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Recertification revisited

A collective sigh of relief was almost audible at the ADA meeting in Boston as the House of Delegates approved our bid for recertification as a recognized specialty. The vote marked the culmination of efforts by many in the Academy to present a cogent, thorough, and persuasive argument for the continuation of pediatric dentistry as a recognized dental specialty. All who participated, especially Art Nowak, John Bogert, and the leadership during those years, need to be recognized for their efforts. The work was an arduous, cumulative, and creative task. This was a unique activity without precedent as to direction, content, or volume. The data sources were not well-defined nor easily accessible. It was truly a "totally awesome" effort by all involved.

Some will argue that the recertification was always a sure thing from the outset of the process. I must say candidly that several times during the process I was concerned that pediatric dentistry was in trouble. At my state component meeting, many members expressed similar concern after the initial application was returned because we failed to meet all the document criteria. That anxiety came out at component meetings across the country. Many of us had been led to believe that the recertification process was a formality, an exercise generated from the inner workings of the ADA to quell the rumblings of the geriatric dentists, implantologists, dental anesthesiologists, and others who have sought specialty status. The initial rejection of our application was a jolt.

Can we as a specialty glean anything positive from the process other than the status we regained? Perhaps. I believe it was the philosopher Nietzsche who said,"... that which does not kill us only makes us stronger." If we take our recertification as a sign of survival, then the efforts expended and the hard lessons learned will help us in the future, should recertification rear its ugly head again. We know ourselves and our environment far better than we did three years ago.

There were some definite problems with the process — problems which created anxiety and anger. The process used a specialty certification document that was clearly outdated. It didn't jibe with the current *Accreditation Standards for Dental Education Programs* that had been enacted about 40 years after the specialty document was first used in the 1940s. Proficiency and competency as operational terms in dental education and practice today have no meaning in the specialty document. It's as if we were judging the constitutionality of a law using the *Magna Carta.*

Other methodological problems were evident. The subcommittee of the Commission reviewing the specialties changed membership midstream. The specialties at the end of the evaluation cycle had a different set of reviewers than did those specialties reviewed by the first committee.

The process was a series of evaluations rather than one comprehensive, coordinated, and simultaneous evaluation. As the last specialty evaluated, we found that the pie already had been cut, and our remaining slice was meager at best. Clearly, a well-conceived process would have involved simultaneous evaluation of all specialties, since overlap of specialties was a major concern in recertification.

The process didn't bring out the best in the sisterhood of specialties. The process began as an amiable one, with each specialty graciously endorsing the application of the others, but it was downhill from there. We can only speculate as to the intrigues that transpired and the deals that were made. It was not dentistry's finest hour. The one thing the specialties did agree upon was that no one wants to repeat the process soon — if ever.

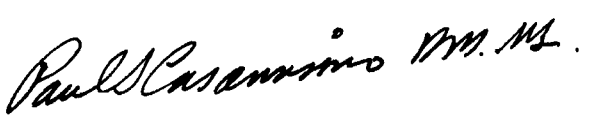
What did the process really accomplish? We know more about ourselves than we did three years ago, but not that much more. The public doesn't know any more about us than it did before recertification and, perhaps, knows less. General dentists, if they read the document sent to the ADA House of Delegates by the Commission, may be more confused. The document contained several qualifiers about our role in dentistry that go against our usual patterns of practice and the profession's real life experiences with pediatric dentists.

We did provide our fellow specialties with an updated version of pediatric dentistry, and there may be some benefit in that, even if only to place our "spoor" on

turf boundaries. (The analogy is, I believe, an apt one, considering the distastefulness of the process.)

The Commission is now surveying the specialties about the process. The best thing we can do is to tell it like it is, pointing out the problems with the process. For the future, the "if it ain't broke, don't fix it" rule ought to be invoked before the specialties spend another five or six figures to accomplish very little.

Oh yes, there is one more part of the story that needs to be told. The public, whom specialty certification reportedly protects, apparently is quite happy with pediatric dentistry. We did discover that our specialty is thriving and that the public appears to be quite happy with the slice of the pie that is pediatric dentistry.



Letters & Comments

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