

December 2007

ADI Newsletter

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Dear Colleague....



I bring you the annual Newsletter as I step down from my two-year tenure as your President.

It has been an exciting and productive year culminating in the success of the largest yet ADI congress held at the ICC in May.

I have been ably helped by my President elect, Anthony Bendkowski, our Secretary/Treasurer, Steve Byfield and my elected committee, all of whom I would like to thank for undertaking various tasks during the year and contributing invaluable time to supporting our thriving Association.

The elected committee and Charity Trustees, have an increasingly demanding role to fulfil in determining ADI educational policy in an increasingly competitive market whilst also addressing the Charity Commissioner's growing demand for clear public accountability.

I would like to share with some of the major goals and achievements that have been accomplished in my tenure as reported to the 2007 AGM.

EDUCATION

As you all well know, the ADI's primary aim is to provide the UK profession with on-going quality implant education and thereby help to safeguard standards of dental implant care for the general public.

With the dental profession coming under closer scrutiny by the government and the total re-vamp of the GDC as our governing body, the Association has never before been in a such a prime position to take the initiative in demonstrating and communicating its aims and objectives.

The ADI protocols continue to provide those new to the profession with an easily accessible collection of "aides memories" to assist them in the practice of dental implantology. Although revised in 2005, now nearly a decade on it will be timely for the incoming committee to re-visit the content with the same dedication as our

predecessors so that the next decade of new members will continue to benefit from this hugely informative folder.

The detailed Dental Implant Information booklets continue to provide a tremendous wealth of generic information. Judging by the number of requests for the brochure both from the public and the profession, this ADI publication is obviously an essential tool in ensuring that the patients are widely informed on all aspects of dental implantology before committing to treatment. I hope that the Committee will continue to ensure that the detail in this publication remains relevant and up-to-date should any major additions need to be addressed.

This information is also available on the ADI website together with advice on what to ask and what to expect of your implant dentist. According to our website tracking system, of the 500,000 hits during the past 12 months, nearly half of these have been requests on our public information section, in particular the detailed information brochure.

During my tenure, I have strived to ensure that members show this commitment to preserving standards in implant dentistry and am delighted to say that the ADI Charter was published and distributed to all practising members during the year. Every new member on joining the ADI is provided with a copy. I do hope each and every one of you display this in your practice.

Biennial Congress

The biennial ADI team Congress took place on 3-5 May at the ICC in Birmingham.

It has never been easy to estimate what will continue to appeal to ADI members as the spread of educational opportunities continues to expand worldwide. The ADI established its reputation for the quality of its meetings over two decades ago years ago and I was proud to preside over yet another magnificent achievement ably helped by my Scientific Committee, Eddie Scher, Michael Norton and Tidu Mankoo.

1010 delegates attended the three-day event with a record attendance of ADI team members. The ADI has always emphasised that successful implant practice involves the entire team and I was determined that in my term of office, the Congress would truly endorse this approach. I was not let down and would like to thank all those who presented and participated in this inspiring scientific event.

You will have all seen the photos on the ADI website and for those who were unfortunate enough to miss the meeting, the Committee have kindly written up a reports in the following pages.

The statistics gained from the evaluations on the scientific content and overall value have given the Committee a substantial mandate to continue the formula. The success of the exhibition and enormous company interest has also provided a solid financial backing for the ADI to go forward with strength in perusing its aims to offer quality education on this major international platform.

Masterclass

The Masterclass on sinus augmentation surgery and practical workshops presented by Stephen Wallace at the Royal College of Surgeons on 6 November 2006 proved extremely popular. Evaluations praised the speaker for the quality of his content and delivery.

Study Clubs

The ADI Study Clubs continue their unique appeal throughout the UK. I would like to thank each of the Study Club regional hosts for their sustained contribution to this important area of the ADI's educational programme. In the past year, 1355 participants attended 56 meetings in 16 locations.

These evening meetings continue to provide an extremely important ADI network around the country. Every meeting is evaluated and member's comments taken on board. I am extremely pleased to report that the quality of the content has remained consistently high across a wide range of topics. I thank sincerely the very many speakers and ADI members for continuing to volunteer their personal time to share their clinical experiences and expertise with colleagues in such an open and honest manner. I urge all members to participate in the 2008 series and to make use of these invaluable networking opportunities at such a local level.

MEMBERSHIP

It is reassuring to report that Membership of the ADI continues to make steady net gains and I warmly welcome the 252 new members who have joined during the past twelve months. The current membership stands at 1668 made up of 100 laboratories, 65 associates, and 37 overseas members. An obvious means of keeping subscriptions active would be for all members to pay by Direct Debit. With this in mind the Treasurer has written personally to every member not currently paying by this method to urge a switch to this most cost effective and efficient means of renewal.

ADI OFFICE

I would also like to thank the extremely dedicated team at the ADI office. Many of you will have met Andrea, Christine, Neelam and Cherry at the Congress and no doubt would endorse my thanks. They provide vital support to many members and handle a large volume of both professional and public enquiries. The staff's commitment to providing a quality service ensures that the Association continues to be held in high esteem by the dental profession.

CONTACT WITH PROFESSION

The ADI has continued to liaise with the GDC regarding CPD and registerable qualifications.

I have personally established good rapport with fellow officers of the AO, AOS, BDIZ and DGZI. We have much common ground to share. The BDIZ in particular were extremely helpful in publishing details of the Congress in the EDI. The DGZI made available copies of their extensive implant curriculum for evaluation. Communication across the Channel and indeed across the Atlantic with like-minded peers has established excellent relationships for the ADI to build on in the future and we were delighted to host representatives of these associations at our May Congress.

CONTACT WITH PUBLIC

As mentioned earlier, the ADI website provides the public with much detailed information. The members web forum has also proved extremely helpful in answering patient enquiries. I welcome more members to go on line and participate - widespread input enables us all to be aware of clinical problems brought to our attention by patients. The Committee has spent considerable time investigating ways of handling patients' problems and will continue to address this area as needs arise.

RESEARCH AWARDS

In addition to providing ongoing education, the ADI, has launched its first Research Grants for the dental implant profession. The research Committee of Professor Coulthard, Michael Norton and Peter Young awarded two inaugural awards of £5,000 each at the May Congress. The successful recipients have two years to prepare and present their findings at the 2009 Congress.

The Research Team lead by of Nilesh Shah will research "**Patient Consent in Implantology - Practice-based Research to Develop Best Practice Guidelines**".

The Research Team from King's College London Dental Institute Biomaterials and Biomimetics Group led by Lertrit Sarinapakorn will present their work on "The development of surface modified titanium alloy for dental implant: Effect on protein adsorption and osteoprogenitor cell adhesion and proliferation."

The ADI also presented £1000 to Dr I N Aparna from Manipal University, India for her winning Poster Presentation on the "Identification and characterization of salivary proteins on titanium abutments in an in vivo model".

POSITION PAPERS

Another ADI initiative to demonstrate its commitment to public and the profession has been the commissioning of the first in a series of position papers. The University of Newcastle has been gifted with £3,000 to prepare a publication on the Treatment of the Edentulous Mandible as a Minimal Standard of Care. A further £3,000 will be donated on completion of this important aspect of research.

It is hoped that this consensus on the minimal standard of care in the edentulous mandible will enable the ADI and the healthcare providers to demonstrate a viable means of providing implant treatment to a wider selection of patients.

ADIA

Many of you who visited the ADI stand at the congress will have seen the demonstration of the ADI implant audit software. I would like to thank Steve Byfield for the hundreds of hours he has spent in creating, tweaking and testing the data. It is now at its final testing stage and should be ready for membership consumption early in the new year.

With the GDC emphasising the necessity for logbook keeping, this easy-to-use software will undoubtedly be a major boon to all practices involved in implant treatment. I entreat every member not to hesitate to start using the software as soon as it is available - electronic recording of every implant case has to be the way forward in satisfying likely audit needs in the future whilst the research that could be evolved from this enormous collection of data would have a huge bearing on successful treatment outcomes in the years ahead.

The ADI will be setting a leading example to the dental profession by actively providing the tools to manage and document every single implant case. The GDC and dental protection societies are delighted that our Association has taken such a bold step by helping its members to monitor patient treatment in such a comprehensive manner.

MENTORING

The detailed survey completed by ADI members provided a positive endorsement for the setting up of an ADI mentor scheme. The GDC promoted the importance of mentoring in their implant standards document while the defence societies hugely endorse the ADI initiative. I am delighted to say that this is now being done. An initial invitation has gone out to the members and the response has been tremendous. Completed applications are now being vetted and the first group of mentors will be able to attend the required mentor training day organised by the University of Salford early 2008. The intention is to publish the list of ADI mentors on the ADI website so that any UK clinician requiring mentoring in dental implants at a local level will have access to a register of mentors. The ADI will not be involved in the interaction between mentor or mentee, nor will be involved in any financial matters or fees. The ADI will simply act as the broker by enabling those who need to learn to approach those who have the skills in place to teach.

The register will go online in the spring of 2008.

MODULES

Finally I would like to report on the developments of an ADI training programme mentioned at the May Congress.

Efforts to combine a ADI implant training programme with an academic establishment proved unworkable. However, I am pleased to report that we are making steady progress on creating a basic comprehensive distance-learning modular programme that will be entirely flexible in its approach. Applicants will be able to opt for one or several implants topics depending on their needs. Each module will include an established learning outcome of a specific area of implant education. This web based form of 'e' learning will enable practitioners to work at their own pace in their own time. Should applicants not simply want to increase their expertise in a given implant area, they will also find the modules of particular benefit if they wish to take the new Diploma in Implant Dentistry of the Royal College of Surgeons of Edinburgh or follow other established academic pathways.

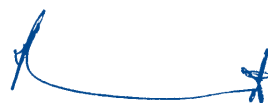
I firmly believe that whilst there are many training pathways available in implant dentistry, this concept of 'e' learning will fill an important niche in the UK market. It will provide many more general dental practitioners with a means to gain a comprehensive knowledge of all the basic areas required to be able to offer implant treatment to their patients at a cost that will be affordable.

The entire concept will be new to the UK. It is an enormous and exciting educational project for the Association. I will continue to work with the authors, programmers and trainers to ensure that the programme is of the highest quality and hope to be able to launch this modular learning scheme by the autumn of 2008.

Such major schemes as the modules and the software audit mentioned can only be achieved thanks to the active involvement of all ADI members and dedicated work of the ADI committee.

I urge all of you to continue your commitment to this singularly impressive body by renewing your membership subscriptions and participating in the wide variety of educational opportunities available.

Thank you all for your support.



Phil Bennett
ADI President