

Continuing dental education requirements for relicensure in the United States

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Mandatory continuing education (CE) is a major factor in relicensure of health care professionals in the United States. Since 1969,¹ an increasing number of state dental boards require dentists to complete a defined number of CE hours as a precondition for relicensure. More recently, computers have been touted as an effective medium for CE at a distance.^{2,3}

The trend toward mandatory CE that began in 1969 has made such steady progress that today dental boards in 45 states and the District of Columbia require CE for relicensure. Minnesota was the first state to implement mandatory CE in 1969, stipulating that dentists must accumulate at least 75 hours of CE every five years to be relicensed.¹ By 1972, six of 50 states surveyed required CE for licensure⁴; by 1987, 13 of 50 states surveyed required CE¹; and by 1998, 33 of 38 states surveyed required CE.⁵ Canada and the United States are among the countries with the most comprehensive requirements regarding CE for relicensure.^{6,7}

Early on, the ADA publicly supported mandatory CE with a position statement adopted by the House of Delegates in 1973.⁸ This position statement recommended that each state dental board consider requiring dentists to show evidence of CE as a condition of reregistration of their licenses.⁹ The ADA Principles of Ethics and Code of Professional Conduct embodies this philosophy:

Most dentists were required to complete approximately 20 hours of continuing education per year.

Background. Mandatory continuing education (CE) is an almost universal requirement for relicensure of dentists in the United States. In recent years, computer-based methods have become more widely adopted as a vehicle for earning CE credits. To obtain a comprehensive overview of CE requirements in the United States, the authors conducted a survey on how computer-based CE methods are regulated.

Methods. The authors reviewed the dental statutes of 50 states and the District of Columbia regarding the license renewal period, required number of CE hours, limitations on clinical and nonclinical subjects, on-site versus independent-study courses, and other requirements regarding CE.

Results. The authors found that 45 states and the District of Columbia mandate CE for relicensure at this time. Most dentists were required to complete approximately 20 hours per year. Ten states specified a minimum number of clinical hours, 17 states limited nonclinical hours, and seven states placed constraints on both clinical and nonclinical CE. Sixty-five percent of states limited the number of CE credits that could be accumulated through independent study. Specific requirements for computer-based methods of earning CE credits were absent in general.

Conclusions. State licensing boards across the United States have implemented comprehensive requirements for CE. Few, if any, provisions addressed computer-based methods of earning CE credits.

Practice Implications. Given the increasing adoption of computer-based methods of earning CE credits, state dental boards and accrediting agencies may want to consider steps to improve the quality of computer-based methods of earning CE credits.

Key Words. Continuing education; relicensure.

“The privilege of dentists to be accorded professional status rests primarily in the knowledge, skill and experience with which they serve their patients and society. All dentists, therefore, have the obligation of keeping their knowledge and skill current.”¹⁰

The decision to require CE for relicensure was controversial.^{1,11,12} Dental leaders debated whether such a step really would lead to an improvement of practitioner competence^{11,12} and whether the quality of dental CE programs in general would serve this purpose at all.^{1,13} Despite a lack of evidence of the effectiveness of the measure,¹⁴⁻¹⁶ state dental boards continued with implementation of CE programs. While other approaches used to ensure continuing competence have been discussed,¹⁷ no state legislature has moved beyond requiring anything other than CE for relicensure.

From the beginning, state dental boards made some distinctions about the acceptability of CE credits. For instance, some state dental boards set minimums, maximums or both for clinical and nonclinical credit hours. Others required a minimum number of credit hours on certain subjects, such as infection control, child abuse and HIV/AIDS. Another categorization divided CE credits into those earned through independent-study and on-site courses. Since computers and the Internet are used to deliver independent-study courses, their increasing adoption by dentists intersects with state relicensure requirements.

While independent-study courses have been available for a long time, the use of computers and the Internet for this purpose is relatively new. The potential use of information technology for CE in the health professions was identified in the 1967 Report of the National Advisory Commission on Health Manpower,¹⁸ which stated, “New data processing techniques utilizing computers and adaptations of various teaching devices ... should be fully exploited as media for programs of continuing education.”

With the growth of the Internet and its application to dentistry, interest in using it for CE had grown significantly.^{19,20} The educational quality of early offerings appeared to be questionable,²¹ which led the ADA’s Standards Committee on Dental Informatics to develop the American National Standards Institute (ANSI)/ADA Specification 1001, Guidelines for the Design of Educational Software.²² This standard was approved by ANSI in 2002. Compliance with ANSI/ADA Specification

1001 is a recommendation in the ADA’s Continuing Education Recognized Provider (CERP) guidelines.

State relicensure requirements typically impose on several aspects of Internet- and computer-based educational materials:

- recognition of courses similar to traditional CE courses could be subjected to topical restrictions (such as clinical or nonclinical);
- the number of hours that can be accumulated through independent study could be limited;
- some state dental boards could require that the sponsor obtain separate approval for computer-based courses;
- state dental boards could handle in-state computer-based courses differently from out-of-state courses.

The last comprehensive review of CE requirements for relicensure was published in JADA in 1975.²³ At that time, six states required CE, and 28 were considering requiring mandatory CE. The number of CE hours required ranged from four per year (over a five-year period) in North Dakota to 30 per year (over a three-year period) in Kansas. At that time, eight ADA constituent societies had instituted their own CE requirement for membership, and others were considering it.

We conducted a survey of state licensing boards’ CE requirements for relicensure and examined whether those requirements contained specific language about computer-based CE courses. We designed the study to compare requirements on a quantitative and a qualitative basis among the 50 states.

The results of our survey may be of interest for policy-making bodies in dentistry such as state dental boards, the American Dental Association, and component and local dental societies that may require comprehensive information about CE and relicensure for developing policies and strategic plans. CE providers such as dental schools, companies and private institutions also may benefit from the information in this article. Dental practitioners can gain a comprehensive overview of CE requirements in their home states and other states.

METHODS

We obtained a list of dental boards in the 50 states and the District of Columbia from the American Association of Dental Examiners’ Web site (“www.aadexam.org”). We sent a letter to the administrative director of each dental board requesting information about requirements for ini-

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