General Dental Council

Education Quality Assurance Report
Standards for Specialty Education

Examination Provider	Specialty Examination
Royal College of Pathologists	Oral Pathology (FRCPath)

Outcome of Specialty Examination self-assessment against the Standards for Specialty Education.	Four GDC actions identified for the examination provider

Full details of the process can be found in the annex

Summary

Remit and purpose:	To quality assure the RCPath specialty examination in Oral Pathology delivered by the Royal College of Pathologists.
Standards for specialty education:	E1, E2, E3, E4, E5, E7, E8
Date of submission:	December 2022
GDC Staff:	Kathryn Counsell-Hubbard (Quality Assurance Manager) Martin McElvanna (Education Quality Assurance Officer)
Education associates:	Barbara Chadwick Kevin Seymour

This report sets out the GDC analysis of the self-assessment and evidence submission by the Royal College of Pathologists (hereafter referred to as "provider" or "The College") against the *Standards for Specialty Education*.

This GDC specialty report should be read in the context of the GDC's policy to develop the quality assurance of specialty training in collaboration with specialty examination providers. Of the eight Requirements under the Standards, the GDC considers that the submission from the Royal College of Pathologists demonstrates:

	No. of Requirements	**Requirements**
Met	2	E4, E6
Partly Met	6	E1, E2, E3, E5, E7, E8
Not Met	0	N/A

Outcome of relevant Requirements

Standard One	
E1	Partly Met
E2	Partly Met
E3	Partly Met
Standard Two	
E4	Met
E5	Partly Met
E6	Met
E7	Partly Met
E8	Partly Met

STANDARD 1 – QUALITY EVALUATION AND REVIEW OF THE EXAMINATION: The provider must have in place effective policy and procedures for the monitoring and review of the examination leading to the award of a membership qualification.

E1: Examination providers must have a quality framework in place that details how the quality of the examination is managed. This will include ensuring necessary development to programmes that maps across to the GDC approved curriculum/latest learning outcomes for the relevant specialty and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this quality function. (Requirement Partly Met).

The oral pathology examination is split into two parts, FRCPath Part 1 which comprises two written papers, and FRCPath Part 2 which comprises five sections (A-E) and includes long and short cases as well as observed structured practical examinations (OSPEs). The examinations, along with all others administered by the provider, holds its own panel with a range of professionals in attendance. The Chair of the panel is qualified in the subject area and also sits on the College-wide Examination Committee, chaired by the Clinical Director of Examinations.

Each panel is responsible for the set-up, design and marking of its own examination. Quality assurance reports are completed after each examination sitting and performance reports are also created, although these are only published for those examinations with a cohort of six or more. The quality assurance reports seen by the panel were from 2020 and had not been completed. When asked about this the provider stated that the forms were blank due to the examinations not being sat due to COVID.

A question bank is held by the examination Chair which is used for setting the assessments. Questions are marked when used so that commonly asked questions can be swapped out. The training centres do not assist in setting the examinations although they are asked to provide interesting case studies for possible future inclusion. It was unclear whether the process utilised for the oral pathology examination mirrored that used across the College. Blueprinting is not used.

The panel recognised that the cohort sizes for the examination are very small. The question bank is an area of good practice although it is not clear whether that is routinely reviewed and/or updated. The quality management framework overall was not clear, particularly as there were limited examples of the quality assurance reports. The panel appreciated that a report cannot be completed if an examination has not taken place, but that such a report template as the kind utilised could easily have been noted to reflect that fact. The reports should be clear and understood by anyone providing external scrutiny.

The Requirement is therefore found to be Partly Met. The completion of quality assurance reports needs to be more robust and internal blueprinting is important to demonstrate the coverage of all relevant parts of the curricula in any sitting of the examination.

E2: Any concerns identified through the operation of this quality framework, including internal and external reports relating to quality, must be addressed as soon as possible. (Requirement Partly Met).

The provider has mechanisms in place for the management of concerns. Low-level concerns and issues with examinations, such as a failure with the equipment, can be rectified immediately by the examiner panel at the sitting. An incident reporting form can be used and this is sent to the College for review. The Senior Management Team meet regularly and can

take concerns forward for resolution. The FRCPath Part 2 uses a histopathologist to mark part of the examination, and they can therefore provide some element of external oversight being outside, but linked to, the specialty being examined.

A formal candidate appeal procedure is also in place and a risk register is maintained. A survey is also sent to candidates for their feedback, which is considered by the Examination Committee.

The panel noted the various aspects of the quality framework that supports dealing with concerns. Absent from these processes, however, is a significant level of externality that provides oversight, explored additionally under Requirement E3. External reports as to the quality of the examination are not specifically sought, and therefore any concerns raised during the mechanisms already detailed could be incidental and not containing a level of detail required to take serious concerns forward.

The panel considered that this Requirement was Partly Met.

E3: Quality Frameworks must be subject to rigorous internal and external quality management procedures. External assessors must be utilised and must be familiar with GDC approved curriculum/latest learning outcomes and their context. (Requirement Partly Met).

Overall, review and identification of improvements and recommendations is undertaken by the examination panel. The Chair is responsible for setting the examinations and has a question bank from which the assessments can be constructed. However, there is no formal external scrutiny of the examinations. For example, the question bank is not reviewed or evaluated at strategic intervals to ensure the ongoing relevance of the questions. The Chair is solely responsible for the question bank and there was no suggestion from colleagues at the College that they even provide any internal quality assurance of the content of the examinations.

The absence of the external oversight and feedback which would support a more robust quality management system did not assure the panel as to how issues would be identified and recorded, or how these are addressed and managed.

The panel found the Requirement to be Partly Met.

STANDARD E2 – SPECIALTY TRAINEE ASSESSMENT. Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task.

E4: Examination providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. Where appropriate, assessment conclusions should include more than one sample of performance. (Requirement Met).

The provider delivered a comprehensive presentation about the examination and provided the assessment strategy ahead of the inspection. As mentioned under E1, the examination has its own panel who not only examine the candidates but review the evidence of their completion of specialty training. The Chair of the panel is a registered specialist in oral pathology.

Comparison between candidates is not possible due to the low numbers that undertake the examination. However, the examination is subject to oversight by the College and the

presentation demonstrated clear marking criteria. Paper is marked by two examiners and a third professional is brought in to moderate for borderline cases.

The panel found the Requirement to be Met.

E5: Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current and best practice and be routinely developed, refined, monitored and quality managed. (Requirement Partly Met).

Each of the FRCPath examinations are split into sections and each section is assessed in the method the examination panel feel best tests the candidate. A range of methods is utilised including long answer questions and presentations. Examples were given about the development of examinations, such as the review of question weighting when the new system Test Reach was introduced.

As mentioned under Requirement E1, the provider does not utilise blueprinting to ensure their assessments map to the approved curriculum. It was established during the inspection that the provider believed that blueprinting was not required due to interactions with other teams in the GDC during the review of the specialty curricula. However, while blueprinting was not required for that work, in terms of quality management and assuring themselves as to the coverage of the appropriate learning outcomes, blueprinting should be employed.

The panel found the Requirement to be Partly Met on the above basis.

E6: Examiners must have appropriate skills, experience and training to undertake the task of assessment, including, when necessary, registration with a regulatory body. (Requirement Met).

The College provided role descriptions for three roles within the FRCPath specialty: examiner, item writer and senior examiner. These role descriptions were detailed and showed that membership with the College as a fellow as a prerequisite in the person specification. The job description for the Clinical Director or Examinations was also provided.

The panel found these documents to be demonstrative of a robust recruitment policy. The documents also stipulated the need for the postholder to keep up to date with developments in their area of specialty and should be in a substantive post.

The panel considered this Requirement was Met.

E7: Examination providers must document external examiners' reports on the extent to which examination processes are rigorous, set at the correct standard, ensure equity of treatment for specialty trainees and have been fairly conducted. (Requirement Partly Met).

External assessors are not utilised during the examinations, either to observe their delivery or to give feedback on the set assessments pre-delivery. Where borderline candidates are identified the panel will utilise the expertise of a histopathologist to give their insights and decide on the appropriate mark. This is because histopathology is closely related to oral pathology, so this provides some externality.

Due to the small pool of trainees in the area of oral pathology, the College is aware of candidates being potentially examined by trainers or at training sites, and therefore take steps to avoid this. Although this does not constitute proper externality, it does demonstrate an

understanding of possible conflicts. Coupled with the use of histopathologists, some understanding of the benefits of external assessors or similar is demonstrated.

The panel recommend that the College must consider the use of an external assessor. The external assessor would typically be tasked with the following:

- an initial induction, including to the learning outcomes in the GDC Oral Pathology curriculum
- attendance at the RCPath Part 1 and RCPath Part 2 examinations
- observation of:
    - the appropriateness of the standards of the examinations
    - the rigour of the examination process
    - equity of treatment of students and their performance
    - any good practice identified
- recommended improvements to be made
- production of a report to be considered by the Examination Board.

The panel found the Requirement to be Partly Met.

E8: Assessment must be fair and undertaken against clear criteria. The standard expected of specialty trainees in each area to be assessed must be clear and trainees and staff involved in assessment must be aware of this standard. A recognised and justified standard setting process must be employed for summative assessments. (Requirement Partly Met).

Marking criteria are in use and each examination is marked by three people: two examiners and one moderator. Professionals from a related specialty may be asked to comment in the case of a borderline candidate. Candidates undertake the examinations at a centre other than their own training centre to ensure fairness.

The provider was asked about the standard setting method used for the pass marks and the panel were advised that standard setting cannot be utilised due to the low candidate numbers. Often a single candidate will undertake the examination at any one time.

The Requirement is found to be Partly Met due to the absence of standard setting. While it is understood that some standard setting methodologies utilise statistical analysis to calculate a pass mark, a simpler method utilising professional discussion and identification of what a barely competent specialist would know to allocate marks could be utilised. Evidence was not provided of a College-wide standard setting requirement.

Summary of Action for Royal College of Pathologists

Req. number	Action	Observations & response from Royal College of Pathologists	Due date	
E1	1. The College must ensure that quality reports are fully and clearly completed.	This has been noted and reports will be fully and clearly completed. No factual corrections to be made.		Q1 2024
E1, E5	2. The College must introduce blueprinting to ensure that all assessments map to the appropriate learning outcomes.	This has been noted and fed back to the Panel Chair. No factual corrections to be made.		
E2, E3, E7	3. The College must introduce external scrutiny at multiple points during the examination cycle to ensure that examinations are reflective of current and best practice. This process must be formalised with external assessors/examiners reporting directly to the Examination Committee.	There are no factual corrections from the report, however the College is keen to provide feedback on this once the opportunity is available.		
E8	4. The College must introduce standard setting for examination pass marks.	From the recollection of the College, we do believe that there should have been a mention of professional discussion being utilised in lieu of the standard setting that is expected from larger cohorts. Nonetheless, if this was not mentioned at the meeting then it can be fed back once we have reached the feedback stage.		

Observations from Royal College of Pathologists on the content of the report

We would like to mention that in regards to standard setting, the College does mark papers in accordance with a closed marking scheme. Details of this can be found on the College website. We believe that Action 3 would require further discussion, but as we have been asked to only provide corrections, no further comments have been made on this.

We have now been asked to provide our observations to the report, and have the following comments to make:

Standards E2, 3, and 7 specifically mention the lack of externality in the examination process. There is currently an external pathologist, who provides a crucial element of externality to the process. This external pathologist is able to view the slide sets for

sections A and B, and can moderate any borderline scores during standard setting. If they wish to, they can also examine the candidate alongside the Oral Pathology examiners in Sections D and E of the examination. This helps ensure the examination process is robust and contains an element of external oversight. With regards to the external assessor reporting directly to the Examination Committee, the external pathologist is someone who could produce a report that could then be presented to the committee by the College. The request to hire an external assessor is a complicated request that cannot be actioned easily as it requires going through multiple processes before it can be considered. In the current climate, it is not likely that the College would have the resources to hire an external assessor and it would be very difficult to justify this when considering the candidate numbers for the session.

For standards E2 and E3, the comments made by the panel mention the question bank not being regularly reviewed as an example. This is not true as the question bank is reviewed at least every six months to ensure the content remains relevant, and new questions are regularly added as appropriate by the panel of examiners. For question papers, these are created by the panel chair, and is then reviewed by the panel with any necessary amendments and feedback. The College then receives a copy of the paper which it reviews internally. For the Part 1 examination, the question paper is uploaded online and checked once again by the panel chair and the College.

With regards to standard E8, there is a marking scheme in place. The College and panel of examiners utilise a closed marking scheme. The panel utilise this marking scheme to standard set based on the expected level of professional competence from a trainee. As mentioned above, professional discussion is utilised as well.

Finally, with reference to blueprinting, the College mentioned that a detailed blueprint was not provided as the GDC mentioned that this was not required. However, we recognise that a separate department in the GDC is now requesting that this is needed and so we are now happy to provide a blueprint.

Annex 1: Education Quality assurance process and purpose of activity

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council's (GDC) Strategic Review of Education (2008) recommended that the Council should actively quality assure all training and awards which lead to entry to all GDC registers and listings (Dentist, Dental Care Professionals (DCP) and Specialist).

2. The aim of this quality assurance activity is to ensure that dentist registrants, at the point of inclusion upon one of the GDC's specialist lists, have demonstrated, on completion of their training, that they have met the outcomes required for specialist listing on the dentists register with the GDC. This will underpin and add value to the GDC's responsibility in issuing a Certificate of Completion of Specialist Training (CCST) as part of the listing process.

3. Consideration and development of our quality assurance processes therefore apply to training programmes in all 13 current specialties. Whilst our statutory responsibilities (see section 17 below) focus on orthodontics and oral surgery we do not currently possess an evidence base, drawing upon public protection arguments to differentiate between the specialties in quality assurance activity.

Specialty training

4. The primary route by which specialists join the Specialist lists, and the route upon which the GDC focusses its quality assurance activity, is successful completion of a national training programme in the individual UK specialties, where training is based upon a GDC-approved curriculum[1], overseen by the regional training commissioners, and where the trainee also passes the relevant Royal College examination.

5. Following these successes, the trainee is recommended for entry to the GDC Specialist Lists by award of a Certificate of Completion of Specialist Training (CCST). The regional training commissioner recommends the award and the GDC awards the CCST.

6. Training in the dental specialties under the route described above is, typically, a three-year full-time hospital-based programme. This can involve trainees receiving training in a variety of hospital settings and other clinical environments. This form of delivery, together with the provision of exit examinations by a further provider has required changes to the GDC's model of pre-registration QA inspection which is typically based on a single training centre under the auspices of a university or other educational body.

The GDC's powers

7. The GDC's powers in relation to specialist education and training differ from its powers for pre-registration training:

8. The Dentist Act 1984 (the Act) restricts our ability to require training providers to provide information to those with Dental Authority (DA) Status. Of postgraduate providers, the Royal Colleges possess dental authority status as do universities undertaking postgraduate or specialist dental training. We can request information

from other postgraduate training providers such as regional training commissioners who do not hold such status in connection with section 1(2)(a) of the Act.

9. We have powers under Section 9 of the Act to appoint visitors to inspect programmes and examinations of both undergraduate and postgraduate/specialist programmes. However, the concept of "sufficiency" applies only to DAs and there is no formal mechanism to approve or withdraw approval from postgraduate/specialist training commissioners who do not possess such status.
10. The Specialist List Regulations provide us with powers to determine who is eligible to join the lists.
11. The GDC is, in relation to specialist dental qualifications in orthodontics and oral surgery, the competent authority in the United Kingdom for the purposes of the Recognition Directive and the Dental Training Directive. The Council has a statutory duty to supervise training in these two specialties.
12. We have taken legal advice and have established that our statutory duty to supervise training in orthodontics and oral surgery can support quality assurance activity across the 13 specialties.

Annex 2: The EQA Process

13. The quality assurance activity focuses on two Standards for examination providers, with a total of 8 underlying requirements. These are contained in the document *Standards for Specialty Education* (current iteration published 2019 and available here.

General Principles

14. Our historic consultation and stakeholder engagement on the Standards signalled the GDC's expectations in relation to specialty education. Publishing the first iteration of Standards for Specialty Education in 2015 was seen to send a clear message to the sector about the quality the GDC expects in order to protect patients and the public.

15. In addition to publishing the GDC standards, we recognised that the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) already publishes a quality management tool in the form of *The Gold Guide.* We also recognised that specialty trainees are in the main already GDC registrants; and that we needed to be sensitive to the fact that specialty training (where it takes place in NHS Trusts and roles) operates in an already highly regulated environment.

16. We have been mindful that that our regulatory approach, both in its piloting and in its current operational introduction, must not introduce disproportionate or unnecessary burdens on providers.

17. The second iteration of Standards for Dental Education, referenced above, maintains this proportionate approach whilst also containing two major developments:

    a. Separating the Standards so there are discrete requirements for training commissioners and examination providers;

    b. Introducing an overarching requirement to provide evidence (of the examination provider's choosing) to support their self-assessment.

Collection of evidence

18. Therefore, the process remains based upon moderated self-assessment and includes:

    a. a self-assessment questionnaire giving examination providers the opportunity to indicate their performance in the context of the Standards and Requirements;

    b. the requirement to provide illustrative and supporting evidence to support the contents of the completed self-assessment questionnaire.

19. The following descriptors are employed as a means of reference for establishing a an examination provider's compliance with the individual requirements.

    A Requirement is **Met** if:

    There is sufficient appropriate evidence derived from the pilot process. This evidence provides the GDC with broad confidence that the examination provider demonstrates compliance with the requirement. The provider's narrative and documentary evidence are robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential."

    A Requirement is **Partly Met** if:

    Evidence derived from the pilot process is either incomplete or lacks detail and, as such, fails to convince the GDC that the examination provider fully demonstrates compliance with the requirement. There may be contradictory information in the evidence provided.

    There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in follow-up processes.

    A Requirement is **Not Met** if:

    The examination provider cannot provide evidence to demonstrate compliance with a requirement or the narrative and evidence provided are not convincing.

    The evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to concern and will require an action plan from the examination provider.

    Other:

    Use of this descriptor is exceptional and will usually be applied if the examination provider's narrative and evidence would be considered **Partly Met** but it appears to the GDC that evidence and/or indications across the breadth of the submission mean that during the observations period of the QA process this requirement can be **Met**.

20. The significance of not demonstrating compliance with a requirement will depend upon the compliance of the examination provider across the range of requirements and any possible implications for public protection.

21. Outcomes from the pilot specialty EQA exercise typically fell into two categories of follow-up action:

a. Where requirements were not fully met, the need for follow-up action (either submission of further evidence or clarification of self-assessment) that could normally be addressed by ongoing specialty monitoring;

b. Joint action between the examination provider and the GDC to capture good practice (where requirements were met) to further inform the evidence prompts within the Standards and so to provide additional guidance for future specialty EQA activity.