



DENTAL
COMPLAINTS
RESOLUTION
SERVICE



2017

ANNUAL REPORT

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Michael Kilcoyne
Facilitator

TURNING THINGS AROUND

The work of the DCRS has shown once again that if dentists engage with patients who have complaints, things can be resolved in an amicable fashion.

Last year, the Dental Complaints Resolution Service (DCRS or "the Service") continued to work as a reliable, professional and effective service in the resolution of dental complaints across the country. However, more than ever, dentists and patients are resolving complaints between themselves. This is what the Service encourages in the first instance and what leads to the fastest resolution possible for both parties. There were no major changes in how the Service operated last year. It now has the experience and systems in place that are ideal for mediating in disputes between patients and dentists. No other redress system deals with the types of complaints the DCRS does, free of charge to IDA dentists and their patients. The Dental Council mandates that all dentists have a complaints procedure in operation in their practices. The DCRS fulfils this in a convenient manner for dentists. While the best way to deal with complaints is still between dentist and patient, the DCRS is there to provide an impartial viewpoint when parties can't see eye to eye.

Correcting problems

In 2017, there was a drop in the amount of complaints regarding communication, which shows more dentists now see the importance of clear communication. A lot of complaints in the past surrounded miscommunication and misunderstandings, so it is positive to see that dentists have taken this as a serious issue and taken steps to improve the situation.

We echo our Facilitator, Michael Kilcoyne's advice that when a patient comes to a dentist with a problem, the dentist should sit down and engage with them. Patients may not want to approach their dentist because they fear they won't be listened to but should understand that no dentist wants a complaint hanging over them. Dentists would much rather deal with any problem in their own practice than have it progress elsewhere.

Dentists in Ireland aim to treat their patients with care and do their best with each person who sits in their chair, but sometimes things do not work out the way they or their patients would wish. That is why when something does go wrong, we are fortunate to have a service like the DCRS, which can guide people towards a fair conclusion.

Through the Facilitator's experience as a mediator, and his Clinical Adviser Dr Maurice Fitzgerald's experience as a working dentist, all cases are handled by a service which understands best how to resolve disputes that involve the complexities of dentistry.



Dr Kieran O'Connor
IDA President



Fintan Hourihan
IDA CEO

READY WHEN NEEDED

When dentists and patients need an impartial voice to see them through a dispute, the DCRS is there to help.

There are some things which are so obvious that we very rarely stop to think about them. Take for example the obvious point that no clinician ever sets out to provide treatment with the aim of disappointing their patients. Similarly, there is not any intention to harm a patient or fail to deal with problems that arise following treatment. After all, the clue is in the words we use. Dentists provide “care” for our patients. We aim to help, repair, improve, treat and heal. In short, the mission for the profession is to make things better – or at least prevent them being worse than they need to be. The dental profession has a long and proud history of providing help and most of the time our patients are grateful and appreciate our efforts, but not always.

Even with the best will in the world and no matter how dedicated and careful a dentist is, things do not always go according to plan. Nobody gets everything right all of the time. Outcomes are not always ideal. Mistakes can happen. Aims are not achieved.

Sometimes there is no mistake and although not ideal, what happens is unavoidable or was always a possibility. At other times, the treatment achieves exactly what was intended (and took as long it was expected to) but this is not understood by the patient. For any of these reasons dentists can find themselves facing the consequences of the ‘disappointment gap’. The patient is unhappy because what they got was not what they were expecting. While there will always be some complaints, good communication with patients is key to reducing the risk of misunderstandings.

Dealing with complaints can be tricky for a whole range of reasons. In the first place, the patient is unhappy, and this is often mirrored by the dentist who is usually less than delighted to be on the receiving end. Given this creates a starting point with two parties who are maybe not the best versions of themselves, it is perhaps not surprising that complaints have the potential to escalate in an unhelpful way, particularly if not handled well in the early stages.

As the treating professional, the dentist should try to take the heat out of the lesion if possible. Having an effective complaints process in place beforehand, which can be engaged when issues arise, is hugely helpful, as it is known that the more promptly and efficiently a complaint is dealt with the greater is the prospect of a successful resolution. However, if initial efforts to reduce the swelling are unsuccessful, the DCRS is certainly well placed to assist.

The track record of complaints which have been resolved successfully and promptly through the involvement of the DCRS is impressive. Patients and dentists alike benefit from the fair, impartial and above all, common-sense approach of the service to helping the parties identify solutions. This is all the more impressive when the delays, stress and costs associated with all the potential legal claims that have been avoided are considered. The DCRS is an accessible and hugely valuable source of assistance that achieves results which speak for themselves.



Dr Martin Foster BDS MPH DipHSM LLM MA
Head of Dental Services in Ireland

Dental
Protection



ENCOURAGING SELF-RESOLUTION

The DCRS is here to help resolve complaints but more than ever dentists and patients are learning to resolve their differences between themselves, which is the ideal solution.

The Dental Complaints Resolution Service (DCRS or “the Service”) was established in 2012 to help dentists and patients engage with each other and find solutions to problems before they escalate into drawn out and stressful disputes.

Over those six years, the Service has seen all kinds of complaints and is now well experienced and equipped to deal with the problems that arise between patients and dentists.

In 2017, there was a sizable increase in the number of dentists resolving complaints in practice. This is always what the Service encourages in the first instance and we will not accept a case from a patient until they have gone to their dentist first. Patients are also told to tell the dentist that the Service sent them back to them. This puts an onus on the dentist to deal with the matter as they know that if they don't, the next step will be the DCRS getting involved.

The Service now has over half a decade of experience under its belt dealing specifically with dental complaints.

This means if someone has an issue with their dentist in the Republic of Ireland, there is nowhere else in the country better equipped to deal with the matter.



The DCRS has now established a consistent performance record and this continued in 2017, even with an increase in the number of complaints accepted. The same type of complaints arose. Most of the time, they are related to the price of the work or the service received. Some 36 complaints could not be accepted as they were either outside the time limit or outside the remit of the DCRS.

There was a noticeable increase in the amount of complaints concerning work done under the medical card and PRSI schemes, which the Service cannot accept.

Complaints about work done under medical cards must be referred to the HSE. The DCRS can only deal with and resolve cases where the work was done privately.

The purpose of the Service is to ensure that complaints are resolved. We want to get to a point where all complaints are resolved directly between the dentist and patient. Realistically, we'll never get to that point but the gap is narrowing.

Commentary

As more and more dentists have got to know about the Service, more and more have made an effort to resolve things directly with the patient.

The Service now has over half a decade of experience under its belt dealing specifically with dental complaints. This means if someone has an issue with their dentist in the Republic of Ireland, there is nowhere else in the country better equipped to deal with the matter. The Dental Council only looks into very serious matters and cannot offer



compensation. While the courts deal with all kinds of different issues, they cannot offer the dental expertise that the DCRS can. The Service employs the help of a clinical adviser, Dr Maurice Fitzgerald, to help adjudicate on dentally complex cases. I would like to take this opportunity to acknowledge the excellent speedy responses that I receive from Dr Fitzgerald, as well as from the Chief Executive of the IDA Fintan Hourihan and the staff in IDA House.

There has been an increase in the number of complaints about staff in practices other than dentists, such as technicians and receptionists. Although these complaints do not fall under the remit of the Service, and it cannot resolve them, the DCRS advises dentists that they deal with them. Ultimately, every member of staff affects a patient's impression of a practice and those who are not treating patients well reflect badly on the dentist and the entire practice. The dentist will have employed these staff to perform services on their behalf and ultimately, it is the dentist who is responsible.

Over the past few years, more and more dentists have engaged with the DCRS. The Service is becoming more well known and there has been an increase in the number of dentists contacting the Service looking for advice on how to deal with complaints. That's good because we want dentists to use the Service as a resource when they get a complaint. Although there seems to be a good proportion of complaints on the DCRS' books that are unresolved, in a lot of cases what happens is that the patient and the dentist are told to speak to each other, they resolve the matter but the Service is not informed. In these cases, they stay on the books as open and unresolved.

Most complaints continue to come from the Dublin and Cork areas, but this is to be expected as they are the two large population centres in the country.

Concerns

Most dentists perform their jobs effectively, with care, and do their best to ensure their patients leave their practices with a good impression of them and of dentistry. I am concerned about one dentist in particular, who has multiple active complaints against him and is not making an effort to try and resolve them. In my experience, complaints are a lot like oral health problems. If you deal with them in a timely manner, it works out a lot better and a lot cheaper than when they are left to fester. The DCRS is still working with this dentist to try and get him to engage with the complaints made against him. His indemnity provider has also advised him to get involved with the Service.

Two complainants asked us last year to arrange for independent assessments by specialists of the dental work they received. This is not a service that the DCRS provides. However, we have our clinical adviser who does an excellent job advising me in complex cases.

There has been an increase in the number of dentists contacting the Service looking for advice on how to deal with complaints.

ADVICE AND SUMMARY

Advice for dentists

Always listen to your patient when they make a complaint. It is only natural that you might disagree with them but it is important you deal with the problem in a constructive and respectful manner. Ultimately, it has to be sorted. Many dentists have taken heed of this advice and it is our hope that all dentists will, as it really is the best way to deal with a complaint and perhaps even preserve the relationship with the patient.

It is important that you don't promise something which cannot be delivered. There are complaints where patients have felt that they did not get what they were promised. Sometimes patients have unrealistic expectations, but it is important for dentists to manage those expectations. The Service's advice is that dentists should under promise and over deliver.

Always listen to your patient when they make a complaint. It is only natural that you might disagree with them but it is important you deal with the problem in a constructive and respectful manner. Ultimately, it has to be sorted.

Advice for patients

This is similar to the advice for dentists. Firstly, sit down with your dentist and see if you can work things out between yourselves. No dentist wants

a complaint hanging over their heads and they will often be as eager as you are for a speedy resolution that results in the least amount of stress for everybody.

There are rare times that the relationship between the dentist and the patient has broken down irretrievably. In those cases, you can correspond with the dentist if you don't feel you can speak directly to them.

Understand the limitations of dentistry. Dentists nowadays can perform some remarkable restorative procedures but don't expect more than is realistic. Make sure you understand what the outcome should be before the procedure.

Patients should keep in mind when choosing a dentist that IDA members, along with their patients, are entitled to avail of the DCRS without any fee or charge.

Summary

Last year, the Service received 520 phone calls and 1,120 letters/emails, a slight increase on 2016. We believe this shows the DCRS is well known and well sought after by the public and dentists when it comes to resolving dental complaints.

There was an increase in the number of complaints accepted last year, rising to 128 from 102 in 2016. Some 75% of the complaints were about IDA dentists. Of these complaints, 71 are confirmed to be resolved, although many more may well be as the Service is not always informed by either party when a dispute is sorted out. This gives a confirmed resolved rate from last year of 55%, which is at a similar level to 2016. Please see **Table 1** for a breakdown of the resolutions in 2017.



Table 1: How complaints were resolved in 2017.

Brief details of resolution	
Explanation/no substance to complaint	9
Apology	15
Re-treatment	8
Refund of fees	20
Payment of fees for remedial treatment	17
Unable to resolve – reasons	Two were withdrawn One dentist was alleged to have refused to sign a Med 2 form.

There will always be cases where the expectations of the patient are not met. Sometimes this is because they have been promised too much and at other times it is because they have unrealistic expectations. It is both the dentist's and the patient's responsibility to ensure this does not happen.

The types of complaint are recorded in three different categories: fees; clinical; and, communication. There were 14 complaints related to fees and four about communication, both of which dropped from the previous year. The vast majority of complaints (56) related to clinical issues.

The complaints were also broken down into treatment and non-treatment issues. A total of 19 complaints were related to root canal treatment, 14 were about fillings and 12 each related to diagnosis and a failure of treatment. Of the non-treatment issues, 14 concerned a failure to explain treatment costs and 10 were about a failure to address pain. The month with the highest number of complaints was July, when there were 21.

What the DCRS has learned in 2017

The same patterns tend to emerge each year and at this stage the Service has seen most of the problems that come up between patients and dentists. It is an experienced and efficient service that knows how best to deal with dental complaints, so both patients and dentists can move on.

Often problems arise in the more complex areas of dentistry, such as with crowns and implants. There will always be cases where the expectations of the patient are not met. Sometimes this is because they have been promised too much and at other times it is because they have unrealistic expectations. It is both the dentist's and the patient's responsibility to ensure this does not happen.

CASE STUDIES



CASE 1

Not satisfied with Service

In this case, the complainant was not satisfied with the service that the DCRS provides. He contacted the Service with a complaint regarding orthodontic treatment given to his grandson. The grandson was given a course of orthodontic treatment that cost over €3,000. This took around 20 months, after which the family thought his problem would be fixed. However, as the treatment neared an end, the family were told that he would need further treatment at a significant cost. They asked why these new procedures needed to be performed but did not receive a satisfactory response.

The family felt they were being manipulated. They wanted the DCRS to organise for the patient to be assessed by an independent orthodontist to see if the original examination and course of treatment was correct and satisfactory. The complainant asked the Service if he should pursue legal action against the practice.

In the DCRS' reply, it was explained that because the patient was a minor and the complainant his grandfather, the Service would need the written permission of one of the patient's parents to proceed with the complaint and even to deal with the grandfather on the matter. It was also explained that the DCRS cannot fund or arrange an independent examination. The complainant was told that the DCRS is a voluntary service, which either party can refuse to take part in and

withdraw from at any time. If he wanted the DCRS to help mediate on the issue, he would need to provide the name of the dentist/orthodontist which the complaint related to, written parental permission to receive and share information with the dentist and the patient's date of birth and postal address. In terms of legal action, the DCRS is a mediation service and advised the complainant that it cannot be of assistance in this area.

The complainant wrote back saying he was disappointed with the DCRS' response to his complaint. He decided that it would be unwise to pursue this complaint through the Service because of its voluntary nature. He complained that the Service could not offer more. He said he would prepare a report and go elsewhere to get a full and impartial hearing of his case.

They wanted the DCRS to organise for the patient to be assessed by an independent orthodontist to see if the original examination and course of treatment was correct and satisfactory.



CASE 2

How the Service works

The following case showcases what needs to be done to bring a case through the DCRS. The patient phoned the DCRS to make a complaint and then sent on the required written complaint a couple of weeks later. She explained in her letter that after a few treatment appointments, she accepted that she needed a root canal or an extraction for a troublesome tooth, and opted for a root canal. However, this still didn't get rid of the pain in her tooth and her dentist sent her to an endodontist.

The endodontist said he would need to remove the root canal to see what the issue was and this would cost €925. The patient was unhappy and wanted the dentist to contribute towards the endodontic treatment. The dentist declined to do this but offered to extract the tooth for free.

The patient didn't feel this was a suitable alternative. She said she was very annoyed as the tooth would end up costing her €1,500: €500 for the root canal; €75 for the consultation; and, €925 for re-treatment. She asked the DCRS to advise.

The Service explained that it does not advise but mediates between parties to a dispute to find the best way to resolve a matter. The patient was asked to provide the full name and contact details of the dentist as the Service deals with complaints against individual dentists, not

practices. The complainant was asked to give the Service permission to deal with the complaint. This has to be done so the Service can act on behalf of the patient, and share and receive personal data and documentation between patient and dentist.

As soon as the DCRS received this information, it would contact the dentist and send her a copy of the complaint to seek her views on the issue.

The Service explained that it does not advise but mediates between parties to a dispute to find the best way to resolve a matter.

The patient was asked if she had brought the complaint to the attention of the dentist. She got back with some information and said she had not gone to the dentist with the complaint directly. She was informed that the DCRS cannot deal with a complaint until this is done, as it gives the opportunity for the dentist and the patient to sort the matter out directly.

After some thought, the patient decided not to continue with the complaint. The DCRS thanked her and told her to get in touch again should she ever want to pursue the issue.



CASE 3

Letter of explanation

In this case, the matter was resolved by way of a letter of explanation from the dentist. The patient attended his dentist on a Friday afternoon with pain in one of his wisdom teeth and was told that it would have to be removed. The patient queried whether the dentist was able to take out wisdom teeth and he said the dentist told him that he was.

After over an hour and what the patient believed to be eight injections, the patient stopped him as the tooth was still not numb and he was in a lot of pain and feeling weak. The patient asked to be referred to a specialist in the hospital for an extraction. This was not possible as it was a Friday afternoon. The patient was charged €125 and he left the practice.

After a sleepless weekend and having to take the Monday off work, he rang the dentist and asked for his money back and an admission that the dentist had done something wrong. The dentist gave him a refund but did not apologise.

The patient felt he was in the right and asked the DCRS to help. The patient thought the dentist should not have tried to pull the tooth as he had an infection and questioned the large number of injections.

The DCRS contacted the dentist with the complaint, and he wrote a response to the patient. He said he was sorry for the complaint and assured the patient that he tried to act in his best interests.

After an x-ray showed very deep decay, an extraction was the only option to relieve the pain. The dentist asked the patient if he should refer him to a specialist for the extraction, which there would be a waiting period for, or do it himself there and then.

He said he assessed the tooth before the extraction and believed it was well within his scope of practice and competence. He said the patient asked for the tooth to be extracted then rather than wait for a referral. The dentist admitted that he was unable to anaesthetise the tooth effectively and had to abandon the extraction. He said he was sorry that the patient had this unpleasant experience. The dentist explained that sometimes anaesthesia is not possible if there is inflammation within the tooth.

He reminded the patient that he prescribed some painkillers and two antibiotics, as he realised he would need to alleviate the symptoms as the extraction had not taken place. He said the nature of acute toothache is that even with medication, the person can still experience significant discomfort.

The dentist said he was sensitive to the patient's frustrations and refunded his money as a gesture of goodwill. He said he was sorry for the patient's experience and that it wasn't his intention to cause him concern. This explanation from the dentist resolved the matter effectively.

The patient felt he was in the right and asked the DCRS to help. The patient thought the dentist should not have tried to pull the tooth as he had an infection and questioned the large number of injections.



CASE 4

Meeting each other halfway

After a small bit of an already filled tooth broke off when eating, this patient's dentist recommended that the filling be replaced. The patient agreed and paid €120 for the procedure. It was the last appointment of the day and she felt that the dentist rushed the filling. A few days later, the tooth was painful and she had to return to the practice.

She explained this and the dentist apologised and examined the tooth again. He did another small filling. The patient thought it felt tight but left it a week to see if it would settle. Unfortunately, she had to go back and they both agreed that the filling needed to be replaced. Even after this however, she was still in pain and again went back to the practice. The dentist took some x-rays and decided to send her to a specialist. The patient felt that he should cover the cost of the consultation with the specialist. The dentist said that he would call the specialist and ring the patient but failed to, so she rang him.

He gave her two options, wait to see if the symptoms resolved or get a root canal. The patient was not happy that she would have to cover the cost of that. The dentist offered to refund the cost of the filling and do the root canal at a reduced cost, €600 instead of €800.

The patient thought he had caused damage to her tooth when he did the first filling replacement. She refused the refund and the root canal as she did not want to be treated by the dentist again. She said that she was now living with an aching tooth and that it was affecting her life greatly. She asked the DCRS to secure a refund for the initial filling of €120 and €800 for the cost of a root canal in another practice.

In his response, the dentist said how sorry he was to learn of her

unhappiness and that he was committed to resolving the matter in an appropriate fashion.

The patient thought he had caused damage to her tooth. She refused the refund and the root canal as she did not want to be treated by the dentist again.

After the original filling was replaced, he was surprised that the patient started having trouble with the tooth. After the second replacement was unsuccessful, the dentist advised her to have a root canal or allow time for the tooth to settle. He had concerns about doing more work on the tooth after the filling had been redone twice in a relatively short period, as it may have made the situation worse. He apologised if his explanation of this was not clear. The dentist assured the patient that he certainly did not rush the initial filling replacement and was sorry to learn that she was unhappy that he did not call her after each treatment. It is not normal practice for him to call patients who have had fillings, but he said he always makes it clear that if they have any issues, they can contact the practice.

He tried to address the problem with his patient's tooth and was sorry that she felt his aftercare was somehow lacking. In recognition of her disappointment in attending his practice, he offered to pay 50% towards the cost of her root canal treatment and refund her initial €120. This was accepted by the patient and the case was resolved.

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www.dentalcomplaints.ie



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