

The Dental Clinical Licensure Examination: Myths and Facts

Delma H. Kinlaw, DDS

(see footnote)

Abstract: Opponents of initial clinical licensure examinations will propose a number of arguments as to why the clinical licensure process should be eliminated. In other words, dentists graduating from a dental school should be allowed into the unsupervised practice of dentistry without first having an independent third party examination conducted by an entity whose sole responsibility is to protect the public. While some of the arguments do carry some emotional appeal, when one reviews the basis of these arguments they do not stand up against close logical scrutiny. Presented are the most commonly used arguments against the clinical licensure examination and the responses to those arguments.

1) Dental Licensure Examinations are No Longer Needed

- a. The history of dental education began with many independent dental schools teaching to different standards and utilizing different curriculums. Opponents will argue that with dental schools presently participating in the Commission on Dental Accreditation (CODA), that uniformity of the educational process has been attained and that there is no further need for assessments of dental school graduates due to educational variability.
- b. Reality is that there is still considerable diversity in the curriculums of dental schools across this nation not only in curriculum content, but of more import, in the number of hours that each school requires for graduation in each subject area. Examinations still serve as a measure of student preparedness to enter independent unsupervised practice.
- c. CODA is a “collegial process” whose oversight and execution is placed under the auspices of the dental schools charged to make assessments of each other. In other words, one school is reviewed by a contingent of individuals who are predominately from other dental schools. In order for any accreditation process to be meaningful it should avoid even the appearance of a conflict of interest and therefore should be conducted by an outside independent third party.

2) “The Examination Process is a Snap Shot in Time”

- a. The opponents of the licensure process will propose that the examination process is limited in its time of dental student evaluation. The argument proposes that since the candidate is evaluated for only a brief period in the

candidates educational continuum that this ‘snap shot’ evaluation is incapable of evaluating a candidate’s true ability.

- b. The reality is that dental licensure examinations are structured to assess basic critical clinical competencies required to enter unsupervised practice. The candidate should be able to demonstrate these basic critical competency requirements at all times in their practice and should be capable of demonstrating these proficiencies on demand, each and every day of their practice.
- c. Since these are basic competencies, there should never be a time when a candidate’s performance falls below a minimal acceptable level of care, or otherwise the health, safety and welfare of the public is in jeopardy.
- d. The reality is that all examinations and assessments are in effect a “snap shot in time” whether it be the entrance examination for dental school, the National Boards or the many evaluations conducted during the dental student’s educational process. Dentistry does not find these educational assessments to be invalid “snap shots”.
- e. The reality is that if you are the patient, every snap shot matters.

3) “Good Hands Have Bad Days”

- a. The opponents of the licensure process will argue that the candidate is unfairly penalized by a licensure assessment because even qualified dental candidates, who have “good hands” can occasionally have a “bad day” and this poor performance is not indicative of the candidate’s overall capabilities.
- b. The reality is that licensure examinations are structured to assess basic critical competencies. While it can be recognized that everyone can have a difficult moment, there should never be a time when a dental practitioner’s performance falls below an acceptable level of care.
- c. The reality is that as a practicing dentists, there should not be many “bad days” when that dentist’s performance falls below an acceptable treatment standard. Inappropriate or poor performances may result in consumers who are harmed as the result of inadequate dental care. Additionally, inadequate dental care is often the precursor to legal action against dental practitioners.

4) “Not Within Confines of a Treatment Plan”

- a. The opponents of the licensure process will argue that patients who are utilized for demonstration of candidate clinical proficiency, receive treatments that are rendered outside of a formal, and sequenced treatment plan. Opponents argue that when patient’s receive dental care outside of a defined treatment plan, the treatment may not be best for the patient’s dental health.

- b. The reality is that all treatments provided to patients during the licensure examination are meticulously reviewed by trained examiners who assure that the treatments proposed are valid and address definitive patient needs.
- c. The reality is that patients are advised as part of the patient consent process that the treatments to be rendered during the licensure examination process are specific to the needs of the candidate for the licensure examination and recognize that the patient may have other treatment needs.
- d. The reality is that every day in dental clinics across this nation, patients are receiving dental treatments outside of a defined treatment plan, often on an emergency basis for the relief of a patient's pain or discomfort. The fact that these treatments are provided outside of a defined treatment plan does not diminish the necessity or appropriateness of the treatment, nor does it make the treatment illogical or unneeded.

5) “Barbaric and Inhumane Use of Human Subjects”

- a. The opponents of the licensure examination process will argue that the utilization of patients during the licensure process is barbaric and inhumane. The argument proposes that patients who volunteer to undergo dental treatment during the licensure examination are subjected to inadequate care.
- b. The reality is that all treatments rendered as part of the licensure examination are monitored by licensed dentists trained in the licensure process, and treatment is stopped when the best interests of the patient come into question. Whether patients are receiving treatments by students as part of their initial dental school training or as part of the licensure examination, supervision of candidate performance is an integral part of both processes.
- c. These students have been treating patients for over two years in the clinic in school, doing these same simple, everyday procedures under the supervision of their faculty. The Dean of the school, along with the supervising faculty have certified in writing that the students who they are allowing to sit for this clinical exam are deemed to be competent according to the school criteria.
- d. Should the licensure examination be eliminated, these candidates will be practicing on patients the following week in a completely unsupervised manner. These candidates will be providing similar treatments on the same population utilized in the licensure process. It is inconsistent to portray the candidate's treatment during the licensure examination as barbaric and theorize that their unsupervised treatment of patients the following week is not.

6) “Who Knows the Capabilities of the Student Better”

- a. Those who oppose the licensure examination will state that the faculty who have been with the student during the dental school educational training are more capable of assessing the candidate’s capabilities, and that having an assessment during a limited time period does not afford an ample opportunity to truly measure a candidate’s capabilities.
- b. The reality is the basis of the educational model and protecting the public during the educational process necessitates that the faculty engage themselves in the treatments rendered by the student. Completely independent practice of the student is contrary to the educational process. Therefore, students seldom are required to demonstrate their capabilities in an independent environment and for most students the licensure process is the first independent assessment of the student’s capabilities.
- c. It is logical that examiners solely representing the public make independent assessments of the student’s preparedness to begin the unsupervised practice of dentistry.

7) Licensure Process “Abuses Minority Populations”

- a. Opponents of the licensure process will argue that the clinical licensure examination abuses minority populations.
- b. The fact is that patients, be they minority or otherwise, are not abused by the licensure process. Protocols are in place to assure the health and safety of patients.
- c. The fact is that all populations are utilized in the licensure process just as they are employed in the training of students during their dental school experience. It cannot be argued that patients are abused in the dental educational process, neither can it be argued that any patients are abused in the licensure process.

8) “Interferes with Educational Innovation”

- a. Those opposed to the clinical licensure examination will argue that its requirements obligate the dental schools to teach those procedures on which the candidates will be tested, and some educators argue that this obligation restricts their ability to teach using innovative teaching methodologies.
- b. The fact is that licensure examinations test the candidates only for the most prevalent procedures that the candidate will perform in unsupervised practice. These skill sets are fundamental to the basic practice of dentistry and providing competent care to the public. The examining community’s mandate is public protection and the tests it administers are designed to fulfill that mandate. There are no restraints placed on educational institutions by the examining community in what or how they teach;

however, it is reasonable to expect that educators will train their students to be competent in the basic requirements of dentistry.

9) “ Expensive to Student”

- a. Those opposed to clinical licensure examinations will argue that it is expensive to the candidate. The argument is advanced to state that dental students complete their educational training with significant debt, and the licensure examination is just one more unneeded economic burden to an already financially indebted student.
- b. Conducting a defensible and thorough assessment of a candidate’s preparedness to enter unsupervised practice is a mandate that assures public protection and the cost of public harm resulting by allowing incompetent practitioners to practice on the public, far outweighs the expense to a candidate to enter the profession of dentistry.
- c. The fact is that the examining community has taken great strides in the recent past to assure all candidates that the licensure process meets accepted criteria and accepted examination principles. The ongoing evolution of licensure examinations, while increasing its administration costs, has made significant progress in assuring all candidates that the licensure process is anonymous and free of candidate bias. Moreover protocols have been advanced to standardize the licensure process so that greater uniformity across examination jurisdictions can be achieved.
- d. The fact is that dentistry presents a potentially economically rewarding career and when the expense of the licensure process is equated to a practitioner’s earning potential, it is minimal, especially in light of the benefit the public gains in knowing that the dental professional providing their service has been determined to meet basic skill requirements.
- e. The fact is that the fees charged for the dental licensing exam are equitable to those charged by other professions for their entry-level examinations.

National Board of Medical Examiners (NBME)

USMLE Part I - \$435.00

USMLE Part II - \$435.00

USMLE Part II CSE - \$975.00; \$1200.00 for IMGs
(International Medical Graduates)

Federation of State Medical Boards (FSMB)

USMLE Part III - \$610.00 plus additional state registration fee,
e.g. New York \$734.00

Illinois Bar Examination - \$700.00 to \$1450.00

National Dental Examining Board of Canada

Registration - \$450.00 Canadian

Written Examination - \$650.00 Canadian

OSCE - \$750.00 Canadian

Withdrawal fee - \$200.00 Canadian

ADA Joint Commission on National Dental Examinations (JCNDE)

Part I – Written \$125.00

Part II – Written \$160.00

Computerized \$300.00

North East Regional Board of Dental Examiners, Inc.

Dental Simulated Clinical Examination

Simulated Patient Treatment (Manikin) Clinical Examination

Restorative Clinical Examination

Periodontal Clinical Examination

Initial Package - \$1100.00 2004 - \$1300.00

Individual Examination retake - \$650.00 2004 - \$700.00

10) “No Correlation to Class Rank”

- a. Those who oppose the licensure process will argue that some of their best students are not successful on the licensure process. Since there is not a correlation to how they rank their students, and how they perform on licensure examinations, then the licensure examinations must be invalid.
- b. The fact is that there may not be a positive correlation, nor should there be. The clinical licensure examination is not constructed as a sorting device to mirror class rank.
- c. Dental school class rankings are a composite of many candidate attributes, many of them not related to a candidates clinical abilities.
- d. The fact is that attempts at correlation assume that one is measuring the same construct or tasks. A student’s class rank in dental school may have little correlation to how well they may perform on a licensure examination as the foundation for the measurement may be dissimilar in that they are measuring two different things.

11) “Patients Walking Around With Defective Restorations”

- a. The argument supposes that as a result of patients volunteering to participate in the licensure examination process and they leave the examination unaware that restorations in their mouths may be defective.

- b. The reality is that all licensure examination processes have protocols in place to inform the patient when any dental service has been provided which does not meet an acceptable level. Provision is made for patients to receive corrective dental care.
- c. The fact is that without a clinical licensure examination these candidates who have been identified as placing defective restorations, would be possibly placing defective restorations in their unsupervised practice of dentistry.

12) “Access to Care Will Be Improved if The Licensure Examination is Eliminated”

- a. The argument that those who oppose the clinical licensure examination will argue that dentists will be allowed to move freely throughout the country thereby providing care to patients in under-served areas.
- b. The fact is that geographic mal-distribution of all providers tends to remain the same because practitioners will choose to practice in the most desirable areas. Geographically underserved areas suffer from a shortage of all services, dental and non-dental.
- c. The fact is that 44 states through credentialing legislation, already have practitioner mobility for anyone licensed five years or more.
- d. The reality is that there is not a study which confirms that dentists perceiving greater mobility will seek to practice in underserved areas. In fact, attempts to increase access to care by increasing the numbers of dental school graduates (such as the Capitation Funding legislation of the 1970’s and 1980s) did little to move or entice dentists into underserved areas.
- e. The geographic mal-distribution of dentistry is a complex issue which has no relationship to the clinical licensure examination process.

13) “Need PGY Programs/Need The Medical Model”

- a. Opponents of the licensure process will argue that a full year of on the job training is better than the third party independent licensure examination. There are some states who have passed legislation to allow students to achieve licensure by completing a one year residency program, instead of taking an entry level licensure examination. The supporters of the post graduate year one concept argue that this is the same of the medical model.
- b. Dental residencies are fundamentally different than the first year of medical residencies. The fact is that the dental PGY-1 model as a licensure pathway, is missing five critical components of public protection contained in the medical model. If the clinical licensure examination is eliminated, the multiple points of assessment which is an inherent concept

in the medical model, will be diminished for the dental student. In reality, this moves licensure for dentists further away from the medical model.

- c. The fact is that an independent third party peer review of post graduate year program residents does not exist. While the Commission on Dental Accreditation does review dental residency programs, there is not a review of the student's capabilities within that program.
- d. The fact is that dental residencies may be valuable in providing additional training; however, they are not designed to identify and remediate the incompetent student. At the end of the residency program there is still not an assessment to assure the public that these practitioners can provide acceptable dental health care to the public.

14) "Licensure Examinations Do Nothing to Protect the Public"

- a. Those who are opposed to the clinical licensure examination will argue that there is not proof licensure examinations do anything to protect the public. The argument is advanced that what is needed is not initial clinical licensure assessments but continued competency assessments.
- b. The fact is that the clinical licensure examination is one part of the overall student educational continuum with its associated periodic assessments which eventually leads to the independent unsupervised practice of dentistry. An individual's failure to demonstrate proficiency during the clinical licensure examination not only identifies the deficiency but redirects the individual back into an educational process so that deficiencies can be addressed **before wholesale harm can occur to the public.**
- c. The fact that some students perform incompetently during the licensure examination process can be demonstrated by reviewing actual clinical examination performances of students.
- d. As you look at these photographs, the question to ask yourself, is would you want these individuals to be providing dental care to you or your family?

** This paper was the compilation of input from a number of sources and individuals who are concerned for the future of dentistry and the health, safety and welfare of the public.*