IDA
irish dental association

Dental Complaints
Resolution Service

DENTAL COMPLAINTS RESOLUTION SERVICE

ANNUAL REPORT 2024-2025

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THE TRUSTED PATHWAY TO RESOLUTION

The Dental Complaints Resolution Service has been one of the quiet success stories of Irish dentistry.

Established with foresight and a clear sense of professional responsibility, the Dental Complaints Resolution Service (DCRS) has matured into a trusted and respected mechanism for resolving disputes fairly, efficiently, and with humanity. Its strength reflects the profession's commitment to accountability, transparency, and the protection of patient trust.

The data from 2024 and 2025 show a Service that remains active and relevant. In 2024, 398 complaints and queries were managed, and in 2025 the figure stood at 365, alongside a notable increase in dentists seeking support at an early stage. These numbers do not signal crisis or decline. They demonstrate confidence in a system that works. Patients know there is a pathway to resolution, and dentists increasingly recognise the value of engaging constructively before positions can harden.

Dentistry sits at the intersection of technical expertise and human vulnerability. Patients arrive with fear, expectation and hope; dentists carry responsibility, judgement and the weight of care. When outcomes disappoint – whether through complications, miscommunication or unmet expectations – emotions can escalate quickly, and the psychological strain can be profound on both sides. Prolonged conflict or litigation harms not only reputations and careers, but emotional well-being. The DCRS exists to interrupt that spiral. By prioritising early de-escalation, it protects dignity, restores perspective, and creates a calm structure where concerns can be addressed without amplifying distress. In doing so, it safeguards patients and practitioners in the moments when they are most vulnerable.

Preserving goodwill

One enduring lesson from the Service's work is that most disputes are not born of negligence or indifference. They arise from miscommunication, unclear expectations, or delays in responding to concerns. Excellence in dentistry is therefore not purely technical. How we communicate, how we respond to dissatisfaction, and how quickly we act often determine whether a complaint escalates or resolves.

The growing willingness of dentists to refer patients to the Service, or to seek guidance themselves, reflects a healthy professional culture. It signals maturity and confidence rather than weakness. Complaints are stressful for clinicians and unsettling for patients. A trusted, independent third party allows issues to be addressed without adversarial escalation. In many cases, relationships are preserved, reputations protected, and learning achieved.

Over its years of operation, the DCRS has prevented countless disputes from drifting towards litigation or public conflict. It has preserved goodwill where it might otherwise have been lost, and demonstrated that fairness and empathy reinforce professional standards rather than dilute them. Each resolved complaint strengthens public confidence in Irish dentistry and reminds us that trust is earned not only in success, but in how we respond when things go wrong.

An essential pillar of practice

The Service's achievements are inseparable from the dedication of those who operate it. The Facilitator's independence, patience and judgement are central to its credibility. Clinical advisory support ensures that complex cases are understood in their proper professional context. The co-operation of indemnifiers, the Dental Council and the Irish Dental Association reflects a shared commitment to safeguarding both patients and practitioners. This collective support is a powerful statement about the profession's values.

As President of the Irish Dental Association, I view the DCRS as an essential pillar of modern dental practice in Ireland. It embodies leadership, responsibility and respect – for patients, for clinicians, and for the integrity of the profession. It reminds us that excellence includes how we handle difficulty, and not only how we deliver care.

The continued success of the Service is a source of genuine pride. It represents a model of constructive resolution that many sectors would do well to emulate, and strengthens the bond between dentists and the communities we serve. Long may it continue to uphold those standards.

Dr Will Rymer
IDA President

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MESSAGE FROM THE PRESIDENT OF THE HIGHT COURT

A VALUABLE AND TIMELY SERVICE

I am delighted to provide these few words as part of the Annual Report for 2024-2025 of the Dental Complaints Resolution Service (DCRS).

I was very interested to hear recently about the work of the DCRS since its establishment as an independent and voluntary service with the support of the Irish Dental Association (IDA) back in 2012, and to read about the very valuable work the Service has done in resolving disputes between dentists and patients since then. The establishment of the DCRS showed great foresight at the time, and the extent of its use by patients and dentists (about 800 cases in total in 2024 and 2025) shows just how valuable the Service has been.

You might well ask why the President of the High Court would have an interest in a service that seeks to assist and facilitate in the resolution of disputes between patients and dentists. The answer is that as President of the High Court, I, and some of my colleagues in the High Court, have a role in the regulation and supervision of the disciplinary regime in many professions that are subject to statutory regulation, including dentists. The list of such statutorily regulated professions in Ireland is long and ever expanding. Apart from dentists, the list to date includes medical practitioners, lawyers (both solicitors and barristers), nurses, pharmacists, veterinary practitioners, teachers, property service providers, and health and social care professionals, including dieticians, dispensing opticians, medical scientists, occupational therapists, optometrists, physical therapists, physiotherapists, social care workers, and speech and language therapists. Further professionals continue to be added to the list.

The importance of regulating and overseeing the disciplinary procedures in the regulated professions cannot be overstated, and is essential to ensure that public confidence is maintained in those professions. It should be remembered that members of the public very often encounter professionals in these various professions in times of anxiety, distress or vulnerability. It is, therefore, vital that the oversight of the professions is robust and reliable, in order to ensure that all professionals continue to enjoy positions of trust, respect and integrity among the public. Where the behaviour of professionals falls short of the required standards, the relevant regulatory and disciplinary bodies can exercise a wide range of powers to sanction the individuals concerned. In doing so, those bodies must carefully consider and balance the competing rights and obligations of those involved: the rights of the professionals involved, on the one hand, and the rights of patients, complainants and the wider public, on the other.

While the legislation governing all of the regulated professions is quite similar, the statutory framework does vary from profession to profession, each with its own distinctive features. The President of the High Court and the other judges of that Court who deal with professional disciplinary matters may be asked to make various different kinds of orders. They include: (a) interim or temporary suspension orders, suspending the registration of a professional where that is necessary to protect the public until further disciplinary steps are taken in relation to that professional under the legislation that applies to the profession; (b) confirmation of decisions of the relevant regulatory bodies, where the Court is required to confirm decisions imposing sanctions on professionals in the case of, for example, professional misconduct; and (c) appeals, where the relevant professional appeals against a decision of a regulatory body to the High Court.

Provision is made for these possible orders in relation to dentists under the Dentists Act 1985 (the 1985 Act). However, it may often be the case that a patient does not wish to pursue a formal route by way of making a complaint of professional misconduct or of unfitness to practise dentistry to the Dental Council, the professional body responsible for, among other things, professional conduct among dentists. It may be that the patient's complaint falls short of a complaint of professional misconduct and does not involve any question of the dentist's fitness to practise. In those circumstances, the provision of a service that

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facilitates a resolution of disputes in a fair, efficient and humane manner is very valuable.

The legislation governing a number of other professions expressly includes provisions that encourage and support the resolution of complaints by mediation or other informal means, where appropriate. Such provisions are included, for example, in relation to doctors in s.62 of the Medical Practitioners Act 2007, in relation to nurses and midwives in s.60 of the Nurses and Midwives Act 2011, in relation to health and social care professionals in the Health and Social Care Professionals Act 2005, and in relation to legal practitioners in s.67 of the Legal Services Regulation Act 2015. The 1985 Act, which applies to dentists and dates back more than 40 years, does not contain any such provisions. That is one of the reasons why the establishment of the DCRS to provide a scheme whereby disputes between patients and dentists can be resolved was so significant.

I read with interest the Message of Dr Will Rymer, the President of the IDA, in this Annual Report. He explains very well how issues can arise between a dentist and their patients where patients may arrive in a vulnerable position, and may require the technical expertise of the dentist. There is plenty of scope for disappointment, complication and miscommunication, and this can lead to disputes – sometimes over relatively minor issues – escalating out of proportion or spiralling. As Dr Rymer explains, the DCRS assists in interrupting that spiral, and in promoting and prioritising early de-escalation and resolution of the dispute where possible and appropriate. The support of the IDA for the DCRS is critical, and it is very significant that there appears to be a growing willingness on the part of dentists to refer patients to the Service or to seek guidance themselves from the Service.

I have also read with interest the report of the Facilitator, Mary Culliton, and the case studies to which she refers in her report and which are outlined at the end of this Annual Report. Ms Culliton explains in very clear and simple terms the role of the DCRS and her important role as Facilitator within the Service. Essentially, her role is as a mediator in seeking to assist in the resolution of disputes that can arise between dentists and their patients. She rightly stresses the significance of having a service where the patient feels that they are being heard and taken seriously. Lack of communication and miscommunication can often be at the heart of a dispute that exists between a professional and their client or patient.

What is also particularly significant about the DCRS is that it has the support of the Dental Council and Dental Protection, the dentists' professional indemnity provider. I am sure that without the support of those bodies, the DCRS would not have been in a position to resolve the number of disputes it has so successfully resolved to date.

In conclusion, I would like to extend my appreciation and thanks to Ms Culliton, to the DCRS, and to the IDA, the Dental Council and Dental Protection for supporting this important service.

Mr Justice David Barniville
President of the High Court

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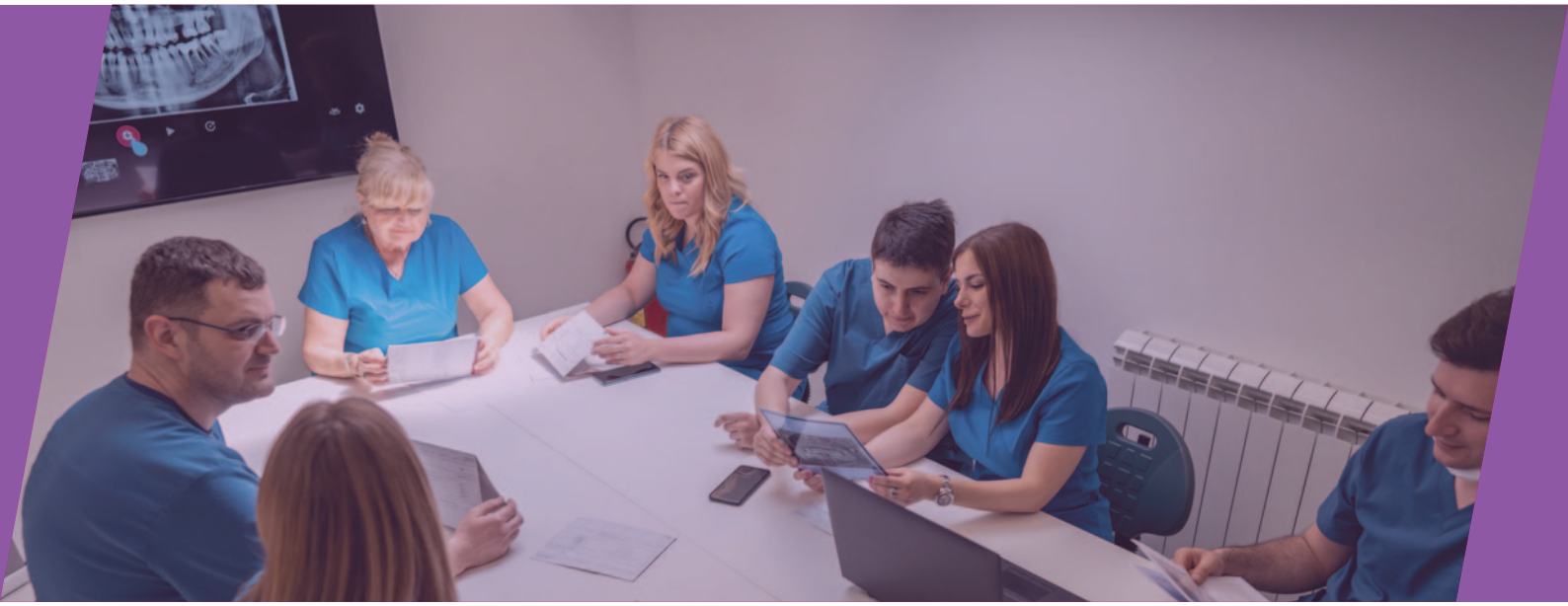


PROVIDING IMPARTIAL SOLUTIONS

One of the attractions of working in dentistry is that no two clinicians will ever have the same experience.

There are general patterns, superficial similarities and overlaps, but careers will be as individual as the practitioners themselves.

The factor that is common to all careers though, is the fact that dentists always aim to do a good job with the treatment that is provided for their patients, and will focus on ensuring that patients benefit from the treatment and advice that they receive. At play, there is both an ethical expectation of putting patients' interests first alongside a degree of professional pride and personal self-respect. Nobody wants to be – or to be thought of as being – a bad dentist.

In light of this 'taking pride' element, it can come as a bit of a shock for a dentist who has been doing their best for a patient to find themselves on the receiving end of a complaint. It is never the intention to make a patient unhappy, but the reality is that, in delivering care, sooner or later a clinician will deliver disappointment for someone. Try as we might, dentists will not make everyone happy all of the time.

As this report from the Dental Complaints Resolution Service (DCRS) shows, there are themes that commonly feature in complaints from patients. Often the underlying cause is relatively simple. Usually, when the influencing factors are looked at closely, some form of communication issue is not far from the surface. What is true in terms of complaints arising also applies to how a complaint proceeds. The clinician's response to a complaint will have a huge influence on how things are likely to develop. If the communication at this point is not handled carefully, it may be that the response inflames rather than soothes the situation.

Dentists are only human, and it is understandable that they may experience a sense of indignation or resentment when the care they have taken great care to provide is criticised by an unhappy patient – particularly when they feel that the criticism is unjustified or is based upon an inaccurate understanding of the facts. This can often feel like a hurtful personal attack. The danger lies in the dentist expressing this feeling in a way that adds fuel to the fire, or simply refusing to engage. An unhappy patient is unlikely to respond well to being ignored, fobbed off or told that they are wrong, and it is very much a matter of how carefully this is communicated.

There are of course situations where the patient's view is correct and these can be challenging on a personal level for the dentist to accept. A dent to their professional pride can often be difficult to deal with, and efforts to be defensive or try to deflect blame in these instances will not help to produce an appropriate response.

It is clearly best if a complaint can be resolved amicably between the parties but sometimes this is just not possible. Litigation is one route that aggrieved patients can follow but this can often be a long, complex process, which can make what is a comparatively straightforward set of circumstances into a bit of a mountain. By comparison, the work of the DCRS has developed an enviable profile as an impartial mediator helping patients and dentists to resolve complaints fairly and promptly. In so doing, both patients and dentists are spared the protracted inconvenience and stress that can so often attend formal legal claims and ongoing unresolved complaints.

What should we make of the fact that there are hundreds of cases considered by the DCRS every year? The truth is that there will always be complaints. The important point is how they are handled. The DCRS has been a consistently helpful resource, which assists both patients and dentists to successfully navigate what are often difficult situations. As the figures show, the Service continues to be well used. This is clearly a positive thing and access to the highly effective assistance provided is very much to be encouraged.

Dr Martin Foster
Dento-Legal Consultant
Medico & Dento-legal Services Team Lead, Dental Protection

The DCRS has been a consistently helpful resource, which assists both patients and dentists to successfully navigate what are often difficult situations. As the figures show, the Service continues to be well used.

WHAT IS THE DCRS?

The DCRS provides an opportunity for patients to be heard and taken seriously.

The Dental Complaints Resolution Service (DCRS) is there to help patients and dentists to resolve complaints relating to private dental care in Ireland. Complaints in the public system are dealt with by the HSE. Most complaints come directly from patients either by phone or email. Some have already made a complaint to the Dental Council and are directed to this Service if the complaint is not appropriate for the Council. This is helpful to the Council when they have to 'reject' a complaint because it is not appropriate or does not reach the bar for Fitness to Practise proceedings. An alternative route really helps to validate patients' right to raise a complaint, albeit in another forum. A patient at this point is full of emotion about their experience and needs a process of resolution. It also helps the dentist with an unhappy patient who will possibly sue the dentist, involving potential expense, time, and reputational damage – particularly with the use of social media.

At its very core, the DCRS provides the opportunity for the patient to be heard and taken seriously. If you are a patient and you have had a poor experience with a dentist, you can phone the service and you will be listened to. It would be foolish to underestimate the power of that service alone. If we have learned anything from patient safety science, it is that what patients want is to be heard. Sometimes in a busy clinic they don't feel heard.

Patients are not always right, but they always deserve to be heard and understood. Dentists are not always wrong, and they also deserve to be heard and understood.

The path to resolution

The pathway to a resolution is set out in the first phone call or email. The patient is advised to make the complaint directly to the dentist first, if they have not already done so. They are helped with how to do this, because it can be daunting for some people. This can be for a number of reasons. They may like the dentist, and prefer that someone else express the complaint to them. Alternatively, they may be intimidated by the environment, and an invitation to give feedback to the practice may not be visible or seem accessible.

All patients tell us that they have never made a complaint before, and most dentists tell us they have never received a complaint before! Most people have already made a complaint but are either not happy with the response or have not received one. The first phone call is almost always emotional. The story can be a long one, and there are times when people are upset, embarrassed or angry. The fact that the person who is going to help you actually answers the phone cools the temperature a little.

The next step is the necessity to send a written complaint setting out demographic information, the detail of the complaint, and consent to share information between the patient and the dentist. A form is available to the patient to simplify the process. The patient also gets a written explanatory memorandum that sets out what the service can and cannot deliver. When the patient has set out their complaint in writing and consent to share information is agreed, we contact the dentist and send the complaint to them. It is our normal practice to phone the dentist first and then to send the written complaint together with the memorandum of understanding.

The dentist is invited at that point to engage with the service if they would like to come to a resolution with the patient. It is also recommended at this point that they contact their indemnity provider, who will advise them appropriately. Most dentists are happy to engage with the service, and the number not wishing to engage or not responding at all is small.

What the DCRS **can** achieve:

- agree a refund of fees;
- agree an apology;
- agree transfer of a patient to another dentist;
- agree remedial treatment and payment; and,

Table 1: DCRS statistics 2025.

Complaints and queries	2025
New complaints received	122
New queries received	219
Requests for support from dentists	24
Total complaints/queries	**365**

Table 2: DCRS statistics 2024.

Complaints and queries	2024
New complaints received	147
New queries received	242
Requests for support from dentists	9
Total complaints/queries	**398**

- agree acceptance of responsibility for part or all of the issue that is the subject of the complaint.

What we **cannot** do:

- investigate misconduct or malpractice;
- arrange compensation; or,
- deal with issues relating to the medical card scheme or the PRSI scheme.

Process

Most complaints come to the service via email, and most queries come via phone. Complaints may or may not come in by phone also, but they must be in writing at some point. Not all queries result in a complaint, and many are resolved at the first point of contact.

Managing the phone can be challenging, as some people become frustrated if they don't receive an immediate answer. In these days of scam calls we are reluctant to answer a call when the number is not displayed. Several people who did not leave a message subsequently complained that the Service doesn't answer the phone. Messages are checked daily.

Patients are asked to provide demographic information in a form available on the DCRS website (dentalcomplaints.ie). They are also required to give consent to the facilitator to share information with their dentist, and to the dentist to share information with the facilitator. Having this in writing at the start is very helpful.

We try to contact the patient by phone initially and ascertain further details. This call is very important and can be a lengthy conversation. At this point the Facilitator has a number of important tasks. She listens carefully to what is said, and acknowledges the patient's current state. Emotion is often high at this point, and it is very important to show that you have really heard and understood the patient's experience. It also allows the facilitator to clarify what the service can and cannot do, and allows the patient to consider whether they are in the right place. This can save much misunderstanding later on. It is also important to ask the patient to consider what outcome would be a good outcome for

The DCRS is independent, voluntary, confidential, and resourced and supported by the Irish Dental Association (IDA).

Independent

The IDA provides backing for the service, but is not responsible operationally. We share a monthly report with them, on numbers and types of complaint, and interesting issues that may be pertinent to them. The impartiality of the facilitator is very important to all parties. The support of the Dental Council is hugely important to the service, and gives confidence to people that the service is professional and solution focused. In addition, the support of Dental Protection is key because when a dentist calls their indemnifier they can be reassured that this is a professional service.

Voluntary

The service is voluntary. Some dentists and patients choose not to use it, and people can withdraw from the Service at any stage in the process. Over the years, the support of dentists has grown, with some contacting the Service to look for help at an earlier point in the process. There is also evidence that when a dentist has tried unsuccessfully to resolve an issue with a patient, they will refer the patient to us and engage fully in the process.

them. Unrealistic expectations can be clarified at this point, and a broad understanding of expectation achieved.

Approximately 10% of people change their mind at this point. Sometimes they simply needed to be heard. In other situations, they don't believe this service is for them. We don't always know where they go, but it may be to the Dental Council, the small claims procedure, or a solicitor.

Following the discussion with the patient, we try to contact the dentist by phone. This can take a little while due to busy clinic hours. In larger practices, the practice manager sometimes filters the complaint. It is preferable if we can speak to the dentist early in the process, and you will see this in case studies 1 and 2. When the dentist is fully engaged with the facilitator and has a genuine desire for resolution, the outcomes are always better. The practice manager in a large practice and the reception team in a smaller practice can be very instrumental in encouraging the dentist to engage and assisting them throughout the process.

Management of risk

Many of the complaints received by the dentist are clinical in nature. The Facilitator is not a dentist. We don't investigate; we mediate. We are very fortunate to have a dentist who advises us when we have concerns, and we are very grateful for this support and advice. We are careful not to overlook potentially serious clinical complaints, which may not be suited to this service.

Mary Culliton
IDA DCRS Facilitator

Contact the Dental Complaints Resolution Service if you ever need help.
Email: mary@dentalcomplaints.ie
Phone: 087-354 5842

Types of complaint

- Poor or incorrect treatment, or substandard care;
- lack of information;
- poor communication;
- lack of consent;
- poor hygiene;
- costs; and,
- dentist leaving a practice and lack of continuity of care.

Advantages of the service to the patient

- We know that patients want to be heard, so we listen;
- we help to clarify expectations;
- we help them to understand the dentist's perspective;
- we help to demystify the language of dentistry;
- we clarify issues for both parties;
- we provide someone to speak to who is not emotionally affected by or invested in the issue; and,
- we follow a process that is timely and free.

Advantages of the service to the dentist

- We provide an opportunity for resolution with a valued patient/family;
- we can prevent other channels of communication, e.g., bad reviews on social media;
- we can help to manage communication and expectations; and
- we help to understand the patient's experience and perceptions.

CASE STUDIES

In this section we try to give a flavour of the complaints and queries we hear every day. They fall into a number of categories. Every day there is at least one query about cost; others are about clinical issues, and attitude and communication are almost always mentioned.

We have taken two complex complaints that took considerable management, and through them show the value of the independence of the DCRS in listening to all sides of the dispute and helping the dentist and patient come to a resolution – no matter how difficult that might be for both parties. In these two cases, resolution at local level was not achieved, but the timely intervention of the third party allowed both parties to come to a conclusion without further time loss, frustration, and cost. In both cases the dentist was also supported by their indemnity body (Dental Protection), which supports early resolution where possible. The dentist is always advised to inform their indemnity provider when a complaint comes to the DCRS.

CASE STUDY 1
MISALIGNED VIEWS

The complaint

A young man made contact with the Service, describing his dissatisfaction with orthodontic treatment provided when he came to Ireland two years prior. The patient began treatment in 2021 in another jurisdiction for a deep bite problem. He subsequently transferred his care to Ireland when he emigrated. He claimed that at the start of treatment in Ireland the orthodontist did not take proper diagnostic records, such as photographs, radiographs, or dental impressions. He also stated that at the point of contacting the DCRS, his deep bite issue had not been properly treated, and according to a second opinion, from a qualified orthodontist in the other jurisdiction, his bite had not improved and his dental alignment had worsened. As treatment progressed, he understood the Irish treating orthodontist to say that he was ready to have the braces removed. The patient was alarmed, as he believed his teeth were not aligned properly. The orthodontist advised him to have a tooth removed and the patient became distressed and angry. The patient at this point refused the option and when he did, he felt he was dismissed.

The patient made a complaint to the orthodontist and did not believe that he was heard. He then approached the DCRS for advice. The Facilitator listened to the complaint and agreed to call the orthodontist to hear his opinion.

The orthodontist described the case as very complex. He had reviewed the patient's x-rays and identified the challenges. The orthodontist explained clearly the correction process he had pursued, which was necessarily gradual. He disagreed with the patient's perception that his bite and smile had disimproved. On the contrary, he stated that there were significant improvements. He confirmed his commitment to continue to work together, to achieve the best possible outcome. The orthodontist also communicated that he wanted to continue the treatment and had only the best interests of the patient in mind. He said that he had not intended to remove the braces at that stage, although the patient understood that he had. There may have been language difficulties causing the misunderstanding. The orthodontist said that he was shocked and disappointed at this complaint, and hoped the patient would reconsider and continue his treatment. Alternatively, if the patient did not want to continue attending, he would ensure that he gave a list of orthodontists from which the patient could choose.

Lessons and outcome

The dentist showed kindness and empathy towards the young patient and accepted that his was a truthful account of his experience given his circumstances. He accepted that the patient had ended up in hospital with a panic attack, and understood how frightening that was. He validated the patient and gave him a refund as a gesture of goodwill, and he also provided information regarding further referral. The patient accepted the resolution in the spirit it was given.

In this case, the orthodontist sent a message to this Service thanking it for professionalism and understanding. He also thanked the service for completing the facilitation in an efficient manner that allowed both parties to get on with their lives. The timeframe to resolve this complaint was eight weeks.

CASE STUDY 2
CONFLICT AFTER COMPLICATIONS

In this case study the timeframe was not as favourable. The patient settled the complaint, was not entirely satisfied, but was relieved that some elements of the complaint had been fully addressed and acknowledged. A sum of money was paid to the patient, but not the amount he had hoped for.

This patient raised a complaint in relation to root canal treatment (RCT), which allegedly resulted in nerve damage, causing permanent numbness and intermittent pain in his lower jaw. When the Facilitator spoke to the patient he described how he had been attending this large practice for many years and, overall, his experience had been good. The particular episode of care about which he complained related to a three-month period that he described as a nightmare. He also experienced poor handling of his complaint, which was passed to a number of people through the practice manager, without success. In this service we prefer to speak to the dentist, but sometimes the early stages of the complaint are handled by the practice manager. This can be very helpful but, in this case, it delayed the management of the complaint to a conclusion. The patient had spent months trying to get answers before he came to the DCRS.

The complaint

The patient rang the clinic in pain. This call was not noted but it was accepted that it occurred and an apology given to the patient in the final response. The patient recalled that he explained that he was in pain and asked to be seen as soon as possible. He was apparently advised that the next available appointment was one month later, and was given advice regarding the use of over-the-counter pain relief. Unfortunately, his symptoms worsened considerably that weekend and he attended the clinic in person two days later, requesting to be seen by his treating dentist, who agreed to see him that morning.

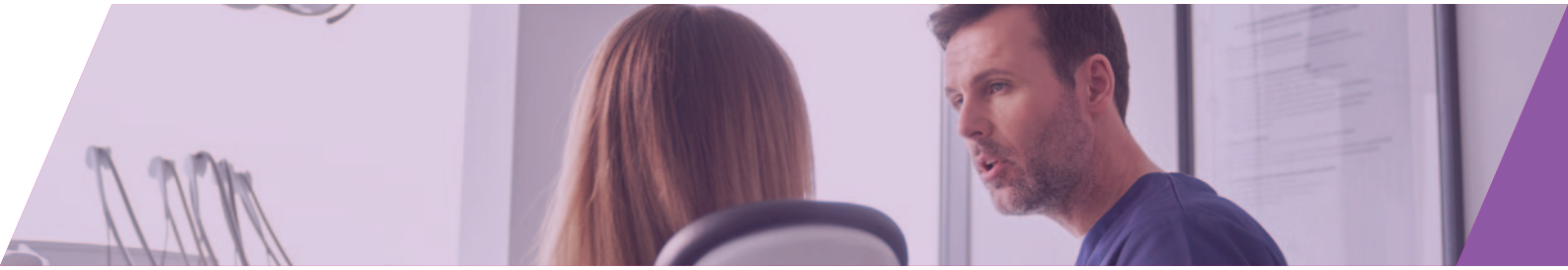
His dentist recommended RCT, and carried out first-stage RCT under local anaesthetic. He irrigated, cleaned and sealed the root canal, provided the patient with a prescription, and referred him to see a colleague the following day to continue the treatment.

The following day, another dentist met the patient for the first time. The patient was in a lot of pain and had considerable swelling in the lower premolar region. The dentist noted that the tooth LL4 had been drained the previous day. They anaesthetised the area in order to carry out a second drainage and irrigation, in an attempt to reduce the swelling as much as possible. They tried to manage the situation, and prescribed antibiotics and a painkiller. An appointment was made for five days later. Unfortunately, the patient was admitted to hospital following this visit, with what appeared to be a very unusual and acute reaction to a painkiller.

On being discharged from hospital a few days later, the patient made an appointment for the earliest possible time and attended the dental practice on the following day. The dentist noted that he was still complaining of numbness of the lower left lip, of which he had been complaining since he first attended. The records and the patient's recollection were in conflict on this crucial point. When the patient attended for a review appointment two weeks later, the symptoms had settled significantly, although the numbness remained.

Lessons and outcome

The principal dentist, in their final response to the complaint, appreciated that the patient had suffered a series of complications in his dental treatment that were extremely unusual. According to the records and the best recollection of the dentists involved, the patient had presented with an acute infection of the LL4 and numbness of his lower lip, which progressed rapidly to severe swelling. Unfortunately, despite the best efforts of both dentists, the principal said it took time for this acute infection to resolve, and that the patient also suffered other complications in the interim. He also acknowledged that there may have been a failure



to see the patient in a timely manner at the outset, and he apologised sincerely for this. He appreciated that the patient had incurred costs, and while no liability for the numbness of his lip was accepted, he was happy for the indemnifiers to work with the DCRS to agree a resolution. The patient disagreed with the fact that the numbness was pre-existing and was adamant that it happened during the episode in question. It was his recollection that he did not mention it at the first appointment.

It appears that there was not a clear and well-managed complaints-handling process at the time of the event, and this resulted in delays and frustration for the patient. Eventually, the patient contacted the DCRS.

Despite the patient having made several complaints to the practice, it was only when the DCRS became involved that an answer was received in writing. Some conversations were held with the practice manager, but they were unable to offer any resolution and the Facilitator was unable to speak to the dentists involved. When we started to communicate with the principal dentist (a number of dentists were involved in the complaint), the process started to move well and this was most helpful in bringing the process to a conclusion.

The principal dentist expressed himself as satisfied that the process came to a conclusion that was acceptable to both the patient and the dentist. He thanked the Facilitator and the indemnifier. The patient commented:

"[Facilitator name], very many thanks to you for your work on this. You were the only person who seemed to take a balanced view of the episode, and provided great support to me throughout the entire very uncomfortable and time-consuming process".

CASE STUDY 3
UNANSWERED CALLS

A number of complaints that took considerable time and were frustrating for patients were received in relation to one particular dentist. The main issues arose when the dentist was not responding to calls from their patients. The particular dentist worked across a number of sites, and the DCRS had great difficulty providing assistance. This type of issue is time consuming and patients become very angry, particularly when they have paid significant money to the dentist and the treatment is not complete. Eventually the dentist agreed to engage with the DCRS and together we succeeded in making contact with all of the patients, who then received assistance from him.

OTHER COMPLAINTS

Not all complaints are complex, and it is sometimes surprising when they are not sorted out at the initial point of contact.

Complaints about clinical care

The vast majority of complaints relating to clinical care involve fillings and crowns falling out, and the colour of crowns and composite bonding.

When a filling falls out a short time after treatment, this is usually resolved by the dentist and an explanation, an apology, and no charge for replacing the filling always works. A crown(s) falling out, particularly at the front of a patient's mouth, is usually more distressing. Most of these complaints are dealt with by the dentist immediately. Unfortunately, some patients don't get a response and turn to us, and we then assist with resolution when possible. An apology goes a long way in helping to resolve these issues. The issues become particularly entrenched when the patient has been looking forward to an event like a wedding or other family occasion, and had hoped that they would have their longed-for beautiful smile for the event. If the dentist does not meet the patient's disappointment with some empathy, there is always a stand-off. Of course, the patient is not always right, but as we always say,

they deserve to be heard and understood. We usually arrive at a resolution in such cases.

Cost

Many of the simpler complaints relate to cost, which can vary in different practices. In some cases, the cost quoted on the website and the amount charged following the procedure are reported by patients as different. It is very important that cost is agreed prior to commencing treatment, and consent given. We have heard stories of patients embarrassed at the reception area when they don't have enough money to pay. When there is a change in the price mid-treatment, the patients should be informed of the change and the reason for it. Most patients to whom we spoke understood that complexities can arise but were very annoyed when it was not explained to them. Some patients who hold a medical card and cannot access public treatment are now paying for treatment, and it is really important to ensure that prices are clear.

Most practices sort out the issues when the DCRS becomes involved, but we believe that information in advance would help matters. However, a lack of or poor communication often leads to patients feeling that they have not been heard or understood, and dentists believing they are under siege.

Dental hygiene

Many patients are confused by the different types of cleaning provided by a dental hygienist or dentist. Every week there are queries related to this and to the differing costs. The Service does not deal with issues relating to PRSI, but we redirect complaints as appropriate. One complaint we received related to a patient attending a hygienist for three years without oversight from a dentist. In this case, a potentially serious issue arose and the patient saw the dentist as culpable. There were particular circumstances in this case, and it alerted the practice to the need to address their policies and procedures.

Communication

Almost every complaint and query has an element of dissatisfaction with communication in the practice. It is not always about the dentist and may be about a general atmosphere and attitude in the practice as a whole. These complaints are sometimes grouped under the broad description of communication. For clarity, I like to see the elements as:

- listening: all parties need to listen carefully to each other;
- information: what the patient wants and needs to know before, during and after their treatment – it is also what the dentist needs to and wants to know before, during and after treatment; and,
- attitude – 'how they made me feel'.

We have all heard the saying 'I don't remember what they said, but I remember how they made me feel'. Many complaints would not reach a serious level if we could remember how we feel ourselves when we attend clinical appointments outside our sphere of expertise. We are generally nervous, uneasy, worried or anxious. This is particularly felt if it is our first time attending a practice. We don't always hear correctly what is said, so follow-up and repetition are crucial.

An example

In one case, a patient did not give important medical information to the dentist in relation to mental health issues and current medication. The dentist, who successfully carried out very complex interventions, was put under extreme pressure throughout the course of the treatment by a volatile patient. The patient subsequently complained to the DCRS about the dentist's attitude throughout the treatment, including a lack of empathy and changes in behaviour.

Learning from the DCRS

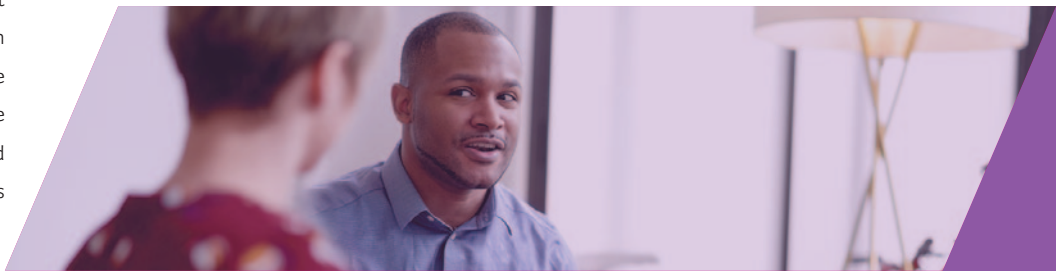
- In 2026, all dentists should expect to have a level of dissatisfaction from some patients, and should have clear processes and training to deal with a complaint when it arises.
- Not responding to a complaint does not make it go away.
- We are here to listen to both sides and to help each to move on from anger, upset a nd disappointment.
- There are no enemies in this process – just people who have experienced an event or series of events differently.

Overall solutions achieved:

- complaints not pursued due to a good explanatory process;
- complaints not pursued due to an opportunity to be heard and understood;
- genuine apologies received; and,
- refunds offered – most refunds were between €50 and €500, with a small minority of four-figure sums.

Other activities

- Presentation to the Fitness to Practise Conference on October 10, 2025, in the RDS. Keynote speaker: Mr Justice David Barniville, President of the High Court.
- Presentation on conflict resolution to HSE dentists and GDPs on December 12, 2024.



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