



DENTAL  
COMPLAINTS  
RESOLUTION  
SERVICE

# 2014

ANNUAL REPORT

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## AWARENESS BUILDING

Since its establishment in 2012, levels of awareness and activity for the DCRS have grown significantly.

The Dental Complaints Resolution Service was launched in May 2012 as an alternative means to handling complaints registered following receipt of dental care and treatment within the Republic of Ireland, other than under the scope of the medical card (DTSS) or social insurance (DTBS) schemes. The Service is a voluntary initiative promoted by the Irish Dental Association and is open to complainants and dentists. Being voluntary, no dentist can be compelled to participate. It can be availed of without charge by IDA members while non-members pay a fee of €95 per complaint.

At the end of 2014, a review was commenced for consideration by the Board of Directors of the Irish Dental Association and the Council of the Irish Dental Union, with the objective of reviewing the operation of the Dental Complaints Resolution Service and to propose recommendations for change and improvement in its operation.

The review reflected interviews with a small number of individuals intimately acquainted with the operation of the Dental Complaints Resolution Service, the findings of a survey of private practice dentists conducted by the Association, and a review of a sample of cases conducted with the kind assistance of two dentists, two DPL representatives and a senior official from the UK Dental Complaints Service. We wish to thank all concerned for their generous and invaluable assistance.

### Activity levels

The level of activity for the service has been consistently high. In 2013, the Service received 1,230 letters and 262 telephone calls, arising from which 130 complaints were received. In 2014, 384 calls and 1,250 emails were received, from which 158 complaints emerged.

### Awareness of the Dental Complaints Resolution Service

The Dental Complaints Resolution Service is promoted primarily through its own website ([www.dentalcomplaints.ie](http://www.dentalcomplaints.ie)), through regular mention in the *Journal of the Irish Dental Association*, through communications to dentists by the Association and DPL in particular, and through intermittent media coverage. The Dental Council and the Association also

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promote awareness of the Dental Complaints Resolution Service in responding to queries received from the general public and from dentists. Among dentists, there is a reasonably strong awareness of the Dental Complaints Resolution Service. The IDA survey of private practitioners, which attracted 192 responses, shows that:

- 91% of respondents were aware of the Service;
- 80% were aware that this was a service provided by the IDA;
- 40% were aware of the Service's website;
- 74% were aware that the Dental Council requires dentists to have a procedure in their practice to handle complaints;
- 13% were very or extremely familiar with the operation of the Service while 60% were not at all or slightly familiar with the operation of the Service;
- 97% support the idea of the Service as a worthwhile initiative;
- 94% believe that dentists generally support the idea of the Service;
- 94% would avail of the Service if a patient raised a complaint that could not be resolved directly;
- 64% of respondents who availed of the Service (n=33) stated they were very or completely satisfied with the handling of a complaint by the service;
- 80% of those who availed of the Service claimed they contacted their defence organisation or representative within ten days of receiving a complaint;



FOR THE 12 MONTHS TO MARCH 2015, THE [WWW.DENTALCOMPLAINTS.IE](http://WWW.DENTALCOMPLAINTS.IE) WEBSITE ATTRACTED 17,439 VISITS OR JUST UNDER 60,000 HITS.

- 32% of those who availed of the Service believed the settlement was unfair or very unfair, 32% thought it was about right and 36% thought it was fair or very fair;
- 64% were very or completely satisfied with the timeliness of the response and ongoing dialogue with the Service; and,
- 60% were very or completely satisfied with the written communications with the Service.

For the 12 months to March 2015, the [www.dentalcomplaints.ie](http://www.dentalcomplaints.ie) website attracted 17,439 visits or just under 60,000 hits.

We expect that extra resources will be needed to enable the Service to cope with the increasing level of enquiries being received, lessons learned from the first ever review, and also to reflect best practice and good governance.

In the meantime, we are pleased to commend the service and to thank all who have contributed to its continued success.



**Dr Peter Gannon**  
President  
Irish Dental Association



**Mr Fintan Hourihan**  
Chief Executive Officer  
Irish Dental Association

## MUTUAL BENEFIT

Dr Eamon Croke, President, Dental Council of Ireland, says that successful management of a complaint is liberating.

A complaint has been described as “an expression of dissatisfaction whether justified or not” (BS8600:1999). The majority of complaints received by Dental Council from patients about dentists or dental treatment are broadly consumer type grievances. The types of complaints received revolve around dissatisfaction with treatment, communication issues, fees or adverse events. It is unsettling to note that 25% of communication complaints relate to dentists’ behaviour after the patient brought a concern to their attention. All of these types of complaints are within the remit of all dental practices to address and resolve to mutual benefit.

There is evidence that complaints in general are rising. Consumer protection has become a central concern for governments. As consumers we are encouraged to complain if we are dissatisfied. The right to complain is enshrined in consumer laws and encouraged by many State agencies. Healthcare provision is now regularly considered a service provision with patients portrayed as consumers. Every practice should already have a protocol in place to manage complaints.

**5.4** We expect your practice to have a complaints procedure on public display which clearly outlines how:

- to make a complaint, and
- how your practice would deal with it.

This procedure should identify by name the person who deals with patients’ complaints.

**Code of Practice relating to: Professional Behaviour and Ethical Conduct (2012)**

There is universal agreement that complaint management has a huge effect on outcome. Successful complaint management requires the 4 Cs: courtesy, consideration, communication and competency. Courtesy is essential to the prevention and resolution of complaints. It is not an admission of guilt to apologise to a patient upon receipt

of a complaint while seeking time to consider the complaint – it is good manners. It is also courteous and sensible to listen to the complaint in a calm, attentive manner, giving the patient the chance to air their grievance and you a chance to understand their situation before considering your response. It takes time to consider a complaint, to appreciate the full picture and to communicate your solution, but this should be done within a specified (short) time period. Good communication is critical to successful complaint management. Delivering your solution by phone or face to face can add value to the solution if you have the required communication skills. Training is the safeguard to the prevention and resolution of complaints and should involve all members of the dental team. Keep clear, comprehensive, contemporaneous records of all complaints. Successful management of a complaint is liberating. It allows the patient and your practice move on from the experience providing the patient with a positive impression of your practice, and your sense of responsibility to and care for your patients. It allows you and the members of your team to learn from the complaint, helping to avoid similar situations. Clearly, a well-handled complaints procedure limits the stress for all concerned and reduces the time spent on such matters. It is also cost-effective.

I think it is true that most people do not want to complain unless compelled to do so. It is within the capacity of all dental practices to minimise that risk to the benefit of all.



**Dr Eamon D Croke**  
President  
Dental Council

## SUCCESSFUL FACILITATION IS WELCOME

Good communication can help prevent complaints, but when they do arise, the Dental Complaints Resolution Service is providing excellent facilitation.

Even in the best dentist-patient relationship, a problem may occur. However good a dentist is, and however dedicated a patient may be, there may be times when a complaint or concern can arise.

The creation of a sound dentist-patient relationship is the basis for good communication. It demonstrates a desire on the part of the dentist and the patient to discuss and agree the course of treatment, and the expectations of the outcome can go a long way toward establishing a relationship of trust and confidence. Similarly, if a patient has a concern he or she should let the dentist know as soon as possible; sometimes the dentist may have no idea that there is a problem or concern, and would like the opportunity of investigating the situation and resolving it as soon as possible.

Even when the dentist has a practice complaints procedure in place, there can be occasions when a patient may be too embarrassed or reluctant to contact their dentist. In reality, a dentist, like any other professional, will want to deal with a complaint or a concern professionally and courteously once they become aware of the problem.

Past experience has shown that when a complaint is handled well, the professional relationship between the dentist and the patient can still be re-established. A patient who has had their complaint resolved can even go on to be one of the dentist's greatest supporters. The days are long gone when a complaint was only seen in a negative way. Complaints can be a real opportunity to improve communication, or to explain some aspect of dental care.

Certainly, the introduction of the Dental Complaints Resolution Service (DCRS) has increased patient awareness of practice complaints procedures. When a problem or misunderstanding cannot be resolved between a dentist and a patient, the DCRS is there to help. You can see from their annual report that a number of complaints can be resolved with their input.

The alternatives are instructing a solicitor or making a complaint to the Dental Council. However, the Dental Council only investigates fitness to practice issues rather than straightforward patient complaints. Many

of us are aware from recent media coverage that the legal process can be slow and costly, and very often the outcome does not entirely satisfy the patient as it does not normally include either an explanation or an apology. These fundamental issues are often what a patient wants most.

The fact that the DCRS is easy to access, simple to use and often results in quick resolution, to the satisfaction of both the patient and the dentist, is likely to have contributed to its success.

The DCRS's Michael Kilcoyne has proved to be an accessible, and successful, facilitator and the Irish Dental Association's commitment to the service is to be welcomed.

The DCRS has now been in place for three years and the number of complaints already resolved is a testament to its success and to the dental profession which has embraced the concept, and the team behind the Service itself.



**Dr Sue Boynton**

Senior Dento-legal Adviser – Head of Dental Services Ireland  
Dental Protection



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## MORE AWARENESS, GREATER ACCEPTANCE

In 2014, Michael Kilcoyne, the Facilitator of the Dental Complaints Resolution Service, accepted 158 cases and resolved 36 complaints. He reports that there is now greater awareness of the Service among the public.

In 2014, 158 cases were accepted by the Dental Complaints Resolution Service (DCRS or Service). Many of these were resolved directly between the dentist and the patient. A total of 36 complaints were resolved through mediation, and 26 of these were resolved by a full or part refund of fees to the patient. Three were resolved through re-treatment. Two cases were resolved by payment of fees for further treatment and one case was resolved by an apology. Three patients withdrew their complaints, one of whom is believed to be pursuing legal proceedings. A further complaint was resolved by the dentist issuing a Med 2 Form to the patient.

In 2014, 384 calls and 1,259 emails or letters were received by the Service. Out of that contact, 158 cases were accepted. Seven cases were not accepted as they were for treatment provided under the medical card scheme (the DTSS). Of the complaints that were accepted, 64 related to fees, 62 covered clinical matters, and 32 related to communications.

The DCRS is an independent service for patients who have failed to have a complaint about a dental matter resolved satisfactorily in the practice where the issue arose. While the Service was established by the Irish Dental Association, it operates entirely independently.

All dentists are required by the Dental Council of Ireland to have a formal complaints procedure in place for their surgeries. Where a patient has tried to resolve a complaint with a dental practice through its complaints procedure and is still not satisfied, the patient may escalate the complaint to the Service. The dentist must also accept the complaint will be handled by the Service. If a dentist is a member of the IDA, the work of the Service is free. A modest fee is charged to non-members to avail of the DCRS.

### Comment

I wish to make three observations on the operation of the Service in 2014. Firstly, good progress has been made in the daily workings of the Service. As it has now been in operation since April 2012,

sufficient experience has been accumulated to allow for a speedier resolution of routine matters that result in complaints.

Secondly, there is an increased awareness among the public that this Service exists to help them to resolve a dispute with their dentist. While the matter under dispute can be highly significant, or merely mundane, the fact that it is under dispute can cause considerable distress to both the patient and the dentist. The availability of the Service is helping to reduce the difficulty involved in resolving a dispute.

Thirdly, there is now a high level of acceptance of the *bona fides* of the service among the dental profession. This is leading, in turn, to a high level of co-operation with the Service.

### ADVICE TO DENTISTS

The most important advice that the Dental Complaints Resolution Service can offer to dentists is to listen closely to their patients. Even if the dentist believes they are not in the wrong, they should address their patient's views. There will always be a certain amount of complaints when you are providing a service, and sometimes these can be resolved, or even avoided, simply by communicating.

### ADVICE TO PATIENTS

If you have a complaint against your dentist, you should always raise it with the dentist first. Explain the problem calmly and clearly, and try to resolve the issue. If necessary, seek a second opinion from another dentist. If the complaint is not resolved satisfactorily, contact the Dental Complaints Resolution Service. In order to deal with the case, the Service must receive your complaint in writing, and once that is received, work will commence on resolving the complaint as soon as possible.

## COMPLAINTS RECEIVED FROM JANUARY 1 TO DECEMBER 31, 2014

### Patient contact

Number of calls received	384
Number of emails/letters received	1,250
Number of complaints not accepted, i.e., outside remit, or out of time	7*
Number of complaints accepted	158

\* Medical Card complaints not accepted

### Dentists

IDA members      Approximately 65% are members of the IDA

### Resolution

Time taken from receipt of complaint to resolution      36 cases have been resolved since January 1, 2014. Three patients withdrew.

### Brief details of resolution

Explanation	1 Med 2 Form issued
Apology	1
Re-treatment	3
Refund of fees/part refund	26
Payment of fees for remedial treatment	2
Unable to resolve	3**

\*\* patients withdrew (one to solicitor)

### Type of complaint

Fees	64
Clinical	62
Communication	32

## SUBJECT OF COMPLAINTS RECEIVED SINCE JANUARY 1, 2014

### Treatment

Diagnosis	3
Fillings	12
Denture	5
Crown/bridge	9
Root canal	9
Orthodontic	5
Oral surgery – extractions	7
Implants	2
Scale and polish	1
Infection control	

### Non-treatment

Failure of treatment	4
Postoperative pain	7
Pain during treatment	1
Failure to address pain	3
Failure to explain treatment costs	7
Failure to explain treatment details	9
Treatment plan not followed	2
No or inadequate treatment plan	4
Refusal to treat	2
Problems with continuing care	4
Consent not given	2
Rudeness	2
Failure to address complaint	16
Other – cost	52

## OUTLIER IN PATTERN OF COMPLAINTS

In the experience of the Facilitator, 85% of the complaints he accepts are single complaints about a dental practice. He occasionally gets two complaints arising from a practice but has experience of only one practice against which three complaints have been made – all of which he considers relatively minor matters. Therefore, his experience of having one practice having six complaints of a serious nature accepted for investigation over a period of 18 months is a matter of concern to him. He is of the opinion that there are items likely to be included in the forthcoming Dental Bill, which, when enacted, would allow for strong action to being taken against such a practice by the Dental Council of Ireland.



**Michael Kilcoyne**

Dental Complaints Resolution Service

# CASE STUDIES

## CASE 1

### PATIENT FELT RUDELY TREATED

A patient sought an appointment with an orthodontist to have a lingual brace fixed. The brace had broken and a wire was sticking out and cutting the patient's tongue. She secured an appointment but felt that she was dealt with in a way that was both unclear and very rude. The orthodontist seemed to be saying that the brace needed to be filed down, replaced, or she possibly needed further treatment as her teeth appeared to have moved. The patient felt she was being refused the treatment she was seeking – the fixing of the brace.

He left the room without explaining why and returned a few minutes later telling the patient that he only had a few minutes. By this stage, the patient had called her husband into the surgery to seek his advice on what to do. Things seemed to escalate when the patient said she felt she had been badly treated and said the orthodontist then told her and her husband to "Leave me alone".

The patient left the practice and immediately filed a complaint. The facilitator discussed the complaint with the orthodontist, listening to his point of view. The orthodontist wrote a letter of apology to the patient and made a donation to a charity chosen by the patient.

The patient was treated elsewhere to her satisfaction.

## CASE 2

### ILL-FITTING BRIDGE LEADS TO REFUND

A patient attended a general dental practice for a broken front tooth. While there he was offered the opportunity to fill a gap in his teeth, which had existed for some time. He agreed, and while the repair to the broken front tooth was satisfactory, the bridge that was created to fill the gap between his teeth caused him problems from the start. He returned immediately to say that the bridge did not fit properly and was causing him to slur his words. The dentist pared down the bridge, which only gave slight improvement. The patient returned again, but a further paring down failed to result in any improvement.

After that, the patient asked for the bridge to be removed but was told that it could not be removed and that it would settle over time. It did not settle and the patient sought an outside opinion and was told that it was not a good job. He also got a quote to have the problem treated and repaired. Having been told that it was not a good job he filed a formal complaint against the practice that had fitted the bridge.

Following mediation by the Facilitator, the practice offered a full refund of the cost of the treatment. The patient was pleased with that and accepted the offer so that he could seek treatment elsewhere. The matter was fully resolved by the full refund.

## CASE 3

### INCOMPLETE TEETH STRAIGHTENING

A patient sought a treatment to have her upper teeth straightened. Her two front teeth were overlapping, and sticking out. The dentist prescribed a period of treatment to last six months. This did not require any teeth having to be removed, which the patient says surprised her. As the treatment progressed, the patient became concerned that while the overlap was straightening out, the two front teeth were sticking out further than before. The dentist told her that they were fine. She asked if some filing of her teeth would create enough room for her two front teeth to be pulled back into place but was advised against that on the basis that filing can

result in discolouration of teeth.

The patient became increasingly unhappy and eventually went to an orthodontist, who took two teeth out and fitted braces. The patient complained that she should not have had to have a second treatment to achieve the result and stated that the dentist had not advised her that while her two front teeth would be straightened, they would still be sticking out.

She complained to the DCRS and the Facilitator discussed the matter with the dentist involved. The dentist agreed a refund of fees was appropriate and a refund of over €1,000 was made.

## CASE 4

### DENTIST SEEKS HELP

A dentist contacted the Service to say that he was having difficulty resolving an issue regarding bridgework for a patient and wanted to know if the Facilitator could help. The Facilitator said that was part of the Service, but that he would need the patient to confirm that he was willing to enter a mediation process with the Dental Complaints Resolution Service.

The patient was willing to engage with the Service and eventually it was agreed that the practice would refund all fees to the patient and the patient was then free to seek treatment elsewhere. Both the patient and dentist involved were relieved to resolve the problem. The refund in this case was close to €8,000.

## CASE 5

### ROOT CANAL TREATMENT

A patient had a root canal treatment carried out by her dentist at a cost of €600. She experienced pain afterwards but she had a six-week-old baby at the time, and by the time she went back to the dentist and complained of the pain, she was pregnant again. The dentist explained that he could not carry out an X-ray to examine the problem.

After the birth of her second child, the patient went to a new dentist who did carry out an X-ray. The new dentist stated that the root canal treatment had not been successful and that an infection was present. The patient returned to the original dentist who also carried out an X-ray and agreed with the diagnosis. He offered to treat the infection and redo the procedure at a cost of €200. The patient felt this was unfair and ultimately, made a complaint to the DCRS. However, after the dentist received the complaint, he offered to carry out the work at no cost. The patient was satisfied and accepted the offer.

## CASE 6

### RECOMMENDATION FOR TREATMENT NOT TAKEN

A patient attended her dentist and chose to have several fillings removed and replaced with white fillings, for cosmetic purposes. The work took place over two visits to the dentist. On the second visit a molar was treated which subsequently became very painful. At a further visit, the dentist prescribed an antibiotic. When that did not work, the patient sought a second opinion. The second dentist said that the patient had an infection and would need a root canal treatment and advised the patient that she had gum disease.

The patient returned to the original dentist who agreed to carry out a root canal treatment at no cost for the patient. The patient accepted that, but when still experiencing pain afterwards, made a complaint to the DCRS.

The Facilitator sought a response from the dentist who explained the details of the initial consultation which included advising the patient that she had periodontal disease and advising her that she should see a specialist for gum disease. The patient was advised of the dentist's response and she denied that she had received such advice to see a specialist. The Facilitator went back to the dentist who was able to produce contemporaneous notes recording gum disease and stating clearly that he advised her that she should seek treatment for the condition.

Given that the dentist could produce proof of advice to see a specialist, and as the patient had chosen not to seek that treatment, the Facilitator found that the dentist had no case to answer and there was no substance to the patient's complaint.





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