NATIONAL INSTITUTE FOR HEALTH SPECIALITIES

National Institute for Health Specialties (NIHS) Program Requirements for Clinical Training in Implant Dentistry (Clinical Certificate in Dental Implantology)

The Advanced Certificate in Implant Dentistry is expected to define its specific program aims consistent with the overall mission of its Sponsoring Institution, the needs of the community it serves and that its graduates will serve, and the distinctive capabilities of dentists it intends to graduate.

Where applicable, text in italics describes the underlying philosophy of the requirements in that section. These philosophic statements are not program requirements and are therefore not citable.

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Introduction

Int. A. Preamble

Advanced dental education is an important step of professional development between dental school and independent clinical practice. It is in this vital phase of the continuum of dental education that general dentists learn to provide best patient care under the supervision of specialists and consultants who not only instruct, but also serve as role models of excellence, compassion, professionalism, and scholarship.

Advanced dental education transforms general dentists into dental scholars who care for the patient, family, and a diverse community; create and integrate new knowledge into practice; and educate future generations of dentists to serve the public.

Advanced dental education has as a core tenet the graded authority and responsibility for patient care. The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing general dentists to attain the knowledge, skills, attitudes, and empathy required for independent practice. Advanced dental education develops general dentists who focus on excellence in delivery of safe, equitable, affordable, quality care and the oral health of the populations they serve.

Advanced dental education occurs in clinical and academic settings that establish the foundation for practice-based and lifelong learning. The professional development of the general dentist, begins in dental school, continues through faculty modeling of the effacement of self-interest in a humanistic environment that emphasizes joy in curiosity, problem-solving, academic rigor, and discovery. This transformation is often physically, emotionally, and intellectually demanding and occurs in a variety of clinical learning environments committed to advanced dental education and the well-being of patients, and all members of the health care team.

Int. B. Definition of Implant Dentistry

Implant Dentistry is not a specialty of dentistry, but an area of dentistry concerned with the diagnosis, design, and insertion of implant devices and implant restorations that provide adequate function, comfort, and esthetics for the edentulous or partially edentulous patient. It should be recognized that implant dentistry in the UAE is not a dental specialty according to the Unified Healthcare Professional Qualification Requirement (3rd version 2022).

Int. C. Length of the educational program

The duration of the program must be a minimum of 12 months of full-time or 24 months of part-time formal training. The full-time is defined as 32 hours per week for a minimum of 40 weeks while the part-time is defined as a minimum of 16 hours per week for a minimum of 80 weeks.

I. Oversight

I.A. Sponsoring Institution

The Sponsoring Institution is the entity that assumes the ultimate financial and academic responsibility for a program of advanced dental education, consistent with the NIHS Institutional Requirements.

The financial resources must be sufficient to support the program's stated goals and objectives. (Core)

***Background and Intent**: The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should have the ability to employ an adequate number of full-time faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in implant dentistry.*

The Sponsoring Institution must be the primary clinical training site defined as the most utilized rotation site of clinical activity for the program. (Core)

I.A.1. The program must be sponsored by one NIHS-accredited Sponsoring Institution. (Core)

I.B. Participating Sites

The educational experiences and assignments/rotations will be provided only in the Sponsoring Institution designated as unique clinical site. (Core)

I.C. Resources

I.C.1. The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for trainee education. (Core)

I.C.1.a) Equipment and supplies for use in managing medical and dental emergencies must be readily accessible and functional. (Core)

***Background and Intent:** The facilities and resources (e.g.: support/administrative staff, allied personnel and/or technical staff) should permit the attainment of program goals and objectives. To ensure health and safety for patients, trainees, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.*

I.C.1.b) The program must document its compliance with the institution's policy and applicable regulations including but not limited to radiation safety and protection, ionizing radiation,

hazardous materials, and bloodborne and infectious diseases. Policies must be provided to all trainees, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on bloodborne and infectious diseases must be made available to applicants for admission and patients. (Core)

***Background and Intent**: The program may document compliance by including the applicable program policies. The program demonstrates how the policies are provided to the trainees, faculty, and appropriate support staff and who is responsible for monitoring compliance. The applicable policy states how it is made available to applicants for admission.*

I.C.1.c) Trainees, faculty and appropriate support staff must be immunized against Hepatitis B, as well as Tetanus, Diphtheria, Measles, Mumps, Rubella, Polio, and Varicella (when appropriate) prior to contact with patients and/or infectious objects or materials, to minimize the risk to patients and dental personnel. (Core)

***Background and Intent**: The program should have a written policy that encourages (e.g., delineates the advantages of) immunization for trainees, faculty, and appropriate support staff.*

I.C.1.d) All trainees, faculty and support staff involved in the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation. (Core)

***Background and Intent**: Continuously recognized/certified in basic life support procedures means the appropriate individuals are currently recognized/certified.*

I.C.1.e) The program must have access to clinical facilities that include:

I.C.1.e)(1) Space designated specifically for the advanced dental education program in Implant Dentistry. (Core)

I.C.1.e)(2) Flexibility to allow for changes in equipment location and for additions or deletions to improve operating efficiency and promote efficient use of dental instrumentation and allied personnel. (Core)

I.C.1.e)(3) Diagnostic imaging and laboratory facilities in close proximity to the patient treatment area. (Core)

I.C.1.e)(4) Accessibility for patients with special health care needs. (Core)

I.C.1.e)(5) Reception and patient education areas. (Core)

I.C.1.e)(6) A sufficient number of operatories to accommodate the number of trainees enrolled. (Core)

I.C.1.f)(7) Adequate clinical facilities with technologically current equipment must be readily available in order to meet the objectives of the program.

I.C.1.g)(8) There must be space and equipment for education program, including 24-hour computer access with internet, classrooms with audiovisual and other education aids, access to dental and biomedical libraries and clinical photography for trainees.

I.C.2. Trainees must have ready access to appropriate reference material in print or electronic format. This must include access to biomedical textbooks, dental journals, online resources, and other sources pertinent to the area of Implant Dentistry. (Core)

I.C.3. The program's educational and clinical resources must be adequate to support the number of trainees appointed to the program. (Core)

I.C.3.a) Patient availability:

I.C.3.a)(1) An adequate and diverse pool of patients requiring a sufficient scope, volume and variety of oral health care needs and a delivery system to provide ample opportunity for training must be available, including healthy individuals as well as individuals with special health care needs. (Core)

I.C.3.a)(2) These health care needs must include, but are not limited to, medical, physical, psychological, or social situations that make consideration of a wide range of assessment and care options necessary. (Core)

***Background and Intent**: Documentation of the scope, volume and variety of patients and procedures completed by the trainees, including those with complex impairment who require substantial functional support and modifications to dental treatment, shall be recorded and are to be available for on-site review.*

I.C.3.a)(3) There must be a variety of patients available to allow the development of different competencies in Implant Dentistry. (Core)

I.C.3.b) Availability of all dental disciplines that would ensure that patients' periodontal and restorative needs are addressed prior to dental implant planning. (Core)

I.C.3.c) Availability of appropriate recall program of supportive periodontal and peri-implant therapy. (Core)

I.C.3.d) Availability of consumables in relation to surgical and restorative phases of implant treatment. (Core)

II. Personnel

II.A. Program Director

II.A.1. There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)

II.A.1.a) The Sponsoring Institution's GMEC must approve a change in program director. (Core)

II.A.1.b) Final approval of the program director resides with the Central Accreditation Committee. (Core)

Background and Intent: *While the NIHS recognizes the value of input from numerous individuals in the management of the program, a single individual must be designated as program director and made responsible for the program. This individual will have dedicated time for the leadership of the program, and it is this individual's responsibility to communicate with the trainees, faculty members, DIO, GMEC, and the NIHS. The program director's nomination is reviewed and approved by the GMEC. Final approval of program directors resides with the Central Accreditation Committee.*

II.A.1.c) The program must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability. (Core)

Background and Intent*: The success of advanced educational programs is generally enhanced by continuity in the program director position. The professional activities required of a program director are unique and complex and take time to master. All programs are encouraged to undertake succession planning to facilitate program stability when there is necessary turnover in the program director position.*

II.A.2. Qualifications of the program director:

II.A.2.a) must include specialty expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Central Accreditation Committee; (Core)

Background and Intent: *Leading a program requires knowledge and skills that are established during training and subsequently further developed. The time from completion of training until assuming the role of program director allows the individual to cultivate leadership abilities while becoming professionally established. The three-year period is intended for the individual's professional maturation.*

These areas of expertise are important when identifying and appointing a program director. The choice of a program director should be informed by the mission of the program and the needs of the community.

Successful administration of a advanced educational program in Implant Dentistry requires administrative time. At least half of the required 0.5 FTE should include blocked time to complete administrative requirements. Time spent in clinics supervising trainees, while important, should not be counted in the required 0.5 FTE of administrative time.

II.A.2.b) must be licensed as consultant and have at least three years post residency documented experience in Implant Dentistry, and with a specialty qualification in Periodontics, Prosthodontics and/or Oral Surgery that are acceptable to the Central Accreditation Committee; (Core)

II.A.2.c) must include current dental licensure and appropriate dental staff appointment; (Core)

II.A.2.d) must include ongoing clinical activity; (Core)

Background and Intent*: A program director is a role model for faculty members and trainees. The program director must participate in clinical activity consistent with the Implant Dentistry. This activity will allow the program director to role model the Core Competencies for the faculty members and trainees.*

II.A.3. Program Director Responsibilities

The program director must have responsibility, authority, and accountability for administration and operations; teaching and scholarly activity; trainee recruitment and selection, evaluation, and disciplinary action; supervision of trainees; and trainee education in the context of patient care. (Core)

II.A.3.a) The program director must:

II.A.3.a)(1) be a role model of professionalism; (Core)

Background and Intent: *The program director, as the leader of the program, must serve as a role model to trainees in addition to fulfilling the technical aspects of the role. As trainees are expected to demonstrate compassion, integrity, and respect for others, they must be able to look to the program director as an exemplar. It is of utmost importance, therefore, that the program director model outstanding professionalism, high quality*

patient care, educational excellence, and a scholarly approach to work. The program director creates an environment where respectful discussion is welcome, with the goal of continued improvement of the educational experience.

II.A.3.a)(2) design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)

Background and Intent: *The mission of institutions participating in advanced dental education is to improve the oral health of the public. Each community has health needs that vary based upon location and demographics. Programs must understand the social determinants of oral health of the populations they serve and incorporate them in the design and implementation of the program curriculum, with the goal of addressing these needs and health disparities.*

II.A.3.a)(3) administer and maintain a learning environment conducive to educating the trainees. in each of the Core competency domains; (Core)

Background and Intent: *The program director may establish a leadership team to assist in the accomplishment of program goals. Advanced dental educational programs can be highly complex. In a complex organization, the leader typically can delegate authority to others yet remains accountable. The leadership team may include dental and non-dental personnel with varying levels of education, training, and experience.*

II.A.3.a)(4) develop and oversee a process to evaluate trainees prior to approval as program faculty members for participation in the advanced dental educational program and at least annually thereafter; (Core)

II.A.3.a)(5) have the authority to approve and/or remove program faculty members for participation in the advanced dental educational program at all sites; (Core)

Background and Intent: *The program director has the responsibility to ensure that all who educate trainees effectively role model the Core Competencies. Working with a trainee is a privilege that is earned through effective teaching and professional role modeling. This privilege may be removed by the program director when the standards of the clinical learning environment are not met.*

II.A.3.a)(6) ensure the program's compliance with the Sponsoring Institution's policies and procedures for due process when action is taken to suspend or dismiss a trainee. (Core)

Background and Intent: *A program does not operate independently of its Sponsoring Institution. It is expected that the program director will be aware of the Sponsoring Institution's policies and procedures and will ensure they are followed by the program's leadership, faculty members, support personnel, and trainees.*

II.A.4. Associate Program Director (APD):

II A.4.a) For programs with an approved trainee complement of more than 15, the sponsoring institution must appoint an Associate Program director to support the PD by actively participating in administrative and educational activities. (Core)

II A.4.b) Sponsoring Institution to provide APD with 0.3 FTE of protected time for education and program administration. (Core)

II A.4.c) APD should assume the role for a duration suitable for ensuring program continuity and stability. (Core)

II.B. Faculty

Faculty members are a foundational element of advanced dental education – faculty members teach trainees how to care for patients. Faculty members provide an important bridge allowing trainees to grow and become practice-ready, ensuring that patients receive the highest quality of care. They are role models for future generations of general dentists by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach. By employing a scholarly approach to patient care and engaging in scholarly activities, faculty members, through the advanced dental education system, improve the oral and overall health of the individual and the population.

Faculty members recognize and respond to the needs of the patients, trainees, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the trainees and themselves.

Background and Intent: *"Faculty" refers to the entire teaching force responsible for educating trainees. The term "faculty," including "core faculty," does not imply or require an academic appointment or salary support.*

II.B.1. At each participating site, there must be enough faculty members with competence to instruct and supervise all trainees at that location.

II.B.I.a) The teaching faculty must be registered as specialist or consultant in Periodontics, Prosthodontics and/or Oral Surgery by

an Emirati health authority and judged acceptable to the Central Accreditation Committee. (Core)

II.B.I.b) An overall faculty-to-trainee ratio of 1 to 1 is required. (Core)

II.B.2. Faculty members must:

II.B.2.a) be role models of professionalism; (Core)

II.B.2.b) demonstrate commitment to the delivery of safe, quality, cost-effective, patient-centered care; (Core)

Background and Intent: *Patients have the right to expect quality, cost-effective care with patient safety at its core. Faculty members model these goals and continually strive for improvement in care and cost, embracing a commitment to the patient and the community they serve.*

II.B.2.c) demonstrate a strong interest in the education of trainees; (Core)

II.B.2.d) devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities including timely continuous feedback and assessment; (Core)

II.B.2.e) administer and maintain an educational environment conducive to educating trainees; (Core)

II.B.2.f) regularly participate in organized clinical discussions, case presentations, journal clubs, and conferences; (Core)

II.B.2.g) pursue faculty development designed to enhance their skills at least annually: (Core)

Background and Intent: *Faculty development is intended to describe structured programming developed for the purpose of enhancing transference of knowledge, skill, and behavior from the educator to the learner. Faculty development may occur in a variety of configurations (lecture, workshop, etc.) using internal and/or external resources. Programming is typically needs-based (individual or group) and may be specific to the institution or the program.*

II.B.4. Core Faculty

Core faculty members must have a significant role in the education and supervision of trainees and must devote a significant portion of their entire effort to trainee education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to trainees. (Core)

Background and Intent*: Core faculty members are critical to the success of trainee education. They support the program leadership in developing, implementing, and assessing curriculum and in assessing trainees' progress toward achievement of competence in the specialty. Core faculty members should be selected for their broad knowledge of and involvement in the program, permitting them to effectively evaluate the program, including completion of the annual NIHS Faculty annual survey.*

II.B.4.a) Core faculty members must be designated by the program director. (Core)

II.B.4.b) Core faculty members must complete the annual NIHS Faculty Survey. (Core)

II.B.4.c) There must be at least three core faculty members who are licensed in Periodontics, Prosthodontics, Oral Surgery, or Oral and Maxillofacial Surgery. (Core)

II.B.4.d) A minimum core faculty-to-trainee ratio of 1 to 3 is required. (Core)

II.C. Program Coordinator

II.C.1. There must be a program coordinator. (Core)

II.C.2. At a minimum, the program coordinator must be provided with adequate time for the administration of the program. (Core)

Background and Intent: *Each program requires a lead administrative person, frequently referred to as a program coordinator, administrator, or as titled by the institution. This person will frequently manage the day-to-day operations of the program and serve as an important liaison with learners, faculty, and other staff members, and the NIHS. Individuals serving in this role are recognized as program coordinators.*

The program coordinator is a member of the leadership team and is critical to the success of the program. As such, the program coordinator must possess skills in leadership and personnel management. Program coordinators are expected to develop unique knowledge of the NIHS and Program Requirements, policies, and procedures. Program coordinators assist the program director in accreditation efforts, educational programming, and support of trainees.

Programs, in partnership with their Sponsoring Institutions, should encourage the professional development of their program coordinators and avail them of opportunities for both professional and personal growth.

II.D. Other Program Personnel

The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)

II.D.1. Adequate allied dental personnel assigned to the program to ensure clinical, and laboratory technical support are suitably trained and credentialed. (Core)

II.D.2. Adequate support personnel must be assigned to the program to ensure chairside and technical assistance. (Core)

II.D.3. Dental hygiene support should be available for the clinical program. (Core)

Background and Intent: *Multiple personnel may be required to effectively administer a program. These may include staff members with clerical skills, project managers, education experts, and staff members to maintain electronic communication for the program. These personnel may support more than one program in more than one discipline.*

III. Trainee Eligibility and Selection

III.A. Eligibility Requirements

III.A.1. An applicant must meet the following qualifications to be eligible for enrollment to a NIHS-accredited advanced dental education program in Implant Dentistry: (Core)

III.A.1.a) Refer to NIHS criteria included in the Training Bylaw. (Core)

III.A.1.b) Completion of a B.D.S., D.D.S. or D.M.D. degree from a university recognized and accredited by the Ministry of Education of the UAE. (Core)

III.A.1.c) Completion of at least three years of clinical experience after the internship. (Core)

III.A.1.d) All applicants must provide two reference letters, no older than 12 months, at the time of application. (Core)

III.B. Number of Trainees

III.B.1. The program director must not appoint more trainees than approved by the Central Accreditation Committee. (Core)

III.B.2. All complement increases must be approved by the Central Accreditation Committee. (Core)

IV. Educational Program

The NIHS accreditation system is designed to encourage excellence and innovation in advanced dental education regardless of the organizational affiliation, size, or location of the program.

The educational program must support the development of knowledgeable, skillful general dentists who provide compassionate care.

IV.A. Curriculum Components

The educational curriculum consists of 1280 contact hours (256 hours of didactic teaching and 1024 hours of clinical training). The educational curriculum must contain the following educational components: (Core)

IV.A.1. A set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates; (Core)

IV.A.2. Competency-based goals and objectives for each educational experience are designed to promote progress on a trajectory to autonomous practice. (Core)

IV.A.3. These goals and objectives must be distributed and available to trainees and faculty members. (Core)

IV.A.4. Delineation of trainee responsibilities for patient care, progressive responsibility for patient management, and graded supervision; (Core)

IV.A.5. A broad range of structured didactic activities; (Core)

IV.A.5.a) A trainee must be provided with protected time to participate in structured core didactic activities. (Core)

Didactic activities include, but are not limited to: (Core)

- Formal instruction (a module/lecture materials or course syllabi) in evidence-based practice
- Didactic program course syllabi, course content outlines, or lecture materials that integrate aspects of evidence-based practice
- Case presentation seminar(s)

IV.A.6. Advancement of trainees' knowledge of ethical principles essential to dental professionalism; (Core)

IV.B. Defined Core Competencies

IV.B.1. The program must integrate the following Core Competencies into the curriculum: (Core)

IV.B.1.a) Professionalism

Trainees must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)

IV.B.1.a)(1) Trainees must demonstrate competence in:

IV.B.1.a)(1)(a) compassion, integrity, and respect for others; (Core)

IV.B.1.a)(1)(b) responsiveness to patient needs that supersedes self-interest; (Core)

IV.B.1.a)(1)(c) respect for patient privacy and autonomy; (Core)

IV.B.1.a)(1)(d) accountability to patients, society, and the profession; (Core)

IV.B.1.a)(1)(e) respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation; (Core)

IV.B.1.a)(1)(f) ability to recognize and develop a plan for one's own professional wellbeing; (Core)

IV.B.1.a)(1)(g) appropriately disclosing and addressing conflict or duality of interest. (Core)

IV.B.1.b) Patient Care and Procedural Skills

Trainees must be able to provide patient care that is appropriate, and effective for the treatment of oral health problems and the promotion of oral health. (Core)

IV.B.1.b)(1) Records related to the educational program, must be documenting in the trainee clinical logs after completion of specified procedures, including: (Core)

- Dental implant competencies (for example: different implant placement protocols, provisional loading of dental implants, and management of peri-implant diseases).
- Patient diversity and case complexity (e.g. medically complex, special needs, hospital based, etc.).

Background and Intent: *These records are to be available for on-site review: overall program objectives and completed trainee evaluation forms. The trainee's Logbook provides programs with data required for program improvement and gives the trainee an official record of clinical procedures required by regulatory boards.*

IV.B.1.c) Practice-based Learning and Improvement

Trainees must demonstrate the ability to investigate and evaluate their care of patients, applying scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)

IV.B.1.c)(1) Trainees must demonstrate competence in:

IV.B.1.c)(1)(a) identifying strengths, deficiencies, and limits in one's knowledge and expertise; (Core)

IV.B.1.c)(1)(b) setting learning and improvement goals; (Core)

IV.B.1.c)(1)(c) identifying and performing appropriate learning activities; (Core)

IV.B.1.c)(1)(d) systematically analyzing practice using quality improvement methods and implementing changes with the goal of practice improvement; (Core)

IV.B.1.c)(1)(e) incorporating feedback and formative evaluation into daily practice; (Core)

IV.B.1.c)(1)(f) locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems; (Core)

IV.B.1.c)(1)(g) using information technology to optimize learning. (Core)

IV.B.1.d) Interpersonal and Communication Skills

Trainees must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)

IV.B.1.d)(1) Trainees must demonstrate competence in:

IV.B.1.d)(1)(a) communicating effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds; (Core)

IV.B.1.d)(1)(b) communicating effectively with dentists, physicians, other health professionals and oral health-related agencies; (Core)

IV.B.1.d)(1)(c) working effectively as a member or leader of a health care team or other professional group; (Core)

IV.B.1.d)(1)(d) educating patients, families, and other health professionals; (Core)

IV.B.1.d)(1)(e) maintaining comprehensive, timely, and legible dental records, if applicable. (Core)

IV.B.1.e) Medical knowledge:

Trainees must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social behavioral sciences related to the practice of implant dentistry, as well as the application of this knowledge to patient care. (Core)

IV.B.1.f) System-based practice:

Trainees must demonstrate an awareness of a responsiveness to the larger context and system of health care, including the social determinants of oral health, as well as the ability to call effectively on other resources to provide optimal oral health care. (Core)

IV.B.1.f)(1) The trainees must demonstrate their ability to: (Core)

- Work effectively in various oral health care delivery settings and systems relevant to their clinical specialty;
- Coordinate patient oral health care across the health care continuum and beyond as relevant to their clinical specialty;
- Advocate for quality patient care and optimal patient care systems;
- Work in interprofessional teams to enhance patient safety and improve patient care quality;
- Participate in identifying system errors and implementing potential systems solutions;
- Incorporate considerations of value, cost awareness, delivery and payment, and risk benefit analysis in patient and/or population-based care as appropriate;
- Understand oral health care finances and its impact on individual patients' health decisions.

IV.C. Curriculum Organization and Trainee Experiences

IV.C.1. The curriculum must be structured to optimize trainee educational experiences, the length of these experiences, and supervisory continuity. (Core)

IV.C.1.a) Clinical experiences should be structured to facilitate learning in a manner that allows trainees to function as part of an effective interprofessional team. (Core)

IV.C.2. The goal of the curriculum is to allow the trainee to attain skills representative of a clinician competent in the theoretical and practical aspects of Implant Dentistry. (Core)

IV.C.2.a) Basic implant sciences:

Education in the basic sciences must provide the scientific basis needed to understand and carry out the diagnostic and therapeutic skills within the scope of Implant Dentistry. (Core)

IV.C.2.a)(1) Formal instruction in the basic implant sciences must enable trainees to:

- Diagnose, treatment plan and complete treatment of clinical cases which require surgical implant placement and restorative rehabilitation of partially or completely edentulous dentition. (Core)
- Critically evaluate the scientific literature and have a sound knowledge evidence-based studies to understand the science of implant dentistry. (Core)

IV.C.2.a)(2) Formal instruction must be provided to achieve in-depth knowledge in each of the following areas:

- Anatomy
- Bone physiology and biomechanics
- Osseointegration
- The biological basis for dental implant therapy and principles of dental implant design, biomaterials, and bioengineering

IV.C.2.b) Clinical sciences:

The educational program must provide didactic instruction and clinical training in the following areas: (Core)

- The examination, diagnosis, and treatment planning for the use of dental implant therapy
- CBCT interpretation
- Dental photography
- Implant site development
- The surgical placement of dental implants
- The prosthetic aspects of dental implant therapy

- The evaluation and management of peri-implant tissues and the management of implant complications
- Management of peri-implant diseases
- The maintenance of dental implants

IV.C.3. A minimum number of clinical procedures should be completed by each trainee to obtain the appropriate degree of proficiency, competency, and exposure to a variety of procedures or techniques. Clinical time can be extended as needed to meet the required levels of competency and requirements. (Core)

IV.C.3.a) A trainee must comply with the following clinical requirements. (Core)

	Clinical requirements	**Minimum number of implants**
1.	Surgical placement of dental implant (straightforward cases as assessed by SAC tool) *	30
2.	Dental implant restoration of single implant and short span of partially edentulous ridge (straightforward or advanced as assessed by SAC tool) * 10 single implants, 3 short-span fixed dental prostheses (FDPs), 2 implant-supported overdentures, 2 full arch implant-supported FDPs	30
*https://www.iti.org/tools/sac-assessment-tool The Straightforward, Advanced and Complex (SAC) (SAC) Assessment tool assists clinicians to identify the degree of complexity and potential risk involved in individual implant dentistry cases. The tool is based on the book entitled "The SAC Classification in Implant Dentistry 2nd Edition", published by the International Team for Implantology (ITI) in cooperation with Quintessence Publishing Group.		

IV.C.3.b) At the end of the training program, the trainee must submit at least 30 dental implants placed and restored on a minimum of 10 patients. It is expected that all the documented cases will be performed by the trainee. Cases in which the trainee has only assisted should not be included in the logbook. (Core)

IV.C.3.c) The duty hours of the full-time program is 32 hours per week for a minimum of 40 weeks while the part-time is 16 hours per week for a minimum of 80 weeks. (Core)

V. Evaluation

V.A. Trainee Evaluation

V.A.1. Feedback and Evaluation

Formative and summative evaluation have distinct definitions.

Formative evaluation is monitoring trainee learning and providing ongoing feedback that can be used by trainees to improve their learning.

More specifically, formative evaluations help:

- trainees identify their strengths and weaknesses and target areas that need work
- program directors and faculty members recognize where trainees are struggling and address problems immediately.

Summative evaluation is evaluating a trainee's learning by comparing the trainees against the goals and objectives of the program.

End-of-year evaluations have both summative and formative components. Information from a summative evaluation can be used formatively when trainees or faculty members use it to guide their efforts and activities to successfully complete the program.

V.A.1.a) Faculty members must directly observe, evaluate, and frequently provide feedback on trainee performance. (Core)

This feedback will allow for the development of the learner. More frequent feedback is strongly encouraged for trainees who have deficiencies.

V.A.1.b) Evaluation must be documented periodically (semi-annually). (Core)

V.A.1.c) The program must provide an objective performance evaluation based on the competencies and requirements, and must: (Core)

V.A.1.c)(1) use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); (Core)

V.A.1.c)(2) provide that information to the Clinical Competency Committee for its synthesis of progressive trainee performance and improvement toward unsupervised practice. (Core)

V.A.1.d) The program director or their designee, with input from the Clinical Competency Committee, must:

V.A.1.d)(1) meet with and review with each trainee their documented semi-annual evaluation of performance (Core)

V.A.1.d)(1)(a) review of trainee Case-Logs must be a part of the semi-annual review. (Detail)

V.A.1.d)(1)(b) this must include review of the trainee's cumulative operative experience to ensure balanced progress towards achieving experience with a variety of implant procedures. (Core)

V.A.1.d)(2) assist trainees in developing individualized learning plans to capitalize on their strengths and identify areas for growth; (Core)

V.A.1.e) The evaluations of a trainee's performance must be accessible for review by the trainee. (Core)

V.A.2. Final Evaluation

V.A.2.a) The program director must provide a final evaluation for each trainee upon completion of the program. (Core)

V.A.2.a)(1) The program objectives, and Case Logs, must be used as tools to ensure trainees can engage in autonomous practice upon completion of the program. (Core)

V.A.2.a)(2) The final evaluation must:

V.A.2.a)(2)(a) become part of the trainee's permanent record maintained by the institution, and must be accessible for review by the trainee in accordance with institutional policy; (Core)

V.A.2.a)(2)(b) verify that the trainee has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; (Core)

V.A.2.a)(2)(c) consider recommendations from the Clinical Competency Committee (Core)

V.A.2.a)(2)(d) be shared with the trainee upon completion of the program. (Core)

V.A.3. A Clinical Competency Committee must be appointed by the program director. (Core)

V.A.3.a) The Clinical Competency Committee must include at least three members of the program faculty, at least one of whom is a core faculty member. (Core)

V.A.3.a)(1) Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's trainees. (Core)

V.A.3.b) The Clinical Competency Committee must:

V.A.3.b)(1) review part-time trainees' evaluation every six months and full-time trainees' evaluation every three months; (Core)

V.A.3.b)(2) meet prior to the trainees' evaluations and advise the program director regarding each trainee's progress. (Core)

V.B. Faculty Evaluation

V.B.1. The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)

V.B.1.a) This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, review of patient outcomes, professionalism, research, and scholarly activities. (Core)

V.B.1.b) This evaluation must include written, anonymous, and confidential evaluations by the trainees. (Core)

V.B.2. Faculty members must receive feedback on their evaluations at least annually. (Core)

V.B.3. Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)

V.B.4. The program has the responsibility to evaluate and improve the program faculty members' teaching, scholarship, professionalism, and quality care. Therefore, the annual review of the program's faculty members is mandatory and can be used as input into the Annual Program Evaluation. (Core)

V.C. Program Evaluation and Improvement

V.C.1. The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)

The performance of trainees and faculty members reflects the program quality and will use metrics to reflect the program's goals.

The Program Evaluation Committee must present the Annual Program Evaluation Report in a written form to be discussed with all program faculty and trainees as a part of continuous improvement plans.

V.C.1.a) The Program Evaluation Committee is chaired by the Program Director and must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one trainee. (Core)

V.C.1.b) Program Evaluation Committee responsibilities must include:

V.C.1.b)(1) acting as an advisor to the program director, through program oversight; (Core)

V.C.1.b)(2) review of the program's requirements and goals, and the progress toward meeting them; (Core)

V.C.1.b)(3) guiding ongoing program improvement, including developing new goals based upon outcomes. (Core)

V.C.1.b)(4) review of the current operating environment to identify strengths, challenges, opportunities, and threats related to the program's mission and aims. (Core)

V.C.1.c) The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)

V.C.1.d) The Annual Program Evaluation review, including the action plan, must:

V.C.1.d)(1) be distributed to and discussed with the members of the teaching faculty and the trainees. (Core)

V.C.1.d)(2) be submitted to the DIO. (Core)

V.C.2. The program will be accredited and reaccredited by the NIHS in accordance with NIHS Accreditation Bylaws. (Core)

V.C.2.a) The program must complete a Self-Study before its reaccreditation Site Visit. (Core)

V.C.2.b) The Self-Study is an objective, comprehensive evaluation of the residency program with the aim to improve it. (Core)

V.C.3. The goal of NIHS-accredited education is to train dentists who seek to achieve dental implant privilege (straightforward surgical placement of dental implant and straightforward/advanced restoration of dental implant as per the SAC assessment tool). (Core)

V.C.4. All eligible program graduates should take the certifying examination conducted by health authorities to obtain the licensed implant privilege. (Core)

VI. The Learning and Working Environment

Advanced dental education must occur in the context of a learning and working environment that emphasizes the following principles:

- Excellence in the safety and quality of care rendered to patients by trainees today
- Excellence in the safety and quality of care rendered to patients by today's trainees in their future practice
- Excellence in professionalism through faculty modeling of:
    - the effacement of self-interest in a humanistic environment that supports the professional development of general dentists.
    - the joy of curiosity, problem-solving, intellectual rigor, and discovery.
- Commitment to the well-being of the trainees, faculty members, and all members of the health care team

VI.A. Patient Safety, Quality Improvement, Supervision, and Accountability

VI.A.1. Patient Safety and Quality Improvement

All general dentists share responsibility for promoting patient safety and enhancing the quality of patient care. Advanced dental education must prepare trainees to provide the highest level of clinical care with a continuous focus on the safety, individual needs, and humanity of their patients. It is the right of each patient to be cared for by trainees who are appropriately supervised; possess the requisite knowledge, skills, and abilities; understand the limits of their knowledge and experience; and seek assistance as required to provide optimal patient care.

Trainees must demonstrate the ability to analyze the care they provide, understand their roles within health care teams, and play an active role in system improvement processes. Graduating trainees will apply these

skills to critique their future unsupervised practice and effect quality improvement measures.

It is necessary for trainees and faculty members to consistently work in a well-coordinated manner with other health care professionals to achieve organizational patient safety goals.

VI.A.1.a) Patient Safety

VI.A.1.a)(1) Culture of Safety

A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.

VI.A.1.a)(1)(a) The program, its faculty, and trainees must actively participate in patient safety systems and contribute to a culture of safety. (Core)

VI.A.1.a)(1)(b) The program must have a structure that promotes safe, inter-professional, team-based care. (Core)

VI.A.1.a)(2) Education on Patient Safety

Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)

Background and Intent: *Optimal patient safety occurs in the setting of a coordinated inter-professional learning and working environment.*

VI.A.1.a)(3) Trainee Education and Experience in Disclosure of Adverse Events

Patient-centered care requires patients, and when appropriate families, to be apprised of clinical situations that affect them, including adverse events. This is an important skill for faculty dentists to model, and for trainees to develop and apply.

VI.A.1.a)(3)(a) All trainees must receive training in how to disclose adverse events to patients and families. (Core)

VI.A.1.a)(3)(b) Trainees should have the opportunity to participate in the disclosure of patient safety events, real or simulated. (Detail)

VI.A.1.b) Quality Improvement

Trainees must have the opportunity to participate in inter-professional quality improvement activities. (Core)

VI.A.2. Supervision and Accountability

VI.A.2.a) Although the attending general dentist is ultimately responsible for the care of the patient, every general dentist shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.

Sponsoring and training institutions should only use implant brands with at least 15 years of documented clinical success in the literature. Implant brands should have a licensed distributor in the UAE to facilitate future maintenance.

Sponsoring and training institutions are responsible for replacing a failed dental implant free of charge within two years from implant placement provided that the patient is practicing proper plaque control measures and attending regular periodontal maintenance, and the dental implant can still be placed without any additional bone graft.

Supervision in the setting of advanced dental education provides safe and effective care to patients; ensures each trainee's development of the skills, knowledge, and attitudes required to enter the unsupervised practice; and establishes a foundation for continued professional growth.

VI.A.2.a)(1) Each patient must have an identifiable and appropriately-credentialed and privileged attending general dentist who is responsible and accountable for the patient's care. (Core)

VI.A.2.a)(1)(a) This information must be available to trainees, faculty members, other members of the health care team, and patients. (Core)

VI.A.2.a)(1)(b) Trainees and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)

VI.A.2.b) The program must demonstrate that the appropriate level of supervision in place for all trainees is based on each trainee's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)

VI.B. Professionalism

VI.B.1. Programs, in partnership with their Sponsoring Institutions, must educate trainees and faculty members concerning the professional responsibilities of general dentists, including their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)

VI.B.2. The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)

VI.B.3. Trainees and faculty members must demonstrate an understanding of their personal role in the:

VI.B.3.a) provision of patient- and family-centered care; (Outcome)

VI.B.3.b) safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events; (Outcome)

Background and Intent*: This requirement emphasizes that responsibility for reporting unsafe conditions and adverse events is shared by all members of the team and is not solely the responsibility of the trainee.*

VI.B.3.c) assurance of their fitness for work, including: (Outcome)

VI.B.3.c)(1) management of their time before, during, and after clinical assignments; and, (Outcome)

VI.B.3.c)(2) recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team. (Outcome)

VI.B.3.d) commitment to lifelong learning; (Outcome)

VI.B.3.e) monitoring of their patient care performance improvement indicators; (Outcome)

VI.B.3.f) accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data. (Outcome)

VI.B.4. All trainees and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. (Outcome)

VI.B.5. Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of trainees, faculty, and staff. (Core)

VI.B.6. Programs, in partnership with their Sponsoring Institutions, should have a process for education of trainees and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)

VI.C. Well-Being

Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient general dentist and require proactive attention to life inside and outside of dentistry. Well-being requires that general dentists retain the joy in dentistry while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of training.

Trainees and faculty members are at risk of burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of trainee competence. General dentists and all members of the oral health care team share responsibility for the well-being of each other.

VI.D. Clinical Responsibilities, Teamwork, and Transitions of Care

VI.D.1. Clinical Responsibilities

The clinical responsibilities for each trainee must be based on trainee ability, severity and complexity of patient illness/condition, patient safety and available support services. (Core)

VI.D.2. Teamwork

Trainees must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care. (Core)

VI.D.3. Transitions of Care

VI.D.3.a) Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)

VI.D.3.b) Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. (Core)

VI.D.3.c) Programs must ensure that trainees are competent in communicating with team members in the handover process. (Outcome)

VI.D.3.d) Programs and clinical sites must maintain and communicate schedules of attending faculty and trainees currently responsible for care. (Core)

VI.D.3.e) Each program must ensure continuity of patient care, consistent with the program's policies and procedures, if a trainee may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency. (Core)

*Core Requirements: Statements that define structure, resource, or process elements essential to every graduate dental educational program.

†Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

‡Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of trainees at key stages of their advanced dental education.

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