In many industries, workers are often confronted with deskilling due to the sustained development and implementation of technological advances. In many industries this holds economic benefits that may include the increase speed in which activities are performed, or a substantial increase in productivity and output. The same can hold true for Dentistry. However, must the inevitable deskilling necessarily be viewed in a negative light? Do all practitioners still require some skills that are comfortably managed through automation or through some form of new technology? There are of course also the views that deskilling could be a threat to dentistry, resulting from perpetuating possible educational shortcomings; and also in the scenario where dentists are placed in rural areas for community service without any facilities or support to uphold specific clinical skill or competency levels.

In the case where important skills are lost or have been eroded, a dentist would have to reskill. Reskilling differs from upskilling in which the latter involves investing in the skillset of a particular area of practice. Upskilling does not involve the loss of capacity or potential but is rather about helping clinicians upgrade their existing roles to perform better and more efficient tasks, whereas reskilling is about preparing them to fulfill existing roles and functions appropriately and efficiently. Losing, or phasing out skills that are considered superfluous, archaic, or purely of historical value can be seen as a necessary function in the evolution of clinical care in dentistry. A balance is achieved in that new skills are developed and honed during competency training, and hopefully maintained in practice. This goes hand-in-hand with the development and evolution of dentistry itself.

Practitioners are not relegated to a “would you rather” scenario just because technology is advancing and many manual tasks are becoming automated or facilitated in some way or another by these technical advances. Instead, I believe it provides an opportunity for the clinician to advance even further in diagnostics and planning, and more specific and individualized provision of care, but also in developing the beauty and the artistry that is such a definite component of dentistry. The clean-up of the skillset of the dentist could be viewed positively to shift from a curative care approach to preventive care, but at the same time allow for upskilling into advanced areas of service delivery and care. It does raise the obvious question concerning the crossing into the arena of specialist-care from general dental practice, and it is perhaps time for stakeholders to assess this situation in the context of the advancements in dentistry. It would also be proactive of our training institutions to look at specific niche areas where reskilling of competencies might be needed.

With the relief of the upliftment of all lockdown restrictions we will see an increase in on-site visits and treatment delivery. Let us remain vigilant and continue will all infection control and other safety measure put in place in the preceding years. We herewith present the June issue of the SADJ and trust that you will enjoy the diversity of content herein.

Your participation into our cover pages

SADA wishes to extend its heartfelt gratitude to you for your continued contributions to the journal and to research in the oral health space. Your contributions have helped the journal to be competitive with other scientific journals globally.

In the spirit of broader inclusivity we would like to invite authors to provide us with suggestions for the cover page content of the SADJ. This should be all encompassing and not limited in appeal to a single grouping. We hope that these contributions will better our journal in line with our main objectives.

We look forward to receiving meaningful contributions from our membership, and thank you for your continued support and participation.

Warm regards,
Prof NH Wood – Managing Editor
Dr N Metsing – Head: Professional Development SADA