The discipline of implant dentistry has developed over the last 40 years or more, but the initial attempts by an orthopaedic surgeon to stabilise dentures with titanium screws was 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 impossible for the implantologist to do a bang job 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.

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, practising mainly the intricate complexities of their own specialties, 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.

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 recognised 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 regardless 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 postgraduation 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 been recognised for their achievement...