



DENTAL
COMPLAINTS
RESOLUTION
SERVICE

2012 ANNUAL REPORT

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Foreword

New Service is a welcome development

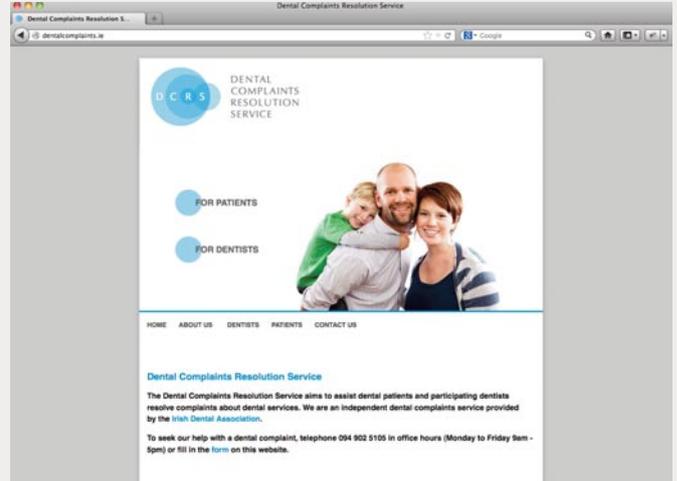
Complaining is difficult in any environment. In Irish culture, we have been bad at it. Consequently, we haven't been very good at dealing with complaints either. That has led to a situation throughout our society where issues that should be dealt with at first hand end up in formal processes such as the courts or professional bodies.

A noticeable increase in these third party actions took place in Ireland in relation to dentistry in the last few years. This led to a concurrent increase in the number of settlements in insurance claims.

The Irish Dental Association, recognising this challenge, set up an independent body, the Dental Complaints Resolution Service. It commenced operation last year and this is its first Annual Report. As you will read, it has already succeeded in dealing with a significant number of complaints.

We would urge all dentists and any patients considering a complaint to read this Report. It is vital for all of us to understand the process of making and resolving complaints to the mutual satisfaction and benefit of patients and dentists.

As has been stated by Dr Conor McAlister in the past, the setting up of the new Service is a key part of dentists' overall commitment



There were more than 7,000 visits to www.dentalcomplaints.ie up to the end of December 2012.

to the provision of accessible, safe and high quality dental services for patients. Our objective is clear: to enhance confidence in the quality of care and treatment provided by Irish dentists.

On behalf of the Irish Dental Association, we want to thank Michael Kilcoyne for his excellent and dedicated work for the Dental Complaints Resolution Service; the dentists who made themselves available to assist the Service; Dental Protection for its continued support; the many former Council members who promoted the idea of such a service before it existed; and, Think Media for their services to the DCRS.



Dr Andrew Bolas
President
Irish Dental Association



Mr Fintan Hourihan
Chief Executive Officer
Irish Dental Association

Facilitator's report

The Dental Complaints Resolution Service (DCRS) was established in April 2012 by the Irish Dental Association. The Service operates independently of the Association. This first Annual Report records the activity from commencement to December 31, 2012.

The Service has been set up as an independent mediator of complaints by patients about their dentists. It is free of charge to any patient who chooses to use it and whose complaint falls within the remit of the Service.

It is also free to dentists who are members of the Irish Dental Association. Dentists who are not members of the Irish Dental Association may choose to engage with the DCRS for a fee of €90.

Any patient wishing to make a complaint should, in the first instance, raise the issue with the nominated person in the dental practice. Any patient not satisfied with the outcome of that contact may then get in touch with the Dental Complaints Resolution Service.

Website

The Service developed a very helpful website – www.dentalcomplaints.ie – on which both patients and dentists can find a great deal of information about how to make or deal with a complaint. This website was launched to coincide with the opening of the Service.

Patients will find the correct procedures and formats for making a complaint on the website, while dentists can see quickly how we deal with those complaints and how they can access professional guidance on dealing with any complaints.

Accessing the Service

Patients that are not satisfied with the response they receive to the initial complaint to their dental practice, may then contact the Service. However, it is a condition of the Service that the details of the complaints must be submitted in writing. This can be done by email or through the post. Dentists are then notified of the receipt of a complaint and asked to respond. The Service will then try to mediate an agreement between the two parties.

Complaints in 2012

In the period from the launch to December 31, 2012 (approximately eight months), the Service received a total of 115 complaints (see summary panels on page 6). Up to December 31, 18 had been resolved to the satisfaction of both parties. The results in most cases involved either a refund of fees, additional or corrective work at no extra cost, and/or an apology.

A further 23 cases made good progress and the Service expects a resolution to be agreed in a reasonable time period. Ten of the people who made contact seemed to be happy with the advice they received and have not progressed their complaint any further. The Service is not expecting any further contact from them at this point. Twenty-three people were in touch with complaints verbally, but failed to make a written complaint, which is a requirement for the Service to deal with the matter.

As of December 31, 2012, the Service was awaiting responses from dentists to 18 complaints that had been notified to them.

Six cases were from outside the Republic of Ireland; therefore, the Service could not deal with them.

Finally, five cases that originated in 2012 are going to the Complaints Panel for mediation. The DCRS will advise on the outcome of these first cases before the Review Committee in next year's annual report.

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Commentary

The Dental Complaints Resolution Service is now fully operational. In a short period of time it has become an acceptable method of



resolving disputes between patients and their dentists. The average length of time to resolve a complaint is about two months, but that can vary from two weeks to six months, depending on the complexity of the case and the attitudes of the parties.

Overall, the operation of the Service appears to be to the satisfaction of the parties involved. It is busier than was anticipated, but given that there was no other recourse – bar the courts and the Dental Council – it is perhaps not surprising that there has been a substantial uptake of the Service.

Part of the reason for the greater volume of work is the number of historical cases that have been brought to our attention through a formal complaint. Some of these are up to seven years old, and in some cases the dentist against whom the complaint has been made is no longer in practice or, in some instances, no longer alive. Naturally, these cases are more difficult to resolve and take additional time. When these historical cases are cleared, the normal workload should emerge.

It is noticeable already that dentists are learning to deal with the complaints. The Service has also had contact from dentists seeking

advice on dealing with complaints. For the record, the standard advice is to tell the dentist to ask the patient for their complaint in writing, and then to ask the dentist to resolve the complaint as quickly as possible.

From an insurer's perspective, we can surmise that they will only be happy when they see that risk has been reduced. It is fair to say that evidence of this may only emerge in the medium term. However, the Service understands that the Dental Council has recorded a reduction in the number of complaints with which it has to deal.



Michael Kilcoyne

Dental Complaints Resolution Service

Advice and summary

Advice to dentists

There is clear evidence from the work of the Dental Complaints Resolution Service that dentists will suffer if they do not train themselves to listen closely to their patients. This is true even in a case where the dentist may not be in the wrong, but by not listening to the views expressed by a patient, can end up having to resolve a problem.

The Service reports that in a small number of cases, if the dentist had just listened to the patient in the first instance, they would not have had a complaint to resolve.

Even when work carried out is excellent, if the patient perceives a problem, the dentist has to deal with that perception at some stage. It is much easier to deal with and resolve a problem if the dentist listens to the patient early in the process.

Advice to patients

If you have a complaint, it is much better to go directly to the dentist or the dental practice in question and ask them to resolve the issue. If you are ignored, or if the complaint is not resolved to your satisfaction, then come to the Dental Complaints Resolution Service. The Service will need your complaint in writing, but once it is received, work on resolving the complaint, hopefully to your satisfaction, will commence.

Types of complaint

Most complaints are about the standard of work. This can apply to almost any aspect of dental work: crowns, bridges, veneers, implants, braces, fillings, extractions, etc. However, complaints also arise about after-care service, cost, the attitude of the dentist, access to records, and delays in treatment.

The Service is happy to mediate a resolution of these issues. The Service cannot deal with issues arising from treatment received outside the Republic of Ireland, nor with those complaints relating to treatment available under the public dental care schemes – the Medical Card scheme, and the PRSI scheme.

Summary of Dental Complaints to December 31, 2012

Approximately 115 complaints/queries were received.

Eighteen have been resolved to the satisfaction of both parties. Some of the results involved:

- refund of the fees paid;
- additional work to be carried out at no extra cost; and/or,
- apology.

- Twenty three cases are nearing completion and should be resolved satisfactorily.
- Ten cases were looking for advice and it seems will not be pursued any further.
- In 23 cases, while the facilitator received complaints verbally, he has not to date received any written complaint.
- In 18 cases, the facilitator is awaiting detailed responses from dentists.
- Six cases are outside the jurisdiction.
- Five cases are being referred to the Complaints Panel.
- Twelve complaints referred to benefits available under the medical card/PRSI system.

The main issues of complaint were as follows:

- standard of work: crowns, bridges, veneers, braces, implants, etc.;
- access to records;
- cost;
- attitude of dentist;
- after-care service;
- time delay in having work completed;
- non-response to letters, emails or phone calls; and,
- difficulty in obtaining dental records.



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Case studies

Case 1 – failure to communicate

In this case, which occurred in the east of the country, a patient attended her dentist with pain in her teeth. After carrying out an examination and taking an x-ray, the dentist advised her that she would need to have a crown placed. He said that he would first place a temporary crown, and would then perform root canal treatment before placing the permanent crown. The patient assumed that during her first treatment, she would receive the temporary crown; however, at the end of the treatment the dentist informed her that he had done three-quarters of the root canal, and that two further visits would be required to complete treatment. The patient was surprised at this change in the treatment plan.

When she was leaving the practice, the receptionist gave her an invoice for €1,350 for the full course of treatment. The patient was extremely shocked at the cost of treatment. She informed the receptionist that she had not been informed in advance of the cost, or that the root canal treatment would be started at that visit, and that she did not have the money to pay the full cost straight away. She felt that she had not given consent for the treatment. The receptionist said that she would need to pay €300 for the treatment carried out so far, which the patient did reluctantly, as she felt she had no choice.

The patient called the dental nurse shortly afterwards and explained her unhappiness that her consent had not been sought for the root canal and that she had not been informed in advance of the price. The nurse offered her a payment plan, but did not discuss her grievances regarding consent or fee information. Further, she said that the patient would have to sign up to the payment plan before any further treatment would be carried out. The patient also visited the dentist, who explained that he had had no option but to perform the root canal, and had gone ahead

feeling that it was in the patient's best interest. He offered to extract the tooth. He also said that a price list was visible in the reception area, but the patient pointed out that as she had been in the dentist's chair at the time she could not see it. The dentist asked her what she wanted to do next, and she said that she needed time to consider her options.

The patient decided to seek a second opinion, which confirmed the dentist's diagnosis, but advised her to consult an endodontist for the root canal treatment. She did so, but the endodontist told her they would have to start from scratch, so the full cost would apply, despite the fact that she had already paid €300 to the other dentist. She decided to have her treatment carried out by the endodontist.

She then contacted the Dental Complaints Resolution Service to complain about her treatment from the first dentist. Her preferred outcome from the complaints process was a refund of the €300 she had paid.

Michael Kilcoyne wrote to the dentist, enclosing a copy of the complaint. The dentist replied to say that he was an IDA member and was contacting the Association. Michael forwarded this response to the patient; however, a period of some time elapsed and the patient contacted Michael to see if there had been any progress. Michael wrote to dentist again to press for a conclusion. The dentist said that he was waiting for a reply from his indemnifier, but offered a limited refund of €100. Michael informed him that this was not a satisfactory response. He eventually agreed to a full refund and the matter was concluded. According to Michael Kilcoyne, the main issue in this case is lack of communication with the patient: recommending a treatment then doing something else without seeking consent; and, not advising as to the cost of treatment.

Case 2 – a distressed little girl

This case concerned a patient in the south of the country who made a complaint on behalf of her five-year-old daughter. The little girl had two fillings done at one practice, which fell out. Treatment to resolve this was unsuccessful and the child had become anxious and distressed in the course of this treatment. Her mother decided to move to another practice, which family members had attended in the past. The dentist they saw at the new practice recommended that her daughter should have a stainless steel cap fitted. She said that the fillings would keep falling out, and that the crown would enable the tooth to last until the child was 10 or 11.

The dentist told them that such procedures are generally carried out by a paediatric dentist, but that their practice had recently started doing them. She said that the treatment would require two visits: one to put in separators, and the second to do the crown. She said that these were not complex treatments, and the mother agreed to the treatment. The first stage of treatment went well, but on the day the second stage was due to take place, the practice called to say that the dentist was unwell and another dentist would be performing the treatment. The family consented to this. However, according to the mother, the second dentist showed a total lack of empathy, courtesy or respect towards her and her daughter, repeatedly telling the little girl to “stop whinging” when she became distressed.

The mother contacted the DCRS and gave Michael Kilcoyne permission to contact the dentist. After he had done so, she reported that the dentist had telephoned her and denied that he had been discourteous, or indeed that her child had shown distress during treatment. She felt that he was rude and arrogant towards her. The dentist did not respond to further contact from Michael Kilcoyne, so he wrote to the practice, after which he

received a copy of a memo the dentist had sent to practice management. In this document he gave references to show that the procedure had been carried out correctly, and denied that he had been rude, or that the child had been distressed. He claimed he had been courteous at all times.

The patient later wrote to Michael to inform him that she had received this apology and the matter was now closed. According to Michael Kilcoyne, the essence of this case was in the dentist’s attitude to a distressed child and her mother. Again, a sincere apology from the dentist in the first instance would have quickly resolved the issue.

Michael Kilcoyne sent this document to the mother, who felt that it was inadequate and did not acknowledge his unprofessional behaviour, his rudeness to her daughter or his dismissiveness to herself. She said that she wanted a proper, signed apology from the dentist. Michael wrote to the practice and strongly advised this. The patient later wrote to Michael to inform him that she had received this apology and the matter was now closed.

According to Michael Kilcoyne, the essence of this case was in the dentist’s attitude to a distressed child and her mother. Again, a sincere apology from the dentist in the first instance would have quickly resolved the issue.

Case 3 – problems with dentures

This case from the north east concerned a woman who contacted the Service about inadequate treatment received by her mother, who had consented to her daughter acting on her behalf. The patient in this case had attended her dentist for manufacture and fitting of new full dentures. However, after several fittings, the patient was very dissatisfied with the dentures. The lower dentures remained extremely painful, so much so that the patient attended her GP for jaw pain and sores on her gum, and her GP told her to remove the dentures. There had been no fittings of the top denture at all.

In addition, the patient had to pay 100% of the cost up front, rather than paying a deposit with final payment in full when treatment was completed. Her daughter felt that this was not acceptable. Both the patient and her daughter had contacted the practice on several occasions seeking a refund and compensation. On one occasion the receptionist claimed that the patient had been offered a refund when this was not the case. No effort had been made to inform the patient about how many fittings would be needed, and she felt that her complaints of pain had been dismissed. Her daughter felt that the practice had taken advantage of a vulnerable older person.

Having had no response from the practice, they contacted the Service, and Michael Kilcoyne wrote to the practice on their behalf. The dentist did not respond to the correspondence from the DCRS; however, he later contacted the patient and offered to refund the €750 owed in 15 weekly instalments of €50. The patient and her daughter felt that they should accept this offer and the matter was closed.

Once again, Michael felt that the issue here was a failure to fully inform the patient about treatment, and to engage with the patient's concerns.

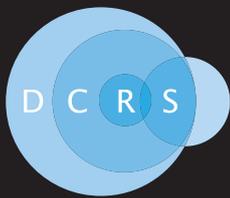
Case 4 – treatment abroad

This case concerned a patient who travelled abroad for dental treatment. He had a number of consultations in Ireland, before an Irish agent arranged his travel to Hungary to have the treatment carried out. The patient had extensive implant work carried out in Hungary, but one of the implants compressed a nerve, causing him excruciating pain. Despite developing serious health issues, the patient's efforts to seek redress failed until his GP threatened to take action for malpractice against the company.

They then brought him back to Hungary to remove the implants; however, he continued to experience problems and required treatment in the Dental Hospital. At this stage he contacted the Service, and Michael Kilcoyne has engaged extensively with the company's Irish agents. They are arranging further treatment for the patient, in Ireland, and this case is ongoing.

Michael feels it is very important to point out that this case highlights the difficulties that can arise when patients seek treatment abroad. If something goes wrong, it is very hard to resolve the issue in a different jurisdiction with different laws. He feels that patients need to be aware of the risks.

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