

In recent weeks it has been changeover time on the implant prosthetics clinics at the Charles Clifford Dental Hospital. This implant training course, which is weighted in favour of acquiring practical skills, is heavily oversubscribed. There is sadly, if you are a practitioner wishing to get on the course, a 3 to 4 year waiting list. The 1-2-1 course, as it is known, trains mostly general dental practitioners through an 18 months part time course. It is easy to see why it is oversubscribed. The reality of effective practical training, where dentists actually treatment plan cases and undertake the surgery and restorative phases of implant dentistry, makes the whole process susceptible to slight changes in the economy. This is where a training course protected from the vagaries of market forces, is onto a winner.

The difficulties in undertaking training are very real. There cannot be that many patients who are not, even slightly, concerned prior to undergoing implant placement to hear that a practitioner has never placed an implant before. In fact many practitioners, frustrated by the 3 to 4 year wait for Sheffield, have been on various other courses both in the UK and abroad. In a self-funded scheme participants are often required to bring their own patients. This must create some logistical transport difficulties alone. I hear practitioners often having to pay their patient's hotel bills and transport costs. I understand how difficult it can be.

In the case of some of these courses it seems to be the norm for only a single implant to be placed on the course. Can this level of training be adequate to provide a practitioner with the skills to confidently and safely place implants in practice? The short answer is of course no. The problem with such an answer is that practitioners are left with little choice.

Mentoring is the response from the GDC. Such is the demand for training in implant dentistry, that getting hold of a mentor seems to be an achievement in itself. Accreditation of mentors is a whole other topic, which in some cases has been spearheaded by the industry. Any arrangement where an individual has the opportunity to get endorsement by the company they are paying cannot disassociate itself from an accusation of cronyism whether or not this may be deserved. However the mentor arrangement should be seen as a positive attempt to tackle this issue.

Maybe the lure of course fees has been overwhelming, but it does seem to have produced additional courses in University environments. There are some real benefits. Primarily, in a state funded situation the obvious financial constraints are eased. This allows flexibility, and means the treatment of choice in the patient's best interests can be planned. Modification of any treatment plan does not involve additional fees, especially difficult in primary care if they have not been anticipated. The supply of patients is unleashed from the shackles of family budgets. Additionally, when a patient is faced with bills competing with the cost a new car, not unsurprisingly their expectations are generally different to their state funded counterparts. Many students can't wait to leave their Dental School, freshly endowed with a BDS and ready for anything. It's easy to forget how big an umbrella the Dental School hold for you. In fact you really only realise when its starts to rain.