

Wales Foundation School F2 Matching Scheme – Reallocation Policy

The Wales Foundation School recognises that from time-to-time trainees may not be able to manage their training in their allocated or current training location and may wish to be reallocated to an alternative rotation. This re-allocation policy is aligned to the UKFPO criterion for applying for an Inter Foundation School Transfer (IFST) as follows: Criterion 1 – Parental Responsibilities

Criterion 2 – Primary Carer responsibilities

Criterion 3 – Medical Condition

Criterion 4 – Unique Circumstances

For further details on each of the criterion, please refer to the Foundation School Transfer guidance on the UKFPO: Forms and Guidance - UK Foundation Programme.

It is imperative that trainees discuss their allocation and/or need for re-allocation with their current FPD prior to submitting a reallocation request. It is expected that other ways to support the trainee in their original allocation will have been explored prior to requesting reallocation.

Reallocation requests will be reviewed by a panel within the Wales Foundation School. If approved, we will aim to reallocate you to one of the locations listed in your application should a vacancy become available. If you are offered a reallocation and decline it, no further offers will be made and you will remain in your original allocation. If a vacancy becomes available in a location which has been ranked equally by more than 1 trainee, random allocation will be used to decide which trainee receives an offer of the vacancy.

If no suitable vacancies arise by **30th June 2023**, you must remain with your original allocation.

Date (s)	Activity
Tuesday,	Applicants informed of allocation to rotation via F2
14 th March 2023	matching scheme
9:00 Wednesday,	Application for reallocation window opens
15th March 2023	
12:00 midday,	Application for reallocation window closes
Friday, 31 st March 2023	
Between	Foundation School holds panel to review reallocation
3 rd April 2023 – 17 th April 2023	applications
Monday,	Applicants informed of outcome of reallocation application
17 th April 2023	
Monday	Appeals window
17 th April 2023	
12:00 midday,	Appeal window closes
Monday, 1 st May 2023	
w/c Monday,	Appeal panel consider appeal applications
1 st May 2023	
Monday,	Appeal applicants informed of decision
8 th May 2023	

Timeline



Application Form

YOUR DETAILS				
Surname		First name		
Email address		GMC Number		
Your current				
address				
	Postcode			
Phone number				
Current Health				
Board				
Allocated Health				
Board				
Please indicate				
the criterion				
which you are				
applying under				
Reason for reques	-			
		a reallocation to a different loca	-	
demonstrate how you meet the criteria for reallocation, including explaining why you need to be in				
the specific area re	quested. Please pro	ovide as much detail as possible	and include supportive	
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Please rank (in order of priority – 1 being highest), which of the following hospitals you would be					
prepared to reallocate to – please do no	ot rank any you would not be prepared to move	to:-			
HOSPITAL					
Singleton Hospital, Swansea Bay					
Morriston Hospital, Swansea Bay					
Neath Port Talbot Hospital, Swansea Bay					
Princess of Wales Hospital, Bridgend, Cwm Taf Morgannwg					
Royal Glamorgan Hospital, Llantrisant, Cwm Taf Morgannwg					
Prince Charles Hospital Merthyr Tydfil	Prince Charles Hospital Merthyr Tydfil, Cwm Taf Morgannwg				
Royal Gwent Hospital, Newport, Aneurin Bevan					
The Grange University Hospital, Cwmbran, Aneurin Bevan					
Nevill Hall Hospital, Abergavenny, Ane	eurin Bevan				
Llandough Hospital, Cardiff & Vale					
UHW, Cardiff & Vale					
Prince Philip Hospital, Llanelli, Hywel I	Dda Carms				
Glan Gwili Hospital, Carmarthen, Hywe	el Dda Carms				
Withybush Hospital, Haverfordwest, H	lywel Dda Pembs				
Bronglais Hospital, Aberystwyth, Hywe	el Dda Ceredigion				
Ysbyty Gwynedd, Bangor, Betsi Cadwa	ıladr				
Glan Clwyd Hospital, Rhyl, Betsi Cadwa	aladr				
Wrexham Maelor Hospital, Betsi Cadw	valadr				
CONFIRMATION OF DISCUSSION WITH FPD: I confirm that the above named foundation doctor has discussed with me their intention and reasons for requesting reallocation.					
Name:					
Signature:					
Date:					
TRAINEE DECLARATION - I confirm:					
- I have explained the reasons for my	request to be reallocated and how these meet t	he criteria			
- The information provided in this ap	plication form and the supporting documentatio	n is correct			
and truthful					
Signature: Type name or insert					
signature photo file if available					
Date:					
FINAL DECISION BY FOUNDATION SCHOOL DIRECTOR/DEPUTY DIRECTOR:					
I confirm that I APPROVE/DO NOT APPROVE* this reallocation request (*delete as appropriate)					
Name:					
Signature:					
Date:					
Notes from Foundation School Director: (To include reason if approval not given):					