

Change of Circumstance Process

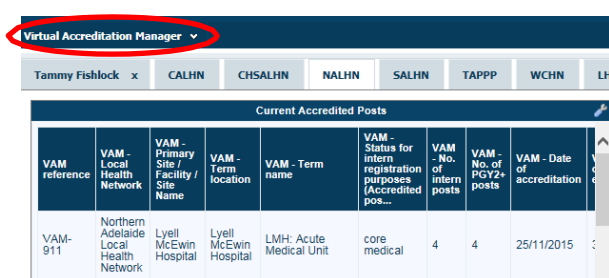
Entering the Change of Circumstance Process

Prior to initiating a change of circumstance process:

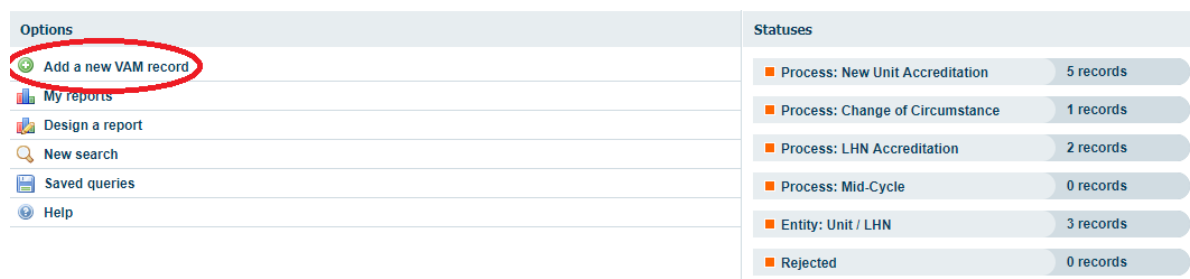
- Go to the dashboard of your LHN and find the name of the Unit the change of circumstance relates to.
- Take note of the accredited post numbers (*including intern status if applicable*)
- Save the additional documents (e.g. Term Description) in a drive or desktop on your computer ready to be uploaded to VAM later.

You are now ready to commence the change of circumstance process

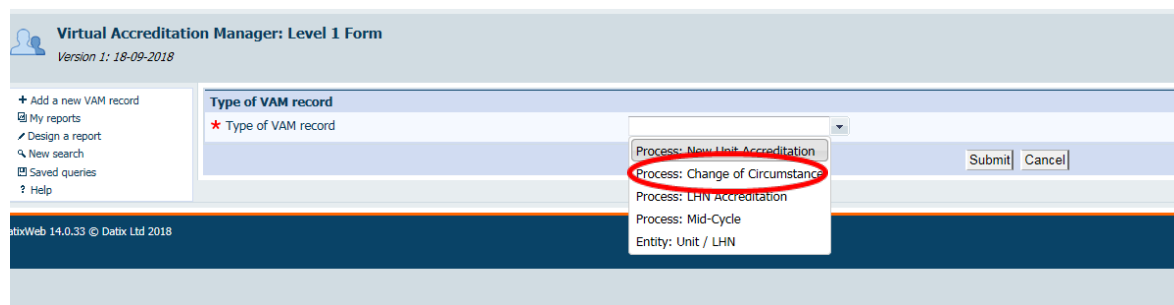
1. Select 'Virtual Accreditation Manager' as per below:



2. Click on 'Add a New VAM record':



3. Select 'Process: Change of Circumstance':



Note: Fields marked * are mandatory.

4. Type of VAM record field will be pre-populated with 'Process: Change of Circumstance':

Type of VAM record

★ Type of VAM record Process: Change of Circumstance

Is this an Out-of-Session Request? No

NB: All accreditation applications will be tabled at the next available Accreditation Committee meeting. An out-of-session request will only be considered if there are justified medical workforce implications.

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

Instructions
Please note that an incomplete or insufficient Change of Circumstance assessment form and updated Term Description will delay the assessment process.

Accreditation Change of Circumstance - Assessment Form

Local Health Network details

★ Local Health Network

★ Primary Site / Facility / Site Name

★ Contact person

★ Contact No.

5. If the change of circumstance is urgent and requires processing prior to the next Accreditation Committee meeting select 'yes' to the question 'Is this an Out-of-Session Request?'.

If the change of circumstance is not urgent the form will default to 'no'. If you have selected "no" proceed to step 7.

Virtual Accreditation Manager: Level 1 Form
Version 2: 24-07-2019

+ Add a new VAM record
My reports
Design a report
New search
Saved queries
Help

Type of VAM record

★ Type of VAM record Process: Change of Circumstance

Is this an Out-of-Session Request? Yes

NB: All accreditation applications will be tabled at the next available Accreditation Committee meeting. An out-of-session request will only be considered if there are justified medical workforce implications.

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

Instructions
Please note that an incomplete or insufficient Change of Circumstance assessment form and updated Term Description will delay the assessment process.

Accreditation Change of Circumstance - Assessment Form

Local Health Network details

6. If you have selected 'yes', two additional questions will open which need to be completed for the change of circumstance application to be considered for an out-of-session decision. If you have selected 'no' proceed to step 7.

Note: For more information on the SA MET Unit 'Out-of-Session Accreditation Committee Process' please follow the link in the 'Out-of-Session Request Details' section

Virtual Accreditation Manager: Level 1 Form
Version 2: 24-07-2019

+ Add a new VAM record
My reports
Design a report
New search
Saved queries
Help

Type of VAM record

★ Type of VAM record Process: Change of Circumstance

Is this an Out-of-Session Request? Yes

NB: All accreditation applications will be tabled at the next available Accreditation Committee meeting. An out-of-session request will only be considered if there are justified medical workforce implications.

Out-of-Session Request details
On completion of this section of the form refer to the Out-of-Session Accreditation Committee Process to identify the appropriate approval process to follow prior to implementation of the change.

Please outline the reason for the urgency

NB: Why does this request need to be approved by an urgent out-of-session request?

Please describe how this request impacts patient safety?
E.g. Does this request impact on patient safety - if yes, how?

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

Instructions
Please note that an incomplete or insufficient Change of Circumstance assessment form and updated Term Description will delay the assessment process.

Accreditation Change of Circumstance - Assessment Form

Local Health Network details

Note: For more information on the SA MET Unit 'Change of Circumstance Process' please follow the link in the 'About this form' section'.

7. Enter the Local Health Network and contact details.

Type of VAM record
 ★ Type of VAM record: Process: Change of Circumstance
 Is this an Out-of-Session Request?
 NB: All accreditation applications will be tabled at the next available Accreditation Committee meeting. An out-of-session request will only be considered if there are justified medical workforce implications.

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

Instructions
 Please note that an incomplete or insufficient Change of Circumstance assessment form and updated Term Description will delay the assessment process.

Accreditation Change of Circumstance Assessment Form

Local Health Network details

★ Local Health Network:
 ★ Primary Site / Facility / Site Name:
 ★ Contact person:
 ★ Contact No.:

8.

- a) If you are a DCT completing the form complete the section titled: 'Authorised by the Director of Clinical Training (DCT)':

Local Health Network details

★ Local Health Network:
 ★ Primary Site / Facility / Site Name:
 ★ Contact person:
 ★ Contact No.:

Authorised by the Director of Clinical Training (DCT)
 DCT to complete details below once this form has been reviewed and approved. Your request will not be processed until approval has been received.

Director of Clinical Training Name:
 Contact No.:
 Approval Date:

- b) If you are a MEO completing the form leave the section blank and complete the remainder of the form. Step 19 will guide you on how to use the email function to forward the change of circumstance to the DCT for review and approval.

Note: The request will not be processed by the SA MET Unit until the DCT approval has been received.

★ Local Health Network:
 ★ Primary Site / Facility / Site Name:
 ★ Contact person:
 ★ Contact No.:

Authorised by the Director of Clinical Training (DCT)
 The form is to be reviewed and approved by the DCT prior to submitting the form for processing.

Director of Clinical Training Name:
 Contact No.:
 Approval Date:

Term details

★ Term name:
 ★ Term supervisor:
 ★ Date change is due to occur:

9. Complete the 'Term details' section.

★ Local Health Network

★ Primary Site / Facility / Site Name

★ Contact person

★ Contact No.

Authorised by the Director of Clinical Training (DCT)
The form is to be reviewed and approved by the DCT prior to submitting the form for processing.

Director of Clinical Training Name

Contact No.

Approval Date

Term details

★ Term name

★ Term supervisor

★ Date change is due to occur

10. In the 'New Document' section upload any supporting documentation. To upload the Term Description choose 'Term Description' in the drop down box.

When attaching a Term Description select **Term Description** when attaching any other document always select **Other document type** from the **Link as** field.

New Document

★ Link as

★ Description

★ Attach this file

Add another

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 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.

11. Choose 'Term Description' in the drop down box for Term Descriptions or 'Other Document' for all other documents.

New Document

★ Link as

★ Description

★ Attach this file

Add another

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 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.

★ Level of change

★ Current No. of intern posts

12. Browse your computer and attach the relevant document/s.

When attaching a Term Description select **Term Description** when attaching any other document always select **Other document type** from the **Link as** field.

New Document

★ Link as

★ Description

★ Attach this file

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 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.

13. Select 'Add another' if you need to add any additional documents and repeat the steps above, until all documents are attached.

When attaching a Term Description select **Term Description** when attaching any other document always select **Other document type** from the **Link as** field.

New Document

★ Link as

★ Description

★ Attach this file

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 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.

14. Complete the remainder of the form noting any fields marked with * are mandatory fields and must contain text in the textboxes. You will need the accredited post information you noted earlier to complete the 'Levels of change in circumstance' section.

New Document Clear Section

★ Link as

★ Description

★ Attach this file

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 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.

★ Level of change

★ Current No. of intern posts

★ Current status for intern registration purposes

★ Current No. of PGY2+ posts

★ Does the change relate to the number of posts currently accredited for this term?

1. Please clearly describe the proposed change that will occur

★ NB: Changes may include (but not limited to) - Additional TMO posts? Rostering? Clinical team/service structure? Supervision arrangements? Workload?

2. Please outline the reasons behind the need for the change

★ NB: What has prompted the change to the rotation/term

Note: You will not be able to submit the Application until a document e.g. Term Description has been uploaded.

Minor Having, or likely to have, a change of lesser impact on the education and training received by TMCs and subsequent requirement to meet the Accreditation Standards.

★ Level of change

★ Current No. of Intern posts

★ Current status for intern registration purposes

★ Current No. of PGY2+ posts

★ Does the change relate to the number of posts currently accredited for this term?

1. Please clearly describe the proposed change that will occur

★ NB: Changes may include (but not limited to) - Additional TMO posts? Rostering? Clinical team/service structure? Supervision arrangements? Workload?

2. Please outline the reasons behind the need for the change

★ NB: What has prompted the change to the rotation/term

3. Specifically, how will the junior doctors be affected?

★ NB: Detail the impacts on rostering, supervision, rostered hours, assessment, education and training

4. Please provide any further relevant information (optional)

Submit Cancel

15. Submit the application.
16. The VAM change of circumstance process record is now created with a VAM number. The SA MET Unit Accreditation Team will receive an email letting them know a new application for a change of circumstance has been submitted.
17. If the DCT has not reviewed and approved the form, the SA MET Unit will not process it until approval has been received.
18. **If you are a MEO** completing the form, you will need to forward the application to the DCT for review and approval. Start by selecting the Email function:

Virtual Accreditation Manager: Level 2 Form
Version 2: 26-07-2019

VAM record details

Supporting documentation

Actions

Linked VAM record

Accreditation Decision

Notes

Report

E-mail

Print

Audit trail

+ Add a new VAM record

My reports

Design a report

New search

Saved queries

Help

VAM record details

★ VAM record type: Process: Change of Circumstance

★ Status: Open

VAM reference: VAM-1230

★ VAM record owner: Mavromoustakis, Pagonitsa - Project Officer, Education and Accreditation SA MET Unit

Last updated: Pagonitsa Mavromoustakis 05/05/2020 13:29:45

Is this an Out-of-Session Request? No

NB: All accreditation applications will be tabled at the next available Accreditation Committee meeting. An out-of-session request will only be considered if there are justified medical workforce implications.

About this form
The purpose of this form is to identify an accreditation change in circumstance in local health networks (LHNs) to determine whether the change is *significant, moderate or minor*. The *Change in Circumstance Process* document will assist in completing this form. The form aligns with the South Australian Medical Ed

19. Search the DCT via the search function and add them as a recipient:

Ensure you have changed the subject title and body of message as appropriate:

Select send message:

Virtual Accreditation Manager: Level 2 Form
Version 2: 26-07-2019

VAM record details
Supporting documentation
Actions

Linked VAM record
Accreditation Decision
Notes
Report
E-mail

Print
Audit trail

+ Add a new VAM record
My reports
Design a report
New search
Saved queries
Help

E-mail
Recipients
E-mail address book
VAM users with e-mail addresses are available for selection from here.

Additional recipients
Enter e-mail addresses of other recipients not listed above. If required, you can enter multiple addresses, separated by commas.

Message
Subject
Please approve the change of Circumstance

Body of message
Dear DCT Name,
Could you please use the following link to review and approve the change of circumstance related to term name:
Please go to <http://sls.sahealth.sa.gov.au/live/index.php?action=record&module=PAL&recordid=1230> to view the record
Kind regards,
Your name

Attachments

Send message

Good job, your change of circumstance application is now complete.

Note: You can still make changes, add attachments or comments should this be required.

For further questions please contact the SA MET Unit:

HealthSAMETAccreditation@sa.gov.au

8226 1085