While dental implantology has seen tremendous growth in the last 20 years, education standards for the field, particularly at university level, are still lacking. A recent European consensus workshop on implantology education in Budapest in Hungary sought to discuss ways to assure quality and effective education in implant dentistry. At this year’s EAO congress in Dublin, Dental Tribune International spoke with Dr Nikos Mattheos, one of the organisers of the previous workshop held by the University of Hong Kong’s Faculty of Dentistry about education standards in implantology and the reason the field does not qualify to be an independent specialty.

**Dental Tribune International: Dental implants have gained a negative image recently in countries like Japan. Is this perception due to portrayal by the media, or to some extent to the lack of education and skills in placing implants?**

Dr Nikos Mattheos: It is true that the negative publicity recently affected the whole of implant dentistry in Japan. A high profile of cases of complications after the placement of dental implants were picked up by the daily press and blown out of proportion, with the help of some negative statistics. This had a direct and drastic impact, as the number of treatments with dental implants dropped dramatically in a short period.

It is unfortunate that as a result of this negative publicity many patients who could benefit from implant treatment significantly are becoming increasingly hesitant to seek or accept implant treatment. But it also offers an opportunity for us all to stop for a minute and reflect on the way implant dentistry is being practised today. In the case of Japan, it is true that the way the media chose to present the topic might have contributed to the sudden burst of negative publicity. It is also true that implant dentistry is not always carried out to the highest standards, and Japan is no different to the rest of the world in this regard.

After more than 50 years of research and development, implant dentistry has today achieved the technology and protocols that can ensure highly predictable and long-term treatment outcomes applicable to a wide range of indications. At the same time, we are witnessing an increasing trend of commercialisation of the technology that have led to this highly predictable success, possibly owing to pressure from market forces and the need to reduce costs or simply a lack of adequate education. This compromise can take many forms: it can be compromise in the education and skills of the operator, compromise in the selection of patients, compromise in the protocols followed or, frequently, compromise in the quality of the material and the devices used.

Such a compromise is a ticking bomb not only for implant dentistry, but also for the dental profession as a whole. Dental hospitals and specialist clinics are often the final recipients of complications with dental implants, and thus are seriously affected by the lack of education and the quality of the material and the devices used.

**Dental Tribune International: What do you want to achieve through this workshop?**

Dr Nikos Mattheos: It is my hope that we promote an open and honest discussion on the improvements we can make in implantology as defined by the respective professional bodies to recognise implantology as a new specialty. The American Dental Association, for example, has repeatedly rejected applications from various bodies to recognise implantology as a new specialty.

**Virtual implant planning and guided implantology have simply not taken off. Why is this?**

Dr Nikos Mattheos: One of the reasons is that general practitioners must prove the quality of service of their undergraduate programmes. Several initiatives to standardise norms and guidelines in implant education already exist. What are the main obstacles to implementing them?

In 2008 in Prague, we managed to come up with a consensus on the knowledge and competencies a general dentist today must possess in implant dentistry. It is without doubt that general practitioners must have a thorough understanding and certain skills, regardless of whether he or she will choose to place or restore implants.

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Unfortunately, the truth is that many clinicians and societies are self-proclaimed implantologists or implant specialists, thus implying a specialist status. An established specialist, for example a periodontist, is someone who has completed an accredited three-year full-time programme, has achieved specific knowledge and competencies as defined by the respective scientific and governmental bodies, and can perform an array of treatments, for which he or she has undergone adequate training.

However, the term “implantologist” is ill-defined and often misleading, as there is no widely accepted description as to what an implantologist is (competencies, scope of practice, etc.), nor are there any structured educational pathways defined for someone to reach such a status. So think the conditions among university lecturers of implant dentistry will agree with the Irish dental council and will discourage the use of the terms “implant specialist” and “implantologist” in any context. Thank you very much for the interview.