

From the Chief Executive



Mr M Mew  
4 Craven Mews  
London  
SW11 5PW

18 February 2011

Dear Mr Mew,

Thank you for your letter of 5<sup>th</sup> February received on the 10<sup>th</sup>. As you will be aware we have been in correspondence with either yourself or your father since 2008. I have therefore reviewed the correspondence with my colleague E [REDACTED]

We absolutely appreciate your sincerity in raising these issues and your desire that there should be greater professional discussion of different approaches to orthodontics. However the question for CHRE is whether or not there has been any form of regulatory failure on the part of the GDC. We are not in a position, as you accept, to make any judgment on the merits of the argument you put forward in relation to orthodontic practice.

There appear to be three matters of regulatory responsibility in relation to your concerns. These are:

- that patients are not adequately informed of the potential risks and benefits of treatments or the range of treatments available
- that treatments are being used that are not evidence based
- that the GDC has ignored your concerns

There is a clear regulatory standard from the GDC that requires dentists to inform patients of the risks and benefits of proposed treatment but also of the risks and benefits of other forms of treatment that are not proposed.

The GDC also has in its standards of care that dentists have a professional duty 'to provide a good standard of care based on up-to-date evidence and reliable guidance'.

Any dentist about whom there was a complaint in relation to either of these standards could be subject to fitness to practice proceedings.

On the third matter the GDC refutes your suggestion that it has ignored your concerns. It has told us that they have been discussed in a Council meeting and in the course of the work of the Standards Committee. In particular, the GDC said that they were taken into account in the course of discussions leading to the approval of the Council's guidance document *Principles of Patient Consent* (GDC, May 2005).

We have not ignored your views either; in deed this is the ninth letter we have written on the matter.

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I'm afraid in reviewing the matter our view remains the same: this is a matter of proper professional dispute and disagreement. As far as patient safety is concerned the regulator has appropriate standards in place covering both uncertainties in clinical practice and informed consent to treatment and that the regulator has noted and taken account of your concerns.

Unless at some time you are in a position to bring forward new evidence of regulatory failure which is or might put patients at risk I'm afraid we are not able to correspond on this matter further.

Yours sincerely,

