Dental Licensure Reaches a Crossroads: The Rationale and Method for Reform

Roy E. Lasky, M.A.; Judith L. Shub, Ph.D.

Mr. Lasky is Executive Director, New York State Dental Association; Dr. Shub is Assistant Executive Director, New York State Dental Association. Direct correspondence and requests for reprints to Dr. Judith L. Shub, New York State Dental Association, 121 State Street, Albany, NY 12207; 518-465-0044 phone; 518-465-3219 fax; jshub@nysdental.org.

Abstract: Following calls to reform the dental licensure process, New York state has adopted an innovative approach that is responsive to the perceived shortcomings of the existing Part III examination. This solution eliminates the legally, psychometrically, and ethically compromised system, replacing it with a requirement that both ensures the public’s protection and gives the new dentist additional experience in contemporary procedures in a supervised setting. The best preparation for the practice of dentistry is the practice of dentistry—something so profound and simple; yet it constitutes the core of New York’s revolutionary reform. And the best way to measure that preparation for initial licensure is with the continual evaluation that occurs during the postdoctoral experience. New York is the first state to allow applicants for licensure to substitute the successful completion of a postdoctoral clinical program—a test in itself—for the traditional clinical licensure examination. The primary objective of this reform is to improve the quality of dentistry by elevating the standards for licensure. New York’s expanded training protocol parallels that of medicine and reflects developments in the science and practice of the dental profession. The introduction of this new professional training model renders the clinical examination requirement obsolete. The fundamental principle of New York’s new system is that a clinical examination is unnecessary to verify that a dentist is competent to enter practice following postdoctoral clinical training consisting of ongoing patient care, continuous oversight, mentoring, and evaluation.

Key words: postdoctoral dental education, dental licensure examinations, live patient examination, professional licensure

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New York state has taken a bold, progressive step in becoming the first state to allow completion of a residency approved by the Commission on Dental Accreditation (CODA) to replace the traditional clinical examination as a requirement for licensure. With the passage of this new law, the dental profession in New York truly enters the twenty-first century, shaking the very foundations of the traditional dental community by adopting more uniform licensure requirements for all of its surgical professions: medicine, podiatry, and dentistry.

The New York State Dental Association (NYSDA), the four undergraduate dental schools, and the state’s graduate and hospital dental programs supported the adoption of this legislation. The law comes in the wake of NYSDA and American Dental Association (ADA) policies calling for the elimination of the use of live patients as test subjects. It results from a broad-based call for reforms to the dental licensure process. Dr. Allan J. Formicola, former dean of Columbia University School of Dentistry, states, “In the mid-1990s, the Institute of Medicine Report on the challenges facing dental education and editorials in journals2-4 began the call once again for a re-examination of the licensure process.”

NYSDA’s primary objective in seeking this important reform was to improve the quality of dentistry in New York by elevating the standards for licensure. The new law accomplishes this goal. The approach is not novel. New York now allows those seeking a dental license to follow the same route as those seeking a license to practice medicine.

New York state trusts and respects the dental profession and its institutions: its schools, hospitals, and the accrediting mechanisms themselves. These institutions are considered as worthy of the public’s trust as their medical counterparts. Any patient can readily understand that he or she is better served by a dentist who has performed hundreds of procedures under the scrutiny and tutelage of a qualified attending dentist than one whose qualifications were judged solely on the successful completion of a qualified attending dentist than one whose qualifications were judged solely on the successful completion of a single set of procedures. The concept is not difficult to sell, except to the examining community.

In no state are physicians, including neurosurgeons, thoracic surgeons, and orthopedic...
surgeons, required to submit to a clinical examination to obtain a license to practice. Prior to the adoption of the new law, oral and maxillofacial surgeons—unlike physicians—could not obtain licensure without the successful completion of an examination targeted toward general dentistry.

New York rejects the anachronistic notion that the examining community functions as the gatekeeper that upholds dental quality by protecting the public from underqualified practitioners. It is an insult to any institution that meets not only state accreditation standards but also those of the Commission on Dental Accreditation and the Joint Commission on Hospital Accreditation to have its certification of a graduate’s competence second-guessed by a regional examining board.

Validity of the New Approach

There is a strong basis for the validity of a postdoctoral training requirement in place of the traditional clinical examination as a basis for licensure. A clinical examination is unnecessary to verify that a dentist is competent to enter practice following postdoctoral clinical training consisting of ongoing patient care, continuous oversight, mentoring, and evaluation. Residents practice under the close supervision of attending staff and faculty, most of whom are practicing dentists in the community. Why should the public trust an additional test more than an ongoing assessment by professional experts? The New York state legislature does not think an examination is necessary for New York’s physicians and surgeons. The legislature believes it is time to end the practice for licensing dentists as well.

Dr. Formicola states, “Few argue today that the current clinical examinations have any connection to contemporary practice or protect the public.” The only opposition voiced to New York’s approach comes from the dental examiners. Ironically, this group is the single institution of dentistry that itself is not subject to intense scrutiny through external review. Dental students, dental school faculty, hospital attending dentists, and the CODA-approved programs are all subject to ongoing credentialing and assessment. In contrast, the dentists that serve as North East Regional Board (NERB) examiners are selected merely on the basis of political criteria. Their credentials, stature, and authority derive solely from the state licensing agency, of which they are members. There are no standards for their qualifications or training. Hence, in New York, an orthodontist may evaluate an applicant’s performance of restorative dental procedures, and an oral surgeon may be assigned to evaluate endodontic procedures during the NERB examination.

The value of a year of postdoctoral clinical experience in a CODA-approved residency or postdoctoral general dentistry program in preparing a dentist for practice has long been recognized. The validity of the documented, ongoing training, practice, and assessment such programs provide cannot be compared to a one-time examination to measure a dentist’s competency. The challenge is to convince the examining community that this experience ensures the competence and quality of dentists better than reliance on the traditional clinical examination.

Comparison of New and Old Requirements

Why are the dental examiners challenging the current law? Undoubtedly, the dental examiners share the profession’s commitment to protect the public. Without a postdoctoral practicum, there may have been a rationale for an external review to verify the minimal competency of newly graduated dentists and other applicants for licensure. Times have changed. New York’s expanded training protocol parallels that of medicine and reflects developments in the science and practice of the dental profession. The introduction of this new professional training model renders the clinical examination requirement obsolete.

At the 2002 meeting of the ADA House of Delegates, Dr. David J. Miller, director of the general practice dental residency of St. Vincent Catholic Medical Centers, testified that “The NERB examination gives us a snapshot of a dentist’s performance at best. That snapshot may be out of focus on a particular day, especially given the conditions under which the test is conducted. The dentist who successfully completes a graduate program has been evaluated hundreds of times, day to day, on a host of procedures, in a real practice setting.”

Like a snapshot that captures a unique moment in time, the NERB examination allows the applicant one opportunity to demonstrate a set of skills. Further, if an examiner deems a patient’s pathology unsuitable or a patient does not show up for the exami-
nation, the applicant receives a failing grade. The repercussions are costly to the applicant—both economically and emotionally.

If the New York State Education Department considers a one-shot examination adequate to evaluate a dentist’s competency to practice, surely a clinical assessment that is one year in duration can only be regarded as a superior mechanism. Dr. Cyril Meyerwitz, director of the Eastman Dental Center, points out, “Residency programs focus on the development of competencies and proficiencies in clinical care and have substantial outcome assessments in place for each resident.”

Dr. Arthur W. Puglisi, chairman of the Department of Dentistry at Staten Island Hospital, underscored the absurdity of contending that a one-shot examination is superior to the experience of a resident in a hospital or advanced education program in general dentistry. Dr. Puglisi compares the clinical examination requirement to a typical week in a first-year hospital dental residency. As demonstrated in the schedule in Table 1, first-year residents rotate through a range of clinical specialties in a variety of settings. Residents participate in anesthesia training, clinics for patients with disabilities, and “on call” hours in the urgent care clinic and hospital emergency department. By the end of the year, the typical first-year resident is performing examinations, radiographs, diagnoses, and treatment plans for hundreds of patients; dozens of periodontal procedures and prophylaxes; hundreds of operative procedures; numerous oral and maxillofacial surgical and endodontic procedures; and various prosthodontic, orthodontic, and endodontic procedures as well. Yet, there are still those who irrationally cling to the notion that this extensive practice experience is not equal to a cursory NERB examination.

In the program summary in Table 1, there is a ratio of one attending instructor to every four residents. These instructors are credentialed by the hospital in accordance with the standards defined by the Joint Commission on Hospital Accreditation. In addition to the specialty clinics scheduled each day, a portion of the residents continue to treat general dentistry patients. On alternate weeks, clinics treating temporomandibular joint disorders also are scheduled.

Table 2 summarizes the specific skills assessed during the NERB examination. The numbers tell only

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<th>Table 1. Sample postdoctoral clinical training schedule at Staten Island Hospital</th>
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<th>Table 2. Skills evaluated on NERB clinical examination</th>
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<td>Implant Dentistry</td>
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part of the story. During the clinical examination, if
the applicant performs a procedure poorly, that ap-
licant fails the examination. In the hospital or gradu-
ate clinic, if a dental resident’s performance does not
meet the standard of care, a qualified doctor com-
pletes the patient’s treatment and the resident receives
remedial training. If the resident fails to demonstrate
the ability to care for patients over the course of the
residency, that individual is not certified as having
met the requirements of the residency program. If
any unsuccessful former dental residents wish to
practice in New York despite their poor performance,
all they need to do now is pass the NERB clinical
examination.

Another disparity exists between the premises
upon which the clinical examination and the resi-
dency requirements are based. Basing licensure on a
clinical examination assumes that dentistry is a pro-
fession characterized by the performance of mechani-
cal procedures, rather than providing total patient
care. This view is a carryover from the days of the
barber-surgeon, and it is not surprising that, prior to
this legislation, only cosmetologists in New York were
required to join dentists in performing a live-subject
examination. Licensure qualifications based on the
completion of a mentored year of practice better as-
assess the demands of the contemporary profession of
dentistry. The approach is consistent with a profes-
sion that parallels medicine, not cosmetology. Pro-
spective dental licensees now can be evaluated on
the provision of total patient care, including patient
assessment, treatment planning, and preventive care.
In recent years, dentistry has expanded its perspec-
tive to look at the entire patient, but the clinical ex-
amination continues to focus on the tooth.

Arguments in Favor of a
Licensing Examination
Requirement

The examiners argue against New York’s new
approach by citing the fact that some dentists who
have successfully completed residencies fail the
NERB clinical examination. This argument is irrel-
vant as there simply is no evidence that the exami-
nation has any validity as a determinant of clinical
proficiency. New York’s hospital dental directors and
dental school deans comment that some of the most
clinically qualified students have not successfully
passed the clinical examination on the first attempt.
Virtually all dentists who submit to the clinical ex-
amination ultimately pass it. Recent dental school
graduates who pass on the second attempt do so with-
out any opportunity to remediate their skills because
they are not enrolled in a dental school and cannot
practice without a license. One has to question the
validity of an examination that a candidate can fail
and then pass without doing any remedial work be-
fore the second attempt.

Critics of the new licensing criteria further
maintain that weeding out incompetent trainees
places an unnecessary and unwanted burden on the
schools and residencies. These critics charge that the
schools and residencies do not dismiss unqualified
trainees. While the vast majority of those who ini-
tially fail the NERB exam pass within a short time
frame and are granted licenses, the hospital programs
do dismiss a number of their trainees. This is signifi-
cant because lack of success in a residency is not an
obstacle to these unqualified individuals becoming
licensed in New York. Moreover, one would expect
virtually all graduates of an accredited dental school
to be prepared to demonstrate the minimal compe-
tency the NERB measures. Given that the current
pool of residents represents a select group of quali-
fied dental school graduates, it may be assumed that
the residency failure rate would actually increase if
all license applicants were required to successfully
complete such a graduate program.

Although the examiners continually use the
term “psychometrics,” they themselves lack creden-
tials in education and educational psychology or can-
not provide evidence that a clinical examination, us-
ing live patients and simulation, has any psychometric
credibility as a determinant of a dentist’s qualifica-
tions or proficiency. NYSDA President and former
NERB examiner Dr. William R. Calnon adds, “The
argument that the residency experience is inferior as
a method for screening and certifying practitioner
competence defies common sense.” By any defini-
tion, the lack of a relationship between the wide range
of skills demonstrated during the residency period
and performance on a limited set of technical proce-
dures during the clinical examination calls the
examination’s validity into question.

The reliability of the examination is also be-
lied by its reliance on one subjective assessment of a
student’s clinical skills and the ability of an appli-
cant to subsequently successfully pass the same ex-
amination after failing, without remediation. NERB
defends the examination by pointing to its process
of “examiner calibration” as a method of eliminating subjectivity. The “calibration” argument falls apart because each patient, each tooth, each lesion is different. Therefore, calibration is meaningless in a test based on outcomes measured on human subjects. Regardless of the criticisms leveled at the clinical examination, the new postdoctoral practicum requirement, characterized by ongoing professional assessment, renders the clinical examination requirement unnecessary and outmoded.

Rationale for Change

Calls to end the longtime practice of using live patients as test subjects provided the primary incentive to find an alternative to the clinical licensing examination. The live patient examination is fraught with ethical problems, in addition to questions about its value as an assessment tool.

Patients presenting at the dental school clinics with pathologies that might be appropriate are selected and shepherded for use in the NERB examination. Necessary treatment is withheld until the examination without concern for the patient’s needs. Treatment and, often, direct payment of expenses and financial stipends are used as incentives to help guarantee that patients will appear at the examination site.

More disturbing are potential malpractice and patient abandonment resulting from the examination. Patients that could receive less invasive treatment for incipient lesions, according to contemporary practice standards, are scheduled for operative care to meet the demand for test subjects. The most significant issue is what becomes of the patients of dental students that fail the examination. These patients are not “patients” of the unlicensed aspiring dentist or the examiner, nor are they patients of the test site institution. There is no protocol in place to ensure that any malpractice is remedied or substandard treatment retreated.

Replacing the clinical examination with postdoctoral training has two additional benefits. The first benefit is economic. A cost-benefit analysis comparing the NERB examination to the postdoctoral requirement supports its substitution. The applicant pays a registration fee to the NERB for admission to the examination that is now close to $1,000. If the applicant fails all or part of the examination, he or she is subject to additional charges to be retested. Most applicants, particularly those from other states, incur additional costs associated with acquiring suitable patients that may include transportation, lodging, and stipends. The applicant incurs these expenses at a time when the costs of college and dental school training leave the majority of new dentists with hundreds of thousands of dollars of debt. In contrast, not only does the new postdoctoral requirement eliminate these costs, but most residents are paid by the institutions in which they practice.

The institutions that host the examinations several times each year also subsidize the North East Regional Board. While the examination is in progress, the dental school remains subject to its own daily overhead costs. Such costs include faculty and staff salaries, supplies, housekeeping, utilities, central infection control, computers, and other support services, in addition to overtime costs, gowns for examiners, and food associated with the examination itself. While the examination is in progress, the school forfeits its daily patient care revenues, estimated by New York dental schools to be between $20,000 and $60,000 per day.

Replacing the clinical examination with postdoctoral training will create a greater demand for residency and postdoctoral positions in dentistry. This will produce enhanced opportunities for patient access resulting from an increase in the number of graduate dental education programs. Not only will the institutional dental “safety net” for underserved patients expand, but all patients will have greater access to dentists with more extensive training in each of the clinical specialty areas and overall patient care. New York state now licenses dentists with a minimum of a year of broad clinical experience beyond dental school to treat its citizens.

Summary

One would expect virtually all graduates of accredited dental schools to successfully meet the requirements of the state licensing boards—and they do. This confirms the fact that the dental schools of the nation do their job. The emphasis must be on the preparation of doctors for practice rather than on testing them. There is no substitute for the extensive preparation received in a residency. Following training, the best preparation for the practice of dentistry is an extended period of supervised dental practice: the residency experience. The emphasis in New York is no longer on the myth of the examination, but on the benefits of preparation.
REFERENCES