Why we should be ‘special’

In light of the GDC’s recent inquiry into the field of dental implantology and its regulation, Ali Abdellatif discusses the benefits of a specialist list for the area.

The discipline of implant dentistry has developed over the last 40 years or more. The initial attempts by an orthopaedic surgeon to stabilise dentures with titanium screws marks the area of dental practice drawing on knowledge from all the other dental disciplines. There’s no doubt that knowledge and expertise in implantology requires knowledge of periodontology, prosthodontics, orthodontics, endodontics and oral surgery.

Raising standards

The standards required in implantology have now risen significantly over the past few years. It is now inexcusable to place an implant without a clear vision of the final outcome. It is unacceptable that an implant should be placed without due consideration of the biological principles governing osseointegration and the bone–soft-tissue interaction and creation complex. Patients pay giant fees for every single implant and have every right to expect that it will be done correctly and that any possible problems with the final outcome should be communicated to them before they embark on the massive investment of time, money and surgical discomfort that implantology involves.

A good surgeon

A dental surgeon who claims to be an implantologist should have a thorough grounding in oral surgery. He/she should understand the intricacies of bone and soft-tissue healing and integration with dental implants as well as teeth. He/she should understand the numerous prosthetic treatment options related to number and distribution of implants, how to establish a functional and durable occlusion, what to look out for when placing and restoring the implant and the differences between an implant restoration and a natural tooth. He/she has to have extensive knowledge of the microbiota related to periodontal and endodontic infection and how each or both need to be dealt with prior to placement of implants and for their long-term maintenance.

They need to know the orthodontic implications of implantology with regards to the development of the face and jaws and how implants can affect this. An implantologist should be aware of all the major studies conducted in the field of implantology whether to do with guided tissue regeneration around implants, prosthodontic treatment options, what works and what doesn’t, how to recognise and deal with implant complications.

They need to keep abreast of all the latest developments in the field and needs to have a good knowledge base so as to be able to critically assess new developments. They need to be dedicated and to do a lot of implant treatment to become an expert at planning treatment, offering different options to patients, skilfully conducting the treatment with minimum detriment and knowledge of how to deal with surgical and prosthetic complications. They must also know his/her limitations and when to call upon dental surgeons for complex bone augmentation or prosthodontists for full mouth rehabilitation. The list goes on and current requirements are more clearly outlined in the FGDP RCS document ‘training standards in implant dentistry’.

Learning curve

It is impossible for the amount of knowledge accumulated over the last 50 years which is increasing exponentially, to be accumulated within a few days of lectures and demonstrations. It also seems to make sense to have a specific area of dentistry that is attributed with the collection and utilisation of this knowledge.

It would be unreasonable on the other hand to claim that implantology is the specific remit of a select few. This is of course completely untrue. But just as there are periodontists and prosthodontists who don’t do implants, practicing mainly the intricate complexities of their own specialities, it would be impossible for an implantologist to not practice implantology, for example, the implantologist performs mainly dental implant treatment and draws upon knowledge in the literature, his or her own experience and the knowledge and expertise of his colleagues in other fields to provide dental implant treatment to the highest standard.

The implantologist knows when he/she should ask an oral surgeon to do a block graft for him and knows when to ask a prosthodontist to help him plan a complex case involving extensive tooth wear or requiring the re-establishment of occlusion. A similarity could be drawn with a periodontist treating a specific tooth to ask an endodontist to provide endodontic treatment to that tooth, or when a prosthodontist calls on an orthodontist to create space for the provision of an implant.

Although there is a specialist list in periodontics, restorative dentistry, prosthodontics and others, this does not prevent the general dentist who has not followed an institutional three or four-year postgraduate course from granting knowledge of dentistry to the highest standard. A general dentist, from the day he obtains his BDS, has a licence to increase his knowledge in any aspect of dentistry he chooses and to practice even the more difficult procedures such as soft-tissue grafting or full-mouth reconstruction. The GDC merely stipulates that he practices within the limits of his competence.

Should things go wrong and he is questioned for his action, he must be able to provide evidence of competence in the treatment he has provided.

In essence, the establishment of a specialist list in implantology would not deny any competent dentist from practising implantology to his/her level of knowledge.

Inform and reassure

The purpose of a specialist list, in my view, is to inform and reassure the patient that the clinician they are seeing has accumulated, whether through experience over a number of years or through a structured training course, or both, adequate knowledge and expertise to provide their treatment to the highest standard in that field. The vast majority of patients I treat clearly find reassurance in the fact that this is so. Such is the case with endodontists, periodontists and prosthodontists, though any dentist is permitted to offer endodontic, periodontic and prosthodontic treatment to his patient regard-less of whether or not he has a higher degree.

Admittedly, a specialist list would also give credit to those who have dedicated a large part of their professional postgradu-ate study to the attainment of this competence in the field. It is narcissistic, but not without reason. A lot of hard work goes into learning how to provide implant treatment to the standard required and it would seem only fair that those who have are recognised for their achievement.

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