

Growing Pains

In recent years, there has been much discussion in organized dentistry at the state and national levels concerning the use of patients in examinations for dental licenses. The American Dental Association and the California Dental Association have both passed resolutions calling for studying alternative means of providing a license to dentists to practice in our state. Not surprisingly, much of the impetus for these changes has come from our dental students. They are to be applauded for having the tenacity to challenge a system that, by rational thinking, is antiquated, essentially unfair at many levels, and fails to do that which it is supposed to do.

It is time for our state to make significant changes in licensure. We have taken the first step by allowing licensure by credential, albeit after five years of practice. By inference, one could support the supposition that, while inexperienced, a recent graduate of an accredited dental school is as current as anyone can be in the practice of dentistry.

This, coupled with the trend in education, will minimize absolute performance criteria of specific procedures in favor of understanding the science and theory behind them, supports the fact we are producing young dentists who are capable now, and who have the ability to maintain their competency and increase their proficiency.

By contrast, an individual, despite continuing education requirements, may not have changed their method of practice in 30 years since graduation from dental school, but would still be eligible to practice in California. We should be more concerned with continued competency of den-

tists who have been in practice for many years rather than the initial competency of students who come out of accredited institutions.

Licensure by credential, however, does not favor the recent graduate as it is presently structured. The use of student portfolios, completion of a one-year general practice residency or advanced education in general dentistry program (as in New York and other states), independent examinations by outside examiners for students still in school as competency checks, objective structured clinical examination models (as used in Canada) or obtaining specialty training of two to seven years' duration, should be sufficient to document that an individual is capable of practicing dentistry in California. There also are arguments being put forth in support of licensure by graduation from a Commission on Dental Accreditation accredited dental school. The proposed alternatives have more longitudinal ability to evaluate clinical skills compared to one-time traditional examinations.

Some have suggested that the board examination, as presently structured, helps to eliminate the "bad" dentists who come in from other states. It is clear that very few dental graduates fail to pass the boards ultimately. It also is clear that all of the problems that may exist with dentists today occur with individuals who took the very examination that is intended to minimize "bad" dentistry. Conversely, there are two very competent specialists, with whom I am personally acquainted, who made four or five attempts to obtain their California



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license and yet have contributed greatly to their respective specialties and dentistry in general.

There are numerous arguments made against the traditional method of examination. Difficulty in finding patients with "ideal" lesions; the necessity of paying patients large sums of money to be used in examinations; the possibility a patient will fail their appointment for the examination; and the total lack of follow-up care are all detractors from a consistent, fair testing system. Moreover, if an individual fails the examination, the dentistry, by definition, is substandard and the care for that patient is by definition unacceptable. Who is responsible for correcting these deficiencies? These are significant ethical concerns.

The arguments in favor of maintaining status quo are made by two groups of individuals. The first are the examiners who have an interest in keeping the examination as it is. The second are a group of dentists who feel the examination is a rite of passage they underwent and believe others must do so as well.

Over the years, dentistry has made significant progress in both techniques and dental materials. Gold foil, while an excellent restorative material, is no longer used in favor of composite resins. Silicone-based impression materials have replaced the traditional hydrocolloid and rubber-based materials. The advent of adhesive dentistry has allowed us to modify classical cavity preparations. However, our standards for testing have not made commensurate progress.

If one considers the medical model of licensure, at no time does a medical graduate ever take a licensure examination on a patient. Graduation from medical school, followed by at least one year of postgraduate education is sufficient in this state for a physician to be licensed to practice medicine. Curiously, the individual who graduates from medical school is not nearly as capable of practicing independently as an individual who graduates from dental school.

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Even after the first postgraduate year, the physician still does not learn enough to practice medicine. No residency in the medical field is of less than three years' duration. The neurosurgeon who completes medical school and then does seven years or more of supervised graduate training, can go to any state and perform brain surgery without clinical examination. It seems ludicrous that when a system is used in medicine that is sufficient to allow brain surgery or heart transplants, that a similar system in dentistry would not be adequate enough to allow dental care.

An interesting scenario exists as we speak. We have, under certain circum-

stances, already eliminated the patient clinical examination. An individual can go to any accredited dental school and receive his or her dental degree.

After the completion of a one-year general practice residency or advanced education in general dentistry program, they can be licensed in New York. If they practice there for an additional four years, they can then move to California and be licensed by credential, assuming all other factors are met. This dentist will then have a California license without ever having taken a clinical examination.

California has an opportunity to show the country we truly are leaders in dentistry. The use of patients in a one-time examination is not adequate to demonstrate the competence of any individual to practice. There is little credible evidence to show that the elimination of the present examination in favor of an alternative means of evaluation will decrease the quality of dentistry in this state. Nor is there sufficient evidence to sustain the concept the present system increases the quality. Alternative systems of licensure that do not involve isolated examinations with patients are reasonable to ensure an individual has minimal competence to practice dentistry in California. An individual who takes a state board examination, as it is presently given, is no more competent the day after the examination than the day before it. Good dentists fail isolated board examinations for a myriad of reasons. Worse, bad dentists can pass them.

Last November, the House of

Authors have their names on their articles. Contributing editors, staff members, and outside vendors have their names in the masthead. But there are more people involved in putting out the *Journal* than those whose names are printed in each issue. There are also the professionals who formally review manuscripts and offer their recommendations. Below is a list of the people whose reward comes in the form of a thank you letter and a listing here. In addition, there are many others who have provided informal counsel to the *Journal*. It is impossible to list them all. The *Journal* extends its thanks to the following people and everyone else who assists us in our endeavor.

Delegates considered three resolutions that addressed licensure. The first called for the Government Affairs Council to pursue legislation that would allow for licensure by completion of an accredited advanced dental education program in general dentistry or a recognized specialty. The second was designed to permit dentists to enter California upon receiving their license in another jurisdiction, provided they were committed to two years in a full-time academic career or providing care in a structured manner to underserved populations. The final resolution called for legislation to investigate the various options for providing licensure by graduation from one of the five California dental schools. After much spirited debate, the wisdom of the house prevailed and all these resolutions were passed. The house is to be commended for taking action toward the alleviation of what is believed to be an inadequate process as we know it now.

Progress sometimes comes at a price. For dental licensure, the price is giving up the traditional method of evaluating applicants. The state must recognize that conventional methods of testing no longer achieve what they may have been designed for so many years ago. The quality of our schools, and our graduates in general, mandate that alternative means of licensing be considered. California has an opportunity to demonstrate evolution in dentistry through evidence-based decision making. The arguments in favor of maintaining traditional means of testing are based on concepts that are no longer valid. The system is broken. We must admit it, and accept that as a mandate for change. CDA

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