# **Post Dental Core Training Fellowships 2024/25**

**Section 1 - Self Assessment**

Please read the following questions carefully and answer each one by placing a cross in the box which relates to your experience and awarding yourself the appropriate score. You are required to submit evidence to validate your answer and the nature of the evidence is indicated beneath each section. This form and your evidence must be sent to [dental\_recruitment@nes.scot.nhs.uk](mailto:dental_recruitment@nes.scot.nhs.uk) by 23:59 hours on Wednesday 12th June 2024

The evidence should be collated as clearly labelled files, with one separate file for each section.

The panel will review your self-assessment and evidence to ensure your assessment is accurate. If evidence cannot be easily found or is judged not to meet the self-assessment, your assessment score will be amended. If asked to provide evidence over a defined period, please adhere to this.

**Self-Assessment Example:**

Continuing Professional Development

Indicate the number hours of verifiable CPD you completed during the period 1st January 2023 - 31st December 2023

*If you completed 15 hours of verifiable CPD in the you would place a cross in the corresponding box and you would score 2 points.*

*The evidence would be your CPD certificates.*

*The assessors will complete the total score and you should leave this blank.*

|  |  |  |
| --- | --- | --- |
| 0-9 hours |  | Score 0 |
| 10-19 hours | X | Score 1 |
| 20-29 hours |  | Score 2 |
| 30 hours + |  | Score 4 |
| Total |  | Max 4 |

**Self-Assessment**

* **Qualifications**

**Indicate whether you have (at the time of application) any of the following qualifications in addition to your BDS:**

|  |  |  |
| --- | --- | --- |
| MFDS (Part 2) |  | Score 2 |
| Intercalated degree, Masters or PhD |  | Score 2 |
| Total |  | Max 4 |

Evidence: certificates or letters of success

* **Clinical experience**

**Indicate the total length of time you have been employed as a dentist (whole time equivalent)**

|  |  |  |
| --- | --- | --- |
| 48 (at time of post commencement) – 60 months |  | Score 4 |
| >60 months |  | Score 2 |
| Total |  | Max 4 |

**Additional experience**

|  |  |  |
| --- | --- | --- |
| Experience of primary care other than VT/DFT (eg Public/Community Dental Service in DCT1) |  | Score 1 |
| Experience of more than 3 specialties, excluding OMFS |  | Score 1 |
| OMFS post (minimum 6 months) |  | Score 1 |
| Experience of multi-disciplinary work (clinics or MD meetings) |  | Score 1 |
| Total |  | Max 4 |

Evidence: Previous DCT Outcomes, timetable,post descriptor

* **Continuing Professional Development**

**Indicate the number hours of verifiable CPD you completed in the period 1st January 2023 - 31st December 2023**

|  |  |  |
| --- | --- | --- |
| 0-15 hours |  | Score 0 |
| 15-19 hours |  | Score 1 |
| 20-29 hours |  | Score 2 |
| 30 hours + |  | Score 4 |
| Total |  | Max 4 |

Evidence: CPD certificates

* **Research and publications**

**At the time of application, how many publications have you had published, or accepted, in a peer reviewed journal? This can include published abstracts, letters, book reviews or case reports.**

|  |  |  |
| --- | --- | --- |
| None |  | Score 0 |
| 1 article/report |  | Score 1 |
| 2 or more articles/reports |  | Score 2 |
| Total |  | Max 2 |

**At the time of application, how many National/ International verbal presentations have you given?**

|  |  |  |
| --- | --- | --- |
| None |  | Score 0 |
| 1 presentation |  | Score 1 |
| 2 or more presentations |  | Score 2 |
| Total |  | Max 2 |

**Select the level at which this presentation was delivered**

|  |  |  |
| --- | --- | --- |
| Regional/Deanery (eg Scotland or HEE region or equivalent) |  | Score 1 |
| UK national or international |  | Score 2 |
| Total |  | Max 2 |

Evidence: Copy of paper and acceptance letter for poster/presentation. Pdf of poster

**At the time of application, how many National/ International poster presentations have you given?**

|  |  |  |
| --- | --- | --- |
| None |  | Score 0 |
| 1 presentation |  | Score 1 |
| 2 or more presentations |  | Score 2 |
| Total |  | Max 2 |

**Select the level at which this presentation was delivered**

|  |  |  |
| --- | --- | --- |
| Regional/Deanery (eg Scotland or HEE region or equivalent) |  | Score 1 |
| UK national or international |  | Score 2 |
| Total |  | Max 2 |

Evidence: Copy of paper and acceptance letter for poster/presentation. Pdf of poster

* **Teaching Qualifications and experience**

**Do you have a formal teaching qualification or formal teaching experience?**

|  |  |  |
| --- | --- | --- |
| No formal qualification in teaching, and not been engaged in a formal teaching role |  | Score 0 |
| No formal qualification in teaching, but regular engagement in teaching i.e. timetabled teaching sessions or student supervision |  | Score 1 |
| Completed or currently taking a formal teaching qualification (minimum 60 credits) – e.g. MSc Education / PGCert / Dip Ed |  | Score 2 |
| Total |  | Max 2 |

Evidence: Copy of teaching qualification certificate, teaching programmes or feedback on teaching/teaching WBA

* **Audit/Quality Improvement**

**How many complete audit cycles or quality improvement projects have you undertaken since September 2021? This must include a complete cycle i.e. first audit, institution of action plan and second audit to assess impact of intervention. An additional mark will be awarded for evidence that you led the project.**

|  |  |  |
| --- | --- | --- |
| None |  | Score 0 |
| 1 cycle |  | Score 1 |
| 2 cycles |  | Score 2 |
| 3 cycles |  | Score 3 |
| Project lead\* |  | Score 1 |
| Total Score |  | Max 4 (3 + 1 for lead) |

Evidence: Summary of the audit or project - including first audit, action plan and second audit. Include a clear definition of your role.

Please evidence your involvement e.g. email acknowledgement of registration of audit with Clinical Governance team, response from audit lead.