

The Time Has Come to Standardize Dental Implant Education

In the United States, dental implant education is readily available for all clinicians. There are multiple tracts one can pursue to attain the necessary implant surgical and prosthetic skills, whether it be a maxillofacial surgery residency, graduate periodontal or prosthetic programs, continuum's in implant dentistry (such as the American Academy of Implant Dentistry [AAID] Maxi-Courses or private institute teaching programs) or individual CE courses.

Implant dentistry is one of the most complex and technique sensitive aspects of dental treatment. However, a standardized educational management protocol that includes medical evaluations, pharmacological concerns, implant placement, bone grafting, occlusion, esthetics, prosthetics, and patient management does not exist. The various existing programs may have similarities, but the curricula are based on what the program directors choose to emphasize.

Currently, the Commission on Dental Accreditation (CODA) provides guidance in maintaining educational standards for hospital and dental school programs. CODA provides peer review accreditation to over 1400 dental and dental-related education programs (<https://www.ada.org/en/coda>). CODA accreditation reliably assures the public and students that a particular postgraduate program has been "approved" by an independent, expertise-based, unbiased organization that in turn has the US Department of Education's approval. The implant education components within the American Dental Association-recognized specialty training programs meet CODA standards and therefore, there is uniformity in that component of the education. However, implant-specific certificate, fellowship, or Master's degree programs sponsored by universities do not have a standardized curriculum. As a result, the education provided to implant clinicians varies greatly.

Many leaders in implant dentistry desire to have the discipline become a recognized stand-alone specialty, while others feel it should be a subspecialty of existing specialty programs. Regardless of one's position on "specialty status," implant dentistry has become mainstream and is practiced by multiple clinicians with various educational backgrounds. The time has come for implant education leaders to develop a standardized curriculum that would be a guide for all implant-education pathways. If implant dentistry is to become a CODA-recognized stand-alone specialty or subspecialty, CODA will require that a standardized curriculum be approved and followed by all accredited programs.

It will be much easier to standardize the university and hospital based curricula than it will be for individual CE programs. The AAID, under the direction of Jamie Lozada, DDS, FAAID, DABOID (Director, Advanced Education in Implant

Dentistry at the Loma Linda University School of Dentistry), is hosting an Implant Education Summit to address this standardization issue. At this summit multiple university based implant education directors will collaborate on standardization of implant education curricula. Programs will maintain their individual characteristics, while assuring the public and graduating participants that they have completed a quality program. Standardization means that program directors will have agreed upon what topics, skill acquisitions, and critical thinking abilities should be included in the education process. The university or hospital based standardized curriculum can serve as a guide to independent implant continuums. Standardizing implant education will benefit the public and clinicians.

Postgraduate dental implant education in Europe appears to be better organized than what we have in the US. The European Consensus workshop on Implant Education in 2008 designed an implant education philosophy that provided standardization guidance for differing educational pathways. Pathways ranged from continue education certificate programs to full specialized training.¹ Participants can obtain the necessary skills and competency by advancing through a series of programs that progress from simple to more complex cases. This is accomplished by relying on a competency-based standardized model. Specific skills and competencies are built upon with each educational activity regardless of the program tract.²

Standardization will take time, but the time has come for the profession to begin the process. Educational leaders in the United States can learn from our European colleagues. Standardized dental implant education would assure the public and the profession that every clinician, regardless of their training background, would be practicing the discipline at the highest professional and ethical standard. Standardization will pave the way for uniform, universal, and quality implant treatments.

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REFERENCES

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