

Sent 5<sup>th</sup> Feb

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Copied to Jane Ellison MP

Dear Emma Kelly-Dempster,

Thank you very much for your letter dated 20<sup>th</sup> January 2011. You have taken some time to write me a long and detailed explanation of the reasons behind your inaction on this matter. Unfortunately there appears to have been some misunderstanding. Different forms of orthodontic treatment do indeed exist but I am quite certain that I did not mention them in my letter to you. In no way am I trying to further the cause of any specific form of treatment. The very existence of so many diametrically opposite forms of treatment strongly suggests that there are gaps in our knowledge which would benefit from open discussion.

One of my main concerns is that there is a state of group thought within the whole of orthodontics that holds the assumed belief that orthodontic problems are caused genetically. This has led to the establishment of certain treatment patterns, teaching methods and an academic structure all based on this assumption. If this assumption were proved to be wrong then it could be stated that contemporary orthodontic therapy is not evidence based and is possibly not in the best interests of the general public, our patients. Such situations have occurred previously within medicine several times and the required change has not come from within the established organisation but from outside of it, usually after a prolonged struggle.

The orthodontic profession are treating 30% of the population of this country while openly admitting that we do not know the cause of the problem and are actively avoiding any debate on the subject. I feel that it is possible to prove with hard scientific factual evidence that the current techniques used are not evidence based, but without engagement the facts are being ignored.

I do not claim to have the answers but I do claim to be asking the right questions. Although I have practiced Orthotropics for many years I understand that this would not be applicable to most youngsters, requiring total dedication and family support, and its results, although at times miraculous cannot be guaranteed. It is vital that the full spotlight of medical research is directed at this problem, that false premises are abandoned and all methods are compared and contrasted equally. The scientific process has delivered the answers to so many scientific problems and if used correctly should answer these. This must start at the bottom, with the aetiology and with a full, fair and free discussion on the subject. But without engagement this process is neutered and we will not find the answers that we so desperately need.

The British Orthodontic Society is under no obligation to participate in any discussion however the GDC has been set up by government to regulate dentistry and protect patients. If the regulatory body feels that listening to my concerns is not within their remit, then whose responsibility is it?

Or are they wrong not to do so? As you are the regulators regulator then this is squarely your responsibility. You cannot pass the buck to the Chief Dental Officer, Barry Cockcroft, this is the responsibility of the CHRE.

It is now two years since I first approached the GDC and no one has taken the time to listen to and evaluate my concerns. How many patients have been treated in this period?

Thank you very much for looking into this, I await your response,

Yours sincerely,

Mike Mew, BDS MSC