



CPD4dentalnurses

YOUR FUTURE IN YOUR HANDS

Complaints Handling: Responsibilities and Reducing the Risk Using the Six Core Principles

Aim: To provide an understanding of how to reduce the risk of complaints in the dental surgery and to introduce the General Dental Council's six core universal principles of best practice in handling complaints.

Learning outcomes: On completion of this verifiable CPD article the participant will be able to demonstrate, through completion of a questionnaire, the ability to:

- Identify the meaning of a complaint.
- Know the General Dental Council's six core universal principles for best practice in handling complaints.
- Identify the current regulations regarding complaints.
- Recognise potential causes of patient dissatisfaction and what outcomes a complainant may be looking for.
- Know the Fitness to Practice procedure.
- Identify some of the complaints made to the Dental Complaints Service during the COVID-19 Pandemic.
- Identify the responsibility of the dental professional in handling complaints.
- Recognise measures that can be taken to reduce the risk of complaints.
- Demonstrate knowledge of good practice in basic communication skills
- Identify the key aspects of a clear and effective complaints procedure.
- Identify where to send patients for help and advice regarding NHS and private complaints if a satisfactory solution cannot be reached within the dental practice.

Introduction

The majority of patients are satisfied with the treatment they receive from their dentist or dental care professional. However, sometimes things can go wrong which may give rise to patient dissatisfaction and the potential for a complaint to be made. The General Dental Council (GDC) define a complaint as, "an expression of dissatisfaction about an act, omission or decision of the provider, either spoken or written, and whether justified or not, which requires a response." ¹

The role of dental care professionals is changing and evolving as the scope of practice enables us to take on extended duties, resulting in an increased contribution within the dental team. This is likely to have an increasing impact on the care the patient receives. With increased responsibility comes the potential risk of a direct complaint from the patient. The GDC state that, "people receiving dental care are

much more willing to voice their opinions, offer feedback about their experience, or make a complaint about dental treatments and dental services.”¹

It is therefore important that every team member is aware of the professional regulations regarding the handling of complaints, should one arise.²

Best Practice in Complaints Handling The Six Core Principles of Complaints Handling



Together with twenty-eight organisations across the dental sector, the GDC developed a set of universal principles for best practice in handling complaints about dental professionals. The aim of the six core principles is to “provide a template for best practice, helping professionals and patients get the most from feedback and complaints, for the benefit of all.” **Whilst these are not new requirements or procedures to follow, they are a best practice guide to handling complaints in the dental practice.**¹

The principles set out a clear picture of what patients can expect when they provide the practice with feedback or make a complaint. The six core principles and supporting information below are taken from the 2019 GDC “Joint statement on handling feedback and complaints”, and set out what patients expect from the practice if they would like to provide feedback or raise a concern¹:

Principle One: All of your feedback is important to us:

- All feedback is welcomed, such as what we did well, what we could do better, or any other.
- We will use your feedback to help us improve, and we will show you how we have learned.
- You can use our complaints procedure to provide feedback. If you don't want to do this, speak to a member of staff.

Principle Two: We want to make it easy for you to raise a concern or complain, if you need to:

- Information about our complaints procedure is easy to find, without you having to ask.
- You can write to us or tell us in person.
- We will take your complaint seriously.
- Our complaints information also tells you how to raise a complaint about us with another organisation.

Principle Three: We follow a complaints procedure and keep you informed.

- We will tell you who is dealing with your complaint and when to expect a response.
- We will keep you informed of the progress of your complaint, including information on any delays.
- You should feel confident we are following our complaints procedure.

Principle Four: We will try to answer all your questions and any concerns you raise.

- It should be clear to you what happened, and why.
- Our response should be empathetic in tone and coordinated.
- We will deal with your complaint in the time we said we would.

Principle Five: We want you to have a positive experience of making a complaint.

- You should feel we have followed a clear procedure in the time we said we would.
- You should not be treated differently if you complain.
- You understand how the outcome of your complaint was reached.
- You feel you could raise a complaint again if needed and could recommend our procedure to others.
- You feel we have listened to you and have acted in a fair way.
- You know what further help is available if you are unhappy with the way we have handled your complaint.

Principle Six: Your feedback helps us to improve our service

- We are learning all the time from your feedback and complaints.
- We show you how your feedback and complaints are listened to and acted upon.
- All members of our dental team are committed to improving the service we provide.¹

A poster and leaflet showing these principles is available for display in the dental practice. The poster is picture below and the materials can be downloaded by clicking on the link at the end of this article.

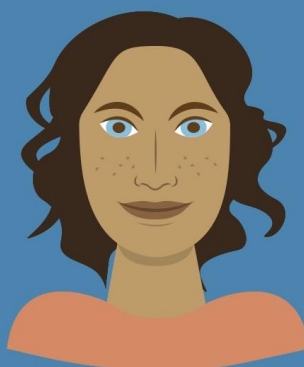
The aim of these resources is to encourage the patient to discuss concerns and any feedback with the dental practice rather than to take their complaint elsewhere.

In addition, the resources include suggested social media posts that can be used in relation to the profession-wide complaints handling initiative.

MAKING A COMPLAINT ABOUT DENTAL SERVICES



All of your feedback is important to us



We want to make it easy for you to raise a concern or complain, if you need to



We follow a complaints procedure and keep you informed



We will try to answer all your questions and any concerns you raise



We want you to have a positive experience of making a complaint



Your feedback helps us to improve our service

The principles of good feedback and complaints handling for dental patients were developed jointly by the following organisations: Association of Dental Administrators and Managers, Association of Dental Groups, British Association of Dental Nurses, British Association of Dental Therapists, British Dental Association, British Orthodontic Society, British Society of Dental Hygiene and Therapy, Bupa Dental Care, Care Quality Commission, CFC Underwriting, CODE, Dental Complaints Service, DDU, Dental Protection, Dental Technologists Association, Department of Health and Social Care, General Dental Council, Health Education England, LDC Confederation, MDDUS, mydentist, NHS Digital, NHS England, Orthodontic National Group, Orthodontic Technicians Association, Parliamentary and Health Service Ombudsman, Simplyhealth, Society of British Dental Nurses. This work was informed by the views of dental patients.

The Care Quality Commission

Section 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 says that the CQC must produce guidance to help providers comply with the regulations made under this Act.

Regulation 16: The CQC state that: "The intention of this regulation is to make sure that people can make a complaint about their care and treatment. To meet this regulation providers must have an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service, people acting on their behalf or other stakeholders. All complaints must be investigated thoroughly, and any necessary action taken where failures have been identified."³

Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.

The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.

The registered person must provide to the Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request, a summary of:

- a) Complaints made under such complaints system,
- b) Responses made by the registered person to such complaints and any further correspondence with the complainants in relation to such complaints, and
- (c) Any other relevant information in relation to such complaints as the Commission may request

CQC can prosecute providers for a breach of the part of this regulation that relates to the provision of information to CQC about a complaint within 28 days when requested to do so. CQC can move directly to prosecution without first serving a Warning Notice. In addition, CQC may take any other regulatory action in response to breaches of this regulation. ³

The General Dental Council (GDC)



The GDC advises that patients initially see if the matter can be resolved directly with the dental practice. Local resolution is the first stage for both NHS and Private dentistry complaints.

The GDC state that:

5.1 “You must make sure that there is an effective complaints procedure readily available for patients to use and follow that procedure at all times. It is part of your responsibility as a dental professional to deal with complaints properly and professionally.

You must:

- Ensure that there is an effective written complaints procedure where you work;
- Follow the complaints procedure at all times;
- Respond to complaints within the time limits set out in the procedure; and
- Provide a constructive response to the complaint.

You should make sure that everyone (dental professionals, other staff and patients) know about the complaints procedure and understands how it works. If you are an employer, or you manage a team, you must ensure that all staff are trained in handling complaints. If you work for a practice that provides NHS (or equivalent health service) treatment, or if you work in a hospital, you should follow the procedure set down by that organisation. If you work in private practice, including private practice owned by a dental body corporate, you should make sure that it has a procedure which sets similar standards and time limits to the NHS (or equivalent health service) procedure.”²

Patients should know who to contact if they have a problem and everyone in the dental team should be familiar with the complaints procedure. The complaints procedure needs to be:

- ✓ Somewhere patients can see it- patients should not have to ask for a copy;
- ✓ Easy for patients to use- clearly written in plain language and available in other formats if needed;
- ✓ Provides information on other independent organisations that patients can contact to raise concerns;
- ✓ Allows you to deal with complaints promptly and efficiently;
- ✓ Allows you to investigate complaints in a full and fair way;
- ✓ Explains the possible outcomes;
- ✓ Allows information that can be used to improve services to pass back to your practice management or equivalent; and,
- ✓ Respects patients’ confidentiality.

If a patient wishes to complain, the GDC advise that you must give them a prompt and constructive response. They state that:

- ✓ “You should give the patient a copy of the complaints procedure when you acknowledge their complaint so that they understand the stages involved and the timescales.
- ✓ You should deal with complaints in a calm and constructive way and in line with the complaints procedure.
- ✓ You should aim to resolve complaints as efficiently, effectively and politely as possible. You must respond to complaints within the time limits set out in your complaints procedure.
- ✓ If you need more time to investigate a complaint, you should tell the patient when you will respond.
- ✓ If there are exceptional circumstances which mean that the complaint cannot be resolved within the usual timescale, you should give the patient regular updates (at least every 10 days) on progress.
- ✓ You should try to deal with all the points raised in the complaint and, where possible, offer a solution for each one.
- ✓ You should offer an apology and a practical solution where appropriate.
- ✓ If a complaint is justified, you should offer a fair solution. This may include offering to put things right at your own expense if you have made a mistake.
- ✓ You should respond to the patient in writing, setting out your findings and any practical solutions you are prepared to offer. Make sure that the letter is clear, deals with the patient’s concerns and is easy for them to understand.”²

When dealing with complaints, it is important not to be defensive but to deal with the situation practically. You should listen carefully to patients who complain and involve them fully in the complaints process. You should find out what outcome the patients want from their complaint.² If, after attempting to come to a solution, the patient is still not happy, the patient can be informed about relevant Ombudsman for health service complaints or the Dental Complaints Service for complaints about private dental treatment.³

NHS Treatment

For NHS patients who are not satisfied with the outcome of local resolution, the second stage involves referral to the appropriate Ombudsman, who can carry out an independent investigation. Complaints should normally be brought to the practice or local health board within 12 months of the incident or knowledge that the incident had occurred. However, the slight differences between each of the countries within the UK should be reviewed.

Private Treatment

The Dental Complaints Service (DCS) was set up by the General Dental Council in 2006 to deal with complaints from private patients who have complained to their dental practice but have been unable to reach a satisfactory conclusion to a complaint. The service mainly deals with complaints relating to failure of treatment where the outcome being sought by a patient may be a refund of fees, a contribution towards remedial treatment, an explanation or an apology. The Dental Complaints

Service is an informal process with no legal involvement and by working with the patient and registrant to reach a resolution, the possibility of legal action can be prevented. For more serious conduct issues the DCS would refer the matter to the Fitness to Practise (FtP) team at the GDC for assessment. Other patients may be referred to NHS England, ICO, CQC or advised to seek independent legal advice.

Patient Satisfaction and Dissatisfaction



Within the dental practice, patients display their satisfaction and dissatisfaction in a number of ways. Some patients are openly satisfied and may write thank you cards or give good reviews, whereas others are silently satisfied and may not acknowledge their happiness but demonstrate their satisfaction of the care they receive by continuing to attend the practice. Similarly, there is a spectrum of dissatisfaction where patients may be silently dissatisfied or openly dissatisfied.

A patient who is dissatisfied with any aspect of the dental care they have received has a number of options open to them. They may:

- Find another dental practice;
- Complain to friends and family about the service they have received;
- Complain to the practice themselves;
- Complain to the health authority; or,
- Complain to the General Dental Council ⁵

Why do Patients Complain?

The Dental Defence Union examined a sample month of complaints in order to identify significant causes. The top five identified complaints were as follows:

1. “Unsatisfactory clinical treatment or examination – allegations of poor technique, adverse incidents, poor treatment outcomes or treatment outcomes not meeting the patient’s expectations.
2. Delayed diagnosis – alleged failure to spot obvious signs of decay, gum disease or oral cancer.

3. Communication problems – misunderstandings surrounding treatment advice or possible complications.
4. Fees/charges – confusion over the cost of treatment, whether it was being provided on an NHS or private basis.
5. Staff attitude/behaviour – allegations of rudeness or an unsympathetic manner.”⁶

In April 2021, the Dental Complaints Service (DCS) released their latest figures relating to the handling of complaints in 2020.⁷ In the report they acknowledged that the lockdown experienced in March 2020 led to delays in accessing dental records and delays in accessing second opinions, which led to a delay in resolving cases.

The most common issue was perceived failure of treatment (85%). Other causes included difficulty obtaining an appointment for treatment (7%) and treatment not being consistent with the treatment plan (4%).⁷

Between 2018-2020 the highest number of complaints were about removable orthodontic appliances, including retainers (109). The second highest collectively was in relation to implants (76) implant retained – crown (55), bridges (20), full dentures (15) and partial dentures (5).⁷

After the first National lockdown in 2020, the DCS received a number of complaints from patients as a result of COVID-19. These complaints included the following:

- Not being informed in advance of charges for private Personal Protection Equipment.
- Not being informed that there was no NHS appointment availability or no NHS PPE and as a result being encouraged to pay privately or wait longer for an NHS appointment.

The DCS worked with the NHS bodies to enable patients to raise complaints with the NHS where appropriate.⁷

Patients who complain often want one or more of the following:

- An opportunity to be heard. It is best to conduct this in a more private area of the dental practice.
- An explanation of what has happened and why.
- An assurance that it will not happen again, to them or anybody else.
- An apology - a sincere expression of regret and empathy, even if you do not believe you have done anything wrong. This is not the same as an admission of guilt or liability.
- Remedial treatment, either by the dental professional or by referral to an appropriate colleague inside or outside the practice.
- An ex-gratia payment or goodwill gesture e.g., waiving or refunding the fees paid.⁶

The number of complaints that progressed to the General Dental Council Fitness to Practice (FtP) referral, fell from 352 in 2015 to 46 in 2019. The latest figures from 2020 demonstrated a further fall to 36 and 24 of the 36 cases related to three dental professionals.⁷ This demonstrates that more complaints are being resolved at an

earlier stage, demonstrating that dental practices can, and are, resolving complaints at a local level. The DCS states that, "In addition to the change to the FtP referral principles, patients are given information to help them raise any concerns directly with the GDC if they ask for the information. The DCS will explain the GDC's remit, to ensure patients make an informed choice as to whether they wish to pursue this route."⁷

GDC Fitness to Practise Cases



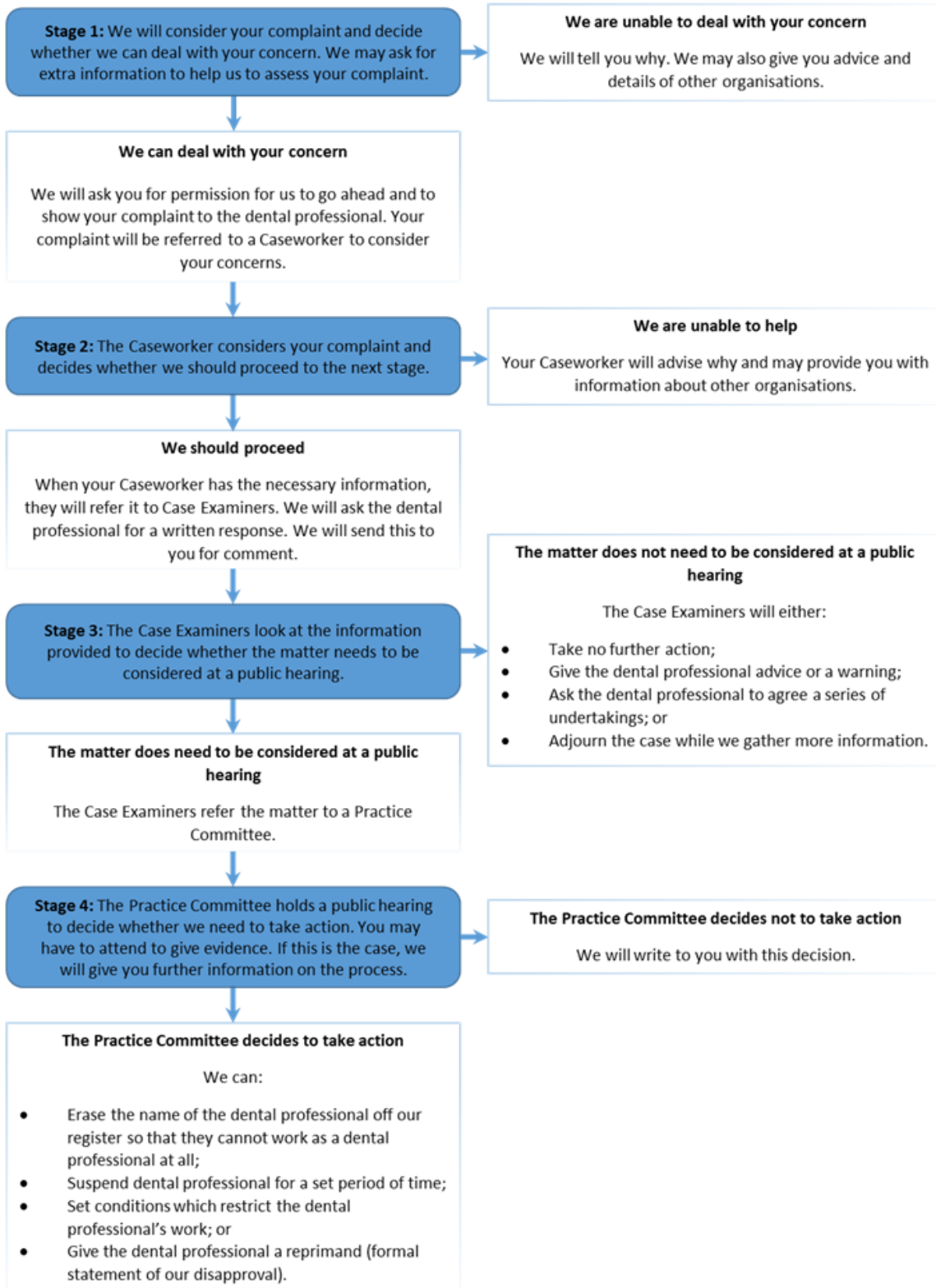
Dentists and Dental Care Professionals must meet certain requirements from when they first qualify and throughout their career to be considered "fit to practise".

The GDC will investigate serious concerns about the behaviour or the clinical abilities of an individual dental professional including:

- Serious or repeated mistakes in clinical care, for example mistakes in diagnosis or dental procedures.
- Failure to examine a patient properly, to secure a patient's informed consent before treatment, or to respond reasonably to a patient's needs.
- Not having professional indemnity insurance.
- Cross infection issues.
- Serious breaches of a patient's confidentiality.
- Being under the influence of alcohol or drugs.
- A serious criminal offence.
- Poor health or a medical condition that significantly affects the registrant's ability to treat patients safely.
- Fraud, theft or dishonesty by a dentist or dental care professional.

The **Fitness to Practise** procedure has the following four stages⁸:

Four stage complaints procedure



How can the risk of complaints be reduced?

1) Good Communication



As suggested above, patients may complain about any aspect of their care. Societal and technological changes could be considered to have increased the capacity for patients to access information, and patients may wish to take a more active role in treatment planning. As such, it could be considered that patients have increasing expectations as to what they expect from a dental service. Complaints can arise when the treatment and service provided does not meet the patient's expectations. This can be due to a failure to communicate.

The Parliamentary and Health Service Ombudsman reported that poor communication is at heart of many dental complaints. Between 2013 and 2015 it identified 27 cases where confusion about dental charging was an issue. A study found that dentists were failing to spell out the treatment patients need, to provide details on NHS and private options or to explain the costs of treatment to patients.⁹

It is therefore important that the dental professional uses good communication techniques, not only to explain treatment and manage expectations, but also to deal with any concerns that could potentially give rise to a future complaint.

Establishing good communication requires building rapport with the patient. This involves:

i) Listening to the patient. If you are involved in communicating information to the patient, remember the Acronym S.O.L.E.R.

- Sit **S**quarely to the patient
- Maintain an **O**pen position
- **L**ean towards the patient
- Maintain **E**ye contact
- **R**elax

ii) Listening to the tone of voice.

iii) Watching and mirroring body language. ^{10,11}

iv) Communicating in a way the patient can understand, taking into account their learning styles and any disabilities.

The COVID19 Pandemic has brought about changes to Personal Protective Equipment that may impede some of the usual communication channels. The changes in PPE may be daunting for patients, especially if they are nervous. It is therefore important to make sure that time is taken to communicate effectively with patients during check up appointments or over the telephone. This will help to ensure that they are pre warned of the differences in the appointment and have time to ask any questions, therefore helping to manage expectations.

The GDC states that patients expect:

- “To receive full, clear, and accurate information that they can understand, before, during and after treatment, so that they can make informed decisions in partnership with the people providing their care.
- A clear explanation of the treatment, possible outcomes and what they can expect. To know how much their treatment will cost before it starts, and to be told about any changes.
- Communication that they can understand.
- To know the names of those providing their care.”²

Research shows that practitioners with a low claims experience possessed several common characteristics:

- ✓ They spent slightly longer with their patients at each visit.
- ✓ Better patient knowledge of what was happening and why.
- ✓ Active listening skills.
- ✓ Warm, friendly atmosphere.
- ✓ Humorous, warm personality.

It also shows a range of similar characteristics that existed in doctors who had never been sued:

- ✓ Respecting a patient’s dignity.
- ✓ Respecting privacy.
- ✓ The ability to listen patiently without interrupting.
- ✓ Being available.
- ✓ Being polite and not over-familiar.
- ✓ Respecting a patient’s time.¹²

2) Consent



It is important to ensure the patient has understood the message and given consent for their treatment plan. The GDC state that you must:

- “Obtain valid consent before starting treatment, explaining all the relevant options and the possible costs.
- Make sure that patients (or their representatives) understand the decisions they are being asked to make.
- Make sure that the patient’s consent remains valid at each stage of investigation or treatment.”²

The dental professional must ensure that the information regarding treatment is given in a way that is clearly understood by the patient to minimise misunderstandings and the discussions you have with patients in the process of gaining consent should be documented. Although a signature on a form is important in verifying that a patient has given consent, it is the discussions that take place with the patient that determine whether the consent is valid.² Accurate record keeping is required to ensure that these conversations are documented.

2) Ensure that you are trained and competent

Dental professionals can develop additional skills throughout their careers. As a dental care professional, it is important to ensure you are working within your knowledge, professional competence, and physical abilities.

3) Invite feedback



As mentioned in the six core principles of complaints handling, principle one is “ All of your feedback is important to us”. Inviting feedback from the patient will give the opportunity for the team to review their performance and improve the quality of care that can be given to patients, thus reducing the risk of complaints.

Feedback can be achieved through:

- Comment cards.
- Surveys.
- Asking the patient if they are happy.
- Follow up post-operative phone calls.

The aim is to encourage the patient to let the dental team know if there is a problem. This will enable the dental team to review their performance before the patient begins to feel any slight dissatisfaction which could then result in a complaint.

Learning from Complaints

Complaints can be an opportunity for you to improve the service you provide. Research has shown that where a complaint is handled well, the loyalty of the patient may actually be strengthened. If a complaint occurs, lessons should be learnt from it to avoid the same situation happening again.

For future risk management consider:

- Why did the complaint arise?
- How could the complaint have been avoided?
- Was the complaint handled well?
- Did the practice and patient reach a satisfactory outcome?

You should keep a written record of all complaints together with your responses. This record should be separate from your patient records so that patients are not discouraged from making a complaint. You should use your record of complaints to monitor your performance in handling complaints and identify any areas that need to be improved.³

Local resolution – top tips (from the Dental Defence Union)

- Ensure patients and staff are aware of your practice complaints procedure.
- Provide regular training on complaint resolution to all patient-facing staff.
- Acknowledge complaints promptly.
- Be professional and fair at all times.
- Clarify what the complainant wants and address their concerns.
- Direct them to independent advice such as the Patient Advice Liaison Service (PALS) and Citizens Advice.
- Provide a written response within the time limits set out in your local procedure.
- Explain what happened and apologise if errors have been made or the patient has been inconvenienced or upset.
- Be ready to make changes to your practice in the light of investigation findings and be open and honest with the complainant about these.
- If appropriate, offer a goodwill gesture such as a refund.
- Seek advice from your defence union about your written response and contact them straight away if there is a possibility that the patient will make a claim.⁴

Conclusion

The majority of patients are happy with the treatment they receive from their dental practice. However, complaints may sometimes arise when the patients' expectations of what they expect from a dental service are not met. Dental Care Professionals are taking on increasing roles and responsibilities and could be considered to be at increasing risk of having a direct complaint made against them by a patient. The Dental Care Professional needs to be aware of the complaints procedure so that they can advise patients who wish to make a complaint about any aspect of their

care. Complaints need not have a negative outcome, and if handled correctly, may strengthen the loyalty of the patient to the dental practice.

Personal Development Plan and Reflective Learning

This CPD is linked to the following GDC Enhanced CPD Development Outcome:

A. “Effective communication with patients, the dental team, and others across dentistry, including when obtaining consent, dealing with complaints, and raising concerns when patients are at risk.”

Reflective learning is now a requirement of the GDC Enhanced Professional Development Scheme. As such, you will now need to answer some reflective learning questions, before your certificate is generated. These will be:

- 1) What did you learn (or confirm) from the activity that was helpful or relevant to your daily work and patients?
- 2) Comment on any changes/updates needed in your daily work
- 3) How has completion of this CPD article benefitted your work as a DCP?

Examples will be provided. Please remember that you need to fill this in on completion of the exam but you can also update this at any time from your CPD log. If you take a few moments to write your reflection on completion, you will have fulfilled the Enhanced CPD requirements.

Further Reading

[GDC 6 core principles Best Practice poster](#)

[GDC 6 core principles Best Practice leaflet for patients](#)

[CQC Regulation 16](#)

[GDC Standards Principle 5 Have a clear and effective complaints procedure](#)

References

1. The General Council (2019) Complaint Handling Best Practice. GDC: London. Available at: <https://www.gdc-uk.org/information-standards-guidance/standards-and-guidance/complaint-handling> (accessed 07/01/2022)
2. GDC (2013) Standards. Available at: <https://standards.gdc-uk.org/> (accessed 07/01/2022)
3. Care Quality Commission (2014) Regulation 16: Receiving and acting on complaints. Available at: <http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-16-receiving-acting-complaints#guidance> (accessed 07/01/2022)
4. Dental Defence Union (2014) Complaints Handling in Dental Practice. Available at: <https://www.theddu.com/guidance-and-advice/journals/march-2014/complaints-handling-within-the-dental-practice> (accessed 07/01/2022)
5. D'Cruz, L. (2006) "Legal Aspects of General Dental Practice." Elsevier: London, p.10.
6. Dental Defence Union (2020) Top five reasons for dental complaints revealed by DDU. Available at: <https://www.theddu.com/press-centre/press-releases/top-five-reasons-for-dental-complaints-revealed-by-ddu> (accessed 07/01/2022)
7. Dental Complaints Service (2019) Dental Complaints Service Review 2020. Available at: <https://dcs.gdc-uk.org/DownloadHelper.aspx?docID=048915a9-003f-4b02-b446-c1c36f8c7ebc> (accessed 07/01/2022)
8. General Dental Council (2018) How we investigate allegations made against dental professionals Available at: <https://www.gdc-uk.org/patients/raising-a-concern/how-we-investigate> (accessed 07/01/2022)
9. Parliamentary and Health Service Ombudsman (2015) Available at: <https://www.ombudsman.org.uk/news-and-blog/news/poor-communication-heart-many-dental-complaints-finds-ombudsman> (accessed 07/01/2022)
10. Ribbens, G. and Whitear, G. (2007) Body Language. Oxon: Hodder Arnold.
11. S. and Wolfe, R. (2000) Integrative and Eclectic Counselling and Psychotherapy. London: Sage Publications Ltd.
12. Dental Protection (2016) Handling Complaints. Available at: <https://www.dentalprotection.org/docs/librariesprovider4/dental-advice-booklets/dental-advice-booklet-complaints-handling-england.pdf> (accessed 22/01/2022)