

INSPECTION REPORT

Education provider/ Awarding Body:	Royal College of Surgeons of England (RCS Eng)
Programme/Award:	Licence in Dental Surgery (LDS)
Remit and purpose:	Full inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a <i>dentist</i>
Learning Outcomes:	<i>Preparing for Practice (Dentist)</i>
Programme inspection dates:	10 – 11 May 2018
Exam inspection dates:	2 – 4 August 2018 Dental Manikin making day 11 August 2018 Exam Board – 19 September 2018
Inspection panel:	Susan Morison (Lay member) Barbara Chadwick (Dentist member) Shazad Malik (Dentist member) Shiv Pabary (Dentist member)
GDC Staff:	Krutika Patel Martin McElvanna (Exams and Exam Board) Ross Scales (Exam Board)
Outcome:	The Licence of Dental Surgery awarded by RCS Eng remains sufficient for registration as a dentist with the General Dental Council.

Full details of the inspection process can be found in the Annex A

Inspection 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.

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. In respect of Requirement 13, the panel evaluated the extent to which the LDS examinations ensure that successful candidates demonstrate those learning outcomes in the GDC Preparing for Practice document that can be meaningfully assessed by an end point assessment.

The panel noted the dedication of the team and other staff members responsible for the development and maintenance of this assessment. The organisation and execution of the Part 2 diet was efficiently carried out, and the panel was impressed at the high standards that were implemented to guarantee each candidate was receiving the same treatment.

However, this qualification is compromised due to a lack of formal operational quality assurance framework, which needs to be in place to ensure all the individual components are robust and remain fit for purpose. These concerns were raised with the programme staff, during the initial inspection in May, and the panel was pleased to note that changes are planned in relation to the quality evaluation and review of the LDS.

Background and overview of Qualification

Annual intake	<p>The LDS consists of Part 1 and Part 2. There is one sitting for Part 1 every year and two sittings for Part 2.</p> <p>Part 1 – 120 Part 2 – 60 (for each sitting)</p>
Format of examinations	<p>Part 1 Written paper comprising single best answer questions and extended matching questions. These question formats require candidates to assimilate information in clinically relevant scenarios prior to identifying the correct answer from a list containing this, and a number of distractors. The principle assessment purpose of the assessment of candidates' knowledge application, rather than knowledge recall, ensures that the examination is well-placed to identify those candidates who have the appropriate knowledge based to progress to the LDS Part 2, where this can serve as</p>

	<p>the foundation for the assessment for more practical skills and behaviours.</p> <p>Part 2</p> <p>The assessments of candidates' knowledge, skills and behaviours is achieved through three separate components.</p> <p>The OSCE component assesses the candidates' communication skills and ability to act appropriately in a medical emergency. Candidates must also demonstrate clinical reasoning ability, and the ability to apply knowledge to clinical situations.</p> <p>The Unseen Case component assesses candidates' assimilation of information and clinical reasoning skills.</p> <p>The Dental Manikin component assesses candidates' practical skills, as well as assimilation and interpretation of data, clinical decision-making and health and safety at work in a simulated clinical environment.</p>
--	--

The panel wishes to thank staff, students and external stakeholders involved with the Licence in Dental Surgery, for their co-operation and assistance with the inspection

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.

Requirements	Met	Partly met	Not met
<p>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.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GDC comments			
<p>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)</p> <p>The panel was provided with a governance structure and a selection of minutes from the various boards and committees that support the LDS. It was evident from this documentation, that the LDS lacked any formalised quality assurance framework. There was evidence that changes have been actioned where necessary, due to changes in the learning outcomes or legislation. However, what was missing was a clear audit trail, explaining how these changes were identified, and subsequently agreed and implemented.</p> <p>The LDS Quality Assurance Committee, whose function it is to monitor and review all components of the LDS examinations and then report and make recommendations to the Examinations Committee, did look at results and feedback from the external examiners, but again information was not thoroughly captured during these meetings, so it was difficult to follow the reasoning behind any decisions that had been made. From speaking with those involved with the Committee, it was not clear they had an understanding of what was expected of them/the Committee, and the panel considered the terms of reference needed to be revised</p>			

to provide greater clarity. In addition, the meeting held in March 2018 was not quorate, but this was not reflected in the minutes and there was no explanation as to why the meeting was allowed to continue.

In addition, the panel noted there was no standardised meeting agenda or minute template, resulting in information being captured or discussed differently at each meeting. There was also an absence of a decision or action log, with accompanying deadlines for completion or implementation, which ran the risk of issues being not addressed in a timely manner, or at all.

Part 2 of the LDS consists of three components, and each of these components is overseen by its own Core Group. The Core Groups meet to discuss questions, devise questions, map their assessments to the learning outcomes and respond to the external examiner and student feedback. The panel was provided with evidence of these meetings, but again each of the Core Groups recorded their meetings separately and again there was no evidence of an action log recording what changes or decisions had been made, why and when changes (if necessary) needed to be actioned.

While each of these components was robust, there was no evidence to demonstrate that all three components are reviewed as a whole. As result the panel identified a number of learning outcomes being over-assessed whilst others not being covered at all. The panel understood that some of the learning outcomes could not be assessed by an assessment only qualification, but it remained unclear how the outcomes that could be meaningfully assessed were going to be covered in the future. The panel was of the view, that the Core Groups needed to work together to look at each sitting of the Part 2 as a whole, to limit the amount of overlap and ensure that the greatest range of learning outcomes were being covered.

In response to the panel's concerns, the LDS have created the role of 'Compliance Officer' who will be part of the LDS Quality Assurance Committee. Part of their role will include maintaining the following information for each examination diet:

- Blueprinting
- Examination materials and mark sheets
- External examiner pre-examination reports
- Responses sent to external examiners
- Post examination analysis
- Results
- External examiner post-examination reports
- Assessor reports
- Minutes of meetings – Core Group, Examination Board and Quality Assurance Committee
- After each diet, checking with the RCS Examinations Department and the lead examiners for any new materials that have been added to the question bank, and updating the question bank folder.

The panel considered the creation of this role an important step in formalising the quality assurance framework. As an assessment only qualification, none of the staff involved are full time, thereby making it imperative that documentation, decision making protocols and actions are maintained and reviewed to ensure that everyone is kept informed on what has been taking place. It is also essential that Core Group Leads store their information centrally, rather than being responsible for managing their own question banks as this poses a risk to the examination being able to take place, if a Core Group Lead were to suddenly leave or be unable to continue in their role.

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. (Requirement Partly Met)

As stated in Requirement 9, currently the LDS quality management framework lacks consistency and formality. The LDS is reviewed internally by the assessor, Chair of the LDS Examination, Chair of the LDS QA Committee and the newly appointed Blueprint Lead. Three external examiners also oversee the quality of the LDS.

The panel was provided with a selection of reports from both the assessor and external examiners and noted that changes have resulted to the qualification following recommendations. However, there is no robust recording of when these issues have been discussed and when the necessary changes have taken place.

By reviewing minutes from Core Groups and the Examination Board, the panel was able to follow through some of the changes but noted that this was only possible as specific documentation was requested and subsequently provided by the LDS. This again reinforced the need for the LDS to ensure documentation is centrally stored and regularly reviewed to ensure it remains current and accessible to those staff members who require it. Again, as stated in Requirement 9, the creation of the Compliance Officer role, will contribute to the LDS quality assurance process becoming a lot more efficient than it is currently.

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 panel was provided with the LDS external examiner job description which states that once appointed, external examiners will not normally serve on the panel of examiners for more than 6 years without a break and should be GDC registered.

Currently, all three external examiners have served longer than six years and one is not registered as dentist with the GDC. The panel questioned to why this had been allowed to occur, given it went against the RCS Eng regulations. In response the panel was told that the LDS has had difficulties in recruiting external examiners. However, two external examiners had recently been appointed – one shadowed in August 2018 and will take over from one of the existing external examiners who is due to leave in August 2018. The other recruit will shadow the January 2019 examination and will act as an additional external examiner from August 2019 onwards.

The external examiners are provided with all the assessments, and able to make comment on areas that could be improved, as well as attending all the examinations which make up the Part 2.

The LDS also have an assessor role, which contributes to the quality assurance by:

- Inspecting component and overall examination blueprints to confirm good coverage of the learning outcomes
- Routinely observing the Part 2 LDS examinations and observing the Part 1 examinations if necessary
- Observing actor training and examiner calibration

- Liaising closely with the External examiners, peer reviewers, Leads, examiners and actors throughout the examination
- Where possible, attending candidate feedback sessions
- Producing a report on each Part 2 exam
- Presenting a report to the Final Examination Board.

The panel was told the assessor contributes to examination development by:

- Making appropriate presentations which summarise all the relevant reports and recommendations at examiner training and core group events
- Helping to identify learning outcomes where new items are required (which will often be those which are poorly represented in the current item banks)
- Liaising with the Exam statistician regarding items that perform poorly
- Working with members of the Core Groups to assist in developing new items and revising old ones
- Assisting in the production of appropriate training material.

Both the assessor and external examiners have access to all the documentation in relation to both Parts 1 and 2, and the panel was provided with a range of their reports, setting out their feedback on what was working well and what needed to be improved. They are also able to speak with candidates and this feedback is included in their review if relevant. When speaking with the external examiners and assessors, it was clear that they all considered the LDS to be robust assessment of the necessary skill and knowledge required to be a safe beginner.

Each of the Core Group Leads respond to the feedback individually and evidence was provided showing changes had been made as a result of the external examiners and assessors recommendations. However, feedback varies between the Core Group Leads and resulting actions are not always clear.

What concerned the panel was the inconsistency in the feedback provided by external examiners to each of the Core Group Leads following an initial review of their assessments, which would be resolved if the LDS devised a standard report template, as well as devising guidance enabling all the external examiners to provide feedback in the same manner. (There is a formal report which is standardised, but the LDS need to devise an interim report or process to enable feedback to be given during all stages of the assessment development).

The panel considered the assessor reports to be extremely thorough but noted, that some issues were raised repeatedly and yet never seemed to be resolved.

With the recruitment of the Compliance Officer, RCS Eng have stated they will develop a process to formally feedback to the external examiners and part of this will include monitoring actions (with deadlines) that have been recommended or required.

Actions

No	Actions for the Provider	Due date
9	The RCS Eng must standardise minute and agenda templates to ensure the consistency of information across the quality assurance framework.	February 2019
9	The RCS Eng must ensure that all three components which make up each Part 2 sitting are mapped against the learning outcomes, to ensure they are covering as full a range as possible across each diet.	February 2019

9,10	The RCS Eng must maintain a clear decision/action log, listing actions, with a deadline for implementation.	February 2019
9	The RCS Eng must ensure information about all the assessments relating to each of the Core Groups are stored centrally, rather than held by the individual Core Group leads.	February 2019
9	The terms of reference for the Quality Assurance Committee must be revised to ensure the membership is clear on the role and the function of the Committee.	February 2019
11,20	The LDS must review its process of collecting external examiner feedback during the development of each diet. It may be necessary for a standard template to be created to ensure the same detail is captured from each external examiner on the same specific areas.	February 2019

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.

Requirements	Met	Partly met	Not met
<p>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.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GDC comments

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 Partly Met)

Having reviewed Part 1 of the LDS, the panel was content with the questions and the appropriate coverage of the learning outcomes. Feedback and the assessment of the results shows this assessment is robust and is sufficient in testing candidates to the level of safe beginner.

In relation to Part 2, the panel was concerned about the size of the question banks for each of the components, specifically the OSCEs. In the August 2018, ten of the sixteen stations were devised by the same person – at this time the question bank held sixty-seven different OSCE stations which may not be a large enough range for the number of sittings that take place every year. In addition, the external examiner reports in 2016 and 2018 make reference to stations being repeated during each Part 2 diet, yet there seems to be no action taken to mitigate the risk of repeating candidates carrying out the same assessments they may be familiar with in a previous diet. The panel noted that 46% of candidates sitting the Part 2 in August 2018, were retaking, and recommend that the LDS monitor the previous diets to ensure, where possible, re-sitting candidates are not presented with the same OSCE scenarios. The panel also recommend that priority is given to developing new OSCE scenarios during the Core Group meetings.

The LDS 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.

The panel was provided with a mapping document for the assessment and as stated under Requirement 9, a small number of learning outcomes appear not to be covered and no information has been provided as to how or when these learning outcomes will be examined. Core Group Leads informed the panel that they would speak informally to each other to discuss what learning outcomes they were covering so between the three Part 2 components, they were confident that there was a good range of learning outcomes being tested. However, for robustness, it is essential that all three components making up a diet are mapped together to ensure that there is a sufficient range of the learning outcomes are covered. To address this, the LDS plan to have formal blueprinting meetings, which are scheduled to take place at the start of each Core Group and will be attended by the academic leads, core group members, Exam Chair and Assessor – this will take place at least twice a year.

Reviewing a selection of mark sheets from the Part 2 diet, the inspectors were assured that the marking scheme enabled examiners to fail those candidates who were not meeting the required standard of safe beginner across the learning outcomes assessed.

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 Partly Met)

Having reviewed Part 1 and observed an entire Part 2 diet, the inspectors were assured that the current assessment used in the LDS are fit for purpose, and in-line with current practice.

The panel considered the calibration sessions held for the examiners prior to each of the three Part 2 components was good practice as it enabled all the examiners to be familiar with the questions, calibrate their marking and ask any questions. The examiners also had the opportunity to run through the questions and the panel saw minor changes being made prior to the assessments taking place, in response to the examiner feedback. On occasion, some of the questions from each of the three components were tested on final year BDS students to provide an additional check that they were being set at the right standard.

Feedback is collected from the examiners, candidates and where appropriate the actors, however there is no current process in place to acknowledge feedback and no formal process in place to demonstrate how this feedback contributes to the developments of each of the assessments – the panel did see evidence of changes made, but again there was lack of process to explain how this was decided and implemented.

The LDS carry out psychometric analysis of examination performance for every item for every diet of the LDS. They go onto state that the 'algorithm identified for finalising the overall pass/fail for each candidate, ensures those passing have demonstrated the knowledge, skills and behaviours against the identified standard of a just-qualifying UK dentist.' The inspectors 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.

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)

The panel was provided with a list of the current examiners used for the LDS, along with how often each of them have examined. It is a requirement of the role that examiners provide 'evidence of a strong commitment to equality and diversity, and high levels of integrity and professional standards'. Examiners tend to have completed training in equality and diversity as part of their full-time (non-college) role, but the RCS Eng is able to provide training if this is not the case. The LDS check to ensure all examiners are GDC registered, and evidence supporting this was provided to the inspection panel.

Examiners are recruited for a period of six years, which may be extended for a further two depending on their performance in the role. Examiner training days are held annually, and attendance is mandatory for those who wish to examine in the year following the training. The panel was provided with the agenda of the training day and examples of the materials used during the day and considered these appropriate. Those unable to attend the training day may be eligible to attend continue training only if:

- a) The academic lead is willing to provide one-to-one training to compensate what has been missed and;
- b) The internal examiner can produce evidence of current equality and diversity training.

Examiners are allocated to a specific component depending on their skills and the requirement for examiners in each of the three components. Training is then provided during the annual training day, for that specific component. Lead examiners/Core Group Leads then choose examiners for each diet based on their availability.

All the external examiners, the assessor, Core Group Lead, QA Lead and Chair will observe all the examiners assessing in each of the Part 2 components, to ensure all candidates are being assessed consistently. Any examiners found to be acting inappropriately or not assessing to the required standard are discussed by the Chair, QA Lead and relevant Core Group Lead. Depending on the severity of the situation, the examiner will be given feedback and the opportunity to undertake further training. If this offer is not taken up, the examiner will no longer be invited to examine.

The panel noted that some of the examiners provide LDS preparation courses and asked how the LDS managed this conflict of interest. The panel was informed that the RCS Eng consider this a clear conflict of interest and ask all examiners to declare that they are not providing such training. If they are found to be doing so, they will be removed from the list of examiners. The LDS stated that for the security of its examinations, the RCS Eng, expect examiners not to contribute to preparation courses within three months of examining. To ensure this is clear to all the examiners, the inspectors recommend, examiners formally declaring they are not involved in LDS preparation courses on an annual basis or prior to the examiner being selected to participate in a diet. The inspectors also suggest that the timeframe of three months be extended to six months, due to the frequency of the examination diets.

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)

The panel was provided with the external examiner job description, setting out their role and responsibilities. All the current external examiners have experience in assessing and the two recruits are undergoing a period of shadowing before being allowed to work independently.

The external examiners are given access to all parts of the LDS and are also able to speak with examiners and students following the completion of each component of Part 2, as well as attending the Examinations Board. Feedback is not reserved for the end of the diet and the panel was provided with evidence demonstrating that Core Group Leads have on-going discussions whilst devising their assessments, to ensure they are fit for purpose. It would be beneficial for these discussions to be formalised and subsequent changes recorded to provide an on-going record of what has been improved and what requires attention. It may therefore be helpful for these discussions to be recorded in a standardised template, so that feedback received from the external examiners was consistent throughout the entire development process.

Following the end of each diet, the external examiners must submit a report to the Examinations Board for discussion. This report is also reviewed at the QA Committee. There was evidence that some of their feedback is taken on board, but some of the external examiners were frustrated that they were raising the same issues year after year, and these continued not to be addressed. Following a review of their quality management framework, the LDS anticipate that a formal response will be provided following each diet of the LDS.

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 Met)

There is a wealth of information on the website for candidates, setting out what is required to pass the LDS. Information about each of the components and marking schemes is also explained. The panel recommend that these documents be version controlled so that candidates are aware if changes are made. The inspectors were informed that this will be addressed by the Compliance Officer.

The examiners for each component have received specific training to examine that particular assessment, and all attend a calibration session prior to the assessment taking place. During these sessions the mark schemes, questions and how the examination will be conducted is discussed. Examiners also have the opportunity to role play the assessment with the actors (where applicable) and subsequently minor changes were made to the assessments following examiner feedback.

All the mark sheets for each component of Part 2 were clearly set out, and all examiners were asked to write comments, especially if the candidate was unsuccessful at that particular assessment.

Standard setting is carried out using different methods, according to the assessment. For example, modified Angoff is used for the OSCEs; the Unseen Case pass mark is determined by the aggregate mark of all four cases; and the Dental Manikin is determined using a procedure analogous to a simplified Direct Consensus method. Examples of how each of these are being utilised was provided to the inspection panel.

Candidates are able to provide feedback following the end of each component and there is a clear appeals process in place which is available to all who sit either or both parts of the LDS. Assessments are reviewed informally following each sitting and are discussed at the QA Committee. Evidence of changes being made were made available to the panel, but this review process needs to be formalised and a centralised log of subsequent changes must be maintained.

Actions

No	Actions for the Provider	Due date
13	The RCS Eng must ensure future Core Group meetings in relation to the OSCE, include sessions specifically dedicated to developing new OSCE scenarios.	February 2019
13	The RCS Eng must provide an update on the progress of their blueprinting meetings to the GDC	February 2019
13	The RCS Eng must provide an update on their plans to address the learning outcomes not currently being covered.	February 2019
13	The RCS Eng must provide an update on how plans/processes are developing for the formalising of the feedback collection from examiners and candidates, and how this will then go onto to developing the assessment.	February 2019
19	The RCS Eng must formally ask and record that its examiners are not involved in an LDS preparation course prior to them being selected to examine for each diet.	February 2019
19	The RCS Eng should consider extending the three-month timeframe to six-months, for those examiners who have contributed to an LDS preparation course.	February 2019
20	The RCS Eng must devise a process to collect the interim feedback from the external examiners, so that the feedback provided is consistent throughout the process for each diet.	February 2019
21	The LDS must ensure that any changes made to any of the assessments, in each of the three Part 2 components, are centrally recorded along with a date of when the change was made.	February 2019

Summary of Actions

Req. number	Action	Observations Response from Provider	Due date for update
9	The RCS Eng must standardise minute and agenda templates to ensure the consistency of information across the quality assurance framework.	<p>The minute and agenda templates have now been standardised. These templates are held in the Faculty of Dental Surgery records, and the Compliance Officer will ensure that they are used for all meetings relating to quality assurance.</p> <p>Evidence provided in February 2019</p> <ul style="list-style-type: none"> a) QA Committee agenda template b) QA Committee minutes template c) Core Group agenda template d) Core Group minutes template e) External examiner report and response template 	Update to be provided during 2020 annual monitoring
9	The RCS Eng must ensure that all three components which make up each Part 2 sitting are mapped against the learning outcomes, to ensure they are covering as full a range as possible across each diet.	<p>The provider has developed a written process which will be followed to ensure that all three components in each Part 2 sitting are mapped to ensure that the coverage across each diet is appropriate. To assist with this process a new role (Blueprint Lead) has been created, details of which are shown at the start of attachment f).</p> <p>Evidence provided in February 2019</p> <ul style="list-style-type: none"> f) Process chart for mapping to blueprint 	Update to be provided during 2020 annual monitoring
9,10	The RCS Eng must maintain a clear decision/action log, listing actions, with a deadline for completion.	<p>A log has been created to ensure that this is done going forwards.</p> <p>Evidence provided in February 2019</p> <ul style="list-style-type: none"> g) Action log 	Update to be provided during 2020 annual monitoring

9	The RCS Eng must ensure information about all the assessments relating to each of the Core Groups are stored centrally, rather than held by the individual Core Group Leads.	Core Group notes are now stored centrally and will follow a prescribed format to ensure that all information is recorded.	Update to be provided during 2020 annual monitoring
9	The terms of reference for the Quality Assurance Committee must be revised to ensure its membership is clear on the role and the function of the Committee.	Terms of reference have been updated to ensure that all members of the Committee have clarity about their roles. Evidence provided in February 2019 h) Terms of reference QA Lead i) Terms of reference Assessor j) Terms of reference Statistician k) Terms of reference Compliance Officer	Addressed - no further action required
11,20	The RCS Eng must review its process of collecting external feedback during the development of each diet. It may be necessary for a standard template to be created to ensure the same detail is captured from each external examiner on the same specific areas.	A new template has been devised to ensure that all relevant detail is captured – in a standardised way - throughout the process of receiving and responding to external examiner comments. Evidence provided in February 2019 e) External examiner report and response template	Update to be provided during 2020 annual monitoring
13	The RCS Eng must ensure future Core Group meetings in relation to the OSCE, include sessions specifically dedicated to developing new OSCE scenarios.	This will be taken forwards as a key task for the OSCE core group and has been noted on the Actions log.	Update to be provided during 2020 annual monitoring
13	The RCS Eng must provide an update on the progress of their blueprinting meetings to the GDC	This has been noted on the Actions Log as a task for the Compliance Officer	Update to be provided during 2020 annual monitoring
13	The RCS Eng must provide an update on their plans to address the learning outcomes not currently being covered.	All core groups will be tasked with addressing this as their key task at every Core Group meeting. To ensure that it is not overlooked, it has been	Update to be provided during

		included as an item on the Core Group agenda template.	2020 annual monitoring
13	The RCS Eng must provide an update on how plans/processes are developing for the formalising of the feedback collection from examiners and candidates, and how this will then go onto to developing the assessment.	<p>We provide the following update:</p> <ul style="list-style-type: none"> • All feedback collected is now taken to the QA Committee. To ensure that this happens without fail, it now appears as a standing item on the QA Committee agenda. • QA Committee will review the feedback and identify any issues that should be addressed. • QA Committee will advise the appropriate parties (e.g. Core Groups, Lead Examiners, Exam Delivery Teams, etc.) and allocate action points where required. • The action points will be recorded on the action log. 	Update to be provided during 2020 annual monitoring
19	The RCS Eng must formally ask and record that its examiners are not involved in an LDS preparation course prior to them being selected to examine for each diet.	<p>To address both these points RCS Eng in in the process of writing formally to all examiners, advising them that:</p> <ol style="list-style-type: none"> 1. They should not contribute to any LDS preparation course during the entire time that they remain on the LDS examiner list. 2. On leaving the examiner list, they must wait until six months have passed since they last examined before contributing to any such course. 	Update to be provided during 2020 annual monitoring
19	The RCS Eng should consider extending the three-month timeframe to six-months, for those examiners who have contributed to an LDS preparation course.		Update to be provided during 2020 annual monitoring
21	The LDS must ensure that any changes made to any of the assessments, in each of the three Part 2 components, are centrally recorded along with a date of when the change was made.	Such changes will be centrally recorded with the date of change by the Compliance Officer and held in the Faculty of Dental Surgery.	Update to be provided during 2020 annual monitoring

Observations from the provider on content of report

A) Factual Corrections and Summary of Provider's Observations

We wish to thank the GDC Inspection Panel for their helpful comments, both during their inspection and in this report. Those comments have helped steer a very useful review our information recording processes, and going forwards we will be able to capture the full detail of the work being done to deliver and quality assure our examination.

Factual corrects are as follows:

1. On the first page of the Inspection Report, "Unseen Case Marking Day" should read "Dental Manikin Marking Day" – we have added a comment to the page, indicating where this needs to be corrected.
2. On page 3 of the Inspection Report, a comment has been added by the lead examiner for the OSCE, to complete the description of what is assessed in the OSCE component.
3. In addition on page 3 of the Inspection Report, a comment has been added by the lead examiner for the DM, to complete the description of what is assessed in the dental manikin component.
4. Please see section B below, point 8 of our detailed observations. The GDC report states that there is one Assessor (internal) and three external examiners who oversee the quality of the LDS. Internally, oversight of the quality of the LDS is provided not only by the Assessor but also by the Chair of the examination and by the Chair of the QA Committee – and now, additionally, by the Blueprint Lead (a new role created since the inspection).

B) In detail - Provider's Observations

Re GDC Comments relating to Standard 2, Requirement 9

1. We agree with the Inspection Panel that our documentation, although extensive once we had provided further paperwork at the Panel's request after its initial meeting in May 2018, did not explain our Quality Assurance processes as clearly as we had intended

it to. Our record keeping has now been further formalised and standardised to provide the very clear audit trail recommended by the Panel.

2. It is true that the minutes of our past meetings may not be readily understandable to anyone not involved in the examination. The minutes were adequate for the Committee members, who need only a record of the decision as they would be aware of the underlying reasoning. We now have a standard template, and a policy of recording decisions in a way that includes an outline of the underlying reasoning, rather than assuming the reader to be already aware of it.
3. We wish to state that QA Committee are given clear guidance as to what is expected of them, but we accept that they may not have demonstrated a clear understanding in their conversations with the Inspection Panel. We have now revised and extended the Terms of Reference for key members of that Committee, to give greater clarity.
4. It is true that prior to the start of the inspection, we did not use an Action Log in its entirety. Nor did we use standard templates for agenda and minutes templates. We have now put both of these in place.
5. We accept the comment that prior to the inspection there was no central record of actions taken as a result of core group meetings. This has now been addressed with the introduction of an Action Log together with standardised templates for core group agenda and minutes.
6. The Inspection Panel comments that it identified a number of learning outcomes being over-assessed. We would like to respond that this is a snapshot assessment and therefore it is necessary to assess some LO's in different ways, for the purposes of triangulation. In addition by necessity the medical emergencies are assessed in each diet as part of the OSCE.
7. We wish to state that the three components have always been reviewed as a whole. This is always done prior to each examination through collaboration amongst the lead examiners, and through the exam-wide oversight provided by the LDS Chair. The lead examiners for Unseen Case and OSCE in particular have a thorough discussion of the topics and LO's to be covered in each diet. (The Dental Manikin is very different and has little risk of overlap with another component.) Post-examination, the examination as a whole is reviewed by the QA Committee. However we accept that a written process is needed to demonstrate that this is done, and we have now created a Process Chart which clearly shows the process by which the three components are reviewed as a whole.

Re GDC Comments relating to Standard 2, Requirement 10

8. We would like to suggest a small factual correction. The GDC report states that there is one Assessor (internal) and three external examiners who oversee the quality of the LDS. This is correct for the external oversight. However, internal oversight is provided by all of the following:
 - Chair of the LDS Examination
 - Chair of LDS QA Committee
 - Assessor
9. We accept that our previous recording processes would not have made it straightforward for the Panel to track the process: recommendation for change - discussion of that recommendation - introduction of change. Going forwards, we are providing a very clear audit trail. The minutes of each QA Committee will now clearly show which reports and recommendations were discussed. Moreover, any action points emerging from that discussion will be added to the Action Log, giving us the opportunity to record when action is taken.

Re GDC Comments relating to Standard 2, Requirement 11

10. We agree that at the time of the inspection, the external examiners had each served longer than six years and that one was not GDC registered. (He was however on the dental register for Ireland.) Unable to replace the EEs immediately, we extended their terms of office by a maximum of two additional years. Our paperwork will be amended to note that the terms of office may be extended if agreed by both parties. The EE registered in Ireland has now reached the end of his maximum eight years and has demitted. We have recruited two new EEs, one to replace the demitted EE and another who will be shadowing at the next diet will replace the next EE to reach the end of that extended term.
11. We accept that core group leads have not been directed to follow a unified format when responding to external examiner comments. We have now created a template for EE reports which can be used to flow through the enter process, having sections for:
 - EE pre exam comments
 - Lead examiner/core group lead responses to those comments
 - EE final report comments
 - Lead examiner responses to the final comments.

Where the responses do not give a clear indication of the action taken, the QA Committee (which receives and discusses the reports) will generate action points that will then be taken to the Action Log as well as being passed to the appropriate person. Thus the action, when carried out, will also be reported in the Action Log.

- We are aware that report authors sometimes repeat a request for change, even though it has already been explained to them why that change should not be made. The Core groups discuss the points in the EE & Assessor reports at length.

The combined educational and assessment experience of the core groups is immense. When comments are not acted upon, this is because they are felt to be inappropriate.

For example – the assessor has asked on many occasions for the candidates to be ushered out of the stations when they have finished the task rather than wait for the bell. This is not acceptable because if candidates suddenly remember something that they wish to add within the allocated time, the suggested revision to process would remove their opportunity to do so. Moreover the revision would move the LDS OSCE away from how standard OSCE examinations are run within dental schools within the UK. Hence the comment was not acted upon.

The fact that our documentation suggests that recommendations are ignored will be addressed by central recording of all decisions (see previous point) Once this has been running for a few diets, as we will be able to readily locate, and draw attention to, previous responses and actions.

Re GDC Comments relating to Standard 2, Requirement 13

12. We note the Inspection Panel's recommendation that priority be given to developing new OSCE scenarios, and this will be done. The OSCE lead examiner has explained that a bank of 67 does provide a good number of stations for an examination that runs twice per year with 16 stations per diet. She has explained that there is a limit to how many topics can be examined in an OSCE situation. However, she notes there is potential for increase through having multiples of different clinical tasks. For example there is more than one kind of history that could be taken in dentistry. The OSCE lead also requested that we note that there are four medical emergency stations in each exam diet, and there are a limited number of medical emergencies that could arise. It is important to allow for repetition of these particular stations. For the same reason, it would be difficult to ensure that a resitting candidate does not face a medical emergency station that he/she faced in a previous sitting. However, these are clinical skills that are tested and not amenable to rote-learning, and as such it is not inappropriate to repeat them.
13. We note the Inspection Panel's comment that it is essential that all three components making up a diet be mapped together. This is already done, with the Chair providing oversight and the lead examiners liaising on core group days. However, that may not have been clear to the Inspection Panel and we have revised our paperwork to give a clearer outline of this process.
14. We note the Inspection Panel's comment that there is no current process in place to acknowledge feedback. Candidate feedback is provided anonymously, but internal examiner feedback is acknowledged and discussed at the examiner training days. We will add "Respond to Examiner Feedback" as an action point in the Action Log after each exam diet, so that a proper record can be kept showing when, and how, this was actioned.
15. We agree that there has been no documented process showing how we address areas of concern raised by the psychometric analysis. Much of this arises during the Pre-Board meetings which were not previously documented. Following the advice of the Inspection Panel, the Pre-Board meeting relating to the August 2018 diet was minuted and there is therefore a full record of what the analysis showed and what the response was. This will continue to be our practice going forwards. Other analysis, not relating to the immediate set of results is taken to QA Committee. Any actions arising will now be recorded in the Action Log, which will allow us to record what was done and when.

16. The Inspection Panel has correctly noted that External Examiners provide advice and guidance throughout and not only in their pre and post examination reports. To ensure that this information is not lost, the External Examiner report template has been updated to provide a section for recommendations previously acted upon.
17. We confirm that formal responses will be provided to External Examiners, as to why the change should not be made, and it will be a recorded.

Recommendations to the GDC

The Licence of Dental Surgery awarded by RCS Eng remains sufficient for registration as a dentist with the General Dental Council, pending an update on the actions outlined in this report.

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 edition 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 inspectors 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 inspectors may 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 annual monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.
6. 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.