Dentist 50533. Does dentistry.

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EDITORIAL

The difference between buying a product or service and being 'sold' it, is perhaps subtle but distinct. On the one hand 'buying from' usually implies an informed act while being 'sold to' suggests an element of coercion. Either way, as consumers, we are generally very savvy about the role that advertising plays in this process. Few of us, frankly, are fooled but many of us are better informed as a result of the advertising process.

I mention this in relation to the principles of ethical advertising which the General Dental Council (GDC) in its newly non-elected wisdom, has sought to put out to consultation (www.gdc-uk.org). The main thrust of this is based on that weary old chestnut as to whether or not dentists in the UK, as distinct from virtually the entire rest of the world, should be allowed to use the courtesy title doctor (Dr). It is an issue which is akin to the hunting debate in parliament in that, in the past at least, it has consumed a disproportionate amount of time, energy, column inches and passion, concomitantly diverting these resources from other far more pressing matters. A very reasoned dialogue on the subject is currently being generated on the BDA's Communities website (www.bda.org) and I urge readers to both participate in this but also to respond to the GDC's consultation directly and as fully as possible before the closing date of 1 October 2010.

THE APPARENTLY OH SO PERPLEXING DR

The GDC makes two main points. Firstly, that dentists using the courtesy title Dr might confuse patients; yet surely this is so simply solved by ensuring that any communication states: Dr Stephen Hancocks, Dentist; secondly that dentists should not use descriptions of themselves as, for example 'orthodontist' if they are not on the relevant specialist register. This latter perhaps has greater credence in terms of not making unsubstantiated claims but then presumably, also, Professors for example should always state the exact subject of their chair; Professor of Periodontology Name Name or, if it potentially confuses patients as to what that really means, then the title should also be dropped in keeping with the apparently oh so perplexing Dr.

But I believe that the matter goes deeper. Not so many years ago, the GDC published a set of very explicit guidance, known as the 'little red book', which amongst other minutiae of petty detail gave the maximum dimensions of signage that could be displayed by dental practices. Common sense and a realisation of changes in attitudes to advertising served to eventually change the Council's long-cherished view. Are we returning

to those days? Has the advent of an appointed Council started a retrospective roll back to regulation on a micro-managed level? What implication here for a further surge in fitness to practice cases, already at a record level and costing enormous amounts of money?

The overwhelming majority of our patients come to see us on a regular basis because they know us and trust us. Similarly, the evidence suggests that new patients come to see us by word of mouth recommendation from existing patients, be they family, friends or colleagues, and very few through the cold-calling method of answering an advertisement. Again this points to the unlikely scenario in which millions of UK citizens are wandering around confused and disadvantaged by misleading adverts by dentists. I guess that something along the lines of 'Dentist 50533, does dentistry' would in my own case satisfy any confusion as to what I am registered to be and what that allows me to do. In addition to which it is a comforting, endearing and wholly appropriate message to patients that they can expect personalised care from a named and sympathetic registrant. I jest.

But if we are on the trail of the misleading and the ethical, how squeaky-clean is the GDC itself? The two parts of its message to the public, represented in all of its communications are; 'Protecting Patients, Regulating the Dental Team'. The latter we can probably agree on, especially since the abolition by the previous government of dentistry as a self-governing profession, but how true is the former? Perhaps a tad disingenuous? The GDC has always studiously avoided getting involved in any discussion whatsoever about the way in which standards of care are delivered and clinical treatment is provided, leaving this to the professional bodies such as the BDA and the Colleges. Similarly, the Council is completely toothless, an intended pun, when it comes to protecting patients from whether or not contractual arrangements between the state and dental service providers, as in the case of UDAs for example, or access to care, are in the best interests of their short- or long-term oral health. Step forward organisations such as the Consumer Association of *Which?* fame. Could patients be confused, or worse duped by this level of apparent 'protection'?

Until the consultation is closed and the Council decides our further fate, Dentist 50533 suggests that all you other numbers out there continue to do what we all do best: *protect our patients* by preventing disease, treating its consequences, ensuring cross-infection control...

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