

The Elimination of the Dental and Dental Hygiene Clinical Licensure Examinations as a Requirement for Initial Licensure within the United States*

A Position Statement of the American Association of Dental Examiners

Abstract:

The evolution of the clinical licensure process for entry into dental or dental hygiene practice over the last few years has been progressive, unprecedented and responsive to changes in dental education and dental practice. Examiners, educators and testing measurement specialists have developed licensure examinations of unequivocal reliability and validity. However, it is the position of the American Student Dental Association, the American Dental Education Association, and others, that graduates of dental education programs accredited by the Commission on Dental Accreditation should not be required to pass a clinical licensure examination in order to be eligible for initial dental licensure in any jurisdiction of the United States. Discussion of the need for an independent third party evaluation of a candidates' clinical skills as a part of the licensure process is offered.

Several dental organizations, including the American Student Dental Association and the American Dental Education Association, advocate the elimination of clinical examinations for initial licensure in all jurisdictions within the United States. Licensure of dentists and dental hygienists is granted to qualified applicants by individual state and territorial licensing authorities. The authorities are charged in the interests of the public's health, safety, and welfare to protect that public from the improper, unprofessional, incompetent, and unlawful practice of dentistry and dental hygiene. Qualifications for licensure are enacted by legislatures and enforced by rules and regulations authored by each state or territorial dental board. These agencies have no allegiance but to the public they are charged to protect.

The suggestion of these dental organizations that graduation from accredited programs of the Commission on Dental Accreditation (CODA), which operates under the auspices of the American Dental Association, assures the individual competence of all licensure applicants to practice in an unsupervised environment in the public sector is both naive and erroneous. Accreditation is a system used for recognizing educational and post graduate professional programs' adherence to a level of performance, integrity, and quality. It is a measure of the educational program as an instrument, not a determinant of its product. Additionally, only four representatives of the examining community sit on the thirty member commission. This process, designed to ensure educational quality and competent outcomes, is open to the concerns of conflict of interest. The accreditation system as it exists today utilizes a process to determine the degree to which an educational program complies with the minimum accreditation standards. This process lacks any demands for independent assessment of the competency of the individual would be professional.

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The alternative pathway to initial licensure via post graduate "fifth year" general practice residency programs proposed by several dental organizations is also flawed. These programs vary in levels of supervision, quality, consistency of instruction, case load, diversity of task experience as well as calibration of faculty. Without an established outcome assessment protocol, these programs remain encumbered with the same concerns of conflict of interest with no assessment of competency. Until these "fifth year" programs are evaluated as an extension of a program formally recognized by CODA with an effective independent outcome assessment evaluation, the public can not be assured that its graduates are providing quality patient care.

To allow completion of accredited programs to result in automatic licensure when the accreditation process, subsidized by the national organization anticipating its membership and economic sustainability from those graduates, is a conflict of interest. Delegating licensure authority to educators eliminates an extremely important set of checks and balances. State licensing authorities must provide the third important leg of a triad of education, accreditation, and independent licensure examinations. Without this tripartite process neither the profession, the student nor the public are well served.

Canada's ten provincial licensing authorities have been actively involved in all stages of development and implementation of that country's certification process including the decisions which eliminated human subjects in their tests. Collaborative efforts between the Commission of Dental Accreditation of Canada (CDAD) and the National Dental Examining Board of Canada (NDEB) has also allowed a high degree of participation in the Clinical Outcomes Review Evaluation (CORE) program and the review of accreditation standards of all ten Canadian dental schools by the NDEB. This process has allowed NDEB to critically assess the entire evaluation process and determine that graduates of these ten schools met a national standard. Attempting to implement the Canadian model in this country without a significant degree of collaboration with the examining community would be met with strong opposition from the jurisdictions legislatively empowered to protect the citizens of their respective states.

We continue on a national, regional and state level to express concern about the validity of determining competency solely through accreditation of dental, dental hygiene and related educational programs as they currently exist. The American Association of Dental Examiners strongly believes that an unbiased, effective, outcomes assessment determination must be in place. That determination currently exists in this country with independent examinations that have repeatedly demonstrated psychometric validity and reliability. The protection of the public is the preeminent concern, not political or economic expediency. Eliminating this model without any substantive replacement is impetuous and shortsighted.