

When complaints test your practice

Vulnerability, team protection, and ending patient relationships the right way

Running a dental practice today means navigating a landscape where patient expectations are rising, online platforms amplify every opinion, and the smallest misstep can escalate into a reputational or regulatory headache. Complaints – whether voiced in person, emailed formally, or posted publicly as online reviews – are an inevitable part of practice life. How we manage them determines whether they become catalysts for improvement or sources of long-term vulnerability.

The modern complaint

The nature of complaints has changed. It has never been easier for a patient to express dissatisfaction, and online reviews have become one of the most common outlets. With a few taps, a frustrated individual can broadcast their experience across Google, Facebook, or NHS review platforms. Over the years, I've seen everything, from a patient comparing a new dentist's chair to Chewbacca's, to a receptionist being described as fit for an Omega Locomotiv audition. Amusing as these may be, they highlight a deeper truth: online commentary is unfilmed, public, and permanent.

A single negative review can damage trust, alter new patients, and demoralise your team. That's why responding correctly is essential. A professional, calm, factual reply – never defensive, never personal – signals that your practice listens, cares, and takes concerns seriously. It also protects confidentiality, which is non-negotiable. After responding, the next step is internal: review what happened,

identify whether systems contributed to the issue, and ensure learning is shared constructively.

Supporting your team when complaints hurt

Behind every complaint or review is a human being on the receiving end. Dentists, nurses, and receptionists are often deeply affected by negative feedback, especially when it feels unfair or personal. As employers, we have a legal and moral duty of care to protect staff from harassment, discrimination, and psychological harm.

The duty becomes even more significant with the new 2025 legislation, which strengthens protections for employees and extends accountability to third parties – including patients. Practices will need to demonstrate that they have taken reasonable steps to prevent harm, such as:

- Clear and consistent policies.
- Training on handling difficult interactions.
- Systems for reporting and escalating concerns.
- Evidence of supportive management responses.

If a patient's behaviour crosses the line, practices will have greater authority – and responsibility – to intervene, restrict access, or refuse treatment where appropriate.

Ending the patient-practice relationship

I've also seen a sharp rise in situations where a patient leaves a negative review or raises a complaint, and the practice's immediate reaction is to end the relationship. It's understandable as complaints can be emotionally charged, and sometimes the dynamic between patient and clinician

genuinely breaks down. But this is an area where practices must tread very carefully.

The GDC's Complaints Handling principles make it clear that patients should have a positive experience when raising a concern and must never be discriminated against for doing so. Ending a patient's care solely because they complained is not only unethical, but it may breach the NHS Constitution and the Health and Social Care Act 2008, both of which emphasise fair access to care and prohibit detrimental treatment of individuals who raise concerns.

There are legitimate circumstances where a clinician may decide they can no longer provide care. The GDC's Standards for the Dental Team states: "You must end a professional relationship with a patient only when it is necessary to do so," and "You must be able to justify your decision, and you must not end a relationship with a patient solely because they have made a complaint."

I have always supported clinicians who feel they cannot continue involving a particular patient. It is their right, and sometimes their responsibility, when trust has eroded or when continuing care would compromise professional judgment. But the rationale must be transparent, documented, and clearly unrelated to the complaint itself.

When ending a relationship, the practice must:

- Explain that the decision is based on a breakdown in trust, not the act of complaining.
- Provide the patient with clear information on how to seek care elsewhere.
- Ensure the decision is made in the patient's best interests.
- Record the reasoning thoroughly.

Handled poorly, these situations can expose a practice to allegations of discrimination or regulatory criticism. Handled well, they demonstrate professionalism, fairness, and a commitment to safe, ethical care.

A window into your systems

Every complaint, whether whispered at reception or shouted across the internet, reveals something about your processes. A delayed appointment may highlight scheduling issues. A communication breakdown may point to training needs. A personality clash may indicate a mismatch in expectations. The key is to treat complaints as data, not personal attacks.

Regularly reviewing themes, outcomes, and responses strengthens your practice's resilience and demonstrates compliance with governance and risk management expectations.

The bottom line

Complaints and reviews are two sides of the same coin. They can sting, they can amuse, and they can expose vulnerabilities – but they also offer opportunities. When handled with professionalism, empathy, and strategic thinking, they protect your reputation, support your team, and reinforce the trust patients place in you. ■

About the author

Lisa Bainham is President at ADAM and practice coach at Practice Management Matters.



The year ahead

We started 2026 with some good news: long time BADC member and former Council member Elaine Simmonds was awarded an MBE in the 2026 New Year Honours list. Congratulations, Elaine – very well deserved!



Elaine Simmonds

BADC will be out and about again this year with a full programme of shows to attend. First on the calendar is Dental Showcase on 13-14 March at ExCel, London. We are at stand G55, so do come along to find out about membership of your professional association, renew your membership, buy a BADC badge or merch, or just stop by to chat!

Speakers at Showcase will include BADC President Preslee Hylton RDN and Treasurer Rebecca Sylvester RDN MSc. Rebecca will be speaking on "The Digital Dental Nurse" in the Oral Health Theatre on Saturday at 15:45.

"I hope my session will show colleagues some of the latest advances in digital dentistry and AI," said Rebecca. "I want to encourage dental nurses to expand and use their full scope of practice. You are a huge asset to the practice!"

"I would encourage my fellow dental nurses to attend, as the British Association of Dental Nurses

is always present and must for any dental nursing questions or queries. If you are undecided about attending, do it! It may change your career in ways you do not expect."

Preslee will be speaking twice: once on Friday 13 March in the Oral Health Theatre on "Soft Skills: What the Oral Health Team can Learn from Dental Nurses" and also on Saturday 14 March in a live case study – an interactive insight into contemporary care planning for the oral healthcare team.

And then we are off to Birmingham for the Dentistry Show at the NEC on 15-16 May, where we are at stand J11, and will be chairing the Dental Nurses Forum on Friday 15 May. BADC speakers include: Deacon Pete, Dr Rachael England, Director of Policy and Advocacy at the Oral Health Foundation; Janet Pickles of RA Medical Ltd; and BADC's President Hylton and Rebecca Silver.

Later in the year, we will be at the Scottish Dental Show (one of my favourite Shows – great venue, excellent organisation, friendly people!) at the Braehead Arena, Glasgow on 12-13 June; and the London Dentistry Show at ExCel on 9-10 October.

The BADC Dental Shows Portal will have up to date details at www.badc.org.uk. I will be including dates of the later shows as they become available. If you have signed up for our e-newsletters (how weekly!) atbadn.org.uk/NewPublic/Newsletter-Preferences.aspx, we will keep you up to date with news, speakers, etc of all the dental shows.

See you there! ■

About the author

Pam Swain MBE is Chief Executive of BADC

