



## DENTAL BOARD OF CALIFORNIA

### Alternative Pathways for Initial Licensure for General Dentists

April 22, 2009

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## ALTERNATIVE EXAMINATION PATHWAYS FOR INITIAL LICENSURE

### CRITERIA FOR SUCCESS

The following criteria, some of which have been identified by the California Dental Association (CDA, 2008) and Webb, Endacott, Gray, Jasper, McMullan & Scholes (2003) are critical elements for implementing an alternative pathway for initial licensure:

1. Oversight maintained by the Dental Bureau/Board of California

The Dental Board/Bureau has the lawful responsibility to ensure that dentists who are licensed possess the competencies to practice safely and that responsibility cannot be delegated.

2. Built-in system for auditing the process

Upon implementation, a system must be in place to audit the alternative pathway examination. The auditing system must be part of the design requirement of the alternative pathway examination. The auditing system must be designed such that the Bureau/Board and the evaluators have defined responsibilities to ensure that the candidates who are successful are competent.

3. Does not require additional resources from the students, schools, or the Bureau/Board of California

There are systems and procedures already in place in the dental schools. The structure of the systems and procedures are quite suitable for evaluating candidates' competence. The systems and procedures are very similar among the dental schools and, with collaboration among the schools, could create a common system.

4. Must be instituted within the current systems of student evaluation

The standards and criteria for successful performance must be fully established by the schools and consistent application of the standards and criteria would take into account the tremendous amount of work undertaken to comprehensively evaluate the candidates' clinical skills in a variety of clinical situations.

5. Must be considered an examination and meet all professional testing standards

Any method or system that evaluates performance and classifies candidates within a licensing context is considered an examination by professional testing standards and case law.

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6. Meets psychometric standards, relevant to current practice, and designed for minimum competence

Because the alternative pathway is an examination, it must meet legal standards as explicated in Sections 12944, Section 139, guidelines promulgated by the California Department of Consumers Affairs, and psychometric standards for examinations set forth by the Standards for Educational and Psychological Testing (1999).

7. Is designed to cover the full continuum of competence

The alternative pathway examination must assess competencies throughout the course of treatment including oral diagnosis and treatment planning, follow-up and ongoing care, restorative (amalgam and composite restoration, fixed prosthetics), endodontics, periodontics, radiography, and removable prosthodontics.

8. Evaluation of competence is within the course of treatment plan for patients of record

The competency of the candidates must be evaluated in the course of treatment of a client. The evaluation of competence should not be in an artificial or contrived situation as may be true when the services are solely for the purpose of training.

9. Evaluators are regularly calibrated for consistent implementation of the examination

The evaluators who participate in the alternative pathway examination must be trained and calibrated to ensure that the standards and criteria do not vary across candidates. Each candidate must have a standardized examination experience.

10. Has policies and procedures that treat licensure candidates fairly and professionally, with timely and complete communication of examination logistics and results

The alternative pathway examination must be designed such that candidates are knowledgeable of standards to which they are being held accountable and the procedures that they should follow in order to maximize success.

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### CONCLUSIONS

Several conclusions can be drawn from the observations and information provided in interviews and documentation obtained from the five Bureau-approved dental schools.

1. The hybrid portfolio examination model satisfies the criteria identified by the California Dental Association, the Dental Bureau of California, and the psychometric consultants. Minimum competence would be built into standardized rating scales and extensive calibration and re-calibration of the examiners would address psychometric issues such as reliability and validity.
2. The traditional portfolio is not feasible as originally described by the Bureau. However, if there were no specific numbers of procedures and the portfolio process is integrated into the predoctoral curriculum, it would be feasible. The process should incorporate sensitivities to confidentiality of patient records, diversity of clinic management software used, and difficulty of cases used for competency examinations. The actual logistics would need to be vetted by all the schools in terms of what documents should be provided and how faculty were designated as examiners.
3. Psychometric issues of validity and reliability can still be addressed through careful specification of standards, criteria and scoring guides, and thorough calibration and training of designated examiners. The Bureau could have the responsibility for making final approval of portfolio information, conducting site visits, and performing periodic audits of detailed portfolio documentation.
4. The OSCE and the CIF are not the best venues for licensure examinations because there are more authentic means available for assessing candidates' competence (actual patients). Therefore, the OSCE or the CIF are well suited for preclinical training but not as a licensure examination.
5. The most noticeable strength of the five predoctoral training programs was the thoroughness of their clinical training and the commitment of their faculty to the students. The faculty understood the distinction between their role as a mentor and as an examiner in that there was no intervention during any competency examination unless the patient was in danger of being harmed.
6. All five predoctoral training programs had extensive training programs to calibrate their examiners. Training included detailed PowerPoint presentations, trial grading sessions, and training and mentorship of new examiners with experienced examiners.
7. There are rating systems in place at each of the five schools which evaluate the same competencies; however, the rating systems for key competencies

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would require standardization across schools in order to interpret the scores derived from the competency examinations on a common metric. Calibration to these rating systems would need to be implemented as well.

8. The involvement of independent parties to make decisions about minimum competence could ensure fairness of ratings if faculty from other departments within the school and/or faculty from other schools are used in the rating process.
9. There are important advantages of using actual patients of record within the schools instead of simulated (manikin) patients. First, procedures are performed as part of treatment thereby eliminating circumstances fostering commercial procurement of patients, particularly the cost of such patients. Second, the safety and protection of patients is ensured because procedures are performed in the course of treatment. Third, candidates would be treated similarly at all of the dental schools in a manner that allows communication of examination logistics and results.