



## ASDA Licensure Reform Talking Points

### Talking Points

1. Alternatives to the live-patient exam exist
2. Issues with the live-patient clinical exam
3. ASDA's stance and ideal licensure exam

### #1: Alternatives to the live-patient exam exist

- There are alternatives available to test competence that do not require the use of human subjects in a live clinical testing scenario.
  - **Manikin exams**
    - All regional testing agencies have released manikin-based exams: CDCA-WREB-CITA administering The American Board of Dental Examiners (ADEX) exam, the Central Regional Dental Testing Services (CRDTS) all-manikin exam, and the Southern Regional Testing Agency (SRTA) manikin-based exam.
    - The vast majority of states are permanently accepting manikin exams as a pathway to initial dental licensure.
    - To date, 44 states have moved to accept manikin exams permanently or until further notice. Six states are temporarily accepting manikin exams, but no determination has been made for the future.
  - **DLOSCE**
    - Compounded by complications in administering live-patient exams caused by COVID-19, the ADA fast-tracked the development of the Dental Licensure Objective Structured Clinical Examination (DLOSCE) and released the exam a year ahead of schedule in June 2020.
    - To date, six states have adopted the DLOSCE as an alternative to licensure, including: Washington, Oregon, Alaska, Colorado, Iowa and Indiana.
    - 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. The 2021 DLOSCE Technical Report, demonstrating the validity and reliability of the examination, can be found [here](#).

## #2: Issues with the live-patient clinical exam

### **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 candidate takes a different clinical licensure examination.
- 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 patient management. The narrow scope of the patient-based exam 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 Curriculum Integrated Format still involves a single encounter patient based exam and 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 interest 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.**

- Candidates may fail the exam due to factors outside of their control. Examples include failures related to patients not showing up, patients with elevated blood pressure, and patient presenting for treatment under the influence of alcohol or other substances.
- 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.

### #3: ASDA's Stance and Ideal Licensure Exam

- ASDA, along with the ADA, ADEA, SPEA, and many other dental organizations and school administrations believe that in order to protect the public, maintain the integrity of the profession, and ensure only competent graduates earn a dental license, performing exams on human subjects must end.
- **ASDA's L-1 policy:** Initial Licensure Pathways, outlines ASDA's ideal alternative exam, as follows:

ASDA believes the ideal requirements for initial dental licensure for predoctoral students include the following:

- Graduation from a Commission on Dental Accreditation (CODA)-accredited predoctoral dental education program.
  - Passing score on the National Board Dental Examination of the Joint Commission on National Dental Examinations.
  - Successful completion of a clinical assessment that addresses the following criteria and methodology.
    - Criteria:
      - 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
    - Methodology: 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 the following:
      - Manikin-based kinesthetic assessment, and
      - A non-patient based Objective Structured Clinical Examination (OSCE).
- ASDA is a founding member of the [Coalition for Modernizing Dental Licensure](#) (CMDL). The mission is to ensure patient safety, increase access to care, and promote professional mobility by modernizing the dental licensure process. There are over 120 coalition member organizations, which are national, state and local organizations and agencies committed to and actively engaged in advancing the mission and goals of the Coalition.