

General Dental Council

Education Quality Assurance Report Standards for Specialty Education

Examination Provider	Specialty Membership Examinations
The Royal College of Surgeons of Edinburgh	Endodontics (M Endo) Oral Surgery (M Oral Surg) Orthodontics (M Orth) Paediatric Dentistry (M Paed Dent) Periodontics (M Perio) Prosthodontics (M Pros) Special Care Dentistry (M Spec Care Dent)

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

Summary

Remit and purpose:	To quality assure the seven Specialty Membership Examinations delivered by the Royal College of Surgeons of Edinburgh and administered on behalf of the Royal College of Physicians and Surgeons of Glasgow and Royal College of Surgeons of England.
Standards for specialty education:	All
Date of submission:	March 2022
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This report sets out the GDC's analysis of the self-assessment and documentary evidence from The Royal College of Surgeons of Edinburgh (hereafter referred to as "RCSEd") against the *Standards for Specialty Education*.

The report is published against a background of ongoing GDC policy development for the quality assurance of specialty training.

RCSEd delivers Specialty Membership Examinations in seven dental specialties: Endodontics, Oral Surgery, Orthodontics, Paediatric Dentistry, Periodontics, Prosthodontics and Special Care Dentistry.

Of these, RCSEd is responsible for the management, delivery and professional conduct of three of the examinations (Oral Surgery, Paediatric Dentistry and Special Care Dentistry) on behalf of the Faculties of Dental Surgery of the Royal College of Physicians and Surgeons of Glasgow, Royal College of Surgeons of Edinburgh and Royal College of Surgeons of England.

Of the eight Requirements under the Standards, the GDC considers that the submission from RCSEd demonstrates:

	No. of Requirements	Requirements
Met	4	E1,E5,E6,E8
Partly Met	4	E2,E3,E4,E7
Not Met	0	-

Requirements that were considered to be Partly Met have resulted in five actions relating to the "Partly Met" Requirements, which RCSEd must address by the dates indicated to demonstrate progress against these Requirements.

The GDC wishes to thank the Royal College and the team for their co-operation and assistance with this submission.

Outcome of relevant Requirements¹

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

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

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

RCSEd submitted extensive evidence under Requirement 1.

The narrative and supporting evidence provided a clear overview relating to the quality framework, detailing how examination quality is managed.

Responsibilities for the different aspects of quality assurance were defined and cascaded appropriately. The committee structures, organograms and organisational charts provided insight in clarifying accountabilities and responsibilities.

Relevant policies and procedures were made available through the RCSEd website, as well as being referenced and included as part of the self-assessment. It was reassuring that RCSEd record both start and review dates for the policies, although it was not completely clear where the responsibility for maintenance lies.

The significance of the role of the Professional Standards Committee in quality assurance was clearly outlined.

RCSEd provided a detailed explanation of how examinations are developed and mapped to learning outcomes. They have recognised that further work may need to be carried out, following the GDC Specialty Curricula review. We were assured that RCSEd have an awareness of the need to continually reflect changes to legislation and external guidance.

We had sight of a comprehensive Examinations Quality Framework overview table, which described the purpose, and responsibilities relating to the provision and quality assurance underpinning examinations. Evidence demonstrated the way audit has been applied, how issues were highlighted and what changes were made.

Evidence indicates that assessment design has considered the cost effectiveness of delivery, particularly referenced in relation to changes during the pandemic. The establishment of a short life working group (SLWG) during the pandemic reflected the recognition of the importance of adapting appropriately to difficult and changing circumstances.

The panel were impressed with the report from the SLWG to College Council, particularly the Ten Key Principles for Examination delivery.

We consider this Requirement to be **Met**.

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

RCSEd have provided evidence to show how concerns from a wide range of sources are identified through complaints, appeals and feedback. This includes:

- how issues raised in feedback from major stakeholders are dealt with
- how concerns of the Assessors or Examiners are dealt with
- how issues raised as a result of the exam audit mechanism are dealt with

Three concerns raised by Board Chairs/Lead Examiners have been used to demonstrate compliance with this Requirement.

The examples of the processing of recent examination issues and how they were managed and resolved, confirmed the openness and honesty that has been presented in the documentation made available by the RCSEd.

Completed External Examiner (EE) reports were provided, which did highlight some concerns, we did not see how these concerns were addressed and acted upon. RCSEd informed the panel that historically concerns raised or decisions made in relation to an exam, would be documented when escalated to committee level. From August 2022, RCSEd will utilise a log for all exam related issues. This will capture:

- Date the issue was raised
- Immediate actions taken
- The level at which actions were taken
- Mitigations to avoid reoccurrence

A summary report will then be discussed as a regular standing item, at the Dental Exams Committee.

An FDS Work plan/Risk Register template was provided by RCSEd, however, to be assured this Requirement is met, a completed copy of the document would be beneficial.

We would expect to see an up-to-date copy of the FDS Workplan/Risk Register along with evidence of how EE report concerns were addressed.

We consider this Requirement to be **Partly Met**.

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

The RCSEd Examinations Quality Framework has been described under Requirement E1.

Evidence that the standards and requirements are mapped to those of the GDC and GMC, has been provided.

RCSEd prepared and presented a framework for a comprehensive Quality Framework document at the 2022 May meeting of the Professional Standards Committee. At this meeting, the agreement was that this document would not be confined to the Dental Faculty alone, but would be available organisation wide and therefore there will be a delay in the final publication of this document

The self-assessment clearly outlined the different roles and responsibilities of Examiners, Assessors and Lead Examiners and the way in which reports and feedback following examinations are reviewed and actions taken. Detailed guidelines are available for both Examiners and Assessors.

RCSEd appoint assessors rather than External Examiners for all exams, excluding the conjoint examinations. The documentation for the appointment process has been provided and details of a comprehensive training package were noted by the panel as an area of good practice. A description of their role and a job description has been provided.

RCSEd acknowledge that they have a shortage of Assessors and since 2020, to overcome a lack of External Assessors, the role is assumed by the Lead Examiner of the exam if no External Assessor is available. This was noted as a concern to the panel, however, steps have

been taken to increase the number of Assessors and the drive for this will commence in June 2022. RCSEd have also revised their current processes and have made improvements to ensure consistency and maintain a standard across all Assessors. It is anticipated that this will be completed by the year end. EEs are used in the conjoint exams and an excellent example of an EE report was included in the evidence.

It is clear from the evidence that qualitative and quantitative data for monitoring and evaluating the quality of each of the examinations in relation to validity, reliability, fairness, feasibility, acceptability and educational impact is routinely collected using appropriate templates and reported to appropriate committees. The meeting minutes provided show an appropriate and comprehensive range of attendees at the various committees. The examination reports are of a varying standard and the evidence supports this. The reports written using the college template are of a much lower standard than that provided by a traditional External Examiner. However, as mentioned previously additional measures are being put in place to improve the standards and consistency of reports and to increase the number of Assessors in attendance during examinations.

It was not clear how equality and diversity considerations have been taken into account in assessment design and development, but then EDI is well reflected in guidance for Examiners and Assessors.

Appropriate documentation on the purpose, standard, construction, delivery, analysis and quality of each examination to facilitate transparency, acceptability and accountability is also evidenced. The use of psychometric reporting adds another layer of quality assurance monitoring to ensure assessments are robust and defensible. The examination structures clearly define how candidate achievements of “knows, knows how and shows how” are measured.

We consider this Requirement to be **Partly Met**.

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

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

RCSEd provided an examination blueprint along with details of the examination design/development pathway. Supporting documentation provided clarity around the rationale for design decisions and assurance was provided that they have been subject to appropriate governance arrangements.

A draft assessment strategy document has been developed for the Tricollegiate Membership Examination in Oral surgery. This document was tabled for discussion at the next Dental Exams Committee (DEC) and once ratified will form the template for all FDS assessment strategy documents. RCSEd provided this to the panel following the initial submission. The panel was satisfied with this document, however noted that Test specification, Sampling plan and Routine Psychometrics are to be developed.

The Exam Design authorisation process contains a flow diagram, which includes the need for an assessment strategy. The document is not dated so it is not clear when it was developed and if it is in use, particularly as it appears only a draft assessment strategy for Oral Surgery is available, awaiting approval. A document outlining the process for the development of MOrth

shows the robust nature of the process, but it is not clear if this process is applied to every assessment as no clear process document has been made available.

RCSEd stated that evidence of validity and reliability cannot always be provided through statistical analysis as cohorts are too small and the exam is not piloted for reasons of content security. The robustness of the exam is therefore evidenced indirectly through adherence to good design principles. Where cohort size permitted, psychometric analyses has been provided. Further clarity on assessment strategies was provided to the panel which gave assurance. It was stated that when it is not possible to undertake these analyses for a diet, the exam format will have been analysed psychometrically either for a previous diet of the same exam or for an exam of the same format but relating to a different specialty. Before any new exam format is introduced, it must comply with best practice.

The pass marks to be achieved in each assessment are identified using Modified Angoff or Borderline regression methodology and psychometric expertise is applied. However, issues relating to consistency with the expected levels to be achieved for certain assessments has been raised and although a process has been identified, reassurance is needed to show how these issues would be resolved.

Overview examination reports, post examination meetings minutes and psychometric reports provides assurance that results delivered are valid and reliable. The note that further work is being undertaken to ensure consistency, is reassuring to the panel.

We consider this Requirement to be **Partly Met**.

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

The College stated that initial RCSEd Exams Audit, conducted in 2017, highlighted the need for FDS to consider changes in assessment methodology across the examination portfolio, to ensure the approaches taken continued to meet standards for current best practice. The RCSEd Exam Design Authorisation Process flow diagram and the accompanying documentation provides records of the changes made, the rationale for the changes and evidence of adherence to due process and governance arrangements.

An Assessment Strategy Document has been provided as well as the Specialty Examination Regulations.

The self-assessment states that the total testing time, blueprinting requirements and number of cases/stations is based upon the published educational literature, and psychometric analyses under the advice of the Education Department.

Evidence of how questions are developed, and the training provided to develop a robust question bank is provided within the documentation. The use of workshops to provide the opportunity for examiners to share good practice, in question writing and map material produced to the appropriate learning outcomes, is an example of good practice.

Questions are available to view in the question bank e-system in preparation for an examination diet. The clinical question bank leads are responsible for selecting the requisite number of questions for each component, checking a representative blueprint coverage has been achieved, wherever possible ensuring appropriate sampling of high-level Learning Outcomes (LO) using a number of different questions. All questions are in the process of being transferred to the new e-question banking system.

The panel were provided with a high-level blueprint embedded in the regulations for each exam, aligned to the curricula and learning outcomes in the relevant GDC curriculum.

The RCSEd Exams Audit is carried out on a five-year cycle to ensure FDS examinations remain “fit for purpose” and identify areas for improvement.

Examiners are required to undertake generic Examiner training every three years and keep up to date with education/assessment literature. Psychometric analyses are routinely conducted at every exam diet where cohort size allows, resulting in detailed psychometric reports which inform decision making future for the current and future examination diets. Changes made to questions are registered in the appropriate question bank, with blueprinting reviewed and standard setting repeated as required.

The outline of the impact of Covid-19 on examination delivery was clearly set out and assured flexibility whilst maintaining a robust and fair delivery of assessments. As noted previously, the commitment of the SLWG defined the overall management of the issues and controlled the impact of the pandemic by introducing changes to assessment methodology, transferring to on-line assessments and to delivery in designated centres.

We consider this Requirement to be **Met**.

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

Full details of a rigorous approach to appointing Examiners have been provided.

The panel had sight of a range of evidence which provided assurance under this Requirement, which included:

- recruitment processes
- job descriptions
- checklists
- guidance
- policies and procedures
- information relating to Examiners and Assessors

RCSEd have satisfied the panel that those involved in assessment have the necessary profiles and expertise.

Documentation relating to Examiner recruitment was evidenced, as well as appropriate training being provided. Benchmarking and standard setting is clearly outlined.

Examiner training is organised by the Examinations Department and delivered at least three times a year for newly appointed and existing FDS examiners. An online synchronous examiner training course was developed in the first half of 2020, in response to the pandemic restrictions. All examiners must attend the face-to-face or the online course prior to examining. A table of current examiners with dates of training has been provided as well as details of how Examiner performance is reviewed.

Feedback from all stakeholders is used, and Assessors monitor Examiners with the use of sampling Examiner activity.

We consider this Requirement to be **Met**.

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

The process outlined by RCSEd appears to be sufficiently robust as recruited, selected, trained and experienced Examiners, Assessors and Lead Examiners are used and report to varying committees, all bound by approved Terms of Reference. All are constantly and consistently monitored and there are clear processes to remove any individual from their role if deemed necessary.

RCSEd acknowledges that Assessors have not been used across all exams. A review was undertaken to address the situation. A revised term of reference was developed, approved by Dental Council and is now in circulation.

A similar appointment process to Examiners is applied to Assessors as explained in the supporting evidence. A small number of assessors have been appointed and they will be trained as outlined previously within this report. They will be expected to provide a written comprehensive report as per the assessor report template.

Exam reports are usually provided by the Lead Examiner who is excused from Examiner duties to 'independently' observe the exam process, as described in E3. RCSEd have stated, by October 2022, job descriptions for lead examiners and assessors will be developed, which will outline the differences in responsibilities and tasks required of each role. This will also be emphasised in the online training package and resources.

Examiners details are provided in reports, providing an accurate record of attendance, numbers required per diet, which then inform an efficient examiners allocation to each diet, dependent on candidate numbers. Issues raised are reflected on by the relevant committee, feedback provided and changes made where appropriate.

Usually, exam reports are written using a template. However, it is acknowledged by RCSEd that Assessor reports can vary widely and can on occasion demonstrate lack of appropriate oversight and detail. A revised Assessor report template is being developed and scheduled for ratification at the DEC in late Autumn.

RCSEd also provided information that the following would be utilised to ensure consistency in reports, going forward:

- Exemplar completed reports will be provided as a guide
- Resources for assessors will be held in a specific area of the college VLE
- Assessor reports will be reviewed by the Exams Management Group and Dental Exams Convener against exemplars
- Feedback will be provided to assessors on their reports
- Asynchronous online assessor training is currently being developed and will include a session on report writing.

RCSEd has committed to a full complement of Assessors by 2023.

We consider this Requirement to be **Partly Met**.

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

Assessment is undertaken against clearly set out criteria and the individual dental specialty membership examination regulations, guidance and learning outcomes are made available on the RCSEd website. This essential information includes the specific examination regulations, the examination blueprint (including the learning outcomes), and helpful advice to candidates. Some examinations include additional information. RCSEd will look at providing greater consistency in the range of information available for each examination.

All those involved in assessment are trained and documentation confirms everyone involved must attend meetings when required.

A number of committees review standards and criteria and detailed minutes are maintained. Minutes of relevant meetings, reports, feedback and attendance records are all used to support any changes recommended to standards or criteria.

Appropriate policies are available as a basis to ensure the fairness of assessment and reasonable adjustments are applied appropriately, as are extenuating circumstances. Equality, diversity and inclusion and unconscious bias training is mandatory for all involved in assessments.

Methods for calibration and benchmarking are used to reinforce standards and clear marking schemes are used. All trainees' papers are anonymised, although maintaining anonymity may not be possible for OSCEs or Case Presentations, although Examiners have to declare any conflicts of interest prior to the start of any assessment. All results are anonymised for presentation to ratification meetings and award boards.

Psychometricians and educational experts design and conduct standard setting following best practice and training is provided for Examiners.

We consider this Requirement to be **Met**.

Summary of Action for RCSEd

Req. number	Action	Observations & response from RCS Ed	Due date
E2	RCS Ed must: 1- Provide an up-to-date copy of the completed FDS Workplan/Risk Register, Including a risk management policy which outlines how often the risk register is updated and the governance of this. 2- Provide evidence of how EE report concerns have been addressed.	The Risk register is completed, attached and will be regularly updated. Evidence of previous review and update activity will be archived. (Appendix 1). Evidence will be provided of assessor reports (attached Appendix 2) and actions taken from those reports.	Q4 2022
E3	3- Provide evidence that, the standards and consistency of reports and the increase to the number of Assessors in attendance during examinations has improved.	New report template and guidance documentation is attached and has been submitted to the Dental Exams Board. (Appendix 3). The next step in the ratification process is Dental Council on the 9 th December 2022. This template is for all of our examination reports. Assessor numbers attending exams will be evidenced to demonstrate an increase.	Q2 2023
E4	4- Provide evidence of actions taken to ensure consistency across all exams.	With regard to the introduction of assessors attending the majority of exams, assessors will be trained using the revised processes and paperwork. The processes, paperwork and guidance will be in place by the end of Q4 2022, but the impact may not be demonstrable until Q2 2023.	Q2 2023
E7	5- Provide evidence that job descriptions for lead examiners and assessors have been developed and are in use.	Revised, updated and approved Job descriptions are in draft form and have been submitted to the Exams Board and are now due for final ratification and implementation after the Dental Council in December 2022.	Q4 2022

Observations from The Royal College of Surgeons of Edinburgh on the content of the report

We are grateful for the opportunity both to respond to the report and the process from which it has been achieved. We have used the process as an internal audit tool which gave us insight into the examinations process at the College from which we have learnt a great deal and as such have instigated change management strategies.

Annex 1: Education Quality assurance process and purpose of activity

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council's (GDC) Strategic Review of Education (2008) recommended that the Council should actively quality assure all training and awards which lead to entry to all GDC registers and listings (Dentist, Dental Care Professionals (DCP) and Specialist).
2. The aim of this quality assurance activity is to ensure that dentist registrants, at the point of inclusion upon one of the GDC's specialist lists, have demonstrated, on completion of their training, that they have met the outcomes required for specialist listing on the dentists register with the GDC. This will underpin and add value to the GDC's responsibility in issuing a Certificate of Completion of Specialist Training (CCST) as part of the listing process.
3. Consideration and development of our quality assurance processes therefore apply to training programmes in all 13 current specialties. Whilst our statutory responsibilities (see section 17 below) focus on orthodontics and oral surgery we do not currently possess an evidence base, drawing upon public protection arguments to differentiate between the specialties in quality assurance activity.

Specialty training

4. The primary route by which specialists join the Specialist lists, and the route upon which the GDC focusses its quality assurance activity, is successful completion of a national training programme in the individual UK specialties, where training is based upon a GDC-approved curriculum², overseen by the regional training commissioners, and where the trainee also passes the relevant Royal College examination.
5. Following these successes, the trainee is recommended for entry to the GDC Specialist Lists by award of a Certificate of Completion of Specialist Training (CCST). The regional training commissioner recommends the award and the GDC awards the CCST.
6. Training in the dental specialties under the route described above is, typically, a three-year full-time hospital-based programme. This can involve trainees receiving training in a variety of hospital settings and other clinical environments. This form of delivery, together with the provision of exit examinations by a further provider has required changes to the GDC's model of pre-registration QA inspection which is typically based on a single training centre under the auspices of a university or other educational body.

The GDC's powers

7. The GDC's powers in relation to specialist education and training differ from its powers for pre-registration training:
8. The Dentist Act 1984 (the Act) restricts our ability to require training providers to provide information to those with Dental Authority (DA) Status. Of postgraduate providers, the Royal Colleges possess dental authority status as do universities undertaking postgraduate or specialist dental training. We can request information

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

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

Annex 2: The EQA Process

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

General Principles

14. Our historic consultation and stakeholder engagement on the Standards signalled the GDC’s expectations in relation to specialty education. Publishing the first iteration of Standards for Specialty Education in 2015 was seen to send a clear message to the sector about the quality the GDC expects in order to protect patients and the public.
15. In addition to publishing the GDC standards, we recognised that the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) already publishes a quality management tool in the form of *The Gold Guide*. We also recognised that specialty trainees are in the main already GDC registrants; and that we needed to be sensitive to the fact that specialty training (where it takes place in NHS Trusts and roles) operates in an already highly regulated environment.
16. We have been mindful that that our regulatory approach, both in its piloting and in its current operational introduction, must not introduce disproportionate or unnecessary burdens on providers.
17. The second iteration of Standards for Dental Education, referenced above, maintains this proportionate approach whilst also containing two major developments:
 - a. Separating the Standards so there are discrete requirements for training commissioners and examination providers;
 - b. Introducing an overarching requirement to provide evidence (of the examination provider’s choosing) to support their self-assessment.

Collection of evidence

18. Therefore, the process remains based upon moderated self-assessment and includes:
- a. a self-assessment questionnaire giving examination providers the opportunity to indicate their performance in the context of the Standards and Requirements;
 - b. the requirement to provide illustrative and supporting evidence to support the contents of the completed self-assessment questionnaire.
19. The following descriptors are employed as a means of reference for establishing an examination provider's compliance with the individual requirements.

A Requirement is **Met** if:

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

A Requirement is **Partly Met** if:

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

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

A Requirement is **Not Met** if:

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

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

Other:

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

20. The significance of not demonstrating compliance with a requirement will depend upon the compliance of the examination provider across the range of requirements and any possible implications for public protection.
21. Outcomes from the pilot specialty EQA exercise typically fell into two categories of follow-up action:

- a. Where requirements were not fully met, the need for follow-up action (either submission of further evidence or clarification of self-assessment) that could normally be addressed by ongoing specialty monitoring;
- b. Joint action between the examination provider and the GDC to capture good practice (where requirements were met) to further inform the evidence prompts within the Standards and so to provide additional guidance for future specialty EQA activity.