



UAEU

جامعة الإمارات العربية المتحدة
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NATIONAL INSTITUTE FOR HEALTH SPECIALTIES

NIHS Entrustable Professional
Activities (EPAs) for Clinical Training
in Implant Dentistry (Clinical
Certificate in Dental Implantology)

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Dental Implantology

EPA 1: Assessment and diagnosis of patients requiring dental implant therapy

Key Features: This EPA focuses on the ability to assess patients who may require dental implant therapy and identify conditions that contraindicate treatment or require modification, further investigation, or referral before proceeding.

- The trainee is expected to complete comprehensive medical, dental, periodontal, prosthetic, radiographic, hard- and soft-tissue, and patient-specific risk assessment, including CBCT assessment where indicated, and to identify factors that may affect implant planning, prognosis, or need for additional care.
- The trainee must recognize local and systemic risk factors, identify hard or soft tissue deficiencies, assess periodontal and periimplant risk, interpret two-dimensional and three-dimensional imaging, and formulate an evidence-informed diagnosis that supports safe implant treatment planning.

Assessment Plan:

Direct observation, case discussion, and/or review of records, diagnostic imaging, assessment of treatment complexity (SAC), and treatment planning documentation by a supervisor.

Assessment form collects information on:

- Setting: implant consultation; multidisciplinary dental implant planning clinic
- Case complexity (according to SAC surgical and prosthodontic classification): straightforward (S); advanced (A); complex (C)
- Assessment focus: medical/dental assessment; risk assessment; periodontal/periimplant assessment; occlusal evaluation; radiographic and CBCT interpretation; hard and soft tissue assessment; SAC classification.
- Implant site: anterior maxilla; posterior maxilla; anterior mandible; posterior mandible; multiple sites/full arch.

Basis for formal entrustment decision: Needs revisiting in terms of minimum number of observations required

Collect 30 implants (or 10 patients) observations of achievement.

- At least 5 cases must include CBCT interpretation
- At least 5 cases must include periodontal risk assessment
- At least 5 cases must include prosthetic assessment
- At least 5 cases must include hard and soft tissue deficiency assessment
- At least 5 cases must include assessment of level of complexity according to SAC classification.
- At least 2 assessors

When unsupervised practice is expected to be achieved:

- Before the trainee progresses to independent implant treatment planning of selected cases.

Relevant Task Components:

1. Obtain a complete medical, dental social, and medication history relevant to implant therapy.
2. Identify systemic and local risk factors that may affect implant suitability, healing, complications, or long-term prognosis.
3. Assess periodontal status, oral hygiene, plaque control, disease stability, and the need for periodontal treatment before implant therapy.
4. Perform prosthetic evaluation, including occlusion, restorative space, parafunction and occlusal loading and identify prosthetic risk factors.
5. Interpret relevant radiographs to assess dentition, pathology, bone levels, anatomical structures, and implant site suitability.
6. Interpret CBCT imaging including bone volume, ridge morphology, anatomical limitations, proximity to vital structures, and the need for augmentation or modified planning.
7. Assess hard and soft tissue conditions, including ridge dimensions, keratinized tissue, mucosal thickness, aesthetics, and surgical access.
8. Identify contraindications, limitations, and factors requiring stabilization, further investigation, treatment, or referral before implant placement.
9. Synthesize clinical and radiographic findings into a clear diagnostic summary.
10. Communicate the assessment findings, risks, uncertainties, and next steps clearly to the patient and supervisor.
11. Document the assessment, diagnosis, risk factors, imaging interpretation, and recommended next steps accurately and professionally.

Dental Implantology

EPA 2: Developing comprehensive implant treatment plans

Key Features: This EPA focuses on the ability to develop comprehensive prosthetically driven implant treatment plans that are clinically appropriate, evidence informed, patient centered and safely sequenced.

- The trainee is expected to determine whether implant therapy is indicated, identify contraindications or factors requiring modification, and plan treatment in a way that integrates surgical, periodontal, prosthetic and patient-specific considerations.
- The trainee must select suitable cases, recognize cases that exceed their current level of competence, and develop a logical sequence of care that addresses disease control, site preparation, implant placement, prosthetic rehabilitation, maintenance, and long-term risk management.

Assessment Plan:

Case discussion and/or review of treatment planning documentation, diagnostic and imaging records, and proposed sequencing by supervisor.

Assessment form collects information on:

- Setting: implant consultation; multidisciplinary implant planning clinic
- Case complexity (SAC): straightforward; advanced; complex
- Planning focus: single tooth; multiple teeth; fully edentulous, aesthetic zone; posterior region
- Treatment planning element: prosthetically driven implant planning; case selection; indications/contraindications; sequencing of treatment

Basis for formal entrustment decision: To be revisited as stated in EPA 1

Collect 4 observations of achievement.

- At least 1 case must involve prosthetically driven planning
- At least 1 case must include identification of contraindications or need for treatment modification
- At least 1 case must include sequencing of multidisciplinary or staged care
- At least 1 case must be medium or high complexity
- At least 2 assessors

When unsupervised practice is expected to be achieved:

- Before the trainee progresses to independent treatment planning of selected cases

Relevant Task Components:

1. Integrate assessment findings, interpret diagnostic and imaging records, and identify patient goals and risk profile to determine implant treatment suitability.
2. Identify indications, contraindications, limitations, and specific risk factors relevant to implant therapy.

3. Develop a prosthetically driven treatment plan that considers the intended definitive restoration, three-dimensional implant position, emergence profile, occlusion, aesthetics, cleansability, retrievability, and long-term maintenance. Select appropriate implant sites and recognize when additional procedures, investigations, stabilization, or referral are required before implant placement.
4. Consider alternative treatment options, including non-implant options, and compare their risks, benefits, limitations, and prognosis.
5. Sequence treatment logically including disease control, periodontal stabilization, extractions, grafting or site development, implant placement, provisionalisation, definitive restoration, and maintenance where relevant.
6. Integrate surgical, prosthetic, periodontal, radiographic, financial, and patient-specific factors into the overall plan.
7. Recognize cases that are unsuitable or beyond the trainee's current competence and seek supervisor input or referral.
8. Communicate the proposed treatment plan, alternatives, risks, benefits, limitations, costs, timing, and expected outcomes clearly to the patient.
9. Document the treatment plan, clinical reasoning, risk assessment, sequencing, consent discussions, and follow-up requirements accurately and professionally.

Dental Implantology

EPA 3: Communicating implant treatment options, risks, complications, and providing informed consent

Key Features: This EPA focuses on the ability to communicate dental implant treatment options, limitations, risks and complications, cost and maintenance requirements, clearly, accurately, and professionally so that patients can make informed decisions about care.

- The trainee is expected to explain the proposed implant treatment, alternative options, surgical and prosthetic risks, possible complications, failure rates, long-term maintenance requirements, costs, and the consequences of no treatment.
- The trainee must manage expectations, support shared decision-making, involve other dental or medical professionals where needed, and ensure that consent is informed, voluntary, and properly documented.

Assessment Plan:

Direct observation of patient communication and/or review of consent documentation by supervisor.

Assessment form collects information on:

- Setting: implant consultation; treatment planning appointment; consent appointment; multidisciplinary planning clinic; pre-surgical review
- Case complexity (SAC): straightforward; advanced; complex
- Communication focus: treatment options; surgical risks; prosthetic risks; complications and failure; maintenance counselling; cost/risk discussion; interdisciplinary decision-making; consent documentation
- Treatment type: single implant; multiple implants; short span fixed dental prosthesis (FDP); long span FDP, full arch FDP; implant-retained/supported removable prosthesis; immediate, delayed, staged treatment.

Basis for formal entrustment decision: To be revisited as previously mentioned.

Collect 3 observations of achievement.

- At least 1 observation must include discussion of surgical and restorative risks
- At least 1 observation must include long-term maintenance counselling
- At least 1 observation must include discussion of alternative treatment options
- At least 1 case must be medium or high complexity
- At least 2 assessors

When unsupervised practice is expected to be achieved:

- Before the trainee independently obtains consent for straightforward implant treatment

Relevant Task Components:

1. Establish the patient's expectations, concerns, priorities, understanding, and desired outcomes.

2. Explain the proposed implant treatment in clear language, including the purpose, stages, likely timeline, and expected outcome.
3. Discuss alternative treatment options, including non-implant options and the option of no treatment.
4. Explain surgical risks, including pain, swelling, bleeding, infection, nerve injury, sinus involvement, damage to adjacent structures, grafting complications, and failure of osseointegration where relevant.
5. Explain prosthetic risks, including aesthetic limitations, occlusal complications, prosthesis fracture, screw loosening, maintenance requirements, and possible need for repair or replacement.
6. Discuss implant complications and failure rates in a balanced way, including biological, mechanical, aesthetic, and patient-related risk factors.
7. Counsel the patient about long-term maintenance, oral hygiene, periodontal stability, review appointments, and the patient's role in reducing future risk.
8. Discuss cost, treatment duration, risk, uncertainty, and possible additional procedures in a transparent and professional manner.
9. Use shared decision-making to align the treatment plan with the patient's values, preferences, clinical needs, and risk profile.
10. Involve other clinicians or disciplines where treatment decisions require restorative, surgical, periodontal, orthodontic, medical, or laboratory input.
11. Confirm the patient's understanding, allow time for questions, and recognize when further discussion or reflection is needed before consent.
12. Document the consent discussion accurately, including options, risks, benefits, limitations, alternatives, costs, patient questions, decisions made, and any interdisciplinary input.

Dental Implantology

EPA 4: Performing implant placement procedures

Key Features: This EPA focuses on the ability to perform dental implant placement procedures safely, systematically, and in accordance with the approved and prosthodontic driven treatment plan.

- The trainee is expected to select appropriate instruments, implant components, and surgical techniques based on proper clinical case selection (SAC), planned prosthetic outcome, anatomical limitations, and patient-specific risk factors.
- The trainee must select and administer local anesthesia, design and raise an appropriate flap where indicated, prepare the osteotomy, place the implant in the planned 3-dimensional prosthetic position, assess primary stability, close the surgical site, provide immediate postoperative care, and recognize and manage intraoperative and early postoperative complications.

Assessment Plan:

Direct observation of implant placement procedure by supervisor.

Assessment form collects information on:

- Setting: oral surgery clinic; implant clinic; periodontal clinic; multidisciplinary implant clinic
- Case complexity: straightforward; advanced; complex
- Implant site: anterior maxilla; posterior maxilla; anterior mandible; posterior mandible
- Procedure type: single implant; multiple implants; immediate implant; delayed implant; flapless; flap-based surgical approach.
- Complication encountered: none; intraoperative; postoperative

Basis for formal entrustment decision: As previous need to revisit and discuss no. of observations

Collect 5 observations of achievement.

- At least 3 directly observed implant placement procedures
- At least 1 anterior implant case
- At least 1 posterior implant case
- At least 1 case must include flap design and suture
- At least 2 assessors

When unsupervised practice is expected to be achieved:

- By the end of the supervised surgical implant placement phase, once the trainee can safely and consistently perform straightforward placement procedures with appropriate SAC case selection and complication recognition

Relevant Task Components:

1. Review the approved treatment plan, consent, imaging, surgical guide, implant system, medical risk factors, and planned prosthetic outcome before surgery.

2. Select appropriate instruments, implant components, drills, implant dimensions, and surgical materials for the case.
3. Prepare the patient, surgical field, equipment, and team in accordance with infection control and surgical safety requirements.
4. Select and administer effective local anesthesia and confirm adequate pain control before beginning the procedure.
5. Select and perform the surgical approach (flapless or flap-based) an appropriate flap where indicated, preserving blood supply, visibility, access, and soft tissue integrity.
6. Prepare the osteotomy safely and accurately, respecting the planned 3-dimensional implant position and angulation, bone quality, irrigation requirements, and relevant anatomical structures.
7. Place the implant in the planned prosthetically driven three-dimensional position with appropriate depth, angulation, orientation, and relation to adjacent anatomical structures and the intended restoration.
8. Assess primary stability using appropriate clinical measures and recognize when the planned loading, healing, or prosthetic protocol needs to be modified.
9. Manage the surgical site appropriately, including hemostasis, cover screw or healing abutment selection, flap repositioning, and suturing.
10. Recognize and respond appropriately to intraoperative complications, including poor primary stability, bleeding, cortical perforation, implant malposition, sinus or nerve risk, and damage to adjacent structures.
11. Provide immediate postoperative management, including pain control, written and verbal postoperative instructions, medication advice where indicated, and follow-up arrangements.
12. Recognize early postoperative complications, including infection, bleeding, swelling, wound breakdown, altered sensation, pain, implant mobility, and failure of osseointegration, and seek assistance where required.
13. Document the procedure accurately, including implant system, site, implant dimensions, torque or stability measures, grafting or adjunctive procedures, complications, postoperative instructions, and follow-up plan.

Dental Implantology

EPA 5: Restoring single/multiple implant-supported prostheses

Key Features: This EPA focuses on the ability to restore appropriately single and multiple implant-supported fixed and removable prostheses safely, accurately, and in accordance with the approved prosthodontic driven treatment plan.

- The trainee is expected to select and perform appropriate conventional or digital impression techniques, choose suitable prosthetic components and restorative materials, assess soft tissue form, prosthetic dimensions and occlusal relationships, deliver the prosthesis, and establish appropriate maintenance and follow-up.
- The trainee must recognize restorative, biological, mechanical/technical, aesthetic, and occlusal factors that may affect the long-term success of implant-supported prostheses and seek assistance when the case complexity exceeds their level of competence.

Assessment Plan:

Direct observation and/or review of clinical records, selection of conventional or digital impressions, laboratory prescriptions including design and material, evaluation of prosthesis fit; cementation protocol; prosthesis delivery, and follow-up documentation by supervisor.

Assessment form collects information on:

- Setting: implant prosthodontic/restorative clinic; multidisciplinary implant clinic; general dental clinic
- Case complexity: straightforward; advanced; complex
- Restoration type: screw-or cement-retained single or multiple crowns; short span fixed dental prosthesis (FDP); long span FDP; full arch FDP; implant-retained/supported removable prostheses
- Assessment focus: impression technique; selection of prosthetic component; restorative material selection; evaluation of prosthesis fit, and occlusion; cementation protocol/prosthesis delivery; maintenance and follow-up

Basis for formal entrustment decision: To be discussed as previous to determine number of observations.

Collect 5 observations of achievement.

- At least 2 cases must involve single implant restorations
- At least 1 case must involve multiple implant-supported restorations
- At least 1 observation must include conventional or digital impression or digital technique
- At least 1 observation must include assessment of prosthesis fit, occlusion and cementation protocol/delivery.
- At least 1 case must include maintenance or follow-up assessment
- At least 2 assessors

When unsupervised practice is expected to be achieved:

- By the end of the supervised prosthetic phase, once the trainee can safely restore appropriately selected straightforward single and multiple implant-supported prostheses and recognize situations requiring additional expertise, consultation, or referral.

Relevant Task Components:

1. Review the approved treatment plan, implant 3-dimensional position, restorative space and occlusion, soft tissue condition and healing status, radiographs, and planned prosthetic outcome before restoration.
2. Select and perform an appropriate conventional or digital impression technique for the selected implant system and restoration type.
3. Verify implant components, such as impression copings, scan bodies, abutments and screws, and laboratory requirements before and during the restorative process.
4. Select appropriate abutments and restorative materials based on aesthetics, restorative space and occlusion, soft tissue profile, implant position, prosthesis design, retrievability, strength, cleansability and maintenance needs.
5. Communicate clearly with the dental laboratory, including implant system details, shade, material choice, occlusal scheme, emergence profile, margin design, and prosthesis-specific requirements.
6. Assess the fit, aesthetics, contacts, emergence profile, cleansability, and patient comfort of the implant-supported prosthesis.
7. Evaluate and adjust occlusion, including centric contacts, excursive contacts, parafunction risk, prosthetic loading, and protection of the implant restoration with appropriate rigid splints when required.
8. Deliver the prosthesis safely, including system-specific torquing, screw access management, verification of complete passive seating, and cementation where indicated.
9. Identify and manage prosthetic complications, including misfit, open proximal contacts, occlusal overload, screw loosening, cement excess, prosthesis fracture, soft tissue irritation, and patient dissatisfaction.
10. Provide patient-specific instructions on cleaning, maintenance, review intervals, warning signs, and long-term care of the implant-supported prosthesis.
11. Arrange appropriate follow-up and maintenance, including radiographic review, peri-implant tissue assessment, review of occlusion, and reinforcement of oral hygiene.
12. Document the prosthetic/restorative procedure accurately, including components used, materials, torque values, occlusal adjustments, complications, patient instructions, and follow-up plan.

Dental Implantology

EPA 6: Recognizing and initially managing biological and prosthetic implant complications

Key Features: This EPA focuses on the ability to recognize, assess, and initially manage biological and prosthetic complications associated with dental implant therapy.

- The trainee is expected to identify peri-implant health and disease, assess prosthetic-related problems, recognize occlusal overload, and determine when complications can be managed within their competence or require referral/escalation.
- This EPA includes initial assessment and management of peri-implant disease, and prosthetic complications including screw loosening or fracture, prosthesis fracture, occlusal overload, and other early or late implant-related problems.
- Recognition and management of complications under direct or indirect supervision is considered achieved for this EPA, considering the emphasis on recognition and safe initial management, appropriate documentation, and timely supervisor input, referral or escalation where required.

Assessment Plan:

Direct observation, case discussion, and/or review of clinical records, radiographs, photographs, prosthetic components, and management documentation by supervisor.

Assessment form collects information on:

- Setting: implant maintenance clinic; prosthetic/restorative clinic; periodontal clinic; oral surgery clinic; emergency dental clinic; multidisciplinary implant clinic
- Case complexity: straightforward; advanced; complex
- Complication type: peri-implant mucositis; peri-implantitis; screw loosening; screw fracture; prosthesis fracture; occlusal overload; abutment/component complication; implant mobility/failure
- Management level: recognition only; initial management; management with supervisor input; referral/escalation

Basis for formal entrustment decision: To be discussed

Collect 4 observations of achievement.

- At least 1 case must involve peri-implant disease
- At least 1 case must involve a prosthetic or component complication
- At least 1 case must involve assessment of occlusion or occlusal overload
- At least 1 case must be straight forward with any advanced or complex case managed under direct supervision
- At least 2 assessors

When unsupervised practice is expected to be achieved:

- By the end of the supervised implant maintenance and complication-recognition phase, once the trainee can independently recognize common biological and prosthetic complications, provide safe initial management, and escalate cases

requiring specialist or supervisor-led care.

Relevant Task Components:

1. Obtain a focused history of the implant or prosthetic problem, including symptoms, timing, maintenance history, oral hygiene, smoking status, medical risk factors, parafunction, trauma, previous complications, and patient concerns.
2. Perform a structured clinical assessment of the implant, peri-implant tissues, prosthesis, occlusion, hygiene access, mobility, suppuration, bleeding, probing depths, recession, and soft tissue condition.
3. Interpret radiographs and other relevant records to assess marginal bone levels, implant position, prosthetic fit, component integrity, and progression of disease or complications.
4. Differentiate between biological, mechanical, technical, aesthetic, occlusal, and patient-related causes of implant complications.
5. Recognize peri-implant mucositis and peri-implantitis and identify risk factors contributing to disease progression.
6. Initiate appropriate first-line management of peri-implant disease, including oral hygiene reinforcement, debridement, risk factor control, review planning, and referral where surgical or specialist management may be required.
7. Assess and initially manage prosthetic complications, including screw loosening, screw fracture, prosthesis fracture, loss of retention, misfit, cement excess, and component wear or damage.
8. Evaluate occlusion and identify signs of occlusal overload, parafunction, prosthetic instability, or loading factors that may contribute to biological, mechanical or technical complications.
9. Recognize implant mobility, loss of osseointegration, advanced bone loss, or complex component failure requiring urgent supervisor input or referral.
10. Explain the complication, uncertainty, management options, risks, maintenance requirements, and prognosis clearly to the patient.
11. Document the complication, assessment findings, radiographic interpretation, diagnosis, initial management, patient advice, supervisor input, referral, and follow-up plan accurately.

Dental Implantology

EPA 7: Providing long-term maintenance and supportive implant care

Key Features: This EPA focuses on the ability to provide long-term maintenance and supportive care for patients with dental implants.

- The trainee is expected to monitor peri-implant health, assess bone levels, reinforce oral hygiene and preventive measures, evaluate patient adherence, and identify early signs of biological or prosthetic complications.
- The trainee must apply recall protocols, tailor maintenance care that are appropriate to the patient's risk profile, support long-term patient engagement, and recognize when additional treatment, closer monitoring, or referral is required.

Assessment Plan:

Direct observation, case discussion, and/or review of clinical records, radiographs, maintenance charts, and follow-up documentation by supervisor.

Assessment form collects information on:

- Setting: implant maintenance clinic; periodontal clinic; prosthetic/restorative clinic; general dental clinic; multidisciplinary implant clinic
- Case complexity: straightforward; advanced, complex
- Maintenance focus: recall protocol; hygiene maintenance; bone loss monitoring; patient adherence; preventive counselling
- Implant status: healthy; peri-implant mucositis; peri-implantitis; prosthetic maintenance concern; stable post-restoration follow-up

Basis for formal entrustment decision: To be reviewed

Collect 4 observations of achievement.

- At least 1 case must include radiographic monitoring of bone levels
- At least 1 case must include hygiene maintenance and preventive counselling
- At least 1 case must include assessment of patient adherence
- At least 1 case must be medium or high complexity
- At least 2 assessors

When unsupervised practice is expected to be achieved:

- By the end of the supervised implant maintenance phase, once the trainee can independently provide supportive care for stable implant patients and recognize cases requiring further treatment or referral.

Relevant Task Components:

1. Review the patient's implant history, restoration type, maintenance record, risk factors, previous complications, and recall interval.
2. Assess peri-implant tissues, including plaque control, bleeding, suppuration, probing depths, recession, keratinized tissue, mobility, and patient symptoms.

3. Monitor peri-implant marginal bone levels using appropriate radiographs and compare findings with baseline and previous records.
4. Evaluate the implant-supported prosthesis, including fit, occlusion, contacts, screw access, cement status, cleansability, wear, fracture, or component concerns.
5. Assess patient adherence with oral hygiene, maintenance attendance, risk reduction advice, smoking cessation, periodontal care, and use of cleaning aids.
6. Provide tailored hygiene maintenance, including reinforcement of cleaning techniques, selection of appropriate aids, debridement where indicated, and risk-based preventive advice.
7. Apply appropriate recall protocols based on implant status, periodontal history, systemic risk factors, prosthetic complexity, hygiene standard, and previous complications.
8. Recognize early signs of peri-implant disease, progressive bone loss, occlusal overload, prosthetic complications, or implant failure requiring further assessment or escalation.
9. Counsel the patient on long-term maintenance, expected review intervals, warning signs, lifestyle factors, and their role in protecting implant health.
10. Document implant status, periodontal and peri-implant findings, radiographic interpretation, maintenance provided, patient adherence, advice given, and follow-up plan accurately.

