

2019

Technical Report

Assessment of Clinical Judgement

Approved September 2020



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Introduction

Organizations who administer high-stakes examinations must be concerned with validity, reliability, and fairness because these measures are required in making pass/fail decisions affecting candidates for licensure or certification. Fairness to examinees and protection of the public are the foremost concerns for the NDEB, and the NDEB has an obligation to provide the highest quality examination program possible.

This Technical Report is a summary of the processes followed by the NDEB to develop, administer, and score the Assessment of Clinical Judgement (ACJ) administered in 2019. It provides a summary of the information needed to support the validity and reliability of the ACJ. For additional information, key references are included in Appendix A. Any background information is included to assist in understanding the development of the NDEB's examination processes.

This report serves as a reference for the members of the NDEB Examinations Committee, NDEB Board, and Provincial Dental Regulatory Authorities (DRAs). The processes described in this report may differ from those used in other years.

Part A – NDEB Certification

Purpose of the NDEB Examinations

The purpose of the NDEB is, as per the Act of Parliament, to establish qualifying conditions for a single national certificate of qualification for general practitioner dentists. This purpose is restated in the NDEB's mission found on the corporate website.

The NDEB is responsible for developing, administering, and scoring the examinations. To do this, the NDEB appoints an Examinations Committee who, along with the Chief Examiners and staff, oversee all aspects of the examination processes. The responsibilities of the Examinations Committee are outlined in the NDEB By-laws.

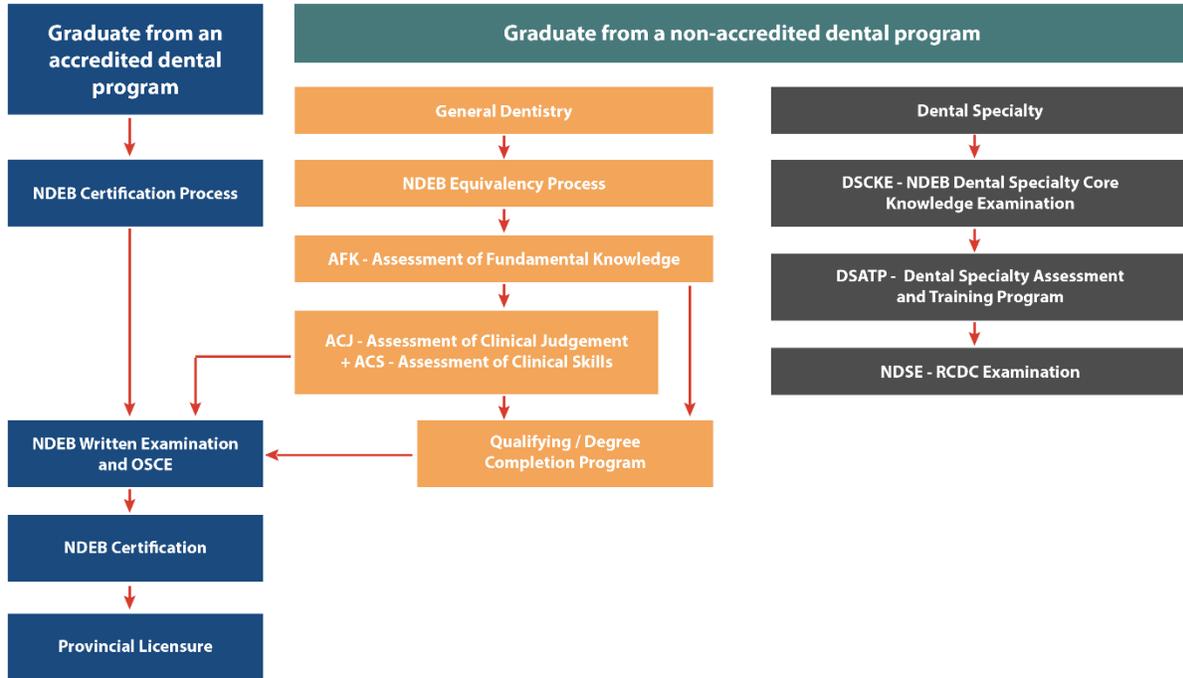
NDEB Certification

This section of the Technical Report is intended to provide an overview of all the examinations required to obtain an NDEB certificate.

Successful completion of the NDEB's Written Examination and OSCE is one of the conditions for receiving a licence to practice dentistry in Canada. A candidate, as defined under NDEB's By-laws, is granted a certificate upon presentation of the following documentation:

- Proper application to the Board which includes, if applicable, providing evidence to the satisfaction of the Board that the candidate is considered in good standing with all Dental Licensing/Regulatory Authorities in all jurisdictions in which the candidate has been or is currently registered or licensed;
- Evidence, to the satisfaction of the Board, of graduation from an Accredited Program or successful completion of the Board Equivalency Process
- Evidence, to the satisfaction of the Board, that the person has passed the Written Examination described in By-law 14.00 and the OSCE described in By-law 15.00.

The following diagram illustrates the pathways to obtaining NDEB certification and licensure as a dentist in Canada.



The Certification Process - Current Examinations for Graduates of Accredited Programs¹

Written Examination

The purpose of the Written Examination is to assess the competence of beginning dental practitioners in Canada through multiple-choice formats. The content categories that form the blueprint for the Written Examination are based on the 47 Competencies for a beginning dental practitioner in Canada (Appendix C). The Written Examination assesses the following constructs: basic science knowledge and applied clinical science knowledge and judgement, including diagnosis, treatment planning, prognosis, treatment methods, and clinical decision-making.

The Written Examination consists of two books, each with 150 single-answer multiple-choice questions. Each book is given in a 2.5-hour (150-minute) examination session. The sessions are held in the morning and afternoon of one day at established examination centres. Generally, candidates complete the Written Examination with time remaining. Consequently, there is no evidence that the Written Examination is a speeded test.

Resources for the Written Examination can be found on the NDEB website and include:

- the Examination format
- the Examination Protocol including the blueprint, schedule, and exam regulations
- information on scoring and appeals
- a list of reference texts commonly used in Canadian dental programs

Approximately 3,500 questions, including many used on past examinations are also available on the NDEB website (www.ndeb-bned.ca). In 2018, the Examinations Committee voted to no longer provide new released questions annually.

Objective Structured Clinical Examination (OSCE)

The purpose of the OSCE is to assess the competence of beginning dental practitioners in Canada through multiple-choice formats. The content categories that form the blueprint for the OSCE are based on the 47 Competencies for a beginning dental practitioner in Canada (Appendix C). The OSCE is designed to test aspects of clinical judgement, including diagnosis, treatment planning, prognosis, treatment methods, and clinical decision-making.

The OSCE is a station-type examination administered in two half-day sessions the day after the Written Examination. OSCE stations generally have two questions and require the candidate to review the information supplied (e.g. patient history, photographs, radiographic images, casts, models) and answer multiple response type questions. Each question has up to 15 answer

¹ Accredited programs are programs recognized by the Commission on Dental Accreditation of Canada and include the 10 Canadian dental programs and programs in the United States, Australia, Ireland, and New Zealand that are recognized through reciprocity agreements with accreditation agencies in those countries.

options and one or more correct answer(s). Some stations may require the candidate to review the information supplied and write an acceptable prescription for a medication commonly prescribed by general dentists in Canada. Candidates have five minutes at each station to answer the questions. After five minutes, the candidates move to the next station.

Resources for the OSCE can be found on the NDEB website and include:

- the Examination format
- the Examination Protocol including the blueprint, schedule, and exam regulations
- information on scoring and appeals
- a list of reference texts commonly used in Canadian dental programs
- the OSCE frameworks

Equivalency Process - Current Examinations for Graduates of Non-accredited Programs²

Graduates of non-accredited dental programs are required to complete the NDEB Equivalency Process or a two-year Degree Completion Program prior to being eligible to participate in the Certification Process. The Equivalency Process comprises three examinations. Successful completion of the three examinations demonstrates that an individual is equivalent to a graduate of an accredited dental program.

Prior to taking the examinations, applicants are encouraged to take the on-line self-assessment available on the NDEB website. The self-assessment is 100 single-answer multiple-choice questions. Guidance is provided to individuals based on their self-assessment results. Additionally, applicants must provide a series of documents to the NDEB demonstrating their successful completion of a dental program. The NDEB performs an in-depth credential verification for each applicant prior to approving the applicant as a participant in the NDEB Equivalency Process.

Assessment of Fundamental Knowledge (AFK)

The purpose of the AFK is to test biomedical science and applied clinical science knowledge. The AFK serves a dual purpose; it is both an admission requirement for Canadian Degree Completion Programs and one of the examinations in the Equivalency Process. A passing grade is required before a participant can continue to the other examinations in the Equivalency Process.

The AFK consists of two books, each with 150 multiple-choice questions. Each book is given in a three-hour session. The sessions are held in the morning and afternoon of a single day.

Resources for the AFK are found on the NDEB website and include:

- the Assessment format

² Non-accredited dental programs are international dental programs that award a BDS/DDS/DMD degree and are not recognized by the Commission on Dental Accreditation of Canada through reciprocity agreements.

- the Assessment Protocol including the blueprint, schedule, and exam regulations
- information on scoring and appeals
- a list of reference texts commonly used in Canadian dental programs
- NDEB released questions

Assessment of Clinical Skills (ACS)

The purpose of the ACS is to assess clinical competence. During the two-day ACS, participants perform 12 dental procedures on simulated patients (manikins) in a clinical setting. Procedures must be performed as if working with real patients. Participants are required to use their judgement and follow accepted clinical care guidelines/standards.

Resources for the ACS are found on the NDEB website and include:

- the Assessment format
- the Assessment Protocol including the blueprint, schedule, and exam regulations
- information on scoring and appeals
- handpiece connection information
- frequently asked questions specific to the ACS
- an orientation video

Assessment of Clinical Judgement (ACJ)

The purpose of the ACJ is to assess the participant's ability to formulate a diagnosis and make clinical decisions, as well as evaluate the participant's knowledge in oral radiology and ability to make a radiographic interpretation and diagnosis.

The ACJ is a computer-based test consisting of 120-150 single and multi-answer multiple-choice questions given in a 5-hour session. There is one scheduled 30-minute break during the examination. Questions may include patient histories, dental charts, and radiographs and photographs of patients of all ages. There are standalone questions and questions are grouped into cases. The cases are interspersed throughout the standalone questions. The ACJ was administered electronically by a third-party in May and November. A small administration of the ACJ was offered on paper in August. The examination consisted of three books as described in the August 2019 ACJ Protocol.

Resources for the ACJ can be found on the NDEB website and include:

- the Assessment format
- the Assessment Protocol including the blueprint, schedule, and exam regulations
- information on scoring and appeals
- a list of reference texts commonly used in Canadian dental programs
- ACJ frameworks

Part B – Development

Test Construction Process and Validity Evidence

The examination development process follows the NDEB's development plan that is included in the Examiner's Manual and contains high-level information on the processes used to support the creation of defensible examination content. Specific elements of that plan are detailed below.

Examiners who are generally content experts at Canadian Faculties of Dentistry or dentists recommended by Provincial Dental Regulatory Authorities are sent copies of the Examiner's Manual and other preparatory material for review prior to a question development workshop. During the workshop, examiners are trained in question construction, then construct, and criticize potential new items in their discipline. Examiners are directed to write items that assess higher cognitive processes such as application and problem-solving. They are further instructed to avoid trivial questions and avoid recall questions whenever possible. New items are reviewed and revised by a group of subject matter experts prior to being eligible for use on an examination. In addition, all new items are reviewed and, if required, edited by the Chief Examiner and senior staff. ACJ items are stored in the third-party software. The software is also used for exam creation.

The Chief Examiner and the Assistant Chief Examiner preselect approximately twice the number of items required from the item bank. Examiners who are practicing dentists recommended by Provincial Dental Regulatory Authorities select the items for every examination in accordance with a blueprint. They review the preselected items and select the final items. The results of past item analyses are used as a guide in the item selection process. Items are selected based on several criteria including consistency with the blueprint, taxonomy of cognitive levels, the need for anchor items, and statistical properties of the items.

Item Review, Verification and Translation

After test items have been selected, they are translated using a multi-stage process by dentists familiar with the vocabulary used on the examinations. All examinations are available in both official languages. This includes all forms and preparation materials. The questions and the translations are reviewed by a group which includes bilingual subject matter experts who are approved by the Ordre des dentistes du Québec (ODQ). In addition, the NDEB has developed a detailed glossary of translated terms. This glossary is updated annually. This process ensures that examinees writing in either official language have equal opportunity to demonstrate their competence. The translation process ensures consistency between English and French versions of the questions.

Production

Following the selection, an exam form is built in preparation for review. A first version of the examination is reviewed and validated by trained examiners who verify the technical accuracy of the items. Examiners review the English version of the examination and French translation side-by-side to ensure they are accurate. This includes identifying item enemies and verifying the representativeness of the content domain and the significance of the content being tested. During this review, questions are subjected to intensive analysis to verify the wording and the correct answer. Should a question need to be reworded, it is either revised for the examination or replaced. The review focuses on three things. First, the technical content of the question is verified to ensure that it is consistent with acceptable practices and supported by the literature. Second, a sensitivity review is done to ensure that the question content is not offensive and does not discriminate against examinee subgroups. Third, a language review is done to ensure that the content does not exceed the language level needed to practice dentistry safely and effectively in Canada. Examiners may consult with additional subject matter experts when required. This form is reviewed on the same monitors as those available for examinees at test centers. The layout of the questions and the quality of the images are verified. All required changes are made, and a second version of the examination is created.

The second version of the examination is reviewed by examiners in exam format, with questions randomized. Various information screens are added to this version and the exam settings are activated. The first screen consists of information on the number of sections, time allowed per section, and break. The second screen is a non-disclosure agreement, which examinees must accept in order to continue. There are instruction screens before each part of the exam, and a break screen between parts. If changes are required, another version of the examination is created.

Lastly, examiners perform a final review. Any issues found are corrected immediately and another version of the exam is published.

Before the examination is administered, technical testing takes place on-site at a test centre. NDEB staff ensures that the exam functions as expected and that the various tools provided in the examination software are working.

Staff Support

The following is a summary of the roles involved in the NDEB's test construction and production processes.

Chief Examiner/Assistant Chief Examiner

The Chief Examiner is responsible for the development of the examination including coordination of question development, question selection, monitoring the item bank and results within the guidelines and parameters established by the NDEB as stipulated in the protocol.

Executive Director and Registrar

The Executive Director and Registrar is responsible for staff supervision and the implementation of all policies approved by the Board to ensure the processes operate efficiently and effectively.

NDEB staff

In consultation with the Executive Director, NDEB staff manage the operational delivery of the examinations. This includes, corresponding with examiners, developing administration instructions, production and translation of the examinations, maintenance of the question banks, and arrangements with host institutions and third-party test centres.

All staff is responsible for carrying out directives from the Examinations Committee as approved by the Board.

Test Validity and Reliability

Validity

The primary purpose of establishing content validity of credentialing examinations is to show that the process and results underlying their development are a valid reflection of that part of professional competence that the examinations purport to assess. That is, construct validity is about the relationships between the construct of professional competence and the examination instruments. The examination content categories reflect both educational programs and the requirements of practice, and general practitioners select the content for the examinations. In addition, each form is built to match the blueprint approved annually by the Board and contained in the protocols.

In addition to the logical basis for asserting construct validity, the NDEB has carried out several studies, both internal and published, that support validity claims (Appendix B).

Reliability

Test reliability refers to the degree to which examination scores for a group of examinees are consistent over repeated administration of the test and are therefore considered to be dependable and consistent for an individual examinee. Reliability is estimated using a reliability coefficient, which is a unit-free indicator that reflects the degree to which scores are free of random measurement error. Based on the data provided in the results section of this Technical Report, the NDEB examinations display evidence of continued strong reliability.

Documentation

Evidence of test validity is collected through multiple means, one of which is the documentation of development and administration procedures. The NDEB makes these documents publicly available. Only confidential material or material that could jeopardize the integrity of the examination is retained internally. These documents are also updated frequently (generally on an annual basis) to reflect the most recent information. References for these documents can be found in Appendix A.

To support the various sources of validity evidence, NDEB produces the following documents:

NDEB By-Laws

The NDEB By-laws contain sections related to the NDEB's examination programs. Examples of relevant information include:

- certification eligibility
- The Board's certification and equivalency processes
- examinations
- conduct and appeals policies
- Terms of reference for various examination-related committees
- test accommodations
- misconduct

The By-Laws are available free of charge on NDEB's website (www.ndeb-bned.ca).

Competencies for a Beginning Dental Practitioner in Canada (Appendix C)

This document outlines the body of knowledge that is assessed by the NDEB's examinations. A clearly outlined body of knowledge is key to establishing the content validity of examinations by providing a link between practice and the examination. This document is available in English and French on NDEB's website (www.ndeb-bned.ca).

Assessment of Clinical Judgement (ACJ) Protocol

Updated annually, the ACJ Protocol contains all the information the participant needs to prepare to take the ACJ. In addition to providing logistical information for the participant, this document is meant to reduce construct irrelevant variance related to testing. The document details the purpose and intended use of the examination. Examinees acquire advance information on examination content, instructions, and other procedures. At a high level, the ACJ Protocol contains the following information:

- Check-in procedures
- Content and format
- Sample questions
- Reference texts
- Examination regulations
- Misconduct
- Passing standard
- Results
- Appeals and rescores
- Repeats

This document is available in English and French free of charge on NDEB's website (www.ndeb-bned.ca) and is posted in every participant's online profile once the participant has registered for the ACJ.

Examiner's Manual - ACJ

Reviewed and updated annually, the examiner's manual for the ACJ is an internal document that describes the question writing and selection philosophy, the standard ACJ formats, and various question styles.

Part C – Administration

Locations

The ACJ is normally administered two times a year as established by Board policy. The examinations are administered electronically by third-party test centres across the country and outside of Canada. There are two types of test centres: permanent test centres and event sites assembled specifically for the administration. There may be more than one administration per day at a given test center. All examinations are taken in a distraction-free and comfortable environment where examinees are optimally able to demonstrate their competence on the examinations.

The NDEB tries to accommodate location preferences but may have to offer alternative locations due to space limitation at some examination sites. The examinations are offered in French and English at all centres.

Administration Procedures

Each test centre has a designated proctor. The proctor's primary responsibility is ensuring the examinations are administered according to NDEB procedures.

The NDEB has developed standard administration procedures for each of the examinations. These procedures are communicated to the third party delivering the examinations and are included in a document called Client Practices made available to all proctors. The document contains uniform directions for proctors such as the schedule for the examination and security protocols that should be undertaken during the examination. This document ensures that examinees have a similar experience when completing the examination, regardless of where they write. Proctors also have an orientation session prior to the examination to review Client Practices. NDEB staff is available during the examinations, by phone, to assist proctors with registration issues and misconduct. Client Practices are reviewed on a regular basis and as required.

Standard check-in procedures are in place for all examinees at each test centre. Examinees are reminded of the rules of conduct. No variation from the examination administration is allowed unless a test accommodation has been granted by the NDEB.

NDEB staff is also available during the examination to assist the third-party command centre staff in addressing issues such as permissions, exam authorization problems, technology issues, and emergency situations.

Reporting

The proctor is responsible for completing a report on the administration of the examination. The report includes any irregularities that may have disrupted the examination. The report also includes details regarding any misconduct that occurred prior, during, or after the examination.

Test Accommodations

In the case of test accommodations approved by the NDEB, pursuant to its published By-Laws (NDEB, 2019) and procedures, test forms or administration conditions may be modified to accommodate examinees requiring accommodations. The purpose of providing test accommodations is to remove construct-irrelevant barriers that would interfere with an examinee's ability to demonstrate their competence. Accommodations may be provided for a disability, medical condition, or religious reason. Examinees must submit a written request prior to the registration deadline and are required to provide supporting documentation.

Accommodations may include an alternate writing date, separate examination room, a reader, or longer examination times. The number of requests for these types of accommodations is small, and as such, the NDEB is unable to establish the validity of these modified examination forms for this specific population. Test accommodations represent the only allowable variations in administration conditions, and these variations are documented in detail. In recent years, the number of test accommodations has increased, and most accommodations involve no modifications to examination materials.

Part D – Scoring

Standards for Pass/Fail

It is the NDEB's statutory obligation to certify only those who are qualified to enter the dental profession in Canada. In the interest of public health, the NDEB establishes standards necessary to ensure competency.

Standard Setting

Standard setting meetings were held in May 2019 and November 2019 to review performance level descriptors and cut scores for the electronic ACJ. Fifteen subject matter experts were involved in each of the standard setting procedures. The Extended Angoff method (Hambleton & Plake, 1995) was used for the polytomously scored items.

A cut score was recommended by the Examinations Committee and approved by the Board on July 12, 2019. The standard reflecting the minimally competent examinee was applied to the May 2019 ACJ.

A cut score was recommended by the Examinations Committee and approved by the Board on January 27, 2020. The new standard reflecting the minimally competent examinee was applied to the of November 2019 ACJ.

Passing Score

Based on the recommendation of an expert committee, in January 2015, the NDEB introduced a standardized passing score of 75 for all its examinations and assessments. This change brought the NDEB in line with international standards for reporting passing scores. The new passing score has no impact on the difficulty or reliability of the NDEB's examinations.

Scoring

The ACJ items are a combination of single-answer and multi-answer multiple-choice questions and have up to 15 distractors. The items are scored using a weighted template that yields an item score between 0 and 1. After discarding weak items a percent correct score is calculated by dividing the sum of the achieved item scores by the total possible score.

After verification, initial results processing, and reviewing any procedural abnormalities, an initial statistical analysis is performed. Reports generated from the initial statistical analysis are provided to the Chief Examiner and other attendees at a statistics review meeting. During this meeting, the following reports are reviewed:

- Candidate Performance by Exam Summary
- Question Performance by Exam Summary
- Exam Performance Detail
- Question Performance – Top/Low/Biserial Distribution (Condensed) (required for examinations which include multi-answer test items)

Equating and Rescaling

The equating and re-scaling process, including the norm population, is further described in Maguire (2004) is provided in Appendix D.

Review

During the review, the correctness of all answer keys is verified, and non-performing or compromised items are eliminated from the examination. A final statistical analysis is then performed, and results calculated with those items removed. Results are also validated by third-party psychometricians.

Using information provided in the Question Performance by Exam Summary report, questions identified by a colour prompt are printed for in-depth review. Colour highlights within the report are triggered by the following criteria:

- Difficulty: Less than .3
- Biserial: Less than .05 (unless the Difficulty is greater than .95)

Highlighted questions are reviewed to:

- confirm the accuracy of the answer key.
- identify potential ambiguities, including the possibility of multiple correct answers.
- identify potential "trick" items or unclear wording.
- identify a possible English – French translation issue.
- establish consistency between images and/or models.
- identify item drift as evidenced by an unusual increase or decrease in percent correct. If significant drift in a test item is noted, staff will conduct an internet search to ascertain whether the item has been released to the web in any form, or whether there is evidence of item reconstruction.

Examiners use their expert judgement to determine if:

- a question will be voided (i.e. will no longer be used on examinations) if it is unclear, ambiguous, tricky or if it presents a translation issue.
- a revision to the answer key is required.

Excluding a Question from the Test Equating Process

A question will be excluded from the test-equating process if:

- there is evidence of test reconstruction, coupled with significant drift.
- it is released between the date it was used in the reference examination and the date of the current examination.

The reason for excluding an item from the test equating process will be documented in writing and stored in the examination file.

Pilot Testing

As part of an additional quality control step, the NDEB embeds new questions into examinations as pilot test items. These items are new and have not been properly evaluated by the examinee population. Pilot items that perform well from a statistical perspective count toward the examinee's score, while those items that do not perform well are not counted. Items are generally voided for the following reasons:

- The item difficulty index is very low, indicating that on average, examinees were unable to respond to the question or that the question was written unclearly.
- The item has negative item discrimination indicating that poorly-performing examinees responded correctly to the item more frequently than highly-performing examinees.
- The analysis of response patterns for the distractors provides strong evidence that the item is unclear or ambiguous.

In addition, item statistics are used to improve items for future use. Due to the NDEB's pilot testing methodology, items are exposed to a live examinee population, which includes all relevant subgroups.

Reporting

The results of the examination are posted on a secure website within 10 weeks of the administration date. Examinees access their results by logging in to their online profile. When results are posted, examinees receive an email notification. If there is an anticipated delay in the release of results, examinees are notified by email. Examinees are informed if they have passed or failed the examination. Results are reported as Pass/Fail. Examinees who fail will also receive their test equated, re-scaled score on the failed examination and the pass mark for the examination. This allows examinees to determine how close they were to passing. They are also provided with instructions on how to appeal their score.

Appeals

Within one month of the release of results, examinees who have failed may apply to the Board to have their examination score verified. NDEB staff members confirm the score produced from the electronic examination matches the score provided to the examinee. The examinee's answers are then compared to the master answer key. NDEB staff also confirms the test equating and rescaling (if applicable) have been calculated correctly. A fee is charged for a score verification. Fees are posted on the NDEB website.

Other Appeals

Within a specified timeframe, examinees may petition the Board or Executive Committee in writing regarding:

- a decision of the Examinations Committee regarding misconduct.
- compassionate grounds.

Part E - Security

The NDEB takes several measures to ensure the security of its processes.

Credential Verification

Credential verification of applicants is performed to ensure that applicants to all processes are eligible for participation. While the credential verification process differs depending on the process applied for, each process includes source verification with the university to confirm the applicant's graduation.

Examinee Information

The NDEB uses a third-party web tool called BrightTrac for its registration application. BrightTrac accounts are password protected, and the data is stored on Amazon servers.

In house, the NDEB has examinee information in MS Access databases, and various documents are stored on NDEB servers. This information is only accessible to staff with valid network accounts and drive permissions.

Administration

The NDEB is in regular communication with on-site staff to keep them apprised of changes to administration processes and emphasize the importance of security measures such as standardized check-in procedures and restricted items. Test Administrators, invigilators, and proctors are trained to identify, manage, and report misconduct.

On-site Security

For paper and pencil examinations, the Test Administrator stores all examination material in a secure, locked area. During the examinations, invigilators monitor the examinees in the examination room and document any irregularities on the Test Administrator Report. After the completion of the examinations, all materials are returned to the NDEB office by courier. NDEB staff verifies the return of all materials including individually-labelled books, identification cards, and, answer score sheets. These security measures help maintain the integrity of the examinations by limiting exposure to examination items before and after the administration of the examination.

For examinations delivered electronically by a third party, proctors use hand-held metal detector wands to scan all examinees in the test centers prior to each entry into the test room.

Proctors patrol the test room regularly and monitor examinees by video. Proctors document any irregularities and communicate with the NDEB as necessary on and after the exam.

Exam Security

The NDEB's examination metadata and statistics are stored in a SQL Server database on a separate secure server that is only accessible via the database's user interface. Individuals who do not have permissions to access the NDEB network are restricted. The questions themselves are also restricted to only those users who need to access them via their network group policy rules.

For electronic examinations, questions are stored in a third-party electronic item bank with restricted access.

The NDEB has a policy that questions in progress are never sent via email. Rather, they are uploaded to password-protected secure sites for sharing and collaboration.

All NDEB portable devices are encrypted using BitLocker so no one can access anything without the proper credentials.

Security Analysis

During exam processing, a test analysis program is applied to the item results of all examinees. Those with extreme values are flagged for attention. In rare cases, examinees are informed that results of the examination will be delayed pending a review.

Copyright

NDEB staff regularly monitors online forums for exam content that is shared and follows up with legal action as needed.

Part F - Outcomes Summary

This report provides summary information on the structure of the ACJ, as well as statistical summaries at the item and test levels.

Table of Assessment Items by Category

	ACJMay2019	ACJNov2019
Pharmacotherapeutics Medically-Complex Patients Medical Emergencies	30	31
Oral Medicine, Oral Pathology Oral Surgery	38	42
Periodontics	30	34
Endodontics	13	15
Orthodontics Pediatric Dentistry	13	14
Restorative Dentistry	11	12
Total Scored	135	148
Rejected	0	2
Total	135	150

ACJ Analysis Report

	Attempt	ACJMay2019	ACJNov2019
Number of Participants	1	315	347
	2	135	103
	3	44	34
	Total	494	484
Pass (#)	1	104	100
	2	69	54
	3	17	15
	Total	190	169
Pass (%)	1	33.0	28.8
	2	51.1	52.4
	3	38.6	44.1
	Overall	38.5	34.9
Passing Raw Score (%)		71.8	71.2
Mean Raw Score (%)	1	68.9	68.1
	2	71.1	70.8
	3	70.6	69.5
	Overall	69.6	68.8
Range Rescaled	1	49 - 82	42 - 85
	2	61 - 84	62 - 83
	3	56 - 80	65 - 80
	Overall	49 - 84	42 - 85
Mean Rescaled Score	1	71.5	71.4
	2	73.8	74.1
	3	73.2	72.8
	Overall	72.3	72.1
KR 20/ Cronbach's Alpha		0.71	0.70

Note: Numbers are based on all participants who sat the assessment. This includes participants who have later been withdrawn as a result of a compassionate appeal.

Part G - Glossary

AADE	American Association of Dental Examinations
ACFD	Association of Canadian Faculties of Dentistry
ADA	American Dental Association
ADAC	American Dental Association Commission on Dental Accreditation
ADC	Australian Dental Council
AERA	American Educational Research Association
APA	American Psychological Association
CDA	Canadian Dental Association
CDAC	Commission on Dental Accreditation of Canada
CDRAF	Canadian Dental Regulatory Authorities Federation
DRA	Provincial Dental Regulatory Authorities
NCME	National Council on Measurement in Education
NDEB	National Dental Examining Board of Canada
ODQ	Ordre des dentistes du Québec
RCDC	Royal College of Dentists of Canada

Part H – Appendices

Appendix A – Key Supporting References

American Educational Research Association, American Psychological Association and National Council on Measurement in Education. Standards for Educational and Psychological Testing (2014). Washington, DC: American Educational Research Association.

Angoff, W.H. (1971). Scales, norms and equivalent scores. In R.L. Thorndike (Ed.), Education measurement (2nd ed., 508-600). Washington DC: American Council on Education.

Hambleton, R. K., & Plake, B. S. (1995). Using an extended Angoff procedure to set standards on complex performance assessments. *Applied Measurement in Education*, 8(1), 41–56.

Impara, J. C. & Plake, B. S. (1997). Standard setting: An alternative approach. *Journal of Educational Measurement*, 34(4), 353-366.

National Dental Examining Board of Canada (2019). *Examiner's Manual for the Assessment of Clinical Judgement*.

National Dental Examining Board of Canada (2019). *By-Laws*.

National Dental Examining Board of Canada (2019). *NDEB Glossary*.

National Dental Examining Board of Canada (2019). *Assessment of Clinical Judgement 2019 Protocol*.

Appendix B – Publications

Boyd, M. A., Gerrow, J. D., Chambers, D. W., & Henderson, B. J. (1996). Competencies for Dental Licensure in Canada. *Journal of Dental Education*, 60(10), 842.

Boyd, M. A., & Gerrow, J. D. (1996). A National Standard for Dentistry in Canada. *Journal of the Canadian Dental Association*, 62(12), 928.

Buckendahl, C. W., Ferdous, A., & Gerrow, J. (2010). Recommending Cut Scores with a Subset of Items: An Empirical Illustration. *Practical Assessment Research & Evaluation*, 15(6).

Buckendahl, C. W., & Gerrow, J. (2016). Evaluating the Impact of Releasing an Item Pool on a Test's Empirical Characteristics. *Journal of Dental Education*, 80(10), 1253–1260.

Chambers, D. W., & Gerrow, J. D. (1994). Manual for Developing and Formatting Competency Statements. *Journal of Dental Education*, 58(5), 361.

Charbonneau, A., Walton, J. N., & Morin, S. (2019). Association of Canadian Faculties of Dentistry Education Framework for the Development of Competency in Dental Programs. *Journal of Dental Education*, 83(4), 464–473.

Davis, A., Buckendahl, C. W., & Gerrow, J. (2011). Evaluating Panelists' Bookmark Standard Setting Judgments: The Impact of Random Item Ordering. *International Journal of Testing*, 11(1), 24–37.

Davis-Becker, S. W., Buckendahl, C., & Gerrow, J. (2011). Evaluating the Bookmark Standard Setting Method: The Impact of Random Ordering. *International Journal of Testing*, 11(24), 24–37.

Gerrow, J. D., Boyd, M. B., Doyle, M. G., & Scott, D. (1996). Clinical Evaluation in Prosthodontics: Practical Methods to Improve Validity and Reliability. *Journal of Prosthetic Dentistry*, 75(6), 675.

Gerrow, J. D., Boyd, M. A., Duquette, P., & Bentley, K. A. (1997). Results of the National Dental Examining Board of Canada's Written Examination and Implications for Licensure. *Journal of Dental Education*, 6(12), 921.

Gerrow, J. D., Chambers, D. W., Henderson, B. J., & Boyd, M. A. (1998). Competencies for a Beginning Dental Practitioner in Canada. *Journal of the Canadian Dental Association*, 64(2), 94.

Gerrow, J. D., Boyd, M. A., Donaldson, D., Watson, P. A., & Henderson, B. J. (1998). Modifications to the National Dental Examining Board of Canada's Certification Process. *Journal of the Canadian Dental Association*, 64(2), 98.

Gerrow, J. D., Boyd, M. B., Scott, D., & Boulais, A. P. (1999). Use of Discriminant and Regression Analysis to Improve Certification Board Examinations. *Journal of Dental Education*, 63(6), 459.

Gerrow, J. D., Murphy, H. J., Scott, M. A., & Scott, D. (2003). Concurrent Validity of Written and OSCE Components of the Canadian Dental Certification Examinations. *Journal of Dental Examinations*, 67(8), 896.

Gerrow, J. D., Boyd, M. A., & Scott, D. (2003). Portability of Licensure in Canada Based on Accreditation and Certification. *Journal of the American Colleges of Dentists*, 70(1), 8.

Gerrow, J. D., Murphy, H. J., Boyd, M. A., & Scott, D. (2006). An Analysis of the Contribution of a Patient-Based Component to a Clinical Licensure Examination. *Journal of American Dental Association*, 137, 1434.

Gerrow, J. D., Murphy, H. J., & Boyd, M. A. (2006). A Validity Survey of Competencies for the Beginning Dental Practitioner in Canada. *Journal of Dental Education*, 70(10), 1076.

Gerrow, J. D., Murphy, H. J., & Boyd, M. A. (2007). Review and Revision of the Competencies for a Beginning Dental Practitioner in Canada. *Journal of Canadian Dental Association*, 73(2), 157.

Wolkowitz, A., Davis-Becker, S., & Gerrow, J. (2016). Releasing Content to Deter Cheating: An Analysis of the Impact on Candidate Performance. *Journal of Applied Testing Technology*, 17(1), 33–40.

Abstracts and Minor Publications

Boyd, M. A., & Gerrow, J. D. (1997). An Analysis of the 1994 to 1996 Results of the National Dental Examining Board of Canada Written Examination. *Journal of Dental Research*, 76(43).

Boyd, M. A., Gerrow, J. D., & Duquette, P. (2003). Rethinking the OSCE as a Tool for National Competency Evaluation. *Proceedings Association of Dental Educators of Europe*. Dresden, Germany, September 2003.

Boyd, M. A., Gerrow, J. D., Haas, D. A., & Loney, R. W. (2004). National Dental Certification in Canada: An "Improved" OSCE Format. *Journal of Dental Education*, 68(2), 229.

Buckendahl, C., Ferdous, A., & Gerrow, J. (2008). Setting Cut Scores with a Subset of Items: An Empirical Illustration. *Annual Meeting of the National Council on Measurement in Education*, New York, NY. 2008

Davis, S., Buckendahl, C., & Gerrow, J. (2008). Comparing the Angoff and Bookmark Methods for an International Licensure Examination. *Annual Meeting of the National Council on Measurement in Education*, New York, NY. 2008.

Ferdous, A., Smith, R., & Gerrow, J. (2008). Considerations for Using Subsets of Items for Standard Setting. *Annual Meeting of the National Council on Measurement in Education*, New York, NY. 2008.

Gerrow, J. D., Boyd, M. A., & Duquette, P. (1997). The Development and Implementation Process for a New National Certification Examination in Canada. *Journal of Dental Education*, 61(2), 185.

Gerrow, J. D., Boyd, M. B., Scott, D., & Boulais, A. P. (1998). Use of Discriminant and Regression Analysis to Improve Certification Board Examinations. *Journal of Dental Education*, 62(1), 110.

Murphy, J., Gerrow, J. D., Scott, M. A., & Scott, D. (2002). Validity Evidence for the Canadian National Dental Examining Board Examinations. *Journal of Dental Education*, 66(2), 319.



Appendix C – Competencies for a Beginning Dental Practitioner in Canada

A competent beginning dental practitioner in Canada must be able to provide oral health care for the benefit of individual patients and communities in a culturally sensitive manner.

Competency assumes that all behaviours are supported by foundation knowledge and skills in biomedical, behavioural and clinical dental science and by professional behaviour. Beginning dental practitioners in Canada must be able to apply foundation knowledge and skills to justify their decisions and actions and to evaluate outcomes. Therefore, foundation knowledge, skills and professional behaviour are understood to be a part of every competency.

Competency also assumes that all behaviours are performed to an acceptable level and that the practitioner can evaluate their quality and effectiveness. Competency cannot be achieved without the ability to self-evaluate. Moreover, there are no degrees of competence: a dentist is either competent or not competent. The competencies below refer to general dental practice and include the management of patients of all ages including those with special needs. It is assumed that all oral health care is provided in an ethical manner, in accordance with legal requirements at the national and provincial level.

A beginning dental practitioner in Canada must be competent to:

1. recognize the determinants of oral health in individuals and populations and the role of dentists in health promotion, including the disadvantaged.
2. recognize the relationship between general health and oral health.
3. evaluate the scientific literature and justify management recommendations based on the level of evidence available.
4. communicate effectively with patients, parents or guardians, staff, peers, other health professionals and the public.
5. identify the patient's chief complaint/concern and obtain the associated history.
6. obtain and interpret a medical, dental and psychosocial history, including a review of systems as necessary, and evaluate physical or psychosocial conditions that may affect dental management.
7. maintain accurate and complete patient records in a confidential manner.
8. prevent the transmission of infectious diseases by following current infection control guidelines.
9. perform a clinical examination.
10. differentiate between normal and abnormal hard and soft tissues of the maxillofacial complex.
11. prescribe and obtain the required diagnostic tests, considering their risks and benefits.
12. perform a radiographic examination.
13. interpret the findings from a patient's history, clinical examination, radiographic examination and from other diagnostic tests and procedures.

14. recognize and manage the anxious or fearful dental patient.
15. recognize signs of abuse and/or neglect and make appropriate reports.
16. assess patient risk (including, but not limited to, diet and tobacco use) for oral disease or injuries.
17. develop a problem list and establish diagnoses.
18. determine the level of expertise required for treatment and formulate a written request for consultation and/or referral when appropriate.
19. develop treatment options based on the evaluation of all relevant data.
20. discuss the findings, diagnoses, etiology, risks, benefits and prognoses of the treatment options, with a view to patient participation in oral health management.
21. develop an appropriate comprehensive, prioritized and sequenced treatment plan.
22. present and discuss the sequence of treatment, estimated fees, payment arrangements, time requirements and the patient's responsibilities for treatment.
23. obtain informed consent including the patient's written acceptance of the treatment plan and any modifications.
24. modify the treatment plan as required during the course of treatment.
25. provide education regarding the risks and prevention of oral disease and injury to encourage the adoption of healthy behaviors.
26. provide therapies for the prevention of oral disease and injury.
27. recognize and institute procedures to minimize occupational hazards related to the practice of dentistry.
28. achieve local anesthesia for dental procedures and manage related complications.
29. determine the indications and contraindications for the use of drugs used in dental practice, their dosages and routes of administration and write prescriptions for drugs used in dentistry.
30. manage dental emergencies.
31. recognize and manage systemic emergencies which may occur in dental practice.
32. manage conditions and diseases of the periodontium, provide periodontal treatment when indicated and monitor treatment outcomes.
33. assess the risk, extent and activity of caries and recommend appropriate non-surgical and surgical therapy.
34. manage dental caries, tooth defects and esthetic problems and, when restoration is warranted, use techniques that conserve tooth structure and preserve pulp vitality to restore form and function.
35. manage patients with orofacial pain and/or dysfunction.
36. manage surgical procedures related to oral soft and hard tissues and their complications
37. manage trauma to the orofacial complex.
38. manage conditions and pathology of the pulp and provide endodontic treatment when indicated.

39. manage abnormalities of orofacial growth and development and treat minor orthodontic problems.
40. recognize and manage functional and non-functional occlusion.
41. select and, where indicated, prescribe appropriate biomaterials for patient treatment.
42. manage partially and completely edentulous patients with prosthodontic needs including the provision of fixed, removable and implant prostheses.
43. make records required for use in the laboratory fabrication of dental prostheses and appliances.
44. design a dental prosthesis or appliance, write a laboratory prescription and evaluate laboratory products.
45. apply accepted principles of ethics and jurisprudence to maintain standards and advance knowledge and skills.
46. apply basic principles of practice administration, financial and personnel management to a dental practice.
47. demonstrate professional behaviour that is ethical, supersedes self-interest, strives for excellence, is committed to continued professional development and is accountable to individual patients, society and the profession.

Definition

To “manage” the oral health care needs of a patient is assumed to include all actions performed by a health care provider that are designed to alter the course of a patient's condition. Such actions may include providing education, advice, treatment by the dentist, treatment by the dentist after consultation with another health care professional, referral of a patient to another health care professional, monitoring treatment provided, but also may include providing no treatment or observation. “Manage” assumes the use of the least invasive therapy necessary to gain a successful outcome in accordance with patient wishes.

Appendix D – Equating Procedure

Excerpts from Maguire (2004)

Each year, the National Dental Examining Board of Canada administers examinations to graduating students from Canadian Faculties of Dentistry. The results of the examinations are used as part of the credentialing process. In addition, the examination program plays a role in maintaining a national standard of competence for dentists entering practice in Canada. Consistent with the second purpose, it is of interest to trace the performance of candidate cohorts over successive years. Direct comparison of candidates' average performance in successive years could be made but if differences were observed, they could be due to differences in the candidates themselves, to differences between the two examinations (one may be more difficult than the other), or to a combination of both. The process of examination equating attempts to make the examination scores equivalent so that differences between equated scores can be attributed to the difference between cohorts of candidates. In effect, the equating process attempts to answer the question, how would candidates who wrote in 2013 have performed on the 2012 examination?

The equating procedure to be presented below is taken from Angoff (1971, pp579-583). It is based on an examination design in which instruments in successive years consist of two components: a common component (a set of items that appear in both years) and a unique component (sets of items that appear in one year, but not the other). Consider for example the examinations administered in 2012 (year 1) and 2013 (year 2). In 2012 a candidate's score can be thought of as:

$Y_1 = V_1 + U_1$ where V is the score on the common items and U is the score on the unique items. In 2013, a candidate's score would be:

$X_2 = V_2 + W_2$ where V is the score on the common items and W is the score on the unique items.

The goal of the equating process is to find a mathematical function that projects X onto Y or Y onto X . Unlike a regression equation, this function should yield consistent results regardless of the direction in which scores are to be equated, that is, projecting from 2012 to 2013 or from 2013 to 2012.

The general form of the equation for equating scores from 2013 to scores from 2012 is:

$$Y'_2 = bX_2 + a \quad (1)$$

or, if the direction were reversed, the equation would be:

$$X'_1 = \frac{1}{b}(Y_1 - a) \quad (2)$$

For simplicity, we will assume that 2012 will be treated as the base year, and we want to equate the 2012 score to it.

The details of the algebra can be found in Angoff's 1971 chapter, but essentially the functions are based on the supposition of a single combined sample of candidates, i.e. the 2012 group combined with the 2013 group. We will refer to this hypothetical sample as the 'total' group. There are two variables:

1. the scores on Y for all candidates (i.e. the scores on the 2012 examination).
2. the scores on X for all candidates (i.e. the scores on the 2013 examination).

Of course we only have Y scores for the 2012 candidates, and X scores for the 2013 candidates, but if all candidates had taken both examinations, the equating formula for mapping scores from 2013 to 2012 would be:

$$Y' = \frac{sd(Y_T)}{sd(X_T)} (X - mean(X_T) + mean(Y_T)) \quad (3)$$

where:

- $sd(Y_T)$ is the standard deviation of Y scores for the total sample,
- $sd(X_T)$ is the standard deviation of X scores for the total sample,
- $mean(Y_T)$ is the mean Y score for the total sample,
- $mean(X_T)$ is the mean X score for the total sample.

In terms of equation 1,

$$b = \frac{sd(Y_T)}{sd(X_T)} \quad \text{and} \quad a = mean(Y_T) - b(mean(X_T)) \quad (4)$$

The four values required for equation (3) are estimated using the common portions of the exams. The procedure, referred to in the literature as 'common item linear equating,' will be presented below. In this case the equating (common) portion of the examination forms part of the total score. The procedure is identical for situations in which the equating part of the examination is treated as a separate entity.

Equating Formulas – Common Item Equating

The actual procedure begins with the calculation of two scores in each of the two samples:

Y_1 = the score for 2001 candidates on the entire examination (300 items)

V_1 = the score for 2001 candidates on the common portion (110 items)

X_2 = the score for 2002 candidates on the entire examination (300 items)

V_2 = the score for 2002 candidates on the common portion (110) items.

To find the values needed for equation 3, four intermediate statistics must be estimated:

$$\text{var}(Y_T) = .5 \text{var}(Y_1) + .5 \text{var}(Y_2) + .25[\text{mean}(Y_1) - \text{mean}(Y_2)]^2 \quad (5)$$

$$\text{var}(X_T) = .5 \text{var}(X_1) + .5 \text{var}(X_2) + .25[\text{mean}(X_1) - \text{mean}(X_2)]^2 \quad (6)$$

$$\text{mean}(Y_T) = .5\text{mean}(Y_1) + .5(\text{mean}(Y_2)) \quad (7)$$

$$\text{mean}(X_T) = .5\text{mean}(X_1) + .5\text{mean}(X_2) \quad (8)$$

Four of the values that appear in equations 5 through 8 must be estimated under the assumption that the regression slopes of Y_1 on V_1 in Group 1 and X_2 on V_2 in Group 2 are the same. The four estimates are:

$$\text{var}(Y_2) = \text{var}(Y_1) - \left\{ \frac{\text{cov}(Y_1V_1)}{\text{var}(V_1)} \right\}^2 [\text{var}(V_1) - \text{var}(V_2)] \quad (9)$$

$$\text{var}(X_1) = \text{var}(X_2) + \left\{ \frac{\text{cov}(X_2V_2)}{\text{var}(V_2)} \right\}^2 [\text{var}(V_1) - \text{var}(V_2)] \quad (10)$$

$$\text{mean}(Y_2) = \text{mean}(Y_1) - \frac{\text{cov}(Y_1V_1)}{\text{var}(V_1)} [\text{mean}(V_1) - \text{mean}(V_2)] \quad (11)$$

$$\text{mean}(X_1) = \text{mean}(X_2) + \frac{\text{cov}(X_2V_2)}{\text{var}(V_2)} [\text{mean}(V_1) - \text{mean}(V_2)] \quad (12)$$

Calculation of the Equating Expressions:

Step 1. From the data, calculate the following values:

(a) Group 1 (2012): means and standard deviations of Y and V , also the covariance between Y and V .

(b) Group 2 (2013): Means and standard deviations of X and V , also the covariance between X and V .

Step 2. Substitute the values from Step 1 into equations (9) through (12).

Step 3. Substitute the values from Steps 1 and 2 into equations (5) through (8).

Step 4. Substitute the results of Step 3 into equations (3) and (4).

References

Angoff, W.H. (1971). Scales, norms, and equivalent scores. In R.L. Thorndike (Ed.), *Educational measurement* (2nd ed., 508-600). Washington DC: American Council on Education.

