INBDE Information for State Dental Boards

The Integrated National Board Dental Examination (INBDE) is a new written cognitive examination for dental licensure scheduled to replace the current National Board Dental Examination (NBDE) Part I and Part II examinations no sooner than August 2020. The purpose of the INBDE is the same as that of the National Board Dental Examinations Part I and Part II: to assist state boards of dentistry in making decisions about candidates for dental licensure. By integrating content covering the basic, behavioral, and clinical sciences, the INBDE simulates decision-making processes is expected to be more relevant than the current NBDE Part I and Part II examinations.

INBDE and state board licensure

As the replacement for the NBDE Part I and Part II, the Joint Commission on National Dental Examinations (JCNDE) intends the INBDE to be adopted as the written test component for state board licensure in all U.S. licensing jurisdictions that recognize NBDE results, including the 50 states, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands of the United States.

In May 2016, the Joint Commission provided four years’ notice of the INBDE’s expected implementation and included the following recommendations for state dental boards:

- Review and monitor INBDE information on the Joint Commission’s website (www.ada.org/JCNDE/INBDE).
- Attend the National Dental Examiners’ Advisory Forum (NDEAF) annually.
- Review INBDE validity evidence and the results of field testing as these studies occur.
- Prepare to receive INBDE results on the first day of its availability.
- Consider whether any modifications to practice acts, rules, policies, or procedures will be required.
- Prepare to accept candidates who have successfully completed the National Boards. This could occur under either of the following sequences: 1) INBDE or 2) NBDE Parts I and II.
- Communicate information concerning the acceptability of the INBDE to future licensure candidates.

The information below is intended to provide information about the examination’s development, implementation, and scoring.

Why the new exam is being developed

The JCNDE is developing the new examination because of changes in educational curricula and new accreditation standards that took effect in 2013, requiring the integration of basic sciences with behavioral and clinical science instruction. In reviewing content, the Joint Commission considered the state boards’ perspective.
The INBDE’s purpose

The purpose of an examination is foundational, and drives all aspects of its development. The INBDE is a cognitive examination intended to help state boards determine whether an individual has the entry-level knowledge and cognitive skills necessary to safely practice dentistry. The INBDE does not include a demonstration of clinical skills.

The INBDE’s history

A convergence of factors led the Joint Commission to form the Committee for an Integrated Examination (CIE) in 2009 and begin work on the INBDE in 2010.

- In May 2005, the American Dental Education Association’s (ADEA) Commission on Change and Innovation (CCI) examined dental education and recommended changes in curriculum design, instructional methods, assessment techniques, and the evaluation of outcomes.

- In 2008, the Joint Commission’s careful monitoring of the CCI’s progress was considered, when the Commission created an ad hoc committee on strategic planning. The strategic planning committee performed various environmental scans, developed a mission statement for the Joint Commission, and recommended merging the NBDE Part I and Part II.

- In 2009, the Joint Commission agreed to create a new integrated examination and to appoint a Committee for an Integrated Examination (CIE) with the following resolution:

  “. . . that the Joint Commission appoints a Committee for an Integrated Examination (CIE) to develop and validate a new examination instrument for dentistry that integrates basic, behavioral and clinical sciences to assess entry level competency in dental practice to supplant Part I and Part II.”

- By the end of 2009, the Joint Commission had appointed members to the CIE, and in 2010, the CIE began work on an integrated examination.

- In 2012, general test specifications were developed based on feedback from science panels and a practice analysis conducted in 2011 using the content foundation.

- In August 2014, test construction committees began developing items for use on INBDE field tests.

- In September 2015, NBDE Part II candidates were invited to review and comment on selected INBDE sample items. This model item survey was briefly reopened in December 2015 to collect additional information.

Test item-writing and review has been scheduled to begin in 2016 for a Standard Form Field Test.
For a detailed chronological overview of activities since the inception of the new examination in 2009, please see INBDE Timeline.

**INBDE Implementation Plan**

In 2016, the Joint Commission announced a transition plan to the INBDE from the NBDE Part I and Part II. The INBDE Implementation Plan, which is available for download on the INBDE page of the JCNDE website, considers the requirements of state dental boards, dental schools, and candidates. Progress on the new examination has been presented annually at the National Dental Examiners’ Advisory Forum (NDEAF) since 2015. Those presentations also are available on the website under News/Resources.

The Joint Commission expects the INBDE will be implemented in August 2020, and will update the implementation dates as needed based on field testing results. A Short Form Field Test of the INBDE, with about 120 items, is scheduled for administration in fall 2016 to solicit additional feedback on the INBDE’s content and presentation. A Standard Form Field Test, with the same type and number of items as expected on the actual INBDE, is tentatively scheduled for 2017. The Joint Commission will not provide scores from field tests to state boards or dental schools. In 2018, the Joint Commission expects to provide notification of the final dates for the first official INBDE administration and the last NBDE Part I administration, which is expected to approximately coincide the start of INBDE administration. Changes to the proposed scheduled will be announced in updates to the INBDE Implementation Plan, which is downloadable from the INBDE page of the JCNDE website.

**Eligibility and retest policy**

The Joint Commission expects each dental school program to assist students in determining the appropriate time to test on the National Board Examinations. Each student must qualify to take the National Board Examinations. Most often eligibility is provided through verification from the dean of an accredited dental program. Additional information on eligibility is available in the Guides to the NBDE Part I and NBDE Part II. The timing of students’ eligibility will help determine what examinations they should plan to take. Each school determines when students are sufficiently prepared for the National Board Examinations.

Current college students who expect to enroll in dental school in 2017 or later could be eligible to take the INBDE instead of the NBDE Part II in 2020. Students who expect to enroll in dental school in 2019 or later could be eligible to take the INBDE instead of the NBDE Part I, and most likely the NBDE Part II won’t be available after July 31, 2022, so they might be required to take the INBDE for certification. After students take the INBDE, they will no longer be allowed to take the NBDE Part I or Part II.

The INBDE’s retest policy will be the same as the Five Years/Five Attempts retest policy of the NBDE Part I and Part II. During the transition period when eligible students have the option of taking the NBDE Part II or the INBDE to fulfill the written examination requirement for licensure, the retest policies will remain in effect for both examinations. Students who have had five unsuccessful attempts on the NBDE Part II will still be permitted five attempts on the INBDE. After students have successfully completed the NBDE Part I and Part II or the INBDE with passing scores, they are no longer eligible to take any of the National Board Dental
Examinations. Additional information on the INBDE retest policy, and the retest policy during the transition to the INBDE, is available on the INBDE website.

How INBDE differs from NBDE Part I and Part II

The new test relies less on rote knowledge and information recall than the current NBDE examinations do, and instead it emphasizes the decision-making process relevant to the safe practice of dentistry through the integration of the basic sciences, and the dental and clinical sciences.

The JCNDE expects the INBDE will include 300 to 450 items, compared with a total of 900 questions on the NBDE Part I and Part II.

INBDE validation

The CIE has accumulated evidence supporting the use of INBDE results for dental licensure through validity arguments confirming the examination uses appropriate content based on an accepted domain of dentistry. The INBDE integrates content from basic science areas with the clinical competencies considered important for safe entry-level dental practice.

Construction of the test began with a review of the basic science areas and clinical competencies considered important to the safe practice of entry-level dentistry. In determining appropriate content, the CIE drew from the clinical competency areas the American Dental Education Association regards as necessary for new dentists to master to perform successfully, and added two areas the Commission on Dental Accreditation considers important. Two science review panels confirmed the relevance of the content areas, and the CIE relied on results from a 2011 practice analysis and additional feedback from stakeholders and communities of interest to determine what proportion of questions to devote to each area. The practice analysis involved a survey that asked practicing dentists to rate how critical they considered certain competencies.

Subsequent to the research and consideration of it, the Joint Commission has approved test specifications for the INBDE based on a Model of the Domain of Dentistry, which includes 10 areas of Foundation Knowledge for the General Dentist based on science, and 65 clinical competencies determined through the practice analysis to be at least “moderately important to patient care.” The clinical competencies are grouped into three sections: diagnosis and treatment planning, oral health management, and practice and profession.

Practice analysis results from 2015-2016

More recent results of practice analysis surveys conducted in September 2015 and from December 2015 to February 2016 indicated most participating dental students were able to apply their knowledge and clinical experiences to answer sample INBDE items. Most respondents said the test items were straightforward, clinically relevant, and required the integration of clinical know-how and knowledge of biomedical and other science disciplines. Many liked the Patient Box test item format with its side-by-side presentation and use of images. Patient Box items include case information about a particular patient and require test takers to use the information to answer test items. Respondents indicated the Patient Box format allowed
them to easily extrapolate pertinent information and apply what they have learned in classes and clinical work to answer test items.

The JCNDE expects to provide sample questions to help state boards, dental schools, and other stakeholders understand the types of questions on the examination and to help students prepare for it.

**Plans for INBDE pass/fail scoring**

The INBDE is designed to be scored as pass/fail. Numeric scores are not expected to be provided to students who pass the examination. The Joint Commission is still determining how results for remediation purposes will be provided to candidates who receive failing scores.

**INBDE updates**

The ADA.org/JCNDE/INBDE website will be updated periodically as new information becomes available. In addition, the Joint Commission will communicate annual updates to the INBDE Implementation Plan with state dental boards, dental programs, and associations.

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