

The Honorable Joanne Comerford, Chair
The Honorable John Mahoney, Chair
Joint Committee on Public Health
State House Room 130
Boston, MA 02133

Dear Chairwoman Comerford and Chairman Mahoney:

The Massachusetts Dental Society (MDS) represents approximately 80% of dentists in the Commonwealth through initiatives in education, advocacy, and promotion of the highest professional standards. As the leading authority on oral health care in the Commonwealth, we take great pride in championing oral health and lending the voice of dentistry to worthy initiatives that can make a difference in the lives of Bay State residents.

The MDS encourages the Committee to support the provisions of Senate Bill 1210, *An Act Relative to Dentistry Licensure Examinations*, that would eliminate the performance of any irreversible procedure upon a live patient as part of dental licensure exams. The MDS also fully supports House Bill 1992, *An Act Relative to Dental Licensing Exams*, which would eliminate the problematic live patient component of dental licensure exams while allowing the Board of Registration in Dentistry flexibility in adopting an alternative exam model.

A comprehensive and accurate clinical assessment of dental school graduates who are applying for licensure is essential to providing safe, quality dental care to residents throughout Massachusetts. However, the current Massachusetts law for certification of dentists includes an outdated, unrealistic requirement for dental students to complete procedures on “live patients.” The current live patient exam falls short of providing a quality assessment of an applicant’s education and training for three key reasons: it is too focused on a limited set of procedures; it can encourage improper patient care; and the process of obtaining a patient to sit for the exam is unduly burdensome on applicants.

The current live patient exam model is an inadequate evaluation of the multi-faceted skills and responsibilities demanded of dentists in everyday clinical practice today. Consisting of a narrow set of technical procedures, the requirements ignore the complex considerations a dentist must utilize in diagnosing and treating patients in real-life practice. Several studies looking at the relationship between performances in dental school compared to results of live patient exams found little or no significant relationship between the two.

The live patient exam also contradicts the duty to provide quality and timely care to the patient as laid out in section three of the American Dental Association’s (ADA) *Principles of Ethics and Code of Professional Conduct*. Applicants often must find patients months in advance of their test date, purposely delaying care so that they will have a patient who presents with the qualifying oral health issues. Once in the exam, applicants may need to perform medical procedures that are unnecessary and potentially harmful, while ignoring other pressing issues that require treatment, solely to complete the exam requirements. Likewise, when a radiograph shows a multitude of health issues for the patient, the only treatment that is conferred is that which falls under the requirements of the exam, leaving other potentially serious health issues untreated. A model that uses live patients, and in such a way that their health is a secondary concern behind evaluating the applicant, sets a poor example for would-be dentists and contradicts the ethical and professional standards licensed dentists must follow.

Finally, any examination designed to assess a health professional's suitability for practicing medicine should be rigorous and thorough. However, the rigor and intensity of effort should not extend to the process of simply being able to take that exam. The task of finding and vetting patients who will qualify to sit for an applicant's live exam is exceptionally time-consuming, expensive, and difficult to accomplish. Once an applicant identifies a potential patient who presents with the characteristics that fit the required procedures to be performed, the applicant is completely beholden to them to pass his or her exam. They must pay for the patient's travel and lodging expenses, and still have no guarantee that they will appear on exam day. Knowing the implications for applicants if their patient does not show up (i.e., failure of the exam), extortion by patients is not unheard of. Patients who show up but are found unqualified by the examiner cause an automatic failing grade for the applicant. This sets applicants back months and causes them to lose hundreds of dollars in exam fees with no recourse.

With all of the shortcomings of the current live patient exam model, it is no wonder the American Dental Association passed a resolution more than a decade ago pushing for the elimination of live patient exams, an initiative that several states such as New York, Connecticut, and California have already adopted. With more recent exam formats available that have proven to be better metrics of applicants' aptitude, a review of current licensing exam practices is long overdue.

The MDS respectfully urges the Committee to take favorable action on *An Act Relative to Dentistry Licensure Examinations*, with an amendment to eliminate provisions of the bill that would specifically mandate one year of graduate dental training as a resident dentist in lieu of practical examinations. Advancing the legislation with this amendment would eliminate the problematic live patient component of current dental licensure exams, while allowing the Board of Registration in Dentistry latitude in how it evaluates applicants for dental licensure.

Sincerely,

Dr. Howard M. Zolot
President
Massachusetts Dental Society