

complex statistical modelling and qualitative approaches.

Perhaps most relevant to the readers of *Evidence-Based Dentistry* have been developments in our understanding of the implementation of best practice in healthcare. There is a growing understanding of the necessity to understand the determinants of the adoption of evidence-based and best practice in healthcare, and an acknowledgement that approaches such as the passive dissemination of information and the production of guidance documents while necessary are certainly not sufficient to induce behaviour change among healthcare professionals. The most comprehensive model of behaviour change to date has been provided through the work of Susan Michie *et al.* in a series of developments.^{4,5,6} The model starts with a simple three-element overview – suggesting that in order to change behaviour, we need to consider capability, opportunity and motivation, termed the COM-B model.⁴ These elements are expanded in the ‘Behaviour Change Wheel’ to demonstrate how each can be influenced by interventions operating at a societal or individual level.⁴ Expanding on this, the team have identified a ‘Theoretical Domains Framework’ which explores the enablers and barriers to change – comprising 14 domains: knowledge; skills; social/professional role and identity; beliefs about capabilities; optimism; beliefs about consequences; reinforcement;

intentions; goals; memory, attention and decision processes; environmental context and resources; social influences; emotions; and behavioural regulation.⁵ Finally, the ‘Behaviour Change Taxonomy’ identifies 93 strategies suitable for creating behaviour change.⁶ For a summary of these approaches and their application in dentistry, see Asimakopoulou and Newton.⁷ The approach to changing behaviour is of necessity sophisticated and complex – reflecting the very nature of behaviour. Creating behaviour change such as the introduction of new ways of practising healthcare is challenging and complex, and requires in-depth exploration and analysis. It is a field of science in its own right. There is unlikely to be a simple ‘one-size-fits-all’ approach. It is incumbent upon us to be aware of such complexity, and while simple models of behaviour change have attractions,^{8,9} those implementing system change need to be aware of the limitations of such models and if necessary explore the wider barriers, enabling factors and techniques to promote positive change.

On 1 April 2022, I celebrated the 30th anniversary of my appointment as Lecturer in Psychology as Applied to Dentistry. Those 30 years have been a time of developing understanding of the critical role of behavioural sciences for and of dentistry, both personally and for the discipline. I have

also seen an increasing number of social and behavioural researchers become interested in the field of dentistry and I am excited and delighted at the prospects for the future of this important work.

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