



## MEDICAL BOARD OF WESTERN AUSTRALIA

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### Position Description for International Medical Graduates (IMGs)

#### About this form

This form can be used by employers to create a position description containing the type of information International Medical Graduates ("IMG") applicants may need to know when determining whether they would like to apply for the position.

The position description will also be used by the Medical Board of Western Australia ("the Board") to consider when deciding whether an IMG applicant will be suitable for registration in the position.

The form contains seven parts as outlined below.

**Part A – IMG details** – Name of IMG.

**Part B – Position details** – A brief summary of the position.

**Part C – Position description** – This section outlines the requirements of the position including the qualifications and skills required.

**Part D – Practice details** – Information about the practice, its location, the services offered, the patients and the resources available to the practice. Information provided in this section should provide a general overview of the entire practice and an outline of the services the IMG may be required to undertake.

**Part E – Orientation Arrangements** – This section describes the orientation program provided to the IMG prior to the commencement of employment.

**Part F – Employer's details** – Contact details for the employer and the supervisor as well as information about the supervision available to the position.

**Part G – Certification**

When completed, Parts A – G of this form should be returned to the Medical Board of Western Australia as part of the application for registration under the *Medical Practitioners Act 2008* ("the Act").

**Return Parts A – G to:** Registration Manager  
**Medical Board of Western Australia**  
 PO Box 1437  
 SUBIACO WA 6904  
 Facsimile: (08) 9321 1744  
 Email: [registrations@wa.medicalboard.com.au](mailto:registrations@wa.medicalboard.com.au)

#### PRIVACY STATEMENT

The Board collects information for the purpose of fulfilling its responsibilities pursuant to the Act. In accordance with the Act the following registration information is provided to the general public on a doctor registered with the Board: name; business (or other) address; unique identification number; medical qualifications; registration status; date of registration; conditions applying to registration (eg sponsoring organisation and the locations where a doctor is registered to work); conditions imposed, or cancellation or suspension of registration by a regulatory authority of another State or Territory; voluntary conditions on registration; details of disciplinary, competency and impairment matters under Part 6 of the Act; convictions under the Act. Registration information is published on the website of the Board.

**PART A IMG details**

1	Family name of IMG	<input type="text"/>
2	Given name of IMG	<input type="text"/>

**PART B Position details**

3	Name of practice / institution where the IMG will be employed	<input type="text"/>
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4	Name of practice principal / Director of Medical Services	<input type="text"/>
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5	Street address of practice / Postal address of institution	Street address / postal address	<input type="text"/>
		State/Territory	<input type="text"/>

6	Position title e.g. GP Anaesthetist / Consultant / Registrar / Resident	<input type="text"/>
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7	Hours the IMG might work on each of the following e.g. 9am – 5pm	Practice hours	<input type="text"/>
		On-call / call back	<input type="text"/>
		GP after hours	<input type="text"/>
		Hospital roster	<input type="text"/>
		Other ( Sessional / Fulltime/ Part time)	<input type="text"/>

8	Is there a probationary period?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	> How long?	<input type="text"/>
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Note: The following three questions do not relate to medical registration

9	Is the position fee for service or a hospital position with / without right to private practice?	Fee for service <input type="checkbox"/>
		Hospital position <input type="checkbox"/>

10	Is a provider number required?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
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11	Award	<input type="text"/>
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## **PART C      Position description**

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**Note:** All IMGs must comply with the Board's legislative requirements for registration.

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### **12 Provide an explanation of the key duties of the position including the level of supervisory responsibilities**

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### **13 Provide details of the qualifications and skills required for the position**

Consider position requirements such as, but not limited to:

- minimum level of experience
- specific skills and competencies, e.g. postgraduate training, familiar with intravenous thrombolysis
- level of decision-making, e.g. level of decisions the IMG will be expected to make with and without consultation with a supervisor
- supervisory experience, for example, level to which the IMG will be required to supervise, manage and educate university students or junior medical staff, GP registrars and/or other staff as appropriate.

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### **14 Provide details of any specific challenges of the position**

## PART D Practice / institution details

15 Type of practice /institution  
e.g. 24 hour clinic / teaching  
hospital etc

14 Current number of staff  
employed at the practice ( GP  
practices only)

17 Provide an overview of the demographics and environment where the practice is located (GP practices only)  
for example:

- description and population of the town, local schools and facilities
- details of local communities
- cultural and linguistic diversity
- environmental factors such as climate
- distance to the nearest major city
- rural Remote Metropolitan Area (RRMA).

18 Indicate how often the  
practice services the  
following patient categories  
(GP practices only)  
(mark one for each category)

<i>Patient category</i>	<i>Often</i>	<i>Occasionally</i>	<i>Rarely</i>
Indigenous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multicultural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aged care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – specify below (e.g. industrial injuries)			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**19 This section provides information about the services offered by the practice.**  
**In the first column, tick the appropriate box to indicate the services offered by the practice.**  
**In the second column, tick the services the IMG may be required to undertake. (GP practices only)**

	<i>Offered by the practice?</i>	<i>To be undertaken by the IMG?</i>
General medical care for individuals, families and communities	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
After hours services	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Home visits	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Aged care / nursing home visits	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Prison visits	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Provide reports to worker's compensation cases, solicitors, insurance companies and the Department of Veterans' Affairs (DVA)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Research and training	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Hospital services:	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
• On-call responsibilities	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
• Care of inpatients	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
• Accident and emergency	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
• On-site services	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Specific duties e.g. anaesthetic procedures – please specify the duties	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
_____	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
_____	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
_____	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Other services – please specify	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
_____	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
_____	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
_____	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

**20 Does the practice have other health professionals on-site? (GP practices only)** No  Yes  > **What resources are available?**  
 e.g. physiotherapist, practice nurse


**21 What resources / infrastructure are available at the practice? (GP practices only)**  
 e.g. x-ray unit, pathology, radiology, Careflight helicopters, hospitals and consultants

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22 Use this space to provide any other information about the practice / institution that might be relevant to the registration of the IMG?

**PART E      Orientation arrangements**

22 Describe or attach the orientation program (content and method of delivery) that will be provided to the IMG prior to the commencement of employment for example:

- orientation to the Western Australian healthcare system
- communication and cultural issues
- orientation to local jurisdiction, supporting health services/referral, safety standards, education and training
- legislative requirements and professional standards

## PART F Employer's details

<b>21 Contact person's details</b>	Name			
	Postal address			
	State/Territory		Postcode	
	Street address (if different)			
	State/Territory		Postcode	
	Phone			
	Fax			
	Mobile			
	Email			

<b>22 Supervisor's details</b>	Name			
	Postal address			
	State/Territory		Postcode	
	Street address (if different)			
	State/Territory		Postcode	
	Phone			
	Fax			
	Mobile			
	Email			

<b>23 Provide a brief summary of the supervisor's qualifications and experience</b>	
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<b>24 Does the supervisor currently supervise other IMG's?</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
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**25 Provide details of the level of supervision available for the position, for example:**

- immediate supervision available (colleague present in same practice at all times)
- distance supervision within the same district work within x hours travel
- by telephone
- names of co-supervisor/s and relief supervisor
- arrangements with relevant college to support IMG to gain Fellowship / maintain standards

**PART G Certification**

*I certify that the information provided in this document is correct*

**Signature of supervisor/**

Name (please print)

Position

Contact telephone number

Date

**Signature of Employer /  
Director of Medical  
Services**

Name (please print)

Position

Contact telephone number

Date