

CDRAF
Canadian Dental
Regulatory Authorities
Federation



FCORD
Fédération canadienne
des organismes de
réglementation dentaire

**Canadian Dental Regulatory Authorities Federation
Fédération canadienne des organismes de réglementation dentaire**

800 boul. René Lévesque West, 16th Floor, Montreal, QC

CDRAF REGISTRARS' COUNCIL MEETING

Thursday, August 24, 2017

8:30 a.m.



AGENDA

Canadian Dental Regulatory Authorities Federation Fédération canadienne des organismes de réglementation dentaire

CDRAF Registrars' Council Meeting

ODQ office, 800 boul. René Lévesque West, Montréal, QC

Thursday, August 24 2017– 8:30 a.m.

Appendix

1. Call to Order
2. Other Business
3. CDRAF April Board meeting – follow-up
 - (a) Dissemination Dr. Busse's Guidelines on the use of Opioids for Chronic Non-Cancer Pain – next steps
 - (b) The "Brief" – next steps
 - (c) Specialty Recognition Process – update
4. CDRAF Governance: Transition Team update A
 - (a) Report from Working Group, July 4, 2017
 - (b) Legal opinion, René Rousseau, August 9, 2017
5. Registrars' Council
 - (a) Minimal attendance to hold a meeting/decision making/reporting
 - (b) Appointment of a Chair
 - (c) 2018 meeting schedule
6. CDRAF 2018 Operational Plan (Strategic Goal)

7. CDRAF 2018 Draft Budget & financials B
8. CDRAF Board October meeting: Education Session
9. RCDC Bi-Lateral Agreement: Working Group Update C
(a) Draft contract, August 14, 2017
(b) Letter from RCDC, July 4, 2017
10. Central Repository Agreement: Update and Discussions (Manitoba) D
(Guests: *Dr. Jack Gerrow and Marie Dagenais*)
(a) Letter from Dr. Gerrow dated August 9, 2017
(b) Credential Verification and Repository Service Agreement
11. National Dental Examining Board of Canada E
(a) Proposal re Language Proficiency
(b) NDEB Update July 2017
12. PGY1: update – Dr. Bernie White
13. Commission on Dental Accreditation of Canada F
(a) 2016 Financial Information
14. Tele-radiology G
15. Sedation Guidelines in Dental Clinics: National Landscape and Next Steps
16. Items requested by provinces:
 - 16.1 CBCT Imaging (Manitoba)
 - 16.2 Dealing with the “history of practice” from one province to another (Manitoba)
 - 16.3 Court of Appeal – Advertising: invitation to intervene (Alberta)

- 16.4 Botox and Fillers: update (Alberta)
- 16.5 Bill 87: update (Ontario)
- 16.6 RCDSO meeting with EU special envoy:
update (Ontario)
- 16.7 Bill 98: update (Québec)
- 16.8 NAFTA (Ontario)
- 17. International Society of Dental Regulators (ISDR) H
Fall conference: update (ISDR Executive Director)
and attendance
(a) Stakeholder Consultation
- 18. Executive Director's reports I
(a) Federation of Canadian Dentistry Student Association
(b) Association of Canadian Faculties of Dentistry
(c) Royal College of Dentists of Canada
- 19. Adjournment

Report from the Transitional Team Tuesday, July 4, 2017 Zoom meeting

Attendees:

Transitional Team: Dr. Cliff Swanlund, Jerome Marburg, Caroline Daoust

Regrets: Dan Leger

Staff: Dr. Diane Legault

Dr. Cliff Swanlund welcomed everyone and asked the Transition Team (TT) members for their overall comments on the feedback received from British Columbia, Alberta, Manitoba, Ontario, Québec and Nova Scotia on the first TT report.

In light of a generally well-received report and comments expressed, the group felt there was a need to:

1. Reaffirm the “sovereignty” of the assembly of members and its prerogatives:
 - 1.1 update the strategic plan in collaboration with the registrars and ED;
 - 1.2 adopt the annual budget and annual operational plan consistent with strategic plan;
 - 1.3 appoint the auditors;
 - 1.4 vote on any by-law changes;
 - 1.5 hire, dismiss, renew CDRAF Executive Director
2. Clarify the role, term and designation mechanism of the CDRAF's President.
3. Clarify the role of the Registrars' Council (RC) Chair.

It was felt that the above better defined would clarify the flow of decision making processes within the organization.

After an in-depth discussion, the group proposes that **the role of the CDRAF President** be defined along the following lines:

- Chair the annual assembly of members.
- Act as a spokesperson of the organization (note 1).
- Attend the RC meetings (note 2).
- In collaboration with the RC's chair and one other registrar to be appointed by consensus of the registrars, conduct the annual performance review of the Executive Director.

- Call extraordinary meetings of the assembly of members at the request of the registrars if an emergent matter arises needing direction/advice of the assembly.
- Act as a signing authority for the organization.

Note 1: The group feels that 3 persons could speak on behalf of the organization: CDRAF's President, the RC Chair and the Executive Director. The 3 could also decide in collegiality who should speak on any particular issue that arises and/or to appoint an expert on a specific question to respond on behalf of CDRAF.

Note 2: The RC meetings are open meetings. Anyone attending who is not a registrar will be attending as an observer.

The group also came to consensus about a **one year term for CDRAF's President** and recommends that **a function of "President-Elect" be created**. This would allow the President-Elect to acquire knowledge and ensure swift transition. Holding more than a one-year term would mean that rotation would take between 12 and 20 years depending on what type of designation model is chosen for rotation as described more fully below.

As for the **designation mechanisms for both President** and President-Elect, **the following 3 options were considered:**

1. Each of the 10 provinces names are placed in a single hat and drawn at random. There will be provisions for a province to opt-out or to defer to a later date once selected. As an example, Alberta/New Brunswick could wish to be placed into the pool deeper into the "draft" (or differ) in recognition of the fact that they have held the presidency most recently.
2. 2 hats draw: 5 eastern provinces/5 western provinces. Alternate appointment: one west, one east, one west, etc. Same provisions for opting out, deferring and placing Alberta/New Brunswick into the hat later on in the "draft" should that be chosen as an acceptable option.
3. Regional appointment (5 regions: Western (BC and Alberta); Prairies (Saskatchewan and Manitoba); Ontario, Québec, Maritimes (Nova Scotia, New Brunswick, PEI and Newfoundland & Labrador). In this scenario, the rotation would be amongst the five regions and regions with more than one province would have to consult with one and another and designate one person.

In all options, the group felt that it was up to each designated province's judgement to appoint the best suited person to act as President or President-Elect. Based on that principle, no

specific qualifier criteria would be necessary to be designated CDRAF's President. It was also noted that the creation of a President-Elect function would allow anyone to built knowledge and bring continuity to the organization.

As for the **RC Chair role**, the group recommends that he/she:

- Contributes to the organization of RC meeting agendas in collaboration with the Executive Director.
- Ensures oversight on the ongoing RC initiatives.
- Acts as a spokesperson for the organization (note1).
- Participates with the CDRAF President and one other registrar for the performance review of the Executive Director.
- Reports quarterly and annually to the assembly of members.
- Acts as a signing authority on behalf of CDRAF.

Term of RC chair mandate: **one year**.

Designation mechanisms to be decided by the Registrars, options described for the CDRAF President could be considered. Also, if options one or two are considered then the province from which the President is drawn could also be the province from which the registrar chair is drawn. This may make communication and logistics/administration more easy to manage.

As for the "**President-Elect**", he/she would be encouraged to attend RC meetings seizing the opportunity to build knowledge on important and current national regulatory issues. **One year term**.

In closing, the TT decided to consult with the broader group on 2 specific items. A communication would be send to all asking:

A) your preferred option for the designation of CDRAF's President:

1. 10 provinces name in a hat (random selection with option to opt out before the draw or differ).
2. 2 hat draw: 5 eastern provinces/5 western provinces. Alternate appointment: one west, one east, one west, etc.

3. Regional appointment (5 regions: Western (BC and Alberta); Prairies (Saskatchewan and Manitoba); Ontario, Québec, Maritimes (Nova Scotia, New Brunswick, PEI and Newfoundland & Labrador).

B) your opinion (in favor, or not) about the addition of a “President-Elect” function for the reasons mentioned in the report.

To enable the TTeam to meet tight deadlines timelines and have a set of by-laws ready for the October Board meeting, feedback would need to be received by **Friday, July 14, 2017**.

AMS:737955

FEEDBACK ON TTEAM REPORT 2 as of August 1, 2017

PROVINCE	DEDISGANTION CDRAF PRESIDENT	PRES-ELECT FUNCTION
B.C.	Option1	Yes
Alberta	awaiting feedback	awaiting feedback
Saskatchewan	awaiting feedback	awaiting feedback
Manitoba	Option 1	Yes
Ontario	Option 3	O.K. one way or the other
Québec	Option 3	silent
Nova Scotia	Option 2	Yes
New-Brunswick	awaiting for feedback	awaiting feedback
PEI	Option 2	Yes
Newfoundland	Option 1	Yes

The report #2 of T Team was distributed for feedback July 10. A friendly reminder was send on July 31.

President designation mechanisms

Option 1 Each of the 10 provinces names are place in one hat. Random draw.

Option 2: 2 hats draw- 5 eastern provinces-5 western provinces; alternate appointment.

Option 3: Regional appointment - 5 Regions-Western (B.C., Alberta), Prairies (Sask., Manitoba), Ontario, Québec, Atlantic Canada (N.S., N.-B., P.E.I., NF)



Montreal, August 9th, 2017

Dr Diane Legault
Executive Director
CANADIAN DENTAL REGULATORY AUTHORITIES FEDERATION
6 Crescent Road, 3rd Floor
Toronto, ON
M4W 1T1

RE : CDRAF BY-LAWS

Dear Dr Legault,

Following the motion related to the model of governance adopted by the CDRAF Board on April 22th, 2017, and the reports and recommendations of CDRAF Transitional Team, you ask me to review your By-Law no 1 related to the general conduct of the affairs of your Corporation.

For this purpose, I have taken note of the following documents:

- Letters Patent of the corporation
- By-Law no 1
- Motion of the Board on April 22, 2017
- Transitional Team Reports
- Strategic Goal: Governance
- Canada Nor-for-Profit Corporations Act

It seems clear that the willingness of CDRAF Board was, on one hand, to reaffirm the « sovereignty » of the assembly of members and, on the other hand, to define the role of the Registrars' Council and the Registrar's Council Chair.

As a matter of fact, the words "assembly of members" must be identified as the meeting of the members.

The actual structure of the corporation is constituted as follows: the members, the Board and the President/Chair and other officers of the Board.

According to your By-Law no 1, the members are "the provincial or territorial body established by provincial or territorial statute for the professional regulation of dentists within the province or territory who has been granted Membership in the CDRAF".

The Board, according to section 31 of the By-Law no 1, are appointed by the members and they are 15 directors under the formula duly adopted and the Board of Directors is mandated to manage the property and the business affairs of the Corporation.

Then the Board elect the officers and particularly the president as the Chair of the Board.

I understand that there is a wish to grant the Registrars' Council and the Registrar's Council Chair some prerogatives currently reserved to the Board of directors who are entitled to manage or supervise the management of the activities and affairs of the corporation (Section 124 of the Act).

If section 138 of the Act authorize the directors to appoint from their number a managing director and delegate some limited powers, it must be considered as an incomplete solution.

However, in order to find a solution acceptable for all members, we can use the provisions of section 170 (1) of the Canada Not-for-Profit Corporations Act which read as follow:

UNANIMOUS MEMBER AGREEMENT

"An otherwise lawful agreement among all the members of a corporation that is not a soliciting corporation, or among all the members and one or more persons who are not members, that restricts, in whole or in part, the powers of the directors to manage, or supervise the management of, the activities and affairs of the corporation is valid".

If we apply together section 170 (1) of the Act with the By-Law, it means that the provincial dental regulatory authorities may enter into an unanimous agreement to restrict, in whole or in part, the powers of the Board of directors and then share specific powers or functions to the Registrar's Council and Registrar's Council Chair.

This unanimous agreement may then detail which functions and powers shall be kept by the Board of directors and the Chair of the Board and which functions and powers shall be transferred to the Registrars' Council and Registrar's Council Chair.

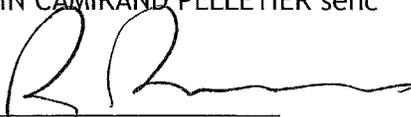
The agreement shall also determine the process if a member wish to exit the agreement.

Therefore, if you agree to go ahead in this way, you must define precisely the specific role and functions share between the Members, the Board of directors and the President/Chair of the Board and the Registrars' Council and the Registrars' Council Chair.

Hoping this opinion to your satisfaction, I remain

Truly yours

MARTIN CAMIRAND PELLETIER senc

Per : 
René Rousseau

E-mail : rrousseau@mcp-avocats.com
Direct line : 514-875-8243

	2016 Actual	2017 Budget	2018 Draft Budget
FUND BALANCE @ BEGINNING OF YEAR			
Fee Rates	\$ 18.00	\$ 18.00	\$ -
REVENUES			
CDRAF Fees:	395,946	405,954	-
Gov't of Canada	118	-	-
Interest	-	-	-
Total Revenues	\$ 396,064	\$ 405,954	\$ -

EXPENSES				Notes:
Meetings/Conferences				
Board meetings/General assembly	\$ 27,222	\$ 21,440	\$ 11,095	1
Management group meetings/Registrars council	13,770	28,240	9,360	2
Other meetings/Conferences - ED	7,134	20,068	13,520	3
Other meetings/Conferences - President	3,990	9,440	4,720	4
ISDR Conference	10,951	13,400	13,400	5
Operations:				
Salary (ED and Executive Assistant)	186,769	183,000	183,000	6
Financial consultant	4,000	8,400	8,400	7
External resources (policy, communications, translations, etc.)	4,197	25,000	25,000	8
Legal	3,359	10,000	10,000	9
Administrative fees (banking, etc.)	750	600	600	
Audit	1,802	3,500	3,500	10
Equipment/Support/Maintenance		5,000	5,000	11
Postage/courier (\$100/mth)	520	2,400	1,200	
Printing/supplies (\$100/mth)	106	2,400	1,200	
Phone/internet (\$175/mth)		2,100	2,100	
Information technology (web hosting, conference calls, Zoom, etc.)	6,599	8,288	8,060	12
ED Professional fees and conferences/PD		5,000	5,000	
Insurance	1,998	2,400	3,700	
Depreciation	490	1,500	1,500	13
Memberships				
CNNAR	848	850	850	
ISDR	2,750	5,500	2,750	
Projects				
	6,112	20,000	30,000	14
Executive Search				
	4,028	-	-	

Total Operations Disbursements	\$ 287,395	\$ 378,526	\$ 343,955
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\$15.25

TOTAL DISBURSEMENTS	\$ 343,955
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\$15.25

Notes:

1 Board meeting/General assembly October (Location Ottawa/Montreal - 1 day)	<i>Meeting 1</i>				
Travel (ED/Executive Assistant (EA)/Accountant) - \$400/avg return flight		1,200			
Hotel (ED/Executive Assistant/ (EA)Accountant) - \$280/person/hotel		840			
Room Rental including Catering		5,500			
Meal/Dinners		405			
October board meeting dinner subsidy (\$70/person * 45 people) to hosting pr		3,150			
		<u>11,095</u>			
2 RC-Four (4) meetings (Montrealx2 + Torontox2)-10 Registrars+ED+EA+Presic	<i>Meeting 1</i>	<i>Meeting 2</i>	<i>Meeting 3</i>	<i>Meeting 4</i>	
Catering (Breakfast/Lunch/Snacks - \$30/person x 18)	540	540	540	540	
Travel ED/EA- \$400/avg return flight	800	800	800	800	
Hotel (ED/EA x \$280/night)	560	560	560	560	
Taxi (\$60/person/trip)	240	240	240	240	
Meals (\$30/breakfast + \$70/dinner)	200	200	200	200	
Room Rental \$650-1000/day includes AV	825	825	825	825	
	<u>2,340</u>	<u>2,340</u>	<u>2,340</u>	<u>2,340</u>	
3 Other meetings/conferences - ED					
Other meetings - 5 to Ottawa by train, 1 to RCDSO by flight	4,080				
Government - 3 meetings	3,540				
ACFD - 1 meeting	1,180				
RCDC - 1 meeting	1,180				
NDEB - 1 meeting	1,180				
CDA - 1 meeting	1,180				
CDAC - 1 meeting	1,180				
	<u>13,520</u>				
4 Other meetings/conferences - President					
Meeting costs	4,720				
	<u>4,720</u>				
5 ISDR Conference based on 2 representatives as designated by Registrars Council					
Conference Fee (\$600USD/person)	1,560				
Travel (2 individuals) \$4000/avg return flight	8,000				
Hotel (2 individuals x \$500/night) @ 3 nights	3,000				
Taxi (\$60/person/trip)	240				
Meals (\$30/breakfast + \$70/dinner)	600				
	<u>13,400</u>				
6 Salary (ED & Executive Assistant)					
Executive Director	150,000				
Executive Assistant - Approx 20 hours/week @ \$31.73/hour = \$33,000/year	33,000				
	<u>183,000</u>				
7 Financial consultant - \$100/hr x 7 hours/month x 12 months/year					
	<u>8,400</u>				
8 External resources - this is based services such as Policy, Translation, Communications, etc.					
	<u>25,000</u>				
9 Consistently have legal expenses - therefore included in budget					
	<u>10,000</u>				
10 Audit, by Deloitte LLP - for each fiscal year					
	<u>3,500</u>				
11 Equipment lease, repairs, service agreements, this would include photocopiers, fax machines, computer software agreements, AV Rentals, Computer Maintenance, Software service agreements, non-capital equip/furniture purchases, etc..					
	<u>5,000</u>				
12 Information technology:					
Web Hosting - monthly cost \$404/month plus tax	4,848				
ZOOM - \$14.99USD or \$21CDN	252				
Conference calls (\$80/month average)	960				
Web Programming/Updates/Changes (20 hours @ \$100/hour)	2,000				
	<u>8,060</u>				
13 Capital Expenditures - initial cash outlay \$7500					
Workstation items: Computer, printer, software license, desk, chair					
Assume 5 year life on capital expenditures		<u>Depreciation/Year</u>			
	2016	1,500			
	2017	1,500			
	2018	1,500			
	2019	1,500			
	2020	1,500			
		<u>7,500</u>			
14 Projects:					
Communications (strategic objective 2 - website/other)		25,000			

Steering Committee/strategic planning exercise

5,000
30,000

Assumptions applied: \$280/person/hotel + \$800/avg return flight or \$150/round trip average drive/train + \$100/person for Breakfast & Dinner

FUND BALANCE REPORT
June 30, 2017

FUND BALANCE as at December 31, 2016 **\$ 125,221**

REVENUES

2017 CDRAF Fees:

Alberta Dental Association + College	45,000	
College of Dental Surgeons of British Columbia	59,796	
College of Dental Surgeons of Saskatchewan	8,244	
Dental Council of PEI	1,494	
Manitoba Dental Association	12,330	
New Brunswick Dental Society	6,138	
Newfoundland Dental Board	3,798	
Ordre des Dentistes du Quebec	84,888	
Provincial Dental Board of Nova Scotia	9,882	
Royal College of Dental Surgeons of Ontario	174,384	405,954

Other Revenue

Govt of Canada	-	-
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Total Revenues **\$ 405,954**

2017 DISBURSEMENTS

Meetings/Conferences

Board meetings	10,292
Management group meetings	4,683
Other meetings/Conferences - ED	4,020
Other meetings/Conferences - President	-
ISDR Conference	-

Operations

Salary (ED and Executive Assistant)	96,823
Financial consultant	4,200.00
External resources	3,267
Legal	-
Administrative fees (banking, etc.)	3,228
Audit	202
Equipment/Support/Maintenance	-
Postage/courier	11
Printing/supplies	795
Phone/internet	1,130
Information technology (web hosting, conference calls, etc.)	3,761
ED Professional fees and conferences/PD	
Insurance	3,629
Depreciation	245

Memberships

	11
CNNAR	848
ISDR	2,750

Projects 11,216

Total Disbursements **\$ 151,109**

Excess (Deficiency) of Revenue over Disbursements **\$ 254,845**

FUND BALANCE as at June 30, 2017 **\$ 380,067**

BALANCE SHEET

As at June 30, 2017

ASSETS

Current

Bank - CIBC	\$ -
Bank - RBC	\$ 382,434
Prepaid Expenses	2,000
Total Current Assets	<u>384,434</u>

Capital Assets	<u>735</u>
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TOTAL ASSETS	<u>\$ 385,169</u>
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LIABILITIES AND FUND BALANCE

Current

Accounts Payable and Accrued Liabilities	\$ 5,092
Total Current Liabilities	<u>5,092</u>

Fund Balances	<u>380,077</u>
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TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 385,169</u>
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Bank Reconciliation

As at June 30, 2017

Bank Reconciliation June 30, 2017 - CIBC	
Balance per Bank, June 30, 2017	-
Less: Outstanding Cheques	-
Add: Outstanding Deposits	-
Adjusted Bank Balance, June 30, 2017	-
Balance per G/L, June 30, 2017	-
Difference	-

Bank Reconciliation June 30, 2017 - RBC	
Balance per Bank, June 30 2017	382,433.92
Less: Outstanding Cheques	
Add: Outstanding Deposits	-
Adjusted Bank Balance, June 30, 2017	382,433.92
Balance per G/L, June 30, 2017	382,433.92
Difference	-

FUND BALANCE vs. BUDGET REPORT

June 30, 2017

	YTD TOTALS	Annual Budget	Difference	% of Budget Used
FUND BALANCE as at December 31, 2016	\$ 125,221	\$ 125,000	221	100.2%
REVENUES				
2017 CDRAF Fees:				
Alberta Dental Association + College	45,000			
College of Dental Surgeons of British Columbia	59,796			
College of Dental Surgeons of Saskatchewan	8,244			
Dental Council of PEI	1,494			
Manitoba Dental Association	12,330			
New Brunswick Dental Society	6,138			
Newfoundland Dental Board	3,798			
Ordre des Dentistes du Quebec	84,888			
Provincial Dental Board of Nova Scotia	9,882			
Royal College of Dental Surgeons of Ontario	174,384			
	<u>405,954</u>	<u>386,244</u>	19,710	105.1%
Other Revenue				
Govt of Canada	-	-	-	
	<u>-</u>	<u>-</u>	<u>-</u>	
Total Revenues	\$ 405,954	\$ 386,244	19,710	105.1%
2017 DISBURSEMENTS				
Meetings				
Board meetings	10,292	21,440	(11,148)	48.0%
Management group meetings	4,683	28,240	(23,557)	16.6%
Other meetings/conferences - ED	4,020	20,068	(16,048)	20.0%
Other meetings/conferences - President	-	9,440	(9,440)	0.0%
ISDR Conference	-	13,440	(13,440)	0.0%
Operations				
Salary (ED and Executive Assistant)	96,823	183,000	(86,177)	52.9%
Financial consultant	4,200	8,400	(4,200)	50.0%
External resources	3,267	25,000	(21,733)	13.1%
Legal	-	10,000	(10,000)	0.0%
Administrative fees (banking, etc.)	3,228	600	2,628	537.9%
Audit	202	3,500	(3,299)	5.8%
Equipment/Support/Maintenance	-	5,000	(5,000)	0.0%
Postage/courier	11	2,400	(2,389)	0.4%
Printing/supplies	795	2,400	(1,605)	33.1%
Phone/internet	1,130	2,100	(970)	53.8%
Information technology (web hosting, conference ca	3,761	8,288	(4,527)	45.4%
ED Professional fees and conferences/PD	-	5,000	(5,000)	0.0%
Insurance	3,629	2,400	1,229	151.2%
Depreciation	245	1,500	(1,255)	16.3%
Memberships				
CNNAR	848	850	(3)	99.7%
ISDR	2,750	5,500	(2,750)	50.0%
Projects				
	<u>11,216</u>	<u>20,000</u>	<u>(8,784)</u>	56.1%
Total Disbursements	\$ 151,098	\$ 378,566	\$ (227,468)	39.9%
Excess (Deficiency) of Revenue over Disbursements	\$ 254,856	\$ 7,678	\$ 247,178	
FUND BALANCE as at June 30, 2017	\$ 380,077	\$ 132,678	247,399	

NOTE: At the end of a Q1, Q2, Q3 & Q4 it is expected that the % of Budget Used will be 25%, 50%, 75% & 100%, respectively.

This Third Party Assessment Service Agreement dated , 2017 (hereinafter referred to as the “**Agreement**”).

BETWEEN:

Name of Provincial Dental DRA, whose principal place of business is located at the City of , Canada, (hereinafter referred to as the “**DRA**”).

AND

Royal College of Dentists of Canada, whose principal place of business is located at the City of Toronto, Canada (hereinafter referred to as the “**RCDC**”).

(each a “**Party**” and collectively, the “**Parties**”)

RECITALS

WHEREAS a written agreement describing the roles and responsibilities of the RCDC and the DRA supports a fair, objective, accountable and transparent relationship in the public interest;

AND WHEREAS the DRA is a party to the Memorandum of Understanding for the profession of Dentistry in Canada with respect to general dentistry and dental specialties made the 10th day of July 2009¹;

AND WHEREAS the DRA is the statutory authorized organization responsible to regulate dentistry in the public interest by the Province of xxxxxx (Province) including the determination of requirements to practice as a dental specialist and standards for competency;

AND WHEREAS the RCDC has the infrastructure and expertise to develop and perform the necessary assessment process consistent with established standards for each nationally recognized dental specialty recognized by the DRA;

AND WHEREAS the Parties wish to define herein their obligations with respect to the assessment process; development of those assessments and recognition of that assessments in connection with the National Dental Specialty Examinations (NDSE).

NOW, THEREFORE, in consideration of the mutual covenants and conditions set forth herein, the Parties, intend to be legally bound, and agree as follows:

SECTION I - ASSESSMENTS

1. The DRA shall recognize successful completion of assessments by the RCDC as part of the requirements for registration as a dental specialist in the Province.

¹ The MOU will be find at Appendix A of this Agreement

2. The RCDC shall establish a National Dental Specialty Examinations Board (NDSEB) to administer and maintain assessment processes - the National Dental Specialty Examinations (NDSE) - for evaluating the competence of individuals who have:
 - a. graduated from a university based dental specialty training programme accredited by the Commission on Dental Accreditation of Canada (CDAC) or an equivalent national accreditation body with an approved reciprocity agreement with CDAC; or
 - b. graduated from a university based dental specialty training programme and holds a certificate of completion or its equivalent from an accredited Canadian dental specialty training programme.
3. The NDSEB shall be composed of:
 - a. a chairperson, selected by consensus of RCDC and CDRAF, as a non-voting member;
 - b. the RCDC Council President as a voting member;
 - c. the RCDC examiner-in-chief as a voting member;
 - d. the RCDC executive director as a *non-voting* member;
 - e. the chief examiner for each dental specialty division as non-voting members;
 - f. an appointee by each DRA as a voting member;
 - g. a public representative appointed by CDRAF as a voting member; and
 - h. a public representative appointed by RCDC as a voting member.
4. The terms of the representatives on the ss. 1(3) NDSEB shall be determined by the appointing organization.
5. The NDSEB is responsible in the assessment process to:
 - a. establish, administer and maintain processes and policies consistent with fair registration practices of impartiality, objectivity, accountability and transparency;
 - b. establish, administer and maintain processes and policies consistent with the DRA standards;
 - c. establish, administer and maintain an application process to identify individuals (Applicants) eligible to participate in the assessments consistent with the DRA standards;
 - d. establish, administer and maintain publications for each dental specialty division in English and French;
 - e. establish, administer and maintain assessments for each dental specialty division in English and French as reasonable in the circumstances;
 - f. establish, administer and maintain a website for publication of information;
 - g. verify credentials of Applicants;
 - h. establish, administer and maintain assessments for each dental specialty division consistent with the DRA standards;
 - i. perform periodic review of assessments;
 - j. establish, administer and maintain a process for notification of participants of application and assessment decisions;
 - k. establish, administer and maintain internal review and appeal processes for assessment decisions;
 - l. perform and retain relevant statistical analysis of application and assessment results;
 - m. retain relevant records of the assessment process for each individual applying or participating; and
 - n. produce an annual report on its activities.
6. The NDSEB shall offer a minimum of one assessment for each division each year.
7. The DRA shall direct individuals to the NDSEB website for information on the assessments.

8. The DRA shall accept documentation of successful completion of the NDSE by the NDSEB as evidence of successful completion of the assessment process for registration purposes in the Province.

SECTION II - EXAMINERS

1. The NDSEB shall establish and apply a single written policy and criteria for the selection of examiners applicable to all dental specialty divisions.
2. The DRA may nominate *prospects* for consideration from the Province.
3. The RCDC is not restricted to *prospects* nominated by the DRA.

SECTION III - PUBLICATION

1. The NDSEB shall publish information on the application process including the:
 - a. requirements for application;
 - b. requirements for credential verification;
 - c. procedures for application;
 - d. costs of application process;
 - e. relevant dates and deadlines in the application process;
 - f. method of notification for application decisions;
 - g. appeal of RCDC application decisions; and
 - h. application policies for documents, language and appeals.
2. The NDSEB shall publish information on the assessment process including the:
 - a. nature and content areas of assessments;
 - b. statistical information on assessment success rates;
 - c. procedures of assessments;
 - d. costs of assessments;
 - e. relevant dates and deadlines in the assessment process;
 - f. method of notification of assessment results;
 - g. appeal of assessment results; and
 - h. assessment policies.
3. The NDSEB shall consult with the DRA prior to significant changes to published information.
4. Nothing in this Section, limits additional information the NDSEB or RCDC may wish to publish relevant to the assessments.

SECTION IV - CONFIDENTIALITY

1. The RCDC shall keep personal information and assessment process results obtained from individuals confidential except:
 - a. for information or results the individual consents to release;
 - b. as provided for by provincial fair registration practices or health professional regulatory legislation;
 - c. as provided for by federal and provincial privacy legislation; or
 - d. for de-identified information used for RCDC research, analysis or reporting.
2. The DRA shall keep all personal information and *assessments* process results of individuals obtained as part of its regulatory and oversight responsibilities confidential except:
 - a. for information or results the individual consents to release;
 - b. as provided for by provincial fair registration practices or health professional regulatory legislation;
 - c. as provided for by federal and provincial privacy legislation; or
 - d. for de-identified information used for RCDC research, analysis or reporting.

SECTION V - OWNERSHIP

1. The DRA recognizes ownership of all intellectual property, questions and psychometric information related and contained in the Assessments resides exclusively with the RCDC.
2. Nothing in this agreement shall be construed as granting the DRA any ownership rights to this intellectual property, questions and psychometric information.
3. The DRA does and shall not have any right to copy or use the intellectual property, questions or psychometric information developed and prepared by the RCDC for the certification process before, during or after the term of this Agreement, without the RCDC's express prior written permission.

SECTION VI - OBSERVATION

1. The NDSEB shall provide a written invitation for the DRA to send an observer to the following events:
 - a. standard setting workshops;
 - b. dental specialty division blueprint workshops;
 - c. assessment question development workshops;
 - d. examiner preparation workshops;
 - e. assessments; and
 - f. key validation of assessment results.
2. The NDSEB shall provide any written invitation sixty days prior to the event circumstances permitting.

SECTION VII – REPORTS

1. The NDSEB shall provide written report/reports annually to the RCDC and DRA.

2. The NDSEB shall report to the RCDC and DRA the following information:
 - a. number of applications received;
 - b. number of complete applications received;
 - c. number of applications processed and average processing time;
 - d. number of special accommodation requests received;
 - e. number of special accommodations granted;
 - f. number and results of assessments;
 - g. number and results of repeated assessments;
 - h. number and results of key validation;
 - i. number and results of appeal applications;
 - j. psychometrician review of assessments;
 - k. examiner-in-chief and chief examiner for each dental specialty division reports;
 - l. Credentials and Appeals committee reports;
 - m. financial information and proposed budget plans for upcoming year.
3. The DRA shall provide a copy of written reports related to the assessment processes produced by the DRA to the NDSEB.

SECTION VIII - PARTICIPATION

1. The DRA may send a representative to participate in any other aspect of the process that the NDSEB invites participation.
2. The DRA may invite the RCDC to participate in any request from provincial authorities with respect to fair registration practices.
3. The RCDC shall participate in all reasonable requests by the DRA related to fair registration practices.

SECTION IX - FUNDING MECHANISM

1. The RCDC shall remain a not for profit corporation for the term of this agreement.
2. The NDSEB shall establish, administer and maintain the assessments on a cost recovery basis.
3. The NDSE application fees shall be the same for Applicants regardless of the dental specialty division.
4. The NDSE assessment fees shall be the same for Participants regardless of the dental specialty division.
5. The NDSE appeal fees shall be the same for Participants regardless of the dental specialty division.
6. Nothing in this section limits the NDSEB from entering into funding arrangements with regulatory authorities, government or governmental agencies to support the assessment process or advance assessment initiatives.
7. The NDSEB shall not enter into funding arrangements with for profit corporations or membership services organizations to support the assessment process or advance assessment initiatives.

8. The NDSEB shall establish assessment reserve funds to mitigate variability in yearly participation; renew the assessments regularly for validity and security; replace existing infrastructure and incorporate technological advances in assessment delivery.
9. Any assessment reserve fund shall be:
 - a. clear with written parameters consistent with the purpose of the fund;
 - b. objective documentation supporting the written parameters; and
 - c. subject to consultation with the DRA before accepting funds.
10. The NDSEB shall consult with the DRA prior to any change in fees.
11. The NDSEB shall publish changes to fees for an upcoming certification process 90 days prior to the application deadline.
12. No fees other than those published by the NDSEB on its website shall be charged in the certification process.

SECTION X - JURISDICTION

This Agreement is governed by and will be construed in accordance with the laws of the Province of Ontario and the laws of Canada, applicable therein. The Parties attorn to the exclusive venue and jurisdiction of the Courts of Ontario, and waive any arguments under the conflict of laws removing such exclusive venue, jurisdiction or governing law.

SECTION XI - TERM

1. The Agreement will come into full force and effect on the day first written above.
2. The Agreement is ongoing and subject to amendments, modifications or termination by the Parties.
3. Either Party may terminate this agreement by providing the other party 365 days written notice.

SECTION XII - REVIEW

1. The Agreement shall be reviewed by representatives of the Parties on an annual basis.
2. The Agreement may be reviewed at any time at the request of either Party.

SECTION XIII - AMENDMENT or MODIFICATIONS

1. This Agreement or any provision may not be modified, altered, amended or waived except:
 - a. in writing and signed by the Parties; or
 - b. to comply with legislative changes in the Province.

SECTION XIV - AUTHORITY TO BIND

1. The Parties affirm that the individual(s) executing this Agreement has the authority to bind the Party to the terms of the Agreement.
2. An electronic copy or facsimile of a Party's signature shall be binding upon the signatory with the same force and effect as an original signature.

SECTION XV - SEVERABILITY

If any provision of this Agreement, or any application thereof to any circumstances, is invalid, in whole or in part, such provision or application shall to that extent be severable and shall not affect other provisions or applications of this Agreement.

SECTION XVI – ENTIRE AGREEMENT

This Agreement sets forth the entire understanding of the Parties with respect to the subject matter and supersedes all prior agreements, written or oral, between them as to such subject matter.

SECTION XVII - TENSE AND HEADINGS

Whenever any words used herein are in the singular form, they shall be construed as though they were also used in the plural form in all cases where they would so apply. The headings contained herein are solely for the purposes of reference and are not part of this Agreement and shall not in any way affect the meaning or interpretation of this Agreement.

SECTION XVIII - NOTICES

1. Notices from the DRA to the RCDC shall be sent either electronically to the Executive Director of the RCDC or delivered by registered mail to:
180 Dundas Street West, Suite 2404
Toronto, Ontario
M5G 1Z8 (Canada)
2. Notices from the RCDC to the DRA shall be sent either electronically to the Registrar of the DRA or delivered by registered mail to:
Address
City, Province
Postal Code (Canada)

SECTION XIX - COUNTERPARTS

1. This Agreement may be executed in two or more counterparts; each of which shall be deemed to be an original but all of which together shall constitute one and the same instrument.

Name of DRA

Per: _____

Print Name: _____

Title: _____

Royal College of Dentists of Canada

Per: _____

Print Name: _____

Title: _____

DRAFT


RCDC

THE ROYAL COLLEGE OF DENTISTS
OF CANADA

Dr. Diane Legault
Executive Director
Canadian Dental Regulatory Authorities Federation
6 Crescent Road
Toronto, ON M4W 1T1

July 4, 2017

Dear Diane,

Thank you for your call on Friday regarding the most recent contract. I met with our group of principals, assigned to negotiate the contract, on July 2nd.

On behalf of The Royal College of Dentists of Canada, I am pleased to inform you that we are in agreement with the contract draft we received on June 20, 2017.

There is some language in the contract we would like to see modified or clarified, minor in nature, but necessary for our complete comfort in moving forward. To that end, I would like to meet with Dr. Van Woensel, whom we understand was the author of the most recent version, to clarify some of the terminology. I am prepared to meet with Dr. Van Woensel in Winnipeg at a time convenient for him either this week or next, as we believe this is the most convenient way to expedite this process. Once these changes are made, we are looking forward to signing the contract in advance of the September deadline.

The Royal College of Dentists of Canada thanks you for your participation at our recent Component II examinations and for working hard to assist in keeping the contract negotiations moving along.

Kindest regards,



Peter McCutcheon
Executive Director

August 9, 2017

Dr. Diane Legault, Executive Director
CDRAF
6 Crescent Road
Toronto, ON M4W 1T1

Dear Dr. Legault:

As discussed during our meeting on April 21, 2017, this is a report on the status of the Electronic Document Repository agreement (attached). The NDEB is also asking for guidance in this matter. There seem to be three options,

Option 1

Ideally, the NDEB would revise its document requirements for graduates of accredited dental programs to mirror that of the graduates of non-accredited programs. Requiring all applicants, no matter where they graduated, to submit the same requirements would improve transparency, accountability and fairness. However, the NDEB realizes that requesting graduates of accredited dental programs to submit their original diploma may not be a realistic or necessary action. The next best option would be to require that all accredited graduates provide an original official transcript of marks as proof of graduation prior to being certified. Currently, all applicants except Canadian students are required to provide this document to be certified. This option would delay licensure for some graduates of Canadian dental programs by approximately two weeks.

Option 2

The NDEB understands from the DRAs in Ontario and Quebec that they do not want to delay the licensure of graduates of Universities in their provinces by requiring them to provide an original transcript of marks to the NDEB. To accommodate these DRAs and still meet best practice in credential verification, the NDEB could investigate the possibility of issuing a provisional certificate to graduates that would be valid for a set amount of time. The graduates would have to provide a transcript within that time. If the transcript is not provided the provisional certificate would expire and their registration/license would be invalid. The DRAs would have to agree to an "invalidation" procedure.

Option 3

The third option is to maintain the current required documents:

- Graduates of Canadian accredited programs are certified based on a list of individuals recommended for graduation received from Faculties of Dentistry. The NDEB would therefore not have a diploma or transcript for these individuals.
- Graduates of accredited programs outside of Canada are certified after an original transcript of marks is provided to the NDEB directly from the university. The final transcript of marks confirms

the date the degree was awarded. The NDEB would therefore not have a diploma for these individuals.

- Graduates of non-accredited dental programs must provide an original transcript of marks, a Confirmation of Degree Completion Form, their original diploma, and a notarized copy of the internship completion certificate (if required). The NDEB would therefore have all documents listed in the agreement for these individuals.

If Option 3 is agreed upon, all DRAs will have to sign a revised agreement on the document repository clarifying the differences and that CDRAF has directed NDEB to maintain the differences.

All of the DRAs also need to be aware of the NDEB's current Alternative Document Submission Process. Should the document repository move forward, it will be important for all of the DRAs to be aware of the NDEB's process for applicants who cannot provide the required documents such as immigrants with refugee status. A copy of the Alternative Document Submission Process is attached. If NDEB representatives are invited to attend the CDRAF meeting in August, we would be happy to discuss the Document Repository and the Alternative Document Submission Process.

Please contact me as soon as possible regarding NDEB participation in the August meeting.

A handwritten signature in black ink that reads "Jack D. Gerrow". The signature is written in a cursive, flowing style.

Dr. Jack D. Gerrow DDS, MS, MEd, Cert Pros
Executive Director & Registrar

cc. NDEB Executive Committee
Angie Sherban

Alternative Documentation Submission Process

Applicants who are unable to submit Required Documents due to circumstances beyond their control may use the NDEB Alternative Documentation Submission Process.

The NDEB will consider the evidence submitted on a case by case basis and provide reasons for any decision.

Definitions

Notarized

- notarized photocopies must bear the original seal and signature of a Notary Public or a Commissioner of Oaths
- the Notary Public or Commissioner of Oaths must make a photocopy of the original degree issued by the university or other original documents and place their stamp or seal on the photocopied document. Do not photocopy the document yourself.
- the seal or notary statement must state that the document is a true copy of the original document seen by the Notary Public or Commissioner of Oaths who has notarized the document
- original seals must display the credentials of the individual in English or French. Translated seals will not be accepted

If you are unable to have document(s) notarized by a local Notary Public or Commissioner of Oaths, whose credentials are in English or French, you may have an Officer of a Canadian Consulate or Canadian Embassy make a notarized photocopy of your document(s).

Original translation

- must be done by a certified translator, and bear the original seal and signature of the certified translator
- must be secured by the certified translator to a photocopy of the original document that was translated. Documents paper clipped together will not be accepted.
- the certified translator must place their seal and initial or signature on all pages of the document
- original seals must display the credentials of the certified translator in English or French. Translated seals will not be accepted

A translation done or attested by a school official, such as a Dean or Registrar, or a notarized photocopy of a translation will not be accepted.

Certified translator

- an individual who has been evaluated by a translation authority and holds a licence, issued by a government recognized translation association, to perform legal translations

Original sworn affidavit

Original sworn affidavit means the applicant's written sworn statement in English or French that is legally binding, signed and sealed or stamped by a Notary Public or Commissioner of Oaths. Seals or stamps must be original and must display the credentials of the Notary Public or Commissioner of Oaths in English or French.

The affidavit must contain the following information:

- your identity
- the reasons why you cannot submit the required documents
- the attempts made to obtain the documents
- the name of the university you attended
- name and description of all courses taken
- the dates you attended and completed your dental program
- the name of the degree granted and the date it was granted

Statement of Good Standing

Good Standing means that the applicant holds a current practicing license and is not subject to any disciplinary finding that would prohibit or restrict the practice of dentistry.

This Credential Verification and Repository Service Agreement dated _____, 2017 (hereinafter referred to as the "**Agreement**").

BETWEEN:

Name of Provincial Dental Regulatory Authority, whose principal place of business is located at the City of _____, Canada, (hereinafter referred to as "DRA").

AND

National Dental Examining Board of Canada, whose principal place of business is located at the City of Ottawa, Canada (hereinafter referred to as the "**NDEB**").

(each a "**Party**" and collectively, the "**Parties**")

RECITALS:

WHEREAS the Parties wish to enter into an Agreement where the NDEB agrees to verify and retain documents that are common to the NDEB and the DRA;

AND WHEREAS the NDEB agrees to verify documents of participants applying to the NDEB Equivalency Process and of candidates applying to the NDEB Certification Process;

AND WHEREAS upon completion of the verification process, the NDEB will digitally store the aforesaid documents;

AND WHEREAS the Parties wish to define herein the obligations of the Parties with respect to the handling and disclosure of Confidential Information that may be disclosed to each other in connection with the NDEB Certification Process or the NDEB Equivalency Process.

NOW, THEREFORE, in consideration of the mutual covenants and conditions set forth herein, the Parties, intend to be legally bound, and agree as follows:

SECTION I - CREDENTIAL VERIFICATION

1. The NDEB shall establish, administer and maintain a credential verification process that includes the following:
 - a. a consistent fair registration practice that is impartial, objective, accountable and transparent;
 - b. the consistent application of DRA standards;
 - c. the publication of the credential verification process on the NDEB Website, in English and French;
 - d. policies for alternative documentation in circumstances where an applicant is not able to access required documents; and
 - e. retention of relevant records for each individual applying or participating in the NDEB Certification Process or the NDEB Equivalency Process.

2. The NDEB shall collect and verify the authenticity, in an appropriate format, of the following documents:
 - a. confirmation of degree completion from the dental program;
 - b. academic record from the undergraduate dental program;
 - c. government issued photo identification supplied at the time of application;
 - d. proof of name change/difference in name, if applicable;
 - e. final dental diploma/degree;
 - f. internship completion certificate, if applicable;
 - g. translation of any document, if applicable; and
 - h. any additional documents the NDEB requires for the purpose of verifying credentials of an applicant.
3. The NDEB shall retain a true copy, in an electronic format, of all documents collected in the credential verification process stated in Section 1 (2) of this Agreement. The NDEB also ensures that the documents will be kept in a secure database for a period of 60 years and will be accessible to the DRA if it meets and complies with NDEB security protocols.

SECTION II - CENTRAL DOCUMENT REPOSITORY

1. The NDEB shall establish, administer and maintain a repository for documents collected in the credential verification process.
2. The DRA shall recognize certification by the NDEB from DAY MONTH YEAR forward as evidence of submission and verification of the documents listed in Section 1(2) and as satisfactory evidence for the registration process in the Province.
3. The NDEB shall make certificate numbers and date of issue accessible to the DRA through a secure online portal.
4. The NDEB shall require all applicants to consent, in the application form, to the release to the DRAs any and all information that the NDEB has in its repository of documents about the applicant. The DRA agrees that the NDEB is not liable, directly or indirectly to the applicant, and will indemnify the NDEB for any and all actions or claims against the NDEB arising out of the release of the aforesaid information by the DRA to a third party. On an exceptional basis, the NDEB shall provide the DRA requested information or documents within seven days of receiving the request provided the DRA has a valid executed written consent agreed to and signed by the applicant and to pay a fee to the NDEB to be determined by the NDEB.
5. The DRA requests that the information or documents be submitted electronically to the DRA by the NDEB in a format agreed to by the Parties.

SECTION III – CONFIDENTIALITY

1. The NDEB shall keep information obtained in the credential verification process confidential except:
 - a. where the individual consents to release of the information or documents;
 - b. as provided for by provincial fair registration practices or health professional regulatory legislation;
 - c. as provided for by federal and provincial privacy legislation;
 - d. for de-identified information used for NDEB research, analysis or reporting; or
 - e. where required by law.

SECTION IV - PERIODIC REVIEW, OBSERVATION AND REPORTS

1. The NDEB shall review the credential verification process, policies and published information annually.
2. The NDEB shall consult with the DRA on any proposed changes in the credential verification process or policies prior to a decision.
3. The DRA may request a review of the credential verification process, policies or published information by the NDEB.
4. The DRA may request an onsite review of the credential verification process with thirty days written notice to the NDEB.
5. The NDEB shall submit an annual report to the DRA containing:
 - a. the number of applications received:
 - i. in total;
 - ii. from Canadian accredited dental training programs;
 - iii. from non-Canadian accredited training programs;
 - iv. from non-accredited dental training programs; and
 - v. from non-accredited dental training programs with an address in the Province;
 - b. the number of applications approved:
 - i. in total;
 - ii. from Canadian accredited dental training programs;
 - iii. from non-Canadian accredited training programs;
 - iv. from non-accredited dental training programs; and
 - v. from non-accredited dental training programs with an address in the Province;
 - c. the number of approved applications:
 - i. minimum, maximum and average processing time;
 - d. number of alternative document requests received;
 - e. number of alternative document requests approved; and
 - f. number and results of appeals of rejected application.
2. Any and all reports prepared by the DRA about the NDEB credential verification process shall be provided to the NDEB within a reasonable time of completion of the report.

SECTION V - FUNDING MECHANISM

1. The NDEB shall remain a not for profit corporation for the term of this Agreement.
2. The NDEB shall establish, administer and maintain the credential verification and repository on a cost recovery basis.
3. Nothing in this section limits the NDEB from entering into funding arrangements with regulatory authorities, government or governmental agencies to support the credential verification process or repository initiatives.
4. The NDEB shall not enter into funding arrangements with for profit corporations or membership services organizations to support the credential verification process or repository.
5. The NDEB shall consult with the DRA prior to any proposed change in fees.
6. No application fees, other than those published by the NDEB on its website, shall be charged to the applicant.

SECTION VI – JURISDICTION

1. This Agreement is governed by and will be construed in accordance with the laws of the Province of Ontario and the laws of Canada, applicable therein. The Parties attorn to the exclusive venue and jurisdiction of the Courts of Ontario, and waive any arguments under the conflict of laws removing such exclusive venue, jurisdiction or governing law.

SECTION VII – TERM

2. The Agreement will come into full force and affect on the day first written above.
3. The Agreement is ongoing and subject to amendments, modifications or termination by the Parties.
4. Either Party may terminate this agreement by providing the other party 60 days written notice.

SECTION VIII – REVIEW

1. The Agreement shall be reviewed by representatives of the Parties on an annual basis.
2. The Agreement may be reviewed at any time at the request of either Party.

SECTION VIII – AMENDMENT or MODIFICATIONS

1. Neither this Agreement nor any provision hereof may be modified, altered, amended or waived except in writing and signed by the Parties; or
2. If required to by Provincial legislative changes.

SECTION IX- AUTHORITY TO BIND

1. The Parties affirm that the individual(s) executing this Agreement has the authority to bind the Party to the terms hereof.
2. An electronic copy or facsimile of a Party's signature shall be binding upon the signatory with the same force and effect as an original signature.

Section X - SEVERABILITY

1. If any provision of this Agreement, or any application thereof to any circumstances, is invalid, in whole or in part, such provision or application shall to that extent be severable and shall not affect other provisions or applications of this Agreement.

Section XI – ENTIRE AGREEMENT

1. This Agreement sets forth the entire understanding of the Parties hereto with respect to the subject matter hereof and supersedes all prior agreements, written or oral, between them as to such subject matter.

Section XII - TENSE AND HEADINGS

1. Whenever any words used herein are in the singular form, they shall be construed as though they were also used in the plural form in all cases where they would so apply. The headings contained herein are solely for the purposes of reference and are not part of this Agreement and shall not in any way affect the meaning or interpretation of this Agreement.

Section XIII - NOTICES

1. Notices from the DRA may be sent electronically to the Registrar of the NDEB or delivered by registered mail to:
80 Elgin Street 2nd Floor
Ottawa, Ontario
K1P 6R2 (Canada)
2. Notices from the NDEB to the DRA may be sent electronically to the Executive Director or equivalent of the DRA or delivered by registered mail to:

Section XIIV - COUNTERPARTS

1. This Agreement may be executed in two or more counterparts; each of which shall be deemed to be an original but all of which together shall constitute one and the same instrument.

Name of DRA

Per: _____

Print Name: _____

Title: _____

The National Dental Examining Board of Canada

Per: _____

Print Name: _____

Title: _____

2017

NDEB Update

July



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Summary

Through the administration of the Certification Process and the Equivalency Process, the NDEB ensures a valid and reliable evaluation of competence for dentists in Canada.

Over the last few months the NDEB has appointed a new Executive Director and Registrar, received a favourable outcome in a Judicial Review, administered two examinations and two assessments, and hosted over 100 Examiners for the ACS Evaluation Session.

The following report provides an overview of the NDEB's activities since April 2017.

Governance

By-laws

The By-laws Committee met in April and will be meeting again in August to review and recommend additional changes to the 2018 By-laws. The changes are largely to clarify the process for determining misconduct and to expand the consequences for those who have been found to have compromised the integrity of the examination/assessment.

Executive Director and Registrar

In May 2017, the NDEB announced that Dr. Marie Dagenais, the Director of Examinations and Credential verification since August 2015 will be 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 a number of 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.



Legal

In June 2017, the NDEB attended a Judicial Review hearing for the Assessment of Clinical Skills (ACS). The claim is for the review was that the NDEB failed to provide sufficient details in the reasons for the failure, that the grading criteria for the ACS are vague and ambiguous, and that the participant should have been entitled to a second oral hearing. The court ruled in favour of the NDEB stating that: "the respondent [NDEB] is entitled to deference, both in the development of the standards to be met in the clinical assessment and the evaluation process. Similarly, the decision of the Appeals Committee is entitled to deference in the assessment of clinical skills in accordance with those standards and process." The participant has filed a leave to appeal the decision.

Communications

In early spring, the NDEB administered a website usability survey with the intent of gathering feedback on the website's functionality and content. The survey responses indicated that the website navigation requires improvement and that certain content areas require expansion. As a result, the NDEB has contracted Longship Consulting, a web usability company, to assist in redesigning the user interface to make it more intuitive and user friendly, and will be expanding specific content areas to meet the needs of its stakeholders.

As part of a communication audit, the NDEB also administered a stakeholder communication survey to gather feedback on the NDEB's current communication tools. Results from the survey, indicate that overall stakeholders are satisfied with the content and frequency of communications; however, they are open to receiving more and in varied formats. The NDEB is currently investigating alternative communication tools such as video and social media platforms.

Examinations and Assessments

Misconduct

Since March, the NDEB has investigated 32 cases of misconduct during its examinations/assessments. The Examinations Committee has held two separate telephone conferences to review the cases one following the March Written Examination and OSCE, and another in early July following the ACS and ACJ. In light of the increase in misconduct, the Examinations Committee has asked the By-laws Committee to review and revise the By-laws regarding misconduct.

Fraud

In April 2017, the NDEB received an application to participate in the Certification Process from an individual claiming to have graduated from the University of Minnesota. During the credential verification process, it became apparent the individual was misrepresenting himself as a graduate of an accredited dental program. The NDEB immediately contacted the Royal College of Dental Surgeons of Ontario and the Ottawa Police. Omar Anwar was arrested on numerous charges and is waiting for his hearing.

Certification Process

The Written Examination and OSCE were administered in May 2017. As in March, NDEB staff attended the examinations at each centre to observe and ensure NDEB administration processes were followed and consistent across all centres. The statistics for the May examinations can be found in Table 1.

Examination	# of Candidates	% Pass
Written Examination	247	87
OSCE	210	98

Table 1

Summary of historical pass rates

	Written Examination		OSCE	
	# of Candidates	% pass	# of Candidates	% pass
2012	889	94	852	98
2013	969	89	920	97
2014	1126	89	1073	99
2015	1209	88	1165	95
2016	1262	87	1129	93
2017	1046	87	1005	96

Table 2

Equivalency Process

The Assessment of Clinical Judgement and the Assessment of Clinical Skills were administered at centres across the country on June 2 – 4, 2017. The results for the June ACJ and ACS can be found in Table 3. Following the June assessments, the NDEB hosted the ACS Evaluation Session at the EY Centre in Ottawa. Over 100 dentists from across Canada came to Ottawa to participate in the session.

Assessment	# of Participants	% Pass
ACJ	342	38
ACS	406	40

Table 3

Table 4 is a summary of the historical pass rates for the Equivalency Process.

Summary of Historical Pass Rates

	AFK		ACJ		ACS	
	# of Participants	% pass	# of Participants	% pass	# of Participants	% pass
2011	821	44	289	50	266	23
2012	1125	36	373	65	359	36
2013	1187	42	493	59	483	30
2014	1277	48	652	70	709	40
2015	1498	50	899	60	718	36
2016	1238	51	754	75	732	37
2017	640	44				

Table 4

In June 2017, the NDEB Board appointed Dr. Gord Janke as Chief Examiner for the Assessment of Clinical Skills. Dr. Janke has been Assistant Chief Examiner for many years and succeeds Dr. Melanie Wood who had been Chief Examiner since 2010. The NDEB is appreciative of Dr. Wood's contributions and dedication to the NDEB and to the ACS in particular.

Electronic Examinations

The NDEB continues to work towards the administration of its examinations and assessments electronically. It is currently in the final stages of negotiations with Prometric and Zoomorphix and is intending to present an implementation plan to the Board in October for approval.

Program Services

The NDEB is in the preliminary development stages for a new online registration system. BrightLink Technology's Clarus system will be an upgrade from the current online portal and should provide increased reporting and functionality, as well as be well supported by BrightLink.

Research

Since 2011, there have been four distinct educational pathways to NDEB certification:

- Graduation from an accredited program in Canada
- Graduation from an accredited program outside of Canada (United States, Australia, Ireland, or New Zealand)
- Graduation from an accredited Qualifying/Degree Completion Program
- Completion of the NDEB Equivalency Process

In June 2017, the NDEB circulated a request for proposal to Canadian Faculties of Dentistry asking for proposals for a project that would determine if there are differences in the integration into practice of candidates who obtain NDEB certification based on education pathway. The results of this study will contribute to the validity evidence supporting the examination process and will assist the NDEB in developing assessments and examinations. The deadline for submission is August 15, 2017.



Upcoming Meetings and Workshops

The Executive Committee, and the Finance and Audit Committee will be holding meetings on September 7 & 8, 2017 in Ottawa. In addition, the Examinations Committee will hold a telephone conference on September 7 to review and recommend the 2018 ACS Protocol for approval by the Board in October.

The NDEB Annual Meeting will be held at the Lord Elgin Hotel in Ottawa on October 21, 2017. A retirement dinner for Dr. Jack Gerrow will take place that evening.

There are a number of question and examination development workshops taking place over the next several months. The following is a list of workshop scheduled between August 1 and November 30, 2017.

Date	Workshop	Location
Aug 9 – 11	ACJ Selection	Ottawa, ON
Aug 10 – 11	OSCE 2 nd Review	Ottawa, ON
Aug 16-19	Virtual OSCE Question Development	Montreal, QC
Aug 17-18	AFK 2 nd Review	Ottawa, ON
Aug 18	ACJ 2 nd Review	Ottawa, ON
Sept 5-7	Written Final Review	Ottawa, ON
Sept 8 – 9	Virtual OSCE Question Development	Ottawa, ON
Sept 9-10	ACJ Final Review	Ottawa, ON
Sept 20-21	AFK Final Review	Ottawa, ON
Sept 22	Terminology Summit	Ottawa, ON
Sept 23-25	Virtual OSCE Question Development Written/AFK Question Development	Ottawa, ON



MEMORANDUM

DATE: April 28, 2017

TO: Commission on Dental Accreditation of Canada (CDAC) Members
ACFD, CDA, CDAA, CDHA, NDAEB, NDEB, NDHCB, RCDC,
Regulatory Authorities

FROM: Dr. Amarjit Rihal, DMD
Chair, CDAC

SUBJECT: 2016 CDAC Financial Information

A handwritten signature in black ink, appearing to be "AR", is positioned to the right of the "FROM:" field.

Please find enclosed detailed financial information for the Commission on Dental Accreditation of Canada (CDAC) for 2016 and the draft budget for 2018. This document provides your organization more information on the source and use of funds provided to CDAC.

The CDAC Finance Committee reviewed the enclosed documentation, in consultation with the Canadian Dental Association (CDA) accounting staff, prior to its circulation.

The following information is based on the actual 2016 year-end audited financial information for CDAC.

As of December 31, 2016, CDAC net assets resulted in a balance of \$562,174.

Upon review of the document, should additional clarification be required, please do not hesitate to contact me or the CDAC staff.

NOTE DE SERVICE

DATE : Le 28 avril 2017

À : Membres de la Commission de l'agrément dentaire du Canada (CADC),
AFDC, ADC, AADC, AHDC, BNEAD, BNED, BNCHD, CRCDC,
Organismes de réglementation dentaire

DE : Dr Amarjit Rihal, DMD
Président, CADC



OBJET : États financiers de la CADC pour l'année 2016

Veillez trouver ci-joint les états financiers de la Commission de l'agrément dentaire du Canada (CADC) pour l'année 2016 et l'ébauche du budget pour l'année 2018. Le document renseigne davantage votre organisme sur la source et l'utilisation des fonds fournis à la CADC.

Le Comité des finances de la CADC a examiné le document joint en annexe, en consultation avec le personnel comptable de l'Association dentaire canadienne (ADC), avant de le distribuer.

Les détails suivants sont basés sur les états financiers vérifiés pour la fin de l'année 2016 de la CADC.

Au 31 décembre 2016, les avoirs nets de la CADC indiquaient un surplus de 562 174 \$.

Si vous désirez obtenir des informations supplémentaires suite à la lecture de ce document, n'hésitez pas à communiquer avec moi ou le personnel de la CADC.



**DETAILED FINANCIAL
INFORMATION FOR 2016
AND THE 2018 DRAFT BUDGET**

**RENSEIGNEMENTS DÉTAILLÉS SUR
LES FINANCES POUR L'ANNÉE 2016
ET L'ÉBAUCHE DU BUDGET DE L'ANNÉE 2018**

Commission on Dental Accreditation of Canada
Commission de l'agrément dentaire du Canada
1815 Alta Vista
Ottawa, ON K1G 3Y6
Telephone: (613) 523-7114
Fax/télécopieur: (613) 523-7489
Email/courriel: cdac@cda-adc.ca

Commission on Dental Accreditation of Canada
2016 Actual (as of December 31, 2016) with 2016 and 2017 budgets for comparison

		2016 Actual	2016 Budget	2017 Budget
Revenue				
Contributions				
Dentistry				
Regulatory Authorities	A	380,145	382,255	452,700
NDEB	B	36,360	36,360	36,360
RCDC	E	5,000	5,000	5,000
Dentistry		421,505	423,615	494,060
Dental Hygiene				
Regulatory Authorities		191,849	189,240	229,570
NDHCB	C	10,000	10,000	10,000
Dental Hygiene		201,849	199,240	239,570
Dental Assisting				
Regulatory Authorities		97,063	99,806	123,835
NDAEB	D	26,800	26,800	24,660
Dental Assisting		123,863	126,606	148,495
Contributions		747,217	749,461	882,125
Surveys	F			
Dentistry				
F Survey Fees - Universities		45,962	42,390	47,825
F Survey Fees - Hospitals/Internship		20,942	17,790	11,000
Dentistry		66,904	60,180	58,825
Dental Hygiene				
F Survey Fees - Colleges		56,017	53,150	52,000
Dental Hygiene		56,017	53,150	52,000
Dental Assisting				
Survey Fees - Colleges		49,223	47,109	40,300
Dental Assisting		49,223	47,109	40,300
Surveys		172,144	160,439	151,125

Commission on Dental Accreditation of Canada
2016 Actual (as of December 31, 2016) with 2016 and 2017 budgets for comparison

	2016 Actual	2016 Budget	2017 Budget
Other			
Dentistry			
NDEB contribution - US site visits	B 7,057	6,000	6,000
Dentistry	7,057	6,000	6,000
Commission			
G Interest	G 3,550	10,000	5,000
Commission	3,550	10,000	5,000
Other	10,607	16,000	11,000
Sub-total	929,968	925,900	1,044,250
Surveys - Self Funded	H		
Dental Assisting			
H Survey Fees - Dental Assisting programs in non regulated province	19,114	15,400	16,800
Dental Assisting	19,114	15,400	16,800
Surveys - Self Funded	19,114	15,400	16,800
Total Revenue Before RA			
Dentistry	115,321	107,540	106,185
Dental Hygiene	66,017	63,150	62,000
Dental Assisting	95,137	89,309	81,760
Commission	3,550	10,000	5,000
Total Revenue	280,025	269,999	254,945
Total Revenue			
Dentistry	495,466	489,795	558,885
Dental Hygiene	257,866	252,390	291,570
Dental Assisting	192,200	189,115	205,595
Commission	3,550	10,000	5,000
Total Revenue	949,082	941,300	1,061,050

Commission on Dental Accreditation of Canada
2016 Actual (as of December 31, 2016) with 2016 and 2017 budgets for comparison

	2016 Actual	2016 Budget	2017 Budget
Expenses			
Stakeholder Meetings and Other Expenses			
Dentistry			
Meeting with ADA	5,146	6,000	-
Meeting with NDEB	15	500	500
Meeting with RCDC	4,868.00	2,000	3,000
Meeting with CEO and DRA Registrars	5,649.00	2,000	3,000
Meeting with ACFD/ADEA	5,633.00	2,000	2,000
Meeting with CDRAF	5,305.00	3,000	6,000
CDA Board Meetings	3,012.00	2,500	3,000
ADA Reciprocity Agreement - Site Visits	B 9,116.00	9,000	9,000
International Agreements	-	-	35,000
Meeting - International Society of Dental Regulators (ISDR)	-	-	10,000
Dentistry	38,744	27,000	71,500
Dental Hygiene			
Meeting with NDHCB	788	500	500
Meeting with CDHA		500	500
Meeting with FDHRA		1,000	1,000
Dental Hygiene	788	2,000	2,000
Dental Assisting			
Meeting with CDAA	911	1,000	1,000
Meetings with NDAEB	-	1,000	1,000
Dental Assisting	911	2,000	2,000
Stakeholder Meetings and Other Expenses	40,443	31,000	75,500
Surveys			
Dentistry			
J Survey Expenses - Universities	32,720	27,500	72,000
J Surveys Expenses - Hospitals/Internship	36,507	26,650	17,000
Dentistry	69,227	54,150	89,000
Dental Hygiene			
J Surveys Expenses - Colleges	27,345	38,500	83,000
Dental Hygiene	27,345	38,500	83,000
Dental Assisting			
Surveys Expenses - Colleges	42,758	35,500	54,000
Dental Assisting	42,758	35,500	54,000
Surveys	139,330	128,150	226,000

Commission on Dental Accreditation of Canada
2016 Actual (as of December 31, 2016) with 2016 and 2017 budgets for comparison

		2016 Actual	2016 Budget	2017 Budget
CDAC Activities				
Commission				
Commission - Annual Meeting		104,992	103,000	103,000
Planning Grp Mtg		-	-	-
Financial Committee Meeting		-	2,000	2,000
Meeting of Sub-Committee - Nomination		-	250	250
Meeting of Sub-Committee - Documentation		75	8,000	8,000
Liaison with Regulatory Authorities		3,144	5,000	7,000
General Liaison		877	2,000	2,000
Review/Revision of Accreditation Requirements		-	-	3,000
Taskforce on Dental Specialty Reciprocity		-	-	-
Facilitate Incorporation		-	-	-
Facilitate Policy and Issues Management		-	-	-
Database Project		-	-	-
Meeting with ADA		-	-	6,000
Legal Expense and Appeals		-	-	-
International Agreements		-	35,000	-
Meeting - International Society of Dental Regulators (ISDR)		19,292	-	-
Workshop		-	-	-
Sharepoint User Group		-	-	-
Bank Service Charges		943	500	500
Miscellaneous Commission	I	3,126	-	-
Commission Meetings		132,449	155,750	131,750
Administrative Allocation				
K Payroll Allocation	K	476,478	455,000	455,000
L Rent	L	32,000	32,000	32,000
M Operations	M	56,000	56,000	56,000
N Administrative Services	N	68,000	68,000	68,000
Administrative Allocation		632,478	611,000	611,000
CDAC Activities		764,927	766,750	742,750
Sub-total		944,700	925,900	1,044,250

Commission on Dental Accreditation of Canada
2016 Actual (as of December 31, 2016) with 2016 and 2017 budgets for comparison

	2016 Actual	2016 Budget	2017 Budget
Surveys - Self Funded			
Dental Assisting			
Survey Expenses - Dental Assisting programs in non regulated provinces	16,511	15,400	16,800
Dental Assisting	16,511	15,400	16,800
Surveys - Self Funded	16,511	15,400	16,800
Total Expenses			
Commission	764,927	766,750	742,750
Dentistry	107,971	81,150	160,500
Dental Hygiene	28,133	40,500	85,000
Dental Assisting	60,180	52,900	72,800
Total Expenses	961,211	941,300	1,061,050
Excess (Deficiency) of Revenue Over Expenses			
Commission	(761,377)	(756,750)	(737,750)
Dentistry	387,495	408,645	398,385
Dental Hygiene	229,733	211,890	206,570
Dental Assisting	132,020	136,215	132,795
Excess (Deficiency) of Revenue Over Expenses	(12,129)	-	-
Net Assets, Beginning of Period	574,323		
Net Assets, End of Period	562,194		
Excess (Deficiency) Before RA			
Commission		(756,750)	(737,750)
Dentistry		26,390	(54,315)
Dental Hygiene		22,650	(23,000)
Dental Assisting		36,409	8,960
Excess (Deficiency) Before RA		(671,301)	(806,105)
Target Excess (Deficiency)		-	-
Amount Requested from RA		671,301	806,105
ON Target???			

Commission on Dental Accreditation of Canada
2016 Actual (as of December 31, 2016) with 2016 and 2017 budgets for comparison

	2016 Actual	2016 Budget	2017 Budget
Weighted Allocation Factor			
Dentistry		54.0%	54.0%
Dental Hygiene		28.0%	28.0%
Dental Assisting		18.0%	18.0%
		100.0%	100.0%
Allocation of Net Commission Expense			
Commission		(756,750)	(737,750)
Dentistry		408,645	398,385
Dental Hygiene		211,890	206,570
Dental Assisting		136,215	132,795
Allocation of Net Commission Expense		-	-
Dentistry			
Revenue specific prior to RA		107,540	106,185
Expense Dental Specific		81,150	160,500
Commission Allocation		408,645	398,385
Amount Requested from the RA	380,145	382,255	452,700
Estimated Number of Registrants	21,923	22,050	22,050
Grant per Registrant	17.34	17.34	20.53
Dental Hygiene			
Revenue specific prior to RA		63,150	62,000
Expense DH Specific		40,500	85,000
Commission Allocation		211,890	206,570
Amount Requested from the RA	191,849	189,240	229,570
Estimated Number of Registrants	28,380	28,000	28,000
Grant per Registrant	6.76	6.76	8.20
Dental Assisting			
Revenue specific prior to RA		89,309	81,760
Expense DA Specific		52,900	72,800
Commission Allocation		136,215	132,795
Amount Requested from the RA	97,063	99,806	123,835
Estimated Number of Registrants	14,401	14,800	14,800
Grant per Registrant	6.74	6.74	8.37
Total RA	669,057	671,301	806,105

**Commission on Dental Accreditation of Canada
Draft Budget for the year 2018**

	2018 Budget	2017 Budget
Revenue		
Contributions		
Dentistry		
Regulatory Authorities	538,356	452,700
NDEB	36,360	36,360
RCDC	5,000	5,000
Dentistry	579,716	494,060
Dental Hygiene		
Regulatory Authorities	278,295	229,570
NDHCB	10,000	10,000
Dental Hygiene	288,295	239,570
Dental Assisting		
Regulatory Authorities	142,730	123,835
NDAEB	28,240	24,660
Dental Assisting	170,970	148,495
Contributions	1,038,981	882,125
Surveys		
Dentistry		
F Survey Fees - Universities	52,953	47,825
F Survey Fees - Hospitals/Internship	12,186	11,000
Dentistry	65,139	58,825
Dental Hygiene		
F Survey Fees - Colleges	48,065	52,000
Dental Hygiene	48,065	52,000
Dental Assisting		
Survey Fees - Colleges	52,565	40,300
Dental Assisting	52,565	40,300
Surveys	165,769	151,125
Other		
Dentistry		
NDEB contribution - US site visits	7,000	6,000
Dentistry	7,000	6,000
Commission		
G Interest	3,000	5,000
Commission	3,000	5,000
Other	10,000	11,000
Sub-total	1,214,750	1,044,250

**Commission on Dental Accreditation of Canada
Draft Budget for the year 2018**

	2018 Budget	2017 Budget
Surveys - Self Funded		
Dental Assisting		
H Survey Fees - Dental Assisting programs in non regulated province	26,618	16,800
Dental Assisting	26,618	16,800
Surveys - Self Funded	26,618	16,800
Surveys - Canadian Armed Forces (CAF) Dental Clinics		
CAF Dental Clinics		
Survey Fees Invoiced to, and Reimbursed by the Department of National Defence	-	
Management Fee	27,000	
CAF Dental Clinics	27,000	
Surveys - Canadian Armed Forces (CAF) Dental Clinics	27,000	
Total Revenue Before RA		
Dentistry	113,499	106,185
Dental Hygiene	58,065	62,000
Dental Assisting	107,423	81,760
CAF Dental Clinics	27,000	-
Commission	3,000	5,000
Total Revenue	308,987	254,945
Total Revenue		
Dentistry	651,855	558,885
Dental Hygiene	336,360	291,570
Dental Assisting	250,153	205,595
CAF Dental Clinics	27,000	-
Commission	3,000	5,000
Total Revenue	1,268,368	1,061,050

**Commission on Dental Accreditation of Canada
Draft Budget for the year 2018**

	2018 Budget	2017 Budget
Expenses		
Stakeholder Meetings and Other Expenses		
Dentistry		
Meeting with NDEB	250	
Meeting with RCDC	5,000	
Meeting with CEO and DRA Registrars	5,000	
Meeting with ACFD	7,500	
Meeting with CDRAF	7,500	
CDA Board Meetings	3,000	
Meeting with ADA	-	
Review/Revision of Accreditation Requirements	5,000	
CODA Reciprocity Agreement – Site Visits	10,500	
Australian Dental Council Reciprocity Agreement	16,000	
Dental Council New Zealand Reciprocity Agreement	16,000	
Dental Council Ireland Reciprocity Agreement	-	
International Reciprocity Agreements (Development)	-	
Meeting – International Society of Dental Regulators (ISDR)	20,000	
Liaison with Regulatory Authorities – Dentistry	-	
General Liaison – Dentistry	-	
Dentistry	95,750	32,500
Dental Hygiene		
Meeting with NDHCB	500	
Meeting with CDHA	250	
Meeting with FDHRA	1,000	
Review/Revision of Accreditation Requirements	-	
International Reciprocity Agreements (Development)	-	
Liaison with Regulatory Authorities – Dental Hygiene	-	
General Liaison – Dental Hygiene	-	
Dental Hygiene	1,750	2,000
Dental Assisting		
Meeting with CDARA	-	
Meeting with CDAA	1,000	
Meeting with NDAEB	1,000	
Meeting with DAEC	2,000	
Review/Revision of Accreditation Requirements	-	
Liaison with Regulatory Authorities – Dental Assisting	-	
General Liaison – Dental Assisting	-	
Dental Assisting	4,000	2,000
Stakeholder Meetings and Other Expenses	101,500	36,500

**Commission on Dental Accreditation of Canada
Draft Budget for the year 2018**

	2018 Budget	2017 Budget
Surveys		
Dentistry		
J Survey Expenses - Universities	79,500	72,000
J Surveys Expenses - Hospitals/Internship	28,000	17,000
Dentistry	107,500	89,000
Dental Hygiene		
J Surveys Expenses - Colleges	102,000	83,000
Dental Hygiene	102,000	83,000
Dental Assisting		
Surveys Expenses - Colleges	70,000	54,000
Dental Assisting	70,000	54,000
Surveys	279,500	226,000
Surveys - Canadian Armed Forces (CAF) Dental Clinics		
CAF Dental Clinics		
Survey Expenses	-	
Management/Administrative Expenses	27,000	
CAF Dental Clinics	27,000	
Surveys - Canadian Armed Forces (CAF) Dental Clinics	27,000	
CDAC Activities		
Commission		
Commission - Annual Meeting	105,000	
Meeting of Sub-Committee - Finance	500	
Meeting of Sub-Committee - Nomination	250	
Meeting of Sub-Committee - Documentation	8,000	
Legal Expenses and Appeals	-	
Meeting with CODA	6,000	
Meeting and/or Conference - ADEA	7,500	
2018 Strategic Planning	25,000	
New Accreditation ePlatform/Software	50,000	
Membership and Conference Fees (Related to Accreditation)	5,000	
Workshops	-	
Meeting - Governance	-	
Bank Service Charges	500	
Miscellaneous (General Secretariat)	-	
Commission Meetings and Activities	207,750	170,750
Administrative Allocation		
K Payroll Allocation	465,000	
Professional Development	5,000	
L Rent	32,000	
M Operations	56,000	
N Administrative Services	68,000	
Administrative Allocation	626,000	611,000
CDAC Activities	833,750	781,750
Sub-total	1,241,750	1,044,250

**Commission on Dental Accreditation of Canada
Draft Budget for the year 2018**

	2018 Budget	2017 Budget
Surveys - Self Funded		
Dental Assisting		
Survey Expenses - Dental Assisting programs in non regulated provinces	26,618	16,800
Dental Assisting	26,618	16,800
Surveys - Self Funded	26,618	16,800
Total Expenses		
Dentistry	203,250	121,500
Dental Hygiene	103,750	85,000
Dental Assisting	100,618	72,800
CAF Dental Clinics	27,000	-
Commission	833,750	781,750
Total Expenses	1,268,368	1,061,050
Excess (Deficiency) of Revenue Over Expenses		
Dentistry	448,605	437,385
Dental Hygiene	232,610	206,570
Dental Assisting	149,535	132,795
CAF Dental Clinics	-	-
Commission	(830,750)	(776,750)
Excess (Deficiency) of Revenue Over Expenses	-	-
Net Assets, Beginning of Period	562,194	574,323
Net Assets, End of Period	562,194	562,194
Excess (Deficiency) Before RA		
Dentistry	(89,751)	(15,315)
Dental Hygiene	(45,685)	(23,000)
Dental Assisting	6,805	8,960
CAF Dental Clinics	-	-
Commission	(830,750)	(776,750)
Excess (Deficiency) Before RA	(959,381)	(806,105)
Target Excess (Deficiency)	-	-
Amount Requested from RA	959,381	806,105

**Commission on Dental Accreditation of Canada
Draft Budget for the year 2018**

	2018 Budget	2017 Budget
Weighted Allocation Factor		
Dentistry	54.0%	54.0%
Dental Hygiene	28.0%	28.0%
Dental Assisting	18.0%	18.0%
	100.0%	100.0%
Allocation of Net Commission Expense		
Commission	(830,750)	(776,750)
Dentistry	448,605	419,445
Dental Hygiene	232,610	217,490
Dental Assisting	149,535	139,815
Allocation of Net Commission Expense	-	-
Dentistry		
Revenue specific prior to RA	113,499	106,185
Expense Dental Specific	203,250	160,500
Commission Allocation	448,605	398,385
Amount Requested from the RA	538,356	452,700
Estimated Number of Registrants	22,500	22,050
Grant per Registrant	23.93	20.53
Dental Hygiene		
Revenue specific prior to RA	58,065	62,000
Expense DH Specific	103,750	85,000
Commission Allocation	232,610	206,570
Amount Requested from the RA	278,295	229,570
Estimated Number of Registrants	28,750	28,000
Grant per Registrant	9.68	8.20
Dental Assisting		
Revenue specific prior to RA	107,423	81,760
Expense DA Specific	100,618	72,800
Commission Allocation	149,535	132,795
Amount Requested from the RA	142,730	123,835
Estimated Number of Registrants	14,800	14,800
Grant per Registrant	9.64	8.37
Total RA	959,381	806,105



**CANADIAN ACADEMY OF ORAL
AND MAXILLOFACIAL RADIOLOGY**

**ACADEMIE CANADIENNE DE
RADIOLOGIE BUCCALE ET
MAXILLOFACIALE**



October 3, 2016

Dr. Diane Legault
Executive Director - CDRAF

Re: Cross-provincial licensing for teleradiology

Dear Dr. Legault,

Oral and maxillofacial radiologists are frequently approached to review images (standard radiographs or advanced imaging, such as cone beam computed tomography) from other practitioners. The technology exists that allows a radiologist to receive an image digitally, review it, provide a consultation report and return it to the referring practitioner without the necessity of the patient attending another office.

However, members of our academy have expressed concern regarding uncertainty over the scope of their license and liability insurance when the request for consultation is from a practitioner in a different province. For this reason, the Canadian Academy of Oral and Maxillofacial Radiology kindly requests that the CDRAF consider developing a nation-wide standard to permit consultation of oral and maxillofacial images by oral and maxillofacial radiologists in any province.

Recognition of the credentials of oral and maxillofacial radiologists across provinces would be a benefit to patients in accessing care. There is a small number of oral and maxillofacial radiologists in Canada, with some provinces having none. With the increased use of advanced and complex imaging modalities, patients would benefit from being able to easily access the services of a qualified specialist, even from remote locations.

The American Academy of Oral and Maxillofacial Radiology has recently released an advisory related to the topic of teleradiology.

This advisory can be accessed here: <http://www.aomr.org/page/Teleradiology>

On behalf of the CAOMR, thank you kindly for your consideration of our request. Please do not hesitate to contact me if you have any questions.

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Consultation on International Society of Dental Regulators dentist accreditation principles

Issue date: 28 July 2017

Closing date: 1 September 2017

Summary

Following the adoption of the ISDR accreditation standards and competencies for dentists by the ISDR general assembly in May 2016, the general assembly requested the ISDR accreditation working group to further consult on the ISDR international dentist accreditation principles and dentist competencies, the endorsement process and implementation. The general assembly asked the working group to report back to the general assembly in 2017 and provide options for implementation.

The purpose of this consultation is to consult on the:

- ISDR international dentist accreditation principles and dentist competencies
- ISDR endorsement process and implementation.

Background

The majority of jurisdictions where dental professions are regulated have an accreditation or educational quality assurance framework. The primary objective is to ensure that dental practitioners achieve the necessary knowledge and skills to be eligible to be licensed/registered to practise dentistry competently and safely. Accreditation standards are used to assess whether a programme of study meets the threshold standards to fulfil this objective.

In 2016, the ISDR consulted with its members on international accreditation standards and competencies for dentists—collectively referred to as the accreditation framework. The objective of this framework is to set out the minimum accreditation principles for ISDR members when setting accreditation standards and developing competencies for dentists. The framework can be further refined by individual jurisdictions to align with their own educational, regulatory and legislative systems.

The framework was developed by an ISDR working group, mapping six ISDR members' accreditation standards and dentist competencies.¹ In addition two international organisations' competencies further informed the working group development of the dentist competencies.² The working group then agreed on what components should be features of an internationally accepted minimum accreditation framework.

¹ Australia, Canada, Ireland, New Zealand, United Kingdom, United States

² The Association of Canadian Faculties of Dentistry (ACFD) and the Association for Dental Education Europe (ADEE).

The accreditation framework sets out principles underpinning five areas that all jurisdictions should address through their own accreditation standards:

1. Public safety
2. Academic governance and quality assurance
3. Programme of study
4. Student journey
5. Assessment.

A total of 27 principles are defined across these areas.

The ISDR accreditation standards are underpinned by ISDR dentist competencies that must be achieved by dental programmes.

It is the expectation of ISDR that all members will employ the framework as the minimum principles for accreditation of dentist education programmes. This supports the ISDR mandate to encourage best practices amongst dental regulatory authorities worldwide in protecting, promoting and maintaining the health and safety of the public by ensuring minimum standards for the dental professions.

The accreditation framework was considered during the May 2016 ISDR general assembly, and the decision, as per the minutes, was:

ADOPTION OF ACCREDITATION STANDARDS PROPOSAL

Ms. Warner asked for direction from the General Assembly on how to proceed with the revised International Accreditation Principles document, as presented. After fulsome discussion during the conference, the Accreditation Working Group was directed to continue with its work to develop an endorsement process in working with larger organizations and bring back to the General Assembly for its consideration in 2017.

MOTION: Warner/Segal

THAT the General Assembly approves the ISDR Dental Accreditation Principles and Dentist Competencies and the development of an endorsement process, including implementation date, for consultation with ISDR members and report back to the General Assembly at its 2017 meeting. A friendly amendment was made to request that the Working Group consult further on the document having heard the conversation of the General Assembly and report back to the General Assembly, providing options for implementation.

MOTION (AMENDED): Marburg/Dolman

THAT the General Assembly requests the ISDR Accreditation Working Group to further consult on the ISDR Dentist Accreditation Principles and Dentist Competencies, endorsement process and implementation, having heard the conversation at the General Assembly meeting and report back to the General Assembly in 2017 and provide options for implementation.

CARRIED (Unanimously)

The ISDR accreditation working group made the changes to the accreditation standards and dentist competencies as requested by the general assembly. Proposed endorsement options were also developed.

Purpose of proposed ISDR endorsement

Endorsement is public recognition that a specific jurisdictions' accreditation standards and dentist competencies meet the minimum principles of the ISDR accreditation framework.

The purpose of ISDR endorsement is to:

- promote the ISDR accreditation framework and its use by members to better facilitate international workforce mobility through more aligned standards across jurisdictions
- provide leadership and guidance to jurisdictions as they develop their own accreditation processes, standards and competencies.

The ISDR endorsement process does not alter the accreditation function and responsibilities of individual accreditation authorities, or the accreditation status of any individual accredited programmes within an endorsed jurisdiction.

In addition, the endorsement process will not replace the existing competent authority model or any mutual recognition agreements in place.

ISDR endorsement process

The consultation in February 2016 asked members if they agreed with the proposal to provide ISDR endorsement to members whose accreditation standards and dentist competencies aligned with the accreditation framework. Members agreed in principle, but wanted more detail on what the proposed process would entail.

The endorsement process must:

- provide clear direction on how the ISDR will treat applications so they can be treated fairly and consistently
- be credible and robust.

Proposed accreditation endorsement approach

If members support the concept of endorsement, the following approach to endorsement is proposed.

i. ISDR accreditation logo

An ISDR-endorsement logo or brand should be developed. ISDR members whose accreditation standards and dentist competencies have been endorsed by ISDR will be able to publicly display the logo.

The logo would include the following subscript: *ISDR-endorsed accreditation framework*.

ii. ISDR accreditation endorsement panel

An endorsement panel of six people should be established, by appointment. The members of the group should be appointed for terms of three years.

The six people should represent a range of ISDR member jurisdictions. Within the six should be a broad mix of skills with at least two people with senior dental academic backgrounds and two representing accreditation authorities/regulators; with at least five years' experience in the respective roles.

The ISDR executive would call for interested parties to submit their CVs. Appointments would be made by the ISDR executive committee.

No more than two members of the same jurisdiction should serve on the panel at a given time.

The panel will annually elect a new chair, with no more than two consecutive years as chair.

This panel will:

- Have bi-annual meetings (via videoconferencing or face-to-face) to consider any issues arising in relation to the accreditation framework; major changes to endorsed jurisdictions' standards or dentist competencies; endorsement applications; and complaints or concerns that call into question an endorsed jurisdiction's ability to adhere to the accreditation framework.
- Provide the membership for review groups to consider new applications.

iii. Proposed process

1. Applications can either come from existing members of the ISDR, or from non-members who are seeking membership and endorsement at the same time. It will not be possible for non-members to receive endorsement.
2. The jurisdiction's application must be supported by at least one ISDR member.
3. The application should include a mapping of the jurisdiction's accreditation standards and dentist competencies against the ISDR accreditation framework. In addition, examples of the type of evidence that programmes within the jurisdiction can provide to satisfy the accreditation authority that it meets the respective standard should be listed against the jurisdiction's specific accreditation standard.
4. When an application is received, the endorsement panel will select a three-person review group from its membership. The review group should include at least one person with a dental academic background and at least one person from an accreditation authority/regulator. It should not include any person from the applying jurisdiction's country or any country where there could be a conflict of interest.
5. The proposed review group membership will be communicated to the applicant to raise any concern about conflict of interest with the proposed membership.
6. Once agreed, the review group will appoint a chair who will lead the application review process.
7. The review group will convene via videoconference to consider the application. A representative from the applicant should attend the meeting to answer any questions and provide information on how the jurisdiction meets the framework principles.
8. It is expected the process will be conducted within an eight-week period.
9. The review group will submit a report and recommendation to the endorsement panel. The panel will make the final decision.
10. The outcome options available to the review group are: approve or decline.
11. If a consensus decision could not be reached by the review group, the report and recommendation will be considered by the ISDR executive.

12. Once a decision has been reached, the panel chair will communicate the outcome to the ISDR executive and the applicant.
13. If the application is successful, the ISDR office will provide a certificate to the applicant, and the applicant will be entitled to use the ISDR endorsement logo on their website/s and publications. Endorsed jurisdictions will also be listed on the ISDR website.
14. If the application is unsuccessful, the panel will indicate which of the framework principles the review group does not believe the applicant has met.
15. The applicant has a 21-day right of appeal, the appeal will be considered by the ISDR executive.
16. An unsuccessful applicant can reapply for endorsement once they believe they have addressed the areas identified by the review group.

iv. Costs

At this point, it is proposed that the costs be covered through the ISDR membership fees. It is not envisaged that the costs will be major, as most functions will be performed via videoconferencing.

v. Ongoing monitoring and compliance issues

Endorsed jurisdictions have a responsibility to the ISDR to uphold the principles of the accreditation framework.

To maintain their ISDR endorsement, jurisdictions are expected to advise the ISDR of major changes to their accreditation standards and/or dentist competencies.

If any member of the ISDR has cause for concern about an accredited jurisdiction's ability to adhere to the principles framework, this should be brought to the attention of the ISDR executive by way of a formal complaint. The complaint should detail the principle/s that it considers the jurisdiction no longer meet, and provide supporting evidence.

The complaint will be forwarded to the endorsement panel for consideration.

The jurisdiction involved will be advised by the ISDR executive of the complaint and provided with any material submitted. The jurisdiction will be given an opportunity to respond to the complaint.

If the panel determines that the jurisdiction no longer meets the accreditation framework, then the jurisdiction's endorsement will be revoked.

If endorsement is revoked, the jurisdiction has 21 days right of appeal.

The appeal will be considered by the ISDR executive.

Relationship between ISDR membership and the proposed accreditation endorsement

It is suggested the ISDR members consider three ways of approaching the relationship between membership and endorsement.

The jurisdiction whose accreditation material formed the basis of the accreditation framework included Australia, Canada, Ireland, New Zealand, United Kingdom and the United States of America.

For all options, it is proposed the ISDR members whose accreditation material formed the basis of the accreditation framework should automatically be given endorsement. Based on current membership these include Australia, Canada, Ireland, and New Zealand.

All options put forward allow ISDR to provide leadership and support to those jurisdictions who want to establish or improve their accreditation framework.

Option 1

ISDR endorsement is linked to membership, meaning any new applications for membership must be accompanied by an application for accreditation endorsement.

Applicants must achieve endorsement in order to become ISDR members.

Existing ISDR members who have not been granted automatic endorsement will be given a waiver period until they are ready to apply for endorsement.

Benefits:

- The ISDR brand will be synonymous with the endorsement of a member jurisdiction's accreditation standards and dentist competencies
- This will have the effect of strengthening the brand—the endorsement adds value to the brand by making it a mark of achievement.
- This will also make it easier to promote the ISDR brand without having to explain the complexities of a tiered membership system.

Negatives:

- This option will potentially discourage membership applications from jurisdictions which would like to join the ISDR but whose accreditation programmes are not yet at the point that would gain endorsement.

Option 2

The society establishes a two-tiered membership system: full membership, for jurisdictions who have achieved accreditation endorsement; and associate membership for jurisdictions who are signed up as members of the ISDR but have not yet achieved accreditation endorsement.

Existing ISDR members who have not been granted automatic endorsement will become Associate Members until they have successfully completed the endorsement process.

Benefits:

- This allows for jurisdictions who are going through the process of bringing their accreditation standards and dentist competencies up to standard to join the ISDR and benefit from the leadership and support of the society while they work towards endorsement.

Negatives:

- Potential for confusion or weakening of the ISDR brand—if communication is not clear enough to distinguish between the two levels of membership.

Option 3

The ISDR accreditation principles and competencies for dentists represent the ISDR's standard. ISDR members are invited to adopt these standards and align, as they see fit, their own jurisdiction's standards. The resource will be publicly available on the ISDR website.

Benefits:

- Articulates an individual members independence within their jurisdictions.
- Would not prevent or be a barrier for jurisdictions who has no formal accreditation framework or cannot comply with the accreditation principles to join ISDR. Encourage ISDR membership from new or developing regulatory jurisdictions. This option is aligned with the ISDR objectives to promote high standards of dental education and regulation in protecting the public's interest
- To facilitate international collaboration and sharing of information
-

Negatives:

- Loose incentive for all ISDR members to comply with minimum accreditation principle, and set an international benchmark.

Consultation questions

1. Do you agree that ISDR changes the terminology from "ISDR general dentist accreditation standards" to "ISDR general dentist accreditation principles"?
2. Do you support the endorsement options 1, 2 or 3 – and why?
3. Do you agree with the endorsement process set out in this paper? Specifically the proposed:
 - a. endorsement panel composition, role and terms of reference
 - b. use of ISDR accreditation endorsement specific logo
 - c. application process steps
 - d. decision outcomes
 - e. ongoing monitoring framework
 - f. endorsement revoking
 - g. appeals policy.
4. Do you agree that the ISDR member jurisdictions whose accreditation material was used to develop the accreditation framework should be automatically endorsed with ISDR accreditation?

Are there any areas not covered, or other concerns you want to raise?



International
Society of
Dental Regulators

International Society of Dental Regulators Proposed Dentist Accreditation Standard

Foreword

Dental regulators must contribute to and monitor the education of its members. The International Society of Dental Regulators (ISDR) has developed accreditation standards for dentistry programs that provides a core framework for ISDR members, and other jurisdictions where dentistry is taught. The framework can be further refined by individual jurisdictions to align with education system, regulatory and legislative differences.

To assist the educational programs in dentistry, the standards for educational programs must address:

1. Public safety
2. Academic governance & quality assurance
3. Program of study
4. Student journey
5. Assessment.

The ISDR Dentist Accreditation Standard is based upon the following definition of a dentist:

The dentist as a practitioner is concerned with the health needs of the public. The dentist's education shall provide the knowledge and skills necessary for carrying out prevention, assessment, diagnosis and treatment of conditions and diseases of the orofacial complex and associated tissues, within the scope of the practitioner's approved education, training and competence, including consultation with, or refer to, other health care providers when appropriate for the best interest of the patient. A dentist is educated in the basic and clinical sciences as well as in related health subjects.

A set of competencies for a dentist has been developed by the ISDR, and supports the ISDR Dentist Accreditation Standards.

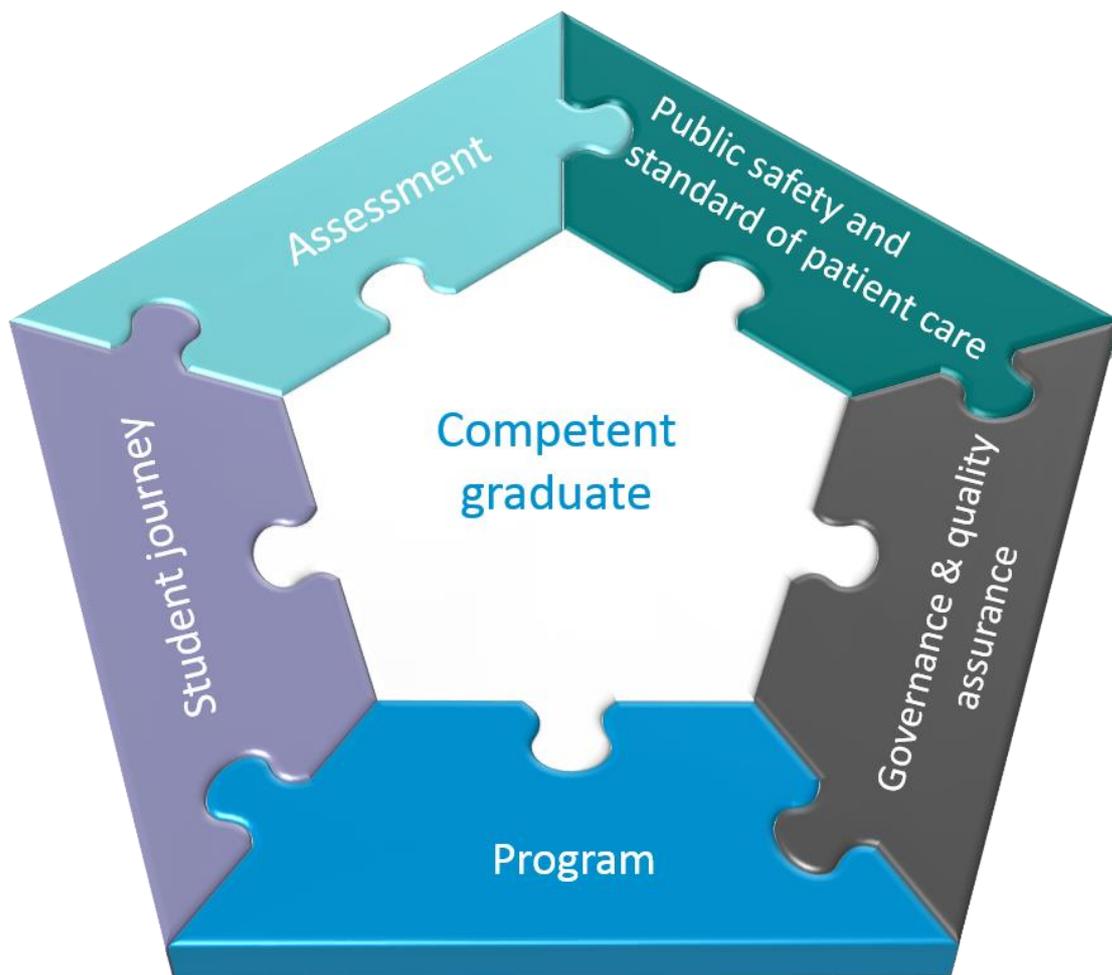
The total lengths of different programs vary in each education system but must be equivalent to at least five (5) academic years of tertiary education.

In recognising the need for universally accepted standards the ISDR acknowledges the education systems are part of the culture of any geographic region. The ISDR Dentist Accreditation Standard is a principle-based framework developed to set a benchmarking standard for dental education. This is of particular importance to achieve alignment in standards to protect the safety of the patients in a global marketplace that results in increasing student and staff mobility.

It is the expectation by ISDR that all members will employ the core framework as the minimum basis for accreditation of dental education programs, as this supports the ISDR mandate to encourage best practices among dental regulatory authorities worldwide in protecting, promoting and maintaining the health and safety of the public by ensuring proper standards for the dental professions. The ISDR Dentist Accreditation Standard can be used by accreditation bodies to develop and implement accreditation standards as part of application to ISDR membership.

ISDR is the final arbiter and interpreter of the content of these Standards.

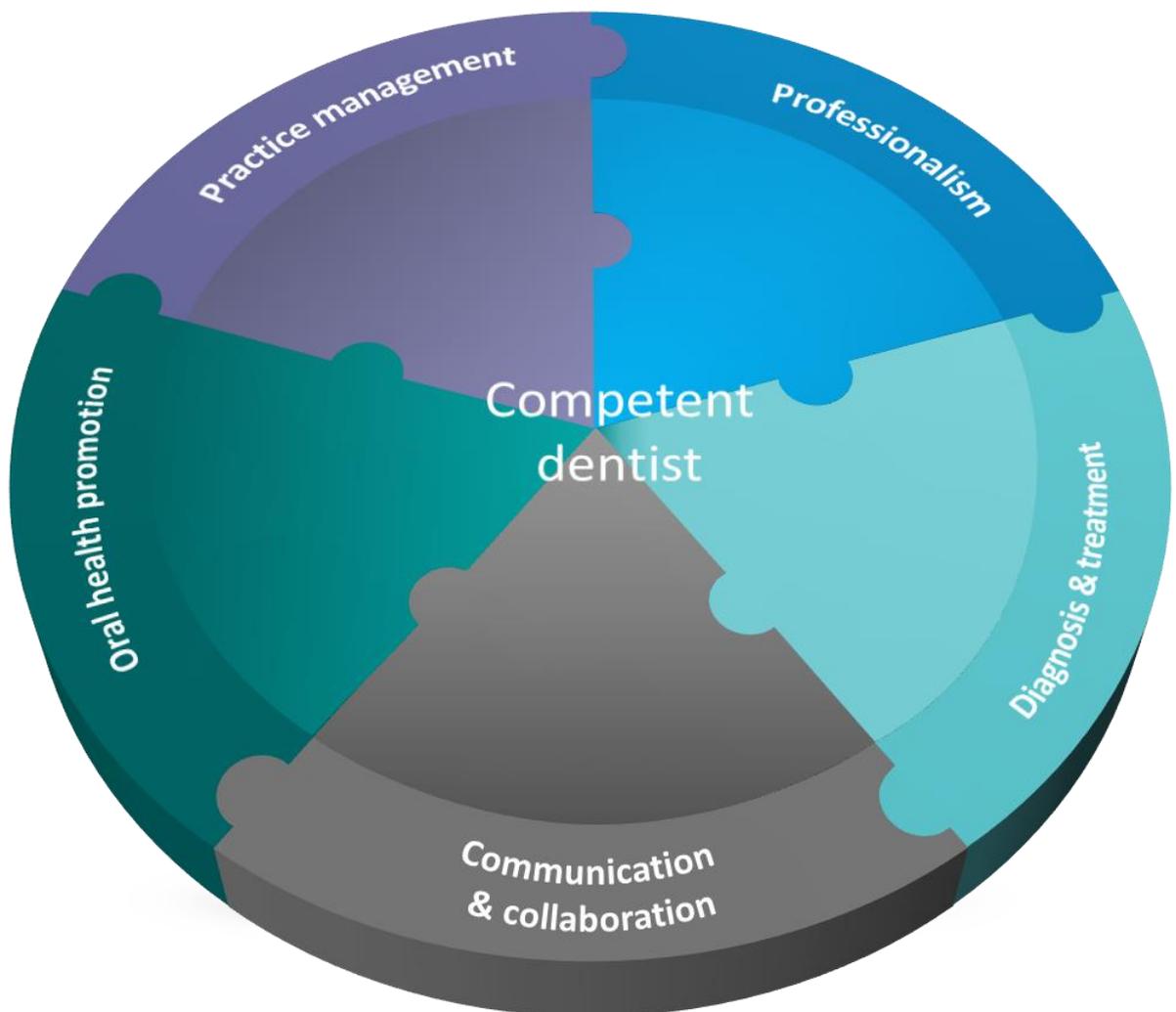
Proposed ISDR Dentist Accreditation Standards



	Accreditation Domains	Standard
1	Public safety and standard of patient care	<ul style="list-style-type: none"> • Clinical education must emphasise patient safety, contemporary practice and professional standards • Patient management must be based on the principles of patient-centred care, comprehensive patient care, and informed consent • All staff must be appropriately qualified and clinical teaching staff must be registered • There must be clearly defined outcome criteria to determine when a student is competent to advance from pre-clinical education to patient treatment • There must be quality assurance processes to monitor the standards of care provided by students, including the appropriateness, necessity and quality of care. There must be mechanisms to identify and address deficiencies in care. • There must be effective student health screening and management processes • The dental education provider must ensure patient care is delivered in a safe environment that complies with relevant regulations regarding health care. • There must be effective processes addressing areas of occupational health and safety (including radiation safety), management of medical emergencies, patient complaints, and confidentiality of patient information
2	Governance & quality assurance	<ul style="list-style-type: none"> • The dental education provider must have autonomy for program delivery within an institution • The dental education provider must have appropriate academic leadership • The dental education provider must show integration and interaction with higher education structures to facilitate provision of broad based education • The dental education provider must be integrated with the broader health sector to apply the principles of patient-centred care • There must be effective internal and external quality improvement processes (incl staff professional development and performance evaluation) to ensure adequacy of program delivery, quality improvement and linkage to contemporary practice • There must be a defined governance structure and stakeholders (incl staff, students, external) must be represented on committees

	Accreditation Domains	Standard
3	Program	<ul style="list-style-type: none"> • The dental education provider must have an educational philosophy (mission/purpose statement) based on evidenced based teaching, research literacy, inter/intra professional learning, and preparation of a caring, knowledgeable graduate practitioner who can practise safely, competently and independently • The curriculum must cover the relevant biological, biomedical, behavioural, cultural, technical and clinical sciences in order that learning objectives achieve expected ISDR Dentist Competencies. • The clinical exposure and management of patients must be sufficient to achieve competence across the full range of learning outcomes and ISDR Dentist Competencies • The curriculum must prepare students to undertake self-directed learning during professional practice • The program resources, such as facilities, staff/student ratio, budget and administrative support, must be appropriate to deliver the program • The program duration must be sufficient as to achieve the outcome of a practitioner who can practise the expected ISDR Dentist Competencies safely, competently and independently
4	Student journey	<ul style="list-style-type: none"> • Defined admission selection criteria must encourage recruitment of a diverse student population, be transparent and followed fairly • Students must have access to comprehensive program information, such as curriculum, learning objectives, assessment details • The education provider must have in place an effective student grievance process, academic and personal student support, and must observe the principles of equity and diversity
5	Assessment	<ul style="list-style-type: none"> • Assessment criteria and processes must be clear, transparent, valid and reliable • Assessments must be mapped to all learning objectives and ISDR Dentist Competencies • Multiple assessment tools must be used including student self-assessment, direct clinical observation and involvement of examiners external to the faculty • There must be appropriate processes for assessor calibration, evaluation and moderation

Proposed ISDR Dentist Competencies



Introduction

“The term “competent” has been defined by Chambers (1993) as “the behaviour expected of the beginning practitioner. This behaviour incorporates understanding, skill, and values in an integrated response to the full range of requirements presented in practice”.

Lachiver and Tardif (2002) expanded on the definition of competence as follows: “A competence could be defined as a complex ability to act based on effectively mobilizing and using a set of resources. This ability highlights that each competence is active in nature, allowing an individual to implement a set of reflections, process, strategies, and actions in performing a given task. It helps distinguish competence from a simple procedure, preventing competence from becoming misconstrued as a synonym of know-how. It therefore endows competence with comprehensive role and character.”

Tardif (2006) adds that competence involves knowing “how to act” based on calling-up and combining various internal and external resources within a group of situations.

Epstein and Hundert (JAMA, 2002;287:226-35) defined competence in Medicine as “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individuals and communities being served”.¹

In 2008 Licari & Chambers defined competency as “the ability to combine evidence based knowledge, personal attitudes, and clinical skills to undertake holistic dental care.”²

“Personal attributes may include creativity, ethics, aesthetics, and critical sense. Kramer et al. (2009) emphasized that personal attributes include a desire for patient wellbeing and to self-evaluate the effectiveness of the treatment.

As life-long learning becomes a crucial attribute for all modern clinicians, the ability to self-assess performance and identify future learning goals is an essential skill that needs to be developed in a modern healthcare curriculum. Self-assessment, self-reflection and self-regulation can promote a deeper understanding in current knowledge.”³

The definition of competence adopted for the purpose of the ISDR Dentist Accreditation Standards and the ISDR Dentist Competencies is the ability of a dentist graduate *to combine evidence based knowledge, personal attitudes, and clinical skills to undertake comprehensive dental care.*

The ISDR Dentist Competencies supports the ISDR Dentist Accreditation Standards as the benchmark competencies to be achieved by dentist graduates of ISDR member jurisdictions. Similarly to the ISDR Dentist Accreditation Standards – individual jurisdictions can refine and further develop these competencies to meet individual jurisdiction statutory, educational or patient-health needs.

¹ Proposal to Revise the “Competencies for a Beginning Dental Practitioner in Canada”; April 2013

² Licari FW, Chambers DW. Some Paradoxes in Competency-Based Dental Education. J Dent Educ. 2008;72(1):8-18

³ Manakil J, George R. Reviewing Competency in Dental Education. International Journal of Dental Clinics. 2011;3(2):33-39

A competent dentist must:

Professionalism

- Recognise the value of self-assessment, critical thinking, and self-directed learning to maintain clinical competence during the practising career
- Understand and apply the principles of ethical practice and professional responsibility.
- Establish the principle of leadership within the dental team to facilitate patient-centred care.

Diagnosis and treatment

- Understand scientific principles and apply the knowledge of biological, biomedical, behavioural, technical and clinical sciences to the management of patients.
- Obtain, record and interpret a comprehensive and contemporaneous patient history.
- Obtain information and establish an individualised treatment plan.
- Within the dentist scope of practice, be able to:
 - Apply the principles of disease prevention in the management of oral and dental disease and overall patient welfare
 - Manage diseases and conditions of the periodontium and supporting tissues
 - Manage tooth tissue loss by restoring the dentition
 - Manage the loss of teeth by rehabilitating the dental arches
 - Manage pulp and periapical diseases and conditions
 - Extract teeth and other minor oral surgical procedures
 - Manage diseases and conditions of the oral hard and soft tissues
 - Manage dental trauma
 - Understand the management of maxillofacial trauma
 - Manage skeletal and dental occlusal discrepancies
 - Manage medical emergencies
 - Recognise and take account of the needs and preferences of different patient groups
- Recognise those treatments that are beyond his/her skills and experience, and refer appropriately.

Communication and collaboration

- Communicate effectively to obtain informed consent and facilitate patient-centred care.
- Respect and manage patients and colleagues from diverse backgrounds and beliefs without prejudice or discrimination.

Oral health promotion

- Recognise the determinants of oral health issues in populations, and the role of dentists in planning oral health care for communities.

Practice management

- Be aware of and comply with all legal and regulatory requirements related to the provision of oral health care.
- Manage and maintain a safe working environment.
- Understand the different models of oral health care management and delivery systems within the jurisdiction of registration.
- Be competent in the use of contemporary information technology and ensure patient information is protected.

Glossary – ISDR Dentist Accreditation Standards

Accreditation	Granting of recognition that the educational program meets and maintains minimum standards to achieve competent dentist graduates.
Appropriately qualified	Teaching staff have the relevant qualifications and experience at the required level, to ensure teaching is contemporary, based on evidence-based science and at the level required for the qualification offered.
Assessments	A variety of methods to evaluate, measure, and document the academic readiness, learning progress, and skill acquisition of students.
Clinical	Any treatment provided in a pre-clinical setting or on patients, including obtaining medical histories, treatment planning and oral health promotion.
Competence	Ability of a dentist graduate to combine evidence based knowledge, personal attitudes, and clinical skills to undertake comprehensive dental care.
Dental education provider	A provider delivering an accredited dentist program, meeting any tertiary educational requirements set by the jurisdiction
Diversity	The recognition of and respect for individual differences, these could include race, ethnicity, gender, sexual orientation, socio-economic status, age, physical and mental abilities, religious, political or other beliefs.
Equity	Fairness or justice in treating people.
Governance	The establishment of policies and processes, and continuous monitoring of their proper implementation, by the members of the governing body of the educational institution.
Informed consent	Obtaining permission from a patient before performing a procedure, informing the patient that care could be provided by a student, explaining the reason for the procedure, the nature of the procedure, potential benefits and associated risks, expected costs, and ensuring the patient understands the information provided and have an opportunity to ask any questions to inform his/her choice to proceed, or not, with the procedure. Informed consent is not a once-off process and must be repeated for any new or changed treatment plan.
Jurisdiction	The geographical area which a dental regulatory authority governs dentists, including the dentistry programs.
Learning objectives	Brief statements that describe what students are expected to learn by the end of a defined period.
Quality assurance	Assurance of a desired level of quality in patient care delivered, by reviewing the various stages of delivery, including whether policies and procedures are correctly and consistently followed.

<p>Management process – as referenced in standard “There must be student health screening and management process”</p>	<p>Measures put in place to monitor and support a student with a known health condition or disability, whilst protecting the safety of the patients and public.</p>
<p>Occupational health and safety <i>also known as workplace safety</i></p>	<p>The safety, health and welfare of the staff, students, patients and the public in the setting where dental care is provided.</p>
<p>Patient-centred care</p>	<p>The primary concern of care delivered is the patient.</p>
<p>Patient management</p>	<p>To “manage” the oral health care needs of a patient include all actions performed by a health care provider that are designed to alter the course of a patient’s condition. Such actions may include providing education, advice, treatment by the dentist, treatment by the dentist after consultation with another health care professional, referral of a patient to another health care professional, monitoring treatment provided, but also may include providing no treatment or observation. “Manage” assumes the use of the least invasive therapy necessary to gain a successful outcome in accordance with patient wishes.⁴</p>
<p>Practice management</p>	<p>The assessment of information and the leadership of a general dental practice to facilitate patient-centred care.⁵</p>
<p>Pre-clinical</p>	<p>Simulation laboratories, treatment not delivered on patients.</p>
<p>Professional standards</p>	<p>Standards set by a regulatory body or legislature to assure a minimum standard, and includes ethics and professionalism.</p>
<p>Referral</p>	<p>Identifying a symptom, condition or disease that falls outside of the professional’s knowledge, skills and experience, and sending the patient to an appropriate health practitioner/professional for further treatment; providing the other practitioner with the relevant medical information.</p>
<p>Registered</p>	<p>A healthcare professional registered or licensed with the appropriate regulatory body that enables the dentist to practise dentistry in that jurisdiction.</p>
<p>Research Literacy</p>	<p>To undertake at least a small-scale research project, using appropriate research methodologies, relevant to the area of practice; and to critically reflect on literature of clinical nature and to use the literature effectively in clinical decision making.</p>

⁴ Proposal to Revise the “Competencies for a Beginning Dental Practitioner in Canada; April 2013

⁵ Proposal to Revise the “Competencies for a Beginning Dental Practitioner in Canada; April 2013

Self-directed learning	in its broadest meaning, describes a process in which individuals take the initiative with or without the help of others, in diagnosing their learning needs, formulating learning goals, identifying resources for learning, choosing and implementing learning strategies and evaluating learning outcomes. ⁶
Student journey	The experiences of a student during studying, includes support and interest beyond academic needs – includes personal, financial, health and wellbeing support.
Student grievance process	A process where a student can lodge a complaint against students, staff, patients, or the program; and the complaint is dealt with in a timely fashion, with discretion, without prejudice or retaliation.
Tertiary Education	(Formal) education, following secondary education at a school, at a college or university.

⁶ Knowles, M. S. (1975) *Self-directed learning: A guide for learners and teachers*, Prentice Hall, Englewood Cliffs, New Jersey.

June 16, 2017
Chambly

**Federation of Canadian Dentistry Student Association (June 13th, 2017) –
Association of Canadian Faculties of Dentistry (June 14th) - Executive
Director Report**

Federation of Canadian Dentistry Student Association (June 13th, 2017)

The Annual General meeting of the FCDSA was held in Québec city at the Chateau Frontenac. As well, ACFD, CDA, CDSPI and NDEB, CDRAF were asked to present to the group.

I was privileged to address the group. I chose to speak about CDRAF's mission and purpose. Knowing that they were holding a strategic planning exercise the day after, I also chose to talk about our own strategic plan and its overarching goals.

A few questions about the 'interprovincial' mobility and USA reciprocity followed the presentation.

Impressions:

No doubt that the leaders of tomorrow's organized dentistry sit around this table. I recommend that CDRAF seizes this annual opportunity (or others) to build dialogue and increase knowledge about regulators' mandate, role and responsibilities.

Association of Canadian Faculties of Dentistry (June 14th)

ACFD had a 3 day meeting (June 12th –June 14th) in Québec City held at the Chateau Frontenac. The Faculty of Dentistry of University of Laval hosted the event.

I attended on June 13th and participated in 3 education sessions.

1. *The assessment of generic competencies* – Marilou Bélisle,
Professor, Sherbrooke University

2. *Professionalism* – Dr. Doug Brothwell, Associate Dean Academics Affairs, Dean-to-be, Faculty of Dentistry, University of Manitoba (excellent presentation on professionalizing the curriculum)
3. *Competency-based assessment of Clinical skills* – Drs. Leandra best and Andrea Esteves

The first speaker notably suggested that the generic competencies should embrace the “profession culture”/identity (how does a student pictures him-herself as a dentist or not)/ and knowledge and skills. There were concepts and notions presented to the audience about types and purposes of assessments (supportive and formative) and evaluation (marking).

The second speaker gave an excellent and relevant (in my view) presentation on what his faculty had done and will do to implement a professionalizing curriculum. The content of the presentation was authentic. It revealed with some candor concrete challenges and potential strategies to overcome them.

The last speakers presented results of a “watchdog initiative” on student’s computerized entries in the dental charts of their faculty. The content of their presentation was probably attractive to the Clinic directors that were present.

Impressions:

Participating in this activity was a great opportunity to network with the Canadian educators, better understand their challenges and observe their dedication to achieve their mandate of “producing” adaptive professionals ready to enter the profession.

Respectfully submitted,

Diane Legault, DMD, MBA,
CDRAF Executive Director

AMS:738854

June 22, 2017
Chambly

Component II of the National Dental Specialty Examination (June 16 to June 26), Marriott Downtown Eaton Centre – Executive Director Report

March 28, 2017, I was invited to attend and observe the examination process. Upon confirmation of my attendance to the Ortho Component II oral exam, I received a Confidentiality Agreement to sign and a Conflict of Interest disclosure. The latter allows the College to best establish the examining teams when a conflict of interest (potential associate, known student, etc.) is raised by an examiner.

Because of the numbers of candidates (53), I chose to observe the orthodontics exams. The exams were conducted Sunday, June 18 and Monday, June 19.

Exam process:

- Prior to the exams, the College asks the candidates if they have special needs. If so, it does its best to meet them (ex. breast feeding area).
- Every candidate is matched with a “guide/lay person” whom will direct them to the waiting room, examination room, bathroom. The candidates are always accompanied.
- The oral exam has 2 parts: A and B. Candidates are examined by 2 different examiners teams. Each part lasts one hour and starts with a case study that the candidate prepares for an hour before entering the exam.
- Each examiner’s team is comprised of 2 examiners.
- There is an observer listening to each exam. The observers are lay people. Most of them have an education/psychology background. RCDC recruits them through ads posted at University of Toronto or at the Teachers’ Union. Those people are selected, interviewed and trained before acting in their specific role. The observers are supervised by 2 “lead” observers. Their goal is to make sure that the administration of the exam is fair and smooth for all candidates (ex. outside booth sounds).
- The observers take notes of their findings during the whole hour.

Exam content:

- The candidates are presented with cases including pictures and radiographs on a screen. Each case has a determined duration so that all cases can be presented to the candidates within the hour.
- I was told that a pre-calibration session was held the day before the exam to standardize the process (review of the exam, question delivery, supporting material, marking).
- The marking of the exams is based on an objective (numbers of answers) and qualitative assessments. Both are calibrated. Marking culminates in a key validation session held after the two days. Data entries are immediate and allow prompt decision making.

Conclusion and personal impressions:

Dr. Benjamin Davis, Examiner-in-chief, Dr. Lesley Williams, Ortho Chief examiner and Dr. Susan Eslambolchi, Ortho Chief examiner Associate welcomed all my questions with openness and were generous in their answers. RCDC's head and supporting staff were also very helpful and offered additional operational information.

The experience was very positive and educational.

The RCDC NDSE is a very high stake exam. From my observations, I conclude that all people involved are very aware of the situation and are working their best to achieve the highest standards.

Respectfully submitted,

Diane Legault, DMD, MBA, Honorary Fellow of RCDC
CDRAF Executive Director

AMS:738852