

# Too busy using it to learn how it works

Stephen Hancocks OBE  
Editor-in-Chief

Send your comments to the  
Editor-in-Chief,  
British Dental Journal,  
64 Wimpole Street,  
London  
W1G 8YS  
Email [bdj@bda.org](mailto:bdj@bda.org)

EDITORIAL

We are often told by information technology folk that most of us only ever use a fraction of the capabilities of our computers, laptops and the like; leaving a high percentage of hard drives and software capacities underemployed. Similarly, we are led to understand that we only utilise a small part of our brains, our intellectual capacity and ability to reason. This latter being, if anything, the more disturbing.

But why is this? Why is it that when we get a new car and turn on the radio we always stay with the same programmes we had tuned-in in the previous vehicle? Habit, of course, has a lot to do with it but the overriding consideration, or excuse, is that we are too busy using it (whatever *it* is) to learn how to use it further, or better, or more efficiently. If I am not mistaken it is a theme that runs through the lives of many of us, indeed pervades much of what we do, and therefore much also of what we do not do, in our practising as well as our private lives.

To some extent the nature of dentistry makes us behave that way and it may also be the case that we are, or were, attracted to dentistry as a career because our personality type edged us in that direction. But I wonder too if this has been exaggerated by the piece-work effect of NHS dental contracts over the past 60 or so years? Effectively, every dentist in practice in the UK today has grown up with, and within, the NHS as a person first and as a clinician second. Consequently, to imagine a non-NHS world is extremely difficult, if not impossible. But the deeply ingrained and sub-conscious culture of the impetus to treat as much dental disease as possible as efficiently as possible may be a legacy that will take at least as long again to work through the semi-hypnotic psychology that can come to haunt us.

## TUNNEL VISION

There is no implied or explicit criticism of NHS dentistry here, only an observation of the behaviour that it might have induced. The very recent publication of the full results of the 2009 Adult Dental Health Survey clearly show in contrast to the 1968 results what a huge leap forward there has been in oral health in that same period and what a huge volume of treatment has been provided. But what has been so commendably successful for oral health may have been equally as significantly traumatic for the health of dentists.

The tunnel vision effect of this working pattern has become manifest in many ways and the quest to fulfil continuing professional development (CPD) provides an example. For many

GDC registrants, at least to date, the often near stampede to 'get' CPD hours can be almost embarrassingly non-professional. For some, the quality and relevance of the educational content is of no or little concern, garnering the 'points' is the prime objective. Indeed the comparison has been made to me on several occasions between this and the undergraduate quota system of getting items of treatment signed off, and indeed to the former NHS contract and even the more recent UDA (Unit of Dental Activity) system. The rationale should be to select that CPD which will benefit us individually in the widest sense to accomplish our personal objectives. But, guess what? We're all too busy just now to be able to give that any further thought. Let's just get the points.

In a broader context I believe that this attitude can also adversely colour our ability to successfully run and expand our businesses; once again being too busy 'doing it' to learn how to do it better. It might not matter so much if things were likely to stay the same. But they are not. Quite apart from disease trends changing so radically, our patients are also going to expect different levels of service and improved approaches to care, if for no other reason than that recent governments have impressed upon us all the need for quality (I believe, for example, that the word is included in the title of a new Care Commission). So, while having once been used to the regular check-up, an X-ray and a couple of fillings as being the norm on a conveyor belt type system, patients now have very different expectations.

Sadly, many of us are not yet able to even conceive of ways in which we can adapt, develop and enhance our practices in line with these contemporary aspirations. Not because we are unintelligent but because we are so busy 'doing it' that we haven't the time to raise our eye-line above the instrument tray, our thoughts to a higher plane or our imaginations to encompass what we would really like to achieve. We are still fulfilling so many quotas that there just isn't the time to find out how the rest of the machine works and therefore how it could be of greater benefit to all concerned. And concerned is what we must be.

DOI: 10.1038/sj.bdj.2011.243