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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| **Provider** | *e.g., North East HHS* |  |
| **Site** | *e.g., Boulia Hospital* |  |
| **Change in circumstance** | *e.g., DCT absence > 4 weeks with no backfill* |  |
| **Contact person** | Name |  |
| Position |  |
| Email |  |
| Phone |  |
| **Authorisation by DCT / DMS / EDMS** | Name |  |
| Position |  |
| Signature |  |
| Date |  |
| **Planned date change is to be implemented** |  | |
| **Date proposed CiC timeline discussed with PMAQ** |  | |
| **Date notification is made** |  | |

Description of change

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| **In general terms, described the planned change you wish to implement or the change that has already occurred because of an unplanned event.** |
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| **What is the implication of the change? Describe both positive and negative foreseeable outcomes for prevocational doctors, supervisors, the medical education unit, the training program and the integrity of the experience overall.** |
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### Supporting documentation

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| **List all documentation attached in support of the change, including document number and name as per** [**PMAQ instructions on naming attachments**](http://pmaq.health.qld.gov.au/wp-content/uploads/2023/04/PMAQ-Evidence-Naming-of-attachments-Submission.pdf)**, or reference page numbers in other documents.** |
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Please submit this completed document to [PMAQ@health.qld.gov.au](mailto:PMAQ@health.qld.gov.au) or, if already discussed with PMAQ please follow instructions given, and upload to the PMAQ SharePoint site.

Version Control

| **Version** | **Date** | **Comments** |
| --- | --- | --- |
| 1.0 | 27 February 2020 | Added to QH template |
| 2.0 | March 2023 | Updated to reflect changes resulting from implementation of the National Framework for Prevocational (PGY1 and PGY2) Medical Training |