

Explaining the rationale, structure, behind the new Dental Specialty Fellowship Examinations

With Fiona Winter (FW), Sondos Albadri (SA) and Grant McIntyre (GM)

Intro

FW: Hi everyone. Welcome to this Dental Specialty Fellowship Examinations practical guide. My name's Fiona Winter. I work at the Royal College of Physicians and Surgeons of Glasgow. Today we're focusing on a topic that has generated a lot of questions — and for some people, genuine anxiety: the new Dental Specialty Fellowship Exams, which have recently launched.

FW: This is for trainees, trainers, examiners and all of our stakeholders. And our aim is really simple: we'd like to explain why the exams are changing, how the new exams are structured, and to answer some of the most common questions. We'll let you know where to get more information because applications have now opened for the first exams taking place in October. We hope you find the podcast helpful.

FW: Our first guest today is Professor Sondos Albadri, the Chairperson for the Dental Specialty Fellowship Exams. I'm going to hand over to Sandos to introduce herself.

SA: Thanks Fiona. Good to be here. As you said I'm the Chairperson for the new exams, which means I am working with the ten Examination Board Chairs and with the College teams in both the development and delivery of the exams. I am a clinical professor in Paediatric Dentistry, this means I am still involved in both clinical work in the NHS, and teaching trainees and postgraduate students within a higher education institution.

FW: Thanks Sondos. Our second guest is Grant McIntyre, the Dean for Dental Surgery at the Royal College of Surgeons of Edinburgh, and he'll tell us a little bit more about his roles.

GM: Hi Fiona. Thanks also for the introduction. I'm really pleased to be here in my role as one of the Deans of the three Royal Colleges that are involved in these exams. In my day job, I'm a consultant, an honorary professor in orthodontics, and I'm very proud to be involved in this process overall.

FW: Thanks both. So maybe I could start by handing over to you, Sandos, just to introduce the reason for this podcast.

SA: Of course. I want to start by acknowledging something important: when a high-stakes exam changes, it can feel unsettling. It matters because it affects careers, confidence, and progression — and because it relates to patient safety. Our aim is to be transparent, to listen, and to explain the educational rationale behind decisions.

We'll try to answer some of the most common questions today but will be scheduling more communications over the coming weeks and months as we move to the first exams.

FW: So let's start at the beginning, then.

What is DSFE — and why now?

FW: If somebody is hearing about the dental specialty fellowship exams for the first time, what are these?

SA: The Dental Specialty Fellowship Examinations are a new suite of specialty fellowship exams. They have been developed through a tri-collegiate collaboration between the Royal College of Surgeons in England and Edinburgh, and the Royal College of Physicians and Surgeons of Glasgow. And they're delivered by a tri-collegiate Dental Examinations Executive. The purpose is to provide high-quality consistent assessment experience across dental specialties, while keeping specialty content bespoke.

FW: And why now? Why change an exam system that many people have grown used to?

SA: So the catalyst was the revised GDC-approved dental specialty curricula that came into effect from September 2024. When curricula change, assessment must also be aligned. This was a rare opportunity to modernise and align assessment across specialties, replacing a historic patchwork of exam arrangements with a more consistent framework, while still mapping content to each specialty curriculum.

FW: And who does this apply to?

SA: In broad terms, trainees on the post-September 2024 curricula will sit DSFE as part of their training pathway. There are transitional arrangements for those already on earlier curricula. The Dental Exam Executive website is the best source for most current pathway information.

GM: And just to build on that, whilst the exams are built on the GDC curriculum used by UK trainees on specialty training pathways, one of the other key differences with the new examinations is that they will be ‘open access’ meaning dentists, in the UK and internationally, who are not following the standard training pathway will be able to take these examinations. Of course, candidates will still need to meet the eligibility requirements for each examination, and passing DSFE does not mean automatic entry on to the UK specialist list.

This more inclusive approach reflects the changing workforce needs and the myriad of different paths a career can take.

The DSFE structure — what does the exam look like?

FW: Thanks, so let’s demystify the structure of the exam: Parts of the exam.

SA: For all of the specialties, the exam has two parts. Part 1 which is a Single Best Answer (what we call SBA) exam with 180 questions. Part 2 is a Clinical Structured Oral — a structured, case-based oral assessment across multiple stations, with examiners asking questions on different cases. And candidates must pass Part 1 before sitting Part 2.

FW: And why have you chosen Single Best Answers, or SBAs for Part 1?

GM: SBAs are useful for assessing applied knowledge and decision-making, including the underpinning science and knowledge that isn’t always directly observable in the workplace. They test interpretation and application, not just recall. They allow candidates to demonstrate the breadth of their applied knowledge across the whole curriculum with each question set in a clinical context.

FW: > Part 2 — what is a Clinical Structured Oral in practice?

SA: So it’s a structured discussion between the examiner and a candidate. It will be based on clinical information and scenarios. Candidates will have time to read and assimilate clinical information, which may include images and test results, and consider how they would manage this case. It tests interpretation of clinical information, diagnostic skills, patient management, treatment planning, and management of complications — aligned with relevant guidelines and real-world decision making.

FW: And Dental Public Health will be a little different, won’t it?

GM: Yes, that's right. Dental Public Health has a different structure because the specialty assesses population-level decision-making rather than individual patient care. Therefore, Dental Public Health has a different Part 1 that assesses critical appraisal using short answer questions, and Part 2 includes project-based and unseen case structured orals as well as management-focused structured orals.

What it feels like on the day on the day of the exam

FW: Thanks let's consider a really practical question which some of our candidates might be wondering: what will this feel like on the exam day, Grant? Maybe if we start with Part 1 – the SBAs.

GM: Sure: The Part 1 exams will run in a different number of different computer-based exam centres around the UK, starting in October this year. Candidates can choose the most suitable venue for them. Having the exams in a centre removes any anxiety about IT equipment as the centre will ensure that candidates access the exams smoothly. The Dental Exams Executive team ran a trial exam just last week at a centre, which went really well and will be used to provide notes for candidates on what to expect when they come to sit.

FW: And Sondos, the same question about Part 2?

SA: In Part 2, candidates will meet a number of different examiners over the course of the examination, talking through a case with each of them. Again, technology will assist – in this Part: The examiners will mark electronically with structured scoring marking schemes. The questions will be structured so that every candidate has the same experience, and the marking will allow for standardised feedback to candidates along with their results. The focus is on capturing candidate performance against clear criteria consistently and efficiently.

GM: And this underpins fairness because it standardises how evidence is captured, reduces paperwork burden, and helps examiners focus on the candidate's reasoning and decision-making.

Fairness, defensibility and trust: how DSFE quality is assured

FW: Thanks. You acknowledged at the start, Sondos, that there is justified anxiety when a new system is introduced. All of our stakeholders, so trainees, trainers and examiners, are going to want reassurance that the exams will be fair, reliable, and defensible? How would you answer that?

SA: It's actually a fair question — and it deserves a clear answer. In modern assessment, fairness is achieved through a system of different safeguards, not

just one single feature. This means that we check that the exam samples the curriculum properly, that the pass mark is set using recognised methods, that examiners are trained to apply the same standard, and that we review the data afterwards to identify anything that did not perform as expected.

GM: I think it's really important to discuss this, as these processes often happen behind the scenes and may not be visible to candidates who will only see the 'front' of the system. A significant amount of work in the Colleges is focused on these elements of an exam, and it involves experts in education, assessment design and psychometrics. And these three elements are the foundation of defensible high-stakes assessment.

Addressing key concerns openly

FW: So the reason for this podcast was to share openly. So, I'd like to address some of the concerns we're hearing — clearly and respectfully. I'll bring them up as folk might say them, and perhaps you can respond.

Concern: "Single examiners will be less fair than paired examiners."

FW: The Part 2 exams structure is planned with a candidate meeting a number of examiners on the examination circuit, and having a one-to-one conversation in each station of the circuit. Undergraduate and postgraduate exams use a mix of single and double examiners so it's understandable that some will ask about this. Some colleagues might say that two examiners protect candidates and improve fairness. A single examiner might risk bias. How would you respond to this?

SA: I completely understand why people raise that concern. Two examiners can feel intuitively safer, and in some exam formats that may be appropriate. For the DSFE, the planned model relies on a structured circuit with multiple stations, and multiple examiners across the examination, standardised questions, clear marking criteria, examiner calibration and post-exam review. So the safeguard is not one individual examiner; it is the whole assessment design. Because we recognise the importance of this issue, we are also seeking independent external review of the model to test whether the risks have been properly addressed.

SA: These exams will use structured questioning. This is specifically to reduce the weaknesses of traditional unstructured oral or long-case approaches. It standardises tasks and uses clear domain-based marking schemes. In those contexts, a single examiner per station is common and defensible when combined with strong rubrics, calibration, and post examination monitoring.

GM: It's also an area which we know there are differing views. And as such, we are seeking an independent external review to ensure that the planned approach provides a reliable examination and that any risks are mitigated.

GM: It's always important to be aware that every examination will have both an assessor and a lead examiner present and they are both there to ensure the exam is run fairly and will be observing the running of the examination as well as the examiner performance. There will also be examiners in training observing the overall process as well.

Concern: “One examiner can drift or vary; how do you manage examiner variability?”

FW: Even in structured exams, people worry about the ‘examiner effect’, and variability between different individual examiners. What’s are the practical mitigations for this?

SA: So we do take this seriously. Examiner calibration will be a significant part of the process ensuring that every examiner knows the expectation of a passing candidate in their station. The examiner will be working with the same question throughout the exam and will know this inside out.

SA: In addition, the design of the exam involves clear marking schemes, robust calibration sessions, structured station materials, and ongoing quality assurance review, identifying any anomalies quickly for correction.

GM: From the examiner perspective, the move to online marking also supports consistency — examiners capture evidence against the same criteria, in the same format, reducing variability introduced by free-text approaches.

FW: Now trainees will of course be concerned about fairness. What if one examiner is not being fair in their marking or what if I know the examiners from previous work plan?

SA: Yest that is very fair. So the preparation work will take into consideration Conflicts of Interest and make sure safeguards are available . The proposed structure is designed so that candidates will only see each examiner only once, reducing the risk of bias by one individual. Your pass mark is based on your performance in the whole exam across the 9 stations, not on one station.

Concern: “A uniform model won’t fit specialty complexity.”

FW: Thanks, now some stakeholders worry that aligning the formats across all the different specialties could flatten important differences — for example,

complex treatment planning. How will you ensure that you keep authenticity when the same format is used across nine specialties?

GM: That's also an important point. Consistency of framework is not the same as sameness of content. These examinations use a common structure because that supports standardisation, but the content and blueprinting are specialty-specific and mapped to the relevant curriculum outcomes.

SA: Authenticity is also achieved by designing stations that reflect specialty decisions and complexity — and by sampling across multiple scenarios. This is how we respect specialty practice while keeping the exam defensible.

Concern: “Reading time and cognitive load — will candidates be rushed?”

FW: And another worry people might have is that complex scenarios require some thinking time. What should candidates expect?

SA: It's completely reasonable to worry about time pressure. The reading time and station materials need to be proportionate. We are not trying to test how quickly someone can read large volumes of information; we are trying to assess safe, structured clinical judgement

The principle is that timing must support the construct we're assessing — safe clinical judgement. The exam guidance describes up to 10 minutes reading time depending on specialty, with further detail to be published. Candidates should look at their specialty guidance as it becomes available and prepare for structured decision-making under time constraints, like real clinical settings.

Currently there are many specialty membership and fellowship exams with similar or shorter reading time, the aim is to ensure that material available to the candidate is reasonable to be assessed within the available time.

Concern: “Candidate burden and fatigue across many stations.”

FW: Now people might also be worried about fatigue and fairness across multiple long stations. What do you think about this?

GM: Well fatigue is a real concept, and it can affect performance. That's why station design, sequencing, breaks, and overall logistics of exams matter. The goal is to sample enough content to be fair and valid, while delivering the assessment in a humane and manageable way. We will continue to learn from early diets and make evidence-informed improvements. However we have consulted with trainees, and they told us with a total assessment time of around four hours, they would rather have the exam over one day rather than two days

with long quarantines, staying away from home and over-thinking their performance. We are continuing to engage with trainees though and as I said before will continue to learn and make feasible adjustments if necessary.

Concern: “Is cost driving decisions more than quality?”

FW: Thanks. Some people might express worry that financial pressures could be influencing design decisions.

SA: Quality comes first in high-stakes assessment. The educational rationale — sampling, standardisation, training, and quality assurance — is what drives the model, and the independent external quality assurance review provides an additional safeguard. Cost is also a relevant factor, because we want the exam to be accessible and sustainable, and increasing cost would increase trainee fees.

Practical FAQs

FW: Thanks both! We’re going to finish up now with some short quick practical questions about the exam approach. So first one: do I need to pass Part 1 before I can sit Part 2?

SA: Yes. Candidates must pass Part 1 before sitting Part 2.

FW: And how many attempts will candidates have?

GM: Candidates have four attempts at Part 1 and four attempts at Part 2, and also Part 2 must be passed within four years of passing Part 1.

FW: And will I receive feedback on my performance?

SA: Yeah, unsuccessful candidates receive written feedback within one month of the results publication; feedback is also available for successful candidates on request.

FW: And passing DSFE, will that automatically put me on the GDC Specialist List?

GM: No. The award supports evidence of competence but does not itself grant eligibility for entrance onto the UK specialist list. These also include elements such as work-based assessments and other aspects of specialty training.

FW: And where can I find the latest information?

G: The website and specialty pages will hold the latest candidate guidance, dates, and also updates. You can find this at www.dentalexamexec.org.uk

Closing reassurance and signposting

FW: Now just before we end, what would you say to a trainee who feels anxious — and to an examiner who feels uncertain?

SA: So to trainees: your feelings are understandable. This exam is meant to be rigorous, but it should also be fair, transparent, and supportive of learning. Focus on reasoning, safe decision-making, and how you justify choices using evidence and guidelines. We'll be sharing more information as we move towards the first exam in October. If you'd like information about these please contact info@dsfe.org.uk.

GM: And to trainers and examiners: thank you for helping us shape these new assessments. Your expertise is vital. Our goal is a consistent, defensible assessment aligned to curricula, supported by structured processes, domain-based marking, and visible quality assurance processes.

FW: So thank you both for your time and for addressing these questions so openly. What we'll do is link to all the resources that we've mentioned in the notes shared with this podcast. And we'll keep you updated in the future weeks and months. Please do contact the team if you have questions. And thanks for listening.