

GDPs' views on alternative remuneration systems

General dental practitioners' beliefs on the perceived effects of and their preferences for remuneration mechanisms **D. Wright and P. A. Batchelor. Br Dent J 2002; 192: 46–49**

Objective

To identify GDPs preferences for differing remuneration mechanisms and their beliefs on the effect of the mechanisms in care provision.

Design

Postal questionnaire survey of 300 GDPs holding an NHS contract with a London Health Authority.

Results

GDPs perceive that remuneration mechanisms are important in determining the provision of care but not overall disease levels. There were differences in the preferred remuneration mechanisms when working under the NHS compared with the non-NHS sector. When providing care under the NHS, either the current remuneration system or a salaried plus bonus would be the preferred choice, while for non-NHS care a fee-per-item mechanism is preferred. Fee-per-item arrangement was the preferred choice of younger general practitioners compared with older practitioners. Females showed a greater preference for a salaried with bonus arrangement compared with males.

Conclusions

If policy makers are to use remuneration mechanisms to influence the provision of care effectively, the beliefs that care providers hold about various mechanisms are important to understand how they would respond to changes in the system.

IN BRIEF

- Policy makers will need to consider the rationale for the differing preferences that GDPs have for various remuneration mechanisms.
- GDPs felt that how they are remunerated is important in influencing the provision of care but not in the determination of disease levels.
- The sex differences, with females preferring a salaried plus bonus arrangement, are likely to become more important as the profile of dental graduates changes.

COMMENT

This study addresses the issue of remuneration systems in general dental practice. A random sample of 300 dentists with NHS contracts practising in the London area was selected and a 62% response rate was achieved. Sixty four percent of respondents received 50% or more of their practice turnover from NHS dentistry. The results found that 36% of respondents considered that the remuneration system was very important in influencing the provision of care.

Interestingly, respondents registered different preferred remuneration systems depending on whether funding was within the NHS system or privately. In the NHS sector, the preference was almost equally divided between salary plus bonus or fee-per-item. Capitation and salary only were the least favourable options. For care provided outside the NHS, two thirds of the respondents preferred fee-per-item arrangements.

This study reaches no definitive conclusion as to whether general dental practitioners consider the remuneration systems impact on untreated disease levels. The results of the study suggest that the age of the practitioner influenced the preferred system of remuneration with younger dentists preferring fee-per-item and older dentists preferring a salary.

It would seem to be the case that the financial needs of practitioners vary considerably during their practising lifetime. Newly qualified graduates invariably have not only considerable debts incurred during student days but also the need to establish themselves in their professional careers. This would indicate the need and desire for a remuneration system which would allow them the flexibility to generate an initial high income. Older practitioners, as this study suggests, would prefer a different remuneration system — probably one which does not produce such a high degree of stress. With the advent of the personal dental system pilots and the expansion of dentistry within the corporate sector it would be interesting to see how popular these new and varied remuneration systems will be since they significantly differ from the current system in the general dental services. The popularity of the fee-per-item in the private sector may be because the practitioner has intimate control of the fee and therefore his or her income. Private capitation schemes have however shown some popularity with both patients and dentists and it is possible that the non-NHS patient could be exerting significant influence over the way that they wish to pay for their oral healthcare. As this study indicates, these important issues require further research.

Professor R S Ireland
Honorary Senior Research Fellow
The University of Liverpool