

Guest Editorial

Are examining boards examining the right things?

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The concepts of a national qualifying examination and universal access to practice dominate the dental licensure debate. But even as the national debate continues, rapidly advancing dental technology, changes in dental accreditation, and shifts in society's view of the health provider suggest, at least to me, that the agenda may lack another important consideration — licensing of new technology.

Dentists who graduated in 1940 saw relatively few major changes in technology over a professional lifetime. The high-speed handpiece may have been the major innovation of that era. G. V. Black's principles still guided the bulk of day-to-day activity. Since my graduation from dental school, in 1974, the daily practice of dentistry has added lasers, implants, composite resins, and the management of temporomandibular joint disorders. General dentists now routinely perform orthodontic treatment. New materials, dental bonding, and acid etching have antiquated Black's principles. Like many clinicians, I learned nothing of these techniques in dental school, but, as a practicing dentist in 1993, I am expected to perform these techniques and use today's technology. My acquisition of skills and knowledge is haphazard; my campus is often a hotel, my instructor a detail representative, and my textbook a package insert.

The rapidly changing world we live and practice in is not the same as that of our parents. The *increase* in knowledge and information is now dwarfed by the *rapidity* of change. One estimate predicts that by the turn of the century the human knowledge base will turn over annually. We can be assured that dental knowledge will accumulate at a rate so rapid as to make a dental education obsolete early in a practice career.

In this context of rapid change, the substance of licensing examinations, and perhaps their basic premise, needs reexamination. My role as chief of dentistry in a children's hospital illustrates the dilemma arising from advancing technology. A dentist recently asked for approval to use a laser in the operating room for gingival surgery. I had to decide whether this practitioner was qualified to provide such treatment. Of all the information available to me in the decision-making process, the imprimatur of the State Board was the least valuable. The fact that this dentist had, at one point in time, completed an examination for licensure provided little advice to me and no protection to the patient.

The medical model had provided a check and balance in this instance, but what of private practice? The dental license becomes a license to experiment, to introduce unproven techniques into practice, in untrained hands and without the umbrella of an educational system to evaluate competence. As we add lasers and implants to the practice of dentistry, how are we regulating their use? As drugs are developed to manage pain and infection, how do we guarantee that they are used appropriately? The role of regulatory and examining bodies in licensing new technologies is unclear. State dental boards have moved into more disciplinary activity in recent years. Could it be that these activities have increased not because of a more litigious society or a less ethical profession,

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but because dental technology has changed too fast for existing checks and balances?

The current dialogue between educational institutions and examining and regulating bodies is an opportunity to look at this issue. Integration of the examining process in dental education's new competency testing system—before graduation—would be a first step toward determining a broader-based skill level for graduating dentists and at least would guarantee state-of-the-art technology. Closer ties to specialty boards would capture those techniques that are specialist related and encourage specialty boards to maintain currency in their own testing process. Finally, examining and licensing bodies should be work-

ing with institutions to develop clinical testing procedures in conjunction with continuing education. This would be the most advantageous mechanism to permit practitioners to acquire skills in an organized and controlled fashion.

The institution of examining and licensing boards was adequate in a time of societal and professional stability. The influence of that stability is evident in the character of most dental licensing examinations as point-in-time events. In this time of rapid change, this system may not just be inadequate, but risky. Wouldn't the well-being of society be better served with a process that is paced with change rather than one that ignores it?