

The National Inter Deanery Transfer

Guide to Completing an IDT Application & Supporting Documents

February 2024

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](https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/inter-deanery-transfers-idt) in accordance with the criteria outlined in the guide found within the IDT website <https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/inter-deanery-transfers-idt>, by **12pm Friday 16th February 2024**.

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.

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Inter Deanery Transfer Timeline – February 2024

NATIONAL IDT TIMELINE (February 2024)	
Supporting documentation available to be downloaded	2nd January 2024
Application window opens & Application form available on the PGMDE Support Portal	29th January 2024 (midday)
Application window closes	16th February 2024 (midday)
Eligibility checks	16th February - 13th March 2024
Eligibility confirmations sent to applicants	15th March 2024 no later than
Anonymous eligibility data sent to regions	18th March 2024
Vacancy Declarations (Regions)	18th March -3rd April 2024 (midday)
Allocation Panel (Random Ranking Exercise)	15th April 2024
Offers Round 1	15th April 2024
TOI/Allocation Information to regions Round 1	23rd April 2024
Allocation Panel (Random Ranking Exercise)	22nd April 2024
Offers Round 2	22nd April 2024
TOI/Allocation Information to regions Round 2	30th April 2024
Regions to contact successful applicants to finalise offers	8th May 2024
Transfer of Information between regions	w/c 6th May 2024
Allocated transfer window	7th August - 2nd October 2024
Waiting List Opening	7th May 2024
Waiting List Closing	28th June 2024
Waiting List Transfer window	7th August - 31st December 2024

The application window will run from 12pm on Monday 29th January 2024 to 12pm on Friday 16th February 2024.

All applications must be made via the PGMDE Support Portal. The application form will only be available on the [PGMDE Support Portal](#) during the application window dates.

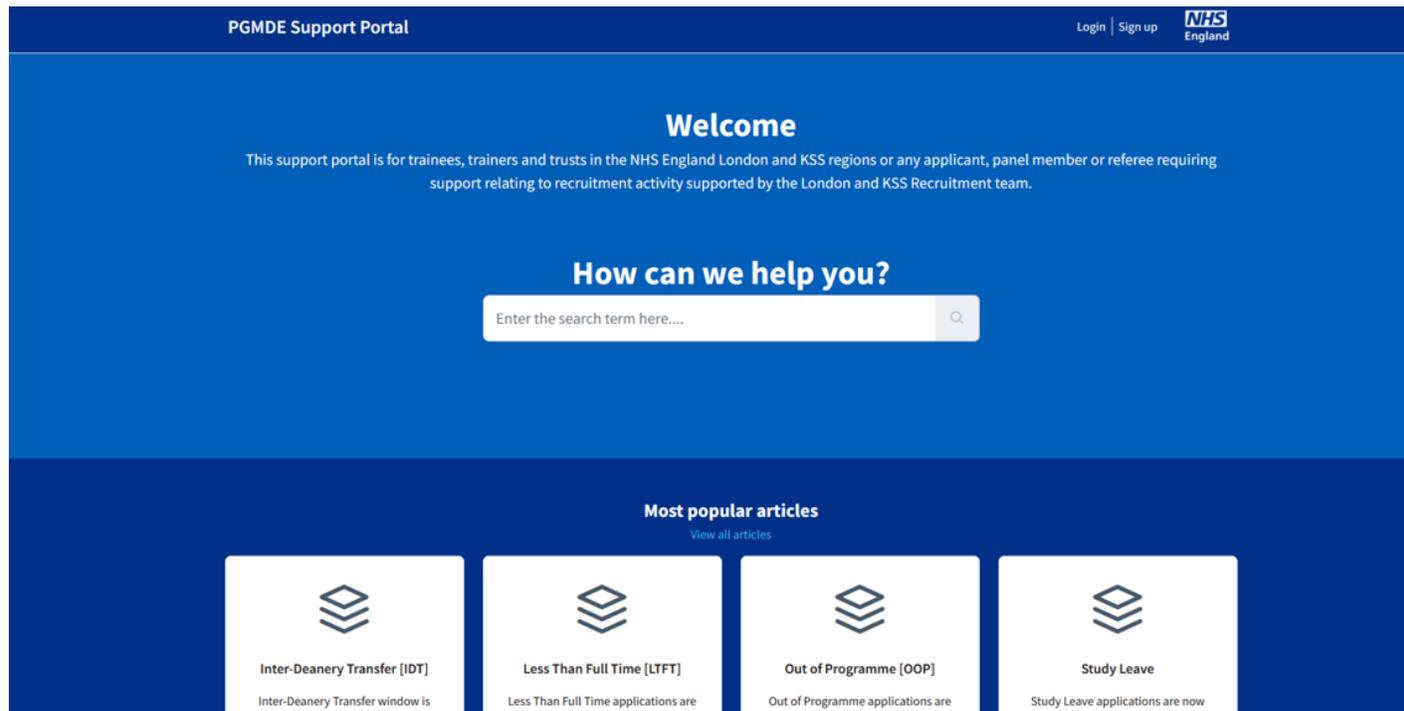
The application form must be completed in a single sitting as the system does not allow for saved incomplete applications.

All required supporting documents and any evidence, **MUST** be submitted at the time of application.

Applicants are advised to report any technical issues to the NIDT team via the [PGMDE Support Portal](#) as soon as possible. Proof of the error (ie. Screenshots) must be provided before the application window closes. We are unable to provide any extensions.

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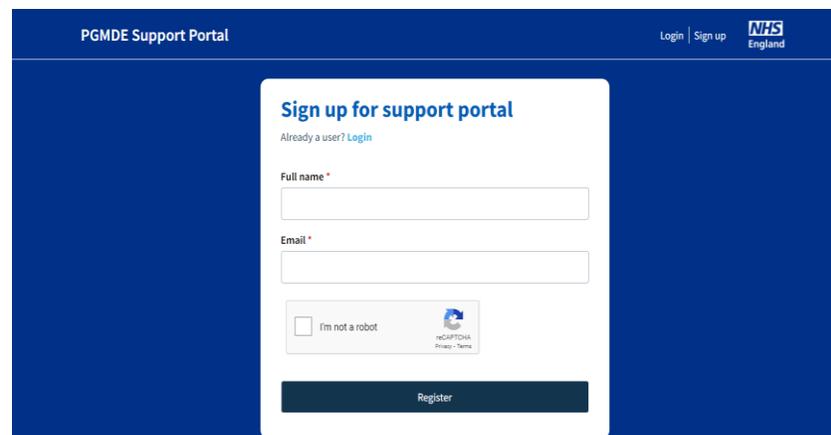
PGMDE Support Portal Home Page



- 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.

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PGMDE Support Portal Home Page



The screenshot shows the PGMDE Support Portal sign-up page. At the top left, it says "PGMDE Support Portal". At the top right, there are links for "Login" and "Sign up" next to the NHS England logo. The main content area is a white box with a blue header "Sign up for support portal". Below the header, there is a link "Already a user? Login". The form has two input fields: "Full name *" and "Email *". Below the email field is a CAPTCHA section with a checkbox "I'm not a robot" and a CAPTCHA logo. At the bottom of the form is a dark blue "Register" button.



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.

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PGMDE Support Portal Home Page

PGMDE Support Portal user activation Inbox x

PGMDE Support <LasePGMDEsupport@hee.freshdesk.com>

Hi -----

A new LaSE PGMDE Support account has been created for you.

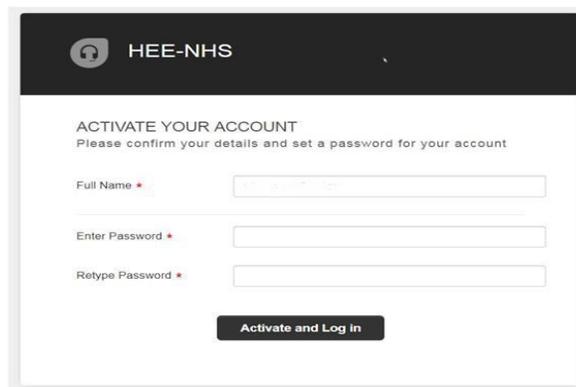
Click the url below to activate your account and select a password!

<https://lasepgmdesupport.hee.nhs.uk/register/ij7E>

If the above URL does not work try copying and pasting it into your browser. If you continue to have problems, please feel free to contact us.

Regards,

HEE LaSE PGMDE Team



The screenshot shows a web page titled "HEE-NHS" with a sub-header "ACTIVATE YOUR ACCOUNT". Below the sub-header is 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 of the form is a button labeled "Activate and Log in".

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'.

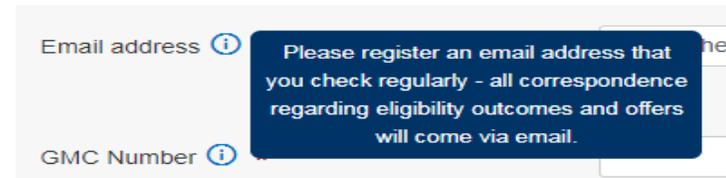
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Application Form

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.

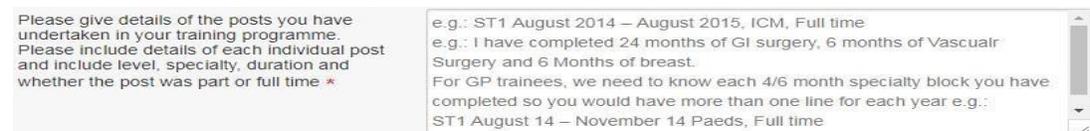
 Some questions will also have a 'tool tip' that provide more information. If you hover your cursor over the image, a blue dialogue box will appear.



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 Guide within the website.

You should not submit multiple application forms.

Evidence Upload

Note

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 review the National IDT Website <https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/inter-deanery-transfers-idt> for further information on supporting documents and evidence that you are required to submit.

You have selected Criterion 1a - Own Disability;

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

For Re-applications, you must re-enter all information in full in the body of the application and re-attach all mandatory documentation and evidence.

You must include with your application:

A copy of your most recent ARCP Outcome form which relates to their current training programme.

A completed Supporting Document A1 (and a signed coversheet if reapplying)

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Application Form

The application is organised into the following categories;

- Personal Information
- 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.

Guide to Completing an IDT Application & Supporting Documents

Inter Deanery Transfer Application Form -Personal Information

IDT Application Form

Personal Information

Title *

First name *

Middle name

Last name *

Address *

Address line 2

Address line 3

Postcode *

Country *

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 *

Email address ⓘ *
[Add cc](#)

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 ⓘ

Immigration status ⓘ *

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.

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Application Form - 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 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 ensure that you have read through the guide to ensure that you are applying under the correct criterion for your circumstance.
<https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/inter-deanery-transfers-idt/inter-deanery-transfers-idt-guide/criteria-and-prioritisation>

Please be as detailed as possible when completing this field.

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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 *

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.

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Application Form - Details of your training programme (Non-GP Trainees)

Please give details of exams you have passed *

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

Please give details of exams you need to pass *

e.g.: FRCP 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 ⓘ *

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.

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Application Form - 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.

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Application Form - Annual Review of Competence Progression (ARCP)

Annual Review of Competence Progression (ARCP)

I have received an ARCP outcome in my current training programme [?](#) *

Date of most recent clinical ARCP review *

ARCP Outcome at last clinical review [?](#) *

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.

You will be asked to enter your ARCP outcome

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ARCP Outcome Forms

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. The form can be submitted in any readable format. It does not have to be in PDF format. 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 will accept copies of ARCP outcome forms in any format. 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.**

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Application Form - ARCP Outcome Forms continued

No ARCP Outcome Received

Annual Review of Competence Progression (ARCP)

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

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

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 dropdown menu in the next question.

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

If you have not yet received an ARCP outcome in your current training region:

If you have not yet received an ARCP outcome in your current training region, you are not required to provide any document in relation to your ARCP at time of application. Your current training region as part of the shared eligibility details during the vacancy declaration process will review and flag any causes for concern that require local discussion.

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Application Form

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 [i](#) *

Have you received an OOP ARCP *

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

Are you currently training LTFT *

Do you wish to complete your training less than full time (LTFT) [i](#) *

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 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.

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.

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Application Form - Details of Transfer Request (GP Trainees)

Details of Transfer Request

1st choice region ⓘ •
NHS England North London

Are you happy to be considered for a post anywhere available within your 1st choice region? ⓘ •
No

Specific Location(s) that you are willing to be considered for within your 1st choice ⓘ •
North West London - Central Middlesex hospital

2nd Choice region ⓘ •
NHS England Thames Valley

Are you happy to be considered for a post anywhere available within your 2nd choice region? ⓘ •
Yes

3rd Choice region ⓘ •
N/A

Are you happy to be considered for a post anywhere available within your 3rd choice region? ⓘ
...

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.

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.

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

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Application Form - Details of Transfer Request (Pan-Region Specialties)

Details of Transfer Request

1st choice region ⓘ *

NHS England North London

Are you happy to be considered for a post anywhere available within your 1st choice region? ⓘ *

No

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

North West London - Central Middlesex hospital

2nd Choice region ⓘ *

NHS England Thames Valley

Are you happy to be considered for a post anywhere available within your 2nd choice region? ⓘ *

Yes

3rd Choice region ⓘ *

N/A

Are you happy to be considered for a post anywhere available within your 3rd choice region? ⓘ

...

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

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.

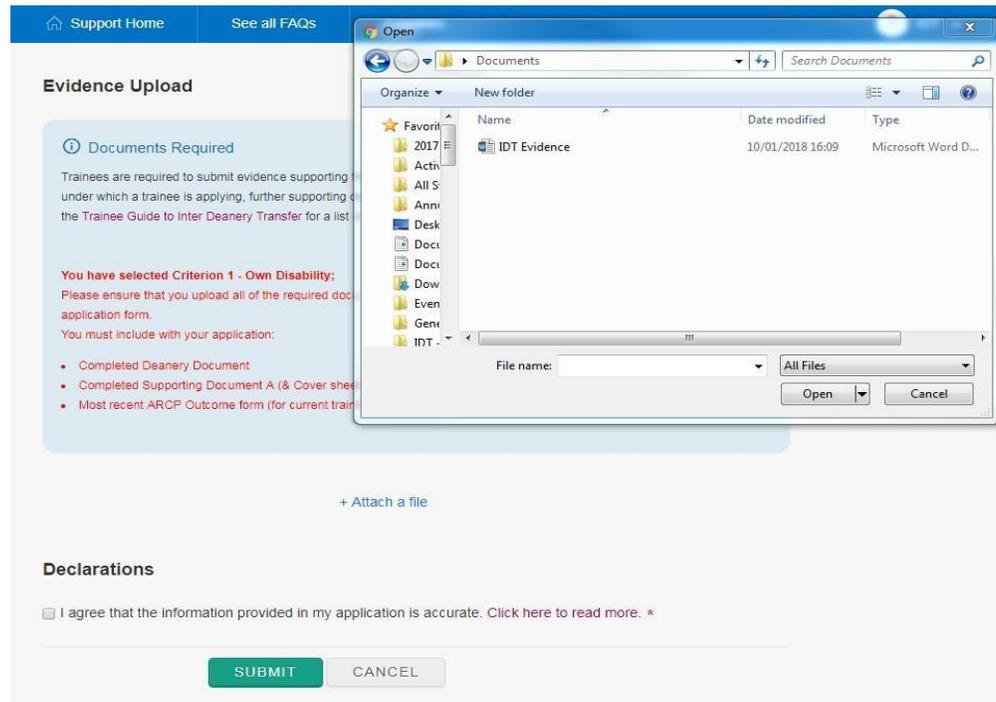
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Specialties that are Pan-Region

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

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Evidence Upload



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.

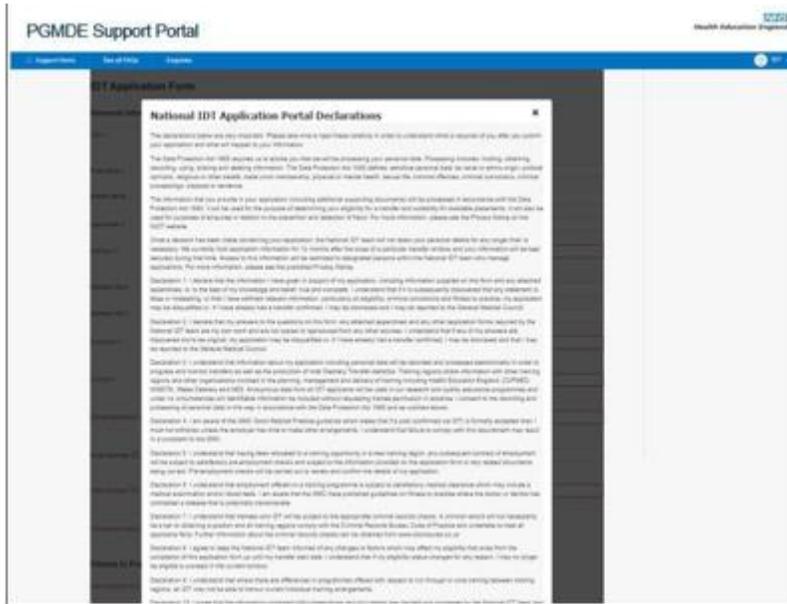
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Evidence Upload Do's & Don'ts

- **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**

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Application Form - Declarations



- 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.

Declarations

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

SUBMIT

CANCEL

- 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 15th March 2024**. 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) 16th February 2024**.
- 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.

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Guide to Completing an IDT Application & Supporting Documents

Supporting Documents & Evidence

Cover Sheet

This document should be used for re-applications **ONLY** and is relevant for Criterion A1, A2 and B.

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.

Inter Deanery Transfer (IDT)
February 2024 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.

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 upon final application submission.

This document must not be signed more than 4 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
A1	Medical professional or Occupational Health professional			
A2	Medical professional or Occupational Health professional			
B	General Practitioner, (needs to be a qualified GP), or Social Worker			

Guide to Completing an IDT Application & Supporting Documents

Supporting Documents & Evidence

Criterion 1A– Your own Disability Supporting Document A1

A1	Supporting Document A1 Criterion 1A: Own Physical disability (Part 1) (Page 1 of 4)	FEB 2024
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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 referred 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 2024
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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 (needs to be a qualified GP), or medical specialist providing treatment.

To support this application, you require 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 2024
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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

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 2024
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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 registration: _____ 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, fully qualified 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 has not completed. If additional space is required to complete this section, this should be continued on letter headed paper.

Guide to Completing an IDT Application & Supporting Documents

Supporting Documents & Evidence

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

A2	Supporting Document A2 Criterion 1B- Own mental health disability (Part 1) (Page 1 of 4)	FEB 2024
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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:	

A2	Supporting Document A2 Criterion 1B- Own mental health disability (Part 2) (Page 2 of 4)	FEB 2024
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PART 2 – For completion by Occupational Health Physician, GP or other Registered Clinician providing care for the individual

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.

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.

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.

To support his/her application s/he requires statements from their Occupational Health Physician, GP (needs to be a qualified GP) or other overseeing registered clinician in which they should:

- 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.

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.

A2	Supporting Document A2 Criterion 1B- Own mental health disability (Part 2) (Page 3 of 4)	FEB 2024
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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 have an ongoing mental health condition that requires treatment and/or a transfer to another region that would improve management of their condition? 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:

A2	Supporting Document A2 Criterion 1B- Own mental health disability (Part 2) (Page 4 of 4)	FEB 2024
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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:

- 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: Date:
Signature:	
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, fully qualified 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 Mental Health condition 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

Guide to Completing an IDT Application & Supporting Documents

Supporting Documents & Evidence

Criterion 2 – Primary Carer Supporting Document B

B	Supporting Document B Criterion 2 Primary Carer Responsibilities (Part 1) (Page 1 of 4)	FEB 2024
PART 1 – For completion by the trainee		
<p>Details of Trainee</p> <p>Surname: <input type="text"/> First name: <input type="text"/></p> <p>Address: <input type="text"/></p> <p>Post code: <input type="text"/></p>		
<p>Details of Person being cared for</p> <p>Surname: <input type="text"/> First name: <input type="text"/></p> <p>Address: <input type="text"/></p> <p>Post code: <input type="text"/></p> <p>State of birth: <input type="text"/></p> <p>Gender: <input type="text"/></p> <p>Relationship to trainee: <input type="text"/></p>		
<p>This document must be submitted by the trainee in support of an application for a National Inter Decenary Transfer under the primary carer criterion.</p> <p>As part of the process of applying for an Inter Decenary Transfer under the criterion of change of circumstances relating to their role as primary carer:</p> <ul style="list-style-type: none"> to confirm that the applicant is the primary carer for someone who has significant ill health and/or is disabled as defined in the Equality Act 2010. <p>In completing this document, applicants are reminded that the confidential medical details of the person cared for should not be routinely disclosed to the National Inter Decenary Transfer team. Instead, a clear indication of the level of care provided by the applicant should be given.</p>		

B	Supporting Document B Criterion 2 Primary Carer Responsibilities (Part 1) (Page 2 of 4)	FEB 2024
Below are some considerations to aid in local discussion for support:		
<p>Have all supportive mechanisms been considered, including social training supportive options to training and resources? Considering these responsibilities with a demanding training programme may involve irregular and non-social working hours, are arrangements in place to aid management of this?</p>		
<p>DECLARATION</p> <p>I confirm that:</p> <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 referred to the GMC. This document has not been edited by GPs 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 Decenary 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 Decenary Transfer process. <p>Name: <input type="text"/></p> <p>Signature: <input type="text"/></p> <p>Date: <input type="text"/></p>		

B	Supporting Document B Criterion 2 Primary Carer Responsibilities (Part 2) (Page 3 of 4)	FEB 2024
PART 2 – For completion by the General Practitioner (needs to be a qualified GP), or Social Worker of the person being cared for by the applicant		
<p>The medical details of the disability or medical condition of the person being cared for are not required. Our concern is to confirm that the applicant is the primary carer for that person. By primary carer we mean the person who provides, or is responsible for the provision of care, to a patient. Applicants who are part of a group, e.g. a family, which provides care for a person are not eligible to apply under the National Inter Decenary Transfer process.</p> <p>The information provided within this document will be reviewed by the National Inter Decenary 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>		
<p>How long you have known the person being cared for by the trainee?</p> <p>Years: <input type="text"/> Months: <input type="text"/></p>		
<p>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?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>Please provide brief details of the type and level of care the trainee provides:</p> <p><input type="text"/></p>		

B	Supporting Document B Criterion 2 Primary Carer Responsibilities (Part 2) (Page 4 of 4)	FEB 2024
PART 2 – For completion by the General Practitioner or Social Worker of the person being cared for by the applicant		
<p>DECLARATION</p> <p>I confirm that:</p> <ul style="list-style-type: none"> 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 Decenary Transfer team to discuss this information if necessary. <p>Name: <input type="text"/></p> <p>Professional title/code: <input type="text"/> GMC no (if applicable): <input type="text"/></p> <p>Signature: <input type="text"/> Date: <input type="text"/></p> <p>Address: <input type="text"/></p> <p>Postcode: <input type="text"/></p> <p>Phone number for queries: <input type="text"/></p>		

PART 1 – For completion by the trainee.

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. There is also a declaration for you to sign.

PART 2 – For completion by a fully qualified General Practitioner or Social Worker of the person being cared for by the applicant.

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.

Guide to Completing an IDT Application & Supporting Documents

Evidence – Criterion 3 Parental/Guardian Responsibilities

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 _____ Sub-district Name _____ in the County Name _____

Col.	Date 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
1	2	3	4	5	6	7	8	9	10

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 _____

BXCC 000000

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

CERTIFIED COPY OF AN ENTRY IN THE RECORDS OF THE GENERAL REGISTER OFFICE
Given at the GENERAL REGISTER OFFICE

Application Number _____ COL 694071

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
No. of entry	Date of entry	Name of adopted child	Sex of adopted child	Name and surname, address and occupation of adopter or adopters	Date of birth of child	Date of adoption order and description of court by which made	Signature of Officer deputed by Registrar General to attest the entry
18875	Eight September 1931	John Harold	Male	Harold James PETERS 8 Vivian Street, Hatfield, Hertfordshire (a Transport Worker) Maud PETERS (Wife of above) of the same address	Thirteenth December 1928	Sixteenth June 1931 The Court in the County Borough of Swansea	Chas M Watts

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. PERSON'S 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.

This fee is chargeable for this certificate

1 & 2 1922, 7 CH 25

CERTIFICATE OF BIRTH

Name and Surname Misty 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
19225A101

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.

Guide to Completing an IDT Application & Supporting Documents

Evidence – Criterion 3 continued

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).

- 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.)

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Evidence – Criterion 4 Committed Relationship and Pregnancy and IVF

You must provide supporting documentation to evidence the need to transfer to the prospective region as a result of your committed relationship (or breakdown of)

- **If you are applying because your partner has a job offer in another region you will also have to supply evidence of this**
- **If you are applying because your partner lives in another region you will have to supply evidence of your partner's residence in the region that you wish transfer to.**
- 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);

The above is not an exhaustive list, the National IDT team will accept any reasonable evidence.

- **You are able to apply if you or your partner are pregnant or undergoing IVF treatment. You will need to provide a GP or Midwife letter of confirmation and evidence of need to move to your requested region.**

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Evidence – Criterion 4 The breakdown of a Committed Relationship

- Please give explanation about the breakdown of your relationship on the application form.
- You will need to detail how your circumstances have changed in relation to the breakdown of the relationship. You will also need to confirm why you have selected the region(s) in your preferences and how moving to the chosen region(s) will assist your current situation.

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Evidence – Criterion 5 Other

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

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

At a minimum, this will include:

- Most recent ARCP
- Any Academic documentation where applicable

Guide to Completing an IDT Application & 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 NHS England

If you are an academic trainee within an NHS 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.

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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.

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.**

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Further Information

Further information on the national Inter Deanery Transfer process can be found within the IDT webstie:

<https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/inter-deanery-transfers-idt>

The National Inter Deanery Team do 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 information are updated between IDT windows, so please ensure that you fully read the guidance and documentation for the window in which you are applying.

Updated regional IDT contact information can be accessed [here](#). The document is titled 'Regional IDT Contacts.

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.