

# Initial Licensure Examinations

The true reason dentists are judged incompetent is a question of morals and ethics.

Russell Anders, DDS

## Morals and Ethics

I read with interest Dr. Dugoni's commentary in the November *CDA Journal* regarding protecting the public with initial licensure examinations. In this commentary, Dr. Dugoni postulates that only continued competency testing will protect the public and that there is no real need for an initial licensure examination. Additionally, Dr. Dugoni feels that an initial examination cannot guarantee protection of the public for the lifetime of a dentist's practice.

Dr. Dugoni has contributed greatly to our profession but in this instance, he is misguided. I have testified before the State Board of Dental Examiners in the past regarding this issue and have heard all the arguments favoring continued competency testing. None of these arguments has ever touched upon the underlying issue that affects a dentist's competency. It is **not** that a dentist who receives a license to practice dentistry in California does not know how best to do a certain procedure. It is **not** a matter of whether the school attended by a dentist has received an evaluation by the Commission on Dental Accreditation. It is **not** a question of whether the dean or faculty of a dental school can correctly assess the talents of a student dentist. It is **not** whether a dentist has passed Part I and Part II of the National Boards. All of these have been postulated by Dr. Dugoni as reasons to discontinue an initial licensure examination and replace it with some sort of continued competency testing.

As evidenced by the disciplinary actions taken by the State Board of Dental Examiners over the past 10-20 years, the true reason dentists are judged incompetent is a question of **morals and ethics**. It is beyond comprehension how either a dental school faculty, an initial licensure examination, or continued competency testing can **ever**

assess a dentist's **morals and ethics**. If a dentist exhibits a pattern of practice that indicates, for instance, crowns that are not clinically acceptable are we to blame this dentist's inability to properly prepare and deliver crowns on his/her having not enough knowledge? Or not being well enough trained in dental school?

I venture to say there is not one dentist licensed in California who does not have the ability to differentiate between clinically acceptable dentistry and poor quality, shoddy dentistry. I fail to see how the public will be protected by subjecting all the dentists in the state to a regimen of so-called continued competency. This would paint all of us with the brush of incompetence that only a tiny minority deserve.

Dr. Dugoni eschews the initial licensure examination deeming it "archaic and indefensible." What is indefensible is assuming that continued competency testing will solve the underlying **moral and ethical** problems of some in our profession. At least an initial licensure examination can assess minimum clinical ability and over the past 80 years has done this job reasonably well. Because a testing procedure has been done for so long does not necessarily relegate such procedure to the "archaic" bin. The examination has changed over the years to mirror the changes in the practice of dentistry. It is not a "finger in the dike" to change the tests from time to time. Rather it is a head-in-the-sand approach to assume that continued competency testing will resolve the **moral and ethics** issue.

Much was said in his commentary regarding the costs associated with initial licensure examinations. It is important to realize that continued competency would entail tremendous costs to the practicing dentists. Not only will the courses be expensive (more than CE classes now), in

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addition there would be considerable time lost from practices. These will not be one-day courses. Proposals at the Board of Dental Examiners included forcing dentists to take a week away from their practices for didactic and clinical training.

Dr. Dugoni asked, "Are deans and faculty members dishonest and fraudulent when they certify competency with a doctorate in dentistry at graduation?" The mere fact that the majority of dentists disciplined by the Board are more recent graduates seems to answer this question. This is by no means a condemnation of dental

school faculties. There is no litmus test that can be given to determine a person's character. It is not time away from school that produces incompetence. It is patently clear that a dentist's **morals and ethics** more than anything else determines the quality of dentistry being delivered.

Unfortunately I do not have a solution to solve the dilemma of some dentist's **morals and ethics**. Every profession has its share of incompetent people who do not adhere to standards known by them to be correct. Peer-review programs at the component level have shown that we are all fallible. Peer

review committees routinely refer those dentists who continue to practice poor quality dentistry to the Board of Dental Examiners for pattern of practice issues. We, as a profession, have been diligent in attempting to identify problem dentists while at the same time protecting the public we serve. Establishing a continued competency regimen would be an undue burden on our profession that is ill advised. Those in the teaching community who propose to foist this upon us need to re-think the true causes of competency, or lack thereof, among our profession.

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## Protection of the Public

Thank you for taking the time to read and respond to my commentary on Dr. Jack Conley's editorial with respect to initial licensure. I still contend that initial licensure examinations do not fulfill the mandate of protection of the public. It has been stated by the Dental Board of California representatives that, protection of the public is the primary goal of the people who administer the examination.

In my article, besides continued competency, I also stated that the funds utilized to conduct initial licensure examinations would be better utilized by the dental board for **enforcement** and identification of individuals who are **practicing** at an inappropriate standard of care, or are guilty of various infractions of the state dental practice act. My concerns for initial licensure reform do not in any way indict the dedication and efforts of state and regional board examiners. They work industriously to carry out the process. My opposition is to initial licensure as **the means** to protect the public.

I agree that continued competency certainly would entail a great deal of planning by the profession as well as the Dental Board of California. Would you fly in an aircraft with a pilot who had taken an examination only at the completion of initial flight training but **never** again had to prove competency? I believe there are ways that continued competency can be evaluated without jeopardizing the individual's right to practice or earn a living, but as you mentioned in your letter, you cannot solve the dilemma of dentists whose morals and ethics are inappropriate, and I do not have the answers either.

Is it really a fact that the majority of dentists disciplined by the board are the more recent graduates? And if that is true, does that really reflect upon the faculty or

does it reflect upon society's core values and the family environment? Have our core values drastically changed? Is there a different "measuring stick" for ethics and morality in today's world as evidenced by the actions of former President Clinton, Gov. Arnold Schwarzenegger, Enron's principals, Kobe Bryant, Scott Peterson, etc.? I do not think the lack of ethics or morality of some dental school graduates is a reflection of their faculty. Will initial licensure examinations guarantee morals and ethics of our graduates? No! Will continued competency guarantee morals and ethical conduct by practitioners? No!

The initial licensure examination does not discriminate between the bottom of the class or the top of the class. If Barry Bonds were to be elected into the Hall of Fame based upon what he did in the last playoffs, he would never get into the Hall of Fame. One "snapshot" examination in time cannot evaluate the competence of a practitioner, but I contend that the faculty who have evaluated a student for four years does understand their level of competence. Would they graduate incompetent people? I do not believe so because decisions are not made by a **single** faculty member, but by the associate deans in concert with all of the department chairs and course directors, and then approved by the dean. They are men and women of principle. It takes five stages for a practitioner to go from novice to expert and even at the end of graduate programs; we only develop safe beginners at the minimal level of competence. Students and residents go through the cycle from novice to beginner, to minimal competence in dental school or in graduate programs. Proficiency, through experience, comes five years later and the expert level is attained by some but not by all practitioners.

Something is wrong with the current

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I still contend that initial licensure examinations do not fulfill the mandate of protection of the public.

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system and it needs fixing. I realize we need to crawl before we can walk. After more than 40 years of debate, licensure by credential was finally achieved in California, but now we need to remove the five-year restriction. The next step is to develop an alternate path to licensure for graduates of specialty programs and graduate programs in general dentistry. I believe the safeguards can be attained for an alternate pathway to licensure by developing language in the legislation which states that individuals will have to have graduated from an accredited dental school, passed Part I and Part II of the National Board examinations, and be certified as competent by the faculty and the dean of their dental schools. It is doable.

In the future, maybe we can eliminate initial licensure in its current configuration. However, I still stand on my premise that initial licensure by itself does not protect the public. Adequate enforcement would protect the public. If substantial dollars were used to enforce the Dental Practice Act for indi-

viduals who practice below the standard of care, are guilty of sexual or immoral acts with patients, are practicing under the influence of drugs, alcohol, etc.,—that would protect the public.

Do you believe that HIPAA authorities would accept the fact that we use live patients as guinea pigs for clinical examinations? What can a dental board learn from initial licensure examinations that a dental school has not evaluated over and over again during the last two years with mock boards and proficiency and competency evaluations? What can one “snapshot” in time do that the Commission on Dental Accreditation has not done by its evaluation of dental schools? What can the initial licensure examinations learn that was not already evaluated on the National Boards? Are the deans and faculty of commission-approved dental schools frauds, incompetent, or dishonest when they certify initial competence at graduation? They do not certify proficiency or expert at graduation.

Thankfully, we now have licensure

by credential in 44 states. Heavens to Betsy if an oral and maxillofacial surgeon has to move to a state without licensure by credential. Should they be tested on what they do every day on a live patient — disarticulate the maxilla from the cranium, remove cancers off the lip and the tongue? But, in order to protect the public if they move to a state that will not accept licensure by credential, they probably will have to do a root canal, a denture set up, a scaling, and a Class II amalgam or a composite resin. Protection of the public?

Licensure examinations and evaluations are in need of a major reform. I applaud the California Dental Association for taking the leadership to establish a task force to examine the potential for licensure reform and alternative pathways to licensure. From this, we will progress and improve our role as educators, practitioners, and licensing agencies who serve to protect the public.

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