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DTUK mailbox

We value your feedback, so email us at penny@dentaltribuneuk.com, or write to Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1N 8BA.

Political gripes, dental dilemmas, guest comments, general feedback...

We want to hear them all.

**Sleeping targets**

Many dentists will know the ancient Greek story of the evil innkeeper Procrastes, who invited travellers to sleep in a certain bed and wait until they were sleeping. If they were too tall he would cut off their feet and either way, take their money.

The present absurd dental system is much the same; we get two messages from our beloved CDO Barry Cockcroft and his masters. If you reach your UDA target early and go on holiday you are probably cheating and manipulating the system by band-gaming, and deserve to be penalised. If, like me, you fail to reach your target it is not because patients are missing and late cancelling appointments or because they are taking longer to put right then the measly UDAs allow, nor because the figures for the reference year were doctored to make our UDA targets higher. Oh, no; it is because you are lazy and deserve to have a claw back, no allowances.

We get much the same mixed message elsewhere, and the common public accounts committee is surprised that the dental corporate (set up to maximise profit) and its parent company the Medical Protection Society (MPS) have repeatedly asked us for an Edinburgh office - giving Scottish members a local service.

That the absurd un-trialed UDA system works at all is a credit to our dentists who make the best of a bad situation - doing our best for our loyal patients with resources already thinly spread. Dr Cockcroft and NICE would like us to see these patients every two years if he can force us, but it is their comparatively easy UDA s which subsidise us to see the peculiar attendances with the disastrous dentists. I also see that in Mouth Cancer Awareness week Dr Cockcroft is urging dentists to screen more regularly to catch cancers earlier. Am I the only one who thinks this is doubletalk?

I would like a system which pays cessation or sessional payment plus lab bills for regular patients, and a fee per item entry payment to all dentists and casuals on an even keel, reflecting their different needs.

What happened to Procrastes? Well, prince Theseus of Athens wove a thread into his bed and gave him a dose of his own medicine. I would like to see our CDO work in a practice or clinic say in one of the unused ones in Cornwall, treating all comers to a high standard for three months trying to earn £1,500 UGAs without exploiting any loopholes, with the shortfall clawed out of his salary.

Duncan Fitton

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**NHS Fife must ‘apologise’**

The Scottish Ombudsman has told NHS Fife to apolo- gise to the patient for causing her fake red filter.

The Ombudsman stated that, although the patient signed a consent form, she ‘was asked to make her decision under difficult and stressful circumstances without a proper chance to consider all the options’.

The Ombudsman recommended that the health board give a full apology and that all dentists agree in future that a denture has been correctly pre- pared before a fitting takes place.

The report also recommended that, when a patient is under particular stress, guidelines should be drawn up to consider management and consent.

NHS Fife has accepted the recommendations.

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**‘Inspectkor TC’ spots plaque**

Scientists from Liverpool University have developed a dental product which identifies build-up of plaque in the mouth, before it is visible to the human eye.

The ‘Inspectkor TC’ product is aimed at older people and young children, who are vulnerable to dental disease. The toothbrush-sized device features a blue light which, when shine in the mouth and looked at through yellow lenses containing a red filter, detects plaque as a red glow. Dentists currently use disclosing tablets which can stain the mouth and taste unpleasant.

‘It is extremely difficult to get rid of all plaque in the mouth’, said Professor Sue Higham, from the University of Liverpool’s School of Dental Sciences.

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**Dental Protection for Edinburgh**

Dental director Kevin Lewis said, ‘This quick demonstration of the commitment of DPL and MPS to our members in Scotland, is something that many members have repeatedly asked us for.’

But opening this new office in Edinburgh is only part of a much bigger picture, and we have already made several key appointments to create an outstanding team that will be based in Edinburgh.

Dental Protection Ltd is to open an Edinburgh office - giving Scottish members a local service.

Their experience and specialist local knowledge will strengthen and enhance what I firmly believe was already the best dental-legal advisory team in the world.

Our members in Scotland already enjoy all the benefits of be- ing part of this large, strong and well-funded international organisation and now we will have the added benefit of this local service delivery and expertise.

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**New NHS dental surgery for Inverness**

Patients in Inverness are to get a new dental surgery designed to reduce waiting lists in the city.

There are currently 10,000 people on the waiting list for an NHS dentist in Inverness. The new sur- gery would be the third development for Inverness in recent years.

Dental director Kevin Lewis said: ‘It will be a great boost to den- tal care in the Highlands, which has had some of the lowest dental patient registrations of any health board in the whole of Scotland.

While this will be welcome news for Inverness, I have writ- ten to NHS Highland to ask how they plan to make similar provi- sion for the Caithness, Suther- land and Easter Ross con- constitutions, where only 15 per cent of people are registered with an NHS dentist.

She added: ‘In the Ross, Skye and Inverness constituency, the figure is not much better with only one in five people being reg- istered with an NHS dentist. Given that the Scottish average for NHS dental registration is 59 per cent, these two constituencies fall well below what is avail- able in the rest of Scotland.’

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**International Implant**

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Many years ago, I shared a flat with a friend in investment banking. He had a standard answer when asked for advice about the stock market and it was, ‘It might go up; it might go down or it might stay where it is’. From that day to this to this, I have never heard any better investment advice. Couple that with the other simple lesson – namely that if it sounds too good to be true then it probably is – and you have all the information that you need to be an investor. Whether or not you are successful will depend on a host of factors that are completely outside your control. I don’t doubt that, if you make an in-depth study of a particular market sector, you might develop a level of knowledge that allows you to see potential opportunities and to take advantage of them. Or you can use experts, who have hopefully already gone through this process, and invest in emerging markets. Alternatively, you can spread your risk by using more traditional methods such as unit trusts, building societies and banks.

The chances of a significant return on your capital was never great in the latter cases, but they had the advantage of being safe. Unfortunately, recent events have forced me to add a third rider to my rules of investment and it is that there is no minimum price for anything. Sadly, there is virtually nothing left that has such intrinsic value that it will always be worth something.

So what can you usefully do with your money to protect it, and, potentially, to earn anything from it? In these uncertain economic times, it is very difficult to know who to trust or what to do for the best. However, there is one person that you can trust absolutely with your money and that is you. At least with money invested in you and your business, you are much more in the driving seat than you are with money invested in some stranger’s company.

There is a strong temptation to halt all investment during a down turn but it is the very time when investment can be most fruitful. Trying to update computer systems and install modern technology at a time when the appointment book is bursting can be very difficult. It is much more productive to do it when there is less disruption to surgery time and it will be in place ready to generate greater income in the future. Similarly, investing time in learning new techniques and skills will pay dividends in due course.

The recession will inevitably mean a reduction in the number of treatments delivered but it will not reduce the number of treatments needed. That need will still be there when the recession ends and those best placed to meet it will be those who suffer least from the current downturn.

The only trouble is that, when you reap the rewards of your investment, there still won’t be anywhere safe to put it!

Tony Reed, executive director of the BDTA

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Guest comment
Trusting your instinct

Tony Reed, executive director of the BDTA