

Protection of the Public

In September, we expressed our views on the current California licensure examination relative to its primary purpose of protecting the public. Those comments prompted an eloquent supportive response from the distinguished past President of the American and California Dental Associations, and longtime Dean of the University of the Pacific School of Dentistry, Arthur Dugoni.

We believe it is must reading for all California dentists. — The Editor

In many articles that I have authored on the subject, I have expressed a continuing concern for the validity of initial licensure on the premise that it **protects the public**. There is no validity to the outcomes as demonstrated quite clearly by Dr. David Chambers and other psychometricians. The issue that I have put on the table my entire career is that the domain of the dental boards of licensure should concentrate on 1) continued competency of the practicing profession, and 2) the enforcement needed to monitor the profession with respect to wellness, substance abuse, and inappropriate professional conduct and competency.

Initial licensure of recent graduates does not **protect the public**. There is no validity to this that can be demonstrated at all. Your editorial states that 98 percent of the recent graduates of California Dental Schools passed the clinical examination within one year. Those who previously failed do this in the majority of cases without ever having taken any enforcement or enhancing programs to prepare them to pass the board examina-

tions. The “one-shot” examination does not ensure protection of the public, and to my mind that is the only reason why dental boards exist — **protection of the public**.

The dental schools of this country are charged with educating a competent practitioner and this is evaluated regularly by the Commission on Dental Accreditation and by students’ passage of Part I and Part II of the National Boards. I believe that this state and this nation would be better served by the elimination of initial licensure examinations and granting licensure to graduates who have passed Part I and Part II of the National Boards, and have been certified as competent by the deans and faculty of their respective dental schools.

We have spent at least (during my professional career) the last five decades tweaking around the margins of the licensing examination. Whether it is substituting a perio examination for a gold foil, or a root canal procedure for a reverse ¾ crown, it still begs the question — do one-shot initial licensure examinations **protect the public?**

The current system is archaic and indefensible. It increases the cost and indebtedness of the student; it delays their entry into private practice; and ultimately it delays the opportunity for practitioners to enter practice and render care to a vastly underserved group of patients.

If it could be demonstrated that there is validity in the “one-shot” examination as meeting the standard of **protection of**



Do one-shot initial licensure examinations protect the public?

the public — I would be first in line to support it. I have worked hard my entire professional career to support licensure, even though I did not believe that it met the purpose of the Dental Board of California, which must be protection of the public. The Board spends large amounts of California dollars and candidates' dollars on initial licensure examinations, when dollars and personnel time could be better spent on continued competency of the practitioner and stronger avenues of 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.

The concern and outright anger by the practicing community for initial licensure, especially by students, faculty, deans of dental schools, and even leaders in organized dentistry have never been more evident. The ferment continues with resolutions submitted ad nauseam at meetings of specialty groups, student leader organizations, and the House of Delegates of the American Dental Association. Never a year goes by that there is not a parade of resolutions to do something about the licensing exams. Recent actions to grant licensure to individuals who have completed a one-year postdoctoral general dentistry residency or specialty program of one year by New York, Minnesota, and Washington are examples of only putting "fingers in the dike" and not a solution to the problem.

Why is the completion of a post-graduate program (in which there are no examinations or competency evaluations performed on the residents)

an indicator that these individuals will practice dentistry the rest of their lives at the appropriate level to protect the public? It is just another symptom that something is wrong with initial licensure. What about li-

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censure by credential? Important as it is, is this another "finger in the dike"? The platform with respect to licensure by credential continues to change from five years of practice to one year of practice to zero years of practice to be eligible for licensure by credential and therefore allowing freedom of movement for the professional and access to care for patients. I am in complete support of licensure by credential as a means to facilitate free-

dom of movement by our profession.

If the state boards and the regional boards of this nation really believe that initial licensure **protects the public for a lifetime of practice**, I fail to understand it. Let them prove it! If the dental boards of this nation believe that initial licensure is a guarantor that the deans and the professors of dental schools are doing their job producing competent dentists, then that is another issue. Is there no validity to the evaluation and accreditation of dental schools by the Commission on Dental Accreditation? Is there no validity to the successful completion of Part I and Part II of the National Boards? Are deans and faculty dishonest and fraudulent when they certify competency with a doctorate in dentistry at graduation?

The time has come for the profession to do it before the legislators of this nation decide they are fed up with initial licensure as the avenue to protect the public. Washington, Minnesota and New York are examples of how licensure can be changed by the legislators of this country in the "blink of an eye."

Initial licensure examinations do not **protect the public**. The majority of individuals practicing throughout the United States have taken one licensing examination to determine competence and that was at graduation or when they moved into another licensing jurisdiction. They continue to practice for a lifetime without ever again demonstrating competence. Is this protection of the public? Could not the limited resources (dollars and personnel) of each licensing jurisdiction be better spent on appro-

appropriate avenues of continued competency, evaluation, and enhanced enforcement activities? 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 a means to **protect the public**.

Members of the state and regional boards will continue to be welcomed by the educational community to enter into the evaluation of the educational programs and competency of graduates. Few dental boards or regional jurisdictions participate in the Commission on Dental Accreditation site visits to dental schools. In the examples that I am familiar with (in over 50 years as a faculty member and 25 years as a dean), whenever the dental board presidents or leaders of the dental boards have participated in accreditation site visits, they have come away amazed at the quality of the educational program and the programs that have been instituted at schools of dentistry to determine competency of the students as they progress through the educational program from novice to beginner to competent. The final two stages to becoming a professional proficient and expert are not realized until later in a professional's career.

The Task Force to evaluate existing and alternatives in California clinical licensure examinations and report to the 2003 CDA House of Delegates should lead to exciting discussions and hopefully, meaningful resolutions to take on the concept — do initial licensure “one-shot” examinations really protect the public? **CDA**

United States Postal Service

Statement of Ownership, Management, and Circulation

1. Publication Title CDA Journal of the California Dental Association		2. Publication Number 0 7 4 6 - 4 2 4 X		3. Filing Date 10-7-03
4. Issue Frequency Monthly		5. Number of Issues Published Annually 12		6. Annual Subscription Price \$18
7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4) 1201 K St., 14th Floor Sacramento, CA 95814				Contact Person Jeanne Marie Tokunaga 916-443-0505
8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer) 1201 K St., 14th Floor Sacramento, CA 95814				
9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor (Do not leave blank)				
Publisher (Name and complete mailing address) Jeanne Marie Tokunaga, 1201 K St., 14th Floor, Sacramento, CA 95814				
Editor (Name and complete mailing address) Jack P. Conley, 1201 K St., 14th Floor, Sacramento, CA 95814				
Managing Editor (Name and complete mailing address) Patty Reyes, 1201 K St., 14th Floor, Sacramento, CA 95814				
10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.)				
Full Name California Dental Association		Complete Mailing Address 1201 K St., 14th Floor, Sacramento, CA 95814		
11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box <input checked="" type="checkbox"/> None				
12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one) The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes: <input checked="" type="checkbox"/> Has Not Changed During Preceding 12 Months <input type="checkbox"/> Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)				
13. Publication Title CDA Journal of the California Dental Association		14. Issue Date for Circulation Data Below September 2003		
15. Extent and Nature of Circulation		Average No. Copies Each Issue During Preceding 12 Months		No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies (Net press run)		20,542		21,230
b. Paid and/or Requested Circulation	(1) Paid/Requested Outside-County Mail Subscriptions (Based on Form 3541. (Include advertiser's proof and exchange copies)	17,988		17,955
	(2) Paid In-County Subscriptions (Based on Form 3541 (Include advertiser's proof and exchange copies)	0		0
	(3) Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Non-USPS Paid Distribution	0		0
	(4) Other Classes Mailed Through the USPS	0		0
c. Total Paid and/or Requested Circulation (Sum of 15b (1), (2), (3) and (4))		17,988		17,955
d. Free Distribution by Mail (Carriers or other means)	(1) Outside-County as Stated on Form 3541	0		0
	(2) In-County as Stated on Form 3541	0		0
	(3) Other Classes Mailed Through the USPS	0		0
e. Free Distribution Outside the Mail (Carriers or other means)		2,479		3,196
f. Total Free Distribution (Sum of 15d and 15e)		2,479		3,196
g. Total Distribution (Sum of 15c and 15f)		20,467		21,151
h. Copies not Distributed		75		79
i. Total (Sum of 15g and h)		20,542		21,230
j. Percent Paid and/or Requested Circulation (15c divided by 15g times 100)		88%		85%
16. Publication of Statement of Ownership <input checked="" type="checkbox"/> Publication required. Will be printed in the November issue of this publication. <input type="checkbox"/> Publication not required.				
17. Signature and Title of Editor, Publisher, Business Manager, or Owner <i>Jeanne Marie Tokunaga, Publisher</i>				Date Oct. 7, 2003
I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).				

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