TIME & PLACE: The meeting of the Examination Committee ("Committee") was called to order at 9:02 a.m., on November 22, 2019, at the Department of Health Professions, 9960 Mayland Drive, Suite 201, Board Room 4, Henrico, Virginia 23233.

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

COMMITTEE MEMBERS PRESENT: Patricia B. Bonwell, RDH, PhD
Perry E. Jones, D.D.S.

COMMITTEE MEMBERS ABSENT: Nathaniel C. Bryant, D.D.S.
Jamiah Dawson, 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

GUESTS PRESENT: Richard D. Archer D.D.S., MS/VCU School of Dentistry
Robert B. Hall, Jr., D.D.S./SRTA
Conrad McVea, III, D.D.S./CITA and ADEX

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

Ms. Reen read the emergency evacuation procedures.

PUBLIC COMMENT: There were no public comments at this meeting.

APPROVAL OF MINUTES: Dr. Watkins asked if there were corrections to the draft minutes. Hearing none, Dr. Bonwell moved to accept the August 10, 2018 minutes as presented. The motion was seconded and passed.
Ms. Sacksteder reviewed the current components of each of the 5 testing agencies’ clinical exams accepted by the Board.

Ms. Sacksteder provided Chart 16 from the AADB 2019 Composite which reports on the examinations each state requires or accepts for initial licensure for reference.

Dr. Watkins stated the Committee was charged with discussing acceptance of non-patient based clinical exams. He asked the guests to share their insights on this topic beginning with Dr. Archer.

**Dr. Archer** said the ADEX exam is administered at VCU. Using a slide presentation, he explained the school’s Curriculum Integrated Format, which allows exams to be taken at times that are appropriate to the curriculum; assures testing with patients of record at the School; and assures that follow up care is available. He also described a simulated Class 3 artificial tooth, he reported that the ADA has developed the DLOSCE portfolio exam; ADEA is developing a similar exam; and ADEX is working on a restorative simulated patient exam. Dr. Archer responded to questions about testing done by VCU and how those results translate to the third party exams by stating he believes third party evaluations are important to protect the public. He added that he expects having a reliable, fully simulated exam would take about five more years. His advice was to stay with the current process until a fully simulated exam is available.

**Dr. McVea** gave his examining background, and then complimented VCU students for consistently scoring well above average. He expressed concern about differences in scoring across the testing agencies and discussed his concern with compensatory scoring. He expects the ADEX exam will be computer based in the next seven years. He said faculty are in a difficult situation regarding poor
performing students and independent testing is needed to protect the public. He indicated that ADEX is the closest to being a national exam. He agreed with Dr. Archer that the current process needs to be followed until a computer-based exam is available. Dr. McVea said that moving to manikin-based exams would bring forth more life-like teeth. He responded to a question about not requiring an exam, saying New York’s PGY1 requirement has had poor results due to the lack of clinic based residencies. In response to another question, Dr. McVea explained why it could be dangerous for one professional advocacy group to control every aspect of dentistry.

Dr. Hall noted that he is a former member of the Board and has been active in SRTA since 2008. He provided copies of SRTA’s 2020 Dental and Dental Hygiene Candidate Manuals and utilized a slide presentation. He then addressed the non-patient based and patient based sections of the hybrid Dental exam and the pass rates. He said a computer based para-oral exam to screen for cancer should be available soon. He provided and described the simulated teeth used by SRTA. He then described SRTA’s work with West Virginia University on a patient-less mock board. In response to questions, Dr. Hall replied that teeth are securely locked and addressed automatic failures. He added that mock board exams are essential to verifying that required hand skills have been acquired.

Dr. Watkins said the Committee’s charge is to clarify the exams that will be accepted by this Board. Dr. Petticolas asked each guest for their advice. In response, Dr. McVea said the Board should become a member of the agency administering the exam to voice their opinions and see what is coming down the pipeline. Ms. Reen noted that the Board is a member of ADEX and SRTA. Then Dr. Hall said the Board is welcome to tell SRTA what it wants in the exams, and SRTA will deliver. Dr. McVea stated that ADEX is operating at a national level, so no state-by state changes
occur. In response to a question about ADEX voting practices, Dr. McVea said voting begins in a committee and then the full committee votes. In response to another question, all three guests said that calibration exercises insure consistency in exam administration.

Hearing no more questions, Dr. Watkins thanked the guests for their participation.

**DISCUSSION:**

Dr. Watkins called for discussion of what exams should be accepted by the Board.

Dr. Jones moved to remove the patient clause from the exam requirement. The motion was seconded. Topics raised in discussion of the motion included:

- concern about WREB’s use of compensatory scoring;
- having a transition period for acceptance of patient-less exams;
- needing to address equivalency in accepted exams and requiring passage of all parts;
- the proposed regulations and the Board’s Guidance document addressing examinations were withdrawn during the September board meeting;
- defining the term “clinical” to include live patient and manikin exams;
- need information on how patient management is addressed in a patient-less exam:
- having staff develop proposed language that is progressive and inclusive of patient-less exams;
- changing the current statutory language “completed a clinical examination acceptable to the Board”
- the current regulatory language “clinical competency examination that is accepted by the Board”
- researching language used by other states to accept non-patient exams; and
the word “clinical” is not defined in statute or regulation.

Dr. Jones modified his motion to state, “recommend to the Board accepting patient-less exams as an option in Virginia.” Dr. Petticolas agreed to the modification. The motion passed as amended. Staff were tasked with providing guidance on the topics discussed and on implementing this policy change at the next Committee meeting.

Dr. Watkins asked staff to bring the pertinent statutes and regulations on this matter to the Board Meeting.

**NEXT MEETING:**

Ms. Reen said staff would poll Committee members to set the next meeting date.

**ADJOURNMENT:**

With all business concluded, the meeting was adjourned at 12:36 p.m.

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

[Signature]

Date

01-31-20

Sandra K. Reen, Executive Director

[Signature]

Date

February 3, 2020