the effects of organisational pressures, I believe all of these health professionals do what they can to look after their patients' best interests by collaborating and use of effective communication.

However, I have noticed that communication between GPs and their dental counterparts can leave a lot to be desired. Some patients find it difficult to get a dental appointment (or have dental phobia!) and may attend their GP instead. This may lead to delay in dental diagnosis and treatment as well as wasted GP time.

Occasionally, however, there are some patients whose diagnoses fall beyond the scope of the general dental practitioner (GDP) and may require treatment from a specialist in oral and maxillofacial surgery or oral medicine. For example, these patients may be complaining of chronic pain from their lower jaw which could be as simple as toothache or as complicated as trigeminal neuralgia; or they may have an extra-oral swelling that could be a dental abscess[2] or as severe as a malignancy or ischaemic cardiovascular disease.

While a dentist could manage some of the above cases, when urgent care is required (as for tracking dental abscesses or squamous cell carcinoma), there should be easy access to an appropriate treatment pathway[3] from their initial contact with a health professional, that is, their GP or GDP. Whatever the origin of the referral, the speed and appropriateness is what matters.

GPs should not be expected to know every treatment modality for toothache; an appreciation of the most common causes and diagnoses of pain in the mouth will indicate any outliers and allow for prompter referral. Dentists contact local GP practices for up-to-date lists of medication, and would be more than happy to offer an opinion or advice, so we can continue to provide the highest quality of patient care. With increasingly complex management of patients,[4] dental interception and preventative care are more crucial than ever.

Holly Boyes,

Foundation Dentist, St Helens.
E-mail: holly.boyes5@gmail.com

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GPs: needs, wants, and bonds

The workforce issues facing general practice in the UK are of concern to the profession and the public.

Opinions, facts, and research are unlikely to solve the whole breadth of confounding variables that are at play.

A public with expectations of a valued clinical service (wants) might expect its politicians to assist with the planning and provision of general practice at a time of falling enrolment (needs).

Market forces can do wonderfully creative things ... for markets. The provision of a primary medical care service with general medical practitioners may be too highly valued to be left to market forces alone. If there is to be a blend of public and private provision to ease the disparity of provision and to assist recruitment, perhaps today's students could be provided with financial assistance (bonds) in return for a period of work in an area of the country with a recognised need?

R William Howe,

GP, Lostwithiel Medical Practice, Lostwithiel.
E-mail: William.Howe@nhs.net

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Correction

In the July 2015 issue, the article by Yarlott L. BJGP Student Writing Competition: the results. The GP in the Digital Age. Br J Gen Pract 2015; DOI: 10.3399/bjgp15X685741, incorrectly listed the author's surname as 'Yarnott'. We apologise for this error. The corrected version is online. DOI: 10.3399/bjgp15X686749