



GPO Box 4221 Darwin NT 0801
 2nd Floor Harbour View Plaza
 Cnr McMinn & Bennett Streets Darwin NT 0800
 Tel: +61 8 8999 4157 Fax: +61 8 8999 4196
 Email: healthprofessions.ths@nt.gov.au
 Website: www.nt.gov.au/health/registrationboards

APPLICATION FOR AREA OF NEED APPROVAL – EMPLOYER OVERSEAS TRAINED SPECIALIST

(for completion by Employing Agency/Sponsor of the nominated Overseas Trained Specialist)

SPONSORING ORGANISATION:

ADDRESS:

EMPLOYER:

ADDRESS:

LOCATION OF AREA OF NEED (Hospital, Rural Health, Private Practice, etc):

WAS THE POSITION ADVERTISED? (When? Where? Provide copies of advertisement):

WHAT WAS THE RESPONSE TO ADVERTISING?

DID AUSTRALIAN QUALIFIED DOCTOR(S) REGISTERED IN AUSTRALIA APPLY FOR THE POSITION?
 YES NO If Yes, How Many?

REASON FOR REJECTION OF DOCTORS REGISTERED IN AUSTRALIA:

NAME OF OVERSEAS TRAINED SPECIALIST:

POSITION TITLE (attach Position Description):

SUPERVISION PLAN: (if a completed Supervised Practice Plan is not attached please provide an overview of the proposed supervision arrangements). **NOTE: A completed Supervised Practice Plan must be forwarded to the Board within six weeks of IMGs commencement in the position.**

WHY DO YOU CONSIDER THE APPLICANT SUITABLE FOR THIS POSITION? (State reasons)

DOES THE NOMINEE MEET THE BOARD’S “ENGLISH LANGUAGE PROFICIENCY, INTERNATIONAL MEDICAL GRADUATE POLICY”? YES NO

AUSTRALIAN SPECIALIST COLLEGE ASSESSMENT OF SUITABILITY TO MEET THE AREA OF NEED SPECIALIST POSITION (please attach assessment):

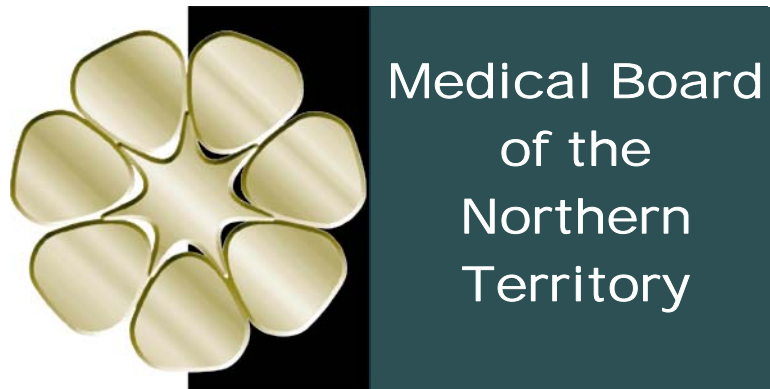
UNDERTAKING

1. I will ensure a completed Supervised Practice Plan (in the Board's approved format), is forwarded to the Board within six weeks of the nominated IMG commencing employment.
2. I understand that it is a requirement of the Medical Board of the NT that termination of the employment contract by either party must be notified immediately in writing to the Board by both parties. The IMG must also provide notification of their next intended destination.
3. I understand that Conditional Registration is granted for the period of employment, which will not exceed twelve months. An application may be made for an extension of registration for a further period, not exceeding twelve months. A letter from the employing agency that provides a clear rationale for extending the Conditional Registration must accompany the Conditional Registrant's application for registration renewal.
4. I understand that repeated renewal of registration will be contingent upon showing satisfactory progress towards completion of a qualification recognised by an Australian Specialist College and satisfactory Supervisor Reports.
5. I will ensure that during the period of the IMG's employment, reports from the Principal or Co-Supervisor are provided every six months; on termination of a contract; or at the specific request of the Board. Supervision Reports must be provided in the Board's approved format.
6. I, as the employer, or on behalf of the employer, will ensure that the IMG does not work outside the conditions of their registration.
7. I understand that any change of practice conditions (eg: location, supervisor) will require the prior approval of the Board.
8. I understand that any breach of conditions may result in review and/or cancellation of registration.

SIGNATURE OF EMPLOYER _____ **DATE** ____ / ____ / ____

PRINTED NAME _____

DESIGNATION _____



International Medical Graduate (IMG) Area of Need Position Description

Specialist Positions

Instructions

1. This form is to be completed by the Employer and signed by both the IMG and Supervisor(s).
2. The information in italics has been provided to assist you in preparing this position description
3. Once you have entered the information that is relevant for the position at your hospital, please remove these instructions and any phrases in *italics* and brackets
4. Please return completed form to:

Medical Board of the Northern Territory

PO Box 4221
DARWIN NT 0801

Fax: (08) 8999 4196

Email: healthprofession.ths@nt.gov.au

SUPERVISION ARRANGEMENTS

Principal Supervisor's Details

Name:

Postal Address:

Street Address:

Phone: Fax:

Mobile: Email:

Provide a brief summary of Supervisor's qualifications and experience

Does this person currently supervise other IMG's.

Yes No If 'Yes', total number of IMG's currently supervising:

Co-Supervisor's Details

Name:

Postal Address:

Street Address:

Phone: Fax:

Mobile: Email:

Provide a brief summary of Co-Supervisor's qualifications and experience

Does this person currently supervise other IMG's.

Yes No If 'Yes', total number of IMG's currently supervising:

Supervised Practice Plan attached Yes No

VERIFICATION

The IMG appointed to the position agrees to work in accordance with the requirements of the position and comply with policies and procedures of the Medical Board of the Northern Territory.

IMG

Signature:

Print Name:

Date:

SUPERVISOR

Signature:

Print Name:

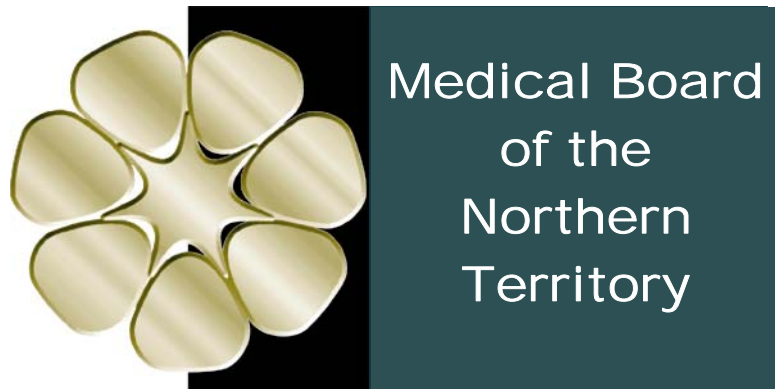
Date:

CO-SUPERVISOR

Signature:

Print Name:

Date:



International Medical Graduate (IMG)

Supervised Practice Plan

The purpose of a Supervised Practice Plan is to ensure that:

- a. the IMG's performance is evaluated and monitored;
- b. the IMG develops skills that enable them to operate within the Australian health system;
- c. the IMG demonstrates that they can practise safely.

The Medical Board of the Northern Territory may ask the supervisor nominated in the plan, to provide information at any time to the Board of the registrant's practice or performance.

Within the Supervised Practice Plan the Principal Supervisor will provide the Board with the names of any Co-supervisors who will be involved in the supervision of the IMG. Any Co-supervisor must be senior to the IMG.

The Principal Supervisor will have primary responsibility for the IMG's supervision and assessment.

Please return signed completed form prior to or within six weeks of the IMG's commencement, to:

Medical Board of the Northern Territory

PO Box 4221
DARWIN NT 0801

Fax: (08) 8999 4196

Email: healthprofession.ths@nt.gov.au

Co-Supervisor Details (1)

Name:

Registration No:

Position:

Location:

Phone: Fax:

Mobile: Email:

Trained IMG supervisor: **Yes** **No**

Does this person currently supervise other IMG's.

Yes No:

If 'Yes', total number of IMG's currently supervising

Co-supervisor Details (2)

Name:

Registration No:

Position:

Location:

Phone: Fax:

Mobile: Email:

Trained IMG supervisor: **Yes** **No**

Does this person currently supervise other IMG's.

Yes No:

If 'Yes', total number of IMG's currently supervising

Guidelines

In developing the plan the Supervisor and registrant should consider the criteria detailed in the Supervision Report.

Clinical Management

- *Documents a comprehensive patient history, (including obtaining information from other sources when appropriate).*
- *Conducts and documents an appropriate patient examination.*
- *Defines clinical problems appropriately.*
- *Develops an appropriate care management plan and effectively coordinate patient care, including referral and follow-up.*
- *Requests, follows up and interprets appropriate investigations and revises management plan as necessary.*
- *Recognises and manages emergencies that occur in patient management.*
- *Plans for discharge of patient (where relevant) including documenting discharge summary.*
- *Demonstrates and improves procedural skills relevant and appropriate to rotation.*
- *Demonstrates and improves preventative skills relevant and appropriate to rotation.*

Communication

- *Communicates effectively (respectfully and with the ability to listen) with patients and their families, including the use of interpreters where necessary.*
- *Communicates effectively with other members of the health care team.*
- *Communicates effectively (clearly and concisely) with professional colleagues including general practitioners; for handover, referral and transfer of patients.*
- *Clearly documents all patient care.*

Professionalism

- *Shows compassion for patients and sensitivity to their culture, ethnicity and spiritual issues.*
- *Demonstrates punctuality, effective time management and ability to prioritise work.*
- *Able to recognise limitations in his/her practice and request assistance when necessary.*
- *Demonstrates respect for all colleagues.*
- *Follows reasonable directions of more senior colleagues.*
- *Able to manage own health appropriately.*
- *Demonstrates understanding of Australian Health Systems.*
- *Accepts responsibility to teach (where appropriate).*

Safe Practice

- *Demonstrates knowledge of common therapeutic agents, uses, dosages, adverse effects and potential drug interactions and ability to prescribe safely.*
- *Demonstrates knowledge of infection control principles and complies with them in patient care.*
- *Recognises and correctly reports adverse incidents.*

The plan must include, but is not limited to:

- *How, when and where supervision is to be provided;*
- *A process to ensure the recording of supervision and progress;*
- *Avenues to identify and address skill and knowledge development needs;*
- *Capacity and commitment to meeting the Board's reporting requirements;*
- *A process for reviewing performance (including conducting chart audits) and supervision requirements; and*
- *The Plan must be consistent with the responsibilities outlined in the IMG's position description.*

VERIFICATION

This form must be signed by both the IMG and the Principal Supervisor to be complete.

Principal Supervisor's Declaration

I agree to supervise the IMG named in this form.

I agree to notify the Board immediately of poor performance or incompetence and to provide supervision report(s) as required by the Medical Board of the Northern Territory including on change in supervisor.

I intend to undertake the supervision in the manner set out in the Supervised Practice Plan.

Signature:

Print Name:

Date:

IMG Signature

Signature:

Print Name:

Date: