



# Work performance report

## for international medical graduates with limited or provisional registration

Profession: **Medical**

Part 7 Division 6 of the Health Practitioner Regulation National Law (the National Law)

This form is to be completed by the international medical graduate (IMG) with limited or provisional registration and their Board approved supervisors at intervals as specified by the Board. This is usually at three months after initial registration and then at renewal of registration or new application (usually annually).

### Completing this form

- Read and complete all required questions
- Read the *Privacy notice* on the last page
- Type or print clearly in **BLOCK LETTERS**
- Place **X** in all applicable boxes
- Ensure that all pages and required attachments are returned to Ahpra
- Ensure **all supporting documents are on A4 size paper**

### Instructions for the international medical graduate

- You should complete this form first. This enables you to identify your strengths and areas for further improvement.
- Using the appraisal criteria (1- 5) at the top of the columns, complete the form by initialling each box which you believe best describes your performance for each statement. Once completed, give the form to your supervisor to complete. You must discuss this review with your approved principal supervisor and co-supervisors. At the end of the feedback session, sign the form before sending it to Ahpra.

### Instructions for the principal supervisor

- Consult the appraisal criteria (1- 5) at the top of the columns and initial the appropriate 'supervisor' box which best describes the performance of this IMG. Consider input from co-supervisors of the IMG to ensure that a thorough and accurate assessment is made. The performance should be compared to the expected performance for this level of position.
- You may wish to seek input into the assessment from other clinical and administrative staff (including previous supervisors and co-supervisors who should be listed on this form), who may be more familiar with some aspects of the IMG's performance.
- Arrange a mutually agreed time to meet with the IMG and discuss the review.
- Complete the 'recommendation' section.
- Both you and the IMG must sign the form at the end of the feedback session and the form must be sent to Ahpra.
- Where a DMS or DCT has delegated the day-to-day supervision to term co-supervisors, this work performance report can be completed by the term co-supervisor(s). Both the principal supervisor and the term co-supervisors complete the 'Recommendations' section and both must sign the form in the 'Signatures' section.

## SECTION A: International medical graduate details

Family name

First name

Registration number (if registered)

Assessment period

From  /  /  to  /  /

Position held

Hours per week worked

Name of hospital/unit/practice

Locations at which the IMG has been practising

## SECTION B: Details of international medical graduate and supervisor(s)

### Principal supervisor's details

Family name

First name

Registration number

### Co-supervisor's details (including term co-supervisors and temporary co-supervisors)

#### First co-supervisor details

Family name

First name

Registration number

Period of supervision provided

#### Second co-supervisor details

Family name

First name

Registration number

Period of supervision provided

#### Third co-supervisor details

Family name

First name

Registration number

Period of supervision provided



Please attach a separate sheet if there are more than three co-supervisors.

### Describe the nature and level of the supervision

For example, direct supervision or contact hours per day/week, case review and level 1, 2, 3 or 4 if relevant

## SECTION C: Performance

**Initial the box** under each appraisal criteria (1–5) that best describes the IMG's performance. There are four domains; clinical management, communication, professionalism and safe practice.

### Clinical management

		1 - Performs consistently well below the level expected	2 - Performs consistently below the level expected	3 - Sometimes performs below the level expected	4 - Performs consistently at the level expected	5 - Performs consistently above the level expected
Obtains and documents a comprehensive patient history	<b>Registrant</b>					
	<b>Supervisor</b>					
Performs and documents appropriate physical examination	<b>Registrant</b>					
	<b>Supervisor</b>					
Critically assesses information, identifies major issues, makes timely and appropriate decisions and acts upon them	<b>Registrant</b>					
	<b>Supervisor</b>					
Requests, follows up and interprets appropriate investigations and revises management plans as necessary	<b>Registrant</b>					
	<b>Supervisor</b>					
Recognises and manages appropriately emergencies that arise when managing patients	<b>Registrant</b>					
	<b>Supervisor</b>					
Plans appropriately for the discharge of patients (where relevant) including completing a discharge summary satisfactorily	<b>Registrant</b>					
	<b>Supervisor</b>					
Performs procedures safely and within his/her competence and defined scope of practice	<b>Registrant</b>					
	<b>Supervisor</b>					

Additional comments (optional):

## Communication

		1 - Performs consistently well below the level expected	2 - Performs consistently below the level expected	3 - Sometimes performs below the level expected	4 - Performs consistently at the level expected	5 - Performs consistently above the level expected
Communicates effectively with patients and their families	<b>Registrant</b>					
	<b>Supervisor</b>					
Uses interpreters where necessary	<b>Registrant</b>					
	<b>Supervisor</b>					
Communicates effectively with other members of the health care team	<b>Registrant</b>					
	<b>Supervisor</b>					
Communicates effectively with professional colleagues. This includes communication with general practitioners for the handover, referral and transfer of patients	<b>Registrant</b>					
	<b>Supervisor</b>					
Clearly documents patient care, maintains complete and timely medical records/ progress reports	<b>Registrant</b>					
	<b>Supervisor</b>					

Additional comments (optional):

## Professionalism

		1 - Performs consistently well below the level expected	2 - Performs consistently below the level expected	3 - Sometimes performs below the level expected	4 - Performs consistently at the level expected	5 - Performs consistently above the level expected
Shows compassion for patients and sensitivity to their culture, ethnicity and spiritual issues	<b>Registrant</b>					
	<b>Supervisor</b>					
Exhibits high standards of moral and ethical behaviour towards patients, families and colleagues including an awareness of appropriate doctor/patient boundaries	<b>Registrant</b>					
	<b>Supervisor</b>					
Able to recognise limitations in his/her practice and request assistance when necessary	<b>Registrant</b>					
	<b>Supervisor</b>					
Shows honesty at all times in their work, puts patient welfare ahead of personal consideration and accepts responsibility for own actions	<b>Registrant</b>					
	<b>Supervisor</b>					
Knows the limits of own competence and functions within those capabilities, seeks advice and assistance when appropriate, accepts feedback	<b>Registrant</b>					
	<b>Supervisor</b>					
Shows a resourceful attitude towards continuing education to enhance quality of care; participates actively in a CPD program	<b>Registrant</b>					
	<b>Supervisor</b>					

Additional comments (optional):

**Safe practice**

		1 - Performs consistently well below the level expected	2 - Performs consistently below the level expected	3 - Sometimes performs below the level expected	4 - Performs consistently at the level expected	5 - Performs consistently above the level expected
Demonstrates knowledge of common therapeutic agents, uses, dosages, adverse effects and potential drug interactions and ability to prescribe safely	<b>Registrant</b>					
	<b>Supervisor</b>					
Demonstrates knowledge of infection control principles, and safe practice in relation to blood borne infections, in patient care	<b>Registrant</b>					
	<b>Supervisor</b>					
Recognises and correctly reports adverse incidents in a timely manner	<b>Registrant</b>					
	<b>Supervisor</b>					

Additional comments (optional):

**SECTION D: Comments and future development plans****Strengths****Areas for development**

List the issues to be addressed and how they will be addressed (i.e. areas for development) – *To be completed by the supervisor*

Issue	Actions/tasks to address issue (including time frame)	Review date

Recommendations – *To be completed by principal supervisor*

Is the IMG suitable for ongoing registration?

- YES
  NO

Do you recommend a change to the IMG's level of supervision?

- YES
  NO
  N/A

What level of supervision would you consider appropriate?




If a change to the supervision level is requested you must attach a *Request for change in circumstances for international medical graduates with limited or provisional registration – ACCL-30* and a revised *Supervised practice plan for international medical graduates – SPPA-30*.

## SECTION E: Signatures

By signing this form, you confirm that you have read the *Privacy notice* on the final page of this form. Ahpra's privacy policy explains how you may access and seek correction of your personal information held by Ahpra and the Board, how to complain to Ahpra about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).

Name of IMG <input type="text"/>	Signature of IMG  SIGN HERE
Date DD / MM / YYYY <input type="text"/> / <input type="text"/> / <input type="text"/>	

Name of principal supervisor <input type="text"/>	Signature of principal supervisor  SIGN HERE
Date DD / MM / YYYY <input type="text"/> / <input type="text"/> / <input type="text"/>	

### If relevant, co-supervisor's signatures

Name of first co-supervisor <input type="text"/>	Signature of first co-supervisor  SIGN HERE
Date DD / MM / YYYY <input type="text"/> / <input type="text"/> / <input type="text"/>	

Name of second co-supervisor <input type="text"/>	Signature of second co-supervisor  SIGN HERE
Date DD / MM / YYYY <input type="text"/> / <input type="text"/> / <input type="text"/>	

Name of third co-supervisor <input type="text"/>	Signature of third co-supervisor  SIGN HERE
Date DD / MM / YYYY <input type="text"/> / <input type="text"/> / <input type="text"/>	

## Privacy notice

The Medical Board of Australia (the Board) and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The personal information (that is, information that identifies you) collected in this form is required so that the Board and Ahpra are able to confirm that the IMG's performance is satisfactory.

The information may also be used for the proper operation of the Health Practitioner Regulation National Law (as in force in each state and territory)—e.g. for research relevant to that Law.

If you do not provide the required information, it may not be possible for the proposed supervised practice plan to proceed.

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- to complain to Ahpra about a breach of your privacy, and
- your complaint will be dealt with.

The policy can be accessed on the Privacy page at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).