



Licence in Dental Surgery

Part 2 Candidate Guidance

What does the OSCE exam test?

The OSCE assesses your **Communication and Clinical Skills**. This may include, but is not limited to:

- Applied clinical knowledge
- Clinical skills including radiograph interpretation, prescription writing and obtaining consent
- Patient communication
- History taking
- Diagnosis
- Spoken medical emergency response
- Principles of safe practice

What does the SCR exam test?

The OSCE assesses your **Diagnosis, Management Planning and Treatment Planning Skills**. This may include, but is not limited to:

- Selecting and interpreting investigations
- Diagnosis
- Treatment planning
- Clinical reasoning and judgement
- Peer communication
- Demonstration of knowledge and understanding of:
 - Oral health/population-based healthcare
 - Ethical and legal principles
 - Principles of safe practice

What does the exam look like on the day?

The OSCE and SCR sections of the Part 2 examination take place on **two separate days**. These days will either be consecutive or there may be a rest day in between. The OSCE will usually take place on the first day and the SCR on the second day.

The examination takes place in the RCS England examination suite in London or another suitable examination venue, which are usually custom-built for face-to-face clinical examinations. You will be asked to arrive at the venue approximately **one hour** before the start of the examination on each day, which will either be in the morning or the afternoon.

What does the OSCE exam look like on the day?

You will sit **12 7-minute stations** covering a range of different clinical scenarios. There will be a **2-minute gap** in between each station to allow you to move to the next station and read the instructions.

College staff will guide you where you need to go. Instructions will be displayed outside and inside the station and will tell you what they need to do inside the station. A public address system will announce the timing and tell you when to start and finish stations and when half the time has elapsed.

Each station comprises a series of tasks and has been designed to simulate an element of a **clinical scenario**. You may be required to communicate with a patient, interpret data, make a diagnosis, write a prescription, take a brief history etc.

At least one station will require you to respond to a **medical emergency**. You will not be required to carry out any practical emergency response but instead will be asked to **explain** to the patient or examiner what you would do in accordance with British Resuscitation Council guidelines.

Most stations will involve interacting with a **role-player** who will be simulating a patient or the parent / guardian / carer of a patient. If a station involves a child, you will be asked to interact with the parent, and the child will not be present. You should treat the role-players as if they are real-life patients.

In most stations, the examiner will be observing you and **will not interact with you**. If an examiner does interact with you, this will be to ask pre-set questions or to direct you to specific tasks. There may also be others present in the room, such as an external examiner. They are there to ensure consistency and a fair process. There may also be a trainee examiner. Any additional individuals will simply observe and will not be marking you.

In addition to the 12 stations, there will be between 2 and 4 **rest stations**. These stations will be evenly spread throughout the circuit, and will give you an opportunity to have a short break, go to the toilet and have a drink of water. Other than to go to the toilet (you will be

accompanied) you are not allowed to leave the circuit or communicate with anyone else during the rest station.

What does the SCR exam look like on the day?

You will sit **6 20-minute cases** covering a range of different clinical scenarios. The 20 minutes will be split between **10 minutes supervised reading time** and **10 minutes discussion with an examiner**. There will be a **2-minute gap** in between each 10-minute section to allow you to move to the next room. There will also be a longer break after 3 cases. This will give you the chance to go to the toilet and have a drink of water.

College staff will guide you where you need to go. A public address system will announce the timing and tell you when to start and finish and when half the time has elapsed.

The 6 cases will cover the following topics:

- Adult oral health (2 cases)
- Childhood oral health
- Public health
- Oral surgery / oral medicine
- Governance / medicolegal concerns / ethics

In the 10-minute reading time, you will be given **written case material**, such as a short clinical scenario, which may also include investigation results or images. You may take notes and may take these notes with you to the examination. The written case material will also be available in the examination area. Radiographs and other images will be provided on a tablet.

Once in the examination area, you will be examined by one examiner, who will ask you a **series of questions** about the case. The questions you will be asked are pre-planned and will be the same for all candidates. You will have access to any notes you made in the reading time and any radiographs or images on a tablet.

- If you don't understand a question, you may ask the examiner to repeat it or rephrase it **once** per question.
- If an examiner needs you to clarify or expand on something you have said, they may ask you to do so **once** per question.
- If an examiner needs to move to the next question so that they can ask all the questions in the time, they will do this. You should not be put off by this: this is so that you have an opportunity to answer **all** the questions in the time available.

There may also be others present in the room, such as an external examiner. They are there to ensure consistency and a fair process. There may also be a trainee examiner. Any additional individuals will simply observe and will not be marking you.

How is the OSCE exam marked?

In each OSCE station, you will be assessed against a series of criteria that are specific to that station.

For **each criteria**, examiners will assess you against the following four-point scale.

Well below standard	<ul style="list-style-type: none">• Does not demonstrate appropriate knowledge or skills as outlined in <i>The Safe Practitioner Framework</i>• Not safe for independent practice
Just below standard	<ul style="list-style-type: none">• Demonstrates some of the knowledge or skills as outlined in <i>The Safe Practitioner Framework</i>• Would require more supervision to achieve safe practice
Meets standard	<ul style="list-style-type: none">• Demonstrates the minimum level of knowledge or skill required in <i>The Safe Practitioner Framework</i>• Would be just safe for independent practice with the normal level of supervision for a day one practitioner
Above standard	<ul style="list-style-type: none">• Demonstrates all the knowledge or skill as outlined in <i>The Safe Practitioner Framework</i> and / or demonstrates knowledge and skill that goes beyond this• Would be safe to practice independently with minimal supervision

Each judgement corresponds to a mark from 0 to 3. Your marks in each station are totalled and then each station is weighted equally to calculate your overall score.

Separately, a panel of examiners carries out an Angoff standard setting exercise to determine the score in each station that represents the minimum acceptable standard of a day-one BDS qualified dentist. The scores are then equally weighted, and the overall pass mark is the sum of these scores. To pass, your score must meet or exceed this pass mark. There is no requirement to pass any individual stations, nor a minimum number of stations.

Because stations in each OSCE exam are different, this means that the pass mark for each examination diet may be different. However, because the same process is used to determine the pass mark, the **standard** of each OSCE exam is the same.

How is the SCR exam marked?

Examiners will mark you over **four domains**, which are **equally weighted**.

The table below show the four domains and examples of what will be assessed in each one.

Domain	Examples	Weighting
Information gathering, assimilation and diagnosis	<ul style="list-style-type: none"> • Interpretation of information presented (history & special tests / scenario) • Reasoning to reach diagnosis (clinical or non-clinical scenario) 	25%
Management of the scenario	<ul style="list-style-type: none"> • Knowledge of options • Knowledge and understanding of management/treatment process, advantages & disadvantages, risks & benefits 	25%
Management planning and execution	<ul style="list-style-type: none"> • Selection of appropriate management plan • Understanding and knowledge of how to proceed and carry out plan, GDP vs specialist management 	25%
Professionalism, ethics and medicolegal concerns	<ul style="list-style-type: none"> • Communication around case, clinical guidelines, ethical considerations, best interest care and planning, national guidelines, legislation 	25%

Examiners will assess you in **each domain** using the following four-point scale:

Well below standard	<ul style="list-style-type: none"> • Does not demonstrate appropriate knowledge or skills as outlined in <i>The Safe Practitioner Framework</i> • Not safe for independent practice
Just below standard	<ul style="list-style-type: none"> • Demonstrates some of the knowledge or skills as outlined in <i>The Safe Practitioner Framework</i> • Would require more supervision to achieve safe practice
Meets standard	<ul style="list-style-type: none"> • Demonstrates the minimum level of knowledge or skill required in <i>The Safe Practitioner Framework</i> • Would be just safe for independent practice with the normal level of supervision for a day one practitioner
Above standard	<ul style="list-style-type: none"> • Demonstrates all the knowledge or skill as outlined in <i>The Safe Practitioner Framework</i> and / or demonstrates knowledge and skill that goes beyond this • Would be safe to practice independently with minimal supervision

More detailed descriptors of each level of performance in each domain can be found in the *LDS Part 2 SCR Mark Scheme* document.

Each judgement corresponds to a mark from 1 to 4. In order to pass the exam, you will need to score the equivalent of 3 ('Meets standard') in each domain in each of the 6 cases. This means that you need to meet or exceed a total score of **72** to pass.

You are not required to score 3 in every domain, and there is no requirement to meet a minimum score in any one domain or any one case. You can therefore compensate for a poor performance in a domain in one case by a stronger performance in another.

What materials do I need for the exam?

All materials required for the LDS Part 2 will be provided for you, and you will **not** be able to take any other materials with you into the exam. Electronic devices such as phones and smartwatches can be brought to the venue but will be locked away for the duration of the exam.

What should I wear for the exam?

You should wear either **clinical attire** or other **professional dress**. If required, PPE (facemasks, gloves and aprons) will be provided, and you do not need to bring these with you.

How can I prepare for this exam?

You should ensure that you are familiar with all the knowledge, skills and behaviours in the *Safe Practitioner Framework* and are able to demonstrate these outcomes at the level of a safe day one BDS-qualified dentist.

You should make sure you are familiar with the **Syllabus** on our website, which shows which learning outcomes that can be assessed in the Part 2 and in each section of the Part 2. The exam will assess a range of these outcomes but may not assess every outcome.

The Part 2 examination aims to be a simulation of the non-practical elements of clinical practice. Here are some suggestions about how you might go about preparing for the Part 2:

- If you hold a valid registration outside of the UK, you may choose to practise clinical dentistry as a way of preparing.
- If you cannot do this, you may find it helpful to observe clinical practitioners to ensure that you understand the UK standards of practice.

- Practise communication, history taking, diagnosis and clinical decision-making skills with peers and colleagues.
- For the OSCE examination, you may wish to practise describing how you would respond to a medical emergency in accordance with British Resuscitation Council guidelines.
- Some candidates find preparatory courses useful, but we are unable to recommend specific courses and don't consider attendance at these courses a requirement to pass the LDS Part 2.

Above all, you should practise communicating in a comprehensive, systematic way, avoiding jargon when talking to patients or their representatives.

You will also need to make sure you are familiar with **UK clinical guidelines** and standards to inform your clinical choices and practices. You will be required to have knowledge of UK regulations and clinical guidelines relevant to safe clinical practice.