

NSRDDA Quality Assurance Program Submission

DOMAIN: GENERAL			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator maintains accurate and accessible information that is publicly available about its registrants, regulatory requirements, guidance, processes, and decisions.	1.1	Information about registrants is directly accessible from the regulator’s website.	Provide links or documents for evidence

On the homepage of the [NSRDDA website](#), there is a “Find a Licensee” tab at the top of the page:




Further down the home page is the following:



Clicking on “Learn more” brings you here:



Following either of the links (“Find a licensee” or “Learn more”) brings you to our [public directory](#) where you can search by a number of parameters, including advance practice permits and licensing sanctions:



Nova Scotia Regulator
OF
DENTISTRY AND DENTAL ASSISTING

Public Directory

Here you will be able to search for dentists and registered dental assistants (RDAs) licensed in Nova Scotia.

For RDAs, you will have access to their names and license numbers. For dentists, there will be additional information available including practice addresses and whether they have additional permits to use sedation, administer neuromodulators (e.g., BOTOX®), or use CBCT.

Disciplinary sanctions which have been published on a named basis in accordance with the [Dental Act](#) and [Discipline Regulations](#) will appear in the dentist's or RDA's profile.

[Click here to learn more about the additional information available about dentists](#)

First name	Last name	License #
<input type="text"/>	<input type="text"/>	<input type="text"/>
Profession	Community	Specialty
<input type="text"/>	<input type="text"/>	<input type="text"/>
Has Sedation Permit	Has Permit to Administer BOTOX®	Has History of Licensing Sanction(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NSRDDA Quality Assurance Program Submission

DOMAIN: GENERAL			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator maintains accurate and accessible information that is publicly available about its registrants, regulatory requirements, guidance, processes, and decisions.	1.2	Information about the regulator’s governing board and statutory committees, including the names of the respective members, are displayed on the regulator’s website.	Provide links or documents for evidence

On the homepage of the [NSRDDA website](http://www.nsrdda.ca), there is an “About” tab at the top of the page:



Further down the home page is the following:



Clicking on “Learn more” brings you to the Public page where you see:



Following either of the links (“About” or “What is the NSRDDA”) brings you to our [“About” page](#) where you can find general information (including our role and recent legislation changes) as well as links to other pages related to the legislative framework and governance structure. This includes the names of Board and Committee members.

As the regulator for dentistry and dental assisting in Nova Scotia, we fulfill our role by ensuring that only qualified individuals are licensed as dentists and dental assistants and that they provide competent, safe, and ethical dental care.

On May 1, 2025, the 1992 *Dental Act* was repealed, and the Provincial Dental Board of Nova Scotia was brought under the *Regulated Health Professions Act*. With this legislative change, the organization became the Nova Scotia Regulator of Dentistry and Dental Assisting (NSRDDA). The department of Health and Wellness has created a website found at this [link](#) which explains the changes in legislation for health professions.

The NSRDDA operates within the parameters of the *Regulated Health Professions Act (RHPA)*, the *Regulated Health Professions General Regulations*, and the *Regulations Respecting Dentistry and Dental Assisting*. Under the RHPA and the Regulations, the NSRDDA has been given the authority to create bylaws. Our bylaws can be found at this [link](#).

 [Legislation Governing the NSRDDA](#)

 [Related Legislation](#)

 [NSRDDA Bylaws](#)

 [Privacy Policy](#)

 [Board Members](#)

 [The Repealed 1992 Dental Act](#)

 [Committees](#)

 [The Amended 1992 Dental Act](#)

 [Regulations Under 1992 Dental Act](#)

NSRDDA Quality Assurance Program Submission

DOMAIN: GENERAL			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator maintains accurate and accessible information that is publicly available about its registrants, regulatory requirements, guidance, processes, and decisions.	1.3	Information on how the public can make a complaint and the investigation processes is publicly available on the regulator’s website.	Provide links or documents for evidence.

On the homepage of the [NSRDDA website](#) there is a link either under the public tab of the main menu or further down through the general “Public” link on how to file a complaint.



Clicking either of these links brings you to our [“Complaints and Investigations”](#) page. This page has abundant information for the public about our complaint process.

The information on this page, including the video, aims to inform the public about the role of the NSRDDA in investigating complaints, the process for complaints including timelines, the limitations of the regulatory process, and how to file a complaint. Embedded in the information are links to the legislative framework we work within.

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The regulator maintains accurate and accessible information that is publicly available about its registrants, regulatory requirements, guidance, processes, and decisions.	1.4	Information posted on a regulator’s website where appropriate is presented in a plain language format.	Plain language can be measured by statement by regulator that a review of information has been completed by software or an expert.

Information for the public on our website is evaluated by assessing the readability of the text using the Readability Statistics tool in Microsoft Word.

It is generally accepted that public-facing language (e.g., for public health messaging) should generally have a Felsch Reading Ease score between 30 and 90, with scores in the higher range being ideal. It should also have a Flesch-Kinkaid Grade Level between 7.0 and 8.0.

Although we strive to present our written communication on our website in plain language, it is a challenge to achieve readability as per the parameters above while also being unambiguous, using words which are necessary for accuracy, and appropriately referencing legislation.

Many passages of our messaging for the public have a very favourable readability rating (e.g., a Felsch Reading Ease score of 75.8 and Flesch-Kinkaid Grade Level of 5.4 for an FAQ passage).

However, such results have not always been possible. For example, the text from the top of our [Complaints and Investigations](#) page was found to have a Felsch Reading Ease score of 40.4 and a Flesch-Kinkaid Grade Level was 12.8.

It is not always possible to bring messaging into the Grade 7-8 range without diluting the information and removing context-specific words such as “dentistry”, “assisting”, “regulation” and “legislation”.

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Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator maintains accurate and accessible information that is publicly available about its registrants, regulatory requirements, guidance, processes, and decisions.	1.5	All bylaws are published and made available to the public and registrants in an easily accessible format on the regulator's website.	Provide links or documents for evidence.

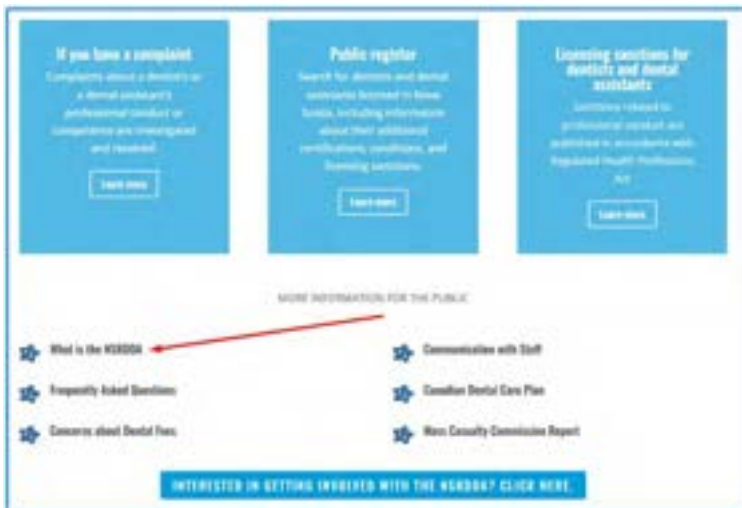
On the homepage of the [NSRDDA website](#), there is an “About” tab at the top of the page:



Further down the home page is the following:



Clicking on “Learn more” brings you to the Public page where you see:



Following either the “About” or “What is the NSRDDA” tab brings you to our [“About” page](#) where you can find general information including a link to the [NSRDDA Bylaws](#).

NSRDDA Quality Assurance Program Submission

DOMAIN: GENERAL			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator demonstrates the principles of EDIRA (equity, diversity, inclusion, reconciliation, and accessibility) and ensures that its registrants, the public, and other affected parties do not experience unnecessary barriers or otherwise be disadvantaged.	2.1	The regulator has a position statement that reflects the principles of EDIRA which is publicly available and easily accessible on the regulator’s website.	Provide links or documents for evidence

Please see the [homepage of our website](#).

NSRDDA Quality Assurance Program Submission

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The regulator demonstrates the principles of EDIRA (equity, diversity, inclusion, reconciliation, and accessibility) and ensures that its registrants, the public, and other affected parties do not experience unnecessary barriers or otherwise be disadvantaged.	2.2	The regulator has a code of conduct on how it operates for staff and committee members. The policy is reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. diversity, equity, and inclusion).	Provide links or documents for evidence

The NSRDDA has undertaken the modernization of its governance policies under the direction of the Board and with the aid of Maureen Reid of [BoardWorks Consulting](#). Since May of 2025 we have been reviewing and revising existing policies as well as developing new ones.

For each batch of policies, documents were drafted and revised by Maureen in collaboration with the Registrar. Documents were then reviewed and feedback garnered from the EDIRA and the Governance and Human Resources (GHR) Committees under the direction of the Chair. Following incorporation of feedback from these Committees, documents were sent to Board members for a period of review and feedback followed by an electronic vote to approve the documents.

At the time of this submission, various Governance Policy Documents are in staggered stages of review and approval. All of the documents, regardless of the stage of approval, can be found [on this page](#) in the “back end” of the NSRDDA website (Password: nsrddaqa2025). Once all policies have been approved, they will be consolidated and published on the public-facing side of the website.

The NSRDDA *Values and Code of Conduct Policy*, accessible [on this page](#), (Password: nsrddaqa2025) was approved by the Board on August 28, 2025.

NSRDDA Quality Assurance Program Submission

DOMAIN: GENERAL			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator demonstrates the principles of EDIRA (equity, diversity, inclusion, reconciliation, and accessibility) and ensures that its registrants, the public, and other affected parties do not experience unnecessary barriers or otherwise be disadvantaged.	2.3	The regulator demonstrates commitment/efforts to achieving diversity and inclusion on board, committee, and staff composition.	Provide links or documents for evidence

As outlined in submission 2.1, the NSRDDA has undertaken the modernization of its governance policies.

Policies

At the time of this submission, various Governance Policy Documents are in staggered stages of review and approval. All of the documents, regardless of the stage of approval, can be found [on this page](#) in the “back end” of the NSRDDA website (Password: nsrddaqa2025). Once all policies are approved they will be consolidated and published on the public-facing side of the website.

All of the following Governance Policies, accessible [on this page](#), (Password: nsrddaqa2025), are imbued with EDIRA values to varying degrees as appropriate.

Annual Business Planning	EDIRA Committee TORs
Board Competency Matrix	EDIRA Policy
Board Charter	Expectations of Board Members
Board Leadership Policy	Health and Safety Policy
Board-Registrar Relationship Policy	Mission, Vision and Values
Committee Structure	Nominations Process for Board-Appointed Board Members
Communications	Performance Management Framework
Crisis Management and Business Continuity Policy	Performance Monitoring and Reporting Policy
Cybersecurity and Breach Response Policy	Position Description for Board Chair
Data Sharing and Privacy Policy	Registrar's Operational Report
Delegation of Authority Policy	Retention and Destruction of Records
Disclosure of Wrongdoing Policy	Strategic Planning
Division of Roles and Responsibilities between Board and Registrar	Values and Code of Conduct

Website

The NSRDDA “Acknowledgement of Land and Equity” can be seen [on the home page of our website](#).

Board Meetings

The minutes of past Board meetings, accessible under the “Publications” tab on our website and [at this link](#), reflect the “Acknowledgement of Land and Equity” which is proclaimed at the beginning of each meeting.

Recruitment

On the Public and Registrant pages, there are links to the “[Interested in Being Involved](#)” page which contains the following messaging:

“The NSRDDA is committed to principles of EDIRA (equity, diversity, inclusion, reconciliation and accessibility) by recognizing diverse cultural experiences and removing barriers to participation to support fairness for all. We encourage individuals from all backgrounds to consider being involved.”

The same messaging was included in recent mailouts to registrants regarding recruitment for Committees. (See the following pages.)

Education

The NSRDDA “Equity, Diversity, Inclusion, Reconciliation and Accessibility (EDIRA) Policy” (still undergoing review before final Board approval and **accessible [on this page](#)**, Password: nsrddaqa2025) includes the following:

- The Regulator will provide learning opportunities to build awareness and confidence around EDIRA-related topics, including anti-racism, cultural safety, and accessibility.

To date, such learning opportunities have taken place but not as systematically as they will once the transition to the new legislation and governance structure is complete.

✉ **Curtis Gregoire**

From: Executive.assistant@nsrdda.ca <Executive.assistant@nsrdda.ca>
Sent: 8/19/2025 5:47 PM
To: Curtis Gregoire <cgregoir@dal.ca>
Subject: Committee Recruitment and Other Updates from the NSRDDA

Dear Registrants.

I am writing to update you on a number of items.

Website

Our new website can be accessed at nsrdda.ca. We will be updating the format of the pages over time, but this is the site to find the most up-to-date information.

Please note that we have not been entirely successful with disabling links to the old PDBNS site, so you should be sure to look to the new NSRDDA site for accurate information.

Physical Permits and Certificates

Over the summer we have been working on the creation of updated physical permits and certificates for Sedation, Botox, CBCT, and Corporations as well as Registration Certificates for recently-licensed individuals. Our hope is to have this project completed and certificates mailed out in September.

Annual Report

The PDBNS Annual Report for 2024 is now available [at this link](#) on our website. The minimum reporting requirements for regulatory bodies are set out by government in the [Regulated Health Professions Act \(RHPA\)](#), the [General Regulations](#), and in other communications from the Department of Health and Wellness (DHW).

Recruitment for Statutory Committees

Under the RHPA, regulatory bodies are required to establish the following Statutory Committees:

- Complaints
- Professional Conduct (formerly Discipline)
- Practice Review (formerly Dental Practice Review)
- **Registration and Licensing**
- Registration and Licensing Review
- **Fitness-to-Practice**
- **Reinstatement**

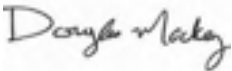
Of these Committees, the ones in red font did not exist under the 1992 *Dental Act* and therefore need to be populated from scratch.

Registrants' involvement in these Committees is essential for self-regulation of the professions. Registrants possess a specialized body of knowledge that places them in the best position to govern the professions when combined with input from public representatives and others.

If you are interested in being part of one of these Committees, or in learning more about the roles and eligibility criteria for the Committees, you can [follow this link](#) for more information.

The NSRDDA is committed to principles of EDIRA (equity, diversity, inclusion, reconciliation and accessibility) by recognizing diverse cultural experiences and removing barriers to participation to support fairness for all. We encourage individuals from all backgrounds to consider being involved.

Sincerely,



Dr. Doug Mackey, DDS

Registrar, Nova Scotia Regulator of Dentistry and Dental Assisting

Please note that on May 1, 2025, the 1992 *Dental Act* was repealed and the Provincial Dental Board of Nova Scotia (PDBNS) was brought under the *Regulated Health Professions Act (RHPA)*. With the move under this umbrella legislation, the PDBNS became the Nova Scotia Regulator of Dentistry and Dental Assisting (NSRDDA).

Notice of Confidential Information: This message may contain confidential information for the sole use of the recipient. If you receive this message in error please notify the sender and immediately delete it and all copies from your electronic device. Also please destroy any hard copies of this message. The Provincial Dental Board of Nova Scotia thanks you for your cooperation.

✉ **Curtis Gregoire**

From: Executive.assistant@nsrdda.ca <Executive.assistant@nsrdda.ca>
Sent: 9/2/2025 9:28 AM
To: Curtis Gregoire <cgregoir@dal.ca>
Subject: Recruitment for Statutory Committees

Dear Registrants,

This is a follow-up to the email sent on August 18, 2025 regarding recruitment for Statutory Committees. Thank you to those individuals who have already expressed interest.

Others who wish to express interest in serving on a Statutory Committee should follow the link below and submit a form by Monday, September 15.

Under the [RHPA](#), regulatory bodies are required to establish the following Statutory Committees:

- Complaints
- Professional Conduct (formerly Discipline)
- Practice Review (formerly Dental Practice Review)
- **Registration and Licensing**
- Registration and Licensing Review
- **Fitness-to-Practice**
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NSRDDA Quality Assurance Program Submission

DOMAIN: GOVERNANCE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator’s governing board governs according to governance best practices.	3.1	The board has a governance model/structure and follows governance best practices.	Provide governance model the regulator is following and/or best practices. Provide documentation of those best practices – ex: board charter, governance policies

The NSRDDA has undertaken the modernization of its governance policies under the direction of the Board and with the aid of Maureen Reid of [BoardWorks Consulting](#). Since May of 2025 we have been reviewing and revising existing policies as well as developing new ones.

For each batch of policies, documents were drafted and revised by Maureen in collaboration with the Registrar. Documents were then reviewed and feedback garnered from the EDIRA and the Governance and Human Resources (GHR) Committees under the direction of the Chair. Following incorporation of feedback from these Committees, documents were sent to Board members for a period of review and feedback followed by an electronic vote to approve the documents.

At the time of this submission, various Governance Policy Documents are in staggered stages of review and approval. All of the documents, regardless of the stage of approval, can be found [on this page](#) in the “back end” of the NSRDDA website (Password: nsrddaqa2025). Once all policies have been approved, they will be consolidated and published on the public-facing side of the website.

Traditionally the PDBNS Board has been a “working Board”. As we have moved under the RHPA, the modernized NSRDDA governance policies reflect a transition to a “governance Board”.

This can be seen, for example, in the following documents [on this page](#):

- Board Charter
- Board-Registrar Relationship Policy
- Delegation of Authority Policy
- Division of Roles and Responsibilities between Board and Registrar
- Expectations of Board Members
- Governance Overview Policy
- Governance Policy - Governance Policy Development, Review and Approval
- Position Description for Board Chair

Obviously the NSRDDA is in transition. Consequently, this governance model will not come to full fruition until all governance policies have been approved and likely not until the first year of the new Board (beginning in May 2026).

NSRDDA Quality Assurance Program Submission

DOMAIN: GOVERNANCE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator’s governing board governs according to governance best practices.	3.2	Board members participate in an orientation to governance best practices.	Board members participate in training.

As outlined in previous sections, the NSRDDA has undertaken the modernization of its governance policies.

At the time of this submission, various Governance Policy Documents are in staggered stages of review and approval. All of the documents, regardless of the stage of approval, can be found [on this page](#) in the “back end” of the NSRDDA website (Password: nsrddaqa2025). Once all policies are approved, they will be consolidated and published on the public-facing side of the website.

The NSRDDA “Board and Statutory Committee Orientation and Education Policy” was approved on August 28, 2025, and can be found [on this page](#). Among the provisions in this policy is the following:

“New Board and Statutory Committee members will be expected to complete an online structured orientation program developed for health profession regulators in Nova Scotia. Each participant in the program will receive a certificate of completion, a copy of which must be submitted to the Chair of the Governance and Human Resources (GHR) Committee.”

For the current Board, the development and review of the modernized NSRDDA Governance Policy Documents is serving as education for Board members. In 2026 we will begin cycling Board and Committee members through the learning modules developed by the Network.

NSRDDA Quality Assurance Program Submission

DOMAIN: GOVERNANCE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator’s governing board governs according to governance best practices.	3.3	Policies/procedures for the board are provided/available to board members and staff.	Provide links or documents for evidence

As outlined in previous sections, the NSRDDA has undertaken the modernization of its governance policies.

At the time of this submission, various Governance Policy Documents are in staggered stages of review and approval. All of the documents, regardless of the stage of approval, can be found [on this page](#) in the “back end” of the NSRDDA website (Password: nsrddaqa2025). Once all policies are approved, they will be consolidated and published on the public-facing side of the website.

Virtually all the Governance Policy Documents approved or pending approval are pertinent to the policies and procedures for the Board.

NSRDDA Quality Assurance Program Submission

DOMAIN: GOVERNANCE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator’s governing board governs according to governance best practices.	3.4	Processes for review of policies and standards are documented.	Provide links or documents for evidence

As outlined in previous sections, the NSRDDA has undertaken the modernization of its governance policies.

At the time of this submission, various Governance Policy Documents are in staggered stages of review and approval. All of the documents, regardless of the stage of approval, can be found [on this page](#) in the “back end” of the NSRDDA website (Password: nsrddaqa2025). Once all policies are approved, they will be consolidated and published on the public-facing side of the website.

The processes for review of policies and standards are set out in the “Governance Policy Development, Review and Approval” document approved by the Board on October 10, 2025.

On the [QAP Documents page](#) of the website, you will also find the most recent version of the NSRDDA Governance Policy Log.

NSRDDA Quality Assurance Program Submission

DOMAIN: GOVERNANCE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator’s governing board governs according to governance best practices.	3.5	Policies and/or standards of the governing board have measurable outcomes. Policies have a statement of purpose, review schedule and evaluation process.	Copy of review schedule, policy templates

As outlined in previous sections, the NSRDDA has undertaken the modernization of its governance policies.

At the time of this submission, various Governance Policy Documents are in staggered stages of review and approval. All of the documents, regardless of the stage of approval, can be found [on this page](#) in the “back end” of the NSRDDA website (Password: nsrddaqap2025). Once all policies are approved, they will be consolidated and published on the public-facing side of the website.

All policies are structured similarly with the following sections:

- Purpose,
- Scope,
- Policy
- Statement,
- Monitoring and Policy Review, and
- Accountability.

For each policy document, there are additional sections as the case requires.

Once all policies have been approved, each will be assigned a number as set out in Section 7 of the “Governance Policy Development, Review and Approval” document. A three-tier decimal-based system will be used as follows:

[Category Number]. [Policy Number within Category]. [Version/Amendment Number]

This format will allow the NSRDDA to group policies by category, insert new policies easily without renumbering everything, and track amendments.

Policies will be reviewed according to a 5-year cycle as set out in Section 5 of the the “Governance Policy Development, Review and Approval” document. As per Section 7 of the document, a policy log or register will be maintained by the Executive Assistant who will track the status, owner, approval dates, and next review year of each policy.

NSRDDA Quality Assurance Program Submission

DOMAIN: GOVERNANCE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator’s governing board governs according to governance best practices.	3.6	The board has and undertakes a self-evaluation process.	Provide link to survey or policy.

Historical Process

The PDBNS has conducted annual self assessment since at least the early 2000s. These were initially paper-based and transitioned to online forms.

The NSRDDA 2025 Board Effectiveness Survey can be [found at this link](#).

Going Forward

As outlined in previous sections, the NSRDDA has undertaken the modernization of its governance policies.

At the time of this submission, various Governance Policy Documents are in staggered stages of review and approval. All of the documents, regardless of the stage of approval, can be found [on this page](#) in the “back end” of the NSRDDA website (Password: nsrddaqa2025). Once all policies are approved, they will be consolidated and published on the public-facing side of the website.

The “Board Evaluation Policy” was approved by the Board on August 28, 2025 and sets out the process for Board self-evaluation.

NSRDDA Quality Assurance Program Submission

DOMAIN: GOVERNANCE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator’s governing board governs according to governance best practices.	3.7	<p>The regulator has a risk management framework, and policies and/or processes are in place to address risks:</p> <ul style="list-style-type: none"> ○ Financial ○ Information technology ○ Comprehensive liability insurance (including cyber security) ○ Legal (privacy, confidentiality) ○ Governance vs operational authority <p>Operations - Human Resources (volunteer committees/employed staff)</p>	Risk management framework has core elements listed but regulators should add any that are applicable to their operations

As outlined in previous sections, the NSRDDA has undertaken the modernization of its governance policies.

At the time of this submission, various Governance Policy Documents are in staggered stages of review and approval. All of the documents, regardless of the stage of approval, can be found [on this page](#) in the “back end” of the NSRDDA website (Password: nsrddaqa2025). Once all policies are approved, they will be consolidated and published on the public-facing side of the website.

The NSRDDA “Risk Management Policy” was approved by the Board on October 10, 2025. It sets out how the organization manages risks and defines roles and responsibilities (Board, Registrar, Staff, and Committees).

At the time of this writing, a risk log is in development at the staff level.

NSRDDA Quality Assurance Program Submission

DOMAIN: GOVERNANCE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator's governing board governs according to governance best practices.	3.8	The board and board committee structures or processes are in place as appropriate (provide some examples such as composition of governance committees, finance committee, appointment committee, statutory committee).	Committee terms of reference, bylaws and/or policies that outline composition of committees

As outlined in previous sections, the NSRDDA has undertaken the modernization of its governance policies.

At the time of this submission, various Governance Policy Documents are in staggered stages of review and approval. All of the documents, regardless of the stage of approval, can be found [on this page](#) in the “back end” of the NSRDDA website (Password: nsrddaqa2025). Once all policies are approved, they will be consolidated and published on the public-facing side of the website.

[On this page](#) the following can be found:

- Eligibility Criteria for Board Appointments to the Board and Statutory Committees (Approved August 14, 2025 and amended September 26, 2025)
- Terms of Reference for all Statutory Committees (Approved August 14, 2025 and amended September 26, 2025)
- Committee Structure Policy (Approved August 28, 2025)
- Finance, Audit and Risk Committee Terms of Reference (Approved October 10, 2025)
- Governance and Human Resources Committee Terms of Reference (Pending approval)

The Terms of Reference for the Statutory Committees can also be found by following links on the “[Statutory Committees](#)” page of the NSRDDA website and on the “[Interested in Being Involved?](#)” page.

NSRDDA Quality Assurance Program Submission

DOMAIN: GOVERNANCE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator’s governing board governs according to governance best practices.	3.9	The regulator demonstrates adherence to a code of conduct, conflict of interest, and confidentiality policies.	Conflicts of interest are declared in meeting minutes, agenda template with section to address conflict of interest declaration Code of conduct is assessed through board evaluation after meetings or self-assessment.

Historical Practice

Dating back as far as corporate memory allows, all Board members, Committee members, staff, and consultants have been required annually to sign Confidentiality and Conflict of Interest agreements. (Copies of these forms are found in the following pages.)

At each Board meeting, the Chair has highlighted the “Mandate of the PDBNS and Expectations of Board Members” (see in following pages) and asked if any present has a conflict of interest with any agenda items or knows of anyone else who does. (See [Board Meeting Minutes January 2025](#) for example.)

At the September 2025 Board meeting, the “Mandate of the PDBNS and Expectations of Board Members” document was replaced with the following NSRDDA Governance Policies which had been approved in August 2025:

- Board Charter
- Expectations of Board Members
- Values and Code of Conduct Policy

These documents, as included in the September 2025 meeting resources, are found in the following pages.

Going Forward

As outlined in previous sections, the NSRDDA has undertaken the modernization of its governance policies.

At the time of this submission, various Governance Policy Documents are in staggered stages of review and approval. All of the documents, regardless of the stage of approval, can be found [on this page](#) in the “back end” of the NSRDDA website (Password: nsrddaqap2025). Once all policies are approved, they will be consolidated and published on the public-facing side of the website.

The NSRDDA Confidentiality and Conflict of Interest agreements will be revised by the end of 2025 to ensure alignment with the RHPA and the new Governance Policies.

To date there have not been evaluations following each meeting (addressing Code of Conduct, meeting organization, Chair and staff effectiveness, etc.) A questionnaire has been developed to be sent following the November 2025 Board meeting and can be [accessed at this link](#). We expect this form to evolve over time.

VIII. Confidentiality

1. Policy Objective

The objective of this policy is to establish the Provincial Dental Board's expectations concerning the protection of its confidential information.

2. Policy Statement

Subject to legal requirements, a Board member, a Committee member, the Registrar, all employees and contractors should at all times maintain the confidentiality of all information and records that are the property of the Provincial Dental Board and must not make use of or reveal such information unless it becomes a matter of general public knowledge.

A Board member, a Committee member, the Registrar, employee or contractor will keep confidential any information supplied by or obtained from partners, stakeholders, individual personnel and closed meetings of the Provincial Dental Board unless otherwise agreed upon by motion of the Provincial Dental Board. This includes any information regarding deliberative processes from Provincial Dental Board meetings to any other individual or entity outside of the Provincial Dental Board members themselves.

A Board member, a Committee member, the Registrar, employee or contractor who ceases to hold that office, appointment or engagement continues to be obligated not to disclose confidential information. Each of these persons will have the obligation to return and/or securely destroy (as applicable and as deemed by the Provincial Dental Board) all copies of documents containing confidential information upon termination of their tenure or services with the Provincial Dental Board.

Similarly, Board members, Committee members, the Registrar, employees or contractors may not use confidential information gained by virtue of their association with the Provincial Dental Board for their personal gain, or to benefit others.

3. Confidentiality Process

The Provincial Dental Board depends on the integrity of its Board members, Committee members, the Registrar, employees or contractors to respect their obligations of confidentiality. Board members, Committee members, the Registrar and employees will be asked to sign a Confidentiality Agreement upon their appointment or reappointment, and annually during the course of their term. Requirements for confidentiality will be incorporated into the Provincial Dental Board's standard contract templates for negotiated arrangements with other contractors.

A Board member, Committee member, the Registrar or an employee who feels that they have or may have breached the requirement for confidentiality should raise the matter at a Board meeting (and/or Committee meeting as the case may be) at the earliest opportunity. Contractors should contact the Board Chair to

disclose any breaches or potential breaches of confidentiality at the earliest opportunity.

If a Board member, Committee member or the Registrar is unsure of whether they have breached confidentiality, they should raise the matter with the Board Chair (or Committee Chair, as the case may be) at the earliest opportunity. Employees or contractors should raise the matter with the Registrar at the earliest opportunity. Similarly, if any Board member, Committee member or the Registrar considers that another person to whom this policy applies has or may have breached confidentiality, they should raise the matter with the Board Chair (or Committee Chair) or the Registrar, as the case may be.

If the person with the alleged breach and the Board Chair, Committee Chair or Registrar are unable to resolve the issue, the situation will be brought to the Board (Committee) as a whole. The Board (Committee) should determine by majority vote whether or not a breach of confidentiality occurred. Of course, the individual involved should refrain from voting on the matter.

4. Legislative Framework

The Dental Board is subject to the provisions of the Nova Scotia *Freedom of Information and Protection of Privacy Act* and its *Regulations (FOIPOP)* and the Nova Scotia *Personal Health Information Act (PHIA)* and its *Regulations*.

5. Scope

This Policy applies to:

- Board members,
- Committee members,
- the Registrar,
- employees of the Provincial Dental Board,
- any contractors engaged by the Provincial Dental Board.

6. Accountability

The Chair of the Board has responsibility for the ongoing monitoring and enforcement of this Policy. Directors, Committee members, the Registrar, employees or other contractors have the responsibility to bring forward any breaches or potential breaches of confidentiality to the Board, through the Chair.

7. Consequences for Breach of Policy

In the event of the Board finding a breach of this Confidentiality Policy, the Board may:

- issue a verbal reprimand to the Board member, Committee member, Registrar, employee or contractor;
- request that a Board member or Committee member resign;
- take corrective action vis-a-vis the Registrar or employees, up to and termination of contract.

Appendix A – Confidentiality Agreement

I, _____, understand that during the course of my work with the Provincial Dental Board, I may view confidential information and records (e.g. patient information, licensee information, Board information, etc.).

In keeping with the Provincial Dental Board’s confidentiality policy, I agree:

1. To respect the confidentiality of the individuals whose information I may view;
2. Not to disclose any data I have reviewed to any other party while I have access to this data or anytime subsequently;
3. To respect the confidentiality and integrity of the Board’s deliberative processes and internal communications; and
4. To respect the confidentiality appropriate to issues of a sensitive nature, including confidential proceedings of the Board.

I have read and understand this confidentiality agreement.

Dated at _____ this _____ day of _____, 20_____

Signed: _____ Print Name: _____

Witness: _____ Print Name: _____



Disclosure on Conflict of Interest 2025

Provincial Dental Board of Nova Scotia

The public’s trust and confidence in the Dental Board, Committees and the Registrar can only be sustained if all forms of conflict of interest are identified, disclosed and resolved. If a Board member or Committee member is uncertain as to what constitutes a conflict of interest, then he/she should seek advice from the Chair at the earliest opportunity.

Please answer the following questions:

1. What position do you hold at the Provincial Dental Board? _____

2. a.) Do you have any relationships that may place you in a real, potential or perceived conflict of interest with respect to the Board or Committee work you perform for the Provincial Dental Board?
 YES NO UNCERTAIN

If yes or uncertain please describe: _____

b.) If yes or uncertain, please describe the steps you have or will undertake to ensure that impartiality will not be impaired in your decision making: _____

3. Have you worked as a volunteer or for pay, for any organization, association or business in the past twelve months on a matter directly related to the work being done by the Board/ Committee?
 YES NO UNCERTAIN

If yes or uncertain please describe: _____

DECLARATION

I acknowledge that I have read and understand the Provincial Dental Board’s policy on Conflict of Interest as found in Section IX of the Governance Policy Manual and agree to conduct myself in accordance with its provisions.

Dated at _____ this _____ day of _____, 20____

Signed: _____ Print Name: _____

Witness: _____ Print Name: _____

Mandate of the Provincial Dental Board of Nova Scotia (as per Section 17(1)(a) of the [Dental Act](#))

The Board shall represent and protect the interests of the general public in matters related to the practice of dentistry.

Expectations for Individual Board Members (from the PDBNS Governance Manual pages 9-10)

During Board Meetings:

- Attendance
- Punctuality – demonstrate a commitment to arrive on time and to stay for the full duration
- Be prepared to contribute to the discussion – read the materials
- Be respectful of others and their opinions
- Participate and offer your perspectives during discussion
- Stay focused and on topic – avoid repetition
- Demonstrate active listening
- Demonstrate collegiality and foster trust
- Declare conflicts of interest
- Demonstrate open-mindedness
- Offer perspective not representation – act in the best interests of the Board versus particular stakeholders
- Share your experiences, background and motivations for serving to help others get to know you
- Do not rush the discussion to leave the meeting to tend to personal obligations
- Be constructive and solution-oriented

Between meetings:

- Respect the confidentiality of board business
- Prepare for meetings by reading the board packages
- Follow-up on commitments
- Engage in informal communication with Registrar and Board Chair
- Advise the Board Chair or Registrar of any substantive issues that could arise at a board meeting – “no surprises”
- Support the outcomes of the board’s decision-making
- Act as a positive ambassador for the organization

Relationship with staff:

- Respect reporting relationships

Professional development:

- Stay abreast of development affecting the professions
- Maintain a general awareness of evolving governance trends and best practices
- Develop an understanding of basic rules of procedure

Board Charter

Policy Number:	Next Review Date:
Approved by: NSRDDA Board	Approval Date:

1. Purpose

This Charter explains the role and responsibilities of the Board of the NSRDDA. It guides the Board in fulfilling its mandate to regulate the professions of dentistry and dental assisting in the public interest, following the law and good governance practices.

2. Scope

This policy applies to the NSRDDA Board.

3. Policy Statement

In addition to fulfilling the legal requirements set out in the *Act*, the Board will provide effective stewardship and strategic leadership for the organization by fulfilling the key governance responsibilities identified herein.

The Board will govern with an emphasis on (1) outward vision, (2) an equitable and inclusive approach to its public protection mandate, recognizing Nova Scotia's vastly diverse public, (3) strategic leadership more than operational detail, (4) clear distinction of Board and Registrar roles, (5) collective decision-making, (6) future orientation, and (7) proactive identification of issues and opportunities.¹

Key Governance Responsibilities:

Mandate and Vision

- To ensure the organization fulfils its legislated mandate
- To establish a clear long-term vision for the future regulation of the professions and the organization

Ethics and Values

- To define the ethics and values that will guide conduct and decision-making within the NSRDDA, e.g. conflict of interest policy, code of conduct, etc.

¹ These principles are drawn from the Carver model.

- To uphold and protect human rights in the NSRDDA's operations in keeping with the Nova Scotia Human Rights Act

Organizational Strategy, Plans and Performance

- To ensure that the NSRDDA has a current and relevant strategic plan in place at all times, that includes an EDIRA-related component
- To approve an annual business plan and budget, ensuring alignment with the strategic plan
- To approve key performance indicators (KPIs) for the NSRDDA and to monitor the NSRDDA's performance against its strategic plan, annual business plan, and legislated mandate

Management of Registrar

- To define the role of, appoint, evaluate, compensate or terminate the Registrar
- To approve the succession plan for the Registrar

Financial Oversight

- To ensure the ongoing financial health and sustainability of the NSRDDA by ensuring that key financial policies are in place, clear spending authorities are defined, and financial reporting systems are in place to enable the Board to monitor ongoing financial performance

Risk and Compliance Oversight

- To understand the principal risks facing the NSRDDA and to monitor that appropriate systems are in place to minimize and manage the risks
- To monitor the appropriateness of the NSRDDA's internal controls, processes and management information systems
- Oversee the NSRDDA's compliance with all statutory, regulatory or legal requirements, including but not limited to privacy and the handling of personal information

Quality Oversight

- In keeping with the requirements of the *Act*,
 - To set and monitor standards and guidelines of the professions to protect the public interest (e.g. licensing, continuing education and practice review)
 - To appoint the members and chairs of all Statutory Committees
 - To monitor the NSRDDA's compliance with the quality assurance program for regulatory performance established by the Minister, and the organization's ongoing quality improvement efforts
- Ensure professional conduct mechanisms are designed to protect the public interest and safety and minimize risks of repeat misconduct

Human Resources Oversight

- To monitor that the NSRDDA has sufficient human resources to carry out its work and that appropriate, equitable and inclusive human resource systems are in place to attract and retain qualified and motivated employees (e.g. compensation and benefits philosophy, performance evaluation, clear HR policies, succession planning process, etc.)
- To oversee the NSRDDA's progress towards EDIRA-related outcomes

Communications and Stakeholder Relations

- To establish, through a communications policy, minimum standards for effective communication with the NSRDDA's stakeholders that include ensuring that all messaging and channels are clear, plain language, reflective of the organization's values and ethics, and in a manner commensurate with the Regulator's resources
- To ensure the NSRDDA's compliance with requirements in the *Act* or *Regulations*, or other applicable legislation (e.g., *Fair Registration Practices Act*) regarding the publication of information on the organization's website or other forms of communication
- To monitor the NSRDDA's relationships with its stakeholders

Accountability

- To provide the Minister with an annual report in the form required by the *Regulated Health Professions General Regulations*
- To ensure that the NSRDDA is accountable to the public and its other stakeholders

Governance Effectiveness and Efficiency

- To ensure the NSRDDA uses a competency-based approach to the appointment of Board members and Committee members, while also bearing in mind its commitment to EDIRA principles
- To ensure there is clarity of role and responsibilities between the various NSRDDA decision-makers (e.g. between the Board, the Registrar and the Statutory Committees)
- To ensure the ongoing effectiveness and efficiency of the NSRDDA's governance through regular evaluation and ongoing continuous improvement

4. Monitoring and Policy Review

The Chair of the Governance and Human Resources Committee will ensure that this policy is reviewed in accordance with the Board's policy review cycle or as required by significant operational or environmental changes.

5. Accountability

The Board Chair and the Registrar are accountable for ensuring compliance with this policy.

Expectations of Board Members

Policy Number:	Next Review Date:
Approved by: NSRDDA Board	Approval Date:

1. Purpose

The purpose of this policy is to define the expectations for NSRDDA Board members in order to promote effective governance, uphold the organization's public interest mandate and values, and ensure accountability and integrity in all board activities. This policy establishes a shared understanding of the behaviours and commitment required of each Board member to support the NSRDDA's strategic direction and long-term success.

2. Scope

This policy applies to all members of the NSRDDA Board, including public or registrant members, and any non-voting or *ex officio* members.

3. Policy Statement

Board members will adhere to the following norms of behaviour and conduct in the fulfillment of their responsibilities:

During Board Meetings:

- Regular and punctual attendance at Board meetings, with a commitment to arrive on time and to stay for the full duration
- Advance reading of Board materials so that Board members are prepared to contribute to the discussion
- Declaring of any conflicts of interest regarding matters on the Board's meeting agenda
- Fostering trust and demonstrating collegiality, open-mindedness and respect for others and their opinions
- Participation and active engagement during meetings, sharing their experiences, background and rationales for specific perspectives
- Being 'present' and engaged in active listening, keeping all distractions to a minimum during a Board meeting
- Staying focused and on topic, avoiding repetition
- Offering perspective based on their lived experience and expertise but refraining from taking advocacy positions on behalf of specific stakeholders – each Board member has a fiduciary duty to act in the best interests of the NSRDDA as a whole
- Contributing to Board decision-making in a constructive and solution-oriented manner

- In deliberations and decision-making, applying a lens that prioritizes public protection
- Grounding decisions in evidence, ethical standards and a commitment to transparency

Between meetings:

- Respecting the confidentiality of Board business
- Preparing for meetings by reading the Board packages
- Following -up on commitments
- Being responsive to communications from the NSRDDA, the Registrar or the Board Chair
- Engaging in informal communication with Registrar and Board Chair as circumstances warrant
- Advising the Board Chair or Registrar of any substantive issues that could arise at an upcoming Board meeting – “no surprises”
- Supporting the outcomes of the Board’s decision-making processes to enable the organization to move forward as determined by the Board, even if they personally disagree with those outcomes; where a Board member is challenged to do so, they should consult with the Board Chair who may, in very exceptional circumstances, allow the matter to be revisited by the Board at the next Board meeting
- Acting as a positive ambassador for the NSRDDA and the Board

Relationship with staff:

- Respecting the distinct and complementary roles of the Board and the Registrar
- Respecting staff reporting relationships

Professional development:

- Staying abreast of developments affecting the professions of dentistry and dental assisting
- Maintaining a general awareness of evolving governance trends and best practices for regulatory bodies
- Developing an understanding of basic rules of procedure
- Participating in orientation and ongoing education programs as required under the NSRDDA’s legislative framework

4. Breach of Expectations

Where a Board member is alleged to have breached this policy or failed to fulfill their responsibilities, the matter may be reviewed by the Board Chair (or the Governance and Human Resources (GHR) Committee). The process may include:

- Informal discussion and coaching
- Formal review by the GHR Committee
- Recommendation for remedial training or changes in Committee assignment

- In serious or repeated cases, a recommendation for removal in accordance with bylaws or applicable legislation

4. Monitoring and Policy Review

The Chair of the GHR Committee will ensure that this policy is reviewed in accordance with the Board's policy review cycle or as required by significant operational or environmental changes.

5. Accountability

The Board Chair and the Chair of the GHR Committee are accountable for ensuring compliance with this policy.

Values and Code of Conduct Policy

Policy Number:	Next Review Date:
Approved by: NSRDDA Board	Approval Date:

1. Purpose

The purpose of this policy is to promote ethical, respectful, and responsible conduct among individuals acting on behalf of the NSRDDA. It reflects the Regulator’s commitment to fairness, accountability, and public protection in the regulation of the dentistry and dental assisting professions in Nova Scotia.

2. Scope

This policy applies to:

- Board members
- Statutory and Advisory Committee members
- The Registrar
- Staff and contractors

3. Definitions

“**Values**” are defined as “principles, standards, or qualities considered worthwhile or desirable”.¹ They represent “how” the Board members, Committee members, the Registrar and employees are expected to deal with each other in the day-to-day operations of the NSRDDA. They are monitored through the establishment of complaint mechanisms and may be incorporated into stakeholder satisfaction surveys and performance management systems for employees.

“**Standards of conduct**” are the rules and expectations that guide how individuals or organizations should behave in professional settings. These standards help ensure ethical behaviour, professionalism, and compliance with laws and NSRDDA policies.

4. Policy Statement

(a) Core Values

All individuals subject to this policy must conduct themselves in a manner consistent with the following values when engaged in work/activity on behalf of the Regulator, including any interactions with the public or dental professionals:

¹ The Free Dictionary Online, <http://www.thefreedictionary.com/values>, March 23, 2007.

Value	Description	Behaviours
Accountability	<i>We take ownership for our actions, decisions, and impacts.</i>	<ul style="list-style-type: none"> • Follow through on commitments and own the outcomes – good or bad • Provide timely and transparent reporting through the appropriate channels on activities and decisions • Accept responsibility when errors occur and take steps to correct them • Speak up when something is not aligned with policies, values, or the public interest • Respect privacy and confidentiality obligations at all times
Continuous Improvement	<i>We learn, adapt, and innovate to strengthen our effectiveness.</i>	<ul style="list-style-type: none"> • Seek feedback from colleagues, stakeholders and registrants to improve how we work • Reflect on what’s working and what isn’t - and adjust accordingly • Embrace changes that enhance public protection and regulatory performance • Share lessons learned across the organization • Take part in ongoing professional development
Results-Focused Leadership	<i>We lead with purpose and deliver outcomes that matter to the public and profession.</i>	<ul style="list-style-type: none"> • Set goals that align with our regulatory mandate • Support evidence-based decision-making and practical action • Prioritize initiatives that have measurable impact • Recognize and celebrate meaningful progress • Model integrity, fairness, and respect in every interaction
Trust	<i>We build trust through integrity, consistency, and respectful relationships.</i>	<ul style="list-style-type: none"> • Communicate openly and respectfully • Explain decisions clearly, especially when they impact others

Equity & Respect *We recognize and address barriers to fair treatment and participation.*

- Treat all people with dignity and fairness, regardless of role or background
- Maintain high ethical standards, even when no one is watching
- We consider equity implications in our work and policies
- We strive for inclusive language and accessible communications
- We learn from diverse lived experience and apply that learning

(b) Code of Conduct

All individuals subject to this Code must observe the highest standards of conduct and integrity in the execution of their duties. The communications, behaviours and actions of Individuals must adhere to the following principles:

a. Integrity and Public Interest

- Act with honesty, good faith, and in the best interests of the public and the Regulator at all times.
- Make decisions impartially and independently, free from external influence or private interest.
- Avoid any situation where personal or private interests may conflict—or appear to conflict—with official duties.

b. Accountability and Stewardship

- Be accountable for actions and decisions and act in a manner that upholds public trust.
- Use resources, information, and authority only for official purposes and in a responsible, efficient, and ethical manner.
- Comply with all applicable laws, policies, and directives, including those governing financial management, privacy, and employment.

c. Impartiality and Political Neutrality

- Refrain from political activity that may conflict with or be perceived to conflict with one's role.
- Do not use official roles to promote partisan political interests.
- Avoid engaging in any activity that could compromise, or be seen to compromise, objectivity or neutrality in regulatory matters.

d. Respect and Workplace Behaviour

- Treat others with respect, dignity, and fairness, recognizing that social standards or norms for courtesy and respect may vary across cultural differences

- Contribute to a professional, harassment-free, and safe environment.
- Refrain from behaviour that is discriminatory, bullying, threatening, or otherwise unprofessional.

Examples of respectful behaviour (will be expected):

Type of Interaction	Respectful Behaviour Includes...
<i>General conduct</i>	<ul style="list-style-type: none"> • <i>Speaking courteously, even when disagreeing</i> • <i>Using a calm, professional tone in emails, calls and meetings</i> • <i>Keeping commitments and notifying others when things change</i>
<i>Meetings</i>	<ul style="list-style-type: none"> • <i>Listening without interrupting</i> • <i>Acknowledging others' contributions</i> • <i>Critiquing ideas, not people</i>
<i>Equity & inclusion</i>	<ul style="list-style-type: none"> • <i>Using inclusive language</i> • <i>Being mindful of cultural, gender, and accessibility differences</i> • <i>Adapting communication style when needed</i>
<i>Conflict</i>	<ul style="list-style-type: none"> • <i>Addressing concerns directly, constructively, and privately when appropriate</i> • <i>Assuming good intent and seeking mutual understanding</i>
<i>Feedback</i>	<ul style="list-style-type: none"> • <i>Giving feedback that is specific, timely, and focused on behaviour, not personality</i> • <i>Receiving feedback with openness, even when it's difficult</i>
<i>Email and digital communication</i>	<ul style="list-style-type: none"> • <i>Avoiding sarcasm, ALL CAPS, or excessive exclamation marks</i> • <i>Not copying others unnecessarily to escalate or shame</i> • <i>Allowing time for thoughtful responses</i>

Examples of disrespectful behaviour (will not be tolerated):

Type of Interaction	Disrespectful Behaviour Includes...
<i>Verbal or written tone</i>	<ul style="list-style-type: none"> • <i>Yelling, condescending speech, sarcasm meant to belittle</i> • <i>Aggressive or passive-aggressive communication</i>
<i>Disregard for others</i>	<ul style="list-style-type: none"> • <i>Interrupting repeatedly or dominating conversations</i> • <i>Ignoring input from others based on status or role</i>
<i>Exclusion</i>	<ul style="list-style-type: none"> • <i>Withholding important information</i> • <i>Leaving people out of the discussions without reason</i>
<i>Harassment/bullying</i>	<ul style="list-style-type: none"> • <i>Personal insults, name-calling, or mockery</i> • <i>Unwelcome jokes, innuendo, or comments about identity (e.g., gender, race, age)</i>
<i>Undermining</i>	<ul style="list-style-type: none"> • <i>Rolling eyes, sighing, or making dismissive gestures</i> • <i>Gossiping or spreading rumours</i>

Retaliation

- *Punishing someone for raising concerns or offering honest feedback*

e. Confidentiality and Use of Information

- Maintain the confidentiality of all non-public information received through one's role, and use such information only for the purposes for which it was obtained.
- Do not disclose or use confidential information for personal gain or to benefit others.
- Protect the privacy of registrants, complainants, applicants, colleagues, and other individuals in accordance with applicable privacy laws.

f. Conflict of Interest

- Avoid circumstances that could result in actual, potential, or perceived conflicts of interest.
- Declare conflicts promptly in accordance with the **Conflict of Interest Policy** and follow direction provided for managing them.
- Do not participate in decision-making where a conflict exists or may reasonably be perceived.

g. Gifts and Benefits

- Do not accept gifts, hospitality, or other benefits that could influence, or appear to influence, professional judgment or decision-making.
- Modest or customary tokens of appreciation may be accepted only if they are of minimal value and not connected to any decision or obligation.

h. Duty to Uphold the Reputation of the Regulator

- Conduct oneself in a manner that maintains and enhances public confidence in the integrity, impartiality, and competence of the Regulator.
- Avoid public comments or actions that may bring the Regulator into disrepute or damage its credibility.

i. Collective Responsibility and Confidential Deliberation

- Support decisions made collectively, even if one personally disagreed during deliberation
- Respect the confidentiality of in-camera discussions and avoid disclosing differing views expressed during confidential decision-making.

5. Roles and Responsibilities

The **Board** is responsible for articulating the values that are important in the operation of the NSRDDA and for ensuring that these values are integrated into selection, orientation and performance management systems at all levels (e.g., Board, Committees, Registrar, employees, etc.). The Board is also responsible to ensure that a complaint mechanism exists to allow issues of concern regarding the organization's adherence to the values to be brought forward and resolved.

The **Board** is also responsible for ensuring that appropriate policies and supports are in place to foster sound ethical decision-making.

The **Registrar** is responsible for ensuring the values are “lived” in the administration of the NSRDDA and for correcting any issues that may arise from time to time. The Registrar is also responsible to bring forward to the Board any ethical issues that may not be addressed in Board policy so that a direction can be established to guide future similar situations.

The Chair and the **Registrar** are responsible for promoting a culture of ethical conduct.

Committee Chairs must model and reinforce respectful, compliant, and professional behaviour.

6. Reporting and Addressing Breaches

Anyone with a concern about whether or not the Board members, Committee members, Registrar or staff have adhered to the values and ethics set out in the Policy may submit a written complaint to the Registrar, with a copy to the Board Chair. The Registrar will investigate the complaint and, together with the Board Chair, will determine the appropriate corrective action or response to the complaint.

Where concerns relating to compliance with this Policy involve the Registrar, a written complaint may be submitted directly to the Board Chair who will investigate the complaint and, together with the Vice-Chair (or the full Board depending upon the severity of the matter), will determine the appropriate corrective action or response to the complaint.

All complaints will be investigated and dealt with as expeditiously as possible.

7. Non-Compliance

Failure to comply with this policy may result in corrective action, including:

- Removal from a Board or Committee role in accordance with the *Act*, regulations or bylaws.
- Disciplinary action for employees, up to and including termination.
- Termination of contract for any contractors or external advisors.
- Reporting to appointing or external authorities, as required by law.

8. Monitoring and Policy Review

Individuals must review and acknowledge this policy upon appointment or hire and at regular intervals (e.g., annually).

The Chair of the Governance and Human Resources Committee will ensure that this policy is reviewed in accordance with the Board’s policy review cycle or as required by significant operational or environmental changes.

9. Accountability

The Board Chair and the Registrar are accountable for ensuring compliance with this policy.

NSRDDA Quality Assurance Program Submission

DOMAIN: GOVERNANCE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator’s governing board governs according to governance best practices.	3.10	The regulator articulates a vision and strategic directions/desired outcomes for the organization.	Annual report or the report on strategic planning process

The most recent Annual Report (which is for 2024) can be [accessed at this link](#). The PDBNS’ mission, vision, values, and strategic initiatives are found on pages 5-6 of the document. The current PDBNS Strategic Plan can be found under the “Publications” tab of the website and [at this link](#).

Although the current Strategic Plan technically extends to the end of 2026, it was developed from the previous Strategic Plan and served as a placeholder of sorts as the PDBNS awaited migration. Since migration has occurred, new governance policies have been developed, and there is an impending change in Board structure, the NSRDDA is undertaking the development of a new Strategic Plan for 2026 onward which we expect to be finalized and approved before May 2026.

NSRDDA Quality Assurance Program Submission

DOMAIN: GOVERNANCE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator’s governing board has appropriate oversight of operations.	4.1	The board monitors progress in meeting the strategic directions and adherence to policies.	Reports to the board by Registrar/ED to show compliance with legislation through policy/process documentation.
	4.2	The board monitors that the regulator’s operations are compliant with applicable federal and provincial laws, and its governing legislation.	Examples of compliance could be data sharing /privacy/health and safety guidelines.

Historically, each Board meeting has included a written and verbal Registrar’s Report. This would always include updates on the activities of Statutory Committees, interactions and activities with external organizations, and any other operational matters which had arisen since the previous meeting.

Going forward, the reporting by the Registrar to the Board will be more formalized as guided by the following:

- Performance Reporting and Monitoring Policy (awaiting Committee/Board review and approval)
- Template – Registrar’s Operational Report (awaiting Committee/Board review and approval)

(As outlined in previous sections, these policies are among those being developed. At the time of this submission, various Governance Policy Documents are in staggered stages of review and approval. All of the documents, regardless of the stage of approval, can be found [on this page](#) in the “back end” of the NSRDDA website (Password: nsrddaqa2025). Once all policies are approved they will be consolidated and published on the public-facing side of the website.)

The Chair and Registrar communicate regularly on matters either feels require consultation for alignment with strategic goals or involve risk to the organization.

NSRDDA Quality Assurance Program Submission

DOMAIN: GOVERNANCE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The board and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the regulator’s mandate.	5.1	The board identifies and communicates eligibility and suitability criteria for registrants to stand for election/appointment to the board and statutory committees.	Board recruitment process uses a competency matrix.

The Board approved the “Eligibility Criteria for Board Appointments to the Board and Statutory Committees” on August 14, 2025. The document is attached here and accessible on the “[Interested in Being Involved?](#)” page of the NSRDDA website. On the same page are found the Terms of Reference for each of the Statutory Committees.

The NSRDDA “Board Competency Matrix” was approved on November 4, 2025. It is attached here and also found [on this page](#) in the “back end” of the NSRDDA website (Password: nsrddaqa2025).

Eligibility Criteria for Appointment to the NSRDDA Board and Statutory Committees

Policy Number:	Next Review Date:
Approved by: NSRDDA Board	Approval Date: August 14, 2025; amended Sept. 26, 2025

1. Purpose

Board appointments to the NSRDDA Board or Statutory Committees are vital to ensuring effective governance, public protection, and the integrity of the professions of dentistry and dental assisting. In order to maintain a diverse, qualified, and impartial membership on the Board and the Statutory Committees, eligibility criteria for such appointments have been established by the Act, Regulations, By-laws and Board governance policies.

2. Scope

This policy applies to all nominations and Board appointments to the NSRDDA Board or Statutory Committees.

3. Policy Statement

(a) General Eligibility Criteria

To be considered for appointment to the Board or a Statutory Committee, candidates must meet the following criteria:

- (b) Legal eligibility
 - a. Be at least 18 years of age
 - b. Be a Canadian citizen or permanent resident
 - c. Reside in Nova Scotia
- (c) Professional and public representation
 - a. For Registrant Board Members – hold current, active licenses, be in good standing with the Regulator, have been licensed for a minimum of five years in their profession in Nova Scotia or at the discretion of the Board, and meet the professional profiles outlined in Article 8.1 of the Bylaws
 - b. For Public Representative Members – must not be or have ever been registered with the NSRDDA
 - c. Demonstrated understanding of or interest in health profession regulation, public service and ethical standards
- (d) Good character and integrity

- a. No history of licensing sanctions, criminal convictions, or any other conduct that could negatively affect the reputation of the Board or Regulator
 - b. Ability to act impartially, maintain confidentiality, and exercise sound judgment
- (e) Capacity to serve
- a. Ability to commit sufficient time to attend meetings, training, and related activities
 - b. Willingness to actively contribute to the work of the Board and its Committees
 - c. No conflicts of interest that would interfere with fulfilling duties

(b) Additional Criteria for Board Members

- Experience in leadership, governance, or management roles is preferred
- Knowledge of health professions regulation, public policy, or legal framework
- Ability to work collaboratively with diverse stakeholders, including government, professionals and the public
- The Governance and Human Resources Committee will identify skills gaps or diversity needs, which will be used in conjunction with the Competency Matrix to determine Board member appointments.

(c) Additional Criteria for Statutory Committee Members

- Relevant professional expertise or lived experience pertaining to the Committee’s specific mandate, in keeping with the Committee’s desired competencies
- Commitment to fair and unbiased decision-making processes
- Ability to understand and apply relevant legislation, standards and policies

(d) Exclusions and Disqualifications

Under s. 8 of the Act,

- No employees of the NSRDDA may serve on its Board or any of its Committees
- Subject to the regulations, no current or former Board member of a professional association may serve on the Board or a Statutory Committee or Joint Panel for that profession until 24 months have elapsed since the member’s last day as a Board member of the professional association
- Subject to the regulations, members of the Board may not serve as a member of a Statutory Committee
- Subject to the next bullet, registrants of another regulated health profession may not serve as a public representative on the NSRDDA Board or Statutory Committees
- For further clarity, a member of the Board may serve on the Registration and Licensing Committee or the Complaints Committee provided that no more than one Board member serves on a panel of those Committees (as per Section 17 of the *Regulated Health Professions General Regulations*)
- Former license-holders of a regulated health profession in Nova Scotia or any jurisdiction may serve as a public representative on the NSRDDA Board or Statutory Committees or Joint Panels if:
 - There is no more than one former license-holder or equivalent on the Board, Committee or Joint Panel; and

- The former license-holder or equivalent is not a former license-holder or equivalent in a dentistry or dental assisting profession.

Furthermore, individuals are ineligible if they:

- Are currently an undischarged bankrupt
- Are involved in ongoing legal proceedings that may impair their ability to serve
- Hold a position that creates a direct conflict of interest with the Regulator's work
- Have been removed or resigned from a regulatory Board or Committee for cause within the past 5 years

(e) Commitment to EDIRA Principles

The NSRDDA is committed to embedding Equity, Diversity, Inclusion, Reconciliation, and Accessibility (EDIRA) in all aspects of our governance, including appointments to our Board and Statutory Committees. We believe that embracing these principles reflects the diverse communities we serve, strengthens our ability to regulate effectively, and protects the public.

We encourage applications from all qualified candidates, including those from underrepresented and equity-deserving groups.

5. Monitoring and Policy Review

The Chair of the Governance and Human Resources Committee will ensure that this policy is reviewed in accordance with the Board's policy review cycle or as required by significant operational or environmental changes.

6. Accountability

The Board Chair and the Chair of the Governance and Human Resources Committee are accountable for ensuring compliance with this policy.

Board Competency Matrix

Policy Number:	Next Review Date:
Approved by: NSRDDA Board	Approval Date:

1. Purpose

Section 8.1 of the NSRDDA’s Bylaws provides that following the expiry of the term of the Initial Board, each Subsequent Board shall consist of nine individuals, including:

- (a) Two Dentists and one Dental Assistant, selected based on needs of the Board as determined through the Board Competency Matrix;
- (b) Two other Registrants, selected based on needs of the Board as determined through the Board Competency Matrix; and
- (c) Four public representatives.

The purpose of this competency matrix is to provide a foundational tool for the appointment and development of NSRDDA Board members appointed by the Board, ensuring a comprehensive approach to governance that aligns with the public interest and regulatory excellence. It is to be used in conjunction with the Board’s policy on *Eligibility Criteria for Appointment to the NSRDDA Board and Statutory Committees*, including the requirement for registrant members of the Board to have been licensed for a minimum of five years in their profession in Nova Scotia or at the discretion of the Board.

2. Scope

This policy applies to all nominations and appointments to the Board of the NSRDDA by the Board itself. The document, along with the specific needs of the Board, will also be shared with appropriate government representatives for possible reference during the Governor in Council’s appointment process for public representatives.

3. Principles

The following principles will guide the use of this Board Competency Matrix:

- (a) **Merit-based:** Appointments are based on demonstrated competencies and attributes.
- (b) **Transparent:** The process is open and clearly communicated to stakeholders.
- (c) **Equitable:** The process considers equity, diversity, inclusion, reconciliation and accessibility (EDIRA).
- (d) **Strategic:** Appointments are made in alignment with the Board’s strategic needs and competency matrix.

4. Policy Statement

To guide the nomination and appointment of qualified members to the NSRDDA Board, the Governance and Human Resources Committee and the Board will rely on the following Board Competency Matrix.

Competency	Description	Required/ Preferred	Notes/Evidence of Competency
<i>Governance experience</i>	<p>Previous board experience</p> <p>Governance knowledge: Familiarity with or demonstrated aptitude and commitment to learn about board roles and responsibilities, governance policies, and current governance issues and trends</p> <p>Fiduciary responsibility: Commitment to acting in the public interest, demonstrating integrity, honesty, and loyalty.</p>	<p>Preferred</p> <p>Required</p> <p>Required</p>	
<i>Regulatory experience</i>	<p>Regulatory knowledge: Understanding of or demonstrated aptitude and commitment to learn about health profession regulation, including relevant legislation, standards, and the public protection mandate</p> <p>Regulatory experience: Experience in the oversight of self-regulated professions, with the ability to understand and oversee regulations and standards setting.</p>	<p>Required</p> <p>Preferred</p>	
<i>Demonstrated business acumen or accounting designation</i>	<p>Financial expertise: Knowledge of and experience in financial management, including auditing, accounting and financial oversight</p>	<p>Required for 1/3 of the Board, including public members</p>	

Legal or risk management expertise	<p>Legal expertise: Knowledge of and experience in legal matters of relevance to the NSRDDA</p> <p>Risk management expertise: Senior executive level responsibility for enterprise risk management in a small to medium size organization</p>	Required for at least one Board member	
Technology Oversight	Technology expertise: Strong experience in evaluating and implementing workplace technologies; cyber and privacy risk management	Preferred for at least one Board member	
Public relations/communications expertise	Brings experience in public relations, communications, or media, including advising organizations or clients on messaging, reputation management, and stakeholder engagement. Aware of how public messaging, media coverage and stakeholder perception impact the Regulator’s reputation and credibility.	Preferred for at least one Board member	
EDIRA	<p>Cultural competency: Awareness of the importance of equity, diversity, inclusion, and respectful engagement; recognition that biases and systemic factors can affect decision-making outcomes.</p> <p>Inclusive leadership: Ability to lead in an inclusive manner that engages and respects diverse stakeholders and partnerships.</p>	Required Required	
Strategic and Analytical Thinking	<p>Strategic oversight: Ability to contribute to the strategic direction of the regulatory body within its mandate</p> <p>Problem-solving skills: Capacity to evaluate complex issues and make effective decisions</p>	Required Required	

Personal Attributes and Interpersonal Skills	Integrity and ethics: Demonstrates integrity, honesty, diligence, prudence, and acts in the best interests of the organization they serve as directors	Required	
	Effective communication and workplace technology skills: Ability to convey information clearly and succinctly, and to engage in respectful, productive discussions; ability to engage effectively with workplace and virtual meeting technologies	Required	
	Adaptability and learning orientation: Willingness to learn and develop, with the ability to adapt to changing evidence and environments	Required	

5. Monitoring and Policy Review

The Chair of the Governance and Human Resources Committee will ensure that this policy is reviewed in accordance with the Board’s policy review cycle or as required by significant operational or environmental changes.

6. Accountability

The Board Chair and the Chair of the Governance and Human Resources Committee are accountable for ensuring compliance with this policy.

NSRDDA Quality Assurance Program Submission

DOMAIN: GOVERNANCE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The board and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the regulator’s mandate.	5.2	The board and statutory committee candidates, once appointed, are trained about the regulatory mandate and expectations pertaining to their roles and responsibilities.	Provide examples of competency matrix/skills gap analysis and how the skills matrix is used to identify overall gaps, and that training is provided accordingly. This could be training that is specific to the regulator i.e. understanding the professions.

Beginning in 2026, training for Board and Committee members will be guided by the following governance policies found [on this page](#) in the “back end” of the NSRDDA website (Password: nsrddaqa2025):

- Board and Statutory Committee Orientation and Education
- Performance Management Framework (which houses the KPIs requiring Board member orientation)

The NSRDDA will use the learning modules developed by the Network as a starting point and augment educational experiences based on perceived knowledge gaps and emerging trends.

For all Board and Committee members there will be baseline modules required for all. Additional modules or educational experiences will be augmented based on perceived knowledge gaps and emerging trends.

Board members will be required to complete the Competency Self-Assessment Form [found at this link](#). The results of these forms will be used to inform planning for additional educational experiences (either individualized or group).

NSRDDA Quality Assurance Program Submission

DOMAIN: GOVERNANCE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The board and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the regulator’s mandate.	5.3	Training is ongoing (at least annually) for board and committee members.	Training for committees not frequently used occurs as needed

Historically, training for Board and Committee members has been sporadically delivered and generally informal. The Board and staff acknowledge that this has been a gap.

Going forward, training for Board and Committee members will be guided by the following governance policies:

- Board and Statutory Committee Orientation and Education
- Performance Management Framework (which houses the KPIs requiring training)

The NSRDDA will use the learning modules developed by the Network as a starting point and augment educational experiences based on perceived knowledge gaps and emerging trends.

NSRDDA Quality Assurance Program Submission

DOMAIN: STANDARDS (Including Policies and Guidelines)			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator maintains up-to-date practice standards that are regularly reviewed and prioritize patient/client centered care and safety.	6.1	Practice standards are reflective of current practice environment and consideration is given to collaborative practice teams and cultural competence.	Provide links or documents

Our practice standards for the domains of dentistry with the highest real or perceived levels of risk are up to date. They have been developed with the input of content experts in the province and beyond. In many cases, we leverage the work of our national counterparts which are better resourced based on the size of the province and numbers of registrants/staff. (They are always generous to share, and we do the same with other smaller dental regulators.)

Such documents include:

- [Standard of Practice: Infection Prevention and Control](#)
- [Standard of Practice: Use of Sedation and General Anesthesia in Dental Practice](#)
- [Standard of Practice for the Use of Cone Beam Computed Tomography in Dental Practice](#)
- [Standard of Practice: Use of Botulinum Toxin \(Type A\) and Esthetic Therapies in Dental Practice](#)
- [Standard of Practice: Treatment of Snoring and Obstructive Sleep Apnea with Oral Appliances](#)
- [Guidelines for Prescribing Opioids and Benzodiazepines in Dental Practice](#)

We continue to have ongoing discussions with our national counterparts on emerging trends. For example, we are aware that the Royal College of Dental Surgeons of Ontario (RCDSO) has undertaken a review of its “Sedation Standard” which is expected to conclude in 2026. The NSRDDA has accordingly slated 2027 as the year for review of its “Sedation Standard”.

Collaborative Practice Teams

Oral healthcare is generally delivered in settings where various oral healthcare professionals collaborate. Consequently, we aim, when possible, to align as much as possible on practice standards which overlap.

All four oral health regulators which existed prior to 2025 collaborated extensively on the development of our respective [Standard of Practice: Infection Prevention and Control](#) documents. Although the branding differs, the content is identical.

Since 2024, the oral health regulators collaborated closely for alignment on documents such as:

- [Standard of Practice for Dental Assisting](#)
- [Standard of Practice for Sexual Misconduct and Sexual Abuse](#)
- [Standard of Practice for Advertising and Marketing in Dental Practice](#)

NSRDDA Quality Assurance Program Submission

DOMAIN: STANDARDS (Including Policies and Guidelines)			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator maintains up-to-date practice standards that are regularly reviewed and prioritize patient/client centered care and safety.	6.2	Feedback from registrants and impacted parties about practice standards is gathered and considered for incorporation into revisions.	Consultation framework/ processes for feedback – appropriate use of resources/experts (determined by regulator)
	6.3	An evaluation strategy is in place.	An evaluation framework for each standard that specifies timeframes for review

Without having had a formalized policy or framework, the PDBNS/NSRDDA has a strong history of sharing draft practice standards and policies with registrants and others for feedback. This occurred quite frequently in 2024-25 and many documents had to be revised or created in anticipation of the migration to the RHPA.

Attached are several examples of emails to registrants and others soliciting feedback on various draft documents.

Certainly, for the documents created since 2024, consultation with stakeholders resulted in revisions in every case.

Timeframe for Review

Since 2024, we have incorporated an “Anticipated Date of Next Review” annotation at the end of each newly developed/revised document.

Going forward

The “Practice Standard Review Policy” is found [on this page](#) in the “back end” of the NSRDDA website (Password: nsrddaqa2025) and is pending approval. It formalizes the processes related to this matter and includes a schedule of review based on the date of last review and/or the pertinence of the topic as approved by the NSRDDA Board at the September 2025 meeting.

✉ **Curtis Gregoire**

From: Dr. Doug Mackey, Registrar <dmackey.pdbns@eastlink.ca>
Sent: 10/21/2024 2:29 PM
To: Curtis Gregoire <cgregoir@dal.ca>
Subject: PDBNS

Dear Registrants,

As you likely know, early in 2025 the Provincial Dental Board of Nova Scotia will be migrated to the Regulated Health Professions Act. At that time, our current [Dental Act](#) and the [Regulations](#) pursuant to it will be repealed.

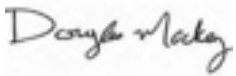
Among these repealed Regulations are ones which pertain to the current PDBNS Code of Ethics as well as Advertising Standards. This upcoming migration has provided an opportunity for review and revision of these documents.

Draft versions of these new documents (which were previously shared with stakeholder groups) have been posted to the PDBNS website under both the “Public” and “Licensees” tabs and can also be accessed at these links:

- [Consultation on Draft Code of Ethics](#)
- [Consultation on Advertising and Marketing Standard](#)

If you wish to submit feedback on either of these documents, you are kindly asked to send it via email by November 8, 2024 to reception.pdbns@eastlink.ca with “Code of Ethics” or “Advertising Standard” in the subject line.

Sincerely,



Dr. Doug Mackey, DDS

Registrar

Provincial Dental Board of Nova Scotia

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✉ **Curtis Gregoire**

From: Kaitlynn Zegray, Administrative Assistant <reception.pdbns@eastlink.ca>
Sent: 12/2/2024 11:46 AM
To: Curtis Gregoire <cgregoir@dal.ca>
Subject: PDBNS
Attachment(s): [Consultation on Standard of Practice Regarding Sexual Misconduct and Sexual](#)

Good day.

By January 8, 2025 all health regulators in Nova Scotia are required to adopt a Standard of Practice Regarding Sexual Misconduct and Sexual Abuse.

Please find attached a PDBNS consultation document on this standard. It can also be accessed on the PDBNS website under both the "Public" and "Licensees" tabs.

If you would like to submit feedback on this document, please email it to reception.pdbns@eastlink.ca prior to December 16, 2024.

Sincerely,



Dr. Doug Mackey, DDS

Registrar

Provincial Dental Board of Nova Scotia

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✉ **Curtis Gregoire**

From: feedback.pdbns@eastlink.ca <feedback.pdbns@eastlink.ca>
Sent: 1/7/2025 6:17 PM
To: Curtis Gregoire <cgregoir@dal.ca>
Subject: Standard of Practice Regarding Sexual Misconduct and Sexual Abuse
Attachment(s): [PDBNS Standard of Practice Regarding Sexual Misconduct and Sexual Abuse FIN](#)

Dear registrants,

On Friday, January 3, 2025 the *PDBNS Standard of Practice Regarding Sexual Misconduct and Sexual Abuse* (attached) was approved by the Board and has been posted on our website under "Licensees" > "Standards, Guidelines, and Policies". This Standard comes into effect on Wednesday January 8, 2025 as required by the *General Regulations* pursuant to the *Regulated Health Professions Act (RHPA)*.

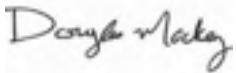
Much of the language in the Standard was mandatory (including the definitions of sexual misconduct and sexual abuse), materializing from the minimum requirements developed by the Nova Scotia Regulated Health Professions Network (NSRHPN) in conjunction with the Department of Health and Wellness.

The PDBNS Standard aligns with the recently approved Standard approved by the other oral health regulators.

The Board is appreciative of those individuals, both registrants and other stakeholders, who submitted feedback, much of which guided modifications to the document.

The feedback which did not result in edits to the document will be helpful in eventually formulating educational opportunities on this Standard.

Sincerely,



Dr. Doug Mackey, DDS

Registrar

Provincial Dental Board of Nova Scotia

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✉ **Curtis Gregoire**

From: feedback.pdbns@eastlink.ca <feedback.pdbns@eastlink.ca>
Sent: 2/3/2025 9:20 AM
To: Curtis Gregoire <cgregoir@dal.ca>
Subject: Consultation on Draft Documents
Attachment(s): [Consultation on Dental Practice Review Document February 2, 2025.pdf](#), [Consultation on Continuing Competence Document February 2, 2025.pdf](#)

Dear Registrants and other stakeholders,

We have been told by the Department of Health and Wellness (DHW) that "you can mark May 1, 2025 in your calendars" as the date that the *Regulations Respecting Dentistry and Dental Assisting* will come into force, the [Dental Act](#) will be repealed, and the PDBNS will migrate under the [Regulated Health Professions Act \(RHPA\)](#). The PDBNS will then become the Nova Scotia Regulator of Dentistry and Dental Assisting (NSRDDA).

That being said, the last confidential draft version of these profession-specific Regulations we received was in October 2024. Until we receive the final version approved by Cabinet, we will not know the migration date with absolute certainty.

When migration occurs, the current PDBNS Regulations regarding **Mandatory Continuing Dental Education (MCDE)** and **Dental Practice Review (DPR)** will be repealed.

Attached are drafts of the documents that will replace those Regulations when we migrate. These documents are also available on our website under the "Licensees" tab.

If you wish to submit feedback on either of these documents, kindly send it via email to feedback.pdbns@eastlink.ca by March 5, 2025.

Sincerely,



Dr. Doug Mackey, DDS

Registrar

Provincial Dental Board of Nova Scotia

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✉ **Curtis Gregoire**

From: feedback.pdbns@eastlink.ca <feedback.pdbns@eastlink.ca>
Sent: 3/13/2025 9:34 PM
To: Curtis Gregoire <cgregoir@dal.ca>
Subject: Consultation on Draft Bylaws
Attachment(s): [Consultation on NSRDDA Draft Bylaws 2025-03-13.pdf](#)

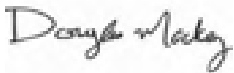
Dear Registrants and Stakeholders,

We expect that on May 1, 2025 the 1992 [Dental Act](#) will be repealed and the PDBNS will be migrated under the [Regulated Health Professions Act](#) (RHPA) becoming the Nova Scotia Regulator of Dentistry and Dental Assisting (NSRDDA).

Under the RHPA, the NSRDDA will have Bylaw-making powers which the PDBNS does not currently have under the *Dental Act*.

If you wish to submit feedback on the draft NSRDDA Bylaws, which are attached and also [accessible at this link](#), kindly send it via email to feedback.pdbns@eastlink.ca with “Bylaws” in the subject line by April 14, 2025.

Sincerely,



Dr. Doug Mackey, DDS

Registrar

Provincial Dental Board of Nova Scotia

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✉ **Curtis Gregoire**


From: Jane Donovan, Executive Assistant <pdbns@eastlink.ca>
Sent: 3/19/2025 4:42 PM
To: Curtis Gregoire <cgregoir@dal.ca>
Subject: Draft Standard of Practice for Dental Assisting
Attachment(s): [Consultation on Draft Standard of Practice for Dental Assisting March 19, 2](#)

Dear Registrants and other Stakeholders,

A draft *Standard of Practice for Dental Assisting* document is being shared for a 30-day feedback period. It is attached and can also be [accessed at this link](#).

If you would like to submit feedback, kindly send it to feedback.pdbns@eastlink.ca by April 18, 2025.

Sincerely,



Dr. Doug Mackey, DDS

Registrar

Provincial Dental Board of Nova Scotia

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Practice Standard Development, Review and Approval

Policy Number:	Next Review Date: November 2026
Approved by:	Approval Date:

1. Purpose

The purpose of this policy is to establish a structured, transparent, and accountable process for the development, review, revision, and approval of practice standards, guidelines and policies. This policy also includes an evergreen Appendix with a schedule for document review to ensure governance policies remain current, relevant, and aligned with best practices.

2. Scope

This policy applies to all NSRDDA practice standards, guidelines and policies. For clarity, this policy does not apply to governance or operational policies of the NSRDDA Board, Committees, or staff.

3. Definitions

Practice Standards: authoritative, mandatory expectations that define the minimum level of professional performance or conduct required for safe, competent, and ethical practice.

Practice Guidelines: recommendations that provide evidence-based direction or advice on how to achieve best practices in specific clinical or professional situations.

Policy: rule or rules typically addressing an isolated activity or a matter with a narrow scope.

NOTE: A document may contain elements or sections representing all the above (standards, guidelines, and policies) which will be defined and differentiated within the document.

4. Principles

The following principles will guide the development, review and approval of NSRDDA governance policies:

- **Accountability:** Practice standards, guidelines and policies must be consistent with the jurisdiction of the NSRDDA and the professions it regulates.
- **Transparency:** The development and approval process must be clear, traceable and documented.
- **Consistency:** An effort should be made to format and maintain practice standards, guidelines and policies in a consistent structure where possible.
- **Continuous improvement:** Regular review ensures alignment with emerging best practices and evidence-based decision making where possible.

5. Policy Statement

(a) Policy Categories and Review Schedule

Practice standards, guidelines and policies will be reviewed according to the attached Appendix which will be evergreen. Additional reviews may be triggered earlier if required by factors such as emerging evidence, changes in best practice, legislative change, Board direction, or risk identification.

Each year, the Registrar, in consultation with the Deputy Registrar and the Board Chair, will revise the schedule for document review and/or revision (Appendix A). This process will be guided by the work accomplished in the previous year and emerging trends or risks. The review schedule will not be binding but will be responsive to the capacity of the NSRDDA and the influence of unforeseen factors in the regulatory/clinical environment.

(b) Development and Review Process

The review process for NSRDDA practice standards, guidelines and policies is as follows:

1. **Initiation** – Each year at the November Board meeting the Registrar will, after consulting with the Deputy Registrar and the Board Chair, present an updated version of the review schedule (Appendix A) to the Board for approval.
2. **Committee Formation** – The Registrar will strike an *ad hoc* Advisory Committee for each document to be reviewed in the upcoming year. This will take place in consultation with the Deputy Registrar, the Board Chair, and others seen to have knowledge and expertise with the subject matter. It is possible that a given committee may work on more than one document where subject matter overlaps.
3. **Research and Drafting** – Drafting may involve internal or external consultation, benchmarking with other regulators, and legal review as needed.
4. **Consultation** – Draft policies will be shared first with the Board. Following Board feedback, draft policies will be shared with stakeholders including but not limited to registrants, academic institutions, professional associations, and Committee members. Where appropriate, legal counsel will be consulted depending on content and impact.
5. **Committee Review** – The *ad hoc* Advisory Committee will review and consider feedback and incorporate it into the final draft as the committee deems appropriate. The Committee will recommend the final draft for approval by the Board.
6. **Board approval** – Final approval rests with the Board through resolution.
7. **Implementation** – The approved practice standard, guideline or policy is disseminated electronically to registrants and other stakeholders indicating the effective date and the anticipated date of the next scheduled review.

6. Responsibilities

Role	Responsibilities
Registrar	Lead annual document review schedule in consultation with the Deputy Registrar and the Board Chair; recommend updates to the review schedule for the upcoming year
Board Chair	Support the Registrar and ensure alignment between document review activities and the Regulator’s objects and strategic plan
Ad hoc Committees	Provide content expertise and conduct research (which may include environmental scans) leading to suggested document drafting or revisions
NSRDDA Board	Review and approve practice standards, guidelines and policies; monitor implementation and compliance

7. Publication

All governance practice standards, guidelines and policies will be published on the NSRDDA website.

8. Monitoring and Policy Review

The Registrar and the Board Chair will ensure that this policy is reviewed in accordance with the Board’s policy review cycle or as required by significant operational or environmental changes.

9. Accountability

The Registrar and the Board Chair are accountable for ensuring compliance with this policy.

Appendix A: Review Schedule for NSRDDA Practice Standards, Guidelines, and Policies

Approved by the NSRDDA Board September 26, 2025

Below is a list of existing NSRDDA practice Standards, Guidelines and Policies published on the NSRDDA website. Included are the dates of last review and anticipated dates of next review.

Highlighted yellow are the documents most imminently due for review (in 2025-26). This determination is based on the date of last review or the pertinence of the subject matter.

For each document, an advisory committee will be struck in accordance with Board-approved governance policies to review existing policies and make recommendations to the Board for approval.

Practice Standard, Guideline, or Policy	Date of Last Review	Anticipated Next Review
Guidelines for Use of Veloscope	2009-05	2026 (Determine if still relevant)
Guidelines for Ending the Dentist-Patient Relationship	2014-05	2026
Continuous Practice Requirements and Re-licensure for Dental Professionals	2015-05	2025-2026 (Confirm whether transposed to NSRDDA documents)
Nova Scotia Regulated Health Professions Network Principles of Assignment and Delegation Guidelines for Working with Unregulated Care Providers	2015-09	NA (This is a Network document.)
Informed Consent Guidelines	2017-11	2026
Recordkeeping Guidelines	2017-11	2026
Use of Botulinum Toxin (Type A) and Esthetic Therapies in Dental Practice	2019-11	2027
Standard of Practice for the Use of Sedation and General Anesthesia in Dental Practice	2020-01	2027
Standard of Practice for the Use of Cone Beam Computed Tomography (CBCT)	2020-12	2027
Guidelines for Prescribing Opioids and Benzodiazepines in Dental Practice	2021-05	2027
Standard of Practice: Treatment of Snoring and Obstructive Sleep Apnea with Oral Appliances	2021-05	2027
Guidelines for the Use of Social Media by Dentists and Registered Dental Assistants	2021-07	2026
Standard of Practice for Infection Prevention and Control	2022-12	2028
Guidelines for Prescribing and Taking Dental Radiographs	2023-05	2027

NSRDDA Quality Assurance Program Submission

DOMAIN: STANDARDS (Including Policies and Guidelines)			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator provides guidance to assist registrants to interpret and apply the practice standards and addresses new and developing areas of risk in practice.	7.1	The regulator communicates with academic programs to promote awareness of practice standards and inform the development/revision of those standards.	Process for communication

The Registrar (or delegate) visits Dalhousie’s Faculty of Dentistry several times a year to speak to groups of students. Such events include:

- Addressing incoming dental students on professionalism and ethics at the Dean’s Reception each August
- A lecture series for 1st and 4th year students covering the topic of professional regulation (mandate and initiatives of the Regulator)
- Special events such as interprofessional talks on communication with patients

There is ongoing communication between the Registrar and the Dean on matters of common purpose. The Dean attends a portion of most Board meetings to share an update on activities at the Faculty and answer questions.

The Registrar and the Executive Assistant deliver a presentation to NSCC dental assisting students each year on various aspects of professional regulation, expectations for health professionals, and the process to apply for registration and licensing.

A PowerPoint video on these topics is being developed to share with the Cape Breton Business College which offers hybrid in-person/virtual education with multiple staggered cohorts (making live presentations impractical).

NSRDDA Quality Assurance Program Submission

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NSRDDA Quality Assurance Program Submission

DOMAIN: STANDARDS (Including Policies and Guidelines)			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator provides guidance to assist registrants to interpret and apply the practice standards and addresses new and developing areas of risk in practice.	7.2	Registrants are informed about revisions to practice standards and new standards.	Website links for professional notices, emails.

Please see multiple examples of correspondence sent to registrants about revisions to practice standards in Section 6.2 of this QA submission.

On the following page is a screen capture of the emails sent to registrants from March to October 2025.

On March 19, 2025 we hosted a webinar to educate dental assistants about the upcoming requirement for them to hold PLI.

In June of each year, the Chair and the Registrar attend the annual meeting of the Nova Scotia Dental Association (NSDA). In 2025 we gave a lengthy address covering:

- Legislation changes
- The new process for complaints under the RHPA (versus the Dental Act), and
- Understanding the Standard of Practice for Sexual Misconduct and Sexual Abuse

The Registrar attends NSDA-sponsored attends events such as “Boot Camp for New Members” to educate about regulatory processes and practice standards.

We communicate with the NSDA to highlight areas of practice where we see they may be positioned to provide support or guidance. (As an example, we are currently collaborating on messaging to dentists about setting realistic expectations for denture patients.)

☑ Looking for Your Input - NDEB Practice Analysis Survey	30-Oct-2025 11:37 AM	-	30-Oct-2025 9:53 PM
☑ Licence and Permit Renewals Renewal Fall 2025	17-Oct-2025 11:37 AM	-	18-Oct-2025 3:37 PM
☑ Recruitment for Statutory Committees	02-Sep-2025 8:31 AM	-	02-Sep-2025 8:32 AM
☑ NSRDDA	29-Aug-2025 11:56 AM	-	29-Aug-2025 8:08 PM
☑ Verify your browser for Alinity	20-Aug-2025 8:03 PM	-	20-Aug-2025 8:04 PM
☑ Regulatory Requirement for Dental Technology	20-Aug-2025 7:15 AM	-	20-Aug-2025 7:15 AM
☑ Committee Recruitment and Other Updates from the NSRDDA	19-Aug-2025 4:50 PM	-	19-Aug-2025 4:52 PM
☑ Physical Permits	17-Jun-2025 6:14 PM	-	17-Jun-2025 6:14 PM
☑ FAQ Project Pertaining to Sexual Misconduct Standard	22-May-2025 8:40 AM	-	22-May-2025 8:40 AM
☑ Changes in Legislation May 1, 2025	29-Apr-2025 3:49 PM	-	29-Apr-2025 3:49 PM
☑ Dental Assistant Licence Renewals	24-Apr-2025 11:51 AM	-	24-Apr-2025 6:39 PM
☑ Making Patients Aware of their Financial Responsibilities	31-Mar-2025 3:51 PM	-	31-Mar-2025 3:51 PM
☑ Follow-up on Last Evening's PLI Webinar	20-Mar-2025 1:06 PM	-	21-Mar-2025 4:34 PM
☑ Draft Standard of Practice for Dental Assisting	19-Mar-2025 3:47 PM	-	19-Mar-2025 3:47 PM
☑ Dental Assisting PLI Webinar Reminder	19-Mar-2025 10:07 AM	-	19-Mar-2025 12:02 PM
☑ Consultation on Draft Bylaws	13-Mar-2025 8:38 PM	-	13-Mar-2025 8:38 PM
☑ Upcoming Webinar Regarding PLI and Some Other Clarifications	13-Mar-2025 10:38 AM	-	13-Mar-2025 10:38 AM
☑ Verify your browser for Alinity	02-Mar-2025 5:51 PM	-	02-Mar-2025 5:51 PM

NSRDDA Quality Assurance Program Submission

DOMAIN: STANDARDS (Including Policies and Guidelines)			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator provides guidance to assist registrants to interpret and apply the practice standards and addresses new and developing areas of risk in practice.	7.3	<p>A communication strategy is in place to inform registrants about expectations pertaining to practice standards, policies, renewal, and registration requirements.</p> <p>Communication strategies to consider:</p> <ul style="list-style-type: none"> • Learning modules for licensure • Newsletters, webinars, sessions with new graduates. 	<p>Communication framework that outlines:</p> <ul style="list-style-type: none"> • Communication plan for registrants • Communication plan for education programs and students

As demonstrated in Sections 6.2 and 7.2 of this submission, we currently and have historically made great efforts and been successful in communicating with Registrants through various means.

New Registrants

For new registrants, the Registrar meets with each applicant dentist prior to the approval of their application for registration and licensing. The Executive Assistant meets with every applicant dental assistant in the same way. These meetings may take place individually or for small groups of applicants depending on scheduling.

At these meetings, we review matters such as:

Administrative processes related to registration and licensing, including the yearly licensing cycle

- The role of the regulatory body versus the professional associations
- Currency of practice requirements
- Registration with the Prescription Monitoring Program (for dentists)
- Quality assurance measures (continuing competence and dental practice review)
- Professional conduct process
- Various pertinent practice standards, guidelines and policies
- How to reach us with questions.

Once the licensing process is complete and fees paid, new registrants are sent an email reviewing all the topics covered in the licensing meeting with hyperlinks to pertinent resources. Examples of these can be found in the following pages, the first for dentists and the second for dental assistants.

Communication Framework

In the coming months, we will develop a framework to formalize our communication plan for registrants and students. We expect it will reflect the practices we have already had in place.



NSRDDA License Fee Paid and License Active Effective Immediately

From Registrar@nsrdda.ca <Registrar@nsrdda.ca>

Date Tue 10/28/2025 2:05 PM

To XXXXXXXXXX

Cc Jane Donovan <Executive.assistant@nsrdda.ca>; Edna Longaphy <Reception@nsrdda.ca>; Doug Mackey <Registrar@nsrdda.ca>; Cdspi Malpractice <insurance@cdspi.com>; Cdspi Insurance-Admin <insurance-admin@cdspi.com>

Dear Dr. XXXXXXXX,

It was good to meet you during your licensing orientation meeting. Your fees have been paid and your Registration number is 032545000. Within your Alinity profile, you should now be able to print your license card, a copy of which should be on site at your practice location(s). A larger registration certificate will be sent to you later in the year.

CDSPI

You will notice that CDSPI is copied on this email. This email will serve as verification to CDSPI that you are now actively licensed and that your malpractice insurance should come into effect. CDSPI will contact you and us if there are any problems with this. You should know, as well, that CDSPI will contact us at any future point should you miss a payment of your malpractice premium which will result in your licence being suspended if your premium is not paid by the specified date.

Below is a review of some pertinent points highlighted during your licensing meeting. All of this is accessible under the "Registrants" or "About" tabs of the [NSRDDA website](#). You are advised to flag or print this email for future reference.

Roles of the NSRDDA and NSDA

The Nova Scotia Regulator of Dentistry and Dental Assisting (NSRDDA) is legislatively mandated to protect the public interest in matters related to the delivery of dental care. If you have questions related to practice standards or guidelines, you should contact the NSRDDA.

The NSRDDA operates under the following legislative framework:

- [Regulated Health Professions Act](#)
- [Regulated Health Professions General Regulations](#)
- [Regulations Respecting Dentistry and Dental Assisting](#)
- [NSRDDA Bylaws](#)

The Nova Scotia Dental Association (NSDA), by contrast, is a member-based organization serving the needs of dentists. Licensed dentists are required under the province's [Dental Association Act](#) to be members of the Nova Scotia Dental Association (NSDA).

Additionally, a number of products and services important to practicing dentistry are available only through NSDA membership:

- Electronic claims submission through the national CDAnet/ITrans system

- Access to digital and hard copies of the annual NSDA Suggested Fee Guide for Dental Services, annual Staff Wage & Salary Reports
- Access to counseling, stress relief and mental health services through the provincial PSP and national MAP assistance programs

For questions about NSDA membership, you can call them at 902-420-0088, email nsda@bellaliant.com, or visit nsdental.org.

Note: You must contact the NSDA and inform them of your Registration number if you wish for them to submit your profile to the Canadian Dental Association (CDA) for registration with CDAnet & ITRANS services which allow for the secure transmission of dental claims.

Licensing Period and License Renewal

The licensing period runs from December 1 to November 30. Each fall you will be sent an email or notification to renew your license by a set date in the middle of November. Mark your calendar for the fall to watch for this. The Registrar is legislatively required to strike from the register any person who does not renew their license on time. A reinstatement fee of ½ the license fee will be required to reinstate in addition to the licensing fee.

If you plan to relinquish or not renew your license, you must do so in writing prior to the license renewal deadline to remain a registrant in good standing.

With license renewal you will also be required to verify that your BLS certification is valid (i.e., current / up to date).

Currency of Practice Requirement

As per NSRDDA policy, a dentist must have been engaged in dentistry for 450 hours in the preceding three year period to be eligible for license renewal. If in the future you plan to reduce your practice hours (e.g., health, family, other pursuits), you should be mindful of this requirement and contact the PDBNS office for clarification to avoid having to go through an extended process for license renewal including examinations.

Prescription Monitoring Program

Dentists who wish to be able to prescribe controlled drugs to their patients must enroll in the [Nova Scotia Prescription Monitoring Program](#). You will be issued duplicate prescription pads which must be used for such prescriptions. You can also register for “eAccess” which will allow you to access the prescription history of a patient if you feel such a search is warranted.

Dental Practice Review (DPR)

As per the [NSRDDA Dental Practice Review Program](#), each year 15% of licensed dentists in private practice are randomly selected by an external statistician to complete a self-assessment document (available [on our website](#)) for review by the DPR Committee. Following this review, 15% of this group is selected by random sampling to receive an office visit by the Registrar or Deputy Registrar. As well, the committee may direct the Registrar to conduct a visit if the self-assessment raises any concerns.

Dentists are encouraged to refer to the DPR self-assessment document as a benchmark of the minimum standard for their practice.

Continuing Competence Program

As per the [NSRDDA Continuing Competence Program](#), dentists are required to complete a minimum of 90 hours of continuing competence experiences in each of their 3-year cycles. Cycles run from January 1 of a given year and end on December 31 three years later. Since you are being licensed prior to your

first cycle (which will run from January 1, 2026 to December 31, 2028), you may count any continuing competence experiences you have between now and then toward this first cycle. However, you will not be able to upload these experiences in the Alinity portal until your cycle commences on January 1, 2026. (Note that going forward you will not be able to carry unclaimed credits forward.)

The categories and requirements for continuing competence are laid out in the Continuing Competence Program document found [on our website](#). You will note that you must complete at least 30 hours in Category 1, including at least one course in the management of medical emergencies in the dental office which covers the topics prescribed by the NSRDDA. If you wish, you may fulfill all your requirements with Category 1 as there are no minimum requirements for Categories 2 or 3.

Should you be randomly selected for audit at the end of your cycle, your submissions will be reviewed by the Continuing Competence Committee within your Alinity profile to verify whether you have fulfilled the requirements.

An overview of the continuing competence requirements and the process for uploading verification of activities can be found [in this YouTube video](#).

Complaints and Discipline

The NSRDDA has a process through which members of the public or others can file an official complaint. Individuals (e.g., patients or others) who wish to make a complaint are directed to [this page](#) on the NSRDDA website.

The process for managing complaints is set out in the Professional Conduct section of the [Regulated Health Professions Act](#) beginning at section 64.

The Complaints Committee has noted that the vast majority of complaints could be avoided with better communication between the dentist and the patient. This includes:

- processes for informed consent,
- explanation of fees prior to treatment, and
- follow-up on unpredicted complications or unfavourable treatment outcomes.

Additional Requirements or Permits

Dentists must consult with the NSRDDA prior to engaging in

- [sedation](#) (other than minimal oral sedation),
- administration of [neuromodulators \(e.g., Botox\)](#), or
- prescription, taking, or interpretation of [CBCT](#) images

as there are additional permits/educational requirements for these procedures. More details can be found at the above links.

Other Pertinent Guidelines and Standards

All dentists should be familiar with the NSRDDA [Code of Ethics](#), [Recordkeeping Guidelines](#), [Guidelines for Prescribing and Taking Radiographs](#), [Informed Consent Guidelines](#), and [Standard of Practice for Infection Prevention and Control \(IPAC\)](#).

Contravention of any PDBNS Guideline or Standard of Practice could be grounds for disciplinary action if a complaint were to be filed.

Other Housekeeping

It is your responsibility to update any changes to your contact information or practice address(es) within your Alinity profile. As well, please check your email "spam" folder periodically to ensure that you are not missing pertinent communications.

The NSRDDA office is open Monday to Friday from 8am to 4pm for calls. If you wish to visit, you are asked to call to book an appointment. Please do not hesitate to contact us if you have any questions regarding any matter related to dental licensure.

I wish you the best as you begin your practice of dentistry in Nova Scotia.

Sincerely,

Dr. Doug Mackey
Registrar



License Fee Paid

From Registrar@nsrdda.ca <Registrar@nsrdda.ca>

Date Mon 11/3/2025 10:08 AM

To XXXXXXXXXXXXX

Cc Jane Donovan <Executive.assistant@nsrdda.ca>; Doug Mackey <Registrar@nsrdda.ca>

Dear XXXXX,

Your fees for registration and licensing have been paid and your Registration number is CL250973. Within your Alinity profile, you should now be able to print your license card, a copy of which should be on site at your practice location(s). A larger registration certificate will be sent to you later in the year.

Below is a review of some pertinent points highlighted during your licensing meeting. All of this is accessible under the "Registrants" or "About" tabs of the [NSRDDA website](#). You are advised to flag or print this email for future reference.

The Nova Scotia Regulator of Dentistry and Dental Assisting (NSRDDA) is legislatively mandated to protect the public interest in matters related to the delivery of dental care. If you have questions related to practice standards or guidelines, you should contact the NSRDDA.

The NSRDDA operates under the following legislative framework:

- [Regulated Health Professions Act](#)
- [Regulated Health Professions General Regulations](#)
- [Regulations Respecting Dentistry and Dental Assisting](#)
- [NSRDDA Bylaws](#)

The Nova Scotia Dental Assistants' Association (NSDAA) is a member-based organization serving the needs of dental assistants. Information about the NSDAA can be found [on their website](#)

Standard of Practice for Dental Assisting

It is important that you are familiar with the NSRDDA [Standard of Practice for Dental Assisting](#). This document outlines, among other things, the oral health services which are in the scope of practice for dental assistants as well as duties which are prohibited for dental assistants. It is important to note that you may perform dental assisting only under the supervision of a licensed dentist or dental hygienist, meaning that the dentist or dental hygienist is physically present in the office.

Licensing Period and License Renewal

The licensing for dental assistants period runs from May 1 to April 30. Each year in March you will be sent an email or notification to renew your license by a set date in the middle of April. Mark your calendar for March to watch for this. The Registrar is legislatively required to strike from the register any person who does not renew their license on time. A reinstatement fee of ½ the license fee will be required to reinstate in addition to the licensing fee.

If you plan to relinquish or not renew your license, you must do so in writing prior to the license renewal deadline to remain a registrant in good standing.

With license renewal you will also be required to upload verification of your BLS certification obtained within the preceding 12 months. Courses in BLS must include an in-person skills-training component and be from a recognized provider (e.g., St. John Ambulance, Red Cross).

Currency of Practice Requirement

As per NSRDDA policy, a dental assistant who has not been engaged in the practice of dental assisting with[in] the preceding five years at the date of license renewal shall be required to pass examinations prescribed by the Board and meet the requirements of the Board before the license shall be issued. If in the future you plan to reduce your practice hours (e.g., health, family, other pursuits), you should be mindful of this requirement and contact the PDBNS office for clarification to avoid having to go through an extended process for license renewal including examinations.

Continuing Competence Program

As per the [NSRDDA Continuing Competence Program](#), dental assistants are required to complete a minimum of 36 hours of continuing competence experiences in each of their 3-year cycles. Cycles run from January 1 of a given year and end on December 31 three years later. Since you are being licensed prior to your first cycle (which will run from January 1, 2026 to December 31, 2028), you may count any continuing competence experiences you have between now and then toward this first cycle. However, you will not be able to upload these experiences in the Alinity portal until your cycle commences on January 1, 2026. (Note that going forward you will not be able to carry unclaimed credits forward.)

The categories and requirements for continuing competence are laid out in the Continuing Competence Program document found [on our website](#). You will note that you must complete at least 12 hours in Category 1, including at least one course in the management of medical emergencies in the dental office which covers the topics prescribed by the NSRDDA. If you wish, you may fulfill all your requirements with Category 1 as there are no minimum requirements for Categories 2 or 3.

Should you be randomly selected for audit at the end of your cycle, your submissions will be reviewed by the Continuing Competence Committee within your Alinity profile to verify whether you have fulfilled the requirements.

An overview of the continuing competence requirements and the process for uploading verification of activities can be found [in this YouTube video](#).

Complaints and Discipline

The NSRDDA has a process through which members of the public or others can file an official complaint. Individuals (e.g., patients or others) who wish to make a complaint are directed to [this page](#) on the NSRDDA website.

The process for managing complaints is set out in the Professional Conduct section of the [Regulated Health Professions Act](#) beginning at section 64.

There have been complaints about dental assistants performing duties which are outside their scope of practice, and this is treated seriously.

Other Pertinent Guidelines and Standards

All dental assistants should be familiar with the following NSRDDA documents:

- [Code of Ethics](#),
- [Recordkeeping Guidelines](#),
- [Guidelines for Prescribing and Taking Radiographs](#),
- [Informed Consent Guidelines](#), and
- [Standard of Practice for Infection Prevention and Control \(IPAC\)](#).

Contravention of any NSRDDA Guideline or Standard of Practice could be grounds for disciplinary action if a complaint were to be filed.

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The NSRDDA office is open Monday to Friday from 8am to 4pm for calls. If you wish to visit, you are asked to call to book an appointment. Please do not hesitate to contact us if you have any questions regarding any matter related to dental licensure.

I wish you the best as you begin practising dental assisting in Nova Scotia.

Sincerely,

Dr. Doug Mackey
Registrar

NSRDDA Quality Assurance Program Submission

DOMAIN: INVESTIGATIONS, PROFESSIONAL CONDUCT, AND FITNESS TO PRACTICE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator enables anyone to submit a complaint about a registrant.	8.1	The different stages of the complaints and fitness to practice processes are clearly communicated and set out on the regulator’s website.	The regulator has a clear and easy to use process to submit a complaint – links to info on website and there are multiple ways to raise a concern. Outline of general process/what to expect.

Complaints

The NSRDDA process for Complaints and Investigations is set out clearly on the website under the Public tab and [accessible at this link](#). There is a video outlining the NSRDDA’s authority and processes as well as several reiterations of the various ways individuals can contact us to raise a concern.

Talking points are reviewed at weekly staff meetings to reflect the messaging displayed on the website to support individuals who are less adept with internet-based processes.

The principles and processes set out above and already in play, have been incorporated into the NSRDDA’s internal “Complaints and Investigations Policies and Procedures” document attached.

Fitness-to-Practise

Under the *Dental Act*, the PDBNS did not have the authority to establish a Fitness-to-Practise (FTP) process. The NSRDDA FTP process is in development. A Committee has been struck with Terms of Reference and the criteria for referral to the FTP process has been approved by the Board and can be [found on this page](#).

Complaints and Investigations Policies and Procedures

(Internal operational policy for staff)

Internal Operational Policy Number: NSRDDA-01	Date of current Iteration: November 7, 2025
Developed by: Registrar, other staff, Complaints Committee Chair, and legal counsel	Next Review Date: Ongoing

1. Purpose

The purpose of this policy is to establish processes for the administration and investigation of complaints to ensure transparency, accountability, procedural fairness, inclusion and accessibility, public protection, and the principles of Right Touch Regulation.

2. Scope

This policy applies to the work of NSRDDA staff including the Registrar, Complaints Committee members, consultants, and legal counsel.

3. Policies

(a) Communication on Website

The Regulator’s website will clearly set out the process and stages of the Complaints and Investigations process. There will be a clear and easy-to-use process to submit a complaint with alternative ways to submit a complaint.

Staff will be trained in analogous verbal communication points to support individuals who are less adept with internet-based processes. Related talking points will be reviewed at regular staff meetings.

(b) Direct Communication to Complainants and Respondents

Direct communication to complainants and respondents will include information about:

- the complaint process,
- expected timelines and
- links to the legislative authority governing the NSRDDA complaints and investigations process.

(c) Communication Regarding Supports Available

For Complainants

Communication to complainants will include information about supports available, including that they can call the Regulator’s office for information or updates.

Through its website, complaint process video, and in telephone/email communications, potential complainants will be made aware that there are alternate ways to file a complaint if an online or written submission is not possible.

For Respondents

The Registrar will normally meet with respondents to inform that that a complaint has been received. During this meeting the Registrar will:

- Inform the respondent where they can access the documents related to the complaint;
- Give a general overview of the complaint process and what the respondent can expect; and
- Provide information regarding legal and mental health supports available through relevant member services organizations.

Written complaint notifications to respondents will also include the above-mentioned information.

(d) Adherence to Legislation

The processes for complaints and investigations will be established within the framework set out in the *Regulated Health Professions Act (RHPA)*. Reference will be made to the applicable sections of the RHPA in published information.

(e) Target Timelines

These target timelines are aspirational. Some may vary depending on factors such as accommodations for submissions (for complainant or respondent), Registrar/investigator workload, and Complaints Committee docket.

Process	Target Timeline
Acknowledgement to complainant of complaint receipt by reception; indication that the complaint is being forwarded to the Registrar	<ul style="list-style-type: none"> • Same day (automated) if complaint submission online • Within 3 business days if complaint submission not online
<p>NOTE: In the case of:</p> <ul style="list-style-type: none"> ○ alleged sexual misconduct or physical abuse, ○ registrant incapacity (including but not limited to substance abuse), or ○ reported medical emergencies in dental settings (including but not limited to sedation-related adverse events), <p>reception will notify the Registrar immediately.</p> <p>The Registrar will assess the situation and take appropriate action as soon as practicable and in proportion to the seriousness of the concern. In the case of “Extreme Severity” cases, the Registrar may conduct a visit to the clinic and convene a panel of the Complaints Committee where an interim order may be warranted.</p>	

Process	Target Timeline
Registrar makes s.71 decision (e.g., dismiss, investigate, etc.) Related correspondence sent to complainant, respondent, and other practitioners whose documentation may be necessary for the investigation	Within 15 business days of receiving complaint from reception.
Written response from respondent due	Within 30 days following the respondent's notification of the complaint
Registrar sends response to complainant for review (if applicable)	Within 10 business days following Registrar's receipt of response from respondent
Further commentary from complainant due (if applicable)	Within 10 business days following complainant's receipt of respondent's response
Registrar makes s.73 decision (e.g., dismiss, informal resolution, referral to Complaints Committee, etc.) Related correspondence sent to complainant and respondent	Within 30 days following receipt of all documentation related to the investigation.
Establishment of Complaints Committee meeting date, including notification of same to complainant and respondent	Within 60 days following s.73 decision and at least 30 days prior to the meeting date.
Complaint document package sent to Complaints Committee and respondent	At least 30 days prior to meeting date.
Written decision of the Complaints Committee with reasons approved by the Chair	Within 30 days following the Committee's decision regarding findings and disposition
Delivery of the Complaints Committee's decision to the complainant, respondent or others in accordance with <i>RHPA</i> s.88(1)	Within 15 working days of the written decision being approved by the Chair
Publication of the Complaints Committee's decision on the website (if indicated in accordance with <i>RHPA</i> s.88(2))	No sooner than 30 days following delivery of the decision to the respondent and no longer than 60 days following that date

(f) **Style of Public Communication**

Written communication templates and website content for the public will be reviewed and screened for reading level accessibility using the the Readability Statistics tool in Microsoft Word.

(g) Decisions by the Registrar

Decisions of the Registrar under sections 71 and 73 of the *RHPA* shall be made in accordance with the frameworks set out in those sections and the related documentation and correspondence will reference the applicable section and subsection.

(h) Decisions by the Complaints Committee

Decisions of the Complaints under sections 78 and 84 of the *RHPA* shall be made in accordance with the frameworks set out in those sections and the related documentation and correspondence will reference the applicable section and subsection.

(i) Interim Orders

Where a matter comes to the attention of the Complaints Committee which is of significant risk to public safety, an interim order may be imposed pending completion of an investigation and any hearing that may follow. Such an order may include a suspension, practice restriction, or other measure consistent with the objects of the regulatory body and in the public interest.

Interim orders will be published on the NSRDDA website (in accordance with *RHPA* s.137(2)(a)) as soon as practicable, and ideally as soon as the interim order comes into effect.

In accordance with Section 137(2)(b) through (e), the Registrar shall communicate notification of the interim order to other persons or agencies where doing so would be consistent with the objects of the regulatory body and in the public interest.

(j) Communication with Complainants and Respondents During Investigations

Communication with complainants and respondents throughout investigations will normally be in writing for documentary and archival purposes. The Registrar or other investigator will avail of editable templates which have been developed to ensure consistent messaging to:

- set out the unfolding process,
- establish expectations,
- inform of supports available, and
- provide links to the legislative framework.

In addition to the structured communication at established points in the process, complainants and respondents will be made aware (through correspondence and on the website) that they can call the NSRDDA office if they have any questions.

As set out above in 3(c), the Registrar will normally meet virtually with a registrant/respondent when a complaint has been received.

The Registrar or Executive Assistant will follow up on written communications to complainants in cases where the complainant may have an impediment to literacy, or when they have follow-up questions.

All parties interacting with NSRDDA staff are expected to do so respectfully. They will be reminded of this and pointed to the Regulator's [Respectful Communication Policy](#) should the need arise.

Targets for communication (to complainants and respondents) including touchpoints and timelines are established within the Alinity Complaints Task Management module. In addition, staff will be available to answer questions or provide updates more frequently as requested within reasonable limits (as is indicated in written communications and on the website).

Acknowledgement will be sent to the complainant that the complaint has been received:

- on the day it is received in the event of an online submission, or
- within 3 business days if complaint submission is not online.

Following the initial acknowledgement letter to the complainant, communication will be sent to the complainant and the respondent (at a minimum) according to the timeframes set out above in Section 3(e):

- when a Section 71 decision has been made;
- when a Section 73 decision has been made (including referral to the Complaints Committee);
- when a meeting of the Complaints Committee has been scheduled; and
- when the Complaints Committee's Section 84 written decision is delivered.

Where a complaint has been dismissed by the Registrar (either through Section 71 or 73) the complainant will be informed in writing that they may seek a review of the dismissal by the Complaints Committee within 30 days.

4. Format of Complaints Committee Meetings

Generally, when a respondent exercises their option to a meeting of the Complaints Committee, the meeting unfolds in the following way as directed by the Chair:

- The Chair welcomes the Respondent and introduces the Panel and others (e.g., Registrar, Deputy Registrar, administrative support, and NSRDDA legal counsel if present).
- The Chair outlines the process for the meeting.
- The respondent is given an opportunity to share their perceptions of the complaint and clarify any issues raised in the complaint which they feel may be inaccurate or unjustified, or which may warrant clarification.

If the respondent's legal counsel is present, they will be given the opportunity to speak if that is the respondent's desire. However, the panel will be most interested to hear from the respondent in their own words.

- The panelists (not the Registrar, Deputy Registrar, or NSRDDA legal counsel) will ask any questions they may have arising from what they have reviewed and heard.
- The respondent will be given an opportunity to share any final thoughts.
- The Chair will thank the respondent for their attendance and dismiss them.
- The panelists (not the Registrar, Deputy Registrar, or NSRDDA legal counsel) will deliberate in an effort to determine if there are findings (of professional misconduct, incompetence, conduct unbecoming the profession, or incapacity) and arrive at a disposition among the options set out in Section 84(1) of the [RHPA](#).
- The Panel often, but not always, arrives at its decision that evening. In some circumstances it may take longer (e.g., if more information is required).
- Note that the Registrar, Deputy Registrar, and NSRDDA legal counsel are present during the interview and the deliberative stage. However, they are there only to support the Panel with procedural issues or, if asked, provide clarification around matters such as:
 - the investigation,
 - relevant Practice Standards, or
 - legislation.

The Registrar, Deputy Registrar, and NSRDDA legal counsel take no part in the deliberations or decision.
- In the weeks following a meeting of the Complaints Committee, the Panel develops a formal written decision with reasons. Generally, the written decision is provided to the Complainant and the Respondent within 4-6 weeks following the meeting.

5. Consideration of Prior Conduct History

In cases where the respondent has had a previous finding of professional misconduct, incompetence, incapacity, or conduct unbecoming the profession, this history will not be provided to the Complaints Committee panel prior to or during the meeting.

If, during deliberations, the panel determines that there has been a finding of professional misconduct, incompetence, incapacity, or conduct unbecoming the profession, the panel may request that the Registrar provide information about prior history if the panel feels it may be pertinent to determining the disposition.

In this situation, the Committee pauses its deliberations after making a finding(s), and follows-up with the registrant in writing to:

- Notify the registrant of its findings (this is communicated as a “bottom line” decision on findings, without detailed reasons);

- Provide the registrant with a copy of their conduct history; and
- Provide the registrant with an opportunity to respond in writing as it relates to their conduct history and appropriate disposition of the Complaint only.

Once the deadline for that submission passes, the Committee reconvenes to consider appropriate disposition in light of its findings, the conduct history, and any response received from the registrant. The registrant does not attend that further meeting. A full decision with reasons for findings and disposition will follow.

6. Monitoring and Policy Review

The Registrar and the Complaint Committee Chair will ensure that this policy is reviewed at least annually or as required by operational changes.

7. Accountability

The Registrar and the Complaint Committee Chair are accountable for ensuring compliance with this policy.

NSRDDA Quality Assurance Program Submission


























DOMAIN: INVESTIGATIONS, PROFESSIONAL CONDUCT, AND FITNESS TO PRACTICE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator enables anyone to submit a complaint about a registrant.	8.2	Information is communicated directly to complainants and respondents who are engaged in the complaints process, including what can be expected at each stage.	Communication sent to complainants includes - awareness of legislation and lack of tangible proof/no decisions overturned

[At this link](#) can be found the communication templates for all stages of the NSRDDA Complaints and Investigation process. These 25 letter templates have been developed since the May 1, 2025 migration to the RHPA.

While these templates have necessarily customizable components, they are replete with standardized information on:

- the NSRDDA complaint process,
- expected timelines, and
- hyperlinks to the legislative authority governing the NSRDDA complaints and investigations process.

To aid the Registrar in the administration of complaints, each template has been labeled with the RHPA section applicable to its use.

 70 - Initial Complaint Acknowledgement.docx	 73(1)(f)2 Notification of meeting date to respondent.docx
 71(1)(a) Dismissal to complainant.docx	 73(1)(f)3 Notification of meeting date to complainant.docx
 71(1)(a) Dismissal to respondent.docx	 77 Acknowledgement of Request for Review to Complainant.docx
 71(1)(a)_2 Registrar Dismissal Decision.docx	 77 Notification of Request for Review_Letter to Committee.docx
 71(1)(f) Investigation to begin to complainant.docx	 77 Notofocation of Request for Review to Respondent.docx
 71(1)(f) Investigation to begin to respondent.docx	 77(1)_0 Dismissal to respondent following no request for review.docx
 71(1)(f)2 Dentist's Response Sent to Complainant.docx	 84(1) Complaints Committee Decision.docx
 71(1)(f)3 Complainant's reply sent to respondent.docx	 84(1)(a) Dismissal cover letter to complainant (CC dismissal).docx
 72(2)(b) Request for Records from second provider.docx	 84(1)(a) Dismissal cover letter to respondent (CC Dismissal).docx
 73(1)(a) Dismissal to complainant (following investigation).docx	 84(1)(b)_() Cover letter to complainant (CC decision).docx
 73(1)(a) Dismissal to respondent (after investigation).docx	 84(1)(b)_() Cover letter to respondent (CC Decision).docx
 73(1)(a)2 Registrar Dismissal Decision.docx	
 73(1)(f) Referral to CC letter to complainant (following investigation) (1).docx	
 73(1)(f) Referral to CC letter to respondent (after investigation).docx	

An enormous debt of gratitude goes to the Nova Scotia College of Nursing (NSCN) staff who generously worked with the NSRDDA Registrar and shared the templates they had developed since working under the [2019 Nursing Act](#), which the RHPA mirrors closely.

The NSCN templates formed the framework which the NSRDDA Registrar used to develop NSRDDA templates, adapted to the profession-specific context. These templates continue to evolve with use.

The principles and processes set out above and already in play, have been incorporated into the NSRDDA's internal "Complaints and Investigations Policies and Procedures" document attached to submission 8.1.

NSRDDA Quality Assurance Program Submission

DOMAIN: INVESTIGATIONS, PROFESSIONAL CONDUCT, AND FITNESS TO PRACTICE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator enables anyone to submit a complaint about a registrant.	8.3	The relevant supports available to complainants and respondents are clearly and directly communicated.	<p>Policy that dictates process and supports. The supports offered can be awareness that they can call and provide clarity on the process, expected timelines, how they can submit a complaint.</p> <p>Link to information offered by Network or other regulators</p>

For Complainants

Communication to complainants includes information about supports available, including that they can call the Regulator’s office for information or updates.

Potential complainants are made aware that there are alternate ways to file a complaint if an online or written submission is not possible. This is communicated via:

- the NSRDDA [website](#),
- the complaint process video, and
- telephone/email communications.

For Respondents

The Registrar normally meets with respondents to inform them that a complaint has been received. During this meeting the Registrar:

- Informs the respondent where they can access the documents related to the complaint;
- Gives a general overview of the complaint process and what the respondent can expect; and
- Provides information regarding legal and mental health supports available through relevant member services organizations.

Written complaint notifications to respondents will also include the above-mentioned information. Specifically, the complaint notification to dentists includes the following:

Supports Available

We understand that it can be stressful to be involved in a regulatory process. Dentists who are members of the Nova Scotia Dental Association (NSDA) have 24/7 access to two (2) programs designed to assist in times of stress and when facing challenges to mental wellbeing and overall health as set out below:

- The Professional Support Program (PSP) is a safe and confidential way for dentists facing the stresses associated with a regulatory action to get help, support and resources: professionalsupport@doctorsns.com.
- The Members Assistance Program (MAP) offered through CDSPI, is a national support and assistance program for dentists in challenging times: 1-844-578-4040.

Dentists who carry CDSPI Malpractice Insurance and are undergoing investigations and hearings through a regulatory professional conduct process also have access to legal Expense Insurance that may be accessed by calling 1-833-556-1705.

Thank you for your cooperation with this matter. If you have further questions about the process, you may contact me by email at registrar@nsrdda.ca. You can also see [this page of our website](#).

There is analogous information provided where the respondent is a dental assistant.

The principles and processes set out above and already in play, have been incorporated into the NSRDDA's internal "Complaints and Investigations Policies and Procedures" document attached to submission 8.1.

NSRDDA Quality Assurance Program Submission

DOMAIN: INVESTIGATIONS, PROFESSIONAL CONDUCT, AND FITNESS TO PRACTICE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator enables anyone to submit a complaint about a registrant.	9.1	The regulator is compliant with applicable legislation pertaining to the professional conduct and fitness to practice processes.	Provide links or documents

Complaints Process

[At this link](#) can be found the communication templates for all stages of the NSRDDA Complaints and Investigation process. These 25 letter templates have been developed since the May 1, 2025 migration to the RHPA.

While these templates have necessarily customizable components, they are replete with standardized information on:

- the NSRDDA complaint process,
- expected timelines, and
- hyperlinks to the legislative authority governing the NSRDDA complaints and investigations process (including the RHPA and PHIA).

To aid the Registrar in the administration of complaints, each template has been labeled with the RHPA section applicable to its use.

Information on the Complaints and Investigations page of the website also contains links to pertinent legislation.

Fitness-to-Practise

The NSRDDA is currently developing its Fitness-to-Practise (FTP) paradigm. To date the Board has:

- approved Terms of Reference for the Fitness-to-Practise Committee (attached)
- approved “Fitness-to-Practise Eligibility Criteria” (attached) pursuant to Section 126(2) of the RHPA, and
- established a [Fitness-to-Practise Committee](#).

Further processes and communications regarding the NSRDDA FTP process will be developed early in 2026.

Fitness-to-Practise Committee – Terms of Reference

Policy Number:	Next Review Date:
Approved by: NSRDDA Board	Approval Date: August 14, 2025; amended Sept. 26, 2025

1. Purpose

The Fitness-to-Practise Committee is established under the *Regulated Health Professions Act, 2023* (Nova Scotia) (*RHPA-NS* or *Act*) to hold hearings and make determinations in cases where a registrant’s physical or mental capacity may impair their ability to practise safely and competently. The Committee’s primary role is to protect the public while ensuring that registrants are treated fairly and with dignity in a non-disciplinary process.

The Committee operates in a manner that reflects the NSRDDA’s commitment to EDIRA (equity, diversity, inclusion, reconciliation and accessibility), by recognizing diverse cultural experiences and removing barriers to participation to support fairness for all.

2. Mandate

Subject to the *Act*, regulations and NSRDDA bylaws, the Fitness-to-Practise Committee’s mandate generally includes the following:

- Receive and consider referrals from the Complaints Committee or Registrar regarding a registrant’s capacity to practise
- Conduct meetings with a registrant referred to the fitness-to-practise process in accordance with the *RHPA-NS* and applicable regulations, bylaws and policies
- Determine whether a registrant is incapacitated (as defined in the *RHPA-NS*)
- Decide what, if any, orders or restrictions are necessary to protect the public and support the registrant’s return to safe practice, including:
 - a. Approval of the registrant’s return to practise, subject to terms and conditions determined by the Committee and with which the registrant agrees
 - b. Variation of the terms and conditions under which the registrant is practising if the registrant agrees to such variation, or
 - c. Denial of the return to practise or variation request and referral of the registrant back to the Registrar
- Retain jurisdiction over any registrant who is subject to ongoing terms and conditions of practice agreed upon with the committee until such terms and conditions have been met or the matter has been referred back to the Registrar under the *Act*

3. Authority

The Fitness-to-Practise Committee derives its authority from the *Act*, regulations and NSRDDA bylaws.

4. Membership and Terms

- The Committee shall be composed of at least the following:
 - (a) One public representative
 - (b) Two Dentists in good standing and having been licensed for a minimum of five years in their profession in Nova Scotia or at the discretion of the Board, and
 - (c) One licensed Dental Assistant in good standing and having been licensed for a minimum of five years in their profession in Nova Scotia or at the discretion of the Board.
- Members shall be appointed by the Board in accordance with applicable legislative requirements.
- In appointing members to the Committee, the NSRDDA strives to reflect a diversity of professional backgrounds, lived experiences, and perspectives that support equitable and inclusive decision-making.
- Committee members must not have been involved in the investigation or referral of the matter.
- The term of a member of the Fitness-to-Practise Committee shall not exceed three years. The Board may reappoint a member of the Fitness-to-Practise Committee for further terms.
- The Registrar is not a member of the Committee but may attend Committee meetings, in an ex officio administrative support role.

5. Chair and Vice-Chair

- The Board shall appoint a Chair and a Vice-Chair of the Fitness-to-Practise Committee, both of whom must be Dentists. The terms of the Chair and Vice-Chair of the Fitness-to-Practise Committee shall not exceed three years. The Board may reappoint a Chair or Vice-Chair of the Committee for further terms.
- The Chair is responsible for presiding over meetings and coordinating decision-making processes.
- The Vice-Chair acts for the Chair in the absence of the Chair.
- The Chair shall be entitled to vote on all matters before the Fitness-to-Practise Committee and in the event of a tied vote, the Chair shall have an additional casting vote.

6. Panel Appointments

- Upon referral of a matter to the Fitness-to-Practise Committee, the Chair of the Committee shall appoint a Panel or Joint Panel of at least three members of the Committee, and include a public representative and at least one member from the same profession as the registrant in question.
- Where the Chair or Vice-Chair of the Fitness-to-Practise Committee is not appointed to the Panel, the Chair of the Committee shall appoint a Chair for the Panel from among the Panel members.

- The Panel Chair shall be entitled to vote on all matters before the Panel and in the event of a tied vote, the Panel Chair shall have an additional casting vote.

7. Meetings and Quorum

- A meeting of the Fitness-to-Practise Committee may be in-person, virtual or hybrid.
- Committee meetings involving the registrant in question are conducted in accordance with the *Act* and applicable rules of procedure established by the Committee.
- The quorum of the Fitness-to-Practice Committee consists of three members, including at least one public member and one member of the same profession as the person being reviewed for fitness-to-practise.

8. Decision-Making

- The Committee's decisions shall be guided by principles of procedural fairness and informed by the NSRDDA's commitment to EDIRA.
- A decision of the Fitness-to-Practice Committee requires the vote a majority of the Panel of the Committee appointed by the Committee Chair.
- At the conclusion of its consideration of fitness-to-practise referral, the Committee shall issue a written decision within a reasonable timeframe in accordance with any standards established by the Board in this regard.

9. Confidentiality

Deliberations and all documents related to matters before the Committee are confidential. Public access to complaint-related outcomes is governed by statute and applicable regulations, bylaws or Board policies. Confidential information must be protected in accordance with the *Act* and applicable privacy legislation.

10. Conflict of Interest

Members must declare any actual or perceived conflicts of interest and recuse themselves where impartiality may be compromised.

11. Reporting and Records

- The Committee shall ensure that the NSRDDA maintains confidential records of all of its proceedings and outcomes.
- An annual report summarizing anonymized activity, trends, and outcomes shall be submitted to the Board.
- The Committee may recommend changes to the Board regarding NSRDDA standards, policies, or education based on its findings.

12. Review and Amendment

These Terms of Reference shall be reviewed by the Board periodically and updated as required to reflect changes in legislation, best practices, or organizational needs.

13. Accountability

The Chair of the Fitness-to-Practise Committee is accountable for ensuring the Committee's compliance with these Terms of Reference and any requirements under the *Act*, its regulations or the NSRDDA's Bylaws.

FITNESS TO PRACTISE ELIGIBILITY CRITERIA – NOVA SCOTIA REGULATOR OF DENTISTRY AND DENTAL ASSISTING

Pursuant to Section 126(2) of the *Regulated Health Professions Act, SNS 2023, c. 15*

Where a registrant meets the criteria under s. 126(3) of the *Regulated Health Professions Act, SNS 2023, c. 15* (the “Act”) for referral to the Nova Scotia Regulator of Dentistry and Dental Assisting (“Regulator”) Fitness-to-Practise Process, the Registrar must, on case-by-case basis, determine that the following eligibility criteria are also met:

1. There is reasonable evidence suggesting incapacity of the registrant, including, but not limited, to one or more of the following:
 - a. A documented history of behaviour or performance concerns relating to incapacity;
 - b. Medical or psychological evidence indicating an impairment that affects the registrant’s ability to practice safely; or
 - c. A pattern of incidents (e.g. errors, complaints, or workplace concerns) that raise reasonable concerns about capacity.
2. There is reasonable evidence to suggest:
 - a. The incapacity can be successfully treated or remedied such that the registrant can practice safely, competently, and ethically; and
 - b. The registrant is likely to pursue appropriate remediation or treatment.
3. The objects of the Regulator will be better served by having the matter addressed through the Fitness-to-Practise Process rather than the professional conduct process or other regulatory process(es). In considering this, the Registrar shall take into account:
 - a. The nature and number of incidents involved;
 - b. The impact of the incidents on patients, colleagues, the workplace, the public, or the reputation of the profession;
 - c. The public nature of the incidents;
 - d. The registrant’s prior conduct history and/or fitness to practice history; and
 - e. Such other factors relevant to the particular matter under consideration.

4. The matter does not meet the criteria to be excluded from the Fitness-to-Practice Process, criteria of which include:
 - a. There is insufficient evidence to suggest incapacity; or
 - b. The concerns are primarily related to conduct, ethics, or competency rather than incapacity.

The Registrar may direct the registrant to undergo an assessment(s) to establish whether the registrant suffers from an incapacity.

All eligibility concerns must be clearly documented by the Registrar, including the rationale for referral or non-referral to the Fitness-to-Practice process.

Approved by the NSRDDA Board on July 24, 2025

NSRDDA Quality Assurance Program Submission

DOMAIN: INVESTIGATIONS, PROFESSIONAL CONDUCT, AND FITNESS TO PRACTICE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator enables anyone to submit a complaint about a registrant.	9.2	Policies and procedures are developed that define processes and timelines that meet legislative requirements.	Provide links or documents

Target timelines for the management of complaints have been established as set out in the NSRDDA’s internal “Complaints and Investigations Policies and Procedures” document attached to submission 8.1.

We have incorporated these timelines into the Complaint Task Management module of our Alinity database. This tool flags administrative/procedural next steps and overdue processes.

On this and the following page can be seen how the task management has worked for a complaint which was opened on September 5, 2025, and heard by the Complaints Committee on November 6, 2025. (The formal decision with reasons has yet to be finalized and sent to the complainant/respondent.)

Details
⋮ ✎ ^

Complaint #	NSRDDA-2025-25	State	Open
Member	[REDACTED]	Status	File opened
Complainant(s)	[REDACTED]	Opened	05-Sep-2025
Complainant type	Member of public	Baseline	-
Allegation(s)	Failure to maintain confidentiality	Next follow up	-
Outcome(s)	-	Tags	Privacy
Investigator(s)	-		
Staff lead	Douglas Mackey		

Complaint Summary ✎ ^

Complainant alleges that Dr. [REDACTED] breached confidentiality by discussing him with her father.

Allegations

Allegation	Severity	Status	
Failure to maintain confidentiality Professional Misconduct	Moderate	Pending	

1 allegations found

Timeline Outstanding only

Duration 67 days

- File opened
- 25-Sep-2025 - Acknowledgement letter sent to JC (Investigation) ✓ 20d / 20d
Acknowledgement ltr sent
- 01-Oct-2025 - Notification of complaint sent to DDS (Investigation) ✓ 6d / 26d
s.71 ltr sent
- 01-Oct-2025 - s.71 ltr sent (Investigation) ✓ 6d / 26d
s.71 ltr sent
- 27-Oct-2025 - Response received from respondent (Investigation) ✓ 26d / 52d
Response received
- 30-Oct-2025 - Response sent to complainant (Investigation) ✓ 3d / 55d
Response sent to complainant
- 31-Oct-2025 - Complainant's reply to response received (Investigation) ✓ 1d / 56d
Complainant reply to response
- 02-Nov-2025 - s.73 decision (Investigation) ✓ 2d / 58d
s.73 decision
- 02-Nov-2025 - Parties advised of referral (Complaints Committee Referral) ✓ 2d / 58d
Parties advised of referral
- 02-Nov-2025 - Meeting date set (Complaints Committee Referral) ✓ 2d / 58d
Meeting date set
- 02-Nov-2025 - Meeting date sent to respondent (Complaints Committee Referral) ✓ 2d / 58d
Meeting date sent to respondent
- 02-Nov-2025 - Document package sent to respondent (Complaints Committee Referral) ✓ 2d / 58d
Document package sent to respondent
- 03-Nov-2025 - Meeting coordinates sent (Teams) (Complaints Committee Referral) ✓ 1d / 59d
Meeting coordinates sent (Teams)
- 04-Nov-2025 - Meeting date sent to complainant (Complaints Committee Referral) ✓ 1d / 60d
Meeting date sent to complainant
- 06-Nov-2025 - CC Meeting (Complaints Committee Referral) ✓ 2d / 62d
CC Meeting
- 06-Dec-2025 - Formal written decision approved by Chair (Complaints Committee Referral)
Decision approved
- 15-Dec-2025 - Decision sent to Complainant and Respondent (Complaints Committee Referral)
Decision sent

NSRDDA Quality Assurance Program Submission

DOMAIN: INVESTIGATIONS, PROFESSIONAL CONDUCT, AND FITNESS TO PRACTICE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator enables anyone to submit a complaint about a registrant.	9.3	Regulatory processes are clearly written and publicly accessible (as appropriate).	Provide links or documents

As outlined in Submission 1.4, information for the public on our website is evaluated by assessing the readability of the text using the Readability Statistics tool in Microsoft Word.

It is generally accepted that public-facing language (e.g., for public health messaging) should generally have a Felsch Reading Ease score between 30 and 90, with scores in the higher range being ideal. It should also have a Flesch-Kinkaid Grade Level between 7.0 and 8.0.

Although we strive to present our written communication on our website in plain language, it is a challenge to achieve readability as per the parameters above while also being unambiguous, using words which are necessary for accuracy, and appropriately referencing legislation.

Many passages of our messaging for the public have a very favourable readability rating (e.g., a Felsch Reading Ease score of 75.8 and Flesch-Kinkaid Grade Level of 5.4 for an FAQ passage).

However, such results have not always been possible. For example, the text from the top of our [Complaints and Investigations](#) page was found to have a Felsch Reading Ease score of 40.4 and a Flesch-Kinkaid Grade Level was 12.8.

It is not always possible to bring messaging into the Grade 7-8 range without diluting the information and removing context-specific words such as “dentistry”, “assisting”, “regulation” and “legislation”.

NSRDDA Quality Assurance Program Submission

DOMAIN: INVESTIGATIONS, PROFESSIONAL CONDUCT, AND FITNESS TO PRACTICE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator’s decisions are consistent, fair, and prioritize public protection mandate.	10.1	Decisions and the evidence supporting each decision at each stage of the process are well documented.	Provide a checklist review for investigations (internal) Decision making framework

As set out in the “Complaints and Investigations Policies and Procedures” document attached to submission 8.1, decision making for investigations is guided by the RHPA.

Decisions of the Registrar under sections 71 and 73 of the [RHPA](#) are made in accordance with the frameworks set out in those sections and the related documentation and correspondence reference the applicable section and subsection.

Decisions of the Complaints Committee under sections 78 and 84 of the [RHPA](#) are made in accordance with the frameworks set out in those sections and the related documentation and correspondence reference the applicable section and subsection.

Complaints Committee panelists are sent, with each complaint document package, a worksheet to consider as they review the documentation related to the complaint. The worksheet presents all possible findings and dispositions as set out in the RHPA. (The checklist is attached.)

Complaint Committee Deliberations

Threshold Question: Is there evidence of any of the following findings? Case: _____

- Professional misconduct
- Conduct unbecoming the profession
- Incompetence
- Incapacity

Use the worksheet below to consider whether any of the following may apply to the matter being adjudicated.

I. Professional Misconduct includes such conduct or acts relevant to the practice of a regulated health profession that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional. It includes the following.	Y/N/?
(a) failing to maintain the standards of practice; (Note: these may be formalized NSRDDA practice standards/guidelines (e.g., Informed Consent, Sedation, IPAC etc.) OR generally accepted standards (e.g., isolation for composites, proper contour/form for restorations, health history review, etc.)	
(b) failing to adhere to any codes of ethics adopted by the regulatory body; For your reference: <ul style="list-style-type: none"> • The PDBNS Code of ethics in effect until April 30, 2025 can be accessed at this link. • The NSRDDA Code of Ethics in effect effective May 1, 2025 can be accessed at this link. 	
(c) abusing a person verbally, physically, emotionally or sexually;	
(d) misappropriating property, including drugs, belonging to a client or an employer;	
(e) inappropriately influencing a client to make or change a legal document;	
(f) abandoning a client/patient;	
(g) neglecting to provide care to a client/patient	
(h) failing to exercise appropriate discretion with respect to the disclosure of confidential information;	
(i) falsifying records;	
(j) inappropriately using licensing status for personal gain;	

(k) promoting for personal gain any drug, device, treatment, procedure, product or service that is unnecessary, ineffective or unsafe;	
(l) publishing, or causing to be published, any communication that is false, fraudulent, deceptive or misleading;	
(m) engaging or assisting in fraud, misrepresentation, deception or concealment of a material fact when applying for or securing registration or a licence or taking any examination provided for in this Act, including using fraudulently procured credentials; and	
(n) taking or using a designation or a derivation or abbreviation thereof, or describing the person's activities as being part of the practice of a regulated health profession in any communication, including verbally, unless the referenced activity falls within the practice of the profession;	

II. Conduct Unbecoming the Profession	Y/N/?
Conduct Unbecoming the Profession: Conduct or acts relevant to the practice of a regulated health profession that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional. It includes the following.	

III. Incompetence	Y/N/?
<p>“Incompetence”, in relation to a registrant, means a lack of competence demonstrated in the registrant’s care of a client or delivery of regulated health services that, having regard to all the circumstances, rendered the registrant unsafe to practise at the time of such care of the client or delivery of regulated health services or that renders the registrant unsafe to continue in practice without remedial assistance.</p> <p>(Note: To reach a determination of incompetence there needs to be a pattern, not an isolated incident. For example, multiple poor restorations on a single patient, or a repeated pattern of poor work or failure to meet standards for multiple patients. An isolated incident might fall under “Professional misconduct (a) failing to maintain the standards of practice.”</p>	

IV. Incapacity	Y/N/?
“Incapacity” means the status whereby a registrant has or had a medical, physical, mental or emotional condition, disorder or addiction that renders or rendered the registrant unable to practise with competence or that endangers or may have endangered the health or safety of clients.	

Possible Dispositions of the Complaints Committee

Possible Dispositions	RHPA Section	Y/N/?
<p>(a) Dismiss the complaint and <u>provide any guidance</u> the committee considers useful to the complainant, the respondent or any other person associated with the complaint if the committee determines that</p> <ul style="list-style-type: none"> • (i) the complaint is outside the jurisdiction of the regulatory body, • (ii) the complaint cannot be substantiated, • (iii) the complaint is frivolous or vexatious, • (iv) the complaint constitutes an abuse of process, • (v) the facts alleged, even if proven, would not constitute professional misconduct, conduct unbecoming the profession, incompetence or incapacity, or would not merit a caution, or • (vi) the processing of the complaint would not advance the objects of the regulatory body; 	s.84(1)(a)	
Require respondent to submit to physical or mental examinations by a qualified person or persons designated by the committee, and authorize the reports from the examinations to be given to the committee,	s.84(1)(b)(i)	
Require respondent to submit to a review or audit of the respondent's practice by a qualified person or persons designated by the committee, and authorize a copy of the review or audit to be given to the committee,	s.84(1)(b)(ii)	
Require respondent to complete a competence assessment as directed by the committee to determine whether the respondent is competent to practise, and authorize the assessment report to be given to the committee.	s.84(1)(b)(iii)	
Require respondent to produce any records or documents kept respecting the respondent's practice that the committee deems relevant;	s.84(1)(b)(iv)	
Informally resolve the complaint , including authorizing the respondent's resignation from the register and any relevant category of licensing; (An informal resolution could also include another sort of signed agreement such as remedial measures, agreement to modify practice protocols, etc.)	s.84(1)(c)	
Refer the matter to another form of dispute resolution ;	s.84(1)(d)	
Caution the respondent; (As per definitions in s.2, a "caution" means a determination by a complaints committee that a registrant may have breached the standards of professional ethics or practice but in circumstances that do not constitute professional misconduct, conduct unbecoming the registrant's profession, incompetence or incapacity.)	s.84(1)(e)	
With the respondent's consent , order that the respondent receive a reprimand and that the reprimand be communicated to the respondent, the complainant and any other person the committee considers appropriate;	s.84(1)(f)	
With the respondent's consent, impose conditions or restrictions , or both, on the respondent's registration or licence; (this could include remediation/education)	s.84(1)(g)	
Refer to fitness-to-practice process where the matter may involve incapacity, and the respondent and the registrar agree, refer the matter to the fitness-to practise process;	s.84(1)(h)	
Where a determination is made that the matter warrants a hearing, refer the matter to the Professional Conduct Committee.	s.84(1)(i)	

NSRDDA Quality Assurance Program Submission

DOMAIN: INVESTIGATIONS, PROFESSIONAL CONDUCT, AND FITNESS TO PRACTICE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator’s decisions are consistent, fair, and prioritize public protection mandate.	10.2	<p>Decisions that are publicly accessible reflect the regulator’s consideration of relevant legislation/standards for example:</p> <ul style="list-style-type: none"> ○ The regulator’s statutory objectives ○ The regulator’s practice standards 	<p>Decision templates - even if you have not had to deal with investigations, you should have processes in place</p> <p>Links to decisions posted on website</p>

In the attached template for Complaints Committee minutes (which becomes the foundation for the Committee’s written decisions), you can see possible decisions or motions of the Committee, each of which is linked to a particular subsection of the RHPA s.84.

There has yet to be a public-facing decision for a complaint process concluded under the RHPA.

However, on [this page of the NSRDDA website](#) you can see several settlement agreements for matters addressed by the Complaints Committee prior to 2025 which were referred to the Discipline Committee. The admissions in these settlement agreements mirror the findings outlined in the associated written decisions of the Complaints Committee and demonstrate the Regulator’s consideration of relevant legislation and standards. (The redacted analogous Complaints Committee decisions for these published cases can be made available for review upon request.)

COMPLAINANTS COMMITTEE MEETING MINUTES MONTH XX, 2025

A meeting of a panel of the Complaints Committee was held on Thursday, [INSERT DATE, 2025] via Zoom videoconference.

Panel members included: Dr. Clare Champoux, Chair
Dr. [INSERT PANELIST NAME]
Dr. [INSERT PANELIST NAME]
[INSERT PUBLIC MEMBER NAME]

Also in attendance: Dr. Doug Mackey, Registrar
Dr. Curtis Gregoire, Deputy Registrar
Dr. Mary McNally, NSRDDA Consultant
Mr. Jason Cooke, NSRDDA Legal Counsel
[INSERT NAME OF RESPONDENT'S COUNSEL] (present for Case #)

The Chair called the meeting to order at [INSERT TIME].

Case #1: File # PDBNS-C2025-##

Complaint lodged by [INSERT COMPLAINANT] against [INSERT RESPONDENT] alleging the quick brown fox jumped over the lazy dog's back.

The members of the panel had reviewed the following documentation:

- the original complaint submission from [INSERT COMPLAINANT] received [insert date];
- a response to the complaint by [INSERT RESPONDENT] received [insert date];
- xxxxx
- xxxx
- xxx
- various administrative correspondence related to the complaint.

Summary of [COMPLAINANT]'s Complaint Submission

In their official complaint to the Nova Scotia Regulator of Dentistry and Dental Assisting (the "Regulator"), [COMPLAINANT] describes/alleges/????? the quick brown fox jumped over the lazy dog's back.

Summary of [RESPONDENT]'s Response to the Complaint

In his/her written response to the complaint, the quick brown fox jumped over the lazy dog's back.

Summary of [COMPLAINANT]'s Response to [RESPONDENT]'s Submission

In his/her written response to the complaint, the quick brown fox jumped over the lazy dog's back.

Interview with [RESPONDENT NAME]

[RESPONDENT NAME] exercised his/her right to meet with the panel for the hearing of the complaint. [RESPONDENT NAME] reiterated what he/she had put forth in his/her written submission. The quick brown fox jumped over the lazy dog's back.

Complaints Committee Deliberations

The quick brown fox jumped over the lazy dog's back.

The quick brown fox jumped over the lazy dog's back.

The quick brown fox jumped over the lazy dog's back.

After careful deliberations on this matter, members of the panel unanimously determined that in the treatment of [RESPONDENT NAME], The quick brown fox jumped over the lazy dog's back.

It was moved and seconded by [PANELIST] and panelist [PANELIST]: [PICK ONE OF THE FOLLOWING]

"That in accordance with s.84(1)(a) of the *Regulated Health Professions Act*, the complaint lodged by [COMPLAINANT NAME] against [RESPONDENT NAME] be dismissed."

"That in accordance with s.84(1)(b)(i) of the *Regulated Health Professions Act*, [RESPONDENT NAME] be required to submit to physical or mental examinations by a qualified person or person designated by the committee, and that the reports from the examinations to be given to the committee."

"That in accordance with s.84(1)(b)(ii) of the *Regulated Health Professions Act*, [RESPONDENT NAME] be required to submit to a review or audit of the respondent's practice by qualified person or persons designated by the committee, and that a copy of the review or audit to be given to the committee."

That in accordance with s.84(1)(b)(iii) of the *Regulated Health Professions Act*, [RESPONDENT NAME] be required to complete a competence assessment as directed by the committee to determine whether the respondent is competent to practise, and that the assessment report to be given to the committee."

"That in accordance with s.84(1)(b)(iv) of the *Regulated Health Professions Act*, [RESPONDENT NAME] be required to produce any records or documents kept respecting the

respondent's practice that the committee deems relevant. [SPECIFY RECORDS]"

"That in accordance with s.84(1)(c) of the Regulated Health Professions Act, an attempt be made to reach an informal resolution of the complaint against. [THIS MAY INCLUDE AUTHORIZING RESPONDENT'S RESIGNATION FROM THE REGISTER.]"

"That in accordance with s.84(1)(d) of the Regulated Health Professions Act, the matter of the [COMPLAINANT'S NAME] against [RESPONDENT'S NAME] be referred to another form of dispute resolution."

"That in accordance with s.84(1)(e) of the Regulated Health Professions Act, [RESPONDENT'S NAME] be issued a caution with respect to the complaint lodged by [COMPLAINANT NAME]."

"That in accordance with s.84(1)(f) of the Regulated Health Professions Act, and with [RESPONDENT'S NAME]'s consent, [RESPONDENT'S NAME] be issued a reprimand, and that the reprimand be communicated to the respondent, the complainant [and any other person the committee considers appropriate]."

"That in accordance with s.84(1)(g) of the Regulated Health Professions Act, and with [RESPONDENT'S NAME]'s consent, the following restrictions be placed on [RESPONDENT'S NAME]'s licence: [SPECIFY RESTRICTIONS]"

"That in accordance with s.84(1)(h) of the Regulated Health Professions Act, since the matter raised in the complaint against [RESPONDENT'S NAME] may involve incapacity, and with the agreement of the respondent and the Registrar, the matter shall be referred to the fitness-to-practice process."

"That in accordance with s.84(1)(i) of the Regulated Health Professions Act, since the matter raised in the complaint against [RESPONDENT'S NAME] warrants a hearing, the matter shall be referred to the Professional Conduct Committee."

Case #2: File # PDBNS-C2025-##

Complaint lodged by [INSERT COMPLAINANT] against [INSERT RESPONDENT] alleging the quick brown fox jumped over the lazy dog's back.

The members of the panel had reviewed the following documentation:

- the original complaint submission from [INSERT COMPLAINANT] received [insert date];

- a response to the complaint by [INSERT RESPONDENT] received [insert date];
- XXXXX
- XXXX
- XXX
- various administrative correspondence related to the complaint.

Summary of [COMPLAINANT]’s Complaint Submission

In their official complaint to the Nova Scotia Regulator of Dentistry and Dental Assisting (the “Regulator”), [COMPLAINANT] describes/alleges/????? the quick brown fox jumped over the lazy dog’s back.

Summary of [RESPONDENT]’s Response to the Complaint

In his/her written response to the complaint, the quick brown fox jumped over the lazy dog’s back.

Summary of [COMPLAINANT]’s Response to [RESPONDENT]’s Submission

In his/her written response to the complaint, the quick brown fox jumped over the lazy dog’s back.

Interview with [RESPONDENT NAME]

[RESPONDENT NAME] exercised his/her right to meet with the panel for the hearing of the complaint. [RESPONDENT NAME] reiterated what he/she had put forth in his/her written submission. The quick brown fox jumped over the lazy dog’s back.

Complaints Committee Deliberations

The quick brown fox jumped over the lazy dog’s back.

The quick brown fox jumped over the lazy dog’s back.

The quick brown fox jumped over the lazy dog’s back.

After careful deliberations on this matter, members of the panel unanimously determined that in the treatment of [RESPONDENT NAME], The quick brown fox jumped over the lazy dog’s back.

It was moved and seconded by [PANELIST] and panelist [PANELIST]: [PICK ONE OF THE FOLLOWING]

“That in accordance with s.84(1)(a) of the *Regulated Health Professions Act*, the complaint lodged by [COMPLAINANT NAME] against [RESPONDENT NAME] be dismissed.”

“That in accordance with s.84(1)(b)(i) of the *Regulated Health Professions Act*, [RESPONDENT NAME] be required to submit to physical or mental examinations by a qualified person or

person designated by the committee, and that the reports from the examinations to be given to the committee.”

“That in accordance with s.84(1)(b)(ii) of the *Regulated Health Professions Act*, [RESPONDENT NAME] be required to submit to a review or audit of the respondent’s practice by qualified person or persons designated by the committee, and that a copy of the review or audit to be given to the committee.”

That in accordance with s.84(1)(b)(iii) of the *Regulated Health Professions Act*, [RESPONDENT NAME] be required to complete a competence assessment as directed by the committee to determine whether the respondent is competent to practise, and that the assessment report to be given to the committee.”

“That in accordance with s.84(1)(b)(iv) of the *Regulated Health Professions Act*, [RESPONDENT NAME] be required to produce any records or documents kept respecting the respondent’s practice that the committee deems relevant. [SPECIFY RECORDS]”

“That in accordance with s.84(1)(c) of the *Regulated Health Professions Act*, an attempt be made to reach an informal resolution of the complaint against. [THIS MAY INCLUDE AUTHORIZING RESPONDENT’S RESIGNATION FROM THE REGISTER.]”

“That in accordance with s.84(1)(d) of the *Regulated Health Professions Act*, the matter of the [COMPLAINANT’S NAME] against [RESPONDENT’S NAME] be referred to another form of dispute resolution.”

“That in accordance with s.84(1)(e) of the *Regulated Health Professions Act*, [RESPONDENT’S NAME] be issued a caution with respect to the complaint lodged by [COMPLAINANT NAME].”

“That in accordance with s.84(1)(f) of the *Regulated Health Professions Act*, and with [RESPONDENT’S NAME]’s consent, [RESPONDENT’S NAME] be issued a reprimand, and that the reprimand be communicated to the respondent, the complainant [and any other person the committee considers appropriate].”

“That in accordance with s.84(1)(g) of the *Regulated Health Professions Act*, and with [RESPONDENT’S NAME]’s consent, the following restrictions be placed on [RESPONDENT’S NAME]’s licence: [SPECIFY RESTRICTIONS]”

“That in accordance with s.84(1)(h) of the *Regulated Health Professions Act*, since the matter raised in the complaint against [RESPONDENT’S NAME] may involve incapacity, and with the agreement of the respondent and the Registrar, the matter shall be referred to the fitness-to-practice process.”

“That in accordance with s.84(1)(i) of the *Regulated Health Professions Act*, since the matter raised in the complaint against [RESPONDENT’S NAME] warrants a hearing, the matter shall

be referred to the Professional Conduct Committee.

Respectfully submitted,



Dr. Clare Champoux, Complaints Chair

[DATE]

OR



Dr. Nada Haidar, Complaints Committee Acting Chair

[DATE]

“

NSRDDA Quality Assurance Program Submission

DOMAIN: INVESTIGATIONS, PROFESSIONAL CONDUCT, AND FITNESS TO PRACTICE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator’s decisions are consistent, fair, and prioritize public protection mandate.	10.3	Discipline decisions are reported in a timely manner in accordance with legislation and are posted publicly.	Links to decisions posted on website

To date, the only “publishable” decisions have been for matters which were referred to the Discipline Committee and resulted in settlement agreements and can be found on [this page of the NSRDDA website](#).

Going forward, the timeline for publishing decisions of the Complaints Committee is set out in Section 3(e) of the “Complaints and Investigations Policies and Procedures” document attached to submission 8.1:

Publication of the Complaints Committee’s decision on the website (if indicated in accordance with <i>RHPA</i> s.88(2))	No sooner than 30 days following delivery of the decision to the respondent and no longer than 60 days following that date
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NSRDDA Quality Assurance Program Submission

DOMAIN: INVESTIGATIONS, PROFESSIONAL CONDUCT, AND FITNESS TO PRACTICE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator implements interim orders in cases where there is a risk to public safety.	11.1	The process for interim orders is documented in policies and procedures.	Links to policies/procedures

The process for interim orders is set out in Section 3(i) of the “Complaints and Investigations Policies and Procedures” document attached to submission 8.1.

NSRDDA Quality Assurance Program Submission

DOMAIN: INVESTIGATIONS, PROFESSIONAL CONDUCT, AND FITNESS TO PRACTICE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator implements interim orders in cases where there is a risk to public safety.	11.2	The regulator has an established process to identify and prioritize high risk cases.	Links to policies/procedures

The process for identifying and prioritizing high risk cases is set out in Section 3(e)(row 2) of the “Complaints and Investigations Policies and Procedures” document attached to submission 8.1.

Within our Complaint Task Management module, we have assigned one of the following “Allegation Severities” to each category of allegation associated with a complaint.



For example:

<input type="checkbox"/>	Professional Misconduct	Physical abuse	Major	
<input type="checkbox"/>	Professional Misconduct	Prof. Misconduct - Unauthorized treatments; Inappropriate care	Moderate	
<input type="checkbox"/>	Professional Misconduct	Professional Misconduct - Social Media	Moderate	
<input type="checkbox"/>	Professional Misconduct	Sexual misconduct	Extreme	

NSRDDA Quality Assurance Program Submission

DOMAIN: INVESTIGATIONS, PROFESSIONAL CONDUCT, AND FITNESS TO PRACTICE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator implements interim orders in cases where there is a risk to public safety.	11.3	Interim orders are reported on the regulator’s website.	Link to website where interim orders are/could be posted

From the [Public page](#) of the NSRDDA website, you can click a button to bring you to the [Interim Orders page](#).

NSRDDA Quality Assurance Program Submission

DOMAIN: INVESTIGATIONS, PROFESSIONAL CONDUCT, AND FITNESS TO PRACTICE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator supports all parties during the complaint process.	12.1	Policies and procedures document the communication process, and address how communication takes place, and the frequency of communication.	Links to policies

Please see Section 3(j) of the “Complaints and Investigations Policies and Procedures” document attached to submission 8.1.

NSRDDA Quality Assurance Program Submission

DOMAIN: INVESTIGATIONS, PROFESSIONAL CONDUCT, AND FITNESS TO PRACTICE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator supports all parties during the complaint process.	12.2	Timelines are communicated to all parties and parties are kept informed on the progress of their case.	Provide samples of correspondence templates

Please see Sections 3(e) and (j) of the “Complaints and Investigations Policies and Procedures” document attached to submission 8.1 for policies regarding communication and target timelines.

See also [at this link](#) the communication templates for all stages of the NSRDDA Complaints and Investigation process. These 25 letter templates have been developed since the May 1, 2025 migration to the *RHPA* and include information regarding anticipated timelines where possible.

Timeline expectations are established within the “What happens when I file a complaint?” section of the [Complaints and Investigations page](#) of the NSRDDA website.

The status of all complaints is shared in the NSRDDA Annual Report [accessible at this link](#).

NSRDDA Quality Assurance Program Submission

DOMAIN: INFORMATION MANAGEMENT			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
Information collected by the regulator is protected from unauthorized disclosure	13.1	The regulator has developed and implemented policies and processes that govern the collection, use, disclosure, and protection of information.	Links to policies/processes - confidentiality agreements, privacy policies

Attached to this submission are the following:

- The PDBNS “Confidentiality Policy and Agreement”. This document is taken from the PDBNS 2010 Governance Policy Manual and is signed annually by all Board members, Committee members, staff and consultants.
- The NSRDDA “Confidentiality Policy”, approved by the Board on October 10, 2025.

VIII. Confidentiality

1. Policy Objective

The objective of this policy is to establish the Provincial Dental Board's expectations concerning the protection of its confidential information.

2. Policy Statement

Subject to legal requirements, a Board member, a Committee member, the Registrar, all employees and contractors should at all times maintain the confidentiality of all information and records that are the property of the Provincial Dental Board and must not make use of or reveal such information unless it becomes a matter of general public knowledge.

A Board member, a Committee member, the Registrar, employee or contractor will keep confidential any information supplied by or obtained from partners, stakeholders, individual personnel and closed meetings of the Provincial Dental Board unless otherwise agreed upon by motion of the Provincial Dental Board. This includes any information regarding deliberative processes from Provincial Dental Board meetings to any other individual or entity outside of the Provincial Dental Board members themselves.

A Board member, a Committee member, the Registrar, employee or contractor who ceases to hold that office, appointment or engagement continues to be obligated not to disclose confidential information. Each of these persons will have the obligation to return and/or securely destroy (as applicable and as deemed by the Provincial Dental Board) all copies of documents containing confidential information upon termination of their tenure or services with the Provincial Dental Board.

Similarly, Board members, Committee members, the Registrar, employees or contractors may not use confidential information gained by virtue of their association with the Provincial Dental Board for their personal gain, or to benefit others.

3. Confidentiality Process

The Provincial Dental Board depends on the integrity of its Board members, Committee members, the Registrar, employees or contractors to respect their obligations of confidentiality. Board members, Committee members, the Registrar and employees will be asked to sign a Confidentiality Agreement upon their appointment or reappointment, and annually during the course of their term. Requirements for confidentiality will be incorporated into the Provincial Dental Board's standard contract templates for negotiated arrangements with other contractors.

A Board member, Committee member, the Registrar or an employee who feels that they have or may have breached the requirement for confidentiality should raise the matter at a Board meeting (and/or Committee meeting as the case may be) at the earliest opportunity. Contractors should contact the Board Chair to

disclose any breaches or potential breaches of confidentiality at the earliest opportunity.

If a Board member, Committee member or the Registrar is unsure of whether they have breached confidentiality, they should raise the matter with the Board Chair (or Committee Chair, as the case may be) at the earliest opportunity. Employees or contractors should raise the matter with the Registrar at the earliest opportunity. Similarly, if any Board member, Committee member or the Registrar considers that another person to whom this policy applies has or may have breached confidentiality, they should raise the matter with the Board Chair (or Committee Chair) or the Registrar, as the case may be.

If the person with the alleged breach and the Board Chair, Committee Chair or Registrar are unable to resolve the issue, the situation will be brought to the Board (Committee) as a whole. The Board (Committee) should determine by majority vote whether or not a breach of confidentiality occurred. Of course, the individual involved should refrain from voting on the matter.

4. Legislative Framework

The Dental Board is subject to the provisions of the Nova Scotia *Freedom of Information and Protection of Privacy Act* and its *Regulations (FOIPOP)* and the Nova Scotia *Personal Health Information Act (PHIA)* and its *Regulations*.

5. Scope

This Policy applies to:

- Board members,
- Committee members,
- the Registrar,
- employees of the Provincial Dental Board,
- any contractors engaged by the Provincial Dental Board.

6. Accountability

The Chair of the Board has responsibility for the ongoing monitoring and enforcement of this Policy. Directors, Committee members, the Registrar, employees or other contractors have the responsibility to bring forward any breaches or potential breaches of confidentiality to the Board, through the Chair.

7. Consequences for Breach of Policy

In the event of the Board finding a breach of this Confidentiality Policy, the Board may:

- issue a verbal reprimand to the Board member, Committee member, Registrar, employee or contractor;
- request that a Board member or Committee member resign;
- take corrective action vis-a-vis the Registrar or employees, up to and termination of contract.

Appendix A – Confidentiality Agreement

I, _____, understand that during the course of my work with the Provincial Dental Board, I may view confidential information and records (e.g. patient information, licensee information, Board information, etc.).

In keeping with the Provincial Dental Board’s confidentiality policy, I agree:

1. To respect the confidentiality of the individuals whose information I may view;
2. Not to disclose any data I have reviewed to any other party while I have access to this data or anytime subsequently;
3. To respect the confidentiality and integrity of the Board’s deliberative processes and internal communications; and
4. To respect the confidentiality appropriate to issues of a sensitive nature, including confidential proceedings of the Board.

I have read and understand this confidentiality agreement.

Dated at _____ this _____ day of _____, 20____

Signed: _____ Print Name: _____

Witness: _____ Print Name: _____

Confidentiality Policy

Policy Number:	Next Review Date:
Approved by: NSRDDA Board	Approval Date: October 10, 2025

1. Purpose

The purpose of this policy is to safeguard the integrity, privacy, and confidentiality of information obtained, accessed, or generated in the course of the NSRDDA's work. This includes personal, professional, organizational, and other sensitive information entrusted to the Regulator through its regulatory and administrative functions. Maintaining confidentiality is essential to protect the public interest, uphold the rights of individuals, and ensure the credibility of the regulatory body.

2. Scope

This policy applies to all individuals who access or handle confidential information in connection with the work of the NSRDDA, including but not limited to:

- Board members
- Statutory and Advisory Committee members
- The Registrar
- Staff and contractors
- Consultants and external advisors
- Volunteers or trainees, where applicable

All individuals covered by this policy are expected to understand and uphold their responsibilities to protect confidential information in accordance with relevant legislation (such as applicable provincial health privacy laws), organizational policies, and professional obligations.

3. Definition of Confidential Information

Confidential information includes, but is not limited to:

- Personal or identifying information about registrants, applicants, complainants, patients/clients, and staff
- Information related to complaints, investigations, disciplinary matters, or fitness to practice proceedings
- Financial, strategic, or operational information not publicly disclosed
- Legal opinions, advice, or privileged communications
- Any information designated as confidential by the NSRDDA or protected under applicable legislation (e.g., personal health information, legal privilege, solicitor-client communications)

4. Legislative Framework

In addition to the Act, the NSRDDA is subject to the provisions of:

- the Nova Scotia *Freedom of Information and Protection of Privacy Act* (FOIPOP) and its Regulations, and
- the Nova Scotia *Personal Health Information Act* (PHIA) and its Regulations.

5. Policy Statement

(a) Obligations and Responsibilities

All individuals subject to this policy must:

- i. Treat all confidential information as private and not disclose it unless authorized by the NSRDDA or legally required
- ii. Take reasonable steps to protect confidential information from unauthorized access, use, or disclosure
- iii. Use confidential information only for the purposes for which it was provided and in the course of performing assigned duties
- iv. Refrain from discussing confidential matters in public or unsecured environments
- v. Refrain from using confidential information gained by virtue of their association with the NSRDDA for their personal gain, or to benefit others
- vi. Return or securely destroy confidential documents and records when they are no longer required, or upon termination of their role

(b) Exceptions

Confidential information may be disclosed only in the following circumstances:

- When required or permitted by law (e.g., by court order or under statutory reporting obligations)
- When disclosure is authorized in writing by the Registrar or another designated authority
- When necessary in the performance of duties and consistent with the NSRDDA's policies and applicable legislation

6. Confidentiality Process

The NSRDDA depends on the integrity of its Board members, Committee members, the Registrar, employees or contractors to respect their obligations of confidentiality. Board members, Committee members, the Registrar and employees will be asked to sign a Confidentiality Agreement (Appendix A) upon their appointment or reappointment, and annually during their term. Requirements for confidentiality will be incorporated into the NSRDDA's standard contract templates for negotiated arrangements with other contractors.

A Board member, Committee member, the Registrar or an employee who feels that they have or may have breached the requirement for confidentiality should raise the matter at a board meeting (and/or Committee meeting as the case may be) at the earliest opportunity. Contractors should contact the Board Chair to disclose any breaches or potential breaches of confidentiality.

If a Board member, Committee member or the Registrar is unsure of whether they have breached confidentiality, they should raise the matter with the Board Chair (or Committee Chair, as the case may be) at the earliest opportunity. Employees or contractors should raise the matter with the Registrar. Similarly, if any Board member, Committee member or the Registrar considers that another person to whom this policy applies has or may have breached confidentiality, they should raise the matter with the Board Chair (or Committee Chair) or the Registrar, as the case may be.

If the person with the alleged breach and the Board Chair, Committee Chair or Registrar are unable to resolve the issue, the situation will be brought to the Board (Committee) as a whole. The Board (Committee) should determine by majority vote whether a breach of confidentiality occurred. Of course, the individual involved should refrain from voting on the matter.

7. Breach of Confidentiality

A breach of this policy is considered a serious matter and may result in corrective action, depending on the degree or severity of non-compliance:

- Disciplinary action (in accordance with applicable policies or codes of conduct)
- Removal from a position or Committee
- Termination of employment or contract
- Legal action, where applicable

Any suspected or actual breach must be reported immediately to the Registrar or designate.

The Registrar will determine the corrective action for employees, contractors and advisors. The Board Chair, in consultation with the Governance and Human Resources (GHR) Committee will determine the corrective action for Board or Committee members. The Registrar or the Board Chair may consult legal counsel as required.

8. Monitoring and Policy Review

The Chair of the GHR Committee will ensure that this policy is reviewed in accordance with the Board's policy review cycle or as required by significant operational or environmental changes.

9. Accountability

The Board Chair and the Registrar are accountable for ensuring compliance with this policy.

Appendix A – Confidentiality Agreement

I, _____, understand that during the course of my work with the NSRDDA, I may view confidential information and records (e.g., patient information, licensee information, Board information, etc.).

In keeping with the NSRDDA’s confidentiality policy, I agree to:

1. Respect the confidentiality of the individuals whose information I may view.
2. Not disclose any data viewed to any party while I have access to this data or anytime subsequently.
3. Respect the confidentiality and integrity of the Board’s deliberative processes and communications.
4. Respect the confidentiality appropriate to issues of a sensitive nature, including confidential proceedings of the NSRDDA.

I have read and understand this confidentiality agreement.

Dated at _____, this _____ day of _____, 20____

Signed: _____ Print Name: _____

Witness: _____ Print Name: _____

NSRDDA Quality Assurance Program Submission

DOMAIN: INFORMATION MANAGEMENT			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
Information collected by the regulator is protected from unauthorized disclosure	13.2	The regulator has developed and implemented policies and processes that govern the destruction of records.	Links to policies/processes

Attached to this submission is the NSRDDA “Retention and Destruction of Records Policy”, approved by the Board on November 4, 2025.

Retention and Destruction of Records Policy

Policy Number:	Next Review Date:
Approved by: NSRDDA Board	Approval Date: November 4, 2025

1. Purpose

This policy establishes retention and destruction practices that uphold legal and regulatory requirements while respecting the organization's commitment to EDIRA principles. The NSRDDA recognizes that how records are created, retained, and destroyed can have equity impacts and will act accordingly.

2. Scope

This policy applies to all physical and electronic records created, received, or maintained by the NSRDDA in the course of its regulatory activities, including but not limited to registration files, complaint and investigation records, financial documents, and administrative files.

3. Definitions

'Destruction' means the process of permanently eliminating records so that information is irretrievable.

'Records' means all documents, files, electronic data, and information in any format created or received by the NSRDDA.

'Retention Schedule' means the official schedule defining how long each type of record must be kept.

4. Policy Statement

(a) Retention Periods

All records must be retained for the period required by law, regulations or this policy. When establishing or revising retention schedules, the NSRDDA consults with the EDIRA Committee or its equivalent to ensure that an EDIRA lens is applied to the issue.

Retention Periods

Record Type	Retention Period
Registrant records	Permanently
Complaint/Investigation files	Permanently
Financial records	Minimum 7 years after fiscal year-end

Board and Committee minutes	Permanently (archived)
Employee records	Minimum 7 years after termination

The Regulator will handle records in ways that are culturally respectful, particularly when records contain information relating to Indigenous Peoples or historically marginalized communities. Consultation may be sought, as appropriate, from Indigenous knowledge holders, affected community representatives, or advisory bodies such as the Board’s EDIRA Committee before the destruction of records that may have historical, cultural, or reconciliation-related significance. Such consultation will be undertaken respectfully and in a manner that protects confidentiality and complies with legal obligations.

(b) Authorization and Approval

The **Registrar** or their designate must authorize the destruction of records.

The request for destruction must include:

- Description and volume of records
- Retention compliance confirmation
- Method of destruction
- Date of destruction

(c) Methods of Destruction

Destruction methods must ensure confidentiality and prevent reconstruction. Typical methods include:

- **Paper records:** Shredding, pulping, or incineration by a reputable service provider or secure in-house processes.
- **Electronic records:** Secure deletion using software tools that overwrite data or physical destruction of media (e.g., hard drives)
- **Other media:** Destruction appropriate to the medium (e.g., CDs, USB drives) ensuring data is unrecoverable

Destruction processes will safeguard personal dignity and privacy, particularly for sensitive or identifying information relating to race, disability, gender identity, or Indigenous status.

(d) Documentation and Record-Keeping

A **Record Destruction Log** must be maintained, documenting:

- Date of destruction
- Description and volume of records destroyed
- Authorization signature
- Method of destruction
- Name(s) of person(s) performing destruction

Logs must be maintained indefinitely.

(e) Compliance and Audits

The Board, Registrar, or designated external auditors may review compliance with this policy.

Non-compliance or breaches must be reported immediately to the Registrar and Board Chair and may result in disciplinary action.

(f) Training and Awareness

Employees handling records must be trained on retention requirements and proper destruction procedures. They will also receive orientation or guidance on how EDIRA principles apply to the lifecycle of records, including retention, archival value, and destruction.

5. Monitoring and Policy Review

The Registrar and the Chair of the Finance, Audit and Risk Committee will ensure that this policy is reviewed in accordance with the Board's policy review cycle or sooner if:

- There is a legislative change
- A significant breach occurs
- A gap or deficiency is identified during audits.

6. Accountability

The Registrar is accountable for ensuring compliance with this policy.

NSRDDA Quality Assurance Program Submission

DOMAIN: SUITABILITY TO PRACTICE / CONTINUING COMPETENCE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator ensures the continued competence of all active registrants.	14.1	The regulator has a continuing competence program that is developed and implemented that supports competency, professionalism, ethical practice, and quality of care.	Links to program

The NSRDDA Continuing Competence Program, [found at this link](#), is a modernized version of the program established through the PDBNS [Mandatory Continuing Dental Education Regulations](#) in the 1990s.

NSRDDA Quality Assurance Program Submission

DOMAIN: SUITABILITY TO PRACTICE / CONTINUING COMPETENCE			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.	15.1	<p>For the assessment of applicants or registrants, based on return to practice, unrecognized international credentials, practice review, or complaint processes and procedures are developed and implemented that outline:</p> <ul style="list-style-type: none"> • The competency domains in need of evaluation • Right touch evidence informed approach used to identify who will undergo an assessment activity. <p>The criteria used to identify remediation activities a registrant must undergo are based on the practice review assessment, where necessary.</p>	Link to processes/procedures

The NSRDDA, like many small-to-medium regulatory bodies, relies on national processes to assess new applicants (entry-to-practice or extra-jurisdictional) and those returning to practice after an extended period. These processes have been established and recognized through memoranda of understanding (MOUs) among all provincial dental and dental assisting regulatory authorities. (These are the Canadian Dental Regulatory Authorities Federation (CDRAF) and the Canadian Dental Assisting Regulatory Authorities (CDARA) respectively.)

The NSRDDA does not have the capacity to independently “assess the competency, safety, and ethics of the people it registers”.

General Dentists

For general dentists, the NSRDDA relies on the National Dental Examining Board of Canada (NDEB) which was created through an [Act of Parliament](#) to “establish qualifying conditions for a single national standard certification of qualifications for general dentists”.

The NDEB’s examination blueprints are tied to a [competency framework developed by the Association of Canadian Faculties of Dentistry](#) (ACFD) and, more recently the “[Knowledge, Skills, and Abilities \(KSAs\) for a Beginning Dental Practitioner in Canada](#)” developed by the CDRAF.

For graduates of programs accredited by the [Commission on Dental Accreditation of Canada](#) (CDAC), the NDEB administers a certification examination (the Virtual OSCE) testing primarily diagnostic, clinical judgement, and treatment planning competencies. The NDEB relies on the processes established by CDAC (the accreditation body) to ensure that clinical skills and non-clinical competencies (e.g., ethics and professionalism) have been taught and assessed longitudinally throughout the programs.

(Note that through reciprocal agreements, general dentistry programs in the US, Australia, New Zealand, and Ireland are accredited by CDAC. Graduates from those countries follow the same certification process as those from Canada.)

For graduates of non-accredited general dentistry programs (where the nature and extent of the dental education is uncertain) there is an [Equivalency Process](#) administered by the NDEB to assess fundamental knowledge, clinical judgement, clinical skills, and situational judgement.

The situational judgement assessment was instituted following input from the Canadian dental regulatory authorities (DRAs) and assesses:

- patient-centered care,
- professionalism,
- communication and collaboration,
- practice and information management, and
- health promotion.

General Dentists' Re-entry to Practice

General dentists who have not met the Regulator's [currency of practice requirements](#) (meaning a minimum of 450 hours of clinical practice within the previous 36 months) must complete the NDEB's [Equivalency Process](#).

Dental Specialists

The assessment of dental specialist applicants in Canada is conducted by the Royal College of Dentists of Canada (RCDC) which administers a [National Dental Specialty Examination \(NDSE\)](#) for each of the nine specialties currently recognized across Canada.

The Canadian dental regulatory authorities are currently leading the development of updated entry-to-practice competency documents for all dental specialties in collaboration with The Royal College of Dentists of Canada (RCDC) and the Association of Faculties of Dentistry (ACFD). These competency frameworks will inform examination blueprints going forward.

Dental Assistants

Dental assisting regulatory authorities rely on the [National Dental Assisting Examining Board \(NDAEB\)](#) to administer a national certification exam, which is a requirement for each of the 8 provinces where dental assisting is currently regulated.

Graduates of dental assisting programs accredited by the [Commission on Dental Accreditation of Canada \(CDAC\)](#), can challenge the NDAEB Written Examination. Applicants of non-accredited dental assisting programs (in Canada or otherwise) must pass the NDAEB's [Clinical Practice Evaluation \(CPE\)](#) in addition to the Written Examination.

NSRDDA Oversight and Involvement

The NSRDDA, like all Canadian dental and dental assisting regulatory bodies, maintains close ties with our national partners. Representatives from national examining, accreditation, and educational bodies are present at all national meetings of the regulators to share updates and answer questions on emerging topics.

In addition, the NSRDDA appoints representatives to national examination and accreditation bodies. This was communicated on page 12 of the [PDBNS 2024 Annual Report](#) and will be fleshed out further in the 2025 Annual Report.

NSRDDA Quality Assurance Program Submission

DOMAIN: EDUCATION			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator has a transparent mechanism for assuring that the education programs it authorizes meet regulator’s requirements.	16.1	The regulator has established standards for those programs accepted by the board to assess the quality of education programs.	Links to documents for standards/processes

As set out in submission 15.1, the NSRDDA relies on national processes. It is not realistic that the NSRDDA could independently establish, evaluate, and monitor the standards for dentistry and dental assisting programs in Nova Scotia, let alone all other accredited and non-accredited programs our applicants come from.

Through an [Act of Parliament](#), the National Dental Examining Board of Canada (NDEB) was created to “establish qualifying conditions for a single national standard for the certification of qualifications for general dentists”.

The [NDEB Bylaws](#) establish the pathways for licensure which are tied to the accreditation status of educational programs. The NDEB has developed its pathways, which constitute the “single national standard certification of qualifications for general dentists”, in alignment with programs’ accreditation status as determined by the [Commission on Dental Accreditation of Canada](#) (CDAC).

Within this framework, it is CDAC which establishes accreditation standards in consultation with regulatory and examining bodies. The standards for general dentistry, currently under review by CDAC, incorporate the requirements set out in the entry-to-practice competency documents developed by the Canadian Dental Regulatory Authorities Federation (CDRAF).

Analogous processes are in place for CDAC’s assessment of training programs for dental specialists and other oral health professions.

In summary the NSRDDA is involved in the establishment and assessment of education programs through close connections with our system partners.

NSRDDA Quality Assurance Program Submission

DOMAIN: EDUCATION			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator has a transparent mechanism for assuring that the education programs it authorizes meet regulator’s requirements.	16.2	The regulator has an established process to assess the quality of education programs (e.g., accreditation).	Internal process for assessment of education programs

As set out in submission 16.1, the NSRDDA relies on national processes. It is not realistic that the NSRDDA could have an internal process for the assessment of education programs.

NSRDDA Quality Assurance Program Submission

DOMAIN: EDUCATION			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator has a transparent mechanism for assuring that the education programs it authorizes meet regulator’s requirements.	16.3	The regulator has an established monitoring process for the performance of assessment/accreditation body. The regulator ensures that the selected assessment/accreditation body continues to meet the standards required for assessing/accrediting programs, by providing feedback to the accrediting body directly or through a review process led by the nationally organized table for that profession.	Process to ensure that the accretor continues to act according to established standards / evolving practices. MOU with national body

The NSRDDA currently does not have an independently-established monitoring process for the effectiveness of the accreditation body for dentistry and dental assisting.

Over the past four years, the [Commission on Dental Accreditation of Canada](#) (CDAC), has undergone a restructuring to bring it into alignment with the expectations of regulatory bodies. This has included the disassociation of CDAC from the Canadian Dental Association (CDA), a national member services organization. CDAC has also implemented a modernization of its governance structure.

In response to other identified needs for modernization, CDAC is working to:

- formalize internal processes and policies;
- update accreditation standards and procedures;
- improve reporting mechanisms to regulatory bodies in the interest of transparency; and
- develop a funding model acceptable to all parties.

In the meantime, there continues to be positive collaboration among organizations in the regulatory/accreditation ecosystem. Examples include the following:

- Inclusion of NSRDDA representatives on accreditation survey visits for dentistry and dental assisting training programs in Nova Scotia (e.g., Ms. Michelle Fowler (DA) for Cape Breton Business College programs);
- CDRAF/NSRDDA/CDAC/NDEB dialogue at several national meetings each year;
- Appointment of NSRDDA registrants by national federations to CDAC Board and Committees; and
- Appointments from the NDEB and the CDAC to each others’ Boards for the purposes of oversight.

NSRDDA Quality Assurance Program Submission

DOMAIN: EDUCATION			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator monitors, reports on, and improves its performance.	17.1	The regulator has performance indicators or metrics that include a clear rationale for why each is important.	Provide links/documents

The NSRDDA's framework for the measurement of its performance is set out in the following draft documents:

- [Performance Reporting and Monitoring Policy](#)
- [Performance Management Framework](#)

At the time of this submission, these documents are currently under review by the EDIRA and Governance and Human Resources Committees.

Once these have been revised and approved by the Board, Excel tracking tools will be developed and operationalized by the Registrar in conjunction with other staff.

NSRDDA Quality Assurance Program Submission

DOMAIN: EDUCATION			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator monitors, reports on, and improves its performance.	17.2	The board uses performance and risk information to regularly assess the regulator’s progress against stated strategic objectives and regulatory outcomes.	Provide links/documents

The NSRDDA’s framework for the measurement of performance and risk is set out in the following draft documents:

- [Performance Reporting and Monitoring Policy](#) (under review by the EDIRA and GHR Committee)
- [Performance Management Framework](#) (under review by the EDIRA and GHR Committee)
- [Risk Management Policy](#) (approved by the Board on October 10, 2025)

Once documents 1 and 2 above have been revised and approved by the Board, Excel tracking tools will be developed and operationalized by the Registrar in conjunction with other staff.

Staff are currently developing a risk register.

The framework for the Registrar to report to the Board on performance and risk matters is set out in the following document:

- [Template – Registrar’s Operational Report](#)

The Registrar’s requirement to report to the Board on risk is also spelled out in the [Risk Management Policy](#).

NSRDDA Quality Assurance Program Submission

DOMAIN: EDUCATION			
Standard	#	Evidence – Expected Outcome	Examples of Evidence
The regulator monitors, reports on, and improves its performance.	17.3	Where relevant, performance and risk review findings are translated into improvement activities.	Provide links/documents

The NSRDDA's framework for the management of performance and risk findings is set out in the following documents:

- [Performance Reporting and Monitoring Policy](#) (under review by the EDIRA and GHR Committee)
- [Performance Management Framework](#) (under review by the EDIRA and GHR Committee)
- [Risk Management Policy](#) (approved by the Board on October 10, 2025)
- [Template – Registrar's Operational Report](#)
- [Board Charter](#)