

REFORMING DENTAL LICENSURE EXAMINATIONS

H. 199 – An Act Relative to Dental Licensing Exams

Bill Sponsors: Representative John Scibak

Proposal

A comprehensive and accurate clinical assessment of dental school graduates who are applying for licensure is essential to providing safe, quality dental care to residents throughout Massachusetts. The current live patient clinical licensing examination, however, is limited in accomplishing this goal, while putting an excessive burden on graduates and patients alike. The live patient exam falls short of providing a quality assessment of an applicant's education and training for 3 key reasons: it is too focused on a limited set of procedures that do not accurately reflect the multifaceted requirements and responsibilities demanded of dentists in practice today: it inadvertently discourages comprehensive care of the patient and can actually encourage improper care; and the process of obtaining a patient to sit for the exam is unduly burdensome on applicants. H. 199 would

Quick Facts:

The live patient exam places an excessive logistical and financial burden on applicants, and can inadvertently provide improper care for patients.

Studies have shown the live patient exam to be an inaccurate assessment of an applicant's skills, especially when compared to alternative methods. It is for this reason that almost all other medical professions have removed the live patient exam as a pre-requisite to licensure.

eliminate the problematic live patient component of dental licensure exams, while allowing the Board of Registration flexibility to adopt examination models that meet these standards.

Any examination designed to assess a health professional's suitability for practicing medicine should be rigorous and thorough. The rigor and intensity of effort should not, though, extend to the process of simply being able to take that exam. The task of finding and vetting patients who will qualify to sit for an applicant's live exam is exceptionally time-consuming, expensive, and difficult to accomplish. Even if an applicant does find three potential patients who present with characteristics that fit the required procedures to be performed, the applicant is completely beholden to them in order to pass his or her examination. They must pay for the patient's travel and lodging expenses, and still have no guarantee that they will appear on the examination day. Knowing the implications for applicants (i.e. failure of the exam) if their patient does not show up, extortion by patients as part of their agreement to show up on exam day is not unheard of. Patients who show up, but are found unqualified by the examiner, cause an automatic failing grade for the applicant. This system sets applicants back months and loses them hundreds of dollars in exam fees with no recourse.

The current exam model is also an inadequate evaluation of the skills demanded of dentists in everyday clinical practice. Consisting of a narrow set of technical procedures, the requirements ignore the complex considerations that a dentist must be able to utilize in the course of diagnosing and treating patients in real life practice. Several studies looking at the relationship between performances in dental school compared to results of live patient exams found little or no significant relationship between the two. This is one reason why other medical specialties have eliminated the live patient exam as a part of the licensure process. In fact, dentistry is the only medical profession which still requires a live patient component as a condition of licensure.

The live patient exam contradicts the duty to provide quality and timely care to the patient laid out in section 3 of the American Dental Association's (ADA) *Principles of Ethics and Code of Profes-sional Conduct*. Applicants often must find patients months in advance of their test date, purposely delaying care so that they will have a patient who presents with the qualifying oral health issues. Once in the exam, applicants may need to perform medical procedures (e.g. radiographs) which are unnecessary and potentially harmful while ignoring other pressing issues that require treatment, solely for the purpose of completing the exam requirements. Likewise, when a radiograph shows a multitude of health issues for the patient the only treatment that is conferred is that which falls under the requirements of the exam, leaving other potentially serious health issues untreated. A model that uses live patients, and in such a way that their health is a secondary concern behind evaluating the applicant, sets a poor example for would-be dentists and contradicts the responsibilities they will have to adhere to as licensed dentists.

The live patient clinical exam for licensure of dentists is a poor metric of an applicant's skills, fails to provide adequate, quality medical care for the patient, and contradicts the obligations that a medical professional is supposed to observe towards their patients. It is no wonder that the American Dental Association passed a resolution over a decade ago pushing for the elimination of the live patient exam, an initiative that several states have already adopted. With more recent exam formats available that have proven to be better metrics of applicants' aptitude, a review of current licensing exam practices is long overdue.

Conclusion

The Massachusetts Dental Society respectfully urges the legislature to pass *An Act Relative to Dentistry Licensure Examinations*, allowing the Board of Registration in Dentistry greater latitude in how it evaluates applicants for dental licensure.

Questions can be directed to:

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The Massachusetts Dental Society, is the organization dedicated to improving the oral health of the public and professional development of its membership through initiatives in education, advocacy, and promotion of the highest professional standards.