

# Implant Dentistry—A Call for Advanced Education

What a clinician thinks and does when planning treatment for a case that requires dental implants affects the patient's future wellbeing. Should the clinician think like a prosthodontist, periodontist, maxillofacial surgeon, endodontist, or general dentist, or should a clinician think as a dental implantologist? There is no doubt that thinking is based on knowledge and experience. Knowledge is based on where a person received their implant education, and experience is based upon one's practice life and whether that life involved a residency, fellowship program, comprehensive continuing education program, and/or private practice setting.

The issue is: What is the right way to think? If a clinician is to be a true dental implantologist, he or she must be aware of all aspects of dentistry. Implant dentistry has expanded extensively in recent years. Every aspect of dentistry is involved in treatment planning, treatment, and lifetime maintenance. No matter what one's training has been, he or she must have enough detailed knowledge and experience to make unbiased treatment planning and intra-operative decisions. Implantology involves not just one aspect of dentistry, but all aspects.

Treatments can range from simple to complex. Witness what is being done with bone grafting, immediate placement, immediate loading, and guided surgery. Many of the advanced treatments performed by some clinicians today were not possible (nor thought of) 10 years ago. The profession needs multiple university master's degree programs and hospital-based comprehensive dental implant training programs to assure that these skills are not limited to a few. These programs would provide an avenue where individuals could receive comprehensive education in implant dentistry and develop critical thinking skills. Doctors completing these advanced dental implant education programs would have the responsibility of sharing their knowledge with others in the field and assist them to make evidence-based decisions when treating patients. These programs would also help direct the research that is needed for the continual, unbiased growth within our field. All clinicians who are involved in treating the simplest to the most advanced cases would have the opportunity to think

as implantologists. The programs would not limit who can and should place dental implants, and they would not replace the AAID MaxiCourse programs or credentialing avenues, but rather augment and provide opportunities for further advanced training on a full- or dedicated part-time basis. Implant dentistry should not be a "turf war" within dentistry. Advanced education is how implant dentistry continues to improve and benefit patients. How one can restore a patient to maximum comfort, function, oral health, and esthetics for an extended time is how all dental implant clinicians should think and plan treatment. This is how a dental implantologist thinks and that is why implant dentistry is a specialty.

One of our great educators and leaders in the field of implant dentistry, Dr Hilt Tatum, said in September 2018, "We must now create and formalize the best education...possible. If there is a better way, we must learn it and embrace it. We must offer information and tracts to our members to grow in ways possible for them and we must establish multiple, full time training programs worthy of our specialty. Yes, we have a few teachers with all of the available skills. We must find the brightest students, motivate them and train, train, train. They must become motivated and dedicated. The same must also be true for those of you who are the leaders of the AAID during this time. You must not be failures in your rolls of leadership. ...I challenge each of you...to recognize the needs and dedicate your skills and efforts over the next eight years to make true comprehensive implant education a reality and a major success of the AAID and for millions of patients who will benefit from the better results which will be delivered to them into the future."

Patients put their trust and faith in us as implant dentists. We are responsible for doing what is right for patients and the profession. That is what we are charged with as leaders in the field of implantology. Remember when treatment planning your next case to think as a dental implantologist.

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