

1. Statement

Prevocational Medical Accreditation Queensland (PMAQ) is committed to the delivery of fair, impartial and transparent accreditation system that assures and promotes quality education and training for prevocational doctors, providing for their wellbeing, the provision of safe patient care and training that meets the health needs of the community.

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.

The *National Framework for Prevocational (PGY1 and PGY2) Medical Training* (the framework) determines the standards and requirements with which both PGY1 and PGY2 prevocational training programs must meet. These are defined in the *National standards for prevocational (PGY1 and PGY2) training programs and terms (the national standards)*. Specific to the PGY1 year, these standards require programs to meet the requirements of the Medical Board of Australia's (MBA's) [Registration standard: Granting general registration as a medical practitioner to Australian and New Zealand medical graduates upon completion of postgraduate year one training, which](#) (the registration standard) defines the requirements for eligibility for general registration on completion of the PGY1 year

PGY2 doctors who undertake training within an accredited PGY2 training program are exempt from the MBA's *Registration standard: Continuing professional development*. On successful completion of the PGY2 program requirements, PGY2 doctors are eligible to receive a certification of completion.

Accredited prevocational training providers are responsible for the standard of the prevocational training program overall and its ongoing compliance with the standards. PMAQ, however, monitors accredited providers throughout their period of accreditation to ensure ongoing compliance and support quality improvement. While a number of processes support this monitoring one process is the requirement for providers to notify PMAQ of changes to the program that may affect the programs compliance with the standards. Further to this standard 1.4.2 of the *National standards for prevocational training programs and terms* requires that:

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.

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

This guideline applies to all accredited prevocational training providers or any health service seeking accreditation as such.

3. Context

Accredited prevocational training providers are responsible for ensuring ongoing compliance with the *National standards for prevocational (PGY1 and PGY2) training programs and terms*.

Facilities that train prevocational doctors are dynamic and it is acknowledged that changes to training programs can occur regularly. These changes may be a result of forward planning for the PTP or they may be due to influences outside the control of those managing and governing the PTP.

Further, the impact changes actually or potentially have on a programs compliance with the standards vary greatly and without appropriate stratification may result in a significant, yet unnecessary administrative burden on providers. To minimise this, this guideline delineates circumstances that can be managed locally by the provider, those which require a notification to PMAQ, however associated evidence required for decision making will generally be minimal (notification) and those where a more fulsome notification and associated evidence will be required (change in circumstance request).

Where changes are planned and meet the requirements of a notification of change in circumstance request, irrespective of the anticipated consequences, approval by PMAQ is required **prior to the changes taking effect** or placement of a prevocational doctor in the relevant program or term.

Where changes occur because of external influences and are not planned, it is expected that the provider acts to ensure patient safety and prevocational doctor wellbeing are safeguarded and the program maintains ongoing compliance with the accreditation standards. Timely notification to PMAQ of the changes, the actions taken and their outcomes is also required. In such a situation the prevocational training provider bears the risks associated with an unapproved change, until such time as approval or otherwise is granted.

4. Process

Providers of accredited programs are required to complete and submit a notification and change in circumstance (CIC) form to PMAQ. Changes that are considered to have minimal impact on compliance with the standards, or those which can generally be adequately managed by the provider require a notification. Assessment of these changes may be undertaken by assessors or PMAQ with recommendation made to the PMAQ Accreditation Committee.

Circumstances that have a more substantial impact on compliance with the standards or which are considered to potentially give rise to higher risk circumstances are considered as a change in circumstance request. These requests will be assessed by PMAQ assessors with recommendation made to the PMAQ Accreditation Committee.

In evaluating a notification or change in circumstances additional evidence, information or verification may be sought. 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.

The following table may be used to assist providers in distinguishing the type of changes that are generally managed at local level, are considered a notification and those where a change in circumstance request is required.

Table 1 provides examples of changes which may occur within an accredited program and methods of notification required for each type of change. This table provides examples of the most common changes, however, does not constitute an exhaustive list.

Table 1

Type of change	Details of change	Managed internally by provider	Requires notification to PMAQ	Requires change in circumstance request
Roster	Start/finish times within usual business hours are amended	✓		
	Access to supervision decreases or mode of supervision differs			✓
	Access to education is affected			✓
	Prevocational doctor wellbeing may be affected (e.g., increase in overtime hours)			✓
	Access to term content is reduced or affected			✓

Type of change	Details of change	Managed internally by provider	Requires notification to PMAQ	Requires change in circumstance request
Term level	Administrative changes only (no change to content of term): -specialty or subspecialty -term category -term name -number of min/max weeks -team based -service term		✓	
	Content or experience of prevocational doctor will change , for example supervision, location, term restructure, staffing shortages, increase or change to duties, scope of practice, etc.			✓
PGY1 Number of posts in a term	Temporary increase for a term or less that does not affect content of term or experience of PGY1 doctor (supervision, education, support, etc.)		✓	
	Temporary increase or decrease that affects: -PGY1 role(s)/responsibilities -access to or model of supervision -term content -access to education			✓
	Permanent increase in numbers			✓
New Term -PGY1 -PGY2 -Both	New Term			✓
PGY2 Number of posts in a term	Temporary increase or decrease in number of posts that does not affect content of the term or experience of the PGY2 doctor (supervision, education, support, etc.)		✓	
	Permanent increase or decrease in number of posts that does not affect content of term or experience of PGY2 doctor (supervision, education, support, etc.)		✓	
	Temporary change that alters: -supervision			✓

Type of change	Details of change	Managed internally by provider	Requires notification to PMAQ	Requires change in circumstance request
	-education -term content -clinical experience category -or other fundamental aspects of the term			
	Permanent change that alters: -supervision -education -term content -clinical experience category -or other fundamental aspects of the term			✓
Term supervisors	Like for like	✓		
	Requires restructure, change to supervision, term content, experience or support of prevocational doctors			✓
Governance	Decision making or program outcomes are not impacted	✓		
	Decision-making role is altered			✓
	Decision-making process is altered			✓
	Implementation of decisions made is altered			✓
Program level	Ability to deliver the program requirements (including clinical experiences, term number and length etc) is not affected	✓		
	Ability to achieve program goals is affected			✓
Leave of key programmatic staff (e.g., MEU, DMS, EDMS, term supervisors)	Short term (1 to 5 weeks) and is backfilled	✓		
	Short term (1 to 5 weeks) and is not backfilled, and has no impact on program level decision making processes or outcomes	✓		
	Leave is long term (more than 5 weeks) with no impact to program	✓		

Type of change	Details of change	Managed internally by provider	Requires notification to PMAQ	Requires change in circumstance request
	Decision making processes require amendment (e.g., DCT leave requires DMS to manage decisions)		✓	
	Leave and/or backfill duration is unknown, and/or absence may have significant impact on program outcomes or decision-making processes			✓
New staff member in significant position (MEU, DMS, EDMS)	Change is like for like		✓	
	Requires restructuring of roles and/or responsibilities; results in change in reporting lines			✓
Secondment arrangements (for prevocational doctors)	Experience and/or support for prevocational doctors is not affected	✓		
	Experience and/or support for prevocational doctors is affected			✓
	New secondment arrangement			✓
Loss of specialty college accreditation	The experience, supervision, support and education of prevocational doctors in the department and/or term is not affected	✓		
	Change does alter experience, supervision, support, education of prevocational doctors in the department and/or term			✓
Other	Contact PMAQ for further guidance			

5. Submission and timelines

Submission of a notification or change in circumstance request is made directly to PMAQ on the notification and change in circumstance form. These can be found on the PMAQ website.

Providers are required to ensure complete and accurate forms with the associated evidence are submitted via the providers SharePoint site, with advice sent to PMAQ via email once submitted.

Indicative timeframes for the processing of notifications and requests for change in circumstances are provided below. Providers are responsible for ensuring these are considered in any planned change. Incomplete documentation may result in delayed outcomes.

Type of change	Typical timeframe
Notification of change	Up to four weeks
Change in circumstance request - complete	Up to three months
Change in circumstance request – incomplete or requiring further evidence	Up to four months

6. Supporting documents

- Notification and change in circumstance forms
- Prevocational Medical Accreditation – Department of Health Standard (under review)
- National Framework for Prevocational (PGY1 and PGY2) Medical Training

7. Version Control

Version	Date	Comments
0.1	December 2018	<i>Initial draft prepared by PMAQ</i>
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