

Intra-LETB Transfer for Specialty Trainees

Process and Guidance for Specialty Trainees Moving Location within Health Education England – North West

Intra-LETB Transfer Policy

Document Title	Intra LETB Transfer policy
Purpose	Process and Guidance for Specialty Trainees Moving Location within Health Education England - North West
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Date of Issue	26/10/2015
Location	I:\Hospital & Community Care\Policies & Procedures\INTRA-LETB TRANSFER Website: https://www.nwpgmd.nhs.uk/policies-procedures
Version Control	V1 – 26/10/2015 V2 – 19/06/2017 V3 – 13/12/2017
Review Date	December 2018

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Overview

This process has been developed to support hospital specialty and general practice trainees who need to re-locate within the Local Education and Training Board (LETB) due to an unforeseen, significant change in their personal circumstances since the commencement of their current training programme. The process is based on the principles and criteria that underpin the national Inter-Deanery transfer process. By following this local process, trainees can apply for a transfer to another location within the LETB area which covers Cheshire and Mersey, Greater Manchester, Lancashire and Cumbria. It should be recognised that there is no entitlement to a transfer and spaces are very limited. Therefore, a transfer is based on demonstrable need and trainees must complete the required documentation and supply the relevant supporting evidence to clearly demonstrate how the eligibility criteria have been met. It is also necessary that there are vacancies on the relevant training programme in the area to which the trainee is applying to transfer.

The term 'significant change in personal circumstances' relates to:

- a new personal disability as defined by the Equality Act 2010 *or*
- a significant change to caring responsibilities *or*
- a significant change to parental responsibilities *or*
- a significant change to circumstances relating to a committed relationship.

The change must have occurred since the current programme was accepted and transfers are not supported within the first year of the programme. The change must generally require the trainee to re-locate from their current address, unless there are exceptional circumstances. The trainee must have had a discussion with the training programme director (TPD) and lead employer to explore alternative solutions and have the active support of both.

Please note:

- This process does not apply to trainees undertaking the Foundation Programme
- This process does not apply to trainees who need to change location for educational purposes. In such circumstances, the Training Programme Director and/or Head of School will discuss the required change with the Deputy Dean for Hospital and Community Care.

Section 1 - Criteria for Change in Personal Circumstance

Trainees wishing to transfer must meet one of the criteria below. Relocation is defined as moving primary residence normally a distance of 20 miles or more:

Criterion 1

The trainee has developed a disability (physical or psychological, as defined by the Equality Act 2010) for which treatment is an absolute requirement and where the required treatment can only be carried out in the geographical area the trainee has applied to relocate to, as confirmed by a report from their Occupational Health Physician, GP or their medical specialist.

OR

The trainee has developed a disability (physical or psychological, as defined by the Equality Act 2010) and has specific caring / social requirements that can only be delivered in the geographical area the trainee has applied to relocate to, as confirmed by a report from their Occupational Health Physician, GP or their medical specialist.

Criterion 2

The trainee is the primary carer for someone who is disabled (as defined by the Equality Act 2010), expected to be a partner, sibling, parent or child, and these responsibilities have changed significantly since the commencement of training in their current Deanery.

Applicants who provide care for a person as part of a group of carers, eg. a family, are not eligible to apply under this criterion.

Criterion 3

The trainee is a parent or legal guardian of a child or children under the age of 18 who reside primarily with them and for whom they have had significant change in caring responsibilities.

Criterion 4

The trainee has had a significant change in personal circumstances due to a committed relationship that could not have been foreseen at the time of appointment to their current programme.

Note: a committed relationship refers to the relationship a trainee has with a partner (eg boyfriend, girlfriend, husband or wife) and not with other family members or friends.

Definition of 'disability' according to the Equality Act 2010

The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment, which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

For the purposes of the Act:

- substantial means more than minor or trivial
- long term means that the effect of the impairment has lasted or is likely to last for 12 months (there are special rules covering recurring or fluctuating conditions)
- normal day-to-day activities include everyday things like eating, washing, walking and going shopping.

Some conditions, such as a tendency to set fires or addictions to non-prescribed substances, are specifically excluded. People who have had a disability in the past that meets the above definition are also covered by the scope of the Act. There are additional provisions relating to people with progressive conditions. People with HIV, cancer and multiple sclerosis are protected by the Act from the point of diagnosis.

Section 2 - Eligibility

1. Transfer requests will be subject to the trainee receiving a satisfactory ARCP outcome. It is unlikely that trainees who receive an unsatisfactory ARCP will be permitted to transfer.
2. Trainees must confirm that they have no unresolved causes for concern which may have been highlighted via the ARCP process. Any unresolved causes for concern may result in trainee's application not being eligible for the transfer process.
3. Trainees must be at least 12 calendar months from the date of completion of their training programme when starting in post within the new programme following a transfer.
4. All trainees are asked to disclose if they have a criminal record in the UK or any other country. Trainees in training posts are exempt from the Rehabilitation of Offenders Act 1974 and can therefore be asked to disclose 'spent' convictions that they would otherwise not have to declare.
5. Trainees must have the correct immigration status to be eligible to transfer.
6. A trainee's Less Than Full Time (LTFT) status cannot be guaranteed and a transfer into a new LTFT post will depend on the capacity in the area the trainee wishes to relocate to.

7. Trainees who are Out of Programme (OOP) or on maternity/paternity leave should not apply for a transfer which will take place before their return to the training programme. Instead, such trainees should apply for a transfer due to take place as close to their return to training as possible.

Section 3 - Before Applying

1. Trainees must discuss alternative support arrangements with their educational or academic supervisor and their TPD before applying. The Lead Employer also needs to be involved when discussing alternative local arrangements, such as less than full time working.
2. Academic Clinical Fellow (ACF) and Clinical Lecturer (ACL) trainees must also discuss the possibility of a transfer with the Associate Dean for Integrated Clinical Training for Liverpool or for Manchester & Lancaster Universities. Please note that it may not be possible to continue with the academic component of the training programme.
3. Trainees must demonstrate that a significant change to personal circumstances has occurred that could not have been foreseen at the time of commencing their current training programme. The change must involve:
 - personal disability as defined by the Equality Act 2010 or
 - caring responsibilities or
 - parental responsibilities or
 - a committed relationship

Please see section 2 for more detailed definitions of the above criteria.

4. Changes to personal circumstances must have occurred before making a transfer application and applications cannot be based on expected or anticipated future events.
5. Trainees need to be aware that their existing training arrangements may not be honoured on transferring to another training programme.
6. Trainees need to be aware that they will be required to move to the 2016 junior doctors contract should a transfer go ahead.
7. As applicants may require statements and supporting evidence from medical specialists and local authorities, it is recommended that they allow sufficient time for this and, where possible, start collating supporting documents well in advance of their application.
8. The process of considering applications will take place twice a year. Applications received by the appropriate deadline will be considered by panels that will decide upon eligibility and prioritisation of those deemed eligible. Panels will be convened twice a year and deadlines for each panel will be published on the website. Applications that are received after the deadline for a panel will only be considered at the subsequent panel (unless there are exceptional circumstances). Therefore, trainees need to plan the collation of evidence and submission of forms to meet the published deadlines.

Section 4 – Completing an Application

1. Trainees need to complete the application form (Appendix 1; Word version available on the website) and provide the relevant supporting documentation. A summary of the additional documentation required is provided in Appendix 2 and more detail is set out below.
2. Hospital specialty trainees should submit their completed paperwork to their Programme Support Manager and GP trainees should submit their paperwork to the GP Programme Support Business

Manager. All paperwork must be received by the twice yearly published deadlines. In very exceptional circumstances, a trainee can request that their application be considered outside of the published application windows. This will require discussion with the Programme Support Manager or GP Programme Support Business Manager, for approval from the Postgraduate Dean.

3. The application form requires trainees to indicate which of the 4 criteria applies to their personal circumstances, as defined in section 1. Each criterion requires the completion of different supporting documentation and evidence as follows:

Criterion 1 – complete supporting document A (Appendix 3; Word version available on the website)

All sections of supporting document A must be completed by the trainee and by an Occupational Health Physician, GP or medical specialist involved in the trainee's treatment or care, who will be required to:

- confirm that the trainee has a disability according to the Equality Act 2010
- describe the nature of the ongoing treatment and frequency of the follow up required
- 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.

Criterion 2 – complete supporting document B (Appendix 4; Word version available on the website)

All sections of supporting document B must be completed by the trainee and the GP or Social Worker of the person being cared for by the trainee and will consist of:

- a statement confirming the trainee's role as primary carer for the person being cared for
- a care plan for the person being cared for.

Criterion 3 – complete supporting document C (Appendix 5; Word version available on the website)

All sections of supporting document C must be completed by the trainee and a signatory. The signatory must:

- be over 18
- have known the applicant for at least two years in an independent professional capacity
- not be related to the applicant by birth or marriage
- not be in a personal relationship with the applicant
- not live at the same address as the applicant.

Suggestions for signatories include; lawyer, local authority councillor, doctor, dentist, teacher, justice of the peace, nurse/health visitor (RGN and RMN), police officer, social worker.

A copy of the birth certificate(s) of child(ren) or for legal guardians a copy of the document that confirms their status for the child named in the birth certificate **must** also be provided.

Criterion 4 – complete supporting document D (Appendix 6; Word version available on the website)

All sections of supporting document D must be completed by the trainee and evidence supplied that matches the status of the committed relationship as detailed below:

- Marriage - attach a copy of the marriage certificate
- Civil partnership - attach a copy of the civil partnership certificate
- Other committed relationship - supply two examples of shared financial responsibilities, eg: joint mortgage or tenancy agreement, joint bank account statement, utility bill with both names

4. Hospital specialty trainees should consider which area would be most suitable for their re-location and GP trainees may wish to rank up to 3 programmes as adjacent areas may be equally suitable or have more vacancies.
5. All trainees are required to submit a copy of their most recent ARCP outcome. Trainees who are currently out of programme for any reason should also submit the outcome form received while still in programme.
6. Trainees are responsible for submitting completed applications, with all supporting documents included and are therefore advised to check that all mandatory documents have been submitted along with the application form. It will not be possible to process an application that does not include the correct documentation completed to the required standard.
7. Information provided at the application stage, including information supplied on the application form and any attached supporting documents, should be completed to the best of the trainee's knowledge. If it is subsequently discovered that any statement is false or misleading, or that relevant information has been withheld, particularly on eligibility, criminal convictions and fitness to practice, an application may be disqualified, or if a transfer has already been confirmed, then this may be withdrawn. It may also be appropriate to report any such incidents to the GMC.

Section 5 – Consideration of Applications and Outcomes

1. The relevant Programme Support Manager or GP Programme Support Business Manager will convene panels twice per year to review applications received by the deadlines. The operational process is outlined in more detail in Appendix 7.
2. If there are more transfer requests than vacancies, priority will be given in the following order:
 - Trainees with a significant change in circumstances due to their own disability
 - Trainees with change in circumstances related to caring responsibilities
 - Trainees with change in circumstances related to parental responsibilities
 - Trainees with change in circumstances related to committed relationships
3. If there are insufficient vacancies to satisfy demand, eligible trainees of equal rank will be selected for transfer using a random number generator.
4. Trainees who have been unsuccessful in their application owing to lack of suitable vacant posts will remain on a waiting list for vacancies in that area or GP programme. Other applicants with higher priority applications may be placed higher on the waiting list by subsequent panels.
5. Trainees who have been successfully matched to vacant posts will be informed by email by the relevant School. Trainees will have 48 hours to confirm their acceptance of transfer.
 - Window 1 - trainees who apply before the spring deadline should expect to receive information on their outcomes by the end of May/beginning of June and transfer in August to February.
 - Window 2 - trainees who apply before the autumn deadline should expect to receive information on their outcomes by the end of September/beginning of October and transfer in February to August.

Section 6 – Complaints

Trainees who feel that the documented process was not followed correctly will need to write to the School and provide evidence of the failure. There is no appeal process for the outcome of a transfer application where the published process was followed correctly.

Appendix 1

Health Education England - North West

Intra-LETB Transfer

Application Form

- Please ensure you have read the process and guidance document before completing this form.
- Please ensure all sections of the form have been completed, by either typing or printing clearly in black ink.
- Please ensure your Training Programme Director completes section 5.
- Send your completed application form (and supporting documentation) to your Programme Support Manager/GP Programme Support Business Manager; forms must be received by the published deadlines.

Section 1 – To be completed by all trainees

Contact details

Last name		First name	
NTN		GMC No	
Current Address			
Postcode			
Home Telephone No		Mobile No	
Email Address <i>(This will be used for any correspondence)</i>			

Section 2 - To be completed by all trainees
Applicant declaration

I confirm that:

- I am formally applying to transfer location within the LETB/GP programme.
- I am currently in receipt of a satisfactory ARCP Outcome i.e. ARCP1
- 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 or I have attached details of my GMC or criminal investigations
- I am not under any local disciplinary measures or I have attached details of any local disciplinary measures
- 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 Transfer Review Panel 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 transfer process.

Signature		Date	
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Section 3 – To be completed by all trainees					
Current Programme Details					
Specialty			Grade		
Date of entry to training programme <i>(dd/mm/yyyy)</i>		Start date current post <i>(dd/mm/yyyy)</i>		End date current post <i>(dd/mm/yyyy)</i>	
Full time	Yes/No	If Yes, do you wish to continue full time?	Yes/No	If No, have you already applied for LTFT?	Yes/No
If LTF indicate %		Do you wish to continue LTFT?	Yes/No	If Yes, at the same %?	Yes/No
GP Trainees complete this section					
Current Programme			Type of post	GP Post Yes/No If no, please state hospital & specialty	
Please confirm how much further training (whole time equivalent) you will require in order to complete your GP training from the current date					
GP Post <i>(no of months)</i>			Hospital Post <i>(no of months)</i>		
Hospital Specialty trainees complete this section					
Current location <i>(Either Cheshire & Mersey or Greater Manchester/Cumbria & Lancashire)</i>			Track, Sector or Hospital		
Please indicate if you require any specific training experience to complete your training					

Section 4 – To be completed by all trainees

Criteria for requesting a transfer *(please tick the criterion under which you are applying for a transfer)*

- Criterion 1 Trainees with a significant change in circumstances due to their own disability**
(Please ensure [Supporting Document A](#) is completed and attached)
- Criterion 2 Trainees with change in circumstances related to caring responsibilities**
(Please ensure [Supporting Document B](#) is completed and attached)
- Criterion 3 Trainees with change in circumstances related to parental responsibilities**
(Please ensure [Supporting Document C](#) is completed and attached)
- Criterion 4 Trainees with change in circumstances related to committed relationships**
(Please ensure [Supporting Document D](#) is completed and attached)

Date of change in personal circumstances
dd/mm/yyyy

Date of proposed transfer
dd/mm/yyyy

GP Trainees complete this section – which programme do you wish to transfer to?

1st Preference

2nd Preference

3rd Preference

Hospital Specialty trainees – which area/track/sector do you wish to transfer to?

Area

Section 5 – To completed by the current Training Programme Director

(Please note that this section is not for the Training Programme Director to confirm the trainee’s declaration regarding ARCP outcomes, disciplinary measures or GMC/criminal investigations is accurate.)

I can confirm that:

- I have been informed by the trainee that they wish to apply for an Intra-LETB Transfer
- I have discussed a range of alternative support arrangements such as LTFT or OOP, none of which are suitable without a change of location.

Signature	
Name <i>(please print)</i>	
Position	
Date	

Appendix 2

Summary of supporting documentation to be completed in addition to the transfer application form

Trainee	Supporting document Required	Additional Signatories Required	Evidence Required
All trainees	N/A	N/A	ARCP outcome (<i>most recent one when in programme for those trainees OOP</i>)
Trainees applying under criterion 1 <i>Trainees with a significant change in circumstances due to their own disability</i>	Supporting Document A	Occupational Health Physician, GP or medical specialist	Part 2 of form completed by additional signatory
Trainees applying under criterion 2 <i>Trainees with change in circumstances related to caring responsibilities</i>	Supporting Document B	GP or Social Worker of the person being cared for	Part 2 of form completed by additional signatory
Trainees applying under criterion 3 <i>Trainees with change in circumstances related to parental responsibilities</i>	Supporting Document C	Independent professional such as teacher, doctor	Part 2 of form completed by additional signatory Copy of birth certificate(s) of child(ren) or for legal guardians a copy of the document that confirms their status for the child named in the birth certificate
Trainees applying under criterion 4 <i>Trainees with change in circumstances related to committed relationships</i>	Supporting Document D	N/A	Marriage - copy of marriage certificate Civil partnership - copy of civil partnership certificate Other committed relationship - two examples of shared financial responsibilities, eg: joint mortgage or tenancy agreement, joint bank account statement, utility bill with both names

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Supporting Document A

Criterion 1 – *own disability*

- Please ensure you have read the process and guidance document before completing this form.
- Please complete this form if you are applying for an Intra-LETB Transfer under criterion 1; significant change in circumstances due to own disability.
- Please ensure all sections of the form have been completed, by either typing or printing clearly in black ink.
- Please ensure your Occupational Health Physician (or GP or other medical specialist) completes section 3.
- Send this supporting documentation, together with your completed application form, to your Programme Support Manager/GP Programme Support Business Manager; forms must be received by the published deadlines.

Section 1 – To be completed by the trainee			
Contact details			
Last name		First name	
NTN		GMC No	
Current Address			
Postcode			
Home Telephone No		Mobile No	
Email Address <small>(This will be used for any correspondence)</small>			

Section 2 - To be completed by the trainee
Applicant declaration

I confirm that:

- The information I have provided is correct and truthful and that it matches the information supplied on the application form.
- I give my permission for all the information in this supporting document to be shared with the Transfer Review Panel 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 Transfer process.

Signature		Date	
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Section 3 - To be completed by Occupational Health Physician, or GP or other medical specialist

The person whose details are outlined in section1 is a postgraduate medical trainee applying for a transfer to another location within the LETB or GP programme. The trainee is applying under criterion 1:

Criterion 1

The trainee has developed a disability (physical or psychological, as defined by the Equality Act 2010) for which treatment is an absolute requirement and where the required treatment can only be carried out in the geographical area the trainee has applied to relocate to, as confirmed by a report from their Occupational Health Physician, GP or their medical specialist.

OR

The trainee has developed a disability (physical or psychological, as defined by the Equality Act 2010) and has specific caring / social requirements that can only be delivered in the geographical area the trainee has applied to relocate to, as confirmed by a report from their Occupational Health Physician, GP or their medical specialist.

This report is essential to verify that the trainee has developed a disability as defined above and that treatment is an absolute requirement and is required to take place in the area to which the trainee has applied to relocate to. Please complete this section of the form and return to the applicant.

The information provided within this document will be reviewed by the Transfer Review Panel. By signing section 2, the trainee has given consent for the information you provide to be shared with the Review Panel, in support of their application.

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

Section 3 continues overleaf

Section 3 (cont)			
Please describe the nature of the ongoing treatment and frequency of follow up required.			
Please state why the reasonable adjustment of a transfer to another location needs to be made and how such a move would support the trainee with their change of circumstances.			
Section 3 – Declaration			
<p>I confirm that:</p> <ul style="list-style-type: none"> • I am a medical professional involved in the regular care of the applicant. • I am not related to the trainee by birth or marriage, or in a personal relationship with the trainee. • The information I have provided is truthful and correct. • I give my permission for the information I have provided to be shared with the Transfer Review Panel. • I am prepared to be contacted by the Transfer Review Panel to provide further clarification if required. 			
Name		GMC No	
Professional Role			
Telephone		Email Address	
Signature		Date	

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Supporting Document B

Criterion 2 – *caring responsibilities*

- Please ensure you have read the process and guidance document before completing this form.
- Please complete this form if you are applying for an Intra-LETB Transfer under criterion 2; significant change in circumstances related to caring responsibilities.
- Please ensure all sections of the form have been completed, by either typing or printing clearly in black ink.
- Please ensure the GP or Social Worker of the person for whom care is being provided completes section 4.
- Send this supporting documentation, together with your completed application form, to your Programme Support Manager/GP Programme Support Business Manager; forms must be received by the published deadlines.

Section 1 – To be completed by the trainee			
Contact details			
Last name		First name	
NTN		GMC No	
Current Address			
Postcode			
Home Telephone No		Mobile No	
Email Address <small>(This will be used for any correspondence)</small>			

Section 1 continues overleaf

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Section 1 (cont)			
Section 1 – To be completed by the trainee			
Details of person being cared for			
Last name		First name	
Current Address			
Postcode			
Relationship of applicant to the person being cared for			
Does the person being cared for meet the definition of disability as outlined in the Equality Act 2010?			Yes/No

**Section 2 – To be completed by the trainee
Care plan**

In completing the plan, applicants are reminded that the confidential medical details of the cared for should not be routinely disclosed as part of the transfer application. Instead a clear indication of the level of care provided by the applicant should be given.

In support of their application for a transfer under criterion 2 (change of circumstances relating to role of primary carer) applicants must provide a care plan in support of their application. This has two functions: to confirm that the applicant is the primary carer for someone who is disabled as defined in the Equality Act 2010 and to outline the type and level of care proved; and to ensure the applicant has given due consideration to the issues involved in combining a demanding medical role and providing care.

Please outline the care provided and your level of responsibility in the provision of this care. Please also indicate how much of your time this takes each day/week.

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

Section two continues overleaf

Section 2 (cont)

What other services does the person you care for utilise? eg social services, private carers, translation/interpreter services, primary health care team. Have all local support resources been fully considered?

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 unexpected or planned periods when you will be unavailable? For example, if you have to do a week of nights or are asked to cover a shift for a colleague at short notice.

Section 3 - To be completed by the trainee
Applicant declaration

I confirm that:

- The information I have provided is correct and truthful and that it matches the information supplied on the application form.
- I give my permission for all the information in this supporting document to be shared with the Transfer Review Panel 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 Transfer process.

Signature		Date	
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IMPORTANT

Applicants are reminded that the confidential medical details of the person being cared for should not be routinely disclosed to the Transfer Review Panel. Instead a clear indication of the level of care provided by the applicant should be given.

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Section 4 - To be completed by the GP or Social Worker of the person being cared for by the applicant

The person whose details are outlined in section 1 is a postgraduate medical trainee applying for a transfer to another location within the LETB or another GP programme. The trainee is applying under criterion 2:

Criterion 2

The trainee is the primary carer for someone who is disabled (as defined by the Equality Act 2010), expected to be a partner, sibling, parent or child, and these responsibilities have changed significantly since the commencement of training in their current location.

Applicants who provide care for a person as part of a group of carers, eg. a family, are not eligible to apply under this criterion

Please Note: The medical details of the disability of the person being cared for are not required.

The purpose of your report is to confirm that the applicant is the primary carer for the person named. By primary carer, we mean the person who provides, or is responsible for the provision of, care, on a daily basis. Please complete this section of the form and return to the applicant.

The information provided within this document will be reviewed by the Transfer Review Panel. By signing section 2, the trainee has given consent for the information you provide to be shared with the Review Panel, in support of their application.

How long have you known the applicant?

Does the person being cared for meet the definition of disability as outlined in the Equality Act 2010?

Yes/No

Please provide brief details of the type and level of care the applicant provides.

Section 4 continues overleaf

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Section 4 (cont)			
Section 4 – Declaration			
<p>I confirm that:</p> <ul style="list-style-type: none"> I am not related to the applicant by birth or marriage, or in a personal relationship with the trainee. The information I have provided is truthful and correct. The applicant is currently the primary carer for the person named in section 1, who is my patient/client. I give my permission for the information I have provided to be shared with the Transfer Review Panel. I am prepared to be contacted by the Transfer Review Panel to provide further clarification if required. 			
Name		GMC No	
Professional Role			
Telephone		Email Address	
Signature		Date	

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Supporting Document C

Criterion 3 – *parental responsibilities*

- Please ensure you have read the process and guidance document before completing this form.
- Please complete this form if you are applying for an Intra-LETB Transfer under criterion 3; significant change in circumstances relating to parental responsibilities.
- Please ensure all sections of the form have been completed, by either typing or printing clearly in black ink.
- Please ensure another professional who has known you for at least 2 years completes section 4. Suggestions for signatories include; lawyer, local authority councillor, doctor, dentist, teacher, justice of the peace, nurse/health visitor (RGN and RMN), police officer, social worker.
- Send this supporting documentation, together with your completed application form, to your Programme Support Manager/GP Programme Support Business Manager; forms must be received by the published deadlines.

Section 1 – To be completed by the trainee

Contact details

Last name		First name	
NTN		GMC No	
Current Address			
Postcode			
Home Telephone No		Mobile No	
Email Address <small>(This will be used for any correspondence)</small>			

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Section 2 – To be completed by the trainee Details of child(ren)			
Last name	First Name	Date of birth	Age
Address of child(ren)			
Postcode			
<p>Please attach a copy of the birth certificate(s) for each child. For legal guardians, attach a copy of the legal document that confirms their status for the child named in the birth certificate.</p>			
<p>Please give a brief overview of your change in personal circumstances relating to your parental or guardian responsibilities. How does this differ to your situation at the start of your training?</p>			
<p> </p>			

Section 3 - To be completed by the trainee
Applicant declaration

I confirm that:

- The information I have provided is correct and truthful and that it matches the information supplied on the application form.
- I give my permission for all the information in this supporting document to be shared with the Transfer Review Panel 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 Transfer process.

Signature		Date	
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Section 4 - To be completed by a signatory who must have known the applicant for at least 2 years in a professional capacity and be in a position to confirm that the applicant has had a significant change to caring responsibilities for a child or children under the age of 18.

The person whose details are outlined in section 1 is a postgraduate medical trainee applying for a transfer to another location within the LETB or another GP programme. The trainee is applying under criterion 3:

Criterion 3

The trainee is a parent or legal guardian of a child or children under the age of 18 who reside primarily with them and for whom they have had significant change in caring responsibilities.

This report is essential to verify that the trainee has experienced a significant change in parental or guardian responsibilities since they commenced their current medical training programme. This change is of such significance that it requires them to re-locate from their current address. Please complete this section of the form and return to the trainee.

The information provided within this document will be reviewed by the Transfer Review Panel. By signing section 3, the trainee has given consent for the information you provide to be shared with the Review Panel, in support of their application.

Details of signatory

Last name		First name	
Professional Status			
Address			
Postcode			
Email Address		Telephone No	
Relationship to applicant			

Section 4 continues overleaf

Section 4 (cont)			
Section 4 - Declaration			
I confirm that:			
<ul style="list-style-type: none">• I have known the applicant for at least 2 years.• The applicant has parental or guardian responsibilities for the child(ren) named in section 2 and has experienced a significant change in their parental or guardian responsibilities.• I am not related to the applicant by birth or marriage, or in a personal relationship with the applicant.• The information I have provided is truthful and correct.• I give my permission for the information I have provided to be shared with the Transfer Review Panel.• I am prepared to be contacted by the Transfer Review Panel to provide further clarification if required.			
Signature		Date	

Health Education England - North West

Intra-LETB Transfer

Supporting Document D

Criterion 4 – *committed relationship*

- Please ensure you have read the process and guidance document before completing this form.
- Please complete this form if you are applying for an Intra-LETB Transfer under criterion 4; significant change in circumstances due to a committed relationship.
- Please ensure all sections of the form have been completed, by either typing or printing clearly in black ink.
- Send this supporting documentation, together with your completed application form, to your Programme Support Manager/GP Programme Support Business Manager; forms must be received by the published deadlines.

Section 1 – To be completed by the trainee			
Contact details			
Last name		First name	
NTN		GMC No	
Current Address			
Postcode			
Home Telephone No		Mobile No	
Email Address <small>(This will be used for any correspondence)</small>			

Section 2 – To be completed by the trainee Details of person with who you have the committed relationship				
Last name		First name		
Address <i>(if different to trainee's)</i>				
Postcode				
Status of committed relationship <i>(Please tick relevant box)</i>	Married	Civil Partnership	Other	If 'Other', please define below
The evidence required to support your application varies according to your status. Please attach a copy of the required evidence as follows:				
Marriage – <i>copy of marriage certificate</i> Civil Partnership – <i>copy of civil partnership certificate</i>				
Other committed relationship – <i>2 examples of shared financial responsibilities e.g. joint mortgage or tenancy agreement, joint bank account, utility bill with both names</i>				

Section 3 – To be completed by the trainee	
Further details	
How does your current situation differ to your situation at appointment to the training programme?	
Have you and the person with whom you have a committed relationship looked at other alternatives to you transferring from your current location? E.g. your partner moving to your geographical location	Yes/No
If 'Yes', please give details on the alternatives you have explored and why they were unsuitable	
If 'No', please explain why you have not considered alternative arrangements	

Section 4 - To be completed by the trainee
Applicant declaration

I confirm that:

- The information I have provided is correct and truthful and that it matches the information supplied on the application form.
- I give my permission for all the information in this supporting document to be shared with the Transfer Review Panel 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 Transfer process.

Signature		Date	
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Appendix 7

Health Education England – North West

Intra-LETB Transfer

Operational Process for Specialty School Staff

- Applications received by Programme Support Manager/GP Programme Support Business Manager.
- Programme Support Manager/GP Programme Support Business Manager convenes a Transfer Review Panel within 4 weeks of the application being received.
- Review panels can be 'virtual', with relevant document shared via secure email.
- Review panels will consist of the following members:

For Hospital Specialty trainees

- Associate Dean for the specialty
- Associate Dean in another area of the LETB
- GP Associate Dean

For GP trainees

- Head of School
- GP Associate Dean for the trainee's current academy
- GP Associate Dean from another academy
- Associate Dean (Secondary Care)

- The Programme Support Manager will contact the GP Programme Support Business Manager to arrange for GP Associate Dean input to hospital specialty panels and vice versa.
- The outcome of each transfer application panel will be shared with the relevant Programme Support Manager/GP Programme Support Business Manager:
 - When the panel has reached agreement, the trainee can be informed of the outcome
 - When the panel cannot reach agreement, the Programme Support Manager/GP Programme Support Business Manager will send the paperwork to another Associate Dean for further review
- The Programme Support Manager/GP Programme Support Business Manager will inform the trainee of the outcome via email.
- When a transfer application has been successful and another post is available in the chosen location(s), the trainee will have 48 hours to confirm acceptance. If confirmation is not received within 48 hours, the offer will be withdrawn and may be offered to another trainee when there is competition for the same post.
- When an application has been successful but there are no posts currently available in the chosen location(s), trainees will be informed they have been placed on a waiting list. The relevant Programme Support Manager or the GP Programme Support Business Manager will manage the waiting list.

Intra-LETB Transfer Policy

- Trainees who have been unsuccessful will be informed of the outcome and that there is no right of appeal unless they have evidence that the published process has not been followed. In such circumstances, trainees will be advised to contact the School in writing with evidence of the process failure. Appeals will be directed to the Deputy Dean for Hospital and Community Care or the Deputy Dean for Primary Medical Care.