**Special Care Dentistry Self-Assessment Criteria & Scoring**

This document shows you the self-assessment criteria and scoring for the benchmarking exercise for the Specialty Training post in Special Care Dentistry.

You must complete the self-assessment form and email it to: HR Trainee Services – Service Desk <https://nesdigital.atlassian.net/servicedesk/customer/portal/30/group/121/create/591>

We cannot accept responses submitted in paper format.

You must provide evidence for any response where you score yourself greater than 0. You should email the evidence as clearly labelled, individual files for each question.

Your responses coupled with the evidence you upload to your personal self-assessment evidence folder will be used to score your application to determine whether you reach a minimum standrad only. **This exercise does not form part of the ranking process**

Please note that if it is discovered that any response is false or misleading, evidence will be collected, and you may be referred to a Probity Panel. We reserve the right to use anti-plagiarism software as part of this process.

The recruitment office is not able to advise you about how to answer any question. You must answer such that you feel you will be able to justify your answer using respective evidence.

All time periods stated refer to Whole Time Equivalent.

You have until Wednesday, 8th of February at 4 pm to complete the self-assessment form and send it and the necessary supporting evidence to our Service Desk.

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| Please provide your candidate reference number from your application form: |
| **your application form:** |

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| Question 1 |
| At the proposed time of post commencement, how many months will you have spent in total practising clinical dentistry? (Pro-rated for any periods of less than full time/non-full time posts) |
| **Responses:** | **Scores:** |
| * Less than 36 months
 | 0 |
| * 36-48 months
 | 2 |
| * 48- 60 months
 | 6 |
| * More than 60 months
 | 4 |
| **Evidence:** |
| * Evidence of completion of training posts.
* For non-training posts, a copy of the front page of your contract of employment which includes dates will be required.
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| Question 2 |
| At the proposed time of post commencement, how many months will you have spent in total in Primary Care and/or Secondary Care posts in Special Care Dentistry? Please do not include any other posts |
| **Responses:** | **Scores:** |
| * No time
 | 0 |
| * 0-12 months
 | 1 |
| * 12 - 24 months
 | 4 |
| * More than 24 months
 | 2 |
| **Evidence:** |
| * Evidence of completion of training posts detailing the clinical duties undertaken. e.g Timetable, Job Description, HR letter.
* For non-training posts, a copy of the front page of your contract of employment which includes dates, will be required.
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| Question 3 |
| At the time of application have you had experience of inpatient care and of treating medically complex patients? |
| **Responses:** | **Scores:** |
| * No
 | 0 |
| * Yes (In a Dental Hospital setting)
 | 1 |
| * Yes (In a General Hospital setting)
 | 2  |
| **Evidence:** |
| * Documented evidence e.g. reflections / serious incident reporting / job description. **NB. Please ensure any evidence provided does not contain any patient identifiable data.**
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| Question 4 |
| At the time of application can you evidence timetabled sessions in a dental specialty other than this specialty in Primary or Secondary Care? |
| **Responses:** | **Scores:** |
| * No
 | 0 |
| * Yes (in Primary Care)
 | 1 |
| * Yes (in Secondary Care)
 | 2 |
| **Evidence:** |
| * Evidence of completion of training posts. (same as for Q2)
* For non-training posts, a copy of the front page of your contract of employment which includes dates, will be required.
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| Question 5 |
| At the time of application, have you successfully completed MFDS / MJDF or equivalent? |
| **Responses:** | **Scores:** |
| * No
 | 0 |
| * Yes
 | 2 |
| **Evidence:** |
| * Your certificate of completion.
* If you have not yet received your certificate, letters confirming you have passed both parts of the examination will be required.
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| Question 6 |
| How many hours of **verifiable** CPD did you undertake in 2022 (1st Jan - 31st December 2022)? |
| **Responses:** | **Scores:** |
| * 0-9 hours
 | 0 |
| * 10-19 hours
 | 1 |
| * Over 20 hours
 | 2 |
| * 1 mark for each named CPD course
 | Up to 3 |
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| **Evidence:** | Maximum total 5 |
| * Evidence of completion of CPD i.e. certificates detailing verifiable hours of CPD.
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| Question 7 |
| At the time of application, how many publications have you had published, **or accepted**, in any peer reviewed journals? Including published abstracts, letters, book reviews or case reports. |
| **Responses:** | **Scores:** |
| * None
 | 0 |
| * 1
 | 2 |
| * 2 or more
 | 4 |
| **Evidence:**For each publication, a photocopy of the abstract or acceptance letter, will be required. |

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| Question 8 |
| At the time of application, how many national / international poster presentations have you been an authored?  |
| **Responses:** | **Scores:** |
| * None
 | 0 |
| * 1
 | 1 |
| * 2
 | 2 |
| * 3 or more
 | 3 |
| **Evidence:** |
| * A copy of the relevant page of the meeting programme(s).
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| Question 9 |
| At the time of application, how many national / international oral presentations have you given? Please do not include any presentations you have included in Question 8. |
| **Responses:** | **Scores:** |
| * None
 | 0 |
| * 1
 | 2 |
| * 2 or more
 | 4 |
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| **Evidence:** |
| * A copy of the relevant page of the meeting programme(s) from a national or international recognised conference, not a local NHS meeting.
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| Question 10 |
| Can you give an example of an audit or Quality Improvement Project (QIP) topic done within the last 12 months that has changed practice and indicate how it has changed your practice? |
| **Responses:** | **Scores:** |
| * None
 | 0 |
| * 1
 | 2 |
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| **Evidence:** * A summary of the audits.

Evidence of your involvement e.g. email acknowledgement of registration of audit with Clinical Governance team, response from audit lead. | Maximum total of 2 |
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| Question 11 |
| At the time of application have you completed and been awarded a qualification in Special Care Dentistry: certificate, diploma or masters or a UK higher postgraduate education degree or equivalent? (i.e. after production of a research based thesis and full examination) Intercalated degrees do not count. |
| **Responses:** | **Scores:** |
| * No
 | 0 |
| * Yes – Certificate or Diploma
 | 1 |
| * Yes – Masters
 | 2 |
| * Yes – PhD
 | 3 |
| * Yes – Certificate/Diploma or Masters and a PhD
 | 4 |
| **Evidence:** |
| * A copy of your degree certificate.
* If your degree was taken outside the UK, you must also provide evidence of its equivalence (e.g. a letter from the institution confirming that it was awarded following production of a research based thesis and full examination)
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