COMMENT

Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email bdj@bda.org.
Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

Dental careers

An excellent template

Sir, I write to commend the excellent opinion piece by Hassan and Nazar.[1] The description of such a reasoned approach to career planning should give younger colleagues an excellent template as they make their way into practice. Beyond the clear benefits described in respect of the particular experience in this case, the application of loss aversion reasoning as a process would serve the wider profession well.

Decisions are seldom clear cut and there are usually trade-offs to be made. Consideration of the long-term benefits and deferred gratification can often help to prioritise. I would encourage practitioners young and old to read this piece and apply the same approach to difficult life decisions.

P. Ward, London, UK

References

1. Al Hassan A, Nazar S. Dental core training for the future GDP: is it worth it? *Br Dent J* 2019; **226:** 484-485.

DOI:10.1038/s41415-019-0457-6

OMFS

Appropriate referring

Sir, it was very disappointing to read the letter from Dr Tajmehr. [1]

Firstly, 155 patients referred over a 12-month period equates to just under 13 per month or about 3-4 per week. Having worked for seven years in various oral and maxillofacial units, as well as many years in general practice, I do not think this is putting a 'significant strain on secondary care services'.

Secondly, it was reported that 'of the remaining 143 referrals, the majority of patients were diagnosed with potentially-malignant and premalignant conditions'. Thankfully, the primary care practitioners had the requisite education and training to refer these patients, who will have been reassured by the non-cancer diagnosis and subsequent review and monitoring of their lesion instigated after histological diagnosis.

Thirdly, it was reported that 'the rest had no abnormal findings at all'. The word 'abnormal' is poorly used in this context. Does the author mean that at histology the oral mucosa was normal in appearance or that there were no histological signs of dysplasia? Most experienced clinicians will have come across clinically suspicious lesions which turn out to be benign at histological examination. The point here is that clinical appearance does not always correlate with histological examination.

Fourthly, there is extensive postgraduate training available to dental practitioners, which most of my colleagues will avail themselves of, nowadays under the watchful eye of the GDC. However, I do not know how much education and training our hard-pressed medical colleagues receive either in the undergraduate or postgraduate field. Perhaps, this is an area Dr Tajmehr would care to research?

Finally, I would urge all my primary care colleagues to continue to refer any suspicious lesions through their locally-agreed pathway to the appropriate oral and maxillofacial unit. They will find that their secondary care colleagues will not judge them on the 'appropriateness of the referral' but will be grateful for putting patients' interests first.

A. J. Wight, Dundee, UK

References

1. Tajmehr N. Appropriateness of referrals on the suspected cancer referral pathway - a secondary care perspective. *Br Dent J* 2019; **226:** 539-540.

DOI: 10.1038/s41415-019-0480-7

New specialty?

Sir, is there a new specialty (maxillofacial) as your headline suggests in the article reporting a study on knife crime published in *The Surgeon* (*BDJ* 2019; **226:** 552)? The lead author in that article was a training oral and maxillofacial surgeon and another co-author a consultant cral and maxillofacial surgeon at King's College Hospital. I suspect many of the reported patients attending hospital were first seen by dentists who are debarred from sitting the Royal College examinations to obtain GDC specialty recognition (oral surgery) as described in your other article in that journal (*BDJ* 2019; **226:** 546). Give credit where credit is due and refer correctly to the specialty as oral and maxillofacial surgery. Otherwise why give precious space in our journal to an unrelated specialty that has published elsewhere?

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DOI: 10.1038/s41415-019-0479-0

Inappropriate referring

Sir, one of the problems facing oral and maxillofacial surgery (OMFS) clinicians is the inappropriate method of referring patients by our primary care colleagues via other members of staff.

Many general dental practitioners (GDPs) will ask non-clinical members of staff, such as the practice manager or a receptionist, to ring the hospital to refer emergency patients. This is inappropriate for a number of reasons. First, these individuals do not have the clinical knowledge or experience to relay the appropriate information. Second, only the person who has assessed the patient will be able to answer key questions on the patient's current condition and the seriousness of the situation. Third, this method of referring often creates more inefficiency than if the GDP had called initially. These issues severely compromise patient care, specifically the ability of the OMFS team to provide informed advice or management for these patients.