PROVINCIAL DENTAL BOARD

OF NOVA SCOTIA



PROCEEDINGS 2017

2017 BOARD PROCEEDINGS

INDEX

Report of the Chair

Report of the Registrar

Report of the Complaints Committee

Report of the Discipline Committee

Report of the Registration Appeal Committee

Report of the Mandatory Continuing Dental Education Committee

Report of the Dental Practice Review Committee

Report of the National Dental Examining Board

PROVINCIAL DENTAL BOARD OF NOVA SCOTIA December 31, 2017



Chair – Dr. Christopher A. Baker Vice-Chair – Dr. Kevin Walsh Registrar – Dr. Martin Gillis

Board Membership 2017

<u>Member</u>	<u>Appointment</u>	<u>Term</u>
Dr. Christopher A. Baker, Chair	Government	Nov. 2020 (3)
Dr. Kevin Walsh, Vice-Chair	NSDA	Dec. 2019 (2)
Dr. Clare Champoux	NSDA	Dec. 2017 (3)
Dr. David Dignan	Government	Nov. 2020 (3)
Dr. Sunita Sharma	Government	Nov. 2020 (1)
Dr. Daniel Albert	NSDA	Dec. 2019 (2)
Dr. Shelly Anderson	NSDA	Dec. 2019 (2)
Dr. Terrie Logue	NSDA	Dec. 2017 (1)
Ms. Donna Rushton, RDA	NSDAA	Dec. 2019 (2)
Ms. Marina Crawford, RDA	Government	Nov. 2020 (2)
Mr. Greg Fevens	Government	Oct. 2019 (1)
Mr. David Melvin	Government	Oct. 2019 (1)
Dr. Ben Davis, Acting Dean	Observer	



Provincial Dental Board of Nova Scotia

Seated -Left to right: Dr. Shelly Anderson; Dr. Terrie Logue; Dr. Martin Gillis(Registrar); Dr. Chris Baker (Chair); Dr. Kevin Walsh (Vice-Chair); Ms. Sarah Hill (Receptionist); Dr. Sunita Sharma.

Back Row- Left to Right: Ms. Jane Donovan(Executive Assistant) Dr. Clare Champoux; Ms. Marina Crawford; Dr. David Dignan; Mr. Greg Fevens; Mr. David Melvin; Ms. Donna Rushton.

Functional Committees 2017

	Discipline Committee	Complaints Committee	
	Dr. Tom Boyle, Chair	Dr. John S. Christie, Chair	
	<u>Discipline Committee</u> <u>Membership</u>	Complaints Committee Membership	
Dr. Tom Boyle	Oct. 2020	Dr. John Christie	June 2020
Dr. Janet Cullinan	Dec. 2020	Dr. Lee Erickson	June 2018
Dr. Wayne Raimer	Oct. 2020		

Dr. Ian Ross	May 2018	Dr. Paul MacEachern	Oct. 2020
Dr. Natalie Brothers	Oct. 2020	Dr. Richard Raftus	Oct. 2020
Dr. Peter Thomson	Oct. 2020	Dr. Earle Carson	Oct. 2020
Dr. Yvon Belliveau	Oct. 2020	Dr. Blair Raddall	Oct. 2020
Dr. William Whyte	Oct. 2020	Dr. Nada Haidar	Oct. 2020
Dr. Stuart Kirby	Oct. 2020	Dr. Claire Karst	Oct. 2020
Dr. Karen Furlong	Oct. 2020	Ms. Donna Dickie, RDA	June 2020
Dr. David Quigley	Oct. 2020	Ms. Shirlene Dancause, RDA	Aug. 2018
Dr. Mark Sutherland	Oct. 2020	Ms. Alma Layden, RDA	June 2019
Ms. Michelle Fowler, RDA	Oct. 2017	Ms. Janelle Gray, Public	Jan. 2020
Mr. R. Desborough, Public	June 2020	Mr. Bill Watson, Public	Oct. 2020
Mr. Michael Muise, Public	Oct. 2017		
Mr. John Scott, Public	June 2019		

MCDE Committee

DPR Committee

Dr. Doug Mackey, Chair

MCDE Committee Membership

Dr. Joanne Thomas, Chair

Dental Practice Review Committee

		<u>Membership</u>	
Dr. Doug Mackey, Chair	Jan. 2018 (2)	Dr. Joanne Thomas, Chair	Jan. 2018 (1)
Dr. Joanne Carson	Oct. 2018 (3)	Dr. Mariette Chiasson	Jan. 2019 (1)
Dr. Reena Kapadia	Jan. 2019 (2)	Dr. Curtis Gregoire	Jan. 2019 (1)
Ms. Nichole Auby, RDA	Nov. 2018 (3)		
Ms. Krista Emino-Savory, RDA	Jan. 2018 (2)		

Registration Appeal Committee

Dr. Eric Hatfield, Chair

Registration Appeal Committee Membership

Dr. Eric Hatfield, Chair	June 2018 (1)	Ms. Judy Oakley, RDA	June 2018 (1)
Dr. Ian Doyle	June 2018 (1)	Mr. Doug Lloy	June 2018 (1)
Dr. David Moore	June 2018 (1)	Ms. Gwen Haliburton	June 2018 (1)

Board Committees

Finance & Audit Committee 2017

Dr. Daniel Albert, Chair	NSDA	Dec. 2019
Dr. Terrie Logue	NSDA	Dec. 2017
Mr. Greg Fevens	Public	Oct. 2019

Human Resources and Governance Committee 2017

Dr. Clare Champoux, Chair	NSDA	Dec. 2017
Dr. Shelly Anderson	NSDA	Dec. 2019
Mr. David Melvin	Public	Oct. 2019

Standards and Guidelines Committee 2017

Dr. Dave Dignan, Chair	Government	Nov. 2020
Dr. Kevin Walsh	NSDA	Dec. 2019
Ms. Donna Rushton	NSDAA	Dec. 2019
Ms. Marina Crawford	Government	Nov. 2020

Executive Committee 2017

Dr. Chris A. Baker, Chair	Government	Nov. 2020
Dr. Kevin Walsh, Vice-Chair	NSDA	Dec. 2019
Dr. Tom Raddall III, Past Chair	Government	Aug. 2017
Dr. Martin Gillis, Registrar	Ex-officio	

Ad-hoc Committees

Radiography / CBCT 2017

Dr. David Dignan (Chair)

Dr. Kevin Walsh

Ms. Donna Ruston

Dr. Martin Gillis

Registration Review 2017

Dr. Kevin Walsh (Chair)

Dr. David Dignan

Ms. Donna Rushton

Dr. Martin Gillis

Botox 2017

Dr. Shelly Anderson (Chair)

Dr. Daniel Albert

Dr. Clare Champoux

Ms. Marina Crawford

Dr. Martin Gillis

Dental Assisting 2017

Dr. Daniel Albert (Chair)

Ms. Donna Rushton

Ms. Marina Crawford

Legislative Amendments 2017

Dr. Chris Baker (Chair)

Dr. Kevin Walsh (Vice-Chair)

Dr. Tom Raddall, III (Past Chair)

Mr. David Melvin (Public)

Ms. Marina Crawford (RDA)

Dr. Martin Gillis

Sedation 2017

Dr. Daniel Albert, Chair

Dr. Terrie Logue

Dr. Curtis Gregoire

Dr. Jennifer MacLellan

Dr. Ben Schelew

Dr. Martin Gillis

Recordkeeping 2017

Dr. Kevin Walsh, Chair

Dr. Terrie Logue

Dr. Joanne Thomas

Mr. Jason Cooke

Report of the Chair 2017

The Provincial Dental Board of Nova Scotia (PDBNS) held five full Board meetings in 2017. Three meetings were hosted at the office of the PDBNS, those of January 27, May 26, and September 29. There was one conference call involving the full Board, on April 17. We also had our first ever Professional Development Day, which was held in conjunction with a half-day meeting of the full Board, on November 25, 2017.

Dr. Christopher A. Baker and Dr. Kevin Walsh continued in their positions as Chair and Vice-Chair of the Provincial Dental Board. This is the second year of their respective two-year terms. In January 2018, Dr. Walsh will assume the position of Chair, and Dr. Daniel Albert will begin his two-year term as Vice-Chair.

The PDBNS welcomed one new appointee in 2017. Dr. Sunita Sharma joined the Board for orientation in the fall, and participated in her first meeting on November 25. Dr. Sharma was appointed by the Province of Nova Scotia Governor in Council, and will serve a three-year term. She replaces Dr. Thomas Raddall III, who completed his third term in August 2017. Along with Dr. Sharma, Governor in Council re-appointed three Board members, Dr. Christopher Baker, Dr. Dave Dignan, and Ms. Marina Crawford, all for three year terms. Also joining the Board in 2018 will be Dr. Russell MacSween, who has been appointed by the NSDA Governing Council. He will fill the vacancy left by Dr. Clare Champoux, who completed her third term, ending on Dec 31, 2017.

In 2016, The PDBNS developed and adopted a Strategic Plan, setting a clear direction for Board members and staff, and serving as a decision making tool for the organization. With strict consideration of our mandate of public protection, all activity, guided by the core values will support the strategic mission and vision of the organization. The operational plan that was formalized to aid in implementation of the strategies outlined has been invaluable as the Board moves forward. As part of our Professional Development session on November 25, the Board reviewed the Strategic Plan and reflected upon our strategic direction up to this point.

In 2015 the PDBNS was tasked by the Department of Health and Wellness to move forward with legislative amendments to the 1992 *Dental Act*, the purpose of which is to become current with legislative expectations pertaining to the PDBNS's mandate and role as a regulatory authority. This necessitates the separation of the Nova Scotia Dental Association from being a component of the same *Act* that regulates the Board and its activities. The Association has been responsible for the production of it's own legislation, and this legislation, along with a revised *Dental Act*, is moving forward to gain government approval in tandem. After several meetings of the Executive Committee, with guidance from legal counsel, a draft *Act* has been composed. The draft *Act* has been sent for stakeholder review, and is moving forward along with the newly composed *Act* of the NSDA.

The Provincial Dental Board has engaged the services of Innovative Biomedical Engineering Ltd.

to perform radiographic inspections of dental offices in Nova Scotia. All radiographic equipment in private dental clinics has been inspected to evaluate the proper functioning of dental radiography devices in Nova Scotia. The Provincial Dental Board has paid the cost of the inspection. To support the Radiography and Cone Beam Computed Tomography Inspections, the Provincial Dental Board has adopted a Policy on the regulation of such devices.

The Finance and Audit Committee forwarded a balanced Budget for 2018, which was adopted at the September 2017 meeting. The PDBNS approved a 3% increase in fees in all licensing categories for 2018, resulting in the following license fees: Dentists - \$1145.00; Dental Assistants - \$235.00; Students - \$66.00; and Corporation Permit Fees - \$176.00.

The Board currently has ad hoc committees struck for the review and update of several guideline documents. Recordkeeping Guidelines have been revised, and now include the incorporation of regulations on privacy legislation. Sedation Guidelines are under development and will introduce facility visits for offices performing moderate and deep sedation by an inspection team. Guidelines for the use of Botox remain under development and will focus on determining competency for the delivery of care. Other documents under development include guidelines for the appropriate treatment of obstructive sleep apnea, and which treatments may be provided by licensees, and a guideline document regarding the best practices for prescribing controlled drugs by dental practitioners.

The Fair Registration Practices Act Review Officer presented to the Board on the Fair Registration Practice Act (FRPA) and the details of the review process. In 2014, the Board underwent a successful FRPA review. The Board was re-evaluated in 2017 and will be provided with a Progress Report. The number of skilled immigrants in Nova Scotia is growing; however, in some instances disconnects exist between immigration and professional recognition. FRPA exists to address this disconnect, create systemic change, and implement fair access and labour mobility legislation. FRPA governs the processes that regulatory bodies must follow when registering members. FRPA states that registration must follow a fair procedure and be transparent, objective, and impartial. The Act applies to 50 regulatory bodies in Nova Scotia, covering over 58 occupations and 65 designated trades.

The Internationally Educated Dental Professionals (IEDP) Multi-Stakeholder Work Group originated in February 2012 with representation from the dental health profession organizations, dental education, government, and internationally educated dental professionals. The purpose of the work group is to address licensure challenges related to internationally-educated dental professionals, including dentists, dental hygienists, dental assistants, dental technicians and denturists, and to work towards the effective entry of IEDPs into practice in Nova Scotia. Through a collective vision action plans are developed to address the challenges faced by IEDPs. In 2017 an Observership Program was developed and will be launched in 2018. The Observership Program will provide the opportunity for IEDPs to get first hand contact with dental care as practiced in Nova Scotia. It is not intended to fill gaps in knowledge or dental training but rather to familiarize and acculturate IEDPs to the practice of dentistry in Canada including but not limited to day-to-day activities, policies & protocols, the dental care team, and

the culture of the workplace.

The Board continues to play an active role in our National Regulatory organization, the Canadian Dental Regulatory Authorities Federation (CDRAF). Participation facilitates involvement in regulatory issues on a national, and occasionally, international scale. The CDRAF has undergone a change in their governance model, which will hopefully create a streamlined and more effective body.

Following the announcement of the resignation of the Dean of the Faculty of Dentistry, the PDBNS received an invitation from the search committee and the University Prevost for an opportunity to have a representative meet the decanal candidates on an individual basis. Over the course of the meetings, several points of concern to the PDBNS were raised. Our confidential comments were sought by the search committee, and were submitted.

The PDBNS, along with the NSDA, has been in discussion with the Denturists Licensing Board to discuss the expansion of their scope of practice. The Denturists will consider the information provided to them and contact the PDBNS and the NSDA with a proposal for legislative change to their Act.

The Provincial Dental Board has hired Ms. Sarah Hill as its new receptionist. Ms. Hill is a former Quick Card employee with industry knowledge, and she assumed her position on April 19. The Board also engaged two summer student employees to assist at the Board office. They assisted the Registrar and Executive Assistant in several capacities, including research and Information technology projects.

The PDBNS has relocated its premises to 210 Waterfront Drive, Bedford, as of May 8, 2017. The Board office is located in the same building which houses the NSDA, but our office is separate from that of the Association.

The mandate of the PDBNS is public protection, a role each and every member of the Board takes very seriously. Decisions are arrived at by consensus, with fairness and respect. Gratitude must be expressed to all of the Members of the Board for their hard work and unwavering commitment, and to the exceptionally dedicated Board staff for their focus and strong support. Special recognition must also be extended to Dr. Tom Raddall III, and Dr. Clare Champoux, for their wisdom and years of service to the Board.

Respectfully Submitted, Dr. Christopher A. Baker, Chair

Report of the Registrar 2017

Statistics (December 31, 2017)

DDS 559 DDS Students 18

RDA 789

Incorporations 393

Board Appointments

Provincial Dental Board

Dr. Sunita Sharma Government

Board Reappointments

Dr. Christopher A. Baker Government
Dr. David Dignan Government
Ms. Marina Crawford Government

Functional Committees

The following appointments and reappointments to the Board's Functional Committees were approved:

Complaints Committee

Appointments Reappointments

Ms. Donna Dickie Dr. John Christie (Chair)

Dr. Rick Raftus
Dr. Paul MacEachern
Dr. Earle Carson
Dr. Blair Raddall
Dr. Nada Haidar
Dr. Claire Karst
Ms. Janelle Gray
Mr. Bill Watson

Dental Practice Review Committee

Appointments Reappointments

Dr. Mariette Chaisson None

Dr. Curtis Gregoire

Discipline Committee

Appointments

None

Reappointments

Dr. Tom Boyle (Chair)

Dr. Natalie Brothers

Dr. Peter Thomson

Dr. Yvon Belliveau

Dr. William Whyte

Dr. Stuart Kirby

Dr. Karen Furlong

Dr. David Quigley

Dr. Mark Sutherland

Mr. Rod Desborough

Mandatory Continuing Dental Education

Appointments None Reappointments Dr. Reena Kapadia

Registration Appeal Committee

Appointments None Reappointments None

Respectfully submitted, Dr. Martin R. Gillis, Registrar

Report of the Complaints Committee 2017

I have had the honour and pleasure of chairing the Complaints Committee for many years. It has been my privilege to work with two outstanding Registrars, numerous dedicated members of the professions, several public representatives who continue to impress me with their balanced views and diligence, several efficient staff, and legal advisers who have been unerring in their advice.

The Committee due to the sheer volume and nature of cases it deals with is arguably the most significant interface that exists between profession and public. I say arguably because others might debate that point.

Yearly, this Committee adjudicates every complaint filed against a licensee. The Committee members have a challenging task within a realization that there are two parties involved and only one will be happy with our decision. The complaints range from straightforward to so concerning or complex that the only recourse is referral to the Discipline Committee. Most complaints are dealt with in one meeting but periodically it takes longer. A great deal of homework and preparation is involved.

Based on experience, here are a few "heads up", some of which I have mentioned before. Good recordkeeping continues to be your best defence. While there are guidelines my advice is to

have your records clear and comprehensive enough such that a colleague, without explanation, could figure out what had occurred.

Communication or lack thereof seems to be the source of some complaints. It is essential that your patient is giving an informed consent.

It goes without saying that we are all expected to provide an acceptable standard of care. Finally, it is crucial that you function within your capabilities and otherwise refer.

My thanks and compliments to all of those who are part of the Complaints Committee process.

Respectfully submitted, Dr. John Christie, Chair

Report of the Discipline Committee 2017

This past year the Discipline Committee of the Provincial Dental Board dealt with several cases. Three of those cases involved the committee overseeing agreements made between the involved dentists and the Registrar. After the Complaints Committee comes to a decision on a complaint from the public, a dentist can avoid a full trial by engaging in this process. This results in great savings in costs and time to both the board and the dentist involved. The chief goal of these settlements is protection of the public, and the main way in providing that is education. All of these settlements involved specialized remedial education for the dentists geared to the specific deficiencies identified by the Registrar and Complaints Committee, and scrutinized by the Discipline Committee. Dalhousie Dental School has provided these re-education modules and the feedback from all involved has been positive.

The other case we dealt with involved an appeal of a Complaints Committee decision which proved to be challenging. In the end our committee upheld the Complaints Committee decision, after what was in effect, a trial, and was an expensive undertaking for all involved.

In all these cases members of the committee devoted a lot of their personal time in rendering these decisions that seemed to be well received by all sides. I thank my committee members for their dedication.

Resepectfully submitted, Dr. Thomas H. Boyle, Chair

Report of the Registration Appeals Committee 2017

The Registration Appeals Committee has not had to convene in 2017. Therefore, there is no activity to report.

Respectfully submitted, Dr. Eric Hatfield, Chair

Report of the Mandatory Continuing Dental Education Committee 2017

The Mandatory Continuing Dental Education (MCDE) Committee of the Provincial Dental Board of Nova Scotia (PDBNS) had a productive year. The Committee met for regular business on February 10, 2017. The Registrar, Dr. Martin Gillis and PDBNS staff person, Ms. Jane Donovan were present. Since one Committee member was unable to attend and quorum was not met, no motions were possible. It was agreed that all agenda items would be discussed in depth, and that a teleconference of all committee members would be arranged so that any items requiring motions could be addressed. This teleconference then took place on September 22, 2017.

The Registrar reviewed updates to the MCDE Guidelines which were adopted by the Board at the September 2016 Board meeting. These updates provided clarity around the need for appropriate sponsorship of courses, either by eligible sponsors or approved study clubs, in order for them to be approved for credit.

There continues to be a number of inquiries pertaining to the eligibility of courses whose content may be considered of peripheral pertinence to the practice of dentistry. The Committee continues to hold that while there is a myriad of activities that could contribute to the overall personal development of a licensee, courses must have specific relevance to the practice of dentistry to be eligible for credit. This position has been communicated to licensees.

The Committee received an inquiry from a regional dental society, the Annapolis Valley Dental Society (AVDS), regarding a community outreach project which provides *pro bono* dental treatment to underserviced groups. Specifically, the inquiry pertained to the eligibility of participating dentists and dental assistants to claim continuing education credits for this endeavor. The Committee held that this activity falls under the umbrella of Category III of the MCDE Guidelines, specifically "fulfilling the professional responsibilities of the profession". Therefore, it was moved that participating dentists and dental assistants would receive hour for hour credit to a maximum of 5 hours per event, providing that verification from the AVDS was submitted.

Under the Audit Review process for the 3-year cycle ending in December of 2016, RK House randomly selected a sample of 8 dentists and 11 dental assistants.

Of the dentists sampled, the Committee found 2 to have incomplete audits. Both dentists were contacted and subsequently completed their audits, thus maintaining licensure.

Of the dental assistants sampled, the Committee found 3 to have incomplete audits, which were returned to the dental assistants with requests from the Committee. By April 30, 2017, all 3 of the dental assistants in question had completed their audits, thus maintaining licensure.

As with previous years, in the majority of instances, the incomplete audits occurred as a result of incomplete documentation submission rather than an inadequate number of continuing education credits.

Respectfully Submitted, Dr. Doug Mackey, Chair

Report of the Dental Practice Review Committee 2017

In January 2017 a stratified random sample of 80 dentists was selected to complete the annual Dental Practice Review Self Assessment document. The selection sample was facilitated by Dr. Sam Stewart, Medical Informatics, Faculty of Computer Science, Dalhousie University.

The sample included 48 dentists from Halifax Regional Municipality, 14 from Yarmouth/South Shore/Valley, and 18 from Northeastern Nova Scotia /Cape Breton.

The Dental Practice Review committee met in April 2017 to review the self assessment forms. During this meeting the Committee noted some possible updates in the form for the next year. Participating dentists were notified if they were successful in completing the audit or if the Dental Board required additional information.

A second stratified random sample of 19 dentists was selected to participate in an onsite office visit (HRM 12, Valley /South Shore/ Yarmouth 3, Northeastern NS/Cape Breton 4). These visits were satisfactorily completed by the Registrar's office.

The review process was conducted with the support and cooperation of the members and compliance was demonstrated with recommendations.

Respectfully submitted, Dr. Joanne Thomas, Chair

Report from NDEB 2017

Introduction

The National Dental Examination Board of Canada (NDEB) was established by an Act of Parliament in 1952. The Act makes the NDEB responsible for the establishment of qualifying conditions for a national standard of dental competence for general practitioners, for establishing and maintaining an examination facility to test for this national standard of dental competence, and for issuing certificates to dentists who successfully meet this national standard.

The following report highlights the NDEB's key activities relating to the certification of dentists in Canada and summarizes the NDEB's accomplishments.

Governance

Executive Director and Registrar Search Update

In May 2017, the NDEB announced that Dr. Marie Dagenais had been appointed as the new Executive Director and Registrar of the NDEB. Dr. Dagenais will succeed Dr. Jack Gerrow who has

served as Executive Director and Registrar since 1994.

Dr. Dagenais has been involved in organized dentistry for many years. She has served as President of the Association of Canadian Faculties of Dentistry, as Chair of the Documentation Committee of the Commission on Dental Accreditation of Canada, and as the President of the Canadian Association of Oral and Maxillofacial Radiology. Dr. Dagenais holds a DMD from the Université de Montréal and a Diploma in Oral Radiology from the University of Toronto. She was Associate Dean-Academic Affairs at McGill University from 2000 - 2013. Dr. Dagenais continues to practice part-time in Montreal.

Dr. Dagenais will assume the role of Executive Director and Registrar on December 31, 2017. Dr. Gerrow will remain with the Board throughout this transitional period.

Strategic Plan

In 2016, the NDEB adopted a three-year strategic plan. The plan calls for enhanced transparency, improved communications, increased security for and improved efficiency of all examination and assessment processes, strengthened relationships with stakeholders, increased dialogue with provincial and federal governments, and heightened visibility of the NDEB internationally. The NDEB intends to have a strategic planning workshop in April 2018 with identified stakeholders to develop another three-year plan.

By-laws

During the October 2017 Annual Meeting, the Board approved the 2018 NDEB By-laws. There were several changes made to the By-laws including the addition of processes for misconduct, administrative reviews, and rejected applications.

Policies

In October 2017, the NDEB Board approved the adoption of an NDEB conflict of interest policy. This policy was developed to be consistent and aligned with other not for profit organizations.

Legal

In June 2017, the NDEB successfully defended a Judicial Review hearing for the Assessment of Clinical Skills (ACS). The claim for review was that the NDEB had failed to provide sufficient details in the reasons for failure, that the grading criteria for the ACS were vague and ambiguous, and that the participant should have been entitled to a second oral hearing. The court ruled in favour of the NDEB.

The NDEB was served with two Judicial Reviews in British Columbia in August and October 2017 from participants who failed the ACS three times. The NDEB expects to see an increase in litigation over the coming years as the number of three-time failures in the Equivalency Process increases.

Communications

A key objective in the NDEB's strategic plan is to improve stakeholder communications. As part of the creation of an NDEB communication strategy, the NDEB is gathering stakeholder feedback on its current communication tools and content. Part of this survey includes gathering feedback regarding the content and functionality of the website. Feedback obtained from the website usability, staff and stakeholder surveys, is being used to assist the NDEB develop strategies to improve and enhance its internal and external communications.

Following a review of the website usability survey results, the NDEB engaged a web development company to update the current website and address comments received through the survey. The updates to the website are expected later this year.

The NDEB has also started a YouTube channel which it will use to post instructional videos for applicants and recorded presentations such as the FCDSA – NDEB Town Hall that took place in January 2017.

Examinations and Assessments Examination Integrity and Misconduct

In 2016, the Board approved changes to the 2017 examination and assessment protocols to allow examinees to use the washroom and have water during the examination sessions. This change has resulted in a significant decrease in test accommodation requests received for the NDEB paper and pencil examinations.

Also introduced in 2017 were significant changes to the definition and consequences for misconduct during an examination or assessment. Since March 2017, the NDEB Examinations Committee has heard 38 cases of misconduct.

The NDEB takes examination security and copyright seriously. To protect its copyright and trademarks, the NDEB must pursue all unauthorized use and distribution of its name and materials. Consequently, NDEB staff continues to monitor online forums for copyrighted material and cease and desist notices are sent to individuals linked with the sale of copyrighted materials or unauthorized use of NDEB trademarks.

Certification Process

The Written Examination and OSCE were administered in March, May, and November 2017. As seen in Table 1, the pass rates for the Written Examination and OSCE have remained consistent over the last three years.

Historical Pass Rates – Certification Process					
	Wri	tten	osc	E	
	# of candidates % pass		# of candidates	% pass	
2014	1126	89	1073	99	
2015	1209	88	1165	95	
2016	1262	87	1229	93	
2017*	1046	87	1005	96	

Table 1

In 2016, the NDEB certified 1008 individuals. Table 2 shows a breakdown of certified candidates by stream for the last two years. This information is made available to the public through the NDEB website. The certification numbers for 2017 will be available in January 2018.

Certified Dentists in Canada					
Stream 2015 2016					
Canadian DDS	431	462			
Canadian QP/DCP	96	83			
US/Aus/NZ/Ire	244	212			
Equivalency Process	250	251			
Total	1021	1008			

Table 2

Equivalency Process

Graduates of non-accredited dental programs who want to be certified as general dentists in Canada must successfully complete the NDEB Equivalency Process or an accredited Qualifying/Degree Completion Program prior to being eligible for participation in the Certification Process. The Equivalency Process includes three assessments, the Assessment of Fundamental Knowledge (AFK), Assessment of Clinical Judgement (ACJ), and Assessment of Clinical Skills (ACS).

The NDEB continues to facilitate access to its assessments by offering the AFK in centres outside North America. In 2017, 1384 participants took the assessment at centres across Canada and in the United Kingdom. In 2018, the AFK will no longer be administered in the United Kingdom: an assessment centre has been established Paris, France. A summary of the Equivalency Process results can be in Table 3.

The ACJ and the ACS were administered at locations across the country in June 2017. The pass percentage for the June ACJ was significantly lower than in previous years. Reasons for this include a different participant pool, minor adjustments to the question frameworks, and the adoption of a new passing standard based on standard setting that took place earlier this year. Table 3 below is a summary of the pass rates for the AFK, ACS, and ACJ since 2014.

Historical Pass Rates - Equivalency Process						
	AFK ACS		A	בט		
	# of participants	% pass	# of participants	% pass	# of participants	% pass
2014	1277	48	709	39	652	70
2015	1498	50	718	32	899	60
2016	1238	51	732	37	754	75
2017	1384	46	422*	40	342**	38

^{*} June administration only

Table 3

Dental Specialty Core Knowledge Examination

Graduates of non-accredited dental specialty programs who are interested in becoming licensed specialists in Canada may apply to take the Dental Specialty Core Knowledge Examination (DSCKE). The DSCKE is a tool used by accredited specialty programs to evaluate individuals for admission to the Dental Specialty Assessment and Training Programs.

To participate in the DSCKE, applicants must show that they have graduated from a dental specialty program in a university that is sanctioned by the government of the country in which it is located to award such degrees. The dental specialty must be one of the nine dental specialty programs recognized in Canada.

Since 2015, the Dental Specialty Core Knowledge Examination (DSCKE) is administered at the NDEB office annually in February and September. The DSCKE has been administered four times in its revised format. Tables 4a and 4b show the results of the DSCKE and the distribution of DSCKE participants by specialty.

^{**} June administration only

DSCKE Results				
	Range	Mean		
Sept 2015	65 - 86	67.91		
Feb 2016	52 - 91	78.85		
Sept 2016	65 - 86	73.5		
Feb 2017	51 - 92	82.62		
Sept 2017	69 – 89	81.78		

Table 4a

Distribution of DSCKE Participants				
Specialty	2015	2016	2017*	
Endodontics	3	4	1	
Oral Medicine/Oral Pathology	1	1		
Oral Radiology	0	1		
Oral Surgery	0	2	1	
Orthodontics	9	12	2	
Pediatrics	3	3	2	
Periodontics	1	3	1	
Prosthodontics	2	0	1	
Dental Public Health	1	0		
Total	20	26	8	

^{*} Feb 2017 only

Table 4b

Virtual OSCE

The NDEB continues to work towards the development and implementation of the Virtual OSCE. The Virtual OSCE will not only address the limitations and sustainability of the Written

Examination and OSCE, but will also have the capacity to mitigate increasingly sophisticated cheating strategies and question reconstruction. The Virtual OSCE will perform a more authentic assessment of a candidate's ability to synthesize information across multiple disciplines and make judgements in patient care settings.

The Virtual OSCE will use three types of questions: frameworks, single answer multiple choice questions that are cloneable, and constructed response. These question types are all resistant to reconstruction. Question development for the Virtual OSCE is underway with workshops scheduled regularly over the next year.

The Virtual OSCE is projected to be administered for the first time in 2020.

Electronic Examination Implementation

The NDEB has developed a rollout plan that has all current paper and pencil examinations and assessments being administered electronically by 2021. Electronic delivery, among other things, will increase access and security. The NDEB has signed a contract with Zoomorphix for exam banking and test development and is in the final stages of negotiations with Prometric to deliver the examinations.

In October 2017, the NDEB Board approved in principle the administration of a pilot electronic DSCKE to be administered in September 2018.

Equivalency Process Blueprint Review

After six years of administering the Equivalency Process, areas of the existing assessments have been identified as needing improvement. This coupled with a request from CDRAF to investigate a language proficiency component for the Process has led the NDEB to examine the Equivalency Process blueprint. Over the last year, the NDEB has held preliminary meetings to discuss potential revisions to the blueprint and in October 2017, the Executive Committee formalized a working group that will consist of representatives from identified stakeholder groups. The working group will be looking at revisions to the blueprint including the implementation of a language proficiency pre-test, the use of conjunctive tests, and post-test modules that would cover KSAs that cannot be tested in the assessments such as ethics and communication. The timeline for implementation of a revised Equivalency Process has not yet been identified.

Program Services

Online Portal

The NDEB adopted its current online registration system in 2009. Since that time, the NDEB's requirements have evolved considerably. The NDEB is now working with BrightLink Technologies to move the NDEB's online portals to a new platform. The new platform will combine all the examinations and assessments into one portal. As the NDEB migrates to a new online application and registration portal, applicants can expect to see changes to application requirements.

Equivalency Process Applications and Credential Verification

Applications for the Equivalency Process remain consistent with previous years (Table 5). The NDEB strives to complete its credential verification process within 12 weeks of receipt of all required documents.

Equivalency Process applicants by year		
2010	1378	
2011	1289	
2012	1223	
2013	1116	
2014	1018	
2015	1086	
2016	1167	
2017 (As of July)	703	

Table 5

The NDEB is in the final stages of incorporating a new section into its website. This section has been designed to assist applicants to the Equivalency Process by providing detailed information about the documents required from specific countries. Potential new applicants will be able to select the country from which they graduated and view specific criteria for the required documents from that country.

The NDEB is currently in discussions with CDRAF to establish an agreement for a central document repository. Creation of the repository would mean that DRAs would accept the NDEB's credential verification for individuals seeking licensure. This would facilitate licensure for individuals and help to achieve a one point of entry system for dentists seeking licensure in Canada.

Appeals

The Assessment of Clinical Skills (ACS) requires participants to perform procedures on a typodont; therefore, an appeal involves reviewing the procedures performed. The appeal process for the ACS usually takes place over three days, six times per year, and often includes five panels of three dentists with previous experience as ACS examiners. Table 6 provides a summary of the Appeals Committee decisions for the December 2015, June 2016, and December 2016 ACS.

Assessment Date	Total	Results
December 2015	136	26 upheld
		110 dismissed
June 2016	121	9 upheld
		112 dismissed
December 2016	118	22 upheld
		96 dismissed

Table 6

Research

The NDEB Research Committee met on April 18 - 19, 2017 in Ottawa. The five-person Committee continues to provide valuable support to the NDEB by identifying innovative research topics with respect to teaching and learning, reviewing technical documents, and developing requests for proposals.

The NDEB has received two proposals in response to its Request for Proposals related to the integration into practice of dentists who obtain licensure through different streams: graduation from an accredited Canadian program, graduation from an accredited Canadian qualifying or degree completion program, graduation from an accredited dental program outside of Canada, or successful completion of the Equivalency Process. The Research Committee will be reviewing the proposals in the coming months.

Post Examination/Assessment Survey

In 2014, the NDEB Research Committee began development of a post-examination/assessment survey. The survey includes questions about examination administration, content, and registration related communication. The survey was administered for the first time following the November 2017 Written Examination and OSCE. Approximately 1/3 of the examinees participated in the survey. Feedback gathered from the survey will be used to improve the delivery of the examinations

Respectfully submitted
Dr. Doug Mackey, NDEB President