

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.

The following four letters are in response to an Opinion article 'Cause for concern: BDA v GDC' published in the BDJ on 25 May 2018 (<https://www.nature.com/articles/sj.bdj.2018.358>).

Regulation

Treating colleagues with respect

Sir, I write having read the interesting and thought-provoking opinion piece of our retiring colleague R. A. Baker.¹

It is always interesting to see what conclusions are made from an outside perspective rather than from being involved and having perhaps more detailed information. When he said 'treating colleagues with so little respect' I needed to re-read to check to whom he was referring, and was surprised that he referred to those at the BDA.

He refers to those at the CQC [Care Quality Commission] and GDC [General Dental Council] doing a 'thankless job' and hopes the regulators would be 'understanding and forgiving'. Whilst the CQC has changed dramatically with a change of leadership and a much better relationship with the profession, with the GDC to date, there has been no change of leadership.

He states that the BDA has had little impact in changing GDC policy, but I dispute that. Via a judicial review where the GDC was shown to have acted illegally, and by pressure on politicians, the Chair and Chief Executive of the GDC were summoned to a Health Select Committee in March 2015 to respond to the criticism laid. By the autumn, the Chief Executive had left.

He quotes a mantra to never litigate, I am afraid if I had taken his advice, from 2006 I would have a contract that allowed NHS England (previously the PCT) to terminate my contract for no reason and cause. Sometimes when things are so wrong and dialogue has reached an impasse, it is

only the power of the law that rectifies the injustice. Being 'unfailingly polite' is never the same as being willing to listen.

He states we should 'accept regulation willingly'. The profession accepts regulation, but is a desire for a fair regulator an unreasonable ask? Should we willingly accept an unfair one? Ignorance I am afraid is never 'bliss' in the long term.

He states he was 'forced to go private' in the 1990s and that the regulator should not deal with 'the pricing vagaries of the NHS'. Many of our colleagues have not been able to follow his path but instead are working in a system that was castigated by the Health Select Committee a decade ago, and it is my assertion that the GDC should have been concerned with a contract not fit for purpose.

Indeed his many proposals for better practice have been incredibly difficult for practitioners seeing a 20-30% drop in income since austerity and yet still managing to provide excellent care for patients. I agree with him that 'we cannot hope for speed and thorough examination of a case at low cost. These are mutually incompatible', but it is the very system many colleagues find themselves in.

It is fanciful to suggest the raising of the ARF 'as necessary to ensure justice' is compatible in any form, as costs do not equal justice. Only a fair and proportionate regulator does that. Even the GDC accepts the placement of an advert for the Dental Complaints Service was a mistake. Sadly, Dr Baker thinks otherwise.

I hope I have been kinder than Dr Baker's consultant who he quoted and would like to wish him an enjoyable retirement in Portugal.

E. Crouch, by email

1. Baker R A. Cause for concern: BDA v GDC. *Br Dent J* 2018; **224**: 769-776.

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Standards of conduct

Sir, most dentists would support Dr Baker's appeal¹ for mutual respect between representative bodies and the need for standards of conduct, especially for medical and dental practitioners. He concludes: 'In my lifetime regulation has changed from loose minimalism to rigid direction.'

However, I hope he accepts that standards need to be agreed and the more restrictive they are, the greater the risk for scientific progress.

J. Mew, Broad Oak, East Sussex

1. Baker R A. Cause for concern: BDA v GDC. *Br Dent J* 2018; **224**: 769-776.

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GDC v the dental profession

Sir, Dr R. A. Baker¹ presents an impressive submission in the case of BDA v GDC. However it is somewhat incomplete.

Having retired some 28 years ago, I was a student at the birth of the 'free of cost NHS' in 1948 and can well remember the extent of the demand for treatment and the amount of untreated dental disease that presented. In part this was due to the shortage of available dental manpower during the war and the difficulty that some patients had in affording necessary treatment. It would be a pity if over regulation turned the clock back.

We live in a risk averse society in which it is necessary to determine blame and achieve compensation. Unfortunately, risk and activity travel together and the law of unintended consequences applies.

The cost of regulation has to be passed on and appears in the cost of treatment and should be proportionate. Whilst any misadventure needs to be avoided, cost/benefit analysis should be applied. It is not in the public interest that the effect of regulation should be such that practitioners