**Dental & Maxillofacial Radiology**

**2020 Self-Assessment Form**

Listed below are the 13 Self-Assessment Interview questions that will be used to score your application to determine your appointability and ranking. Please indicate the score which you feel reflects your answer to the question posed. You will need to provide evidence to substantiate your responses. Details of the evidence required for each question can be found below. Please ensure any evidence submitted contains no patient identifiable data.

Please submit a separate PDF file for each of the 13 Self-Assessment questions. Clearly include your name and the question number ONLY you are providing evidence for in the file name.

Please also provide the Supplementary Evidence 1 & 2, which will only be assessed in the event that two or more candidates have an equal score.

Provide a cover sheet for each question, detailing the evidence included. The evidence provided must be in the order stated on the cover sheet.

The panel will only be able to assess the evidence you provide, they will not contact you to request additional evidence. You are therefore requested to provide all evidence in a clear format so that this can easily be identified and assessed.

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 allow the panel to assess your appointability, using the evidence you provide.

All time periods stated refer to Whole Time Equivalent.

Your evidence must be submitted to medicalrecruitment.em@hee.nhs.uk by no later than 5pm on 6th May 2020. We will not be able to accept any evidence submitted after this deadline.

**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.**

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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? |
| **Responses:** | **Scores:** |
| * Less than 36 months
 | 0 |
| * 36-60 months
 | 6 |
| * More than 60 months
 | 4 |
| **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.
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| Question 2 |
| At the proposed time of post commencement, how many months will you have spent in total in Dental Core Training or equivalent? Please detail the dental specialties in which you have worked (prorated for any periods of less than full time/non full-time posts) |
| **Responses:** | **Scores:** |
| * Less than 12 months
 | 0 |
| * 12-18 months
 | 2 |
| * More than 18 months
 | 4 |
| **Evidence:** |
| * Please provide evidence of completion of training posts detailing the clinical duties undertaken. E.g. Timetable, Job Description, HR letter
* For non-training posts please provide a copy of the front page of your contract of employment which includes dates and evidence of equivalence to Dental Core Training
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| Question 3 |
| At the proposed time of post commencement, how much time will you have spent in training posts in Dental & Maxillofacial Radiology or in training posts with dedicated training in Dental & Maxillofacial Radiology? (Prorated for any periods of less than full time/non full-time posts) |
| **Responses:** | **Scores:** |
| * No time
 | 0 |
| * Less than 3 months
 | 1 |
| * 3-6 months
 | 2 |
| * More than 6 months
 | 3 |
| **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 4 |
| At the time of application, how many Dental & Maxillofacial Radiology procedures have you undertaken? (e.g.: CBCT or plain film reporting, sialograms or head and neck ultrasounds). These must be recorded in a validated logbook. |
| **Responses:** | **Scores:** |
| * 0
 | 0 |
| * 1-50
 | 2 |
| * 51 or more
 | 4 |
| **Evidence:** |
| * You must provide logbook evidence. Signed consolidation sheets from a validated logbook are acceptable.
* WBAs
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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:** |
| * Please provide your certificate.
* If you have not yet received your certificate, please provide letters confirming you have passed both parts of the examination.
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| Question 6 |
| How many hours of **verifiable** CPD did you undertake in 2019? |
| **Responses:** | **Scores:** |
| * 0-4 hours
 | 0 |
| * 5-9 hours
 | 1 |
| * 10-19 hours
 | 2 |
| * 20-30 hours
 | 3 |
| * Over 30 hours
 | 4 |
| **Evidence:** |
| * Please provide 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, please include a photocopy of the abstract or acceptance letter.
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| Question 8 |
| At the time of application, how many national / international poster presentations have you been an author on?  |
| **Responses:** | **Scores:** |
| * None
 | 0 |
| * 1
 | 1 |
| * 2
 | 2 |
| * 3 or more
 | 3 |
| **Evidence:** |
| * For each publication, a photocopy of the abstract or acceptance letter, will be required.
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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 12. |
| **Responses:** | **Scores:** |
| * None
 | 0 |
| * 1
 | 1 |
| * 2
 | 2 |
| * 3 or more
 | 3 |
| **Evidence:** |
| * For each publication, a photocopy of the abstract or acceptance letter, will be required.
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| Question 10 |
| At the time of application, how many complete audit cycles / quality improvement projects have **you undertaken** in the last 36 months? i.e. first audit, institution of action plan and second audit to assess impact of intervention, led by yourself. |
| **Responses:** | **Scores:** |
| * None
 | 0 |
| * 1
 | 1 |
| * 2
 | 2 |
| * 3 or more
 | 3 |
| **Evidence:** |
| * Please provide a summary of the audits - including first audit, action plan and second audit.
* Please evidence your involvement e.g. email acknowledgement of registration of audit with Clinical Governance team, response from audit lead.
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| Question 11 |
| At the time of application, have you completed and been awarded a higher-level degree? Intercalated degrees do not count. |
| **Responses:** | **Scores:** |
| * No
 | 0 |
| * Yes - Master’s level degree
 | 1 |
| * Yes – PhD
 | 2 |
| **Evidence:** |
| * Please provide your degree certificate.
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| Question 12 |
| Please select the statement that best describes your involvement in formal teaching.  |
| **Responses:** | **Scores:** |
| * I have a formal qualification in teaching (minimum 60 credits) – e.g. MSc Education / PGCert / Dip Ed
 | 3 |
| * I am enrolled in or am undertaking a formal teaching qualification (minimum 60 credits) – e.g. MSc Education / PGCert / Dip Ed
 | 2 |
| * I do not have a formal qualification in teaching, but I am regularly engaged in formal teaching i.e. timetabled teaching sessions
 | 1 |
| * I do not have a formal qualification in teaching, and I have not been engaged in a formal teaching role.
 | 0 |
| **Evidence:** |
| * Please provide your teaching qualification certificate.
* Please provide evidence that you are regularly engaged in formal teaching e.g. teaching programmes or feedback on teaching.
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| Question 13 |
| At the time of application, which specialist society/associations are you a member of? |
| **Responses:** | **Scores:** |
| * No Specialist Societies/Associations
 | 0 |
| * Specialist Societies/Associations not specific to Dental & Maxillofacial Radiology
 | 2 |
| * Specialist Societies/Associations specific to Dental & Maxillofacial Radiology e.g. BSDMFR
 | 4 |
| **Evidence:** |
| * Confirmation of member acceptance or membership
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**SUPPLEMENTARY EVIDENCE**

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| Supplementary Evidence 1 |
| **COMMITMENT TO DENTAL & MAXILLOFACIAL RADIOLOGY - ACTIVITIES AND ACHIEVEMENTS**Please use the space provided to outline activities and achievements which demonstrate your commitment to a career in Dental & Maxillofacial Radiology and/or have led to the development of skills relevant to a career in this specialty |
| **Response:** |
| **Evidence:** |
| * Please provide evidence of activities and achievements which demonstrate your commitment to a career in Dental & Maxillofacial Radiology and/or have led to the development of skills relevant to a career in this specialty
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| Supplementary Evidence 2 |
| **TEAMWORKING AND LEADERSHIP** Please use the space provided to outline activities and achievements which demonstrate your teamworking and leadership skills, relevant to a career in Dental & Maxillofacial Radiology |
| **Response:** |
| **Evidence:** |
| * Please provide evidence of activities and achievements which demonstrate your teamworking and leadership skills, relevant to a career in Dental & Maxillofacial Radiology
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