



Advancing the Licensure Discussion

There's a reason dental students haven't seen movement on the licensure issue in years. Stakeholders have a vested interest in maintaining the status quo of clinical exams. ASDA applauds your efforts to change the process. We want to arm you with responses to common rebuttals ASDA has heard during licensure discussions.

ASDA's stance	What they say	ASDA's counterpoint
<p>ASDA believes demonstration of both kinesthetic and clinical decision-making competence is necessary to obtain initial dental licensure. This should be demonstrated through:</p> <ul style="list-style-type: none">• <i>Manikin-based kinesthetic assessment</i>• <i>A non-patient based Objective Structured Clinical Exam (OSCE)</i>• <i>Submission of a portfolio of comprehensive patient care.</i>	<p>Does a manikin-based assessment prepare a candidate to treat patients in a real-life scenario with real high-stress situations? Some situations cannot be simulated. Would you want a pilot flying your plane who has only flown on a simulator?</p>	<p>A single clinical procedure does not reflect competence. The current exam tests only a narrow range of skills that does not reflect the complex responsibilities of the dentist in contemporary practice. The portfolio model creates a longitudinal, not cross-sectional, evaluation that prevents agencies from defining the student within a snapshot. If a pilot flies a plane one time and everything goes smoothly, does that make him more prepared to fly a plane when something goes wrong?</p>
	<p>The best way to demonstrate an unbiased review of competence is to confirm a candidate is capable of treating patients as a licensed dentist.</p>	<p>Competency is a process, not an event. The only way to determine if a practitioner has the ability is to observe them repeatedly.</p>
<p>Dentistry stands alone among other health professions in its determination to continue the use of live patients.</p>	<p>It is not appropriate to compare dentistry to medicine. In medicine, all medical students are required to complete a residency and if during this time they are unable to demonstrate competency, attendings are able to hold these residents back or don't grant them hospital privileges.</p>	<p>The same argument being made for attendings acting as the gatekeepers for incompetent residents could be made for dental faculty acting as the gatekeepers for incompetent dental students. We understand that some could make the argument that faculty may pass students along that are not ready to practice. That is why ASDA advocates for a licensure pathway that allows for third-party evaluation.</p>
<p>In an ADEA survey of dental school deans conducted in 2003, 82 percent felt that the clinical licensure examinations were not valid for decision-making purposes, and more than 90 percent believed change was necessary.</p>	<p>This is an academic-focused organization, not an organization focused on protecting the public. They have a bias.</p>	<p>Regional boards report that most applicants pass within 12 months of failing the first exam without remedial coursework. Without working on the issues that caused the student to fail in the first place, state boards are doing little to ensure that the public is protected.</p>
<p>ASDA believes an ideal licensure exam is psychometrically valid and reliable in its assessment.</p>	<p>Show me a patient-free exam that can detect removal of caries with validity. This diagnosis is a cornerstone of dentistry. You cannot simply remove this from the exam process.</p>	<p>The portfolio allows for repeated observation of students removing caries. A high-stakes, one-shot exam is not necessary.</p>
<p>Patients are potentially being harmed to discover practitioner incompetence.</p>	<p>The students who harm a patient would be given the opportunity to repeatedly harm patients in real life if not for this exam.</p>	<p>Most applicants pass within 12 months of failing the first exam without remedial coursework. The exam is not doing its job in catching candidates unfit to practice.</p>