

DENTAL
COMPLAINTS
RESOLUTION
SERVICE


2015



ANNUAL
REPORT

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AN INVALUABLE SERVICE

The whole Irish dental community is learning from the work of the DCRS.

The establishment of the Dental Complaints Resolution Service (DCRS) has been one of the most significant initiatives undertaken by the Association in recent years. The Service was established after painstaking research and having consulted widely within the dental profession and beyond.

The Service has now firmly established itself as an invaluable alternative to time-consuming, expensive and overly-formalised systems of redress, which have been a huge headache for both dentists and patients alike.

The Service has also arrived at a very welcome time in view of the fact that the Dental Council now obliges all dentists to have a complaints service in operation within their practices. The option of referring patients to the DCRS when disagreements cannot be resolved at practice level has been warmly welcomed by dentists and their patients. Of course, the nature of complaints is such that there can often be a sense of unease or frustration where, regardless of the outcome of any adjudication or resolution of a dispute, users may also be upset with the manner in which a complaint has been handled. The Service endeavours to assist willing parties to arrive at a fair resolution in a timely and appropriate manner.

The value of the DCRS is that the facilitator Michael Kilcoyne is there to enable the parties to reach a conclusion and this is very much the preferred outcome. Alternatively, he can assist the parties by suggesting a solution which they may ultimately find acceptable.

It is important to remember that this is a voluntary scheme and neither patient nor dentist is obliged to avail of the Service. However, our experience is that the vast majority of both dentists and complainants tell us that the Service has been a far better alternative to the Small Claims Court, the Dental Council or any of the higher courts.

Of course the Service also generates a wealth of information on the concerns raised by patients and reveals the extent to which dentists have appropriate and adequate means to resolve disputes at practice level. While some disputes cannot be resolved at practice level for legitimate reasons, it is important also that we share information on

the outcome of queries which turn into complaints, and ultimately benefit from the assistance of the DCRS. That is why we commit to publishing an annual report and sharing the findings with the profession and the wider community at large.

The addition in the past year of dental adviser Dr Maurice FitzGerald, an experienced general dental practitioner and former member of the Dental Council, has been a terrific enhancement to the operation of the Service. We know that his appointment has been of invaluable assistance to the work of Michael Kilcoyne.

It is also important that we examine the implications of the findings of the data contained in this annual report. That is why the Association and its representatives will be studying the report and its implications with a view to assisting dentists and their patients in the year ahead. In particular, we are committed to sharing information arising from this report and also to exploring whether there are training or other requirements which the Association can help to deliver for the benefit of all concerned.

Finally, we wish to commend the work of the Service, and all of those who voluntarily participate and co-operate with the Service.



Dr PJ Byrne,
President



Fintan Hourihan,
Chief Executive

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www.dentalcomplaints.ie



RESPONDING AT THE POINT OF TREATMENT

An effective complaints procedure can provide a basis for a dentist and patient to rebuild their relationship.

As with any professional service, there may be times when things do not go entirely to plan and complaints arise. In a dental setting, the best way to help the patient is for the dentist to invite them to discuss their concerns at the earliest possible stage.

Patients need to know that there is a complaints procedure in place and who to contact if they have any concerns. It is important to encourage patients to make contact with this person. After all, if the dentist is not told about the patient's dissatisfaction, it will be impossible to resolve!

To encourage patients to discuss any problem they might have, they need to be confident they will be listened to and that their complaint will be dealt with promptly and effectively.

The patient may feel worried or embarrassed about making a complaint regarding their dentist. However, if they are made aware that the dentist will deal with the matter professionally and courteously, and would welcome the opportunity to resolve their concern, the patient will feel less hesitant. This reassurance can provide a basis for the dentist and patient to rebuild their professional relationship.

In addition to investigating and resolving the complaint, the dentist might discover some learning points from the experience and these can be shared within the practice to prevent a similar situation arising in the future.

When patients make a complaint they are often seeking an explanation and an apology, along with a speedy resolution. Patients who direct a complaint to a regulator (for example the Dental Council) or make a claim, can sometimes be disappointed by the outcome, as those processes can be lengthy and may not result in an explanation or an apology, which is often the very outcome the patient is seeking. In circumstances where it has not been possible for the dentist to resolve a complaint in house, further assistance is available to the patient and dentist through the Dental Complaints Resolution Service (DCRS), which is now in its fourth successful year. Dental Protection has long promoted the concept of patient access to a fair and

transparent complaints mechanism which focuses on resolving complaints at an early stage.

We believe that the DCRS benefits both patients and dentists alike. It provides an alternative path for the resolution of patient complaints with the benefit of being simple, easy to use and fair to both parties, with an emphasis on early resolution. Dental Protection has seen systems similar to the DCRS successfully introduced in New Zealand, Singapore, Malaysia and the UK, where we have members. The one thing that is appreciated by patients and clinicians alike is the elimination of any undue delay in reaching a conclusion.

One of the less tangible benefits of the DCRS is that it has brought dental complaints resolution to the forefront of patients' minds. What often doesn't show in the figures is the number of patients who take a look at the website and realise that they can take their complaint directly to their dentist, and that it will be dealt with seriously. Similarly there are those who contact the Service for general advice and then go on to resolve their complaint with their dentist without needing any input from the DCRS. The reassurance of knowing that the Service is there for those occasions where it has not been possible for the dentist and patient to resolve a complaint in house is extremely valuable.

Patients can be reassured that the dental profession is committed to resolving complaints at an early stage, be it in house or via the DCRS.



Dr Sue Boynton

BDS FFGDP(UK) LLM

Head of Dental Protection Services, Ireland



HELP FOR PATIENTS AND DENTISTS

In 2015, Michael Kilcoyne, the Facilitator of the DCRS, accepted 134 cases and 44 of these were resolved by the Service. Many others were resolved directly between dentists and patients. He reports that communication is key to avoiding and resolving disputes.

The Dental Complaints Resolution Service (DCRS) was established in 2012 to help resolve differences between dentists and patients. If patients are unhappy with dental services received privately within the Republic of Ireland, they can complain to the DCRS. The Service was started by the IDA but is completely independent.

The Service runs a helpful website, dentalcomplaints.ie. Patients can find details on how to make a complaint and dentists can find advice on dealing with complaints on the site.

When a patient gets in contact with the DCRS the first thing they are told is to get in contact with their dentist. When this option has been exhausted, or patients don't feel able to get in contact with the dentist because the relationship has completely broken down, then a complaint can be brought to the DCRS.

The patient writes to the Service setting out their complaint and then the DCRS relays the complaint to the dentist. The dentist and the patient must accept that the complaint will be handled by the Service. The DCRS aims to mediate between the patient and the dentist to find a solution. In this way the situation can be handled before things escalate and end up at the Dental Council or in court. If either party does not work with the Service, it can't work with them and the opportunity of a quick resolution may be lost.

The Service is free to patients and IDA members. There is a fee of €90 for non-IDA dentists.

In 2015, the Service received 287 calls and 970 emails/letters. Of these, 134 complaints were accepted. Ten complaints could not be accepted because the treatment was given under social welfare schemes, which are outside the remit of the Service. A further 18 complaints could not be accepted as adequate written complaints were not received.

The total of 134 cases accepted by the DCRS in 2015, compares to 158 in 2014.

Even though there were fewer cases in 2015, more cases were resolved by the Service than in the previous year, while again we believe more were resolved directly between dentists and patients. In total, 44 cases were resolved up to December 31, 2015, eight more than in 2014.

Of the 44 complaints resolved during 2015 seven had no substance. One was resolved by an explanation and apology from the dentist. In four cases, dentists agreed to do remedial work and in another case the dentist paid the fees for remedial work to be done elsewhere. The majority of cases, 28, were resolved by an explanation and a refund of fees.

Three cases could not be brought to a satisfactory resolution and were closed.

The remaining 90 cases have been resolved directly between parties, withdrawn or remain unresolved for different reasons. For example, when a patient is told to get in touch with a dentist directly they often sort things out between themselves. Sometimes a member of the public files a complaint and then never follows it up. At other times patients phone the Service but never send the required written complaint. In some cases, the Service is waiting for the dentist to respond. Some complaints have no substance and others are still going through the resolution process.



If patients are **unhappy** with dental services received privately within the Republic of Ireland, they can **complain to the DCRS**.



COMMENTARY

Most people are very happy with the service they receive from their dentists, but things can go wrong. When a problem arises, if the dentist is willing to sit down and work something out, it makes a big difference.

The DCRS has become more and more accepted by dentists as the preferred way to deal with complaints that can't be resolved using their own complaints procedures.

One of the reasons there were fewer complaints last year than the year before, is that the Service insists on confirmation from the patient that they have communicated with their dentist and that they cannot resolve the issue themselves. In a large number of cases when discussions took place between the dentist and the patient, they resolved the problem.

More cases were resolved last year than previously because the Service is more experienced and better equipped to deal with complaints.

CHANGES AND CONCERNS

Dentistry has become very sophisticated in recent years. One change that was made last year was that the Service started to seek advice from an independent dental adviser, Dr Maurice FitzGerald. Dr FitzGerald helps in the more dentally complex cases.

People are becoming more aware of the Service and dentists are certainly aware. More interest is being shown by dentists in keeping patients informed of the Service, with one practice contacting the Service to request new posters for the waiting area in the practice because the ones they had were quite worn. Dentists now see the DCRS as being of benefit to them and their patients.

Being good at the technical aspects of dentistry and dealing with patient concerns are very different things. Dentists have phoned the

Service about problems which seemed insurmountable but after a few minutes talking them over, the DCRS has been able to put their mind at ease, or at least give them a clearer understanding of how to resolve the problem.

There have been a lot of complaints from people who've had dental work done overseas, only to find out later that the work wasn't up to standard. There is nothing the DCRS can do in these cases. Patients should ensure that the dentist they attend will be easily accessible to them if something does go wrong.

It is notable that there was an increase in complaints against dentists not in the IDA.

We have seen complaints against some of the larger dental chains. Some cases have shown that the high turnover of staff in these practices can lead to two issues. Firstly, there is sometimes no ongoing personal relationship between the dentist and the patient. The dentist a patient saw a year ago may not be the dentist treating them today. Secondly, each complaint to the DCRS is about the dentist, not the practice. By the time a complaint arises, the dentist it is made against may very well be gone.



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ADVICE AND SUMMARY

ADVICE TO DENTISTS

The most important thing for dentists to do is to listen to patients. There are problems in any service business. Sometimes things end up before the Dental Council or even in court and 90% of the time this is avoidable. Even if the dentist believes they are not in the wrong, they should still listen to and engage with the patient to try reach a resolution. There is nothing worse than an unhappy patient because it can affect a dentist's business.

Amongst the complaints recorded, there is a notable number of people complaining to the Service about costs being more than advertised, or the dentist proceeding with work without explaining costs beforehand. The dentist should be clear on what the patient wants done and the patient should be clear on what the dentist is going to do. Both should be very clear on how much money will change hands before the work is carried out.

ADVICE TO PATIENTS

Communication is as important for patients as it is for dentists. If they have a concern or problem with dental work they receive, they should speak with their dentist first. All dentists are obliged to have a complaints procedure in place in their practices. If this procedure doesn't resolve the problem, then the patient has the right to come to the DCRS.

We have seen complaints from patients who believe they received poor quality dental work abroad. There is absolutely nothing the DCRS can do for patients in these cases. We recommend that patients think very carefully about where they get their dental work done and to remember that just because something appears cheaper in the short term doesn't mean it won't end up costing much more in the long run.

SUMMARY OF DENTAL COMPLAINTS IN 2015

The DCRS received a total of 287 calls in 2015 and 970 emails/letters. Of these, 134 complaints were accepted.

A total of 44 cases were resolved.

Some of the results were:

- refund of fees;
- apology;
- re-treatment; and,
- payment of fees for re-treatment elsewhere.

Of the complaints, 69% were against IDA members.

Ten cases were not accepted as they were under the medical card or social welfare schemes. A further 18 were not accepted as adequate written complaints were not received.

The main issues amongst the accepted complaints were as follows:

- Cost – 21;
- Crown/bridge work – 14;
- Fillings – 12;
- Root canal – 11;
- Diagnosis – 10;
- Rudeness – 10; and,
- Failure to explain treatment costs – 10.



WHAT THE DCRS HAS LEARNED FROM COMPLAINTS RECEIVED IN 2015

1. Year after year, the thing that becomes clear is that communication between the dentist and patient is the best tool available for avoiding and resolving complaints.
2. Dentists are starting to use the DCRS themselves when they might have an issue with a patient. If a patient is complaining about them, sometimes they phone the Service for advice so they can sort the problem out themselves.
3. We have noticed an increase in the number of complaints being made against dentists who are not members of the IDA. If those dentists wish to avail of the Service, they have to pay a fee. It is important for patients to ensure that the dentist they're attending is a member of the IDA, because then they (both patient and dentist) are automatically covered to avail of the mediation service.
4. It is in dentists' best interests to engage with the DCRS. There are cases where disputes escalate and end up before the Dental Council or even in the courts, and the DCRS can help dentist and patient avoid that stress. We seek to resolve the issue.
5. There were more cases resolved in 2015 than in 2014. We put this down to more experience on our part and more co-operation from patients and dentists.
6. There are only a handful of dentists about whom repeat complaints have been made. This shows complaints are isolated and in general, people have high regard for their dentists.
7. We have seen a substantial increase in complaints from people who have had work done under medical card or other social welfare schemes. The HSE is not part of the DCRS so we can't deal with them. The patients/complaints must be referred back to the HSE.



Amongst the complaints recorded, there is a notable number of people complaining to the Service about costs being **more than advertised**, or the dentist proceeding with work without **explaining costs** beforehand.

CASE 1

FAILURE TO COMMUNICATE

In this case a failure to address a patient's repeated communications stating she didn't owe her dentist money led to her receiving stressful demands for payment for seven months.

The patient attended her dentist for a routine check-up and was told that she had an abscess and could either have an extraction or root canal treatment. The dentist told the patient he would write her a prescription and she could think about it. At no point did the dentist mention the prescription would cost €35. The patient said usually her dentist would explain the costs of everything very carefully to make sure it was okay with her. When she left the surgery that day she was told she didn't owe any money.

The patient opted for extraction and was told that the extraction and x-ray would cost €100. She went ahead with treatment and afterwards paid €100. The patient was happy with her treatment. However, the receptionist couldn't give her a receipt as there was an issue with the printer and the patient was told that a receipt would be posted out to her the next day. None arrived and two weeks later the patient phoned the surgery to get a receipt. The next day one arrived but it also stated that she owed the surgery €35 for the prescription. The patient phoned the practice and told the receptionist why she wasn't happy to pay this fee. The receptionist said she would speak to the dentist about it.

About a month afterwards, the patient received a text message

from the practice telling her she owed them the €35 and to contact the practice, which she did straight away. She spoke to the same receptionist who told her she thought the matter had been sorted. The receptionist said she would speak to the dentist and get back to the patient but she never did. Another text arrived three months later saying she still owed the money. Once again, she phoned the practice. The receptionist said she would get the dentist to ring her directly but he never did. A month later she again received the same text and phoned the practice. She got no answer, left a message but received no reply.

It was at this point that the patient complained to the DCRS. The DCRS informed the dentist about the complaint against him. Soon after, the dentist phoned the patient and apologised for the failure in communication and explained that although he was entitled to charge the fee he would waive it as a gesture of goodwill. The patient accepted this but expressed regret that the dentist hadn't spoken to her seven months beforehand and sorted things out, before she had to get the DCRS involved.

This complaint would never have occurred if the dentist had explained the cost of the prescription to the patient, like he had done with all other costs in their relationship before. It would not have come to the DCRS if the dentist had spoken with his patient after one of her repeated attempts to get in touch with him.



CASE 2

NO WORK, NO COMPLAINT

This case concerned a patient who had been attending an orthodontist and was told he needed braces but at €2,500, these were out of his price range.

The patient then heard about a dentist who would fit the braces for €950 per jaw and booked an appointment with this orthodontist. However, during the appointment the orthodontist informed the patient that to get the braces he would need jaw surgery. This would bring the total cost to €4,500, far too expensive for the patient. In three years of seeing him, his previous orthodontist had never said his jaw needed surgery to get braces.

The patient thought that the dentist was rude and unprofessional and suspected that he was just saying he needed surgery so he wouldn't have to provide the braces for a low price. The patient passed on the name of the dentist and the DCRS sent him the details of the complaint.

The dentist responded saying he never quoted €4,500. The patient said he did and was angry that he was quoted this price.

The DCRS responded that there is nothing the Service can do about how much a dentist charges. It was explained to the patient that dentists can charge however much they wish in Ireland and it is up to the patient to shop around for the best price. The Service explained that its role is to mediate between dentists and patients in relation to work undertaken, and as there was no work undertaken in this

case, there was nothing more the Service could do for the patient.

The patient complained that the Service should handle the case because the dentist did not examine his jaw properly. The patient said he took no x-ray and had simply looked at his jaw and said he wasn't suitable for braces without surgery. The DCRS explained once again that this matter was outside of its remit and closed the case.

“ There is nothing the Service can do about how much a dentist charges.

It was explained to the patient that **dentists can charge** however much they wish in Ireland and it is up to the patient to shop around for the **best price.**



CASE 3

FILLINGS AND FURTHER WORK

In this case the patient attended his dentist on three dates and had five fillings done costing a total of €495.

However, after the dental work the patient was still experiencing pain in two of the filled teeth.

He returned to the practice a month later to have those two teeth re-examined. The two teeth were filled again and the patient was charged an additional €130.

The patient complained directly to the dentist that he shouldn't have to pay more given that work was being done on teeth that had been treated during the original visits. The dentist said that the original work was done on the other side of the teeth and the problems were caused by the patient grinding his teeth.

The patient explained his problem to the DCRS. He couldn't understand how the necessity for fillings would not be apparent during the first three visits if the dentist was working directly on the teeth.

He found it hard to believe that it was coincidental that his supposed teeth grinding would result in problems in two teeth the dentist had filled and nowhere else. The patient didn't understand why he was charged more than the entry price of €45 for tiny fillings which did not require anaesthetic. He had not been told he was grinding his teeth on his three previous visits and he said he had never had this problem.

He paid €495 for dental treatment over three visits and was angry that €130 worth of dental work was required less than two months later.

The patient said at no stage was he informed prior to treatment that he would be charged extra for problems that had not been resolved the first time those teeth were treated. If he had known, he said he would not have agreed to the treatment.

The patient tried to resolve things with the dentist but no resolution could be reached.

The dentist, a member of the IDA, believed the charges were fair and reasonable. He said the patient received good value for the dental work performed.

After examining both sides of the story, the DCRS suggested that the dentist refund the patient the €130 he paid for his last visit. This would resolve the matter as a gesture of goodwill without any admission of liability on the dentist's part. Both parties agreed to these terms and the complaint was resolved.

It is not unusual for symptoms to be from more than one area of a tooth and this case could have been avoided if the dentist had communicated more clearly and agreed the price of the treatment with the patient before going ahead with it. That way the patient could have made an informed decision about the second treatment.



CASE 4

UNCONFIRMED CAUSE

This case concerned a patient whose lip broke out in cuts after dental treatment. He went back to his dentist and she inquired about his diet and gave him some oral gel to treat his lip. The gel did not help.

The patient went to a solicitor who wanted to get medical experts from the UK involved and take a civil case but the patient didn't want to do this. However, his lip still needed attention. He had to go to a specialist but he couldn't afford this.

The DCRS suggested the patient go to his GP and get his opinion of whether the problem was caused by the dental work or not. The Service said that if the GP thought it was caused by the dental work then the dentist should pay for the patient to visit a consultant.

The patient said he had gone to his GP about his lip on three occasions, and to a dermatologist. He said he had paid €200 for over the counter creams in the 13 months since his dental treatment.

The dentist got in contact with the patient to say that she felt she was not at fault but was happy to refer the patient to a consultant.

The DCRS recommended the patient go to the consultant and said that if the consultant said the problems were caused by the dentistry, then the dentist should pay for the consultant and whatever treatment was required.

The dentist sent the DCRS a letter which the Service passed on to the patient. The patient admitted that he had problems with his skin before, especially around his head but said he never had trouble with

“ The DCRS told the patient that the dentist did **not believe she contributed** in any way to his problem, so the Service would need some **evidence** from a dentist or doctor stating that the damage to his lip could be attributed to the dentist's work. ”

his lower lip. He said that while in treatment with the dentist, she touched off his lip with her drill.

The patient sent a text to the dentist saying the matter had “cleared up”. However, he said his lip had flared up again afterwards.

The DCRS told the patient that the dentist did not believe she contributed in any way to his problem, so the Service would need some evidence from a dentist or doctor stating that the damage to his lip could be attributed to the dentist's work. This was not produced and after examining all other evidence, the DCRS closed the case.

CASE 5

ROOT CANAL TREATMENTS

The patient in this case attended her dentist (Dentist 1) to get root canal treatment on four teeth and a crown fitted on one. In all she paid €2,600 in fees and believed her treatment to be complete. The crown became loose. On a trip to a town where she had lived previously she went to her old dentist (Dentist 2) and asked for his opinion. Dentist 2 said that the crown that was fitted was only a temporary one and that there were questions over the root canal treatment.

The patient claimed she went back to Dentist 1 and asked him if the crown was a permanent one and he said that it was. The patient relayed her concerns to the practice's receptionist. She then received a call from Dentist 1 and he sent her a cheque for €900 as she was told she got, and was charged for, a permanent crown but only received a temporary one.

Dentist 1 recommended doing further root canal treatment and crowning. The patient began seeing Dentist 2 again and he didn't agree that more root treatment and crowning would be the way forward. He said the teeth were very broken down and that extraction and implants

would provide a much more successful and predictable outcome.

The patient went ahead and had more dental treatment performed by Dentist 2 and she believed the work that was done previously made this work necessary. She said she had problems with all four root treatments performed by Dentist 1. Three of these teeth had to be extracted and implants fitted. The patient had to go to an endodontist to get root canal treatment done on the other tooth.

Dentist 1 didn't agree that his work was responsible for the patient needing to get further work done. Three of the teeth had originally needed root canal treatment and another needed root canal treatment and a crown. After the DCRS organised for Dentist 1 to view the patient's x-rays and receive confirmation that three of the four teeth he treated had to be extracted and the other re-treated, he offered to refund the money. The patient received a refund of €1,400, on top of the €900 she had already received.

This case took a lot of work from the DCRS, with documents having to be sourced and 128 emails being exchanged during the case.

CASE 6

ADMINISTRATIVE ERROR

This case saw a letter requesting money sent to a minor rather than to her mother. The girl was brought to the dental practice by her mother and had braces fitted. She made several other visits to have the braces tightened.

Then she went almost a year without attending. Her mother lost her job and her car soon afterwards, and she and the girl began travelling back and forth between the UK and Ireland regularly.

The girl's grandmother brought her to the orthodontist who said that she had not attended in over a year and that €2,100 was owed for her treatment. Her grandmother agreed to pay €200 off the amount on that day and he tightened up the braces. The bottom brace was broken so a follow-up appointment was made.

The next day a letter, addressed to the girl, arrived in the post. It stated that she was behind on her orthodontist payments and that a payment

of €400 would be required at her next visit.

Her grandmother said she knew the orthodontist was entitled to his payments for the girl's treatment, but that sending her a letter demanding money was not treating her with consideration and dignity. The girl was very upset and her grandmother thought this was not professional conduct on the dentist's part.

The DCRS forwarded the complaint to the dentist. The dental practice responded saying they regretted that the letter had been sent to the girl instead of to her mother. They said this was an administrative error. They also said they were concerned because there was still a large outstanding amount due for the girl's treatment. They requested a payment plan be put in place. The DCRS forwarded the apology onto the girl's mother and grandmother and told them they should contact the dentist to set up a payment plan. They agreed to do this.



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