

ASDA's Buffalo CIF Position Statement

ASDA does not support the Buffalo CIF model as a pathway to initial licensure.

ASDA understands alternatives that are preferable to the current licensure process exist. The Buffalo 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, ASDA 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 current scope of dental practice**
- **Is universally accepted**

The Buffalo CIF model does not incorporate any of the components of ASDA's ideal licensure exam.

1. The CIF does not address the following problems with validity:
 - a. According to an ADEA survey, 82% of deans don't believe clinical licensure exams are valid for decision-making purposes.
 - b. 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.
 - c. 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.
 - d. 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).
2. The CIF does not address the following problems with reliability:
 - a. Clinical exams are impossible to standardize. No two humans are anatomically, physiologically, pathologically and psychologically identical, and therefore each clinical licensure examination is different.
 - b. 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.

- c. The CIF 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.
 - d. 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?
3. The CIF does not address the following ethical problems:
- a. 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.
 - b. 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.