



Review

2021-2022

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1. Foreword

by Michelle Williams, Head of Operations, Dental Complaints Service

I would like to begin by expressing my gratitude to my colleagues at the Dental Complaints Service (DCS) for their dedication and professionalism throughout a challenging two years. 2021 was one of the busiest years since the DCS was formed in 2006 and the team rose to the challenge, continuing to provide a high level of service to those who contacted us in need of assistance in resolving a complaint in relation to their private dental care.

In 2021, we received a total of 4,468 enquiries – a 42% increase on 2020. 692 of these enquiries fell within our remit, which is the highest number of cases we have assisted with in a single year since 2016, which represents a 17% rise in caseload from 2020.



We received 2.4% fewer enquiries in 2022, at 4,358 with 639 of these being within our remit.

With such high levels of enquiries and caseload, it is very encouraging that our enquiry response rate remained so high (97% within our service level target of two working days in 2021, and 96% in 2022). It is also encouraging that, even though the numbers of cases being resolved at the local and facilitated stages grew, we were able to reduce the time it took to reach resolution.

Both years saw several themes emerge as significant drivers of complaints. We provide some detail in relation to these, and advice for dental professionals in how to avoid problems, in the report below (see sections six and seven).

While we saw some deterioration in the average case resolution time at panel meeting stage, we believe this was a short-term issue caused by ongoing factors relating to COVID-19. While it is essential to be able to call upon the panel meeting stage when needed, the number of cases that run that far remains very low – just 1% in 2021 and 0.3% in 2022 – this gives us great confidence that the system is working well, fulfilling our aim to resolve complaints at the earliest possible stage.

Many of these challenges persist and new ones will emerge. I'm confident that the DCS team will maintain its high level of performance, providing its vital services in the interest of patients and professionals alike.

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

Michelle Williams

Head of Operations, Dental Complaints Service

2. About the Dental Complaints Service

The DCS was introduced in 2006 to fulfil an unmet demand in the UK for complaints resolution in private dental care. While this type of service already existed for NHS treatment, there was no recourse for private dentistry patients until the DCS was established. We have been providing free and impartial complaints resolution for private dental patients ever since.

Although we are funded by the General Dental Council (GDC) and accountable to its Council, the DCS is run at arm's length from the regulator.

We are able to support complaint resolution where:

- the complaint is in relation to private dental care received in the UK,
- the complaint relates to treatment that took place within the last 12 months,
- or the complaint relates to a problem the patient became aware of within the last 12 months.

On referral from dental plan providers we can also assist with complaints about private treatment provided as part of a dental plan.

Although these are the criteria we apply when making a decision about whether a complaint falls within our remit, where we receive enquiries about issues which fall outside of our remit, we provide advice about the best place to raise the complaint.

Outcomes that are commonly sought, and that we may be able to assist in achieving, include:

- An explanation and/or apology for what happened.
- A full or partial refund in relation to a failed treatment.
- Remedial treatment from the 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 or alternative practice.

On occasion, we receive information which represents a serious risk to patient safety, or which could undermine public confidence in dental professions. Where appropriate, this is referred to the GDC for a fitness to practise investigation. Depending on the precise nature of the issue, these instances will either be closed as a DCS case or the DCS case will run alongside the fitness to practise investigation. We have taken significant steps to ensure that only appropriate issues are referred to fitness to practise and we provide further information about this in section 3.

3. Performance Data

2021 in numbers



4,468
enquiries,
up **42%** on 2020



84%
not within
DCS remit



228 days
average panel meeting
case resolution time,
a **14%** increase
(28 days) on 2020



97%
of new enquiries
responded to within two
working days



41 days
average local case
resolution time, a
15% reduction (7 days)
on 2020



29
fitness to practise
referrals in 2021,
down by **84%** over the
last five years



692
new cases
(enquiries within
the DCS remit)



97 days
average facilitated
case resolution time,
a **14%** reduction
(16 days) on 2020



87%
of cases were resolved
within 90 days, above
the target of **80%**

2022 in numbers



4,358

enquiries,
down **2.4%**
on 2021



85%

signposted to
other organisations,
an increase of **1%**



432 days

average panel meeting
case resolution time,
a **89%** increase
(228 days) on 2021



96%

of new enquiries
responded to within
two working days



47 days

average local
case resolution time,
a **14.6%** increase
(6 days) on 2021



29

fitness to practise
referrals in 2022,
down by **49%** over the
last five years



639

new cases (enquiries
within the DCS remit),
8% less than in 2021



114 days

average facilitated
case resolution time,
a **17.5%** increase
(97 days) on 2021



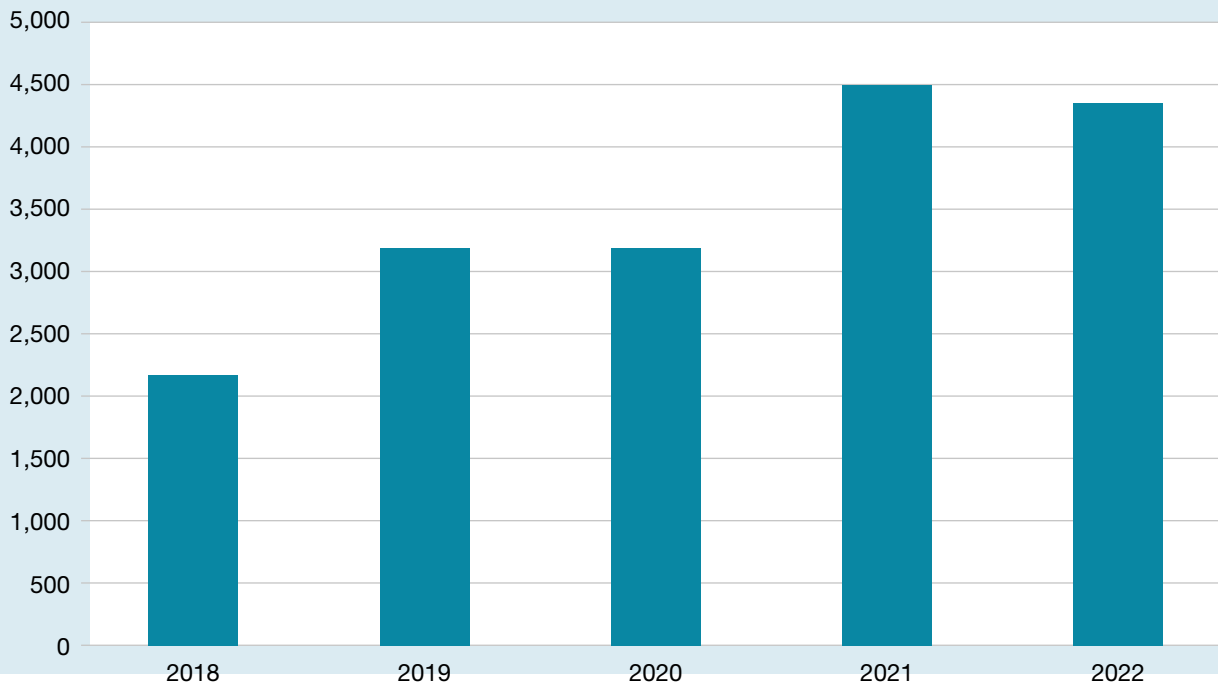
74%

of cases were resolved
within **90** days, below
the target of **80%**

Enquiries performance

We saw a significant increase on the previous year in the number of enquiries received in 2021. A total of 4,468 new enquiries were received in 2021, representing a 41% increase on 2020. 4,358 new enquiries were received in 2022, a slight fall of 2.4%.

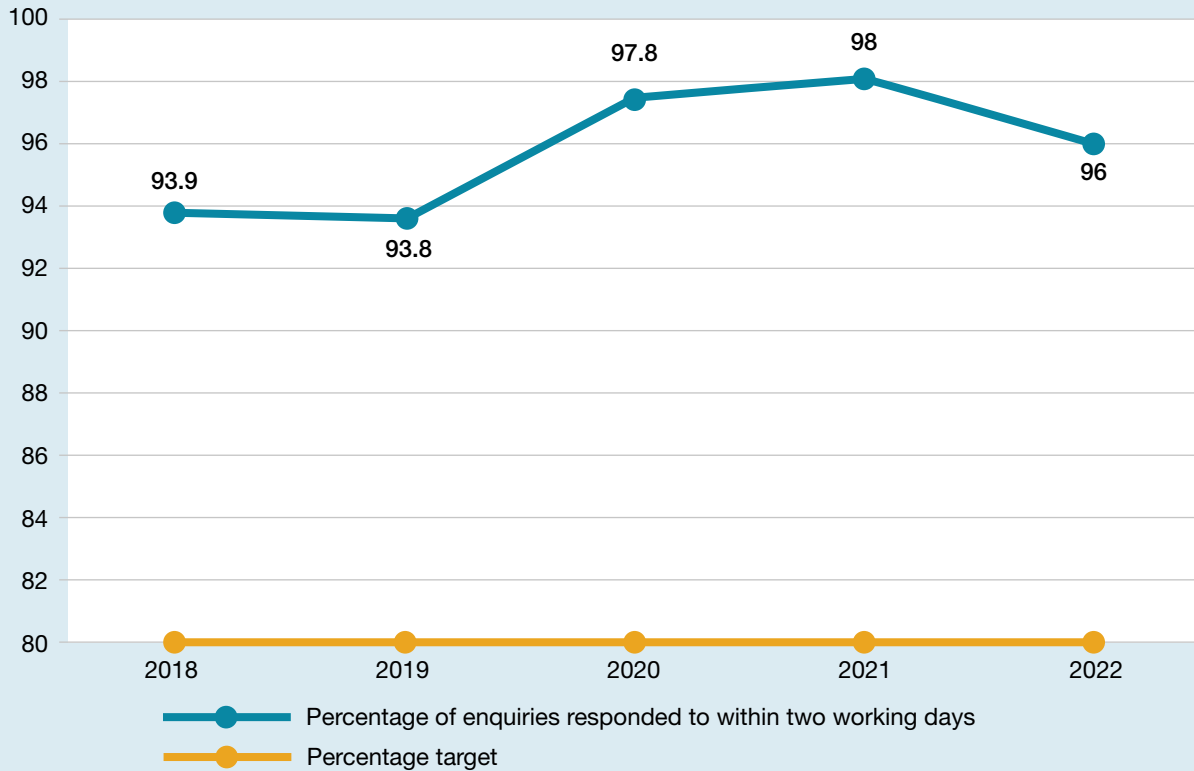
Figure 1: Total enquiries received, 2018 – 2022



We aim to respond to at least 80% of enquiries within two working days. In 2021, we responded to 97% of new enquiries within this time. This is a decrease of 1% compared to 2020, showing that performance remained at a very high level, despite the increase of enquiries received during the year. We responded to 96% of new enquiries within two working days in 2022.

Identifying the sustained increase in enquiries, we made changes to our operational processes which improved efficiency and enabled us to maintain this high level of performance over the past two years.

Figure 2: Responding to enquiries within two working days, 2018 – 2022



Enquiries within and outside our remit

When an enquiry is received by the DCS, the first step is to establish whether the complaint falls within the remit of DCS, which is to support complaint resolution where:

- the complaint is in relation to private dental care received in the UK,
- the complaint relates to treatment that took place within the last 12 months,
- or the complaint relates to a problem the patient became aware of within the last 12 months.

Where enquiries fall outside our remit, we provide advice about the best place to raise the complaint.

In 2021, 84% of enquires fell outside of the DCS remit. While the majority of these related to different aspects of private dental care¹, a significant proportion (29% of enquiries) related to NHS dental care provided in England.

In 2021, we saw another rise in the number of enquiries becoming full DCS cases (692), which was up 17% on the 2020 caseload (590).

These trends continued in 2022, when 85% of enquiries fell outside of the DCS remit. A significant proportion (24.5%) of these relate to NHS dental care in England. The DCS website has been updated to better signpost enquiries and we have focused some staff time on managing such enquiries.

¹ Of enquiries raised relating to different aspects of private dental care, patients commonly sought clinical advice, independent legal advice, and guidance on how to complain locally. In these cases, patients were appropriately advised and signposted to relevant organisations.

Case resolution performance – the three stages of a DCS case

Once we have established that an enquiry falls within our remit and we have given the patient initial advice, if the patient would like further DCS assistance the enquiry becomes a DCS case.

There are three stages of case management towards final resolution. The three stages are:

- Local resolution
- Facilitation
- Panel meeting

Local resolution stage

Once an enquiry becomes a DCS case, patients are advised to write to their dental professional outlining their complaint and setting out how they would like the matter resolved. After 10 working days, or in line with the practice complaints policy, the DCS contacts the patient to see if the matter has been resolved. If the patient has received a response and a satisfactory outcome has been reached, the DCS case is closed.

In 2021 and 2022, between 74% and 75% of total cases were resolved locally without the need for more formal involvement from the DCS. If a solution can be found at this stage, this is the best, quickest outcome for all parties and reflects a high level of recognition amongst dental professionals in the value of engaging with patient complaints and seeking to resolve issues locally.

In 2021, the total DCS caseload increased by 23%, while the resolution time at the local stage reduced by 15% (seven days). This improvement was predominantly driven by a process change which enabled more experienced members of the team to focus on progressing casework. Local resolution times increased by 14.6% (6 days) in 2022, exacerbated by difficulties in establishing the treating registrant for a large number of enquiries related to a single practice.

Table 1: Local resolution of complaints, 2018 – 2022

	Total number of cases resolved	Total number of cases resolved at local resolution	Average resolution time (Days)	Percentage of complaints resolved at Local Resolution
2018	483	369	37	76.4%
2019	367	260	31	70.8%
2020	539	424	48	78.7%
2021	576	446	41	77.4%
2022	679	507	47	74.6%

Facilitation stage

If a patient has not received a response to their complaint within 10 working days or in line with the practice complaints procedure, or they are not satisfied with the response they have received, the DCS contacts the dental professional to impartially facilitate a resolution. The complaint is discussed with both parties with the aim of reaching an agreed outcome.

In 2021, the total DCS caseload increased by 23%, while the resolution time at the facilitated stage reduced by 14% (a 16 day reduction from 113 days to 97). This improvement was predominantly driven by a process change which enabled more experienced members of the team to focus on progressing casework. 2022 saw the resolution time at the facilitated stage increase by 17.5% (to 114 days), largely a result of staff shortages in the DCS team due to long-term illness and more cases requiring facilitation rather than local resolution.

Table 2: Facilitated resolution of complaints, 2018 – 2022

	Total number of cases resolved	Total number of cases resolved at facilitation	Average resolution time (Days)	Percentage of complaints resolved at Facilitated Resolution
2018	483	108	91	22.4%
2019	367	105	98	28.6%
2020	539	114	113	21.2%
2021	576	124	97	21.5%
2022	697	188	114	27.6%

Panel meeting stage

In a small number of cases, we are unable to resolve a complaint at the facilitated resolution stage. In these instances, the case progresses to the panel meeting stage, at which the patient and the dental professional meet – either in person or remotely – with three trained DCS panellists who listen to both parties and attempt to facilitate an agreeable outcome.

If the panel is unable to facilitate an agreeable outcome, they can recommend a resolution which may include a full or partial refund, a contribution towards remedial treatment up to the same value or advise that there is no complaint to answer.

We held six panel meetings in 2021. Although this represents the highest number since 2018, this still only accounts for 1% of all complaints resolved in 2021, highlighting the success of the local and facilitated resolution stages. The average resolution time for panel meetings increased by 14% (28 days) on the previous year. This was largely caused by challenges relating to dental professionals' availability, which was limited due to the large patient backlog caused by COVID-19.

We held two panels in 2022, indicating a return to normal volumes. There was however a significant delay in one panel being held due to the patient's ill health, which has contributed to a significant increase in the average resolution time.

Table 3: Complaints resolved at panel meeting, 2018 – 2022

	Total number of cases resolved	Total number of cases resolved at panel	Average resolution time (Days)	Percentage of complaints resolved at Panel
2018	483	6	211	1.2%
2019	367	2	192	0.5 %
2020	539	1	200	0.2%
2021	576	6	228	1%
2022	697	2	432	0.2%

Fitness to practise referrals

On occasion, the DCS receives information from a patient that suggests that there might be a serious concern about a dental professional, which warrants referral to the GDC's fitness to practise process. Examples of this type of issue could include significant harm, serious clinical issues, criminal conduct, health issues, scope of practice issues and cross-infection concerns.

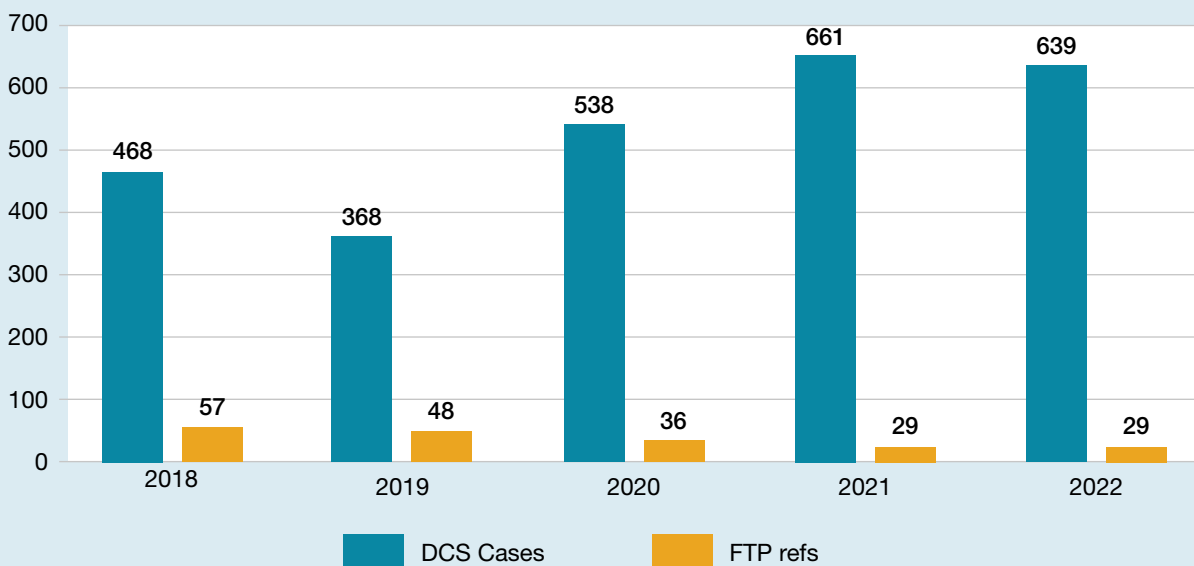
At one time, the number of DCS fitness to practise referrals was relatively high. A review of our processes in 2017/18 resulted in the introduction of clearer referral procedures which aim to ensure that only serious cases are referred to fitness to practise.

We have worked hard to continually improve how we work in this area and, as figure 7 below illustrates, 2021 saw the lowest annual number of referrals (29) since the DCS was created, which represents an 84% reduction since 2017.

The number of referrals repeated in 2022, when there were 29 referrals to FTP, 0.66% of the total enquiries received (4,358) by the DCS. One of these referrals consisted of 70 cases relating to a single practice and five registrants.

DCS also referred three matters to the GDC's Illegal Practice team in 2022, in line with numbers in previous years. The referrals related to the undertaking of treatment by a suspended dentist.

Figure 3 – Number of fitness to practise referrals compared to DCS case load, 2018 – 2022



4. Service user feedback

We seek customer service feedback from both patients and dental professionals at every stage of the cases we handle.

The proportion of feedback we receive from dental professionals remains substantially lower than that received from patients. Only six feedback forms were returned by dental professionals in 2021 and 10 in 2022, which does not provide a sufficient dataset for us to analyse and report on.

This level of feedback is however consistent with previous years. To ensure we understood professionals' experiences of the DCS, we commissioned an independent survey in 2019 which found that, overall, dental professionals who had recently used the DCS were satisfied with the service. [The full report is available on the DCS website.](#)

Between 2017 and 2020 we sought feedback from patients in relation to the service, courtesy and information provided by our team. That feedback was consistently positive in the vast majority of cases.

In 2021, we updated the feedback questions to seek patients' views on three areas of our work:

- The clarity of our communication.
- Whether patients were treated with respect.
- The support that was provided.

Overall in 2021, 93% of respondents were either very satisfied or satisfied with the service they received. This proportion reduced in 2022 to 87%.



5. Complaints by treatment type

More than three out of every four (78%) complaints received related to a perceived failure of treatment (78% in 2021 and 81% in 2022). Access to care was the second highest reason in both years (6%). Figure 9 provides a breakdown of the most common treatment types that those complaints related to.

In 2021, the most common type of treatment complained about was removable braces (17%). In 2022, the most common treatment complaint related to composite bonding (22%), an increase from 18% in 2021.

For the first time, in 2022, complaints relating to direct-to-consumer orthodontics made it into the top 10 most complained about treatment types with a total of 17 complaints (3%), almost triple the amount in 2021 (6).

Figure 4: 2021 DCS cases, by treatment type (percentage)

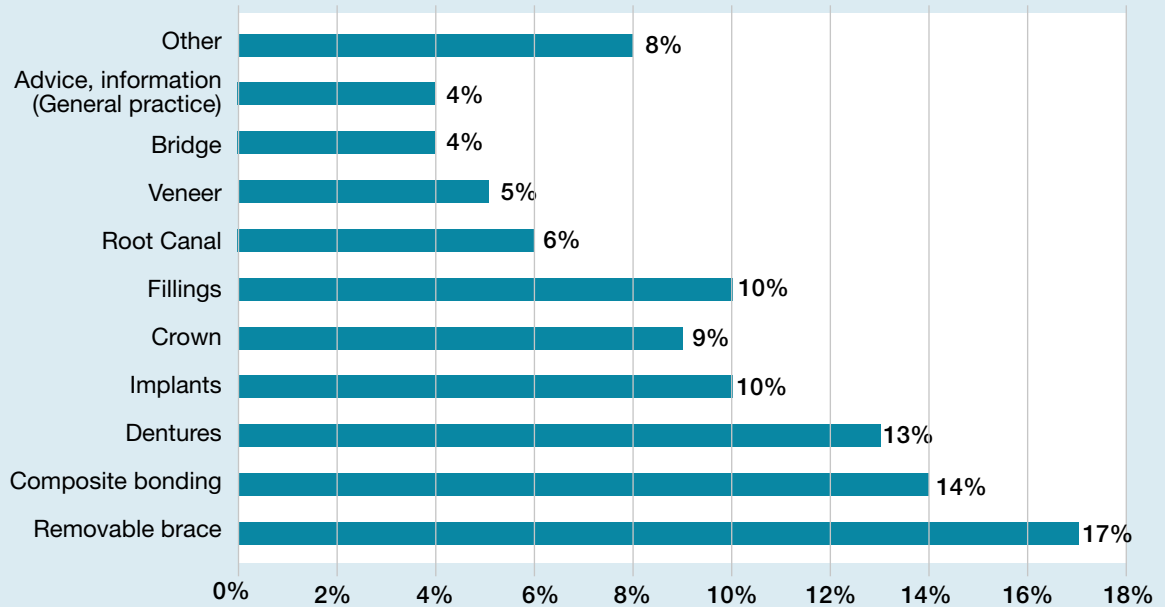
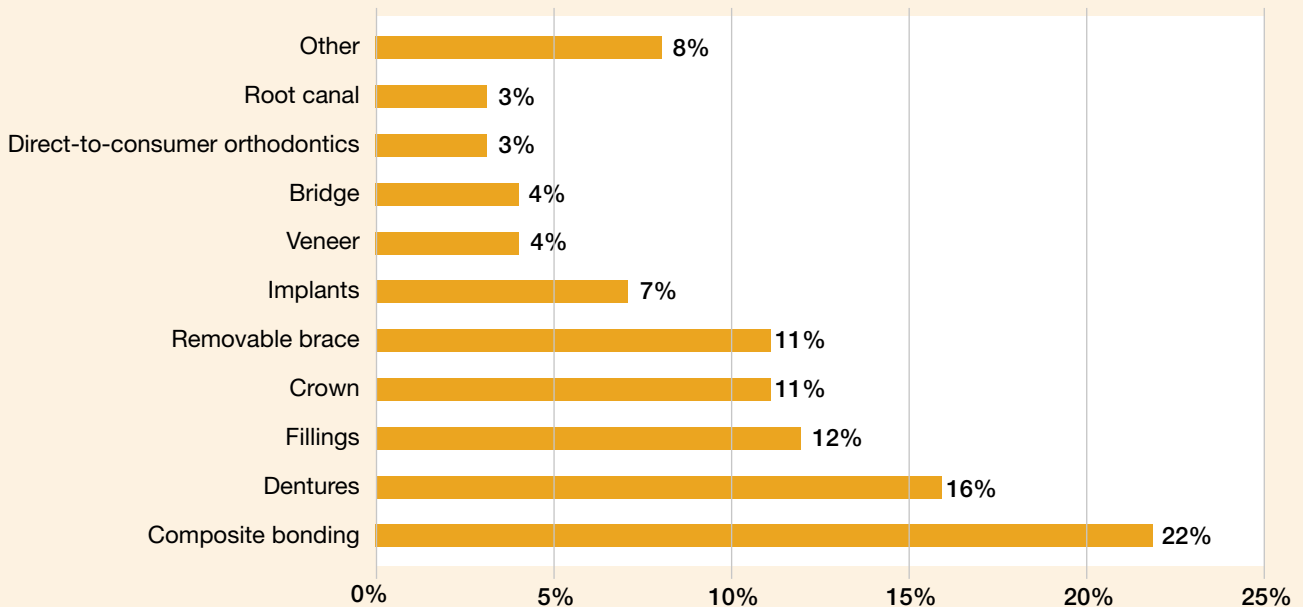


Figure 5: 2022 DCS cases, by treatment type (percentage)



6. Themes driving complaints

As detailed above, more than three out of every four complaints in 2021 and 2022 related to a perceived failure of treatment. However, within those complaints we have once again seen several themes emerge as factors in driving significant complaint numbers.

In 2021 and 2022 we saw a large number of complaints in relation to one organisation advertising composite bonding online and taking payments in advance of any oral examination taking place. In addition to patients who experienced problems accessing the treatment, we saw post-treatment issues relating to the care patients have received and dissatisfaction with the outcome. Once again, this underlines the importance of thorough patient examinations, treatment planning and patient dialogue in advance of agreeing treatment plans and taking payment.



Following the collapse of a dental body corporate in early 2020 which left many patients unable to start or complete their treatment, we continue to see issues related to the corporate structure of dental practices featuring in a significant number of complaints. Dental professionals working in some structures can find themselves in

situations which challenge their ability to meet what's required of them in terms of complaint handling or the GDC's Standards for the Dental Team, which can lead to complaints.

In these circumstances, we have worked with the Insolvency Service to advise patients on raising concerns regarding directors or where they feel they have been misled by a company.

We continue to see a rise in the number of patients complaining about treatment involving direct-to-consumer orthodontics. The GDC provided guidance about this to [professionals](#) and [patients](#) which, amongst other things, makes clear that treatment should only take place after an in-person clinical oral examination has taken place. In addition, patients must have direct interaction with their dental professional to support informed consent and they must also know the name of their treating dentist.

A further trend in the past two years, in some cases, has been dental professionals not following the recommendations of a panel, despite advice from their indemnifier to do so. As a result, the patients have had to seek independent legal advice in order to resolve their complaint, making it more difficult for resolution to be achieved by the patient and the DCS.

7. Minimising issues and achieving the best complaint outcomes

Through our work, we have built a good understanding of what reduces the risk of problems arising in the first place, and the factors that are likely to lead to the best outcomes when complaints are made. We would advise all dental professionals of the following:

- Let your patients know that you have a professional complaints procedure and that you also welcome feedback, both positive as well as areas for potential improvement.
- Good communication is the key to early resolution of complaints. Use your complaints procedure and consider whether a discussion could help to resolve the issue. Many of the complaints we see have elements of miscommunication or misunderstanding, and a direct discussion can often help to resolve these.
- It is important to manage a patient's treatment expectations. A comprehensive treatment plan should detail cost, who will be completing the treatment, the limitations of treatment or an explanation of why a treatment cannot meet the expectations expressed, any long-term commitments such as financial aspects of retention treatment and an explanation of any necessary review appointments.
- We have needed to make a small number of referrals to the GDC because professionals have chosen not to engage in local resolution, either with the patient directly or with the DCS. This has led to simple complaints unnecessarily becoming fitness to practise issues, and so we advise all professionals to engage with the DCS when we are trying to support a complaint resolution.
- When you receive a complaint, your indemnifier advises that you contact them for advice on the best way to proceed. Getting advice early is likely to help you in resolving issues quickly and proportionately.
- Always follow the GDC's [guidance on advertising](#) and ensure you have the capacity to provide the treatment being offered, within good time and to a good standard. No payment should be taken for treatment from patients until they have been examined to ensure they are suitable for the proposed treatment.



8. Case studies – useful reflections for dental professionals

Poor communication with patients can result in unnecessary escalation

Outcome for patient: full refund

After seeing an advertisement on social media, the patient contacted the practice and was told they needed to pay for the treatment before an appointment could be made. The patient paid £1,950 and was given an appointment with a dentist for a time five months in the future. One month after payment, the patient decided to cancel the treatment and was told a refund would be issued within 21 days. No refund materialised and the patient made significant attempts to contact the practice, all without success. Three months after cancelling the treatment, the patient contacted the DCS for assistance.

The patient had no contact details for the dentist. We emailed the practice on behalf of the patient to outline what had happened and to seek a refund. The dentist acknowledged the email and said they would investigate within one week. Despite our subsequent attempts on behalf of the patient to contact the dentist, no response was received and five months after payment was taken, the matter had moved to facilitated resolution stage and the dentist was asked to call us to discuss the matter.

The dentist replied indicating the general manager would be in touch. This led to the patient receiving their refund six months after making their payment.

Outcome reflections

- Some treatment will be unsuitable for particular patients. Especially where an in-person oral examination is needed to ensure treatment suitability, the Standards for the Dental team are clear that you must explain the options and possible costs before treatment starts. No advance payment for treatment from the patient should be sought.
- Particularly when marketing online (and therefore to the larger potential audiences this can attract), ensure you are able to supply the offered treatment within a reasonable timeframe.
- Ensure you engage with patients when they contact you. A lack of engagement can lead to unnecessary escalation and damage your relationship with patients.
- Ensure that patients are aware of who is treating them and responsible for the care provided.



Appropriate informed consent and treatment records can avoid misunderstandings

Outcome for patient: no refund

The patient contacted the DCS after a 12-month course of removable aligner treatment because they were unhappy with the treatment outcome. We advised the patient to write to the dentist to set out their complaint and ask for a refund. The dentist responded to the patient to advise they would not be providing a refund because the treatment limitations were discussed in detail and agreed in advance of the treatment.

In the treatment plan, the dentist had recommended a fixed brace, which the patient had refused, instead opting for removable aligner treatment.

While the dentist had explained the removable aligner would address some of the more minor alignment issues, the treatment plan confirmed that they had been clear that only a fixed brace would address the overjet which was the main issue the patient wanted correcting.

We advised the patient that we were unable to assist with their complaint any further due to the informed consent on this issue which had clearly been reached and recorded. We confirmed to the dentist that there was no complaint to answer.

Outcome reflections

- This example highlights how crucial it is to take the time to talk through treatment options in order to gain informed consent.
- The value of recording all relevant details in the signed treatment plan is shown here, as this provided a lasting record of the earlier discussion. These can be relied on if any subsequent disputes arise, which may be some time after the treatment took place.



Non-engagement with the DCS can lead to unnecessary escalation to the GDC

Outcome for patient: case referred to a fitness to practise investigation

After paying for treatment in advance, the patient was told at their first appointment that insufficient time had been booked to complete the work. Part of the treatment was completed on the first visit and the patient was assured a follow-up appointment would be booked. No follow-up appointment was offered and, after significant attempts were made by the patient to arrange the appointment, they contacted the DCS for assistance.

The patient was advised to write to the dentist, setting out the complaint and the resolution sought. No response was received. We wrote to the dentist on four separate occasions without response, on the last occasion advising that continued non-engagement could lead to a referral to the GDC for a fitness to practise concern as the Standards for the Dental Team were not being met.

Still no response was received and a subsequent fitness to practise referral was made. This was communicated to the dentist and the patient was advised that in the circumstances there was nothing further we could do to facilitate a complaint resolution. As such the complaint was closed and the patient was informed they would hear from the GDC in due course.

Outcome reflections

- The lack of communication with this patient, and for such a sustained period, represents a clear breach of the Standards for the Dental Team.
- Where issues can appropriately be addressed locally, between patient and professional, this is in everyone's interests.
- The DCS exists to try and reach solutions between patients and professionals before they unnecessarily escalate into something more serious, but that requires meaningful engagement from all parties.
- In this case, engagement from the dental professional could have avoided this needless escalation to a fitness to practise investigation.



Dental professionals' responsibilities with remote direct-to-consumer orthodontics

Outcome for patient: full refund

The patient was given a 12-step aligner treatment. Some of the aligners did not fit their teeth and the patient could see no difference in their teeth after completing the treatment.

The patient tried to contact the dentist but was unable to do so as the company's customer service team would not confirm the dentist's name, nor put the patient in touch with them. The patient then contacted the DCS for assistance.

Given the patient did not know the name of their treating dentist, we commenced facilitated resolution and contacted the company to request the information. Our requests were also initially rejected by the customer service team. However, the information was shared after we explained the requirements placed on dental professionals by the Standards for the Dental Team.



Once we were in touch with the prescribing dentist, it became clear that they were unaware a complaint had been made. After they had investigated this and, after speaking with the patient, the dentist arranged a full refund.

Outcome reflections

- On the subject of direct-to-consumer orthodontics, the [GDC provides guidance to support dental professionals](#) working in remote models of orthodontics.
- This makes clear that the Standards for the Dental Team also apply to remote forms of treatment, and that professionals need to be particularly aware that:
 - there is currently no substitute for an in-person clinical examination to inform the required oral assessment for patient suitability
 - direct interaction between patient and practitioner is essential for informed consent patients must know the name of their dentist and be able to make contact with them.
- It is also clear that the responsibility for meeting the standards remains with the prescribing dentist.
- Dental professionals need to ensure the company, treatment model or clinical structure they are working within meets the GDC's Standards for the Dental Team.
- This example also highlights that a constructive outcome is possible and escalation can be avoided if the complaints process is engaged with.

9. What indemnifiers say about the Dental Complaints Service

Dental
Protection



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 overstated 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.”



Stephen Henderson, 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.”



DDU

John Makin, Head of the DDU – Dental Defence Union

“The DDU wants to once again recognise the positive work of the Dental Complaints Service. It is particularly pleasing to see the fall in number of FtP referrals to the GDC has been maintained, which is indicative of a more proportionate approach. As the GDC is not a complaint handling body, it is important that those making a complaint continue to be signposted accordingly. The Service’s work to gain the confidence of both the profession and the public continues; it must continue to strive to be seen as an independent and impartial body.”



Indemnity

Len D’Cruz, Head of BDA Indemnity

“Following its distribution to all the dento-legal advisers in the organisation, BDA Indemnity has only one positive comment; it reinforces the benefits to patients and dental registrants alike to engage with the DCS on those rare occasions when a complaint arises. To that end, the case studies contained within the report coming in to the DCS reflect the increase in complaints and claims relating to removable orthodontic aligner treatments including retainers after completion of treatment as well as implants. These are expensive treatments and require appropriate treatment planning, consent costings and absolute clarity about what is expected from the patients for maintenance of the finished result and post treatment care and reviews. The report highlights the importance of engaging in local resolution of complaints through the practice or with the DCS since a failure to do so can lead to an investigation by the GDC. The DCS continues to provide an excellent means to resolve problems in relation to private dental care.”

10. Reflections on 2021 and 2022

John Cullinane, General Dental Council Executive Director, Fitness to Practise

The pandemic continued to impact dentistry in 2021, although thankfully not in the same way or to the same extent that it had a year before. 2022 saw the dental sector continue to recover from the challenges of the pandemic.

During this period, the DCS had its own challenges to overcome, including increased numbers of enquires and cases and – looking inwards – increased levels of staff absence which had a significant impact on performance.

In spite of these challenges, the team maintained a high level of performance and continued to receive consistently positive feedback from complainants about the standard of service they had received. In addition to the commitment offered by the team, the DCS also successfully piloted the holding of panel meetings remotely, which contributed to those positive experiences, providing a more convenient and cost-effective method of resolution for all involved.

At the GDC, we understand the value of the service provided by the DCS and remain committed to its ongoing impartiality. We hope the information in this review helps dental professionals to further understand what matters to patients and enables them to reflect on their own practice to ensure they continue to provide the best care and service possible. While the number of DCS enquiries and cases increased, the total still represents a tiny fraction of dental activity across the UK, and this reflects the high levels of professionalism in dentistry.

2022 saw the sixth straight year of reduced fitness to practise referrals from the DCS which makes an 84% reduction over the last six years. While the DCS will continue to maintain this approach to make sure all parts of its work are performing as they should, this is a major improvement for all involved – not least for the professionals who avoid the unnecessary stress of an inappropriate fitness to practise referral and for the patients who are increasingly able to achieve meaningful complaint outcomes.



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

John Cullinane
GDC Executive Director, Fitness to Practise

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