

**APPENDIX 1
FORM R**

Registering for Postgraduate Specialty Training

*To be confirmed on appointment to/on entering specialty training and **before** a National Training Number (NTN) is issued, where this is appropriate. **Must be updated and submitted annually** to the Postgraduate Dental Dean in order to renew registration for specialty training*

Forename(s)		GDC-registered surname		Please attach a passport size photo
Deanery				
Date of birth	Gender	Immigration status		
Home address		Home Tel		
		Mobile Tel		
		Email address (essential)		
Dental School awarding primary qualification <i>(name, country and date)</i>				
GDC registration number		GMC registration number (if applicable)		
I confirm (✓) that I am undertaking post-CCST training			I confirm (✓) that I have been appointed to a programme leading to award of a CCST, subject to satisfactory progress	
Specialty for award for CCST		Specialty 2 for award of CCST (if appointed to other certification programme)		
Post type or appointment <i>(run through, StR, post-CCST)</i>		Date of entry to grade/programme (dd/mm/yy)		
Fulltime or % of full time training		Provisional date from deanery for award of CCST (dd/mm/yy)		
National Training Number (NTN) <i>(to be completed by deanery on first registration)</i>				

I confirm that the information recorded in Form R is correct.

Specialty Trainee

Date

Postgraduate Dental Dean

Date

APPENDIX 2

Conditions of taking up a specialty training post or post-CCST training post

(This is NOT an offer of employment)

On accepting an offer to take up a specialty training post / post-CCST post (delete as necessary) I agree to meet the following conditions throughout the duration of the programme.

- 1) To always have at the forefront of my clinical and professional practice the principles in the GDC's Standards for Dental Professionals for the benefit of patient care
- 2) To ensure that the care I give to patients is responsive to their needs, is equitable, respects human rights, challenges discrimination, promotes equality and maintains the dignity of patients and careers
- 3) To only be engaged with activities approved by the Postgraduate Dental Dean/Director (PGDD). If time out of the training programme is agreed, e.g. research or absence due to a career break , I will ensure that the Training Programme Director (TPD) and PGDD is informed of my planned return to the training programme
- 4) To accept the responsibility as an employee within a healthcare organisation to work effectively and cooperating fully with the aims and objectives of the programme. This includes participating in workplace based appraisal and assessments, educational appraisal, and accepting the need to share information about my performance with employers involved in my training. I agree to meet with the PGDD and /or his/ her agents as necessary and appropriate
- 5) To maintain regular contact with my educational supervisor (ES), TPD, PGDD by responding promptly to communications from them, and to inform my TPD and ES of any absence from the training programme
- 6) To ensure that I keep up to date my learning portfolio which underpins the training process and by which my progress is assessed and documented
- 7) To optimise the training resources available to develop my competence to the standards required
- 8) To support the development and evaluation of the training programme by participating actively in any national or local trainee survey and any other activities that contribute to the quality improvement of training
- 9) To understand that if I do not comply with the requirements and conditions above, that the PGDD will decide whether it is appropriate for me to retain my NTN
- 10) To maintain registration with the GDC

I acknowledge the importance of these responsibilities. If I fail to meet them I understand this may lead to withdrawal of my NTN by the PGDD. I understand that this document does not constitute an offer of employment.

Trainee's signature

Trainee's name (printed)

Date

APPENDIX 3

Out of Programme Request and Annual Review Document OOPT / OOPE / OOPR / OOPC

For new requests, this document should be sent to the Postgraduate Dental Dean/Director (PGDD) only after it has been signed by the trainee's educational supervisor and Training Programme Director (TPD). The PGDD will use this if advice is needed from the individual Specialist Advisory Committee (SAC).

For annual review and renewal, this document should be signed by the trainee and TPD and will need to be submitted to the Annual Review of Competence Progression (ARCP) panel.

Name		NTN	
Contact Address <i>for duration of OOP if granted</i>			
E-mail address			
Specialty		TPD	
Current year of training		Provisional CCST date	
Please indicate if you are requesting time out of programme for:-		New request (✓)	Ongoing OOP (✓)
Prospectively deanery approved clinical training (OOPT)			
Clinical experience not prospectively approved for training (OOPE)			
Research for a registered degree (OOPR)			
Career break (OOPC)			
Have you discussed your plans to take time out of programme / continue your time out with your education supervisor and / or Training Programme Director?		Yes	No
How long would you intend to take time out /still remain on your OOP?			
What will be your provisional date for completing training if you take/continue with this time out of programme?			
If your request for time out of programme is agreed, you will be required to give your TPD and current/next employer 3 months' notice of leaving the programme. Please state the date you wish to start your out of programme experience (which must take account of the 3 month notice period)			
Date you plan to go out of the clinical programme			
Date you plan to return to the clinical programme			

Attach a brief description of what will be done during time out of programme and where it will take place (not required for on-going OOP). You should also provide the additional following information:-

- **OOPT** – attach details of your proposed training for which prospective deanery approval will be required if the training does not already have deanery approval (e.g. if it is part of a recognised training programme in a different deanery it will already be recognised training). For ongoing OOP this document should accompany the assessment documentation for ARCP
- **OOPE** – describe the clinical experience you are planning to undertake (e.g. overseas posting with a voluntary organisation). For ongoing OOP, a short report from your supervisor confirming that you are still undertaking clinical experience should accompany this for ARCP
- **OOPR** – attach your outline research proposal to this document and include the name/location of your research supervisor. For ongoing OOP, a report from the research supervisor needs to be attached to this document for ARCP

- **OOPC** – please give a brief outline of your reasons for requesting a career break whilst retaining your training number

I am requesting approval from the PGDD to undertake the time out of programme described above/continue on my current OOP whilst retaining my training number. I understand that:

- Three years out of my clinical training programme will normally be the maximum time allowed out of programme. Extensions to this will only be allowed in exceptional circumstances that will need further written approval from the PGDD.
- I will need to liaise closely with my TPD so that my re-entry into the clinical programme can be facilitated. I am aware that at least six months' notice must be given of the date that I intend to return to the clinical programme and that the placement will depend on availability at that time. I understand that I may have to wait for a placement.
- I will need to return an annual out of programme report for each **year** that I am out of programme for consideration by the annual review panel. This will need to be accompanied by an assessment report of my progress in my research or clinical placement. **Failure to do this could result in the loss of my training number.**
- I will need to give at least 3 months' notice to the PGDD and to my employer before my time out of programme can commence.

_____	_____	_____
Trainee signature	Trainee name (printed)	Date
_____	_____	_____
Educational supervisor signature	Educational supervisor name (printed)	Date
_____	_____	_____
TPD signature	TPD name (printed)	Date

Approval by PGDD	
<i>For new requests, this document should be sent to the PGDD only after it has been signed by the trainee's educational supervisor and TPD. The PGDD will use this if advice is needed from the individual SAC.</i>	
<i>For annual review and renewal, this document should be signed by the trainee and TPD and will need to be submitted to the ARCP panel</i>	
Signed _____	Date _____

Annual Review of Competence Progression (ARCP) Outcomes Form

Trainee Forename:		Trainee Surname:	
Specialty:		National Training Number:	
Gender: (please tick ✓)	Male	Female	Date of entry to grade <small>dd/mm/yy</small>
GMC and/or GDC no.	GDC	GMC	Year of Training: (1-8)
Educational Supervisor completing the report			
Date of review:		Period covered	From: To:
Members of the panel: (Lay, TPD, External, Academic, etc)	1.	2.	3.
	4.	5.	6.

Approved clinical training gained through the period:				
Grade of training programme reviewed :- ACF / ACL / StR / LAT / Post-CCST or Other (please state).....				
Placement / Post / Experience	Date from:	Date to:	In / Out of Programme?	FT / PT (as % FT)?
1.				
2.				
3.				
Documentation taken into account and shown to trainee (Insert ✓ as appropriate)				
1. Structured report	2. Clinical Logbook	3. PDP with CPD Log		
4. WBA Forms	5. Feedback Survey Form	6. Report on academic progress (where appropriate)		

RECOMMENDED OUTCOMES FROM THE PANEL			
Satisfactory Progress			✓
1	Achieving progress and competencies at the expected rate		
Unsatisfactory Progress or Insufficient Evidence (also complete Supplementary Evidence section)			
2	Development of specific competences required – additional training time not required		
3	Inadequate progress by the trainee – additional training time required		
4W	Released from training / academic programme with or without specified competences (NTN withdrawn)		
4VR	Released from training / academic programme with or without specified competences (Voluntary resignation)		
5	Incomplete evidence presented – additional training time may be required		
Recommendation for completion of training			
6	Gained all required competences and outcomes		
OUTCOMES FOR TRAINEES OUT OF PROGRAMME (evidence of progress must be provided)			
8.	OOPE (Experience)	OOPR (Research)	OOPC (Career Break)

Signed by:	<i>(Panel Chair)</i>	Date:
Signed by	<i>(Trainee)</i>	Date
Signed by:	<i>(PGDD)</i>	Date:

SUPPLEMENTARY EVIDENCE for trainees with UNSATISFACTORY OUTCOME				
<i>(trainee must be in attendance)</i>				
Recommended Outcome:	Date from:	Date to:	In / Out of Programme?	FT / PT as %?
Detailed reasons for recommended outcome:				
1.				
2.				
3.				
Discussion with trainee				
Mitigating circumstances				
Competences which need to be developed				
Recommended actions				
Recommended additional training time (if required)				
Signed by:			<i>(Panel Chair)</i>	Date;
Signed by:			<i>(Trainee)</i>	Date;
Signed by:			<i>(PGDD)</i>	Date;
				Date of next review:

These documents should be forwarded to:

- the Training Programme Director (who must ensure that the trainee receives a copy through the further appraisal and planning process).
- the SAC if the trainee is on a CCST programme.

By signing the form, the trainee is indicating that they understand and agree that the information will be shared with other parties involved in their training as outlined above.

The trainee signature on the form indicates that they understand the recommendations arising from the review. It does not imply they accept or agree with them and they can have the recommendation reviewed as well as the right of appeal as delineated in the Dental Gold Guide.

Supplementary information for trainees who had an UNSATISFACTORY review outcome			
Code	Insert ✓	Reason for unsatisfactory outcomes	Explanatory notes
U1		Record Keeping and Evidence	Trainee failed to satisfactorily maintain their Royal College/Faculty E-Portfolio including completing the recommended number of Work Placed Based Reviews; Audits; Research; structured Education Supervisors report; in accordance with recommendations for that particular Year of Training in line with the Royal College/Faculty curriculum requirements.
U2		Inadequate Experience	Training post(s) did not provide the appropriate experience for the year of training being assessed in order to progress. As a result the trainee was unable to satisfy the Royal College/Faculty curriculum requirements for the year of training.
U3		No Engagement with Supervisor	Trainee failed to engage with the assigned Educational supervisor or the training curriculum in accordance with the Royal College/Faculty requirements for that particular year.
U4		Trainer Absence	Nominated educational supervisor or trainer did not provide the appropriate training and support to the Trainee because of their absence on a sabbatical; through illness or other reasons; and no nominated educational supervisor deputy took over to ensure that an appropriate level of training was maintained. As a result the trainee was unable to satisfy the Royal College/Faculty curriculum requirements for the year of training.
U5		Single Exam Failure	Trainee failed to satisfy the respective Royal College/Faculty examination requirements to progress to the next year of training.
U6		Continual Exam Failure	Trainee failed to pass the respective Royal College/Faculty examination within the allowable number of examination attempts following a number of re-sits and is therefore unable to progress any further in this Specialty.
U7		Trainee requires Deanery Support	Trainee has issues to do with their Professional personal skills for example: - behaviour / conduct / attitude / confidence / time keeping / communications skills etc and requires the support of the Deanery Performance Team.
U8		Other reason	

Additional information for trainees who DID NOT HAVE A REVIEW			
Code	Insert ✓	Reason for unsatisfactory outcomes	Explanatory notes
N1		Trainee Sick Leave	Trainee on long term sickness or other health issues have impacted on ability to complete the year of training being reviewed.
N2		Trainee Maternity/Paternity Leave	Trainee cannot be reviewed whilst on maternity leave
N3		Trainee not In Post Long Enough	Too soon to complete a meaningful Annual Review within the ARCP reporting period.
N4		Trainee fell outside annual reporting period	Annual GDC reporting period is 01 Aug 20xx to 31 July 20xx but trainee was not reviewed during these 12 months.
N5		Trainee Post CCST	Trainee already completed CCST and now in period of grace.
N6		Trainee Missed Review	Trainee did not attend the Review. Where a review panel was not arranged until July at end of reporting year and trainee could not attend; for last minute family reasons, transport problems etc. Panel had to be rearranged in early August but outside of normal reporting period.
N7		Trainee Inter Deanery Transfer	Trainee left the programme early to take up a post in another Deanery
N8		Trainee reviewed in other Deanery	Trainee working in another Deanery who completed ARCP.
N9		Trainee Contract Termination	Trainee left and had their NTN/DRN removed due to lack of progression without achieving competencies to a satisfactory level.
N10		Trainee Gross Misconduct	Trainee currently suspended from training either as a result of GDC Suspension or local Trust or other local disciplinary proceedings.
N11		Trainee Suspension	Trainee suspended for reasons other than gross misconduct.
N12		Other reason	

APPENDIX 5

Committee Secretary
SAC in *insert specialty*
The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
London
WC2A 3PN

Date:

Dear *[insert name]*,

ARCPs in *[insert specialty]*

Following the review process carried out on *insert date*, please find below the ARCP outcomes, OOP details and changes to CCST dates for the following trainees (all of which are recorded on ISCP):

Name	Training number	ARCP Outcome	Reason for unsatisfactory outcome	OOP/break in training	CCST date change

Please also find attached a copy of the report from *[insert name]*, External to the Committee.

Yours sincerely

DENTAL SPECIALTY ARCPs
SAC External Feedback Form: Process (Form A)

The purpose of this form is for you, the SAC external member of the ARCP panel, to give feedback on how the ARCP **Process** is conducted. Your comments are welcome.

ARCP (please state specialty):

Date of ARCP panel meeting:

	<i>Please tick</i>		Evidence	Comments
The appropriate paperwork was available prior to ARCP	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
The trainee/s had seen and signed the appropriate documents prior to the ARCP panel meeting	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
The composition of the ARCP panel was appropriate and aligned to The Dental Gold Guide	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
There is a named educational supervisor for each trainee	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
ARCPs take place at appropriate times in training	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
Do you feel that the ARCP process you have taken part in is fit for purpose?	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
Was full consideration given to all the evidence submitted (including trainee comments)?	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		

SAC External Feedback Form: Quality (Form B)

The purpose of this form is for you, the SAC external member of the ARCP panel, to give feedback on the **Quality** of the training programmes provided. Your comments are welcome.

			Evidence	Comments
<i>Please tick</i>				
There is a regularly reviewed, structured and personal training plan for each trainee	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
There is a regular structured appraisal for all trainees	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
Trainees maintain a continuous career portfolio of progress and achievement	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
Clinical specialist training Are the caseload and case mix in accordance with the Curriculum requirements?	Excellent	<input type="checkbox"/>		
	Adequate	<input type="checkbox"/>		
	Poor	<input type="checkbox"/>		
Non-clinical sessions Are non-clinical sessions appropriate in terms of number and variety?	Excellent	<input type="checkbox"/>		
	Adequate	<input type="checkbox"/>		
	Poor	<input type="checkbox"/>		
Is the Curriculum fulfilled?	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		

			Evidence	Comments
Please rate the quality of the training programme in this specialty	<i>Please tick</i>			
	1 (Poor)	<input type="checkbox"/>		
	2 (Development required)	<input type="checkbox"/>		
	3 (Satisfactory)	<input type="checkbox"/>		
	4 (Above average)	<input type="checkbox"/>		
5 (Excellent)	<input type="checkbox"/>			
Are there any trainees/Programmes that you have concerns about? – If yes please comment	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		

Please feel free to give further comments in the box below:

Name:.....

Signed:.....

Return to:

Thank you for completing this form.

GENERAL DENTAL COUNCIL

Registration Department
43-45 Portman Square, London, W1H 6HN
Tel: 020 7167 6000 Email: assessments@gdc-uk.org

Registration Department Office Hours:
Monday to Friday, 9.00am to 5.00pm

RECOMMENDATION FOR THE AWARD OF A CERTIFICATE OF COMPLETION OF SPECIALIST TRAINING

GENERAL INSTRUCTIONS

This form must be completed and signed by the Postgraduate Dental Dean/Director and returned to the General Dental Council.

Please ensure that all sections of the form are completed in type or black ink in BLOCK CAPITALS.

Send to:

General Dental Council
Registration Department
43-45 Portman Square
London, W1H 6HN

FOR GDC USE ONLY

GDC Registration Number: _____
Surname: _____
Forenames: _____

RECOMMENDATION FOR THE AWARD OF A CERTIFICATE OF COMPLETION OF SPECIALIST TRAINING

TO BE COMPLETED BY THE POSTGRADUATE DENTAL DEAN/DIRECTOR

- (a) Surname _____ Mr/Mrs/Miss/Ms _____
Forenames _____
- (b) GDC Registration No. _____ (c) National (or Visiting) Training No. _____
- (c) Period spent in Specialist Training Programme (state number of years and months) _____
Date Training started _____ Date training ended _____
Date exit examination passed _____
- (d) Period of any overseas training which took place during the Postgraduate Training included under (d) above (state number of years and months) _____
- (e) Specialty (name in full) _____

DECLARATION

I confirm that _____ has satisfactorily completed the above specialist training programme on (specify date) _____ and I recommend him/her for the award of the Certificate of Completion of Specialist Training in the specialty stated.

To be signed by the Postgraduate Dental Dean/Director, or his/her designated nominee.

Name (surname underlined) _____

Region _____

Signed _____ Date _____

When this form has been completed and signed, please send it to:

**General Dental Council
Registration Department
43-45 Portman Square, London, W1H 6HN**

APPENDIX 8

Application for an Inter-Deanery Transfer

Trainee to complete and return to current Postgraduate Dental Dean/Director (PGDD)

Name		NTN	
Contact Address			
E-mail address		Contact Tel	
Specialty		Date of appointment	
Year of training (circle)	1	2	3
	4	5	Other
Provisional CCST			
Date of most recent annual assessment	<i>(all outcome forms to date must be attached)</i>		

Reasons of application
<p>Give a brief outline of the reasons for your application. <i>(A more detailed explanation (one side A4) must also be attached to this application)</i></p>

I formally apply to transfer toand confirm that all the information given above is correct. I understand that:-

- I should not approach the PGDD in the region to which I am seeking transfer directly, but that my current PGDD will do this on my behalf if s/he confirms that I have sufficient well-founded reasons for the transfer
- I may be required to be interviewed by the PGDD in the region to which I wish to transfer

In support of my application I attach:-

- copies of all annual review outcomes to date
- a detailed explanation of the reason for my request

Signature of trainee _____ **Date** _____

I approve the trainee's application to transfer and confirm that the NTN and training details given above are correct.

Signature of PGDD _____ **Date** _____

This privacy notice is intended to provide transparency regarding what personal data HEE, NES, NIMDTA and Wales Deanery will collect about you, how it will be processed and stored, how long it will be retained for and who will have access to your data.

Trainees should be aware that this privacy notice applies to all the processing of your personal data during the course of your training by HEE, NES, NIMDTA and Wales Deanery. Your personal data is typically collected, but not exclusively, via the recruitment process, your Annual Review of Competence Progression (ARCP) and when submitting a Form R.

Those responsible for training should ensure that trainees are aware of this information. It is recommended that this privacy notice be attached to the NTN letter sent to trainees at the start of their training. This privacy notice should also be available on each of HEE, NES, NIMDTA or Wales Deanery's website.

TERMS USED IN THIS NOTICE

There are some terms that appear in the Data Protection Act 1998 that are used in this notice. These are explained below:

Personal Data: Information from which, the data subject, can be identified either directly or indirectly when the information is read in conjunction with other data that the data controller holds.

Processing: In relation to personal data, processing means obtaining, recording, sharing or holding the data or carrying out any other operation or action.

Data Subject: the individual whom the personal data is about.

Data Controller: HEE, NES, NIMDTA or the Wales Deanery is the Data Controller meaning that they determine the purposes for which and the manner in which any personal data is to be processed.

Data Processor: A data processor processes personal data on behalf of the data controller under a contract and follows strict instructions from the data controller.

Third parties: Any person/organisation that is not the data subject, data controller or data processor

Data Recipients: any person to whom the data is disclosed that processes that data on behalf of the data controller e.g. HEE, NES, NIMDTA or Wales Deanery staff and lay representatives.

Sensitive Personal Data: personal information about the data subject's racial or ethnic origin, political opinions, religious beliefs, physical or mental health condition, sexuality and criminal record or activity.

OVERVIEW

In order to manage and quality assure your training, HEE, NES, NIMDTA or Wales Deanery need to process information about you. HEE, NES, NIMDTA or Wales Deanery do so in compliance with the Data Protection Act 1998, and in accordance with the data protection principles set out in Schedule 1 of the Act. These principles require that personal data must:

- Be fairly and lawfully processed
- Be processed for a specific purpose
- When collected, be adequate, relevant and not excessive
- Be accurate and up to date
- Not be kept for longer than necessary
- Be processed in accordance with individual's rights
- Be kept secure and safeguarded from unauthorised access or accidental loss
- Only be transferred outside the European Economic Area when an adequate level of protection exists in the recipient country

PROCESSING YOUR PERSONAL DATA

HEE, NES, NIMDTA and the Wales Deanery will process your personal data for the following purposes and will usually entail the processing of your personal data on our management information systems:

1. To manage your training and programme – personal data collected for this purpose will be kept in your training file, which will usually contain your recruitment data (application form, recruitment documentation and any immigration records),

ARCP records, significant correspondence and any other information pertinent to the effective management of your training and education.

2. To quality assure training programmes and ensure that standards are maintained – via local and national quality assurance teams and methods such as the GMC national training survey.

3. To identify workforce planning targets - your data will be used to determine outputs from programmes and to inform the number of trainees required for specialties in the future.

4. Maintaining patient safety through the management of performance concerns - your personal data may be shared with the GMC should there be significant concerns regarding your fitness to practise.

5. Compliance with legal and regulatory responsibilities including revalidation.

6. To contact you about training opportunities, events, surveys and information that may be of interest to you.

Access to your personal data is restricted to the authorised team within HEE, NES, NIMDTA or Wales Deanery you are employed to manage your training. Access is also granted on a limited basis to recipients such as programme directors and lay representatives but only where necessary for a specified and legitimate purpose.

Your personal data will be retained for six years after you have left your training programme. At which point your personal data will be confidentially and securely destroyed.

PROCESSING YOUR SENSITIVE PERSONAL DATA

Your sensitive personal data will only be processed if HEE, NES, NIMDTA or Wales Deanery have received explicit consent from you or if alternative conditions of schedule 2 and schedule 3 of the Data Protection Act are satisfied or if an exemption specified in the Data Protection Act applies.

Sensitive personal data that we may need to share includes information relating to your health or criminal record should your employer or the GDC need to be made aware.

SHARING PERSONAL DATA

HEE, NES, NIMDTA or the Wales Deanery will only transfer your personal data to third parties using secure channels and where it is needed to manage your training, for instance when rotating through placements or notifying colleges of ARCP outcomes.

HEE, NES, NIMDTA or Wales Deanery will not transfer your data unless it is satisfied of the following matters.

1. That a condition of schedule 2 (and a condition from schedule 3 in relation to sensitive personal data) of the Data Protection Act is met. The most common conditions we will rely on from Schedule 2 are consent from you or that we, or the recipient organisation, have a legitimate interest in the disclosure.
2. The data will be handled by the third party in accordance with the Data Protection Act 1998.

Where the data is used for analysis and publication by a recipient or third party, any publication will be on an anonymous and aggregated basis and will not make it possible to identify any individual. This will mean that the data ceases to become personal data.

Third parties may include the following non-exhaustive list: the UK Health Departments, Medical Royal Colleges, other deaneries, the General Dental Council, NHS Trusts/Health Boards and approved academic researchers.

YOUR RESPONSIBILITIES AND RIGHTS

It is important that you work with us to ensure that the information we hold about you is accurate and up to date, so please inform HEE, NES, NIMDTA or Wales Deanery immediately if any of your personal data needs updating or correcting.

All communications from HEE, NES, NIMDTA or Wales Deanery will normally be by e-mail. It is therefore essential for you to maintain an effective and secure e-mail address, or you may not receive information about you posts and your assessments or other important news and information about your training.

If at any point you wish to gain a copy of your personal data that is held by HEE, NES, NIMDTA or Wales Deanery, you may submit a subject access request in writing. Please note that a fee may apply. Depending on your location of training please contact one of the organisations below:

- Health Education England
- NHS Education for Scotland
- Postgraduate Deanery in Wales
- Northern Ireland Medical and Dental Training Agency

You have, in certain limited circumstances, a right to object to processing that is likely to cause you damage or distress or any decisions made by automated means that significantly affect you.

You also have a right to have inaccurate personal data rectified, blocked, erased or destroyed

If you wish to exercise any of these rights or have any concerns in relation to how your personal data is processed, please contact HEE, NES, NIMDTA or Wales Deanery using the details above.

Should you wish to learn further information about data protection please visit the Information Commissioner's Office (ICO) website. The ICO deals with complaints about information matters and provides useful guidance.

GLOSSARY OF TERMS

ACF	Academic Clinical Fellow
ACL	Academic Clinical Lecturer
ARCP	Annual Review of Competence Progression
BDA	British Dental Association
CCST	Certificate of Completion of Specialist Training
COPDEND	Committee of Postgraduate Dental Deans and Directors
CT	Computed Tomography
DPMD	Defence Postgraduate Medical Deanery
ES	Educational Supervisor
FT	Full time
GDC	General Dental Council
GMC	General Medical Council
HEE	Health Education England
ICO	Information Commissioner's Office
IDT	Inter-Deanery Transfer
ISCP	Intercollegiate Surgical Curriculum Project
JCPTD	Joint Committee for Postgraduate Training in Dentistry
LAT	Locum Appointment for Training
LAS	Locum Appointment for Service
LTFT	Less than Full Time
MRDS	Medical and Dental Recruitment and Selection
NACPDE	National Advice Centre for Postgraduate Dental Education
NES	NHS Education Scotland
NIHR	National Institute of Health Research
NIMDTA	Northern Ireland Medical and Dental Training Agency
NTN	National Training Number
OOP	Out of Programme
OOPC	Out of Programme: Career Break
OOPE	Out of Programme: non-training Experience

OOPR	Out of Programme: Research
OOPT	Out of Programme: Training
OSCE	Objective Structured Clinical Examination
PoG	Period of Grace
PGDD	Postgraduate Dental Dean/Director
PT	Part time
QA	Quality Assurance
RCS	Royal College of Surgeons
SAC	Specialist Advisory Committee
SHOW	Scotland's Health on the Web
SLA	Service Level Agreement
StR	Specialty Registrar
SPA	Supporting Professional Activity
STC	Specialty Training Committee
TPD	Training Programme Director
VR	Voluntary Resignation
WBA	Workplace-based Assessment