

Short-term training in a medical speciality pathway – Change in circumstances

This form needs to be completed if you are requesting changes to:

- your approved training site(s), including adding an additional training site ([Part B](#))
- your supervision arrangements ([Part C](#))
- start/end dates of training positions ([Part D](#))
- details of the approved training position ([Part E](#)).

You need to complete the Medical Board of Australia's (MBA) [Request for change in circumstances for international medical graduates with limited or provisional registration \(ACCL-30\) form](#) and submit this alongside the RACGP form, so we can assess your suitability for the position given the proposed changes.

Outcome

The RACGP will make a recommendation on your suitability for the position given the proposed change in circumstances. We will provide you with a recommendation letter that you must submit to Ahpra along with your ACCL-30 form. The decision to approve your change in circumstances is the responsibility of the MBA, not the RACGP.

If you have any questions about this change in circumstances form, please contact us at educationsupport@racgp.org.au

Part A: Applicant details

RACGP ID First name Surname

Ahpra medical registration Email

Date proposed change in circumstances takes effect (dd/mm/yyyy)

/ /

Part B: Change of training site

Complete this section if you are requesting (tick all that apply):

- A new training site (replacing your current training site)
- To add additional training site/s
- To leave one of your training sites (ie If you work in more than one training site)

Training sites

Site 1

Name of training site

Address

Training site [MMM classification](#)

Training site operating hours

Day **Open/close (eg 8.00 am – 5.00 pm)**

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Contact person

Is the training site accredited under the National General Practice Accreditation (NGPA) Scheme?

Yes No

If yes, with whom?

ACHS AGPAL Global-Mark QPA

Accreditation expiry (dd/mm/yyyy)

/ /

Principal place of training

Yes No

Site 2

Not applicable

Type of practice

Address

[Practice MMM classification](#) (click to see classification)

Training site operating hours

Day **Open/close (eg 8.00 am – 5.00 pm)**

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Contact person

Is the training site accredited under the National General Practice Accreditation (NGPA) Scheme?

Yes No

If yes, with whom?

ACHS AGPAL Global-Mark QPA

Accreditation expiry (dd/mm/yyyy)

/ /

Principal place of training

Yes No

Reason for changing training site

My current training position at this site is no longer available

There is no longer suitable supervision at the site

Other (please provide as much detail as possible)

Supporting documentation

Include with this form a letter of offer from your new training site which must include the following:

Date and signature by the practice principal (preferably), senior medical director, CEO, director or practice manager

Training site letterhead

Training site address

Dates of employment

Specify part-time or full-time work

Total hours worked per week

Duration of your weekly sessions (eg Monday to Friday 9.00 am – 12.30 pm & 1.30–5.00 pm)

The exact nature of the work you are required to cover including duties performed

Contact details for your supervisor

If your proposed changes in training site(s) will result in a change to your supervision arrangements, complete [Part C: Change in supervisor arrangements](#) of this form.

If your proposed changes in training site(s) impact the original position description or training plan approved by the MBA, complete [Part E: Changes to the training position](#) of this form.

Part C: Change in supervision arrangements

Complete this section if you are requesting

Changes to your supervisor(s)

A change to your level of supervision

Current supervisor

RACGP ID (if applicable)

First name

Surname

Ahpra medical registration

Training site name

Training site address

Email

Principal supervisor

Co-supervisor

New supervisor

RACGP ID (if applicable)

First name

Surname

Ahpra medical registration

Training site name

Training site address

Email

Principal supervisor

Co-supervisor

Current level of supervision

New level of supervision

Reason for changing supervisor arrangements

My training site has changed (you will also need to have completed [Part B](#) of this form)

The supervisor has left my training site

I have a conflict of interest with my current supervisor (please provide details of the conflict)

The scope of my position has changed (please provide as much detail as possible)

Other (please provide as much detail as possible)

Supporting documentation

If you are seeking approval to change your current supervised practice arrangements, you must complete the MBA [Supervised practice plan and supervisor's agreement for international medical graduates \(SPPA-30\) form](#) and submit this alongside the RACGP form for review. A revised [training plan](#) on the RACGP template should also be submitted for review by the RACGP.

If you are requesting a change in your supervision level, you will need to submit the MBA [Work performance report for international medical graduates with limited or provisional registration \(WRIG-30\) form](#) to the RACGP, including your principal supervisor's recommendation for a change to your supervision level in addition to the [SPPA-30 form](#).

Part D: Change to training period

Complete this section if you are requesting

- An extension to your training period
- A new start date for your training
- A new end date for your training (if this is earlier than your initial end date)

As listed in the [RACGP Short-term training in a medical speciality policy](#) section 9.1. ii The RACGP will not support extensions to training that exceed 24 months. International medical graduates who intend to practise for more than 24 months will need to meet the requirements and apply for the Australian Medical Counsel's [Competent Authority pathway](#), [Standard pathway](#) or [Specialist pathway](#) (specialist recognition).

New start date (dd/mm/yyyy)

/ /

New end date (dd/mm/yyyy)

/ /

Revised training period (eg 6 months, 12 months etc)

Reason for changes to training period

Supporting documentation

If the proposed variation in the duration of your training changes your supervision arrangements, complete [Part C: Change in supervisor arrangements](#) of this form.

If the proposed variation in the duration of your training changes the details of your training position, complete [Part E: Changes to the training position](#) of this form.

Part E: Changes to the training position

Complete this section if you are requesting

- Amendments to the current position description
- Amendments to the current training plan

Changes to position description

If the proposed variation in the duration of your training changes your supervision arrangements, complete [Part C: Change in supervisor arrangements](#) of this form.

- Change to working hours
- Changes in the services I'm required to provide
- Other

Changes to training plan

- Changes to training schedule
- Changes to the types of training activities
- Changes to exams/assessments required during training
- Other

Supporting documentation

If you will be making significant changes to your position description or training plan, you may be required to submit an updated position description form and training plan on the required RACGP templates. The RACGP will advise you if this will be required.

Part F: Declaration

I/we declare that the information provided is true and correct

I/we declare that the applicant is aware of and approves of the requested change in circumstances in this application

I/we declare that we understand the RACGP's role is to provide a recommendation as to the proposed change in circumstances and that we must apply to the MBA for changes to the applicant's medical registration.

Signature of employer

Name

Position

Date

Signature of principal supervisor

Name

Position

Date

Signature of applicant

Name

Position

Date