**Restorative Self-Assessment Form**

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: HR Trainee Services – Service Desk <https://nesdigital.atlassian.net/servicedesk/customer/portal/30/group/121/create/591> at the same time as your application by **midnight** on **21st February 2024**.

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.

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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 |
|  | Max 6 |
| **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 (whole time equivalent) in Restorative posts in Secondary Care? Please do not include any other posts. | |
| **Responses:** | **Scores:** |
| * Less than 12 months | 0 |
| * 12-18 months | 1 |
| * More than 18 months | 2 |
|  | Max 2 |
| **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 | |

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| Question 3 | |
| At the time of application have you had experience of inpatient care and management of medical emergencies in a hospital setting? | |
| **Responses:** | **Scores:** |
| * No | 0 |
| * Yes | 2 |
|  | Max 2 |
| **Evidence:** | |
| * Please provide documented evidence e.g. WBAs | |

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| Question 4 | |
| At the time of application can you evidence timetabled sessions in a dental specialty other than Restorative Dentistry in Secondary Care? | |
| **Responses:** | **Scores:** |
| * No | 0 |
| * Yes | 1 |
|  | Max 1 |
| **Evidence:** | |
| * Please provide evidence of completion of training posts. (same as for Q2) * 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 5 | |
| At the time of application, have you successfully completed MFDS / MJDF or equivalent? | |
| **Responses:** | **Scores:** |
| * No | 0 |
| * Yes | 2 |
|  | Max 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 between 1st Jan- 31st December 2023? | |
| **Responses:** | **Scores:** |
| * 0-4 hours | 0 |
| * 5-9 hours | 1 |
| * 10-19 hours | 2 |
| * 20-30 hours | 3 |
| * Over 30 hours | 4 |
|  | Max 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 1st, 2nd or Last author publications have you had published, **or accepted**, in any peer reviewed journals? **Do not include** published abstracts, letters, book reviews or case reports. | |
| **Responses:** | **Scores:** |
| * None | 0 |
| * 1 | 2 |
| * 2 or more | 4 |
| ***\*Indicate whether any were Restorative Dentistry based*** |  |
| * No – not related to Restorative Dentistry | 0 |
| * Yes - related to Restorative Dentistry | 1 |
|  | Max 5  (4 + 1) |
| **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 regional /national / international poster presentations have you been an author on? Regional means deanery or single nation and national means UK wide. | |
| **Responses:** | **Scores:** |
| * None | 0 |
| * 1 | 1 |
| * 2 or more | 2 |
| ***\*Indicate whether these were:*** |  |
| * Regional (deanery or single nation level) | 1 |
| * National/international | 2 |
| ***\*Were any of these Restorative Dentistry centred?*** |  |
| * No – not restorative based | 0 |
| * Yes – restorative based | 1 |
|  | Max 5  (2 + 2 + 1) |
| **Evidence:** | |
| * Please provide a copy of the relevant page of the meeting programme(s) or the abstract and acceptance letter. | |

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| Question 9 | |
| At the time of application, how many regional / national / international oral presentations have you given? Please do not include any presentations you have included in Question 9. Regional means deanery or single nation and national means UK wide. | |
| **Responses:** | **Scores:** |
| * None | 0 |
| * 1 | 1 |
| * 2 or more | 2 |
| ***\*Indicate whether these were:*** |  |
| * Regional (deanery or single nation level) | 1 |
| * National/international | 2 |
| ***\*Were any of these Restorative Dentistry centred?*** |  |
| * No – not restorative based | 0 |
| * Yes – restorative based | 1 |
|  | Max 5  (2 + 2 + 1) |
| **Evidence:** | |
| * Please provide a copy of the relevant page of the meeting programme(s) or the abstract and acceptance letter. | |

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| Question 10 | |
| At the time of application, how many complete audit cycles / quality improvement projects have **you undertaken**? i.e. first audit, institution of action plan and second audit to assess impact of intervention, led by yourself. | |
| **Responses:** | **Scores:** |
| * None | 0 |
| * 1 | 2 |
| * 2 or more | 4 |
| * ***Were any of these Restorative Dentistry centred?*** |  |
| * No – not restorative based | 0 |
| * Yes – restorative based | 1 |
|  | Max 5  (4 + 1) |
| **Evidence:** | |
| * Please provide a summary of the QI project/audit. * Please evidence your involvement e.g. email acknowledgement of registration of audit with Clinical Governance team, response from QI/audit lead. | |

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| Question 11 | |
| At the time of application, have you completed and been awarded a UK higher research 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 - Research based Masters Degree | 1 |
| * Yes – PhD | 2 |
|  | Max 2 |
| **Evidence:** | |
| * Please provide 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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| 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 |
|  | Max 3 |
| **Evidence:** | |
| * Please provide your teaching qualification certificate. * Please provide evidence that you are regularly engaged in formal teaching e.g. teaching programmes. | |

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| Question 13 | |
| On 31 December 2023, were you a member of any specialist societies/associations? | |
| **Responses:** | **Scores:** |
| * None | 0 |
| * Yes, but not directly related to Restorative Dentistry | 1 |
| * Specific to Restorative Dentistry | 2 |
|  | Max 2 |
| * **Evidence:** |  |
| * Please provide your Confirmation of acceptance/membership letter | |