digital planning and remote consultation! It was nice to see confirmation of my own contribution into orthodontic teaching.⁴ When inspired and encouraged by Chris, some of us 'up north' undertook an RCT into CAL in orthodontic teaching using programs developed by Chris.

Chris Stephens was truly ahead of his time in promoting and developing computers in teaching into what is now 'the norm' and he should be recognised for his pioneering work.

R. Hobson, Newcastle upon Tyne, UK

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Law and ethics

Expert witnesses

Sir, experts called to criminal or civil courts observe, respectively: Parts 33 and 35 of the Criminal and Civil Procedure Rules. In whichever domain, the expert must remain independent, uninfluenced, provide an opinion on the facts, referring to the latest evidence-based and peer-reviewed literature, provide options capable of surviving logical scrutiny before arriving at an outcome on which the court can decide whose opinion carries the side over the threshold of proof.^{1,2}

The documented increase in Registrants Referring Registrants to the GDC (R3) invariably demands the involvement of expert witnesses, with peculiar problems for the dental expert witness, who must resist the inclination to partisan persuasion.³ Despite dento-legal training, the expert is neither a resident, nor a participant, but only a visitor to law. Becoming an expert after mastering clinical skills comes after a recommended minimum five years of consultancy.² But this is not an invitation to provide legal advice, to become adversarial or stoop to unattractive court-room rhetoric.^{2,4} One fundamental truth is the expert-witness carries no legal authority. Another is, despite defined

parameters of practice, there is no agreed definition of what an expert is.

The only control restricting the R3-reaction is the GDC Standard 9.1.1 stating: '*All team members, other colleagues and members of the public must be treated fairly, with dignity and in line with the law*'.⁵ Expert or otherwise, if we are not prepared to deal with the consequences of having gloves laid on us by lawyers not bound by Standard 9.1.1, we should treat our colleagues as fairly as we wish to be treated ourselves.

J. Laszlo, M. McGowan, London, UK

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Volunteering

A valuable experience

Sir, a recent return from a dental aid programme in rural Bangladesh has highlighted the invaluable experience that dental professionals can gain from volunteering.

With the support of the Dental Aid Network charity, a team of six dentists triaged over 1,500 adults and children across rural villages in limited facilities. We provided extractions, delivered oral health advice, and distributed antibiotics and analgesia to those that required them. The gratitude expressed by the patients and families treated was overwhelming; many had been in pain for months, unable to afford basic medical or dental help and pain had become a part of their everyday lives.

A notable proportion of the patients we treated had significant dental side effects from the frequent use of betel nut. This is used widely throughout Asia, and there are ever increasing numbers of communities

within the UK that are now using betel nut and various forms of smokeless tobacco. With betel nut being the world's fourth most commonly used addictive substance, education on its potential to cause oral cancers and diseases was imperative, and a key theme of our programme.¹

As dental professionals, we are fortunate to have a unique skill set that enables us to relieve people of pain. In some situations, this can be almost life changing for those who would not otherwise have access to the medical and dental facilities that we often take for granted.

There is no doubt that the clinical experience we gained on this programme will add to our skill set and benefit our patients in the long term. We would wholeheartedly encourage anyone who would be interested to take the opportunity to contact these charities and get involved with similar programmes, whether it be abroad or closer to home.

E. Swinnerton, O. Barraclough, M. R. Miah, Leeds, UK

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Periodontology

Are we recording BPE?

Sir, a colleague and I recently carried out an audit at our respective dental practices looking at whether clinicians were performing Basic Periodontal Examinations (BPEs) on patients aged between 7–17-years-old. After looking at patient records, only seven out of 40 showed that a BPE had been recorded.

The British Society of Periodontology (BSP) states that the BPE gives clinicians guidance on whether further periodontal treatment is required for a patient during a routine examination. They advise that the BPE should be recorded on all patients from the age of seven at every check-up.¹

The Child Dental Health Survey 2013 stated that around 40% of 15-year-olds in the UK have gingivitis.² A BPE is a useful tool to demonstrate this to a child and/or parent, to motivate them to improve their brushing. Additionally, there are medico-legal implications of not recording

a BPE. Failure to carry out BPEs have been directly referenced in Professional Conduct Committee minutes found on the GDC website.³

We presented our results at practice meetings, which included discussions and explorations of the barriers and misconceptions around periodontal screening in children. Thereafter, a re-audit showed that 22 out of 40 records had a BPE noted. The audit highlighted the lack of BPE recordings carried out on children. I would urge any clinicians reading this to refresh their knowledge by reading current BSP guidance and ensure they are recording the BPE in all patients over the age of seven.

H. Malik, P. Momin, Princes Risborough, UK

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Community dentistry

The sunflower lanyard

Sir, upon discussion with a colleague, we have realised that there is a wonderful scheme in order to help identify patients who have unseen disabilities: the sunflower lanyard. Several high-profile businesses such as Sainsbury's and Tesco have welcomed the scheme in order to provide shoppers an inclusive and supportive environment. This is a wonderful step forwards in recognition of people who may not be able to cope in the environment in which they find themselves. For example, a child with autism who may be overwhelmed in a seemingly 'every-day' situation could face disapproving looks and a parent may feel judged; this prejudicial behaviour could be alleviated by simply highlighting a hidden disability, with the sunflower lanyard. Initially originating in Gatwick Airport in 2016, this successful scheme was set up in order to recognise passengers who may have hidden disabilities, and may require some extra assistance or time as they move through the airport. This

scheme has now been adopted by all major airports.

Upon asking my colleagues about sunflower lanyards, several of them have not heard about this positive and helpful scheme, that can be equally as applicable in a dental setting. In light of this, we feel this is something that would be of great help to publicise to the wider dental community, in order to raise awareness for staff, patients and the general public with whom we interact so that there may be more understanding and patience for those that have increased needs.

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<https://doi.org/10.1038/s41415-020-1809-y>

Mouth cancer

Inappropriate referrals

Sir, we conducted a retrospective audit of the urgent suspected cancer (USC) referrals to our oral medicine department over a 12-month period. The USC pathway fast-tracks referrals for potential malignancies into secondary care, to allow rapid diagnosis and management, with the goal of improving outcomes and survival rates. The National Institute for Health and Care Excellence (NICE) published guidance, 'Suspected cancer: recognition and referral' (NG12), which outlines four signs and symptoms which should result in a USC referral.¹

The results indicated poor adherence with NICE guidance with only 12% of referrals meeting criteria. The majority of referrals came from general dental practitioners (GDPs) with 12% of referrals made by one GDP and over a quarter from six particular GDPs. After examination by an oral medicine consultant, 17% of patients were diagnosed with normal anatomy, 15% with frictional keratosis and 9% with oral lichen planus.

The literature shows the diagnostic yield of malignancy is typically less than 10%.^{2,3,4} Conversely, this audit found 0% of USC referrals made directly to oral medicine were of a true malignant or dysplastic nature. It should be noted that patients with malignant conditions during this time entered the service either through maxillofacial pathways or inappropriate alternative pathways to oral medicine.

The findings of this audit suggest a higher level of inappropriate USC referrals to our

oral medicine department compared to other units. The department has reflected on the reasons for such high levels of inappropriate referrals and feel that they may indicate a lack of knowledge or awareness of the NICE guidance. Additionally, there may be need for revision of anatomical variants and common oral medicine conditions among referrers. The findings may also reflect the increasingly medico-legal environment and the heightened vigilance of primary care practitioners. This level of caution should be welcomed by all and we do not wish to discourage referrals. However, it has to be considered how inappropriate referrals could impact on waiting times for patients whose conditions are truly malignant and for whom rapid diagnosis and management is crucial.

H. Bradley, O. Barratt, M. L. Simms, P. A. Atkin, Cardiff, UK

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Green dentistry

Paper BDI envelope welcomed

Sir, for some time it has been a great bug bear of mine seeing the plastic wrapped BDI sitting in my letterbox twice a month. This was heightened when I witnessed the positive change the National Trust made by delivering their magazine in a biodegradable wrapper – now a great addition to my compost bin!

I can imagine many have written to you over their concerns. I am a great believer in looking after our planet and was so pleased when I saw your recent announcement that the BDI will now arrive in a paper envelope. May I thank you for working with your publisher, Springer Nature and listening to your BDA community on making this significant step forward to a more sustainable future?

L. Rollings, Birmingham, UK

<https://doi.org/10.1038/s41415-020-1811-4>