



CPD4dentalnurses

YOUR FUTURE IN YOUR HANDS

Complaints Handling in Dental Practice: Standards, Procedures and Best Practice

Aim: To provide the dental team with an up-to-date understanding of effective complaints handling, including regulatory expectations, professional responsibilities, and practical strategies to reduce the risk of complaints, while introducing the principles of openness and transparency that underpin the Duty of Candour.

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

- Define what constitutes a complaint in dental practice.
- Describe the General Dental Council six core principles of best practice in complaints handling.
- Identify current regulatory requirements relating to complaints, including Care Quality Commission Regulation 16.
- Recognise common causes of patient dissatisfaction and typical outcomes sought by complainants.
- Understand the role of local resolution and escalation routes for NHS and private complaints.
- Describe the General Dental Council fitness to practise process and identify when concerns may be referred.
- Identify the responsibilities of dental professionals when responding to complaints.
- Recognise how effective communication, consent, and documentation reduce complaint risk.
- Identify the key elements of a clear, accessible and effective complaints procedure.
- Understand the principles of openness, transparency and apology that underpin the Duty of Candour.
- Pass an online assessment, scoring over 70%.

Introduction

The majority of patients are satisfied with the treatment they receive from their dental practice. However, there are occasions when things do not go as expected, which may lead to patient dissatisfaction and the potential for a complaint.

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 continues to evolve as the scope of practice expands and responsibilities increase. As the scope of practice enables dental care professionals to take on extended duties, their contribution within the dental team continues to grow. With this increased responsibility comes greater patient interaction and, potentially, an increased risk of complaints being directed at individual members of the dental team.

The GDC recognises that people receiving dental care are increasingly willing to provide feedback or raise concerns regarding dental services.¹ It is therefore essential that all members of the dental team understand how complaints should be handled in line with professional standards, regulatory requirements and best practice.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 principles do not introduce new requirements or procedures, they provide a clear best-practice framework for managing 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 outline what patients expect from the practice when they 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 and what we could do better.
- 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 pictured below, and the materials can be downloaded by clicking on the link at the end of this article.

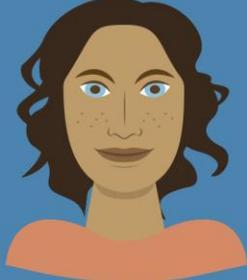
The aim of these resources is to encourage the patient to discuss concerns and any feedback with the dental practice rather than to take their complaint elsewhere.

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, HDDUS, mpdentist, 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 requires the CQC to produce guidance to help providers comply with the regulations made under this Act.

Regulation 16: Receiving and acting on complaints.

When carrying out an inspection, the CQC will seek assurance that:

- “People understand how to make a complaint about a service. They are also encouraged and feel confident to do so.
- The complaints process is easy to use. People are given help and support when needed.
- The complaints process involves all parties named or involved in the complaint. There is an opportunity to be involved in the response.
- The provider uses accessible information, or support, if they need to raise concerns.
- Complaints are effectively handled, including:
 - ensuring openness and transparency
 - confidentiality
 - regular updates for the complainant
 - a timely response and explanation of the outcome
 - a formal record.
- Systems and processes protect people from discrimination, harassment or disadvantage.
- Complaints are logged and monitored to assess trends and shared with the wider team. They are used to learn and drive continuous improvement. Trends can help highlight where changes or improvements may be needed.”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 states:

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.
- 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 understand 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.
- ✓ Respects patients’ confidentiality.

If a patient wishes to complain, the GDC advises that you must give them a prompt and constructive response. The complaints regulations do not specify a mandatory timescale for a response.³ However, the NHS state that there should be an acknowledgement and an offer of discussion within 3 working days of the complaint being received. A timescale is agreed with the complainant during the acknowledgment process. The GDC expect dental professionals to respond within the time limits set out in the practice complaints procedures. The GDC 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 aim to address 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 The first stage of complaints handling is local resolution by the provider. 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 and Private Complaints Pathways

NHS Treatment

If local resolution fails, NHS patients may escalate complaints to the relevant Ombudsman. Complaints should usually be raised within 12 months, although arrangements vary across UK nations.

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 a 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 openly express their satisfaction 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.

Complaints associated with a perceived failure of treatment were the most frequently reported category in both 2023 and 2024. In 2023, these accounted for 94% of all complaints, with concerns about ongoing care following the departure of a dental professional representing the second most common issue.

In 2024, the proportion of complaints relating to a perceived failure of treatment decreased to 82%, alongside the emergence of a wider range of complaint themes. Key emerging complaint categories in 2024 included:

- **Access to dental care (11%)**, most commonly relating to availability of treatment, continuity of care, and refusal to provide treatment.
- **Concerns about the health or behaviour of a dental professional (4%)**, including issues around communication quality, perceived rudeness, feeling ignored, lack of information about treatment, discrimination, and consent.
- **Costs (2%)**, with complaints focusing on advance charging, fees for missed appointments, and alleged overcharging.

In recent years, several treatment types have consistently featured prominently in complaints data. In 2021, removable braces (including removable orthodontic appliances, aligners and retainers) were the most commonly complained-about treatment, accounting for 17% of all complaints.

In 2022, complaints most frequently related to composite bonding, which represented 22% of all treatment-related complaints, increasing from 18% the previous year.

By 2023, dentures (including partial dentures) became the most common treatment associated with complaints, accounting for 24%, rising from 13% in 2021 and 16% in 2022.

Dentures continued to feature most prominently in 2024, representing 17% of all recorded complaints. This was followed by removable braces, which accounted for 16% of clinical complaints, with implants (13%) and crowns (12%) also featuring frequently.⁶

The most recent NHS written complaints data for 2023–2024, published in October 2024, reported 134,177 complaints relating to NHS dental services across the UK. This represents a 6.8% increase compared with the 2022–2023 reporting period. The data identified clinical treatment as the most common subject of complaint within dental practice. Other frequently reported causes of complaint included:

- Access to dental care, including appointment availability.
- Lack of treatment provision.
- Fees.⁷

What are Patients Looking For?



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

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”.⁸

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 latest fitness to practise report, which was published mid 2025, showed that, in 2024, there was an 8% increase in new concerns that were received. However, 88% were resolved at the assessment and case examiner stages. The General Dental Council conclude that this indicates that more concerns were resolved at a local level, without the need for formal proceedings.⁹

Duty of Candour



Duty of Candour is the professional responsibility to be open and honest with patients when something goes wrong with their care.¹⁰ It is not an admission of liability.

CQC Regulation 20 establishes the statutory Duty of Candour, alongside the professional duty overseen by regulators such as the GDC.¹¹ Providers must understand notifiable safety incidents and demonstrate training, systems and a culture that supports openness.

Complaints and adverse outcomes are often the point at which Duty of Candour obligations arise. A further article will explore Duty of Candour in detail, including statutory and professional requirements, notifiable safety incidents, communication with patients, and evidencing compliance in dental practice.

The GDC document on the Professional Duty of Candour can be accessed in the further reading section at the end of this article, in addition to a link to an 8 minute - NHS video showing the differences between the statutory and professional duty.

There is also a link to the CQC regulation 20 and the equivalent statutory duty for Scotland, Wales and Northern Ireland can also be accessed.

[How can the risk of complaints be reduced?](#)

1) Good Communication



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.¹²

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. ^{13,14}

iv) Communicating in a way the patient can understand, taking into account their learning styles and any disabilities. (Two communication articles are available on the website.)

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.¹⁵

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.

3) 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.

4) 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 and Liaison Service (PALS) and Citizens Advice in England, Community Health Council advocacy service in Wales, Patient Advice and Support Service (PASS) in Scotland and the Patient and Client Council support service in Northern Ireland.
- 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. Consider what the patient wants.

- 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.¹⁶

Complaints Check List

- Is the dental team trained and competent in complaints handling and aware of the practice complaints procedure?
- Does the practice respond to complaints in a timely, professional, measured and sympathetic manner?
- Does the practice offer the patient an initial discussion to plan the way forward?
- Does the practice provide the patient with a full, detailed response in response to a complaint?
- Has the complaint been signed or overseen by the responsible person?
- Have detailed notes been made which include the action that has been taken in response to the complaint?¹⁵

Conclusion

Complaints are an inevitable part of healthcare delivery. When handled professionally, fairly and transparently, they provide valuable opportunities for learning, service improvement and the strengthening of patient trust. Dental care professionals must understand their practice complaints procedures and their individual responsibilities in supporting patients who wish to raise concerns, ensuring that issues are listened to, responded to appropriately and resolved wherever possible.

While effective complaints handling focuses on listening, responding and resolving concerns, there are circumstances where something has gone wrong with a patient's care and additional legal and professional duties apply. These duties are set out under the statutory and professional Duty of Candour. Openness, transparency and timely apology underpin both effective complaints handling and regulatory compliance.

A further article, *Duty of Candour in Dental Practice: Legal, Professional and Regulatory Responsibilities*, will explore in detail when Duty of Candour applies in dental practice, what constitutes a notifiable safety incident, how to communicate with patients following harm, and how dental practices can evidence compliance.

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. If you take a few moments to write your reflection on completion, you will have fulfilled the Enhanced CPD requirements.

Further Reading

[Duty of Candour Animation](#) 8 minute video to help you understand the Duty of Candour

[GDC Duty of Candour](#)

[CQC Regulation 20: Duty of Candour](#)

[Statutory Duty of Candour England, Scotland, Wales and Northern Ireland](#)

[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](#)

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