population would be uncomfortable knowing that their GP is lesbian, gay or bisexual.[10]

It would be rightly unacceptable for fervently religious clinicians to wear a lanyard in a clinical environment that demonstrates their belief that gay sex is a sin, or that demonstrates their disapproval of same-sex marriage.

However, in deeming that unacceptable, I feel compelled to challenge the new social norm of demonstrating the opposing view with a lanyard in a clinical setting.

This makes it clear to me that what is important is less about the worthy reasons why I might be sporting a rainbow lanyard, and more about how that item might be interpreted by certain patient groups, and in particular whether it could cause any distress.

I want to ensure LGBT+ patients feel comfortable in the clinical setting just as much as those who might be opposed to same-sex relationships on religious grounds. Both groups have a right to be treated in a non-judgemental and non-prejudiced space.

I conclude then that LGBT+ patients can, and should, be helped to feel more comfortable with posters or leaflets in a waiting area, but a dentist's surgery should remain an apolitical space that is solely focused on patients' oral health concerns.

S. Worthington, Edinburgh, UK, by email

References

1. NHS Greater Glasgow and Clyde. Equalities in Health. 2019. Available at http://www.equalitiesinhealth.org/rainbow.html (accessed April 2019).
2. Stonewall. Your Services Your Say. 2014. Available at https://www.stonewall.org.uk/resources/your-services-your-say-consultation-report-2014 (accessed April 2019).
3. General Dental Council. Standards. Available at https://standards.gdc-uk.org/pages/principle1/principle1.aspx (accessed April 2019).
4. Office for National Statistics. Sexual identity, UK: 2016. Available at https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2016 (accessed April 2019).
5. Office for National Statistics. Religion in England and Wales 2011. Available at https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/religioninenglandandwales2011/2012-12-11 (accessed April 2019).
6. Anglican Communion. Section 1:10 – Human Sexuality. 2019. Available at https://www.anglicancommunion.org/resources/document-library/lambeth-conference/1998/section-i-called-to-full-humanity/section-i10-human-sexuality (accessed April 2019).
7. Sherwood H. Justin Welby unable to give 'straight answer' on whether gay sex is sinful. *The Guardian*, 2017. Available at https://www.theguardian.com/uk-news/2017/oct/02/justin-welby-unable-to-give-straight-answer-on-whether-gay-sex-is-sinful (accessed April 2019).
8. The Vatican. Congregation for the Doctrine of the Faith. 2019. Available at www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19861001_homosexual-persons_en.html (accessed April 2019).
9. Clements B. Attitudes towards gay rights. British Religion in Numbers. 2017. Available at http://www.brin.ac.uk/figures/attitudes-towards-gay-rights/ (accessed April 2019).
10. Stonewall. Living Together. 2012. Available at https://www.stonewall.org.uk/resources/living-together-2012 (accessed April 2019).

DOI: 10.1038/s41415-019-0320-9

Education

Novel integrated curriculum

Sir, it is commendable that those responsible for creating and delivering such a course as detailed in a recent *BDJ* paper should be praised for their work.[1] However, we wish to put the record straight.

This course is not the first such course to integrate the education and training of dental hygienists and dental therapists with those of the dentists.

The London Hospital Medical College (LHMC) Dental School, now known as the Institute of Dentistry, Barts and The London, Queen Mary University of London, introduced integrated teaching of the dental hygiene and dental therapy course and the BDS course in 1983. A brief description of how this came about will be a timely reminder of pioneering historical events.

When the School for Dental Therapists at New Cross in South East London was due for closure in 1982, the then Professor of Conservative Dentistry – the late Professor Harry Allred – proposed to the Department of Health to set up a new type of dental hygiene and therapy training programme as its successor. The curriculum at New Cross School was modelled on that of the School Dental Nurses' curriculum in New Zealand (The School Dental Nurses are therapists and their work is invasive in nature).

This proposal was accepted by the Department Health and funding was made available to set up the Dental Auxiliary School (DAS) at the LHMC under the Directorship of (Professor) Stuart Morganstein.

The first cohort of eight students was admitted in 1983. The unique feature was the integration of teaching of dental hygiene and therapy and the third year of the BDS course. Each student group consisted of BDS students and dental hygiene and therapy students, who had the same lectures, seminars, practicals, clinicals and assessments. They also carried out projects together which were presented to a whole school audience once a year.

Both groups of students benefited from this integration and also dispelled fears among future dentists that the dental therapists were a threat to them and could be an asset in practice. This was at a time when there was much opposition among the dental profession to the introduction of the hybrid of a combined dental hygienist and therapist.

The underlying philosophy was that although the remit of dental hygiene and therapy was specific to a defined scope of practice, the public expected the same high standard of care as practised by the dentists whose remit was wider. Therefore, the dental hygienists and therapists needed to be educated and skilled to the same standard as that for the dentists.

In addition, a 'team in training' approach to education was expected to lead to a harmonious 'team in the workplace'.

Obviously, the two groups had separate specialised teaching also, but the underlying principles were integrated teaching of BDS and dental hygiene and therapy students with Years 3 and 5 of the BDS curriculum. Inter-professional education was at the core. Two other directors of the DAS, Professors Elizabeth Davenport and Kevin Seymour contributed to enhancing inter-professional education even further.

Over the years, many other schools in the UK adopted the same philosophy and adapted this method as a basis for shared teaching and learning activities.

The Diploma in Dental Hygiene and Dental Therapy is becoming a BSc programme at Queen Mary later in 2019, but the original concept of integration with the BDS course continues, as in the past. The Queen Mary model has many features as described in the article referred to, therefore it is not necessary to describe them in detail.

This letter is only to put the record straight. We do not wish to devalue the efforts made by our colleagues at the Peninsula Dental School. In fact, we commend them for adopting a revolutionary concept pioneered 36 years ago and now applying a focused approach within assessment.

S. Murray, J. Holt and D. Y. D. Samarawickrama, London, UK, by email

References

1. McIlwaine C, Brookes Z L S, Zahra D *et al*. A novel, integrated curriculum for dental hygiene-therapists and dentists. *Br Dent J* 2019;**226:** 67–72.

DOI: 10.1038/s41415-019-0319-2