



DENTAL
COMPLAINTS
RESOLUTION
SERVICE



2018

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WORKING FOR BOTH DENTIST AND PATIENT

Patients and dentists benefit from the DCRS. It seriously helps the Dental Council and Dental Protection by addressing complaints early in a healthy discussion. Resolving complaints which could become adversarial, stressful and costly to everyone, is a great help to our profession.

In his report in this publication, the Facilitator Michael Kilcoyne makes a simple point that goes to the core of the reason for the Dental Complaints Resolution Service (DCRS). Other than the DCRS, dental patients have only two routes by which to address a complaint: the Dental Council or the courts. It is important that those routes exist, but the reality is that neither are appropriate for the vast majority of cases.

It has been another busy year for the Service and the Association is grateful to Michael, and to his Clinical Advisor, Dr Maurice FitzGerald, for the terrific work they do on behalf of both patients and dentists. The DCRS has a remarkably high success rate and that does not account for the many patients who do not come back to the DCRS after initial advice to talk directly to their dentist.

Patients and dentists receive a timely, inexpensive, voluntary and effective service that focuses simply on resolving matters to the mutual satisfaction of both parties. Since its establishment, the Service has developed a strong reputation for fairness that has resulted in very high satisfaction levels among dentists. It is a model that is not common in other health professions (or jurisdictions for that matter) and it is a source of some pride that several other health professions in Ireland are studying how it operates. Indeed, it is fair to say that the successful establishment and continuing operation of the DCRS is one of the successes of the Association in the last decade.

That it has been able to operate so effectively is due to the fact that dentists and their patients engaged so well with it. However, it could not have worked without Dental Protection Ltd and the Dental Council of Ireland committing their support to it also. The Dental Council benefits from the work of the Service as the DCRS provides a more appropriate forum for the resolution of complaints that would

otherwise land at the Council's door. The Service is also an example of how the Association and Dental Protection have worked together to good effect for the betterment of the profession and our patients. Dentists have a professional obligation to have a complaints handling system in place. Michael's advice to deal with complaints, however huge or trivial they may seem, is correct. Good communication early in a complaints scenario can save enormous stress at a later stage. Put simply: don't avoid a complaint – deal with it at the earliest possible opportunity; and listen carefully and communicate clearly when you do get a complaint.

After another year of good work on behalf of dentists and patients, I heartily recommend this report to you.



Prof. Leo Stassen,
President, Irish Dental Association

PLAYING A KEY ROLE

The Dental Council says that the DCRS plays an important part in dentistry in Ireland and the two organisations work well together.

On behalf of the Dental Council I would like to congratulate the Dental Complaints Resolution Service (DCRS) on another successful year. The Service plays a key role in dentistry and it is unique in the healthcare sphere. Most dentists hold patient safety as a core part of their practice. They strive to provide safe and appropriate treatment to their patients and most dental treatment is successful. But what can a patient do when treatment is not successful?

The Dental Council's fitness to practise process is a statutory one and it serves to consider allegations of professional misconduct, which are issues where there is a serious falling short in the standards expected of a dentist. Because the Dental Council can ultimately erase a dentist from the register, and thus deprive them of the capacity to earn a living, our process is necessarily legal and is subject to High Court oversight. But often, when something goes wrong in the dental surgery, what happened falls well short of professional misconduct and another avenue is required.

About 160-170 people contact the Dental Council every year because they are unhappy with something that has happened in a dental surgery. Only a very small number of these incidents are sufficiently serious to meet the threshold of professional misconduct and the question is how do we, as a profession, deal with these other matters? In most cases, the Dental Council will advise the patient to return to discuss the issue with the dentist in the first instance. Usually, we will point to a couple of sections of the Code of Practice regarding Professional Behaviour and Ethical Conduct and suggest how the patient might broach the issue with the dentist. Most matters are resolved in the surgery between the dentist and the patient. This is the most appropriate place to deal with most issues, but for those that are not resolved, the DCRS is a valuable option.

Most patients just want whatever happened to be resolved and to feel that the dentist is empathetic to their problem. They want to feel that their health and interests are understood and, most importantly, they want to be reassured. Dealing with problems at an early opportunity

will save a dentist time, money and stress. But most importantly, it is in the patient's best interest. If the problem cannot be resolved in the surgery, the Dental Council would encourage dentists to avail of the mediation service to try to resolve the matter amicably. Often, this is the last chance to resolve a problem before it becomes a legal matter. The Dental Council's fitness to practise provisions and the DCRS serve two different but important and somewhat complementary ends. We both have a good understanding of each other's work and responsibility, and we endorse and support each other's mission. The Dental Council would like to congratulate Facilitator Michael Kilcoyne and his team for their work over the years and wish them well into the future.



David O'Flynn
Registrar, Dental Council

TURN THE CORNER FROM COMPLICATIONS

The DCRS helps avoid complex and stressful legal disputes, and assists dentists and patients to resolve problems in a non-adversarial manner.

All healthcare professionals are aware that their primary duty is to ensure that they provide patient care to the highest standard that they can. Achieving the best outcome possible in the circumstances is, after all, the aim of any clinical intervention.

As part of the effort to reach the best outcome it may be necessary for a clinician to seek advice and assistance from colleagues with particular skills in some aspect of the care that the patient requires. With the best will in the world, even the most gifted clinicians have to accept that we are not all equally adept in all areas of patient care. When faced with a clinical challenge which may be beyond the skills or experience of the individual clinician, it is obviously sensible to draw upon the specialist expertise of colleagues with the appropriate skillset.

Put another way, an important aspect of professional responsibility is to realise when another perspective and outside help is required. Sometimes input from another source may be necessary to secure the best outcome for both the patient and the clinician. What applies to clinical situations is also pertinent to potential difficulties of another sort.

Patient complaints can create situations for the clinician – and the patient – which are outside the comfort zones of both and can create a great deal of stress on each side. Rather like the clinical scenario where an unforeseen complication arises and the dentist is suddenly facing a more tricky situation that was expected, a patient complaint, if not managed appropriately, can flare up and become a bigger problem. There can be potential for an essentially simple situation to quickly escalate and take off in an unhelpful direction.

Unfortunately, there can be a tendency for patients who are dissatisfied to approach a solicitor if they form a perception of a lack of “care” on the part of the dentist. This can apply just as much to the dentist’s communication and approach to handling the complaint as it does to any treatment involved. The knock-on effect

can be that what is essentially a communication issue between the dentist and the patient becomes the starting point for a compensation claim.

Since being set up, the Dental Complaints Resolution Service (DCRS) has helped many hundreds of patients to satisfactorily resolve their issues directly with their dentist without the need for complex protracted legal processes, which can be stressful and often lose sight of the original issue. The benefits of avoiding this for all concerned cannot be overestimated. Patients after all simply want their dentists to be committed to them and provide care in the widest sense. Dealing appropriately and promptly with a complaint is a good way for a dentist to demonstrate their commitment to care. The DCRS is a great resource for both dentists and patients in facilitating communication and being a fair and even-handed point of contact for both parties.

As mentioned above, considering a specialist referral can often be the way to achieve the best outcome. The DCRS specialises in helping dentists and patients resolve their differences promptly and effectively, and is a referral service well worth having in your contact list whether you are a dentist or a patient.



Martin Foster

Dento-legal Consultant, Head of Dental Services Ireland



RESOLVING ISSUES, SOLVING PROBLEMS

The DCRS provides dentists and patients with an effective service to amicably and quickly settle dental disputes.

In 2018, the Dental Complaints Resolution Service (DCRS or “the Service”) continued to provide the Irish dental community and its patients with a speedy and non-adversarial form of dispute resolution. The Service can stop complaints before they progress to litigation, which causes untold stresses to both dentists and patients. There has been a substantial increase in the number of dentists ringing the DCRS seeking advice on how to deal with a complaint. This shows that dentists are anxious to resolve complaints where they arise.

Commentary

Many complaints do not reach the stage where the DCRS has to enter significant negotiations with the parties. A significant number of complaints are resolved between the dentist and the patient following telephone conversations with the DCRS, where they are encouraged to speak to one another. Getting parties to communicate is often all that is needed for them to reach a breakthrough or to see a reasonable solution with which they can both be happy.

A lot of cases arise from communication issues, where the dentist doesn't listen to the patient or fails to explain treatment and its outcomes fully. Listening to a patient's concerns doesn't mean they have a legitimate case, it means the patient feels you are taking them seriously, are concerned about their welfare and the standard of treatment you provide, and want to sort things out.

There was a rise in 2018 in the number of cases referred to us that we are not authorised to deal with, for example, medical card and



PRSI cases. We have to refer them to the HSE and the Department of Social Protection. Based on our experience, the HSE should have seen an increase in the number of complaints from medical card patients. In general, our workload remained fairly constant. There are only a few routes open to private patients if they have a dental complaint in Ireland. Two of those are the Dental Council and the courts. Most dental complaints are not serious enough for either of these. This is why it is important to have complaint procedures in place in dental practices and when that isn't sufficient, the DCRS is here. Complaints can quickly escalate to the more serious fora, so it is best for dentists to try to deal with them in a timely manner. The DCRS will often receive phonecalls from patients in which they say they phoned

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a dental practice about a problem, were told the dentist would be in touch and then they never get called back. If the dentist can take ten minutes out to speak to the patient, it can save hours of answering emails to the DCRS later on.

Many dentists now have the details of the Service up in their practice. This shows it is well known and well respected among the dental profession and that it is a Service which strives to provide a fair outcome. Some dentists have the DCRS in their own complaints procedure and most are very co-operative with the Service. They know that all we want to do is resolve the issue. We don't apportion blame. We help dentists and patients to put problems behind them. There are many dentists who will phone the DCRS when they get a complaint and ask for the Service's advice on how they should handle it.

I want to acknowledge the excellent speedy responses that I receive from the Clinical Advisor Dr Maurice FitzGerald. The DCRS uses the experience and expertise of Dr FitzGerald in the more clinically complex cases that it takes on. The Service also receives invaluable support from IDA Chief Executive Fintan Hourihan and the staff in IDA house, whenever it is requested.

There have been improvements in the Service in 2018. We are here to try to sort out disputes when they arise but always try to get dentists and patients to come to a resolution themselves.

The DCRS wants this because it leads to better relations between the patient and the dentist. The patient may even choose to keep attending the dentist if they are able to sort things out amicably.

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Concerns

One non-IDA dentist refused to pay the €90 fee and expressed the opinion that the patient should have to pay the fee to have her complaint mediated. Currently, the Service is free for IDA members and patients but DCRS policy is to charge non-IDA members. There are no plans to change this at the current moment.

The DCRS received a report that a patient was verbally abused and assaulted by a dental nurse; however, the patient failed to supply details of the practice.

There were a number of complaints from patients who were told when seeking a scale and polish that they would be required to have a dental examination first and would be charged for this.

ADVICE AND SUMMARY

Advice for dentists

Talk to your patients if they have a complaint. That is the main advice the Service can offer dentists. Since the DCRS was founded in 2012, we have found this is the most effective tactic in dealing with complaints. Ignoring something will only make it worse and will probably make the patient annoyed rather than defusing the situation. The Service also advises dentists to get advice from their indemnity provider, whether the complaint comes from a patient or the DCRS. An indemnity provider can help dentists through the process and in some cases can draft letters for them and provide them with knowledge based on their experience.

Talk to your patients if they have a complaint. That is the main advice the Service can offer dentists. Since the DCRS was founded in 2012, we have found this is the most effective tactic in dealing with complaints.

Dentists should remember that they must have a charge for a prescription listed on their price list. An issue arose last year where a number of practices did not appear to have listed this charge. Through its work, the DCRS has noticed that there are a number of dentists who are unaware that they are obligated to have a complaints



procedure in place. This is a vital part of modern dental practice, even just to have something to point to and see what you can do next and what steps you and the patient can go through to resolve the issue.

Advice for patients

The best advice the Service can offer patients who feel they may have a grievance with their dentist or about dental treatment received is to go and speak with the dentist. There may be a misunderstanding on both sides and a conversation could help iron that out.

Patients may think that dentists don't want to hear complaints about their treatment but most would rather sort them out than lose a patient. Always give the dentist the opportunity to deal with a problem. If they fail to deal with it, then it's only fair that you pursue other avenues of resolution like the DCRS.

When you go for dental treatment, ask the dentist about the outcome they expect from the procedure. Listen to them and acknowledge that you may not be able to get what you imagined. When both parties enter dental treatment knowing what to expect and how much it will cost, it avoids a lot of problems afterwards.

There may be reasons why you don't feel you can go and speak with your dentist directly. In these cases, it may be easier to set out the issue in writing and email or post it to the dentist.

IDA dentists can avail of the DCRS free of charge but non-IDA members will have to agree to pay a €90 fee for the DCRS to take on cases related to them. This is important to keep in mind when choosing a dentist.



Table 1: Complaint categories.

Brief details of resolution	
Clinical	45
Fees	26
Communication	5

Summary

In 2018, the Service continued to see complaints of a similar nature to other years. There was an increase in the number of communications the Service received compared to 2017. This shows the Service is becoming more well known and is a resource people are using when an issue arises with dental care in Ireland.

In total, 123 complaints were accepted by the DCRS in 2018. Out of these cases, 76 (66%) were resolved, which is 6% higher than in 2017. This rate does not reflect the extent of dentists and patients reaching resolution after contacting the DCRS. Often when a case is resolved between patient and dentist after the DCRS asks them to speak to each other, neither informs the Service of this, which means the case stays marked as open on our records.

Of the confirmed resolutions the most common outcome was a refund of fees, followed by payment for remedial treatment and apologies. The other methods of resolution were re-treatment, an explanation where there was no substance to the complaint and some cases were closed without being resolved. The types of complaint are broken down into three categories: fees; clinical; and, communication. The full breakdown is shown in **Table 1**.

The complaints were further broken down into those regarding specific dental treatments or issues. Failure of treatment was the most common subject of complaints, with 18 cases recorded. This was followed by root canal treatment at 14 cases. Failure to address a complaint was also given as the reason behind 14 complaints, showing how important dealing with problems when they arise is. A total of 11 complaints also related to a failure to explain treatment costs and details.

What the DCRS learned in 2018

Most people understand that their dentists try to give them the best care they can provide. The DCRS often gets complaints from patients where they will talk about what a good dentist or a nice person their dentist is but that they have an issue. This confirmed to the Service the esteem dentists are held in by their patients in Ireland.

Patients may think that dentists don't want to hear complaints about their treatment but most would rather sort them out than lose a patient. Always give the dentist the opportunity to deal with a problem.

CASE STUDIES



CASE 1

Unable to complete treatment

This person made a complaint on behalf of her son, who attended a dentist in the east of the country. She brought her son to this dentist after a referral from her local GDP because of decay on several baby teeth and a diagnosis of orofacial granulomatosis (a condition which causes enlargement of the soft tissues in and around the mouth). After an initial exam, the dentist prepared a quote for treatment, which totalled €2,500. The child was prescribed antibiotics for an infected tooth, which the dentist advised should be removed as soon as possible. The child was brought for a follow-up appointment a week later where the dentist told the mother that the practice would be unable to complete the required work due to staffing issues, including the extraction of the infected tooth.

The mother of the patient's view was that the dentist should not have taken on her son as a patient and charged €320 for two appointments if not in a position to complete the required treatment. She stated she would not have attended this dentist had she known this would be the case. She also believed that the dentist should have prioritised the extraction as her son was on antibiotics for that infection. The child also had a long history of antibiotic use due to chronic tonsillitis and the mother was concerned about him taking even more. The child

was taken to another dentist who extracted the decayed tooth and completed the rest of the treatment.

The mother was requesting a refund of €320 and an apology from the dentist. She sent two emails to the dentist but received no response. In the second email, the mother of the patient said she would be referring the case to the DCRS if she did not receive a response. The dentist did not respond so the case came before the DCRS. The DCRS considered the case and recommended that the dentist pay the mother of the patient €100 as a gesture of goodwill, without any admission of liability. This was considered acceptable by both parties and the case was resolved.

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CASE 2

Withdrawn complaint

A patient told the DCRS that during the second of two fillings, he could feel the dentist put pressure on the crown of a tooth with her hand. He said that this felt painful but assumed it would be okay. The dentist informed the patient that he might need root canal treatment in the future. Over the next few days, the patient had extreme pain in the tooth he thought had been pressed against and that this extended into other areas. He said the crown had also moved and was now out of line. He had to take painkillers because he was having trouble sleeping. He went to speak to the dentist, who denied having touched the crown. The patient argued his case but said the dentist stuck firmly behind hers.

The dentist took an x-ray of the crown and said it was quite old and might need to be replaced. She also said the gum above it looked discoloured and that it might be infected.

The dentist prescribed antibiotics, which the patient said made no difference. The fillings too became sensitive and he was not able to let food or drink touch them.

He got another appointment, this time with the owner of the practice, and explained the situation to him. The practice owner said he could not interfere with the case as the other dentist was self-employed.

The practice owner examined the patient and referred him to an endodontist, who told him he would need root canal treatment, which was carried out over two appointments.

Between these, the patient rang his original dentist to speak to her about the ongoing situation with his crown. She again said that she didn't touch the crown and that she had a witness to prove this. The patient assumed she meant the dental assistant but felt certain that they could not have known if pressure had been put on the crown. The conversation ended with the two in disagreement and the dentist unwilling to treat him in the future.

The patient said he was extremely disappointed with the aftercare he received. He said no effort had been made on the dentist's part to help resolve the situation.

Following making the complaint, the patient completed his root canal treatment and had surgery on the troublesome tooth performed by the endodontist. The endodontist said there was an infection and damage to the root of the crown. The patient still claimed that the dentist had moved the crown when she was treating him, but said he didn't think he had a case to pursue as there was an underlying problem with the tooth. He decided to take no further action and withdrew his complaint.



CASE 3

Reaching a resolution

A woman attended her dentist for root canal treatment and then had a crown fitted. When the crown was placed the patient said she noticed immediately that there was too much metal rim showing and the bite didn't feel right. She had been assured there would only be a slight shadow around the gum line showing. She contacted the dentist and explained that the crown did not look or feel right in her opinion. The dentist advised her to give it a few weeks so she could get used to it. She could not wait that long because of the bite and made another appointment. The crown was smoothed down and the patient went home. After two weeks, she was still unhappy and said the crown felt "bulky" and the bite still felt off. She was told by the dentist that if she was still not happy, she could get a replacement crown for €200. The patient told the dentist she did not accept this and mentioned it in an email to her. She had already paid €1,250. She made another appointment to have the crown redone. At the appointment, the dentist suggested smoothing down the crown again but the patient wanted to get it replaced. After applying the anaesthetic, the dentist stopped to ask the patient if she would pay the extra €200. The patient stated she had never agreed to this. The patient left the clinic without treatment.

She brought the matter to the attention of the DCRS. The patient stated that she wanted her money back for the crown and for the dentist to fund retreatment elsewhere.

The DCRS contacted the dentist about the complaint, who responded after consulting with her indemnity provider. She said that she was sorry that one of her patients was dissatisfied with the care provided. The dentist explained how she had given the patient the option between a standard porcelain fused to metal crown, which had a palatal metal rim, or a full 360° porcelain margin, but that this would involve removing more tooth. The patient decided that the metal rim would be acceptable. After the crown was fitted, the dentist said she sat the patient up so she could examine it in the mirror. The patient stated she was happy with its appearance and for it to be cemented permanently. The patient paid the fee for the crown and left the practice. She phoned the dentist later the same day to say she was unhappy with the appearance.

The dentist offered to replace the crown but as it was clinically sound, said that there would be a charge of €200. The patient attended for crown preparation but left when the cost was mentioned.

The dentist understood the patient's disappointment with the appearance of the metal palatal rim but felt it was unreasonable to be expected to replace it for no charge. In an effort to resolve the matter, the dentist asked the DCRS what would be a reasonable solution.

After some more negotiations and a recommendation from the DCRS, it was agreed that the dentist would pay the patient €450 to resolve the matter.



CASE 4

An unpleasant filling

In this case, the patient was informed by her dentist that she had a hairline crack in an already filled tooth. The dentist said the tooth should be refilled but that it was not urgent.

She made an appointment for this procedure but subsequently rearranged it for over a month later. She said if she had any concerns about the tooth, she would not have rescheduled. After receiving the anaesthetic, the patient was concerned as the numbness went up to her eye. When the procedure was finished, she told the dentist that the tooth felt rough and sharp. The dentist made a number of attempts to file it but the patient said this didn't improve it. She also stated she was unable to rinse at the end of the appointment due to the numbness in her face.

When the patient got home, she noticed drooping in the left side of her face. It was five hours before the anaesthetic wore off. When it did she started to experience significant pain all along her upper left teeth and radiating to the roof of her mouth. She took painkillers but had a difficult time sleeping that night. The droop in her face lasted until the next day. She had ongoing discomfort with the tooth over the following days, with it very sensitive and the radiating pain remaining.

She returned to the practice where the dentist took an x-ray and informed her that there was no problem with the filling. The patient outlined her issues – the pain and sensitivity, her concerns about the amount of anaesthesia used, and the rough/sharp edges of the filling.

The patient felt that the dentist's response to these complaints was dismissive. The patient stated that it was difficult to come to the practice and outline her problems but she felt she had an obligation to do so. She requested that the dentist refund the €120 she had paid for the filling. The dentist decided to think this request over for 24 hours.

The following day, the patient received a phonecall from the dentist's nurse, who said there would be a letter in the post to her that week. The patient had received no further communication from the dentist and filed a complaint with the DCRS requesting that the €120 be refunded.

After filing the complaint, the patient received a letter from the dentist. The dentist acknowledged the difficulty experienced by the patient and refunded the €120 as a gesture of goodwill. The patient withdrew her complaint.

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Visit our website

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