Canadian Dental Regulatory Authorities Federation
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INTRODUCTION

With the dynamic changes occurring in global migration and trade agreements between nations, it is time to introduce ourselves. The Canadian Dental Regulatory Authorities Federation (CDRAF) is an alliance of the provincial dental regulatory authorities (DRAs). These regulators are the only bodies with the exclusive, legislated mandate of public protection.

The voluntary cooperation of the regulated professions is critical to the successful implementation of pending trade agreements such as CETA and TPP.

Before and after negotiating such agreements, CDRAF has much to contribute to these discussions by ensuring government is well-informed on current issues within the profession and in maintaining an open dialogue with the dental regulatory bodies across the country.

Dental regulatory authorities speak with one, reasoned and fair national voice when addressing registration/licensing requirements regardless of where an individual received their education and training. This was accomplished voluntarily and without legislated mandates.

DRAs recognize that a stable and growing economy is of vital importance. It is also imperative that this quest does not divert our focus from our primary legislated mandate of public protection. It is here that dental regulators have a critical and exclusive role to play.
CHAPTER ONE

CDRAF: NATIONAL VOICE FOR DENTAL REGULATORS

The provincial dental regulatory authorities have collaborated on important issues for decades. One of our major achievements was a formal national Mutual Recognition Agreement signed in 2001.

However, increased globalization and government initiatives, such as the Agreement on Internal Trade (AIT), made it clear that more work was required. To ensure the primary mandate of public protection remained the core work, DRAs needed to establish a cohesive, uniform and national approach to a range of issues involving the access to the dental profession in Canada. Dental regulators needed to act with a national voice. So, on March 3, 2004, CDRAF was born. See Appendix A for CDRAF Core Functions.

In December 2008, a final amended version of the AIT was signed by the Premiers that legislated permit-to-permit recognition within Canada. Conditions included:

• no additional re-testing, retraining or re-assessment;
• if registered there, they get registered here;
• educational requirements, examinations and currency (evidence of practice) were eliminated where an applicant is already registered in another province or territory.

CDRAF moved quickly to address the federal government’s concerns about mobility in Canada. By July 2009, a new national MRA was in place implementing the AIT conditions named above. The agreement was updated again in 2014. See Appendix B for dentistry’s MRA.
CHAPTER TWO

ROLE OF PROVINCIAL REGULATORS

Acting responsibly in the interest of public protection, provincial governments created the health regulatory system to ensure that only suitably trained and competent individuals were licensed according to legislated requirements.

The DRAs are responsible for approximately 22,000 general dentists and dental specialists throughout Canada. The provincial breakdown, as of June 2016, is:

<table>
<thead>
<tr>
<th>Province</th>
<th>Number</th>
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<tbody>
<tr>
<td>B.C.</td>
<td>3,133</td>
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<tr>
<td>Alberta</td>
<td>2,455</td>
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<tr>
<td>Saskatchewan</td>
<td>455</td>
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<tr>
<td>Manitoba</td>
<td>671</td>
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<tr>
<td>Ontario</td>
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<td>Quebec</td>
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<tr>
<td>New Brunswick</td>
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<tr>
<td>PEI</td>
<td>84</td>
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<tr>
<td>Nova Scotia</td>
<td>539</td>
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<tr>
<td>Newfoundland &amp; Labrador</td>
<td>213</td>
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With provincial government approval, the DRAs have a number of specific responsibilities:

- set entry-to-practice requirements;
- set standards of practice for the dental profession;
- administer quality assurance programs that members are required to participate in to help maintain their competence;
- set ethical standards;
• investigate complaints;
• take appropriate disciplinary action as necessary;
• protect the public’s right to quality oral health and dental services;
• guide the profession by establishing standards, practice guidelines and ongoing quality assurance/peer reviewed requirements after registration/licensure;
• advise government on important issues, such as infection control protocols, policies on blood borne pathogens, and the very current topic of narcotics and pain control.

Provincial regulatory bodies are creatures of provincial statute. They do not have the right to operate outside that legislation. Provincial governments maintain very strict oversight.

There is a lengthy vetting process to amend or create any health regulation. This process includes an intense analysis of the proposed legislation and a public consultation component.

Submissions to government from a regulator must include information such as:

• rationale for the regulation or amendment;
• relationship to the DRA’s policy objectives;
• explanation of what the problem is and with supporting evidence;
• description of how it supports the various health acts involved, 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, government ministries and other jurisdictions;
• compliance with provincial Fair Access to Regulated Professions Acts, where they exist.

These extensive safeguards contribute to a licensure process that is fair, objective and transparent.
CDRAF and its partners have agreed to several general principles that act as the foundation for the registration/licensing process of dentists across the country. They are:

• The mandate of all provincial dental regulatory authorities is public protection.

• A transparent, impartial, objective and fair assessment of an applicant’s competencies and qualifications will be available, regardless of where an applicant was trained.

• Every Certificate of Registration issued by a DRA is a warrant that the holder was held to a common standard, protocols and validated qualifying conditions allowing for interprovincial portability of credentials and labour mobility.

• Only those applicants who are able to establish that they have the knowledge, skill and competencies required of a general dentist in Canada, including but not limited to the successful completion of the national examination administered by National Dental Examining Board of Canada and/or the Royal College of Dentists of Canada for dental specialists, will be accepted for registration. In meetings and consultations with the international community, our goal is to harmonize protocols and training curriculums on the international stage to aid credential recognition.

There are a number of other institutions that have united to create a reasoned, unified and appropriate system of registration/licensure that protects the public. The following chart illustrates these interconnected relationships.
CDRAF is the national forum and collective voice of provincial and territorial dental regulatory authorities on regulatory matters. The Federation is the only organization that speaks for the over 22,000 dentists in Canada on professional regulatory issues related to the practice of dentistry.

DENTAL REGULATORY AUTHORITIES

Through provincial government legislation, protects the public as the governing bodies for dentists by setting entry-to-practice requirements, standards of practice, administering quality assurance programs respecting competence, ethical standards, investigating complaints, taking disciplinary action as necessary, and protecting the public’s right to quality oral health care.

NATIONAL DENTAL EXAMINING BOARD OF CANADA

By 1952 Act of Parliament: Establishes qualifying conditions for a national standard of dental competence for general dentists and maintains an examination facility to test that the standard has been met. Created list of “Competencies for a Beginning Dental Practitioner in Canada.”

THE ROYAL COLLEGE OF DENTISTS OF CANADA

By Act of Incorporation in 1965 by Parliament, responsible for setting qualifying conditions for the recognition and designation of properly trained dental specialists and for administering examinations that test the qualifying competencies and standards have been met.

COMMISSION ON DENTAL ACCREDITATION OF CANADA

The body responsible for accrediting dental, dental specialty, dental residency, dental hygiene and dental assisting education programs in Canada.

UNIVERSITIES / ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY

Develops undergraduate, post graduate and graduate dental programs/curriculums/standards/healthcare enculturation leading to a dental degree, professional diploma or graduate degrees.
COMMISSION ON DENTAL ACCREDITATION OF CANADA
The Commission on Dental Accreditation of Canada (CDAC) acts as a partner with the DRAs, educational institutions and health facilities to protect and further the public interest through the accreditation process.

Accreditation is a peer review process that measures education programs utilizing predetermined criteria, including competencies for the beginning dental practitioner in Canada.

The registration/licensure of dentists in Canada, and through reciprocal agreements with the United States, Australia, New Zealand and Ireland, is founded through a mutually recognized system of accreditation of dental training.

Dental educational programs are invited to apply for review against current CDAC requirements. The universities applying for accreditation must complete comprehensive questionnaires and submit extensive documentation outlining their compliance with necessary requirements. An onsite visit is then arranged. A survey team examines the physical facility and does comprehensive information gathering, including interviews with senior administration, faculty and students.

For international programs, typically a governing authority such as a dental council, will act as the intermediary. Mutual Recognition Agreements are established with these organizations following established accreditation processes and standards believed to be substantially equivalent to those in Canada.

Accreditation teams visit and review dental programs on regular cycles throughout Canada. The identical function is performed by organizations located in other countries seeking a reciprocal agreement or renewing an established relationship with Canada. To date, reciprocal agreements have been established with the Commission on Dental Accreditation in the United States, the Australian Dental Council, the Dental Council of New Zealand, and the Dental Council of Ireland.

A survey team is comprised of educators in the specific discipline, a representative of the regulatory authority and a representative of the certification organization. The survey teams are accompanied by representatives from both CDAC and the local authority. This provides assurance that the same outcome measurements are used and accreditation standards are met throughout Canada and our MRA partners.
This in-depth process clarifies issues arising from the written submission and verifies that the documentation reflects the program or service. The survey team submits their report to CDAC for review. Then CDAC determines the eligibility of the program or service for accreditation.

**NATIONAL DENTAL EXAMINING BOARD OF CANADA**

The National Dental Examining Board of Canada (NDEB) was vested by an Act of Parliament in 1952. It is responsible for the establishment of qualifying conditions for a national standard of dental competence for general practitioners and for maintaining an examination facility to test that this standard has been met. The NDEB is a non-profit organization that operates on a cost-recovery basis.

Historically dentistry has taken a proactive approach in striving to balance public protection while using the most fair, efficient and effective methods of assessment and examination.

Dentistry had developed a national consensus about most registration/licensing requirements well ahead of most other Canadian regulated professions. In fact, dentistry in Canada took action on this front before the European Union was formed and indeed prior to the national mandate for labour mobility here. Even today, the United States operates with a very fragmented system.

Through on-going in-depth investigation and analysis, NDEB created the nationally accepted record of “Competencies for a Beginning Dental Practitioner in Canada.”

These competencies are used to establish university curricula, examination blueprints and accreditation standards for Canada and, through the MRA process described earlier, the United States, New Zealand, Australia and Ireland.

It is a point of pride that these same competencies have been used both nationally and internationally to establish processes in other professions as well. NDEB conducts a psychometric analysis after each examination to confirm that its standards are current, accurate and reliable.
NDEB operates with a high degree of transparency and accountability. NDEB regularly reports to CDRAF on its progress as an international expert and consultant in the field of examinations and competencies, and on the results of its examinations and psychometric evaluations. NDEB also publishes a Technical Manual which provides detailed validity and reliability analyses for the NDEB examinations.

ROYAL COLLEGE OF DENTISTS OF CANADA
Discussion began in the 1940’s to define dental specialties and ensure proper training was available. For similar reasons that initiated the creation of the NDEB, by the 1960’s the need to create a national certification body for specialists was evident.

In March 1965, an Act of Incorporation for the Royal College of Dentists of Canada (RCDC) was passed. The legislation provided RCDC with the oversight respecting the definition and development of dental specialty competencies through education and evaluation and the parliamentary authority to examine dental specialists on a national basis.

ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY
The Association of Canadian Faculties of Dentistry (ACFD) is a not for profit organization comprised of the ten Canadian Faculties of Dentistry. The ACFD’s mission is to be the national voice and resource for academic dentistry in Canada by helping advance the teaching, research, and service activities of their members by facilitating collaboration and communication among their members and related organizations.
CHAPTER FOUR

PAN-CANADIAN FRAMEWORK FOR THE ASSESSMENT & RECOGNITION OF FOREIGN QUALIFICATIONS

The various partners of the DRAs play crucial roles in a seamless, logical, transparent and validated system that protects the public and benefits candidates while fulfilling regulatory responsibilities and the goals of Government.

An excellent example of how dentistry’s licensure requirements align with the goals of government is reflected in the Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications (Framework) established on November 30, 2009, by the Canadian First Ministers. The Framework states:

_Governments must take concerted action on the assessment and recognition of foreign qualifications in order to create an environment where immigrants are able to apply their talents._

_Foreign qualification recognition is the process of verifying that the knowledge, skills, work experience and education obtained in another country is comparable to the standards established for Canadian professionals and tradespersons._

There is a Foreign Qualifications Recognition Working Group (FQRWG) at the federal and provincial levels charged with implementing the Framework. As one of the target occupations, dentistry has cooperated fully in attending FQRWG meetings and completing their surveys.

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1 Government of Canada website – Introduction, Foreign Qualification Recognition
As described by FQRWG: Under the Framework, a number of ministries such as Citizenship and Immigration, Human Resources and Social Development, Global Affairs (Trade) and Health Canada, have been supporting the creation of more efficient and effective foreign qualification assessment and recognition systems….²

Dentistry is a recognized leader in this arena. The Framework’s goals for regulatory bodies fall into four categories: fairness, transparency, timeliness and consistency.³ Not surprisingly, these principles also mirror those of provincial Fairness Commissioners.

Dentistry more than meets these requirements. The following analyses of the Framework’s stated principles at both the federal and provincial levels are a clear demonstration of that.

**PRINCIPLE: FAIRNESS**

- The criteria used for determining recognition of qualifications are objective, reasonable, do not exhibit bias and are cost effective.
- The methods used for assessing qualifications are both necessary and sufficient for determining whether occupational standards are met.
- Canadians and internationally-trained applicants will be treated equally with regards to the requirements that must be demonstrated in order to achieve qualification recognition.
- Communication of assessment results involves clear explanation of the rationale for the decision that has been taken, including the identification of additional requirements for licensure and registration, as well as avenues for internal review and appeals.
- Assessment processes are efficient and avoid duplication, particularly where there are multiple assessments required by different parties during the assessment process of an individual applicant.
- Information regarding assessment approaches and tools is available online, and opportunities exist for practitioners and other affected stakeholders to share best practices regarding assessments.

² Forum of Labour Market Ministers – Progress Report November 2009 to December 2010, page 1
**Fairness: How Dentistry Measures Up**

Dentistry’s approach respecting fairness is well-recognized and praised by various ministries and levels of government. At the provincial level a number of governments have established fairness legislation that mandates regulatory bodies to have fair registration practices. Fairness Commissioners scrutinize the work of regulators very closely and require on-going reports, audits and evidence that regulators are being fair. There is therefore a convergence of oversight in this requirement between the Framework, the Federal and Provincial Framework working groups and Fairness Commissioners, where they exist.

An example of fairness legislation oversight can be found where it was first established, in Ontario, with the first audit performed in the country in 2009. This audit, while necessarily conducted at the provincial level, was an extremely comprehensive investigation that analyzed dentistry’s protocols and assessments respecting registration requirements.

The audit encompassed dentistry’s registration protocols against fairness legislation and looked at international standards as outlined in ISO 17024, General requirements for bodies operating certification schemes for persons.

Deloitte, the auditor approved by the Ontario Fairness Commissioner, concluded that “the registration policies and procedures appear to be fair, transparent and reasonable”. This is important because, while the audit was conducted at a provincial level, the registration requirements reviewed are national requirements consistently applied across the country.

Provinces with Fairness Commissioners continue to have on-going reporting duties and submit annual reports that are a sweeping, detailed review of the regulator’s procedures.

Dentistry’s national registration practices also stand up to international scrutiny.

In 2013, Ontario invited the Professional Standards Authority (PSA) of the United Kingdom to come in to conduct an objective third-party audit of its work as a health care regulator. PSA is an independent body, accountable to the United Kingdom (UK) Parliament that oversees the work of nine statutory bodies that regulate health professionals in the UK.

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4 PSA monitors policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care. Please visit: [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)
On review of the Canadian process, PSA concluded that the registration process was “fair, efficient, transparent, secure and continuously improving.” This independent audit by an organization bestowed with investigative authority by the UK government validated the Canadian dental registration processes. See Appendix D for a detailed guide of the standards the PSA reviews against, entitled: The Performance Review Standards, Standards of Good Regulation.

NDEB and Fairness
Domestically trained and internationally-trained are treated equally – everyone must meet the same standards and pass the established record of competencies. With NDEB working nationally across the country with all provincial regulators, there is no duplication of assessments, plus there is an established appeals process in place.

As an examining body, NDEB goes to great lengths to ensure that the universal characteristics of a good, psychometrically reviewed test - validity, reliability, objectivity and practicability – are met.5

NDEB is currently in one of its regular review cycles. It contracted with external testing and training experts to conduct a survey and perform a practice analysis for general dentistry in Canada. The practice analysis was carried out over 18 months, culminating in a draft report in June of 2015.

As NDEB has described: “The results of this practice analysis will be primarily used for the NDEB’s certification examinations to inform changes required to the examination blueprints. It is anticipated that the results will also be of use to the Association of Canadian Faculties of Dentistry for curriculum planning of dental programs, and to the Commission on Dental Accreditation of Canada for accreditation purposes.”6

In January 2015, NDEB launched the development of a renewed three-year plan. The new plan identifies priorities in key areas including by-laws and policies, finance, human resources, legal matters, examinations and assessments, research, accreditation standards, processes and reciprocal agreements, credential verification, and stakeholder communications. It calls for:

• enhanced transparency;
• improved communications with applicants, participants and candidates;

5 National Council on Measurement in Education
increased security for and improved efficiency of all examination and assessment processes;

• strengthened relationships with the dental regulatory authorities, the Association of Canadian Faculties of Dentistry and the Commission on Dental Accreditation of Canada;

• increased dialogue with provincial and federal governments;

• heightened visibility of the NDEB internationally.\(^7\)

NDEB processes are never static. NDEB follows all good practices: goal and standard setting, analyzed test results, psychometric validity testing, and periodic revalidation of competency statements. These concerted efforts and constant responsiveness to the evolution of the profession and the associated science ensures that practitioners have the knowledge, skill and judgment to practise safely and competently.

In addition, these best practices in testing produce reliable results and are concomitantly balanced, fair, objective and non-discriminating in their treatment of the candidates. Recognizing the quality of its processes, New Zealand replaced its system of assessing the internationally trained with the NDEB Equivalency Process (an assessment based protocol – see Chapter 5) in 2015.

**PRINCIPLE: TRANSPARENCY**

• Requirements for applying to a specific occupation, as well as the methods for assessment and criteria for recognition of foreign qualifications, are fully described, easy to understand, and widely accessible to immigrants.

**Transparency: How We Measure Up**

All our provincial and national partners definitely address this principle. NDEB, the DRAs, CDAC, the universities and CDRAF keep this value paramount.

CDRAF website is detailed and provides a broad scope of information including an overview, nationally accepted registration requirements, the NDEB Equivalency Process, a common description of the provincial application process, fees and costs associated with the various processes and an explanation of labour mobility in Canada. See Appendix C for electronic links to this information.

CDRAF’s website has an explanatory overview entitled “How is Training Completed Outside of Canada Assessed?” In an honest, clear and transparent
manner, it explains the national requirements and the NDEB’s methods and reasons for the existing protocols, similar to what is found in this submission. It provides insight on immigration issues, appeals, the science behind assessments and validation and generally addresses the main contentious questions submitted to DRAs.

NDEB’s website is easy to understand and openly describes the competencies that candidates are measured against. Thousands of still active questions from the NDEB databank are available on its website. Each step in the two NDEB pathways to certification is well-defined and the areas of assessment explained. Reference materials and resources are also outlined.

**PRINCIPLE: TIMELINESS**

- The assessment and recognition of foreign qualifications, as well as the communication of assessment decisions, are carried out promptly and efficiently.

**Timeliness: How We Measure Up**

Dentistry more than meets the FQR Framework benchmark that “within one year, an individual will know whether their qualifications will be recognized, or be informed of the additional requirements necessary for registration/licensure, or be directed toward related occupations commensurate with their skills and experience.”

As dentistry does not perform credential evaluations and all are welcome to take the necessary assessments, candidates know instantly on review of any DRA website, the national CDRAF website or the NDEB website whether their qualifications will be recognized and what requirements are necessary for registration/licensure.

Once an application is submitted, NDEB’s turnaround time for verifying credentials is approximately one month. All stages of the NDEB Equivalency Process can be completed within nine months if the candidate’s training is sufficient.

**PRINCIPLE: CONSISTENCY**

- The methods for assessment and criteria used for determining recognition of qualifications for specific regulated occupations are mutually acceptable in each province and territory of Canada so that the results of the assessment processes are mutually recognized.

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8 Government of Canada website – The Pan-Canadian Framework, IV
http://www.esdc.gc.ca/en/foreign_credential_recognition/funding/framework_page#h2.3-h3.2
Consistency: How We Measure Up
Dentistry excels in this arena. The registration/licensure requirements are the same across the country. There is a mutually recognized system of accreditation and qualification streams and, for nearly 65 years, nationally recognized competencies and examinations.

PRINCIPLE: PREPARATION AND PRE-ARRIVAL SUPPORTS
• Immigrants are able to make contact with key stakeholders, including the appropriate regulatory authority, prior to their arrival in Canada.
• As early as possible in the immigration process, immigrants will have access to reliable and accurate information and assessment services.
• Improved availability and quality of assessment preparation and other early intervention support tools, including occupation specific self-assessment tools and reference and exam preparation materials.

Preparation & Pre-Arrival Supports: How We Measure Up
NDEB, DRAs and CDRAF have sophisticated websites with extensive and reliable information. Numerous links are provided to the necessary resources and our contact information, phone numbers and email addresses are posted.

The NDEB has a self-assessment tool on its website plus considerable information about the examinations, a Technical Manual, information on question selection and test equating, reference texts, and thousands of active examination questions.

The Equivalency Process assessments are offered at 10 locations within Canada and have also been given in London, England, Hong Kong and New Zealand. NDEB will consider offering all three assessments, including the practical clinical skills, outside of Canada if there are a minimum of 50 applicants and sites have acceptable security.

Access to the process was enhanced in 2015 when NDEB started offering the Assessment of Fundamental Knowledge and the Assessment of Clinical Skills (part of the Equivalency Process) twice a year instead of once in response to increased demand by applicants.
CHAPTER FIVE

INTEGRATING INTERNATIONALLY TRAINED DENTISTS

Worldwide economic drivers are shifting the focus of the Canadian government beyond interprovincial labour mobility to global labour mobility. These initiatives are seen as critical to assuring our place in the competitive world marketplace. However, it must not be forgotten that the criteria used to determine the movement of health professionals must be vastly different from the criteria for commodities. Public safety considerations must be paramount.

The profession of dentistry has not been complacent in dealing with this new global reality.

There are a number of pathways to registration/licensure in Canada for the internationally trained. There are the MRAs with countries that have proven to have substantially equivalent standards, training, competency evaluation and oversight mechanisms. These candidates are treated identically to graduates of Canadian dental programs.

There are bridging programs, known as degree completion programs, offered by faculties of dentistry in Canada, the United States and countries where mutual recognition agreements exist. Generally, these bridging programs grant advanced standing to qualified internationally trained candidates who are then admitted into the final two years of our accredited four-year dental programs. Candidates are awarded a dental degree upon successful completion. This straightforward approach bridges many gaps between international programs and Canadian training and standards.
A third pathway exists for candidates with competency that falls in-between the above stated pathways. They did not complete an accredited dental program but may not require a two-year, advanced standing program. This is an assessment based protocol known as the NDEB Equivalency Process.

Qualified candidates from all three pathways, regardless of whether their training was domestic or international, complete the NDEB national certification examinations. A more detailed explanation of our partner’s roles and processes is provided in Chapter 6.

**WHAT DETERMINES THE PATHWAY?**
Monitoring of assessment results, admission tests, performance in Canadian bridging programs and results of the national examinations collectively provide insight into the level of training of the internationally trained, in addition to assessing their individual competencies.

The National Dental Examining Board, the Commission on Canadian Dental Accreditation and various DRAs have frequent contact with international dental regulatory authorities, attend international conferences and workshops on education and registration, make invited presentations, and provide consultation to international examining bodies and regulatory boards. These various opportunities are also used to confirm the nature of many international dental programs and whether accreditation processes or valid oversight exists.

With CETA in play it is appropriate to turn for a moment to the European Union. There is a wide spread misconception, often promulgated by universities particularly in the European Union, that a degree is a degree is a degree. We respectfully disagree.

In Europe, the 1999 Bologna Agreement is the foundation for mobility of professionals. Its goal is universal recognition of European higher education. The original Bologna Agreement went to great lengths to avoid any language that suggested university programs should be standardized, harmonized, unified or have stated goals and outcomes. It only spoke about a convergence of recognition.

This approach was subsequently re-emphasized with the introduction of “Tuning Educational Structures in Europe” which over time has become a formal approach. The name Tuning was chosen to reflect the belief that:
Universities should not look for uniformity in their degree programmes or any sort of unified, prescriptive or definitive European curricula but simply look for points of reference, convergence and common understanding.9

The European Commission’s website recognizes that: “Widely differing education and training systems in Europe have traditionally made it hard for Europeans to use qualifications from one country to apply for a job or a course in another.”10 Since 1999, there has been some progress to establish minimal benchmarks and overall organization. However, there remains considerable opposition from the universities. Dr. Chris Lorenz, Professor of Philosophy at the University of Amsterdam has noted:

… not everyone in European universities is as optimistic about the Bologna Process arguing that faculty are concerned about academic freedom, and in particular about the traditional role of the academic profession as a body that sets its own standards and conducts its own evaluations.11

The inherent conflict of interest in this approach is obvious. The lack of an independent, external review that measures against universally accepted competencies means that the level, breadth, scope and standards of training will remain inconsistent throughout Europe.

One project the European Commission instituted in order to apply some structure to university programs involved modifying how university credits are obtained and a shift to the European Credit Transfer System (ECTS). This too, however, is not without its critics:

Recognition of the so-called “Bologna degrees” presents an important challenge for European institutions….. Universities and countries are at different stages of development of measures to ensure the recognition of the new degrees beyond member states…. the ECTS has brought a surface transparency to degrees, but this masks the actual contents of courses.12

The confusion and controversy of the Bologna Process has built walls instead of bridges, even within Europe.13

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9 Tuning website main page - http://www.unideusto.org/tuningeu/
13 The Bologna Process; Bridge or Fortress? Conrad King from the Institute of European Studies, University of British Columbia
Looking at the current approach to training in the EU, in the interest of public safety and protection in Canada, much more work is needed before there is blanket recognition agreements put in place.

The situation worsens when one moves beyond the European Union. The differences in training and lack of standardized curriculums, the lack of oversight and independent reviews of outcomes, combined with variances of post-degree practice standards, require vigilance in the Canadian licensing process to ensure public protection.

Recognizing that the point of registration or licensure is the major safeguard in public protection, the approach to registration must be based in the precautionary principle of risk management.

The reality is that, when looked at through the Canadian lens respecting standards, scope of training, health care enculturation and more, there will be a percentage of candidates seeking licensure whose training was inadequate for registration/licensing in Canada.

While it may be possible to enter into an MRA with certain countries or possibly individual universities, it is not feasible at this time to have MRAs with the entire European Union or all the parties to the Trans-Pacific Partnership. Currently, dentistry does have MRAs with several TPP countries, the United States, Australia and New Zealand, where proper investigation and validation of dental training systems was conducted.
This chapter will review in greater detail the six pathways to licensure that are available to internationally trained applicants across the country. They demonstrate the work, dedication, efficacy, fairness and objectivity invested by dentistry to create a success story for candidates entering the profession in Canada.

Please note that with all pathways, 1 – 6, if applying for registration/licensure in Quebec, all candidates must pass the French language proficiency examination provision as set down in Quebec’s Charter of the French Language.

It is important to note that dentistry does not support the concept of credential assessments. On behalf of the provincial DRAs, NDEB conducts credential verification to discover fraudulent applicants. While detection of fraudulent documentation is done successfully, it is impossible to distinguish differences between dental programs based solely on a paper review.

No organization has the ability to determine equivalency in a health profession, such as dentistry, based only on a review of transcripts, program descriptions and similar material.

Transcripts from all over the world look the same. Paper reviews are often unable to determine minimum admission requirements, the number of full-time faculty with dental degrees, the faculty’s qualifications or the number of hours students treat patients (if any) in a university-based clinic.

In many countries, there is a proliferation of private dental programs without any university affiliation or oversight at all. There is also great inconsistency respecting the measurement of program outcomes or whether graduates have actually obtained the necessary competencies.
The difference in educational levels between countries is significant. For example, a high school diploma in some countries may be the equivalent of a Canadian grade nine or ten standing. High school graduates entering directly into Ph.D. programs without a bachelor degree or completion of any formal dental program have been observed.

Above and beyond any paper review is the fact that each practitioner’s clinical competency depends on numerous factors. Here in Canada, even with an accredited degree, it is necessary to complete a national examination as the final safeguard. A clinical evaluation of competency is absolutely necessary.

A paper review provides no relationship to equivalency relative to standards or individual competency. It only produces a conclusion based on a comparison of the years of study.

**PATHWAY ONE: ACCREDITATION**

The evaluative process of accreditation was explained in Chapter Three. For dental programs outside of Canada, the first step is to verify whether the program is approved in that jurisdiction by a valid and defensible oversight process that is determined to be substantially equivalent to the CDAC accreditation process. If deemed equivalent, a Mutual Recognition Agreement (MRA) is made between CDAC and its equivalent in the other jurisdiction. The NDEB and the DRAs then recognize the training. With training deemed to be equivalent, candidates from recognized programs are then eligible to take the NDEB national examinations.

At the request of CDRAF, over the past several years CDAC and NDEB have proactively contacted many international dental regulatory authorities to inquire if an accreditation process similar to the CDAC process exists in their jurisdiction.

As a result of these contacts, in 2010 an MRA was implemented with the Australian Dental Council. MRAs were signed with New Zealand in 2011 and Ireland in 2012. Negotiations with Hong Kong and the United Kingdom are ongoing. Assistance with the development and implementation of an accreditation process continues to be provided to the Republic of Korea.
PATHWAY TWO: ACCREDITATION REVIEW BY THE UNITED STATES

A similar process to the Canadian accreditation review is one originating out of the United States through its accreditation body, the Commission on Dental Accreditation (CODA). CODA has established its own accreditation procedure for international dental programs that can be initiated at the request of the respective international dental program. With the Canadian/American reciprocal agreement in place, NDEB and therefore the DRAs recognize graduates of international programs approved by CODA.

PATHWAY THREE: MOBILITY UTILIZING THE QUEBEC-FRANCE ACCORD

A creative variation of an MRA, one made possible by the privileged relationship between Quebec and France, is the Québec-France Agreement on the Mutual Recognition of Professional Qualifications. An agreement between the governments of Quebec and France, it was signed on October 17, 2008.

The protocol, limited to the province of Quebec, required the regulatory body, the Ordre des dentistes du Quebec (ODQ), to review the training, qualifications and scope of practice of dental programs in France. It was determined that there were differences but ones that could be accommodated. As a result, there are two ways for a French candidate from a reviewed and recognized French University to obtain registration/licensure in Quebec. The first follows pathway one, be successful at passing the NDEB national examinations.

The second is to successfully complete a six month period of adaptation practice under the mentorship of an ODQ recognized trainer. The purpose of that period of adaptation is to familiarize the candidate with rules, standards and legislation applicable in Quebec. The candidate must also complete a period of training in pharmacology and learn about the professional system of the province.

PATHWAY FOUR: BRIDGING PROGRAMS

The candidate completes a bridging/degree completion program. These are two-year University-based programs where candidates enter the final two years of an accredited four year dental program. There are currently over 70 universities throughout Canada and the United States to which candidates can apply. If a candidate obtained a degree through a similar process in Australia, New Zealand or Ireland, then it too is recognized.
PATHWAY FIVE: RCDC & DENTAL SPECIALISTS
The vast majority of applicants, both domestic and international, are general dentists. Due to the extremely low number of specialty applicants, it is not possible financially or otherwise to have a bridging program for internationally trained specialists. A creative alternative was therefore required.

For internationally trained candidates who did not complete an accredited/recognized specialty program, the process begins with what is essentially a screening assessment – the Dental Specialty Core Knowledge Examination (DSCKE). Similar to the process for general dentists, there is no credentialing element for internationally trained specialists. Any dental specialist is permitted to apply as long as his/her specialty program was administered by a university that is recognized by the government of the country in which the training took place. One other caveat is that the dental specialty must be one of the nine dental specialties recognized in Canada.

In the second step the candidate applies to a Canadian university offering a dental specialty program in his/her specialty. As part of their admission process the Canadian faculties of dentistry will use the results of the DSCKE in their determinations for admission.

Once admitted, the university then performs a didactic and clinical assessment of the candidate’s competency in the respective specialty. This process is referred to as a Dental Specialty Assessment and Training Program (DSATP). Depending on the candidates knowledge, skill and competency level and on the specific specialty, the process can take anywhere from one month to a year.

Upon successful completion of the DSATP the candidate is eligible to take the national specialty examinations, written and oral, administered by the RCDC. These are the same examinations taken by domestically trained dental specialists. Upon completion these candidates can then apply for registration/licensure anywhere in Canada.

PATHWAY SIX: NDEB EQUIVALENCY PROCESS
Accreditation reviews and bridging programs were created to assist in addressing the differences and inconsistencies in training and practice environments around the world.

To achieve fairness, in 2009 CDRAF re-opened the MRA and finalized a project with the NDEB to create a streamlined assessment protocol for the internationally trained. Known as the Equivalency Process, it provides an alternative to the two-year bridging programs for graduates of non-accredited
dental programs. For efficiency it was also integrated with the admission process for the bridging programs.

In 2010, NDEB began processing applications for the Equivalency Process. In a totally egalitarian approach, all graduates of non-accredited dental programs are eligible to participate in the NDEB Equivalency Process if their degree was issued by a valid university.

The process is much shorter in length and far less expensive than the two-year degree completion programs. Candidates do not have to attend full-time classes, but only attend periodic scheduled assessments. Some applicants continue to practise dentistry in their home country and only come to Canada for the assessment sittings.

NDEB is a world renowned model for evaluating dental competence. It has informed CDRAF that representatives from around the world have come to observe and study their processes, setting the standard for testing graduates of non-accredited dental programs.

As referenced earlier, the efficacy of the Equivalency Process was further supported when New Zealand decided to replace its own examinations for the internationally trained with the NDEB’s Equivalency Process. Their first assessment using the Canadian assessments was held in August 2015 at the University of Otago in Dunedin, New Zealand.

The key elements of the Equivalency Process are:

• a voluntary web-based self-assessment tool accessible world-wide;
• submission of an application and supporting documentation followed by the credential verification conducted by NDEB to eliminate fraud;
• a one day theoretical exam called Assessment of Fundamental Knowledge to verify basic training;
• a two-day evaluation of psychomotor skills and judgements called Assessment of Clinical Skills during which participants perform simulated dental procedures on a mannequin;
• a one-day high level case-based examination called Assessment of Clinical Judgement.
Successful completion of these assessments allows candidates to take the same NDEB examinations, called the Written and Objective Structured Clinical Examinations (OSCE), taken by graduates of accredited programs here in Canada. Individuals who are not successful are still eligible to apply for admission to the degree completion programs.

The diagram below illustrates the two different but integrated pathways to certification and ultimately licensure.
All the pathways for non-Canadian trained dentists, MRA’s, degree completion programs and the Equivalency Process have proven to be extremely successful.

In its June 2015 report, Employment and Social Development Canada recognized our efforts stating that:

Architects and dentists have created expedited processes that significantly reduce the cost and the time it takes for foreign trained candidates to get licensed.14

That is not to claim that every candidate will successfully obtain recognition in Canada. Because of different scopes and quality of training, lack of practice standards, lack of continuing education programs, diverse healthcare cultures and ethical approaches to care, there will be candidates who will ultimately be unsuccessful. However, when comparing the domestic number of NDEB certified dentists and those who were internationally trained, the numbers are impressive. In 2015, well over half came through the pathways described in this document and were not domestically trained.

Of the 1,022 dentists certified by the NDEB in 2015, 435 were domestically trained and 587 came from the other pathways. Specifically, 248 from programs recognized through MRAs, 90 from the bridging/degree completion programs and 249 from the Equivalency Process. In addition, there were 15 candidates licensed through the Quebec/France Accord.

INTERNATIONAL SOCIETY OF DENTAL REGULATORS
A conference was held by the International Society for Quality in Health Care (ISQua) in October 2013 in Edinburgh. Health care providers from sixty countries and over 1300 delegates attended. The gathering presented an opportunity for dental regulators to meet and simultaneously hold the first international conference focused on dental regulation. This first conference dealt with shared issues such as labour mobility, international accreditation, development of guidelines and standards, plus the role of continuing education in ensuring continued competency.

Those attending immediately recognized the need to continue the dialogue and the merit in formalizing and expanding the relationships among dental regulatory authorities to the international level. Thus the International Society for Dental Regulators (ISDR) was born. ISDR members include Canada, Australia, New Zealand, United Kingdom, Ireland, Dubai, France, Singapore, South Korea and Jamaica, plus the NDEB and CDAC from Canada.

VISION & OBJECTIVES
ISDR operates exclusively to support dental regulatory authorities worldwide in the achievement of their mandate of protecting, promoting, and maintaining the health and safety of the public by ensuring proper standards for the dental professions.

The ISDR achieves this purpose through the pursuit of the following objectives:
• To support dental regulatory authorities worldwide in protecting the public interest by promoting high standards for dental education, licensure, registration, regulation, and professional conduct and facilitating the ongoing exchange of information among dental regulatory authorities.

• To facilitate international cooperation and collaboration among dental regulatory authorities, including establishing a network for the regular exchange of dental licensing, registration, regulatory, and disciplinary information.

• To encourage research, policy analysis, and policy development related to dental licensure and provide a forum for the development and sharing of new concepts and new approaches in the regulation of dental practice.

GLOBAL DENTAL ACCREDITATION STANDARDS AND DENTAL COMPETENCIES
At the moment, the approach to setting international standards is principle-based, due to the inability to apply prescriptive standards or an accreditation process internationally because of varied legislative, regulatory and educational frameworks in each jurisdiction. It is also a reality that many jurisdictions choose not to seek out what some consider to be foreign interference, perceived criticism or investigation of their programs. And of course these matters are not without cost.

Having said that, there is a first step in every journey and the members of ISDR are committed to pursuing this important endeavour. ISDR is now consulting with international stakeholders on proposed accreditation standards for dentistry programs and the competencies for dentists. Upon achieving consensus, it is hoped that these core standards will be available and of interest to other countries/jurisdictions.

IN CONCLUSION
This report has outlined the many initiatives, pathways, principles and approaches to the registration/licensure of dentists in Canada. CDRAF is committed to continue the pursuit of best practices and opportunities with any willing partner. Each situation and jurisdiction will present its own unique hurdles. These hurdles are always approached with collaborative dialogue. There is no one right answer.

CDRAF welcomes any opportunity for discussion and collaboration. Please contact Diane Legault, CDRAF Executive Director, at 438 502 3723, info@cdraf.org www.cdraf.org
CDRAF CORE FUNCTIONS

1. Create and maintain an effective forum for the exchange of information regarding regulatory trends, policy and legislation.

2. Track and report on interprovincial/territorial, national and global issues related to the regulation of dental practice.

3. Develop and promote harmonized and global perspectives on inter-jurisdictional matters that relate to labour mobility and the regulations related to dental practice.

4. Provide a consensus voice where possible in Canada for regulatory matters impacting dentists.

5. Advise and promote best regulatory practices and consistent approaches to both the initial assessment of dental practitioners and the regulation of their continuing competence.

6. Undertake research and projects of shared interest to members in collaboration with other national and global organizations.

7. Identify those advisory, research and support services to be made available to its dental regulatory authority members.

8. Establish external liaisons and partnerships that effectively position dental regulatory authorities to deal effectively with new and innovative regulatory challenges.
APPENDIX B
MUTUAL RECOGNITION AGREEMENT
FOR THE PROFESSION OF DENTISTRY IN CANADA
WITH RESPECT TO GENERAL DENTISTRY AND DENTAL SPECIALTIES
MADE THIS 10TH DAY OF JULY, 2009

DEFINITIONS

In this Agreement unless the context otherwise requires:

"Accredited General Dentistry Program" means a university based dental program accredited by the CDAC or accredited under the terms of an agreement between the CDAC and the CODA/ADA that is not an Accredited Specialty Program and which results in the award of a doctor of dental surgery, doctor of dental medicine or equivalent degree;

"Accredited Specialty Program" means a university based Dental Specialty program accredited by the CDAC or accredited under the terms of an agreement between the CDAC and the CODA/ADA;

"Applicant" means a dentist who currently holds General or Specialty Licensure with at least one DRA and who is seeking General or Specialty Licensure with another DRA;

"Canadian Dental Regulatory Authorities Federation / Fédération canadienne des organismes de réglementation dentaire" shall be hereinafter referred to as the "CDRAF/FCORD";

"Certificate of Completion – Specialty Practice" means a certificate evidencing the
successful completion of a program approved by all of the members of the CDRAF [currently pursuant to the Memorandum of Understanding for Internationally Trained Dental Specialists dated October 12, 2007, Appendix A] thereby evidencing that the Applicant possessed knowledge, skill and judgment at least equivalent to a current graduate of an Accredited Specialty Program;

"Commission on Dental Accreditation of the American Dental Association" shall be hereinafter referred to as the "CODA/ADA";

"Commission on Dental Accreditation of Canada" shall be hereinafter referred to as the "CDAC";

"Dental Regulatory Authority" shall be hereinafter referred to as "DRA" and means a provincial authority responsible for the regulation of dentistry in a province in Canada;

"Dental Specialist" means a dentist who is registered as a specialist with one of the DRA's;

"Dental Specialty" means one of the recognized dental specialties by one or more of the DRA's,

"Dentist" means a person holding a general licence with a DRA;

"General Licence" means a licence, permit, certificate or registration which permits a dentist to practise dentistry and to hold himself/herself out as a dentist in a province of Canada;

"General Licensure" means possession of a General Licence;

"National Examination for general dentistry" refers to a national examination for general dentistry approved by the CDRAF (currently administered by the NDEB);
"Good Standing" refers to the status of a person who currently holds Licensure and means that the person’s licence is not encumbered or restricted in any way and, more specifically, is not subject to a discipline or fitness to practise order or ongoing investigation or interim order or agreement, as a result of a complaint, investigation or proceeding.

"International Dentistry Program" means a university based undergraduate dentistry program that is not an Accredited General Dentistry Program but that does result in the award of a doctor of dental surgery, doctor of dental medicine or equivalent degree;

"International Specialty Program" means a university based Dental Specialty program that is not an Accredited Specialty Program;

"Licensure" means the possession of a General or Specialty Licence (permit, certificate or registration);

"Memorandum of Understanding for Internationally Trained Dental Specialists" means that Memorandum of Understanding entered into by the DRA’s as members of the CDRAF (Appendix A);

"National Dental Examining Board of Canada" shall be hereinafter referred to as the "NDEB";

"Non-Restricted" when used with the term General Licence, General Licensure, Specialty Licence, Specialty Licensure or Licensure" means without any restrictions, terms, conditions or limitations

(a) relating to the holder’s ability to practise independently;
(b) requiring the holder to practise under supervision or direction;
(c) requiring the holder to maintain a position or appointment as a condition of continued Licensure;
(d) restricting the holder to a temporary or time limited licence or practice;
(e) imposed by a DRA or any committee or panel of a committee of a DRA as a result of a disciplinary, registration or fitness to practise proceeding; or
(f) placed on the licence by agreement between the holder and a DRA

but a Specialty Licence whose only restriction is to limit the Applicant’s practice to his/her Dental Specialty shall be considered Non-Restricted;

"Royal College of Dentists of Canada" shall be hereinafter referred to as the "RCDC";

"Specialty Licence" means a licence, permit, certificate or registration which permits a dentist to practise his/her Dental Specialty and to hold himself/herself out as a Dental Specialist in a province of Canada;

"Specialty Licensure" means possession of a Specialty Licence; and

"National Dental Specialty Exam" means the examination administered by the RCDC or such other body approved by the CDRAF to Applicants who have either graduated from an Accredited Specialty Program or obtained a Certificate of Completion - Specialty Practice;

PURPOSE
We, the undersigned, enter into this Agreement in order to establish a set of common requirements for Licensure in any province in Canada and to thereby facilitate mobility across Canada of dentists holding General or Specialty Licensure, or both.

1. The parties agree that the following statements are correct:

(a) The requirements for Licensure are the responsibility of each DRA.
(b) Each DRA carries out its Licensure duties in accordance with its legislative mandate and in good faith.

(c) No DRA has residency requirements for Licensure.

(d) General dentistry and each Dental Specialty have a common fundamental scope of practice across Canada.

(e) There have been, and in some cases continue to be, differences in the processes used by each DRA to establish to its satisfaction that an Applicant is qualified to obtain Licensure.

(f) The parties hereto have identified the following fundamental criteria as necessary to demonstrate the competency required to achieve General Licensure through:

A. (i) Accreditation
   a) Accreditation through CDAC;
   b) Accreditation by a CDAC recognized accreditation

(ii) Examination (or series of examinations)
   a) Must be psychometrically sound, i.e. each examination is established to be reliable, valid and sustainable;
   b) Must be substantially equivalent to the proposed assessment process (Appendix B);

(iii) Mutual recognition process
   a) Must assess substantial equivalence of education programs to those accredited by CDAC
   b) Must be a bona fide, fair, transparent, objective and ongoing process; and
B. Successful completion of the national examination for general dentistry

(g) The parties have identified the following fundamental criteria as necessary to demonstrate the competency required to achieve Specialty Licensure:

(i) either

1. graduation from an Accredited Specialty Program; or

2. graduation from an International Dental Specialty Program and a Certificate of Completion – Specialty Practice; and

(ii) successful completion of the National Dental Specialty Examination.

(h) In some provinces or territories there are dentists registered with Non-Restricted General and/or Specialty-Licensure who have not completed the General Practice or Specialty Examination.

2. Subject to the terms of this Agreement, each of the parties agrees

(a) to recognize, without further competency training or competency examination, an Applicant who currently holds Non-Restricted General Licensure with a DRA where that Licensure was obtained prior to the date of this Agreement;

(b) to recognize, without further competency training or competency examination, an Applicant who currently holds Non-Restricted Specialty Licensure with a DRA where that Licensure was obtained prior to the date of this Agreement;
(c) to recognize, without further competency examination, an Applicant who holds Non-Restricted General Licensure with a DRA obtained after the date of this Agreement in accordance with one of the processes outlined in 1(f) to grant that Licensure.

(d) to recognize, without further competency examination, an Applicant who holds Non-Restricted Specialty Licensure with a DRA obtained after the date of this Agreement in accordance with one of the processes outlined in 1(g).

(e) that an Applicant may be required to meet other requirements as a condition of Licensure, namely:

1. The completion of an application and the providing of supporting documentation.

2. Satisfying the DRA from which the Applicant is seeking Licensure that the Applicant is in Good Standing.

3. Satisfying the DRA from which the Applicant is seeking Licensure that the Applicant has complied with the continuing competency/quality assurance requirements of the DRA(s) with which the Applicant currently holds Licensure.

4. Satisfying the DRA from which the Applicant is seeking Licensure that there is no evidence of ineligibility or inability to meet that DRA's requirements for continuing competency/quality assurance.

5. Payment of fees to the DRA from which the Applicant is seeking Licensure.
6. Successful completion of a course(s) or examination(s), or both, dealing with ethics and jurisprudence as may be required by the DRA from which the Applicant is seeking Licensure.

7. Satisfying the DRA from which the Applicant is seeking Licensure that the Applicant's past and present conduct affords reasonable grounds for the belief that the Applicant:

   (i) is mentally competent and physically able to safely practise dentistry;

   (ii) demonstrates good character

8. Satisfying the language requirements of the DRA from which the Applicant is seeking Licensure.

IMPLEMENTATION

3. In order to implement the intent of this Agreement, each of the parties agrees

   (a) to use its best efforts and take such action as is necessary to revise its registration requirements to ensure that

   (i) no Applicant for initial General Licensure from that DRA shall receive a Non-Restricted General Licence unless the Applicant has met the fundamental criteria set out in paragraph 1(f); and

   (ii) no Applicant for initial Specialty Licensure from that DRA shall receive a Non-Restricted Specialty Licence unless the Applicant has met the fundamental criteria set out in paragraph 1(g); and
(b) subject to paragraph 4, to provide to any DRA to which the Applicant has applied for Licensure, upon receipt of a written consent signed by the Applicant, any and all information in the DRA's possession or control respecting the Applicant including but not limited to

(i) documents and details respecting any complaint, investigation or hearing whether or not it resulted in the DRA taking any action against or imposing any sanctions upon the Applicant;

(ii) any other document or details of which could be considered relevant by a DRA in determining whether the Applicant has met the requirement set out in paragraph 2(e).

4. For the purposes of paragraph 3, each of the parties agrees that

(a) the information provided under paragraph 3 may be redacted to eliminate any personal health information or other confidential information relating to a person other than the Applicant on the understanding that no more than is necessary to protect that personal health or confidential information shall be hidden;

(b) it will use its best efforts to establish a common form of consent which all parties can accept; and

(c) where any party is unable or unwilling to accept the form of consent provided by another party, that party will immediately provide to the party which is requesting the information a form of consent which if signed by the Applicant would allow the party to meet its obligations under paragraph 3(b).
5. Where implementation of this Agreement requires action by a provincial or territorial government, the DRA agrees to seek the legislative, regulatory and/or by-law amendments necessary to give effect to the terms of this Agreement.

6. The parties agree that this is a dynamic agreement that will develop, change and may be amended over time, as required by circumstances. The parties therefore agree to initiate a review of this Agreement at the request of any one or more of the DRA's.

7. Any proposed changes to professional practice standards, licensing or legislative requirements that may impact this Agreement will be promptly communicated in writing to the CDRAF and all other DRA's in order to provide each of them with an opportunity to review and comment prior to implementation.

8. If a party is required by law not to comply with any portion of this agreement, that party shall provide notice in writing to the CDRAF and all other DRA's as soon as is reasonably practicable providing the reasons why they were unable to comply with the Agreement;

9. The parties to this Agreement maintain the right to accept further signatories to the Agreement at any time in the future.

10. A party to this Agreement may withdraw from it after providing to the CDRAF and all other parties twelve (12) months written notice of its intention to do so and the reasons for its decision to withdraw.

11. The parties agree that this Agreement may be signed in counterparts.
Signatories to the Agreement

College of Dental Surgeons of British Columbia
Per: [Signature]
Per: [Signature]
Signed this 26th day of October, 2009

Alberta Dental Association and College
Per: [Signature]
Per: [Signature]
Signed this 29th day of October, 2009

College of Dental Surgeons of Saskatchewan
Per: [Signature]
Per: [Signature]
Signed this 29th day of October, 2009

Manitoba Dental Association
Per: [Signature]
Per: [Signature]
Signed this 22nd day of October, 2009

Royal College of Dental Surgeons of Ontario
Per: [Signature]
Per: [Signature]
Signed this 29th day of October, 2009

Ordre des dentistes du Quebec
Per: [Signature]
Per: [Signature]
Signed this 29th day of October, 2009
New Brunswick Dental Society
Per: [Signature]
Per: [Signature]
Signed this 22 day of April, 2010

Provincial Dental Board of Nova Scotia
Per: [Signature]
Per: [Signature]
Signed this 29 day of Oct., 2009

Dental Council of Prince Edward Island
Per: [Signature]
Per: [Signature]
Signed this 29 day of Oct., 2009

Newfoundland and Labrador Dental Board
Per: [Signature]
Per: [Signature]
Signed this 29th day of Oct., 2009
MEMORANDUM OF UNDERSTANDING

With respect to a uniform Canadian process for the certification and licensure/registration of internationally trained dental specialists

1. The members of the CDRAF/FCORD are committed to the following fundamental principles:

   1. Regulate dentistry in the public interest by licensing/registering only competent and qualified individuals.

   2. Develop assessment processes for internationally trained dental specialists that are fair, transparent, impartial and objective.

   3. Work collaboratively to mount a process for internationally trained dental specialists with nationally agreed to standards, programs and outcomes thus ensuring labour mobility of credentials.

2. Definitions

   1. Internationally Trained Dental Specialist ("Applicant") refers to a dentist who graduated from a university/hospital based post-graduate dental specialty training program that was not accredited by the Commission on Dental Accreditation of Canada ("CDAC") or the American Dental Association's Commission on Dental Accreditation ("CODA") through the terms of a reciprocal agreement.

   2. Dental Specialty refers to a nationally recognized dental specialty in Canada.
3. **Process** refers to the mechanism by which an applicant establishes the necessary qualifications and competencies to be licensed/registered as a certified dental specialist or certified dental specialist restricted to specialty in a Province or Territory of Canada.

4. **Credential Verification** refers to that portion of the Process administered by the National Dental Examining Board ("NDEB") whereby an applicant's eligibility to enter the Program is determined. The NDEB shall be responsible for the verification of the applicant's credentials including the identification of fraudulent submissions by methods such as, but not limited to, reviewing the applicant's documentation, training, case histories, experience, English/French language proficiency tests, personal interview and/or other means deemed necessary.

5. **Dental Specialty Core Knowledge Examination** ("DSCKE") refers to the assessment developed and administered by the NDEB as an admissions requirement for the Programs provided by the Faculties/Schools.

6. **Program** refers to the knowledge and clinical assessment of an applicant and, if necessary, the gap training portion of the Process as administered by an accredited Canadian Faculty/School of Dentistry that either has, or is affiliated with, an accredited specialty program in the specialty being sought. Those Faculty/Schools requiring affiliation with an accredited specialty program require their participation to be part of the CDAC review of the accredited Faculty/School.

   The assessment phase of the Program is part of the university admissions process. This phase shall include a clinical and didactic component to determine if the applicant has the knowledge, skill and judgment equivalent to the standards set to graduate a student from a CDAC accredited dental specialty program or whether the applicant has deficiencies that can be corrected by gap training within the equivalent of one full time year.

   The assessment phase of the Program shall not exceed three (3) months. Acceptance into the assessment phase does not mean admission into the gap training portion will be provided. Placement in this respect will be limited according to the resources of the particular Faculty/School.

7. **Certificate of Completion** refers to the document issued by the participating Faculty/School to an applicant who has successfully completed the Program portion of the process.
The document entitles the applicant to apply to the Royal College of Dentists of Canada ("RCDC") to take the National Dental Specialty Examination ("NDSE"). The Certificate of Completion shall be valid for a period of three (3) years.

3. Funding

1. The CDRAF/FCORD may identify sources of funding including government funding and support a strategy to secure the funding.

2. The CDRAF/FCORD will provide support to maintain the process required to determine the eligibility of each Applicant including the costs of the NDEB to develop and administer the DSCKE.

4. Agreements of Principles of this MOU

1. The CDRAF/FCORD will develop an Agreement with and request that the ACFD develop a plan that will, among other things, establish:
   
   i. A credential review process that will include the basic principles and criteria for determining applicant eligibility for admission to the Program based on CDAC requirements for each specialty,
   
   ii. that the accredited Canadian Faculty/School of Dentistry will perform a review to verify and evaluate the applicant's credentials by methods such as, but not limited to, reviewing the applicant's documentation, training, case histories, experience, English/French language proficiency tests, personal interview and/or other means deemed necessary. A written confirmation of the credential review will be provided to applicants.

2. The CDRAF/FCORD and each participating Faculty/School recognize the need:
   
   i. to establish that national principles respecting standards and outcomes are being met,
   
   ii. to produce an annual report to discuss the effectiveness of the Program and any changes that might be appropriate,
   
   iii. that Provincial statutory obligations, where applicable, may require that a DRA representative make an onsite inspection.
3. An Agreement between the CDRAF/FCORD and the RCDC, as per its request, will, among other things:

   i. establish that applicants who have obtained a Certificate of Completion will be eligible to attempt the National Dental Specialty Examination ("NDSE"),
   ii. that the examination shall be the same examination required to be taken by graduates of CDAC accredited dental specialty programs,
   iii. identify that the RCDC has agreed to recognize for the purpose of Fellowship, applicants who successfully complete the NDSE by way of the Certificate of Completion/Equivalency, and
   iv. that the CDRAF/FCORD will use its best efforts to assist the RCDC in obtaining indemnification for processes specific to its administration of the NDSE to applicants in support of this process.

5. Process

   (1) Candidates who do not hold a Certificate of the NDEB but who completed a CDAC/CODA accredited, full-time dental specialty program:

      i. Each provincial DRA will use its best efforts to amend its Regulations/By-laws to create a specialty class of licensure/registration.
      ii. Each provincial DRA will use its best efforts to amend its Regulations/By-laws to remove the NDEB Certificate requirement for specialty licensure.
      iii. Candidates will be immediately referred to the RCDC to have the NDSE administered.
      iv. If successful, and the candidate completes the necessary provincial process, forms, fees, etc., the candidate is eligible for licensure/registration as a certified dental specialist or certified dental specialist restricted to specialty in the specialty being sought.

   (2) Applicants with or without a Certificate of the NDEB whose specialty training is not from a CDAC accredited dental specialty program as defined in 2.1.:

1. Credential Verification

   i. Applicant submits application and supporting documentation to NDEB. The NDEB may verify and evaluate the applicant's credentials as per section 2.4 including the administering of the DSCKE, section 2.5.
On completion of the DSCKE, an applicant may apply to any Program in a participating accredited Canadian Faculty/School of Dentistry.

2. Program

1. The purpose of the Program is:

i. To clinically assess applicants to determine whether they have the knowledge, skill and judgment equivalent to the standards set to graduate a student from a CDAC accredited dental specialty program as per section 2.6.

ii. Where the participating accredited Canadian Faculty/School of Dentistry is satisfied that the applicant has met the requirements of 2.6, paragraph 2, to issue a Certificate of Completion to that applicant.

iii. Where the participating accredited Canadian Faculty/School of Dentistry determines that the applicant has deficiencies, to ascertain if those deficiencies can be addressed through additional education and training ("gap training") within a period of time not to exceed the equivalent one year of full time training. Where it is believed that the deficiencies can be addressed within the one year time period, the participating accredited Faculty/School of Dentistry is to provide the gap training to the applicant based on the CDAC curriculum content for dental specialty accreditation as outlined in 2.6.

iv. Where it is determined that the deficiencies cannot be addressed within the equivalent of one year of full time training, the participating accredited Faculty/School of Dentistry shall cause the applicant to withdraw from the Program and shall recommend to the applicant that s/he apply to take a full time CDAC accredited dental specialty program. No 'special status' or advantage shall be awarded to such applicants respecting any future application s/he might make to a post graduate specialty program.

3. RCDC/National Dental Specialty Examination

i. The CDRAF/FCORD acknowledges that the RCDC has agreed to recognize the Certificate of Completion for examination and fellowship purposes.

ii. Each applicant holding a Certificate of Completion shall complete the NDSE.
4. Applicant applies to provincial DRA of choice

   i. Applicant will complete the provincial licensing/registration process including submitting all required forms, fees, etc.

   ii. Applicant will then be eligible for licensure/registration as a certified dental specialist or certified dental specialist restricted to specialty in the specialty being sought.

6. Review and appeal processes

1. The NDEB shall have a reasonable/responsible appeal process in respect of:

   i. The results of any examination administered by the NDEB, and

   ii. Applicants who after being credentialed are determined not to be eligible for the Program.

2. Each participating accredited Faculty/School of Dentistry shall establish a reasonable/responsible appeal process respecting:

   i. Applicants who after being assessed are determined not to be eligible for gap training,

   ii. Applicants who were asked to withdraw from the Program because the participating Faculty/School of Dentistry determined that it was not likely that it would be able to correct deficiencies within the one year period as specified in this Memorandum of Understanding.

3. The RCDC shall have a reasonable/responsible appeal process in respect of those Applicants who are unsuccessful in their attempt at the NDSE.

4. Any other appeal will require judicial review.

CDRAF/FCORD: 232619
Signatories to the Agreement

College of Dental Surgeons of British Columbia
Per: [Signature]
Signed this 19th day of June, 2014.
Per: [Signature]

Alberta Dental Association and College
Per: [Signature]
Signed this 19th day of June, 2014.
Per: [Signature]

College of Dental Surgeons of Saskatchewan
Per: [Signature]
Signed this 17th day of June, 2014.
Per: [Signature]

Manitoba Dental Association
Per: [Signature]
Signed this 18th day of June, 2014.
Per: [Signature]

Royal College of Dental Surgeons of Ontario
Per: [Signature]
Signed this 19th day of June, 2014.
Per: [Signature]

Ordre des dentistes du Québec
Per: [Signature]
Signed this 19th day of June, 2014.
Per: [Signature]
WEBSITE LINKS

CDRAF
http://www.cdraf.org/

The CDRAF website is detailed and provides a broad scope of information. It includes:

- Overview
- Registration Requirements
- NDEB Equivalency Process
- Registration Requirements For Specialists
- Application Process
- Fees and Costs
- Labour Mobility in Canada

NATIONAL DENTAL EXAMINING BOARD OF CANADA
https://www.ndeb-bned.ca/en

COMMISSION ON DENTAL ACCREDITATION OF CANADA
https://www.cda-adc.ca/cdacweb/en/
The Performance Review Standards
Standards of Good Regulation

June 2010
The Professional Standards Authority

The Professional Standards Authority for Health and Social Care is the new name for the Council for Healthcare Regulatory Excellence. The Professional Standards Authority for Health and Social Care promotes the health and well-being of patients, service users and the public in the regulation of health professionals in the UK and social workers in England only. We scrutinise and oversee the work of the nine regulatory bodies\(^1\) that set standards for training and conduct of health professionals in the UK and social workers in England.

We share good practice and knowledge with the regulatory bodies, conduct research and introduce new ideas about regulation to the sector. We monitor policy in the UK and Europe and advise the four UK government health departments on issues relating to the regulation of health professionals in the UK and social workers in England. We are an independent body accountable to the UK Parliament.

Our aim

The Professional Standards Authority for Health and Social Care works to raise standards and encourage improvements in the registration and regulation of people who work in health and social care. We do this in order to promote the health, safety and well-being of patients, service users and other members of the public.

Our values

Our values and principles act as a framework for our decision-making. They are at the heart of who we are and how we would like to be seen by our partners. We are committed to being:

- focussed on the public interest
- independent
- fair
- transparent
- proportionate

Our values will be explicit in the way that we work; how we approach our oversight of the registration and regulation of those who work in health and social care, how we develop policy advice and how we engage with all our partners. We will be consistent in the application of our values in what we do.

CHRE will become the Professional Standards Authority for Health and Social Care during 2012.

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\(^1\) General Chiropractic Council (GCC), General Dental Council (GDC), General Medical Council (GMC), General Optical Council (GOC), General Osteopathic Council (GOsC), General Pharmaceutical Council (GPhC), Health and Care Professions Council (H(C)PC), Nursing and Midwifery Council (NMC), Pharmaceutical Society of Northern Ireland (PSNI)
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1. The Standards of Good Regulation

Introduction

1.1 Our Standards for Good Regulation cover the regulators’ four core regulatory functions.

These are:

- Setting and promoting guidance and standards for the profession(s)
- Setting standards for and quality assuring the provision of education and training
- Maintaining a register of professionals
- Taking action where a professional’s fitness to practise may be impaired.

1.2 The Standards for Good Regulation is the basis of our performance review process. They describe the outcomes of good regulation for each of the regulators’ functions. They also set out how good regulation promotes and protects the health, safety and well-being of patients, service users and other members of the public and maintain public confidence in the profession.

Using the Standards of Good Regulation in the Performance Review

1.3 We ask the regulators to submit evidence on whether they meet the Standards and how they have evaluated the impact of their work in promoting and protecting the public and service users, and maintaining public confidence in the profession. To help the regulators in drafting their submission we have suggested examples of the type of evidence that they could provide us with. The suggested evidence may change over time. We will also provide an evidence template for the regulators to complete.

1.4 Once we have received the regulators’ evidence, we assess their performance against the standards by:

- Identifying each regulator’s strengths
- Identifying any areas for improvement
- Identifying good practice and excellence.

1.5 We also ask the regulators at the beginning of their evidence (Section 1) to comment on their overall performance by answering a set of questions.

The Standards of Good Regulation document has been updated in light of the changes brought about by the Health and Social Care Act 2012.
2. Section 1: Overview

Introduction

2.1 This section covers general issues relating to the regulators’ performance, including how they have responded to last year’s review, how they comply with the principles of good regulation and their liaison with other bodies.

Response to last year’s performance review

- What consideration have you given to issues raised in the previous year’s performance review report including the adoption of any good practice?
- How have you addressed the areas for improvement identified in your individual performance review report?
- Where has your performance improved since last year?
- What areas for concern have you identified in each of the four functions and how have these been addressed?
- What areas of good practice have you identified in each of the four functions?

Responding to change, learning and information

- How is learning from the following five areas taken into account in each of the functions:
  - other areas of your work such as fitness to practise, policy development or quality assurance of educational institutions
  - organisational complaints
  - the outcomes of PSA’s work
  - feedback from stakeholders from the four UK countries
  - public policy programme reports from the four UK countries
- How have you addressed information, other than formal fitness to practise complaints, which you may have received from other sources on possible failures in performance of organisations or individuals?
- How have you responded to changes in regulation or forthcoming changes in regulation?

Liaison with other bodies

- How have you worked with service regulators, other regulatory bodies or other bodies with shared interests to:
  - ensure that relevant intelligence is shared, within legislative requirements, on individuals or organisations
  - ensure that cross regulatory learning is shared?

The Standards of Good Regulation document has been updated in light of the changes brought about by the Health and Social Care Act 2012.
3. Section 2: Guidance and standards

Introduction

3.1 All of the regulators are responsible for publishing and promoting standards of competence and conduct. These are the standards for safe and effective practice which every health professional and social worker\(^2\) should meet to become registered and to maintain their registration. They set out the quality of care that patients and service users should receive from health professionals in the UK and social workers in England.

3.2 Regulators also publish additional guidance to address specific or specialist issues. These complement the regulators’ standards of competence and conduct.

The standards of good regulation relating to guidance and standards

1. Standards of competence and conduct reflect up-to-date practice and legislation. They prioritise patient and service user safety and patient and service user centred care

2. Additional guidance helps registrants apply the regulators’ standards of competence and conduct to specialist or specific issues including addressing diverse needs arising from patient and service user centered care

3. In development and revision of guidance and standards, the regulator takes account of stakeholders’ views and experiences, external events, developments in the four UK countries, European and international regulation and learning from other areas of the regulators’ work

4. The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients, service users and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed.

How does good regulation through standards and guidance promote and protect the health, safety and well-being of patients, service users and other members of the public and maintain public confidence in the profession?

- Provides a clear framework that health professionals and social workers should meet when providing care, treatment and services to patients and service users
- Provides a clear framework so that members of the public, service users and patients can hold registrants to account by raising concerns when the standards and guidance are not followed
- The standards and guidance meet the needs of relevant stakeholders.

\(^2\) The Health and Care Professions Council are responsible for the regulation of social workers in England only and consequently we only have oversight of the regulation of social workers in England.

The Standards of Good Regulation document has been updated in light of the changes brought about by the Health and Social Care Act 2012.
What evidence could be provided?

3.3 We need to know:

- How the regulators have met the Standards of Good Regulation
- How they have evaluated the impact of their work in this area.

3.4 The following evidence could be provided:

- The standards of competence and conduct and information on how they reflect up-to-date practice and legislation, prioritise patient and service user safety and patient and service user centred care
- Guidance produced or being developed and how this will help registrants apply the regulators’ standards of competence and conduct to particular issues
- Plans for reviewing or developing guidance and standards, including what stakeholders were approached and how their views and experiences were taken into account alongside external events and learning from other areas. The outcomes of the revision or development and how the learning from this work is used within and outside of the standards and guidance function
- Details of how the regulators ensure that the documents are understandable and accessible. For example, publication in different languages, easy read, plain English and circulation in GP practices and Citizen Advice Bureaux
- Evidence of work undertaken to take account of the developments in European and international regulation
- The mechanisms used by the regulator to assess how they are performing and how they use the results to improve their practices.

The Standards of Good Regulation document has been updated in light of the changes brought about by the Health and Social Care Act 2012.
4. Section 3: Education and Training

Introduction

4.1 The regulator has a role in ensuring that students and trainees obtain the required skills and knowledge to be safe and effective. They also have a role in ensuring that, once registered, registrants remain up-to-date with evolving practices and continue to develop as professionals.

4.2 As part of this work, the regulators quality assure and, where appropriate, approve educational programmes which students must complete in order to be registered. Some also approve programmes for those already on the register who are undertaking continuing professional development, a particular qualification or specialist training.

The standards of good regulation relating to education and training

1. Standards for education and training are linked to standards for registrants. They prioritise patient and service user safety and patient and service user centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process.

2. Through the regulator’s continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise.

3. The process for quality assuring education programmes is proportionate and takes account of the views of patients, service users, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator’s standards for registration.

4. Action is taken if the quality assurance process identifies concerns about education and training establishments.

5. Information on approved programmes and the approval process is publicly available.

How does good regulation through education and training promote and protect the health, safety and well-being of patients, service users and other members of the public and maintain public confidence in the profession?

- Assures the public that those who are registered have and/or continue to meet the regulator’s standards.
- Assures the public that those providing education and training to students, trainees and registrants give them the required skills and knowledge so that they can practise safely and effectively.
- Effective stakeholder involvement in the education and training process increases everyone’s trust, confidence and knowledge of health professional and social work regulation.

The Standards of Good Regulation document has been updated in light of the changes brought about by the Health and Social Care Act 2012.
What evidence could be provided?

4.3 We need to know:
- How the regulators have met the Standards of Good Regulation
- How they have evaluated the impact of their work in this area.

4.4 The following evidence could be provided:
- The standards to be met by students and how they link to the standards of competence and conduct for registrants
- Where available, evidence of the regulator’s mechanisms, which enable them to be aware of action taken by training establishments against students on fitness to practise issues and a system for learning from these outcomes, for example, are outcomes taken into account in the quality assurance process and revision of standards
- The standards to be met by education and training providers, how these reflect patient and service user centred care and protect the public, and how they link to standards of competence and conduct for registrants
- Guidance given to education and training establishments to help ensure that disabled students do not face unnecessary barriers to successful careers in health
- The plans for reviewing or developing standards for students and education and training providers, including what stakeholders were approached, how their views and experiences and other areas of learning are taken into account. The outcomes of this work and how the learning from this work is used within and outside of the education function
- Details of the monitoring and approval processes for the education and training providers including how the views and experiences of stakeholders and other quality assuring bodies are taken into account
- Details of how many assessments were undertaken, how many concerns were identified through the quality assurance process and what action was taken to address these concerns
- Details of how stakeholders can access the regulator’s final assessments of education and training providers and the regulator’s approval process. For example, through publication on its website
- Details of the regulator’s revalidation proposals
- Details of how the regulator ensures that continuing professional development is targeted towards the registrant developing their skills and knowledge in their areas of practice and that public protection is prioritised. For example, how many audits were carried out, were issues identified and how were these addressed?

The Standards of Good Regulation document has been updated in light of the changes brought about by the Health and Social Care Act 2012.
The mechanisms used by the regulator to assess how they are performing and how they use the results to improve their practices.

The Standards of Good Regulation document has been updated in light of the changes brought about by the Health and Social Care Act 2012.
5. Section 4: Registration

Introduction

5.1 In order for a health professional to practise legally in the UK and a social worker to practise legally in England, they must be registered with the relevant regulator. The regulators only register those professionals who meet their standards. The regulator is required to keep an up-to-date register of all the professionals it has registered. The register should include a record of any action taken against a registrant that limits their entitlement to practise.

The standards of good regulation relating to registration

1. Only those who meet the regulator’s requirements are registered

2. The registration process, including the management of appeals, is fair, based on the regulators’ standards, efficient, transparent, secure, and continuously improving

3. Through the regulators’ registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions on their practice

4. Employers are aware of the importance of checking a health professional’s and social worker’s registration. Patients, service users and members of the public can find and check a health professional’s and social worker’s registration

5. Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk based manner.

How does good regulation through registration promote and protect the health, safety and well-being of patients, service users and other members of the public and maintain public confidence in the profession?

- Assures the public that professionals are regulated and are required to meet certain standards before they are able to provide care, treatment or services to them

- Informs the public of any limits imposed on the way a registrant is allowed to practise

- Helps the public and others to identify and report those who practice illegally.

What evidence could be provided?

5.2 We need to know:

- How the regulators have met the Standards of Good Regulation

- How they have evaluated the impact of their work in this area.

The Standards of Good Regulation document has been updated in light of the changes brought about by the Health and Social Care Act 2012.
5.3 The following evidence could be provided:

- Details of the checks carried out by the regulator to ensure that only those who are fit to practise are registered including revalidation/CPD checks
- Details of the registration process, including the management of appeals and how the regulator ensures that applications are processed efficiently
- Evidence of activity undertaken to ensure that only EEA and international registrants that meet the regulators’ standards, within the legal framework, are registered
- How many registration applications were considered? How many appeals were considered? How many appeals were upheld?
- How the case management system/process enables the collection and analysis of reliable data to ensure that there is no bias in the process, with evidence of this testing being carried out by the regulator
- How the processes and procedures in place are fair, objective and free from discrimination
- The level of detail included on the register and the reasons for this, for example, a Council decision, legislation, rules or the regulators’ disclosure policy
- Evidence of the regulators’ compliance with its information security policies and with the relevant legislation. How many data loss/breach incidents have occurred?
- The activities undertaken to communicate to employers the importance of checking that a professional is registered. Evidence of employers informing the regulators that a professional is no longer registered or not registered
- How the regulators make their registers available to the public, patients and service users. Evidence of the amount of contacts from public, patients and service users about the regulators’ registers
- Activities undertaken to identify non-registrants using a protected title or undertaking a protected act. Details of proportionate and risk based action taken to reduce the risk of harm to the public and damage to public confidence in the profession of non-registrants using a protected title or undertaking a protected act. For example, increasing public awareness of the importance of health professional and social worker registration and regulation, sending cease and desist letters, and fostering relationships with organisations that have a shared interest in preventing title misuse
- The mechanisms used by the regulator to assess how they are performing and how they use the results to improve their practices.

The Standards of Good Regulation document has been updated in light of the changes brought about by the Health and Social Care Act 2012.
6. **Section 5: Fitness to Practise**

**Introduction**

6.1 Anyone, including members of the public, employers and the regulators themselves can raise a concern about a registered health professional’s or social worker’s conduct or competence that calls into question their fitness to practise. The regulators are required to take action under their fitness to practise procedures where they receive such concerns. This can lead to a variety of outcomes including no further action, a health professional or social worker being prevented from practicing or restrictions being imposed on their practice.

**The standards of good regulation relating to fitness to practise**

1. Anybody can raise a concern, including the regulator, about the fitness to practise of a registrant
2. Information about fitness to practise concerns is shared by the regulator with employers/local arbitrators, system and other professional regulators within the relevant legal frameworks
3. Where necessary, the regulator will determine if there is a case to answer and if so, whether the registrant’s fitness to practise is impaired or, where appropriate, direct the person to another relevant organisation
4. All fitness to practise complaints are reviewed on receipt and serious cases are prioritised and where appropriate referred to an interim orders panel
5. The fitness to practise process is transparent, fair, proportionate and focused on public protection
6. Fitness to practise cases are dealt with as quickly as possible taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to patients and service users. Where necessary the regulator protects the public by means of interim orders
7. All parties to a fitness to practise case are kept updated on the progress of their case and supported to participate effectively in the process
8. All fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the profession
9. All final fitness to practise decisions, apart from matters relating to the health of a professional, are published and communicated to relevant stakeholders
10. Information about fitness to practise cases is securely retained.

**How does good regulation through fitness to practise promote and protect the health, safety and well-being of patients, service users and other members of the public and maintain public confidence in the profession?**

The Standards of Good Regulation document has been updated in light of the changes brought about by the Health and Social Care Act 2012.
• Assures the public that action is taken against those professionals whose fitness to practise is impaired
• Assures the public that those whose fitness to practise is impaired are not able to continue practising or practising unrestricted
• Helps the public to understand why action is and is not taken to limit a health professional’s or social worker’s practice
• A joined up approach to fitness to practise mitigates the risk to public protection from regulators working independently of each other
• Effective involvement of all parties in the fitness to practise process increases trust, confidence and knowledge of health professional regulation.

What evidence could be provided?

6.2 We need to know:
• How the regulators have met the Standards of Good Regulation
• How they have evaluated the impact of their work in this area.

6.3 The following evidence could be provided:
• Activities undertaken to publicise how all individuals, including those with particular health or language needs, and organisations can raise concerns about the fitness to practise of health professionals and social workers and the evaluation of this work. For example, publication of public information/employer leaflets, information available via the telephone or email and liaison with other organisations
• Examples of where the regulator has raised and taken forward a fitness to practise concern itself. For example, the number of cases taken forward and the reasons for this
• Examples of the regulator’s work with other relevant bodies on when to refer fitness to practise complaints. For example, evidence of liaison with other organisations and feedback from those organisations on the effectiveness of this help
• Examples of information that has been shared between the regulators and other relevant bodies, within legal requirements, on the fitness to practise of individuals and the results of this work. For example, exchange of information through memoranda of understanding and, where possible, discussion on what use was made of this data
• Examples of where serious cases have been identified, prioritised and, where possible, referred to an interim orders panel. For example, the number of cases identified and the process for how this is carried out
• Examples of how the case management system and case management process helps prevent excessive delay and manages identified delays. Information on current timeframes and/or delays in the system

The Standards of Good Regulation document has been updated in light of the changes brought about by the Health and Social Care Act 2012.
• Examples of how the regulator ensures that all parties are regularly updated on progress of the fitness to practise case. How many complaints are received about lack of update notification?

• How the case management system/processes enables the collection and analysis of reliable data to ensure that there is no bias in the process, with evidence of this testing being carried out by the regulator

• How the processes and procedures in place are fair, objective and free from discrimination

• Activities undertaken to meet the individual needs of parties to the fitness to practise process, particularly those who are vulnerable, and the outcomes of this work. For example, use of video link facilities, witness support arrangements, participant feedback surveys and number of complaints from participants about lack of support

• The appointment and appraisal process for committee members, panelists and advisors to fitness to practise cases. Relevant training, guidance and feedback provided to committee members, panelists and advisors to fitness to practise cases. How this has helped improve decision making

• Evidence of steps taken to identify and mitigate risks in fitness to practise decisions, for example, outcomes of the regulators’ quality assurance of decisions, number of appeals and their outcomes. How learning from this process is used to improve decision making

• The regulator’s disclosure policy in relation to fitness to practise proceedings and the disclosure of fitness to practise information to third parties

• The regulator’s information security policies and compliance with the relevant legislation. How many data loss/breach incidents have occurred?

• The mechanisms used by the regulator to assess how they are performing and how they use the results to improve their practices.