

Intra-Deanery Locality Transfer – Specialty Training Programmes

For Postgraduate Doctors in Training within Yorkshire and Humber Specialty Training Programmes.

1. This document provides guidance for Postgraduate Doctors in Training (PGDiTs) within Specialty Training Programmes in Yorkshire and Humber who wish to request a transfer between training placements where the specialty does not have a Pan-Deanery rotation, i.e. there are defined West and South rotations, etc.

2. Example:

A PGDiT currently based in the South locality may request a transfer to the West locality, provided they meet the eligibility criteria outlined below.

3. All transfer requests must be made formally via email to the individual's current Training Programme Director (TPD).

4. Eligibility Criteria:

Requests will only be considered in cases of an **unforeseen, significant, and permanent change (arisen since accepting or starting in current post) in personal circumstances**, which may relate to one or more of the following:

- A personal disability, as defined by the *Equality Act 2010*
- Caring responsibilities
- Parental responsibilities
- A committed relationship

Requests will not be considered if these circumstances existed before accepting or starting current post.

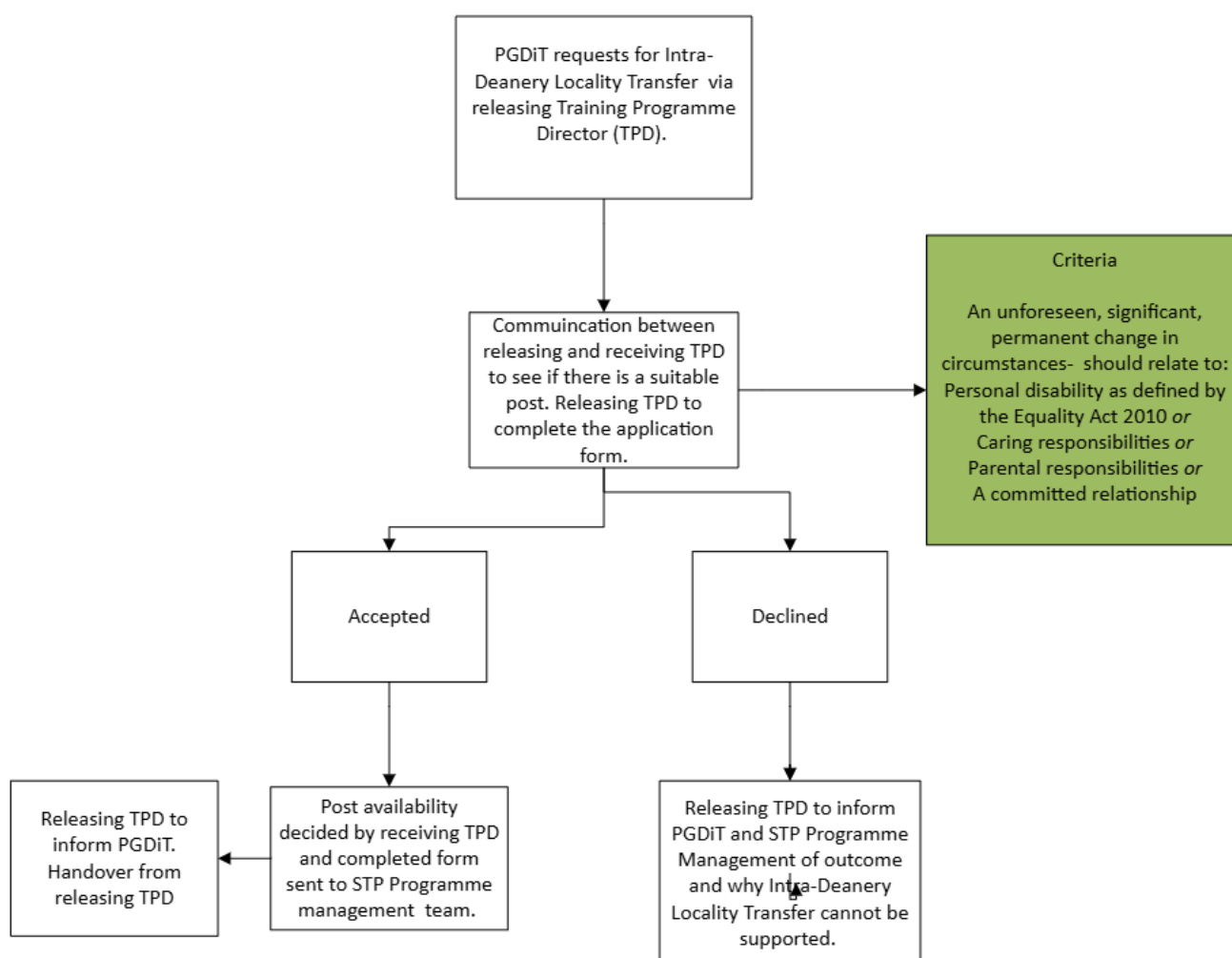


5. Upon receiving a request, the current TPD is responsible for liaising with the TPD in the proposed new locality to assess whether a suitable placement is available.

• **Note:** Intra-Deanery Locality Transfers can only be approved if a vacancy exists within the current training establishment for that locality.

Intra-Deanery Locality Transfers are strictly discretionary and not described within the Gold Guide, nor in any of the NHSE based Standard Operating Procedures (SOPs). Subsequently there is no formal appeal process if a request within Yorkshire and Humber is declined by the TPD/s.

August 2025





Application for an Intra-Deanery Locality Transfer
(Specialty Training Programmes)

PART A – PGDiT Details to be completed by applicant			
Full Name:			
School & Specialty:		GMC No.:	
Email Address:		Grade of Training:	

PART B – Releasing Training Programme Director Support
Can you confirm there is capacity for the programme to allow the PGDiT to transfer out of the rotation Yes / No Are there any concerns relating to the proposed transfer? Yes / No <u>If yes, please provide further details below:</u> *Supported / Not Supported <i>*delete as appropriate</i> Current Training Programme Director's Signature: _____ Dated: _____ _____



Name (BLOCK CAPITALS): _____

Email or telephone contact: _____

PART C – Receiving Training Programme Director Support

Can you confirm there is capacity for the programme to allow the PGDiT to transfer into the rotation?

Yes / No

If Yes, confirm proposed start date and placement.

Are there any concerns relating to the proposed transfer?

Yes / No

If yes, please provide further details below:

***Supported / Not Supported** **delete as appropriate*

New Training Programme Director's Signature: _____ Dated: _____

Name (BLOCK CAPITALS): _____

Email or telephone contact: _____

Please confirm date of transfer (if supported):

Please send a copy of completed form to england.stp-programmanagement.yh@nhs.net

