Mouth Cancer calls ‘you’ for action

No training spells danger warns experts

Implant experts are calling for a gold standard qualification for dentists offering implants, and for implantology to be a specialism in its own right.

The General Dental Council (GDC) recently reminded all dentists that they should only undertake procedures they are properly trained in, after a number of dentists were found carrying out dental implants without proper training.

The GDC pointed to guidelines published by the Faculty of General Dental Practice (UK), Training Standards in Implant Dentistry.

These say: ‘It is essential that the dentist carrying out this work has received suitable training, and has been assessed as competent to do it.’

It adds: ‘This will normally involve that dentist taking a post-graduate training course in implant dentistry’. Dr Avik Dandapat, one of the few dentists in the UK to hold the Diploma in Implantology from the Royal College of Surgeons, believes the guidance is rather vague and would like to see implantologists having to adhere to certain standards.

He said: ‘It’s fairly easy to do implants but very difficult to do them to the standard the Royal College demands. And, bluntly, these should be the standards that, if not mandatory, are those to which the profession aspires.’

He is concerned that there are ‘real dangers lying in wait for the dentist who has had insufficient training and/or does not invest in first class diagnostic equipment’.

Dr Dandapat, who is principal at the Dental Implant Centre in Twyford, Berkshire, believes that at the moment implantology standards are not high enough and there is not sufficient regulation.

He would like to see a gold standard in terms of qualifications for implant dentistry.

He said: ‘Official guidelines are needed, not simply to ensure that training for implantologists is comprehensive, but that surgery set up is correct and that there is a real understanding of how to interpret a CT scan.’

In an increasingly litigious society, there is a real need for caution, he warned.

The risk of getting facial cancer from a CT scan is very, very small (1 in 65,000), but the implantologist must be aware of this risk and keep exposure to the patient to the minimum.

Bipak Dey, marketing co-ordinator at the dental implant maker, Nobel Biocare, agrees with Dr Dandapat, that ‘we are waiting for a mistake to happen before we improve implantology standards and protocol’.

He said: ‘It is not very regulated, the guidance is very vague and it needs tightening up. It would be good if there was some kind of certification and a minimum period of on the job training.’

Mr Dey warns that if this doesn’t happen, ‘we are soon going to see a huge court case hitting the headlines’.

‘We are going to see a situation where someone has been on a course, practised on a few dummies and when they come to practising on a patient, something will go wrong. The patient will realise they have had virtually no experience’, he said.

He added: ‘When you look at the medical sector, it is highly regulated. Even pharmaceutical representatives have to hold a licence. There is nothing like that in the dental sector.’

Chris Nethercift, general manager of the dental implant company, Badfortums, said: ‘It is important that the GDC guidelines are adhered to on implant dentistry.’

However he criticised the guidelines for not clarifying what is ‘appropriate training’ and said: ‘It is a bit of a loose area. At the moment training can be given by academic institutions and training companies and the GDC needs to specify what are the preferred training providers.’

He believes dentists need a certain level of experience before they start providing implants and would like to see it being mandatory for them to work with mentors to get the experience they need.

At the moment Training Standards in Implant Dentistry merely says dentists ‘should’ work with a mentor. It is not compulsory.

Mash Seriki, commercial director at Smile-on, a company which provides training courses on how to carry out implants, is concerned that more and more dentists are being tempted to carry out the procedure without adequate training, because it is such a ‘lucrative treatment’.

According to Mr Seriki, one of the problems is that there are a lot of training courses out there but there is no way of knowing what is good and what is not.

‘This is quite an invasive treatment. This involves ripping the mouth out, drilling into the jawbone, putting a bit of titanium in, then the crown is added’, he said.

Yet dentists can go on a two day course and be implantologists.

There is no register or formal certificate saying this person has been trained to a certain level that has been agreed as the standard across the country, he added.

Mr Seriki would like to see dentists having to gain a recognised formal qualification before they can practise implant dentistry.

He would also like to see being given the same status as orthodontics and recognised as a specialism in its own right.

However the British Dental Association (BDA) is content to stand by the training standards published this year by the Faculty of General Dental Practice (UK), claiming it provides an ‘authoritative source for requirements in this area’.

A BDA spokesman said: The BDA supports the General Dental Council’s view that dentists providing implants must be properly trained and competent to do so.

The BDA is engaged in supporting members who wish to provide implants for their patients in ensuring they have the skills required to do so.

He added: ‘Dentists should also ensure that they have appropriate indemnity arrangements in place.’