Career pathways: Implants

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Introduction

In 2009 the late Professor Jimmy Steele CBE authored the now infamous Steele Review into NHS dentistry in England. Providing recommendations on improving oral health and increasing access to quality dental care for all patients, the report is best known today for giving birth to the 'heavy metal generation', a cohort of patients now between 30 and 65 who have retained much of their natural dentition but with high levels of dental disease treated by fillings and other restorations.[1]

Yet as ground-breaking and landscape-changing as that was, you can wind the clock back another six years to when this red flag was first brought to attention. In 2003, the BDA published a policy paper, *Oral Healthcare for Older People: 2020 Vision*,[2] and highlighted the impending changes in demographics of patients and the likely problems they can present with.

By 2030, one in five people in the UK (21.8%) will be aged 65 or over, 6.8% will be aged 75+ and 3.2% will be aged 85+. The 85+ age group is the fastest growing and is set to double to 3.2 million by mid-2041 and treble by 2066 to form 7% of the UK population.[3] That may seem like lightyears away, but the reality is that the problems the profession will face will start to rear their heads in the coming years.

Key points

- → UK dentistry ripe for a boom?
- → Not recognised as a specialty by the GDC
- → Career pathway choices involved

And so, to the expected boom in implants, careers in implantology and a growth in courses – or is it?

Ripe for a boom?

According to the latest Survey on the European Dental Trade, the total sales value of metal implants in the UK remains way lower than in Germany, Spain, France and Italy. While many of our European partners have always seen the UK as a growth market and one that is primed and ripe for a boom in implantology, it has not quite transpired – yet. But why would that be? If there are so many older people living longer, keeping their natural dentitions, on top of the heavy metal generation, why isn't the UK a leader in the field of implant sales, leading to more jobs?

Of course, you have to look in the direction of the NHS as the prime reason why that hasn't happened – there simply isn't the

demand nor desire for implants on the NHS, and those who are suitable have their care provided in NHS secondary care settings within restorative dentistry, oral surgery or oral and maxillofacial surgery departments. Due to the demand outweighing the resources available, dental implant treatment within the NHS is often limited to specific high-priority groups via locally agreed acceptance criteria. Researchers have previously concluded *'there is the concern that rising demand for implant treatment and increasing NHS funding pressures may mean that prioritisation of patient groups could become even more challenging than it already is. Realistically, it is unlikely that all groups will have access to NHS-funded implant treatment.'*[4]

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Interestingly, while the NHS is seen by many as a wonderful system by overseas colleagues, the challenges we presently face have changed that outlook somewhat. NHS dentistry's shutdown at the peak of the COVID-19 pandemic wasn't replicated in wider parts of the European continent. NHS dentistry was in a bad place pre-pandemic, and it's even worse now than it ever has been. That perfect storm leaves the private sector front and centre of dentistry's recovery. While there is some anecdotal evidence to suggest that the private sector is starting to show some positive signs of recovery – particularly set against the contractual arrangements their NHS colleagues have – coming out of lockdown plenty of people have higher levels of disposable income, some of which has found itself being spent on cosmetic work.

Clearly, implants won't be at the front of that queue – no-one in their right mind would opt for it as an elective procedure – but patients are far more aware of the opportunities afforded by this treatment option than they would have been a decade ago should their oral health needs dictate.

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With the accessibility of information on the internet, patients are well armed with knowledge about what they want – and they are more willing to find a dentist who can offer them the implants that they want.

On top of these issues, you have the potential likelihood of worsening oral health levels caused by the pandemic. Domiciliary care services were hugely impacted, as Dr Debbie Lewis, Consultant in Special Care Dentistry, Somerset NHS Foundation Trust, on behalf of The British Society of Gerodontology, wrote:

'The main impact of COVID-19 on domiciliary services depended largely on where you were living at the time. Some areas continued to provide care on a domiciliary basis if the patient met the criteria for urgent dental care. Other areas, where salaried services became urgent dental centres and those where domiciliary services are provided by the General Dental Service, people confined to home only had access to the 3 A's (advice, analgesics and antibiotics) plus the additional challenge of obtaining an urgent prescription.

'This [courses of treatment] totalled less than half of the number of returns submitted in previous years. Meanwhile, the latest figures for 2021 remain low. Because full courses of treatment were halted, people confined to home have been waiting a considerable time for treatment, even dentures.'[5]

As Dr Lewis continued, visiting clinically vulnerable – 'shielding' – patients at home was a process of weighing up the risks and benefits of going into their property. As a result, one would think levels of oral health in this cohort – and the ones statistically more likely to have had some restorative work done – will see a significant decline once these data are available.

This comes full circle to my original point. Why, when the UK is seemingly low-hanging fruit for implant sales, is that not materialising?

A grey area

For all the talk of oral health status and the dento-political landscape – and my postulations about the state of the implants market – the availability of courses, the careers and the advent of 'portfolio careers' have remained on a steady upward trajectory.

All this in spite of the General Dental Council not recognising – rightly or wrongly – implantology as a specialty, and undergraduate dentistry degrees providing very limited to no training. The GDC states that dental students should 'be familiar with dental implants as an option in replacing missing teeth' which, considering the future cohort of patients current students and those newly-qualified will be treating, has always seemed entirely inadequate.

There is still the question of patient awareness. I stumbled across this recollection from one dentist – albeit American – about how patients see the field.

'Do I need a separate dental implant specialist to have my implants done?

'This is a question that is asked to me periodically. The most recent occurrence of this question happened 2 weeks ago. Let me add, parenthetically, that the question is usually asked to me by a new patient. Once a patient becomes part of the practice, he or she is usually comfortable with the wide array of services that our office can provide.

'Let me get back to our question and relate to you what happened. I was outlining a treatment for a new patient. The treatment included dental implants, removal of teeth, crowns, a full denture and a partial

denture. We had discussed various options for a number of appointments. As always, I make the patient a partner with me in the ultimate plan. I inform and educate. Together we create a plan that works for that patient in that circumstance. After a number of discussions, he asks me the specialist question.'[6]

What was most interesting was the to-the-point reminder that 'to be called a specialist, you must practice one of the dentistry's recognised specialties.' American or not, this still applies to the field of implants in the UK. Implant training is unique in that it requires competence in both the surgical and restorative disciplines. Current specialist programmes limit training to either surgical or restorative training – rarely both.

Many dentists in dental practice are now placing and restoring implants with little formal training in both disciplines. The General Dental Council states that implant training should follow the *Training Standards in Implant Dentistry,*[7] yet with no formal regulation, in theory any dentist can offer implants after nothing more than a weekend course. As far back as 2014, the Faculty of Dental Surgery wrote the following in a briefing for House of Lords debate on dental implants and periodontal checks, bringing to light the impact this could have:

'The use of dental implants has grown rapidly across the UK in the last few years and despite the initial relatively high cost, they are now often considered the treatment of choice for replacing missing teeth. According to the latest Adult Dental Health Survey, half a million adults have at least one dental implant. However, alongside the rise in implant surgery, the General Dental Council (GDC) has seen an increasing number of complaints, particularly regarding the lack of informed consent for treatment; damage to the tissue and bone surrounding the implant; and failures.

'Patients must be given adequate information about the risks of implant surgery and alternative options for treatment. In particular, patients should be aware that implants require long-term care and regular periodontal/peri-implant checks are necessary to identify serious diseases such as periimplantitis, a disease that causes loss of bone supporting the implant and often implant loss. Implant surgery, in specific sites, also carries a risk of nerve damage, which can significantly affect someone's quality of life. Corrective treatment for an implant, which is failing, may have significant financial costs for the patient and/or the NHS and is currently not guaranteed to be successful.

> 'All this in spite of the General Dental Council not recognising – rightly or wrongly – implantology as a specialty, and undergraduate dentistry degrees providing very limited to no training. The GDC states that dental students should 'be familiar with dental implants as an option in replacing missing teeth' which, considering the future cohort of patients current students and those newly-qualified will be treating, has always seemed entirely inadequate'

'The Faculty of Dental Surgery is a professional body committed to enabling general dentists and specialists to provide patients with the highest possible standards of practice and care. It is vital that patients undergoing complex dental treatment, such as implant surgery, are treated by a suitability qualified professional who has achieved appropriate standards of education and training. Currently this can only be achieved by reference to specialist lists that show which dentists, as part of their verified training, have demonstrated that they have the appropriate skills and knowledge, e.g restorative dentistry, prosthodontics, oral surgery and periodontics.

'We were disappointed that the Law Commission's recent draft Bill to give professional regulators the power to annotate their register and indicate specialisms or other qualifications will no longer be advanced. This would have improved the regulation of specialists and those who wish to provide complex dental care; and helped to safeguard patients by raising standards in areas such as implantology. We hope any future Government after the general election in 2015 will prioritise this legislation.'[8]

While Training Standards in Implant Dentistry goes some way to preserving those standards, given the relative ease one could access a course – as robust as they may be – the GDC still uses it as 'guidance' rather than setting their own standards.

Choose your path carefully

As with any major life decision, it's wise to assess the options available, the skills required and the training pathway needed to get you to where you want to go. When it comes to courses, there are options aplenty. The initial challenge that anyone will face is choosing the right postgraduate training, given the options on the table. To be proficient in implant treatment you would ideally need a sound understanding and ability in both prosthodontics and oral surgery. If you want to focus on just one aspect, say implant-placement surgery, you have to work in a wider team, with restorative dentists. It is important, therefore, to think about where you will be practising so you can do the most appropriate postgraduate education. Work undertaken by the BDA shows that where dental hospitals are situated, there's a significant concentration in that – and the immediate surrounding area – of specialists. While not a specialty, this is still a consideration to take into account.

If you want to become a specialist, for example in prosthodontics, implant treatment will be a part of your curriculum because it will enable you to treat the more complex cases. But this pathway needs a significant financial and time commitment.

If you want to offer implants in general practice, there are many more routes available. But there is much variation in the content and quality of training. Consider a university diploma or certificate course. Choosing an institution that also has in-house clinical facilities is a must so you can develop your skills under the guidance of experienced clinicians. The BDA recommends speaking to current and past students of any course that you are considering to find out if it will meet your needs. MDDUS previously wrote the following about the necessary skills it takes to consider a career in implants:

'The skills and qualities needed for implantology include:

- Basic surgical experience
- In-depth understanding of the periodontal tissues
- In-depth understanding of medical histories
- Commitment to postgraduate and on-going education
- Patience
- Empathy
- Thorough knowledge of all treatment options and the ability to explain these in an impartial, objective manner
- Effective team participation/ management
- Forward planning and organisation
- Commitment
- Confidence in own ability
- Ability to manage patient expectation.

'Even if your skill set does not naturally lead you towards dental implants, it is important that you know the essential principles. That way you can properly advise your patient and guide them through the consent process. For dentists there are three broad options to consider when it comes to implant dentistry: recognise and refer all implant cases; recognise and refer the surgical phase but restore implants that have been placed by a trained surgeon; or undertake both the surgical and restorative components.

'Placing dental implants is a surgical procedure which should only be carried out by a suitably trained dentist. Not all dentists who want to offer implants have to place them and those who are not comfortable with the idea of doing the surgery can consider teaming up with a suitably trained partner who is.'[9]

With practice ownership decreasing and the increasing costs of buying a dental practice, it is now much more challenging to follow your 'traditional' career path: associate, buying the practice, passing it on through generations. More associates than ever will remain working as dental associates for their whole careers. This means that many associates are unlikely to extend their skill set to running a business and managing and leading teams. Some associates may yearn for opportunities that allow them to extend their skill set as their careers progress and seek this in other ways than owning a dental practice. People want variety in their job roles. Young dentists are tired of the UDA treadmill earlier than their older colleagues – you only need to look at data suggesting younger dentists will be lowering their NHS activity within five years. They seek more stimulation from their careers than UDAs provide – more so than ever in the current climate.

And so to the rise of the portfolio career, and the doors this can open within the individual's own portfolio. The idea that an associate works in multiple locations across multiple disciplines to further their own careers and seamlessly intertwine the various skills – and by doing so making them a more valued commodity – is one that is extremely popular. Current offerings go beyond dentistry too – non-surgical facial aesthetics comes to mind.

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Portfolio careers can benefit dental professionals by offering flexibility, novelty and autonomy. Dentists may find that their interests get squeezed out as the pressures of working in the dental field take over. A portfolio career can redress this balance and bring personal satisfaction to reduce the risk of stress and burnout. The freedom to diverge, to give rein to disparate passions and interests rather than sacrifice most to invest in one, is one of the great joys reported by portfolio workers. Additionally, portfolio careers can make a career more interesting and varied and keep dental professionals highly motivated in all their posts. The additional skills gained from other pursuits can benefit the employer – everyone is happy.

Whether portfolio careers are born out of desire or merely the product of the system dentists work in is for another time, but there is some sense to integrating implants into this portfolio. Would it be financially prudent to employ an associate with extensive implant knowledge, training and expertise into the practice so a referral can be made on-site, thus keeping the patient within the same practice? Absolutely. If, as a practice owner, you know you have a multi-disciplinary practice and within it associates who have various strings to their bow, this can only be an advantage.

As for the individual practitioner, the more equipped the workforce is to treat the emerging cohort of patients and dentitions, the better. Professor Steele's Review and the spotlight on the heavy metal generation means that particular cohort is almost upon us – if it isn't already. If the needs of the population are to be met, conquering a career in dental implants surely has to be a cornerstone of any success.

References

1. NHS dental services in England. An independent review led by Professor Jimmy Steele. June 2009. Available online at: www.sigwales.org/wp-content/uploads/dh_101180.pdf (Accessed August 2021).
2. British Dental Association. Oral Healthcare for Older People 2020 Vision. May 2003. Available online at: https://bda.org/about-the-bda/campaigns/Documents/oral_healthcare_for_older_people_report.pdf (Accessed August 2021).
3. Age uk. Later life in the United Kingdom 2019. May 2019. Available online at: www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/later_life_uk_factsheet.pdf (Accessed August 2021).
4. Chin J, Rees J and Addy L. The provision of dental implants: current practice among university and hospital specialists in restorative dentistry within the UK and Ireland. *Br Dent J* 2020; **228:** 39-43.
5. Lewis D. Domiciliary dentistry during and after the COVID-19 pandemic. *BDJ In Pract* 2021; **34:** 28-29.
6. Dr Jeffrey Gross blog: There's no Such Thing as a 'Dental Implant Specialist'. Available online at: https://jeffreygrossdds.com/no-such-thing-as-a-dental-implant-specialist/ (Accessed August 2021).
7. College of General Dentistry. Training Standards in Implant Dentistry. Available online at: https://cgdent.uk/wp-content/uploads/2021/08/Training-Standards-in-Implant-Dentistry-2016.pdf (Accessed August 2021).
8. Faculty of Dental Surgery. Briefing for House of Lords debate on dental implants and periodontal checks. July 2014. Available online at: www.rcseng.ac.uk/-/media/files/rcs/fds/media-gov/briefing-for-hol-debate-on-dental-implants-23-07-14.pdf (Accessed August 2021).
9. MDDUS. Career: A future in implants. Available online at: www.mddus.com/resources/publications-library/soundbite/soundbite-issue-04/careers-a-future-in-implants (Accessed August 2021).

https://doi.org/10.1038/s41404-021-0881-6