

# General Dental Council

## Education Quality Assurance Report Standards for Specialty Education

Examination Provider	Specialty Examination(s)
The Royal College of Surgeons England	MOrth RSME

Outcome of Specialty Examination self-assessment against the Standards for Specialty Education.	10 GDC actions identified for the examination provider
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**\*Full details of the process can be found in the annex\***

## Summary

<b>Remit and purpose:</b>	To quality assure the specialty training and education being examined by the Royal College of Surgeons England.
<b>Standards for specialty education:</b>	All
<b>Date of submission:</b>	August 2022
<b>GDC Staff:</b>	Scott Wollaston – Quality Assurance Manager Natalie Watson – Education and Quality Assurance Officer
<b>Education associates:</b>	Richard Cure David Young  (Timothy O'Brien was involved in the initial paper-based desktop review and not the inspection)

This report sets out the GDC analysis of the self-assessment and evidence submission by the Royal College of Surgeons England (hereafter referred to as “the provider”) against the *Standards for Specialty Education*.

On 4 January 2023, the GDC undertook a remote inspection meeting with the provider. The education associates on the inspection are hereafter referred to as “the panel”.

The document also places this self-assessment and evidence submission in the context of policy development for the quality assurance of specialty training and examination together with next steps for the Royal College of Surgeons England.

Of the eight Requirements under the Standards, the GDC considers that the submission from the Royal College of Surgeons England demonstrates:

	<b>No. of Requirements</b>	<b>Requirements</b>
<b>Met</b>	0	
<b>Partly Met</b>	2	1, 6
<b>Not Met</b>	6	2, 3, 4, 5, 7, 8

## Outcome of relevant Requirements<sup>1</sup>

<b>Standard One</b>	
E1	Partly Met
E2	Not Met
E3	Not Met
<b>Standard Two</b>	
E4	Not Met
E5	Not Met
E6	Partly Met
E7	Not Met
E8	Not 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).**

RCS England provided a Quality Assurance Framework (QAF) within their submission and whilst the principles of this are appropriate, we have not seen sufficient evidence of its' implementation. The QAF was approved in 2014 and a QA audit report from 2016 showed that essential activities were still not being performed at that time.

This standard requires there to be a clear statement about where responsibility lies for this quality function, however, there are no details as to how the relationship with the Royal College of Physicians and Surgeons of Glasgow (RCPSG) works and how they input into the QA processes. The provider told us during the inspection that the bi-collegiate overarching governance committee for both the MOrth and the RSME, the Specialty Membership Examinations Executive (SMEE), are looking to develop changes and put together a working group to implement changes in June 2023. The panel consider that this requirement is partly met.

**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 Not Met).**

RCS England stated in their self-assessment that the QAF is audited every three years. We were provided with an audit from 2016 and RCS England told us that the next audit was planned for 2022. An audit was scheduled for 2019 originally, however we were advised that this was delayed until 2020, and then due to the pandemic, this was delayed even further. The audit from 2016 highlighted several issues and there is no evidence to suggest there has been any action taken as a result of the audit report. The provider told us that there had been areas of change, but the panel consider these changes to be as a result of COVID, and not the 2016 audit report. They also informed the panel that they used to conduct an annual QA checklist audit, but that was put on hold during COVID and has not been undertaken since 2019.

We were provided with a risk register and can see from this that concerns are identified and recorded there. Following the initial review of evidence and follow up conversations with RCS England, we were provided with detailed responses for each concern identified, and they confirmed they have updated the risk register accordingly. However, we are not assured that risks are addressed as soon as possible, in line with this requirement. We would like to see that these risks are a regular discussion point in meetings and have clear

action plans in place. During the inspection, the provider stated they look to update the risk register annually.

Within the evidence, there is reference to an incident where candidates were given “wrong” cases, which could have affected the competencies covered in the assessment. A reference to proctoring issues in the SMEE minutes from November 2021 does not provide assurance that this issue was dealt with appropriately and there was no clear action to refer to the exam board. Following the inspection, RCS England made us aware that this issue was addressed and the RSME exam board had full oversight, as well as the Dean and the Chair of the Dental and Surgical Examinations Committee (DSEC). However, we have not seen any clear evidence or audit trail of this, which highlights the need for robust recording processes.

Within the RSME April 2022 exam board report, it was identified that examiners calibrate in pairs, which does not provide assurance of consistency across all examiners. RCS England has acknowledged that they do not record calibrations and are currently working to improve documentation and formalise how calibration takes place.

We would expect to conduct an audit of their QAF and follow up on actions identified in a timely manner. We would also expect the risk register to be reviewed more frequently with clear evidence of actions and follow up. Finally, the examiner calibration process should be developed to ensure there is consistency amongst all examiners. The panel therefore consider this requirement to be not 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 Not Met).**

RCS England have acknowledged that they currently do not have any External Examiners, however they have provided a proposed role description, with the intention of recruiting by Autumn 2023. Within the role description there is no requirement for familiarity with GDC approved curriculum or the latest learning outcomes and their context, however, it outlines the role as needing to provide informed comment on the standards in the specialty membership exams.

We have seen supporting meeting minutes which show that RCS England have internal quality management procedures. For example, in their FDS Examinations Committee minutes from 2 February 2022, we can see that they discuss quality of exams and plans for future diets. They also utilise QA advisors within various committees, which are members of college staff not affiliated with the exam delivery, who support the QA activity.

RCS England submitted their QA audit report from 2016, which they say demonstrate the use of the framework, however as this evidence is not current, this did not provide us with assurance that their quality management procedures are fit for purpose.

It was a concern to the panel that there is no independent external oversight of the assessment processes. It was considered that issues would not be suitably raised or addressed and not best practice. During the inspection, the provider stated that they want to look at separating the roles and review the structure. They stated that there is a pool of intercollegiate assessors who provide oversight and externality.

The panel do not currently consider this requirement to be met. In order to meet this requirement, we would want to see suitable external examiner(s) recruited, along with evidence of appropriate training and induction into the role and their involvement within the assessment process.

**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 Not Met).**

The documents provided demonstrate a good framework, but do not yet appear to be fully operational. RCS England stated in their self-assessment that the validity and reliability is ensured through adherence to the QAF, however we have not seen implementation of this or this in practice and we were not assured with the evidence provided.

In the evidence we saw the RSME results board meeting minutes, which showed us that issues from exams are discussed at board level. The minutes highlight an action, but we did not see evidence of this being followed up, and it was not clear what the outcome was.

Within the evidence we saw a presentation which was delivered to new QA advisors, to train them on their QA processes and the QAF. These slides explain who at RCS England is responsible for each part of the QAF. Although the slides provide an overview and show the processes that they have in place, this does not show us that they are underpinning the processes. To provide assurance that the QAF is fully implemented, we would have liked to have seen clear evidence of the QAF underpinning all aspects of assessment delivery; this could include minutes from meetings showing how recommendations are discussed, actioned and reviewed.

During the inspection, the provider confirmed they do not undertake statistical and psychometric analysis for these exams as they are small cohorts.

The exams allow for candidates with an accreditation of prior learning to be exempt for certain parts of the exam. The MOrth regulations state that *“Candidates who have successfully passed the MJDF/MFDS or FDS examination of one of the Surgical Royal Colleges will be exempt from this section”*. However, the ability to gain exemption from a speciality examination by having passed a “general” examination such as MFDS was a concern to the panel, as they considered these assessments to be at different levels and cover different a subject matter too.

The provider told us during the inspection that they take a more thematic approach to blueprinting, rather than mapping against each individual learning outcome. In order to meet this requirement, we would expect the provider to develop more specific blueprinting, which mapped against each learning outcome. The panel considered that a more in-depth mapping of the learning outcomes would help identify any potential issues with the accreditation of prior learning exemptions. We therefore consider this to be not 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 Not Met).**

Within the self-assessment, RCS England have documented a detailed process for exam development. We can see that changes have been requested and subsequently made but without evidence of them being approved and agreed.

During COVID-19, RCS England proposed to make changes to the structure of the exams to a remote video assessment, rather than face-to-face. This resulted in the following changes:

- Assessing knowledge through short answer questions (SAQs) alone, rather than single best answers (SBAs), SAQs and observed structured clinical exam (OSCE).
- Assessing communication skills in the unseen cases component, rather than in the OSCE.
- Not permitting candidates to be exempt for the written element of Part 2, unless they have successfully completed the RCS Edinburgh MOrth Part A.

The minutes from the results for the MOrth meeting in September 2021 indicate that the SAQs were answered in online written format, which is different to the proposed verbal approach outlined in the MOrth exam regulations document. This document stated that the changes would be ratified at SMEE in June 2020, however no evidence has been presented to show this happened. Within the evidence submitted by the provider, we can see they sent emails to the Dental and Surgical Examinations Committee (DSEC) and the SMEE partner, RCPSG, about the proposed changes in May 2020, however we have not seen any responses approving these.

We are not assured that the QA process allows for suitable development of exams. We have seen in multiple pieces of evidence that there is an opportunity to discuss the need for development within exams, but there is a lack of evidence to demonstrate actions are appropriately completed. In order to meet this requirement, the provider should clearly document and implement an effective assessment evaluation process. We therefore consider this requirement to be not met.

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

RCS England have provided us with training slides and attendance lists for examiner training for the RSME in 2019 and the MOrth in 2018. The attendees list for both exams does not stipulate that the examiners actually attended the training. The lists note whether the examiners confirmed that they would attend, there was no evidence they did attend. Furthermore, some of the examiners were recorded as not attending the training, and it was unclear what process would be followed for these individuals. The list of attendees also did not contain any of their overseas examiners. The provider told us after the inspection that a separate training event was held for the overseas examiners.

In their self-assessment, RCS England told us that during the COVID-19 pandemic, training was in the form of familiarisation with remote delivery methods, and this was undertaken as part of the examiner briefing calibration sessions. We have seen no evidence of this training, so we are unable to comment whether this did take place, and if it did, whether it was sufficient or not. Furthermore, the examiner job description lists time commitments as one to two days of initial training followed by one day per year. As the latest training records we have seen were from 2018 and 2019, we are not assured that this has been adhered to. The provider told us

that if an examiner had not attended the most recent training event, then they would not be listed as an eligible examiner.

There were concerns around the qualifications held by the examiners. This is of particular concern, as there was a high percentage of overseas examiners in Malaysia, and no evidence of their training and substitute calibration to UK standards. During the inspection, the provider told us that the expectation is to have at least one GDC registered examiner in each pair of examiners. They also do not expect to have GDC registered candidates sitting the overseas exams, although the same standard is applied to the overseas exams.

RCS England recognised a need to further formalise attendance and training requirements for examiners, including defining how regularly an examiner must attend and or be trained to be able to examine. The panel consider this requirement to be partly 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 Not Met).**

RCS England confirmed in their self-assessment that both the RSME and MOrth exams do not currently have external examiners. As mentioned above, they have provided us a copy of a proposed role description and they hope to recruit by Autumn 2023.

QA is currently undertaken by the Lead Examiner; however, we have not seen any evidence of reports which comment on the quality of the exams. We therefore consider this requirement to be not 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 Not Met).**

There is variation throughout assessments and RCS England have recognised the need to formalise calibration across dental exams. Currently this is not a recorded process.. The provider told us during the inspection that the standard setting is factored into the writing process, and that they want to look to use modified Angoff method to standard set all written components going forward.

The standard expected of specialty trainees in each area they are assessed does not appear to be clearly outlined for them. The sample case presentation score sheet we have seen, does not provide assurance that the candidates receive the same exam. There does not appear to be criteria stating the type(s) of cases candidates present, so there are likely to be significant variations and as such, this could lead to variations in the level of answers which are acceptable. For these reasons, we consider this requirement to be not met.



## Summary of Action for RCS England

Req. number	Action	Observations & response from RCS England	Due date
E1	Develop a clear statement on where responsibility lies with both RCS England and RCPSG within bi-collegiate exams.	This statement will be provided and included in the RSME and MOrth regulations.	July 2023
E2	Conduct an audit of the QAF and follow up on actions identified in a timely manner	The QAF audit is now scheduled for Q2 of 2023, now that we have received the draft outcomes of both the SMEE and LDS examinations.	July 2023
E2	Review and update the risk register more frequently, with clear evidence of follow up on actions identified.	We now plan to develop a SMEE-specific risk register which will be reviewed twice yearly at the SMEE Board meetings.	July 2023
E2	Develop and implement an examiner calibration process that ensures consistency across all examiners.	We have already begun the process of develop new marking criteria and indicative marking guidance for the Unseen Cases for both exams. This will be accompanied by calibration criteria that examiners will be asked to record.	July 2023
E3	Recruit suitable external examiner(s), and appropriately induct and train them before involving them within the assessment process.	We have drafted an external examiner job description (submitted to the GDC as part of the inspection), and will recruit to this.	July 2023
E4	Develop a more specific blueprinting process, mapping to each individual learning outcome.	We have begun the process of redesigning our blueprint so that it maps each assessment component to the 2010 curriculum learning outcomes.	July 2023
E5	Clearly document and implement an effective assessment evaluation process.	We plan to review all assessment material used in each diet with a range of statistical data (facility and mean compared to historical averages) along with candidate and examiner feedback. Full psychometric analysis beyond this cannot be undertaken reliably with such small cohorts of students.	July 2023
E6	Formalise and document training requirements for examiners.	Our Dental and Surgical Examinations Committee (DSEC) will discuss the examiner training policy with a view to standardising this across all of our examinations. In these discussions we will seek to balance examiner	July 2023

		availability and the accessibility of training materials and sessions.	
E8	Develop a statement that clearly outlines the standard expected of specialty trainees taking the exams.	This will be undertaken as part of the marking criteria developed under E2, and will be incorporated into our regulations.	July 2023
E8	Develop and utilise a more specific standard setting process.	We have agreed to use a modified Angoff standard-setting method for all written (SAQ) examinations from the next diets in the Autumn of 2023. Examiners will be trained in this process ahead of those diets.	July 2023

## Observations from RCS England on the content of the report

The content of the report reflects a time of transition for the two examinations inspected, following a focus on delivery of covid-adjusted activity over the previous two years. Prior to the inspection meeting taking place, bi-collegiate approval had been given to convene a working group to look at key work streams identified as necessary to harmonise quality assurance activity between the two examinations. This working group has now completed its work, and the implementation of its recommendations, demonstrable either immediately or at the point of delivery of future diets, has addressed the issues raised during the inspection process.

We have discussed with the GDC our experience of the inspection process, including the way in which evidence was identified, reviewed during the course of the inspection process and subsequently articulated in the report. We would be happy to share our experiences and recommendations to further inform the GDC's ongoing approach to its review of specialty assessments, particularly with reference to equivalent processes for other examinations inspected by the GDC which have taken a different approach.

## 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<sup>2</sup>, 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 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.