

General Dental Council

Education Quality Assurance Inspection Report

Awarding Body	Examination /Award
Royal College of Surgeons of England	Licence in Dental Surgery (LDS)

Outcome of Inspection	Recommended that the Licence in Dental Surgery is sufficient for candidates to register as Dentists.
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Full details of the inspection process can be found in Annex 1

Inspection summary

Remit and purpose of inspection:	Inspection referencing the <i>Standards for Education</i> to determine sufficiency of the award for the purpose of registration with the GDC as a Dentist. Risk based: focused on 8 Requirements.
Learning Outcomes:	Preparing for Practice (Dentist)
Programme inspection date:	Inspection (Remote) 20 th January 2023 Inspection (Remote) 5 th April 2023
Examination inspection date(s):	Part 2 Exam Inspection 12 th -14 th October 2022 Part 2 Exam Board (Remote) 9 th November 2022 Part 3 Exam Inspection 4 th March 2023 Part 3 Exam Board (Remote) 29 th March 2023
Inspection team:	Ranjit Khutan (Chair and non-registrant member) Barbara Chadwick (Dentist member) Andrew Buddle (Dentist member) Natalie Watson GDC Staff member (Education Quality Assurance Officer)
Report Produced by:	Natalie Watson GDC staff member (Education Quality Assurance Officer)

Summary

The Licence in Dental Surgery (LDS) is awarded by the Royal College of Surgeons of England (RCS Eng).

Candidates who pass the LDS are granted the award and are eligible to apply for registration with the General Dental Council (GDC) as Dentists.

The LDS exam has been restructured with an uncoupling of the previous part 2 exam, which has separated the dental manikin aspect, to a standalone part 3 exam. The revised format was granted provisional approval and as this was the first diet undertaking this format, the GDC conducted an inspection to determine if full approval should be granted.

Being an assessment only qualification, for the purposes of this inspection, the LDS was assessed against Requirements 9 – 11, 13, 16 and 19 – 21 in the GDC Standards for Education.

During the inspection of the LDS exam, the panel were provided with a range of documentation to support the processes utilised by RCS Eng. The panel have attended both the part 2 and 3 exams, as well as remotely observing both the part 2 and 3 Exam Board meetings. Two remote inspections have taken place to discuss the findings from the observation of the exam process.

RCS Eng have Met 3 Requirements and Partly Met 5 Requirements out of the 8 Requirements scrutinised during our Inspection, resulting in actions of which progression will be monitored by the GDC Education Quality Assurance (EQA) team.

The panel noted that the revised format has introduced areas of good practice to the LDS exam and that there have been improvements to the examination since the last inspection.

RCS Eng staff are committed to offering a robust exam and are reflective, open to improvement, and have a dedicated QA team supporting the Examination.

There are areas for improvements within the LDS exam which mostly relate to formalising recording processes.

The GDC wishes to thank the staff, candidates, and external stakeholders involved with the LDS programme for their co-operation and assistance with the inspection.

Background and overview of qualification

Annual intake	Part 1 – 120 candidates Part 2 – 96 candidates Part 3 – 96 candidates (expected)
Programme duration	N/A
Format of programme	Part 1: 3 hour SBA examination Part 2: 12 station OSCE and 4 station Unseen Case examination Part 3: Practical and Clinical Skills examination Candidates take each part separately and must pass the proceeding part in order to progress to the next part.
Number of providers delivering the programme	N/A

Outcome of relevant Requirements¹

Standard One	
1	N/A
2	N/A
3	N/A
4	N/A
5	N/A
6	N/A
7	N/A
8	N/A
Standard Two	
9	Partly Met
10	Partly Met
11	Partly Met
12	N/A
Standard Three	
13	Met
14	N/A
15	N/A
16	Met
17	N/A
18	N/A
19	Met
20	Partly Met
21	Partly Met

¹ All Requirements within the *Standards for Education* are applicable for all programmes unless otherwise stated. Specific requirements will be examined through inspection activity and will be identified via risk analysis processes or due to current thematic reviews.

Standard 1 – Protecting patients

Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard. Any risk to the safety of patients and their care by students must be minimised.

Requirement 1: Students must provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients.

Requirement 2: Providers must have systems in place to inform patients that they may be treated by students and the possible implications of this. Patient agreement to treatment by a student must be obtained and recorded prior to treatment commencing.

Requirement 3: Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care, including equality and diversity, wherever treatment takes place.

Requirement 4: When providing patient care and services, providers must ensure that students are supervised appropriately according to the activity and the student's stage of development.

Requirement 5: Supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical supervisors must have appropriate general or specialist registration with a UK regulatory body.

Requirement 6: Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parties how concerns should be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so.

Requirement 7: Systems must be in place to identify and record issues that may affect patient safety. Should a patient safety issue arise, appropriate action must be taken by the provider and where necessary the relevant regulatory body should be notified.

Requirement 8: Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC Student Fitness to Practise Guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance. Providers must also ensure that the GDC's Standard for the Dental Team are embedded within student training.

Standard 2 – Quality evaluation and review of the programme

The provider must have in place effective policy and procedures for the monitoring and review of the programme.

Requirement 9: The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function. *(Requirement Partly Met)*

In the pre-inspection documentation, we were provided with a Quality Assurance Framework (QAF) document. Although the evidence sets out how the Requirements are met by the LDS examination, the QAF has not been audited since 2016. RCS Eng plan to conduct this in the first quarter of 2023. RCS Eng informed the panel that all policies are reviewed informally when they are used, however we did not see a formal process for regularly reviewing the QAF or relevant policy documents. Responsibility for the QAF ultimately sits with the Director of Dental and Surgical Examinations but is overseen by the Head of Assessment on a day-to-day basis, in conjunction with the Exam Board Chair.

RCS Eng recently made changes to the structure of the LDS exams. There has been an uncoupling of the part 2 exam, which has separated the dental manikin aspect to a standalone part 3 exam. The panel was provided with a blueprinting document, which provides assurance that the change to the exams process has been appropriately mapped to the GDC learning outcomes (LOs).

Each of the exams have an assigned part lead and core group. The previous dental manikin lead has been involved with the part 3 core group to support the process of developing the standalone dental manikin exam. All leads are aware of what each exam will cover in relation to the LOs. The part 1 Lead informed the panel that each theoretical question saved in the question bank is mapped to the LOs. The part 2 exam has two leads, one for the Unseen Case (USC) exams and one for the Observed Structured Clinical Exam (OSCE). These Leads meet to ensure there is no crossover in terms of LOs assessed, whilst also covering as many LOs as possible. The part 3 Lead ensures that the clinical LOs are assessed during the dental manikin exam and has an awareness of what has been covered in the previous exams. The Exam board have oversight to monitor which LOs are covered in all components of the exam. RCS Eng provided a blueprinting document after all of the exam parts had taken place, to provide assurance and identify where the LOs had been covered for a particular diet.

We did not see any formal timetable for meetings, meeting minutes or action logs which confirm LOs are discussed between the part leads and exam boards within the documentation. The panel was assured this does take place, however the recording of discussions and planned changes should be improved.

The GDC panel observed all of the OSCE and USC scenarios during the exam inspection visit. The OSCE stations and USC cases were of good quality, covered a wide range of LOs and tested clinical knowledge, which was reflective of current clinical practice. When the panel conducted the remote inspection in January 2023, the panel were assured that changes had been made as a result of Candidate and External Examiner (EE) feedback, however we did not see documentation that confirmed how this decision was made and what changes would be implemented.

The GDC panel returned to observe the part 3 dental manikin exam which had clearly undergone careful planning. The panel was of the opinion that the cases were appropriate and testing the current level of a UK safe beginner. Mark sheets were utilised for the part 3 exam which included descriptors, which the Examiners used to score Candidates. An Examiner briefing took place prior to the exam, which supported a standardised approach to how Candidates would be marked on their performance. During the remote inspection in April, RCS Eng had reflected on this and advised the panel that this could be improved to ensure marking descriptors are discussed in more detail rather than focusing on the exam practicalities. This is something RCS Eng will improve for future diets. There was no utilisation of artefacts from previous diets of the manikin examination to facilitate standardisation of Examiners. RCS Eng stated at their Exam Board in April, that it was their intention in the future and the Panel supports this.

RCS Eng confirmed that where there were inconsistencies or unclear marking in the exam, candidates were not disadvantaged, and the marks were discounted for all.

The panel consider this Requirement to be Partly met.

**Requirement 10: Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes. The provider will have systems in place to quality assure placements.
(Requirement Partly Met)**

Although RCS Eng stated that all examinations, including the LDS, are audited against the Quality Assurance Framework, as identified under Requirement 9, RCS Eng have not conducted a QA audit since 2016 and this should be done at the earliest opportunity. We did see evidence from the 2016 Audit of how the results are reported to the Dental and Surgical Exams Committee (DSEC).

The panel was advised that the DSEC have a responsibility to monitor concerns and RAG ratings are given to each area of activity for each exam. During the inspection, we had sight of the examinations department risk register.

During COVID, there has been a focus on delivery solutions during this time and work streams that would have taken place, have not been prioritised. Currently RCS Eng are moving through the process of making improvements following COVID, now that the delivery aspects have stabilised.

Examiners have various occasions, during the process, where they can discuss any potential issues arising in the exam. During our Inspection of the part 2 and 3 exams, the panel observed the Examiner calibrations and familiarisation sessions. These sessions allow for any potential issues with the exam to be identified prior to the Candidates sitting the exam.

Following the exams, Examiners and Candidates complete feedback forms which are recorded electronically. These are stored centrally, which can be reviewed to identify issues arising. We also observed candidates and Examiners providing verbal feedback immediately after exams had taken place. Introduction of an electronically based system for gathering marks was discussed (including the mandatory completion of a Feedback Form prior to submission of the completed marksheet) which would increase and encourage feedback.

RCS Eng complete a statistical analysis following each exam diet, which is then discussed amongst the exam board and exam leads. The 3 appointed External Examiners (EE) also have sight of this report and provide feedback on this during the exam board meeting.

RCS Eng are working to implement a process for recording exams once GDPR considerations have been made. This will be viewed and used to calibrate marking, identify issues and observe examiner behaviour. This is being discussed for future diets.

During both of the Exam inspections, issues arising in the exams were identified and quickly resolved. Considering we were seeing the first iteration of the new exam structure, in a new setting, it was obvious to the Panel that there had been thorough preparation, and any glitches in process that occurred were entirely unforeseeable and dealt with swiftly and efficiently.

Following both part 2 and 3 Exams, the panel was provided with EE reports. This provided assurance that there is a standardised process for collecting external feedback on the quality of the LDS programme, however we did not see a formal response to EE feedback. During the remote inspections, the panel was informed that changes had been made to the following diet as a result of feedback received. We did not see an audit trail for this change, and it was unclear who made the decisions.

This reinforced the need to ensure documentation is centrally stored and regularly reviewed.

We consider this Requirement to be Partly met.

Requirement 11: Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development. (Requirement Partly Met)

The LDS programme has 3 EEs appointed who report on the assessment process, including material selection, delivery, results determination and analysis. EEs are invited to provide comments at Exam Board meetings. The panel had sight of a Job description which confirms that EEs have suitable experience and are GDC registered. The panel were provided with EE reports and noted the template that is used is robust and captures a variety of considerations. As mentioned previously, we did not see formal responses to EE reports.

There is also oversight by the Faculty of Dental Surgery (FDS) Exams Committee and DSEC. Minutes of the committee meetings were provided. These committees scrutinise cases for changes to key elements of the examination's quality assurance measures, including syllabus coverage, assessment design, standard setting and eligibility criteria.

Candidates provide feedback verbally and online following exams, which feeds into the development of the LDS programme. We have seen evidence of feedback being utilised to inform programme development. Candidate feedback is formally recorded and reported to the exam board.

Examiners formally provide feedback, the forms are collated and reviewed in the exam reports. Feedback is discussed at the Examiner de-brief meeting. It is the responsibility of the part lead to ensure feedback is considered and improvements are made for the following diet. The Panel would have expected more Examiners to have provided their feedback and as mentioned previously, RCS Eng have considered making changes to the process to ensure all Examiners provide feedback prior to submitting marks for Candidates.

The panel noted that introducing a formalised recording process of how RCS Eng have responded to feedback, would provide a clear audit trail of how it has been used to inform programme development.

We consider this Requirement to be Partly met.

Requirement 12: The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements.

Standard 3– Student 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.

Requirement 13: To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. Evidence must be provided that

demonstrates this assurance, which should be supported by a coherent approach to the principles of assessment referred to in these standards. (Requirement Met)

Blueprinting for each part of the exams is mapped according to the *Preparing for Practice* learning outcomes for Dentists. Part leads ensure coverage of outcomes for each part of the examination. The Head of Assessment has oversight of this as well as the exam board.

Core group leads informed the panel that they would speak informally to each other to discuss what LOs they were covering between the four exam components, they were confident that there was a good range of learning outcomes being tested. The blueprint document maps the LOs covered in the 3 exam parts.

The RCS Eng do have a process in place for identifying students whose behaviour during any of the Part 2 components, could be considered as being harmful to patients, and these protocols are covered during the briefing and calibration sessions which take place prior to each sitting. During the part 3, one aspect of the exam is directly observed 1: 1 with the Examiner monitoring safe clinical practice and cross infection control alongside clinical skills. Nurses and Examiners record any minor observations associated with safe clinical practice in the other 2 aspects of the part 3 exam. Although this was something RCS Eng had not necessarily considered communicating with Candidates, upon reflection both RCS Eng and the Panel agreed that this should be communicated when results are sent out. There are also plans to introduce a checklist of behaviours to further inform Nurses and Examiners observations. These enhancements and changes should be clearly articulated and clear in future audits.

During the Exam inspections, the panel had sight of the Examiner marking sheets and were assured that the weighting of the marking scheme enabled RCS Eng to fail those Candidates who were not meeting the required standard of safe beginner, across the LOs assessed.

RCS Eng informed the panel that Examiners are aware of the level of a safe beginner as they work with students in teaching hospital or are foundation trainers and are therefore able to make an appropriate determination of the Candidates ability.

The uncoupling has allowed for only those who demonstrate their knowledge in both part 1 and 2 exams to progress to the part 3 element. This has resulted in a high diet pass rate. RCS Eng discussed this at the Exam Board meeting and are confident the reason for this high pass rate is associated with the requirement to pass the part 1, part 2 OSCE and USC before being able to sit the part 3 exam. RCS Eng emphasised that the high pass rate was due to those reaching part 3 having shown themselves to be strong candidates, by passing the part 1 and both aspects of part 2.

We consider this Requirement to be Met.

Requirement 14: The provider must have in place management systems to plan, monitor and centrally record the assessment of students, including the monitoring of clinical and/or technical experience, throughout the programme against each of the learning outcomes.

Requirement 15: Students must have exposure to an appropriate breadth of patients/procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant GDC learning outcomes.

Requirement 16: Providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. The methods of assessment used must be appropriate to the learning outcomes, in line with current and best practice and be routinely monitored, quality assured and developed. (Requirement Met)

Having observed part 2 and 3 exams during the inspection process, the panel was assured that the current assessments used in the LDS exams are fit for purpose, and in-line with current practice. The LDS exams team managed the examinations effectively and consistently for candidates.

The calibration sessions observed by the panel, prior to part 2 exams taking place, ensured Examiners had time to familiarise themselves with the stations, actors and scenarios prior to assessing Candidates. This allowed for any potential issues to be highlighted and for Examiners to understand the marking process. RCS Eng acknowledged the calibration prior to the part 3 exam was focused on the practicalities of the exam and they would like to make some changes to this for future diets to ensure marking descriptors are considered in more detail. In particular, calibration of examiners utilising artefacts from previous diets to ensure consistency between diets.

RCS Eng stated that the validity and reliability of the exams is achieved by:

- assessment design and production
- syllabus sampling
- examiner training
- Calibration
- marking guidance
- standard setting
- Psychometric analysis

On occasion, some of the questions or scenarios were tested on final year BDS students to provide an additional check that they were being set at the right standard. The panel noted that this was good practice. RCS Eng made the panel aware of what they learnt from this process and how it was useful to the development of the part 3 exam. This identified issues that may arise and allowed the core group to make any changes where required.

A variety of feedback is collected from the Examiners, Candidates and where appropriate the Actors, however there is no current process in place to acknowledge feedback. The panel did see evidence of changes made, but again there was lack of process to explain how this was decided and implemented.

RCS Eng carry out psychometric analysis of examination performance for every diet of the LDS exams to ensure those passing have demonstrated the knowledge, skills and behaviours against the identified standard of a just-qualifying UK dentist.'

The panel reviewed a range of these reports and were impressed with the quality of analysis undertaken. However, in the absence of a documented process to address areas of concern, the risk remained of issues being continually raised and not adequately addressed.

The panel has seen evidence that assessments have been monitored and developed.

During the part 2 and 3 exams, pass rates were appropriate, and Examiners are aware of the current safe beginner standard.

There was an example of an issue raised at the Exam Board when the psychometric report was discussed. An OSCE station was considered to be inconsistent and there was a concern Candidates may be disadvantaged. The Exam board made a decision to remove this from the Exam and Candidates' grades were not impacted. The Exam Board found that the LOs covered by this particular station were overlapping with the USCs and other elements of the OSCE. The core group for the part 2 OSCE will review this, and it will be monitored closely. This will be retested when there is assurance that the LOs are covered elsewhere. The panel noted that the core groups should have a formal process that enables changes and enhancements to be identified as part of an ongoing audit.

The panel were informed that during the part 1 exams, a camera is on candidates at all times. If the camera does not work, the exam stops as there is no way of validating this. Candidates receive training on how they take the exam and what to do if there is an issue. Candidates know they are monitored and recorded and if there are any issues, the video is reviewed to determine if results are valid or not.

RCS Eng used computerised automatic timings which announced the start, middle and end of the stations during the part 2 Exam.

The part 3 Exam was made up of 3 elements. Case C was observed by an Examiner whilst A and B comprised of a variety of clinical activities that are undertaken on a phantom head that are marked on the afternoon of the examination. There was feedback that those sitting case C between cases A and B found it difficult to stop and start activities. RCS Eng have reflected on this and will ensure that for future diets Case C is completed at the start or end of an examination. RCS Eng have also suggested changes to how cases A and B will be observed. The panel agreed this is a sensible approach.

Candidates must pass all three components within a five-year period.

Examiners were provided with a standardised mark sheet and marking guidance and descriptors, and this was discussed during the calibration session. These sheets were collected throughout the Exams, were optically marked and the marks were then collated by the exam administrator. The Examiners marked the part 3 cases A and B after the candidates had left the examination. This was double marked, and a standardised mark sheet was used. These results were then being uploaded to an online database.

We consider this Requirement to be Met.

Requirement 17: Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers.

Requirement 18: The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice.

Requirement 19: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/ assessors should have received training in equality and diversity relevant for their role. (Requirement Met)

RCS Eng provided the panel with a list of Examiners that are utilised for the exams, as well as the examiner role description. This confirmed that all Examiners hold appropriate registration.

Examiners undergo regular training and if this is not up to date, those individuals would not examine candidates until this has been completed. We had sight of a training log which captures the date the last training was completed for each examiner.

The training includes:

- an overview of key assessment principles and practices
- examining approaches
- marking overview
- exams-specific Diversity, Equality and Inclusion training
- familiarisation with assessment material
- changes to the syllabus coverage and assessment construct.

The next training event is planned for spring/summer 2023.

RCS Eng informed the panel that attendance at the training has been challenging during COVID. They are currently looking to deliver this remotely to increase attendance and examiners will be required to fill out an online questionnaire to confirm understanding. RCS Eng will then follow up with a webinar discussion to answer any questions or discuss the training received.

Prior to examining, guidance is provided and Examiners are suitably prepared to undertake this role. Standardisation, calibrations, briefings and clear marking criteria enable examiners to be equipped to undertake the task of assessment, however there are areas for development to improve this for future diets and RCS Eng have acknowledged this.

During the inspection, Examiners and Actors were calibrated well prior to being involved with either the OSCEs or USC exams by the exam Leads. The organisation and preparation was good, with a clear understanding of what everyone should be doing. Examiners confirmed that they felt suitably prepared to undertake assessment of candidates.

External Examiners are asked to comment on the calibration process. The Panel observed an issue in the part 2 exam, where an EE observed poor actor performance that was impacting on Candidates. This was resolved during the examination and noted as good practice by the Panel.

Recruitment processes requires appointment of individuals who do have regular contact with recent graduates and have undergraduate teaching experience. The panel was concerned that there may be some longer standing Examiners who may not be aware of what a current UK safe beginner standard is. We would advise that all Examiners have current experience of working with students or recent graduates, to ensure they are assessing candidates at the appropriate level.

During the inspection, the panel was informed that any new examiners observe the exams and experienced examiners before assessing candidates. The Panel saw many new examiners observing candidates during parts 2 and 3; the timetable produced by RCS Eng for part 2 was particularly helpful to ensure that the new examiners saw a broad spread of exercises, utilised their time effectively and didn't cluster and intimidate the candidates. It is understood that a similar procedure is planned for part 3 at the next diet.

EEs receive an induction into the role and it is a requirement that they have current EDI training within the job specification. EEs observed the exams process and were able to highlight any examiners that were not assessing to the correct standard.

We consider this Requirement to be Met.

Requirement 20: Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented. (*Requirement Partly Met*)

RCS Eng utilise 3 EEs for the LDS programme. We had sight of the job specification which clearly outlines their roles and responsibilities. The panel was assured that all new examiners are suitably inducted into the role and shadow experienced Examiners before working independently.

It was noted that the EEs have an appropriate level of involvement with the LDS programme and that they have multiple opportunities to provide feedback. The panel were also assured that EE feedback is considered and acted upon. We would expect that changes made as a result of EE feedback is documented and that there is a formalised process to ensure this is captured.

The EE feedback form and report is a standardised proforma, which ensures the feedback received is consistent and captures all of the necessary considerations from each of the EEs.

EE reports were provided to the panel, and it was clear these are beneficial to the programmes development.

EEs attend exams and exam boards and have an opportunity to raise and issues and make any suggestions.

We consider this Requirement to be Partly Met.

Requirement 21: Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area to be assessed must be clear and students and staff involved in assessment must be aware of this standard. An appropriate standard setting process must be employed for summative assessments. (*Requirement Partly Met*)

The RCS Eng website has a range of information available to candidates who are participating in the LDS examinations. Feedback from candidates following the Part 2 exam, was that the information was not clear, and they had expected clinical skills to be included in the USC and OSCEs. RCS Eng acknowledged that this would need to be made clearer online and will review this. The panel also noted that there should be more guidance for Candidates and Examiners for the part 3 exam cases to ensure consistency across candidates.

Clear marking guidance is provided to Examiners for each of the Exams. The guidance is deliberately prescriptive, giving examiners specific criteria to guide them in which judgement to award. Training for Examiners specific to the Exam they are assessing is of a good standard and examiners are well calibrated. The panel had some concerns with the marking sheets for the part 3 exams and felt the marking descriptors could be reviewed to ensure they are not open to interpretation. Of the three components of the part 3 exam, two aspects were marked only on the outcome, following the Examination. The panel have seen evidence of marking criteria for suitable clinical behaviours that will be observed by Examiners and Nursing staff during cases A and B for future diets.

RCS Eng ensures that question writing is reviewed against the blueprint and that any gaps in achieving LOs are closed and any out-of-date questions are reviewed and contemporised. Each question is standard set before being entered into the bank. Any question not used for 3 years is reviewed for clinical relevance. We did not see documentation of this process.

Standard setting takes place for each of the examination components, using the Ebel method. The Panel would have expected artefacts to have been used from past diets to ensure consistency in marking for the part 3 exam.

A psychometric analysis is completed following each diet, which is then presented to the Exam Board for discussion.

RCS Eng have an appropriate appeal process if candidates are unhappy with the assessment decisions and there is an opportunity to provide feedback following each exam.

EEs noted that any exams that do not appear to perform well are considered in detail and individual questions or scenarios will be removed if required.

We consider this Requirement to be Partly met.

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
9,10,11, & 21	<ol style="list-style-type: none"> 1. RCS Eng must review/Audit the QAF at earliest opportunity 2. RCS Eng must formalise a process for auditing/reviewing QAF/policy docs within appropriate timeframes 3. RCS Eng must improve the recording of meeting minutes and action logs to improve the audit trail for part lead/core group/exam board meetings. These should be stored centrally. 4. RCS Eng should consider the terminology used in the mark sheets and ensure Examiners understand the descriptor language 5. RCS Eng should require Examiner calibration with suitable artefacts, prior to marking Candidates clinical work. 	<ol style="list-style-type: none"> 1. This was deliberately paused as a result of needing to prioritise operational changes during Covid. We have then wanted to wait to have received the outcome of this QA Inspection, and that of the Speciality Membership Examinations (SME) to be able to ensure any actions form part of the QA audit process. We now plan on conducting the QAF audit in Q2 of 2023. 2. We will ensure that review dates will be stipulated and adhered to on all future policy documentations. 3. We will introduce action logs and action trackers for all Board meetings. This may be less appropriate for Core group meetings, which may be more informal and have a very specific focus (such as the editing / finalisation of material). In this specific case, a change log is automatically captured by our question banking software. 4. We are happy with this requirement. 5. We are happy with this requirement. 	Q4 2023
10, 11, 20 & 21	<ol style="list-style-type: none"> 6. RCS Eng must formally acknowledge Candidate/Examiner and EE feedback and create an action log which is regularly reviewed to monitor progress of improvements made 	<ol style="list-style-type: none"> 6. We are happy with this requirement 	Q4 2023
21	<ol style="list-style-type: none"> 7. RCS Eng must Improve candidate Information on the website and in Exam scenarios. 	<ol style="list-style-type: none"> 7. This project is already underway across all of our examinations and is due to be completed later in 2023. 	Q4 2023

Observations from the provider on content of report

We have appreciated the opportunity to describe and demonstrate the quality assurance of this new examination structure. We will take on the comments provided above and will continue to work to improve the examination over time, in line with the GDC's feedback and recommendations.

Recommendations to the GDC

Education associates' recommendation	The LDS continues to be sufficient for holders to apply for registration as a Dentist with the General Dental Council.
Date of next regular monitoring exercise	2024

Annex 1

Inspection purpose and process

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council (GDC) quality assures the education and training of student dentists and dental care professionals (DCPs) at institutions whose qualifications enable the holder to apply for registration with the GDC. It also quality assures new qualifications where it is intended that the qualification will lead to registration. The aim of this quality assurance activity is to ensure that institutions produce a new registrant who has demonstrated, on graduation, that they have met the learning outcomes required for registration with the GDC. This ensures that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.

2. Inspections are a key element of the GDC's quality assurance activity. They enable a recommendation to be made to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dentist and 'approval' of the programme for registration as a dental care professional. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended).

3. The GDC document 'Standards for Education' 2nd edition¹ is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.

4. The education provider is requested to undertake a self-evaluation of the programme against the individual Requirements under the Standards for Education. This involves stating whether each Requirement is 'met', 'partly met' or 'not met' and to provide evidence in support of their evaluation. The inspection panel examines this evidence, may request further documentary evidence and gathers further evidence from discussions with staff and students. The panel will reach a decision on each Requirement, using the following descriptors:

A Requirement is met if:

"There is sufficient appropriate evidence derived from the inspection process. This evidence provides the education associates with broad confidence that the provider demonstrates the Requirement. Information gathered through meetings with staff and students is supportive of documentary evidence and the evidence is 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 inspection process is either incomplete or lacks detail and, as such, fails to convince the inspection panel that the provider fully demonstrates the Requirement. Information gathered through meetings with staff and students may not fully support the evidence submitted or 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 the annual monitoring process."

A Requirement is not met if:

“The provider cannot provide evidence to demonstrate a Requirement or the evidence provided is not convincing. The information gathered at the inspection through meetings with staff and students does not support the evidence provided or the evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to serious concern and will require an immediate action plan from the provider. The consequences of not meeting a Requirement in terms of the overall sufficiency of a programme will depend upon the compliance of the provider across the range of Requirements and the possible implications for public protection”

5. Inspection reports highlight areas of strength and draw attention to areas requiring improvement and development, including actions that are required to be undertaken by the provider. Where an action is needed for a Requirement to be met, the term ‘must’ is used to describe the obligation on the provider to undertake this action. For these actions, the education associates must stipulate a specific timescale by which the action must be completed or when an update on progress must be provided. In their observations on the content of the report, the provider should confirm the anticipated date by which these actions will be completed. Where an action would improve how a Requirement is met, the term ‘should’ is used and for these actions there will be no due date stipulated. Providers will be asked to report on the progress in addressing the required actions through the monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

6. The Education Quality Assurance team aims to send an initial draft of the inspection report to the provider within two months of the conclusion of the inspection. The provider of the qualification has the opportunity to provide factual corrections on the draft report. Following the production of the final report the provider is asked to submit observations on, or objections to, the report and the actions listed. Where the inspection panel have recommended that the programme is sufficient for registration, the Council of the GDC have delegated responsibility to the GDC Registrar to consider the recommendations of the panel. Should an inspection panel not be able to recommend ‘sufficiency’ or ‘approval’, the report and observations would be presented to the Council of the GDC for consideration.

7. The final version of the report and the provider’s observations are published on the GDC website.