

APR 09 2021

VIRGINIA BOARD OF DENTISTRY
EXAMINATION COMMITTEE MINUTES
JANUARY 31, 2020

Approved

TIME & PLACE: The meeting of the Examination Committee ("Committee") was called to order at 9:05 a.m., on January 31, 2020, at the Department of Health Professions, 9960 Mayland Drive, Second Floor Conference Center, Board Room 3, Henrico, Virginia 23233.

PRESIDING: James D. Watkins, D.D.S., Chair

COMMITTEE MEMBERS PRESENT: Nathaniel C. Bryant, D.D.S.
Patricia B. Bonwell, RDH, PhD

COMMITTEE MEMBERS ABSENT: Jamiah Dawson, D.D.S.
Perry E. Jones, D.D.S.

BOARD MEMBERS PRESENT: Augustus A. Petticolas, Jr., D.D.S., Board President

STAFF PRESENT: Sandra K. Reen, Executive Director
Jamie C. Sacksteder, Deputy Executive Director
Kathryn Brooks, Executive Assistant

COUNSEL PRESENT: James E. Rutkowski, Assistant Attorney General

ESTABLISHMENT OF A QUORUM: With three members of the Committee present, a quorum was established.

Ms. Sacksteder read the emergency evacuation procedures.

PUBLIC COMMENT: Written comment received from Perry E Jones, DDS, recommended using the New Hampshire Board of Dentistry's definition of the term "clinical" in addressing acceptable clinical examinations.

APPROVAL OF MINUTES: Dr. Watkins asked if there were corrections to the posted minutes. Hearing none, Dr. Bonwell moved to accept the minutes from November 22, 2020 as presented. The motion was seconded and passed.

COMPENSATORY SCORING: Ms. Sacksteder began the discussion of acceptable clinical exams by reviewing her research findings on scoring practices. She read the respective definitions for compensatory scoring used by CRDTS and WREB. She then presented proposed regulatory language on

examination requirements which would deny acceptance of compensatory scoring, set the passing score at 80% and specify the components that must be tested and passed. She also recommended consideration of when the revised regulation should take effect and of including provisions for applicants who may have already taken an exam that doesn't meet the new requirements. Discussion followed on these topics:

- Requiring a **minimum passing score** of 80% or 75% as the standard for acceptance of clinical examinations. It was agreed by consensus to recommend to the Board setting 75% as the minimum standard.
- The respective scoring policies of CRDTS and WREB, which include **compensatory scoring**, were reviewed. Compensatory scoring, as used by these testing agencies, means the grade for parts of the exam are determined by reviewing the scores given by each examiner then manipulating the examiner scores to compensate for a low score to arrive at the final score for that part of the exam. The consensus was to recommend to the Board that it not accept examination results where the passing grade received was calculated using compensatory scoring for parts of the exam.

**MEMBERSHIP IN
TESTING
AGENCIES:**

Ms. Reen explained that the Board was a founding member of SRTA and is currently a member. She said SRTA administered the dental and dental hygiene clinical exams at the VCU School of Dentistry until three years ago when CITA became the examining agency. In response to questions, Ms. Reen explained the Board was previously advised by Board Counsel it could be a member of one testing agency but not be a member of more testing agencies due to the potential for conflicts occurring as a result of the interests of competing testing agencies. She asked if the Board should consider being a member of CITA rather than SRTA. Discussion followed about whether the Board needed to be a member of any testing agency; SRTA being the first agency working to provide a non-patient examination; concern about the ability to verify the required parts were passed without the use of compensatory scoring; continuing membership in ADEX: the expectation for the graduating candidate to be competent in all areas tested, which ensures standards have been met; and accepting test

results based on compensatory scoring for applicants applying by credentials.

Dr. Watkins asked for discussion on being a member of a testing agency or opting out of membership to any testing agency. Forgoing membership in a testing agency was proposed. Then membership in CITA was proposed. The harm that might result if Virginia withdraws from SRTA was questioned. Ms. Reen explained that the Board does not provide any direct funding for SRTA; SRTA is funded by its examination fees; and, since SRTA has not examined at VCU for 2 or more years, it does not get very much money from Virginia exam candidates. Dr. Watkins proposed recommending that the Board not be a member of any agency. Ms. Reen explained that, if the Board is not a member of any testing agency, then members of the Board could be prevented from examining by state statutes. Dr. Watkins asked Mr. Rutkowski to research the implications for board members serving as examiners if the Board is not a member of a testing agency then he asked what action should be taken if the Board must maintain membership with an agency in order for the board members to examine. Dr. Bonwell moved to recommend becoming members of CITA, and ending membership with SRTA. The motion was seconded and passed.

**PATIENT VS. NON-PATIENT
REQUIREMENT FOR
EXAMS BY STATE:**

Ms. Sacksteder reviewed a map published by ADEA showing the increasing number of states that have alternate pathways towards licensure. She also reviewed a chart showing states' provisions for patient based or non-patient based clinical examination requirements. She said she did not find any state that had provisions for accepting non-patient clinical examinations. She stated only a few states expressly require a live-patient portion and most states only address the exams they accept. She added there appears to be a general assumption that a clinical examination includes testing with a live patient. Ms. Reen said this information supports defining the term "clinical" in regulations to include both live-patient and patient-less exams as the Board addresses acceptance of patient-less exams.

Ms. Reen agreed to research information provided by Dr. Bryant about attesting to the validity of the ADEX exam.

**CLINICAL
DEFINITIONS:**

Ms. Sacksteder reviewed the terms that include the word "clinical" in the Board's regulations; read two proposed definitions; and reviewed language used by a few other state boards and the definition in Mosby's Dental Dictionary. It was stated that the first proposed definition includes both live-patient and manikins. Mr. Rutkowski added that the definition submitted by Dr. Jones may be problematic. Ms. Reen suggested defining the terms "clinical" and "clinical examination." Dr. Bonwell moved to recommend adoption of the first proposed definition as written for "clinical examination" and to use the new Hampshire definition as the broader approach for the definition of "clinical". The motion was seconded. Following discussion, the motion passed.

**LAWSUITS
REGARDING EXAM
REQUIREMENTS:**

Ms. Sacksteder reported the only lawsuit she discovered in her research was with the Hawaii Board, which resulted in the state no longer administering their own exam. She added that now Hawaii only administers the ADEX examination.

EXAM CYCLES:

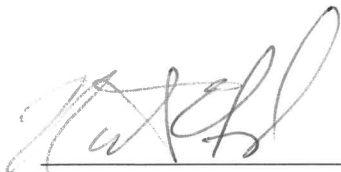
Ms. Sacksteder affirmed that all exam cycles were based on a calendar year.

NEXT MEETING:

The Committee will submit its recommendations and receive findings from Board Counsel at the March 13, 2020 Board meeting.

ADJOURNMENT:

With all business concluded, the meeting was adjourned at 11:27 a.m.



~~James D. Watkins~~, D.D.S., Chair

7 April 2021
Date



Sandra K. Reen, Executive Director

April 9, 2021
Date