Prevocational Medical Accreditation Queensland

Change in Circumstance –

**Term Supervisor Changes**

**Background information**

This form is used by facilities to notify PMAQ of changes to Term Supervisors. **Please note each notification needs to be submitted on a separate form.**

A Term Supervisor change is normally classified by PMAQ as a change with minor consequences. In order to notify PMAQ of this change, facilities are advised to submit this completed and signed Change in Circumstance form.

Where possible, notification of changes to Term Supervisors should be made to PMAQ prospectively, however, approval of this type of change can be granted retrospectively.

**Term Supervisor Roles and Responsibilites**

* Term Supervisors co-ordinate and oversee the overall intern training within a unit/term, ensuring that the term meets intern training requirements relative to clinical experience, education and support. (AMC Standard 8.1.3)
* Term Supervisors are responsible for ensuring that the following occur during each intern placement (AMC Standards 5.1.3, 5.2.2, 5.2.5, 5.2.6, 8.1.1, 8.1.2, 8.1.3)
* Orientation
* Discussion of Scope of Practice and Learning Objectives
* Appropriate supervision
* Provision of timely, progressive and informal feedback to interns
* Mid and End of Term Assessment
* Management of underperforming interns, including IPAP process (where relevant)
* Term Supervisors are expected to contribute to monitoring and to program development, eg. involvement in the Medical Education Committee, involvement with MEU in analysis of intern feedback for purposes of quality improvement. (AMC Standard 6.2)

**Facility details**

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| **Facility** | *Eg North East HHS* |  |
| **Site** | *Eg Boulia Hospital* |  |
| **Department or Unit** | *Eg Surgery*  |  |
| **Placement or element of program to be modified** | *Eg Surgery 2 (Orthopaedics)* |  |
| **Date change is to be implemented** | *Eg Term 1 2019* |  |
| **Date notification is made** | *Eg 17 Jan 2019* |  |

**Description of Term Supervisor Change**

|  |  |
| --- | --- |
| **New Term Supervisor Name** |  |
| **Previous Term Supervisor Name:****(if applicable)** |  |
| **Is this an additional new Term Supervisor, being added to the existing supervisory cohort?** | [ ]  Yes |
| **Is this a permanent or temporary change to the Term Supervisor?** | [ ]  Permanent[ ]  Temporary |
| **If this is a temporary change, please indicate the end date** | End Date Click here to enter a date. |

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| What is the implication of this change? Describe both positive and negative foreseeable outcomes for interns, supervisors, the training program, and the integrity of the experience. |
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**Qualifications and Experience**

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| Please indicate the Term Supervisor’s qualifications, experience in education and supervision and professional development activities (specifically related to junior doctor training). |
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**Is this an additional Term Supervisor**

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| If this notification is for an additional Term Supervisor, please describe the arrangement (eg. why is an additional Term Supervisor needed? Does each Term Supervisor have specific roles and responsibilities for all interns or will each intern be linked to a particular Term Supervisor? How do they ensure consistency in the mid and end term feedback and assessment process).  |
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**Orientation of New Term Supervisor**

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| If this change involves a new Term Supervisor, describe the orientation/induction activities that have been undertaken/will be undertaken. |
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**Optional – Additional Information**

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| Please include any additional information you feel is pertinent. |
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**Optional – Supporting Information**

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| Please list any documentation that has been attached to support the change. Eg. curriculum vitae, signed supervisor agreement. |
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**Facility authorisation and contact details**

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| --- | --- | --- |
| **Contact person** | Name |  |
| Position |  |
| Email |  |
| Phone |  |
| **Authorisation****by DCT, EDMS, DMS** | Name |  |
| Position |  |
| Signature |  |

Please submit this completed document to PMAQ@health.qld.gov.au