



Annex 1

STANDARD FOR DENTAL IMPLANTOLOGY PRIVILEGES

Annex 1: Minimum Requirements for Dental Implantology Privileges¹

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¹ Standard for Clinical Privileging of Healthcare Workforce and Clinical Services

1. Definitions

No.	Term	Definition
1.1.	Dental implant	A device approved and regulated by the Food and Drug Administration FDA, which can provide support for a single, multiple, or all missing teeth in the mouth.
1.2.	Dental implantology	a branch of dental practice that aims to restore and maintain the oral function, appearance, and health of the patient through series of surgical and prosthetic procedures to achieve an Endosseous Integration of a dental implants and associated fixed and/or removable prosthetic components.
1.3.	SAC Classification	A tool designed to assess the level of complexity of dental implant in a given clinical situation through evaluation of the potential difficulty and the risks of implant-related treatment. It serves as a guide for dentist/dental specialist in both patient selection and treatment planning. It recognizes three categories of dental implant cases namely S traightforward, A dvanced and C omplex cases. It acknowledges the fact that the case pre-operative level of complexity might differ during the course of the treatment (https://www.iti.org/tools/sac-assessment-tool).
1.4.	Straightforward dental implant case	The case with no aesthetic risk factors, the treatment stages are predictable, and the dentist can envision the end result. Classically, it presents with one or two neighbouring missing teeth (adopted with modifications from SAC Classification).
1.5.	Complex dental implant case	The case in which the end result cannot be easily visualised without extensive diagnostic and planning techniques, the treatment includes multiple stages to achieve the desired outcome and/or may involve multidisciplinary planning with team work to adjust the aesthetic and occlusion of the patient. In this case complications are more likely to occur. additionally, the aesthetic requirements are high, as well as the expectations of the patient. The missing teeth are more than two neighbouring teeth (adopted with modifications from SAC Classification).

2. Dental Implantology Service Eligibility Requirement

- 2.1. Clinical cases eligible for dental implant vary widely in complexity. The level of complexity may broadly be divided into three levels:
 - 2.1.1. Cases involving the straightforward placement and/or restoration of dental implants.
 - 2.1.2. Cases involving the complex placement and/or restoration of dental implants includes the range of:
 - Cases require simple surgical placement associated with complex restorative work
 - Cases require complex surgical procedure associated with simple restorative work
 - Cases that falls between the above two categories; recognized as advanced cases.
 - 2.1.3. Cases that falls between the above two categories; recognized as advanced cases.
- 2.2. Dental implantology treatment should be provided only when it is clinically necessary and not for pure cosmetic purposes. The only exception is to replant anterior missing teeth.
- 2.3. Dentist wishing to practice dental implantology must apply for DOH Health workforce Licensing and Medical Examination Division to add the dental implant privileges to their professional title on the DOH license.
- 2.4. Dentists privileged by DOH to practice dental implantology must request from the healthcare facility privileging committee the privilege to provide dental procedures (inclusive of the implantology related procedures). DOH Clinical Privileging Standard still applied to dentists who are privileged to provide dental implant care.
- 2.5. The healthcare facility Clinical Privileging Committee must grant the dentists the privilege of dental implantology in the form of detailed list of individual procedures based on pre-defined criteria considering the following determinants: length of dental implantology training, number of treated cases, level of complexity of the treated cases, proof of competency, facility resources, and the availability of multidisciplinary team.
- 2.6. Any patient who wish to receive dental implant treatment should go under a thorough assessment (evaluation) and comprehensive treatment planning that includes both the surgical and restorative components in addition to the maintenance phase. The patient has the right to have clarification that includes at least three treatment options, one of which is without implant. The clarification should include -for every treatment option- the nature of the treatment, advantages, disadvantages, time, risks, costs, type of temporary restoration and likely prognosis. The patient should confirm that the clarification was adequate and they understood it, before they give their written informed consent for the chosen treatment.
- 2.7. The surgical phase of dental implant should start only after elimination of all sources of intraoral inflammation and infection.
- 2.8. A multidisciplinary team approach is required in cases with multiple oral care needs. Different aspects of care must be provided by appropriately trained members of the multidisciplinary team. The contribution of each team member must be defined under the dentists' scope of practice and delineated privileges.
- 2.9. All members of the multidisciplinary team carry shared responsibilities of the case outcome.
- 2.10. Only Oral Surgeons, Oral and Maxillofacial Surgeons, and Periodontists may perform advanced and complex dental implant surgeries such as external sinus lift surgery and bone grafting. Implant-supported facial prostheses are restrictive to Oro-maxillofacial surgeons.
- 2.11. Only prosthodontists may perform advanced and complex restorative dental implant cases for example, full mouth rehabilitation that includes occlusal modification, changes to the vertical dimension and position of teeth and the jaw relationships.

Dental specialists who are not permitted to practice dental implantology includes forensic odontologist, orthodontist, paediatric dentist, dental radiology, oral medicine, and oral pathologist.

3. Dental Implantology Training Requirements

- 3.1. Dental implant treatment consists of two phases: surgical and restorative.
- 3.2. Dentists who wish to provide dental implant treatment must undertake comprehensive training on dental implant treatment.
- 3.3. Completing Continuing Medical Education in implant dentistry (CME) alone is NO longer accepted as an evidence toward obtaining the privileging to practice dental implantology.
- 3.4. Multiple accredited postgraduate specialty programs provide dental implantology training as a component of the curriculum, where the dentist is trained and assessed to be competent to provide specific parts or all aspects of dental implant treatment to a specific or a range of case complexity levels, refer to Table 1 of this standard.

Table 1: Dental Implantology Training within Dental Postgraduate Training

Dental Specialities	Training Requirements	Implant procedure
Prosthodontics	1- Postgraduate training or residency programs that includes no less than two courses of didactic teaching in implant dentistry. 2- Completion of no less than 20 implants' restorations of cases presenting with different level of complexity.	Restorative
Periodontics	1- Postgraduate training or residency programs that includes no less than two courses of didactic teaching in implant dentistry. 2- Completion of no less than 20 implants' surgical insertions in cases presenting with different level of complexity.	Surgical
Oral Surgery	1- Postgraduate training or residency programs that includes no less than two courses of didactic teaching in implant dentistry. 2- Completion of no less than 20 implants' surgical insertions in cases presenting with different level of complexity.	Surgical
Oral & Maxillofacial Surgery	1- Two-years postgraduate training or residency programs that includes no less than two courses of didactic teaching in implant dentistry. 2- Completion of no less than 20 implants' surgical insertions in cases presenting with different level of complexity.	Surgical

- 3.5. General Dentist/Dental specialist whom dental implantology was not part of their training and wish to expand their skills to include dental implant treatment, must undertake specific training in dental implantology. For the minimal requirement of the Dental Implantology training program, refer to **Table 2** of this standard.

Table 2: Requirement for Dental Implantology Training Program

1	The dental implantology training program must meet level 8 Vocational Education and Training standards of <i>Qualifications Framework Emirates</i> (Commission for Academic Accreditation) or equivalent.
2	The dental implantology training program must be accredited by an approved accreditation body
3	Duration: Minimum of (65) credit hours over minimum of 12 months Note: 1 academic theoretical credit hour = 50 minutes of academic activity (i.e. lecture, seminar, journal club) 1 academic practical credit hour = 8 hours of clinical activity (i.e. hands-on, patient treatment, case presentation)

	<p>Contents – Didactic Topics:</p> <p>Minimum (20) credit hours)</p> <ol style="list-style-type: none"> 1. Biomaterials and material selection 2. Tissue biology and osseointegration 3. Implant designs and characteristics 4. Assessment and treatment planning, prosthetic and surgical treatment options, and prognosis 4 5. Placement and loading protocols including surgical techniques and pre-surgical site management 6. Prosthodontics restoration/treatment 7. Conventional and digital implant impressions 8. Transitional prostheses used during implant therapy 9. Abutment selection for fixed dental prostheses 10. Dental material selection for fixed dental prostheses 11. Occlusion
	<p>Contents – Clinical Components:</p> <p>Minimum (45) credit hours) (with direct supervision and mentoring during sole management of no less than 30 straightforward dental implant cases)</p> <ol style="list-style-type: none"> 1. Treatment planning principles and case-selection 2. How to communicate with patients to increase case acceptance 3. Dental photography 4. Dental diagnostic tools indications, and interpretation (Radiographs, CBCT) 5 5. Occlusion registration 6. Assisting in different implant site development procedures 7. Surgical flaps and suturing (hands-on workshop) 8. Placement of single implants (straightforward cases), and assist in implant placement for advanced and complex cases. 9. Implant restoration of single and short span edentulous sites (straightforward cases) 10. Implant restoration of single tooth and short span of partially edentulous ridge 11. Indirect sinus elevation 12. Management of implant complications.
	<p>Eligibility Criteria:</p> <ol style="list-style-type: none"> 1. Dentist must be licensed by DOH 2. General dentist must have completed at least 3 years of clinical practice as a general dentist after the internship 6 3. Dentist must provide an evidence of good standing i.e. Reference letters. 4. Dentist with surgical experience is desired 5. Dentist must comply with the eligibility criteria of the training institution

3.6. Advanced postgraduate implant specific training programs might be required as an evidence to obtain the privilege for implant supported facial prosthesis. This is usually an advanced training following a completion of post graduate specialized training in the field of Prosthodontics, oral surgery, and maxillofacial surgery.

4. Implant Dentistry Privileging Process

4.1 Dentists who wish to apply for dental implantology privilege must support their application *for New or Renewal* of the DOH Professional license with the following:

- 4.1.1 All healthcare professional license requirements.
- 4.1.2 Verified copy of delineated approved clinical privileges (when applicable).
- 4.1.3 Proof of training in dental implantology as stipulated in article 5.
- 4.1.4 Must present a logbook/cases portfolio.