

Provider details: notification of changes form - 2020 final year program

<b>Provider name:</b>	
<b>Program accredited by the AMC:</b> (Give degree/award title. If more than one medical program, list all programs changing)	
<b>Person to contact concerning this form:</b>	
<b>Telephone number and email:</b>	
<b>Date of submission:</b>	

Type of change(s):

Please tick  to indicate the material change(s) made/being made **for 2020** in response to COVID 19.

<b>Curriculum change for 2020</b>	<input type="checkbox"/>
Modification to: <ul style="list-style-type: none"> <li>• program structure/organisation</li> <li>• educational outcomes</li> <li>• curriculum change</li> <li>• pre-internship terms</li> </ul>	
<b>Change to teaching and learning methods for 2020</b>	<input type="checkbox"/>
Modification to: <ul style="list-style-type: none"> <li>• didactic sessions converting to online or other forms</li> <li>• skills sessions changing to simulation</li> <li>• laboratory sessions</li> <li>• outsourcing teaching to another institution</li> </ul>	
<b>Change to assessment for 2020</b>	<input type="checkbox"/>
Modification to: <ul style="list-style-type: none"> <li>• clinical assessments including replacing with other forms of assessment</li> <li>• other assessment methods</li> </ul>	
<b>Change in settings in 2020</b>	<input type="checkbox"/>
Modifications to: <ul style="list-style-type: none"> <li>• teaching settings</li> <li>• the introduction, or withdrawal of teaching health services e.g. teaching hospitals and general practices</li> <li>• changes to offshore provision of an AMC-accredited program</li> </ul>	
<b>Change in resources available to deliver program in 2020</b>	<input type="checkbox"/>
Modifications to: <ul style="list-style-type: none"> <li>• university resources and facilities</li> <li>• staffing</li> </ul>	
<b>Issues relating to students for 2020</b>	<input type="checkbox"/>
Modifications to: <ul style="list-style-type: none"> <li>• student support</li> </ul>	

## Details of change(s):

### 1. What are the elements/details of the change?

*[In one to two paragraphs, please describe the change to the final year program and the school's rationale in terms of maintaining educational equivalence, volume of learning and achievement of outcomes with the accredited program. If more than one change type is ticked, please include one to two paragraphs for each.]*

### 2. What additional quality assurance or evaluation mechanisms is the school planning in relation to this change

Please also address here whether the school believes make up opportunities for learning will be necessary for students (e.g. in a pre-intern placement or during internship).

**3. Provider's approval and communication processes for change.** Rather than appending detailed supplementary material concerning changes, medical schools can submit material already prepared such as communications to staff and students about the changes.

#### a. Please provide details of the internal approval process

*[Enter details here...]*

#### b. Please append relevant communications to staff and students already complete (including copies) and indicate those that are planned.

*[Enter details here...]*