Board Certification Status and Practice Characteristics

The American Board of Pediatric Dentistry (ABPD) appreciates the opportunity to comment on the recent article *Board Certification Status and Pediatric Dentists Practice Characteristics* (Pediatr Dent 2005;27:12-18).

It is not surprising that responses to the authors' questionnaire regarding adherence to guidelines were overwhelmingly positive regardless of certification status. This study did not assess the actual practice of the respondents; rather it looked at their responses regarding some aspects of their practices. A much more accurate assessment would be based not on the individual's opinion of whether they are compliant regarding quality measures and performance standards, but rather on an actual evaluation of this compliance.

Professional certification has a long and well-established external validity and is increasingly valuable to medical and dental professionals for employment, promotions, reimbursements, and participation in health plans. In other words, independent rational decision-makers have evaluated their experiences with health care specialists certified in a variety of disciplines and decided on the value of certification. Thus, it is fair to assume that the health care industry, academia, and the market place have judged and given preference to those providers who have acquired professional certification.

We understand that the certification process is not perfect, and ABPD is continuously evaluating its examinations and modifying them as needed to assure the best assessment of the candidates who seek certification and maintenance of certification. We look forward to the time when all pediatric dentists are certified, and we will work toward that end.

Constance M. Killian, DMD
President
American Board of Pediatric Dentistry
Iowa City, Iowa
Correspond with Dr. Killian at cmkillian@aol.com

As a member of the College of Diplomates of the American Board of Pediatric Dentistry (ABPD), the article, *Board Certification and Pediatric Dentists' Practice Characteristics* by (Pediatr Dent 2005;27:12-18) caught my attention.

Indeed, a professional always needs to separate "valid data" from "questionable data" and in my opinion, the purpose and methods of this survey are flawed and render the conclusions questionable. For example, although I was not included in the sample surveyed, a colleague was, and we both noted that the espoused purpose was a practice management survey and not intended to compare specific groups of individuals. Is it not a requirement of an Institutional Review Board (IRB) application that subjects be informed of the *true* purpose of the study? Did the author(s) receive an IRB approval? In addition, there was no breakdown as to whether any of the "nondiplomates" surveyed were in the process of becoming board certified and had, in fact, taken the ABPD Written Examination, and thus, were knowledgeable about American Academy of Pediatric Dentistry (AAPD) treatment guidelines. The authors' explanation that "it was too difficult to quantify" seems a bit weak. The sample who returned the survey was predominantly female, 73% diplomate and 69% nondiplomate. Does this accurately reflect the gender distribution of the AAPD membership during the years surveyed, 1980-1999? Regarding the selection of samples, I was not able to find an explanation of how the sample pairs were created. Were they randomly assigned by an unbiased computer program? Or were they handpicked to maximize the results desired? And lastly, the methods describe a 30-item survey, but the article only reports on 29 items. Why? Based on the above factors, I have considerable concerns about the lack of bias in the conclusions presented by the authors.

In truth, the ABPD through its assessment/evaluation of the AAPD Oral Health Policies and Clinical Guidelines in their examination processes has greatly contributed to

the AAPD members' (both diplomate and nondiplomate) recognition of and adherence to these policies. In doing so it has positively influenced the practices of all pediatric dentists. Clearly, this survey verifies that many of the pediatric dentists surveyed have established a high level of practice proficiency. Therefore, it is my contention that the ABPD credentialing process is fulfilling its charge from the Council on Dental Education and Licensure of the American Dental Association. It would have been nice if the authors had reported this finding in their conclusions and not minimized the importance of ABPD certification.

In short, when asked if we adhere to the profession's treatment guidelines, would not most of us, diplomates or nondiplomates be tempted to "self-report" in the most favorable manner? Trusting the accuracy of self-reported responses is nice and easy, but providing a method of unbiased verification would be more valid. I would prefer to see the publication of articles more critically reviewed.

Paul O. Walker, DDS, MS
University of Minnesota
Minneapolis, Minn
Correspond with Dr. Walker at walker001@umn.edu

Thank you for the opportunity to respond to Dr. Paul Walker's letter regarding our recently published manuscript, *Board Certification Status and Dentist's Practice Characteristics* (Pediatr Dent 2005;27:12-18). We are pleased that this report has generated interest among the readership. Dr. Walker raises some questions about our methodology. We wish to respond and clarify those for the readership.

This was an institutionally approved study, and we believe that we did address more than two dozen areas of practice in our study. We also collected basic demographic data and professional variables including board certification status and years in practice. We chose board certification as a variable to report because, as stated in the results, we found no differences for gender or time in practice. Had we done so, these would have been reported and discussed.

We did our best to clarify how our sample was selected after referees questioned this process in review. While not randomized because of necessary pairing of subjects by program, the sample was simply chosen in alphabetical order from a list of US programs, taking into consideration adequate time in practice to make the results more meaningful. In our analysis, however, time in practice did not seem to matter.

The gender issue is an interesting one and was problematic to us in sample selection because of the dearth of females early in the time period studied, while almost in equality with males in pediatric dentistry at the end. Because much has been said about differences in male and female pediatric practice patterns, we looked at this variable and were pleased to find that quality (at least as measured by our admittedly limited characteristics) appears not to be a chromosomal-linked phenomenon!

Dr. Walker correctly points out that we asked 30 questions. We decided that one question with several parts was poorly structured, not a quality indicator, and thus could not be used. As with many studies, the data reportable often far exceeds the space available and we chose not to report that data set.

We also recognize that many of the nondiplomates might have been in the process of certification and agree that the pursuit of certification may have elevated their practices to a higher level. Hundreds of pediatric dentists are "in process," and many may have dropped out of the process. The influence on our results of continuing or past engagement in board certification can only be guessed. We agree with Dr. Walker that the American Board of Pediatric Dentistry certification process has ratcheted up our specialty's awareness of American Academy of Pediatric Dentistry policies and other markers of quality dental practice, and will continue to do so.

Our last comment relates to the weaknesses of self-report vs objective measurement in scientific studies. In our discussion, we spoke to that point and advised readers to consider this when reading the report. We also suggested that outcomes of care would provide more valid measures and hope that at some point, someone can look at quality of practice with "harder" measures.

We hope that these responses clarify our methodology and findings and are happy to discuss this report with other interested readers.

Homa Amini, DDS, MS, MPH
Ashok Kumar, DDS, MS
Dennis J. McTigue, DDS, MS
Michael F. Beck, DDS, MA
Paul S. Casamassimo, DDS, MS
The Ohio State University
Columbus Children's Hospital
Columbus, Ohio
Correspond with Dr. Amini at aminih@chi.osu.edu