

A collection of various dental instruments, including probes, explorers, and scalars, arranged in a fan-like pattern against a light background. A large purple circle is overlaid on the center of the image, containing the title and subtitle.

Your Journey Through Dental Implants

Designing a Better Way to do and
Enjoy Dentistry

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It's 1996.

It's a wet, winter Saturday morning in Uttoxeter and I am a Senior House Officer in Maxillofacial surgery in Derby, who has travelled out with my consultant to assist in dental implant procedures in a private practice.

It's a whole new world and I am staggered of what we're doing and what is possible.

Prior to that, for more than 2 years, I had been working in oral surgery and oral medicine, and I would work for another year in oral and Maxillofacial surgery assisting my consultant from time to time in the private practice he would travel to at the weekends.

It was my first real introduction to dental implants, after a very, very brief 2 or 3 lecture series at dental school in the early 1990's.

Dental implants weren't here in the UK yet, they were seen as a cult and an outlier - how things have changed.

After my qualification from the University of Glasgow in 1994 I worked as a House Officer in period, oral medicine and oral surgery in Glasgow. In 1995, I travelled to Nottingham to work in Maxillofacial surgery, and a year later travelled to Derby to work in Maxillofacial surgery at a higher and more advanced level.

I left my SHO job in 1997, finishing by assisting in a bimaxillary osteotomy procedure, where my consultant said "you'll miss this when you're gone". I entered vocational training in 1997 with a lot of surgical experience and no dental experience whatsoever, it was a baptism of fire.

During that time though, I carved out 30 minutes from 12:30pm-1pm on a Monday to do oral surgery in the practice and go back to my roots. I had also negotiated to continue to do a day case list at Derby Royal Infirmary on a Tuesday morning, doing impacted canines and wisdom teeth etc. That morning in Uttoxeter though had shown me if I wanted to do something in practice where I could do the skills that I had learned, then dental implants was likely to be it. I wanted to do oral surgery in practice, but knew that the NHS fee scale was quite restrictive in that regard, and it was difficult to set up a business around oral surgery.



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I wanted to do dental implants and in 1998 I won a raffle at a Straumann open evening and found myself at a 2-day surgical and restorative course in Cambridge.

By the time I had left in 2008 I had placed over 2,000.

My journey was unconventional, all journeys at that stage were unconventional, there was no pathway and there was no appropriate training.

Dental implants came from the hospital and Nobel Biocare (previously Branimare) had cornered the hospital market in the UK, but these procedures were seen as advanced surgical procedures usually carried out by consultants who protected their private practice.

I placed my first implant in 1998 at a large NHS practice in Ilkeston in Derbyshire.

On the continent, it was different and the ITI dental implant system had gone into practices and not hospital. It was much more restoratively lead, it was by chance that I ended up picking that system to start with in 1998.

Since then there has been much battle and debate about who should be providing dental implants and the nature of the treatment; but there is no question it is a restoratively driven specialty and the onset of guided surgery and the introduction of digital planning has cemented that within the culture.

Sadly though, the 2-day course became the model for implant dentistry and many people entered into implant dentistry having done 10-12 hours of training but very little surgical experience.

Surgical aspects of implant dentistry cannot be underestimated and the complications that can occur cannot be ignored.

Implants started to proliferate in dental practice in the UK in the 1990s but much more through the early 2000s. In 2006, in Edinburgh castle at the ADI congress, it looked like they had come of age, as Danny Buser presented a brand new dental implant surface for the Straumann dental implant system. From then on, it has become a battle ground of education and product with noise and interruption everywhere; it seems difficult to make sense.

Planning to become involved in implant dentistry in your career is more than career decision, it is a life decision.

It is not possible to be a weekend warrior anymore as it seems to be in many other disciplines. The training pathway and the plan for development is one which will take you through your career if you wish to be good.

The staggering fact is, that in statistics carried out by the implant dental companies themselves, over 90% of people who attend a surgical implant course are not placing implants 2 years later. This shows how the battle for education, and the poor quality of provision for training has impacted on the confidence of the profession.

Other statistics show, that many people who carry out implant treatments place 15 or fewer implants per year. This is simply not enough to make the procedure economically viable nor ethically viable and things needs to change.

At The Campbell Academy we have always had the philosophy that dentists should be trained to move towards 50 implants or more, or stop placing implants.

We believe this is a 5-year process for most practitioners which requires time, finance and emotional investment, but the rewards for those who can are fantastic and the practicing life is brilliant.

The Different Landscape of Today

Things are very different now than when I started in 1998, over 20 years ago. In my day, the GDC were unheard of and were someone you paid a small amount of money to each year and stayed on the register unless you had committed some horrible crime.

The CQC did not exist, and the weight of compliance that we see today was none existent.

My early case notes in implant dentistry were laughable.

The threat of litigation was small, although did exist, but was sorted out easily and straight forwardly by the defence unions in most cases. The commercial pressure in implant dentistry was tiny, as there were very few people providing the service, and very few companies involved. Those that were involved were micro companies and their personal relationships were fantastic. Nowadays there are more than 2,500 dental implant systems, at least on the market, and not a day goes by where I see a different system or a different 'innovation' that I should be picking up.

Evidence based dentistry has been cast aside in the race for market share and Facebook and social media teaching has become the norm leading inexperienced and under qualified practitioners into procedures which are simply not appropriate leading to the huge explosion of GDC and litigation cases and the circle seems to continue to grow.



What do I want to achieve, in what area and to what stage do I want to get to?

Nothing like this should be easy, and it certainly is not, but the satisfaction and fulfilment developing into a competent and capable implant practitioner must be one of the best routes to take in dentistry in my opinion.

So, why would you enter into implant dentistry now? Into a world that seems dangerous, threatening and stressful, the answer to that question is easy. If you choose to be good and to make yourself the best practitioner you can be the rewards will follow.

In setting out in your career, you would want to ask –

What do I want to achieve, in what area and to what stage do I want to get to?

If you wish to train as quickly as possible and as cheaply as possible, then there are plenty of providers who will allow you the opportunity to do that, but ask yourself the question, does this seem too good to be true? Because if it does it usually is.

If you have already developed surgical skills you're half way there. If you're an excellent restorative dentist, you're the half that is half way there, but unless you have both of these together you will struggle in implant dentistry and may require the assistance of other people.

Remember the patients

It's also important to remember you're treating patients, and that they will assume that you have a level of competency with which to provide the treatment, which is completely understandable.

Once you have decided which type of practitioner you would like to be, and what you would like to achieve you can start to draw your personalised and bespoke road map towards the goal that you wish to achieve.

At The Campbell Academy, we are very clear that we believe that for most practitioners this will be a 5-year process, learning how to diagnose, plan, place and manage straightforward dental implants before moving on to advanced cases and ultimately complex cases.

We provide all the courses associated with this type of treatment in order to take practitioners through a journey to placing 50 implants per year and beyond, which is economically, emotionally and financially viable. The satisfaction of working within a group of people who share the same philosophy and who discussed implant dentistry on a regular basis over multiple platforms is one of the most special things that the Academy has achieved. If you're starting out in implant dentistry and wish to be involved in a group of people such as that then this the place for you.

Why 50 per year

In the old days, the specialist advisory committees of the Royal College of Surgeons would recommend how many procedures trainees had to carry out before they achieved competency. 50 was often the number that was associated with surgical procedures, and 50 per year gives you the chance to place, practice and reflect on your implant dentistry, together with developing your team. Aside from that the indemnity fees for implant dentistry are sky rocketing and it's simply not financially viable at such a lower level.

Beneath that number, and heading towards 15 per year means that your dental implant kit doesn't come out once a month, the staff have no idea what they're doing and the practice has no systems in place to manage the implant patient journey.

At the 50 per year level you can afford to attend dental implant conferences to get better, you can do courses each year to improve and train your nurses, you can invest in new pieces of kit and maintain the pieces of kit that you have and develop systems associated with your implant practice to make sure that it is safe and improving at all times.

Below this level, you're scratching around as a hobby and this is not something we believe that your patients would want to know.

Why is it 5 years?

More and more dental implant courses promise the earth in short period of time as we head back to the weekend warrior days. It's not possible to pick up straightforward implant dentistry from a standing start in less than a year, although many courses purport to take delegates from 0-60mph in the shortest possible time.

You must provide cases, treat the cases and reflect upon them within a safe and secure environment, this takes time.

Once you have secured straightforward implant dentistry you can work on your own providing these cases and be mentored through advanced aesthetic and posterior cases, ultimately moving on to complex cases as you provide the advanced cases.

This is not something that can be carried out in a matter of weeks or months, nor can it be done on a crash course treating individuals who have paid money to have implants screwed into their head in third world countries.

The mentoring questions?

It's our belief at The Campbell Academy that without mentoring it's impossible to secure your knowledge and practice the techniques that you have learned from implant dentistry training. We ensure that all delegates have access to mentors in one form or another, and at an appropriate level to them to ensure that the practical teaching that they receive, the group discussions that they undertake and the surgical training that they're given can be cemented in their own practice and environment moving forwards for as long as they need.

Mentoring is essential, and the correct type of mentor and the correct personality for individual delegates is invaluable. I've been involved in mentoring for years (decades) and the thing that always falls apart in mentoring is finance. It's really crucial to get that sorted at the start, we assist delegates to do that with practitioners so that it is reasonable and fair to both parties. Mentoring becomes a lifelong friendship, and it's wonderful to see mentees 'grow up' and become colleagues, where you can discuss cases, woes and difficulties. One of the reasons we got into dentistry in the first place was because we're social animals who want to work with people - that was right for me anyway.

The chance to work with senior colleagues who had just become colleagues over time is such a wonderful privilege and one that we have all learned from, and have reaped the benefits for years and years; mentoring is critical.

The dangers of Instagram education

Great, formal, interactive education is undermined by Instagram education. It is also effected by the perception that online and digital education is a substitute for all. Really good online education (and I include social media postings in this) are an enhancement and an adjunct to formal teaching and hands-on clinical work.

It's hard to learn from photographs on Facebook what you might learn in a group of 12 people who are honest and open with each other. The internet allowed us to stop travelling so much and to sit at home at night watching Game of Thrones scrolling through dental pictures. That is perhaps not the way to bring a new system into your clinical environment. The more toxic thing is that people aren't always truthful on social media (or ever truthful) which leads you to believe that you're working at a lower level than everyone else, which is wrong. The antidote to the culture which thinks that you can learn implant dentistry on social media is to sink deep into a tribe and a culture of people who want to continue to learn and to share the highs and the lows with each other throughout the journey for the rest of their careers.

That is what The Campbell Academy tribe does, that is what happens when we meet up.



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Things I wish I knew before I started

Before I started in 1998 these are some of the things I wish I had known.

1. Implant dentistry is unpredictable
2. Complications in implant dentistry are common and serious
3. Lots of people in implant dentistry don't tell the truth
4. Lots of companies in implant dentistry don't tell the truth
5. Collect numbers obsessively
6. Evidence based healthcare is the way. If it's not evidence based its homeopathy
7. Many companies will protect their balance sheet and their patency before they will protect patients

For me, it took at least five years from that first rainy morning in Uttoxeter until the early 2000's when I felt I had become at least competent in the diagnostics and initial planning of straightforward implant cases.

I've watched with dismay as many people have tried to jump that hurdle in a year or less

despite the fact that when I started out in implant dentistry I was already a fellow of the Royal College of Surgeons of Edinburgh with three years of maxillofacial surgery behind me.

I wish I had known to take more time over the restorative planning aspects at the start, and I wish I had never lost my first 10 year's worth of numbers in my practice where I was an associate; it was taken over by Integrated Dental Holdings and the computer was thrown away!

Questions you must ask before you start

Before you start in implant training you must ask the following questions:

1. Where do I want to be in five years?
2. What type of practitioner do I want people to think that I am?
3. Why am I going into implant dentistry in the first place?
4. Am I a surgeon?
5. Am I a restorative dentist?
6. Do I want to practice in isolation or do I want to practice in a group of people who will learn and grow with me as I move forwards?
7. Which system am I going to be taught, because the intangible damage of changing systems is a real thing
8. Do I want to be rich or do I want to be good?
(Starting out by trying to be rich will not lead you to becoming good. But starting out trying to be good will often lead to you also becoming rich)
9. Do I want implant dentistry to add to my practice and my practicing life and increase my enjoyment of dentistry in the future?

Colin Campbell and the The Campbell Academy has provided implant dentistry education in one form or another since the early 2000s. Literally hundreds of people have been taught by the people in the Academy on an ethical and honest basis to become good, caring and professional implant practitioners.

If you see yourself within this group and are interested in implant dentistry and a 5-year pathway to place 50 implants per year and to take you to a level of an experienced implant dentist then feel free to contact us.

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