

PMAQ

Change in Circumstance Form

### Background information

This form is used by Facility’s 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 Change in Circumstance forms.**

Facility details

|  |  |  |
| --- | --- | --- |
| **Facility** | *Eg North East HHS* |  |
| **Site** | *Eg Boulia Hospital* |  |
| **Accredited Term to be modified** | *Eg Cardiology*  |  |
| **Date change is to be implemented** | *Eg 20 January 2020* |  |
| **Date notification is made** | *Eg 12 December 2019* |  |

### Facility authorisation and contact details

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

### Description 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** |
| --- | --- | --- |
| 1.0 | 27 February 2020 | Added to QH template |
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