

The Collision Course: Redefining Traditional Representative Roles Within the Dental Profession

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Abstract:

Presently the various professional entities involved in either regulation or representation of the various aspects of dentistry are engaged in debate over the future of the profession. Traditional roles of representation and authority are attempting to be redefined so that agenda needs of specific organizations can be met. This paper explores some of those interactions and their potential impact on the profession and the public.

Introduction

The constitutional thinking of our fore fathers has been nothing less than remarkable on the one hand, yet amazingly simplistic on the other. It is in its understanding of life's simple tenants and how these simple tenants must be woven into the fabric of any document designed to govern the lives of men, that simplicity is allowed to reign supreme. One of the many simple fundamental truths of our constitution, and of life, is that there must always be a system of checks and balances on the ability to implement, interpret and enforce the laws that govern the conditions of our lives. This fundamental concept has been embodied in the foundation of our nation, but of equal import, is that it is woven through the life fabric of our individual daily lives. It is central to the observation that the good of the whole is not insured when too many powers are embedded within the same body, for there will be incentive, if not occasion when that power will be subject to misuse. In our daily lives it is the inherent understanding that one cannot entrust the guarding of the proverbial hen house to those who would dine on its inhabitants. Thus, as tempting as it is to often entrust one to provide for the oversight of the many, it is a recognized formula for problem.

The dental profession has an interesting parallel to our constitutional construction in that there are separate and distinct entities which have historically been empowered to represent the profession's separate aspects. The Dental Schools provide the education of our professionals and auxiliaries. The State Licensing Boards as agents of the public, oversee the discipline and licensure of those professionals. The representatives of the individual professionals, their Local, State and National Professional Associations, advance the will and agenda of the profession. There has been logic and wisdom in this approach as it encapsulates the understanding of the nature of man.

The need for concern arises when any element in the harmonious balance embodied in this tenant seeks dominance over its counterparts, or when two counterparts align to the detriment of the third. Sometimes the diminution of the status of one entity can be the result of many factors without direction and form. Unfortunately,

it can be to due the deliberate acquisition of influence and the subsequent use of that influence to advance a self-serving agenda. There are those who opine that the profession of dentistry is presently embroiled in this identical predicament.

ADA Purpose and Agenda

There has been a perception of many in the Licensure and Disciplinary arena that the ADA has been quietly influencing the Licensing community toward the creation of a national licensure examination recognized and accepted by all individual states. If not a national licensure examination, then no licensure examination, with graduation from an ADA accredited institution the only requirement for the initiation of practice. While this agenda has been to date embedded in the seemingly innocuous, with the recent Future on Dentistry meeting, it would appear that a new time table and approach have been developed.

Even casual observation has led many to conclude that the ADA through its various Councils, printed media, political affiliations and economic leverage, has for years attempted to shape both public policy and legislative initiatives pertaining to the practice of dentistry. Some would opine that it is the essence of any professional organization on the national level to attempt to identify and advance the consensus will of its individual professional constituency. Acceptably, the ADA is entitled to have its agenda, as that is part and parcel to its existence. What becomes problematic is when the 1) will and desire of the constituency and the agenda and directive of its leadership is no longer congruent and 2) that agenda is orchestrated to undermine the basic operating tenant and fundamental purpose of one of its counter balancing entities.

The American Association of Dental Examiners (AADE) has for years served as the national representative body of the licensing and disciplinary authority granted to each State Board of Dental Examiners, by that individual state's Legislature. The Legislatures have directed that the focus and mandate of those boards should be the protection of and service to the citizens of the state. This mandate can at times contrast sharply with the effort of the dental professions leadership to advance causes of the profession. Certainly, there are many times when the needs of the profession are consistent with the licensing agencies mandate of public protection, and it is beneficial to work in harmony for the greater good of all. There are unfortunately, other times when the agenda of the ADA and/or the American Dental Educators Association (ADEA) moves in directions which are in essence self serving and which would leave the ability to serve and protect the public diminished. These occasions must be recognized and great effort expended to preserve the fundamental balance which is essential to the process. The basic right of the citizens of each state to have dental professionals who are competent and qualified, must be protected and maintained with all fervor. What is unbecoming is when any entity embraces ideology for economic incentives and reward, with concern for the public well being as a secondary consideration.

What appears to be known regarding the agenda of the ADA is that it desires greater portability of the dental license. It attempts to achieve this goal through many modalities, not the least of which is requesting all states to be part of a regional examination agency, while simultaneously promoting the concept that regional testing agencies accept the examination results of other regionals. In essence, it is a way to achieve national licensure by circumventing the existing regional testing construct.

Moreover, the ADA leadership agenda desires less evaluation of a practitioner's knowledge, skills and abilities upon entry into the profession, and opposes methodologies which would insure the public that periodic competence be ascertained subsequent to initial licensure with any mechanism other than continuing education (life long learning). Post graduation licensure examinations according to statements of Past ADA presidents should be eliminated with any examination conducted by and at the dental schools similar to the existing Part I and Part II national written exams. Thus, this agenda of freedom of movement of its practitioners seems concomitant with elimination of the citizen's right to initial competency assessment through the entrance level examination as well as unregulated longitudinal clinical competency assessment. Both of which possess great potential to undermine the protection of the public.

Inter-relationships

One moment of divergence in the evolution of this article is in order. To have a persistent agenda supposes that the advance of the agenda has innate value to some party. Since the agenda of the ADA does not appear to advance any platform of the American Association of Dental Examiners, then the search for whose agenda who be advanced must be conducted elsewhere. Prominent in this agenda have been the American Student Dental Association (ASDA) and the American Dental Educators Association. Opinion abounds that the ADA has concern regarding its diminishing membership base and its potential economic impact. Germane to the economic interest of the ADA is the recruitment of dental students and new dentists into the ADA and the dues they represent. That these new dentists bring with them agendas and demands has been well demonstrated and referenced in their published platform and position. Freedom of movement and freedom from licensure examination, as agenda items, have moved from the literature of the ASDA to the fore front of the ADA agenda.

The ADEA has not been immune from the demands of the students they are entrusted to educate. Fear of litigation has virtually eliminated the dismissal of the dental student for clinical ineptitude, ethical or academic reasons. While remediation is a humanistic approach for the poor student, remediation carries with it a duplex of economic problems for the educational system and thus it has apparently fallen from grace. The educational system has found itself faced between the uncomfortable paradox of litigation and economics, both detrimental to the proper education of the dental student. Professors quietly acknowledge that students are promoted without the possession of adequate clinical skills, seasoned dentists complain of the lack of preparedness of the new graduate to assume treatment of the general public, while dental school administrators publicly proclaim the validity of the educational process. The licensing boards have previously served as the fail-safe mechanism to the political dynamic and reality of a failing educational process, and educators and general practitioners could be comforted that safe guards would be in place to address the issue.

The problems within the educational process are ultimately revealed by the incompetency of some students trained in the educational systems subject to critique via the licensing process. While the ADA clamors for documentation of failure rates as further indictment of the licensing process; educators cast a wary eye toward statistics that might shed light on inadequacies of the educational process. New twists in litigation allege that educational institutions should bear some legal responsibility for the failure of a dental student to pass a licensing examination. The assertion of "negligent education" is that a proper education, when tested against a valid exam, should result in a

successful examination result. The presence of a licensing examination then serves as a legal barometer as to the quality of an institution's educational process. Quickly the assurance of public protection being assumed by the licensing agencies then becomes an unwelcome construct for the ADA in its role as representatives of the student agenda. This situation is equally pertinent to the ADEA in its educational capacity, attempting to maintain economic solvency free from litigation and scrutiny.

The Plan

Since the ADA, ASDA and the ADEA cannot attack the authority of the Boards and licensing agencies to conduct and oversee the licensing process, as that authority is granted through each state's legislature, it has to implement their next best tactic, which is to question the rationale and validity of the examination process. ADA organized councils and meetings ostensibly organized for the promotion and advancement of licensing and examination methodology, quickly dissolve into ADA, ADEA and ASDA dominated discussions of advancing freedom of movement and stair steps toward national licensure. The participants at meetings leave wondering if the real agenda is completely different from the published one, with activities seemingly aimed to improve a process actually crafted to undermine it.

The political leadership of the ADA has now become less quiescent in its public stance, freely willing to criticize the validity of the licensing process. As political momentum has grown for the access to care issue, the opportunity has not been lost for the ADA leadership to point the long accusatory finger of guilt at the state licensing agencies as part and parcel to the access problem via suggested restrictive licensing processes. The news media, uninformed political entities and others with a willingness to seize the moment, join the chorus of foul play. As the din grows louder, the ADA and the ADEA slip gently into the background knowing that class sizes and the production of dental students has steadily declined under their helm; the numbers of dentists being trained throughout the nation having dropped from 5,756 per year nationally in 1982-83, to a 1995-96 low of 3,610 per year. In effect, the very persons most accountable for the precipitous decline in dental productivity and hence a significant portion of the problem of access to dental care, have now attempted to use it as a tool to the indictment of the licensing agencies.

The Ironies of Argument

There is irony in this story, and the ironies and dichotomies of thought progress are involved. Let it not be lost that the ADEA and ADA have advocated the extensive standardization and calibration of dental examiners as essential to fairness and accuracy in the evaluation of the dental student, while maintaining an almost belligerent resistance toward implementation of the same standardization and calibration methodology of their dental school faculty and educators. Doesn't it stand to reason that dental students should have a consistent standard of grading from the beginning of their education process until their passage into private practice. The licensing community would encourage the educational community to uphold the same standards that they recommend.

While critical of the use of the live patient for licensure examination, the ADA and the AADE continue to acknowledge the necessity of live patients for beginner, intermediate and advanced level clinical instruction in dental schools. There are not to

knowledge any graduate residency programs being conducted solely through simulation. There has been no denial of the necessity of the use of live patients in the educational process. Oddly, the ASDA considers the use of live patients in the examination process of fourth year dental students ready for private practice “barbaric”, yet those same students seem to harbor no such similar sentiment regarding the clinical instruction received during their educational process, and their initial un-experienced educational dental relationships with their first live patients.

Finally, the ADA and students lobby for pre-graduation licensure examinations so that failures will have time for remediation prior to the official graduation date, and argue that remediation identification is important for the student in the development of their clinical skills prior to graduation. How then does one suppose that the perfectly trained dental student, identified by dental school faculty as ready for graduation, requires remediation? It is difficult to follow the logic that students ready for graduation cannot pass an entry level examination.

And thus we arrive at the most interesting proposals yet ventured by ADA leadership, which is that even “good hands can have bad days”. Well, no one supposes that all practitioners are perfect in every regard, in every procedure, every day. That is why dental licensing examinations do not test one procedure. Instead, licensure examinations are conducted over multiple days, over multiple procedures, with statistical care implemented in the analysis of those grades so that final tabulation may account for deficiencies in one area or on one procedure. To speak to this issue as “good hands can have bad days” is simple minded and uninformed. The protection of the public requires that the practitioner be capable of demonstrating that the public will receive a predominance of good days of unsupervised practice. As a point of practicality, having numerous “bad days” in the dental office can seriously impact a professional’s stability, emotionally and economically. While this is demanding of student and seasoned practitioner alike, it is a truism of this profession that dentists are expected to perform consistently to a recognized standard of care. There are professions such as an airline pilot and dentist, where the ramification of “bad days” has great risk to the public and professional alike, and as such cannot be tolerated at even relatively small frequencies.

These licensure examinations are designed to test to the “safe beginner level” or often described as “minimal clinical competency.” Failure to satisfactorily pass a examination based on minimal clinical competency seems to diminish any logic embodied in the “good hands, bad days” mentality. Additionally, licensure examinations are conducted multiple times so that students may retake unsuccessful attempts within reasonable periods of time. Review processes are part of every examination to address any problems subsequent to administration of the examination. Dental licensure is not a right of passage. Dental licensure is a privilege granted by the citizens of each state after those citizens are assured of competence. While much is continually being said about the protection of the student, let it not be forgotten that the licensure process is for the protection of the public. These are indeed high stakes examinations, with a great deal riding on the success of the candidate. Nevertheless, high stakes exams are justified and indispensable when the safety of the public is at stake. Putting things in proper perspective, it must be acknowledged that the inconvenience to the student in taking a licensure examination pales in comparison to the harm and injury that can befall the general public by the incompetent practitioner.

There may be a time when the dental schools produce perfect ideal dental students well advanced in their clinical skills, and when that day comes the need for clinical licensure examination may well be more of a political function than a protective reality. There may be a day when clinical simulation recreates the nuances and particulars of dealing with the live patient. That day is not here. If and when it occurs, there is still the elemental fact that the ADA does not need to be, nor is it appropriate for it to be in the licensure and examination business. That is a function of the dental boards of each state whose mandate it is to serve and protect the interest of its citizens. It should not be delegated to the ADA whose function it is to serve its professionals and their desires. The potential for conflict is too great.

Freedom of Movement

The debate over freedom of movement (portability) can be simplistically divided into those that favor it and those that do not. While that distinction is not overly insightful, the rationale behind that differential certainly is. Portability of the dental license has for years festered in the back of dental politics with an occasional resurgence to periodically remind all in the dental profession that it was not destined to go away. Dentistry has traditionally been a profession of sole practitioners settling in communities to serve the citizens of those communities for years. Dentistry has grown strong as a profession, and has consistently ranked as one of the most respected and trusted professions because it has dedicated itself to developing long term trusting relationships with its clientele. With changes in the composition of the profession, and perhaps the desires of certain aspects of the profession, this paradigm of long-term commitments to stable relationships with patients appears to be in question. It is said that we live in a more mobile society, and perhaps the current resurgence in the portability of the dental license is a reflection of a societal trend. What is potentially problematic is that it is a trend most likely to benefit the minority of the dental profession, and a trend that will in all likelihood be to the detriment of the majority, as will be discussed.

Accountability

The dynamic of the relationship that exists between a dental practitioner and the patients served is unique and multifaceted. It would take volumes to explore the psychological interactions that are interwoven into this relationship, and it is certainly beyond the scope of this paper to delve into a complete discussion of the subject. Nevertheless, one could certainly advance a very credible argument that a central theme in this interplay is the concept of accountability. Patients possess varying degrees of understanding of dental terminology and nomenclature. Even the most conscientious effort toward explanation is often ultimately met with the patient's acknowledgement that they don't completely understand the procedure, but that they do trust the practitioner to do what is right. Underscoring this trust is the assurance that Dr. X has been and will be in the community for years to come to "make things right" should the patient encounter dissatisfaction with the treatment rendered. The accountability of the practitioner to the patient has been strengthened by the construct that dental practitioners have not traditionally been migratory. The patient has traditionally enjoyed the assurance that their dental care provider will be there to be accountable for the treatments rendered.

The difficulty arises, as those of the disciplinary community can attest, when the transient practitioner moves frequently from area to area or from state to state. Patients are left without follow up care and patients are without recourse to accountability when

the practitioner moves to another licensing jurisdiction. The traditional guaranty that has existed in dentistry is undermined, and the public is left with no one to assume accountability for the quality of treatment rendered. The impact to the public is significant in that dentistry services become an “at your own risks” modality of health care. Citizens cannot find their practitioners to hold them accountable, and if the practitioner moves to another licensing jurisdiction, the state licensing boards find it equally difficult to exact accountability as well. The practitioner finds themselves in the same construct, but from a completely different perspective. The practitioner without accountability may well not maintain the consistent ethical behavior previously employed when a few miles drive will absolve them of professional and economic ramifications for untoward results and treatments. A professional career may become a long highway of unfulfilled patient obligations.

Licensure and Portability

An additional consideration that can only be a close sequel to expanded portability is periodic continued competency assessment. Consider that the present concept of credentialing is predicated on a practitioner experiencing a period of practice without complaint and subsequent adverse action by a disciplinary body. Through contact with the public the practitioner is in effect judged by the community as to integrity, clinical skills and ethical behavior. As portability increases the ability of the public to engage in long term assessments decreases. The traditional relationship between patient and practitioner that assures the public that all is well is no longer secure and assessments of that practitioner must come from other mechanisms. The mechanism currently waiting to fill this void is periodic competency assessment through constructs such as in office audit and case presentation. Portability enjoyed by some may well precipitate greater competency assessment for the majority.

Conclusion

The dental profession has been well served by having various organizations represent the various needs of their constituents. More importantly, the separation of this representation has served all parties, especially the general public well. There is danger in allowing organizations like the American Dental Association to exert control over the examination and licensure process as it represents a conflict of interest. The licensing agencies are organized for the protection and good of the public, whereas the organizations formed to represent the best interest of the professionals, are organized to do just that. Agenda items being advanced such as freedom of movement must be visualized within the broader frame of reference of how those agenda items will affect the quality of care being provided to the general public, and not centered on potential benefit to some segment of the profession. It is time that the various organizations such as the ADA, ASDA and the ADEA review the rationale and function for which they were organized, and avoid the collision course that is impending with the licensing agencies.

In the final analysis it appears that the impact of freedom of movement on the majority of the profession might be significant. Disgruntled patients may well seek legislative remedy to end the lack of accountability. The credibility of dentists in general may increasingly be brought into question for the indiscretions of the migratory few. New methodologies to assure competency may well gain foothold as traditional mechanisms

of quality assessment are undermined. Portability may well be the modality of the future, but it will occur with its concomitant costs.