

The professional layman

I read with interest your editorial on the professional layman. Two years ago I wrote to you about my concerns of the make-up of the GDC and the risk that a lay person could be appointed Chair. I am dismayed that this has now come to pass.

As a regulatory body the GDC is responsible for setting professional standards, quality assuring education and registering dentists and DCPs. It should enhance patient safety and improve quality of care thus ensuring public confidence.

As the GDC has now been halved in size, the fact that we now only have four dentists sitting on the Council should be a major cause of concern for both dentists and the general public alike, particularly with regard to quality assuring education which, in my opinion, is the keystone to the provision of high quality dental care.

I have only known one Chair of the GDC personally – Professor Sir Frank Lawton. I remember my very first day at dental school. Sir Frank was the dean and he addressed all the first years informing us that we were very privileged to be dental students receiving a first class free education (those were the days) and, in order to repay our debt to society, we should all be thinking of working in Liverpool's soup kitchens in our free time! He emphasized the requirement for us to uphold standards rigorously and be ethical in all our dealings, both professionally and personally. It made an impression on me that has lasted to this day, along with my admiration and respect for him as both an educationalist, a practitioner and a leading professional.

So it is extraordinary to me that a lay person could be appointed Chair of the General Dental Council when advising on dental school curricula, along with decisions on determining core subjects for CPD and requirements for revalidation, which are such important aspects of the Council's duties. Does a non-dentist really have the necessary experience to lead a team that is already composed of a dubious bias to make these decisions? I also wonder if the general public would be reassured to know that currently one of the six professional places on Council is vacant because a suitable Welsh candidate

cannot be found to fill it, and that a dental technician is one of the members of Council, bearing in mind that he could well be responsible for advising on the university curricula for the training of dental surgeons.

I am exercised generally by the inclusion of DCPs to the register. As it has been decreed that they require regulating, and their numbers are the vast majority of registrants, I believe that they should have their own regulatory body. Whilst my dental university course not only trained me to be a dentist, it also trained me to be a hygienist, a therapist, a DSA and a dental technician. I feel able to judge the necessary standards expected of DCPs. It cannot be said of the reverse, however, which is not meant as an elitist comment, but merely a statement of fact. Consequently, I question the make-up of the Fitness to Practice Panel, which comprises 54 dentists, 49 lay people and 33 DCPs, as being the optimum balance for fulfilling the role in the hearings process. As to the Watson Glaser Critical Thinking Test, used by the outside agency employed by the GDC for selection of candidates, I obtained the results for the last round of recruitment for FtPP by the GDC under the Freedom of Information Act. I understood the benchmark for selection for interview was to be around the 81st percentile: only 4 DCPs attained that (although 11 candidates of the 284 DCPs that applied were appointed), 52 dentists attained it (with 9 of the 395 dentists applying appointed) and 222 lay people attained it (with 12 of the 885 lay people appointed). The Watson Glaser Test is commonly used by law firms to select their graduate intake and I am sure that it is a useful tool in the armoury of a selection process used for discerning the ability to listen to facts and draw conclusions. However, what concerned me the most was the number of lay people applying for the positions compared to dentists.

I think the profession needs to look to itself and collectively decide to become more involved in its regulatory process – academics and practitioners alike. In my opinion, the less we become involved the more we will be taken over by lay people and there is a real risk that working practices and standards will be changed and dumbed down. Our profession will be diminished as a consequence and it could

present a real risk to patients.

Sir Frank Lawton would be turning in his grave.

**Claudia Peace
Winchester**

Putting patients' interests first

I was very interested to read your editorial in the October issue of *Dental Update*, as I have been an associate dentist with a dental corporate for a number of years. In early 2012, the corporate set up its own laboratory and encouraged its dentists to use this lab. This idea was promoted to us by highlighting their competitive prices and giving an initial extra 10% off lab fees. Having tried the lab for a few simple cases, I was not satisfied with the standard of the work or service, and so reverted to my usual trusted technicians. By all accounts, the laboratory had been set up in too much of a hurry, with too few qualified technicians, and was unable to cope with the volume of work suddenly coming its way. Over the following months, the corporate persistently tried to persuade us to use the laboratory, with personal visits from head office staff, promises that standards had improved, and assurances that my cases would be personally overseen by the lab director, so I continued to send a minority of cases, but with no discernible increase in quality or service. We were informed that the corporate for whom I worked planned to make it a contractual requirement to use its own laboratory for all laboratory work in 2013. I strongly raised concerns and protested against this, for the reasons highlighted in your article, with various members of the head office team, but was met with a complete unwillingness to negotiate. The company's managing director (a non-dentist) told me, in an open meeting, that I obviously had no idea what I was talking about when I raised concerns about the quality of the work, as he has 'an experienced' dentist in another practice who does lots of private work and has been pleased with the quality.

Frequently (more often than not), I receive denture models with several teeth which have fractured off and been glued back on. I have received crown dies with 3 mm airblows. Basic instructions are often not followed and there is a general obvious lack of care in the finish of the