

Skills development gatekeeping. *Who gets to decide?*

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As the knowledge frontier advances, we find the development of new techniques and skills in the various disciplines of Dentistry. This has historically led to the establishment of highly focused or specialized fields of practice in which a particular practitioner develops and perfects specific competencies and skill sets. In turn the rapid advancement and development of these fields required legislated management, to ensure that the patient and community are protected from any unpleasant activities.

However, with the evolution of clinical dental practice and the rapid knowledge and technological advancement, a question is being raised: Who is in control of deciding when, how and where theoretic knowledge and clinical skills and competencies are disseminated? Although one may argue that knowledge is freely available for all practitioners to consume and to integrate into their daily practice, it would be facetious to leave out the fact that much of the integration requires clinical competency training that must be solidified through practice and repetition to become an expert. But why is this not accessible to all?

The modern digital age, and the ease of access to vast repositories of information is leaning towards the inevitable scrutiny and implementation of several diagnostic and treatment modalities in private practices, previously reserved for pre-defined categories of practitioners. Considering this, a position is often presented in which expertly skilled or specialist practitioners may well prefer to train those who are interested to practice skills in a particular field themselves. A reason for this is often that the teaching and training will be done inevitably, and that it should best be done by experts in that niche, rather than leave it to materials or product development companies as an example. Others will feel 'cheated' by giving younger or newer practitioners the additional advantages of knowledge and skills they themselves had to develop over a number of years.

Gatekeeping of knowledge is a subject often discussed in other areas of academic and private sector teaching and learning. It has not yet been explored in Dentistry. As it stands, universities are generally considered the universal gatekeepers of this knowledge as the individuals within these institutions dictate the how, what, and when of knowledge distribution. Many may view gatekeeping as a logical instinct, however gatekeeping has a darker and more oppressive side to it. Acting as knowledge gatekeepers can be viewed as a disloyalty to intellectual curiosity, and disrespecting any new concept of accessible knowledge, technological disruption, and simply put: the

democratic nature of data and empirical evidence. But again, who gets to decide and why. The 'how' aspect of knowledge dissemination, integration and implementation as competency skills is a whole new exploration once this uncomfortable topic has been discussed.

Indeed, I present many open-ended questions in the hope that these will stimulate productive academic discussions with the intention to further support and develop dentistry as it benefits from all the interest and eagerness of so many of our colleagues to excel in their chosen fields of expertise. I look forward to seeing these discussions grow and develop.

