Background

This form is to be used by training providers to notify PMAQ of changes to its prevocational training program and to request accreditation of a new term.

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** |  |

New term details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Term name** |  | | | |
| **Term location** |  | | | |
| **Term specialty** |  | | | |
| **Proposed accreditation of new term** | | | PGY1 only  PGY1 & PGY2  PGY2 only | |
| **FOR PGY1 TERMS** | | | **FOR PGY2 TERMS** | |
| **Proposed categories of PGY1 term** | | | **Proposed categories of PGY2 term** | |
| **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 | | | **A** - Undifferentiated illness patient care  **B** - Chronic illness patient care  **C** - Acute and critical illness patient care  **Other** – *please state below*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Number of PGY1s posts requested** | |  | **Number of PGY2 posts requested** |  |
| **Number of PGY2s in term** | |  | **Number of PGY1s in term** |  |
| **To support both PGY1 and PGY2 doctors** | | | | |
| **Number of registrars** | |  | **Number of SMOs/VMOs** |  |
| **Rationale for the new term** | | | | |
|  | | | | |
| **Description of how the new term contributes to the overall prevocational training program** | | | | |
|  | | | | |
| **If relevant, description of how PGY1 and PGY2 experience differs and will be managed to ensure framework requirements are met** | | | | |
|  | | | | |
| **Describe any additional elements in this term which have not been described above.** | | | | |
|  | | | | |

Supporting documentation

|  |  |
| --- | --- |
|  | Refer to the Tip sheet – Term orientation guide to ensure all elements have been addressed. All elements listed are mandatory under the National Framework for Prevocational Medical Training and are required for a complete CiC – New Term application. |

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

|  |  |
| --- | --- |
|  | 001 – Term orientation manual |
|  | 002 – Proposed roster |

#### 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 New Term form |
| 2.1 | 7 Dec 2021 | Wording updates |
| 2.2 | 22 Dec 21 | Process update |
| 2.3 | 05 July 2022 | Update to provide the following attachments box |
| 3.0 | March 2023 | Updated to incorporate changes resulting from the National Framework for Prevocational (PGY1 and PGY2) Medical Training |
| 3.1 | April 2023 | Updated to include service term option in PGY1 |