

# Some Other Views of Licensing Examination Issues

We expect that this topic will continue to generate dialogue and debate, so there will undoubtedly be future opportunities to discuss these issues.

Jack F. Conley, DDS

**R**egular readers of this publication will recall that editorials and commentaries regarding the examination and the examination environment have appeared in this space several times in recent months. This is an important issue for the California profession to digest.

Since the CDA House of Delegates will receive a report from the CDA Task Force on Licensure after this issue of the Journal goes to press, readers can expect continuing dialogue on this important issue either in this publication, or in the CDA Update.

The August editorial in particular ("Harboring Some Ethical Dilemmas," Page 589) stirred concern and debate in the dental examiner community. Readers will recall that the editorial focused on the environment surrounding the examination, including the questionable ethical behavior of too many candidates and the high costs of the total examination process, all in the pursuit of passing.

Members of the Dental Board of California were extended an invitation to respond, and several of those responses are included here. In keeping with our longstanding policy of refraining from debating the positions of responses, we make only one limited comment here for clarification purposes. We expect that this topic will continue to generate dialogue and debate, so there will undoubtedly be future opportunities to discuss these issues.

However, one of the letters states, "It was evident your information is not completely accurate and/or appropriate." As we heard a similar comment also from another source regarding the aforementioned August commentary, readers need to know that comments we made about the behavior of candidates, dental assistants,

and patients came from reliable individuals who have personal integrity and a concern for ethical behavior within the profession. I trust their observations implicitly. To suggest that that information was not accurate or appropriate would be to misinform.

We continue to welcome dialogue on this issue. We believe readers will find these letters informative, if not provocative.

— The Editor

## Exam a Good Tool

**Editor:** On behalf of the Dental Board of California, I appreciate your editorial input in regard to the licensure examinations. The board has an obligation to protect the dental health of the people of our state, and we believe that the current examination is a viable tool for that purpose. We will continue to give the licensure examination until time proves differently.

As far as I know, there are no outcome studies to show that any other method is better than the current examination procedure. Several of the proposed licensure models — such as graduation only, one year of residency, the portfolio method, and others — still have not been shown to be superior to the present method.

We are constantly calibrating our examiners and meeting with the faculties of the five dental schools to make the examinations as relevant, selective, anonymous, and reliable as we can to allow candidates to demonstrate minimum competency.

Thank you again for your input, and we welcome your suggestions.

George M. SooHoo, DDS  
Chairman of examinations

Board member, Dental Board of California

## Exam Protects Public

**Editor:** This letter is in response to your editorials in the August and September ("Protecting the Public: Myth or Reality?" Page 651) *CDA Journals*, on the subject of the California licensure examination. The former editorial questioned the ethics of some aspects of the Dental Board of California licensure examination, and the latter questioned whether the examination protects the public. Certainly, these are serious questions for evaluation by the CDA Task Force on Licensure. The focus of the first editorial was in regard to the effect of the examination process on dentists coming into California. Perhaps I can present a different perspective for consideration by you and the task force, as I believe that the very aspects detailed in your editorials actually may be benefits from the perspective of at least some of the candidates. I would also like to comment on other aspects of the examinations that were brought up in your editorials, from the viewpoint of a long-term member of the examining committee (1985) and as an attorney.

The reality is that candidates from outside the state have a disadvantage in regard to taking the licensure examination(s) in California. Non-California trained candidates have no local non-criminal way to practice their skills on patients before the examination, as well as much less knowledge of or access to the examination site, less access to assistants and/or patients, travel expenses, and many other problems. Everyone has the Candidate Guide. Foreign-trained candidates may have additional problems with language, our culture, and more. What do we expect them to do? If I were in that situation, I would be quite pleased that there are assistants who could walk me through the examination process and companies that could legally provide patients for me. That would seem to be money well spent. The alternative would be to bring my patients and/or assistant

from outside California to the examination and do my best by myself.

My perspective on the ethical issue would be in regard to the candidates who resort to unethical and illegal activities to try to practice for the exam, or to obtain patients or assistants. That mirrors the many temptations to be unethical or illegal we all have in practice; but we resist, although the pressures can be great. In contrast, I believe that it would be problematic for the

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***George M. SooHoo, DDS***

board to become involved in any providing of patients or anything else that would give one candidate an advantage over any other, because that would have the appearance of showing bias.

It is true that candidates will compete for the most experienced dental assistant for the procedures required for the clinical portion of the examination. Unless we ban the use of dental assistants (I did not have one when I took the board), it would appear that the competition for assistants will continue, and that assistants will charge whatever rate is established by the law of supply and demand. As is true in practice, some assistants are simply more valuable than others. Certainly the task force can consider recommending some sort of licensure or credential for dental assistants

for the board examinations, mandating a limit on fees charged, limiting the ways that assistants can be selected, or requiring disclosure by the assistant of certain qualifications. So far as I know, the board has not been involved in that aspect of the examination, other than to prohibit using people such as dentists to be the assistant. The examinations are always held at one of the five dental schools, and so it would appear to me that the schools would have the primary ability to provide security rules and regulations on the school property, with approval by the board. Perhaps the recommendations of the task force can be directed to the schools as well.

Candidates will also compete for the best patients; but, there is no reason why a larger than minimal lesion or condition will disadvantage a candidate, as long as the candidate follows the published rules. The rules and the grading criteria for demonstrating minimum competency are known publicly and are modified as necessary after consultation at least yearly with representatives of the five California dental schools. I note that some California dental schools give courses specifically to prepare for the different California licensure examinations, so perhaps the task force can make recommendations for them as well. Those courses are also expensive, but the applicants for the classes think the cost is worth it.

The primary focus of your first editorial was the image presented to candidates coming from outside of California. For a qualified dentist who is foreign-trained (meaning a graduate from a non-accredited dental school), California is one of only three states (the others are Hawaii and Minnesota) that have a process where a candidate can obtain a first license without having to take any additional training in an accredited dental school. If the candidate is qualified, why not let the can-

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didate demonstrate that and practice here? California needs qualified dentists. A foreign-trained candidate can obtain a dental license by passing the restorative technique examination and then the general licensure examination. If I were a foreign-trained dentist, I would be thankful that California has given me that possibility. From the perspective of the Examination Committee, the problem is that we do not have enough knowledge of the qualifications of such a foreign-trained candidate, because there may or may not have been a recent accreditation process for the candidate's dental school. It is not unreasonable to worry that some dental schools in the world may not provide adequate training. Given the mandate from the state, the Examination Committee must try to test for minimum competency of foreign-trained candidates as the only screening method for a California license. No examination is perfect; and, as you pointed out, the examination is in constant review; but the fact that California gives such an examination process for the competent foreign-trained practitioner is laudable and, I would think, appreciated by the foreign-trained dentists who want to come here to practice.

In regard to the September editorial, I respectfully disagree with your position that a "snapshot" examination "can tell nothing about the current or future performance in practice." The absence of data does not mean that something is not true, and I contend that common sense indicates that the connection is true. For example, if a candidate demonstrates that he or she can do an acceptable amalgam preparation and filling, that at least indicates that the candidate knows how to do that on that day, and to me gives at least some assurance that the candidate might be able to do it again in the future. If a candidate passes a written examination on a subject, to

me that indicates at least some knowledge of that subject. I agree that if a candidate does not pass the clinical portion of the examination, that is not absolute proof that the candidate is not qualified. However, California needs dentists who are qualified every day, not just on a good day. If the criteria used in the clinical examination to demonstrate minimal competency are valid (if not, they can be changed), then I think we should

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expect that candidates should be able to demonstrate that every day, including the day of the examination. The candidate has some control over the selection of the patient and the assistant, perhaps more than will be true in his or her practice, where less ideal patients will still need treatment. If the examination is a "snapshot," it is not a random one, but rather a chance for the candidate to show his or her competency for a chosen real patient in a treatment situation. The California Department of Consumer Affairs mandates that the examination be as realistic as reasonably possible. In that regard, I respectfully disagree with the pundits who decry the use of human patients for the examination. If a candidate is minimally quali-

fied, then the patient will receive at least adequate dentistry on that day, the same as would be true in a dental office if the candidate had not had to take the examination.

If a patient agrees to have a candidate treat him or her, knowing nothing about the candidate except the willingness to pay the patient, then I think the patient would be hard-pressed to complain about the candidate's ability later. Perhaps the task force can make suggestions for forms for patients to read and sign recognizing what they are doing and submit them to the board. If the candidate is not qualified, then it is true that the patient may receive inadequate dentistry at the examination. The whole purpose of the examination is to identify and deny a license to candidates who are not minimally competent. If inadequate dentistry is done, the patient at least has the remedy of going to a licensed dentist for treatment at the expense of the mandatory liability insurance that the board requires of every candidate. My expectation is that the schools would probably be willing to treat emergencies for an adequate fee.

Although no one expects a new dentist to be as capable as one with several years of experience, the law makes no such distinction if a dentist is sued for malpractice. That standard of care is the same for all general dentists. After defending dentists for more than 23 years, I can report that new dentists have a disproportionately high incidence of malpractice claims. The task force should be able to obtain data from The Dentists Insurance Company in that regard if they wish. If anything, that should show us that new dentists need more training and examination, not less. That does not mean that the standards should be higher, just that there be as many methods as possible used to protect the public by making sure that the minimum competency standard is met, with the schools and

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the state being independent and cooperative entities. The schools have a dual responsibility, first to prepare students, and then to protect the public by requiring adequate performance. The board is there only to protect the public by requiring adequate performance. With the two, there is more protection than either one alone.

In both articles, you referred to the problem of specialty licensure for new specialists. Since you referred to new specialists, of course you know that specialists with more than five years' experience in another state may be able to be licensed by credential in California. If, for the new specialists, you mean that the board should consider some sort of restricted licensure, I agree that the task force should consider the subject, but I do not believe on first impression that such licensure is feasible. As you know, practicing without a license would be a criminal act. If a qualified oral surgeon were to obtain a license for oral surgery only, then do you mean that doing any other dentistry would be criminal, i.e., replacing a filling that came out during a surgical procedure? What about adjusting an immediate denture after extraction of the teeth? Or doing any dentistry other than oral surgery as that is to be defined? How will such limited-license dentists be presented to the public, i.e. "licensed for root canals only"?

In summary, I believe that the present California licensure examinations are reasonable and necessary exercises of the state's decision to try to protect the public, by requiring that every candidate demonstrate minimum competency in several areas of dentistry at least once to state examiners. Helpful and constructive suggestions on improving the examination from the task force are more than welcome, and I hope that this dialogue will continue.

**Arthur W. Schultz, DDS, JD**  
*Manhattan Beach, Calif.*

### **Live Patients Important**

**Editor:** I was intrigued, to say the least, by your recent editorial about the Dental Board of California clinical examinations. I would like to address some of the issues you mentioned and share with you the following, especially where you discussed issues where it was evident that your information is not completely accurate and/or appropriate:

First, the licensing examination should be just one more step from an educational environment to dental prac-

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tice. After all, as you stated, the board examination changes to reflect job-related procedures. I find it sad, however, that when the board ceases to test something, the schools no longer teach it (i.e., gold foil and denture set-ups). The examination should be neither "unpleasant" nor "unprofessional."

Second, let's consider the cost of the examination. The board's fee for the exam is much less costly than many of the other board examination fees. A candidate does not need a high-priced, experienced dental assistant to get through the examination "minefield." Ninety percent of the things a candidate needs to know to progress through the examination smoothly are contained in the Candidates Information Guide that is sent to every candidate prior to the exam-

ination. The other 10 percent are things that may be procedural items told to the candidates at orientation. We have heard students say that they don't have time to read the Information Guide. (They do have time to retake the exam though!)

One solution to reduce the cost of the examination would be for the candidates to work without assistants. I'll bet you took the examination without an assistant as I did! This would help also to "level the playing field." There have been times when the so-called experienced assistants have given misinformation to the candidates. This can add to confusion and stress for a candidate.

As to the cost of patients, a great number of the candidates use friends and family members as a source for patients. The average time period, according to a recent survey, that candidates used to search for a patient was two weeks prior to the examination. Family members and friends are people who want the candidate to pass, so they tend to be most reliable and loyal to that candidate. I would encourage candidates to have family members or friends pick up the patients for the examination and sit with them in the reception area.

The current board president, board members, and examiners abhor the selling of patients and do try to stop this practice. At one exam during 2003, Dr. Charles Goodacre, dean at Loma Linda University School of Dentistry, personally went into the lobby and school perimeter to have security escort and ban two individuals and their groups from coming onto the campus then and in the future. At one school, however, during the last examination, there was a huge sign directing candidates to obtain "prescreened," "preauthorized" patients at a room in the dental school. This was a room that the school had rented to individuals for patient sales (this is as told to Dr. SooHoo at that examination and witnessed by examiners). This occurred after the dean had made it clear to board representatives that

he was opposed to this practice (a meeting at which I was present).

Third, as far as finding the “ideal tooth and lesion,” the candidates must have a misconception. They have been told, as have the educators at the meetings between educators and examiners, that there is no need for a very small, ideal lesion. In fact, the choice of a lesion that is very tiny and requires no extension requests from the clinical floor examiner should end up being an ideal minimum preparation when it is presented to the examiners for grading. However, when a preparation requires legitimate multiple extensions due to decay, decalcification, or other reason, then most probably the preparation will be graded by an examiner as the candidate’s good judgment in handling that particular situation. In reality, by picking the smallest acceptable lesion possible, candidates make it more difficult for themselves. How a candidate handles a situation is what is important.

It has been suggested that local dental society members locate patients for candidates graduating from their alma maters. I know that every day in my practice I see at least four to five lesions that would be very acceptable for the examination. Unfortunately, I am prohibited from sharing these patients.

The Informational Guide has been criticized as not being as detailed as the Western Regional Guide. It is true that there are fewer pictures. Students have requested that pictures of decay to the dentinoenamel junction be included! If a graduate does not know what the DEJ is by the time he or she graduates, they have bigger problems than we are talking about here.

At each examination, we understand that questions are stolen or photographed by pen cameras. I have heard that it is possible for candidates to buy this information to prepare for the examination. You did not mention

this in your total cost estimate for the examination. Candidates even cheat on the law and ethics examinations! The board is addressing these issues and is modifying the examinations.

Let’s talk about other examination stresses. The cost of education is enormous. In some cases, mother and father, as well as the candidates themselves, have put out a quarter of a million dollars in cash or loans for three to four years of education and want their offspring to pass the examination to practice and in fact can’t figure out

**I believe that my business fulfills a need within our society by offering a valuable and ethical service to licensure candidates, patients, and the dental profession.**

***Lu Lau, Lu Lau Dental Services***

why their child cannot pass. The prospect of an additional year is overwhelming, cost-wise. We have heard rumors too about a student being accepted at a local school who had a 1.0 grade average but whose father made a large donation to that school. What chance does this individual have of competing with his classmates or for eventually performing at a state exam?

Something is amiss in the educational system when after graduation a student cannot produce a minimally competent preparation on a tooth. Is it the original student selection process by the schools? Is it the need to promote because the schools need the money

and can’t afford to drop a student? Is it fear of a lawsuit that keeps the schools from telling students that they are not capable? Candidates have always needed to pass the first time! If you compare what the cost of tuition is today with what it was 25 years ago, you will find it is proportionally the same.

Fourth, you mentioned the aftermath of the examination. To begin with, candidates must purchase insurance to cover the aftermath complications before they can take the examination. Things can happen in this arena just as in private practice. After a recent survey of the candidates at the schools, it became evident that this is a tiny problem as there are very few patients requiring follow-up care. Patients are aware and sign a disclosure statement to the effect that the candidate is unlicensed before the examination.

Fifth, you brought up the subject of patients being lured to other candidates and how “unfair monetary demands for patients” affect the trust of some colleagues for all time. Yes, indeed, this is a problem not only at the examination but also as a part of practice. Look at the closed panels, DMOs, coupons in the paper, and the acceptable advertising that occurs for competition for patients. To be successful, one must build a patient-doctor relationship. The choice of patients for the examination is important. That emphasizes why a family member or friend as a patient or as a chauffeur for the candidate’s patient is a good idea. The obtaining of patients is not a board function, and any tampering in this arena could show bias on the part of the board.

This subject dovetails into the occasional suggestion (especially by students) to have a nonpatient-based examination. The failure rate could drastically increase because of the difficulty in working on a manikin and preparing typodont teeth. Probably most importantly, this would not be a test of how can-

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didates manage patients, anesthesia, or a sterile instrument setting. These are all important parts of patient care. This also does not address the issue that cutting on an ivory tooth is not the same as cutting a real tooth. The amalgam portion has always been the highest failure rate portion for the clinical exams. This was true even when foil and cast restorations were on the examination. In many ways, the examination is easier now than in the past. The technical ability needed to do the foil restorations is no longer required. I am sure that many practicing dentists do not know that the composite (Class III or IV) is now a portion of the examination in place of the foil or casting to make the examination more job-related.

Currently, the board is attempting to work with the schools and vice versa. CDA has its own internal problems as well as other agendas. It is common knowledge that membership is an important issue for CDA at this time. CDA is looking forward to new graduates as a pool for new membership, and it has been said that supporting the position that California graduates should be licensed by the schools is one way of making CDA look good to this pool. If you ask any student, "Would you like to take an exam (to be able to practice)?" you know that no one would choose to take an examination.

Sixth, you missed one huge expense that occurs all too frequently, and that has to do with courses outside of the regular curriculum on how to pass the California board examination at a fee of \$3,000 to \$6,000. One such individual who teaches these courses has also shown at recent meetings that he does not have all of the answers either! This does show, however, that perhaps students are not well enough prepared by the schools for the examination. I ask you, why, after three to four years in school, are candidates not able to produce a minimally competent preparation?

In addition to the issues you mentioned above, you did not factor in the impact of the foreign graduates on the examination. It would be in the best interest of the schools and CDA to get involved with the legislation proposed. Currently, there is important legislation being developed in this regard. The board is making every effort to work with the Legislature by maintaining communication, the goals being to protect the public and ensure that the licensees are adequately prepared.

One area you mentioned in your editorials is the pass rate for the examinations. I personally have heard Dean

## The state board exam is the worst possible example we could be setting for young dentists.

*Larry Jenson, DDS, MA*

Harold Slavkin of the University of Southern California School of Dentistry on two separate occasions announce that students pass the examination at a rate of 98 percent. I found that figure misleading, because it appears to mean the pass rate for each exam instead of a cumulative one, which could be many exams over a period of years. In addition, I would assume that repeat candidates would have more education specifically directed toward passing the examination.

Most schools do not allow all of their students to take the exam when it is first given after graduation. Second, failures occur for some of those allowed to take the exam. Third, some people choose not to retake the exam and move out of state. Examiners used to be

given the percentage pass/fail rates of previous exams at orientation meetings by the individual who calibrates the examiners before each examination. A few years ago, the board was asked that this information not be made public. Why don't you ask the board to make these figures public? I have figures in my notes dating back to the late 1970s. The pass rate during this time has never been 98 percent for any exam or for any year. (There is one exception and that was for the June 17-19, 1980, examination where only one UCSF student took the exam and passed.) You may want to look at your past *CDA Journal* publications, for example the October 1980 comment by Dr. Robert Sachs, CDA "FollowUp" from January of 1981 by the Consumer Advisory Board chairman, a letter in response by Edwin Schweifler from January 1981, the *CDA Journal* Opinion by William Lannan dated April 1981, and an April 1981 *CDA Journal* response from Edwin Zinman. Some of the current issues are discussed. In addition, at every examination in the area of failures, there are always wrong teeth (those not approved) prepared and mechanical exposures (tooth with a small lesion where the candidate has cut into the pulp) etc. Finally, the schools should have to give all of the information on pass rates, not just on one aspect, such as cumulative pass rates. This information should be public knowledge.

Dr. Slavkin talks about patient treatment of the future and how caries will not be a problem with some of the technological advances that are in the process of being developed. Students need to be taught how to treat patients now not just how to pass the exam now.

Another area that warrants mention is the subject of the overall attitude of some of the candidates. Frequently, they tend to disregard instructions given to them. The incidence of altered (manufactured lesions) X-rays, etc. exists. Simple in-

structions such as “no cell phones, recorders, pagers, etc. on the clinic floor” are given both in writing and orally; but candidates sometimes choose to ignore them and become arrogant and rude when they are found with these devices.

I am sure you are aware that the board does everything possible to help prepare candidates for the examination such as the presentation for candidates by board members and members of the Examining Committee at the CDA Scientific Session in Anaheim. The exact dimensions of the preparations are given to the candidates and are shared with the educators at yearly meetings. The criteria are based on what is currently being taught and

changes as the education of the students change. I might add that when evaluating candidates' performances, the examiners always attempt to err on the side of the candidates. The examiners who are present to certify the actions of the candidates on the clinic floor make every attempt to be helpful in procedural matters and maintain a calm atmosphere to facilitate the examination process. It is not unusual for candidates to thank the clinical floor examiners after the examination.

I believe that the public would never support the concept of “no examination” for recent graduates by a licensing agency. When I have mentioned to my patients that the licensing of dentists could be done without an

examination, they are outraged! Every profession that I know of has some kind of proficiency examination.

Everyone would like very much for graduates to pass the examination: the candidates, their families, the schools, and particularly the examiners. However, protection of the public is the primary goal of the people who administer the examination. The candidates have to exhibit competency, and the license is just one more step in the process to the practice of dentistry. The examiners continue to be a part of the examination process to make the exam the very best possible. We have no hidden agenda.

**Marlene M. Schultz, DDS**  
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## Supply and Demand

**Editor:** The Dental Board of California has created some unintended strong market forces, through its licensure examination process, that are classic supply and demand. I wish to comment on your recent editorial, "Harboring Some Ethical Dilemmas."

As long as there is a live-patient examination where a major success variable is the type of patient for a specified clinical procedure — currently amalgam, composite, and perio in California, and similarly elsewhere — there will be a demand for patients that meet the Dental Board's criteria for acceptance. Whoever supplies a service associated with this clinical procedure is engaging in behavior that is reflective of our society's free-market economy. Fees associated with such a service are value-driven. If the fee is perceived as fair, that business will continue to exist. Word of mouth becomes a strong market influence.

I am the owner of a business that provides such a service for licensure candidates. My business prescreens patients for the specified clinical procedures required by the Dental Board and helps candidates negotiate what you describe as the examination "minefield." I create the logistical arrangements to ensure that a candidate may undertake the examination process with a peace of mind that a quality, prescreened patient can provide. I believe that my business fulfills a need within our society by offering a valuable and ethical service to licensure candidates, patients, and the dental profession.

I do not advertise my business, but rely on word-of-mouth referrals from satisfied customers — licensure candidates from past dental examinations. My service allows the candidate to focus on the technical performance the Dental Board requires, and not be distracted by the logistics of patient selec-

tion, transportation, reliability, and so on. My business expends tremendous time and effort to ensure a quality patient is present during the examination. Candidates choose my service usually after they have tried unsuccessfully to secure a suitable patient through other means. During the examination, I even have a back-up patient available should the Dental Board reject the first patient.

The patients that my service provides for licensure candidates are typically those who have not entered the dental mainstream and sought proper dental care. In somewhat of an unusual twist of fate, the Dental Board has, in effect, provided them with access to care. These patients have oftentimes been living with years of dental neglect and now have the opportunity to start on the road toward dental health. Patients usually meet their candidate prior to the examination and establish a relationship that is invaluable during the actual clinical examination. They are not just a tooth or a mouth.

My business has a commitment to provide a quality service for the dental profession. Just as the vast majority of CDA member dentists have to operate a business, I too must do the same and follow similar rules. I work with licensed dentists who diagnose and treatment plan potential patients. All patients are screened for their health history, presence of dental conditions, and willingness to participate in the licensure examination. All licensure candidates who work with me must be qualified according to the Dental Board's criteria and provide proof of liability coverage. After the examination, I ensure that the patient has received proper care. If there is a problem, I refer the patient to a licensed dentist to evaluate and, if necessary, correct the dental treatment. This possible treatment is part of my overhead expense and included in the fee I charge licensure candidates.

All in all, my business exists to fill a demand that the Dental Board has created through its clinical licensure examination process. Change the process and I'll change my business but still strive to operate in an ethical, legal, and quality manner.

**Lu Lau**  
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## Patient Use Unethical

**Editor:** I read with great interest your article in the August issue regarding the use of patients on the California licensing examination. As a teacher of general dentistry and dental ethics at the University of California at San Francisco, I agree with your assessment that the state board exam is the worst possible example we could be setting for young dentists. The board's irresponsible treatment of patients cannot be justified on any grounds. Those who support the continued use of patients have many reasons to resist this change, most boil down to either a fear of competition or a self-righteous sense of privilege that they had to go through this "right of passage" so others must also. Neither of these "reasons" does much to set an example of high ethical standards for the profession. I am impressed by the fact that the ADA has had the courage to come out against this practice, but much more activism is needed to change the status quo. The good news is that the New York State Dental Association was able to change that state's board examination, eliminating the use of patients. They set a great example for us here in California. I encourage CDA to follow this example and show our young professionals that professional ethics really do make a difference.

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