

GUIDANCE ON A REQUEST FOR A POST REASSIGNMENT

SURGICAL AFFAIRS					
Document Title	Guidance on a request for a Post Reassignment				
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Post Reassignment Request

Process to request a change in Post or Rotation

The post reassignment process is to support trainees who have had an unforeseen and significant change in their personal circumstances since the commencement of their current training programme (ST1 – ST8) which requires a change to the agreed post/rotation.

Applications will be considered by the Specialty Programme Director and, governed by the specialty and the Irish Surgical Postgraduate Training Committee (ISPTC) of RCSI.

In order to provide a consistent, transparent and robust process for all trainees, all decisions on eligibility and allocations are in accordance with these guidelines and criteria.

- Trainees can apply for a change to their agreed rotation if they have a significant and unforeseen change in their personal circumstances relating to but not limited to;
- Trainee disability or ill health
- Responsibility of caring for ill/disabled partner, relative or other dependent
- Responsibility for caring for school age children

Other well-founded reasons may be considered but it would be dependent on the particular situation and the needs of the specialty in which the individual was training.

Please note that reassignments are not an entitlement. A request for a change will depend on compliance with eligibility criteria, vacancies in the region into which trainees are applying to move and training requirements.

Before Applying

Trainees must discuss alternative support arrangements with their Training Programme Director before applying for a reassignment.

Trainees must demonstrate that a significant change to personal circumstances has occurred that could not have been foreseen when rotations were assigned. This change may involve but is not limited to;

- A disability or
- Caring responsibilities or
- Parental responsibilities or
- Other

Changes to personal circumstances must have occurred before making an application and applications cannot be based on expected or anticipated future events.

Application Process

1. Trainees must complete and submit via email the Post Reassignment Application Form or contact their ST administrator directly in the surgical training office.
2. Applications made under the reassignment policy must be received prospectively, no later than 6 months before the rotation is due to commence or within a reasonable timeframe concurrent with the knowledge of change in circumstances.
3. Trainees may be required to provide documentation and evidence to support their application

Decision Process

Applications will be considered by the Programme Director and/or the Specialty training committee as appropriate to the governance structures of the training programmes.

Applications will generally be considered as part of the allocation process.

Priority will be given to trainees with significant change in circumstances due to their own disability.

Applications from trainees with change in circumstances related to caring or parental responsibilities will then be considered.

Applications from trainees with a change involving a committed relationship will be considered thereafter.

If the availability of appropriate vacancies is insufficient to accommodate all requests eligible trainees will be selected on a first come, first serve basis.

The following principles will be adhered to during the decision making process:

- No existing trainee can be disadvantaged by the reassignment. For example, a trainee cannot have their rotation changed without their agreement to accommodate a request for reassignment from another trainee
- The reassigned post must meet the training requirements appropriate to a trainee at that level
- The reassignment should not result in the trainee having to undertake extra training in order to fulfil training requirements

If a trainee declines the post offered as a result of the reassignment application process this will mean that a trainee has withdrawn the application. No subsequent offers will be made and the trainee will remain assigned to their original rotation.

Trainees whose applications for reassignment are not successful will be informed of this decision by the TPD/ Specialty Training Committee. A reason for the decision will be provided.

The Specialty Training committee will do its best to accommodate such requests but applicants must be aware that requests will be dealt with on an individual basis and decisions will be taken based on post availability and other criteria.

Complaints Process

Trainees who feel that their application has not been managed in accordance with this guideline can submit supporting evidence of this to the postgraduate training body as a formal complaint. The appeals process will then be triggered.

All complaints/appeals must be submitted within 14 days of the outcome of the application.

RCSI is GDPR compliant should you have any queries on GDPR please contact dataprotection@rcsi.ie

Appeals policy can be viewed on [mSurgery.ie](https://www.rcsi.ie/mSurgery)

Application Form below page 5

Application for Re-Assignment

Contact Details

Title	
First name	
Last name	

Address

Address line 1	
Address line 2	
Mobile telephone number	

Current Placement

Specialty	
Year of programme	
Location of Current Post	
Date of commencement to training	
Expected CST or CSCST date	

Future placement

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 interests if applicable.	
Please give details on when and how your personal circumstances changed since your rotation was assigned.	

Details of reassignment request

Please indicate the rotation you are requesting to be changed:	
Please indicate the rotation/region you are requesting to be assigned to:	
Indicate the planned dates for this rotation (i.e. July 2023-June 2024)	
Please give details on why the change in location will help your circumstances	

Supporting documents

Please outline the supporting document attached to this application (if required)	
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Declaration signature

Date

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