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

|  |  |  |
| --- | --- | --- |
| **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** |  |

|  |
| --- |
| **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. |