



# Application for assessment of a position for suitability for the clinical practice assessment period (Australia)

## Before completing this application form, please read the below information:

- This application is for the assessment of suitability of a position in which an SIMG proposes to complete their SIMG clinical practice assessment (CPA) period.
- You should read the information available on the ANZCA [website](#) relating to the CPA period before completing the application form.
- If at any point during your employment you wish to change an aspect of your position (for example, change the start or end dates of the position or move to part-time hours), you must submit an Application for variation to a position description.
- Please be aware that this assessment assesses the suitability of the position for the CPA period and is not an assessment for medical registration with AHPRA. You must apply directly to the [Medical Board of Australia \(MBA\)](#) for medical registration.
- This application form must be completed electronically (not handwritten).
- Please ensure that all sections of the application form are completed.
- Forms incorrectly completed will not be assessed.
- Ensure that the SIMG and their nominated supervisor complete the declarations in this form before submission. The SIMG verification is located on [page 8](#) and the supervisor verification is located on [page 10](#).
- This application form may be submitted by email ([simg@anzca.edu.au](mailto:simg@anzca.edu.au)) or post (ANZCA, SIMG team, 630 St Kilda Road, Melbourne, Victoria, 3004).

## SIMG details

Family name (Surname)	_____
Given names	_____
Address (line 1)	_____
Address (line 2)	_____
Email address	_____
City	_____
State	_____

Postcode \_\_\_\_\_

Country \_\_\_\_\_

Home/mobile phone \_\_\_\_\_

Work phone \_\_\_\_\_

**Position details**

Position title \_\_\_\_\_

Reports to \_\_\_\_\_

Division \_\_\_\_\_

Unit \_\_\_\_\_

Award \_\_\_\_\_

Locations \_\_\_\_\_

Proposed start date \_\_\_\_\_

Proposed end date \_\_\_\_\_

What are the usual hours of work (including on-call availability) \_\_\_\_\_

What portion of full-time equivalent (FTE) is the position?

1.0 FTE     0.75 FTE     0.5 FTE     Others (please note FTE rate below)

**Note:**

- Full-time equivalent is 38 hours per week.
- Positions which are less than 38 hours per week are considered part-time and the CPA will be credited pro rata.
- Positions which are less than 0.5 FTE will not normally be approved for the CPA period.

If joint position with another specialty (such as anaesthesia / pain medicine / intensive care / retrieval / other). What proportion of your total work is in anaesthesia/ pain medicine?

<input type="checkbox"/> N/A anaesthesia	<input type="checkbox"/> N/A pain medicine
<input type="checkbox"/> 0.75 FTE anaesthesia	<input type="checkbox"/> 0.75 FTE pain medicine
<input type="checkbox"/> 0.5 FTE anaesthesia	<input type="checkbox"/> 0.5 FTE pain medicine
<input type="checkbox"/> Other anaesthesia	<input type="checkbox"/> Other pain medicine

If other, please note FTE rate below

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Supervisor/s name

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Does this supervisor also supervise other SIMG?

- Yes      How many  
 No
- 

What supervision will be provided for the SIMG **during normal work hours**?

*Provide the following information regarding supervision requirements of the SIMG in normal hours:*

- *Immediate and at what level, for example, 'intern level', RMO I, RMO II, Registrar*
  - *Within the Department*
  - *Within the hospital*
  - *By telephone*
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Will the SIMG be required to undertake **after hours work**?

Yes. Indicate whether the SIMG will take part in an after-hours roster and the level of responsibility. Outline the on-site staffing of the hospital after hours

No

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What supervision will be provided for the SIMG **after hours**?

N/A

*Provide the following information regarding supervision requirements of the SIMG in normal hours:*

- *Immediate and at what level, for example, 'intern level', RMO I, RMO II, Registrar*
  - *Within the Department*
  - *Within the hospital*
  - *By telephone*
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Describe the performance monitoring that is in place for the SIMG?

*Indicate whether the SIMG is responsible for:*

- *Participating in ongoing review of his/her clinical practice, as per conditional registration guidelines;*
  - *Participating in continuing medical education and professional development as covered by the supervision arrangements stipulated by the relevant medical board; and*
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- *Maintaining his/her professional competence.*

*Indicate the name and position in the hospital of the doctor who will supply the reports on the performance of the SIMG.*

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Describe the orientation program the SIMG will undertake.

*Describe or attach the orientation program that the SIMG will be required to undertake, specifying the content and methods of delivery. Indicate the timeline for completion of the various aspects of the program.*

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Does this position require a Medicare Provider Number?

**Note:** It is the responsibility of the SIMG and the hospital to investigate whether a Medicare Provider Number is available for the SIMG.

Yes       No

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What is the main purpose of the position?

*Precisely describe the work it is intended that the SIMG will do and why (outcome). Begin with an action verb (for example, advise, manage, deliver). Example: Manage medical staff of the Anaesthesia Department in the Southern Area Health Service to ensure the provision of optimal anaesthesia care to patients of the Southern Health Service.*

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What are the requirements of the position?

*This section should indicate the knowledge, skills and experience which are essential for the effective and competent performance in this position.*

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What qualifications are required to fulfil this position?

*Specify the experience and postgraduate training in the specialty that is required.*

*Noting:*

- *That SIMG can be appointed to specialist equivalent positions*
- *That positions that **require** a FANZCA or for the applicant to be **registered as a specialist** are not suitable for the CPA period.*
- *That positions that require*
  - *a FANZCA **or equivalent**, making an applicant eligible for registration as a specialist with the Medical Board of Australia **OR***

- **be on a documented pathway towards achieving specialist registration** are suitable for the CPA period.

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Describe the range of clinical situations and population groups (including children), which the doctor would, in normal circumstances, be expected to deal with proficiently.

*List the technical procedures that the doctor is expected to perform competently. This may not be applicable in generic hospital non-specialist positions (CMO/RMO).*

*Indicate whether the doctor is required to demonstrate basic life-support skills, as this will be expected if it is a standard requirement of the hospital. Advance life support skills should be mentioned, if required.*

*Add any other clinical knowledge, skill or experience that the doctor may be required to have.*

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Is the SIMG required to supervise other staff?

Yes. Indicate who the SIMG is expected to supervise (e.g. other doctors, nursing staff or medical students). Also indicate how senior or junior these doctors are.

No

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Is the SIMG required to supervise anaesthesia vocational trainees?

Yes                       No

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What research and teaching is the SIMG required to undertake?

*Identify key tasks that the SIMG may be required to undertake in this area.*

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What other responsibilities (not noted above) will the SIMG have?

*Example: In addition to the core competency standards, the SIMG is expected to comply with legislative, policy/protocol requirements as they relate to:*

- *The supervision requirements as set out by the relevant medical board;*
- *The relevant Health Service's Performance Management Policy;*
- *Occupational, health and safety requirements as an employee;*
- *The relevant Code of Conduct.*

*Provide any other information that you think would help others in understanding the nature and scope of the position.*

Describe the local environment and background.

*In this section, the intention is to outline the wider context in which the position is located. It will assist all parties concerned, that is, employer, applicant, Department of Health, medical colleges and the medical board in gaining a clearer understanding of the overall context of the position.*

*Describe the role and objectives of the Department/Unit in which the position is located, including the role delineation and a general description of the hospital, that is, rural, urban, number of beds and the general range of medical services provided.*

*Include some environmental demographic background of the particular population groups that might be served.*

*Indicate the facilities available in the hospital, such as:*

- *Emergency Department – indicate what services are not provided, for example, ENT, neurosurgical, etc and what course of action is taken if these cases present to the hospital.*
- *Radiology/Radiography - indicate the reporting services that are available onsite and the hours of service for each. Also indicate the off-site imaging services that must be used, if any, and their availability.*
- *Pathology/technician - indicate the reporting service available on site and the hours of service for each.*

*Hospital consultants' fields of expertise, that is, the spectrum of consultant work undertaken at the hospital, even if not directly related to the identified RMO/CMO position.*

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What are the key internal and external relationships?

*Identify the key positions, committees, organisations or groups that the doctor is expected to deal with inside and outside the organisation as part of his/her work. Also describe the purpose of the contact, for example, "to provide information about.... ", "to represent the Department/Unit on ", etc.*

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What are the challenges for the SIMG in this role?

*Describe, with examples, at least three challenging aspects of the role the SIMG is to take. These may be short or long term, and must be related to the job (not the SIMG). Examples might include patients' demands, workload, competing priorities, etc.*

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Describe the decision making required of the SIMG.

*Identify the kinds of decisions that the SIMG should make independently, without referral to a supervisor. Indicate whether there are policies/guidelines/rules to guide the SIMG in the decision-making process.*

*Identify the kinds of decisions that the SIMG should make, following consultation with his/her supervisor or others.*

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Organisation chart

*Attach an organisational chart showing the supervisor of the SIMG, the positions reporting directly to the supervisor, and the positions reporting directly to the SIMG, if applicable.*

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To what, if any, tertiary referral hospital are you networked?

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How long would it normally take to transfer a patient to the usual referral hospital and what is the nature of the transport?

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**SIMG verification**

**The below section must be completed by the SIMG before this application is submitted to ANZCA.**

- I agree to work in accordance with the requirements of the position and comply with policies and procedures of the relevant Health Service.

**ANZCA office use only**

Position reviewed on \_\_\_\_\_

DPA SIMG name \_\_\_\_\_

Interview panel \_\_\_\_\_

Other name \_\_\_\_\_

Position approved for CPA period?

- Yes  
 Yes, for specific components only (note which part of CPA period it is approved for below).  
 No. Give reasons in comments section below.

Portion of FTE approved?

- 1.0 FTE  
 0.75 FTE  
 0.5 FTE  
 Other (please note FTE rate below)

Comments:



## **Australian and New Zealand college of anaesthetists (ANZCA)**

### **SIMG Supervisor agreement**

**Name of SIMG:** \_\_\_\_\_

#### **Background**

Supervisors of Specialist International Medical Graduates (SIMG) assist ANZCA with the assessment process for SIMGs seeking eligibility for admission to Fellowship. They have an important role and must have a broad understanding and experience of College activities. They provide support to the SIMG during the clinical practice assessment period and provide regular reports to the central administration of the College.

#### **SIMG supervisor responsibilities and declaration by the SIMG supervisor**

1. I agree to attend training courses for SIMG supervisors.
2. I agree to refer any difficulties regarding an SIMG to the Chair of the SIMG Committee.
3. I agree to undertake the duties of an SIMG Supervisor as outlined in the documentation provided to me.
4. I understand that ANZCA documentation and/or materials will be provided to me during the course of the SIMG assessment process. I acknowledge that this material is owned by the College, is subject to intellectual property protection, and therefore cannot be used by me for purposes other than the assessment of an SIMG, without the College's prior approval.
5. I acknowledge that it is my responsibility to be fully informed and aware of all requirements of ANZCA, particularly rules, guidelines and policies in relation to the SIMG assessment process.
6. In addition to policies that may apply at my place of employment I will abide by ANZCA's corporate policies including:
  - 6.1. ANZCA guidelines on assessment
  - 6.2. Conflict of interest policy
  - 6.3. Fraud and corruption control policy
  - 6.4. Intellectual property policy
  - 6.5. Policy on bullying, discrimination and harassment for Fellows and trainees acting on behalf of the College or undertaking College functions
  - 6.6. Privacy policy
7. I agree that if I have concerns regarding my role, it is my responsibility to seek to have these concerns addressed. I acknowledge that I can approach and seek appropriate guidance from all or any of the following:
  - Chief Executive Officer of ANZCA.
  - Chair, SIMG Committee
  - DPA (SIMG)
  - Manager (SIMG)
8. I undertake to notify the College if my medical registration is withdrawn or suspended, or conditions are placed on my medical registration, or if I receive notice of any complaint to any medical registration authority.
9. I understand that email will be the primary means by which communication is maintained between me and the College and that the College will use the email address I designate as my primary email.

I undertake to:

- Maintain regular access to my email account and respond to College emails accordingly
- Ensure that at all times there is sufficient space in the primary email account to allow receipt of emails from the College, even those containing attachments that are several megabytes in size.

**ANZCA responsibilities and declaration by ANZCA**

ANZCA agrees to provide support to its representatives, including SIMG supervisors, by providing them with resources and support in the following areas:

1. Training, assessment methods and related activities.
2. Support via the Manager SIMG in managing SIMG experiencing difficulty.
3. Support via the DPA SIMG for issues relating to compliance with regulation and policies.
4. All Fellows who act in good faith and within College policies while carrying out College duties will be indemnified for those actions. In any perceived contentious matter there must be a complete written record of the action taken and the reasons for it. It is essential that there should be early discussion with the CEO whenever there are potential difficulties that may involve legal action.

ANZCA and its representatives agree to use reasonable endeavors in the following areas:

5. Providing access for SIMG supervisors to educational materials.
6. Answering in an accurate and timely manner any queries the SIMG supervisor may have on the SIMG assessment process, their duties and responsibilities, and the regulations.
7. Responding to any other enquiries in a timely manner.

**Supervisor verification**

**This section must be completed by the nominated supervisor prior to submitting this application to ANZCA.**

**Name of supervisor:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

- I verify that I have read the above position details and am satisfied that it accurately describes the position and the hospital(s).
- I accept the rights and responsibilities of our respective positions in this Agreement.

**ANZCA Office use only**

- We accept the rights and responsibilities of our respective positions in this Agreement.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_