

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.

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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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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.

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Green dentistry

Paper *BDJ* envelope welcomed

Sir, for some time it has been a great bug bear of mine seeing the plastic wrapped *BDJ* 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 *BDJ* 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

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