

Purpose

To define and outline the change of circumstance process for health services to document and report to the South Australian Medical Education and Training (SA MET) Unit of any significant change to the prevocational medical education and training program or terms for PGY1 and PGY2 accredited training posts.

Scope

The SA MET Health Advisory Council acknowledges that the changing environment of clinical services and structures may impact the delivery of a training program. Health services are required to notify the SA MET Health Advisory Council, through the SA MET Accreditation Committee of any significant change to the training program to ensure compliance against the [Australian Medical Council's \(AMC\) National Standards and requirements for prevocational \(PGY1 and PGY2\) training program and terms](#). This document outlines the process applicable to all health services with accredited PGY1 and PGY2 programs and terms.

Definition

A change of circumstance refers to any significant change which impacts or potentially impacts prevocational doctors, the quality of their education and training, supervision or prevocational doctor wellbeing and support. To comply with the *AMC's National Standards and requirements for prevocational (PGY1 and PGY2) training program and terms*, significant changes may include:

- Absence or changes to senior staff with important roles in prevocational training, such as an Executive Director of Medical Services, Director of Clinical Training (DCT), Term Supervisor, Medical Education Officer or Trainee Medical Officer Unit Manager.
- Plans for significant redesign or restructure of the health service that impacts or potentially impacts on prevocational doctors, such as a significant change to clinical services provided or a ward or service closure that changes case load and case mix for a term.
- Workforce or rostering changes to the term that significantly changes the access and level of supervision provided to prevocational doctors or access to educational opportunities.
- Resource changes that significantly reduce available administrative support, facilities or educational programs.

Notification of change in circumstance

The SA MET Health Advisory Council, through the SA MET Accreditation Committee, must be notified of all significant changes (Appendix 1) that could impact or potentially impact the medical education and training program. The health services DCT will determine whether a change of circumstance is required. If the DCT has any reservations as to whether a proposed change constitutes a change in circumstance application, they should contact the SA MET Unit for guidance and advice.

Compliance between accreditation visits

The Health Advisory Council reserves the right to review any accreditation status, at any time, where there is evidence to suggest the health service has not appropriately notified of a change, and it has significantly impacted the training program resulting in deficiencies meeting the AMC National Standards.

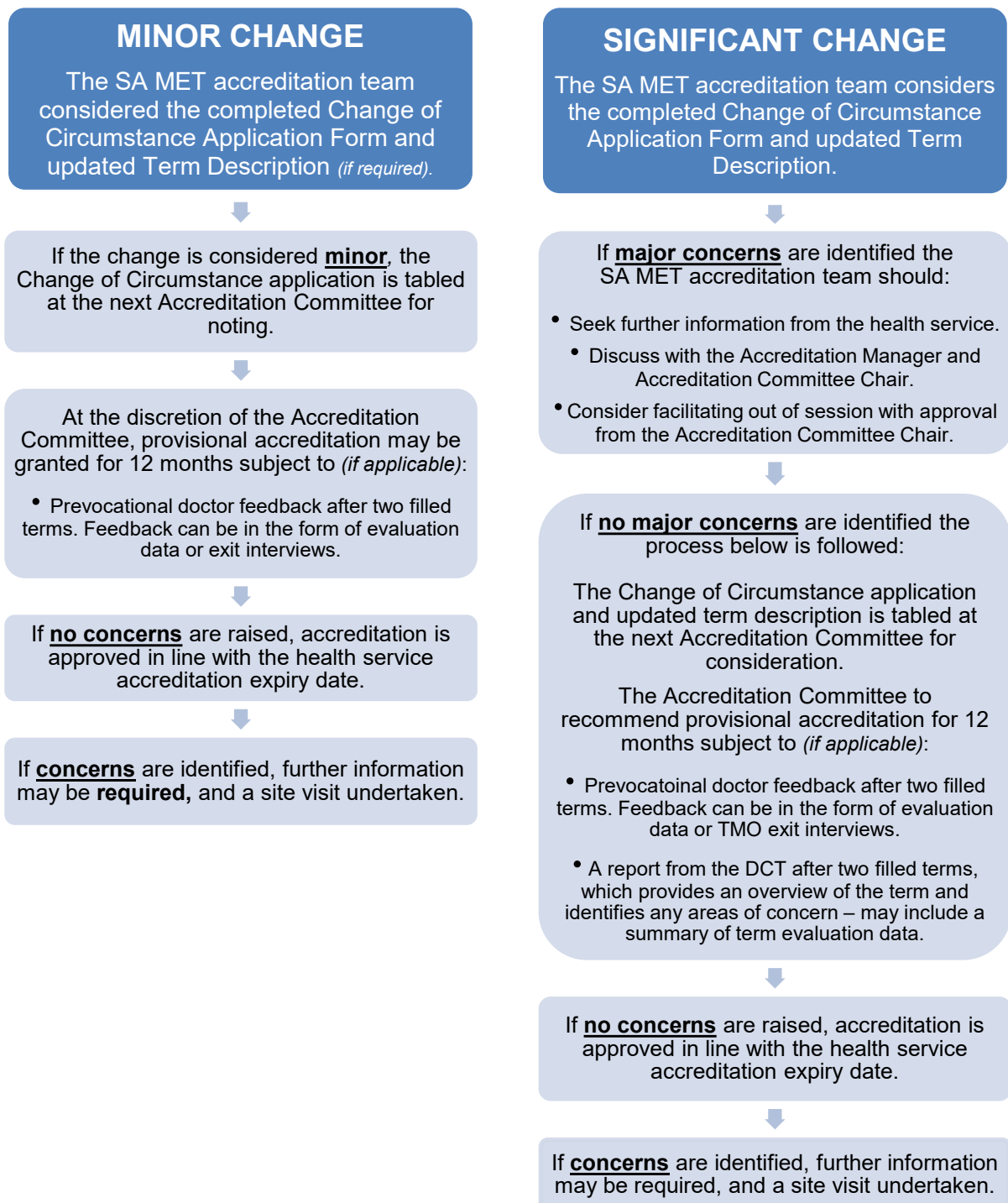
Process

Change of Circumstance applications must be submitted via the Virtual Accreditation Manager (VAM) System, with DCT approval, outlining the reasons for the change and how it impacts or potentially could impact the training program. The Accreditation Committee will review the change of circumstance application and advise the SA MET Health Advisory Council on its recommendations.

The SA MET accreditation team will assess the level of impact the change of circumstance may have and follow the below process described:

Minor Change: 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 AMC National Standards.

Significant Change: Having, or likely to have, **a major impact** on the education and training received by TMOs and subsequent requirement to meet the AMC National Standards.



Monitoring

The SA MET Unit will review this document in October 2026.

Related Documents

- > Accreditation Policy and Procedure
- > New Unit Accreditation Application
- > AMC's National Framework for Prevocational (PGY1 and PGY2) Medical Training

Glossary

Accreditation – A quality assurance process that establishes and monitors education and training provided for TMOs within Local Health Networks to ensure high standards of clinical training for TMOs. Accreditation may be granted to a LHN or a new unit for six months, twelve months, two years, or four years.

Australian Medical Council Limited – The body appointed by the Medical Board of Australia to ensure the standards of education, training and assessment of TMOs and to promote and protect the health of the Australian Community.

Australian Medical Council National Framework for Prevocational Medical Training (PGY1 & PGY2) – All accreditation activities will be assessed against the AMC National Standards set for the first two post graduate years for prevocational doctors in Australia. The National Standards describe how doctors will be trained and assessed and how health services will contribute to good quality training.

SA MET Accreditation Committee – A committee of the SA MET Health Advisory Council that is responsible for an efficient and effective accreditation process considering National program developments and requirements and the needs of TMOs.

SA MET Health Advisory Council – a Minister for Health and Wellbeing appointed council to oversee the quality of medical education, training and welfare for TMOs within the South Australia.

For more information

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Document History

Date effective	Author/Editor	Approved by	Version	Change Reference
June 2015	Senior Project Officer, Education & Accreditation	SA MET Accreditation Committee	3.0	Original Document
November 2015	Project Officer, Education & Accreditation	Senior Project Officer, Education &	3.1	Minor updates
October 2018	Project Officer, Education & Accreditation	Manager, Education & Accreditation	3.2	Updated flow chart and process content
November 2020	Project Officer, Education & Accreditation	Manager, Education & Accreditation	3.3	Reviewed. Minor updates
11 October 2023	Manager Accreditation	SA MET Accreditation Committee and SA MET Advisory Council	3.4	Major updates to align with the new AMC's National Framework

Appendix 1: Examples of situations where a Change in Circumstance application must be submitted.

Absence or changes to senior staff

- Staff levels or the structure on a unit change considerably which impacts the level of TMO supervision and support.
- Supervision arrangements and levels change due to increased bed numbers, TMO numbers and / or rostering changes.
- Change in term supervisor on a unit.

Plans for significant redesign or restructure

- Two similar/same specialty units from different facilities amalgamate, resulting in a new model of care, patient flow and changes to team structure.
- Two or more separate terms form one term, or a split of one term into two or more terms.
- The number of TMOs in a term increases.
- The education and training program is changed significantly with a new untried model.
- Closure of a ward / facility / secondary site.
- A unit is changing location and will have an impact on patient load.
- TMO's clinical duties to be altered due to unit staffing changes or model of care changes.

Workforce or rostering changes

- An additional accredited TMO is required on a term to support workload or workforce staffing changes.
- The clinical duties of a TMO in a term change considerably, resulting in reduced clinical exposure.
- Change to a TMO's rostering, including increased hours worked and rostered / non-rostered overtime.
- Change to 7-day-on to 7-day-off rostering from conventional week-day shift rostering.

Significant reduction of administrative support, facilities or educational programs

- Staff levels and structure on a unit change considerably which impacts the level of TMO support.
- The clinical duties of a TMO in a term change considerably resulting in continued reduced attendance at educational sessions.
- Changes to library resources or access to computers and private spaces has impacted prevocational doctors and the training program.