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**Protocol and MOU**

**for**

**CDSS Academic Licensure**

**(Non-NDEB and Non-NDSE Certification)**

**Between**

 **The CDSS**

 **And**

**Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Background:

University of Saskatchewan and Government of Canada guidelines give preference to appropriately credentialed Canadians when filling academic positions. However, a shortage in Canadian academic dentists often means that the best candidate applying for a position in Dentistry, is a dentist who received his/her dental training outside of Canada.

These Internationally trained applicants do not meet the normal requirements for licensure in the Province of Saskatchewan. Under the current system, they cannot supervise dental students in the provision of clinical dental care, thereby requiring the dental school to recruit from the very small, and sometimes non-existent, pool of Canadian applicants. This places the dental school at a distinct disadvantage relative to dental schools in other jurisdictions.

In other Canadian jurisdictions, special licensure categories ensure that highly qualified and carefully vetted International candidates have a licensure category that supports Dental Education and meets Regulatory requirements. A similar system was previously available in Saskatchewan. Unfortunately, the lack of a formal administrative system led to at least two cases of professional incompetence and the academic licensure category was discontinued.

In response to recruitment and retention problems that now threaten the continued existence of the dental school, the College of Dentistry respectfully proposes the re- establishment of an Academic Licensure Category, but this time with an effective administrative system that ensures the required clinical and professional standards of care.

The College of Dental Surgeons of Saskatchewan Academic Licensure Policy is enhanced by this Protocol and MOU to safely support the College of Dentistry in recruiting and retaining Internationally- educated dental academics in circumstances where appropriately credentialed and experienced Canadian academics are not available.

Those registered under the Academic License be allowed to perform member specific practices identified in the following Protocol.

*Note: The provision of clinical dental care (i.e., private practice) must be limited to College of Dentistry facilities, as the College is only able to perform the required Quality Assessment procedures within the facilities where it has full control and jurisdiction. Further, appropriate supervision requires experienced academics who are familiar with the ACFD Competencies.*

# CDSS Academic Licensure Protocol

The CDSS Academic Licensure Protocol herein, would apply to new and existing (except for Vetting and Selection of Candidates) Internationally trained faculty members who currently do not have NDEB or NDSE Certification.

**Step 1 Vetting and Selection of Candidates**

The Registrar, College of Dental Surgeons of Saskatchewan (CDSS), or designate, appointed as a member (non-voting) of the selection committee for all searches involving candidates where Academic Licensure is requested, and has participated in Dr. \_\_\_\_\_\_\_\_\_\_\_ selection Committee.

**Step 2 Establishing Privileges**

1. Student Supervision Privileges - Level One

As an Academic Licensed faculty Dr. \_\_\_\_\_\_\_\_\_\_\_\_may supervise College of Dentistry students, when the students are performing clinical dental care in designated College of Dentistry facilities under the conditions below:

* 1. Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be able to perform the supervision duties, as outlined by, and with

oversight by, the Clinical Dean with the following exceptions:

* + 1. Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_will not use handpieces and instruments as part of the patient care:
		2. Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_ will not perform treatment planning, and
		3. Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_clinical activity will be limited to the discipline of Operative

 Dentistry.

 Signed, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed, Clinical Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Supervisor-Supported Private Practice Privileges – Level Two

The candidate will not proceed to this step without completing Step 1 above. Prior to initiating any private-practice dental care, each Academic Licensure faculty is assigned a licensed Supervisor who will assume responsibility for the following steps:

* 1. Discuss Canadian dentistry
		1. Discuss the expectations for a Canadian dentist in the specific specialty or general practice, as appropriate, so that the Academic understands the standards to which he/she will be evaluated.
	2. Perform a prior-learning assessment
		1. Assess the Academic’s knowledge and clinical competency by arranging a series of face-to-face meetings to assess the Academic’s dental knowledge and prior learning in the cognitive and affective domains. Open-ended questions, hypothetical clinical scenarios and case-based assessment are encouraged.
		2. Arrange a number of clinical sessions, where the supervisor may interact and directly observe the Academic’s communication skills and clinical skills.
	3. Recommend and maintain a supervisory program
		1. If areas of deficiency are identified in the PLA, recommending an appropriate series of readings, attendance at continuing education (hands-on for clinical deficiencies), and/or observation and participation in cases treated by the supervisor.
		2. Based on the prior learning assessment, and the fulfillment of the recommendations, determine areas of clinical practice where the Academic Licensure faculty can or cannot practice under indirect supervision and specifying any clinical procedures where the Academic Licensure faculty may only perform

under direct supervision. The appropriate method of supervision for specific areas of clinical practice, include:

 - Areas of clinical practice that can be carried out with indirect supervision

- Areas of clinical practice that can only be carried out under direct supervision

 - Areas of clinical practice that must be avoided until reassessed in the future.

 - Continuing to provide the appropriate degree of direct and indirect supervision.

1. Indirect Supervision: Supervisor not directly in the building where

care is being provided but is available for consultation. **When the supervisor is not directly in the building, a regularly licensed dentist must be available to provide hands-on support, if requested.**

1. Direct Supervision: Supervisor physically present in the building

 where care is being provided.

* + 1. Establish protocols to contact the supervisor when working under indirect supervision, including details for telephone consultation and a schedule of periodic face to face meetings.
	1. Communicate
		1. Document and formally communicate the prior-learning assessment to

 the Academic, the Dean, and the Registrar, CDSS.

* + 1. Communicate details of the Supervision plan to the Academic, the Dean,

 and the Registrar, CDSS.

###  Required Communication from the Prior Learning Assessment:

* + - 1. Educational Background
				1. List Degrees & if obtained from an accredited North American institution.
				2. List of specialty certification including any specialty boards.
				3. List past academic appointments.
			2. Professional Background
				1. List past and present private practice experience and locations.
			3. Supervisor’s experience with affiliate
				1. List all direct supervisory activities
				2. List all indirect supervisory activities
			4. Recommendations for Provision of Dental Care to the Public
				1. Based on the PLA indicate procedures that may be performed with indirect supervision and any procedures that may not be performed without direct (in-building) supervision.
				2. Indicate when a review of supervisory requirements will be held.
				3. Indicate any procedures where the nature of the supervision has changed.
	1. Demonstrate the activities undertaken during supervision, by showing separate progress notes and entries by the supervisor, in the form of signed addendums in the progress notes, or supervisor co-signature of treatment plans and progress note.

 Signed, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed, Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Step 3 Establish a Quality Assessment System**

The Dean of the College, or the Assistant Dean Clinics, will be responsible for periodic Quality Assessment of the dental care provided by Academic Licensure faculty. This Quality Assessment system will include the following components:

* 1. Chart and radiograph review for a random selection of 10% of the patients treated by the Academic Licensure faculty, and will include follow-up patient exams, if required.
	2. Periodic Academic Licensure Quality Assessment will start with a minimum of twice-yearly assessments, and reduce to one yearly assessments, on mutual agreement of the Dean and Registrar, for individuals demonstrating consistently appropriate care.
	3. Written reports, provided to the Registrar, CDSS, for each periodic quality assessment, or for any significant quality of care problem.
	4. Full participation in the CDSS Quality Assurance Assessments at a frequency and process determined by the Registrar.

 Signed, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed, Assistant Dean, Clinics \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following identifies the responsibilities of the participants under this protocol:

### Dean:

1. Ensure that all Academic Licensure faculty are informed of their roles and responsibilities.
2. Nominate a Supervisor for each Academic Licensure faculty.
3. In conjunction with the Supervisor, develop a brief written supervisory protocol individualized to the circumstances of the particular Academic Licensure faculty, based on the Prior Learning Assessment and after meeting with the faculty member and Supervisor.
4. To immediately report in writing to the CDSS registrar, any change in Academic Licensure faculty circumstances.
5. Provide a periodic written report to the CDSS Registrar, initially every six months, on the situation for all Academic Licensure faculty. Upon agreement of the Registrar and Dean, the period between written reports will be reduced to once per year for individual Academic Licensure faculty who have demonstrated consistently appropriate dental care.

### Supervisor:

1. Be a currently licensed dentist with the College of Dental Surgeons of Saskatchewan, in the field of specialization of the faculty, if appropriate.
2. Be a full-time faculty member or part time faculty member of the College of Dentistry.
3. Have adequate time and contact with the Academic Licensure faculty to carry out the required supervisory duties and responsibilities.
4. Maintain a written confidential record of the supervision results, to be shared with the Dean (or Designate) of the College of Dentistry, the Registrar of the CDSS.
5. Oversee the activities of the Academic Licensure faculty with the aim of ensuring quality care delivery to the public.
6. Report in a timely manner any changes which occur related to further assessment or consideration for indirect supervision for the Academic Licensure faculty.

### Academic Licensure Faculty:

1. Participate fully in all aspects of the Academic Licensure system.
2. Work collaboratively with the designated Supervisor to allow a meaningful Prior Learning Assessment.
3. Work diligently to ensure that the supervisory system is used as intended, by consulting with the designated supervisor when needed, and seeking hands-on support from the regularly licensed supporting dentist when needed.
4. Limit professional clinical practice to those procedures identified as appropriate for indirect supervision unless the designated supervisor is directly supervising and is present in the building.
5. Must understand and agree that this license is not a direct pathway to full licensure as a general dentist or specialist dentist in Saskatchewan or any jurisdiction in Canada. It is an opportunity to teach and gain additional knowledge, skills and abilities in a supervised environment. Such could support a candidates’ desire to seek full licensure via the NDEB equivalency process and the NDEB certification examination for licensure as a general practitioner or the DSCKE and RCDC/NDSE certification process for specialty licensure pursuant to any other licensure requirements in Saskatchewan or other Canadian jurisdiction. ***The maximum term for this protocol is 5 years is five (5) years,*** following which they must have achieved a NDEB or NDSE certificate.

# Memorandum of Understanding

**Between the CDSS**

**and the**

**College of Dentistry, U of S**

### The above protocol is agreed to by all parties signed below to be the basis for CDSS Academic Licensure of suitable candidates who otherwise qualify and complete all necessary forms, requirements and signatures to become licensed as an Academic Member of the CDSS.

**The Dean, College of Dentistry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Registrar, CDSS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**





**Office of the Dean**

USask College of Dentistry

331 Dental Clinic, 105 Wiggins Road Saskatoon SK S7N 5E4

"[Click here & Enter Month/Day/Year]"

Dr. [Click **here** and type name] College of Dentistry

University of Saskatchewan

Dear Dr. [Click **here** and type name]

### Letter of Agreement

**College of Dentistry, University of Saskatchewan and Academic License Supervisors (General or Specialist)**

The College of Dentistry, University of Saskatchewan, formally invites you to serve as the Academic License Supervisor for Dr. [Click **here** and type name]. As a Supervisor, you agree to follow the terms, conditions and responsibilities as outlined by the College of Dental Surgeons of Saskatchewan and the College of Dentistry in the attached document: *“Discussion Paper: Academic Licensure in Saskatchewan.”*

If you have any questions about the roles and responsibilities of a supervisor please contact the CDSS Registrar directly.

This agreement will take effect upon your signing of this letter and will end when formal written notice specifies an end date for the supervision.

Thank you.

Dr. Doug Brothwell Dean

College of Dentistry

Signature of Academic Licensure Supervisor Date





**Office of the Dean**

USask College of Dentistry

331 Dental Clinic, 105 Wiggins Road Saskatoon SK S7N 5E4

"[Click here & Enter Month/Day/Year]"

Dr. Doug Brothwell

Dean, College of Dentistry University of Saskatchewan

**Re: Academic Licensure Faculty Supervision - Dr.** [Click **here** and type name]

Dear Dr. Brothwell:

This letter is to inform you that, having extensively assessed Dr. [Click **here** and type name] over a "[Click and type time period]" -week period, the supervisors recommend that it is appropriate for Dr. [Click **here** and type name] to begin providing patient care under indirect supervision.

The flowing steps/activities were utilized in the process for evaluation of Dr. [Click **here** and type name]:

1. Prior Learning Assessment Credentials
	* Dr. [Click **here** and type name] obtained a dental degree from [Click **here** and type name], a MSc from [Click **here** and type name], and a PhD from [Click **here** and type name]. This information was verified by his references at the time of his interview.

Experience

* + - Dr. [Click **here** and type name] has been a [Click **here** and type name] practitioner for

[Click **here** and type name] years.

* + - Dr. [Click **here** and type name] won a [Click **here** and type name] Award in

[Click **here** and type name].

* + - Dr. [Click **here** and type name] has specialty status in [Click **here** and type name].
		- Dr. [Click **here** and type name] has published [Click **here** and type name] articles in the scientific literature.
		- "[Click here and type other details]"
1. Face to face knowledge / skill assessment The Process Used
	* Dr. [Click **here** and type name]’s dental knowledge base, patient care attitudes, and actual experience were assessed through both a formal, intensive "[Click here and type time period]" -day oral interview and by informal discussions in a clinical setting over the remaining "[Click here and type time period]" week period.
	* The formal assessment was performed by Dr. [Click **here** and type name] and used a patient-flow time series approach that followed a typical patient from initial contact through to continuing care. Also extensively assessed were multiple scenarios using patients with complex medical histories, poly-pharmacy, and extensive dental care needs.
	* Following this oral assessment, Dr. [Click **here** and type name] was required to observe the process of care in [Click **here** and type name] clinic and with "[Click here and type number]" different

dentists. Once the supervising dentists decided it was appropriate, and safe for Dr. [Click **here** and type name] to initiate supervised patient care, he was directly observed (in-room) providing dental care over an "[Click here and type number]" -day period, with a continuous two- way flow of communication about Saskatchewan standards and expectations.

1. Findings
	* Throughout, and at the end of this process, the supervising dentist found that Dr. [Click **here** and type name] is a skilled, caring dentist that can be trusted to provide safe, appropriate dental care to Saskatchewan patients. To aid in this process, the supervising dentist recommends the following supports and conditions:
2. "[Click here and type an area of clinic practice, i.e., apical surgery]"
	* Due to limited experience in performing "[Click here and type the area of clinic practice" , it is recommended that Dr. [Click **here** and type name]’s unsupervised practice exclude provision of "[Click here and type the area of clinic practice" . This limitation will be revisited after successful completion of a registered course.
3. Medications
	* Dr. [Click **here** and type name] knowledge and experience with management and prescription of patient medications is parallel to that of Saskatchewan GP dentists. However, we did note that there was occasionally some variation in the use of medication names. This was never an issue with patient care or safety and was obviously an issue of translation from [Click **here** and type name] to English. However, to help guarantee patient safety, the supervisors have discussed use of the CDA on-line Lexidrugs resource, and recommend that Dr. [Click **here** and type name] be required to reference all patient medications for a 1-month period to help ensure there is no confusion regarding which medication a patient is taking. This limitation will be revisited after successful completion of a registered course.
4. Charting Detail
	* Dr. [Click **here** and type name] training and experience in appropriate charting was found to differ moderately from the Saskatchewan standards. Extensive discussions have taken place about the required level of performance. Having now demonstrated compliance with this standard with numerous cases treated, the supervisor is now confident that Dr. [Click **here** and type name] meets the Provincial standards. However, to add further confidence to this observation, a site visit will be planned to occur after 2-weeks, and patient charts will be reviewed to further assess this area. Of particular interest will be the accuracy of [Click **here** and type name] charting.
5. In-direct Supervision Plan
	* Dr. [Click **here** and type name] will join the College Faculty Dental Practice and thus has readily available telephone and e-mail support, and access to a large number of regularly licensed dentists within the building. A system of telephone support has been established with ([Click **here** and type name] as primary contact) to allow Dr. [Click **here** and type name] to access professional support of GP or specialist dentists when he needs it.
	* Scheduled periodic meetings with be arranged between Dr. [Click **here** and type name] and the supervising dentist to review details of the patient care provided since the last meeting. Opportunity will be provided for discussion and questions, and any anomalies will be addressed.
	* If any new or recurrent issues with quality of care or patient safety are identified at any time in the supervision process, they will be immediately addressed, and the process and methods of in-direct supervision altered to appropriately manage the issue.
6. Recommendation
	* The supervising dentist recommends that, with the above limitations and conditions, Dr.

[Click **here** and type name] be allowed to proceed to a situation of in-direct supervision.

Dr. [Click **here** and type name] Date





**Office of the Dean**

USask College of Dentistry

331 Dental Clinic, 105 Wiggins Road Saskatoon SK S7N 5E4

**Instructions:**

**Academic Licensure Faculty Supervision Assessment of Clinical Skills – Feedback Form**

This form must be completed, discussed, and signed by the Assessor and the Academic Licensure Faculty at the end of each assessment session. The completed form should stimulate meaningful discussion about the procedures assessed. *Retain the original form in the College academic file.*

Name of Academic Licensure: Date:

PRINT NAME DD/MM/YYYY

Name of Assessor:

PLEASE PRINT

Assessed Procedure(s):

PLEASE PRINT

### Academic Licensure Faculty – Self Evaluation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area** | **Excellent** | **Acceptable** | **Unacceptable\*** | **N/A** |
| Patient Management |  |  |  |  |
| Preparedness for Session |  |  |  |  |
| Rationale for Procedure and Treatment Planning |  |  |  |  |
| Technical Skill |  |  |  |  |
| Professionalism (attitude, organization, IPC) |  |  |  |  |
| **Comments:** |

**\*Unacceptable evaluations require specific supporting comments. Use the form back if necessary.**

### Faculty Assessor Evaluation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area** | **Excellent** | **Acceptable** | **Unacceptable\*** | **N/A** |
| Patient Management |  |  |  |  |
| Preparedness for Session |  |  |  |  |
| Rationale for Procedure and Treatment Planning |  |  |  |  |
| Technical Skill |  |  |  |  |
| Professionalism (attitude, organization, IPC) |  |  |  |  |
| **Comments:** |

**\*Unacceptable evaluations require specific supporting comments. Use the form back if necessary.**

### Feedback/Discussion\*

\*Use this section to capture any response to the feedback, and to list literature supporting disagreements in clinical approach. Attach additional pages.

**Comments:**

### Signatures:

Academic Faculty Assessor

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