

Guest Editorial

Original dental licensure — faculty's or examiner's responsibility?

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In the United States, dentists who wish to practice dentistry in any given state must pass a licensure examination required by that particular state. In some cases, passing a regional examination for several co-operating states provides licensure for all states in that region. However, there is little reciprocity among states for dental licensure.

All state and regional dental licensing examinations consist of clinical procedures, performed mostly on human patients, in some, or all, of the following areas: operative dentistry, crown and bridge prosthodontics, removable prosthodontics, oral diagnosis, periodontics, and oral surgery. The performance of the candidate is then evaluated by members of politically appointed state or regional boards. In addition to the clinical examination, most states require candidates to have passed the Dental National Board examinations, while a few states require them to pass a written exam. Graduates from the 55 US dental schools frequently take more than one state dental licensing examination to have the option of practicing dentistry in more than one state.

The concept of granting automatic licensure to new dental school graduates has long been debated, and the debate recurs about every 10 years.¹⁻³ Among the Canadian provinces, the question has been discussed just as seriously.⁴⁻⁶ All of the various viewpoints can be found in the literature.^{7,8}

In 1960, at the request of the dean of the Medical College of Virginia, School of Dentistry, the Virginia State Board of Dental Examiners interviewed the top ten students in the graduating class on the day before the board examination started. The next day, these ten new graduates were excused from the clinical examination on the basis of their class standing and the results of the interview. They were licensed together with all of their classmates who participated in the clinical examination.

The next year, the Virginia State Board of Dental Examiners agreed to repeat the procedure for the top 20 students, who were also licensed after their interviews. There was an excellent rapport between the dental school administration and the State Board of Dental Examiners, who had great respect for that dean and faith in that faculty. All the other new graduates of that class were also licensed after a clinical examination.

However, the following year, two applicants failed the clinical examination, partly because they prepared unacceptable inlay castings. Unfortunately, the records revealed that neither of these two students had completed any inlays for clinic patients. Why were those two individuals graduated? Surely this is the question the State Board asked! The result was a loss of faith in the faculty and at least part of the reason for discontinuing granting of licensure to new graduates by interview.

If dental schools expect state board examiners to consider automatic licensure, then the dental school faculties must assume the responsibility of ensuring that potential graduates have adequate and appropriate clinical experience. Dental students should not be graduated if there is any question about their competence. Graduation from an accredited dental school should guarantee competence.

Graduation for any student should be delayed until he or she demonstrates a proper level of clinical com-

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petence. Automatic licensure, with graduation date under control of the faculty, would not penalize a late graduate who might otherwise have to wait several months or a year before being able to take a licensure examination.

Another question arises concerning the reliability and validity of state board examinations. Should the dental profession continue to administer such a costly system of examination? Yes, licensure is justified because it fulfills a mission to protect the health, safety, and welfare of the public. However, who or what group should be responsible for the *original* licensure?

One suggestion is that dental schools and state and regional boards cooperate in defining criteria for minimal competency. Perhaps dental schools should take the lead in this endeavor because they have the resources needed to produce reliable and valid examinations. Likewise, dental educators may be better judges than are board evaluators of the competence of new graduates, because they have observed them longer than the usual 2 or 3 days of a licensure examination.

Many dental faculty members are in favor of having the dental school award the dental degree and state licensure, presumably so that the dental examiners may concentrate on their several other responsibilities.

Graduation from an approved dental educational institution is supposed to certify that graduates have successfully completed the curriculum and are qualified to take a licensure examination, although all dental schools' curricula are not identical, and all state and regional licensure examinations are not the same. Whether or not they will admit it, all dental schools educate their students and prepare them to take the licensure examination in their state or region.

Although federal licensure has been mentioned as a possible alternative to state licensure, the arguments usually put forth are disputable and do not elicit much support. The American Dental Association has stated that it does not want to become involved in national licensure, other than its current participation in the National Board written examinations.

While they may be naive, the following suggestions are meant to serve as a basis for updated licensing procedures. Any new graduate from a dental school, in any state, should be granted a license to practice dentistry in that state, provided that he or she (1) applies for the license according to the existing in-

structions of the board of examiners; (2) states, in writing, that a general dental practice will be established in that state within a specified time, such as 90 days; failure to do so will result in automatic revocation of license; (3) agrees to both peer review and examiner review of his or her practice and patients, on a regular basis, as determined by the board, for 1 year; (4) agrees to provide both preoperative and postoperative photographs and/or radiographs of a required number of patients to the board, *if requested*, at the end of the year.

Compliance would result in a provisional license for a period of 1 year. After 1 year, those holding such licenses should be awarded a regular dental license unless there is good reason not to award one. This system is similar to a "prelicensure" program described in the Canadian literature in 1986.^{4,6}

The purpose of these suggestions is to demand greater responsibility on the part of dental school faculty, increased working relationships between examiners and faculty, and a less stressful licensing procedure for new graduates who choose to practice in the state in which they graduated from dental school. These suggestions are not intended to be a panacea for the entire licensing system, but could be an improvement for many who are about to enter dental practice for the first time.

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