

Candidate Application Audit Policy and Procedure

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1. Purpose

1.1 The purpose of this policy is to establish a robust and transparent framework for the audit of candidate applications for Dental Examinations Executive (“the Executive”) examinations.

1.2 The audit process is designed to:

1.2.1 Ensure that candidate applications meet the published eligibility criteria for the relevant examination.

1.2.2 Verify that supporting evidence submitted in support of an application is complete, appropriate, and compliant with requirements.

1.2.3 Uphold the fairness, integrity, and defensibility of entry decisions.

1.2.4 Safeguard the integrity and credibility of the examinations and associated qualifications.

1.2.5 Mitigate risks arising from the open access model that underpins the application process.

1.2.6 Maintain public and professional confidence in the examinations.

1.3 This policy forms a key component of the Executive's quality assurance and governance processes by ensuring that candidates have demonstrated the required qualifications, training, and experience in line with published criteria.

2. Scope

2.1 This policy applies to:

2.1.1 All candidate applications submitted for Dental Specialty Fellowship Examinations and Membership of the Faculty of Dental Surgery (MFDS).

2.1.2 All eligibility pathways, including structured UK training routes, UK or Ireland university postgraduate programmes, and experience-based or international pathways.

2.1.3 Applications requiring discretionary consideration due to atypical or complex circumstances.

2.2 The policy applies to all staff involved in application processing, eligibility assessment, and audit activity within the Executive.

2.3 The policy is designed to reflect the inclusive design of the eligibility criteria and examination regulations and to ensure that all access routes are subject to equivalent and proportional scrutiny.

3. Overview

Applications are submitted through the risr/apply platform and operate on a self-declaration basis. Candidates are responsible for ensuring that all declarations and supporting evidence are accurate, complete, and compliant with published requirements. The audit process provides assurance that eligibility criteria are being applied appropriately and that examination entry decisions remain fair, consistent, and defensible.

4. Application process and submission context

4.1 Candidate applications are submitted via the risr/apply platform, which provides a structured process for:

4.1.1 Candidate registration and profile creation.

4.1.2 Completion of examination application forms.

4.1.3 Submission of eligibility declarations.

4.1.4 Upload of supporting documentation.

4.1.5 Confirmation of agreement of policies and terms and conditions prior to submission.

4.2 Candidates are required to submit evidence aligned to eligibility requirements, which may include:

4.2.1 Primary dental qualification.

4.2.2 Evidence of holding MFDS or equivalent qualification (or exemption evidence where applicable).

4.2.3 Evidence of holding a valid pass for the knowledge component of a specialty membership examination or ISFE Part A pass in Dental Public Health as applicable.

4.2.4 Evidence to support reasonable adjustment or access arrangement requests.

4.3 The application system therefore acts as the primary bank of candidate-submitted evidence and forms the basis for all audit activity.

5. Self-declaration model and associated risk

5.1 The application process operates on a self-declaration basis whereby candidates confirm that they meet the relevant eligibility requirements for the examination, upload supporting evidence for components of the eligibility, and accept responsibility for ensuring that all documentation is valid, complete, and compliant.

5.2 The eligibility criteria documentation explicitly state that:

5.2.1 Incomplete or non-compliant evidence may result in rejection of the application

5.2.2 Candidates may be withdrawn from an examination if issues are identified prior to the examination

5.2.3 Certification may be withdrawn if issues are identified after the examination

5.3 A self-declaration model enables efficient processing of applications across diverse candidate groups, but introduces inherent risks, including:

5.3.1 Submission of incomplete or insufficient evidence

5.3.2 Misinterpretation of eligibility requirements

5.3.3 Inconsistency in documentation quality and format

5.3.4 Potential misrepresentation by candidates, whether intentional or unintentional

5.4 An audit policy and process supports the mitigation of these risks by providing a consistent structure for verification and oversight.

6. Role of audit within the Executive's governance framework

6.1 Auditing activities act as a vital control mechanism within the Executive's wider governance framework, providing:

6.1.1 Assurance that eligibility criteria are being correctly applied to and by candidates

6.1.2 Validation of decisions made during application processing, including those related to applications requiring discretionary consideration due to atypical or complex circumstances

6.1.3 Evidence for internal review and external scrutiny as required

6.1.4 A mechanism for identifying systemic issues or areas for process or policy improvement

6.2 Audit findings may be used to inform:

6.2.1 Updates to application guidance or candidate communications

6.2.2 Amendments to eligibility criteria or evidence requirements

6.2.3 Standardisation of decision-making and training or development requirements

7. Auditing principles

7.1 Audit activity is underpinned by the following core principles:

7.1.1 **Proportionality**

Audit activity is risk-based and proportionate to the volume of applications, complexity of eligibility routes, and identified risk indicators such as non-standard documentation.

7.1.2 **Consistency**

All applications are reviewed against the same published criteria, application guidance, and evidence requirements to ensure equitable treatment.

7.1.3 **Transparency**

All audit decisions, outcomes, and rationale must be recorded and capable of being reviewed at a future date.

7.1.4 **Independence**

Audit activity should be undertaken objectively and independently of the outcome being reviewed. Where audit findings may result in a candidate being deemed ineligible, withdrawn from an examination, or subject to further investigation, the final decision should not be solely made by the individual who conducted the audit review.

7.1.5 **Fairness and inclusivity**

Audit processes must respect the inclusive nature and design of eligibility criteria and ensure that non-traditional routes are assessed fairly and equivalent evidence is recognised appropriately.

8. Scope of audit review

8.1 The audit process will assess both eligibility compliance and evidence quality.

8.2 **Core eligibility requirements**

Audit of the core eligibility requirements will encompass:

8.2.1 Verification of primary dental qualification validity.

8.2.2 Confirmation of holding MFDS or approved equivalent where required.

8.2.3 Confirmation of holding a valid Part A pass in ISFE Dental Public Health where required.

8.2.4 Confirmation of holding a valid knowledge component pass in a specialty membership examination where required.

8.2.5 For candidates with a UK National Training Number, eligibility includes declaration of Training Programme Director (TPD) approval and provision of TPD contact details. A proportion of these declarations will be verified directly with TPDs as part of audit activity.

8.2.6 Where proportionate and practicable, declarations relating to university programme enrolment or completion may be independently verified. The Executive will periodically review the feasibility, costs, turnaround times, and data protection implications of such processes to ensure they remain proportionate and sustainable.

8.3 Supporting documentation

Audit of supporting documentation, including fundamental eligibility requirements such as the primary dental qualification will encompass:

8.3.1 Completeness of submitted documentation.

8.3.2 The validity and authenticity of submitted documentation, including confirmation that documents have been issued by recognised institutions, contain appropriate identifiers such as the candidate's name, confirm the qualification title and date of award, and are free from alteration or truncation.

8.3.3 Confirmation that documents have been independently and professionally translated where required.

8.3.4 Ensuring that documentation is complete, legible, and presented in a format consistent with formal certification, e.g. degree certificate or official transcript.

8.4 Where discrepancies are identified, including differences in the candidate's registered name, additional supporting documentation may be required to reconcile the information provided in the application versus the supporting documentation.

9. Audit methodology, sampling and timelines

9.1 Audit approach

9.1.1 The Executive operates a risk-based audit model that combines baseline validation applied through the application process, targeted sampling across cohorts and diets, and enhanced or full audit for high risk or complex applications. This approach ensures that assurance activity is proportionate and maintains consistency and defensibility across all candidate groups.

9.2 Baseline validation (all applications)

9.2.1 All applications undergo baseline validation as part of the application process. Applications are managed through the risr/apply platform. The system is configured to apply eligibility logic that prevents candidates from viewing and applying for

examinations that they do not have a basic level of eligibility for. For example, candidates who indicate that they have never undertaken specialty training or gained sufficient specialty experience through another experiential learning route will only be permitted to view and apply for MFDS examinations.

9.2.2 Candidates are also required to complete mandatory data fields and upload specified supporting documentation before an application can be submitted. These embedded controls in the application system support ensuring that a minimum standard of completeness and declaration is successfully completed at the point of application in advance of manual audit review.

9.2.3 Baseline validation will be undertaken for 100% of applications.

9.3 Audit sampling rates by cohort

9.3.1 In addition to baseline validation, audit sampling will be applied within each specialty and eligibility pathway rather than across the total applicant population. This will ensure that all examination routes are subject to appropriate scrutiny and that smaller specialties or candidate groups are proportionately represented within audit activity.

9.3.2 Applications selected as part of the routine audit programme will be selected using a random methodology.

9.3.3 Additional applications may be selected outside the routine random sample where risk indicators, previous audit findings, identified themes, unusual documentation patterns, or other concerns justify additional scrutiny.

9.3.4 The pathway categories that will be audited are:

Category 1	Candidates who are currently undertaking specialty training – UK trainees with a National Training Number
Category 2	Candidates who are currently undertaking specialty training on a UK or Ireland postgraduate Masters or Doctoral degree programme
Category 3	Candidates currently undertaking specialty training outside of the UK

Category 4	Candidates who have previously completed specialty training or have gained sufficient specialty experience in the UK or outside of the UK
Category 5	Candidates who are not currently in specialty training and have not previously undertaken specialty training

9.3.5 A minimum of 25% of applications within each examination and eligibility pathway will be subject to full audit review, or a minimum of 3 applications where less than 5 applications are received, whichever is greater. For any examination where less than three applications are received, all applications will be subject to full audit review.

9.3.6 The required sample will be calculated independently for each examination and eligibility pathway to ensure all routes are subject to appropriate scrutiny and representation.

9.3.7 For an example of the sampling rates that would apply across examinations and eligibility pathways, please see appendix 1.

9.3.8 Sampling rates may be increased where:

- Previous audit findings indicate elevated risk
- New eligibility criteria or application processes have been introduced
- Emerging themes or concerns are identified
- Additional assurance is required by governance committees

9.4 Enhanced and full audit requirements

9.4.1 Certain categories of application will require full audit review. These include:

- Applications with identified inconsistencies or discrepancies
- Applications with incomplete, unclear, or poor-quality documentation prior to clarification
- Candidates previously subject to audit concerns
- Applications requiring discretionary consideration including those considered under the Exceptional Consideration Policy and Procedure

9.4.2 The Executive may also apply full cohort audit where circumstances demand a thorough review of applications. These include:

- New eligibility criteria or processes are introduced
- A new examination or format is implemented
- Systemic risks or trends are identified through audit activity
- Additional assurance is required for governance or external scrutiny purposes

9.4.3 A full audit review will normally include:

- Review of all evidence submitted by the candidate
- Verification that eligibility criteria have been met
- Assessment of the completeness, authenticity and validity of supporting documentation
- Independent verification activity where required
- Review of any previous audit concerns, discretionary decisions or related correspondence

9.5 Audit timeline

9.5.1 Audit activity will be completed in line with the examination delivery standard operating procedures to ensure that eligibility is confirmed prior to examination where possible.

9.5.2 The expected audit timeline is as follows:

- **Post-application closure (weeks 1–3):** Completion of audit sampling and full audit review
- **Pre-examination (no later than 4 weeks prior to exam date):** All audit outcomes confirmed and any required actions completed
- **Post-examination (as required):** Retrospective audit activity undertaken in response to identified risks or concerns

9.5.3 Audit activity must be planned to ensure that eligibility decisions do not delay exam confirmation communications unless necessary.

10. Roles and responsibilities

10.1 Responsibility for performing audit activity is shared across the Executive to ensure appropriate oversight and separation of duties.

10.2 Dental Examinations Coordinators maintain responsibilities in line with section 9.3 to perform:

- Conducting initial cohort sampling following the application closing window for each examination diet
- Undertaking initial validation checks and requesting clarification or further documentation where required
- Escalating applications with identified risks or inconsistencies
- Maintaining accurate records of initial review activities

10.3 Dental Examinations Managers maintain responsibilities in line with section 9.4 to perform:

- Selecting applications for audit in line with sampling requirements
- Conducting full audit review of applications identified for full audit review
- Reviewing escalated or complex cases and making discretionary decisions where required
- Documenting audit findings, recommendations, and outcomes
- Implementing withdrawal processes as required
- Escalating identified issues causing significant concern, e.g. suspected patterns of malicious or fraudulent activity, to appropriate Executive staff

10.4 The Quality Assurance team maintain responsibility for:

- Maintenance of all quality assurance processes, ensuring adequate documentation and evidence for audit
- Oversight of implementation of this policy
- Monitoring compliance with audit methodology and sampling requirements
- Reviewing audit outcomes and identifying themes, trends and recurring issues
- Supporting reviewer standardisation and consistency
- Reviewing the effectiveness of audit processes and recommending improvements
- Providing assurance reports to governance bodies where appropriate

10.5 The MFDS and Dental Specialty Fellowship Executive Committees retain responsibility for:

- Approval of audit methodology and sampling rates
- Reviewing audit reports

- Escalating areas of significant concern or in need of attention to the Dental Assessment and Planning Review Group

11. Recording and audit trail requirements

11.1 Audit documentation

11.1.1 All activity undertaken under this policy must be appropriately documented and retained in order to provide a clear and complete audit trail. Records will be maintained using approved Executive documentation which may include audit forms, logs, and other controlled and safely stored records.

11.1.2 The audit trail must be sufficiently detailed to demonstrate:

- The basis on which applications were selected for audit, including whether the application formed part of a random sample, targeted sample, enhanced review, or escalation
- The date on which the audit commenced and was completed
- The individuals involved in conducting the audit
- The evidence reviewed
- The verification activities undertaken
- Any resulting correspondence or requests for clarification or further evidence, including contact with Training Programme Directors, universities, regulatory bodies, or other third parties
- The rationale to support any decisions reached
- The findings of the audit
- Any escalation actions undertaken

11.2 All audit documentation must be stored securely and be accessible only to those with an appropriate business need.

11.3 Audit register

11.3.1 The Executive will maintain an audit register for each Part 1 and Part 2 examination diet. The audit register will act as the central record of audit activity and will provide an overview of all applications selected for review. The register should

enable the Executive to demonstrate compliance with this policy, monitor outcomes, track trends, and provide assurance to governance committees.

11.3.2 The register should contain information to allow applications to be tracked through the audit process and contain, at a minimum, the following:

- Candidate name and email address to act as their unique identifier
- Examination and part applied for
- Eligibility pathway declared by the candidate
- Audit selection category (e.g. random sample, targeted sample, escalation, discretionary review)
- Date selected for audit
- Name of reviewer
- Current audit status (in progress, complete, escalated)
- Details of any verification activity undertaken
- Audit outcome
- Date of outcome
- Any resulting actions

11.4 Verification records

11.4.1 Where an audit includes independent verification of information that a candidate has provided, the details of that verification must be recorded as part of the audit.

11.4.2 This may include verification of:

- Training Programme Director approval for candidates on National Training Number pathways to apply
- Enrolment on a relevant UK or Ireland postgraduate university programme.
- Registration with a recognised dental regulatory authority
- Qualifications, certifications, or other eligibility requirements where concerns arise or additional assurance is required

11.4.3 Records should include the date of the verification activity, the individual or organisation contacted if required, the method of communication, the response received, and any actions resulting from that response.

11.4.4 Where verification cannot be completed or produces conflicting information, the matter must be escalated in accordance with section 13.

11.5 Audit outcomes and decision making

11.5.1 All audit decisions must be supported by a documented rationale.

11.5.2 The audit record must clearly state how each relevant eligibility requirement was assessed and whether the requirement was considered satisfied.

11.5.3 Where applications are determined to be eligible, the record should demonstrate the evidence or verification relied upon in reaching that conclusion.

11.5.4 Where applications are determined to be ineligible and require escalation or withdrawal from the examination, the record must clearly identify:

- The requirement or eligibility criteria considered not to have been met
- The evidence reviewed
- Any clarification sought from the candidate
- The reasons for the final decision
- The persons responsible for approving the decision

11.5.5 Particular care must be taken where decisions involve the interpretation of eligibility criteria, transitional arrangements, or discretionary consideration.

11.6 Retention of audit records

Audit records must be retained in accordance with the Executive's Data Retention Policy, Privacy Statement, and relevant data protection legislation.

Records must be retained for a sufficient period to support quality assurance activities, governance review, appeals, complaints, regulatory enquiries, and other future audit requirements.

Upon expiry of the applicable retention period, records must be securely deleted or destroyed in accordance with the Executive's records management arrangements.

12. Reporting and monitoring

12.1 Monitoring of audit activity

12.1.1 Audit activity will be run in line with each examination diet and formally reported to the relevant Executive Committees following the closure of application and audit activities for the diet.

12.1.2 The Executive will review audit outcomes, sampling methodology, verification activity, and identified risks on an annual basis to ensure that the audit process remains appropriate and effective.

12.2 Reporting requirements

12.2.1 Following each examination diet and audit cycle, a summary report should be prepared. This should include:

- The number of applications received
- The number and percentage of applications audited and the breakdown by candidate pathway and exam being sat
- The number of Training Programme Director verifications completed
- The number of university or programme provider verifications completed
- The number and type of applications escalated for further review
- The number of audited applications confirmed as eligible.
- The number of audited applications determined to be ineligible
- Common deficiencies identified during audit
- Emerging risks, trends, or themes
- Recommendations for process improvement where appropriate

12.2.2 Where significant issues are identified, these should be highlighted separately and escalated promptly rather than waiting for routine reporting cycles.

12.3 Governance reporting

12.3.1 Audit findings will be reported through the Executive's governance structure and may be presented as required to:

- Executive operational management groups
- Specialty and MFDS Executive Committee(s)
- Dental Assessment and Planning Review Group (DAPRG)
- College governance or oversight groups as required

12.4 Continuous improvement

12.4.1 Audit findings may be used to support continuous improvement across the candidate application process.

This may include:

- Improvements to candidate guidance and communications
- Amendments to application forms and system controls
- Amendments to eligibility criteria and supporting policies
- Amendments to audit methodology and sampling approaches
- Staff training, development, and standardisation activities
- Mitigation of emerging risks

13. Escalation and decision-making

13.1 Escalation criteria

13.1.1 Applications must be escalated where there is uncertainty regarding the candidate's eligibility to sit an examination or where further review of the information or documentation provided is required before an eligibility decision can be reached.

Escalation may occur where:

- Evidence is incomplete, inconsistent, contradictory, or ambiguous
- A candidate declaration cannot be verified
- Eligibility criteria are not clearly met
- Transitional arrangements require interpretation
- Discretionary consideration may be appropriate
- Potential misconduct or misrepresentation is suspected
- Significant concerns are identified through verification activity

13.1.2 Escalation may occur at any point during the audit process.

13.2 Escalation process

13.2.1 Escalated applications will be reviewed by an appropriately authorised individual within the Executive as detailed in section 10.

13.2.2 Where the matter cannot be resolved through operational review or where clinical expertise is required, the application may be referred to the relevant Executive Committee or other delegated authority for consideration.

13.2.3 All escalation decisions must be documented in full.

13.2.4 **Delegated authority**

Decisions arising from audit activity must be made by an appropriately authorised individual acting within their delegated authority. The level of authority required will be proportionate to the significance of the outcome and the potential impact on the candidate.

13.3 **Principles of escalated decision-making**

13.3.1 All escalated decisions must:

- Be evidence-based
- Be proportionate
- Be consistent with published eligibility criteria and examination regulations
- Include a clearly documented rationale
- Demonstrate consideration of relevant evidence and circumstances
- Be consistent with previous decisions wherever possible

13.3.2 Where a departure from precedent is considered necessary, the rationale for this must be explicitly recorded.

13.4 **Outcomes of escalation**

13.4.1 The outcome of an escalation may include:

- Confirmation that eligibility requirements have been met
- Determination that eligibility requirements have not been met
- Request for clarification from the candidate
- Approval to sit through discretionary consideration
- Referral for further review
- Recommendation for policy or procedure clarification or amendment

13.4.2 The final decision must be recorded within the audit record and communicated to relevant parties as appropriate.

13.4.3 **Decision-making authority**

The authority to approve audit outcomes shall normally be as follows:

Requests for clarification or additional evidence	Dental Exams Coordinator
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Confirmation of eligibility following audit	Dental Exams Coordinator or Dental Exams Manager
Determination that eligibility requirements have not been met	Dental Exams Manager
Withdrawal from an examination prior to delivery	Dental Exams Manager
Withholding of results pending investigation	Dental Exams Senior Manager
Withdrawal of certification	Dental Examinations Executive Director
Suspected misconduct, fraud, or delivery misrepresentation	Referral and management in accordance with the relevant misconduct or governance procedures

14. Outcomes and actions

14.1 Confirmed eligibility

Where audit activity confirms that the candidate meets all relevant eligibility requirements, the application will proceed in accordance with normal examination processes. No further action will be required – including communication with the candidate regarding the audit process – other than the completion of the audit record.

14.2 Identification of issues through audit activity

14.2.1 Administrative or documentary deficiencies

Where audit activity identifies incomplete, unclear or insufficient documentation, the Executive may request clarification, replacement documentation, certified translations, or additional evidence before a final eligibility decision is reached.

14.2.2 Eligibility deficiencies

Where audit activity confirms that a candidate does not meet one or more published eligibility requirements, action will be taken in accordance with the relevant eligibility requirements documentation, examination regulations, and associated policies.

14.2.3 Depending on the stage at which the issue is identified, action may include:

- Withdrawal from the examination prior to delivery
- Withholding of results pending investigation

- Withdrawal of certification where issues are identified after an examination has been completed

14.2.4 **Potential misrepresentation or misconduct**

Where audit activity gives rise to concerns regarding the authenticity of documentation, the accuracy of candidate declarations, or potential deliberate misrepresentation of eligibility, the matter must be escalated in accordance with the relevant regulations, misconduct procedures or governance arrangements.

14.2.5 The action taken should be proportionate to the nature and significance of the issue identified.

14.3 **Communication of outcomes**

14.3.1 Candidates will be informed of audit outcomes where those outcomes affect eligibility, examination results, or certification.

14.3.2 Communications should clearly explain:

- That an audit of candidate applications was conducted in line with this policy
- The outcome reached
- The basis for the decision
- Any actions taken
- Any rights of appeal or complaint that may be available to the candidate

14.3.3 All communications relating to audit outcomes must be retained as part of the audit record.

15. Appeals and complaints

15.1 **Right of appeal**

15.1.1 Where an audit outcome results in a determination that a candidate is not eligible to sit an examination, withdrawal from an examination, withholding of results, or withdrawal of certification, the candidate will be informed of any rights of appeal available to them under the relevant examination regulations.

15.1.2 Appeals relating to decisions arising from audit activity will be considered in accordance with the applicable appeals procedures in force at the time of the decision.

15.2 Grounds for appeal

15.2.1 A candidate may submit an appeal where they believe:

- The published eligibility criteria or audit process were not applied correctly
- Relevant evidence was not considered
- There was a material procedural irregularity in the audit process
- The decision was unreasonable based on the evidence available at the time

15.2.2 An appeal will not normally be accepted solely because a candidate disagrees with the decision or wishes to submit evidence that should reasonably have been provided during the application or audit process.

15.3 Appeal process

15.3.1 Appeals should be submitted to the Executive's Quality Assurance team at qualityandstandards@dsfe.org.uk with the subject line "Candidate Application Audit Appeal" no later than 10 working days following receipt of the original audit decision.

15.3.2 The Executive will acknowledge receipt of an appeal within 5 working days.

15.3.3 To enable the appeal to be considered, candidates should provide:

- Their full name
- The examination and examination diet to which the appeal relates
- The audit decision being appealed
- The ground(s) on which the appeal is being submitted
- Detail of why the candidate believes the decision should be reviewed
- Any supporting evidence or documentation relevant to the appeal which has not already been submitted as part of the application or audit process

15.3.4 Appeals that do not contain sufficient information to allow the grounds of appeal to be understood fully may be returned to the candidate with a request for further information.

15.3.5 Where a candidate wishes to submit additional evidence as part of an appeal, they must explain why that evidence was not provided during the original application or audit process.

The Executive reserves the right to determine whether additional evidence will be considered as part of the appeal or whether the appeal should be determined solely on the basis of the information available at the time of the original decision.

15.4 Appeal review

15.4.1 Appeals will be reviewed independently of the original audit decision.

15.4.2 The Executive's Quality Assurance team will oversee the appeal process to ensure that:

- The appeal is reviewed in accordance with the relevant regulations, policies and procedures
- The appeal has been considered by an individual who was not involved in the original decision where practicable
- Decisions are applied consistently across examination diets, specialties and eligibility pathways
- Any themes, trends or procedural issues identified through appeals are reported and used to inform continuous improvement activities

15.4.3 The appeal reviewer will consider:

- The evidence available at the time the original decision was made
- Any additional information submitted as part of the appeal where this was not available for good reason at the time of application
- Whether the published eligibility criteria, audit methodology and relevant procedures were applied correctly

15.4.4 The outcome of an appeal may include:



- Upholding the original decision
- Overturning the original decision
- Referring the matter for further review
- Requiring a fresh audit review to be undertaken for the relevant diet

15.4.5 The outcome of the appeal will be communicated to the candidate in writing and retained as part of the audit records.

15.4.6 The Executive will normally provide a written outcome within 15 working days of receipt of a valid appeal.



Appendix 1: Example Sampling Rate

	Category 1 Number of Candidates	Sample for Audit	Category 2 Number of Candidates	Sample for Audit	Category 3 Number of Candidates	Sample for Audit	Category 4 Number of Candidates	Sample for Audit	Category 5 Number of Candidates	Sample for Audit
Dental Public Health	1	1	0	0	0	0	0	0	0	0
Endodontics	3	3	25	7	3	3	6	3	0	0
MFDS	0	0	0	0	1	1	9	3	39	10
Oral Medicine	5	3	0	0	0	0	2	2	0	0
Oral Surgery	19	5	14	4	5	3	25	7	0	0
Orthodontics	42	11	34	9	6	3	5	3	0	0
Paediatric Dentistry	18	5	17	5	6	3	7	3	0	0
Periodontics	2	2	16	4	1	1	2	2	0	0
Prosthodontics	2	2	21	6	2	2	5	3	0	0
Restorative Dentistry	5	3	0	0	0	0	0	0	0	0
Special Care Dentistry	9	3	0	0	0		0	0	0	0
TOTAL	106	39	127	35	24	16	61	24	39	10