Summary of Research Findings

Perceptions of Dentists’ Professional Roles within Primary Dental Care

Participants
Ten general dental practitioners and twelve community dentists, working throughout England, participated in semi-structured interviews for this research.

Key themes

Disconnection
At grass-roots level, dentists do not communicate with each other in a spirit of cooperation, despite some attempts at a more strategic level. Although both general dental practitioners and community dentists indicate that more communication would be appreciated, they are unclear about how to make direct contact with each other. Correspondence received from both groups is often felt to be insufficient, inaccurate or impersonal.

Business
A dental practice is perceived to be a business, first and foremost. General dental practitioners tend to refer patients who need more time, because they are not cost-effective to treat under the NHS dental contract, which does not place a value on dentists’ time. Some dentists, who practise entirely within the private sector, report that they rarely need to refer their patients to community dental services. They associate this with their ability to spend more time with patients, without making a financial loss, and also with the characteristics of the patients who seek out their services.

Autonomy
Dentists value their clinical autonomy very highly. Some general dental practitioners have actively avoided working in corporate dentistry, in order to maintain their autonomy; others have bought, or set up, independent dental practices. Senior, specialist community dentists describe their influential roles in developing community dental services. Some generalist community dentists are frustrated that they cannot utilise all of their additional skills to benefit patients, due to constraints caused by commissioning.
Obscure rules
Navigating community dental services can be fraught with confusion and complexity for general dental practitioners. Community dentists describe patient acceptance criteria and types of care provided by community dental services which show marked variation between services. Both general dental practitioners and community dentists are concerned that patients can experience long waits for assessment and treatment, once referred to community dental services. Community dentists value being able to deliver seamless, integrated care without having to refer patients on to other services. However, many describe recent commissioning and organisational changes which have produced fragmented patient care pathways, which involve a second referral and a further delay in receiving care.

Allegiance to NHS
Some general dental practitioners express their belief in the principles of the NHS. Often, this is at odds with their perceived ability to deliver quality care. Consequently those dentists now provide most, or all, of their care privately. Others resent, and therefore aim to avoid, the bureaucracy, constraints and interference in their practice which they associate with the NHS dental contract. For community dentists, a commitment to serving the community is implicit, through their employment within the NHS, or an NHS-funded social enterprise.

Quality care
Almost all the participants emphasise the quality of the dental care which they provide for their patients, and the value which they place on providing quality care. Whilst some dentists describe quality in terms of holistic, individually-tailored care, others focus on the technical skills and range of treatments which they can offer to their patients.

No man’s land
There is a gap between the perceived roles of general dental practitioners and community dentists. Into this gap, fall certain vulnerable patients, who are considered to be too time-consuming to be welcomed by general dental practitioners, but not sufficiently deserving to be entitled to use community dental services. Patients who are described in this way include children with extensive dental caries (decay), people who are anxious, or who struggle to cope with everyday life, and older people who have become frail.

Summary
General dental practitioners and community dentists are constrained by structural factors (contracting and commissioning), which can make it difficult for them to provide dental care for some patients. This primarily affects patients who need extra time to manage routine care and who are unable to access private dental care, due to physical or financial limitations.

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