

**TRAINING STANDARDS IN
IMPLANT DENTISTRY FOR
GENERAL DENTAL
PRACTITIONERS**

December 2005

Document to be revisited in April 2007

Introduction

The General Dental Council convened a small working group in December 2005 to consider training standards for general dental practitioners who wish to practise implant dentistry. The membership of this group is shown in **Annex A**.

The remit of this group – which is independent of any organisation - was to consider what training standards would be necessary for a general dental practitioner before practising implant dentistry, to publish those standards, and then periodically to review them in the light of developments in implant dentistry. Such standards could be used not only by practitioners but also by the GDC in the consideration of patient complaints against dental practitioners who, allegedly, practise implant dentistry beyond the limits of their competence.

It is to be emphasised that the intention of the group was not to limit the practice of implant dentistry, which is seen as an important part of the treatment options for patients. The GDC and the working group wanted to ensure patient protection by establishing and maintaining standards of training in implant dentistry.

The working group recognised that training in implant dentistry could come from a variety of sources including formal University, Royal College or hospital-based training, courses run by individuals, or industry. The purpose in setting standards for such courses, was to ensure that general dental practitioners who practise implant dentistry are competent to do this work and patients are protected.

Michael Martin

Chair,

Working Group for Training Standards in Implant Dentistry for

General Dental Practitioners

THE STANDARDS

The scope of Implant Dentistry

Implant dentistry encompasses a variety of different techniques and procedures, but it can be broadly split into two parts:

1. Restoration of the dentition involving the placement of implants without major bone augmentation or modification of anatomical structures.
2. Restoration of the dentition involving the placement of implants with major bone augmentation and/or modification of anatomical structures.

The placement of implants without major bone augmentation or modification of anatomical structures.

Before starting to place implants a general dental practitioner should have practised clinical assessment, treatment planning, and the placement of implants in the presence of an experienced implant clinician, as part of a course in implant dentistry meeting these standards. This mentoring should be continued until the experienced implant clinician considers the practitioner to be competent. In particular, the general dental practitioner should:

1. Have a detailed knowledge of the surgical anatomy of the maxilla and the mandible. The standard of this knowledge should be

equivalent to that necessary for passing Dental Faculty membership examinations and ideally the practitioner should have passed one of these examinations.

2. Have a detailed knowledge of the pathological processes that occur in the maxilla and mandible.
3. Have a detailed knowledge of the radiology and radiography of the mandible and the maxilla, and how to interpret the findings from radiological examinations.
4. Understand in detail the healing processes that occur following surgery, and how to deal with post-operative complications.
5. Have a detailed knowledge of and have been trained in infection control and practical surgical aseptic techniques as applied to implant dentistry.
6. Understand the techniques involved in harvesting bone from oral sites for minor augmentation during implant placement.
7. Understand the use of exogenous bone or bone substitutes for minor augmentation in the placement of implants.
8. Understand antibiotic use in relation to implant dentistry.
9. Understand the clinical assessment of a patient's suitability for implants, and the medical conditions that could preclude a patient from implant techniques, or complicate surgery.

10. Understand the main implant options available and their indications and contraindications for certain patient groups.
11. Understand patient consent and how to obtain it prior to implant placement.
12. Understand the clinical and laboratory techniques used to restore implants including:
 - i) Ability to demonstrate experience and understanding of advanced restorative dental procedures.
 - ii) Recognition of technical and cosmetic limitations of implant dentistry in certain situations.
 - iii) Proficiency in clinical and laboratory techniques in using implant superstructures.
13. Understand the maintenance of healthy implants and their post-operative assessment.
14. Be prepared to attend courses on a regular basis to update and reinforce knowledge in implant dentistry.
15. Have an established procedure in the practice for dealing with complaints.
16. Be appropriately covered against medicolegal disputes involving implants.
17. Have appropriate premises in which to carry out implant dentistry.

The placement of implants with major bone augmentation and/or modification of anatomical structures

Before progressing onto this type of advanced surgery a person must be competent and experienced in the placement of implants as described above. The placement of implants with bone augmentation or minor modification of anatomical structures demands a high level of surgical experience. The ability of a person to do such treatment should have been mentored and formally assessed by a suitably competent and experienced individual. The person must have attended courses which specifically train in these techniques and include an element of formal assessment. The person must be competent to deal with immediate and long-term complications of the treatment provided.

Training Standards for practitioners who already practise implant dentistry

The training standards above are applicable to general dental practitioners who wish to train in implant dentistry. It is recognised that there are general dental practitioners who are experienced in implant dentistry.

These practitioners may have gained their training in a variety of different ways. It is recommended that all practitioners should keep a detailed portfolio of their training, the courses they have attended, any mentoring that they have had, and the implants they have placed. It would be expected that the outcome of their implant placement would have been

audited. Such portfolios of activity could be used in any dispute as to whether they were competent in implant dentistry, including complaints before the GDC.

**Working Group for Training Standards in Implant Dentistry for
General Dental Practitioners, December 2005**

The Maintenance of Training Standards

It is recognised that the practice of implant dentistry is changing as new materials and techniques are developed. Whilst the GDC has initiated the development of the standards document, it is not a GDC document. The standards document is a shared publication of the group who developed it. In undertaking this work, the group will have regard to review the training standards for practitioners every three years and if necessary modify them. The group consists of:

- Michael Martin Chair
- David Bartlett Representative of the Association of
Consultants and Specialists in Restorative Dentistry
- Brian Avery Representative of the Faculty of Dental
Surgery, Royal College of Surgeons of England
- Naresh Sharma Representative of the Faculty of General Dental
Practice (UK), Royal College of Surgeons of England
- Dr Kevin Jennings Representative of the Dental Faculty, Royal
College of Physicians and Surgeons of Glasgow
- Professor Bill Saunders Representative of the Faculty of Dental
Surgery, Royal College of Surgeons of Edinburgh

- Sean Sheridan Representative of the Faculty of Dentistry,
Royal College of Surgeons in Ireland
- Paul Stone Representative of the Association of Dental
Implantology
- David Herbert GDC Lay Member