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Dentistry's Report Card

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Dentistry’s Report Card

Organized dentistry’s declining membership and limited effectiveness in collectively acting in society’s best interests require remediation.

Society granted dentists the professional privileges we enjoy today. Like it or not, a license monopoly and the right of self-regulation come with reciprocal responsibilities.

Society continually assesses our performance in meeting our professional obligations to self-govern and place patients’ and society’s interests above dentists’ individual and collective interests. Society remediates our unsatisfactory efforts to meet our country’s oral healthcare needs through legislation and court decisions. As a final grade, society can and will reduce or rescind dentistry’s professional privileges unless individual dentists maintain membership in organized dentistry and individually and collectively provide quality, affordable care to all.

Competencies Graded

We all recall the feeling of accomplishment when we completed our first procedure as a licensed dentist without supervision and grading. If we thought “no more grading,” then our first taste of professional

autonomy gave us the wrong impression. In fact, society continues to assess dentists’ ongoing performance related to three core competencies and performance criteria as described in the report card below.

The grading scale reflects the legal regulatory response society deems necessary to remediate dentists’ failure to meet their professional obligations.

Grading Scale

- S = No legal/regulatory action (Satisfactory)
- S- = Legal/regulatory remedial action (Requires Remediation)
- U = legal/regulatory action to rescind professional privileges (Unsatisfactory)

Competency 1: Self-Governance

The duty to self-regulate requires dentists to form and join a professional association that articulates and enforces dentists’ professional obligations to patients and society. The American Dental Association’s Principles of Ethics and Code of Professional Con-

COMPETENCIES		INTERIM GRADE	FINAL GRADE
1	Dentists regulate themselves (Self-Governance) Maintain membership in a professional association with an effectively enforced ethical code.		
2	Individual dentists place patients’ interests above their own interests (Best Interests of the Patient) Deliver quality oral healthcare.		
3	Dentists act collectively to place the public’s interests above dentists’ collective interests (Best Interests of Society) Provide access to affordable care for all.		

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duct ("Code") represents the written expression of our obligation to self-regulate implied in dentistry's contract with society. Membership in the ADA and adherence to the Code stand as key elements of professional status. In joining the ADA, we ratify that the ADA House of Delegates drafted the Code pursuant to an ongoing dialogue with society, commit to be bound by the Code's principles and interpretations and subject ourselves to discipline for violations.

As the percentage of dentist membership in organized dentistry dwindles, fewer dentists formally agree to honor the Code and participate in the self-regulatory process. Consequently, discipline in the form of state board or administrative law action for professional misconduct remains society's only avenue of control over nonmember conduct. This process in most states involves a hybrid of dental self-regulatory and government action. For example, a state agency may receive complaints, investigate and prosecute offenders, and a panel of dentists may make final determinations on disciplinary penalties. However, these agencies currently suffer from a lack of comprehensive reporting laws that help identify dentists warranting investigation and inadequate resources to effectively manage credible cases. As a result, society views dentistry as less willing and able to self-govern and, thus, a more likely target of remedial government intervention. *Interim Grade: S-*

Competency 2: Best Interests of the Patient

The law mandates that the quality of dentists' treatment rendered meets the standard of care. The standard reflects what an average dentist would do under similar circumstances. To act in the best interests of patients, we often must rise above this legal minimum and voluntarily undertake the affirmative duties set forth in the Code. These include to "do good"; act for the benefit of others; deal fairly with patients; and, generally, adhere to high ethical standards of conduct.

Nonmember dentists do not formally agree to perform beyond their minimal legal duties. Without the added ethical commitments, nonmembers, similar to occupations and trades with no ethical code, must merely refrain from criminal law violations, such as committing fraud and acting with undue influence and avoiding substandard care that causes patient injury. However, when dentists act like members of a trade, it violates our obligation to aspire to a higher standard in return for our professional privileges.

The decreasing number of dentists with ethical commitments puts future grading regarding dentists' delivery of quality care into question. Furthermore, current measurements of the overall quality of U.S. dental care lack reliability and, hence, have limited validity.

Statistics indicate that quality varies with geographic location, dentist/population ratio, median household income, and patient education and employment status, but we need improved metrics to obtain sufficient evidence of the true level of quality.

Since the United States traditionally has stood as one of the better oral healthcare service providers worldwide, society, by default, would assign a minimal passing grade to dentists for acting in our patients' best interests. *Interim Grade: S*

Competency 3: Best Interests of Society

Dentistry can't have it both ways. We cannot continue to enjoy the benefits of a license monopoly and professional autonomy and, at the same time, fail to collectively deliver affordable quality care to all Americans. Organized dentistry offers programs to educate the public and expand access to care with limited success; however, current delivery systems and available financing still leave many vulnerable groups with inadequate access to affordable oral healthcare.

Society historically has remediated dentistry's poor performance in providing affordable access to care through government actions and intentional inaction that include the following:

- The Supreme Court upheld the Federal Trade Commission's order to allow dentist and physician advertising, declaring the respective professional associations ethical prohibitions on advertising as antitrust conspiracies that suppressed competition and reduced access.
- Multiple states legalized midlevel providers that perform procedures previously limited to licensed dentists.
- Various courts and legislators failed to prohibit non-dentist teeth bleaching, non-dentist practice ownership and aspects of "do-it-yourself dentistry."

Dentistry can expect more remediations as long as society perceives that we, as dentists, use our current model of practice to leverage our license monopoly for profit, while we ignore our duty to collectively act in the best interests of the public. In response, organized dentistry must work with, not against, state legislators and dental educators to create expanded duty auxiliaries that meet Commission on Dental Accreditation standards commensurate with the duties they can legally perform and that function under licensed dentists.

Dentists must also embrace new models of delivery, including Dental Service Organizations (DSOs), primarily to integrate DSOs' business expertise into dental practices to increase efficiency and access, while still meeting our ethical obligations. Ultimately, our failure to provide access to oral healthcare for all will prompt the government to expand non-dentists' scope of practice and itself administer a greater portion of oral healthcare funding and payments. *Interim Grade: S-*

Dentistry's Self-Regulatory Assignments

The dental profession must correct our deficiencies with reforms in dental education and the role of organized dentistry. Dental schools must operate less as trade schools and more as prep schools. Dental education too often overemphasizes techniques and job skills as ends in themselves, rather than in the context of society's expectations and needs. Conversely, curricula underemphasize that our license privilege to provide this care to individuals is predicated upon our collective success in ensuring access to affordable care for all.

As a remedial reform, programs should grade students more on their abilities to not only perform operative skills, but also to apply the Code to patient care, work together to deliver care to the underserved and self-regulate. This educational focus would prompt graduates to perceive membership in organized dentistry as a requirement to meet their professional obligations rather than merely an optional trade union to obtain personal benefits.

Organized dentistry must rediscover its core mission as the vehicle to meet our collective obligation to place the public's interests above our profession's interests. To maintain this focus and to protect against special interest bias, we should apply our individual code of ethics to our professional association's conduct to avoid conflicts of interest with insurers, corporate entities, the specialties and government agencies.

As a secondary function, organized dentistry can act as a trade union to offer benefits, services and advocacy on behalf of our members and our profession, but only as necessary to accomplish our core mission. The splintered special interest organizations that many dentists elect to join in lieu of the ADA act more as trade unions and dilute rather than strengthen our ability to act collectively in the best interest of the public.

Final Grades

We, as dentists, can only maintain our professional privileges through meeting our professional obligations. We can only meet our professional obligations through membership in a professional association that enables us, as individuals and collectively, to earn passing grades in our core competencies. Dentistry's interim grades indicate deficiencies in meeting these competencies. Dentists must decide either to meet our reciprocal responsibilities or accept final grade remediations that erode or eliminate our professional privileges.

Final Grades: Pending Dentistry's Response

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