Implant therapy is an increasingly valuable treatment modality for replacing missing teeth. 20 years ago it was reserved for specialist dental teams, working at selected universities or specialist centres. The cases were limited to highly selected atrophic edentulous patients. In the 1990’s, evidence was published to include implant treatment for partially edentulous cases. Research and development in Implantology is rapidly accumulating. Technological advances have produced paradigm changes in implant design, materials, techniques and components. Advances have introduced minimally invasive techniques. Implant dentistry has now become an indispensible part of clinical practice. Unfortunately the coverage of this subject both in the undergraduate and postgraduate curriculum has been rather slow, unstructured and limited. Most practicing clinicians have learned the implant treatment modality from post graduate continuing education programs. Many of these are put on by dental implant companies. There may be some bias in these courses.

A lack of recognized academic standards and training pathways have generated obstacles and misinformation for dental practitioners. Changes are being instituted. In the UK, for example, uncertainty concerning the training and providing of implant dental treatment has been mollified with the publication of the guidelines produced in 2005 [1]. This was revised later in 2008 and then again in 2012 [2]. Nowadays it is clear that standards are needed for training and the provision of implant treatment. Moreover, the UK GDC has issued a declaration stating that "a UK-qualified general dental practitioner will not be competent to carry out implant dentistry without further training" [3].

Surveys [4] have shown that newly graduated dentists, in most European countries, do not obtain adequate basic science knowledge and clinical skills in implant dentistry through their undergraduate education. Therefore they must acquire knowledge and develop competencies through postgraduate continuing educational study.

The European Consensus Conference organized by the Association for Dental Education in Europe (ADEE) in Budapest Hungary in 2013 stated: Inclusion of implant dentistry in the undergraduate curriculum has improved significantly, but still lags behind the benchmarks set in 2008 and the diversity between institutions remains large. At the post-graduation level, there is currently a wide diversity of courses and pathways towards competency in implant treatment. Nonetheless, there is a great need for quality assurance, as well as standardization and transparency of the learning outcomes. The ADEE, after this meeting, suggested European standards for training in Implantology [5].

Recent evidence [6,7] suggest a postgraduate training as a key point to success in Implantology. “Effective training and education is important to ensure that the patients treated are treated efficaciously. Thus, it may be important for implant treatment to be taught to undergraduate dental students and not only to specialty residents. Dental schools should begin training in this arena” [8].

Some dental schools are now offering Master of Science degrees in oral Implantology. Goethe University in Frankfurt Germany has a comprehensive didactic and clinical program that can suit most general and specialist dentists.

It is important to recognize that the general dental practice is very different than an academic or specialty practice. The relationship between the patient and general dentist is much more complex [9]. Nonetheless comprehensive education is extremely important the generalist and specialist.
REFERENCES


