**ORAL MEDICINE**

**Self-Assessment**

Please read the following questions carefully and answer each one by indicating the score which relates to your experience. You are required to submit the evidence to validate your answer and the evidence required is indicated beneath each question. This form and your evidence should be sent to [dental\_recruitment@nes.scot.nhs.uk](mailto:dental_recruitment@nes.scot.nhs.uk) at the same time as your application by **midnight** on **17th May 2021.**

The evidence must be collated in clearly labelled folders, with one separate folder for each question. You may not be given credit for evidence which is not clearly identifiable.

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.

Some questions allow you to gain additional marks and these additional opportunities are highlighted with a \*.

**If it is discovered that any response is false or misleading, evidence will be collected, and you may be referred to a Probity Panel.**

The recruitment office is not able to advise you about which response you should select for any question. You must select the response you feel you will be able to justify to the shortlisting panel, using the evidence you provide.

All time periods stated refer to Whole Time Equivalent.

Self-Assessment Example:

Continuing Professional Development

**Indicate the number hours of verifiable CPD you completed in the year 2020.**

**Did any of this cover Oral Medicine?**

*If you completed 15 hours of verifiable CPD in 2020, you would place a cross in the corresponding box and you would score 2 points.*

*If the CPD event was Oral Medicine centred, you should place an additional cross in the relevant box, scoring an additional point.*

*The evidence would be your CPD certificates.*

*The assessors will complete the total score, and this should be left blank.*

|  |  |  |
| --- | --- | --- |
| 0-9 hours |  | Score 0 |
| 10-19 hours |  | Score 1 |
| Over 20 hours | X | Score 2 |
| \*Oral Medicine centred (course/conference) | X | Score 1 |
| Total |  | Max 3 |

**Question 1**

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

|  |  |  |
| --- | --- | --- |
| Intercalated or other degree |  | Score 1 |
| Masters |  | Score 2 |
| PhD |  | Score 3 |
| Total |  | Max 3 (only 1 score) |

Evidence: certificates or letters of success

**Question 2**

**At the time of application have you undertaken a medical degree?**

|  |  |  |
| --- | --- | --- |
| No |  | Score 0 |
| Yes – medical degree |  | Score 2 |
| Yes – medical degree and full GMC registration |  | Score 4 |
| Total |  | Max 4 |

Evidence: degree certificates, record of entry onto register

**Question 3**

**At the time of application have you completed any parts of MFDS or MJDF?**

|  |  |  |
| --- | --- | --- |
| No |  | Score 0 |
| Yes – Part 1 |  | Score 1 |
| Yes – Parts 1 and 2 |  | Score 2 |
| Total |  | Max 2 |

Evidence: certificates or letters of success

**Question 4**

**At the proposed time of post commencement (September 2021), how many months will you have spent (whole time equivalent) practising clinical dentistry?**

|  |  |  |
| --- | --- | --- |
| Less than 36 months |  | Score 0 |
| 36-60 months |  | Score 2 |
| More than 60 months |  | Score 3 |
| Total |  | Max 3 |

**Evidence:** Please provide evidence of completion of training posts. For non-training posts please provide a copy of the front page of your contract of employment which includes dates.

**Question 5**

**At the proposed time of post commencement, how many months will you have spent in total (whole time equivalent) in Oral Medicine DCT posts or equivalent? Please do not include any other posts.**

|  |  |  |
| --- | --- | --- |
| Less than 12 months |  | Score 0 |
| 12-18 months |  | Score 1 |
| More than 18 months |  | Score 2 |
| \*Oral Medicine workplace based assessment |  | Score 1 |
| Total |  | Max 3 |

Evidence : ARCP outcomes, letter of appointment, job description, timetable, workplace based assessments

**Question 6**

**At the time of application can you evidence timetabled sessions in a dental specialty other than Oral Medicine?**

|  |  |  |
| --- | --- | --- |
| No |  | Score 0 |
| Yes - 1 other specialty |  | Score 1 |
| Yes – 2 or more other specialties |  | Score 2 |
| \*Experience in OMFS, Oral and Maxillofacial Pathology or Dental and Maxillofacial Radiology |  | Score 1 |
| Total |  | Max 3 (2 + 1) |

Evidence : ARCP outcomes, letter of appointment, job description, timetable, workplace based assessments

**Question 7**

**At the time of application how many oral mucosal biopsies have you recently (within last 2 years) carried out as the operator? These must be recorded in a validated logbook. Indicate whether you have any workplace based assessments in Oral Medicine.**

|  |  |  |
| --- | --- | --- |
| 0-10 |  | Score 0 |
| 11-50 |  | Score 2 |
| >51 |  | Score 4 |
| \*Workplace assessment evidence |  | Score 1 |
| Total |  | Max 5 (4 +1) |

Evidence : Must provide validated log book and WBA. Signed consolidation sheets from a validated logbook are acceptable

**Question 8**

**Indicate the number hours of verifiable CPD you completed in the calendar year 2020?**

**Did any of this cover Oral Medicine?**

|  |  |  |
| --- | --- | --- |
| 0-9 hours |  | Score 0 |
| 10-19 hours |  | Score 1 |
| Over 20 hours |  | Score 2 |
| \*Oral Medicine included (course/conference) |  | Score 1 |
| Total |  | Max 3 (2 + 1) |

Evidence: CPD certificates

**Question 9**

**In March 2021, were you a member of any specialist societies/associations?**

|  |  |  |
| --- | --- | --- |
| None |  | Score 0 |
| Yes, but not specific to Oral medicine |  | Score 1 |
| Specific to Oral Medicine |  | Score 2 |
| Total |  | Max 2 |

Evidence: Confirmation of acceptance/membership letter

**Question 10**

**At the time of application, how many publications have you had published, or accepted, in peer reviewed journals? Including published abstracts, letters, book reviews or case reports.**

|  |  |  |
| --- | --- | --- |
| None |  | Score 0 |
| 1 article/report |  | Score 1 |
| 2 or more articles/reports |  | Score 2 |
| \*Article/report Oral Medicine based |  | Score 1 |
| Total |  | Max 3 (2 + 1) |

Evidence: Acceptance letter or copy of paper

**Question 11**

**At the time of application, how many national (UK wide) / international verbal presentations have you have given?**

|  |  |  |
| --- | --- | --- |
| None |  | Score 0 |
| 1 presentation |  | Score 1 |
| 2 or more presentations |  | Score 2 |
| \*Article/report Oral Medicine based |  | Score 1 |
| Total |  | Max 3 (2 + 1) |

Evidence: Copy of abstract and acceptance letter

**Question 12**

**At the time of application, how many national (UK wide) / international poster presentations have you have given?**

|  |  |  |
| --- | --- | --- |
| None |  | Score 0 |
| 1 presentation |  | Score 1 |
| 2 or more presentations |  | Score 2 |
| \*Article/report Oral Medicine based |  | Score 1 |
| Total |  | Max 3 (2 + 1) |

Evidence: Copy of abstract and acceptance letter

**Question 13**

**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 |
| Currently taking a formal teaching qualification (minimum 60 credits) – e.g. MSc Education / PGCert / Dip Ed |  | Score 2 |
| Formal qualification in teaching (minimum 60 credits) – e.g. MSc Education / PGCert / Dip Ed |  | Score 3 |
| \*Oral Medicine teaching |  | Score 1 |
| Total |  | Max 4 (3 + 1) |

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

**Question 14**

**How many complete audit cycles or quality improvement projects have you undertaken since April 2018? This must include a complete cycle ie 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 project |  | Score 1 |
| 2 or more projects |  | Score 2 |
| \*Project lead |  | Score 1 |
| \*Oral Medicine related |  | Score 1 |
| Total Score |  | Max 4 (2 + 1 + 1) |

Evidence: Summary of the audit or project - including first audit, action plan and second audit. 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.