Open Letter to Mr William Moyes, Chair of the General Dental Council – July 18th 2014

From the LDCs of:

- Barnsley
- Bradford & Airedale
- Calderdale & Kirklees
- Cumbria
- Derbyshire
- Derby City
- Doncaster & Bassetlaw
- Durham & Darlington
- East Midlands LDCs
- East Riding of Yorkshire
- Gateshead & South Tyne
- Leeds
- Leicestershire
- Lincolnshire
- North Tyneside
- North Yorkshire
- Northumberland
- Nottinghamshire
- Rotherham
- South Humber
- Sunderland
- Tees
- Wakefield

Dear Mr Moyes,

We write as Chairs and Secretaries of an extensive number of Local Dental Committees in the Midlands, North, West and East of England. Some of these LDCs form part of the Northern Regional Council of LDCs, the Yorkshire Council of LDCs and the newly formed Eastern Confederation of LDCs. This open letter represents the views of many dentists.

Clearly the GDC is aware of the anger being expressed by all sectors of the dental profession. Initially this anger was only directed at the proposed increase in Annual Retention Fee. However, the "Complaint promotional advert" in the Telegraph has been the final straw for many and has united the profession in opposing the GDC and the way it conducts its business.

Your letter to registrants of July 14th made no attempt to understand the challenges effecting the profession and has further alienated all dental registrants. There is a clear disconnect with the profession which must be urgently addressed.

The time has arrived for the GDC to meet its obligations as a professional regulator and fully examine the reasons why we are where we are. Simply asking registrants to fill the financial black hole created by a set of processes that are quite clearly not fit for purpose is an extremely blinkered approach.

It is completely unacceptable that you merely pass on the cost of your failed processes to meet the increasing demand from complaints being raised. Perhaps it is time some root cause analysis as to why complaints are increasing is conducted.

In dentistry we are constantly told to make efficiency savings. If demand increases (e.g. for NHS patients with high needs) we have to manage those patients within the capped budget available. In private dentistry market forces dictate what we can charge - you cannot merely increase charges to meet overheads - patients would not tolerate this.

However, you think it is acceptable to match what you charge dentists to cover a budget you have allowed to get out of control. You are then equating the cost increase to £1 a day!

Our recommendations are as follows:

1) That you meet urgently with the LDCs and BDA to discuss the current impasse and consider whether yourself and your executive can realistically remain in post given your stated positions and the damaged caused by recent events.
2) The money spent on the inflammatory advertisement is refunded from the private income of those responsible for placing it. We accept that an important aspect of patient care is letting patients know how they can seek a resolution to any concerns they have. We need to be accountable and we have always accepted that. What we object to is that the GDC is encouraging our patients to log a formal complaint and then these issues get escalated as FTP issues. This is a waste of a resource and undermines the public's confidence in the profession - a profession working hard in a challenging environment.

3) A whole scale review of the FTP processes is undertaken involving key Stakeholders - the procedures must be amended to fit the budget available.

4) The increase in ARF is limited to the increase in NHS contract value annually.

5) Establish an intermediate NHS complaint handling service similar to the private DCS.

6) ALL single event complaints from patients which have NOT had an attempt at local resolution are returned to the complainant advising them that their complaint cannot be heard unless they refer their complaint to the Practice in the first instance.

7) Reimbursement to FTP members is capped with tight control of expenses.

8) GDC Standard is re-written to remove reference to the NHS in section 1.7.2 to 1.7.2. This should be replaced by a new standard calling for patients to be given a full range of clinical options and their prices.

It is accepted that the GDC cannot control the number of complaints it receives. However, it is not acceptable that the GDC has inadequately dealt with the process for considering complaints.

We accept some complaints are down to society and the increased focus on medical care professionals post Shipman, mid-Staffs and Francis. An academic paper analysing the rise in complaints must consider whether the new dental contracts introduced in 2006 are a factor. If analysis suggests the 2006 contract is a factor, should the profession be made to pay for the regulation of problems caused by a contract it has constantly raised concerns about but has been unable to change? Where is the responsibility of the Department of Health in this regard?

If analysis shows the increase in complaints is in anyway linked to the 57% increase in EU and ROW graduates since 2006 (compared to 7.4% increase in UK graduates) then should the GDC be looking at how to support these graduates who face the task of understanding the UK system and applying different experience to our regulatory processes often without the benefit of Vocational Training? They are welcomed to the register and often left to "get on with it".

In the real world prices cannot merely be increased to meet overheads. Overheads and the cause of those overheads need to be addressed. A blank chequebook is not acceptable.

We, as a large group of LDCs in the East Midlands, West Yorkshire, Yorkshire Council, Eastern Federation and Northern Council, ask that the GDC apologise and make immediate amends for this current fiasco. We believe the GDC does not understand the very profession it regulates.

The dental profession has always worked hard to provide a safe, high-quality service to all patients and we want to work with the GDC to ensure standards are maintained. A more local/regional approach would be preferable to an increasing large autocratic regulator which appears to be genuinely unaccountable to those it regulates. At the moment the profession's public image is being undermined by the GDC - when it is essential that our patients trust us.