What to do if your practice owner brings up allegations of poor performance

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Both associates and practice owners come in all shapes and sizes. Skill levels vary. Insight varies. Ethical values vary; sometimes more than they should. There are times when practice owners raise genuine issues of concern with associates, the associate listens and improves, and everything is better in the world. There are times when interpersonal relationships are not good, and practice owners raise allegations of poor performance out of spite or for commercial benefit. There are times when associates refuse to hear that they have done anything wrong.

How to take feedback

Most dentists, most people, are good. Most practice owners want to have people in their team who will listen to feedback and improve. And those practice owners will usually be equally happy to hear of problems the associate has with the practice.

With that in mind, if a practice owner raises an issue with an associate, the associate should listen carefully and assess whether the issue is genuine. They may want to ask for further information. For example, say the practice owner raises concerns that decay is being missed on radiographs, the associate may want to speak to a trusted colleague to assess whether the practice owner is raising a valid point.

With a good practice owner, there is no harm in saying 'fair point, thank you for raising that concern, I now see that I could be better at reading radiographs, I will write a personal development plan, which will include some courses, I will show you my PDP if you want and perhaps we can review in six months' time.'

Certainly, if I were running a practice, I'd far prefer the answer in the previous paragraph to 'go away, there's nothing wrong with my dentistry, which is perfect, and everyone loves me. And, by the way, I think your record keeping is dire.' Being defensive is often a bad idea.

Remedial work

Whilst practices should conduct regular clinical audits to spot problems early on, many practices will not get to see an associate's work until they leave the practice. At that point, practices may see many examples of an associate's work and decide there is something wrong with it. Often, the practice owner will have taken a retainer from the associate: some money to cover remedial work. In some cases, the practice will ask the associate to cover the cost of that remedial work.

The associate is responsible for their clinical work. In theory, the patient should go back to the associate and allow the associate to assess and address the problem. But that is often difficult. The associate may have moved to another location. The practice will not want to send the patient to another practice, and the patient may not want to see the associate who caused the problem.

This means that the practice usually deals with remedial work when an associate has left. In some cases, the parties left on the best of terms, only one or two minor issues arise, and the practice does not even bother letting the associate know.

In other cases, the relationship ended badly, the practice owner will see any problems through a lens of negative feelings, and will look for problems to reinforce those feelings. Issues will sometimes be made to look more serious than they are.

It is in both parties' interests to avoid a patient taking legal action. To that end, it is in both parties' interests to resolve the matter between themselves.

The extent to which the practice owner can claim money from the associate will depend on the associate agreement. Lack of a written associate agreement could mean that the practice owner is unable to claim anything.

Where the practice owner claims significant sums of money from the associate, the practice owner should provide the associate with the patient notes and an explanation of what the associate did wrong to give rise to the remedial work. The practice should give the associate a chance to respond before it replies to any patient complaint.

Associates are entitled to see the patient notes. Practices and associates should agree a secure way for the practice to send them. NHS email is a good way. The practice could also send the notes in an encrypted file and send the password separately.

Associates facing claims from their previous practices should obtain the patient notes and consider them carefully. It may help if the associate can discuss the issues with a trusted dental colleague (maybe someone from the local dental committee) to see whether their work was substandard and whether the remedial work was appropriate and proportional. If the patient has complained, the associate should also consider whether it is appropriate to consult their indemnity provider.

Where the associate disputes the practice owner's account, the associate should take advice. The BDA advice teams are happy to help. As with most disputes, issues around remedial work may best be resolved through mediation rather than litigation.

What really defines you

People are defined to a large extent by their profession. Dentists are no exception. An attack on your dentistry can be considered an attack on you as a person. Attacks on you should, of course, be defended. It's just – maybe – you should be defined not by your dentistry, but by your ability always to consider how you can improve. To that end, an attack on your dentistry could be an opportunity for you to do your job better, to grow as a person, and an opportunity to demonstrate your best values. ♦

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