Background

This form is to be used by training providers to notify PMAQ of changes to its prevocational training program.

Provider authorisation and contact details

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| --- | --- | --- | --- | --- |
| **Contact person** | Name |  | | |
| Position |  | | |
| Email |  | | |
| Phone |  | | |
| **Authorisation by DCT / EDMS / DMS** | Name |  | | |
| Position |  | | |
| Signature |  | | |
| Date |  | | |
| **Planned date change is to be implemented** |  | | **Date proposed CiC timeline discussed with PMAQ** |  |

Existing term details

|  |  |
| --- | --- |
| **Term name** |  |
| **Term location** |  |
| **Term specialty** |  |
| **Term category - A, B, C, & or D** | **A** - Undifferentiated illness patient care  **B** - Chronic illness patient care  **C** - Acute and critical illness patient care  **D** - Peri-operative/procedural patient care  Service term |
| **Type of change requested** | Additional posts to already accredited term  Term restructure to already accredited term  Other – please specific below and complete sections A & B |
| **Describe the change requested and rationale behind the proposed change** | *Provider’s response and reference to relevant documents* |

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| **Section A** | | | |
| **Number of PGY1s posts requested** |  | **Number of PGY2s currently in term** |  |
| **Number of registrars** |  |
| **Number of PGY1s currently in term** |  | **Number of SMOs/VMOs** |  |

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| **Section B** | | |
| **Please indicate in the table below if there will be any changes in the following categories because of the above-described change in circumstance. In your response, please ensure you reference the following documents:**   * *AMC National framework for prevocational (PGY1 and PGY2) Medical Training:*    + *Training environment*   + *Training and assessment* | | |
| **Will there be a change to** | **Yes / No** | **If you have indicated that a change will be made to any category, please describe the changes and reference evidence supplied to support the change, otherwise indicate N/A to confirm no change.** |
| **The structure** of the team or term and how the PGY1 or PGY2 doctors will be allocated in the term | Yes  No |  |
| **Complexity & volume**   * case mix * case load * model of care * ward call * consent procedures * escalation of concerns * PGY1 workload * PGY2 workload * proposed roster * current roster also showing rostered and unrostered overtime | Yes  No |  |
| **Clinical experience:**   * term learning objectives * clinical opportunities and experiences * PGY1 scope of practice * PGY2 scope of practice | Yes  No |  |
| **Supervision:**   * day to day and how this is articulated to all parties * preparation of supervisors * monitoring of supervision * how concerns are identified | Yes  No |  |
| **Wellbeing & support**   * How prevocational doctor wellness and workplace culture are supported, monitored and issues addressed * Opportunities to develop time management, peer support & self-care skills | Yes  No |  |
| **Handover**   * start & end of term * shift to shift * orientation to term | Yes  No |  |
| **Educational experiences**   * formal and informal * weekly timetable showing when education is scheduled for both PGY1 and PGY2 * how PGY1 and PGY2 doctors are supported to attend education, both formal and informal opportunities | Yes  No |  |
| **Assessment and feedback**   * process used * which EPAs can be assessed | Yes  No |  |
| **Monitoring, evaluation, and quality improvement**   * processes within the term for monitoring, evaluation and feedback for quality improvement * how prevocational doctors’ concerns are identified and addressed | Yes  No |  |
| **Relationship with MEU**  Describe the oversight and management of the term | Yes  No |  |

Please continue to the attachments section on the following page.

#### Attachments

#### **Please list documents as per** [**PMAQ instructions**](http://pmaq.health.qld.gov.au/wp-content/uploads/2023/04/PMAQ-Evidence-Naming-of-attachments-Submission.pdf)

* *Attachments need to be numbered and named: 001 – Name of document*

*i.e., 00 in front of the first 9 attachments*

*0 in front of the numbers from 010 onwards.*

* *Do not provide hyperlinks or references to any document not provided as a numbered attachment in the Evidence folder.*

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| **Attachment number** | **Document name** |
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#### Version Control

| Version | Date | Comments |
| --- | --- | --- |
| 1.0 | 18 February 2021 | New document to align with updated processes and required documentation commencing 2021. |
| 2.0 | 28 June 2021 | Adaptation into CiC Existing Term form |
| 2.1 | 22 Dec 2021 | Process update |
| 2.2 | 05 July 2022 | Updated to provide the following attachments box |
| 3.0 | March 2023 | Updated to reflect changed resulting from implementation of the National Framework for Prevocational (PGY1 and PGY2) Medical Training |
| 3.1 | April 2023 | Updated to include service term option for PGY1 and correction to ‘complete section A and B’ not section A and D. |