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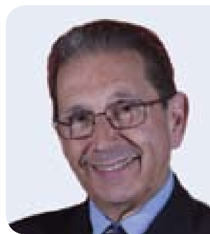
Yet Another Test?

ALAN L. FELSENFELD, DDS

Continued competency creates significant confusion in the minds of our colleagues. Most of us remember the days of taking state board examinations for licensure with the commensurate stress of finding a perfect lesion, performing at the highest standards of treatment, worrying that the examiner would see something we missed, or fearing that the patient would not show up for the exam. Most of us worried about these and similar things but managed to pass our examinations without too much difficulty.



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How do we assess whether we are evolving in our practices to incorporate the improvements in our profession? This is a difficult question at best. That something is new or different inherently does not make it better, only new or different. Scientific validation will support the need to change the way we do things based on these newer materials and techniques. There is the compulsory requirement for continuing education as we renew our licenses, but one has to question whether this is a good indicator we have learned to be contemporary and practice at the highest level.

We are not in favor of retesting as in the initial licensure process, but is there a way we can assure ourselves and our patients we are performing at a competent level by incorporating appropriate advances in the profession?

As one looks to our society, the need for continued competency is rife. Pilots are required to have proficiency checks every six months to be able to fly in the clouds. Would you like to fly with a pilot who was not current and needed to be flying strictly by the instruments? Discussions have focused on elderly individuals maintaining driving privileges after a certain age. Several recent automobile accidents where an elderly driver was responsible for the death of innocent victims have stimulated this interest.

Board-certified physicians and oral and maxillofacial surgeons are now required to recertify on a time-dependent basis. This is becoming more common for health care providers. Those who are ACLS-certified need to be proven current every two years. BLS providers have similar obligations. Dentist providers of intravenous sedation or anesthesia undergo re-evaluation every five years. These are required competency checks. Are they tests? Yes. Do we take them and pass? Yes. Why, then, do we worry about continued competency?

Physician performance and treatment outcomes in hospitals are monitored by accreditation-mandated quality assurance committees with particular attention to poor results. Volume credentialing may be applied in instances where surgeons who do specified procedures infrequently may need proctoring to assure competence or may have the privilege eliminated.

This is a complex system that works slowly but ultimately has the ability to identify those physicians who are not practicing at acceptable standards and discipline them accordingly. At the extreme, the legal system may serve as an arbiter of quality of care and could have an impact on the licensing of health care professionals. None of us want that to be the mechanism by which we self-evaluate or assure continued competence.

It is not a mandate to have the same level of examination that the state or regional boards of dentistry seek on initial licensure to assure continued competence. It is reasonable to expect that continuing education requirements with some form of assessment, perhaps by a brief examination, likely written but potentially practical, might be sufficient to demonstrate our prowess. Enactment of this process from a pragmatic standpoint may not be achievable but the importance is there.

There is concern that third-party payers will be demanding continued competency to pay claims for procedures performed. There is precedent for this in that

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some medical insurance companies have developed profiles of numbers of designated procedures done and outcomes by physicians. The rates for reimbursement are better for those who do these procedures frequently and with good results. This may be reprehensible to dentists, and we may fight to prevent it, but it may be out of our control.

It might make sense to take ownership of the process and assure continued competency on behalf of our members. This is an onerous task and not one that would generate much enthusiasm but, politically, a strategy worth considering as we contemplate fair reimbursement of our members.

If you are proud of the way you practice and not ashamed of your treatment of patients, then you should have no qualms about peer assessment, whatever the format, on an intermittent basis. If you are not, then why would you be practicing that way? ■■■■

Address comments, letters, and questions to the editor at kerry.carney@cda.org.