|  |  |  |  |
| --- | --- | --- | --- |
| **Local Health Network details** |  | **Term details** |  |
|  |  |  |  |  |
| Name |  | Name |  |  |
|  |  |  |
| Facility |  | Term Supervisor |  |  |
|  |  |  |  |  |  |
| Contact Person: |  |  | Start Date |  |  |
|  |  |  |  |  |  |
| Contact No: |  |  | TMO Level: |  |  |
|  |  |
|  |  |
| **Approval**  |
| Director of Clinical Training: |  |  |
|  |  |  |
| Signature: |  |  |
|  |  |  |
| Date: |  |  |
|  |

**About this form**

The purpose of this form is to identify an accreditation change in circumstance and local health networks (LHNs) to determine whether the level of the change is *significant*, *moderate* or *minor*.

The form is to be reviewed and approved by the Director of Clinical Training prior to sending to the SA MET Unit for processing.

The ***Change in Circumstance Process*** document will assist in completing this form. The form aligns with the South Australian Medical Education and Training Health Advisory Council Accreditation Standards (Accreditation Standards).

When there is a change in circumstance relating to the standards under *Domain 1: Governance and Program Management* and *Domain 2: Monitoring, Evaluation and Continuous Improvement* of the Accreditation Standards, the Accreditation Committee must be notified and provided with correspondence outlining the reasons for the change and impact the change will have on the education and training provided to TMOs.

**Instructions**

On completion of the form refer to the ***Change in Circumstance – Risk Management Process*** to identify the appropriate approval process to follow prior to implementing the change.

🞏 Updated Term Description attached (if applicable)

**Levels of change in circumstance**

|  |  |
| --- | --- |
| **Significant** | Having, or likely to have a major impact on the education and training received by TMOs and the subsequent requirement to meet the Accreditation Standards. |
| **Moderate** | Having, or likely to have change within a reasonable limit; not considered excessive, on the education and training received by TMOs and subsequent requirement to meet the Accreditation Standards |
| **Minor** | Having, or likely to have a change of lesser impact on the education and training received by TMOs and subsequent requirement to meet the Accreditation Standards. |

**3. Educational, Training and Clinical Experience**

|  |  |
| --- | --- |
| **Standard** | **Overview** |
| 3.1 Education and Training | Facilities provide a structured education and training program mapped to the Australian Curriculum Framework for Junior Doctors (ACF). |
| 3.2 Clinical Experience | TMOs have appropriate opportunities for experiential learning. |

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| --- |
| **Level of Change** |
| Significant | Moderate | Minor |
| 🞏 | 🞏 | 🞏 |
|  |  |  |
| **Rationale explaining level of change** |
|  |

**4. Supervision**

|  |  |
| --- | --- |
| **Standard** | **Overview** |
| 4.1 Supervision | Appropriate clinical supervision is provided to TMOs during all periods of duty. |

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| --- |
| **Level of Change** |
| Significant | Moderate | Minor |
| 🞏 | 🞏 | 🞏 |
|  |  |  |
| **Rationale explaining level of change** |
|  |

**5. Assessment**

|  |  |
| --- | --- |
| **Standard** | **Overview** |
| 5.1 Assessment | Assessment processes for TMOs are fair, reliable and timely.TMOs are assessed regularly throughout their prevocational training, undergoing summative assessments at the end of term. |

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| --- |
| **Level of Change** |
| Significant | Moderate | Minor |
| 🞏 | 🞏 | 🞏 |
|  |  |  |
| **Rationale explaining level of change** |
|  |

**6. Trainee Medical Officer Welfare**

|  |  |
| --- | --- |
| **Standard** | **Overview** |
| 6.1 TMO Welfare | Facilities provide appropriate welfare support for TMOs.The duties, working hours and supervision of TMOs are consistent with the delivery of high-quality, safe patient care and TMO welfare. |

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| **Level of Change** |
| Significant | Moderate | Minor |
| 🞏 | 🞏 | 🞏 |
|  |  |  |
| **Rationale explaining level of change** |
|  |