Prevocational Medical Accreditation Queensland

**Change in Circumstance Form**

**Background information**

This form is used by facilities to notify PMAQ of any changes to its intern training program.

**Please Note:**

**Changes to Medical Education Units and Term Supervisors should be made on the applicable separate Notification of Change forms.**

**Facility details**

|  |  |  |
| --- | --- | --- |
| **Facility** | *Eg: North East HHS* |  |
| **Site** | *Eg: Boulia Hospital* |  |
| **Department or Unit** | *E:g Surgery*  |  |
| **Placement or element of program to be modified** | *Eg: Surgery 2 (Orthopaedics)* |  |
| **Date change is to be implemented** | *Eg: 21st January 2019*  |  |
| **Date notification is made** | *Eg: 17 Jan 2019* |  |

**Facility authorisation and contact details**

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

**Descripton of change**

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| In general terms, describe the planned change you wish to implement or the change that has occurred because of some unplanned event. |
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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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**Supporting Documentation**

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| Please list any documentation that has been attached to support the change. |
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Please submit this completed document to PMAQ@health.qld.gov.au

**Version Control**

| Version | Date | Comments |
| --- | --- | --- |
| 1.2 | 6 February 2019 |  |
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