



## **ASDA Licensure Reform Talking Points**

### **ASDA's stance on licensure reform**

ASDA understands alternatives that are preferable to the current process exist, however the association believes an ideal licensure exam:

- Does not use human subjects in a live clinical testing scenario
- Is psychometrically valid and reliable in its assessment
- Is reflective of the scope of current dental practice
- Is universally accepted

ASDA believes demonstration of both kinesthetic and clinical decision-making competence is necessary to obtain initial dental licensure. ASDA believes this should be demonstrated through a combination of the following:

- Manikin-based kinesthetic assessment
- A non-patient based Objective Structured Clinical Examination (OSCE)
- Submission of a portfolio of comprehensive patient care

### **Issues with the current clinical licensure examination**

#### **Issue 1: The exam is not valid.**

- According to an ADEA survey, 82% of deans don't believe clinical licensure exams are valid for decision-making purposes.
- Hangorsky (1982) found no positive correlation between scores attained during dental students' final year of instruction (class rank) and their performance on NERB. In one school in the study, nearly 1/3 of failures came from the top 1/3 of the class. The bottom 10% of the class all passed the exam.
- Formicola (1998) found no positive correlation between students' success in dental school and passing NERB. However, he did find a negative correlation in the prosthodontics section, meaning students who passed the mock prosthodontics board exam were more likely to fail NERB, and vice versa.
- Internal studies by WREB and CRDTS claim validity but no external studies can confirm their findings. Other studies confirming this lack of validity were performed by Ranney et al. (2003, 2004), Gerrow (2006), and Chambers (2011).

#### **Issue 2: The exam is not reliable.**

- Clinical exams are impossible to standardize. No two humans are anatomically, physiologically, pathologically and psychologically identical, and therefore each clinical licensure examination is different.
- Chambers examined the reliability coefficients of clinical licensure exams. A test with a reliability coefficient of 0.70 would fail about 3 percent of those who should have passed. (These percentages, though unfortunate, are acceptable.) The current system (reliability of 0.4) misclassifies at least 20 percent of candidates who must retake the tests, plus an unknown number of candidates who pass the tests by luck and should not have been granted a license.

- The exam tests a narrow scope of practice. Dentists are expected to perform—or at least be knowledgeable in—restorative dentistry, periodontics, diagnosis and treatment planning, endodontics, prosthodontics, oral surgery, orthodontics, pathology, implantology, pharmacology, case management and proper relationships with patients. The narrow scope of the CIF makes it unreliable for determining whether or not a candidate is competent to practice general dentistry.
- Damiano et al. looked at pass rates over a 10 year period from 1979-1988 and found pass rates ranged from 50-97 percent in different states. Meskin found that NERB failure rates ranged from 40-90 percent from 1994-1996. The CIF changes nothing about this wide variation in pass rates. Are the candidates really that poorly prepared, or is the scoring of the exam flawed?

**Issue 3: The exam does not put the best interests of the patient first.**

- Candidates may perform the following questionable practices in order to meet the requirements of having a qualified board patient.
  - Complete multiple x-rays of individuals who will not become patients or be given comprehensive care.
  - Purposefully create a lesion for the exam.
  - Save a board lesion for the exam rather than treat it in the appropriate sequence of care.
  - Recommend an irreversible procedure for a tooth when remineralization could be the more appropriate treatment.
  - Treat lesion first for board exam prior to addressing more urgent dental care needs.
- Each time a candidate fails a clinical licensure exam on a patient, the patient is potentially left with a restoration or periodontal condition that is below the standard of care. Failures in restorative procedures typically mean that the patient has had irreversible harm rendered to them.

**Issue 4: The exam needlessly places candidates in positions of moral distress.**

- Paying patients or offering bonuses to ensure their patient arrives for their appointment on exam day.
- Utilizing patient procurement services like Lu Lau Dental and Western Dental Consultants that can provide students with board exam patients for a large sum of money.

**Alternatives to the exam exist**

- There are alternatives available to test competence that do not require the use of human subjects in a live clinical testing scenario.
  - Objective Structured Clinical Examination, administered by the National Dental Examining Board of Canada (NDEB), is a multi-station assessment designed to measure specific clinical skills, including diagnosis, interpretation and treatment planning.
    - Researchers have found the OSCE to be a “highly reliable exam, with a moderately high correlation predicting future clinical performance.”
    - The exam is currently accepted as a pathway to licensure in Colorado, Minnesota and Washington.
  - The portfolio model in California, developed as a collaboration between the Dental Board of California, the California Dental Association, professional psychometric consultants, California legislators and six California dental schools, is a summative assessment of competencies in six key clinical areas.
    - An independent report designed to evaluate the psychometric validity of the portfolio model found that “the dental schools were able to reach consensus in identifying critical competencies to be measured in the portfolio examination, thereby standardizing the competencies to be measured and providing the framework for the evaluation system, training and calibration procedures for examiners, and audit procedures for evaluating the efficacy of the process.

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- In February of 2017, the ADA Board of Trustees announced their plans to develop a dental licensure objective structured clinical examination.
  - The ADA Department of Testing Services has a decades-long track record of developing and implementing highly valid and reliable high-stakes examinations in both the licensure and admissions arenas.
  - It is anticipated that the pilot exam will be available in 2019 with deployment occurring in 2020.

### **ASDA's Stance on the Curriculum Integrated Format**

- ASDA does not support the Buffalo CIF model as a pathway to initial licensure.
- ASDA recognizes the CIF model:
  - Offers the exam more than one time per year at each school.
  - Incorporates familiar faculty (and assistants, depending on the school) to work with students.
  - Allows dental students to complete a comprehensive exam and form a phased treatment plan for each board patient.
  - Provides follow-up care for failed/substandard procedures that occur as a matter of course since every patient is a patient of record.
  - Does not fail the candidate or charge a re-examination fee if a patient does not present for the exam.
- However the model does not incorporate any of the components of ASDA's ideal licensure exam.
  - The exam does not address any of the concerns with validity or reliability as noted above.
  - The CIF does not address the following ethical problems:
    - While Buffalo-CIF patients are supposed to be treated as part of a properly-phased comprehensive treatment plan, obtaining ideal board lesions still requires advertising to the public, outside screening and bending of the idea of "patients of record." CIF does not change the environment where patients are treated as commodities and paid, purchased, sold, or traded when a candidate can't find a patient who qualifies for their exam.
    - The CIF is offered a limited number of times per year at each school. Limited exam opportunities create a high-stakes environment and high levels of stress. Undue stress plays a negative role in achieving competent care and is not normally encountered in a practice setting. This decreases both the reliability and ethical integrity of the exam.