes talking about communication from the GDC.<br>In the survey you said you receive (the newsletter/ARF correspondence – **choose those selected at Q10**). For each:<br>• How would you describe the tone of this correspondence? **MODERATOR: IF RESPONDENT UNSURE OF 'TONE' EXPLAIN 'IT IS HOW THEY SAY THINGS, RATHER THAN WHAT THEY SAY – EQUIVALENT OF TONE OF VOICE BUT IN WRITTEN COMMUNICATIONS.**<br>• Do you think the newsletter/correspondence has an appropriate tone?<br>• **IF NEWSLETTER:**<br>○ How useful do you find the newsletter?<br>○ Is there anything you'd like it to include which isn't currently included?<br>• Have you visited the GDC website in the last 12 months?<br>• How would you describe the tone of the website? Do you think the tone of the website is appropriate?<br>• How do you find navigation of the GDC website? How accessible is the website?<br>And how about any communications related to COVID? How would you describe the tone? Do you feel they were pitched right? |
| **Thank and close** | • Is there anything else you would like to add to the topics that we have covered today?<br>• Thank you very much for your time today.<br>Good bye / close. |

## 6.4 Tables and charts by sub-sector

### Interpreting quantitative data - weighting data

The weights were calculated for dentists and dental care professionals separately since the demographics were quite distinct for these two groups.

In addition to the weighting based on demographics and role, we also adjusted the sample for respondents who have dual roles (except those with 'other' roles due to ambiguity) – for example, dental professionals who are both dental hygienists and dental nurses count as double responses. All dental professional results presented in this report are based on weighted data[30]. Data for stakeholders and students have not been weighted.

**Table 21: Statistical reliability**

| | Sample size | 10% or 90% ± | 30% or 70% ± | 50% ± |
|---|---|---|---|---|
| **Total** | 2,345 | 1.2% | 1.8% | 2.0% |
| **Dental professionals** | 2,027 | 1.3% | 2.0% | 2.2% |
| **Stakeholders** | 84 | 6.4% | 9.8% | 10.7% |
| **Students** | 287 | 3.5% | 5.3% | 5.8% |

**Table 22: Demographic profile of dental professionals** (weighted)

| **Dental professional sample profile** (n=2,027[31]) | | |
|---|---|---|
| **Gender** | Male | 22% |
| | Female | 72% |
| | *Other* | *1%* |
| | *Prefer not to say* | *5%* |
| **Age** | 18–21 | 1% |
| | 22–30 | 21% |
| | 31–40 | 23% |
| | 41–50 | 27% |
| | 51–60 | 16% |
| | 61-65 | 5% |
| | 65+ | 2% |
| | *Prefer not to say* | *4%* |
| **Type of care** | NHS with private | 43% |

[30] The weighting efficiency for the GDC sample was 76.5% which is greater than the cut-off point of 70%, hence the weighting is fit for purpose. The weighting system does not have any weight >5.0 and the minimum weight is 0.2. The average weight of outliers is 2.9.

[31] 'Dental professionals' throughout includes stakeholders who are also registered dental professionals (53), in addition to the 1,974 dental professionals, making the total base size 2,027.

| | | |
|---|---|---|
| | Private with NHS | 15% |
| | NHS only | 19% |
| | Private only | 16% |
| | *Prefer not to say* | *6%* |
| **Role inc. dual registration** (multi-coded question) | Dentist | 36% |
| | Clinical Dental Technician | <1% |
| | Dental Hygienist | 7% |
| | Dental Nurse | 45% |
| | Dental Technician | 3% |
| | Dental Therapist | 5% |
| | Orthodontic Therapist | 1% |
| | *Other* | *8%* |
| **Practice setting** | Stand-alone/single practice | 38% |
| | Practice that is part of a group | 14% |
| | Corporate practice | 14% |
| | NHS Hospital | 4% |
| | Hospital involved in teaching university students/ Dental school/university | 7% |
| | Dental Laboratory | 2% |
| | Armed forces | 1% |
| | Salaried primary care dental service | 5% |
| | Trainer/educator | 2% |
| | Not working | 3% |
| | Oral public health | 1% |
| | Prison service | 1% |
| | *Other/prefer not to say* | *4%* |
| **Number of clinical operators** | 1–4 | 40% |
| | 5–10 | 33% |
| | More than 10 | 17% |
| | *Not applicable/prefer not to say/other* | *10%* |
| **Country** | England | 78% |
| | Wales | 4% |
| | Scotland | 12% |
| | Northern Ireland | 3% |

| | | |
|---|---|---|
| | Channel Islands | <1% |
| | *Other/prefer not to say* | *3%* |

**NB.** Percentages may not sum to 100% due to rounding and multi-code answers. Dental professional data has not been weighted to match the GDC's Registration Report as of September 2020. Gender in the table above is the gender respondents identify with now. Sex at birth was also asked: Male 23%, Female 73%, Prefer not to say 4%.

## Table 23: Demographic profile of stakeholders (unweighted)

| **Stakeholder sample profile** (n=82) | | |
|---|---|---|
| **Gender** | Male | 51% |
| | Female | 44% |
| | *Prefer not to say* | *5%* |
| **Age** | 22–30 | 2% |
| | 31–40 | 6% |
| | 41–50 | 16% |
| | 51–60 | 40% |
| | 61–65 | 23% |
| | 65+ | 9% |
| | *Prefer not to say* | *4%* |
| **Type** | Stakeholder only | 65% |
| | Stakeholder and dental professional | 33% |
| | *Prefer not to say* | *2%* |
| **Place of work** | Corporate providers | 6% |
| | Dental Schools or Dental Schools Council | 30% |
| | Government officials | 4% |
| | Health professional regulators | 5% |
| | Indemnifiers | 13% |
| | NHS commissioners & agencies | 9% |
| | Patient groups, charities | 2% |
| | Professional associations | 15% |
| | System regulators | 5% |
| | *Other/prefer not to say* | *11%* |
| **Country organisation represents** (multi-coded question) | England | 37% |
| | Wales | 5% |
| | Scotland | 23% |
| | Northern Ireland | 2% |
| | All of the UK | 29% |
| | *Other/prefer not to say* | *2%* |

**NB.** Percentages may not sum to 100% due to rounding and multi-code answers. Stakeholder data has not been weighted as the subgroup base sizes were too small. Gender in the table above is the gender respondents identify with now. Sex at birth was also asked: Male 52%, Female 44%, Prefer not to say 4%.

## Table 24: Demographic profile of students (unweighted)

| **Student sample profile** (n=289) | | |
|---|---|---|
| **Gender** | Male | 22% |
| | Female | 77% |
| | *Prefer not to say* | *1%* |
| **Age** | 18–21 | 47% |
| | 22–30 | 47% |
| | 31–40 | 4% |
| | 41–50 | 2% |
| | 51–60 | <1% |
| | Over 60 | 0% |
| **Year of study** (dentists-only, n=176) | First year | 20% |
| | Second year | 15% |
| | Third year | 12% |
| | Fourth year | 22% |
| | Fifth year | 32% |
| **Final year of studies** (all roles except dentist, n=113) | Yes | 44% |
| | No | 56% |
| **Role studying for** | Dentist | 61% |
| | Dental Technician | 15% |
| | Dental Therapist | 14% |
| | Dental Hygienist | 6% |
| | Dental Nurse | 2% |
| | *Other* | *3%* |
| **Country** | England | 74% |
| | Wales | 8% |
| | Scotland | 7% |
| | Northern Ireland | 10% |
| | Other | 1% |

**NB.** Percentages may not sum to 100% due to rounding. Student data has not been weighted as the subgroup base sizes were too small. Gender in the table above is the gender respondents identify with now. Sex at birth was also asked: Male 22%, Female 77%, Prefer not to say 1%. In 2020, students of all years of study could participate in the survey, however in 2018 only final year students could participate in the survey. Any comparisons with 2018 will therefore only compare final year students.

The following charts and tables are broken down by audience (dental professional, stakeholder and student) and in some cases compared to 2018, based on relevant areas of interest. Significant differences across the three audience groups are indicated as follows: *indicates significantly higher than group stated (DP= Dental professionals, Stu=students, Sta = stakeholders). If no group is stated, significantly higher than both other subgroups.

2018 vs. 2020 significant differences are shown using arrows next to the 2018 figures ↑ indicates significantly higher than 2020 and ↓ significantly lower.

**Figure 45: Q01. When did you first come across/hear about/ register with the GDC?** (Base: all respondents)

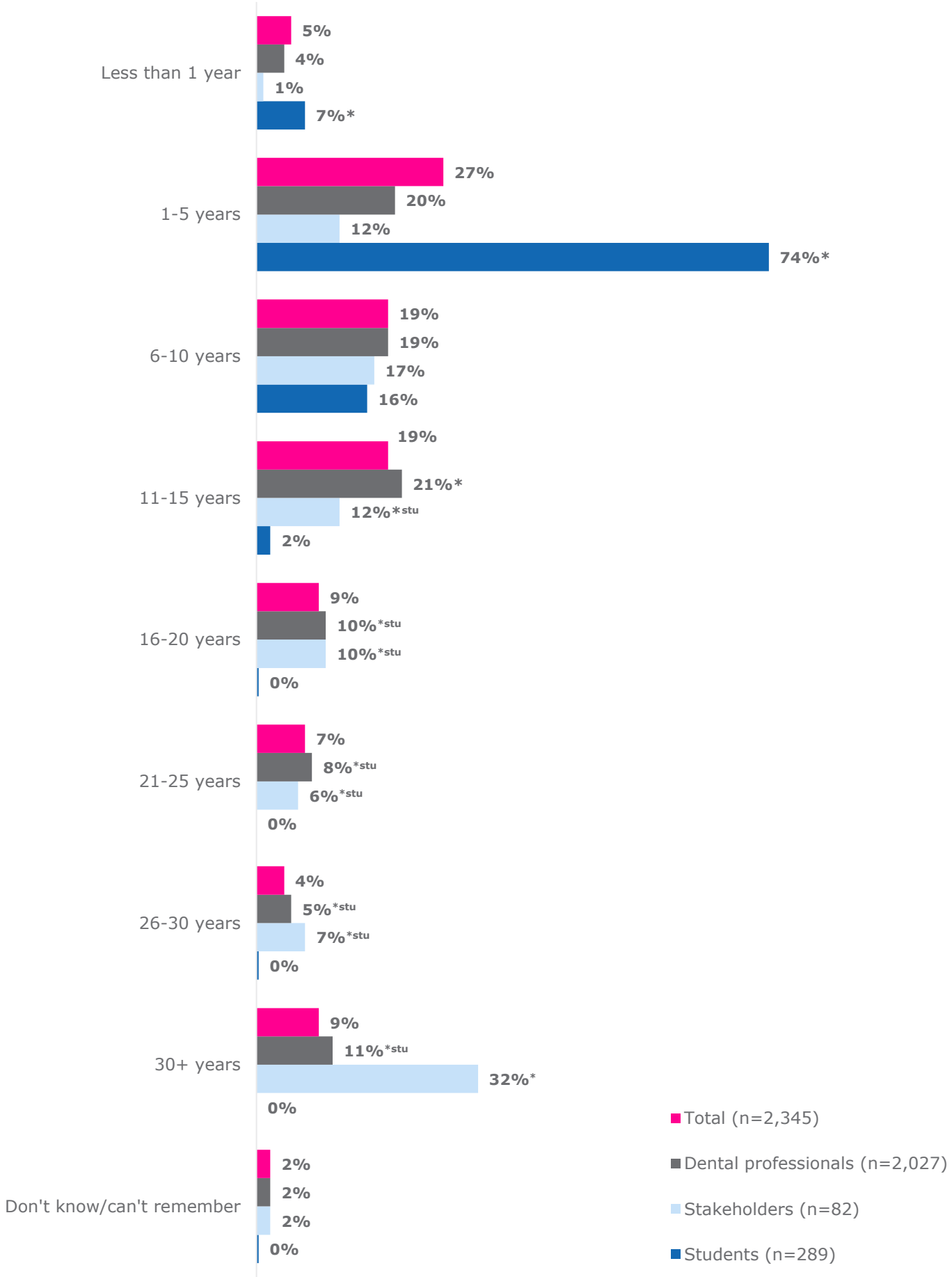


**Figure 46: Q02. Which of the following words do you associate with the GDC?**
(Base: all respondents)

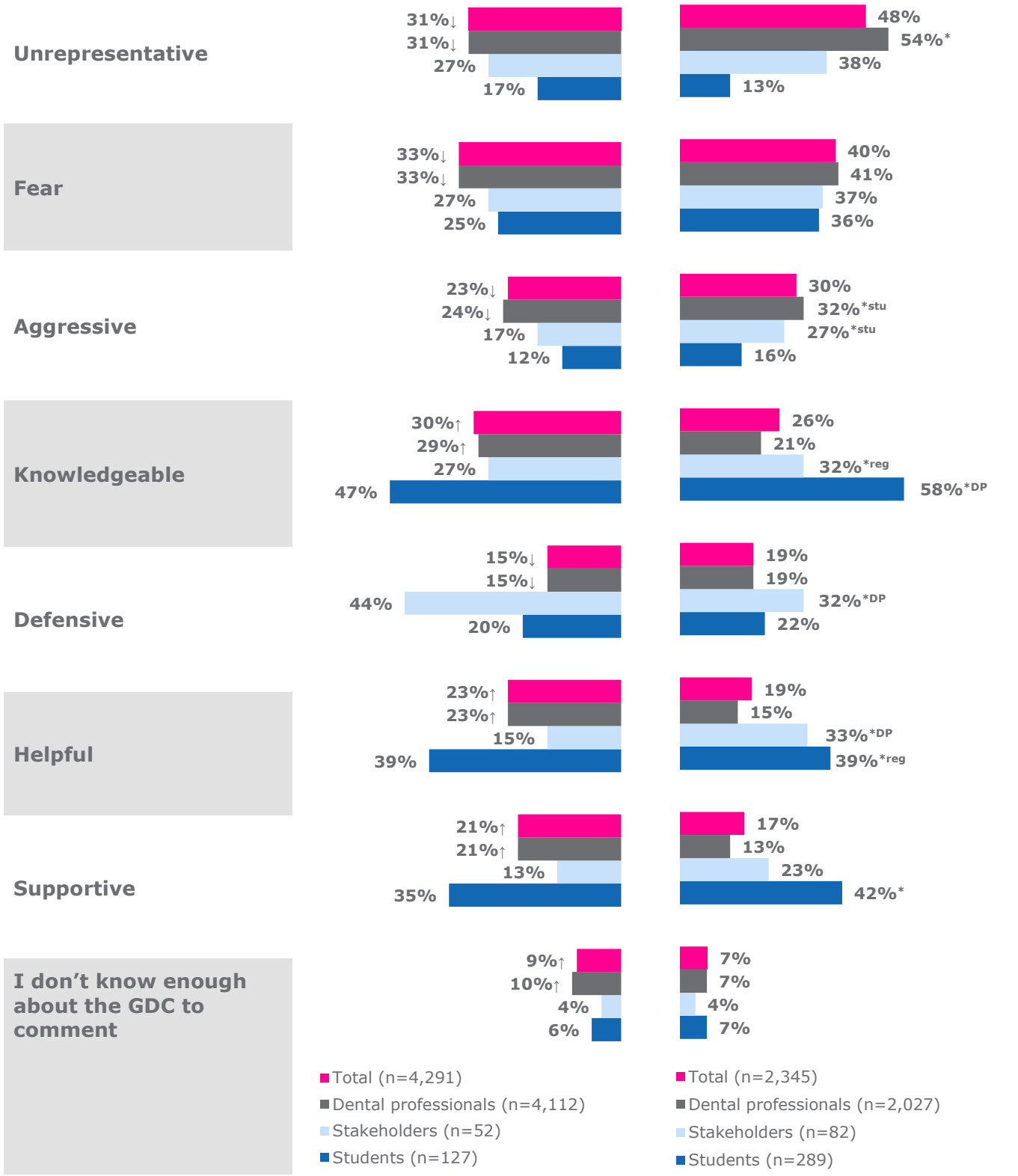


**Figure 47: Q03. To what extent do you agree that the GDC is…?**
(Base: all respondents)

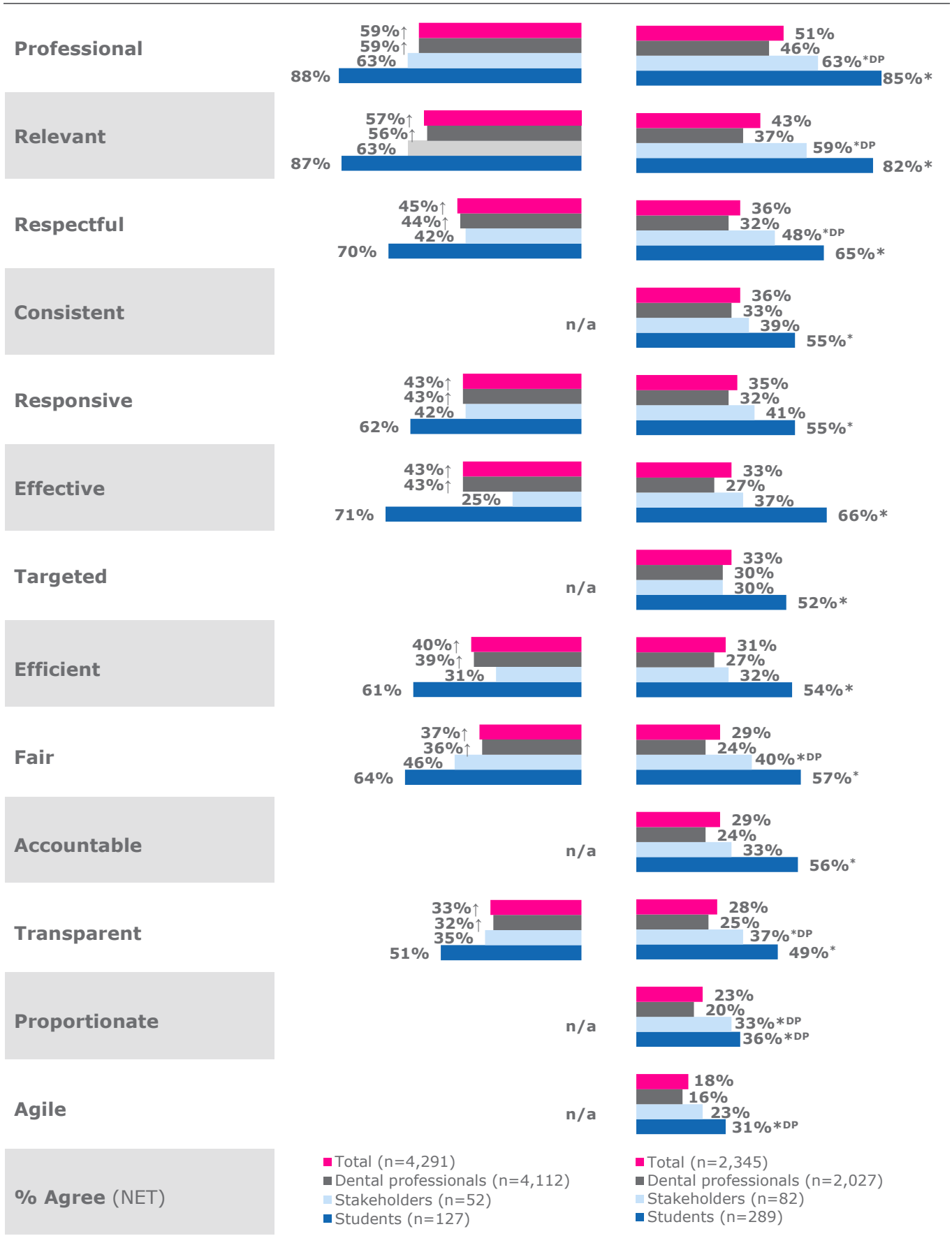
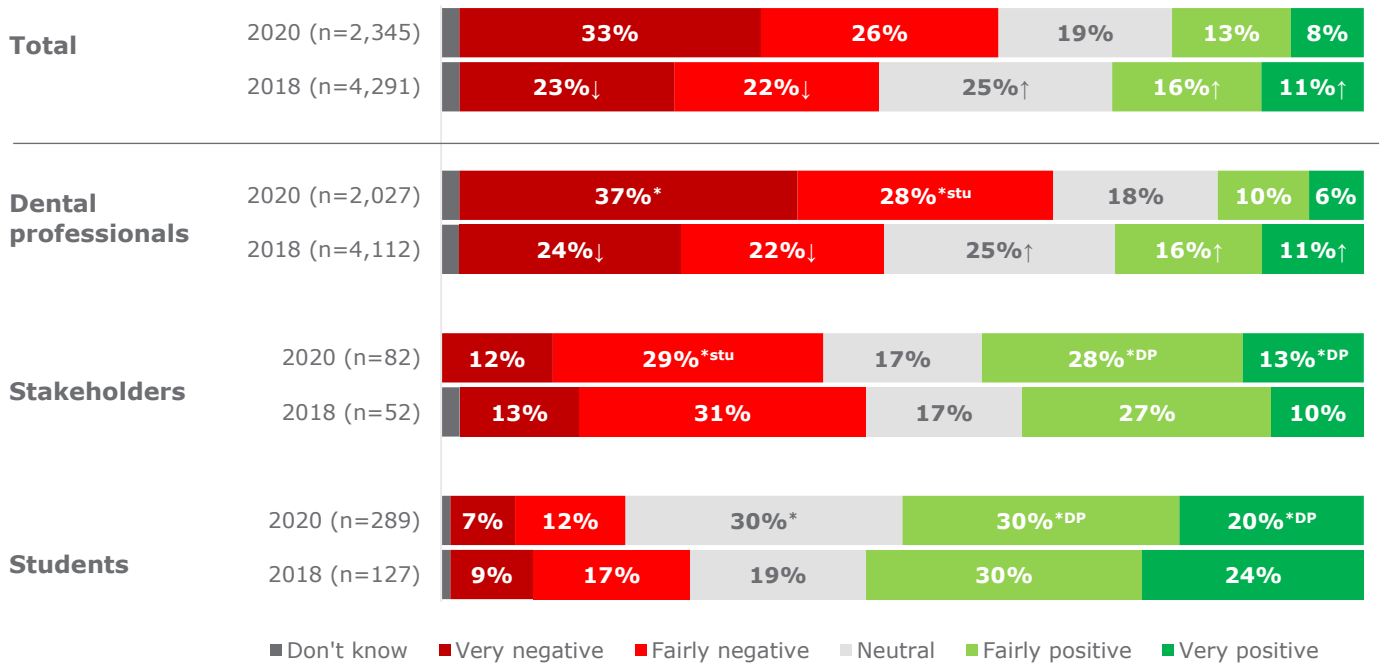


**Table 25: Dental professional breakdown on top three most agreed with words** (% NET agree)[32]

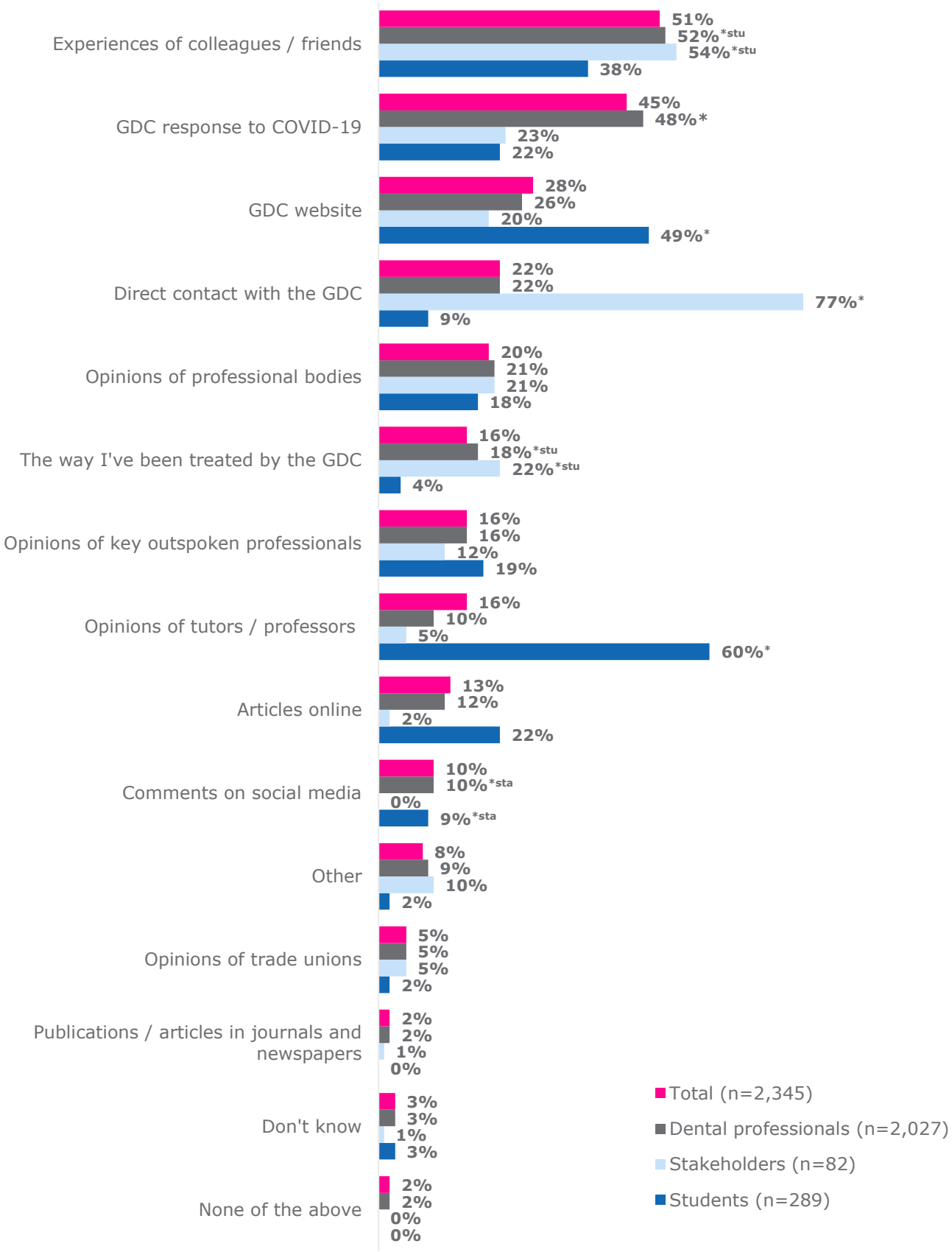
| Dentist (n=1,218) | Dental Nurse (n=351) | Dental Hygienist (n=155) | Dental Technician (n=98) | Dental Therapist (n=62) |
|---|---|---|---|---|
| Professional (26%) | Professional (63%) | Professional (53%) | Professional (29%) | Professional (45%) |
| Relevant (24%) | Relevant (48%) | Relevant (39%) | Targeted (26%) | Targeted (37%) |
| Targeted; Responsive (22%) | Respectful (45%) | Respectful (35%) | Consistent (24%) | Respectful (33%) |

**Figure 48: Q04a. What are your perceptions of the GDC at present?** (Base: all respondents)




[32] Clinical dental technicians and orthodontic therapists are excluded due to low base size (n=17 and n=9 respectively).

**Figure 49: Q04b. Out of the following, what three things have been most influential in shaping your perceptions of the GDC?** (Base: all respondents)




Other includes (but is not limited to): fees, lack of support, handling of FtP cases, personal opinions, adverts helping patients to complain, and email communications from the GDC.

**Figure 50: Q05. Which of the following do you consider to be functions of the GDC?** (Base: all respondents)

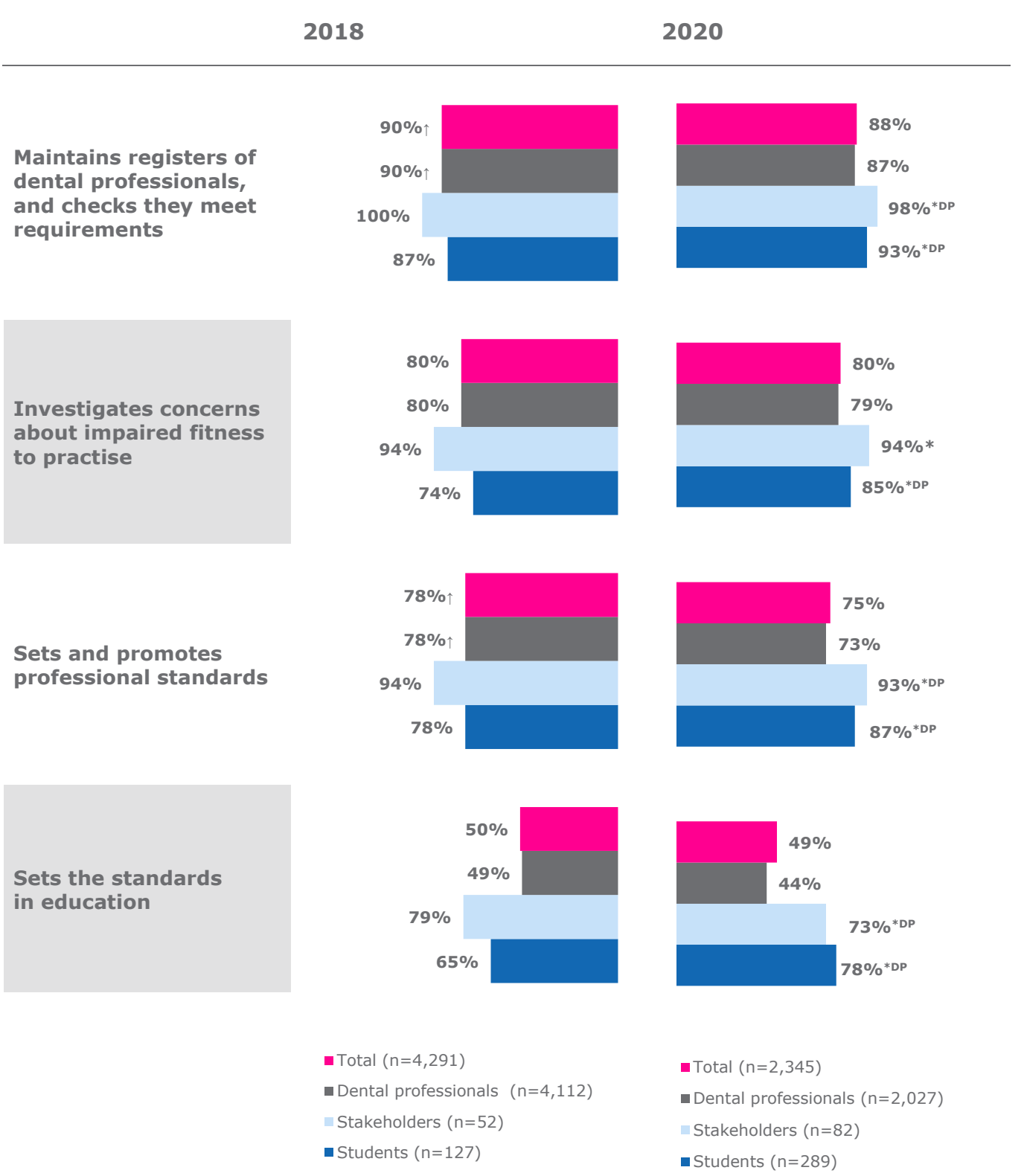


**Figure 51: Q05. Which of the following do you consider to be functions of the GDC?** (Base: all respondents)

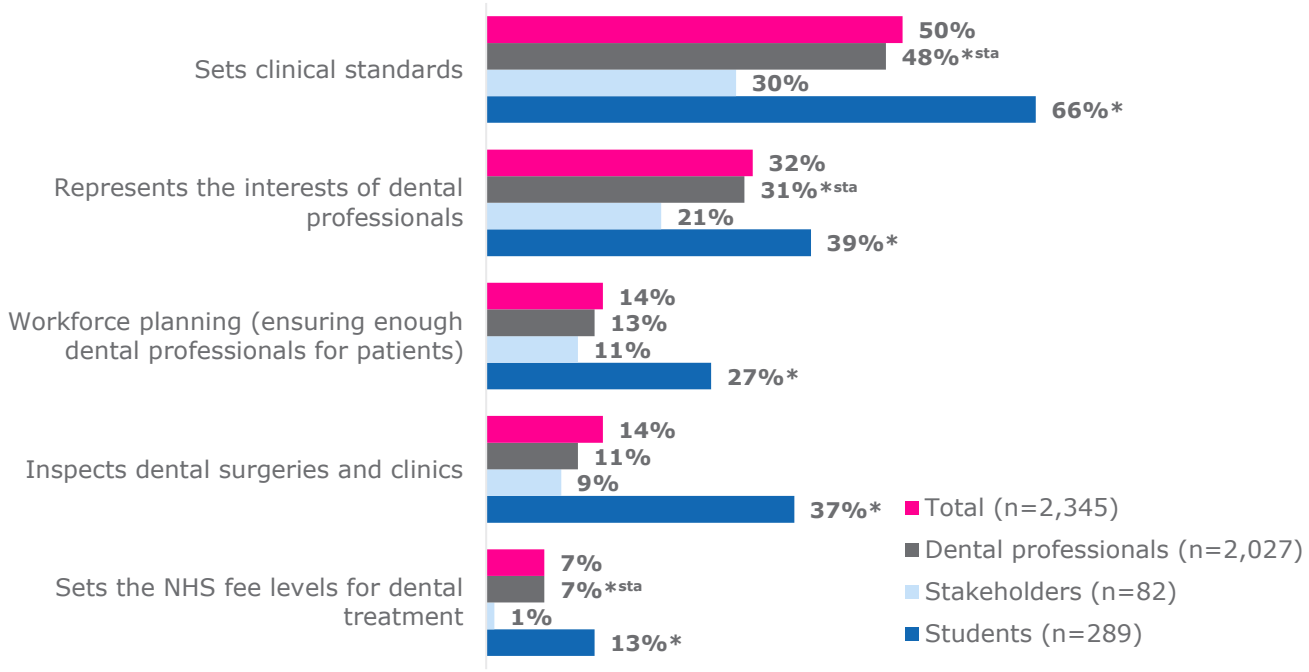



**Figure 52: Q06. How does the GDC currently perform in the following core areas?** (Base: all respondents)

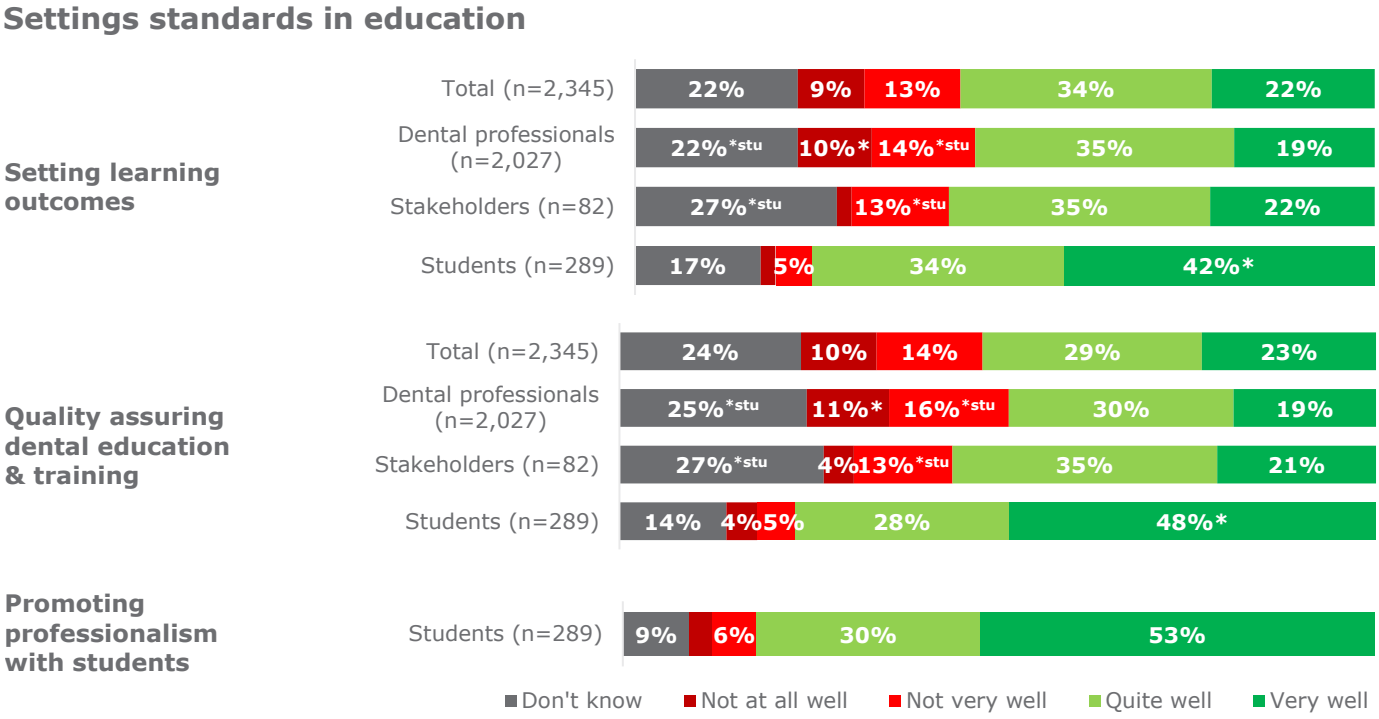


**Figure 53: Q06. How does the GDC currently perform in the following core areas? - Setting and promoting professional standards including continued professional development (CPD)** (Base: all respondents)

## Sets and promotes professional standards

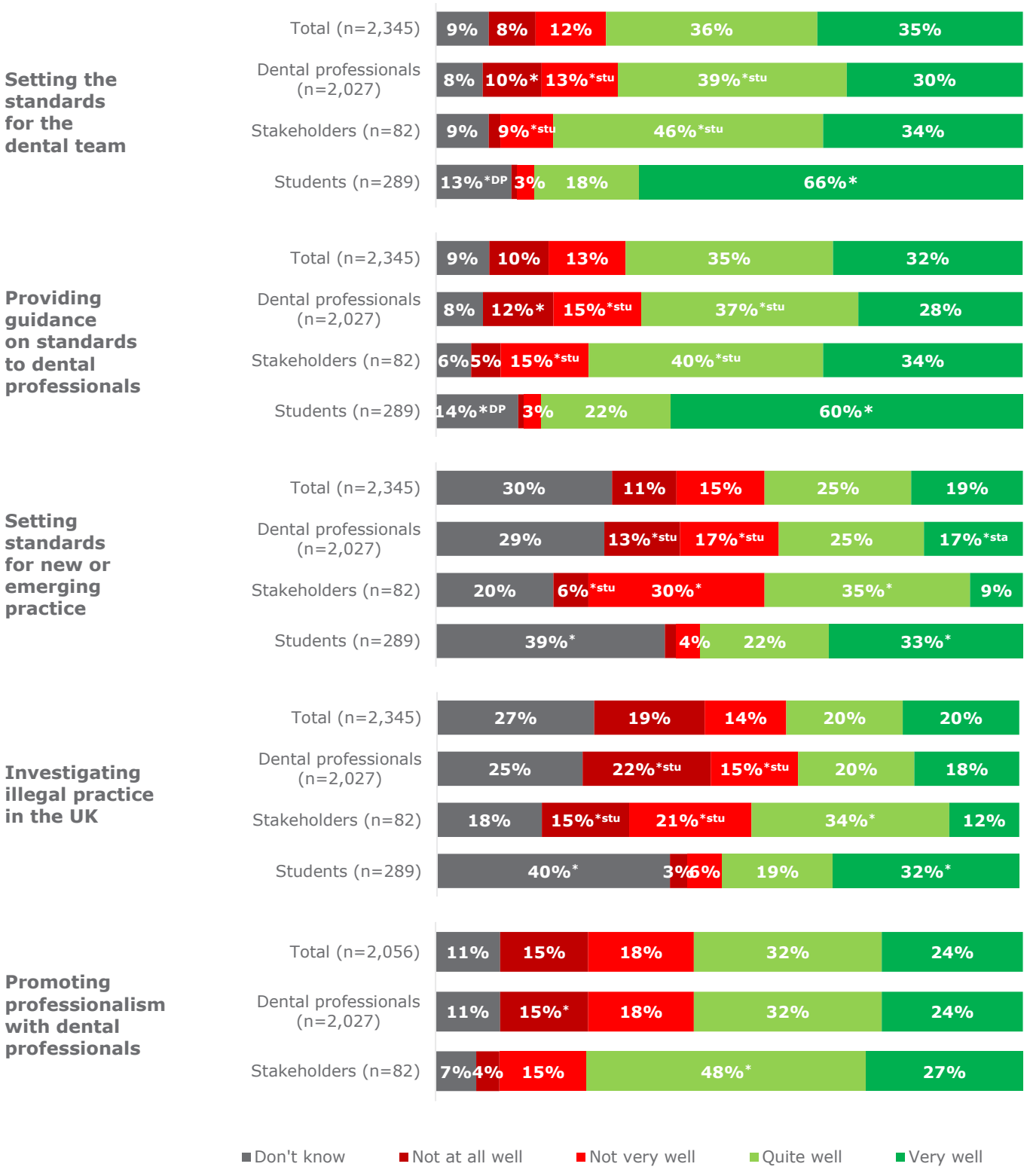


**Figure 54: Q06. How does the GDC currently perform in the following core areas?** (Base: all respondents)

Investigating allegations of impaired fitness to practise

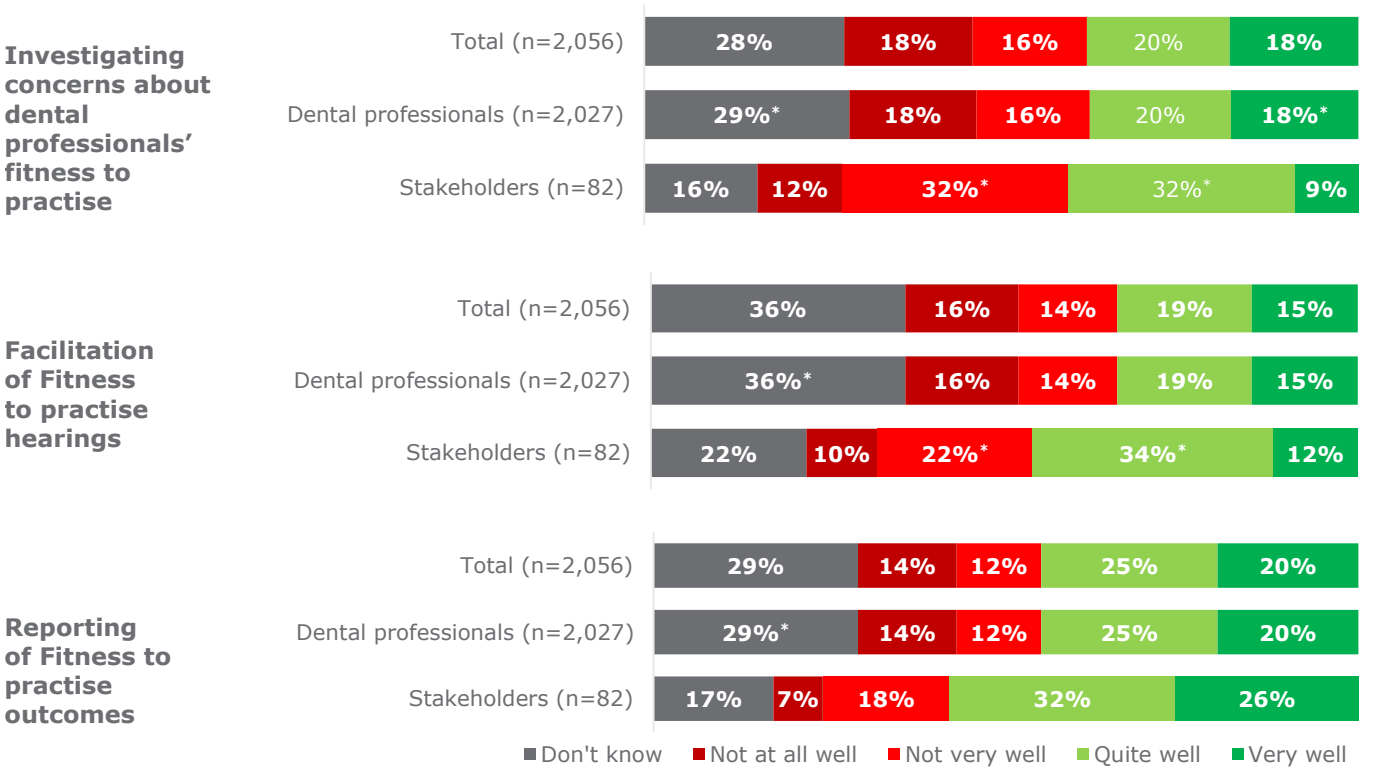



**Figure 55: Q06: How does the GDC currently perform in the following core areas?** (Base: dental professionals and stakeholders)

Maintaining the register of dentists and dental care professionals, and checking they meet the requirements to be on the register

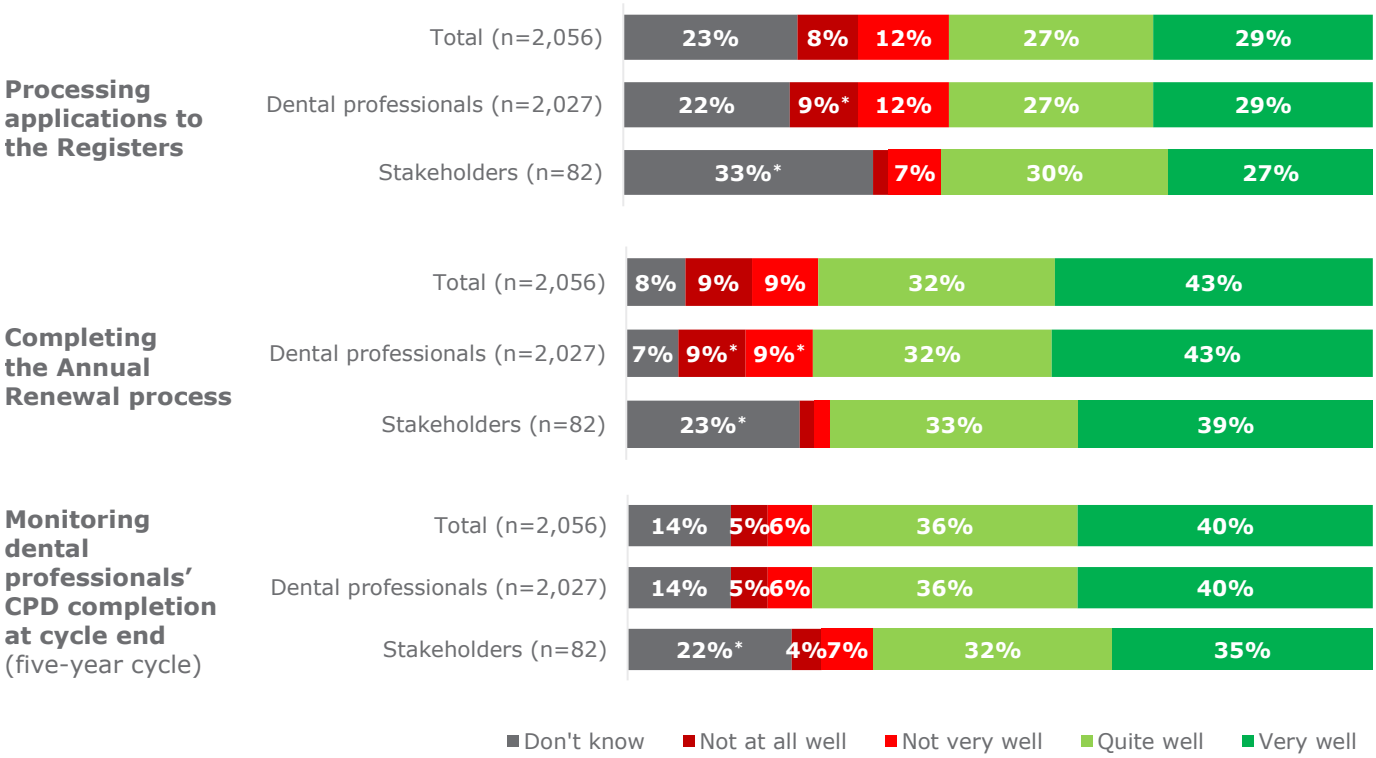


**Figure 56: Q08. What are your opinions of the GDC's new approach to strategy development?** (Base: all respondents)

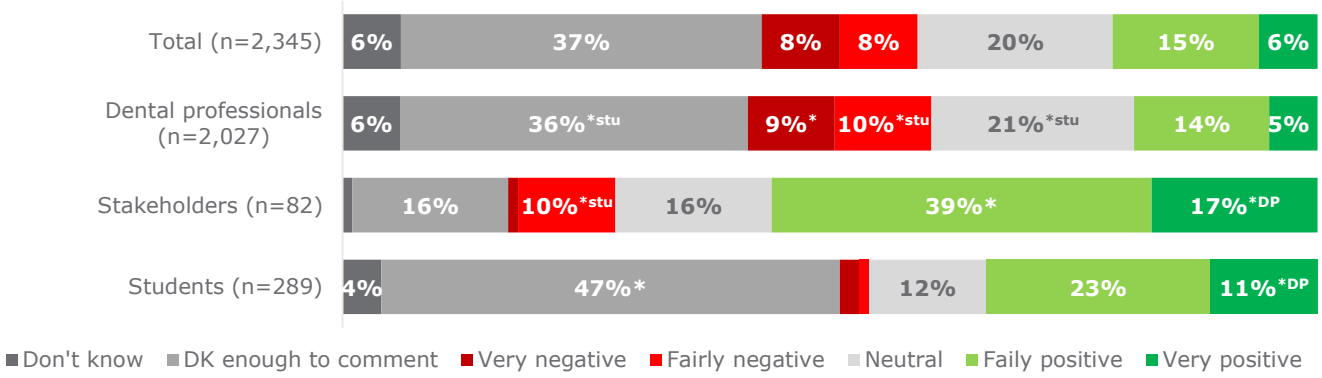



**Figure 57: Q09. To what extent do you agree or disagree with each of the following statements?** (Base: all respondents)

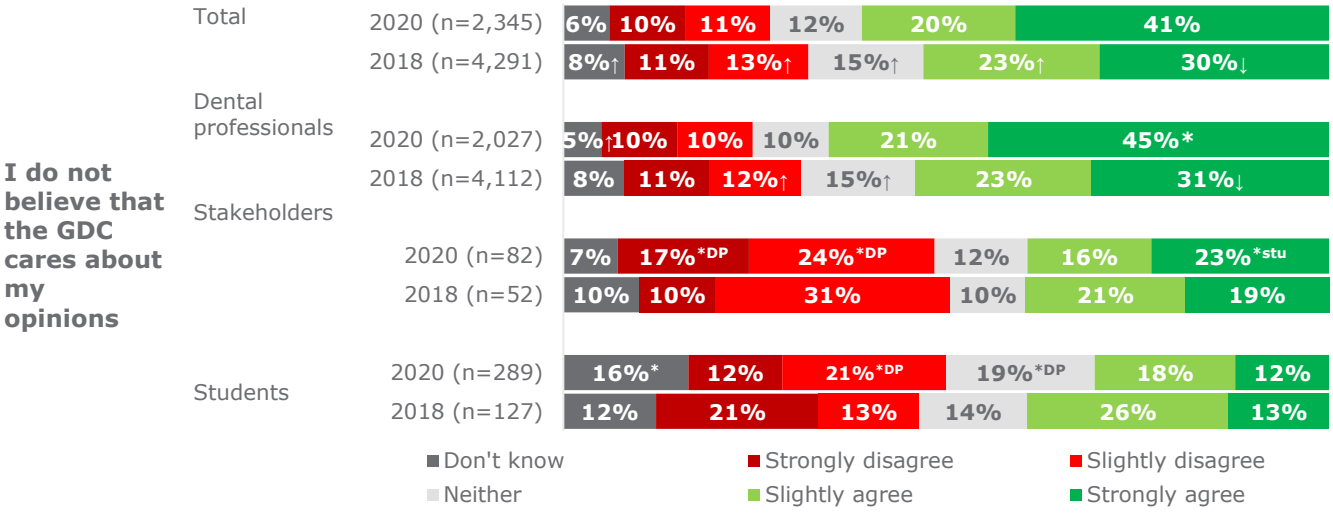



**Figure 58: Q09. To what extent do you agree or disagree with each of the following statements?** (Base: all respondents)

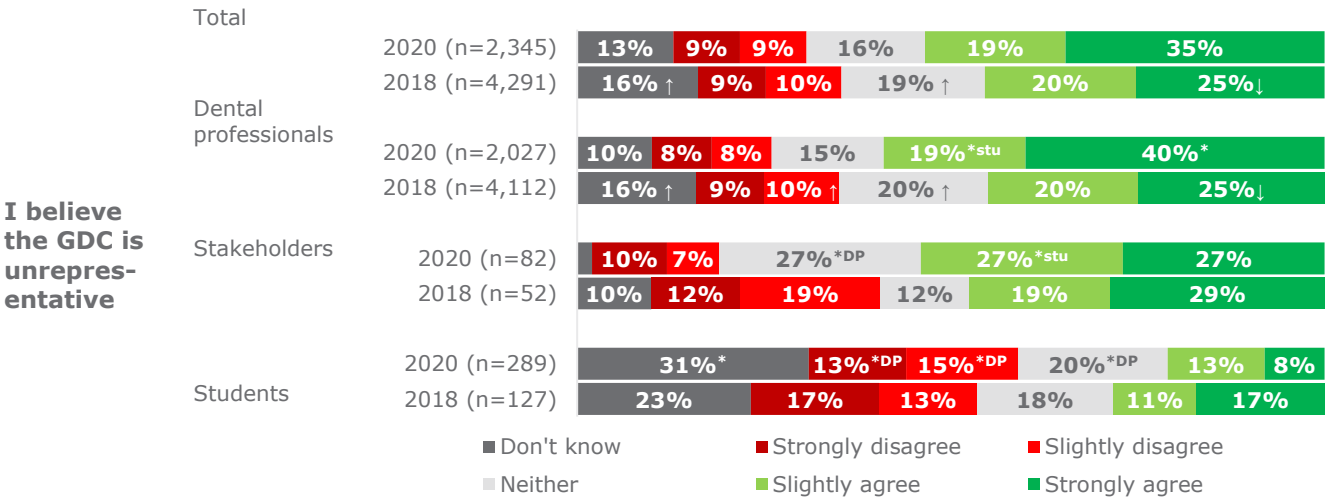


**Figure 59: Q09. To what extent do you agree or disagree with each of the following statements?** (Base: all respondents)

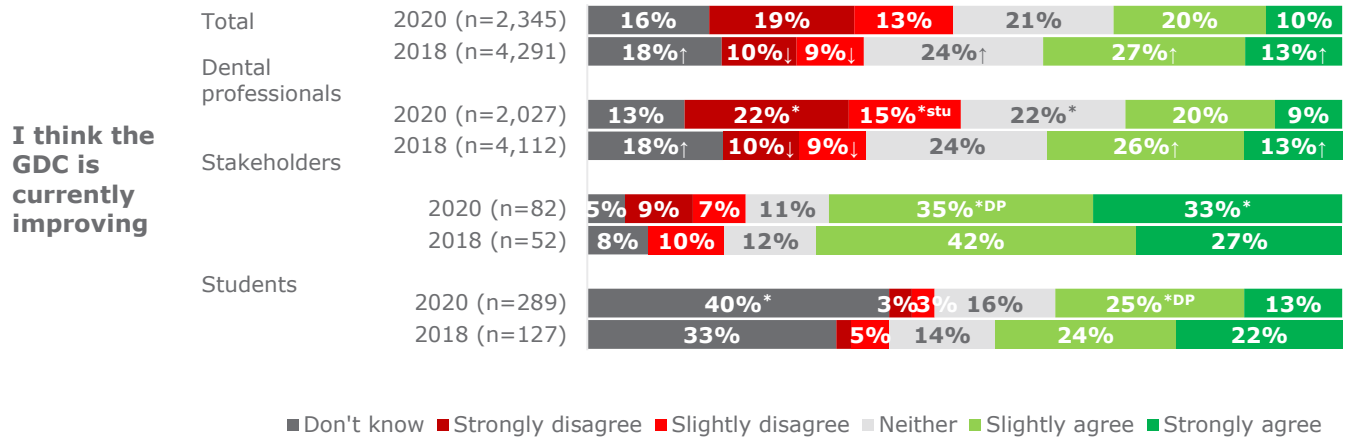



**Figure 60: Q09. To what extent do you agree or disagree with each of the following statements?** (Base: all respondents)

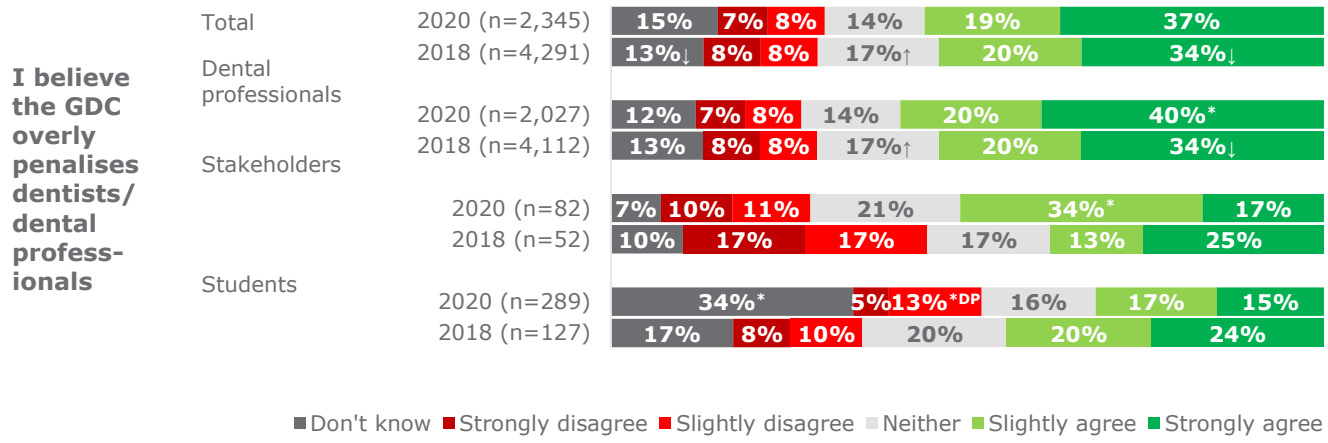



**Figure 61: Q09. To what extent do you agree or disagree with each of the following statements?** (Base: all respondents)

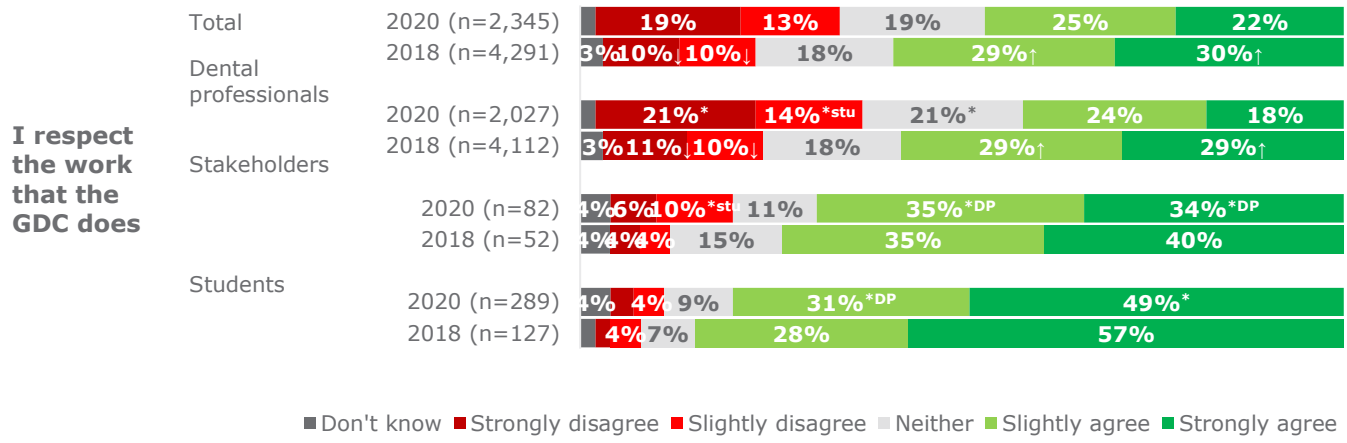


**Figure 62: Q10. Which of the following types of communication do you currently receive from the GDC?** (Base: all respondents)

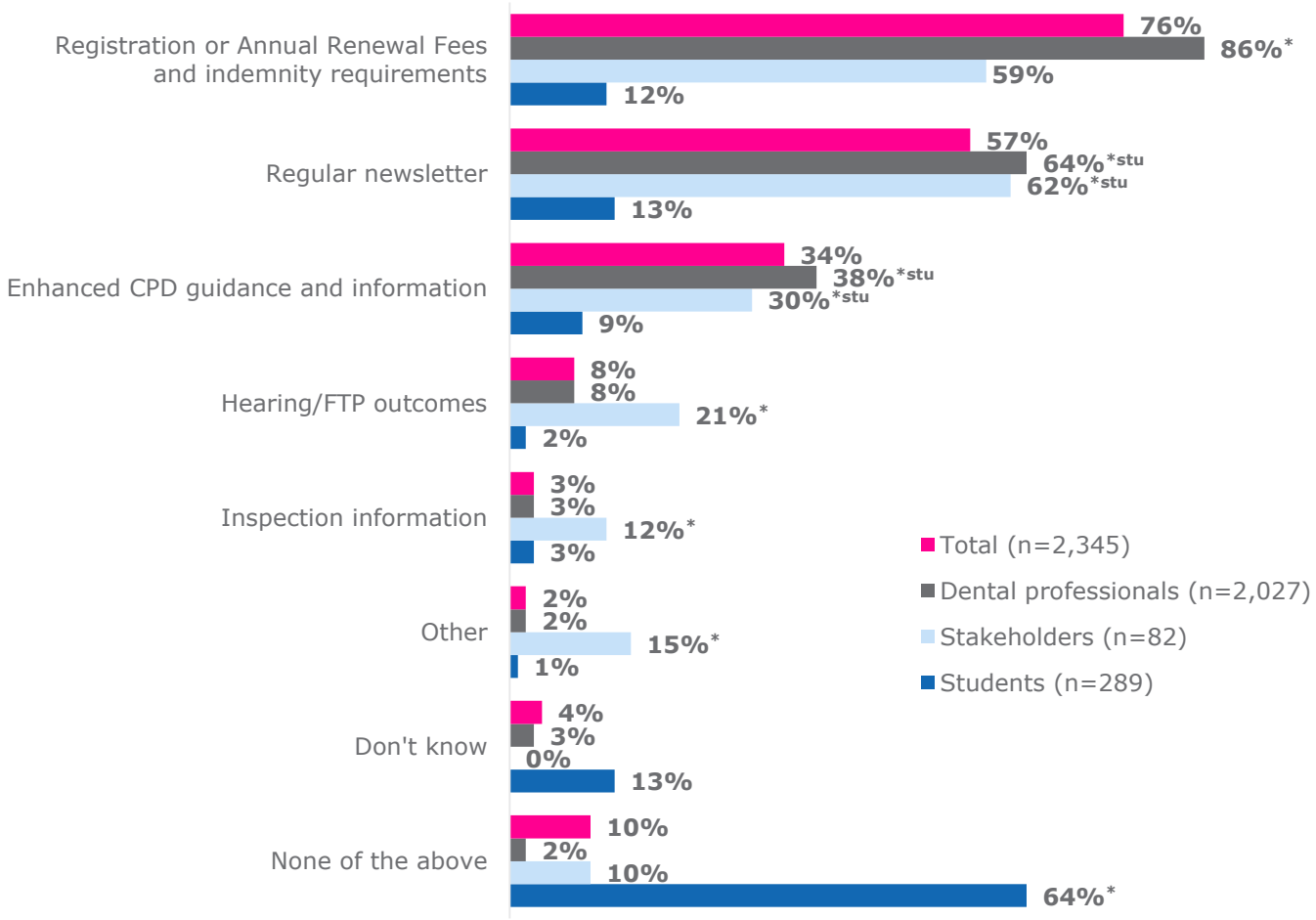
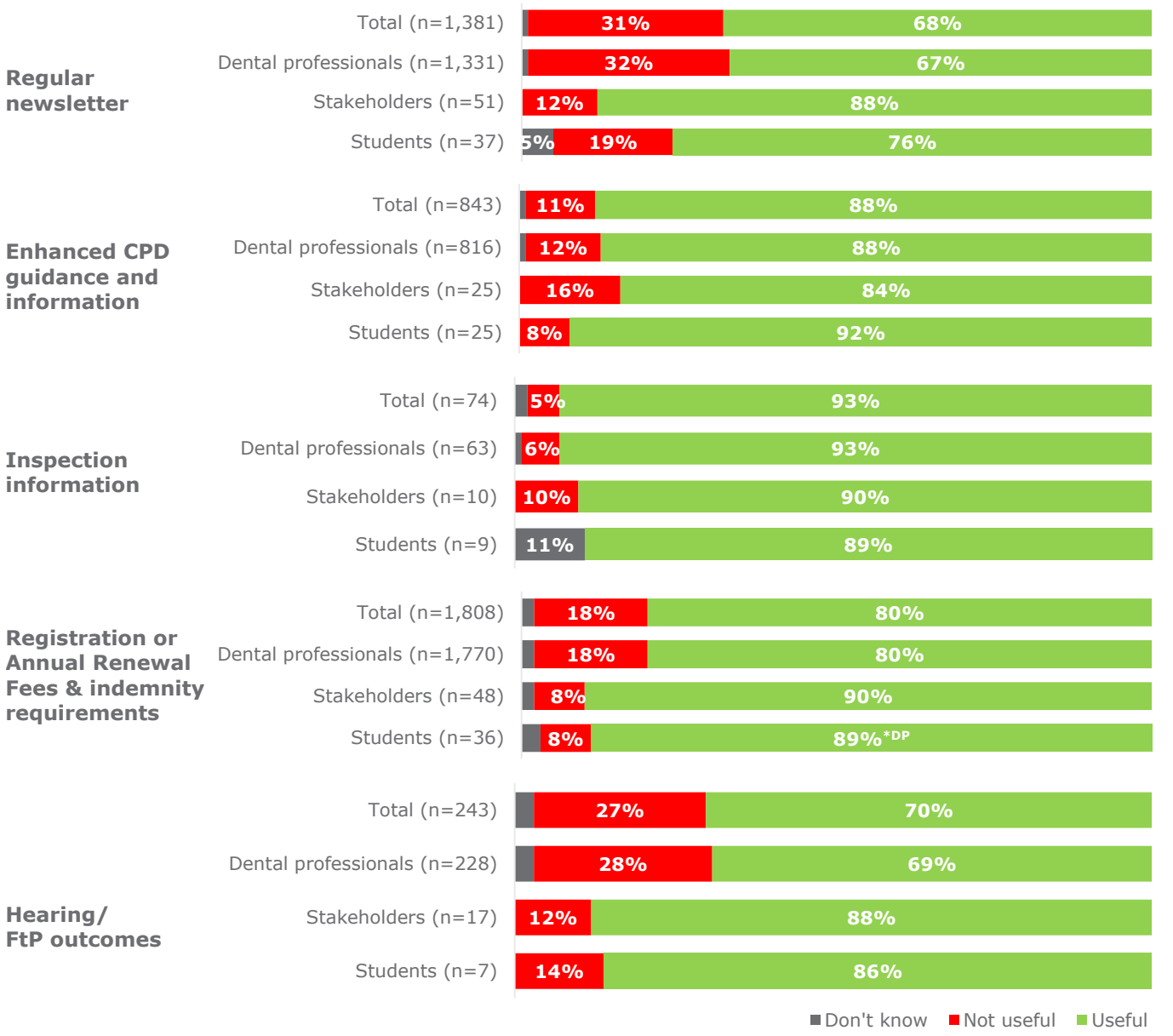



**Table 26: Dental professional split by types of communication with the GDC –** Top three received communication[33]

| | | | |
|---|---|---|---|
| **Dentist** (n=1,218) | Registration or Annual Renewal Fees & indemnity requirements (89%) | Regular newsletter (68%) | Enhanced CPD guidance & information (41%) |
| **Dental Nurse** (n=351) | Registration or Annual Renewal Fees & indemnity requirements (85%) | Regular newsletter (61%) | Enhanced CPD guidance & information (35%) |
| **Dental Hygienist** (n=155) | Registration or Annual Renewal Fees & indemnity requirements (82%) | Regular newsletter (62%) | Enhanced CPD guidance & information (45%) |
| **Dental Therapist** (n=62) | Registration or Annual Renewal Fees & indemnity requirements (80%) | Regular newsletter (68%) | Enhanced CPD guidance & information (35%) |
| **Dental Technician** (n=98) | Registration or Annual Renewal Fees & indemnity requirements (74%) | Regular newsletter (53%) | Enhanced CPD guidance & information (24%) |

[33] Clinical Dental Technicians and Orthodontic therapists were excluded from the table due to low base sizes (n=17 and n=9 respectively).

**Figure 63: Q11. How useful do you find each of these types of communication from the GDC?** (Base: all who receive information from the GDC)




**Note:** bases vary for audience type between communication types.

**Figure 64: Q12. How do you typically receive information from or about the GDC?** (Base: all respondents)

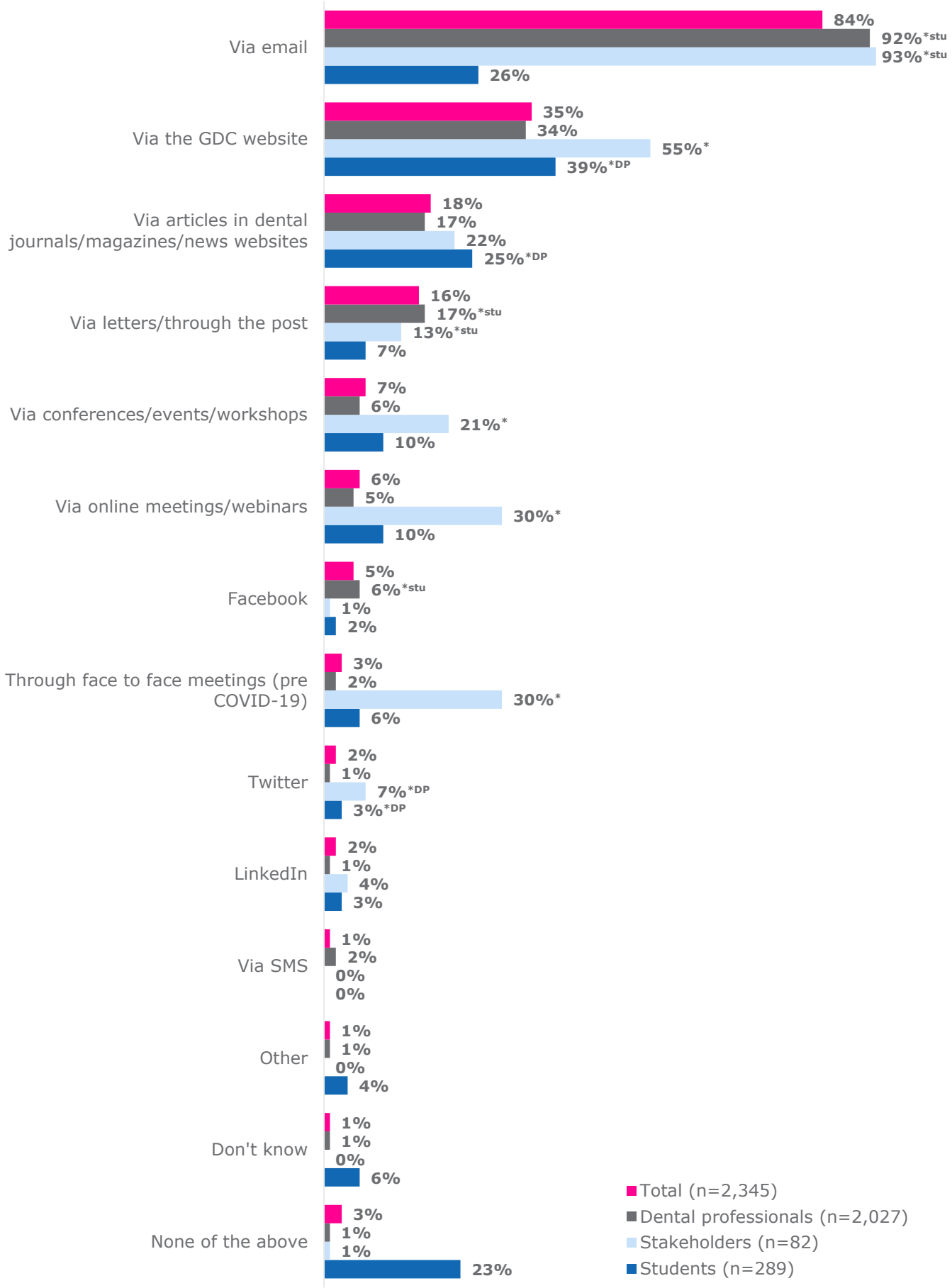
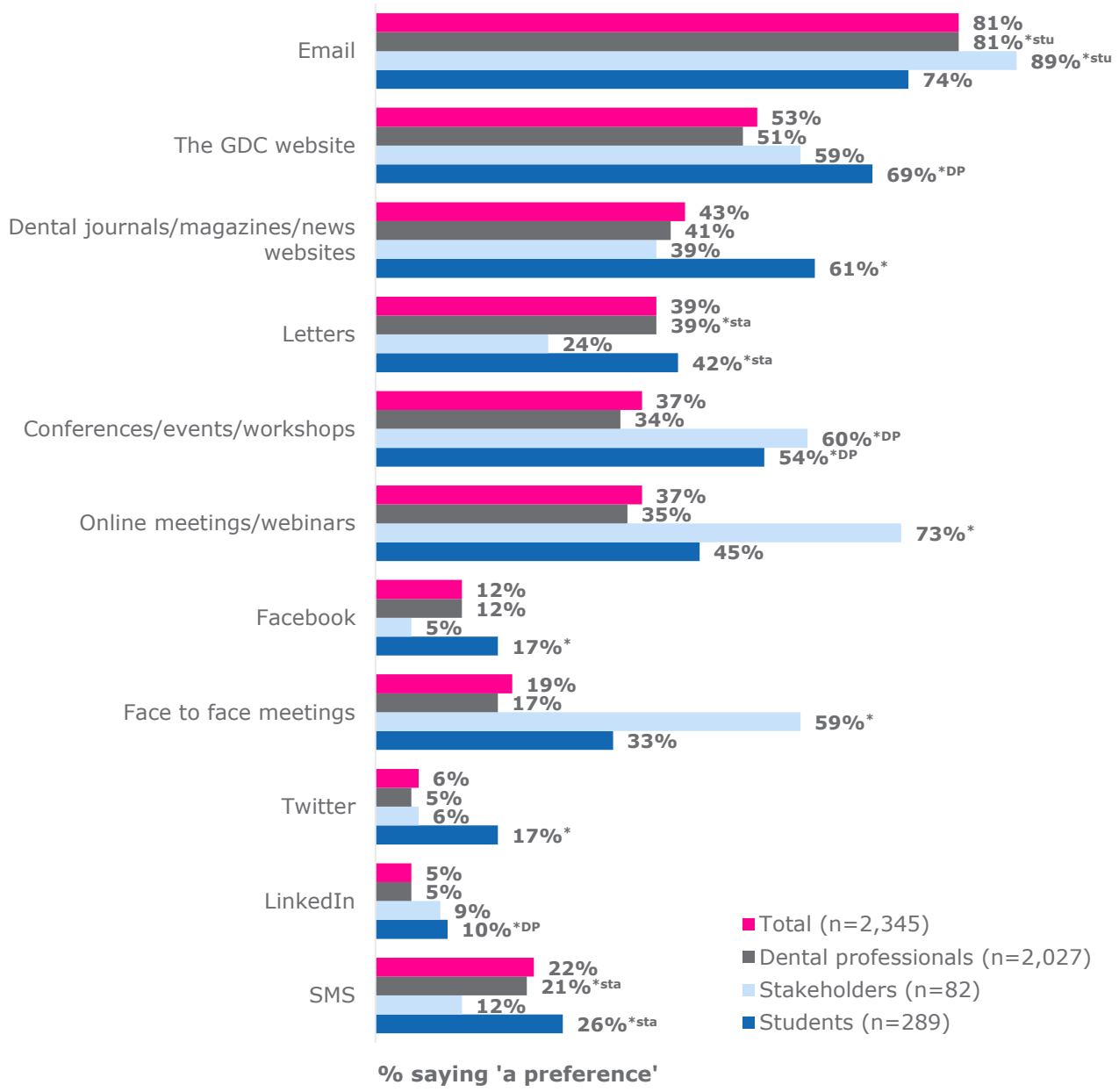


**Table 27: Dental professional breakdown - top three most received communication from the GDC[34]**

| | | | |
|---|---|---|---|
| **Dentist** (n=1,218) | Email (94%) | GDC website (34%) | Articles (21%) |
| **Dental Nurse** (n=351) | Email (91%) | GDC website (34%) | Articles (13%) |
| **Dental Hygienist** (n=155) | Email (92%) | GDC website (27%) | Articles (14%) |
| **Dental Technician** (n=98) | Email (88%) | GDC website (27%) | Articles (14%) |
| **Dental Therapist** (n=62) | Email (94%) | GDC website (22%) | Articles (14%) |

**Figure 65: Q13. Please rate your preference for receiving information via each of the following** (Base: all respondents, % NET preference)




[34] Clinical Dental Technicians and Orthodontic therapists were excluded from the table due to low base sizes (n=17 and n=9 respectively).

**Figure 66: Q14a/b. To what extent are you happy with the frequency and timeliness of communications?** (Base: all respondents)

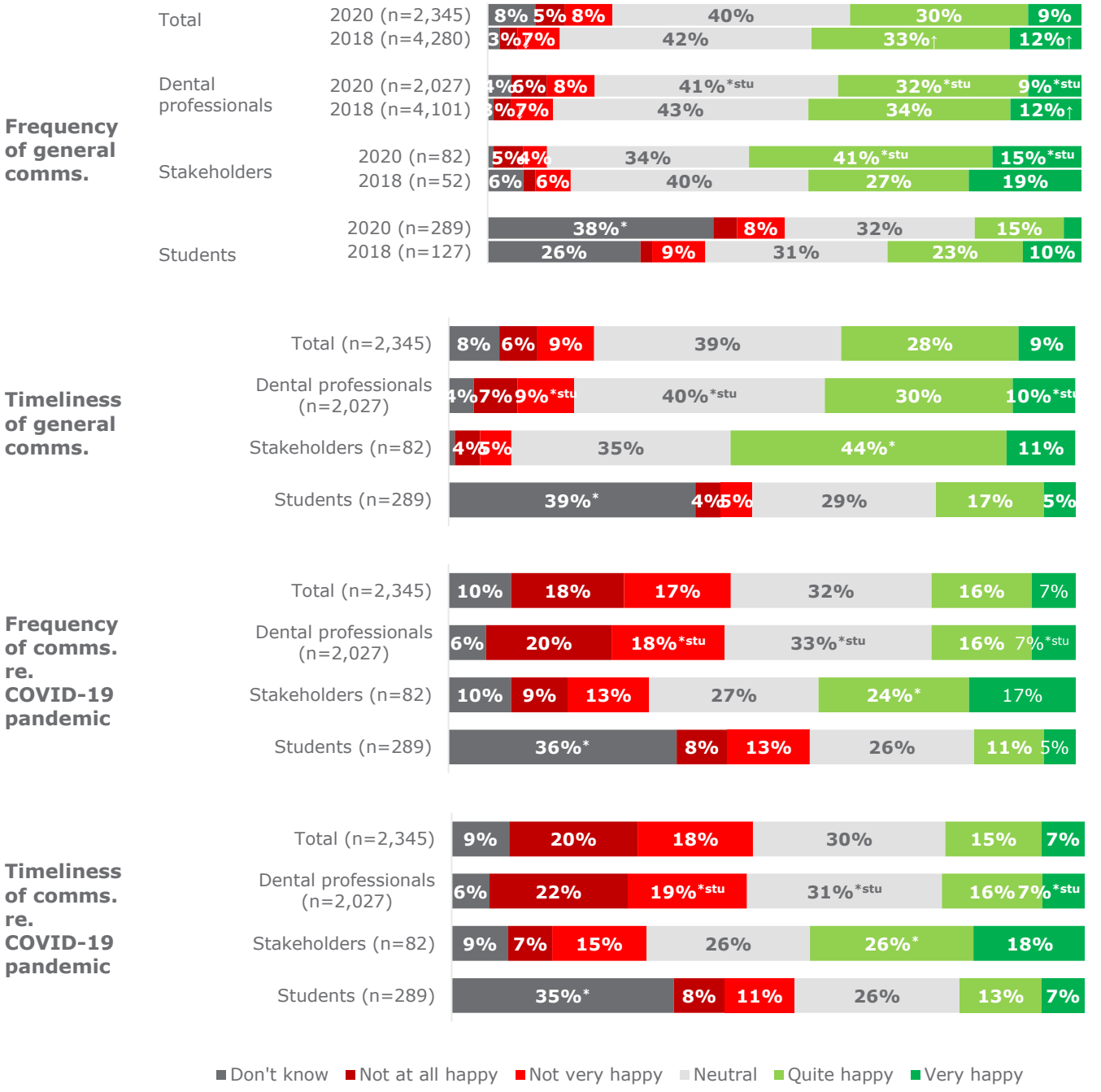


**Figure 67: Q14c. Would you like to hear from the GDC more or less frequently?** (Base: all who were not happy with frequency of contact)

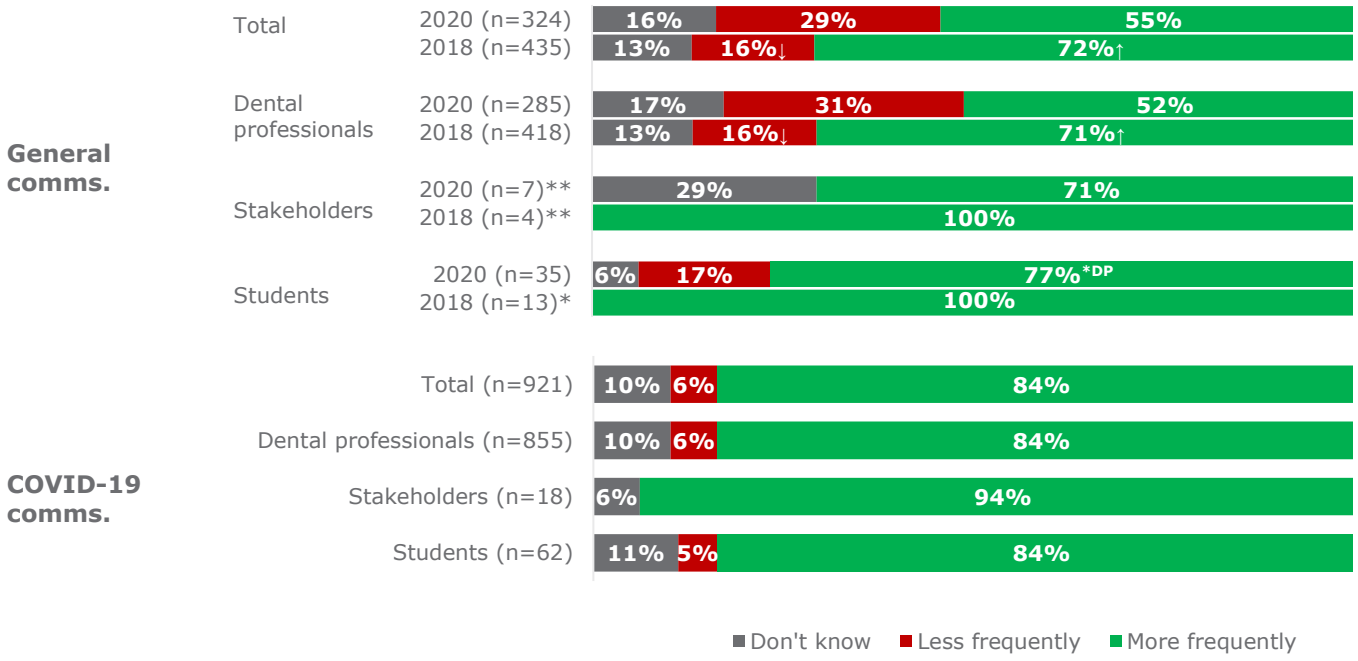



**Figure 68: Q15. How often do you open the emails you receive from the GDC?** (Base: all who receive emails)

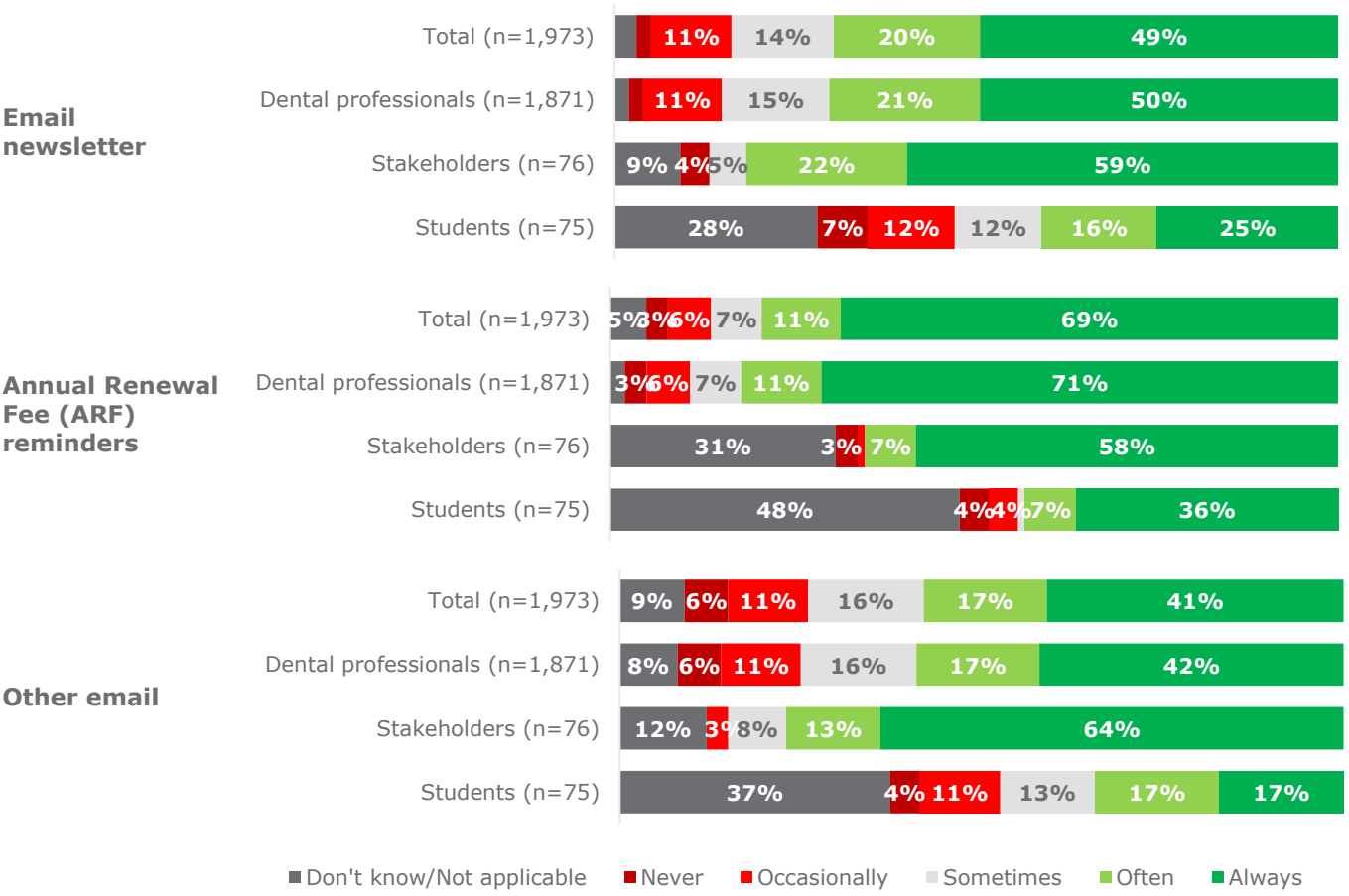
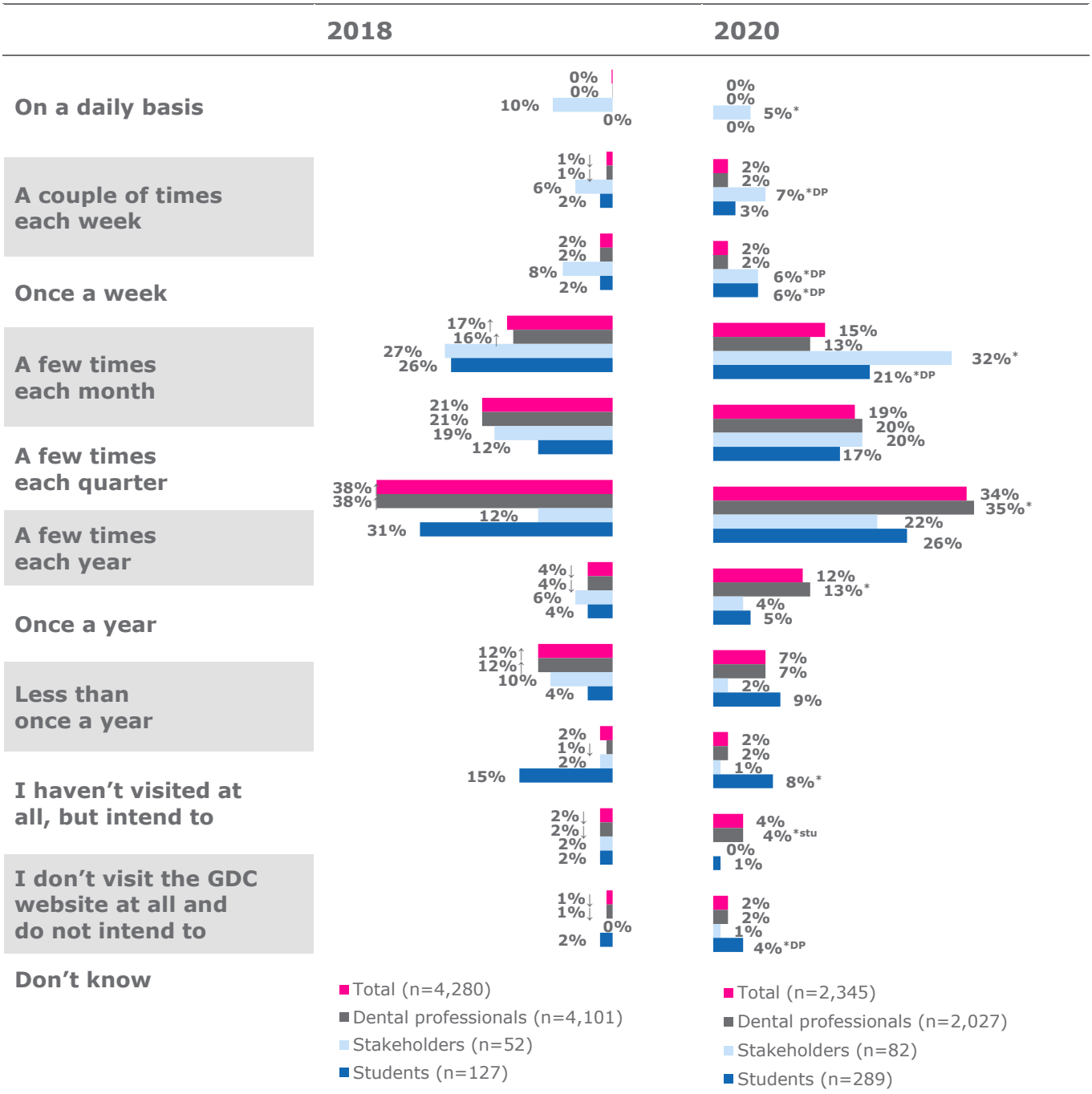


**Table 28: Dental professionals split by opening of emails** – % who always open email newsletter[35]

| Dentist (n=1,139) | Dental Nurse (n=321) | Dental Hygienist (n=141) | Dental Technician (n=87) | Dental Therapist (n=57) |
|---|---|---|---|---|
| 48% | 49% | 51% | 44% | 45% |

**Figure 69: Q16. How often do you visit the GDC website?** (Base: all respondents)

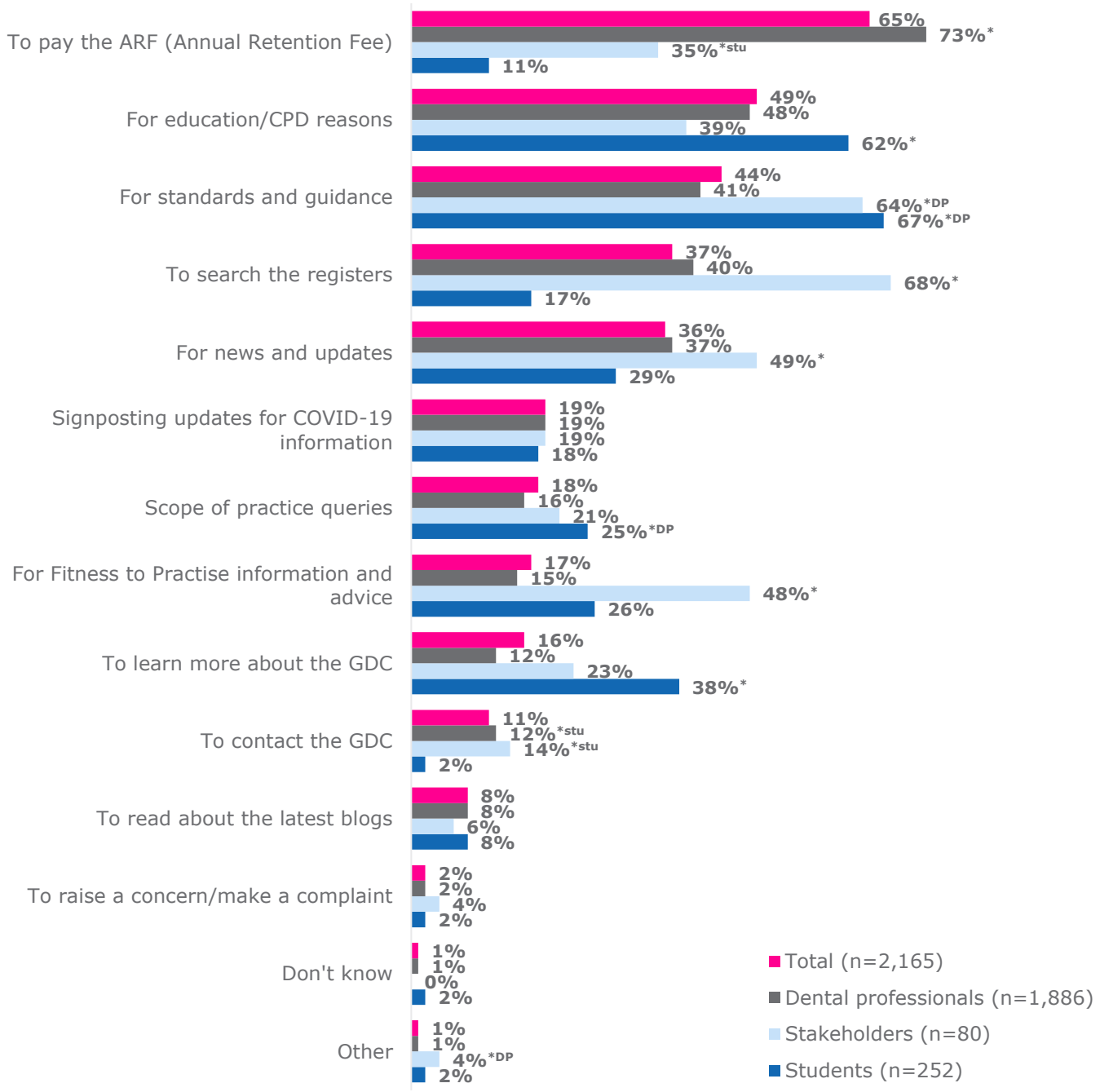



[35] Clinical Dental Technicians and Orthodontic therapists were excluded from the table due to low base sizes (n=17 and n=9 respectively).

## Table 29: Top frequency of visiting the GDC website by dental professional role[36]

| **Dentist** (n=1,218) | **Dental Nurse** (n=351) | **Dental Hygienist** (n=155) | **Dental Technician** (n=98) | **Dental Therapist** (n=62) |
|---|---|---|---|---|
| A few times each year (43%) | A few times each year (30%) | A few times each year (33%) | A few times each year (37%) | A few times each year (31%) |

## Figure 70: Q17.Why do you visit the GDC website? (Base: all who visit the website)




**'Other' includes:** Hearing updates/outcomes and updating CPD records.

[36] Clinical Dental Technicians and Orthodontic therapists were excluded from the table due to low base sizes (n=17 and n=9 respectively).

**Figure 71: Q19. How useful do you find the GDC website?** (Base: all who visit the website)

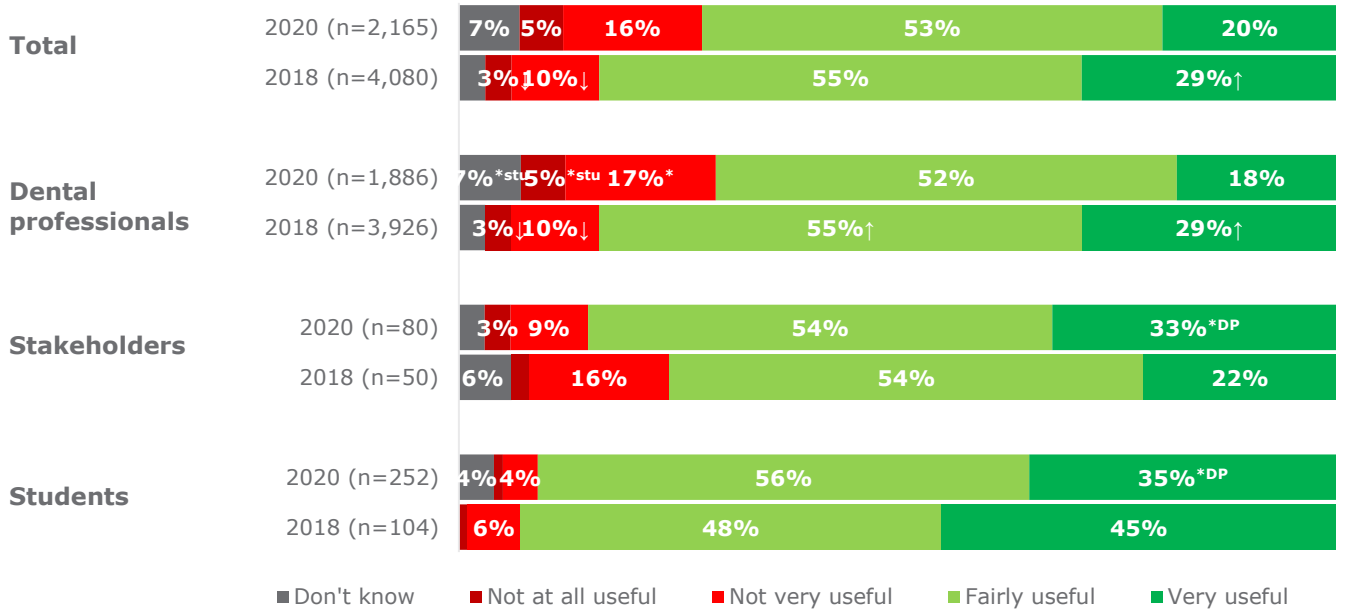



**Table 30: Dental professional role by usefulness of the GDC website**[37]

| | Dentist (n=1,145) | Dental Nurse (n=318) | Dental Hygienist (n=148) | Dental Technician (n=85) | Dental Therapist (n=62) |
|---|---|---|---|---|---|
| Fairly useful | 58% | 48% | 53% | 42% | 51% |
| Very useful | 8% | 26% | 20% | 2% | 18% |

[37] Clinical Dental Technicians and Orthodontic therapists were excluded from the table due to low base sizes (n=17 and n=9 respectively).

**Figure 72: Q20. What types of improvements, if any, would you make to the GDC website?** (Base: all those visiting the website)

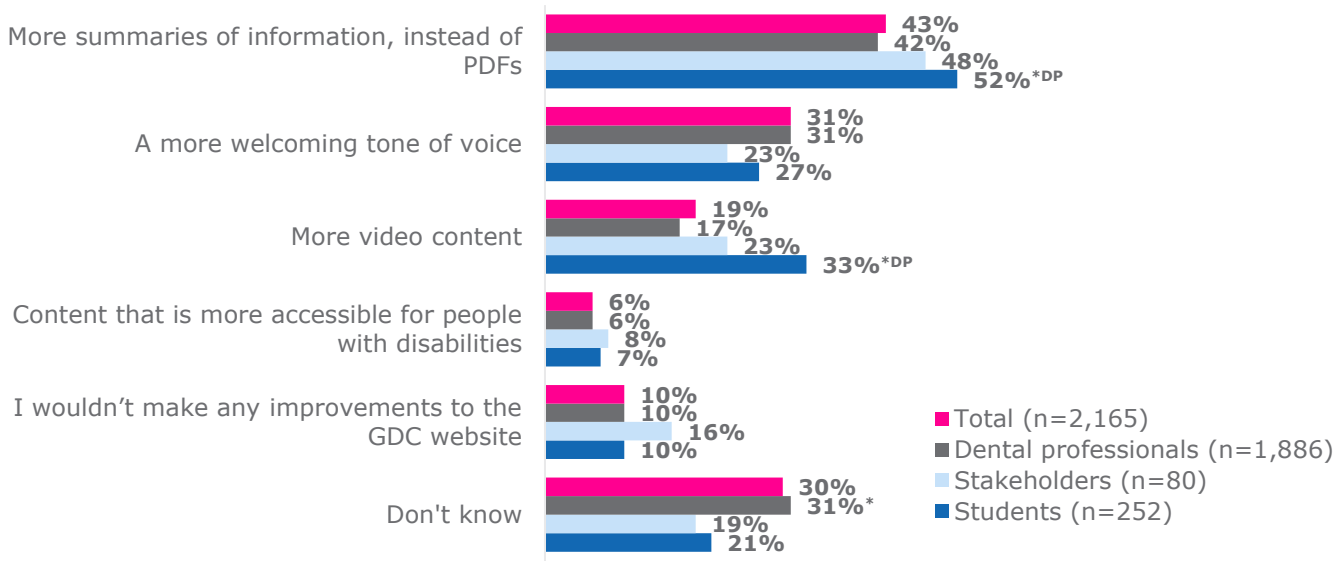
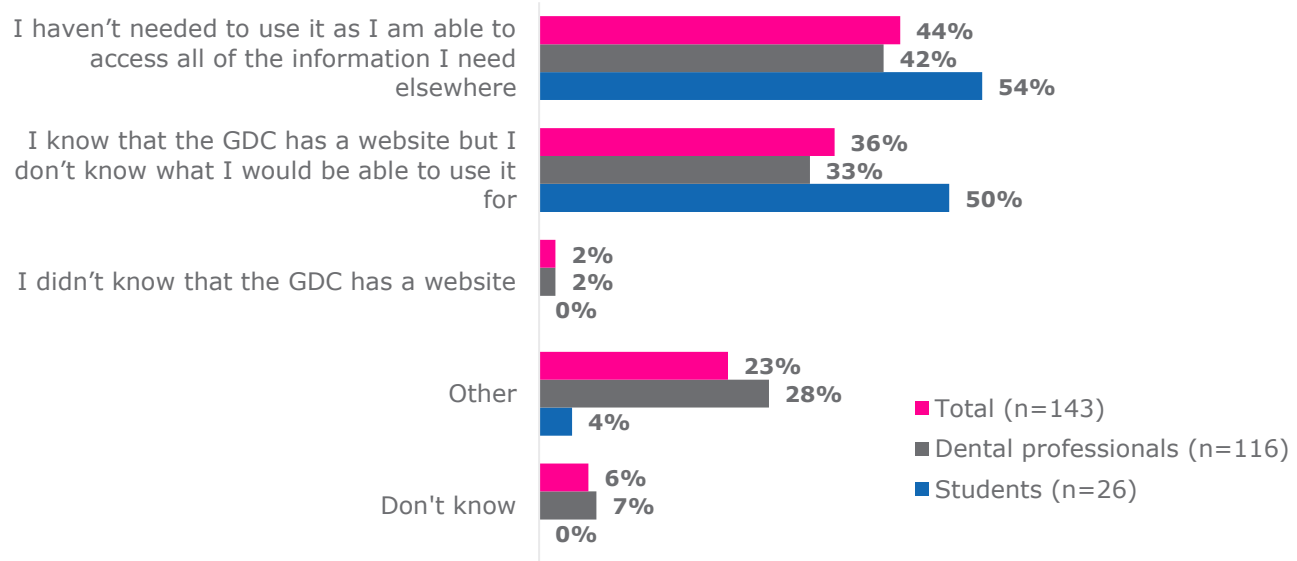



**Figure 73: Q18. Why don't you visit the GDC website?** (Base: all those visiting the website)




**Note:** one stakeholder answered this question, this has therefore not been included in the chart due to low base size. 'Other' included a range of answers, including not being interested in the GDC/the website and the GDC not being representative.

**Figure 74: Q22. Have you accessed/are you aware of the GDC's 'Insights from GDC Fitness to practise concerns'?** (Base: all respondents)

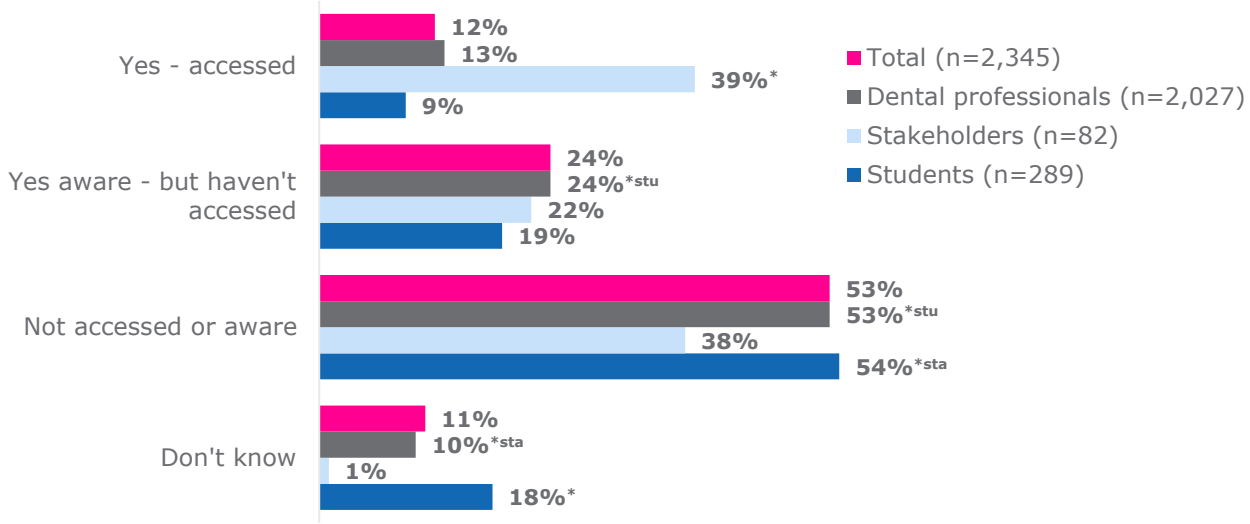



**Figure 75: Q23.Have you ever initiated contact with the GDC?** (Base: all respondents)

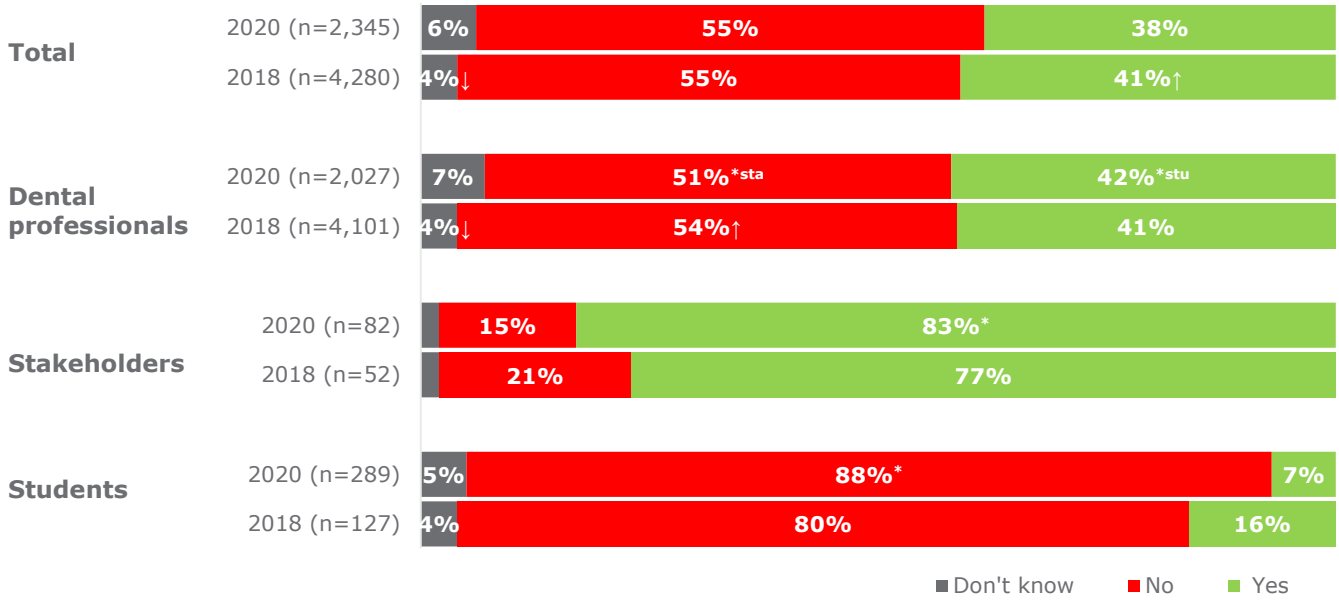
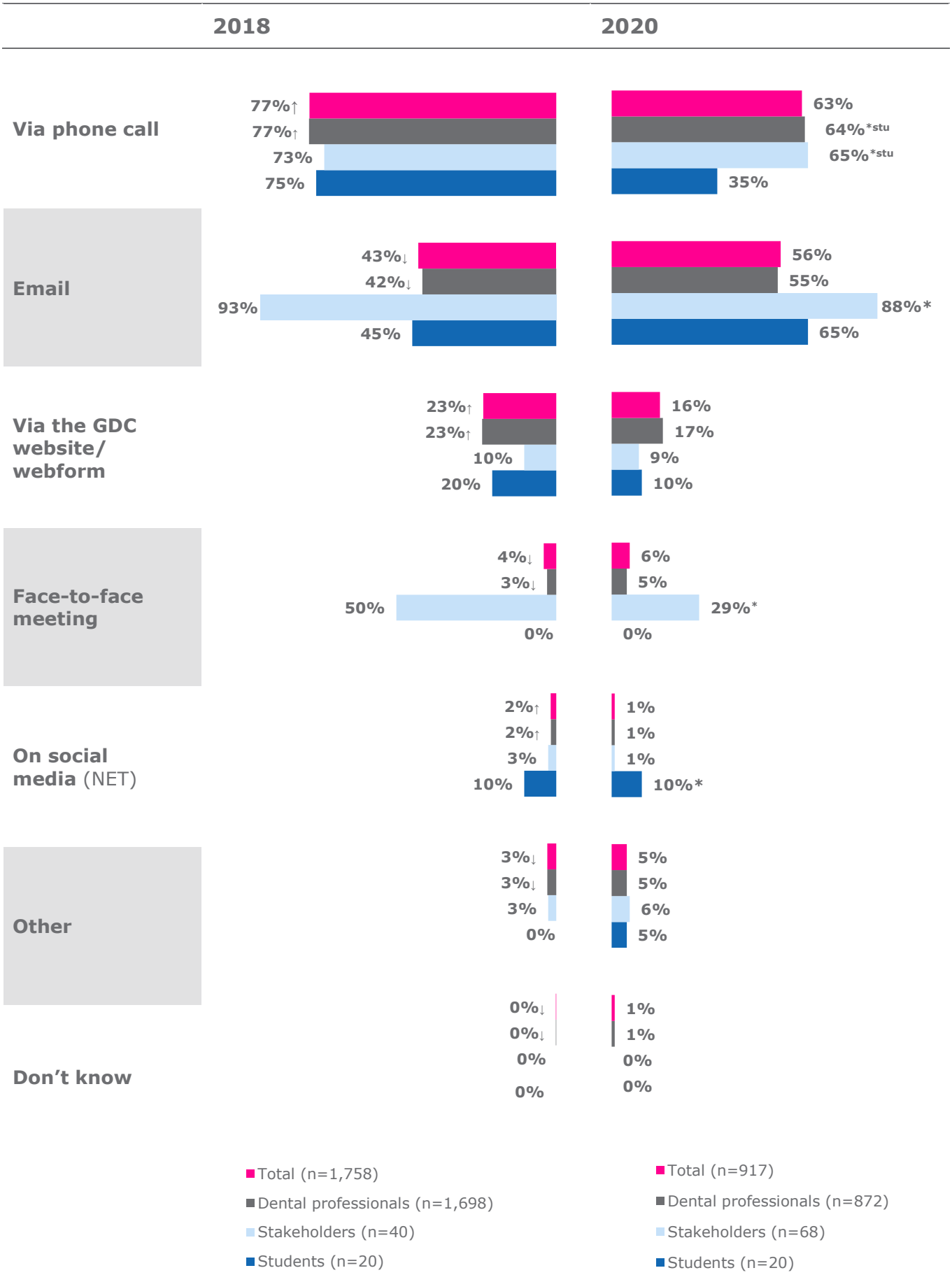



**Table 31: Dental professional role – those who have initiated contact with the GDC**[38]

| Dentist (n=1,218) | Dental Nurse (n=351) | Dental Hygienist (n=155) | Dental Therapist (n=62) | Dental Technician (n=98) |
|---|---|---|---|---|
| 37% | 40% | 53% | 50% | 45% |

[38] Clinical Dental Technicians and Orthodontic therapists were excluded from the table due to low base sizes (n=17 and n=9 respectively).

**Figure 76: Q24.Which of the following methods have you used to contact the GDC?** (Base: all who have initiated contact with the GDC)




Other includes post/formal letter.

**Figure 77: Q25. How easy was it to contact the GDC via the following methods?**
(Base: all who have initiated contact with the GDC)

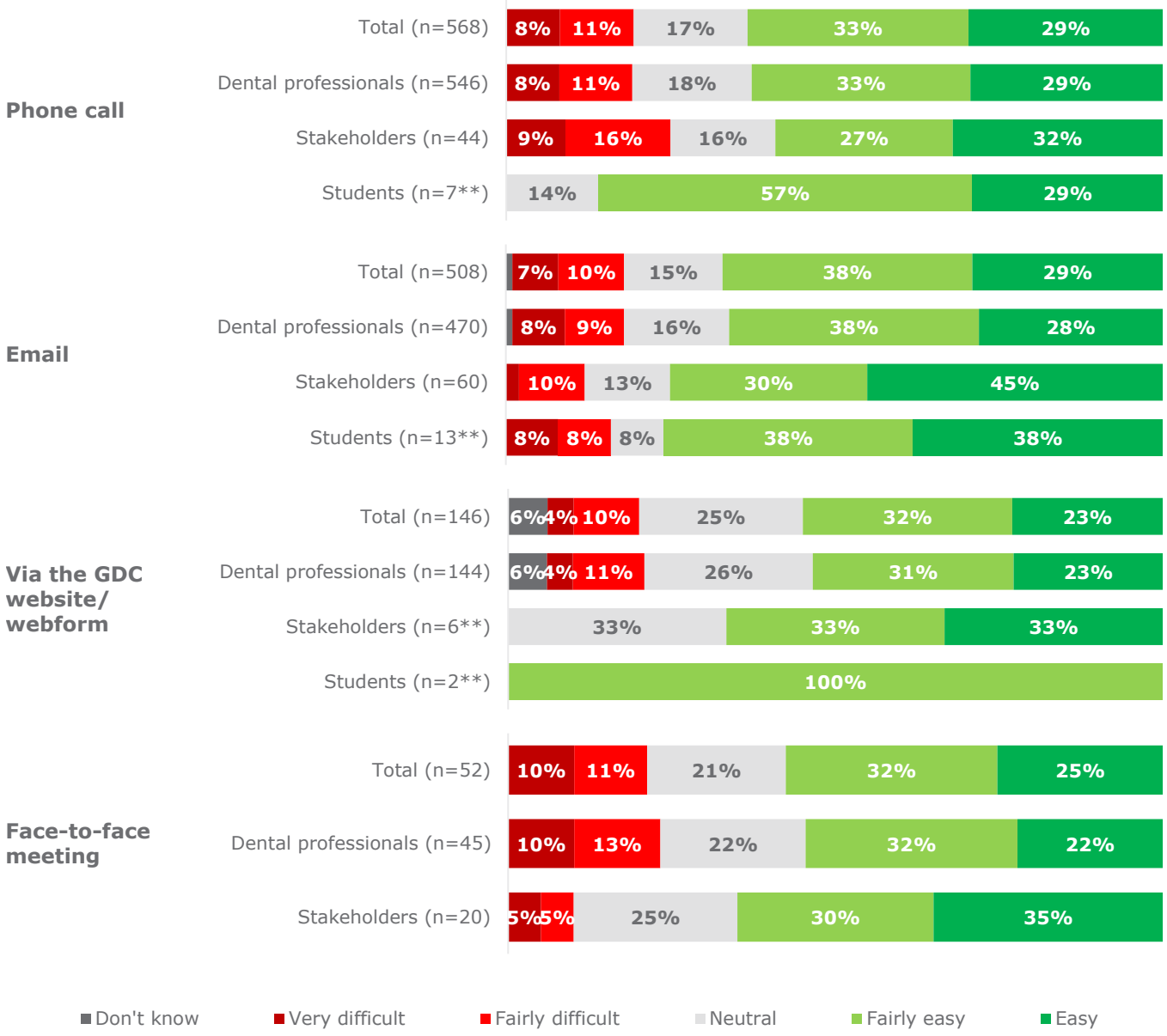


**Figure 78: Q21a. Which of these, if any, would you be interested in accessing via a GDC app?** (Base: all respondents)

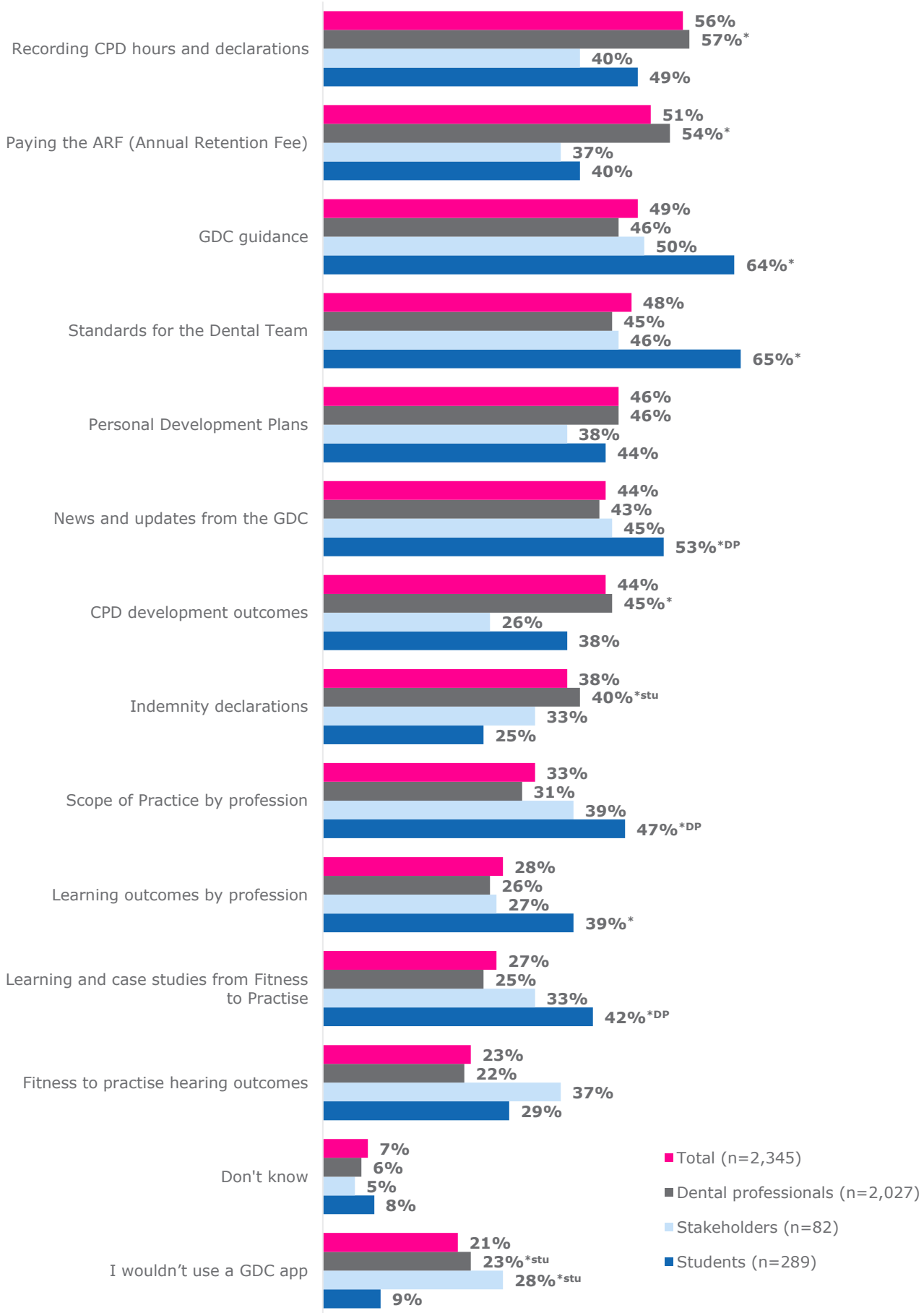


**Figure 79: Q21b. What are the reasons you wouldn't use a GDC app?**
(Base: all those who would not use an app)

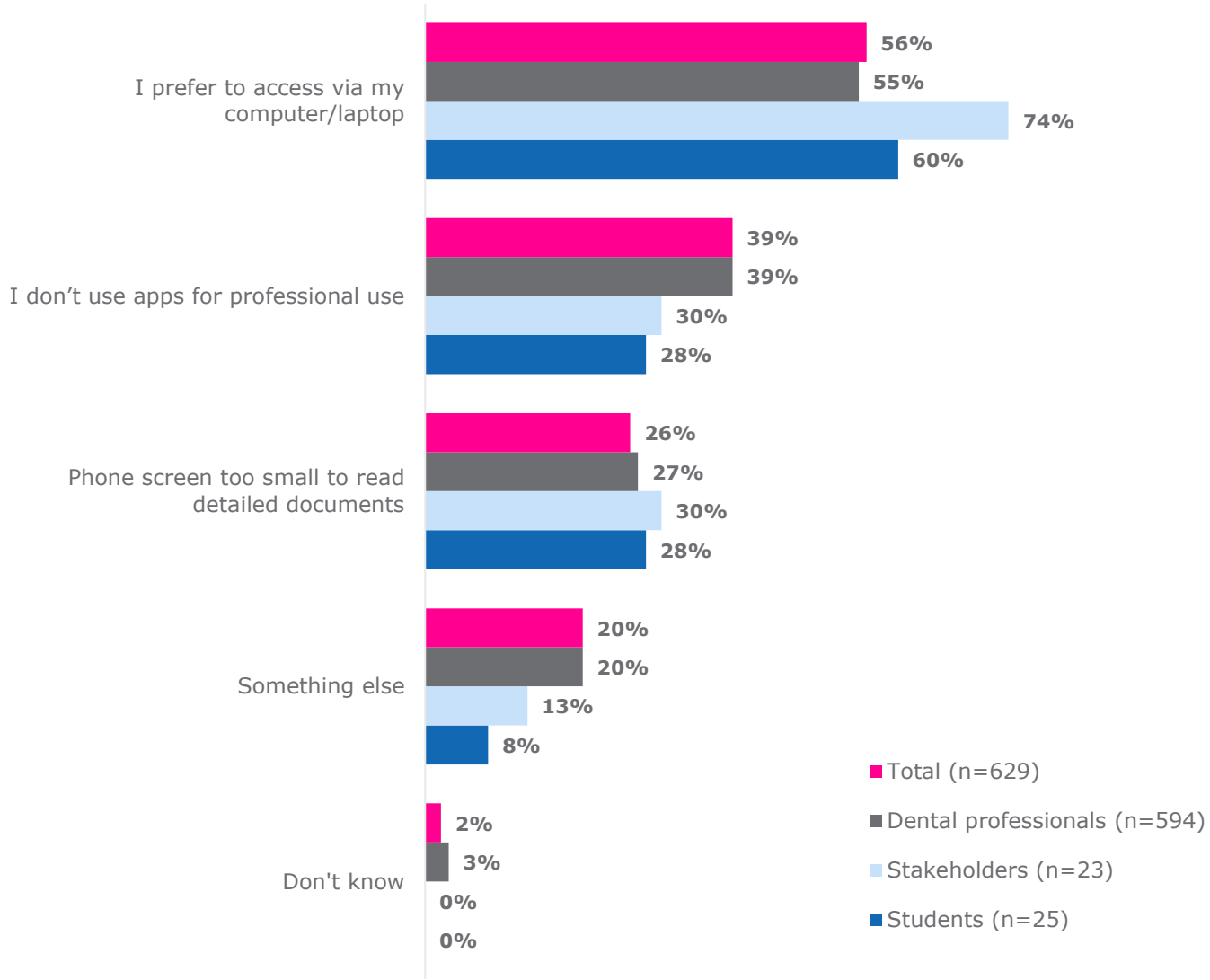


**Figure 80: Q26.Which of the following social media sites or apps do you regularly use?** (Base: all respondents)

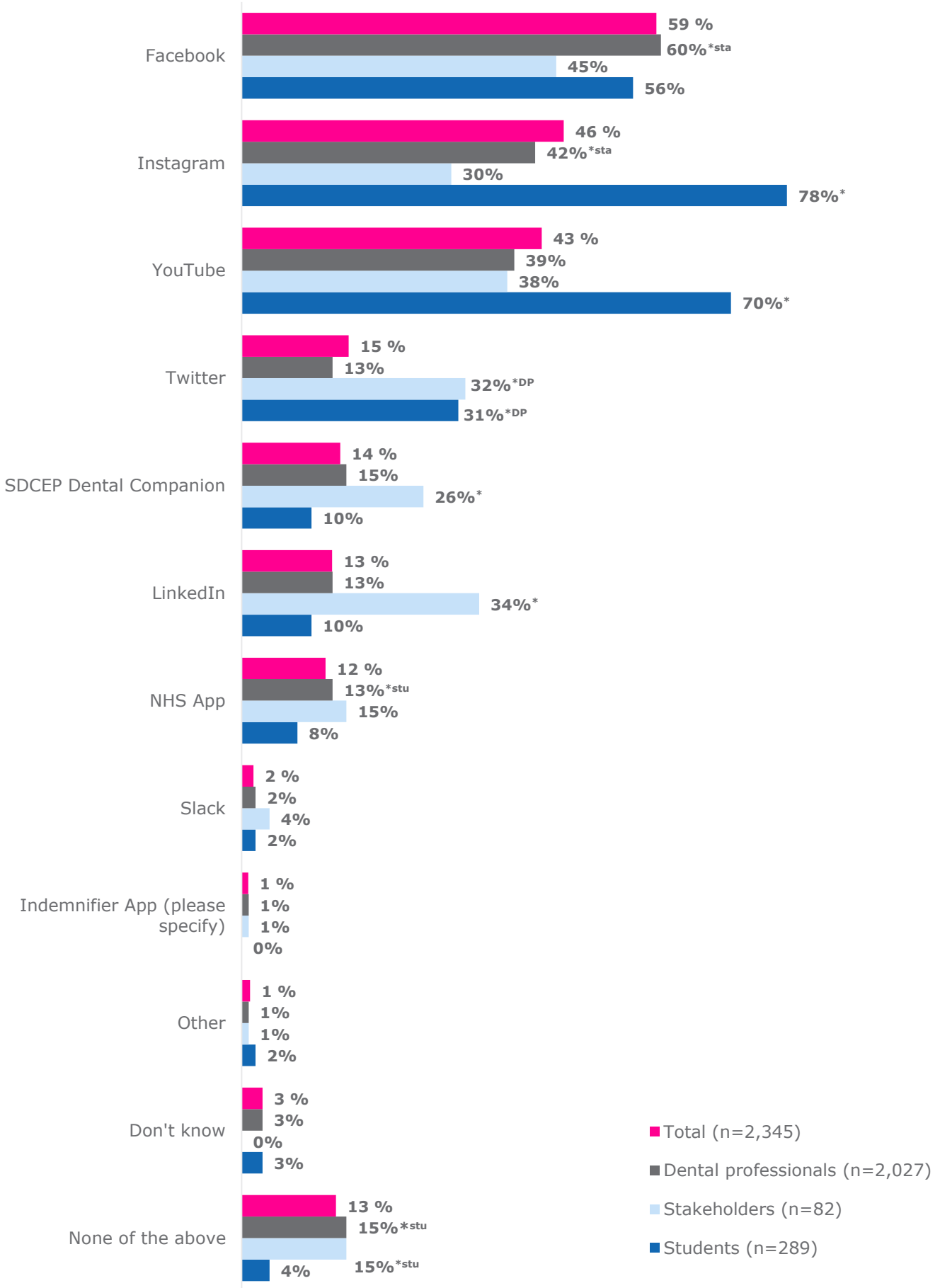


**Figure 81: Q27. Which of the following dental sector news and opinion outlets do you regularly use?** (Base: dental professionals and stakeholders who are also registered)

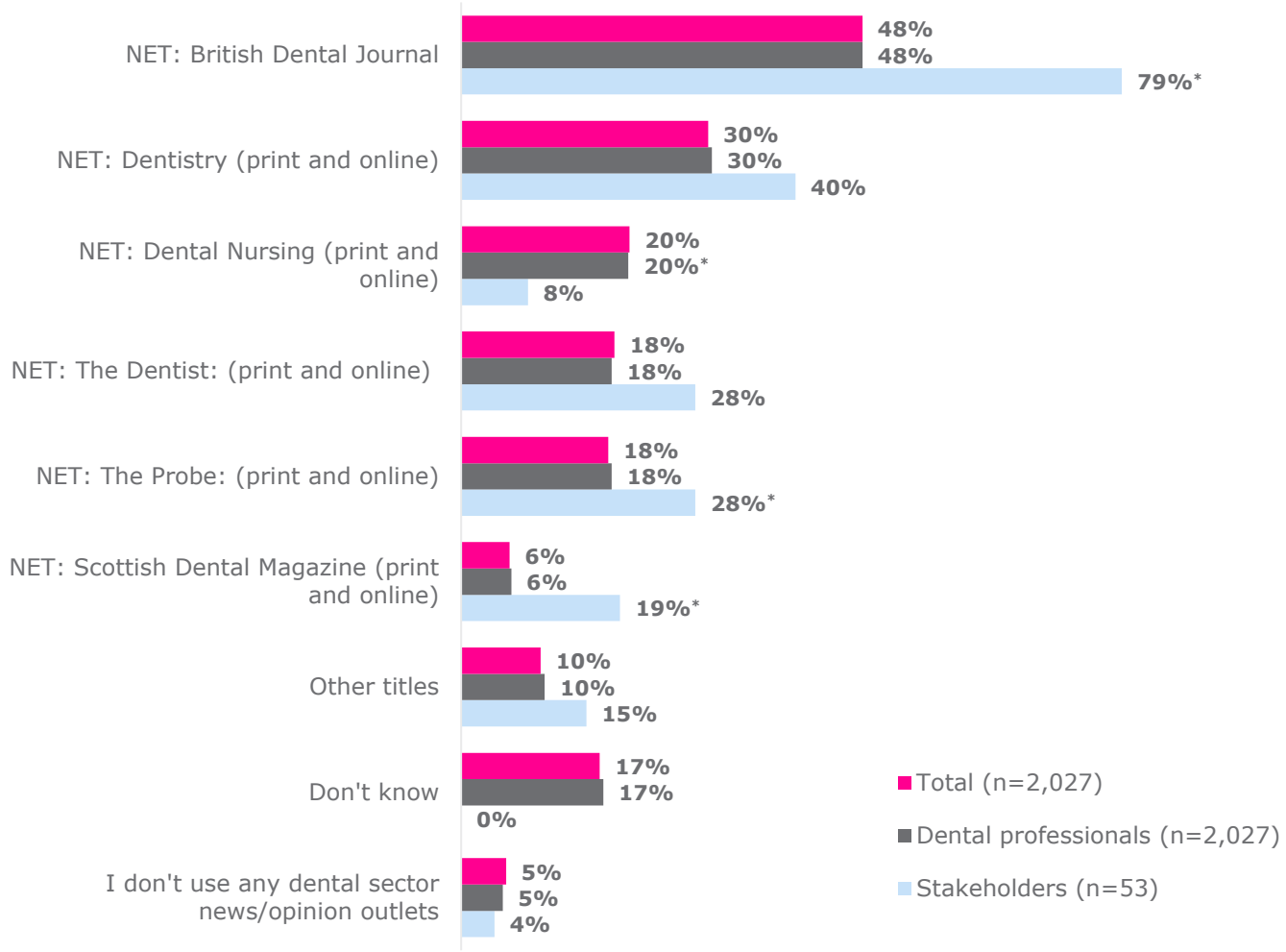
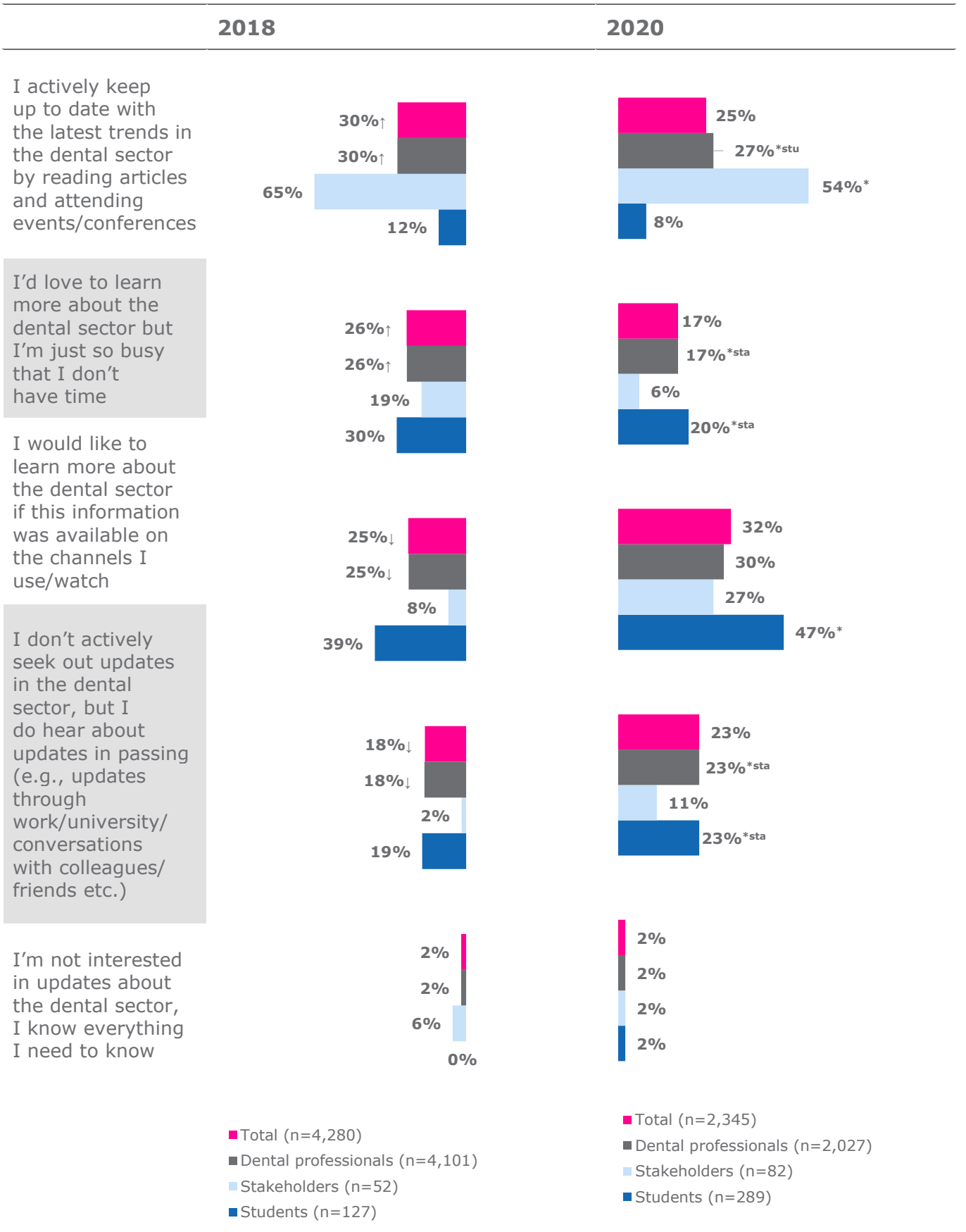


**Figure 82: Q28. Which of the following statements best describes your views?** (Base: all respondents)



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