

The National IDT Process

Guide to Completing an IDT Application & Supporting Documents

February 2023



Guide to Completing an IDT Application & Supporting Documents

How to use this guide

This guide will give you a practical overview of how to complete and submit your online IDT application form along with an overview of all supporting documents and required evidence.

All applications must be submitted via the [PGMDE Support Portal](#) in accordance with the criteria outlined in the [Medical Recruitment Training website](#) by the submission deadline of **12pm Friday 17th February 2023**.

Applications must be submitted via the application portal, applications cannot be accepted in any other way

Please make sure that your browser has JavaScript enabled, this is mandatory to ensure your application is received

Please do not use Internet Explorer to complete the application form, we would recommend Google Chrome, Firefox or Safari.

Under no circumstances will any late applications be accepted.

Guide to Completing an IDT Application & Supporting Documents

Generic Guidance

In order for the national IDT team to properly understand your change in circumstances and the reason that you are requesting a transfer, you should:

- Be explicit regarding your circumstances, including when and how they changed
- Present a sequence of events in chronological order
- Only provide relevant information relating to the criteria for which you are applying
- Not miss out important information such as dates when a change in circumstances took place

The national IDT team is unable to assume information and must make all decisions based on the information provided in your application.

Guide to Completing an IDT Application & Supporting Documents

Inter Deanery Transfer Timeline (February 2023)

NATIONAL IDT TIMELINE (February 2023)	
Supporting documents available within the resource bank of the Specialty Training Website	9th January 2023
Application window opens & Application form available on the PGMDE Support Portal	16th January 2023 (12pm)
Application window closes	17th Feb 2023 (12pm)
Eligibility checks	16th January - 10th March 2023
Eligibility confirmations sent to applicants	10th March 2023
Anonymous eligibility data sent to regions	13th March 2023
Vacancy Declarations (Regions)	13th March - 24th March 2023
Allocation Panel (Random Ranking Exercise)	Week commencing 3 April 2023
Offers Round 1	Week commencing 3 April 2023
Conditional Offers from the National IDT team	
Offers Round 2	Week commencing 11 April 2023
Conditional Offers from the National IDT team	
Allocation Information to Regions	24th April 2023
Regions to contact successful applicants to finalise offers (within 5 days of receiving allocation information)	24th April - 28th April 2023
Transfer of Information (Regions to transfer trainee files/ePortfolios etc.)	Tuesday 2nd May 2023
Allocated transfer window	Wednesday 2 August 2023 - Wednesday 4 October 2023
Waiting List Opening	15/05/2023
Waiting List Closing	12/07/2023
Waiting List Transfer window	2nd August 2023 - 31st December 2023



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The application window will run from **12pm on Monday 16th January 2023** to **12pm Friday 17th February 2023**.

The application form will only be available on the [PGMDE Support Portal](#) during this window.

The application form must be completed in a single sitting as you cannot save and return to an incomplete form on the support portal.

All required supporting documents and any required evidence, **MUST** be submitted at the time of application. **Failure to submit all documentation and evidence at this point will result in you being found ineligible to transfer and your application will not progress.**


Any technical issues must be reported to the NIDT team via the [PGMDE Support Portal](#) as soon as possible. Proof of the error (i.e. Screenshots) must be provided before the application window closes.

PGMDE Support Portal Home Page



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PGMDE Support Portal



[Support Home](#) [See all FAQs](#) [Login / Sign up](#)

Welcome

This support portal is divided into 2 sections:

- FAQs and query submission for trainees, trainers and trusts in the HEE London and KSS regions
- FAQs and query submission for any applicant, panel member or referee relating to recruitment activity supported by the London and South East Recruitment team

You don't have to sign up to submit an enquiry, but if you do, you can track its progress.

Click one of the links below to continue.

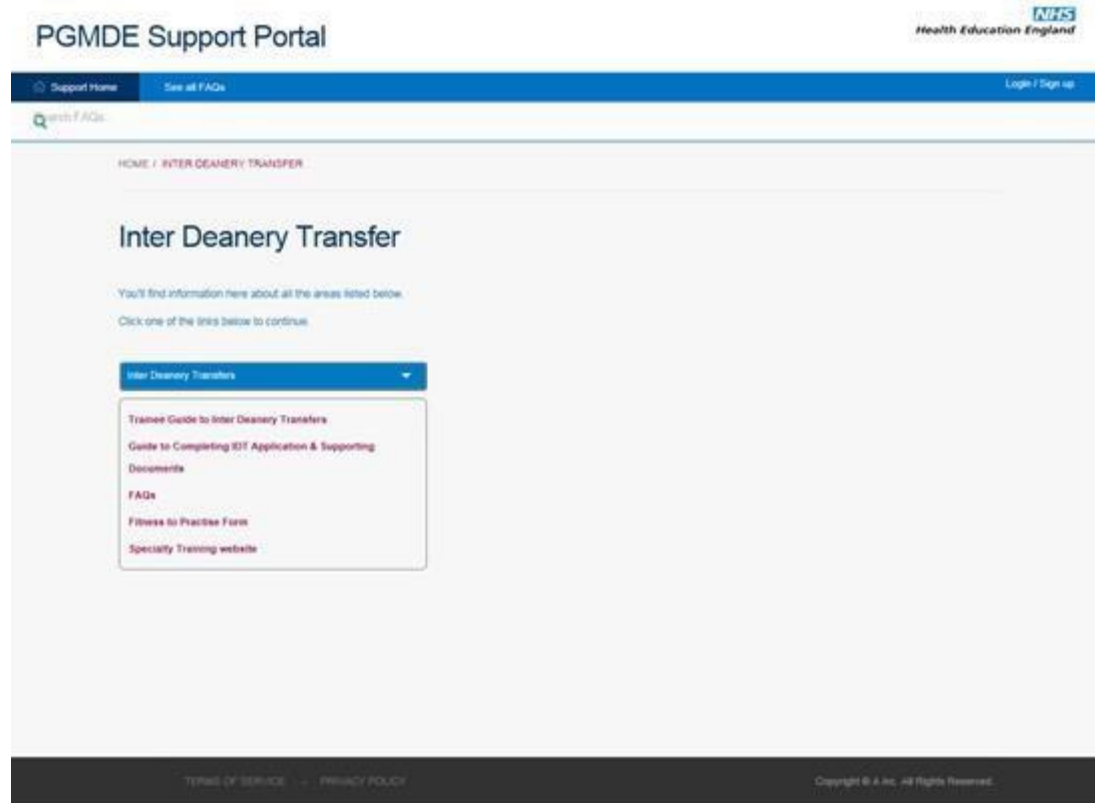
[London / KSS](#) [Recruitment / Inter Deanery Transfer](#)

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- Please do not use Internet Explorer to access the Portal, we would recommend Google Chrome, Firefox or Safari.
- **You MUST have JavaScript enabled throughout**
- Returning applicants that have previously created an account can log into the [PGMDE Support Portal](#) using their credentials.
- We strongly advise new applicants to create an account via the sign up option. You must verify your account in order to receive updates.
- Applicants should select the **Recruitment/Inter Deanery Transfer** option and select 'IDT' from the drop down options.

PGMDE Support Portal

Inter Deanery Transfer Homepage



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Once you have navigated to the Inter Deanery Transfer homepage you may select one of the following from the drop down options:

- Trainee Guide to Inter Deanery Transfers
- Guide to completing IDT Application & Supporting Documents
- Regional IDT Contacts & Delegated Nominee List
- IDT FAQs
- Application Form (only available during the application window)
- Fitness To Practice Form
- Specialty Training Website

The application will only be available for the duration of the application window (12pm, 16th January 2023– 12pm, 17th February 2023).

PGMDE Support Portal Account

Creating an Account

PGMDE Support Portal

PGMDE Support Portal

Support Home See all FAQs

Signup for your HEE-NHS account

Full name * joe.blogs

Email * joe.blogs

REGISTER CANCEL

Select all images with cars
Click verify once there are none left

VERIFY

Log in / Sign up

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PGMDE Support Portal

PGMDE Support Portal

Support Home See all FAQs

Log in / Sign up

Activation link has been sent to joe.blogs@hee.nhs.uk



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Once you have selected the sign up option from the [PGMDE Support Portal](#) homepage, you will be directed to the sign up page.

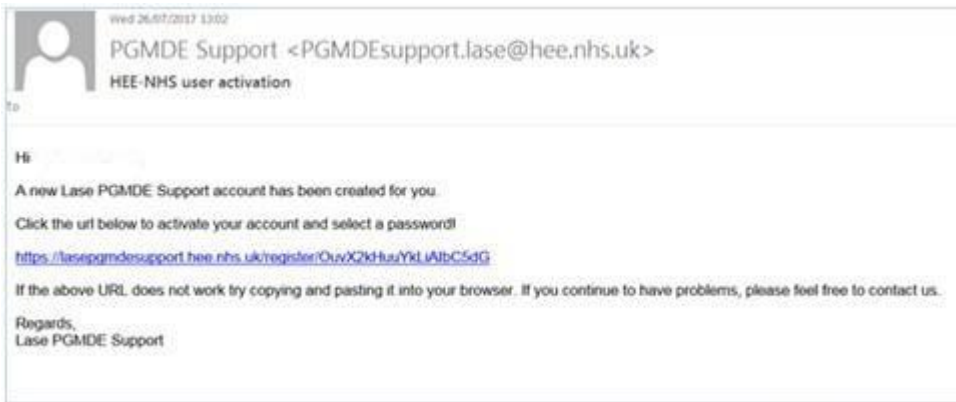
Please enter your details as prompted and complete the verification process instructions in order to register.

It is imperative that you register an email address, that you check the mailbox, subfolders and junk folders regularly. **Under no circumstances will any extensions be granted as a result of missed email notifications.**

Once you have successfully completed the verification process, you will be sent an activation link to the email address that you have registered with. The page will refresh and a confirmation message will appear at the top of the screen.

PGMDE Support Portal Account

Activating Your Account

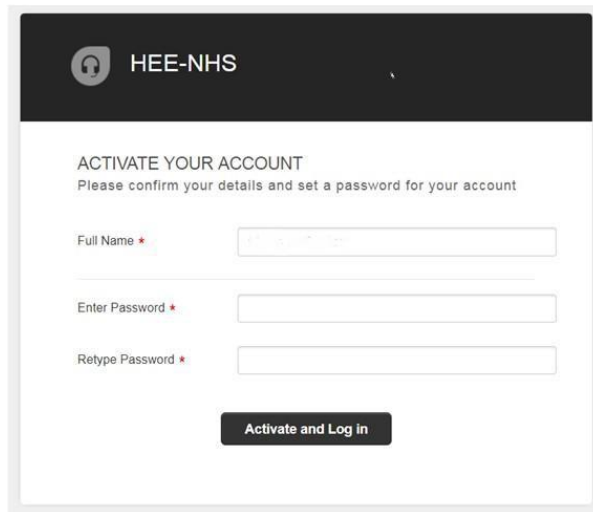


You should check all of the folders within your mailbox of your account for the email containing the activation link.

Once you have selected the activation link in the email, you will be directed to a webpage in your internet browser where you can activate your account.

You will then be required to create a secure password for your account.

After you have created a secure password, please select 'Activate and Log in'.



The screenshot shows the 'HEE-NHS' logo at the top left. Below it, the heading 'ACTIVATE YOUR ACCOUNT' is followed by the instruction 'Please confirm your details and set a password for your account'. There are three input fields: 'Full Name *', 'Enter Password *', and 'Retype Password *'. At the bottom, there is a dark button labeled 'Activate and Log in'.

Inter Deanery Transfer Application Form

Application Form

The online application form uses progressive disclosure in some of the sections.



The mandatory questions will have a red asterisk beside them, and these questions must be answered in order for you to submit your application form.



Some questions will also have a 'tool tip' that provide more information. If you hover your cursor over the image, a blue dialogue box will appear.

Email address ⓘ Please register an email address that you check regularly - all correspondence regarding eligibility outcomes and offers will come via email.

GMC Number ⓘ

Some of the free text boxes contain example text of an ideal structure for your answer. The text will disappear once you click into the box and begin to type.

Please give details of the posts you have undertaken in your training programme. Please include details of each individual post and include level, specialty, duration and whether the post was part or full time *

e.g.: ST1 August 2014 – August 2015, ICM, Full time
e.g.: I have completed 24 months of GI surgery, 6 months of Vascular Surgery and 6 Months of breast.
For GP trainees, we need to know each 4/6 month specialty block you have completed so you would have more than one line for each year e.g.:
ST1 August 14 – November 14 Paeds, Full time

At the bottom of the application form a list of required documents will appear after you have answered the questions, please review this as well as the Trainee Guide.

🕒 Documents Required

Trainees are required to submit evidence supporting their application before the application deadline. Depending on the criterion under which a trainee is applying, further supporting documents are also required as mandatory pieces of evidence. Please see the [Trainee Guide to Inter Deanery Transfer](#) for a list of the documents required for each criterion.

You should not submit multiple application forms.

Inter Deanery Transfer Application Form

Application Form

The application is organised into the following categories;

- Personal Information
- Fitness to Practice Declarations (FTP)
- Criterion applying under
- Details of training programme
- Annual Review of Competence Progression (ARCP)
- Out of Programme (OOP), Parental Leave & Flexible Working
- Details of Transfer Request
- Evidence Upload
- Declarations

The following pages of this guide will go through each of the categories.


Inter Deanery Transfer Application Form

Personal Information


IDT Application Form


Personal Information

Title *	<input type="text"/>
First name *	<input type="text"/>
Middle name	<input type="text"/>
Last name *	<input type="text"/>
Address *	<input type="text"/>
Address line 2	<input type="text"/>
Address line 3	<input type="text"/>
Postcode *	<input type="text"/>
Country *	<input type="text"/>



 **Note**

Please check that all contact details are provided correctly and accurately, as these details will be used for communication regarding your application.

Mobile telephone number *	<input type="text"/>
Email address  *	<div>Email <input type="text"/></div> <div>Add cc <input type="text"/></div>

 **Note**

Please register an email address that you check regularly as all correspondence regarding eligibility outcomes and offers will be received via the email provided.

GMC Number 	<input type="text"/>
Immigration status  *	<input type="text"/>



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You should use this section of the form to provide your personal details and your updated contact information. If you have previously opted to create an account on the [PGMDE Support portal](#), some of this section may be pre-populated with the information you provided at the registration stage.

You must provide a mobile contact. We may need to contact you regarding your application.

You must provide an email address. It is imperative that you register an email address, that you check the mailbox, subfolders and junk folders regularly, and have access to outside of work. **Under no circumstances will any extensions be granted as a result of missed email notifications.**

Please ensure that you provide your correct GMC number and immigration status. This is important for trainees currently on a visa.

Inter Deanery Transfer Application Form

Fitness to Practice Declarations (FTP)



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Fitness to Practice Declarations (FTP)

I am a subject of a grievance ⓘ *

I am subject of a GMC investigation ⓘ *

I am under any criminal investigation ⓘ *

I am under an investigation that does not fall in the categories above ⓘ *

All trainees are asked to disclose if they have a criminal record in the UK or in any other country. Trainees are also asked to disclose if they are currently the subject of a grievance, GMC, criminal or any other investigations.

If you select 'yes' to any of the FTP questions, you are required to provide the IDT team with further information to support your application. A red text prompt containing a link to the FTP form will appear under the section as well as request for a letter of support from your PGD . You must provide this information at the time of application.

Fitness to Practice Declarations (FTP)

I am the subject of a grievance ⓘ *

I am the subject of a GMC investigation ⓘ *

I am under any criminal investigation ⓘ *

I am under an investigation that does not fall in the categories above ⓘ *

If you select 'yes' and you fail to provide the IDT team with the required information at the time of application and by the application submission deadline, your application will not be progressed any further during that round of IDT.

You have indicated that there are currently Fitness to Practice (FTP) issues and you are required to provide the IDT team with further information. Please complete the **FTP form** to support your application. Please also provide a letter of support from your PGD that clearly states that they acknowledge the FTP and are still in support of your application to transfer Deanery via IDT. This must be attached to your application. Please review the IDT Guide for further information.

Further information on the FTP Process can be found in the [Medical Recruitment Training Website](#)

Inter Deanery Transfer Application Form



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Criterion applying under

Criterion applying under

The change in your circumstances is a direct result of ⓘ *

Date of change to circumstances ⓘ *

Please give details on how your personal circumstances changed on the date you have stated above since you have accepted the offer of your current training programme *

This should be a clear and concise summary which covers when and how your personal circumstances have changed and how this has impacted on your ability to train in your current region

Please give details why the change of location will help your circumstances *

This should be a clear and concise summary covering why a transfer to your preferred regions will help you continue your training

Please ensure that you have read through the IDT guide as found on the [Medical Recruitment Training](#) Website to ensure that you are applying under the correct criterion for your circumstance.

Please use this section of the form to detail which of the five criterion you are applying under.

You may apply under one criterion only

You must indicate the date of the change to your circumstances. If you are unsure of the exact date please use the first day of the month that the change happened. **(Does not apply to criterion 5)**

The free text box asking you to give details on your change of circumstances will be your main statement and should reflect what you have detailed on your supporting document. **(does not apply to criterion 5)**

Please be as detailed as possible when completing this field.

Inter Deanery Transfer Application Form

Details of your training programme

Before detailing the training that you have completed and that you have left to complete, please consider the information we send to regions to help match you to a post:

- Application ID
- Specialty (including information on Dual and Triple Accredited)
- Desired Less Than Full Time (LTFT) status and current LTFT status
- Current region
- Training completed
- Training left to complete
- Exam status
- If you are currently Out of Programme (OOP) or on Parental Leave
- Your expected date of return if OOP or on Parental Leave
- Your current training year
- Your training year at the earliest point of transfer
- Criterion you have applied under
- Academic status
- Specific Locations that you are only willing to train in

It is therefore very important that you are accurate and clear in your application with regard to this information. This will help the region to match you to a suitable post.

Inter Deanery Transfer Application Form

Details of your training programme

Details of training programme

Current Region/Deanery *

In which specialty do you hold your NTN/DRN *

Dual Specialty

Triple Specialty

NTN/DRN ⓘ *

Are you an Academic trainee (on ACF or ACL scheme) *

Have you commenced in a training programme *

Date of offer of a training post *



Health Education England

Please use this section of the form to provide details of the training programme you will be applying to transfer from.

Please ensure that you also detail the specialties if you are in a dual or triple accredited training programme.

The question relating to academic training uses progressive disclosure. If you are an academic trainee, you will be asked what type of academic training programme you are currently in. You are also asked if you are intending to transfer or relinquish your academic award. If you are intending to transfer your award, you will be reminded that this arrangement must be pre- approved. You will also be prompted to upload additional documents.

If you have not yet commenced in a training programme, you will need to confirm the date you were offered a training post in the programme you wish to transfer from.

If you have already commenced in a training programme, you must provide the date you commenced.

Inter Deanery Transfer Application Form



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Details of your training programme

Current training grade *	<input type="text" value="..."/>
What will be your training grade at point of transfer ⓘ *	<input type="text" value="..."/>
Months remaining (WTE) of grade at point of transfer ⓘ *	<input type="text" value="..."/>
Months completed (WTE) at current training grade ⓘ *	<input type="text"/>
Expected completion date of your current training programme ⓘ *	<div>You must have a minimum of 12 months left in training at the earliest point of transfer</div>
Is your CCT date different to the date on your last ARCP form ⓘ *	<input type="text" value="..."/>

For the current training grade, if you have not yet started in your training programme, please select the training grade you will be upon joining the training programme.

You must calculate what your training grade will be at the earliest point of transfer. Please view the tooltip or the [Medical Recruitment Training website](#) for more information.

For the expected completion date of your training programme, this pertains to the programme you wish to transfer from. For a core training programme, this will be the end date of core training. For a run-through or higher training programme, this will be the date of completion or CCT.

Inter Deanery Transfer Application Form

Details of your training programme (Non-GP Trainees)



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You must provide details of any relevant exams that you have passed and any relevant exams that are still outstanding.

You must provide information on each individual post that you have undertaken in your current training programme.

You must also provide information on the areas of training that you still must undertake in order to complete your training.

The text boxes are pre-populated with examples of an ideal format for the information. The example text will disappear once you start to type into the boxes.

Please ensure that you provide as much information as possible to help the region assess any vacant posts for suitability.

Please note any additional support that you may require if your IDT application is successful. If you are made and accept a conditional offer, this information will be shared with your new Educational Supervisor and TPD in order to facilitate a conversation about support requirements.

Please give details of exams you have passed *

e.g.: FRCR part 2a or MRCP Part 1

Please give details of exams you need to pass *

e.g.: FRCR part 2a or MRCP Part 1

Please give details of the posts you have undertaken in your training programme. Please include details of each individual post and include level, specialty, duration and whether the post was part or full time *

e.g.: ST1 August 2014 – August 2015, ICM, Full time
e.g.: I have completed 24 months of GI surgery, 6 months of Vascular Surgery and 6 Months of breast.
For GP trainees, we need to know each 4/6 month specialty block you have completed so you would have more than one line for each year

Please give details of the training which needs to be covered in order to complete your training programme (include details of any required sub-specialty or curricular special interest if applicable) *

e.g.: I am required to complete 6 months of UGI. Following this I will need to complete 30 months of my selected sub-specialty, I wish to sub-specialise in Colorectal surgery.
e.g.: I would need to do a further neonatal placement to complete my competencies for level 1 training (compulsory DOPS). I have passed my MRCPC membership.

What additional support (if any) may you require if your IDT application is successful ⓘ *

Inter Deanery Transfer Application Form



Health Education England

Details of your training programme (GP Trainees)

Please give details of exams you have passed *

e.g.: FRCR part 2a or MRCP Part 1

Please give details of exams you need to pass *

e.g.: FRCR part 2a or MRCP Part 1

Please give details of the posts you have undertaken in your training programme. Please include details of each individual post and include level, specialty, duration and whether the post was part or full time *

e.g.: ST1 August 2014 – August 2015, ICM, Full time
e.g.: I have completed 24 months of GI surgery, 6 months of Vascular Surgery and 6 Months of breast.
For GP trainees, we need to know each 4/6 month specialty block you have completed so you would have more than one line for each year

Please give details of the training which needs to be covered in order to complete your training programme (include details of any required sub-specialty or curricular special interest if applicable) *

e.g.: I am required to complete 6 months of UGI. Following this I will need to complete 30 months of my selected sub-specialty, I wish to sub-specialise in Colorectal surgery.
e.g.: I would need to do a further neonatal placement to complete my competencies for level 1 training (compulsory DOPS). I have passed my MRCPCH membership.

What additional support (if any) may you require if your IDT application is successful ⓘ *

When completing this section, **GP trainees** should provide details of the specialties which still need to be completed and if they wish to complete this at LTFT (indicating what percentage if so).

GP Trainees should also indicate the total amount of hospital and practice time that is needed to complete their training. If your remaining training has been planned, please give us these details in the same format as programme details on the last page.

Inter Deanery Transfer Application Form




Health Education England

Annual Review of Competence Progression (ARCP)


ARCP Outcome Received in Current Training Programme

Annual Review of Competence Progression (ARCP)

I have received an ARCP outcome in my
current training programme  *

Yes ▼

Date of most recent clinical ARCP review *

ARCP Outcome at last clinical review  *

Outcome 2 ▼

Have you obtained a letter of support from
your Post Graduate Dean *

No ▼

A letter of support from the Post Graduate Dean is required to support your application, for applicants who are currently on an ARCP Outcome 2 or 3. You will not meet the eligibility criteria without this letter. Please refer to the Guide to Completing IDT Application & Supporting Documents in the resource bank on the specialty training website.

In this section of the form, you are asked for details of your ARCP Outcome. This section of the form uses progressive disclosure.

If you have received an ARCP Outcome in the training programme you wish to transfer from, you are required to detail the date of your most recent clinical ARCP Outcome received.

If you select an ARCP Outcome 2 or 3 from the drop down, you will be asked if you have obtained a letter of support from your Postgraduate Dean (PGD).

Please read the [Medical Recruitment Training Website](#) for more information on the requirements for this letter

Inter Deanery Transfer

Supporting Documents & Evidence

ARCP Outcome Forms

Additional Requirements

Trainees who have commenced in a training programme are required to provide a copy of their most recent clinical ARCP Outcome Form to support their application to Inter Deanery Transfer. Most specialties now issue their ARCP outcomes electronically via a trainee ePortfolio system, and the forms are accessible to trainees online. Where this is the case, you must provide a PDF of the outcome form. You must include the entire outcome form.

If your local regional office issues paper ARCP Outcome Forms, please provide a scanned copy of the form with your application. You can request a copy of your outcome form from your local regional office/deanery

The ARCP Outcome form is included within the list of mandatory documents and your application cannot be advanced without evidence of your ARCP outcome(s). **The national IDT process only accepts full PDF copies of ARCP outcome forms. A letter confirming your outcome or a screenshot/print-screen of the ARCP outcomes summary page will not be accepted*.**

Interim Review outcome forms are not accepted.

*In the event that there is a technical issue with the specialty ePortfolio website resulting in you being unable to access the ARCP outcome form, or where the form has not yet been released to you by your local regional office, a letter from your local regional office must be provided confirming there is a technical issue or that the forms have not been released to you. **The ARCP Outcome and any causes for concern should also be detailed in the letter.**

Please read the [Medical Recruitment Training website](#) for more information on Covid related ARCP Outcomes

Inter Deanery Transfer Application Form




Health Education England

Annual Review of Competence Progression (ARCP)

Commencement in Training Programme, But No ARCP Outcome Received

Annual Review of Competence Progression (ARCP)

I have received an ARCP outcome in my current training
programme  *

No ▼

A letter of support from your Post Graduate Dean is required for applicants who have not yet had an ARCP for their current training programme. The letter should confirm that you are progressing satisfactorily. You will not meet the eligibility criteria without this letter. Please refer to the Guide to Completing IDT Application & Supporting Documents in the resource bank on the specialty training website.

I have NOT received an ACRP Outcome in my current
training programme due to *

Parental Leave ▼

If you have not yet received an ARCP Outcome in the training programme you wish to transfer from, please indicate this on the application form and select a reason from the drop down menu in the next question.

If you select 'Other' as a reason from the drop down options, you will be prompted to detail the reason in a free text box.

Inter Deanery Transfer Application Form



Health Education England

Annual Review of Competence Progression (ARCP)

Not Yet Commenced In A Training Programme

Annual Review of Competence Progression (ARCP)

I have received an ARCP outcome in my current training programme ⓘ *

No ▼

A letter of support from your Post Graduate Dean is required for applicants who have not yet had an ARCP for their current training programme. The letter should confirm that you are progressing satisfactorily. You will not meet the eligibility criteria without this letter. Please refer to the Guide to Completing IDT Application & Supporting Documents in the resource bank on the specialty training website.

I have NOT received an ACRP Outcome in my current training programme due to *

Haven't started training programme ▼

If you have accepted an offer of a post, but have not yet commenced in a training programme, you are not required to provide evidence of an ARCP. A letter of support from your PGD is required in lieu of your ARCP.

Please answer 'No' to the statement 'I have received an ARCP outcome in my current training programme' and select the reason 'Haven't started training programme' in the next drop down menu.

Please note that instead of an ARCP Outcome, **you will be required to provide a copy of your offer email** (which must include the post start date) **and the notification email confirming your acceptance of your offer**. These should be uploaded with your application form as PDF documents, as well as your PGD letter of support.

Inter Deanery Transfer Application Form



Health Education England

Annual Review of Competence Progression (ARCP)

Commencement in Training Programme, But No ARCP Outcome Received

Annual Review of Competence Progression (ARCP)

I have received an ARCP outcome in my current training programme ⓘ *

No ▼

A letter of support from your Post Graduate Dean is required for applicants who have not yet had an ARCP for their current training programme. The letter should confirm that you are progressing satisfactorily. You will not meet the eligibility criteria without this letter. Please refer to the Guide to Completing IDT Application & Supporting Documents in the resource bank on the specialty training website.

I have NOT received an ARCP Outcome in my current training programme due to *

Recently commenced training programme ▼

- If you have not yet received an ARCP Outcome in your current training programme, you are required to provide a letter from your Postgraduate Dean (PGD) confirming they support your IDT application.
- If your trainers are willing to provide information to your PGD that you are making satisfactory progress, we will accept a letter from the Postgraduate Dean confirming this.
- Please be aware that trainers may not be willing to make this assessment if you have not been in the programme for long, therefore you may be unable to apply for an IDT.
- **You must provide this letter at the time of application.**

You must provide this letter at the time of application.

Please read the [Medical Recruitment Training website](#) for more information on the requirements for this letter.

Inter Deanery Transfer Supporting Documents & Evidence Additional Requirements

Letter of Support from your Postgraduate Dean

ARCP Outcome 2 & Outcome 3.

As per the [Medical Recruitment Training Website](#) if you are applying for an IDT whilst in receipt of an ARCP Outcome 2 or ARCP Outcome 3 you must also provide a letter of support from your Postgraduate Dean (PGD) at the time of application. The letter should confirm that the PGD is in support of your transfer request.

No ARCP Outcome due to parental leave, sickness, OOPC or recent appointment to the training programme

If you have not yet received an ARCP Outcome in your current training programme, you must also provide a letter of support from your Postgraduate Dean (PGD) at the time of application. If your trainers are willing to provide information to your PGD that you are making satisfactory progress, we will accept this letter in lieu of an ARCP Outcome form. Please be aware that your trainers may not be willing to make this assessment if you have not been in the programme for long enough, therefore you may be unable to apply for an IDT.

For those who have not yet started in programme

If you have accepted an offer of a training programme, but not yet started in post, a letter of support is required from your prospective PGD to confirm they are supportive of your IDT application and you leaving their region.

If you require this letter to support your application, you should contact the named regional IDT contact at your local regional office to request the letter. A list of named IDT regional contacts is available within the [Medical Recruitment Training Website](#)

The PGD letter of support is a mandatory piece of evidence if your circumstance falls into one of the categories detailed above. Your application will not meet the eligibility criteria without the PGD letter of support.


Inter Deanery Transfer Application Form



Health Education England

Out of Programme (OOP), Parental Leave & Flexible Working

Out of Programme, Parental leave & Flexible Working

Please confirm if you are currently on OR planning
to take Out of Programme (OOP) or Parental
Leave  *


OOP




Have you received an OOP ARCP *

...



Date of expected return from current and/or
planned Out of Programme (OOP) / Parental leave
 *

Do you wish to complete your training less than full
time (LTFT)  *

...



Are you currently training LTFT *

Yes



If currently training LTFT, which category are you
currently training under *

...



If you are currently on an approved period out of programme (OOP), you must provide a copy of your OOP ARCP Outcome Form as well as the most recent clinical ARCP Outcome form from your current training programme.

This section of the application form
uses progressive disclosure.

You will need to confirm if you are on **or planning to take** OOP, Parental Leave or Neither. If you select either OOP/Parental Leave; you will be required to complete the additional questions to detail your return date from OOP/Parental Leave.

If you are currently an LTFT trainee, you will be asked to indicate which category of LTFT status you applied under.

If you wish to complete your training Less Than Full Time (LTFT), you will be required to detail at what percentage you wish to complete your training.

There is an option to select 'no preference' when you are asked to detail if you wish to complete your training LTFT. This option indicates that in addition to full time posts you wish to be considered for any suitable part time vacancies when the regions are assessing your application against any potential vacancies.

Inter Deanery Transfer Application Form

Details of Transfer Request (Non-GP Trainees)



Health Education England

In this section of the form, you must detail the region(s) you wish to transfer to. When detailing your choice(s) please remember to:

Only pick a region once. You will be unable to submit the form if you have selected the same region more than once.

Only choose the region(s) that you are prepared to work in.

Please select N/A if you do not wish to apply to a second or third region

You cannot choose your current region as a choice region for IDT.

You also have the option to specify a specific location(s) within your choice region if you are not willing to transfer anywhere within the region. If you choose to specify locations within a region, you will not be considered for a post across the region as a whole.

Your specific location(s) will be forwarded to your offer region along with your anonymised details to assess any vacancies suitable for your requirements.

You may choose up to 3 regions only.

Refer to the Trainee Guide to IDT for more information on this.

Details of Transfer Request

1st choice region ⓘ *

Health Education and Improvement Wales ▼

Are you happy to be considered for a post anywhere available within this region? ⓘ *

No ▼

Specific Location(s) that you are willing to be considered for within your 1st choice ⓘ *

South Wales

2nd Choice region ⓘ *

Health Education England South West - Severn ▼

Are you happy to be considered for a post anywhere available within this region? ⓘ *

Yes ▼

3rd Choice region ⓘ *

N/A ▼

Are you happy to be considered for a post anywhere available within this region? ⓘ *

... ▼



Note
Please note if selections for your regions and preferred locations are different to that on your Deanery Document, offers will be based on what has been stated on your application form.

If you are willing to be considered for a post anywhere within your choice of region, please enter 'Yes' to the question 'Are you happy to be considered for a post anywhere within this region?'

If you select 'No' for the above question, regions will only look for posts for you in the locations that you have listed. You cannot add to or amend these at a later stage, so be as clear and specific as possible.

Inter Deanery Transfer Application Form



Health Education England

Details of Transfer Request (GP Trainees)

Details of Transfer Request

1st choice region ⓘ *

Health Education and Improvement Wales ▼

Are you happy to be considered for a post
anywhere available within this region? ⓘ *

No ▼

Specific Location(s) that you are willing to be
considered for within your 1st choice ⓘ *

South Wales

2nd Choice region ⓘ *

Health Education England South West - Severn ▼

Are you happy to be considered for a post
anywhere available within this region? ⓘ *

Yes ▼

3rd Choice region ⓘ *

N/A ▼

Are you happy to be considered for a post
anywhere available within this region? ⓘ *

... ▼

If you are GP trainee, please let us know which VTS scheme you would like to join – links to the various schemes can be found on the next page of this document. Again, if you choose to specify individual locations within a region, you will not be considered for a post across the region as a whole.

Your specific location(s) will be forwarded to your offer region along with your anonymised details to assess any vacancies suitable for your requirements.

If you select 'Yes' to the question 'Are you happy to be considered for a post anywhere within this region', you will be considered for a vacancy anywhere within your chosen region.

Refer to the Trainee Guide for IDT for more information regarding location preferences.

Inter Deanery Transfer Application Form

GP VTS Schemes

GP VTS Schemes - Please click on the link for more information about the different GP programmes	
Training Regions	Hyperlink
East Midlands	https://www.eastmidlandsdeanery.nhs.uk/page.php?id=766
East of England	https://heeoe.hee.nhs.uk/gp_training_programmes_map
KSS	https://ksseducation.hee.nhs.uk/programme-areas-map/
London	https://london.hee.nhs.uk/gp
North East	https://qprecruitment.hee.nhs.uk/recruitment/LETBs-Deaneries/HENE
North West (Mersey & North-Western)	https://www.nwpgmd.nhs.uk/general-practice-education-north-western-deanery
South West (Peninsula)	http://primarycare.peninsuladeanery.nhs.uk/about-us/vtschemes/
South West (Severn)	http://primarycare.severn.deanery.nhs.uk/recruitment
Thames Valley	http://www.oxforddeanery.nhs.uk/specialty_schools/school_general_practice/gp_training.aspx
Wessex	http://www.wessexdeanery.nhs.uk/gp_primary_care/general_practice.aspx
West Midlands	https://www.westmidlandsdeanery.nhs.uk/GP
Yorkshire and The Humber	http://yorksandhumberdeanery.nhs.uk/general_practice/about_us/scheme_details/
Northern Ireland	N/A
Scotland	http://www.scotlanddeanery.nhs.scot/trainee-information/gp-specialty-training/
Wales	GP training - HEIW (nhs.wales)

Inter Deanery Transfer Application Form

Details of Transfer Request (Pan-Region Specialties)



Health Education England

Some regions have specialties which take place across 2 or more different regions. Because of this, if you select one of these specialties / regions, you may be expected to train across multiple regions.

For the most cases, you only need to select one of these regions out of your 3 choice.

On the following slides, we have put together a list based on advice received from the individual regions regarding these specialties, where the training will take place & which region to select on your application.

This list may not be exhaustive, so it is strongly advised that you research your choices ahead of submitting your application, as these cannot be amended post submission.

Details of Transfer Request

1st choice region ⓘ *

Health Education England South West - Penins ▼

Are you happy to be considered for a post anywhere available within this region? ⓘ *

Yes ▼

2nd Choice region ⓘ *

Health Education England North West - Mersey ▼

Are you happy to be considered for a post anywhere available within this region? ⓘ *

Yes ▼

3rd Choice region ⓘ *

N/A ▼

Are you happy to be considered for a post anywhere available within this region? ⓘ *

... ▼

Specialties that are Pan-Region



Health Education England

Specialty	Region/s in which the training will take place	Which Region to Select on Application (if more than one is listed, the trainee can select any option)
Paediatric Surgery	Wales, South West Severn, West Midlands	Wales, South West Severn or West Midlands
<ul style="list-style-type: none"> Please review 'Additional Information' column for all specialties 	For all specialties across NHS Scotland please review the following link for further information & contact the region directly for any specific queries: http://www.scotmt.scot.nhs.uk/specialty/specialty-programmes.aspx	For all specialties across NHS Scotland please review the following link for further information & contact the region directly for any specific queries: http://www.scotmt.scot.nhs.uk/specialty/specialty-programmes.aspx
General Surgery , Urology , Plastic Surgery, Respiratory , Vascular Surgery	South West (Peninsula & Severn)	South West - Peninsula
Cardiothoracic Surgery , Neurosurgery, Renal Medicine , OMFS , Public Health, Occupational Medicine	South West (Peninsula & Severn)	South West - Severn
Cardio-Thoracic Surgery , Paediatric Surgery, Vascular Surgery, Otolaryngology (ENT), Clinical Neurophysiology	North West – Mersey & North Western	North West – North Western
Chemical Pathology & Metabolic Medicine , Psychiatry of Learning Disabilities, Diagnostic Neuropathology	North West – Mersey & North Western	North West - Mersey
Paediatric Surgery	Yorkshire & the Humber, HEE North East , HEE East Midlands	Yorkshire & the Humber, HEE North East , HEE East Midlands
ICM, Chemical Pathology, Metabolic Medicine, Histopathology (ST1), Diagnostic Neuropathology, Paediatric Pathology, Paediatric Cardiology, IDMMV, A&I, Clinical Pharmacology & Therapeutics, Clinical Oncology, AVM, Clinical Genetics, Rehabilitation Medicine, Sports & Exercise Medicine, Medical Ophthalmology, Nuclear Medicine	Pan-London	HEE North, Central & East London, HEE North West London, HEE South London

Inter Deanery Transfer Application Form

Evidence Upload

Evidence Upload

Documents Required

Trainees are required to submit evidence supporting their application before the application deadline. Depending on the criterion under which a trainee is applying, further supporting documents are also required as mandatory pieces of evidence. Please see the Trainee Guide to Inter Deanery Transfer for a list of the documents required for each criterion.

You have selected Criterion 4 - Committed Relationship;

Please ensure that you upload all of the required documentation for applying under this criterion, at the time of submitting your application form.

You must include with your application:

- Completed Deanery Document
- Completed Supporting Document D (& Cover sheet if re-application)
- Most recent ARCP Outcome form (for current training programme)
- **EITHER a marriage certificate or civil partnership certificate OR 2 pieces of evidence of shared financial responsibility OR 1 Piece of evidence of shared financial responsibility and any 1 piece of evidence from the list of acceptable evidence OR 2 Pieces of evidence from the list of acceptable evidence.**

The list of acceptable evidence for Criterion 4 can be viewed in the Trainee Guide to Inter Deanery Transfer.

Depending on the criterion you have chosen and the way that you have answered the various questions within the application form, a dialog box will appear at the bottom of the form detailing what documents you are required to upload to support your application.

Please also see the [Medical Recruitment Training Website](#) for a detailed list of what supporting documents and evidence is required for each of the criterion.

If you are an academic trainee intending to transfer the funding for your academic award, you will also be prompted for additional documents.

You must attach documents at the time of applying, or you will not be able to submit your application.

Inter Deanery Transfer Application Form



Health Education England

Evidence Upload

The screenshot shows the 'Evidence Upload' section of the application form. It includes a 'Documents Required' section with instructions and a list of required documents. A file selection dialog is open, showing the 'Documents' folder with a file named 'IDT Evidence.docx' selected. The dialog also shows a 'File name' field and 'Open' and 'Cancel' buttons. Below the dialog, there is a '+ Attach a file' button. At the bottom, there is a 'Declarations' section with a checkbox and a 'SUBMIT' button.

- In order to attach a file to your application, please select **+ Attach File**. A window will open where you can select the file that you want to upload.

- Once you have selected the file, the file name will appear above the **+ Attach File** text.

- You may upload and attach a **maximum of 15 MB** worth of documents to your application form.

- If you need to upload additional documents and this exceeds the 15 MB allowance, you may submit further documents by using the [IDT query form](#) via the Application category within the FAQs on the PGMDE Support Portal.

- Please click the hyperlink above to be directed straight to the query form.

IDT Evidence.docx (11.08 K... ✕

[+ Attach a file](#)

Inter Deanery Transfer Application Form

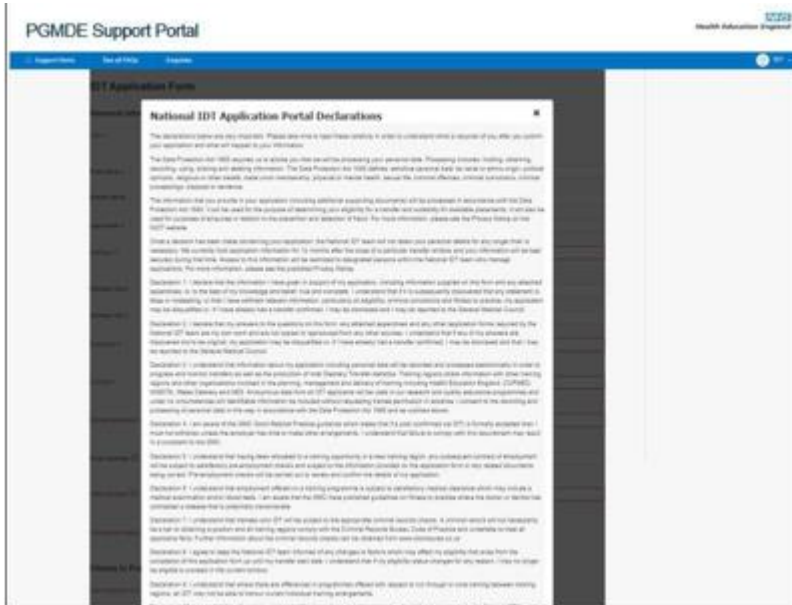
Evidence Upload

Do's & Don'ts

- **Please ensure that your files are clearly labeled and identifiable from the file name** (e.g. *Birth Certificate Child 1, ARCP Outcome Form (Page 1 of 6) or Supporting Document*).
- **Where possible please try to save whole documents as a single attachment** and not spread across multiple attachments (e.g. *A 6 page ARCP Outcome as a single attachment or a 3 page Supporting Document as a single attachment*). This will make it easier for the team during eligibility checks.
- **Please check your attachments after you have scanned them** to ensure that they have all scanned correctly and are legible. Please also ensure headings, dates and signatories are not cut off.
- **Please only provide documents that are in English.** If providing marriage or birth certificates in other languages, you must also provide an official translation
- **Please ensure all required forms are correctly signed and dated**

Inter Deanery Transfer Application Form

Declarations



Declarations

☐ I agree that the information provided in my application is accurate. [Click here to read more](#)

SUBMIT

CANCEL

• It is important that you have read the national IDT Application Portal Declarations prior to submitting your application form. You can access the declarations by selecting the '[Click here to read more](#)' text.

• Please ensure that you check through the entire application form, supporting documents and evidence to ensure that you are submitting correct information.

• You will be unable to submit the application form unless all mandatory fields have been completed and you have attached documentation evidence.

Once you have submitted your application form you will be unable to make any changes to the form, including your choice of regions.

• Once you submit the application form, a confirmation message will appear on the screen. After 5 - 10 seconds the screen will be refreshed, and you will be returned to the [IDT FAQs](#). You will also receive a confirmation email to your registered email address. **If you do not receive a confirmation email containing a copy of your application form, it has not been submitted.**

You MUST NOT submit multiple applications. In the event that multiple applications are submitted, only the first application submitted will be accepted.

Guide to Completing an IDT Application & Supporting Documents

Eligibility Outcome & Supporting Documents

- All applicants will be notified by email with the eligibility outcome of their IDT application **by 10th March 2023**. You will be contacted before this date if your application is missing information, supporting documents or evidence.
- All applicants are required to submit specific documents to support their applications under the particular criterion that they are applying under. Applicants can apply under one of the five criteria only.
- It is an applicant's responsibility to submit the correct supporting documents, with all sections completed and submitted at the time of application and before the application submission deadline of **12pm (Noon) 17th February 2023**.
- If there are any regional technical issues obtaining a signature from your required signatory for the above documentation, you must include evidence of the email from the region returning these documents to you with the full Health Education email address, date and Health Education signature visible.

Guide to Completing an IDT Application & Supporting Documents

Supporting Documents & Evidence

The following section of this guide will give you a practical overview of all supporting documents and required evidence for each of the five criterion.

It is important that you read through this section of the guide, to ensure that you are completing the supporting document correctly and to ensure that you are submitting any required evidence to support your application.

Please note that trainees currently on OOP or that are on an academic training programme, may be required to submit additional documents.

All supporting documents and any required additional evidence must be provided at the time of application. Failure to submit all documentation and evidence at this point will result in you being found ineligible to transfer and your application will not progress.

Inter Deanery Transfer Supporting Documents & Evidence

Deanery Document

This document is a mandatory supporting document. All trainees are required to submit an appropriately completed, dated and signed Deanery Document to support their application.

The document consists of two sections:

- Section 1 Is for **you** to complete
- Section 2 Is for your **Postgraduate Dean** or a **delegated nominee** to complete and sign.

The form **must not** be signed by your Training Programme Director (TPD), Educational Supervisor (ES) or Head of School (HoS).

If this is not correctly signed this will not be accepted.

Once you have completed section 1 of the form, the form should be sent to the named IDT Contact at your local regional office. The named IDT contact will then ensure that the form is signed by the appropriate signatory and returned to you. The form should then be uploaded to your application form as part of your supporting documentation.

A list of IDT regional contacts and approved signatories for the Deanery Document is available within the [Medical Recruitment Training Website](#)



Health Education England

IDT Supporting Document - Deanery Document – February 2023

- The trainee should complete Section 1 and then send to their region's designated IDT contact (contact details can be found within the resource bank on the [Specialty Training website](#).)
- The current training region designated IDT contact will arrange for Section 2 to be completed and returned to the trainee.
- The trainee will upload the completed form to the IDT application portal at the time of application. It is the trainee's responsibility to ensure this is completed and updated before the IDT application window closes.
- The template of this document must remain true to the original and in PDF format upon final application submission.
- The proposed training regions must be stated in the same order on this Deanery Document and on the Online Application Form.
- This form is not to be edited other than in providing the required information. Editing the declaration, the formatting or providing knowingly inaccurate or false information may result in the form becoming invalid as well as other possible repercussions as outlined in the [Trainee Guide to IDTs](#).

Section 1 - To be completed by trainee applying for an IDT in the August 2022 Window:	
Trainee's name	
GMC Number	
DR/N/NTN	
Specialty	
Current Training Region	
Proposed Training Region	1 st choice
Training Region	2 nd choice (if any)
Training Region	3 rd choice (if any)
I confirm that: <ul style="list-style-type: none">• I have no unresolved or outstanding 'cause for concern' which may have been highlighted by the ARCP process• I am not under a GMC or criminal investigation <u>and</u> I have provided details of my GMC or criminal investigations to the Fitness To Practice (FTP) team via the Fitness To Practice form.• I am not under any local disciplinary measures or I have provided details of any local disciplinary measures to the Fitness To Practice (FTP) team via the Fitness To Practice form.• The information I have provided is correct and truthful• I give my permission for all the information in my application to be shared with the National IDT team and relevant parties.• I give my permission for information in this application to be used in anonymised form for review and evaluation of the process and outcomes of the National IDT process	
Signature:	
Name:	
Date:	

Section 2 - To be completed by current Postgraduate Dean (or designated nominee):	
Please note that this section is not for the Postgraduate Dean or designated nominee to confirm the trainee's declaration regarding ARCP outcomes, disciplinary measures or GMC/Criminal investigations is accurate.	
This form must only be signed by the Postgraduate Dean or a designated nominee which will <u>not</u> be a TPD or Educational Supervisor or Head of School.	
By signing the below, I can confirm that I have been informed by this trainee that they are intending to apply for an IDT and can provide acknowledgement of this intention to the National IDT team.	
Name	Date
Position	
Training Region	Signature

Inter Deanery Transfer Supporting Documents & Evidence

Supporting Documents Cover Sheet

This document should be used for re-applications **ONLY** and is irrelevant for Criterion 5.

If you have previously applied, were deemed eligible and your circumstances have not changed since then, you do not have to refill the supporting document for the criterion you are applying under. **Instead you must complete this coversheet and obtain the appropriate signatory.**

If you are reapplying and have used a cover sheet in the last window, please ensure to reprint and sign a new cover sheet to be added with your supporting documents for this window.

If you have not previously applied, your previous application was deemed ineligible or your circumstances and evidence have changed, you must fill in one of the supporting documents on the following slides as you cannot use this coversheet.

If you are unsure whether or not you can use the coversheet please check the Application Process category within the [IDT FAQ section](#) of the PGMDE Support Portal.

FOR REAPPLICATION ONLY

Inter Deanery Transfer (IDT)

February 2023 Window

SUPPORTING DOCUMENT COVERSHEET

By signing this coversheet, you are confirming that the statement written and signed for on the attached supporting document is still valid, whether you are signing to confirm circumstances as a trainer or commenting on care as a medical professional.

For attention of the trainee: This is also relevant when providing former evidence that will be outdated at time of application.

You also agree to all the terms and conditions listed on that supporting document as the counter-signatory to the trainee applying for National IDT.

The template of this document must remain true to the original and in PDF format upon final application submission.

This document **must not** be signed more than 2 weeks prior to the opening of the application window in which the trainee is applying. Doing so will void this form.

Please sign and date **only the appropriate** box.

Supporting Document Type	Required Signatory	Name	Signature	Date
A (A1 / A2)	Medical professional or Occupational Health professional			
B	General Practitioner or Social Worker			
C	Educational Supervisor or Training Programme Director			
D	Educational Supervisor or Training Programme Director			

Inter Deanery Transfer Supporting Documents & Evidence



Health Education England

Criterion 1A – Your own Disability Supporting Document A1

A1	Supporting Document A1 Criterion 1A- Own Physical Disability (Part 1) (Page 1 of 4)	FEB 2023
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PART 1 – For completion by the trainee

Details of trainee:

First Name:	
Surname:	
Address:	
Postcode:	

Declaration by the trainee:

I confirm that:

- The information I have provided in this supporting document is correct and truthful and that it matches the information supplied on my application form.
- I understand that failure to provide the National IDT team with correct and truthful information may result in my application being withdrawn and/or referral to the GMC.
- This document has not been edited by myself or the signatory other than to provide information required to answer the relevant sections.
- I give my permission for all the information in this document to be shared with the National Inter Deanery Transfer team and relevant parties if necessary.
- I give my permission for information in my application to be used in an anonymous form for review and evaluation of the processes and outcomes of the National Inter Deanery Transfer process.

Signature:	
Print Name:	
Date:	

A1	Supporting Document A1 Criterion 1A- Own Physical Disability (Part 2) (Page 2 of 4)	FEB 2023
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PART 2 – For completion by Occupational Health Physician, GP or medical specialist

This document must be submitted by the trainee in support of an application for a National Inter Deanery Transfer under the criterion of a Physical disability.

The person whose details are above is a medical trainee applying for a transfer to a different training region because of a change in circumstances due to a Physical disability.

This document is essential to verify that the trainee has a Physical disability as defined by the Equality Act 2010, for which treatment is an absolute requirement and is required to take place in the geographical area the trainee has applied to relocate to, as confirmed by statements from their Occupational Health Physician, GP or medical specialist providing treatment.

To support his/her application s/he requires statements from their Occupational Health Physician, GP or medical specialist, in which they should:

- confirm the physical disability
- describe the nature of the ongoing treatment and frequency of follow up [required](#)
- state why the reasonable adjustment of a transfer needs to be made
- state how a move would support the trainee in their change of circumstances.

Please complete and sign PART 2 of this form and return it to the trainee for submission.

The information provided within this document will be reviewed by the National Inter Deanery Transfer team which is an administrative team with no clinical experience or knowledge. By signing the previous page and submitting this document as part of the National IDT application process, the trainee has given consent for this information to be shared with the team.

A1	Supporting Document A1 Criterion 1A- Own Physical Disability (Part 2) (Page 3 of 4)	FEB 2023
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PART 2 continued – For completion by Occupational Health Physician, GP or medical specialist

How long have you known the trainee?	years	months
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Please briefly describe the current medical condition or disability:

--	--

Date of diagnosis:

Is the trainee's condition a disability as defined by the Equality Act 2010?	Yes	No
------------------------------------------------------------------------------	-----	----

Please describe the nature of the on-going treatment and the frequency of follow up required:

--	--

Please state why the reasonable adjustment of a transfer needs to be made and how a move would support the trainee in their change of circumstances:

--	--

A1	Supporting Document A1 Criterion 1A- Own Physical disability (Part 2) (Page 4 of 4)	FEB 2023
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PART 2 continued – For completion by Occupational Health Physician, GP or medical specialist

DECLARATION

To be signed by Occupational Health Physician, GP or medical specialist involved in the treatment of the trainee

I confirm that:

- I am over 18 years old
- I am not related to the trainee by birth or marriage
- I am not in a personal relationship with the trainee nor live at the same address
- I am a medical professional involved in the regular care of the trainee
- The information I have provided on this document is correct and truthful
- I am prepared to be contacted by the National Inter Deanery Transfer team to discuss this information if necessary.

Name:	
Professional status/role:	GMC no:
Signature:	Date:
Address:	
Postcode:	
Phone number for queries:	

PART 1 – For completion by the Trainee

This section of the form is for you to complete with your personal details, there is also a declaration for you to sign

PART 2 – For completion by Occupational Health Physician, General Practitioner or medical specialist

This section must be completed by your Occupational Health Physician, General Practitioner or medical specialist, outlining your condition and the treatment and follow up you require. **It is imperative it is confirmed that you have a disability as defined by the Equality Act 2010 on the form.** You will not be deemed eligible if this section of the form is not completed. If additional space is required to complete this section, this should be continued on letter headed paper.

Inter Deanery Transfer Supporting Documents & Evidence

Criterion 1B – Your own Disability – Mental Health Supporting Document A2



Health Education England

A2	Supporting Document A2 Criterion 1B- Own mental health disability (Part 1) (Page 1 of 4)	FEB 2023
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PART 1 – For completion by the trainee

Details of trainee:	
First Name:	
Surname:	
Address:	
Postcode:	

Declaration by the trainee:

I confirm that:	
<ul style="list-style-type: none">The information I have provided in this supporting document is correct and truthful and that it matches the information supplied on my application form.I understand that failure to provide the National IDT team with correct and truthful information may result in my application being withdrawn and/or referral to the GMC.This document has not been edited by myself or the signatory other than to provide information required to answer the relevant sections.I give my permission for all the information in this document to be shared with the National Inter Deanery Transfer team and relevant parties if necessary.I give my permission for information in my application to be used in an anonymous form for review and evaluation of the processes and outcomes of the National Inter Deanery Transfer process.	
Signature:	
Print Name:	
Date:	

A2	Supporting Document A2 Criterion 1B- Own mental health disability (Part 2) (Page 2 of 4)	FEB 2023
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PART 2 – For completion by Occupational Health Physician, GP or other Registered Clinician providing care for the individual

<p>This document must be submitted by the trainee in support of an application for a National Inter Deanery Transfer under the criterion of a mental health disability.</p> <p>The person whose details are above is a medical trainee applying for a transfer to a different training region because of a change in circumstances due to a mental health disability.</p> <p>This document is essential to verify that the trainee has a mental health disability for which treatment is an absolute requirement and is required to take place in the geographical area the trainee has applied to relocate to, as confirmed by statements from their Occupational Health Physician, GP or other Registered Clinician providing care.</p> <p>To support his/her application s/he requires statements from their Occupational Health Physician, GP or other overseeing registered clinician in which they should:</p> <ul style="list-style-type: none">confirm the psychological disability;describe the nature of the ongoing treatment and frequency of follow up required;state why the reasonable adjustment of a transfer needs to be made;state how a move would support the trainee in their change of circumstances. <p>Please complete and sign PART 2 of this form and return it to the trainee for submission.</p> <p>The information provided within this document will be reviewed by the National Inter Deanery Transfer team which is an administrative team with no clinical experience or knowledge. By signing the previous page and submitting this document as part of the National IDT application process, the trainee has given consent for this information to be shared with the team.</p>

A2	Supporting Document A2 Criterion 1B- Own mental health disability (Part 2) (Page 3 of 4)	FEB 2023
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PART 2 continued – For completion by Occupational Health Physician, GP or other Registered Clinician providing care for the individual

How long have you known the trainee?		years		months
Please briefly describe the current medical condition or disability:				
Date of diagnosis:				
Does the trainee's condition require ongoing clinical treatment?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
Please describe the nature of the on-going treatment and the frequency of follow up required:				
Please state why the reasonable adjustment of a transfer needs to be made and how a move would support the trainee in their change of circumstances:				

A2	Supporting Document A2 Criterion 1B- Own mental health disability (Part 2) (Page 4 of 4)	FEB 2023
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PART 2 continued – For completion by Occupational Health Physician, GP or other Registered Clinician providing care for the individual

DECLARATION	
To be signed by Occupational Health Physician, GP or other registered clinician providing treatment of the trainee	
I confirm that:	
<ul style="list-style-type: none">I am over 18 years oldI am not related to the trainee by birth or marriageI am not in a personal relationship with the trainee nor live at the same addressI am a medical professional involved in the regular care of the traineeThe information I have provided on this document is correct and truthfulI am prepared to be contacted by the National Inter Deanery Transfer team to discuss this information if necessary.	
Name:	
Professional status/role:	GMC no:
Signature:	Date:
Address:	
Postcode:	
Phone number for queries:	

PART 1 – For completion by the Trainee

This section of the form is for you to complete with your personal details, there is also a declaration for you to sign

PART 2 – For completion by Occupational Health Physician, General Practitioner or other registered clinician providing care for the individual

This section must be completed by your Occupational Health Physician, General Practitioner or medical specialist, outlining your condition and the treatment and follow up you require. **It is imperative it is confirmed that your disability is receiving ongoing clinical treatment on the form.** You will not be deemed eligible if this section of the form is not completed. If additional space is required to complete this section, this should be continued on letter headed paper.

Criterion 2 – Primary Carer Supporting Document B

B	<p align="center">Supporting Document B</p> <p align="center">Criterion 2 - Primary Carer Responsibilities (Part 1)</p> <p align="center">(Page 1 of 5)</p>	<p>FEB</p> <p>2023</p>
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Details of Trainee			
Surname:		First name:	
Address:			
		Postal code:	

Details of Person being cared for:			
Surname:	First name:		
Address:			
	Post code:		
Date of birth:	Gender:		
Relationship to trainee:			

This document must be submitted by the trainee in support of an application for a **National Inter Decease Transfer under the primary care criterion**.

As part of the process of applying for an Inter Decease Transfer under the criterion of change of circumstances relating to their role in primary care, trainees must provide a **carer's support** in support of their application.

The purpose of this form is twofold:

- to confirm that the applicant is the **primary carer** for someone who has significant ill health and/or is disabled as defined in the **Squaly Act 2020** and to outline the **type and level** of care provided.
- to ensure that the trainee has given due consideration to the issues which will face him/her in combining a demanding medical role and providing care.

In completing this form, applicants are reminded that the **confidential medical details** of the person cared for should not be routinely disclosed to the **National Inter Decease Transfer** teams. Instead, a clear indication of the level of care provided by the applicant should be given.

B	Supporting Document B Criterion 2 - Primary Career Responsibilities (Part 1) <i>(Pages 2 and 3)</i>	FEB 2023
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Outline the care provided and your level of responsibility in the provision of this care. Please indicate how much of your time this takes each day/week.

Could these responsibilities be taken by anyone else? If not, why not?

What other services does the person you care for utilize? [e.g.,](#) social services, private care, translators/interpreters, services, primary health care team. Have all local support resources been fully considered?

B	Supporting Document B Criterion 2 - Primary Carer Responsibilities (Part 1) (Page 3 of 5)	FEB 2023
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How do you plan to combine these responsibilities with a demanding training programme that may involve irregular and anti-social working hours? Please provide as much detail as possible.

What arrangements will you have in place for unscheduled or planned periods when you will be unavailable? For example, if you [speak up](#) do a week of nights or are asked to cover a shift for a colleague at short notice.

I confirm that:

- The information I have provided in this supporting document is correct and truthful and true. It matches the information supplied in my application form.
- I understand that failure to provide the National IDCT team with correct and truthful information may result in my application being withdrawn and/or referral to the GMC.
- This document has not been written on behalf of the signatory other than to provide information required to answer the relevant sections.
- I give my permission for all the information in this document to be shared with the National IDCT Deans Transfer team and relevant parties, if necessary.
- I give my permission for information in my application to be used in an anonymised form for review and evaluation of the processes and outcomes of the National IDCT Deans Transfer process.

Name:	
Signature:	
Date:	

B	Supporting Document B Criterion 2 - Primary Carer Responsibilities (Part 2) <i>(Pages 4 of 4)</i>	FEB 2023
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The medical details of the disability or medical condition of the person being cared for are not required. We need to confirm that the applicant is the primary caregiver of that person. Is your primary caregiver the person who provides care, is responsible for the provision of care, is a family member. Applicants who are part of a group, are a family, which provides care for a person are not eligible to apply under the National Inter-Deansery Transfer process.

The information provided within this document will be reviewed by the National Inter-Deansery Transfer team which is an administrative team with no clinical experience or knowledge. By signing the previous page and submitting this document as part of the National IDT application process, the trainee has given consent for this information to be shared with the team.

How long you have known the person being cared for by the trainee?			
Years		Months	
Does the person being cared for meet the definition of disability as outlined in the Equality Act 2010, or do they have significant ill health which requires the trainee to be their primary carer?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please provide brief details of the type and level of care the trainee provides:

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B	<p align="center">Supporting Document B</p> <p align="center">Criterion 2 - Primary Carer Responsibilities (Part 1)</p> <p align="center">(Page 5 of 5)</p>	<p align="center">FEB</p> <p align="center">202</p>
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1000

- I am over 18 years old
 - I am not related to the trainee by birth or marriage
 - I am not in a personal relationship with the trainee nor live at the same address
 - I am a medical professional involved in the regular care of the person cared for by the trainee
 - The information I have provided on this document is correct and truthful
 - I am prepared to be contacted by the National Inter-Discovery Transfer team to discuss this information
- DATE: _____
- SIGNATURE: _____

Name:			
Professional status/role:		GDRC no. (if applicable):	
Signature:		Date:	
Address:			
Postcode:			
Phone number (for queries):			

This section of the form is for you to complete with your personal details, and the details of the person you are the primary carer for. You are also required to provide details of the care plan for the person that you care for. The care plan outlines the care you provide, any other services the person being cared for uses, alternative arrangements you have considered and how you plan to manage these responsibilities with work. There is also a declaration for you to sign.

This section must be completed by the General Practitioner or Social Worker of the person you are the primary carer for. They should write a report on the level of care you provide and sign the declaration. **It is imperative that it is confirmed on the form that the person that you are the primary carer of has significant ill health and/or is disabled as defined by the Equality Act 2010.** You will not be deemed eligible if this section of the form is not completed. If additional space is required to complete this section, this should be continued on letter headed paper.

Inter Deanery Transfer Supporting Documents & Evidence

Criterion 3 – Parental/Guardian Responsibilities

Supporting Document C

C	Supporting Document C Criterion 3 – Parental/Guardian Responsibilities (page 1 of 3)	FEB 2023
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PART 1 – For completion by the trainee

Details of trainee:

First Name:			
Surname:			
Address:			
	Postcode:		

Details of child(ren):

First Name	Surname	Date of birth	Age

Please provide Full copies of birth or adoption certificate(s) for the children listed above when uploading evidence to the application portal. Parent(s) name(s) and the full name of the child should be detailed on the certificate.

Please give a brief overview of your change in personal circumstances relating to your parental or guardian responsibilities.

C	Supporting Document C Criterion 3 – Parental/Guardian Responsibilities (page 2 of 3)	FEB 2023
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PART 3 continued – For completion by the trainee

DECLARATION
I confirm that:

- The information I have provided in this supporting document is correct and truthful and that it matches the information supplied on my application form.
- I understand that failure to provide the National IDT team with correct and truthful information may result in my application being withdrawn and/or referral to the GMC.
- This document has not been edited by me or the signatory other than to provide information required to answer the relevant sections.
- I give my permission for all the information in this document to be shared with the National Inter Deanery Transfer team and relevant parties if necessary.
- I give my permission for information in my application to be used in an anonymised form for review and evaluation of the processes and outcomes of the National Inter Deanery Transfer process.

Signature: _____
Print Name: _____
Date: _____

Part 2 – For completion by the trainee's Educational Supervisor or Training Programme Director

The trainee whose details are above is applying for a transfer to a different training region due to a significant change in circumstances relating to parental/guardian responsibilities.

To demonstrate that the trainee has had a change in caring responsibility for a child or children under the age of 18, they must submit this document, countersigned by their assigned Educational Supervisor or Training Programme Director.

The signatory of this form must be the trainee's assigned Educational Supervisor or Training Programme Director.

The signatory of this form will not be able to approve or deny a transfer request but instead must be able to confirm that the information provided on page 1 of this document is accurate to the best of their knowledge.

All decisions regarding a trainee's eligibility will be taken by the National IDT team.

Please see page 3 for declaration to be signed

C	Supporting Document C Criterion 3 – Parental/Guardian Responsibilities (page 3 of 3)	FEB 2023
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PART 2 – For completion by the trainee's Educational Supervisor or Training Programme Director

Details of ES/TPD:

First Name:			
Surname:			
Position (please circle):	Educational Supervisor / Training Programme Director		
GMC number:			
Hospital/Site			
Address:			
	Postcode:		

DECLARATION
I confirm that:

- I am the trainee's current Educational Supervisor or Training Programme Director.
- The information provided by the trainee on page 1 of this document is, to the best of my knowledge, correct and accurate.
- By signing this document, I am not approving or denying a transfer request as decisions on eligibility will be carried out by the National Inter Deanery Transfer team.

Signature: _____
Print Name: _____
Date: _____

TRAINEES ARE ADVISED TO CHECK THAT ALL SECTIONS HAVE BEEN COMPLETED, AND THAT A COPY OF FULL BIRTH/ADOPTION CERTIFICATES ARE SUPPLIED AND UPLOADED FOR EACH NAMED CHILD. NAMES OF PARENTS MUST BE SHOWN ON THE CERTIFICATE, ALONG WITH THE FULL NAME OF EACH CHILD.

PART 1 – For completion by the trainee

This section of the form is for you to complete with your personal details, and for you to give details of the child(ren) that you are the parent or legal guardian of. You must provide the name, date of birth and age of every child detailed in your personal statement. You must give a brief overview of your change in personal circumstances relating to your parental or guardian responsibilities. There is also a declaration for you to sign. Please note that pregnancy alone is not an eligible reason.

You **MUST** provide copies of the FULL birth or adoption certificate(s) for the each of the children listed on the document when uploading evidence to the application portal. Parent(s) name(s) should be detailed on the certificate along with the full name of the child(ren).

PART 2 – For completion by the trainee's Educational Supervisor or Training Programme Director

This section must be completed by your assigned Educational Supervisor or Training Programme Director. **If you have accepted the offer of a training post, but not yet commenced in a training programme, the documents must be signed by the Training Programme Director of the programme you wish to transfer from.** If you are unsure as to who the TPD is, please email the regional/deanery contact. Details of the regional contacts can be found in the [Medical Recruitment Training Website](#)

Inter Deanery Transfer Supporting Documents & Evidence

Criterion 3 – Parental/Guardian Responsibilities Supporting Document C

CERTIFIED COPY OF AN ENTRY OF BIRTH
GIVEN AT THE GENERAL REGISTER OFFICE

Application Number _____ COL Number _____

REGISTRATION DISTRICT _____ County Name _____
Birth Year BIRTH in the Sub-district of _____ in the County Name _____

Columns: 1 2 3 4 5 6 7 8 9 10
No. When and where born Name, if any Sex Name and surname of father Name, surname and maiden surname of mother Occupation of father Signature, description and residence of informant When registered Signature of Registrar Name entered after registration

Col. No.	Date of Birth Place of Birth	Forename	Sex	Father's Forename and Surname	Mother's Forename and Surname Maiden Name	Father's Occupation	Signature, Description and Residence of Informant	When Registered	Signature of Registrar Registrar

SAMPLE CERTIFICATE

CERTIFIED to be a true copy of an entry in the certified copy of a Register of Births in the District above mentioned.

Given at the GENERAL REGISTER OFFICE, under the Seal of the said Office, the _____ Day _____ day of _____ Month _____ Year _____

BRCC 000000

CAUTION: THERE ARE OFFENCES RELATING TO FALSIFYING OR ALTERING A CERTIFICATE AND USING OR POSSESSING A FALSE CERTIFICATE. ©CROWN COPYRIGHT
WARNING: A CERTIFICATE IS NOT EVIDENCE OF IDENTITY.

100001 100002 100003 100004 100005 100006 100007 100008 100009 100010

CERTIFIED COPY OF AN ENTRY IN THE RECORDS OF THE GENERAL REGISTER OFFICE
GIVEN AT THE GENERAL REGISTER OFFICE

Application Number COL 694071 QAA 044254

(1) No. of entry	(2) Date of entry	(3) Name of adopted child	(4) Sex of adopted child	(5) Name and surname, address and occupation of adopter or adopters	(6) Date of birth of child	(7) Date of adoption order and description of court by which made	(8) Signature of Officer designated by Registrar General to attest the entry
16875	Eighth September 1931	John Harold	Male	Harold James PETERIS 2 Violet Street, Haldon, Swansea (a Transport Worker) Maud PETERIS (wife of above) of the same address	Thirteenth December 1928	Sixteenth June 1931 The Court in the County Borough of Swansea	Chas M. Walls

CERTIFIED copy of an entry in the Adopted Children Register maintained at the General Register Office given at the General Register Office, under the seal of the said Office, the 3rd day of November 2006

CAUTION: THERE ARE OFFENCES RELATING TO FALSIFYING OR ALTERING A CERTIFICATE AND USING OR POSSESSING A FALSE CERTIFICATE. ©CROWN COPYRIGHT
WARNING: A CERTIFICATE IS NOT EVIDENCE OF IDENTITY.

Here are examples of a full birth certificate and a full adoption certificate. Both certificates contain details of the parent/legal guardian of the child.

The birth certificate must have the full name of the child(ren).

The third example is of a short birth certificate, detailing only the child's name. This type of certificate is **not** acceptable evidence.

Do not fill in this space for this certificate

1 & 2 REG. 2 COL. 30 GU 272196

CERTIFICATE OF BIRTH

Name and Surname *Wisty Lily* STEVENS
Sex *Female*
Date of Birth *Thirty-first January 1998*
Place of Birth Registration District *Chatham*
Sub-district *Medway*

I, *Michael A. Bridge* Registrar of Births and Deaths
for the sub-district of *Medway* in the
Registration District of *Chatham* do hereby
certify that the above particulars have been compiled from an entry in
a register in my custody.
Date *23/02/1998*
10025A101

CAUTION - It is an offence to falsify a certificate or to make or knowingly use a false certificate or a copy of a false certificate intending it to be accepted as genuine to the prejudice of any person, or to possess a certificate knowing it to be false without lawful authority.
WARNING: THIS CERTIFICATE IS NOT EVIDENCE OF THE IDENTITY OF THE PERSON PRESENTING IT.

Criterion 3 – Parental/Guardian Responsibilities

- Trainees applying under Criterion 3 must also provide supporting evidence as detailed below;

Trainees applying under Criterion 3 must also provide supporting documentation to evidence the need to transfer to the prospective region. The evidence must include the full address of the establishment and full name of relevant person(s). Examples below:

- If you are applying because your partner has a job/job offer in another region and this affects your parental responsibilities, you will need to provide evidence of their employment (e.g. signed work contract)
- If you are applying because your child(ren) family support live in another region, you will need to provide proof of address of your partner / family members living in the prospective region (e.g. utility bills dated within 6 months, phone bills dated within 6 months, bank statement dated within 6 months, tenancy/mortgage agreement, etc.)
- If you are applying because your child(-ren) require additional support available in another region you will need to provide additional evidence (e.g. your child's special educational needs report, official report from medical professional/educational psychologist, official report from the hospital, etc.)
- If you are applying because you have had a change in parental/guardian responsibilities since accepting your original offer and you are applying to transfer to a region closer to your home, you will need to provide proof of your home address being in or near to the region/s that you have applied to (e.g. personal utility bill dated within 6 months, bank statement dated within 6 months etc.)

Inter Deanery Transfer Supporting Documents & Evidence

Criterion 4 – Committed Relationship Supporting Document D

D	Supporting Document D Criterion 4 – Committed Relationship (page 1 of 3)	FEB 2023
PART 1 – To be completed by the trainee		
Details of trainee:		
First Name: <input type="text"/>		
Surname: <input type="text"/>		
Address: <input type="text"/>		
Postcode: <input type="text"/>		
Details of the person with whom you have the committed relationship:		
First Name: <input type="text"/>		
Surname: <input type="text"/>		
Address: <input type="text"/>		
Postcode: <input type="text"/>		
How has your current situation changed since accepting an offer of a post in a training programme?		
<input type="text"/>		

D	Supporting Document D Criterion 4 – Committed Relationship (page 2 of 3)	FEB 2023
PART 1 continued – To be completed by the trainee		
DECLARATION I confirm that:		
<ul style="list-style-type: none">The information I have provided in this supporting document is correct and truthful and that it matches the information supplied on my application form.I understand that failure to provide the National IDT team with correct and truthful information may result in my application being withdrawn and/or referral to the GMC.This document has not been edited by myself or the signatory other than to provide information required to answer the relevant sections.I give my permission for all the information in this document to be shared with the National Inter Deanery Transfer team and relevant parties if necessary.I give my permission for information in my application to be used in an anonymised form for review and evaluation of the processes and outcomes of the National Inter Deanery Transfer process.		
Signature: <input type="text"/>		
Print Name: <input type="text"/>		
Date: <input type="text"/>		
Part 2 – To be completed by the trainee's Educational Supervisor or Training Programme Director		
The trainee, whose details are above, is applying for a transfer to a different training region due to a significant change in circumstances relating to a committed relationship. To demonstrate that the trainee has had a change in their committed relationship, they <u>must</u> submit this document, countersigned by their assigned Educational Supervisor or Training Programme Director. The signatory of this form <u>must</u> be the trainee's assigned Educational Supervisor or Training Programme Director. The signatory of this form <u>will not be able to approve or deny a transfer request but instead must be able to confirm that the information provided on page 1 of this document is accurate to the best of their knowledge.</u> All decisions regarding a trainee's eligibility will be taken by the National IDT team. Please see page 3 for declaration to be signed		

D	Supporting Document D Criterion 4 – Committed Relationship (page 3 of 3)	FEB 2023
PART 2 – To be completed by the trainee's Educational Supervisor or Training Programme Director		
Details of ES/TPD:		
First Name: <input type="text"/>		
Surname: <input type="text"/>		
Position (please circle): <input type="text"/> Educational Supervisor <input type="text"/> Training Programme Director		
GMC number: <input type="text"/>		
Hospital/Unit: <input type="text"/>		
Address: <input type="text"/>		
Postcode: <input type="text"/>		
DECLARATION I confirm that:		
<ul style="list-style-type: none">I am the trainee's assigned Educational Supervisor or Training Programme Director.The information provided by the trainee on page 1 of this document is, to the best of my knowledge, correct and accurate.By signing this document, I am not approving or denying a transfer request as decisions on eligibility will be carried out by the National Inter Deanery Transfer team.		
Signature: <input type="text"/>		
Print Name: <input type="text"/>		
Date: <input type="text"/>		
TRAINEES ARE ADVISED TO CHECK THAT ALL SECTIONS HAVE BEEN COMPLETED, AND THAT SUFFICIENT EVIDENCE OF THE RELATIONSHIP FROM THE LIST IN THE TRAINEE GUIDE TO IDT HAS BEEN PROVIDED IN LINE WITH THE GUIDANCE.		

PART 1 – For completion by the trainee.

This section of the form is for you to complete with your personal details and your partner's details. You are required to detail your relationship status and how your situation has changed since acceptance of offer to a training programme. There is also a declaration for you to sign.

You will also need to provide evidence of your Committed Relationship – please see the next page regarding this evidence.

PART 2 – For completion by the trainee's Educational Supervisor or Training Programme Director

This section must be completed by your assigned Educational Supervisor or Training Programme Director. **If you have accepted the offer of a training post, but not yet commenced in a training programme, the documents must be signed by the Training Programme Director of the programme you wish to transfer from.** If you are unsure as to who the TPD is, please email the regional/deanery contact. Details of the regional contacts can be found in the [Medical Recruitment Training Website](#)

Inter Deanery Transfer Supporting Documents & Evidence

Criterion 4 – Committed Relationship

Trainees applying under Criterion 4 must also provide supporting evidence as detailed below;

EITHER a marriage certificate or civil partnership certificate (in full). Marriage certificates from other countries will only be accepted if they include an official translation.

OR 2 pieces of evidence of shared financial responsibility (*all bills / statements to be dated within 6 months of the application*):

- Joint bank account statement (with names of both partners)
- Utility bill (with names of both partners)
- Joint mortgage/tenancy agreement (with names of both partners)

OR, 1 piece of evidence of shared responsibility from the list above and 1 piece of evidence from the following list OR any 2 pieces of evidence from the following list:

- Evidence of regular transfer of funds to partners account on bank statement (two or more transfers over a few months would be sufficient) Please ensure transfers are highlighted.
- Letter of intent from mortgage lender/rental company (with names of both partners)
- Letter of intent to marry from religious leader (e.g. signed and dated letter from a priest including the name of both partners)
- Evidence of travel to partner's location on several occasions (train/coach/plane confirmation emails or tickets that show date of travel and destination. Two or more over a few months would be sufficient. Petrol receipts are not accepted)
- Evidence of accommodation or semi-residing over a period of time in a particular region.
- Beneficiary documents
- Wedding/venue deposit receipts (with names of both partners)
- Phone records that show calls to partner over a period of time (**Partner's number must also be proven via a copy of their phone bill summary sheet**). Please highlight the telephone number and reoccurrences on the statement. Copies of calls and conversations via messaging applications will not be accepted (i.e. screenshots).

Criterion 4 – Continued

If you are applying because your partner has a job offer in another region you will also have to supply evidence of this in addition to the previous slide:

- If your partner is a medical trainee, please provide confirmation of national Training Number (NTN/DRN) letter including start date
- If your partner is non-medic/non-trainee, please provide an official job offer letter and acceptance letter or contract (signed by your partner and their employer), including start date.
- If your partner is self-employed, please provide evidence e.g. a contract demonstrating your partner's need to move to your preferred region.

If you are applying because your partner lives in another region you will also have to supply evidence of your partner's residence in the region that you wish transfer to in addition to the above:

- An official bill dated within 6 months of application clearly stating your partners name and address.
- Utility bill (with full name of your partner, dated within 6 months of application submission);
- Bank statement (with full name of your partner, dated within 6 months of application submission);
- Mortgage/tenancy agreement (with full name of your partner);

Inter Deanery Transfer Supporting Documents & Evidence

Criterion 4 – Continued

If you are applying because your partner has moved to another region to act as a primary carer (this is expected to be for a sibling or parent), you will also have to supply evidence of this in addition to that on slide 46:

Evidence of your partner residing in this new region over a period of time in the form of one of the below:

- Proof of address via either:
 - Rental agreement
 - Evidence of ownership of property
- Hotel confirmation to show proof of accommodation over a few months
- A statement from family or friends with whom your partner has been residing, confirming they are providing accommodation and over what period of time.

Evidence of your partners caring responsibilities in the form of a letter, on headed paper from the GP or Social Worker of the person being cared for which confirms:

- The partner is the primary carer for their parent or sibling
- That the person being cared for has significant ill health and/or is disabled as defined by the Equality Act 2010.
- A care plan for the person being cared for.

Please note that circumstances whereby your partner is moving on a short-term basis ie. 1-year Studying, short-term secondment etc, will not count as a long-term commitment.

Inter Deanery Transfer Supporting Documents & Evidence

Criterion 4 – Committed Relationship Supporting Document D

The Breakdown of a Committed Relationship

Trainees who wish to apply for an Inter Deanery Transfer as a result of a breakdown of a committed relationship, **can apply under Criterion 4.**

You will need to provide evidence of the committed relationship as detailed on slide 46. If you cannot provide evidence of the breakdown i.e. divorce proceedings, decree absolute, please provide a statement providing information about the breakdown of the relationship. The statement must be provided in a PDF.

You will need to detail how your circumstances have changed in relation to the breakdown of the relationship. You will also need to confirm in your statement why you have selected the region(s) in your preferences and how moving to the chosen region(s) will assist your current situation.

Criterion 5 – Other

There is no additional supporting document or personal evidence required for those applying under this Criterion.

However, the mandatory supporting documentation mentioned within the Trainee Guide to IDT is required for the application to be deemed eligible.

At a minimum, this will include:

- **Deanery Document**
- **Most recent ARCP**
- **PGD Letter of Support if Required**
- **Any Academic documentation where applicable**

- **Supporting Coversheets will not be accepted for any Criterion 5 applications, as all mandatory documentation for this Criterion must be renewed and updated with each application.**
- **The most recent Clinical ARCP must be provided with each application.**

Inter Deanery Transfer Supporting Documents & Evidence

Additional Requirements

Academic Trainees

Academic Trainees Transfer of Academic Funding

If you are on an Academic Clinical Fellowship (ACF) or a Clinical Lecturer (ACL) training programme and you intend to transfer the funding of your academic award you are required to provide additional documents. Please note that the requirements are different depending on what nation you train in.

Academic Trainees in Health Education England

If you are an academic trainee within a Health Education England region, you are required to provide a letter of agreement from both your current academic provider (Medical School or Higher Education Institution holding the ACF or CL award) and the academic provider you wish to move to. This written confirmation should state that the releasing institution agrees to the NIHR funding being released, and that the receiving academic institution is able to deliver the academic training.

You are also required to provide a letter of agreement from the NIHR for the transfer of your funded award, or where the award has been locally funded, the agreement of your funding body. **You are required to supply evidence of these agreements at the time of application.**

Please note that support of the transfer of funding, does not guarantee an IDT. This is contingent on the availability of a suitable clinical training post, which will need to be identified by local regions following the anonymous transfer of information by the National IDT Team.

Academic Trainees in other Health Education Areas

If you are an academic trainee within Northern Ireland Medical & Dental Training Agency, NHS Education for Scotland or Wales Deanery, you should approach your Academic Leads and Postgraduate Deans in order to have your individual circumstances considered. You will need to provide evidence of their support at the time of application if it is agreed.

For all ACF / CL queries, please refer to the [NIHR website](#) directly.

Inter Deanery Transfer Supporting Documents & Evidence

Additional Requirements Academic Trainees & Out Of Programme (OOP)

Academic Trainees Relinquishing Academic Funding

If you are an academic trainee and you intend to relinquish your academic award, you will not be required to provide any academic specific documents to support your IDT application. Please see the [Medical Recruitment Training Website](#) for more information.

Out Of Programme (OOP) Trainees

If you are currently on a period of approved time out of programme (OOP), you are required to provide a copy of your last clinical ARCP Outcome form whilst in training, along with your last OOP ARCP Outcome form (if this has been issued at the time of application). **You are required to provide the documents at the time of application.**

Guide to Completing an IDT Application & Supporting Documents

Further Information

- Further information on the national Inter Deanery Transfer process can be found within the [Trainee Guide to Inter Deanery Transfer](#) document and on the [Medical recruitment training](#)
- The National Inter Deanery Team does not provide a telephone service. If you have any queries, please first view the [frequently asked questions categories](#) on the [PGMDE Support Portal](#). If your query remains unanswered, please contact the team using an [IDT query form](#) on the portal.
- All guides are updated between IDT windows, so please ensure that you are using the **updated guidance and documentation for the window in which you intend to apply**.
- Updated regional IDT contact information titled 'Regional IDT Contacts & Delegated Nominee List (February 2023)', can be accessed [here](#).
- Various other documents relating to the process can be accessed within the [Medical Recruitment Training Website](#)
- Please ensure you do not forward any messages to our auto-reply as these messages are not received by the IDT team. Please only direct reply to any message received from the team or set up a [new ticket](#) via the PGMDE Support Portal.

Guide to Completing an IDT Application & Supporting Documents

Uploading Supporting Documents & Evidence

- All applications must be submitted to the national IDT team via the [PGMDE Support Portal](#). All supporting documents and evidence must be submitted via the [PGMDE Support Portal](#) at the time of application.
- **You must not submit multiple application forms.** If multiple applications forms are submitted, only your first application form will be accepted.
- If you need to upload additional documents and this exceeds the 15 MB allowance, you may submit further documents by attaching them to an [IDT query form](#) via the [PGMDE Support Portal](#).
- Please clearly label any attachments so that the documents are easily identifiable.
- Please ensure that you check each page of any documents you have scanned to ensure that they have been scanned correctly and are legible. For documents sourced from the Resource bank, ensure that these are returned in PDF format and retain the structure of the original template
- Please only provide documents that are in English. Where this is not possible, an official translation must be provided.