Complaints Handling - GDC recommended subject

Aim: To provide an understanding of using a team approach to reduce the risk of complaints and to manage complaints should they arise, thus meeting principle five of the GDC Standards for Dental Professionals.

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

- Demonstrate an understanding of principle five of the GDC Standards for Dental Professionals and meet the higher level learning outcome “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.”
- Identify the professional responsibility of the dental professional in handling complaints.
- Recognise why patients may complain and measures that can be taken to reduce the risk of complaints.
- 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.
- Complete a questionnaire, scoring more than 70%.

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. A complaint can be defined as “any expression of dissatisfaction by a patient (or their representative) whether justified or not.”

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

In 2017, the General Dental Council (GDC) plans to transition to new Continued Professional Development (CPD) rules which will change the CPD requirements for GDC registrants (once the rules have come into force). Dental Professionals will be expected to complete CPD that links to the GDC Standards and to meet higher level learning outcomes. One of these higher level learning outcomes is proposed to be:
“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.”

This CPD article will fall under the above higher level learning outcome and will also cover Principle 5 of the Standards for the Dental Team which is to “have a clear and effective complaints procedure.”

**Patient Complaints**

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 (NHS Choices in England, NHS National Services in Scotland, NI Direct in Northern Ireland, or NHS Direct in Wales); or,
- complain to the General Dental Council (complaints regarding Private treatment may be referred to the Dental Complaints Service which is funded by the GDC)

**The Dental Complaints Service**

The Dental Complaints Service 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 Dental Complaints Service produces an annual report of the complaints that were dealt with.

From January-December 2014, the Dental Complaints Service dealt with a total of 1068 complaints.

- **93%** were complaints about the **dentist** (compared with 96% in 2013)
- **3%** were complaints about the **clinical dental technician** (compared with 1.5% in 2013)
- **2%** were complaints about the **dental technician** (compared with 1% in 2013)
- **1%** were complaints about the **hygienist** (compared with 1.15% in 2013)
0.5% were complaints about the dental nurse (compared with 0.15% in 2013)
0.4 % were complaints about the dental therapist (compared with 0.15% in 2013)
0.1% were complaints about the orthodontic therapist (compared with 0.05% in 2013)

GDC Fitness to Practise Cases

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.
- A serious criminal offence.
- Fraud, theft or dishonesty by a dentist or dental care professional.

The Fitness to Practise procedure has the following stages:

- The complaint against the dental professional is considered to see if the GDC is the right organisation to deal with the complaint (if not, the complaint will be referred to the appropriate health authority or the Dental Complaints Service if the patient is a private patient).
- A caseworker will decide if the complaint should proceed to the Investigating Committee (IC).
- The IC panel consists of registrant and lay members and they consider the allegation, comments from the dental professional and comments from the person who made the allegation. The committee then considers whether to refer the allegation to a Practice Committee for a full public hearing. An IC panel may decide that no further action is required or that an advice or warning letter is sufficient, However, in potentially more serious cases, the IC panel may refer the matter to one of three practice committees:

The Professional Conduct Committee

The Professional Conduct Committee considers whether an allegation referred to it amounts to misconduct and if this misconduct amounts to an impairment of the registrant’s fitness to practise.

In 2014 there were 187 hearings, of which 16 involved dental nurses.

The Professional Performance Committee

The Professional Performance committee considers allegations where it appears that a dental professional’s performance is deficient and if this deficiency amounts to an impairment of their fitness to practise.
In 2014 there were 7 hearings on the Professional Performance Committee and all of these were dentists.8

The Health Committee

The Health Committee considers cases where it appears that a dental professional’s fitness to practise is affected by a physical or mental condition.

In 2014 there were 21 hearings on the Health Committee, of which 6 involved dental nurses.

Dental professionals referred to a Practice Committee will appear before an independent panel of lay and dental professional members as part of a formal hearing where the GDC and the dental professionals both have the right to legal representation. At all stages of Fitness to Practise procedures, a matter may be referred to the Interim Orders Committee (IOC) for a hearing. This committee may suspend a dental professional immediately or impose conditions on his or her registration status pending a review. In 2014 the IOC had 424 hearings. Of these, 101 involved DCPs and 56 of these were dental nurses.8

Why do Patients Complain?

The Dental Defence Union state, that in their experience, there are two main underlying causes for most complaints:

- The patient is dissatisfied with some aspect of treatment or service.
- There has been a failure to meet the patient’s needs or expectations.

Factors that can trigger a complaint may include:

- The attitude of the treating dental professional or another member of the dental team.
- Time-keeping for surgery appointments.
- The standard of treatment provided.
- The basis on which treatment was provided (NHS or private) was unclear.
- Fees and charges.9

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 won’t 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.\textsuperscript{9,10}

**How can the risk of complaints be reduced?**

1) **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.\textsuperscript{11,12} 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.\textsuperscript{2}

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) **W**atching and mirroring body language. \textsuperscript{11,12}

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

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.”

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.¹⁰

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.⁴

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.⁴

2) Ensure that you are trained and competent

Dental nurses are able to 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

A review of 100 complaints received from an international indemnity provider, showed that in more than 40% of cases, a patient referred to a previous unsatisfactory experience prior to the incident that finally caused them to complain.¹³

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.
The Process for Handling Complaints

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.7

The GDC state that:

“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) knows 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.”4

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.
✓ Easy for patients to use.
✓ Allows you to deal with complaints quickly.
✓ Allows you to investigate complaints in a full and fair way.
✓ Respects patient’s confidentiality.
✓ Clearly written without complicated language.
✓ Provides clearly explained outcomes for the patient.
✓ Passes information to improve service back to your practice management.

If a patient wishes to complain:

✓ Give the patient a copy of the complaints procedure.
✓ Let your defence union know if appropriate.
✓ If complaints cannot be sorted out immediately, you should normally send an acknowledgement of the complaint within 3 working days of receiving the
complaint and respond to the complaint no later than 10 working days after receiving it.

✓ If time is required to investigate the complaint the time scales should be given to the patient.2

When dealing with complaints, it is important not to be defensive but to deal with the situation practically. If, after attempting to come to a solution, the patient is still not happy, the patient can be informed about the NHS complaints procedures (or the Dental Complaints Service for private patients).

**Indemnity for Dental Nurses**

Dental nurses are legally required to have indemnity and will be asked to declare they have appropriate indemnity arrangements in place when they join the GDC register or renew their registration. As a dental nurse, you are responsible for ensuring either that you have access to indemnity in your own right or that appropriate arrangements are in place through your employer.

The GDC recognises the following:

- Dental defence organisation membership - your own or indemnity provided through your employer's membership.
- Professional indemnity insurance held by you or your employer.
- NHS indemnity.

Dental nurses who rely on their employer’s indemnity arrangements are responsible for checking and ensuring that appropriate arrangements are in place to provide indemnity against clinical negligence claims brought against them by patients.14

**Learning From Complaints**

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?

**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 nurses 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 nurse 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.

Portfolio tip

The following subjects can be accessed from the non verifiable CPD section of the website:

- GDC Standards (See principle 5 for complaints handling and principle 3 for consent)
- Communication
- Examples of Fitness to Practise Cases.

Don’t forget to log the hours you spend reading into your non-verifiable CPD log and ensure you keep up to date with any changes to the documents.

Your next verifiable CPD article will cover clinical note taking.

References

3. The Dental Defence Union (2011) Available at: http://www.theddu.com/section_dental_professionals/topnav_advice_centre_1/hidden_Article.asp?articleID=1877&contentType=Advice+article&articleTitle=DDU+membership+for+nurses+explained (accessed 30th November 2011)