LETTERS TO THE EDITOR

Send your letters to the Editor, British Dental Journal, 64 Wimpole Street, London, W1G 8YS Email bdj@bda.org. Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space. Readers may now comment on letters via the BDJ website (www.bdj.co.uk). A 'Readers' Comments' section appears at the end of the full text of each letter online.

ARF HIKE

Together we are stronger

Sir, in light of the current situation with regards to the GDC, the British Academy of Cosmetic Dentistry, following the BDA's lead, would like to encourage more dental professionals to come together and make their voices heard.

The alarming proposed increase in ARF combined with a most unhelpful advertisement in the Daily Telegraph and various other disheartening events have necessitated a call for action from the profession. Not only are we being asked to pay 64% more for our registration to practise in the UK, but it seems the regulatory body that should be offering support and guidance is in fact facilitating complaints which could be solved in a more effective and cost-efficient manner at a local level. With more than one report from the Professional Standards Authority suggesting that the GDC falls short of acceptable regulatory standards, it is no surprise that many believe the GDC is no longer 'fit for purpose', as the recent BDA survey has shown.

We believe that by employing a unified approach and collective action in dealing with this problem, we can help the GDC and the Government realise their approach is flawed and not in the best interest of the dental profession or public, and that significant changes need to be made.

We are working with groups like the BDA, ADI, BAAD, BADN, BADT, BARD, BDA, BDBS, BLOS, BOS, BSDHT, BSOS, BSP, ESAO, and DLA in an initiative that brings together as many national dental organisations as possible, so that a clear and concise message is sent to the GDC and the Government, not just about this fee hike, but about the profession's unhappiness with the performance of the GDC. As more groups commit their signature or logo to future communications with the GDC and the Government, the message we send out will be unified, louder and clearer.

Individual registrants can also make a difference by completing the consultation questionnaire on the GDC website (http://www.gdc-uk.org/GDCcalendar/ Consultations/Pages/Consultation-on-the-Annual-Retention-Fee-(ARF)-Level-for-2015.aspx) or by signing one of the various petitions designed again to provide a singular, stronger voice for registrants (eg http://epetitions.direct.gov.uk/petitions/66982).

We plan to keep the profession informed as the situation develops, through the e-newsletters and social media postings of various groups. We also hope that everyone who feels we could do more to help at this time gets in touch.

Z. Kanaan, BACD President DOI: 10.1038/sj.bdj.2014.706

ORTHOTROPICS

Will we never be free?

Sir, I was bemused to find myself reading the book review of J. Mew's book in the 9 May edition of the BDJ (216: 493) whilst the radio news announced another controversy regarding the publication of controversial research on statins in the BMJ. During my 25-vear career as an orthodontist I have lost count of the number of times Dr Mew has had his controversial views published in the BDJ. Now he has self-published a 354 page book which costs £140, and is of 'limited relevance to the general practitioner or dental student, but specialists will be able to reach their own conclusions...' There is no information about from where this book can be obtained so it will not be easy for me indeed to do so. Is this really worthy of half a page of copy in our scientific journal? If there were a prospective controlled clinical trial to show the superiority of the techniques he has been promoting for so many years I would of course use them for the benefit of my patients, for that would be my professional duty.

Today I find that the 23 May edition of the *BDJ* contains an 'Opinion' article by M. Mew (216: 555-558), the standard bearer of the next generation of orthotropics believers. My heart cries 'Will we never be free?' but my mind replies 'Peter keep an open mind and look at the evidence'. I will look at the evidence and will await further research. Perhaps it will come from the London School of Facial Orthotropics

(of which J. Mew is a Professor) whose 'premises consist of one clinical room and one private consultation room.' Although part of the *BDJ*'s mission statement is '... stimulating interest, debate and discussion', may I politely suggest that the *BDJ* has fulfilled its duty in this context?

P. N. Huntley, Solihull

1. CQC Inspection Report dated 29 October 2013.

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Pragmatic not defeatist

Sir, I would argue that there is no need for Mr Mew to invent a new name for what is commonly (in the orthodontic world at least) known as 'long face syndrome' or 'adenoid facies'. The debate about what causes this appearance has been ongoing for about 100 years. There is some evidence that changes in the shape of the mandible occur postadenoidectomy but also there is evidence that the shape of the face is NOT related to the degree of nasal breathing; the difficulty in trying to find the truth is due to the complex interplay between multiple factors that are both genetic and environmental. Mr Mew has developed a treatment therapy based on his ideas and, irrespective of the theory behind it, we need to see how successful it is.

If one accepts that having a soft diet, chronic nose breathing and not swallowing correctly are causing some malocclusions (Mr Mew thinks about 30% according to statements on the Internet which seems an unlikely figure) then good luck to anyone trying to change them. One must not let the elegance, or otherwise, of a theory drive a therapy with a low success rate. I don't think this is defeatist, just pragmatic.

A. I. Pearson DOI: 10.1038/sj.bdj.2014.708

Cherry-picked references

Sir, I read the article *Craniofacial dystrophy. A possible syndrome?* by M. Mew (*BDJ* 2014; 216: 555-558) with interest in the hope that the orthotropic fraternity could provide us with something new.

Unfortunately, like all other articles