

General Dental Council

Education Quality Assurance Report Standards For Specialty Education

Examination Provider	Specialty Examinations
Royal College of Surgeons and Physicians of Glasgow	Intercollegiate Specialty Fellowship Examinations in: <ul style="list-style-type: none"><li data-bbox="858 1093 1222 1128">• Dental Public Health<li data-bbox="858 1142 1126 1178">• Oral Medicine
Outcome of Specialty Training self-assessment against the Standards for Specialty Education.	6 actions to be addressed by Royal College of Surgeons and Physicians of Glasgow.

Full details of the process can be found in the annex

Summary

Remit and purpose:	To quality assure the Intercollegiate Specialty Fellowship Examinations delivered by the Royal College of Physicians and Surgeons of Glasgow and administered on behalf of the Royal College of Surgeons of Edinburgh, the Royal College of Surgeons of England and the Royal College of Surgeons in Ireland.
Standards for specialty education:	All
Dates of submissions:	January 2022, June 2022 and October 2022
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This report sets out the GDC's analysis of the self-assessment and evidence submitted by the Royal College of Physicians and Surgeons of Glasgow (for ease "the College" or "RCPSG") against the *Standards for Specialty Education* ("the Standards").

This GDC specialty report should be read in the context of the GDC's policy to develop the quality assurance of specialty training in collaboration with specialty examination providers.

The Royal College acts as the Secretariat of the Intercollegiate Specialty Fellowship Examination (ISFE) Boards in six dental specialties: Dental Public Health, Oral Medicine, Oral Surgery, Orthodontics, Paediatric Dentistry and Restorative Dentistry.

The College is responsible for the management and professional conduct of these examinations on behalf of the Faculties of Dental Surgery of the Royal College of Physicians and Surgeons of Glasgow, Royal College of Surgeons of Edinburgh, Royal College of Surgeons of England and Royal College of Surgeons in Ireland.

Of the six ISFE specialties listed above, only candidates who pass the ISFE in Dental Public Health and ISFE in Oral Medicine examinations after completing an approved programme of specialty training can enter the GDC's Specialist List in the respective specialty.

The remit of our specialty quality assurance in this submission is therefore restricted to the ISFEs in Dental Public Health and Oral Medicine.

The Royal College explained that it is in a transitory phase with its examination process, whilst it undergoes a thorough reconstruction of the ISFE.

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

Requirement status	No. of Requirements	Requirements
Met	3	E2; E4; E6
Partly met	4	E1; E3; E5; E8
Not met	1	E7

Outcome of relevant Requirements¹

Standard One	
E1	Partly Met
E2	Met
E3	Partly Met
Standard Two	
E4	Met
E5	Partly Met
E6	Met
E7	Not Met
E8	Partly Met

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

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

RCPSG submitted various documents in support of this Requirement, including:

- Policies and Procedures document with Terms of Reference
- Structure of Boards and Panels
- ISFE Board Agendas and Minutes of meetings
- Chair's Group Minutes of meetings
- Joint Committee for Postgraduate Training in Dentistry (JCPTD)/ISFE meeting minutes
- Exam regulations/transitional arrangements

The panel considered that this illustrates that there is a clear governance structure.

Each specialty has an Examination Board that reports to the ISFE Chair's Group, which reports to the Specialty Fellowship Examinations Executive (SFEE) Committee. The SFEE reports to the Joint Meeting of Dental Faculties (JMDF).

Ultimate responsibility for approval of any significant changes sits with the Deans of the four Colleges through the SFEE and JMDF.

RCPSG explained that each specialty has an Examiner Panel and an Examination Board who create the examination material for each diet. Both the Panel and Board are comprised of examiners from within the respective specialty and all are senior consultants in the UK or Ireland.

Examination Boards meet after every examination diet and oversee delivery of the exams to discuss and address any issues or concerns. The Trainee Representative and the SAC Representative both attend. The panel saw a recent ISFE Board Agenda, along with the minutes of the prior meeting.

There was evidence that there were internal structures that would support and monitor the provision of the ISFE assessment, and that this was primarily functioning by reports being carried out through a series of boards that manage and oversee the examination. The exam board and the Chair's Group allows for feedback to be reviewed and arising decisions for changes to be made.

In June 2016, the Specialty Fellowship Examinations Executive (SFEE) first agreed to commission a periodical academic review of the ISFE examinations. The final report was presented at SFEE in December 2017 for review and consideration. The overall structure of the new exam format was agreed by SFEE in November 2019. We saw extracts of SFEE meetings 2016-2020 detailing discussions held at SFEE regarding academic review and exam development. We also had sight of documents illustrating the new format exam regulations and transitional arrangements. This process illustrated the functioning of a quality framework.

The College supplied documents relating to the new examination timing and format, updated processes, flowcharts and SOPs as it moves to the new examination format. These illustrate the candidate journey, including feedback at any failure points, comprehensive exam delivery timelines, preparation of the examinations and responsibilities for various aspects of exam management.

Regarding the mapping of the latest learning outcomes to GDC approved curriculum, we considered that there is insufficient evidence to demonstrate where and how a student is expected to meet each outcome in the assessments. Where and how a student is assessed against each outcome is not as explicit as it could be. There should be a mapping document which shows the assessment format being used for each respective learning outcome. The type of assessment should be clear, for example, OSCE, SBA, EMQ, oral assessment, etc.

The College must provide a comprehensive mapping document which addresses coverage of all of the learning outcomes which should be clear to students and staff.

We therefore considered that this Requirement was Partly Met.

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

The panel reviewed various items of evidence, including an example from the Quality Framework, Extracts of SFEE minutes, ISFE Development Day minutes and the Short Life Working Group (SLWG) agenda. The College's narrative in their self-assessment showed that concerns that were raised through these channels have been acted upon, and that where necessary, additional advice has been sought to support the implementation of any change.

As indicated at Requirement E1, any concerns raised by Examination Boards are discussed at the ISFE Chair's Group meeting and then passed to SFEE for discussion.

The College also pointed to the evidence of the changes to the format of the ISFE following various SFEE meetings from 2016 to 2020. This showed the progress of developments and changes through the quality framework and governance structure. The new format of examinations began in September 2021 with the delivery of Part A (Critical Appraisal) of the examination for all specialties. Part B commenced in spring 2022.

The introduction of the new ISFE format will be reviewed in 2023/24 via the governance structures and will also be reviewed alongside any decisions taken following the forthcoming curriculum reviews.

We considered that this Requirement was 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 Royal College provided several pieces of documentary evidence, that provided a clear narrative of the College's internal quality assurance process.

We note that the College has recognised that internal quality assurance has been an area of significant development in the past 18 months. New processes have been developed for implementation in Autumn 2022 and these will be subject to review.

We had sight of the most recent Examiner Guidance document which was recently updated in response to the changes in examination delivery and format.

We also noted the document control sheet which records the approval of changes to the examination delivery and format. We also saw an agenda for SFEE illustrating that the Examiner Guidance document was discussed for approval by this governance group.

The panel had sight of the "ISFE Chair's Report" which will be used for each examination diet and the "Examiner Observation Form" which will initially be used by internal verifiers at each diet, with feedback to Chairs. The Examination Chair provides significant scrutiny of processes and delivery for each exam.

The College explained that the use of internal verifiers is seen as an interim measure whilst scoping and appointing external examiners.

We saw clear evidence that candidate feedback is obtained at all diets in the process documents.

The College explained that there are a significant number of stakeholders who also feed into the ongoing review of ISFE examinations, such as SAC chairs and the external educationalist adviser, and there are processes in place for these points to be discussed through the appropriate governance groups.

Internal quality assurance of the College examinations is also discussed at Requirement E1.

Regarding the use of external examiners, there is full commentary at Requirement E7.

We agree with the College that this Requirement is Partly Met given the current exception of use of external examiners in the quality assurance process.

STANDARD 2 – SPECIALTY TRAINEE ASSESSMENT. Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task.

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

The College provided a range of documentation against this Requirement.

We had sight of the ISFE Critical Appraisal Standard Setting Guidance Notes, Dental Public Health (DPH) Critical Appraisal Standard Setting and the Intercollegiate Speciality Fellowships Examination in DPH Guidance for Examiners and Oral Medicine and details of the organisation of an examination, along with details pertaining to both Oral Medicine and Dental Public Health examinations and processes.

In the Critical Appraisal (including the new Part A) section, the marking schedule provides clear guidance on the marks to be awarded for each part of the question. Model answers are included in the examiner guidance.

The College explained that the management, clinical or desktop sessions (including the new Part B) questions selected for each exam diet include an answer key of expected responses, detailed in final document 'ISFE DPH Desktops Sept 2020 – Examiner Version'. Internal verification of each Part A and Part B question is undertaken before it progresses to final clinical checks and sign off.

We were informed that this process was initiated and adopted throughout 2022 and feedback will be sought. The panel had sight of a sample completed form.

The College explained that the process for the Part A examination has been amended slightly whereby agreed marks are no longer used. Examiners mark independently and an average of their marks is taken to determine the candidate's final mark for the extract. The College consider that this approach increases the sampling and reliability of the marking process.

The Examiner Guidance document details the process for marking and the marking rubric including the scoring matrix and mark descriptors.

There is full discussion regarding standard setting at Requirement E8.

We considered that this Requirement was Met.

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

The College explained that a new blueprinting process is being developed and is being implemented for the new format exams. Although the competencies and learning outcomes differ across specialties according to the respective specialty curriculum, a standard template and process of blueprinting is being applied across all specialties.

The panel saw evidence of a new blueprint template for Oral Medicine which confirms which parts of the assessment test different parts of the curriculum and related competencies, and ensures an appropriate spread of topics is being tested. We noted that this was for a single specialty and the resubmission from October 2022 confirms that work is ongoing to produce this for other specialties.

The College explained that the example provided has been populated only with a high-level view of how each scenario addressed each of the curriculum areas. Fuller detail on the competencies assessed within each of these scenarios is currently being completed by clinical leads. The College explained that blueprint data will be tracked over each diet of delivery, showing the areas tested and identifying any gaps for future planning purposes. The College should provide the GDC with an update on this development.

Regarding the appropriateness of the type of assessment to each learning outcome, the panel was unclear. As it was unclear what mode of assessment was being used at the various stages, as discussed at E1, it was difficult to ascertain the appropriateness of the type of assessment to each learning outcome in the SAC document.

The panel recommends that the College provide a clearer rationale of which assessment tools are applied at each stage of the examination process.

Given the ongoing developments with blueprinting, we consider that this Requirement is Partly Met.

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

The College were able to evidence clear eligibility criteria for those of consultant status who would sit on the Panel of Examiners. The eligibility criteria included an explicit minimum knowledge, skills, and experience. The College informed the GDC that the structure of the examination panels and Boards allows for the progression of examiners, providing the ability for the more experienced examiners to coach and mentor new examiners.

The panel was able to see evidence of a robust application and assessment of the examiners' eligibility process, including examiner training, evaluation and examiner performance. All examiners are required to undertake training prior to examining and to repeat training should they undertake a second term in office. Examiner training is mandatory and evidence was provided that showed its structure, components, and breakdown and this would support a consistent approach from the examiners involved.

The College explained that the structure of the examination panels and Boards facilitates the training of more experienced examiners to coach and mentor new examiners.

All examiners are required to undertake training prior to examining and to repeat training if they undertake a second term of office. Training takes place at least once a year and covers a wide range of topics. Additional training on bespoke content can be delivered at intermediate points if a need is identified. Training is delivered by a specialist. Feedback is reviewed so that training can evolve and meet the needs of the examiners.

Although the College explained that the structure of the examination panels and Boards allows for identification and intervention in the event of weaker examiner performance, with an escalation process, the panel considered this wasn't as clearly documented as it could be. It was not clear when or how examiner progress is reviewed. The College has identified this and will take steps to demonstrate how these matters are resolved.

We considered that this Requirement was Met.

E7: Examination providers must document external examiners reports on the extent to which examination processes are rigorous, set at the correct standard, ensure equity of treatment for specialty trainees and have been fairly conducted. (Requirement Not Met).

The College indicated in their submission that they have a considerable number of stakeholders that can feed into the ISFE examinations at various levels and that this provides adequate externality. We noted the input from the SAC, trainee and external educationalist.

However, the panel noted that outside of the invited external review process, there is no specific appointed external examiner who reports on the extent to which the examination processes are rigorous, set at the correct standard and ensure equity of treatment.

The College acknowledge that there are ongoing discussions around the move to an external examiner and their remit. We noted this item appears in the SFEE agenda and that the use of EE continues to be actively considered by the College for all specialty dental exams.

The GDC would suggest that the role of an external examiner, following induction and introduction to the learning outcomes in the respective GDC curricula, would typically be:

- attendance at the ISFE examinations
- observation of:
 - the appropriateness of the standards of the examinations
 - the rigour of the examination process
 - equity of treatment of students and their performance
 - any good practice identified
- recommended improvements to be made

- production of a report to be considered by the Examination Board.

In the absence of agreed plans for the introduction of external examiner and a clear definition of their role along with a definitive timeline, we considered that this Requirement is Not Met.

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

The College provided evidence of standard setting and feedback processes that are in place across the examinations and the College acknowledge that this is an area of continuous improvement.

The College explained that standard setting for Part A is carried out by a minimum of one examiner per specialty for the generic extract and a minimum of four examiners for the specialty specific extracts, although this appeared to extend to six in some cases (document A3.3). The panel considers that Angoff standard setting would ideally require more examiners.

The panel noted evidence of recent standard setting, including notes of a standard setting meeting showing the discussion held.

The College explained that the size of some specialties limits the numbers of examiners being utilised for standard setting and marking. The College recognises the impact of small examiner pools in some specialties and we saw a brief minute of a meeting with psychometric experts to consider a two-stage process where there are small examiner pools. While the examiner panels have been increased, within each specialty itself there is a limited pool of clinicians eligible to become examiners. Steps have been taken to address the small numbers of examiners available for standard setting by both increasing the examiner panels and reviewing the process used for standard setting.

For Part B of the exams, detailed guidance on standard setting is provided in the examiner guidance document noting that examiners pair-up for each scenario to discuss and agree the requirements for the minimally competent candidate in order to pass the scenario.

The panel noted the degree of variation between the minimum numbers required between the exams for Part A and that the College should consider standardising this. This should be underpinned by clear rationale to explain the choice of minimum examiners.

The panel suggests that the College must continue to develop the process of robust standard setting and how this is employed for summative assessments.

The College indicated that at times, examiners may know the candidates, particularly for smaller specialties. We noted procedures are in place to attempt to mitigate this risk. Comprehensive feedback is provided to unsuccessful candidates to assist them in improving their performance at any subsequent diet and to help them to understand the standard which is required and where they fell short.

We recognise that this is an inherent issue across specialty training. We suggest that there must be some checking for probity and that whilst this may be at times difficult to avoid, professionalism must always be demonstrated.

The College explained that the examiner pool for any diet is always surveyed to identify any trainees that are known to examiners.

Part A marking is carried out on an anonymous basis and is double marked. The panel agreed with the College that this is appropriate.

Currently for Part B marking, when it is unavoidable and the examiner knows a candidate, their interactions will be observed by the Chair in this station. The panel considered that the Chair is not an ideal person to oversee this and this should be the remit of an external assessor. The College recognise that the implementation of an external assessors would address this point.

We considered that this Requirement was Partly Met.

Summary of Actions for RCPSG

Req. number	Action Due date: By end of July 2023	Observations and response from RCPSG
E1	1) The College should provide a comprehensive mapping document which addresses coverage of all of the learning outcomes to assessments which should be clear to students and staff.	The College will provide the requested comprehensive mapping document, based on the current curricula. It should be noted that work is now underway to assess the impact of the new curricula on dental assessments.
E5	2) The College should provide the GDC with an update on the development of blueprinting of assessments. 3) The College should provide a clearer rationale of which assessment tools are applied at each stage of the examination process.	The College will provide this update as requested. The College will provide the requested rationale.
E3/E7	4) The College must provide an update on plans for the introduction of external examiners with a clear definition of their role along with a definitive timeline.	Draft role descriptions and terms of reference will be discussed for approval at the June 2023 SFEE governance meeting. In preparation for this meeting, work is also ongoing to prepare external examiner checklists and draft report formats. Advice and input are being sought from other areas of College and external sources to inform the process.
E8	5) The College should continue to develop the process of robust standard setting and how this is employed for summative assessments. 6) In order to address the issue that examiners in part B of the examination may know the candidates, the College should consider the use of an external assessor to observe the exam rather than the Chair.	This work is ongoing.

Observations from RCPSG on content of report

We feel the final version of the report received is generally clear and balanced, and reflects the evidence provided and our discussions. The review has provided us with an opportunity for an additional process of reflection at a time when the examinations were in transition following the College review of the exams and implementation of the new format.

We have fed back our comments on the process of the report as we have worked with you in recent months, and would be happy to share our experiences and recommendations in this respect as the GDC continues to develop its process for review of specialty assessments.

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.