



Royal College of
Dental Surgeons of Ontario

Ensuring Continued Trust

6 Crescent Road, Toronto, ON Canada M4W 1T1
T: 416.961.6555 F: 416.961.5814 Toll Free: 1.800.565.4591 www.rcdso.org

How is Training Completed Outside of Canada Assessed?

THINGS YOU NEED TO KNOW WHETHER IN CANADA OR WHEN CONSIDERING IMMIGRATING TO CANADA

This is a high level overview of how registration/licensing protocols work in Ontario and Canada. For more detailed and specific information on how to apply for registration (licensure) in Ontario please see our General Information sheet and Career Map for the internationally trained under the “Applicant” and “Registration Requirements” sections of our website.

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Is dentistry considered a priority profession by the Canadian government for the purpose of immigrating to Canada?

Not at this time. Priority under the Federal Skilled Worker Program is given to those professions on the Skilled Occupations List established by Citizenship and Immigration Canada. Dentistry does not appear on the current list. That is why there is no guarantee that anyone is granted immigration status. The Canadian government controls issues of manpower for the entire country. The professions determined to be a priority are in constant flux.

It is critical that you contact Citizenship and Immigration Canada to determine your eligibility for migrating to Canada before committing time and money applying for our assessment protocols: <http://www.cic.gc.ca/english/immigrate/skilled/apply-who.asp>.

Why do regulators keep making it easier to apply if dentistry is not a priority profession?

The internationally trained are welcomed in Canada. Regulators, however, do not look at issues of manpower and employment possibilities when granting licensure. Our sole mandate is to protect the public and register or license anyone who meets the Canadian standard of competency. Regulators have absolutely no control over who the government chooses to allow to immigrate to this country or which professions are given priority.

Both the provincial and federal levels of government have directed all regulatory authorities, not just dentistry, to reduce any unnecessary barriers to registration and to improve access. This is in large part to ensure the long-term economic viability of the country. Provinces have created Fairness Commissioners whose role is to ensure that registration processes are fair, transparent and accessible.

The Foreign Credentials Referral Office, a branch of Canada Immigration, has implemented a plan entitled the *Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications*. Under these guidelines, the federal government has requested all regulatory bodies to attempt to offer as many processes as they can off-shore. This includes English as a Second Language tests, documentation assessment/verification and even examinations. The government would actually prefer that immigration applicants are registration-ready, fully assessed and approved for registration before Citizenship and Immigration Canada issues them landed status.

The national protocols are fair and exist to ensure that all candidates who are competent qualified dentists and those who meet Canadian standards are registered.

Creating and administering these examination processes by the not-for-profit organizations involved are difficult and expensive so fees are established on a cost recovery basis.

Will the credential assessment required by Citizenship and Immigration Canada (CIC) for the purpose of migrating to Canada be recognized by the Canadian provincial dental regulators?

No. Historically speaking dentistry has performed credential verification to weed out fraud not for credential assessments. CIC must take a broad approach to assessing the eligibility of potential immigrants. Candidates for immigration represent many skills, trades, professions, both regulated and unregulated. The government uses processes that produce the broadest benefits.

All provincial dental regulators, including RCDSO and NDEB, do not believe it is possible to determine competence based on a paper review. The fact that a program may have been of identical length does not address the most important facets of what was taught, how it was taught, what were the expected outcomes and how were they verified. This is why RCDSO supports the system of accreditation and competency assessment protocols.

Reviews of transcripts, program descriptions and similar material do not obtain the kind of information that the accreditation system can discover. A paper review does not reveal the minimum admission requirements, the number of full-time faculty with dental degrees or the faculty's qualifications, or the number of hours of treating patients, if any, in a university-based clinic with proper university oversight and affiliation. For example, sometimes clinical experience is a form of apprenticeship at a local dentist office or less and there may be no legitimate assessment or oversight.

In addition, there is the issue of differences in educational levels between countries. There are examples of high school graduates moving directly into Ph.D. programs without a bachelor degree or completion of any formal dental program. Or there may be no record of what the training outcomes should be or an official process for measuring whether those outcomes were achieved.

It is not possible for a credential evaluation to determine an individual's clinical competence. In dentistry a paper review provides no relationship to equivalency relative to standards. It simply produces a conclusion based on a comparison of years of study.

Are there global differences in dental training?

There is indeed. You are urged to use the National Dental Examining Board of Canada's Self-Assessment Tool available on their website www.ndeb.ca to investigate how your training might compare to the Canadian model.

Do research. Review the NDEB's list of Competencies for a Beginning Dental Practitioner in Canada to determine whether your training covered these areas. Compare your curriculum to that of an accredited dental program in Canada.

It is natural for someone to be convinced that their dental training was sufficient or even excellent. However, when looked at through the lens of another country's standards, scope of training, cultural differences/expectations and focus, you may find that your training is inadequate for licensure in Canada.

RCDSO, the National Dental Examining Board and Canadian Dental Accreditation Commission have confirmed the status of many international dental programs and accreditation processes through a variety of ways including:

- visitations to numerous dental schools worldwide by the NDEB and CDAC;
- annual monitoring of admission tests;
- monitoring performance in the advanced standing programs (qualifying/bridging programs) and results from the national examination;
- contact with international dental regulatory authorities and regular attendance at international conferences and workshops on education and registration; invited presentations and consultation provided to international regulatory boards.

Experience and evidence have demonstrated that the majority of international candidates coming from the current major source countries require the two-year advanced standing programs in order to meet Canadian standards. The NDEB Equivalency Process was created for candidates who do not require the two-year placements to prove competency.

As elsewhere in the world, there are limitations here in Canada too with respect to university facilities, faculty and infrastructure support. Every year thousands of submissions are received for the 400 seats available nationally in the domestic four-year dental programs. The same dynamic applies for the internationally trained trying to get into advanced standing programs.

Here in Ontario, the internationally trained are looking at a level playing field with registrants from within Canada. The Ontario 2012 statistic for registrants whose training was outside of Canada compared to registrants from within Canada was virtually identical, a 50/50 split. This is an exceptional number and possibly higher than any other profession.

What is the role of the RCDSO and the national third party providers?

In Ontario, the Royal College of Dental Surgeons of Ontario has responsibility for the regulation and registration of dentists granted by an Act of Parliament in 1868. No other organization or association has this authority.

The College's entry to practice standards are approved by the Ministry of Health and Long-Term Care of Ontario and based on nationally approved standards and measurements deemed necessary for public safety.

Our governing statute, the Regulated Health Professions Act (RHPA), in addition to the Fair Access to Regulated Professions Act (FARPA), obligates us to provide candidates with a proper, transparent and fair process of review.

The RHPA sets out the common requirements for all health regulatory colleges in Ontario, including our mandate and statutory committees. Each college then has a profession-specific act; in our case that is the Dentistry Act, 1991.

The College derives its authority to define registration requirements, policies and by-laws from the RHPA. The first version of the registration regulation and all subsequent amendments were submitted to the Ministry of Health and Long-Term Care to be enacted into law.

The vetting process includes an intense analysis of the requested additions or amendments to the regulation. The Ministry requires information such as:

- rationale for the regulation or amendment;
- how it ties in to the College's policy objective;
- explanation of what the problem is and evidence;
- how it supports the Regulated Health Professions Act, including how it assists in public protection and the risks if the regulation/amendment is not passed;
- financial implications;
- impact on the profession, other regulated professions, other government Ministries, other jurisdictions;
- compliance with Fair Access to Regulated Professions Act.

National third party providers and the criteria used to determine equivalency

Canada operates according to a mutually recognized system of accreditation of dental training with the United States, Australia, New Zealand and Ireland through reciprocal agreements.

The Commission on Dental Accreditation of Canada (CDAC) is an autonomous body responsible for accrediting dental programs in Canada. Accreditation is a peer review process that measures education programs and hospital dental services against predetermined national requirements. CDAC acts as a partner with the profession, educational institutions and health facilities to protect and further the public interest through the accreditation process.

The National Dental Examining Board of Canada (NDEB) is the body incorporated by an Act of Parliament as being responsible for the establishment of qualifying conditions for a national standard of dental competence for general practitioners, for establishing and maintaining an examination facility to test for the national standard of dental competence and for issuing certificates to dentists who successfully meet this national standard.

The NDEB is comprised of twelve members. Each dental regulatory authority (DRA) appoints one member and two members are appointed by CDAC. The NDEB through in-depth investigation and analysis has established the nationally accepted record of Competencies for a Beginning Dental Practitioner in Canada. This list is transparent and available on their website at www.ndeb.ca.

These competencies are used to establish curriculums for full and degree completion programs, the NDEB Equivalency Process for the internationally trained, for examination blueprints and accreditation standards used by Canada, as well as guides for the United States, Ireland, New Zealand and Australia. They have also been used both nationally and internationally to establish processes in dentistry and in other professions as well. In short, the competencies define the methods and mechanisms to be used to evaluate the competence of candidates.

The four-year dental programs, international degree completion programs and assessments assure that these competencies are met by all practitioners, whether Canadian or internationally trained.

The final safeguard that the designated outcomes have been achieved is that all candidates, regardless of where they were trained, must complete the NDEB national examination consisting of written and OSCE components.

What are the pathways to registration in Ontario and Canada?

For those who are at the beginning stages of considering where to do their training, it would be wise to complete a recognized/accredited dental program in order to avoid additional cost and time. This means a dental program offered in Canada or one accepted through a reciprocal agreement, namely, programs in the United States, Australia (for those who graduated on or after March 2010), New Zealand (for those who graduated on or after December 14, 2011) and Ireland (for those who graduated on or after December 5, 2012).

The accreditation system in Canada is administered by the Commission on Dental Accreditation of Canada (CDAC). It reviews educational programs utilizing the Competencies for the Beginning Dental Practitioner in Canada established by the National Dental Examining Board.

Programs and services meeting or exceeding the CDAC's requirements are granted accredited status. The starting point within accreditation is the CDAC's development, approval and ongoing revision of accreditation requirements. Educational programs and dental services are invited to apply for review against current requirements. Programs apply by submitting detailed documentation that outlines evidence addressing their compliance with accreditation requirements. A site visit is then arranged and an accreditation survey team conducts interviews with faculty and students to secure additional information.

The accreditation survey team is comprised of educators in the specific discipline, a representative of the regulatory authority and a representative of the certification organization (if applicable). A survey team in Australia, for example, includes representatives from both CDAC and the Australian Dental Council. This assures that the same outcome measurements are used and accreditation standards are met throughout Canada and Australia.

This process clarifies issues arising from the submission and generally verifies that the documentation reflects the program or service.

The survey team then submits a report to CDAC for review at its annual meeting. CDAC then determines the eligibility of the program or service for accreditation or continuing accreditation.

Dental councils/boards in other countries are welcome to contact CDAC to discuss the possibility of being accredited through a reciprocal agreement.

For international graduates coming from non-accredited programs, the two-year advanced standing or bridging programs are used to prepare candidates for the health care culture and environment in Canada and to upgrade their skills to Canadian standards.

There are over 70 universities throughout Canada and the United States where individuals could apply for admission to this kind of program. Given the agreements with Australia, New Zealand and Ireland, similar completion of an advanced standing program leading to the issuance of a dental degree from those countries would be recognized.

<p>For information regarding American dental schools and regulatory boards, please contact: <i>The American Dental Association</i> www.ada.org</p>	<p>For information about Australia: <i>The Australian Dental Council</i> www.ADC.org.au/</p>
<p>For information about New Zealand: <i>The New Zealand Dental Council</i> inquiries@dcnz.org.nz www.dentalcouncil.org.nz</p>	<p>For a list of accredited dental programs in Ireland, please contact: <i>The Irish Dental Council</i> info@dentalcouncil.ie www.dentalcouncil.ie</p>

An alternate pathway to determine whether a graduate of an international dental program is substantially similar to a graduate of an accredited program and competent to practice was started by NDEB in 2010. In this pathway, credential evaluations are not used to determine eligibility. All applicants are eligible to participate in the NDEB Equivalency Process provided that a candidate's documents are not fraudulent and the institution is recognized by the government in the country of graduation.

An individual who successfully completes a series of assessments will be eligible to take the final national NDEB certification examination. All applicants including graduates of accredited programs must take this examination.

The highlights of the Equivalency Process are:

- access from anywhere in the world to a voluntary web-based self-assessment tool.
- submission of an application and supporting documentation through the NDEB website. The NDEB also conducts a credential verification to eliminate fraud.
- an Assessment of Fundamental Knowledge which is a one day theoretical exam to verify basic training.
- an Assessment of Clinical Skills, which is a two-day evaluation of psychomotor skills and judgements during which participants perform simulated dental procedures on a mannequin;
- an Assessment of Clinical Judgement which is a one-day high level case based examination.

Candidates who fail any of the assessments may retake the assessment to a maximum of three attempts.

It is important to note that the Assessment of Fundamental Knowledge is a screening examination to assist in determining the level of training of international candidates. It is not given to graduates of accredited programs because what they are taught is outlined in their curricula. Students in accredited programs are also continually assessed throughout their four-year program.

There is a substantial difference between the various NDEB written formats, called blueprints, and the level of difficulty. The Assessment of Fundamental Knowledge is a fair and scientifically grounded test of basic knowledge. With proper preparation it is not difficult to pass for those whose training is substantially similar to Canadian accredited training. Unsuccessful candidates need to seriously consider their options as the Assessment of Fundamental Knowledge is a legitimate first indicator as to whether the candidate's training was sufficient by Canadian standards. Participants will have three opportunities to pass the test.

Candidates in the Equivalency Process do not attend classes. They participate in dispersed assessments. This means they are able to be employed (other than as a dentist) and earn a living while pursuing registration requirements. Individuals have also been known to fly in from their country of origin to attend the assessments.

As the assessments are dispersed through the year, candidates often return home in-between to continue in their established dental practices. Candidates who are not successful in the NDEB Equivalency Process are still eligible to apply for admission to the advanced standing programs.

Other benefit includes the Equivalency Process takes less time and is less expensive than the two-year advanced standing programs

To gain entry into both the Equivalency Process and the two-year programs (in Canada), candidates must submit an application to the NDEB. There is one entry point with the results of the assessments determining the pathway for candidates.

Because the universities use the results of the Assessment of Fundamental Knowledge as part of their admissions process to the two-year programs, the questions are also founded in the minimum admissions requirements set by the universities. The universities had input into the Assessment of Fundamental Knowledge blueprint and determined what the appropriate passing score would best reflect the likelihood of being successful in the two-year programs.

Individuals scoring less than 75 were found to be inadequate. That is why the score was set at 75. Admission requirements into universities throughout the United States, Australia, New Zealand and Ireland will vary and candidates need to contact those institutions directly.

How are the NDEB's Assessment of Fundamental Knowledge and Assessment of Clinical Judgement questions selected and what is test equating?

Questions used for each administration of the Assessment of Fundamental Knowledge and the Assessment of Clinical Judgement are developed and reviewed by content experts. They are primarily members of Canadian dental faculties.

Next, a committee, consisting primarily of general dentists recommended by provincial dental regulatory authorities, selects the questions for use on an assessment. Different groups of questions are used each time the assessment is administered. The questions selected for each administration vary in difficulty, so the group of questions vary in difficulty from session to session, year-to-year.

Following the scanning of all answer score sheets, a detailed statistical analysis is performed by NDEB staff and chief examiners. This statistical analysis involves using valid methods to identify and possibly eliminate any questions that may not have performed as expected. Normally, very few questions are eliminated.

NDEB uses a scientifically proven test equating process to ensure that all administrations are of equivalent difficulty. This compensates for odds that a candidate's success might be impacted by the varying degree of difficulty that can occur with the administration of each assessment and the potential, albeit low, for a question to perform weaker than expected.

Any proper high stakes testing organization in any profession uses test equating. It assures that the same level of performance from examinees is consistent test to test, year to year. In other words, it verifies fairness for all.

How is the methodology used to evaluate competency validated and how often is the validation done?

Most regulatory bodies are not experts in the specialized science of examination analysis and blueprinting. This is why RCDSO and many regulators use external examining bodies, such as the National Dental Examining Board, that specialize in this field.

The National Dental Examining Board regularly reports to RCDSO and Canadian Dental Regulatory Authorities Federation. This report includes progress as an international expert and consultant in the field of examinations and competencies and results of its examinations and psychometric evaluations. In addition, NDEB publishes a technical manual that provides detailed validity and reliability analysis for the NDEB examinations.

Any test will have variables. A variable can be measured, altered and controlled to verify outcomes are consistent and reliable. Dichotomous variables basically mean something has two parts, e.g. “yes/no”, “male/female”. Nondichotomous variables mean something has multiple categories or levels.

NDEB uses two instruments to measure and confirm that its examinations are fair, valid, consistent and reliable: Cronbach’s Alpha and the Kuder-Richardson Formula 20. KR20 is a measure of internal consistency and reliability for measures with dichotomous choices whereas Cronbach’s is used for nondichotomous measures. Using both formulas assures a proper balance and cross-check of accuracy of outcomes.

Examination processes are never static and experts in the field clearly stipulate that goal and standard setting, analyzing test results, performing psychometric validity testing, and periodic revalidation of competency statements are absolutely necessary.

NDEB conducts these validation exercises on an ongoing basis, in addition to periodic major reviews. They prove the necessity and value of a national competency document and serve as a reference for curriculum management, program accreditation, and development of certification examinations.

Every year certification and examination procedures and the responses of the candidates are assessed using these formulas. Scores are adjusted to ensure fairness through a process called test equating. Further modifications are made where needed to improve the validity and reliability of the examinations. In addition to these internal reviews, NDEB invites several external evaluations.

For a detailed accounting of the test construction process, validity, scoring and statistical analysis see Technical Manual for The National Dental Examining Board of Canada, Written Examination and Objective Structured Clinical Examination on their website at www.ndeb.ca.

What are the statistics on the National Dental Examining Board's Equivalency Process?

NDEB posts the results of the Equivalency Process assessments year-over-year on its website www.ndeb.ca.

The average pass rate for the Assessment of Fundamental Knowledge over the past three years is approximately 41%. Statistically this is an acceptable pass rate. The pass rate for the Assessment of Clinical Skills is around 30% and about 58% for the Assessment of Clinical Knowledge.

Those who are unsuccessful in the Assessment of Fundamental Knowledge are not permitted to attempt the Assessment of Clinical Judgement or the Assessment of Clinical Skills.

It is important to note that many applicants, about several hundred, do not pursue all three assessments. There are many reasons for this and other factors that impact the pass rate, including candidates abandoning the process without explanation, candidates moving, financial hardship, family reasons and children, career shifts and so on. The data confirms that major differences exist in scope and standards of training throughout the world.

Can candidates appeal the results of the National Dental Examining Board Equivalency Process?

Yes within certain guidelines. It is not possible for unsuccessful participants to review their answers to the questions on the Assessment of Fundamental Knowledge as this would expose the questions to other candidates. This is not permitted by any other high stakes testing organization.

There are multiple layers of verification to ensure the validity of the testing. Verification that the answers set by the NDEB are correct occurs at four reviews, plus during the statistical analysis. Any question that had less than 30% of the participants getting it right is automatically reviewed and the answer verified without the need for a request.

Each Assessment of Fundamental Knowledge is test equated to ensure that the passing standard is the same each year. Accordingly, apart from a computer/mechanical failure misreading a participant's recorded answer, it is not possible for a multiple choice test of this kind to be wrong. Therefore, the failing of a candidate is not debatable.

Participants can request to have their answer score sheets manually checked against the answer key if they wish to assure there was no computer error. The whole process from question selection to analysis is detailed in the NDEB's technical manual.

There is an appeals process for the Assessment of Clinical Knowledge as this is not a multiple choice test but involves a number of elements including an examiner. To review the full appeal process, please go to:

<http://www.ndeb.ca/sites/default/files/Exam%20Bylaws%20-%20APRIL%202013.pdf>

Candidates who have exhausted the NDEB's internal appeal process must consider going to civil court. NDEB is the recognized expert in the field and is given lawful authority by the federal Parliament to establish and assess competency standards in Canada.