

# PMAQ

## Notification and change in circumstance guideline

PMAQ-GDL-007

### 1. Statement

Prevocational Medical Accreditation Queensland (PMAQ) is accredited by the Australian Medical Council as a prevocational training accreditation authority. The Medical Board of Australia (MBA) has approved PMAQ to accredit prevocational year one training programs and the Health Chief Executive Forum has endorsed the accreditation of prevocational year two training programs.

Accredited prevocational training providers are responsible for maintaining the overall standard of their training programs and ensuring ongoing compliance with the national standards. PMAQ monitors accredited providers throughout their accreditation period to support continuous quality improvement and ensure compliance. Among several monitoring processes, one key requirement is that providers must notify PMAQ of any changes to their programs that may impact compliance with the *National Framework for Prevocational (PGY1 and PGY2) Medical Training*.

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*The prevocational training program documents and reports to the prevocational training accreditation authority on changes in the program, terms or rotations that may affect the program delivery meeting the national standards.*

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The purpose of this guideline is to provide guidance to accredited prevocational training providers on situations where a report to PMAQ is required and the subsequent processes that follow.

### 2. Scope

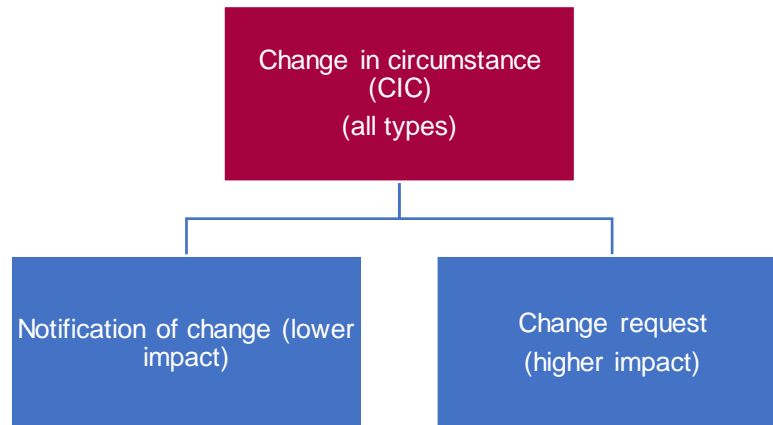
Accredited prevocational training providers are responsible for maintaining ongoing compliance with the National Framework for Prevocational (PGY1 and PGY2) Medical Training.

### 3. Context

Facilities that train prevocational doctors operate in dynamic environments, and it is recognised that changes to training programs may occur frequently. These changes may result from proactive planning within the prevocational training program (PTP) or arise from external factors beyond the control of those managing and overseeing the program.

The actual or potential impact of changes on a training program's compliance with the standards can vary significantly. Without appropriate categorisation, this can place an unnecessary administrative burden on providers. To address this, the guideline outlines how providers can categorise changes—distinguishing between those that require **notification** to PMAQ and those that require a **change request**. Notifications generally require minimal supporting evidence, whereas change requests are classified as higher impact and typically necessitate a more detailed submission with appropriate documentation.

All changes are classified a change in circumstance (CIC). The two types of change are a notification of change (notification) and a change request.



For planned changes that meet the criteria for either a notification or change request, approval from PMAQ must be obtained **before the change is implemented or before a prevocational doctor is placed in the affected program or term.**

In cases where unplanned changes arise due to external factors, the provider is expected to take immediate steps to safeguard patient safety, uphold prevocational doctor wellbeing, and maintain compliance with accreditation standards. Timely notification to PMAQ outlining the nature of the change, the actions taken, and the outcomes is required. Until PMAQ approval is granted (or otherwise), the provider assumes the risk associated with implementing an unapproved change.

## 4. Process

Providers of accredited programs are required to complete and submit a notification or a change request to PMAQ. In adjudicating either a notification or a change request, the process will examine the anticipated impact that change will have on the program and / or the experience of prevocational doctors.

Changes that are considered to have minimal impact on compliance with the standards, or those which can generally be adequately managed by the provider, may either be handled internally or escalated to PMAQ through a notification form. A notification form will be reviewed by PMAQ and either noted for inclusion in the official accreditation record or escalated to an assessor or the PMAQ Accreditation Committee for review. If PMAQ does escalate a notification to an assessor, the provider will be notified and provided opportunity to review the assessor assigned.

Circumstances that have a substantial impact on compliance with the standards or which are considered to potentially give rise to higher risk circumstances are required to be submitted as a change request. These requests will be reviewed and assessed by assessors (with provider approval) with recommendations made to the PMAQ Accreditation Committee for approval.

In evaluating a notification or change in circumstance, additional evidence, information, or verification may be sought either by PMAQ and/or by an assessor. This may include interviews with training provider staff virtually or face to face.

Recommendations to the PMAQ Accreditation Committee may include:

- The change is approved.
- Further information is required for the change to be adequately assessed.
- The change is approved with condition (general or monitoring).
- The change is not approved.

Prevocational doctors placed in terms that have undergone changes which have not been reviewed and subsequently approved or prior to approval being granted will be deemed to have completed an unaccredited term. This may impact the trainee’s eligibility for general registration or a certificate of completion, as well as on prevocational doctor and patient safety.

#### 4.1 Provider to identify the anticipated impact of the change

##### Changes considered low impact

To categorise a change as having low impact, the provider must have determined and be assured that the change will have minimal or no impact on:

- Their ability to achieve or maintain compliance with the national standards and requirements of the registration standard.
- The experience of the prevocational doctor.

This type of change can be managed internally by the provider with no notification to PMAQ required.

Examples of this type of change are given below.

Category / Action	Examples
<p>Low impact</p> <p><b>Manage risk and change internally</b></p>	<ul style="list-style-type: none"> <li>• Roster changes that won't impact fundamental experience of prevocational doctors.</li> <li>• Like for like changes (e.g., term supervisor change).</li> <li>• Short term leave back-fill or vacancy in roles that will not impact decision-making or implementation.</li> <li>• Program level changes that will not impact the provider's ability to achieve or maintain compliance with the national framework or requirements of the registration standard.</li> </ul>

##### Changes considered medium impact

To categorise a change as having medium impact, the provider must have determined that the change will or may have a moderate or potential impact on:

- The overall program.
- The prevocational doctor experience.
- The program or term's accreditation status.

This type of change is a notification and must be communicated to PMAQ to enable accreditation records to be updated and ensure adequate monitoring of program compliance occurs. In some cases, depending on the change notified, PMAQ may:

- Simply note the change.
- Request further information.
- Apply a monitoring condition to the change.
- Escalate the notification to an assessor or to the Accreditation Committee

Examples of this type of change are shown in the table below.

Category / Action	Examples
<p>Medium impact</p> <p><b>Notification to PMAQ – submit a notification of change form to PMAQ</b></p> <p><i>Note: These types of changes previously would have required a CiC request, however, now will become a notification to PMAQ that may require further follow-up.</i></p>	<ul style="list-style-type: none"> <li>• Administrative changes that will need to be recorded for accreditation / reporting purposes including:               <ul style="list-style-type: none"> <li>○ term name changes</li> <li>○ changes to specialty / subspecialty</li> </ul> </li> <li>• Increase or decrease in numbers of posts in a PGY1 or PGY2 term if not fundamentally changing the experience of the prevocational doctor.</li> <li>• Roster changes that will fundamentally change the experience of prevocational doctors.</li> <li>• New terms.</li> <li>• Loss of service or specialty accreditation.</li> <li>• Leave and/or vacancy that will have significant impact on ability to deliver program outcomes or decision-making responsibilities.</li> <li>• Leave and/or vacancy in senior roles that have governance and decision-making responsibilities where temporary alterations to processes are needed.</li> </ul>

**Changes considered significant impact**

To categorise a change as having significant impact, the provider must have determined that the change:

- Is significant.
- Will or may significantly impact the program and / or the prevocational doctor experience.
- Will or may impact their accreditation status and / or the ability to maintain compliance with the national standards or the requirements of the registration standard.

This type of change requires completion of a change request prior to implementation. Review and assessment of the request may be undertaken by assessors with a recommendation made to the PMAQ Accreditation Committee for decision. Examples of this type of change are shown in the table below.

Category / Action	Examples
<p>High impact</p> <p><b>CiC request required</b></p>	<ul style="list-style-type: none"> <li>• New secondment arrangements between health services.</li> <li>• Changes to terms that will fundamentally change the experience of prevocational doctors.</li> <li>• Governance changes that significantly impact decision-making roles, processes or implementation.</li> <li>• Program level changes that will impact the provider’s ability to achieve or maintain compliance with the national framework.</li> </ul>

#### 4.2 Provider to identify the process required to action the change (submission of a notification or request to PMAQ)

The actions required for each type of change based on its assessed impact are shown below.

Impact of change	Process
Low impact	Manage and monitor internally
Medium impact	Submit notification to PMAQ
High impact	Submit change request to PMAQ

#### 4.3 Review and assessment of notifications and change requests

Notifications submitted as indicated in the table will be reviewed by PMAQ in accordance with the authority delegated by the PMAQ Accreditation Committee. At any time and for any reason, PMAQ may refer a notification to the Accreditation Committee for their consideration, or recommend an assessor review the notification. Any change request submitted will be assigned to an assessor for review, with their recommendation going to the Accreditation Committee for decision. The diagrams below depict the process flow for each change type. Any time an assessor is assigned, the provider submitting the request will have the opportunity to approve that assessor in line with PMAQ’s Conflict of interest guideline.

##### Notification of change



##### Change in circumstance request



### 5. Submission and timelines

A notification or change request must be submitted directly to PMAQ using the Notification and Change Request form.

Providers are required to ensure complete and accurate forms, with associated evidence, are submitted as part of the CiC process:

- **Queensland Health providers** are required to complete any CiC via [Microsoft Forms](#). Evidence must be attached within the form submission.
- **Mater and Greenslopes providers** are required to complete any CiC via [SurveyMonkey](#), with evidence attached as part of the submission.

Each situation is unique, making it difficult to provide definitive timeframes for processing notifications and change requests. Generally, a notification may take up to six weeks to process, and depending on completeness, a change request may take up to four months. Providers are responsible for considering these indicative timelines in any planned change and should note that incomplete documentation may result in delays.

## 6. Supporting documents

- Prevocational Medical Accreditation – Department of Health Standard (under review)
- [National Framework for Prevocational \(PGY1 and PGY2\) Medical Training](#)
- [PMAQ Conflict of interest guideline](#)

## 7. Definitions

Term	Definition
DCT	Director of clinical training
DMS	Director of medical services
EDMS	Executive director of medical services
Evaluation	Evaluation is the process of using the measurements (data) to assess outcomes and impact of an entity (individual, service, program). It is the formal process of gathering evidence (data), reviewing it and using those measures to assess the outcomes and impact of a program or project according to terms of reference or established standards.
External data source	A data source external to the training program, it's hospital or health service. The national standards require the use of both internal and external data sources in its evaluation and monitoring activities. An example is the Medical Board of Australia's medical training survey results.

Formal education program	An education program the facility provides and delivers as part of the prevocational training program curriculum. Sessions are usually weekly and involve a mixture of interactive and skills-based face-to-face or online training.
PGY1	A doctor in their first year of postgraduate training, holding provisional registration with the Medical Board of Australia. Also referred to as an intern.
PGY2	A doctor in their second year of postgraduate training, holding general registration with the Medical Board of Australia.
Junior house officer (JHO)	A prevocational doctor who holds general registration by the Medical Board of Australia, usually but not always in their second postgraduate year (PGY2) and who has not yet been accepted onto a college training pathway. Also referred to a resident or a resident medical officer.
Prevocational training program	<p>PGY1: A 47-week period of mandated, supervised, work-based clinical training that must meet both the requirements of the Medical Board of Australia's registration standard Granting General Registration as a Medical Practitioner to Australian and New Zealand Medical Graduates on Completion of Postgraduate Year One Training and the parameters outlined in the National Requirements for Prevocational Training Programs and Terms. This includes exposure to required clinical experiences, participation in a longitudinal assessment process, and access to education and training opportunities. An assessment review panel will make a recommendation on eligibility for progression to general registration. The training program may be delivered by one or more accredited training providers.</p> <p>PGY2: A 47-week period of mandated, supervised, work-based clinical training that must meet the parameters outlined in the National Requirements for Prevocational Training Programs and Terms. This includes exposure to required clinical experiences, participation in a longitudinal assessment process, and access to education and training opportunities. An assessment review panel will determine eligibility to receive a certificate of completion. The training program may be delivered by one or more accredited training providers.</p>

MEO	Medical education officer
PMEO	Principal medical education officer
MEU	<p>Medical education unit</p> <p>The primary function of the medical education unit is to oversee prevocational medical training and associated accreditation activities.</p>
Monitoring	<p>The process of measuring of what is happening. It is the periodic collection of data and information (measures) for the purposes of tracking progress (measuring) of an entity (individual, service, program) according to terms of reference or established standards.</p>
PGY	<p>Postgraduate year usually used with a number to indicate the number of years after graduation from medical school.</p> <p>For example, PGY1 is the first postgraduate year, also known as internship.</p>
Prevocational	<p>A prevocational doctor in the postgraduate years prior to being accepted onto a college pathway.</p>
Quality improvement (QI)	<p>The framework used to provide for a systematic, formal approach to the analysis of practice or program performance and efforts to improve performance, including the implementation of changes in practice if needed.</p>
Term	<p>A component of a medical training program, usually a nominated number of weeks in a particular area of practice.</p> <p>Also called clinical rotation, post or placement.</p>
Triangulation	<p>The process of using different sources and/or methods for data collection to cross check data, reduce bias, and ensure data is valid, reliable and complete. This process lends credibility to an evaluation or assessment process.</p>

## 8. Approval and implementation

Policy Custodian	Policy Contact Details	Approval Date	Approver
Manager, PMAQ	pmaq@health.qld.gov.au	6 November 2025	PMAQ Accreditation Committee

## 9. Version control

Version	Date	Comments
0.1	December 2018	Initial draft prepared by PMAQ
0.1	13 December 2018	Reviewed by PMAQ Accreditation Committee
0.2	17 December 2018	Endorsed by PMAQ Governance Committee
0.3	6 February 2019	Presented to PMAQ Governance Committee -update to logo and wording to 'change in circumstance'
1.0	27 February 2020	Migrated to QH template and reviewed current information.
1.1	9 July 2020	Guideline reviewed by Accreditation Committee
2.0	28 October 2020	Endorsed by A/DDG & Chief Medical Officer
2.1	07 March 2024	Updated to align with NFPMT requirements and endorsed by the PMAQ Accreditation Committee
3.0	3 April 2024	Approved by delegate
3.1	13 September 2024	Updated to reflect current processes Approved by Accreditation Committee
4.0	3 April 2025	Redesign of the guideline based on delegation of responsibilities to PMAQ Manager. Approved by PMAQ Accreditation Committee.
4.1	4 September 2025	Endorsed by PMAQ Accreditation Committee
5.0	06 November 2025	Updated Section 5. Submission and timelines to reflect new submission requirements