



DENTAL
COMPLAINTS
RESOLUTION
SERVICE



2019

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FOR THE GOOD OF DENTISTS AND PATIENTS

The DCRS has been in operation since 2012, and is an invaluable service that helps patients and dentists to resolve disputes amicably.

Dealing with complaints is not easy. As dentists, we are upset if a patient feels in any way let down by us. If a complaint is not dealt with promptly and to the satisfaction of our patient, it is easy for it to escalate into something much more difficult again. And yet, especially in modern times, complaints are a regular feature of life. We all aspire to providing perfect clinical treatment leading to a completely satisfying patient experience of us and our practice. However, the reality, as we all know, is that even when we provide good treatment, the patient occasionally feels differently about it. The big issue then is how we deal with the patient's point of view. Since 2012, the Dental Complaints Resolution Service (DCRS or 'the Service' hereafter) has been allowing patients and dentists who couldn't agree an outcome themselves to get independent mediation. It has been a huge benefit to both dentists and their patients who found themselves in dispute. In previous times, these complaints would have ended up at the Dental Council, in solicitors' offices, or worse still, in the courts of law. The DCRS has proven its effectiveness at resolving disputes that dentists and their patients could not resolve (69 in 2019 alone) and, in doing so, has also proven to be a much less expensive route for both dentist and patient. Indeed, the confirmed settlement rate of 70% is remarkably high and, unsurprisingly, this is a model that is now being studied by other professions. And before leaving the 70% figure, it is important to note that many other cases were likely resolved directly by the parties involved, as they did not have to come back to the DCRS.

Michael Kilcoyne's work

2019 was the final full year of work by Michael Kilcoyne, who has been the Facilitator of the Service since its establishment in 2012. Michael's role has been vital in two critical aspects: developing a real trust in the Service by dentists and their patients; and, making the process of resolving a dispute less intimidating for both parties. We will always be in debt to Michael for taking the concept and making it work in reality. During 2020, Mary Culliton took over the role of Facilitator from Michael and we welcome Mary, from whom we will hear in next year's Annual Report. For

now though, on behalf of the Irish Dental Association, the dental profession in general, and dental patients throughout the Republic of Ireland, we owe Michael Kilcoyne our enormous thanks for his work on our behalf.

Happily, the Service's Clinical Advisor, Dr Maurice FitzGerald, is continuing his work with the DCRS. Maurice's role is vital in terms of professional support for the Facilitator, and continuity and consistency in dealing with the issues that arise in complaints that reach the Service.

Highlighting the co-ordinated approach to the issue of complaint handling by dentists, the Dental Council now requires each dental practice to have a complaints policy.

A vital service now

One of the consequences of the work of the DCRS is that it has become a vital service in building public confidence in Irish dentistry. This is in stark contrast to the lack of any equivalent support for those who go abroad for treatment. Additionally, dentists using the Service here are effectively preventing bad publicity, and expensive and protracted litigation costs, being visited on their practice.

The DCRS is free to Irish Dental Association members and to patients. It is timely, voluntary and does not require or allow legal costs. The new reality is that nobody has anything to lose by participating. I commend the Service heartily to all dentists who may need its work.



Prof. Leo F.A. Stassen

President

Irish Dental Association, 2019-20

THE RIGHT APPROACH

While the Dental Council's fitness to practise process deals with professional misconduct in the profession, the DCRS provides a way to resolve less serious issues and is very effective at doing so.

The Dental Council would like to congratulate the DCRS on another successful year. The Service is unique in healthcare and it is clear from this year's report that the Service is successful in resolving most of the complaints it takes on.

Most dentists strive to provide safe care to their patients and most dental treatment is successful. However, we must always be mindful that we hold the patient's interests as central when treatment is not successful. Most patients just want the matter 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.

A more suitable way

About 150 people contact the Dental Council every year because they are unhappy with something that has happened in a dental surgery. Our fitness to practise process is a blunt instrument and it is designed to hold dentists who are guilty of professional misconduct to account. It is not designed to resolve disputes. Only a very small number of the incidents we are informed about 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?

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. Most problems are best resolved between the patient and the dentist, and generally we recommend that the patient discusses the matter with the dentist directly. Usually, we will refer the patient to the relevant sections of the 'Code of Practice regarding Professional Behaviour and Ethical Conduct' and suggest how the patient might broach the issue with the dentist.

However, sometimes the problem cannot be resolved in the surgery and the grievance remains. The DCRS is ideally placed to try to find a solution acceptable to both patient and dentist, as it allows both parties the opportunity to explore, in a non-confrontational setting, a broad range of possible solutions to their dispute.

The Dental Council encourages dentists to develop an ethos within each dental practice that promotes the resolution of complaints in a timely, amenable manner. Dentists are required, having developed a complaints resolution policy, to clearly display this policy for patients to see. The Council actively encourages dentists to avail of the mediation service if the problem cannot be resolved amicably within the surgery. Mediation is a cost-effective dispute resolution process of great value to patients and dentists. Often, this is the last chance to resolve a problem before it becomes a legal matter.

Complementary services

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. Finally, I would like to sincerely thank Michael Kilcoyne for all his work and effort in establishing the Service and making it the success it is today. He is passing the baton on to Mary Culliton and we wish Mary every success in her role. I acknowledge the important work the DCRS is doing and the Council will continue to work closely with Mary into the future.

On behalf of the Dental Council.



David O'Flynn
Registrar
Dental Council

PART OF BEING PREPARED

You cannot be ready for every eventuality but the DCRS is a great safety net for dentists and patients when something goes awry.

If the world has learned one thing in the past 12 months, it is that none of us can predict the future. No matter how prepared we may be for foreseeable eventualities, it is always the unforeseen trip hazard that catches us out. One obvious approach should clearly be to reduce the unforeseen element as much as possible, and in providing clinical care, a wise practitioner will minimise risk by identifying the danger areas and planning treatment accordingly.

That same logic should also apply to complaint management. As mentioned, no one can predict the future, but the universe does have some immutable rules and one of these is that you cannot please everybody all of the time. Not everything will go according to plan, and even if it does, complaints from patients about their treatment or some other aspect of their experience at the practice can be expected to arise from time to time. Like it or not, all dentists have to be ready to deal with complaints sooner or later.

Responding correctly

There are some danger areas with handling complaints. If you are fortunate enough to receive complaints only rarely, you might be less than efficient when dealing with these when they do come along. Sometimes a complaint escalates unhelpfully simply because of unfamiliarity with how best to respond and manage the situation, and this can often compound the problem. A patient who is unhappy, concerned or dissatisfied originally because of some aspect of their experience, can be further aggrieved if they then form the view that their original complaint is not being dealt with properly or taken seriously. It is therefore important to have an efficient process in place so that any expression of dissatisfaction from a patient is dealt with promptly and effectively.

Even with this, it may not be possible to identify how best to resolve the complaint directly. This is where having access to the assistance and balanced perspective of an objective third party can be very useful.

As this report shows, during 2019 the DCRS continued to assist dentists

and patients to overcome obstacles in resolving issues between them. Over 100 cases were accepted last year, with the majority being resolved during that period. The profile of complaints received and the resolutions achieved show that of the cases concluded, approximately one in five were concluded with nothing other than a simple apology or a finding that the complaint had no significant basis. The remaining 80% were concluded without the inevitable delays, stresses and costs associated with prolonged legal claims. This clearly demonstrates the value to both patients and the profession of having access to a service dedicated to identifying fair and satisfactory outcomes, which can be agreed between the parties and implemented promptly.

Patients do not attend dentists with the intention of creating difficulties and dentists certainly do not seek to cause problems for their patients. If issues arise, it makes sense for these to be resolved simply between the two sides without growing arms and legs and escalating needlessly into much more complicated matters. The common sense approach of the DCRS focuses on solutions that both sides can accept, and the success of this is seen by the way in which the Service consistently produces sensible results.

Prevention is better than cure but when further treatment of a complaint cannot be avoided, the DCRS continues to provide an effective and minimally invasive treatment option for complaints that need a helping hand.



Dr Martin Foster

Head of Dental Services in Ireland

Dental Protection

**Dental
Protection**



THE EVOLUTION OF RESOLUTIONS

2019 was Michael Kilcoyne's last full year as DCRS Facilitator and here he reflects on what he has learned and how the Service has progressed over the years.

From its establishment in 2012 to the end of 2019, the DCRS handled 999 cases involving dentists and patients. The same kinds of problem have arisen in most years, and the solution to most of these has relied on one important aspect: communication.

Dentists' attitude towards the DCRS has improved greatly over the Service's lifetime, from one where dentists were sometimes wary of an outside body trying to get involved in their affairs, to one where they now see that our only agenda is to solve the issue. They accept that in solving the problem, we are making it go away. There is an acceptance by dentists that the service they give has to be of a standard that they themselves would expect, and that customers do have a right to complain if there is something wrong.

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Our aim at all times in the DCRS is to sort out the issue. If an issue is not remedied when it arises, it can escalate and end up on social media or sometimes on the airwaves. There is nothing worse than an unhappy customer because they will tell other people; conversely, if a customer has a good experience, they will tell others about that too.

With the DCRS, there is an opportunity to resolve issues without either side losing face or having to resort to the courts. Going to a solicitor with a case does not mean you're going to win. You can spend a lot of money preparing a case and still lose. You could end up having to pay the costs of the other side. It's much better to try to sort out the issue, but it takes two – the dentist and the patient.

Moving on

Last year, my last full year as Facilitator, similar issues arose that have arisen in all the years I have been working on behalf of the Service. I did notice a rise in cases concerning patients with medical cards, but we don't deal with these. In those cases, patients must go through the HSE's own complaints system. However, I think it would be useful if the HSE were part of the DCRS as I believe that such complaints would be resolved more quickly.

The Service now has a new Facilitator in the very capable Mary Culliton. To make the transition easier and to ensure the same level of service to dentists and patients, Mary has been working with me on cases for a year now.

We began exchanging cases in 2019. I would send her cases, she



would look at them, give me her opinion and we'd debate them back and forth. Mary is an expert in her field and has wide experience. She's very patient and anxious to resolve cases, and puts in the time needed to resolve them.

I think that the DCRS should progress along the lines that it has thus far, but that certain things should be made mandatory. Dentists should be obliged to reply to and engage with the DCRS, as at the moment the process is voluntary. In saying that, it is only in very rare cases where the dentist does not engage. However, I believe there should be some way of obliging dentists to engage without having to go to the Dental Council. One thing I have seen time and again is that most dentists are totally reasonable and will go above and beyond to sort things out.

Many thanks

As I have now finished up with the DCRS, I would like to thank some people who have helped me in my work over the years. I would like to pay tribute to Fintan Hourihan and the IDA for their commitment to the Service and to resolving people's issues. Without the support of the IDA, the Service would not have worked. I also want to pay tribute to Dental Protection. They have always been helpful to their dentist members. That is important and I thank Martin Foster, who is their Head of Dental Services in Ireland, but I also want to pay tribute to his predecessors, Sue Boynton, Brian Edlin and John Tiernan. I think it's important to acknowledge the role that these people and organisations play, because without them, there

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would be no Service. I hope that they regard it as having been a good investment, that it has paid dividends and worked the way they intended it to work.

One person who has been invaluable during my time as Facilitator is Dr Maurice FitzGerald, our Clinical Advisor. I contact Maurice on cases regularly. He has given guidance on clinically complex cases to explain if he believed the person making the complaint had a case or not. Maurice will give it to you straight and I am delighted he will be continuing to assist the Service and the new Facilitator.

I would also like to wish Mary Culliton and the DCRS the best in the years ahead. I'm glad to say I played a part in laying the foundations for the DCRS and am delighted it is being passed into such capable hands.

ADVICE AND SUMMARY

Advice for dentists

When the DCRS receives a complaint from a patient, we always, without exception, refer the patient back to the dentist. If they haven't contacted the dentist, we won't even deal with them. They must take it up with the dentist first. The dentist is given an opportunity to sort it out, they should sort it out, and many do sort it out.

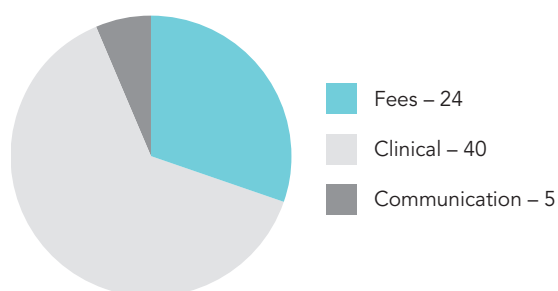
In most cases, people are reasonable and won't complain unless it is an issue they feel strongly about. If there is an issue, dentists need to sit down and discuss it with the patient: find out what the patient feels, why they feel that way and what they want done. Nobody likes to be told that a job that they did was not satisfactory, or that it hasn't given the patient the result that they need, but dentists must understand that avoiding the issue will only make that patient's view of them worse. Solving the issue can relieve the anxiety the patient feels and may turn them into a regular patient for years to come.

The same principle applies right across the board. The Sale of Goods and Supply of Services Act 1980 is very clear. If you supply a service, it must be to a standard that somebody would expect.

Advice for patients

The advice is similar here: go to your dentist and discuss the issue with them. In any single case, nobody is all right and nobody is all wrong. Although a patient might feel nervous about approaching the dentist, they will find in most cases that the dentist will be as eager to sort out the problem as they are.

Figure 1: Resolved complaints in 2019



When it comes to dental work and peace of mind, the local dentist is always best. Find an Irish-based dentist who is a member of the IDA and who you know will be there down the line if things go wrong. The Service cannot assist you in getting a resolution if you have dental treatment abroad.

Summary

In 2019, the DCRS dealt with 109 cases, which is a slight fall from 2018, when there were 123. Of these cases, 63% (69) were resolved by the DCRS. Many of the other complaints may have been resolved directly between the patient and dentist, as the Service is not always informed when this happens.

The Service was contacted 2,080 times during 2019. Many of these phone calls or emails were not followed up on. Some 23 cases could not be accepted by the Service as they were outside of its remit.



Table 1: Causes of complaints in 2019.

| Brief details of resolution: | |
|------------------------------------|----|
| Diagnosis | 10 |
| Fillings | 7 |
| Denture | 6 |
| Crown/bridge | 8 |
| Root canal | 15 |
| Cosmetic – veneers | 2 |
| Orthodontic | 13 |
| Oral surgery – extractions | 5 |
| Implants | 6 |
| Braces | 3 |
| Failure of treatment | 15 |
| Post-operative pain | 4 |
| Failure to address pain | 6 |
| Failure to explain treatment costs | 11 |
| Failure to address complaint | 12 |

The breakdown of resolution is as follows: explanation/no substance to complaint – seven cases; apology – six cases; re-treatment – eight cases; refund of fees – 31 cases; payment of fees for remedial treatment elsewhere – 14 cases; and, withdrawn complaint – three cases. Figure 1 shows a broad breakdown of what the resolved complaints related to, while Table 1 gives a detailed report of what all the complaints were about last year. Some cases fell under two or more categories in Table 1.

The highest number of cases related to root canal treatment and failure of treatment, where there were both 15 cases. Orthodontic work led to 13 cases. A significant number of complaints came from poor communication on the part of the dentist. A total of 23 complaints arose because of either a failure to explain treatment costs or a failure to address complaints.

In 2019, the DCRS saw another rise in the number of dentists who contacted the Service seeking advice on how to deal with a complaint. A satisfactory outcome is reached in the majority of these cases.

The DCRS continued to receive some complaints about hygienists and receptionists, which are outside of its remit. Complaints from medical card patients have also increased, which are again outside of the Service's remit.

Michael Kilcoyne would like to acknowledge the excellent support and assistance he has received from the new Facilitator, Mary Culliton, and the Chief Executive, Fintan Hourihan, and staff of the IDA office, and also the speedy and helpful responses that he received from the Clinical Advisor, Dr Maurice FitzGerald.

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REFUND OF FEES

A woman contacted her dentist to see if she was eligible for the subsidised €15 scale and polish.

When it was confirmed that she qualified, she made an appointment to have this done. In one sitting, the dentist performed this treatment on her bottom teeth and then asked her to make another appointment to have her top teeth done. When the woman arrived for her second appointment, she was told that she would have to pay €60 for this session, on top of the €15 she had already paid. She paid the money and had her treatment completed. The woman stated that this was the first she had heard of this second charge and that she had received this treatment in one appointment many times before. When she got home, she contacted the practice as she didn't believe she should have been charged for the second appointment. The practice stated that she had attended for two visits and that's what she had been charged for. The woman asked to speak to her dentist and was told the practice manager would phone her, but they never

did. The woman contacted Citizens Information, who directed her to the IDA, which in turn put her in touch with the DCRS.

The DCRS contacted the dentist outlining the complaint and offering its assistance in resolving the matter free of charge, as the dentist concerned is a member of the Irish Dental Association. Upon receipt of the complaint, the practice apologised to the patient and refunded the €60.

When the patient received the refund, she considered the matter over with and the case was resolved.

The DCRS contacted the dentist outlining the complaint and offering its assistance in resolving the matter free of charge, as the dentist concerned is a member of the Irish Dental Association.



REFUND FOR A FILLING

A patient contacted the DCRS about issues with a filling she had had after contacting the dentist but receiving no reply.

The patient explained that the tooth had not felt right after the filling. The dentist did not perform an X-ray. She stated that she couldn't eat with or put pressure on that side of her mouth. She went back to the dentist, who told her to give it more time, but it didn't get any better.

The patient then went to a second dentist, who performed an X-ray and told her the tooth needed root canal treatment. The patient went back to the first dentist, who told her she was going on long-term leave and that she would refer the patient to an endodontist for root canal treatment. The patient did not like being referred and asked if anybody was replacing the dentist in the practice who could see her. She was in discomfort, had already paid €130 for the filling, the endodontist would be an extra expense and the practice concerned

performs root canal treatment. The dentist said an endodontist would be in a better position to treat the tooth. The dentist did not offer a refund.

The patient stated that she now needed the filling removed and root canal treatment. She contacted the DCRS asking for a refund of the filling fee to put towards a root canal.

After contacting the DCRS, the woman received a refund from the dentist. She then contacted the DCRS withdrawing her complaint, as the case was now resolved.

The patient went back to the first dentist, who told her she was going on long-term leave and that she would refer the patient to an endodontist for root canal treatment.

TROUBLE WITH BRACES

A woman had braces fitted by a dentist but stated that they kept breaking and after a few months had to have them removed.

A week after the top braces were fitted, a part of the braces broke and fell off. She contacted the dentist and arranged an appointment to have this fixed. This was done but unfortunately, a couple of weeks later the same thing happened again. At another appointment, it was fixed again and the lower braces were fitted.

After another couple of weeks, the braces broke again. She contacted the clinic looking for another appointment and states that she was told: "If it's not hurting, then you are fine to wait". The braces broke further while she was waiting for an appointment. She got them fixed one more time but they broke again, so she had them removed. The patient stated that the braces never did anything to straighten her teeth.

At the time she made the complaint to the DCRS, she was wearing new braces, which she got from another practice, and had had

no issues with them. She wanted the DCRS to help her to secure a refund from the first practice and believed that braces of poor quality should not be allowed on the market. She had contacted the dentist about a refund multiple times but received no reply.

When the DCRS contacted the dentist, the Service was told the matter had been discussed with the patient. The dentist said the patient decided to end her treatment early and pursue treatment elsewhere. The dentist did not wish to avail of the Service's help in this matter.

As the dentist did not wish to engage with the Service, the DCRS could only inform the patient of the other options open to her, such as: taking a claim to the Small Claims Court; consulting a solicitor; and, making a complaint to the Dental Council. The patient thanked the DCRS for its help in the matter and said she would consider her options.

"If it's not hurting, then you are fine to wait".
The braces broke further while she was waiting for an appointment.



EXTRACTION ISSUES

A patient attended her regular dentist for a surgical extraction.

The tooth to be extracted was broken and root canal treatment had been performed on it previously, and the patient acknowledged that it was not a straightforward procedure. The patient said she couldn't eat and was in a lot of pain afterwards, which she treated by taking Nurofen Plus. A few days later the pain was still the same. She rang the practice but as it was a Saturday, there were no dentists available.

She got an appointment for the following Monday, where she saw a second dentist. He told her that he would need to clean the site of the extraction as she had dry socket. The patient stated that she was given two anaesthetics, but that the treatment was still painful. She stated that the cleaning was rough and she was very uncomfortable with the pain. Afterwards, she asked the dentist if she needed an antibiotic but he said she didn't. She also asked for a prescription for painkillers, but she was advised to take ibuprofen and that she would feel better in the morning. She did not want to continue taking ibuprofen as it is inadvisable to take it for more than three days.

The patient was charged €50 for this visit, after paying €150 for the extraction the week before. She told the receptionist that she needed painkillers and antibiotics and that she didn't want to leave the practice without them. The receptionist asked the dentist but he again advised that she would feel better in the morning.

The following morning she was still in pain and rang the dental surgery to ask for antibiotics and painkillers. The dentist she had seen in the first place prescribed these for her. The woman said she had suffered from dental anxiety in the past and that this experience had brought it back.

She asked the DCRS to assist her in getting the €50 for the second appointment refunded; she also wanted some kind of compensation. The DCRS responded asking for clarification regarding which dentist she wanted to bring a complaint against, as the Service deals with complaints against dentists, not practices. The DCRS informed her that it does not deal with compensation and is a voluntary service to help patients and dentists resolve their differences.

The patient responded that she thought the case would be against the practice and not the dentist, so she decided not to go ahead with it.

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