



Provincial
Dental Board of
Nova Scotia

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**Provincial Dental Board of Nova Scotia
Submission to the Law Amendments Committee
Regarding Bill 256 (Patient Access to Care Act)
March 27, 2023**

Dear respected members of the Committee:

On behalf of the Provincial Dental Board of Nova Scotia (PDBNS), I thank you for the opportunity to speak to the proposed Patient Access to Care Act (PACA). I would also like to commend government for turning its attention to healthcare in such a focused way and to thank members of the opposition for their support of these initiatives.

Specifically, I applaud you for the various initiatives around improving access to care. There are unquestionably several factors limiting access to oral healthcare for many Nova Scotians. The timing of this Bill coincides nicely with other initiatives at the provincial and federal levels aimed at improving access to oral health care, particularly for marginalized groups.

MANDATE OF THE PROVINCIAL DENTAL BOARD OF NOVA SCOTIA

The mandate of the PDBNS aligns with that of other Nova Scotia health regulators: to protect the public interest and safety, in our case specifically in the delivery of dental care. One of the critical ways we do this is by ensuring that we issue licenses only to individuals with the necessary knowledge, skills, and abilities to practise dentistry competently, safely, and ethically. When a Nova Scotian is reclined in a dental chair, they have a right to know that the practitioners working on them are competent to practise safely.

With your indulgence, I would like to present an overview of one of the areas in which we fulfill this mandate of public protection, specifically as it pertains to the assessment of the educational background of applicants from various jurisdictions. Then I will describe how Section 8(1)(d) of this Bill will impact our ability to fulfill this important role. I would also like to express that the PDBNS is supportive of and aligns with the feedback provided by the Network of Regulated Health Professionals.

ACCREDITATION

Across Canada, dental regulatory authorities rely heavily on qualified third parties to aid in determining the competence of applicants. One such organization is the Commission on Dental Accreditation of Canada (CDAC) which has a rigorous process for accrediting all oral health educational programs. Co-incidentally, the undergraduate and graduate programs in Dalhousie's Faculty of Dentistry are undergoing their accreditation survey visit as we speak this week. All dental education programs are subject to such site-visits every 7 years, in which a team of surveyors descends on the school and performs a thorough, in-depth assessment of the educational content and processes, after having reviewed extensive documentation provided by the programs. From my past experience both as a part-time dental educator at Dalhousie and as an accreditation surveyor elsewhere, I can report that

dental schools take the accreditation process very seriously and work extremely hard to meet or exceed the minimum requirements to maintain accreditation.

As the dental regulator in Nova Scotia, when we receive a licensing application from a graduate of an accredited institution, we can have confidence in their educational background, which is one key factor in determining competence.

THE GLOBAL CONTEXT OF DENTAL EDUCATION

We understand that health education varies widely around the world in many ways, including qualification for admission, scope of subject matter, and teaching pedagogies and methodologies. Certainly, there are likely jurisdictions where the quality of dental education meets or exceeds that in Canada, and others where it may not. For example, there are dental schools in which students graduate without having ever performed any dentistry on actual patients. This contrasts with Canadian schools in which students spend two full years treating patients daily under supervision.

MUTUAL RECOGNITION AGREEMENTS FOR ACCREDITATION

It is simply impossible for dental regulators to know what standards are upheld by every single non-Canadian dental education institution. For this reason, Canadian dental regulators and their partners have developed innovative approaches to assessing international applicants. At the end of the day, we want to license every qualified and competent practitioner who wishes to contribute to the delivery of oral healthcare in Nova Scotia.

One of the ways we have opened pathways to licensure for graduates of dental schools outside Canada is through the development of mutual recognition agreements (MRAs) with other countries. To date CDAC has developed such agreements with dental accreditation bodies in 4 other countries: the US, Australia, New Zealand, and Ireland. These accreditation bodies have done deep dives into each other's accreditation requirements and processes. The result is that dental education programs in these countries are deemed to be accredited in Canada and their graduates follow the same pathway to licensure in Nova Scotia as graduates of Canadian programs.

Notably, this reciprocity is maintained through ongoing dialogue and evaluation of each other's accreditation standards and processes. The development of such agreements is not a "one and done" exercise. It requires experts in dental education and accreditation who are continually reassessing to ensure the standards are comparable in these jurisdictions.

It is also worth noting that there are ongoing initiatives to develop MRAs with other jurisdictions in the future.

OTHER PATHWAYS TO LICENSURE

For graduates of dental training programs which are not accredited in Canada (i.e., not in Canada or one of the four other countries with MRAs), Canadian dental regulators rely on the National Dental Examining Board of Canada (NDEB) which has a dedicated Credential Verification Department with a team of experts in this field.

Since 2011, the NDEB has offered a series of three assessments which give dentists from non-accredited programs the opportunity to demonstrate equivalence to graduates of accredited programs with respect to the knowledge, judgement, and psychomotor skills necessary for the safe practice of dentistry. Once deemed equivalent, a graduate of a non-accredited dental school follows the same pathway to licensure as Canadian graduates. Alternatively, these dentists can choose to complete a degree completion (“gap-training”) program at a Canadian faculty of dentistry.

Earlier this year, the Canadian dental regulators engaged with the Association of Canadian Faculties of Dentistry to secure federal funding to explore the development of additional pathways to licensure, the goal being to further enable qualified individuals obtain licensure while ensuring public protection and safety.

SUCCESS OF THESE INITIATIVES

These initiatives have been quite successful in facilitating entry into the profession for dentists trained outside Canada. Between 2010 and 2022, the number of newly licensed dentists in Canada trained in Canadian programs is equivalent to the number trained internationally. In Nova Scotia since 2019, 25.5% of newly licensed dentists had received their training outside Canada. (This is according to analysis of our registration data by the Health Workforce Planning Division of Nova Scotia’s Department of Health and Wellness, as well as data we submitted to the Office of the Fair Registration Practices Act.) This makes it clear that as health regulators we are not being protectionist gatekeepers, but rather are supporting measures to facilitate entry into the professions for qualified individuals without wavering on our commitment to public safety.

What all these various pathways and initiatives outlined have in common is that they are necessarily complex and require people with expertise in the areas of dentistry, dental education, credential verification, and accreditation who turn their focused attention to these matters on an ongoing basis.

It is also worth noting that some of the larger Nova Scotian health regulatory authorities (such as medicine and nursing) may have the capacity and expertise to fulfill some of these functions independently. However, smaller regulators like the Provincial Dental Board and many others do not have the human resource capacity or expertise to perform the important tasks related to credential verification and assessment which are essential for public safety. We require partnerships with trusted third parties who have the expertise and human resources needed.

SECTION 8(1)(d) OF THE PATIENT ACCESS TO CARE ACT

This brings me, finally, to Section 8(1)(d) of the proposed Act. This section would give the Governor in Council the power to make regulations to prescribe jurisdictions for the purpose of this Act. In simpler terms, government alone would have the unilateral ability to determine from which international jurisdictions applicants must be deemed equivalent to applicants trained in Canada.

I was very pleased to hear Minister Thompson, in her address to the Legislature last week, allude to the partnership and interdependence between government and Nova Scotia’s health regulators.

I respectfully note that Section 8(1)(d) of the proposed Act, does not acknowledge this important and necessary relationship, making no reference to the role of regulators in this matter. I would respectfully ask the Committee to consider amending this section to enshrine the requirement of government to work with health regulators and their partners when prescribing jurisdictions.

In matters of Nova Scotians' healthcare, we count on government to work closely with the experts in various fields. To do less could, in time, have serious unintended consequences and could negatively impact public protection.

Once again, I thank you for the opportunity to be here today, and I thank you for the work you do on behalf of Nova Scotians.

Respectfully Submitted,

A handwritten signature in black ink that reads "Doug Mackey". The signature is written in a cursive, flowing style.

Dr. Doug Mackey, DDS
Registrar Provincial Dental Board of Nova Scotia