



# Review 2019

Published April 2020  
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Any enquiries regarding this publication should be sent to:  
Dental Complaints Service, 37 Wimpole Street, London W1G 8DQ

Phone: 020 8253 0800  
Web: [dcs.gdc-uk.org](http://dcs.gdc-uk.org)

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# Dental Complaints Service Review 2019

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# 1. Overview by Michelle Williams



Going into the third year as the Head of the Dental Complaints Service (DCS), I am pleased to say that we have maintained our high performance since the operational improvements implemented in 2017 and 2018. The changes to our service have directly helped resolve over 5,500 complaints since 2006. I am very grateful for the support of my team, our volunteer panellists, and the various stakeholders we work with for this continued success.

In 2019, we received a total of 3,158 enquiries, which is a 40% increase on what we received in 2018. The increase seems to be linked to our improved outreach work and better promotion and signposting of our service by dental professionals, particularly to patients whose complaints could not be resolved locally. Some of the increase, however, has been due to a very small number of practices receiving large number of complaints that were going unresolved. Overall, the increase in using our service reflects a growing understanding and willingness for all parties in a dispute to look for independent help in resolving it.

The overwhelming majority of enquiries raised with us were simple complaints that did not raise any Fitness to Practice (FtP) concerns. Occasionally, however, issues raised were more serious and relating to the clinical competence or conduct of a registrant. In 2019, we referred 48 such cases to GDC's Fitness to Practice (FtP) team, of which 26 related to just three dental professionals. It is worth highlighting that the number of enquiries we are referring to GDC for FtP concerns continues to drop following our changes to FtP referral criteria. The 48 cases referred in 2019 represents just 1.5% of the enquiries received.

As a service that helps resolve complaints relating to private dental care, we are observing that patients are increasingly seeing themselves as consumers and thus having different expectations of dental professionals. Whereas once patients were inclined to take a professional's recommendation on the type of treatment required, more are now informing the dental professional what they would like to have done when undergoing orthodontic and cosmetic treatments. It is therefore important for dental professionals to take the necessary steps in managing expectations of patients who wish to undergo treatments of their choice. This should include steps such as having a written agreement with patients on the limitations of a treatment chosen or explaining why a treatment cannot meet the expectations expressed and therefore cannot go ahead.

Having worked to improve our operational performance, we are now turning our focus to the future of DCS through a wide-ranging review where we are considering the role of DCS within the context of the sector-wide mechanisms for handling complaints. As part of the review, we undertook an independent survey via Customer Satisfaction UK who contacted all dental professionals who used our service over an 18 month period to understand how beneficial the service was to them, and sought feedback on how the service could develop further. The feedback was encouraging as it identified a net positive score for every aspect of the service we provide and gave us plenty of suggestions for further improvement.

I look forward to continuing in leading the service through these changes with the support of the team and those stakeholders that we work so closely with to make the service what it is- transparent, speedy and impartial.

A handwritten signature in black ink, appearing to read 'Michelle Williams'.

**Michelle Williams**  
Head of DCS Operations

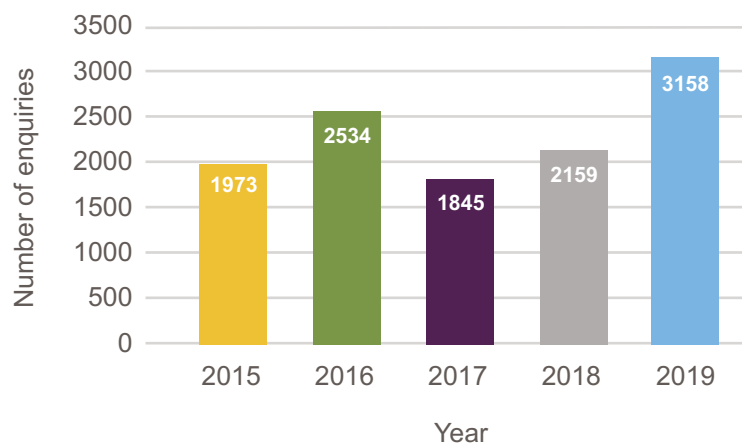
## 2. 2019 performance data

In this section we have provided data around the key stages of our complaint-resolution process, including data from previous years to help make comparisons. For more information on the role of the DCS visit our [website](#).

### 2.1 Enquiries

We record data for all initial enquiries and complaints that we receive and have seen a 40% increase in enquiry numbers during 2019. Whilst telephone calls are the most common form of contact, more people are contacting us electronically via webforms, which has doubled in 2019.

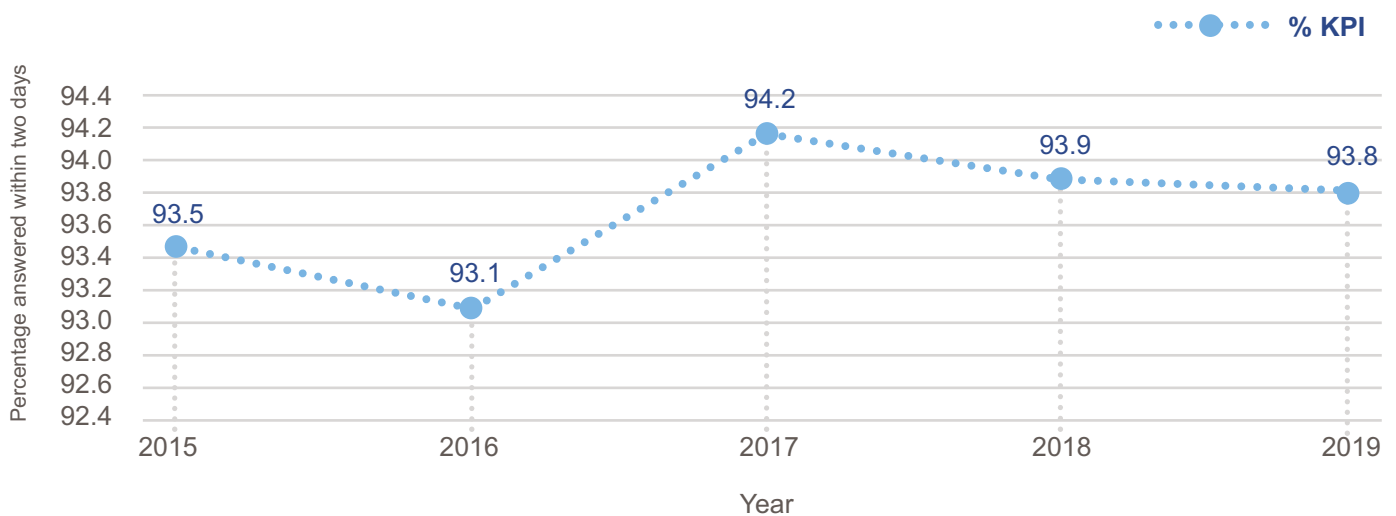
**Graph 1: Number of enquiries received 2015 to 2019**



During 2019 we responded to 93% of new enquiries within two working days and have maintained our informal process of contacting patients over the phone to discuss their concern and advise them on the best way to progress the matter. This involves enabling patient resolution by supplying them with the information they need to seek local resolution with the dental professional directly and signposting them to the correct organisation should this not be successful.

At the beginning of 2019, we received over 120 enquiries from patients complaining about one dental professional who had sold online vouchers for orthodontic treatments that were not honoured or refunded. This large and concentrated volume of complaints came following a social media group being created by patients who were seeking assistance in resolving their complaints.

**Graph 2: Responding to enquires within two working days 2015 to 2019**



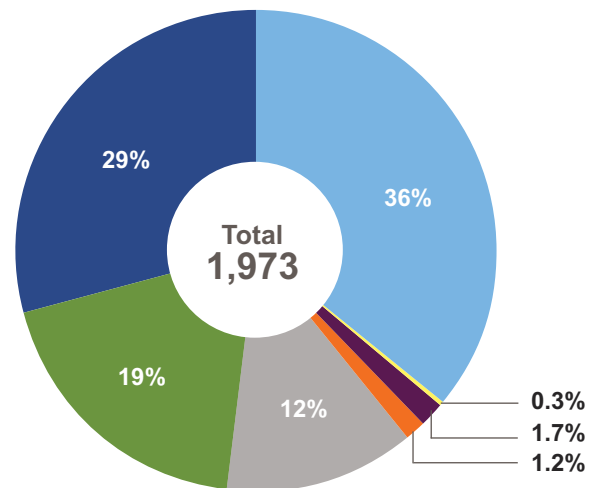
Despite seeing an increase of 40% in enquires in 2019, we have maintained performance above target (80% of enquiries handled within 48 hours), with over 93% of new enquiries responded to within two working days.

The five graphs below show how we have handled or signposted enquiries we received throughout recent years. As can be seen, the proportion of enquiries that become cases has reduced considerably over the years. In 2019, it was just 13%, down from 23% in 2018.

**Graph 3: How cases were handled or signposted in 2015**

**2015 Enquiries**

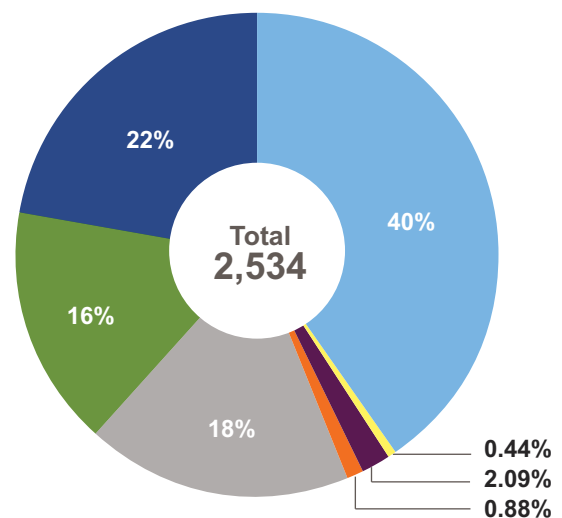
- NHS England
- NHS NI
- NHS Scotland
- NHS Wales
- Outside DCS remit
- FtP referrals
- Cases



**Graph 4: How enquiries were handled or signposted 2016**

**2016 Enquiries**

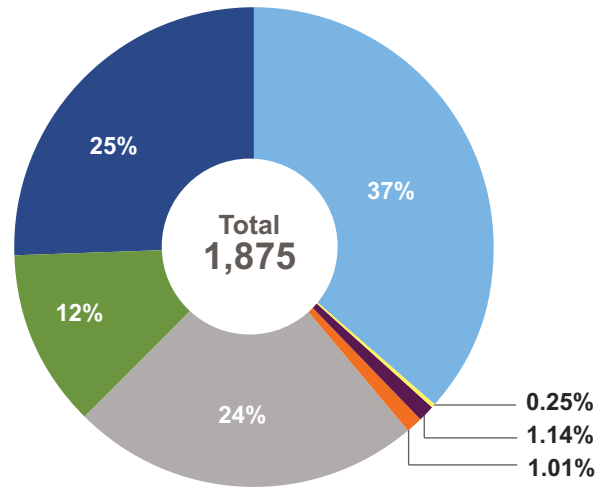
- NHS England
- NHS NI
- NHS Scotland
- NHS Wales
- Outside DCS remit
- FtP referrals
- Cases



**Graph 5: How enquiries were handled or signposted 2017**

**2017 Enquiries**

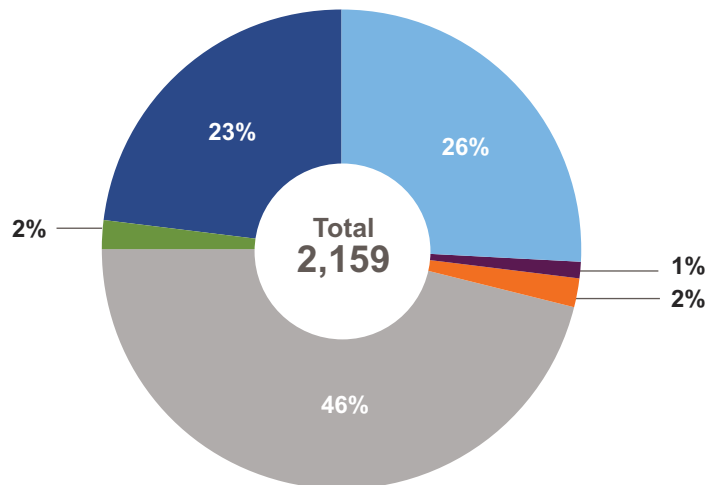
- NHS England
- NHS NI
- NHS Scotland
- NHS Wales
- Outside DCS remit
- FtP referrals
- Cases



**Graph 6: How enquiries were handled or signposted 2018**

**2018 Enquiries**

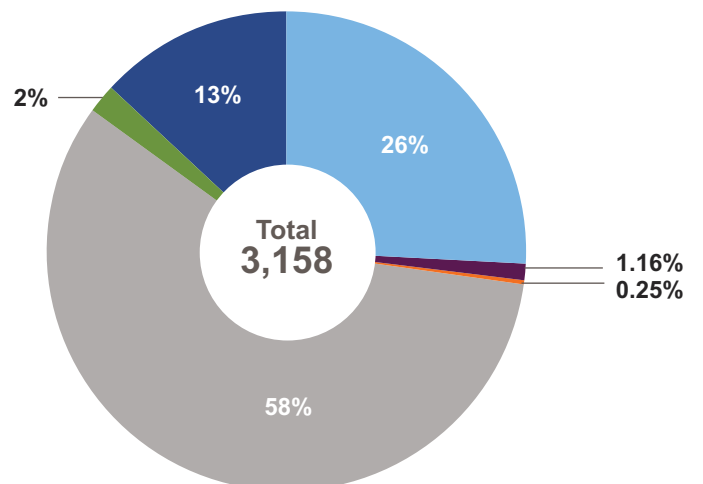
- NHS England
- NHS Scotland
- NHS Wales
- Outside DCS remit
- FtP referrals
- Cases



**Graph 7: How enquiries were handled or signposted 2019**

**2019 Enquiries**

- NHS England
- NHS Scotland
- NHS Wales
- Outside DCS remit
- FtP referrals
- Cases





## 2.2 Cases

Unlike the General Dental Council (GDC), which examines concerns solely to determine the fitness to practice of dental professionals, the DCS provide an impartial service to help assist in resolving complaints about private dental treatment or service.

We can look into private complaints that are raised with us within 12 months of treatment taking place or within 12 months of a patient becoming aware that there is something to complain about.

We may be able to impartially assist a complainant obtaining:

- An explanation and/or apology for what happened.
- A full or partial refund of fees in relation to a failed treatment.
- Remedial treatment from a dental professional, if there is mutual agreement.
- A contribution towards remedial treatment so that the work can be completed by another dental professional at the same practice or at an alternative practice.

Following the recent review of the DCS, we can now, on referral from the dental plan provider, impartially assist with complaints about private treatment provided as part of a dental plan.

Despite the 40% increase in enquiries we have seen in 2019, the number of enquiries becoming cases has continued to decline to an all-time low (13% in 2019). Additionally, the number of enquiries being resolved locally without formal intervention from us continues to be above 70%. This suggests that more people are finding and using our service to resolve their complaints early and locally. This is helped by our commitment to support all who contact us with advice on what to do or which organisations to contact to help resolve their complaints.

## 2.3 Case resolution time

Following initial advice to complainants, enquiries that fall within our remit are transferred to cases. This first stage is called the local resolution stage, where patients are advised to write to their dental professional outlining their complaint and detailing how they would like the matter resolved.

The tables below show the average resolution time in days for the three different resolution stages: local resolution, facilitated resolution and resolved at panel. For more information on these resolution stages visit the our [website](#).

**Table 1: Percentage of complaints resolved by local resolution and average resolution time 2015 to 2019**

	Average resolution time (days)	Percentage of complaints resolved at local resolution
2015	46	74%
2016	44	76%
2017	40	66%
2018	37	75%
2019	31	72.5%

**Table 2: Percentage of complaints resolved by facilitated resolution and average resolution time 2015 to 2019**

	Average resolution time (days)	Percentage of complaints resolved at facilitated resolution
2015	115	24%
2016	98	23%
2017	100	32%
2018	91	24%
2019	98	27%

**Table 3: Percentage of complaints resolved at panel by average resolution time 2015 to 2019**

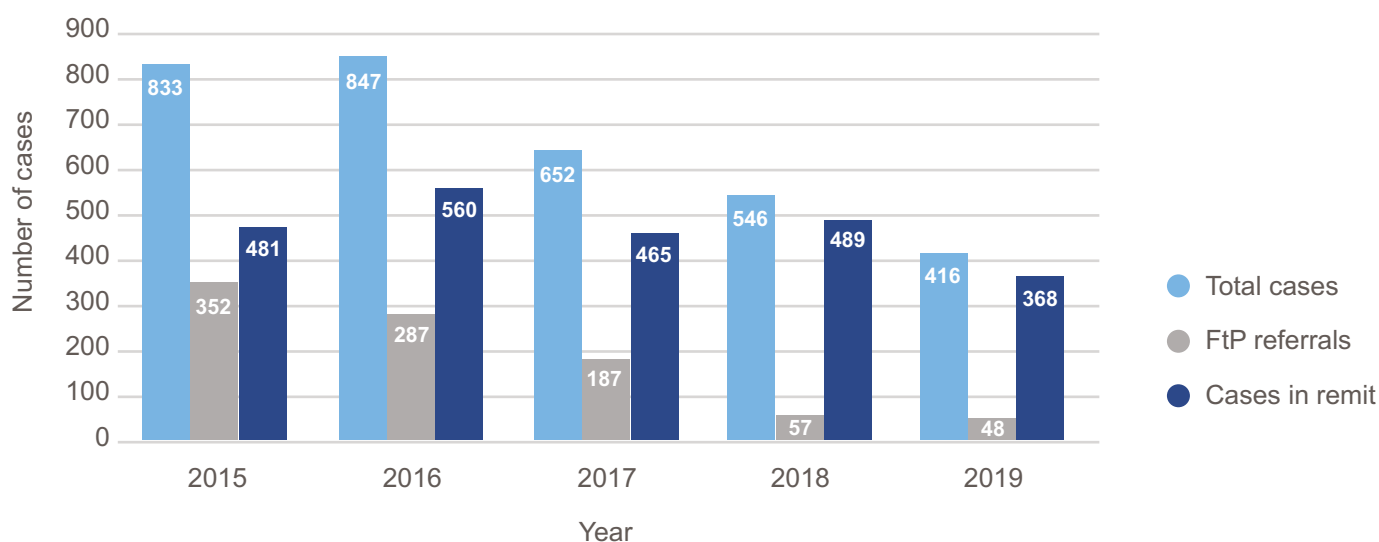
	Average resolution time (days)	Percentage of complaints resolved at panel
2015	244	2%
2016	313	1%
2017	212	2%
2018	211	1%
2019	192	0.5%

The number of complaints resolved at local resolution slightly dropped during 2019. This is due to the complex nature of a number of complaints needing facilitation. The facilitation stage is where the complaints officer contacts dental professionals and attempts to broker or mediate a resolution. They do this by discussing the complaint to reach an amicable resolution between parties. The rise in the number of cases needing facilitation predominantly related to practices that were experiencing internal difficulties and disputes, resulting in complaints not being responded to in a prompt or normal manner.

We held only two panel meetings in 2019, which demonstrates the effectiveness of the service to resolve matters locally for patients and dental professionals.

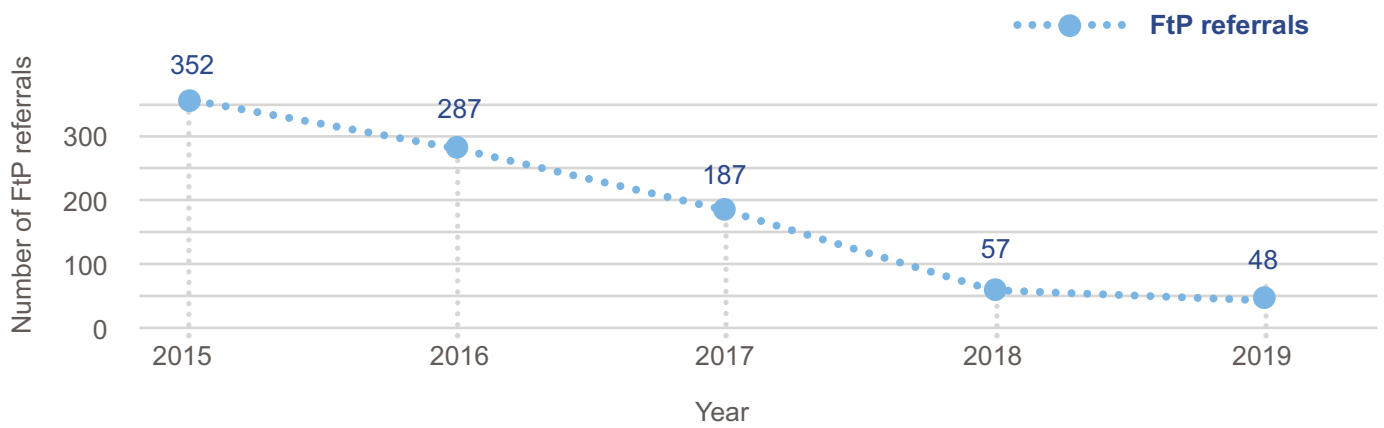
As can be seen from the graphs below, the total number of enquiries becoming cases has halved since 2015 (416, down from 833) and FtP referrals reduced to just a fraction of what it used to be (48, down from 352 in 2015).

**Graph 8: Total number of cases, FtP referrals and cases in remit 2015 to 2019**



This reduction is a result of our work to clearly delineate FtP and DCS cases through our review in 2017/18. There were 48 FtP referrals made in 2019, 1.51% of the total enquiries received in 2019 (3,158). Of these, 42 were subsequently moved forward to casework assessment for investigation with six closures. The number of FtP referrals were impacted by just three individual dental professionals who collectively accounted for 26 cases.

Graph 9: FtP referrals



In addition to the change to the FtP referral procedures, patients, where appropriate, are also now given the information they need to raise concerns directly with the GDC. This means cases can run concurrently and ensures that patients are given the necessary information to progress their complaint, as they feel necessary. It also means that only cases that are deemed high risk are referred by the DCS to the GDC.

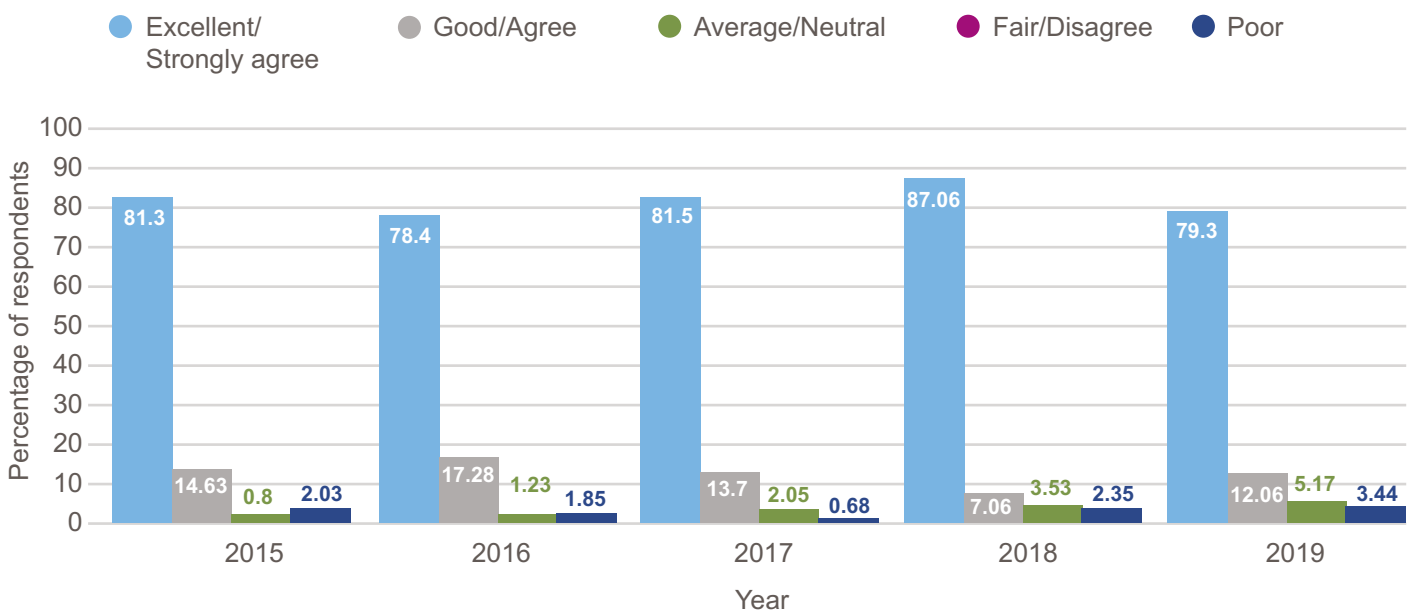
### 3. Customer service feedback

Customer service feedback is regularly sought from both patients and dental professionals at all stages of a case. The feedback we request is in relation to the service, timeliness, courtesy and the information provided by our team.

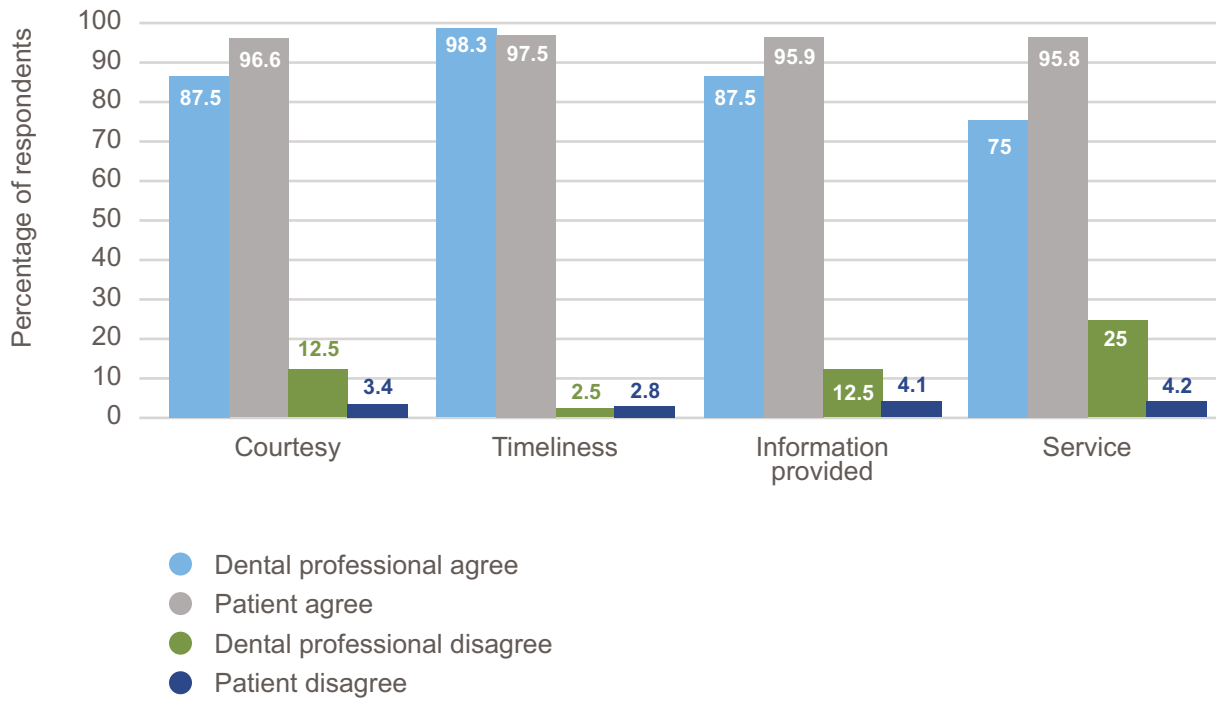
Graph 10 below highlights the collective feedback we received from patients and dental professionals from 2015 to 2019. The results have remained largely consistent year on year, with all feedback considered for service improvements.

Separately, we commissioned Customer Satisfaction UK, an independent specialist consultancy group, to undertake more comprehensive research to understand how helpful our service was to dental professionals and how dental professionals felt it could be improved. This research, which looked into cases received between October 2017 to February 2019, was concluded in the summer of 2019. The research found that, overall, dental professionals were satisfied with the service provided and were highly satisfied with the DCS’s management of the complaints process. It also found areas of improvement for us to consider. The report for this research will be published separately to this report and can be found on our website.

**Graph 10: Overall feedback on DCS from case participants 2015 to 2019**



Graph 11: 2019 Feedback in detail

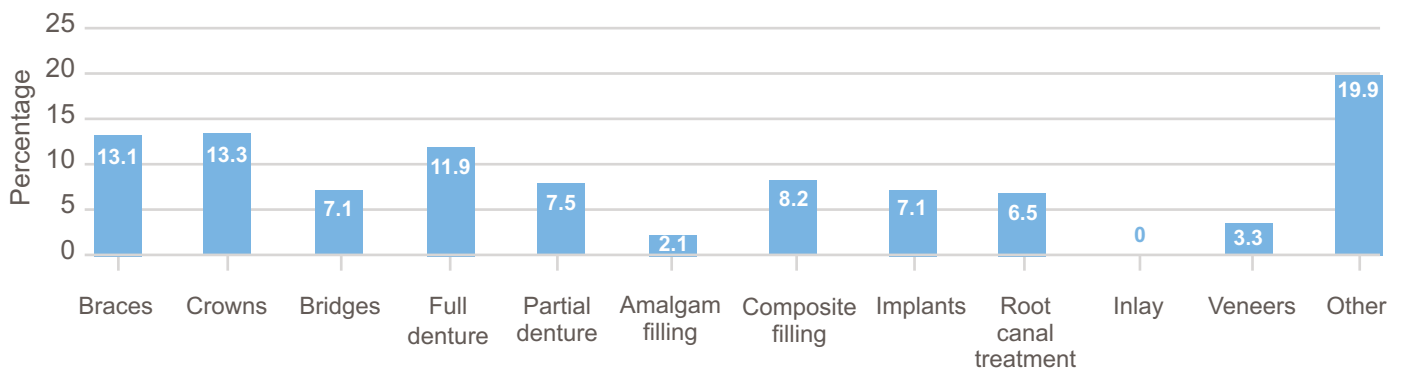


## 4. Complaint types

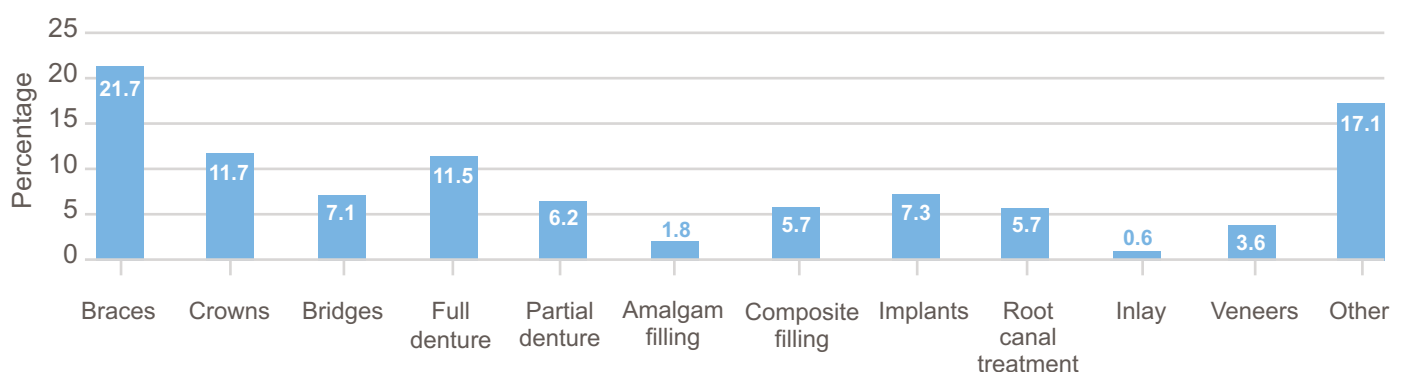
The most common issues raised by complainants were a perceived failure of treatment (85%). Other causes included inappropriate treatment (2%) and difficulty obtaining an appointment for treatment (1%).

A breakdown of the treatment types, relating to the complaints over the last five years, are indicated below. We received the highest number of complaints in relation to crowns. The second highest collectively were in relation to fixed braces and removable braces, with complaints regarding implants slightly decreasing during 2019. Complaints about partial or full dentures remains one of the biggest issues complained about throughout recent years, and 2019 was no exception.

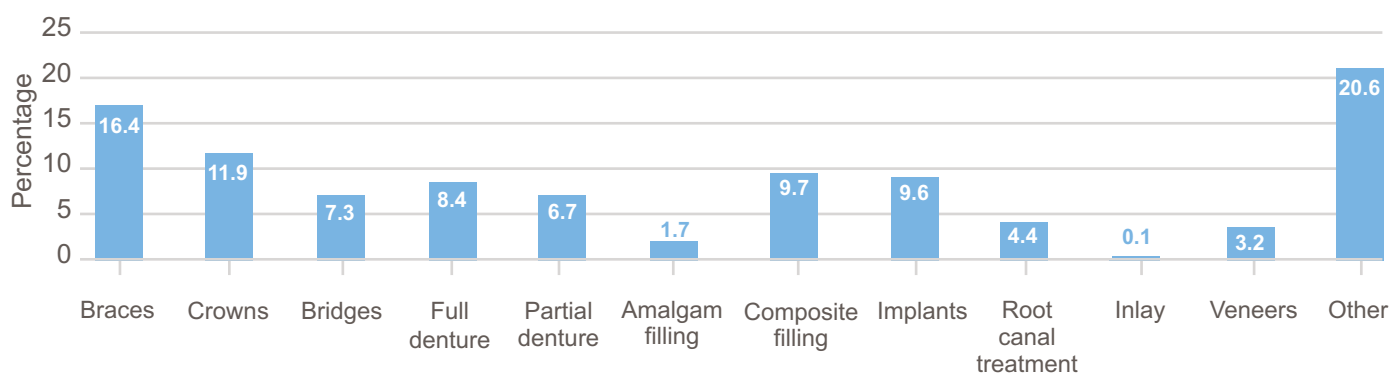
Graph 12: Treatment types 2015



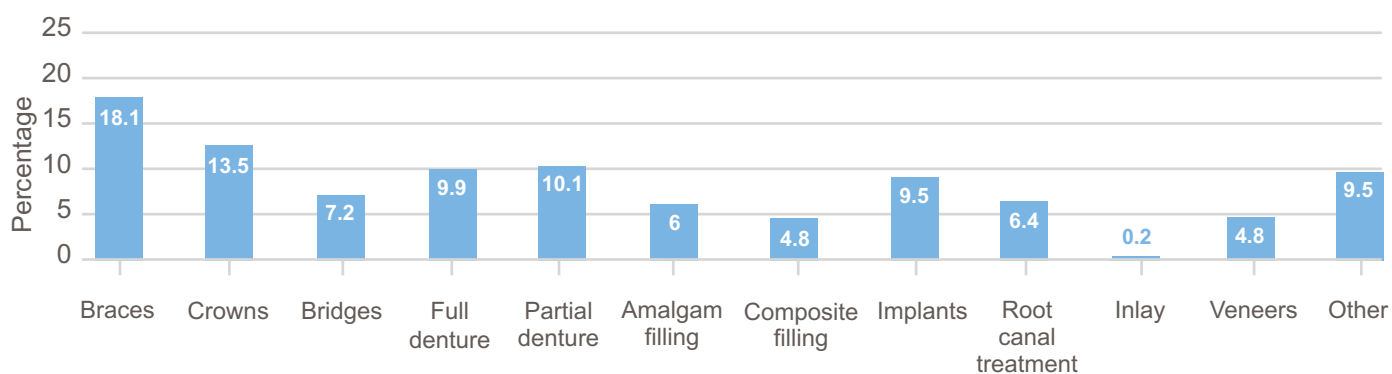
Graph 13: Treatment types 2016



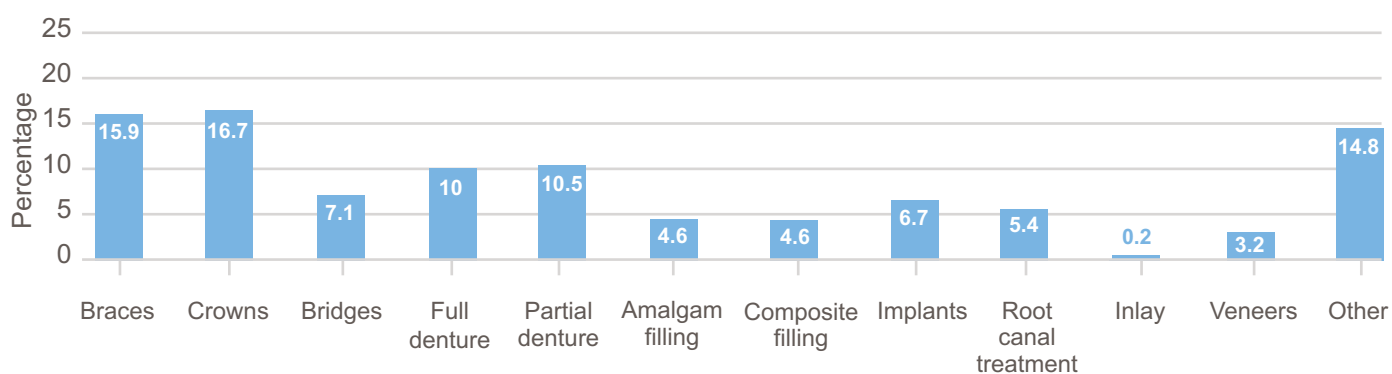
Graph 14: Treatment types 2017



Graph 15: Treatment types 2018



Graph 16: Treatment types 2019





## 5. Practices in difficulty

During 2019 we saw a small number of dental practices go through difficulties that sought our assistance. To assist these practices, and the patients that could be potentially affected, we engaged with the dental professionals at the practice to help resolve cases that had progressed to the facilitated resolution part of our process.

During 2019, we undertook much work in relation to managing patients' expectations on timeframes for resolving complaints and helping, where we could, to speed up the process. This included reaching out to and engaging with dental professionals who were no longer at the practices where they had treated the complainant, and therefore, were not aware of the complaint being made. We also directed patients to alternative means of resolution, where we were not able to assist any further.

## 6 Advice

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### Advice for dental professionals

Dental professionals, as the treating practitioners, are responsible for responding to patient complaints. This responsibility can be passed to someone within the practice, but overall responsibility for private dental treatment complaints rests with the treating practitioner. It is important to keep patients informed about complaints procedures and that feedback and compliments are welcome.

Good communication is the key to early resolution of complaints. We encourage practices to use, adopt, and utilise complaints procedures, and to always consider whether a discussion could help to resolve the issue. Many of the complaints seen by DCS have elements of miscommunication or misunderstanding, and good communication can help to resolve these issues.

### Advice for patients

All dental practices will have a complaints procedure in place, and will welcome feedback, complaints and compliments.

Patients with an issue or concern are encouraged to talk to the dental team, as this is usually the quickest and easiest way to resolve it. It is likely that the practice will be able to resolve it there and then. Alternatively, you could put your complaint to them in writing. Either way giving the dental team the earliest opportunity to resolve the issue is important and encouraged.

The DCS is here to help if local resolution is not possible, or not successful.

## 7. Case studies

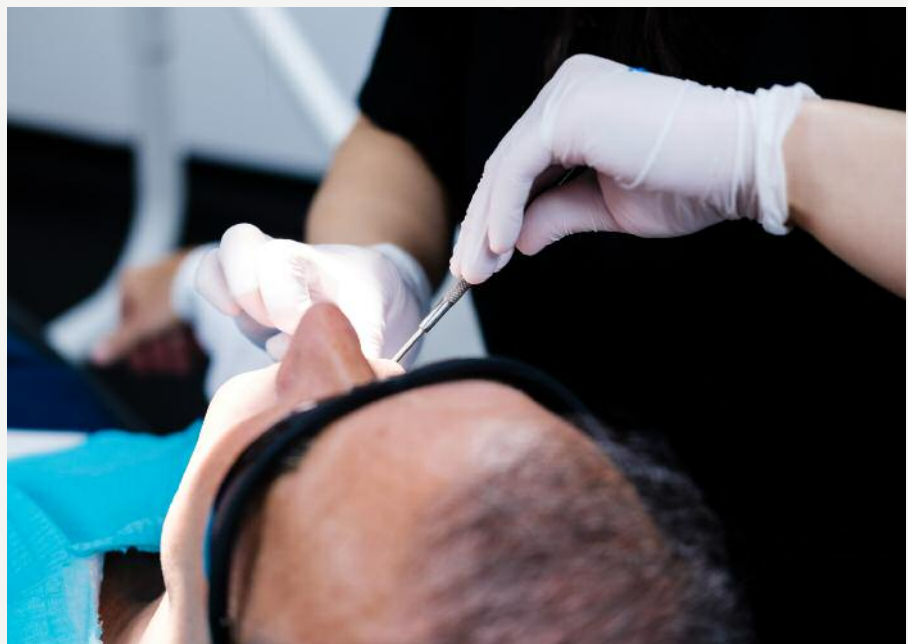
We have provided the following case studies to highlight the types of complaints that are raised with the DCS and the potential outcomes that can be reached.

### Case study 1: Facilitated resolution

#### The complaint

Citizens' Advice called us on behalf of a patient who had previously raised a complaint with us about a failed bridge. The case had been closed for over a year as the patient had not pursued the complaint. We learned, however, that it was the patient's personal and extenuating circumstances that prevented her from continuing to pursue the complaint. Due to this fact, we decided to reopen the case.

The patient had paid £1,000 for her treatment and was seeking a full refund for a failed bridge. The practice was offering to refund £350.



#### The outcome sought

A full refund of £1,000 for the cost of the treatment.

#### How the DCS assisted in resolving the complaint

After reopening the case, we advised the patient to write to the practice to set out her complaint in detail, explain the reason why it has taken her so long to bring the complaint, and to state the outcome she was seeking. We also advised that she ask for a response within 10 working days.

The dental practice did not respond to the complainant's letter and therefore we began the process for a facilitated resolution by contacting the practice ourselves. The practice subsequently agreed to respond to the patient's complaint, and within three days of our intervention, the practice responded with an offer. Considering the extenuating circumstances leading to a delay in making the complaint, the practice offered the patient a £800 refund. The patient was happy to accept this, and the case was closed.



## Case study 2: Local resolution

### The complaint

A patient complained to us regarding a crown that did not fit properly, was sharp at the back, and caused food to get stuck regularly. She said that the crown was not fit for purpose and wanted a full refund.

### The outcome sought

A full refund of £685 for the cost of the treatment.

### How the DCS assisted in resolving the complaint

We advised the patient to first write to the dental practice outlining the complaint and the outcome she wanted. The patient, unfortunately, contracted pneumonia shortly after contacting us and therefore could not write to the practice. The patient, nonetheless, managed to make an appointment with the practice to discuss the matter. At the meeting, the dental professional offered free remedial work which the patient accepted.

Complaint was resolved just over a month after it was received by us. The patient thanked the DCS for the advice and support we provided.

## Case study 3: Panel meeting

### The complaint

A patient complained to us about a set of dentures that did not fit well, requiring a number of adjustments to be made, and subsequently requiring a new lower denture. The patient wanted a full refund so the dentures could be purchased elsewhere. The practice, however, refused a refund and suggested that the patient contact the DCS if she was unhappy with the decision.

### The outcome sought

A full refund of £1,250 for the cost of the treatment.

### How the DCS assisted in resolving the complaint

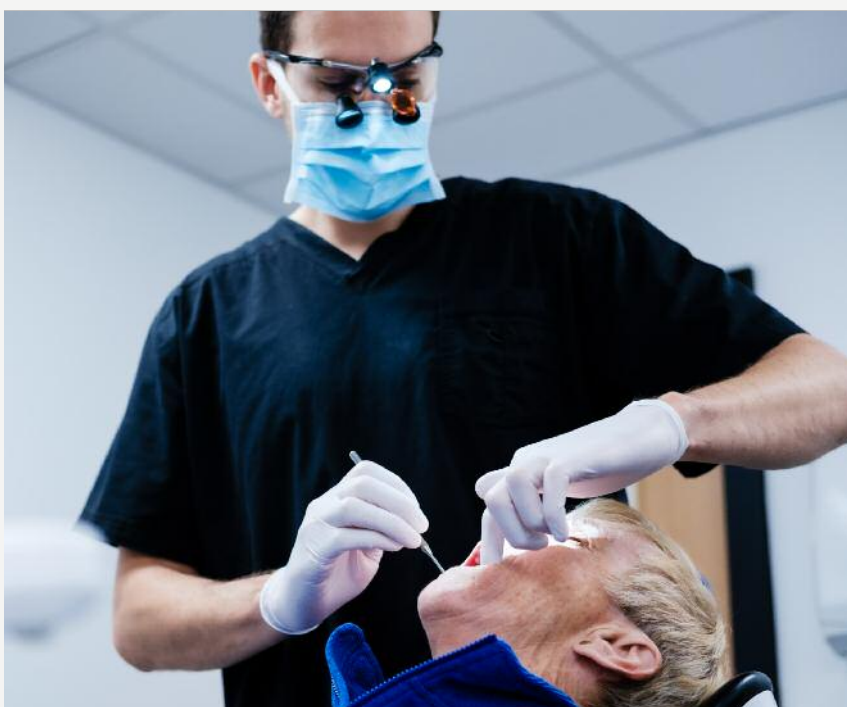
When the patient contacted us, we advised her to put her complaint in writing to the dental practice and provide us with copies of all correspondences. The practice responded to the patient's letter reiterating that they do not feel it was appropriate to issue a refund in these circumstances.

We then contacted the practice to see if we could facilitate a resolution. We listened to the dentist who explained the rationale for refusing a refund. Principally, that he had already made a second set of lower dentures free of charge for the patient. We asked if he could reconsider the complaint again with the help of his defence union, which he agreed to. However, we were soon contacted by the dentist who told us that he still considered it inappropriate to provide a refund because he believed the treatment plan was agreed by the patient, was carried out to a good standard, and that he had provided a replacement lower denture free of charge.

As the dispute continued without a resolution, it was agreed by all parties that the matter be escalated to a panel meeting; our last stage of the complaint resolution process.

At the meeting, the panel encouraged both parties to come to a mutual agreement. However, this was not successful. Therefore, based on the written correspondence provided prior to the meeting and the information given by both parties at the meeting, the panel made the recommendation that the dentist provide the patient a full refund of £1,250.

The dentist followed the panel's recommendation and provided the full refund.



## Case study 4: Enquiry

### The complaint

A patient who was provided with upper and lower implant retained dentures, at a cost of £15,000, was unhappy with the fitting. She returned to the practice for adjustments but remained unhappy with the fit. Starting to lose faith in the dentist, the patient called us to raise a complaint and to request a refund.

### The outcome sought

A full refund of £15,000 for the cost of the treatment.

### How the DCS assisted in resolving the complaint

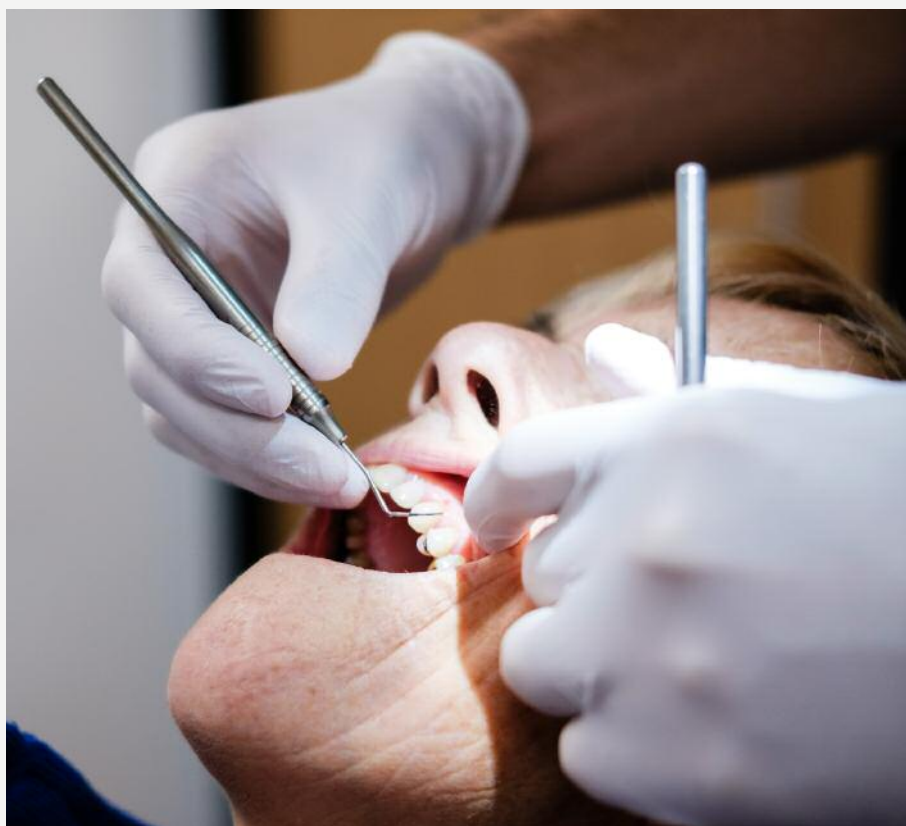
We advised that she should first raise her complaint directly with the practice and try resolving it with them. We also told her that she may not be reimbursed the full amount sought as not all the work done would amount to failed treatment. Furthermore, we advised the patient to check the treatment plan provided by the practice to see how the cost of treatment had been broken down. We also suggested that the patient may wish to contact the Oral Health Foundation (OHF) or the

Association of Dental Implantology (ADI) for advice, as it may be that the dentures needed time to settle, and therefore, what she was experiencing was normal.

Finally, we informed her that should she still be unhappy and unwilling to return to the dentist, she would need to obtain a professional second opinion to confirm what part of her treatment had failed, if anything.

The patient thanked us for the advice and she subsequently got in touch with OHF and ADI. She later informed us that the organisations confirmed that the dentures should settle in with time and that if they didn't, she should return to her dentist for adjustments.

We advised the patient that should she require further advice or remained unhappy, she could contact us again for further assistance. We did not receive further contact from the patient, and therefore, presumed the matter had been successfully resolved.



## Case study 5: Facilitated resolution

### The complaint

After about three months of a patient getting a crown fitted, the patient was told by a new dentist at the same practice, that the crown would need replacing. The patient believed this remedial treatment should be funded by the former dentist, who had since left the practice.

### The outcome sought

Remedial treatment to be funded by a dentist no longer at the practice.

### How the DCS assisted in resolving the complaint

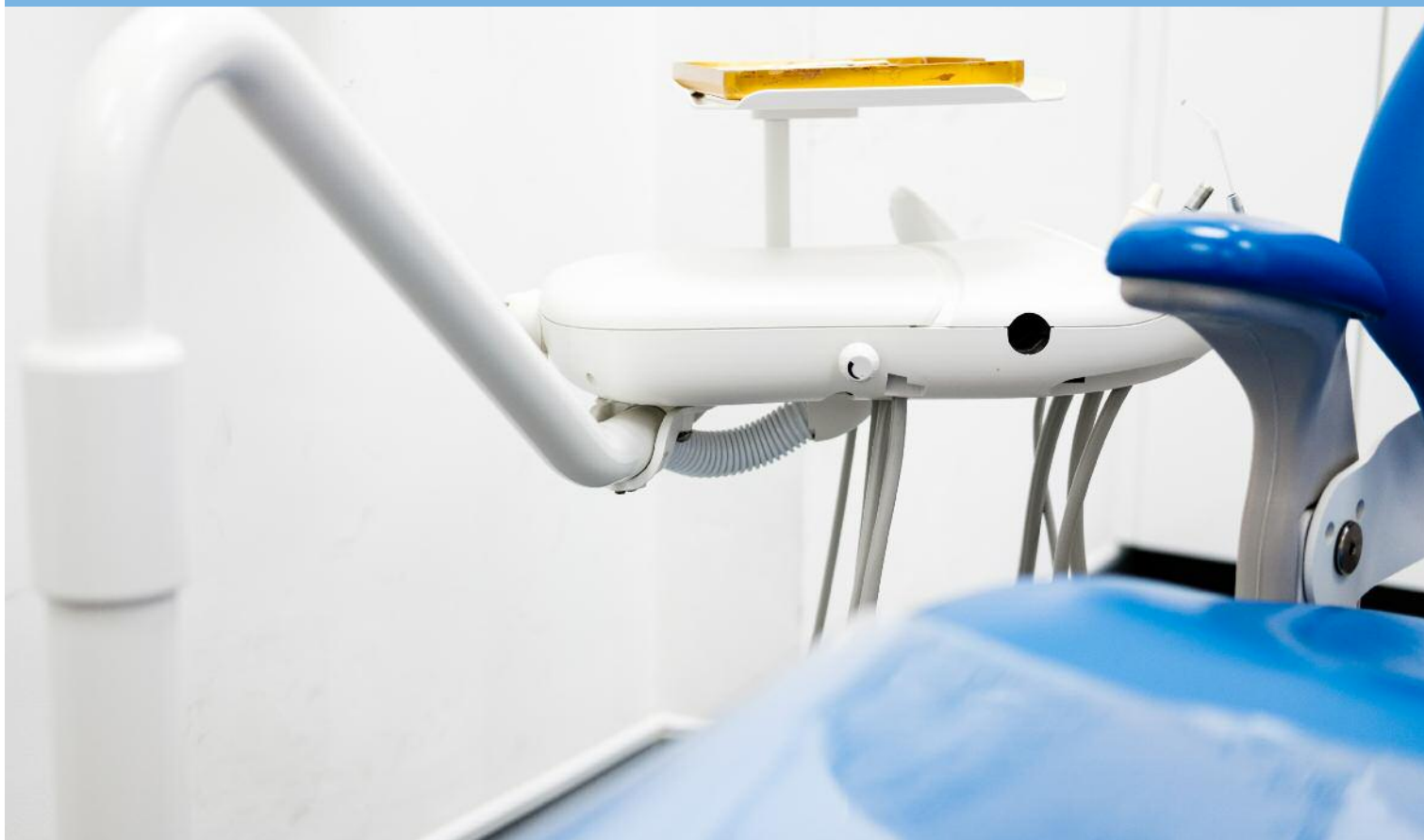
Upon our advice, the patient wrote to his former dentist setting out the complaint and the remedy desired. As 10 working days had passed, and the patient had not received a response from the dentist, we began the process for a facilitated resolution by contacting the dentist ourselves.

We were told by the dentist that he had requested a copy of the patient's records from the practice but had been refused. We advised the dentist to obtain the records with the help of his defence union.

On receipt of the records, the dentist reviewed the complaint and sought advice from his indemnifier. The dentist wrote to the patient and explained that, in his clinical opinion, he did not believe there was anything wrong with the crown, and therefore, it did not require replacing. To reassure the patient, he said that he would arrange an independent second opinion at no cost to the patient.

The patient told us that he wasn't sure what to do and felt the additional opinion may come from a friend of the dentist and may be biased. We reassured him that as a dental professional it is the dentist's responsibility to put the patient's interests first. The patient accepted the offer of a second opinion, after which, the patient decided to leave the practice and join the original treating dentist at his new practice.





## Case study 6: Attempted resolution

### The complaint

We received a large number of complaints from patients over a period of time, concerning high value treatment that had been paid for in advance, but were not completed nor payments reimbursed, before the practice was sold to new owners.

### The outcome sought

The patients wanted their treatment completed or to be given a refund.

### How the DCS assisted in resolving the complaint

Despite our efforts in trying to facilitate a resolution, there was a continued dispute about who was responsible for providing a remedy to the situation i.e. the professionals who had already left the practice, or the practice itself. As neither the treating dentist nor the principal dentist at the practice would take responsibility, we decided to refer the cases to the GDC for an investigation into the conduct of both dentists.

## 8. Working with our stakeholders

The DCS offers an impartial service to facilitate the resolution of private dental complaints. We seek to resolve issues in an even-handed way; we do not favour one party over another.

As part of our work and the ongoing efforts to improve our service, we conduct a wide range of activities with stakeholders to help them understand the work we do. We also seek to share our insights, such as the case studies above, to help dental professionals avoid circumstances arising whereby a third party has to become involved.

We believe it is crucial to work with our stakeholders to achieve the best possible outcome for both patients and dental professionals. In this section, we have shared feedback from some of our stakeholders, which highlight their experiences of working with the DCS.

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### Examples of feedback the DCS received:

#### Patients:

“I respected the fact that the complaints officer paid attention to the needs of both parties and was not in the habit of favouring either side. He was also personable and approachable, and I felt relaxed in our conversations.”

“The officer I spoke to was attentive and empathetic to my concerns. He was unbiased throughout the explanation of my complaint but was empathetic, concerned, and caring. I was very pleased with the advice and reassurance he gave me. It was very helpful.

“The time and the way the whole issue was resolved. It was unbelievable, because I personally thought it will take a long time to resolve even though the case was not that sensitive. I must say I am satisfied with the outcome.”

#### Dental Professionals:

“I liked the fact that the complaints officer gave me complete confidence with the service and information he provided, and I think that he could not have done any more than he did to achieve the desired outcome.”

“A quicker resolution would have been better, but I don’t think it’s the DCS’ fault.”

“I received impartial advice and courteous manner. It only required one call and the complaint was dealt within surgery, which is the correct protocol.”

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## Wider stakeholders:



### **Raj Rattan, Dental Director – Dental Protection**

“The Dental Complaints Service plays a key role in the regulatory landscape of dentistry. The importance of local resolution of complaints cannot be understated and is an important facet of risk management. The DCS is to be commended for its part in facilitating this process which helps to contain the risk of escalation. Those who engage with the DCS must believe in its impartiality; its intent and actions must therefore continue to demonstrate its operational independence from the GDC.”



### **Aubrey Craig, Head of Dental Division- MDDUS**

“The MDDUS recognises and applauds the excellent efforts and continued hard work of the DCS. The DCS provides an invaluable service and its efforts must continue both in terms of sitting independent from the GDC as well as its impartiality. The report highlights the importance of local resolution as the first step to successful complaint management.”



### **John Makin, Head of the DDU – Dental Defence Union**

“The DDU acknowledges the continued good work of the Dental Complaints Service, in particular its efforts to signpost complainants to practice local resolution procedures. For the Service to continue to gain the confidence of both the profession and the public, it is important that it is seen to act both independently and impartially and to be considered and proportionate in its assessment of the comparatively rare cases when an onward referral to the GDC’s FtP process may be appropriate.”



### **Sue Boynton Independent Dentolegal Consultant**

“The DCS plays an important role in assisting dentists and patients to resolve complaints – be that by signposting to local resolution or by facilitating resolution. What cannot be demonstrated in the DCS data and the Annual Report is the number of patients who land on the DCS website and become aware that they can take their complaint directly to their dentist for local resolution.

The fact that the DCS is listening to dental professionals and to patients and continuing to develop the service is to be welcomed.”



### **Martin Skipper Head of Policy**

“The LDC Confederation welcomes the renewed efforts of the DCS to ensure, wherever possible, that dental complaints are resolved locally between patients and practices. Encouraging local resolution, rather than relying on the GDC’s Fitness to Practise process is progress to be welcomed.”



**Alison Lockyer chair of the BDA's Education, Ethics and the Dental Team**

“The DCS was set up originally with the support from the BDA and across the profession as a positive force to deal with issues that would otherwise have had no route other than the GDC's formal processes. We are pleased to see good leadership within the DCS and continuing improvement in terms of timeliness, service and processes which have seen FtP referrals from the DCS decline substantially.”



**Indemnity**

**Len D'Cruz Senior Dento-legal Advisor**

“Dentists endeavour to deliver the best care they can and are naturally distressed if they receive complaints about their dental treatment or service. They can look to the DCS to deal fairly, efficiently and professionally with complaints made by patients to allow both parties to come to a sensible solution.”

## 10. Message from John Cullinane



In many ways 2019 has been a year of consolidation for the DCS. The team have established themselves in their new location, operational performance has improved alongside a marked increase in the total number of enquiries we have received, registrant feedback has indicated broad satisfaction with the service overall, and we continue to develop our stakeholder engagement. All of this gives us a strong platform from which to move forward as we respond to the broader assessment of complaint handling across the sector.

The DCS Review has been taking place since 2017. The first phase of the DCS Review identified alternative complaints resolution models. While we intend to assess these models to identify potential gaps that could be fulfilled by the service, we do not currently have a timescale to complete this given the limitations on the dental profession, patients and ourselves as a result of COVID-19.

There has, however, been some cause for concern. We have seen a small number of occasions where an individual or organisation has generated large volumes of complaints that they have then been unwilling or unable to deal with. Some of these appear to be linked to evolving models of delivering dentistry and there seems to be clear gaps between expectations of patients and their experience.

This is not something that we can address alone, and we are reaching out to other stakeholders and enforcement bodies when necessary to prevent further incidents as well as seeking a positive outcome for patients wherever possible.

Looking forward, providing a clear, accessible and effective service in the face of an increasingly complex and rapidly changing landscape in how dentistry is delivered will be our greatest priority.

We will achieve this by challenging ourselves in terms of the services we provide and how we provide it, adapting as necessary so that we can continue to assist in resolving complaints fairly, efficiently and impartially.

A handwritten signature in black ink, appearing to read 'John Cullinane', written in a cursive style.

**John Cullinane**

Acting Executive Director Fitness to Practise, Transition, General Dental Council

**Dental Complaints Service, Review 2019**

**37 Wimple Street  
London  
W1G 8DG  
020 8253 0800**