While dental implantology has seen tremendous growth in the last 20 years, education standards for the field, particularly at university level, are still lacking. A recent European consensus workshop on implantology education in Budapest in Hungary sought to discuss ways to assure quality and effective education in implant dentistry. At this year’s EAO congress in Dublin, Dental Tribune International spoke with Dr Nikos Mattheos, one of the organisers of the workshop and a member of Hong Kong’s Faculty of Dentistry about education standards in implant dentistry and the reason the field does not qualify to be an independent specialty.

“...a great diversity in the knowledge and skills that universities provide in their undergraduate programmes.”

Dr Nikos Mattheos, one of the organisers of the second consensus workshop held in Budapest in early 2014, that was also extensively debated in Japan, says that general practitioners must have a thorough understanding of whether he or she will choose to place or restore dental implants. A few high-profile cases of complications after the placement of dental implants have picked up by the daily press and blown out of proportion, with the help of some negative statistics. This has had a direct and drastic impact, as the number of treatments with dental implants dropped dramatically within a short period.

It is unfortunate that as a result of this negative publicity, many patients who could benefit from implant treatment significantly are becoming increasingly hesitant to seek or accept implant treatment. But it also an opportunity for us all to stop for a minute and reflect on the way implant dentistry is being practised today. In the case of Japan, it is true that the way the media chose to present the topic might have contributed to the sudden burst in implant publicity, but it is also true that implant dentistry is not always carried out to the highest standards, and Japan is no different to the rest of the world in this regard.

After more than 50 years of research and development, implant dentistry has today achieved the technology and protocols that can ensure high predictability and that treatment outcomes are applicable to a wide range of situations. At the same time, we are seeing an increasing trend of companies developing devices that have led to this highly predictable success, possibly owing to their efforts to reduce costs or simply a lack of adequate education. This compromise can take many forms: it can be compromise in the education and skills of the operator, compromise in the selection of patients, compromise in the protocols followed or, frequently, compromise in the quality of the material and the devices used.

Such a compromise is a ticking bomb not only for implant dentistry, but also for the dental profession as a whole. Dental hospitals and specialist clinics are often the final recipients of complications with dental implant treatment. The term ‘implantologist’ is ill-defined and often misleading. The validity that at present does not fulfill many critical requirements for implantology as a new specialty. I cannot say that the number of patients with dental implants and the general practitioner has a key role in maintaining long-term health. Unfortunately, most dental curricula have not developed to the point where the graduates have the skills and competencies in implant dentistry that are necessary for modern practice.

In addition, there is a great diversity in the knowledge and skills that universities provide in their undergraduate programmes. Our latest research in preparation for the second consensus workshop held in Budapest this summer has shown that it will be a short while until we see a consensus among European schools, although significant improvement steps have been taken since the previous workshop held in 2008. All dental schools have increased the amount of teaching in the area of implant dentistry in the past five years and in many cases preclinical and clinical education components have been introduced. However, it is clear that there is still room for improvement.

Several initiatives to standardise norms and guidelines in implant dentistry already exist. What are the main obstacles to implementing them? In 2008 in Prague, we managed to come up with a consensus on the knowledge and competencies a general dentist today must possess in implant dentistry. It is without a doubt that general practitioners must have a thorough understanding and certain skills, regardless of whether he or she will choose to place or restore dental implants.

What we realised in 2013 is that although it is relatively easy to identify what a general practitioner needs to know it has proven to be a very difficult exercise to implement this knowledge in the dental curriculum for most dental schools.

The lack of time in the curriculum, lack of resources or staff, as well as departmental fragmentation, make the implementation of implant dentistry a challenging task for dental schools. Progress has been achieved nevertheless. Virtual implant planning and guided implant have been introduced. However, there is no doubt that in the hands of an adequately trained clinician computer-guided surgery combined with CAD/CAM technology can improve the quality of service offered to the patient and introduce many new possibilities.

The Dental Council of Ireland currently does not recognise the term ‘implant specialist’. Does dental implantology need to be an independent specialty? This is a very hot topic, which was also discussed at this year’s World Congress in Vienna. In the case of Japan, patients’ trust is our most important asset. An established specialist, thus implying a specialist recognition as an independent specialist. In the hands of an adequately trained clinician computer-guided surgery combined with CAD/CAM technology can improve the quality of service offered to the patient and introduce many new possibilities.

Unfortunately, the truth is that many clinicians and societies are self-proclaimed implantologists or implant specialists, thus implying a specialist status. An established specialist, such as defined by the respective scientific and government bodies, can perform any type of treatment, for which he or she has undergone adequate training. However, the term ‘implantologist’ is ill-defined and often misleading, as there is no widely accepted description as to what an implantologist is (competencies, scope of practice, etc.), nor any structure or educational path defined for someone to reach such a status. So think the consensus among university lecturers of implant dentistry will agree with the Irish dental council and will discourage the use of the terms ‘implant specialist’ and ‘implantologist’ in any context.

Thank you very much for the interview.