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Announcement of methodological change to Dentists' Working Patterns, Motivation and Morale

Introduction

The Dentists' Working Patterns, Motivation and Morale series of Official Statistics, formerly known as Dental Working Hours, provides information on the working patterns, motivation, and morale of primary care dentists in England, Northern Ireland, Scotland and Wales. Findings are taken from the biennial Dental Working Patterns (DWP) Survey; all primary care dentists who provided some NHS/Health Service care in one or both of the two years covered by the survey are invited to participate.

The report includes information on average weekly working hours, weeks of annual leave, the division of time between NHS/Health Services dentistry and clinical and non-clinical work as well as levels of motivation and morale.

This notice describes changes agreed for the 2018/19 and 2019/20 report following consultation with stakeholder groups and a formal publication review.

Change of Report Name

Following internal review at NHS Digital, the name of the report has been changed from 'Dental Working Hours' to 'Dentists' Working Patterns, Motivation and Morale' which, it is hoped, is more informative for searches on web-browsers.

England and Wales Analysis

Until the 2016/17 and 2017/18 report (published in August 2018), figures for England and Wales were presented together, although some high-level figures for Wales were included in separate chapters.

However, the Welsh Government has requested separate analysis for Wales to better understand the data so results are now presented for England and Wales separately.

Determining Dental Working Arrangements in England and Wales

Information on the dental workforce is provided by the NHS Business Services Authority (NHS BSA) for England and Wales, the Northern Ireland Health and Social Care Business Services Organisation (BSO) and the NHS National Services Information Services Division Scotland (ISD). Workforce data is used to compile the underlying population characteristics and weighting variables for survey analysis in each country.

Unavoidable changes to NHS BSA IT systems have meant that the data items used to determine the working arrangements (i.e. dental type) of dentists in England and Wales

were no longer reliable, and a review of historical figures revealed that the data items had been growing increasingly inaccurate over a period of several years. A range of options for determining dental type in England and Wales were considered and, following close discussions with NHS BSA and our stakeholder groups, a new methodology was agreed for 2018/19 onwards based upon the access rights of dentists using the NHS BSA Compass system. NHS Digital are unable to validate this data so it may not be fully accurate, however, when compared to self-declaration by dentists in the DWP Survey there is closer alignment in dental type compared to the old methodology.

This change in methodology has resulted in large numbers of dentists being reclassified as Providing-Performer and a consequential decrease in Associate dentist numbers. More detail can be found in the Methodology section within the publication. A different methodology is used to determine dental type for dentists Scotland and Northern Ireland which are therefore unaffected by this change.

The changes have also led to a review of the stratification and weighting methodologies used in England and Wales, discussed in the next section.

Stratification of the Population and Weighting of Results

All results are estimates based on samples and are subject to sampling error which can occur because a sample may not respond or behave in the same fashion as the entire population. Results from the DWP survey responder population are therefore weighted in order to reflect the nature of the overall dental population. The weighting variables used depend on the size and underlying characteristics of each population and these have changed in England and Wales.

The number of dentists working on PDS contracts in England and Wales has been gradually decreasing over the last decade and this, along with the fact that results for England and Wales now being separated, has led to a change in the stratification used in each country. For 2018/19 forward, dentists are allocated to strata as follows:

	England	Northern Ireland Scotland Wales
	16 strata based on:	6 strata based on:
Dental type	Providing-Performer Associate	NA
Contract type	No longer used	NA
Gender	Male Female	Male Female
Age (years)	<35 35-44 45-54 55+	<35 35-44 45+

With the removal of contract type, dentists in England are now allocated to one of 16 strata (as opposed to 32 previously) based on dental type, gender, and age. The smaller sample

size in Wales means dentists in this country are now allocated to one of six strata based on gender and age alone, matching the stratification used for Northern Ireland and Scotland which is unchanged.

Details of the stratification and weighting of each population can be found in the Methodology section of the publication.

Changes in data entry

In previous surveys, questions three and eleven, and questions four and twelve, which ask respondents to estimate the amount of time they spend on clinical activity and NHS/Health Service work respectively, used an on-screen slider for users to select values. Respondents using mobile devices found it difficult to use the slider and advised that it was an inaccurate means of data collection. As a result, the collection tool was changed this year to capture these numerical values in data entry boxes instead of using the sliding bar, and there is a possibility that this change in the collection has affected the data collected for 2018/19 and 2019/20. Footnotes have been included in affected sections as applicable.

Removal of dentists with less than five hours weekly work

For the first time, dentists who recorded less than five hours weekly work in any country were removed from the analysis as they were considered outliers.

Impact of Methodological Changes and Break in Time-Series

The publication of separate figures for England and Wales, the new methodology for identifying dental type and the changes in the weighting of results means 2018/19 and 2019/20 figures are not comparable with earlier results and necessitate a break in the time-series.

The change in dental type methodology has had a greater effect upon results for Wales, which are based upon a far smaller dental population. As a result, only 2018/19 and 2019/20 figures are shown for Wales and comparisons should not be made with results from previous years which are based upon the original methodology and strata. Time-series results for England prior to 2018/19 are still shown in the report; although the new dental type methodology cannot be retrospectively applied, all results in England have been reweighted using the updated stratification. Nonetheless, given the large changes in the underlying population, comparisons between results from the latest survey (covering 2018/19 and 2019/20) and earlier ones should be made with great caution and such discussions are limited in the report.

Timing

These changes will be implemented in the Dentists' Working Patterns, Motivation and Morale 2018/19 and 2019/20 publication of 27 August 2020.

Further information

If you have any comments or questions about these changes, please contact NHS Digital on 0300 303 5678 or email PrimaryCareWorkforce@nhs.net