

QUEENSLAND

COMMISSIONS OF INQUIRY ACT 1950

BUNDABERG HOSPITAL COMMISSION OF INQUIRY

STATEMENT OF DR SUZANNE AMANDA HUXLEY

1. I, Dr. Suzanne Amanda Huxley, Principal Medical Adviser, Workforce Reform Branch, Innovation and Workforce Reform, Queensland Health, c/- Floor 19, Queensland Health Building, 147-163 Charlotte Street, Brisbane QLD 4000, acknowledge that this written statement by me dated 1 June 2005 is true to the best of my knowledge and belief. It is made without prior knowledge of any evidence or information held by the Inquiry which is potentially adverse to me and in the expectation that I will be afforded procedural fairness should any adverse allegation be raised against me.
2. A copy of my current curriculum vitae is **ATTACHMENT 1** to this Statement.

**My Role**

3. My role as Principal Medical Adviser is to provide informed and timely advice on strategic medical workforce issues. In this role I liaise with relevant professional organisations and Government agencies. I have the Ministerial delegation for Area of Need and it is my responsibility to manage the process of certification of the Area of Need application forms which are then submitted to the Medical Board of Queensland ("the Board"). I also provide advice in relation to activities impacting on the medical workforce such as the state-wide recruitment campaign for resident medical officers and the annual intern placement process and I am involved at a National level in medical workforce issues such as the jurisdictional response to the authorisation of the Royal Australasian College of Surgeons and the ACCC review of other medical colleges.

**Term of Reference No. 5**

4. I prepared and submitted paragraph 2.5 of the Submission by Queensland Health to the Bundaberg Hospital Commission of Inquiry dated 16 May 2005 ("the Submission"), being paragraphs 2.5.1 to 2.5.20 inclusive, which relate to the arrangements between the Federal and State Governments for the provision of overseas trained doctors to provide clinical services.

S Huxley

5. Paragraphs 2.5.1 to 2.5.2 of the Submission provide:

***“District of Workforce Shortage, Area of Need and Provider Numbers***

2.5.1 Temporary Resident Doctors usually enter Australia to work in medical positions designated as being an ‘Area of Need’ by the relevant State or Territory health authority. Alternatively, they may enter as occupational trainees to undertake clinical specialist training.

2.5.2 Temporary Resident Doctors are generally granted conditional registration in Australia. These doctors are also subject to supervision by an appropriately qualified Australian medical practitioner. Currently there is no formal assessment of the level of theoretical and clinical skills expected of Temporary Resident Doctors.”

6. In relation to paragraphs 2.5.1 to 2.5.2 of the Submission I would make the following additional comments:
- (i) Most Temporary Resident Doctors who work in Queensland work in medical positions designated as being an ‘Area of Need’, while a lesser number enter as occupational trainees to undertake clinical specialist training or under other special purpose registration categories.
  - (ii) It is the responsibility of the Board to impose supervision requirements for overseas trained doctors. While there have been no uniform requirements for formal assessment of the level of theoretical and clinical skills expected of Temporary Resident Doctors by Medical Boards, the Board imposes English language requirements.

**District of Workforce Shortage**

7. Paragraphs 2.5.3 to 2.5.10 of the Submission, which address the topic of District of Workforce Shortage, provide:

“2.5.3 District of Workforce Shortage is related to access to a provider number to access Medicare rebates. Temporary Resident Doctors cannot access Medicare rebates unless the Australian Government Minister for Health and Ageing or a delegate of the Minister makes a determination under section 19AB of the *Health Insurance Commission Act 1973* specifically recognising the doctor for that purpose. This determination does not affect the ability of these doctors to prescribe pharmaceuticals, order diagnostic test and refer patients to another medical practitioner.

2.5.4 Exemptions under section 19AB of the *Health Insurance Commission Act 1973* are generally only granted if Temporary

Resident Doctors commit to work in a District of Workforce Shortage.

2.5.5 A District of Workforce Shortage can effectively be categorised as one in which the community is considered to have less access to medical professional services than that experienced by the population in general either because of the remote nature of the community or because of lack of supply of services or a combination of these two factors.

2.5.6 In making decisions to grant exemptions, the Australian Government Minister for Health and Ageing or a delegate of the Minister will consider a range of factors. These include Medicare data, available workforce data and evidence of unsuccessful attempts to recruit an Australian medical practitioner to positions. The delegate will also liaise with relevant state or territory health authorities regarding the 'Area of Need' classification of positions.

2.5.7 Exemptions granted under section 19AB of the *Health Insurance Commission Act 1973* are time and location specific and are dependent on the compliance by Temporary Resident Doctors with employment arrangements, medical registration requirements and visa restrictions.

#### ***Provider Number Restrictions***

2.5.8 There are different categories of provider numbers, some of which are issued to allow doctors to refer patients to private specialists or consultant physicians, and to request diagnostic imaging services and pathology services. Other provider numbers allow access to Medicare benefits.

2.5.9 Australian medical graduates and Temporary Resident Doctors who are permanent residents or Australian citizens are required under section 19AA of the *Health Insurance Commission Act 1973* to obtain recognised postgraduate medical qualifications before they can provide services that attract a Medicare rebate. New Zealand citizens are able to enter and remain in Australia on a special form of temporary visa. For the purposes of the *Health Insurance Commission Act 1973*, New Zealand doctors are considered Temporary Resident Doctors who usually require exemptions under section 19AB to provide services which would attract a Medicare rebate.

2.5.10 In addition, International Medical Graduates who were first recognised as medical practitioners under the *Health Insurance Commission Act 1973* on or after 1 January 1997 are ineligible to provide services that attract Medicare benefits for a period of 10 years (under section 19AB). Exemptions to section 19AB can be

granted to International Medical Graduates working in Districts of Workforce Shortage. This is known as the Ten Year Moratorium.”

8. In relation to paragraphs 2.5.3 to 2.5.10 of the Submission I would make the following additional comments:

- (i) Districts of Workforce Shortage are communities which are considered to have less access to medical professional services than that experienced by the population in general. The actual area of a District of Workforce Shortage is determined by the Australian Government. A District of Workforce Shortage does not relate to Queensland Health Districts, nor does it relate to any specific area of the State. The defined geographic area of a District of Workforce Shortage may be, for example, a shire or local district, or a division of general practice.
- (ii) The Australian Government has in place Medicare provider number restrictions for overseas trained doctors. Overseas trained doctors can gain exemption from the provider number restrictions if they work in a location which has been identified as a District of Workforce Shortage. The overseas trained doctor must apply to the Australian Government for an exemption from the provider number restriction. If granted, this exemption enables the doctor to be granted a provider number and bill for services which attract Medicare benefits. The aim of the restrictions to designated Districts of Workforce Shortage is to achieve an equitable distribution of medical services.
- (iii) The decision to grant a provider number to an overseas trained doctor is made by the Australian Government Minister for Health and Ageing or a delegate of the Minister under s.19AB of the *Health Insurance Commission Act 1973*.
- (iv) The Workforce Reform Branch has no direct role with respect to the granting of provider numbers or in relation to designation of a District of Workforce Shortage. With respect to specialist practice, the delegate for the Federal Minister for Health and Ageing seeks input from me when considering District of Workforce Shortage positions in major metropolitan areas (mainly around central Brisbane). Input is sought by the delegate only occasionally in relation to non-metro specialist practice, and only rarely for general practice positions.

#### **Area of Need**

9. Paragraphs 2.5.11 to 2.5.20 of the Submission, which address the topic of Area of Need, provide:

“2.5.11 International Medical Graduates not eligible for general (unconditional) registration in Queensland may be granted Special Purpose Registration by the Medical Board of Queensland. Section 135 (reproduced below) of the *Medical Practitioners Registration Act*

2001 enables a person to practise in an area the Minister for Health has decided is an Area of Need for a medical service.

Section 135 - Practice in Area of Need

- (1) *The purpose of registration under this section is to enable a person to practise the profession in an area the Minister has decided, under subsection (3), is an Area of Need for a medical service.*
- (2) *A person is qualified for special purpose registration to practise the profession in an Area of Need if the person has a medical qualification and experience the board considers suitable for practising the profession in the area.*
- (3) *The Minister may decide there is an Area of Need for a medical service if the Minister considers there are insufficient medical practitioners practising in the State, or a part of the State, to provide the service at a level that meets the needs of people living in the State or the part of the State.*
- (4) *If the Minister decides there is an Area of Need for a medical service, the Minister must give the board written notice of the decision.*

2.5.12 The Principal Medical Adviser, Medical Adviser (Rural Health) and Principal Project Officer (Workforce Reform Branch) have the delegation to approve 'Area of Need' applications. This approval certifies that the area in which the doctor will be employed is an Area of Need for a medical service. It does not assess the doctor being suitable to be employed in the specified position.

2.5.13 Queensland Health works collaboratively with locum and recruitment agencies, local communities, the Australian Government Department of Health and Ageing, Health Workforce Queensland, Divisions of General Practice and other relevant bodies to ensure the transparency, fairness and validity of the Area of Need process. Queensland Health's *Area of Need* process must be distinguished from the Commonwealth's *District of Workforce Shortage* for the issuing of Medicare provider numbers (see previous sections).

2.5.14 Area of need certification for Queensland is position, and not individual, based. While an applicant (employer/sponsor) needs to have secured a medical practitioner who is able to take up the position, the decision is determined on the position location.

***Eligible Health Services***

*Geographical*

2.5.15 Generally, eligible health services are those based in outer metropolitan, provincial, rural and remote population centres where difficulties are found in the recruitment of Australian

resident and registered doctors. However metropolitan based health services, particularly those in the public sector, are considered areas of need when they have been unable to recruit Australian resident doctors.

2.5.16 Rural and remote locations are assumed to be an Area of Need unless evidence is available that clearly demonstrates that the location has sufficient medical practitioners in the category under consideration.

2.5.17 In applying for Area of Need for private practice locations, evidence needs to be provided to clearly demonstrate that the Australian Government has designated the area as a "District of Workforce Shortage".

#### *Functional*

2.5.18 Functional aspects of practice may be considered, especially specific specialty areas e.g. Anaesthetics, when determining if a position is in an Area of Need. Functional areas of need will often be based in metropolitan areas.

#### *Duration*

2.5.19 Area of Need decisions for medical registration are for a period of not more than 12 months, to coincide with the maximum duration of *Special Purpose Registration*.

#### *Specialists*

2.5.20 Medical Boards are also able to grant conditional registration to overseas trained specialists who have been selected as suitable for consideration for employment in designated Area of Need positions. The conditions attached to such registration usually include restrictions such as the location, duration, nature and extent of practice, and arrangements for supervision and ongoing assessment, reflecting the particular requirements of the practitioner and the Area of Need position, locality and population. The decisions in relation to the specific conditions which are placed on an individual's special purpose (deemed specialist) registration are usually based on recommendations from the respective specialist medical College."

10. In relation to paragraphs 2.5.11 to 2.5.14 of the Submission I would make the following additional comments:

- (i) Area of Need relates only to medical registration. An overseas trained doctor who is not eligible for general and/or specialist registration is required to be registered under a special purpose registration category. Area of Need is one of a number of special purpose registration

categories. For the Board to consider a doctor for special purpose registration under Area of Need, the Board needs written notification from the Queensland Minister for Health or his delegate that there is an Area of Need for a medical service in the area the doctor is to work.

- (ii) The role of the Workplace Reform Branch in relation to Area of Need is administrative. The Workplace Reform Branch is not involved in the assessment of a doctor's suitability for any position for which Area of Need consideration is sought.
- (iii) There are three officers within the Workforce Reform Branch of Queensland Health who have the required ministerial delegation to approve an Area of Need application. These are myself as the Principal Medical Adviser, the Medical Adviser – Rural and the Principal Project Officer working with the Principal Medical Adviser.
- (iv) For positions in the public health system, the process of approving an Area of Need begins when a vacancy exists at junior or senior ranks, which is not able to be filled by a doctor with general or specialist registration.
- (v) In this regard, there is an annual campaign by Queensland Health to fill junior medical staff vacancies. Due to medical workforce shortages, it is common for many positions to remain unfilled at the completion of this campaign. Outside this annual campaign vacant registrar training positions are generally advertised. This is not always the case for vacant service positions, where the hospital may opt to recruit through a recruitment agency. These vacant positions are frequently filled by overseas trained doctors requiring registration under one of the special purpose categories, including Area of Need.
- (vi) When considering senior medical positions in the public health sector, it is expected that vacant positions have been advertised and no suitable candidate identified who holds the relevant general/specialist registration, prior to considering a candidate who requires registration under Area of Need.
- (vii) For vacant positions in the private sector, both general practice and specialist positions, applications for Area of Need are not considered unless they are supported by a preliminary assessment of District of Workforce Shortage from the Australian Government. If this is provided the position will generally be approved as an Area of Need position.
- (viii) If a suitable candidate is found, the employer then applies to Workforce Reform Branch requesting the position be approved as an Area of Need. An Area of Need approval is specific for an individual in a particular position for a specified time period. If approval is granted for an overseas trained doctor to fill a vacant position and the doctor subsequently elects not to take up the position the Area of Need approval

is no longer valid. If another overseas trained doctor is found to fill the position a new Area of Need application is required.

- (ix) If the application is approved, the delegate within the Workforce Reform Branch signs a certificate stating that the position in which the particular doctor will be employed is an Area of Need. The signed Area of Need form is then scanned and forwarded to the Medical Board via email. A copy is sent to the sponsor and the original document is filed. The information on the Area of Need form is entered into a database.
- (x) I have viewed the three Applications forms for Area of Need Certification relating to Dr Patel and there is nothing unusual in this paperwork. I note that Dr Patel was recruited through Wavelength Consulting recruitment agency and that the first Area of Need form specified the position as "Senior Medical Officer, Surgery". The second Area of Need form specified the position as being "Director of Surgery – SMO".
- (xi) A copy of the first Area of Need form which was certified by Dr Michael Catchpole, then Principal Medical Adviser, Queensland Health on 17 January 2003 is **ATTACHMENT 2** to this Statement. A copy of the second Area of Need form certified by myself on 21 November 2003 is **ATTACHMENT 3** to this Statement. A copy of the third Area of Need form which was also certified by myself on 1 February 2005 (later cancelled) is **ATTACHMENT 4** to this Statement.
- (xii) With respect to visa requirements, it is my understanding that overseas trained doctors on visa subclass 422 (Medical Practitioner) are required to have a single sponsor/employer but may work for several entities, or indeed work in several locations, as long as it is the sponsor who is responsible for payment of that doctor's wage. This requires that all locations at which the doctor is to be employed are also approved as part of their medical registration with the Board.
- (xiii) I have viewed the personnel file for Dr Patel and note that for immigration purposes, Bundaberg Health Service District ("BHSD") was both the sponsor and employer for Dr Patel. In addition to that appointment, on 5 January 2004, Dr Patel was appointed as the Surgery Academic Coordinator in the Rural Clinical Division – Central Queensland, School of Medicine for the University of Queensland. It was agreed between the District Manager BHSD and Dr Patel that Dr Patel would submit Roster Adjustment Forms for all overtime that he performed for both the BHSD and the University of Queensland and that BHSD would be responsible for payment of this overtime. Based on this information, BHSD was the one responsible for Dr Patel's wage and therefore it would appear that there was no breach of Dr Patel's visa conditions. A copy of the document from Dr Patel's personnel file which contains this information is **ATTACHMENT 5** to this Statement.



- (xiv) When completing an Area of Need application the employer is required to specify details of the position. For General Practice positions this includes information regarding whether the position is in a solo or group practice. For senior public hospital positions, the information required includes the speciality and whether the position is a senior medical officer position or a specialist position. This information is required by the Board. The Workforce Reform Branch also uses this information as a guide to the number of overseas trained doctors employed at each level of seniority. The data held by the Workforce Reform Branch is of limited reliability as it records the number of Area of Need applications but not the number of doctors who are eventually registered by the Board and actually take up a position. The Workforce Reform Branch is not routinely advised if the overseas trained doctor does not actually take up the position, if for example the particular doctor decides not to enter the country, or takes a position interstate.
- (xv) The approval to work in an Area of Need is only ever for one year, which aligns with the registration period for the Board. At the end of one year, a hospital must re-apply to Queensland Health in order for the position to be approved again as being an Area of Need.
- (xvi) It is rare that the Workforce Reform Branch would fail to approve an application to declare a position an Area of Need in the public sector because the medical workforce shortages are so marked. To my knowledge, assuming the documentation has been completed correctly, no Area of Need application for a position with the public health system has ever been refused.

#### **Area of Need: Current Situation in Queensland**

11. With respect to the public sector, due to the extent of medical workforce shortage in this State, applications for Area of Need positions in the public sector are generally approved. By way of clarification, this is not as a result of a single decision to certify all of Queensland as being an Area of Need. Rather, it relates to the ongoing inability to fill positions within the public health system in all areas of the State.
12. This means that overseas trained doctors are employed by Queensland Health in the major cities as well as regional and remote areas.
13. Since being employed in my present position as Medical Advisor (September 2003), Bundaberg has always been an Area of Need in the public system. There are entries in our Area of Need database for Bundaberg hospital which date back to 1995.

#### **Area of Need: Improvement**

14. In my view there are deficiencies in the process of declaring an Area of Need. For example, currently, the Workplace Reform Branch does not request proof of inability to fill a public sector vacancy before approving an application.

Rather, when an application form is received, particularly when the position relates to a senior clinician, the Workplace Reform Branch assumes that the hospital has been unable to find a suitable applicant who holds the required general or specialist registration.

15. Further, the current policy which applies to Area of Need is a 1996 policy. The policy relates to the former *Medical Act 1939* rather than to the current *Medical Practitioners Registration Act 2001*, and no longer reflects the administrative process which is undertaken by the Workplace Reform Branch. A copy of the policy is **ATTACHMENT 6** to this Statement.
16. Accordingly, it is acknowledged by the Workplace Reform Branch that not only does there need to be a new policy, but that the entire Area of Need process requires improvement. As new graduates enter the medical workforce in the coming years, the Area of Need process will need to be significantly improved to ensure general registrants are not being disadvantaged.
17. In this regard, the Workplace Reform Branch has recently revised the Application form for Area of Need Certification for both positions in the private sector and within Queensland Health. Specifically, there is a new Attachment B which is required to be completed by all Health Service Districts wishing to appoint an overseas trained doctor to a "senior medical staff position" which includes Senior Medical Officer positions and above. The Health Service Districts are now required to document that an assessment of the overseas trained doctor, including reference checks, has been undertaken and this forms part of the Application form.
18. A copy of the new Application for Area of Need Certification is **ATTACHMENT 7** to this Statement.

#### **Recommendation No. 5**

19. I wrote and submitted paragraphs 3.5.6 to 3.5.8 inclusive of the Submission relating to undergraduate training positions within the section concerning measures which could assist in ensuring the availability of medical practitioners to provide clinical services across the State.
20. Paragraphs 3.5.6 to 3.5.8 of the Submission provide:

##### ***"Undergraduate training positions***

- 3.5.6 The Australian Government controls the number of university places for medical degrees in Australia. In Queensland the number of places available was limited to 220 per year until recently.
- 3.5.7 Increases in the places at the University of Queensland and the establishment of medical schools at James Cook University in Townsville, Griffith University at the Gold Coast and Bond University at the Gold Coast will effectively see the number of

new medical graduates increase from 232 in 2004 to 540 in 2010 (Table 1).

3.5.8 Table 1: Projected Queensland medical graduate numbers commencing internship – 2006-2010:

University	2006	2007	2008	2009	2010
University of Queensland (4 year post-grad)	249	275	275	275	275
James Cook University (6 year under-grad)	63	80	80	90	90
Griffith University (4 year post-grad)	-	-	-	88	110
Bond University (5 year under-grad)	-	-	-	65	65
<b>TOTAL</b>	<b>312</b>	<b>355</b>	<b>355</b>	<b>518</b>	<b>540</b>

21. I am not the author of paragraphs 3.5.1 to 3.5.5, 3.5.9 or 3.5.13 to 3.5.17, although the content of these paragraphs relates to work done within the Workplace Reform Branch and therefore I can comment generally in relation thereto.
22. I am not the author of paragraphs 3.5.10 to 3.5.12 and am unable to expand on the information provided.

Statement signed on 1 June 2005



Dr. Suzanne Amanda Huxley

ATTACHMENT 1

## CURRICULUM VITAE

### **Dr Suzanne Amanda HUXLEY**

Principal Medical Adviser

Workforce Reform Branch

Innovation and Workforce Reform

GPO Box 48

Brisbane Qld 4001

Phone (work): 3810 1233

Email: sue\_huxley@health.qld.gov.au

#### **Qualifications:**

Bachelor of Medicine, Bachelor of Surgery

University of Queensland, 1991.

Master of Public Health,

University of New South Wales, 1998.

Graduate Diploma in Management,

University of Southern Queensland, 2000.

#### **Professional Membership:**

Fellow of the Australasian Faculty of Public Health Medicine,

February 1998.

#### **Medical Registration:**

Registered Medical Practitioner, Full Registration,

Queensland, 1993

Reg. No.: 931704

## **EMPLOYMENT HISTORY**

### **Current Position:**

#### **Sept 2003 - Present**

Principal Medical Adviser,  
Health Advisory Unit, Queensland Health

### **Previous Employment History:**

#### **July 2002 – Sept 2003**

Deputy Director Medical Services, Ipswich Hospital

#### **July 2001 – March 2003**

Medical Dissectionist,  
Sullivan Nicolaides Pathology, Taringa, part time.

#### **January 2000 - July 2001**

Pathology Registrar, Queensland Health Pathology Service.

#### **January 1998 - December 1999**

Medical Administration Registrar  
Rotating Training Position, Queensland Health

#### **January 1995 - January 1998**

Public Health Registrar  
Rotating Training Position, Queensland Health.  
Awarded FAFPHM, February, 1998.

#### **4 September 1994 - 26 November 1994**

Senior House Officer, Emergency Department  
Prince of Wales Hospital, Sydney.

#### **29 March 1993 - 17 July 1994**

House Officer  
Greenslopes Repatriation Hospital, Brisbane.

#### **6 January 1992 - 21 March 1993**

Intern/House Officer  
Lidcombe Hospital/ Bankstown Hospital, Sydney.

## RESEARCH REPORTS, PRESENTATIONS AND PUBLICATIONS

### Research Reports

Scott, I., Eyeson-Annan, M., Huxley, S. and West, M. *Evaluating process and outcomes of care for acute myocardial infarction: Results of a regional quality improvement project*, submitted to MJA for publication.

Huxley, S. *Response to Parthenium and common aeroallergens in adults and children from three rural areas in Queensland with self-reported allergic symptoms*. (unpublished)

Huxley, S. *Investigation of outbreak of foodborne illness associated with a catered function*. (unpublished).

### Dissertation

*Response to Parthenium hysterophorus and Common Aeroallergens in Self-reported Symptomatic Adults and Children in Three Rural Areas of Queensland*, research dissertation prepared as part of requirements for the award of Master of Public Health.

### Conference Presentations

Scott, I., Huxley, S., Eyeson-Annan, M. and West, M. *Measuring process and outcomes for acute myocardial infarction - A prospective study of 282 patients*. Poster Presentation at the 4<sup>th</sup> International Cochrane Colloquium, Adelaide, 1996.

### Internal Queensland Health Publications

Epidemiology and Health Information Branch. *Data Sources for Monitoring Injury Outcome in Queensland*, Queensland Health, 1996, prepared by Dr S.A. Huxley.

Epidemiology and Health Information Branch. *Monitoring Injury Outcome in Queensland: Rural and Non-rural Comparisons and Inter-regional Comparisons*, Queensland Health, 1996, prepared by Dr S.A. Huxley.

COPY

QUEENSLAND HEALTH

Date 17/01/03

17 JAN 2003

## APPLICATION FOR AREA OF NEED CERTIFICATION

This application form must be completed by all sponsoring employers requesting support for a Temporary Resident Doctor (TRD) to enter Australia under a temporary work visa (visa subclass 422).

This form is not required for other visa subclasses.

All sections of this form must be completed to enable prompt processing. A curriculum vitae must be attached if this is a new application.

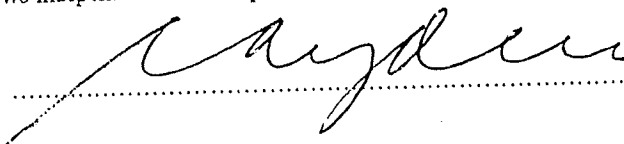
Please type or print in black ink to enable clear photocopying and send the completed form to the Principal Medical Advisor, Queensland Health. Once signed by the Principal Medical Advisor, a copy of this form will be forwarded to the Medical Board of Queensland and the original form will be returned to the sponsor for attachment to the employers application (form 55) to the Department of Immigration and Multicultural Affairs for visa subclass 422.

Sponsored doctor: Surname PATEL		First Name: JAYANT	
Sponsor/employer (hospital or practice name): BUNDABERG BASE HOSPITAL			
Proposed geographical location (town/s): BUNDABERG			
Is the proposed location:		Remote	Rural X Other
Type of medical practice:			
Hospital	X	Position (please state)... Senior Medical Officer, Surgery	
General Practice		Solo	Group Medical Clinic
		Deputizing Service	Locum
Specialist Practice		Hospital	Private Practice
Specialty (please state)			
Qualifications: (please state - include date and issuing institution)			
MBBS - Saurashtra University, India - 1973			
MS (General Surgery), Saurashtra University, India - 1976			
Postgraduate experience and training (please state):			
REFER TO ATTACHED CV			
Total number of years of postgraduate experience:			
For non-specialist applications, specify postgraduate experience in:			
emergency medicine		-	..... months no
Date of Visa/Registration Requested: from: 1 <sup>st</sup> April 2003 to: 31 <sup>st</sup> March 2004			

Is this a: new application ☒ extension of existing sponsorship ☐

Note: the sponsored doctor must have agreed to the proposed period of sponsorship or the extension of the period of sponsorship.

Sponsor: I confirm that the details on this application are correct and that I have obtained at least two independent referee reports about the sponsored doctor specific to this application.

Signature of sponsor: 

Name, title and address (please print) DR KEES NYDAM  
A/DIRECTOR OF MEDICAL SERVICES  
BUNDABERG BASE HOSPITAL  
PO BOX 34  
BUNDABERG Postcode 4670

Telephone: (07) 41502210

Fax: (07) 41502029

For Queensland Health Use Only

QUEENSLAND HEALTH

ENDORSEMENT OF AREA OF NEED APPLICATION


The application for Dr JAYANT PATEL

to obtain a visa to work in Australia as a Temporary Resident Doctor: is ☒ is not ☐

consistent with the Ministerial Policy on Area of Need.

The application for registration under Section 135/S143A of the Health Practitioners Registration Act 2001 is supported: yes ☒ no ☐

Comments:

Signature:  17 11 17 003

(Principal Medical Advisor, Queensland Health)

The completed form should be returned to: Principal Medical Advisor  
 Health Advisory Unit  
 Queensland Health  
 GPO Box 48  
 BRISBANE QLD 4001  
 (07) 3234 0062 (fax)  
 (07) 3234 1386

Phone enquiries:





JAYANT (JAY) PATEL, MD, FACS.

- Personal:
- Excellent Health; Age 51; US Citizen.
- Home Address:
- 3739 NW Bluegrass Place  
Portland, OR 97229  
Phone: (503) 629-8129  
E-mail: pateljayant@hotmail.com
- Education:
- MB;BS - 1973  
M P Shah Medical College and Irwin Group of Hospitals  
Saurashtra University, India.  
June 1967 to December 1972.
  - MS (General Surgery) 1976  
M P Shah Medical College and Irwin Group of Hospitals  
Saurashtra University, India.  
January 1973 to December 1973 – House man in Surgery  
January 1974 to December 1975 – Registrar in Surgery.  
January 1976 to December 1976 – Senior Registrar in Surgery.
  - Diplomat of American Board of Surgery.  
1988. Recertified 1996.
  - Surgery Residency 1978-1984  
University of Rochester, Rochester, N.Y. – 7/79 to 12/81  
SUNY at Buffalo, Buffalo, N.Y. – 7/82 to 6/84
- Positions Held:
- Staff Surgeon  
Kaiser Permanente, Portland Oregon.  
October 1989 to September 2002
  - Clinical Associate Professor  
Department of Surgery  
Oregon Health Science University  
1992 to present.
  - Surgery Residency Program Director  
Kaiser Permanente, Portland, Oregon  
July 1990 to April 1998.
  - Surgery Residency Program Director  
Emanuel Hospital/Bess Kaiser Integrated Surgery Program  
Portland, Oregon.  
June 1992 to June 1996.
  - Clinical Assistant Professor of Surgery  
State University of New York at Buffalo  
1984 to 1989.

Professional  
Organization &  
Committee  
Membership:

- Director of Surgical Education  
Millard Fillmore Hospital, Buffalo, New York.  
July 1984 to August 1989.
- American College of Surgeons (Fellow). FACS
- Educational Club of American College of Surgeons
- Association of Program Directors in Surgery
- Portland Surgical Society
- Surgery Education Committee  
Emanuel Hospital & Health Center  
1992-1996.
- Graduate Medical Education Committee  
Legacy Portland Hospitals  
1992-1996.
- Residency Review Committee  
Oregon Health Science University
- CQI Project Team, OHSU/KP Trauma Project.
- CQI Project Co-leader, Emanuel/KP Trauma Project.
- Providence Health System/KP Transition Team for GME and CME.
- Medical Staff Committee, Doernbecher Children's Hospital.
- Critical Care Committee, Bess Kaiser Hospital  
1991-1996
- Pharmacy & therapeutic Committee, Bess Kaiser Hospital  
1990-1991.

Awards:

- 5/81 Pennwalt Award. Rochester Academy of Medicine.
- 6/81 House Staff Competition Award. Rochester General Hospital.
- 6/83 House Staff Competition Award. Erie County Medical Center.
- 6/91 Teacher of the Year. Emanuel/Kaiser Surgery Program.
- 6/92 Teacher of the Year. Emanuel/Kaiser Surgery Program.
- 11/92 Excellence in Quality Management. Kaiser Permanente.

- 11/95 Distinguished Physician Award. Kaiser Permanente.

## QUALIFICATIONS:

- Educational:
- Actively involved in Surgery Resident and Medical Student Education.
  - Member of Educational Club of American College of Surgeons
  - Recipient of the Teacher of the Year Award Given by the surgery residents 1991 & 1992.
- Academic:
- Academic appointments at the University since Completing the residency training.
  - Examiner for the Certifying examination given By the American College of Surgeons. 1996.
  - Several publications in peer review journals and Book chapters.
  - Several presentations at local, national and International meetings.
- Administrative:
- Surgery Residency Program Director. Achieved an ACGME accreditation without Citation of Emanuel/Bess Kaiser Integrated Residency program which was on Probationary Accreditation.
  - Invited to give a presentation at Association of Program Directors in Surgery meeting on "Effect of Managed Health Care on Surgery Education."
  - CQI Facilitator Training.
  - Award of Excellence in Quality Management, 1992.

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The American Association of the Surgery for Trauma. New Orleans. September 1984.
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Societie Internationale de Chirurgie. Paris, France. September 1985.
13. Prognostic Factors in Intra-abdominal Sepsis.  
Societie Internationale de Chirurgie. Paris, France. September 1985.
14. Effect of Splenectomy, Hemisplenectomy, Splenic Artery Ligation and Splenic Tissue  
Reimplatation on Antibody Response to a T-dependent Antigen.  
The American Association of the Surgery for Trauma. Montreal, Canada. September  
1987.
15. Glomerulonephritis in Chronic GVH in Parental Kidney Grafts in F1 Mice.  
Federation of American Societies for Experimental Biology. New Orleans. March 1989.
16. Experience with Major Hepatic Resection.  
Portland Surgical Society. May 1993.
17. The Effect of Managed Care on Graduate Medical Education in Surgery.  
The Association of Program Directors in Surgery. New Orleans. October 1995.



# QUEENSLAND HEALTH



## BUNDABERG HEALTH SERVICE DISTRICT

### POSITION DESCRIPTION

POSITION TITLE	Senior Medical Officer - Surgery
LOCATION	Bundaberg Base Hospital Bundaberg Health Service District
CLASSIFICATION LEVEL	C1-1 to C1-5
REPORTS TO	Director of Surgery
AWARD	Senior Medical Officers' and Resident Medical Officers' Award - State
REVIEW DATE	February 2002

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#### PURPOSE OF POSITION

- To provide surgical services for the Bundaberg Health Service District
- To teach medical staff and students, allied health and nursing staff, as well as participating in research.
- To advise on surgical services as required.

#### ORGANISATIONAL ENVIRONMENT

The Bundaberg Health Service District provides comprehensive Hospital and Community based health care. The District consists of Bundaberg City and surrounding coastal towns from Burnett Heads to Woodgate, the towns of Childers, Gin Gin and Mount Perry. There are Hospitals at Bundaberg, Childers and Gin Gin and a Community Health Centre at Mount Perry.

The Bundaberg Hospital campus is a 140 bed facility. The Hospital provides medical, surgical, paediatrics, emergency, intensive/coronary care, day surgery, renal, orthopaedics, diabetes, gynaecology/obstetrics, medical oncology, rehabilitation, allied health and mental health services for the District population.

Community Health Services provided by the District comprises Community Mental Health, Alcohol and Drug, Child & Youth Mental Health, Child Health, BreastScreen, Oral Health and Indigenous Health.

Bundaberg Health Service District has approximately 850 employees.

#### REPORTING RELATIONSHIPS

The Senior Medical Officer in Surgery reports directly to the Director of Surgery, Bundaberg Base Hospital.

## PRIMARY DUTIES/RESPONSIBILITIES

- Provide a high standard of surgical care to patients of the Bundaberg Health Service District. This includes participation in acute in-patient care, out-patient clinics, participation in the 24 hour on-call and weekend roster and other duties as determined by the Director of Surgery.
- Ensure that equipment used in the clinical care of patients is in good working order and advise of any deficiencies.
- Provide consultation services to other departments of the Health Service.
- Document relevant clinical information legibly, concisely and accurately in medical records.
- Supervise clinical care of patients by junior staff.
- Assist in educational activities involving junior medical staff and students, nursing and allied health care personnel, and attend educational meetings as appropriate.
- Participate in research projects in conjunction with other health service staff.
- Assist in the development, implementation and review of quality assurance programs, peer review and managed care to ensure high quality clinical services.
- Advise in the development, review and implementation of policies and protocols for the provision of surgical services.
- Participate in the Planning, Performance and Review process.
- Be aware of and implement Infection Control policies and procedures.
- Participate in Hospital committees as necessary.
- Participate in a working environment that supports quality employment, Human Resource Management practices including Workplace Health & Safety, Employment Equity, Anti-Discrimination and ethical behaviour.

## POSITION ACCOUNTABILITIES

The position is accountable for the provision of quality patient care in accordance with requirement of the Royal Australian College of Surgeons and the Australian Council on Healthcare Standards.

## PERSON SPECIFICATION

### Qualifications

- Possession of qualifications appropriate for registration as a medical practitioner in Queensland.
- Experience in the provision of surgical services in a large, busy public Health Service.



### ADDITIONAL INFORMATION

Queensland Health is a "smoke free" employer. Smoking is not permitted in any Queensland Health facility except where specifically defined.

The Bundaberg Health Service District requires all employees to adopt appropriate and recognised measures to minimise the risk of infection and workplace injury to themselves, other staff and clients and to adhere to the Districts Infection Control Policy Manual and Workplace Health and Safety policies and practices.

A Bundaberg Health Service District *Confidential Agreement* is to be signed upon appointment.

## SELECTION CRITERIA

*Applicants must address each selection criterion.*

- SC1 Registration of eligibility for registration as a medical practitioner with the Medical Board of Queensland.
- SC2 Possess contemporary surgical knowledge and experience.
- SC3 Demonstrated ability to supervise and teach junior staff attached to the department.
- SC4 Demonstrated high level of communication and interpersonal skills.
- SC5 Demonstrated commitment to participation in quality assurance programs.
- SC6 Ability to participate in a working environment that supports Quality Human Resource Management practices including Workplace Health and Safety, Employment Equity, Anti-Discrimination and ethical behaviour.

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Form 1.

**AREA OF NEED POSITION DESCRIPTION**  
(For Completion by employer)

Name of Applicant: JAYANT PATELTitle of Position: SENIOR MEDICAL OFFICER Site: ☐ Urban  
☒ Rural ☐ RemoteField: ☐ General practitioner  
☒ Hospital ☐ Specialty

(Attach Position Description If Available)

Service requirements of the position	Outline details including pre-requisite skills
General Practice - (provide details of case-mix below)	
\$ Medical	
\$ Surgical	TO PROVIDE INPATIENT/OUTPATIENT SURGICAL SERVICES TO CLIENTS IN BUNDABERG + SURROUNDING AREA. TO
\$ Obstetrics/ Gynaecology	PERFORM SURGICAL PROCEDURES/ OPERATIONS FOR TRAUMA PRESENTATIONS, EMERGENCY PROCEDURES + ELECTIVE
\$ <del>Anaesthetics</del>	SURGERY. TO PARTICIPATE IN THE ON-CALL AFTER HOURS/ WEEKEND ROSTER.
\$ <del>Emergency</del>	TO PROVIDE GUIDANCE/ EDUCATION TO RESIDENT MEDICAL OFFICERS + STUDENTS.
\$ Mental Health	
Other discipline	
Special Skills Required	
Supervision Available	
Consultant advice available	

Signed on behalf of employer.....

Comment:

*[Signature]*  
A/DIRECTOR OF  
MEDICAL SERVICES.

**SUMMARY OF EXPERIENCE SUITABLE TO THE AREA OF NEED**

(For completion by applicant)

Name: **DR. JAYANT PATEL**Qualification: **MBBS; MS (Gen Surg); CERTIFIED BY  
AMERICAN BOARD OF SURGICAL  
GENERAL SURGERY.**

(Attach full curriculum vitae)

Clinical Experience (Provide dates).	
General Practice	
Note: General Practitioner applicants should provide details of experience in the following disciplines; applicants seeking registration in only one discipline need not provide details for others.	
Medical	
Surgical	1. POST GRADUATE TRAINING IN GEN. SURG. INDIA - 1973-1976 US - 1978-1984
Obstetrics/ Gynaecology	2. General Surgery Practice - Clinical Assistant Professor in SURGERY - BUFFALO, N.Y. - 1984-1989
Anaesthetics	3. General Surgery Practice - Clinical Associate Professor Portland, Oregon. 1989-2002.
Emergency	INCLUDES ALL ASPECTS OF GENERAL SURGERY INCLUDING TRAUMA; PEDIATRIC SURGERY
Mental Health	& LAPAROSCOPIC SURGERY
Other discipline	

Experience in independent practice:

Signed: Jayant Patel

(Medical practitioner)



Dr Michael Catchpole  
Principle Medical Advisor  
Medical Advisory Unit  
Queensland Health  
GPO Box 48  
Brisbane QLD 4001

January 8, 2003

Dear Dr Catchpole

**Re: Dr Jayant Patel – Senior Medical Officer, Bundaberg Base Hospital**

Please find enclosed the following documentation pertaining to the above-named doctor who has been offered a position at the hospital indicated under "Area of Need":

- CV of the candidate
- Position description
- Queensland Health AON application form
- Copy of Queensland Medical Board Form 1A from the hospital
- Copy of Queensland Medical Board Form 2A from the candidate

Dr Patel is due to commence work on 1<sup>st</sup> April, 2003 for a period of 12 months.

Please can you fax a copy of the approved and signed application form to this office on 02 9475 1336 so that we can forward it to the hospital and the immigration department.

If you require any further information please do not hesitate to contact me directly on 02 9332 3368.

Thank you for your assistance.

Yours sincerely

Suzy Tawse  
Wavelength Consulting

Level 2, 257a Oxford Street  
Paddington Sydney NSW 2021

Email: [info@wave.com.au](mailto:info@wave.com.au)

Tel: +61 2 9332 3368

Fax: +61 2 9475 1336

WAVELENGTH CONSULTING Pty Ltd  
ACN 092 071 693  
ABN 95 092 071 693

ATTACHMENT 3

ORIGINAL RETURNED TO SPONSOR  
COPY TO MEDICAL BOARD

21/11/03 Date K M J

Queensland  
Government  
Queensland Health

# QUEENSLAND HEALTH

## APPLICATION FOR AREA OF NEED CERTIFICATION

## DETAILS OF SPONSORED DOCTOR:

SURNAME:	PATEL	GIVEN NAME(S)	JAYANT
COUNTRY OF BIRTH:	INDIA	DATE OF BIRTH	10.04.1950
COUNTRY OF RESIDENCY:	AUSTRALIA	GENDER	MALE

## QUALIFICATIONS (PLEASE SPECIFY ISSUING INSTITUTION AND DATE OBTAINED):

MBBS SAURASHTRA UNIVERSITY, INDIA - 1973

MS (GENERAL SURGERY) SAURASHTRA UNIVERSITY, INDIA - 1976

DIPLOMAT OF AMERICAN BOARD OF SURGERY 1988. RECERTIFIED 1996

## RELEVANT POSTGRADUATE EXPERIENCE AND TRAINING (PLEASE SPECIFY):

REFER TO ATTACHED CV

## DETAILS OF EMPLOYER

IF DIFFERENT FROM SPONSOR:

## PROPOSED GEOGRAPHICAL LOCATION/NAME OF TOWN (INCLUDE ALL LOCATIONS)

BUNDABERG HEALTH SERVICE DISTRICT (BUNDABERG, GIN GIN, CHILDERS, MOUNT PERRY)

PUBLIC HOSPITALS/HEALTH SERVICE DISTRICTS ONLY

POSITION

(PLEASE SPECIFY: JHO/SJO; PHO; SMO; SPECIALIST):

DIRECTOR OF SURGERY - SMO

DEPARTMENT (OPTIONAL):

DEPARTMENT OF SURGERY

CLINICAL DISCIPLINE: (IF REQUIRED)

PRIVATE PRACTICE ONLY

TYPE OF PLACEMENT:

☐ GENERAL PRACTICE

☐ SPECIALIST : DISCIPLINE .....

IF GENERAL PRACTICE:

☐ BONA FIDE LOCUM

☐ VACANCY

☐ DEPUTISING SERVICE

☐ AFTER HOURS

# QUEENSLAND HEALTH

## APPLICATION FOR AREA OF NEED CERTIFICATION



Queensland  
Government  
Queensland Health

DATE OF REGISTRATION REQUESTED: 01.04.2004 to 31.03.2005

MEDICAL REGISTRATION IS LIMITED TO A MAXIMUM OF 12 MONTHS. A NEW *AREA OF NEED* APPROVAL WILL BE REQUIRED FOR FURTHER REGISTRATION.

DATE OF VISA REQUESTED: 01.04.2004 to 31.03.2005

### STATUS OF APPLICATION:

☐ NEW APPLICATION

☒ EXTENSION OF EXISTING SPONSORSHIP

NOTE: THE SPONSORED DOCTOR MUST HAVE AGREED TO THE PROPOSED PERIOD OF SPONSORSHIP OR THE EXTENSION OF THE PERIOD OF SPONSORSHIP.

### SPONSOR DECLARATION:

I CONFIRM THAT THE DETAILS ON THIS APPLICATION ARE CORRECT.

I HAVE OBTAINED THE PERMISSION OF THE SPONSORED DOCTOR TO SUBMIT THIS APPLICATION ON THEIR BEHALF.

SIGNATURE OF SPONSOR: .....

DR DARREN KEATING

DIRECTOR OF MEDICAL SERVICES

BUNDABERG BASE HOSPITAL

GPO BOX 34

BUNDABERG QLD 4670

PH: 4150 2210

Fx: 4150 2029

EMAIL: [darren.keating@health.qld.gov.au](mailto:darren.keating@health.qld.gov.au)

QUEENSLAND HEALTH USE ONLY

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THE APPLICATION FOR DR JAYANT PATEL

TO OBTAIN A VISA TO WORK IN AUSTRALIA AS A TEMPORARY RESIDENT DOCTOR IS

☒ SUPPORTED ☐ NOT SUPPORTED

TO SEEK REGISTRATION IN AN AREA OF NEED PURSUANT TO SECTION 135/S143A OF THE MEDICAL PRACTITIONERS  
REGISTRATION ACT 2001, IS.

☒ SUPPORTED ☐ NOT SUPPORTED

COMMENTS: .....

SIGNATURE: .....

DATE: 20/11/03

(PRINCIPAL MEDICAL ADVISER / MEDICAL ADVISER, RURAL HEALTH SERVICES / PRINCIPAL PROJECT OFFICER)

## JAYANT (JAY) PATEL, MD, FACS.

## Personal:

- Excellent Health; Age 51; US Citizen.

## Home Address:

- 3739 NW Bluegrass Place  
Portland, OR 97229  
Phone: (503) 629-8129  
E-mail: pateljayant@hotmail.com

## Education:

- AIMR.  
Passed Level 1 CFA Exam in June 2002  
Candidate for Level 2.
- CFP Training – College of Financial Planning  
1998-2000. Passed CFP Board Certification Exam March 2000.
- Diplomate of American Board of Surgery.  
1988. Recertified 1996.
- Surgery Residency 1978-1984  
University of Rochester, Rochester, N.Y.  
SUNY at Buffalo, Buffalo, N.Y.

## Positions Held:

- Staff Surgeon  
Kaiser Permanente  
October 1989 to September 2001
- Clinical Associate Professor  
Department of Surgery  
Oregon Health Science University  
1992 to present.

Professional  
Organization &  
Committee

- Surgery Residency Program Director  
Kaiser Permanente  
July 1990 to April 1998.
- Surgery Residency Program Director  
Emanuel Hospital/Bess Kaiser Integrated Surgery Program  
June 1992 to June 1996.
- Clinical Assistant Professor of Surgery  
State University of New York at Buffalo  
1984 to 1989.
- Director of Surgical Education  
Millard Fillmore Hospital, Buffalo, New York.  
1984-1989.
- American College of Surgeons.
- Educational Club of American College of Surgeons

## Membership:

- Association of Program Directors in Surgery
- Portland Surgical Society
- Surgery Education Committee  
Emanuel Hospital & Health Center  
1992-1996.
- Graduate Medical Education Committee  
Legacy Portland Hospitals  
1992-1996.
- Residency Review Committee  
Oregon Health Science University
- CQI Project Team, OHSU/KP Trauma Project.
- CQI Project Co-leader, Emanuel/KP Trauma Project.
- Providence Health System/KP Transition Team for GME and CME.
- Medical Staff Committee, Doernbecher Children's Hospital.
- Critical Care Committee, Bess Kaiser Hospital  
1991-1996
- Pharmacy & therapeutic Committee, Bess Kaiser Hospital  
1990-1991.

## Awards:

- 5/81 Pennwalt Award. Rochester Academy of Medicine.
- 6/81 House Staff Competition Award. Rochester General Hospital.

- 6/83 House Staff Competition Award. Erie County Medical Center.
- 6/91 Teacher of the Year. Emanuel/Kaiser Surgery Program.
- 6/92 Teacher of the Year. Emanuel/Kaiser Surgery Program.
- 11/92 Excellence in Quality Management. Kaiser Permanente.
- 11/95 Distinguished Physician Award. Kaiser Permanente.

### QUALIFICATIONS:

- Educational:
- Actively involved in Surgery Resident and Medical Student Education.
  - Member of Educational Club of American College of Surgeons

- Recipient of the Teacher of the Year Award  
Given by the surgery residents 1991 & 1992.

#### Academic:

- Academic appointments at the University since  
Completing the residency training.
- Examiner for the Certifying examination given  
By the American College of Surgeons. 1996.
- Several publications in peer review journals and  
Book chapters.
- Several presentations at local, national and  
International meetings.

#### Administrative:

- Surgery Residency Program Director.  
Achieved an ACGME accreditation without  
Citation of Emanuel/Bess Kaiser Integrated  
Residency program which was on Probationary Accreditation.
- Invited to give a presentation at Association of Program  
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International Workshop – Surgery of the Greater Omentum and Spleen.  
Basel, Switzerland. May 1984.

- 18-NOV-88 16:31 EXECUTIVE SERVICES
11. Splenic Tissue Implantation in Humans: An Update.  
The American Association of the Surgery for Trauma. New Orleans. September 1984.
  12. Experience with Splenic Salvage in a large Community.  
Societie Internationale de Chirurgie. Paris, France. September 1985.
  13. Prognostic Factors in Intra-abdominal Sepsis.  
Societie Internationale de Chirurgie. Paris, France. September 1985.
  14. Effect of Splenectomy, Hemisplenectomy, Splenic Artery Ligation and Splenic Tissue Reimplatation on Antibody Response to a T-dependent Antigen.  
The American Association of the Surgery for Trauma. Montreal, Canada. September 1987.
  15. Glomerulonephritis in Chronic GVH in Parental Kidney Grafts in F1 Mice.  
Federation of American Societies for Experimental Biology. New Orleans. March 1989.
  16. Experience with Major Hepatic Resection.  
Portland Surgical Society. May 1993.
  17. The Effect of Managed Care on Graduate Medical Education in Surgery.  
The Association of Program Directors in Surgery. New Orleans. October 1995.



**Queensland  
Government**

Queensland Health

# FAX MESSAGE

*Bundaberg District Health Service*

*PO Box 34 Bundaberg Qld 4670*

*Office of the Director of Medical Services*

TO: Fax: 3234 0062  
Name: Manager, Area of Need  
Organisation: Queensland Health  
Date: 18<sup>th</sup> November 2003

FROM: Fax: 4150 2029  
Phone: 4150 2210  
Name: Jude  
Position: Exec Sec

## CONFIDENTIAL COMMUNICATION

SUBJECT: Area of Need - Dr J Patel

Pages

84

(Including  
cover sheet)

Please find attached, Area of Need for Dr J Patel.

Kind regards

Jude

44

This facsimile is a confidential communication between the sender and the addressee. The contents may also be protected by legislation as they relate to health service matters. Neither the confidentiality nor any other protection attaching to this facsimile is waived, lost or destroyed by reason that it has been mistakenly transmitted to a person or entity other than the addressee. The use, disclosure, copying or distribution of any of the contents is prohibited. If you are not the addressee please notify the sender immediately by telephone or facsimile number provided above and return the facsimile to us by post at our expense.

If you do not receive all of the pages, or if you have any difficulty with the transmission, please notify the sender.

COPY

ATTACHMENT 4

# QUEENSLAND HEALTH

## APPLICATION FOR AREA OF NEED CERTIFICATION



<b>DETAILS OF SPONSORED DOCTOR:</b>		<input checked="" type="checkbox"/> Entered into Database 1/2/05 <input checked="" type="checkbox"/> Emailed/Faxed to Sponsor 2/2/05 <input checked="" type="checkbox"/> Emailed/Faxed to Board 2/2/05
SURNAME: PATEL	GIVEN NAME(S): JAYANT	
GENDER: MALE	DATE OF BIRTH: 10.04.50	
COUNTRY OF CITIZENSHIP: UNITED STATES OF AMERICA AUSTRALIAN PERMANENT RESIDENT: NO		
<b>QUALIFICATIONS (PLEASE SPECIFY ISSUING INSTITUTION AND DATE OBTAINED):</b>  MBBS – SAURASHTRA UNIVERSITY, INDIA – 1973  MS (GENERAL SURGERY) SAURASHTRA UNIVERSITY, INDIA – 1976  DIPLOMA OF AMERICAN BOARD OF SURGERY 1988, RECERTIFIED 1996		
<b>RELEVANT POSTGRADUATE EXPERIENCE AND TRAINING (PLEASE SPECIFY):</b>  REFER TO ATTACHED CV		
<b>EMPLOYER: BUNDABERG HEALTH SERVICE DISTRICT</b>		
<b>PROPOSED GEOGRAPHICAL LOCATIONS (INCLUDE SPECIFIC NAME OF PRIVATE PRACTICE AND/OR HOSPITALS THAT THE DOCTOR WILL BE REQUIRED TO PRACTISE AT):</b>  BUNDABERG HEALTH SERVICE DISTRICT		
<b>IS THE PROPOSED LOCATION:</b> RURAL		
<b>PUBLIC HOSPITALS/HEALTH SERVICE DISTRICTS OR PRIVATE HOSPITALS</b>  POSITION (PLEASE SPECIFY: JHO/SO; PHO; SMO; SPECIALIST): DIRECTOR OF SURGERY - SMO  DEPARTMENT/SPECIALTY: DEPARTMENT OF SURGERY  CLINICAL DISCIPLINE/SUB SPECIALTY:  <b>PUBLIC HOSPITALS MUST COMPLETE:</b>  WAS THIS A DIRECT APPOINTMENT BY THE HOSPITAL: NO  IF NO, NAME OF RECRUITMENT AGENCY: WAVELENGTH		
<b>PRIVATE PRACTICE ONLY</b>  <b>TYPE OF PLACEMENT:</b>  <input type="checkbox"/> GENERAL PRACTICE <input type="checkbox"/> SPECIALIST: DISCIPLINE .....		
<b>IF GENERAL PRACTICE:</b>  <input type="checkbox"/> BONA FIDE LOCUM <input type="checkbox"/> VACANCY <input type="checkbox"/> DEPUTISING SERVICE <input type="checkbox"/> AFTER HOURS		

# QUEENSLAND HEALTH

## APPLICATION FOR AREA OF NEED CERTIFICATION



Queensland  
Government  
Queensland Health

DATE OF REGISTRATION REQUESTED: FROM: 01.04.05 TO: 31.03.06

MEDICAL REGISTRATION IS LIMITED TO A MAXIMUM OF 12 MONTHS. A NEW *AREA OF NEED* APPROVAL WILL BE REQUIRED FOR FURTHER REGISTRATION.

DATE OF VISA REQUESTED: FROM: 01.04.05 TO: 31.03.09

### STATUS OF APPLICATION:

EXTENSION OF EXISTING SPONSORSHIP

NOTE: THE SPONSORED DOCTOR MUST HAVE AGREED TO THE PROPOSED PERIOD OF SPONSORSHIP OR THE EXTENSION OF THE PERIOD OF SPONSORSHIP.

### SPONSOR DECLARATION:

I CONFIRM THAT THE DETAILS ON THIS APPLICATION ARE CORRECT.

I HAVE OBTAINED THE PERMISSION OF THE SPONSORED DOCTOR TO SUBMIT THIS APPLICATION ON THEIR BEHALF.

SIGNATURE OF SPONSOR:

DR DARREN KEATING  
DIRECTOR OF MEDICAL SERVICES  
BUNDABERG HEALTH SERVICE DISTRICT  
RETURN ADDRESS: PO Box 34, BUNDABERG QLD 4670

TELEPHONE: 07 4150 2210..... FACSIMILE: 07 4150 2029.....

E-MAIL: [JUDITH\\_WOODS@HEALTH.QLD.GOV.AU](mailto:JUDITH_WOODS@HEALTH.QLD.GOV.AU)

PLEASE COMPLETE AS SIGNED FORM WILL BE EMAILED BACK TO SPONSOR.

QUEENSLAND HEALTH USE ONLY

THE APPLICATION FOR DR Jayant Patel

TO OBTAIN A VISA TO WORK IN AUSTRALIA AS A TEMPORARY RESIDENT DOCTOR IS

☒ SUPPORTED ☐ NOT SUPPORTED

TO SEEK REGISTRATION IN AN AREA OF NEED PURSUANT TO SECTION 135/S143A OF THE *MEDICAL PRACTITIONERS REGISTRATION ACT 2001*, IS.

☒ SUPPORTED ☐ NOT SUPPORTED

COMMENTS: .....

SIGNATURE:

P. Husky  
MEDICAL ADVISER / MEDICAL ADVISER, RURAL HEALTH SERVICES / PRINCIPAL PROJECT OFFICER)

DATE:

1/2/05

(PRINCIPAL



Attachment to Contract

Dr Jayant Patel is a current employee of Bundaberg Health Service District (BHSD), appointed to the position of Director of Surgery. This temporary appointment via contract is for the period 1 Apr 2004 - 31 Mar 2005. For immigration purposes, BHSD sponsors Dr Patel, who is working in Australia on a temporary visa. Consequently Dr Patel can't be employed by another employer.

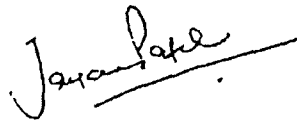
On 5 January 2004, Dr Patel was appointed as the Surgery Academic Coordinator (0.5 FTE) in the Rural Clinical Division - Central Queensland (RCD-CQ), School of Medicine, University of Queensland. RCD-CQ will fund Dr Patel's position via the RCD Work Plan 2004. In order to ensure that Dr Patel is paid for his clinical and teaching activities, it has been agreed between the District Manager BHSD and Dr Patel that Dr Patel will submit Roster Adjustment Forms for all overtime that he performs for either BHSD or RCD-CQ. In turn, BHSD will pay this overtime.



Dr Darren Keating

Director of Medical Services

26<sup>th</sup> March 2004-03-26



Dr Jayant Patel  
Director of Surgery

26<sup>th</sup> March 2004



## QUEENSLAND HEALTH

# MINISTERIAL POLICY ON AREA OF NEED FOR REGISTRATION OF MEDICAL PRACTITIONERS

## 1. BACKGROUND AND PURPOSE OF THIS POLICY

The number of Australian graduate medical practitioners is insufficient to meet the essential needs of Queensland public hospitals and certain sections of the private health care sector. This Policy on Area of Need has been developed to ensure that overseas trained Temporary Resident Doctors (TRDs) are allocated to meet shortages of skilled personnel in areas of special need and rural and isolated areas.

This Policy should be read in conjunction with the Queensland State Medical Labour Agreement which describes the mechanisms for processing application requests.

Registration of medical practitioners in unmet areas of need is covered under by the *Medical Act 1939* as amended by the *Health Legislation Amendment Act 1992*. Section 17C(d) provides:

*"Conditional Registration at the discretion of the Board*

*(d) Unmet areas of need*

- *A person may be registered for the purpose of enabling an unmet area of need to be met if the Board is satisfied that the person has suitable qualifications and experience to practise medicine in the area of need."*

This is the section under which the Medical Board of Queensland registers the majority of TRDs. In limited circumstances the Board will register other categories of practitioners, including permanent resident Overseas Trained Doctors (OTDs) who are preparing for the Australian Medical Council (AMC) examinations.

The Queensland State Medical Labour Agreement for the entry of TRDs also refers to area of need as the criteria for entry to Australia.

The Medical Act does not define "area of need". This Policy on Area of Need has been developed to meet the requirements of Queensland Health for allocation of TRDs in the medical workforce, to meet the provisions of the Queensland State Medical Labour Agreement and to provide guidance to the Medical Board in determining registration under Section 17C(d).

Legislative responsibility for registration of medical practitioners lies with the Medical Board under the Act. The Medical Board is guided by the Ministerial Policy but ultimate responsibility for the standard of registered medical practitioners in Queensland lies with the Board which is the final arbiter for registration by medical practitioners under s.17C(d).

The Medical Board therefore must satisfy itself that the process for assessment of TRDs is sufficiently resilient to withstand scrutiny under Freedom of Information procedures, Judicial Review processes and appeals to the Medical Assessment Tribunal. As part of this process the Medical Board must be satisfied that overseas trained doctor applicants have the necessary training and experience to fulfil a service role and that an appropriate level of supervision is provided to assist them in the performance of their duties.

## 2. PUBLIC SECTOR

The public sector consists of public hospitals and other health services conducted by Queensland Health through the District Health System.

### 2.1 Eligible Health Services:

Generally, eligible public sector health services are those based in provincial and rural population centres where difficulties are found in recruitment of Australian graduates.

Apart from the exceptions listed below, TRDs will not be supported to work in the public sector in South East Queensland. This includes the Brisbane Metropolitan area, Gold Coast, Toowoomba and Nambour. Applications which are unclear at the margins of South East Queensland should be considered by the mechanism described below and may be "declared" as rural or remote services for the purpose of the application. The Commonwealth *Rural and Remote Area* (RaRa) classification will be used as a guide with RaRa level 3 'Rural Major' being the level below which TRDs would generally not be supported.

### 2.2 Public Sector Exceptions:

Public sector health services not eligible for TRDs under the above general policy may be granted exemption and approved to utilise TRDs in the following circumstances:

#### 2.2.1 Rural Secondment:

Health services which provide secondary support to health services in rural or remote areas by way of secondment or rotation may be approved. Such approval will be on a 1:1 basis. For example where a health service provides a secondment to a rural or remote health service for a finite period such as twelve months, then it shall be accredited to utilise a TRD for a similar twelve month period. A six monthly report will be required as detailed in section 6.2 of this policy.

#### 2.2.2 New Services:

Where a new public sector health service is developed or there is an expansion of an existing service in South East Queensland specific application for TRDs as a transitional arrangement during the establishment of the service may be considered for a strictly time limited period.

### 2.2.3 Specialised Services:

For selected specialised services in which there is demonstrated significant difficulty in recruitment of Australian resident and registered doctors, or there are insufficient numbers of formal trainees to meet the service needs, such as in neonatal intensive care or emergency departments, the service may be approved to access TRDs.

The use of TRDs under such circumstances does not lead to an undesirable net increase in the number of specialists in Australia as such individuals are not part of formal training programs. The registration of TRDs under s.17C(d) should not be confused with registration under s.17C(a) *Graduates from Non-Accredited Institutions - Postgraduate Training*, where the primary demonstrable purpose is to provide for post graduate training.

## 3. PRIVATE SECTOR

The private sector consists of all medical services outside the public sector including medical deputising services, locum services and independently arranged bona-fide locums, other after hours medical services including 24 hour medical clinics and general and specialist private practice including solo and group practices.

### 3.1 Eligible Health Services:

Generally, eligible private sector health services are those based in provincial and rural population centres where difficulties are found in recruitment of Australian graduates.

Apart from the exceptions listed below, TRDs will not be supported to work in the private sector in South East Queensland. This includes the Brisbane Metropolitan area, Gold Coast, Toowoomba and Nambour. This restriction also applies to the metropolitan areas of Townsville and Cairns. Applications which are unclear at the margins of these locations should be considered by the mechanism described below and may be "declared" as rural or remote services for the purpose of the application.

As a general rule this policy does not support the use of TRDs to fill permanent positions which are not able to be filled by Australian resident practitioners. This includes general and specialist private practice including solo and group practices. Applications for TRDs to fill such positions should be considered by the mechanism described below and may be "declared" as rural or remote services for the purpose of the application.

### 3.2 Exceptions:

Private sector health services not eligible for TRDs under the above general policy may be granted exemption and approved to utilise TRDs in the following circumstances:

### 3.2.1 Locum Services:

Bona-fide locum services which provide genuine temporary replacement for permanent practitioners in Queensland including those areas in geographic areas not otherwise approved for TRDs.

While not mandatory, indicators of the bona-fides of a locum agency include:

- holding of registration as a private employment exchange;
- routinely providing, as a core function, locum tenens to a wide cross section of practices and institutions throughout Queensland; and
- generally no association with an individual practice or group of practices.

### 3.2.2 Independently Arranged Locums:

Locum positions arranged directly between a Principal and a TRD (other than through a locum service) in Queensland, including those areas in geographic areas not otherwise approved for TRDs.

Indications of the bona-fides of a such a locum position include:

- the temporary replacement of a permanent resident practitioner while that person is absent from the practice for reasons such as recreation, sick, continuing medical education, sabbatical or maternity leave; and
- the placement is for a defined period not normally exceeding two months.

### 3.2.3 Deputising Services:

Medical services which provide after hours medical cover for permanent medical practitioners in Queensland including those in geographic areas not otherwise approved for TRDs.

While not mandatory, indicators of the bona-fides of a Medical Deputising Service include:

- the holding of a Certificate of Approval to conduct a Medical Call Service under the *Medical Act 1939*;
- membership of the National Association of Medical Deputising Services Australia Ltd (NAMDS);
- provision of services to a broad cross section of general practitioners within its area of operations; and
- generally no association with an individual practice or group of practices.

### 3.2.3 Medical Clinics:

Medical clinics in Townsville and Cairns, including those providing 24 hour medical services and/or providing bulk billing of services, may access TRDs on the following basis:

- An initial one month period of employment in a major provincial hospital to permit adequate assessment of the individual practitioner, with a report at the conclusion of the period, to be forwarded to the Medical Board of Queensland as assistance in determining continuing conditional registration;
- A five month period of employment in an area of need, and
- A six month period of employment in a private medical clinic.

The period of area of need and medical clinic employment may be reversed depending on demands.

This position is to be reviewed by November 1996 when the results of the North Queensland study of the general practitioner workforce will be available.

### 3.2.5 Rural Secondment:

Private sector health services in those geographic areas not routinely approved for TRDs but which provide secondary support for health services in rural or remote areas by way of secondment or rotation may be approved. Such approval will be on a 1:1 basis with each TRD spending an equal period in the parent health service and the rural or remote secondment.

### 3.3.6 Declared Rural or Remote Services:

In areas where there is a significant difficulty in recruitment of Australian resident and registered practitioners, a private sector health service may be supported to utilise TRDs by application to the Private Sector Advisory Committee of the Queensland State Medical Labour Agreement Committee which will arbitrate on such applications.

## 4. TYPE OF PRACTITIONER

The area of need provisions apply for both specialist and non-specialist practitioners for both the public and private sectors. The provisions for exemptions apply equally for specialists and non-specialists.

## 5. PROCESS FOR OBTAINING AREA OF NEED SUPPORT

This Ministerial Area of Need Policy provides guidelines for the endorsement of applications for temporary visas and medical registration from applicant medical practitioners or their sponsors to undertake medical practice in specified roles. It is not a process for either approving the visa, which lies with the Department of Immigration and Multicultural Affairs (DIMA), nor for approving registration, where the sole responsibility lies with the Medical Board of Queensland.

H:\GEOFF\LABAGREE\1996\ANEED.POL

# QUEENSLAND HEALTH

## APPLICATION FOR AREA OF NEED CERTIFICATION

### INSTRUCTIONS

- This form is to be completed when registering an International Medical Graduate under Special Purpose Registration Section 135 – Area of Need, with the Medical Board of Queensland.
- **You are strongly advised to be familiar with the:**
  - *Guidelines for Sponsoring International Medical Graduates in Queensland* available from the Office of the Principal Medical Adviser, Workforce Reform Branch, Queensland Health ([www.health.qld.gov.au](http://www.health.qld.gov.au));
  - *Medical Board of Queensland Policy on Special Purpose Registration* ([www.medicalboard.qld.gov.au](http://www.medicalboard.qld.gov.au));
  - and where applicable the *Assessment Process for Area of Need Specialists User's Guide 2002* available from the Australian Medical Council ([WWW.AMC.ORG.AU](http://WWW.AMC.ORG.AU)).
- Private Medical Practices wanting to employ a new International Medical Graduate to their practice, are advised they must complete "Attachment A" as well as the Area of Need Certification Form.
- **Health Service Districts wanting to employ an International Medical Graduate to a Senior Position in Queensland Health, are advised they must complete "Attachment B" as well as the Area of Need Certification Form.**
- This application form must be **completed by the sponsor requesting support** for the registration of an international medical graduate to work in an Area of Need.
- All sections of this form must be completed to enable prompt processing. Incomplete forms will be returned to the sponsor for completion.
- Please type or print in black ink.
- Once approved a scanned copy of the application will be emailed to the Medical Board of Queensland. A scanned copy of the application will also be emailed to the sponsor.
- Please note Area of Need certification is no longer required for visa applications.
- Form 1 and Form 2 are to be forwarded directly to the Medical Board of Queensland by the Sponsor.

**Please find below further clarification on specific sections of the form:**

- **Proposed Geographical Locations (Page 3):**
  - If the Doctor is working at more than one location, all locations must be on a single form for registration purposes.
  - Locum agencies must provide details of the locations.
  - Health Service Districts must include all the facilities at which the doctor may be required to work.

# QUEENSLAND HEALTH

## APPLICATION FOR AREA OF NEED CERTIFICATION

- **Sponsor Declaration: (Page 5):**
  - This must be signed by the sponsor not by the recruitment agency on the sponsor's behalf.
  - If the recruitment agency is the sponsor then the recruitment agency should be the signatory.
- **Timeframes**

Please allow two weeks for the Area of Need application to be processed by the Principal Medical Adviser, Workforce Reform Branch, Queensland Health. The Medical Board of Queensland also requires all documents to be submitted six weeks prior to the required date of registration.

### **Privacy Information:**

The information provided on this application form will be entered onto the Queensland Health Area of Need Database.

The information on this database will be used for the purposes of managing the Area of Need process including:

- recording area of need approvals
- providing statistical reports

The Office of the Principal Medical Adviser will link Area of Need data with registration data from the Medical Board of Queensland.

### **Please return the completed form to:**

Manager  
Area of Need  
Office of the Principal Medical Adviser  
Workforce Reform Branch  
Queensland Health  
GPO Box 48  
BRISBANE Q 4001

(or)

Fax: (07) 323 40062

(or)

Email: [area\\_of\\_need@health.qld.gov.au](mailto:area_of_need@health.qld.gov.au)

Should you have any questions regarding the Area of Need process please call the Manager, Area of Need (07) 3225 2328.



# QUEENSLAND HEALTH

## APPLICATION FOR AREA OF NEED CERTIFICATION

### Details of Sponsored Doctor:

Surname: ..... Given Name(s): .....

Gender: ☐ M ☐ F

Date of Birth: / /

Country of Citizenship: ..... Australian Permanent Resident: ☐ Yes ☐ No

### Status of Application:

☐ New Application

☐ Change of sponsor, same location

☐ Extension of existing sponsorship

☐ Promotion to higher level, same location

Note: the sponsored doctor must have agreed to the proposed period of sponsorship or the extension of the period of sponsorship.

### Qualifications: (earliest qualification first)

Degree/Diploma/Certificate	University/College/Examining body	Year Conferred
----------------------------	-----------------------------------	----------------

.....	.....	.....
-------	-------	-------

.....	.....	.....
-------	-------	-------

.....	.....	.....
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### Relevant Postgraduate experience and training (please specify):

### Employer/Sponsor:

**Proposed Geographical Locations** (include specific name of Private Practice and/or Hospitals that the doctor will be required to practise at):

# QUEENSLAND HEALTH APPLICATION FOR AREA OF NEED CERTIFICATION

## Health Service Districts to complete

Position (Please specify: JHO; SHO; PHO; SMO; Specialist): .....

Classification (eg. MO1 – 3) .....

Department/Specialty: ..... Sub Specialty: .....

If Specialist, will this applicant be required to undertake private practice? ☐ Yes ☐ No

If yes, where:

Will this applicant be required to provide rural relief? ☐ Yes ☐ No

If yes, where:

Was this a direct appointment by the Hospital: ☐ Yes ☐ No

If no, name of recruitment agency: .....

## Private Practice ONLY to complete

### Type of placement:

☐ General Practice ☐ Specialist: Discipline .....

### Type of General Practice:

☐ Group practice (a practice which has a General registrant or a FRACGP present) – Vacancy only

☐ Solo Practice

### If General Practice:

☐ Bona Fide Locum ☐ Vacancy ☐ Deputising Service ☐ After hours

**Date of Registration Requested:** From: ..... to: .....

Specific dates must be provided eg: 01/01/2005 to 31/12/2006.

Special Purpose Registration is limited to a maximum of 12 months. A new *Area of Need* approval will be required for further registration.

# QUEENSLAND HEALTH

## APPLICATION FOR AREA OF NEED CERTIFICATION

### Sponsor Declaration:

I confirm that the details on this application are correct.

I have obtained the permission of the sponsored doctor to submit this application on their behalf.

Signature of Sponsor: .....

Name and title: .....  
(for QH facilities please ensure that the sponsor is the Health Service District not an individual hospital)

Address: .....

.....

Telephone: ..... Facsimile: .....

E-mail: .....

**Please complete as signed form will be emailed back to sponsor.**

### QUEENSLAND HEALTH USE ONLY

The application for Dr .....

To seek registration in an Area of Need pursuant to Section 135/S143A of the *Medical Practitioners Registration Act 2001*, is.

☐ Supported ☐ Not Supported

Comments: .....

Signature: ..... Date:     /     /

(Principal Medical Adviser / Medical Adviser, Rural Health Services / Principal Project Officer)

## ATTACHMENT A

### **Private Practice ONLY to complete**

If this is a new application, have you attached a copy of the 'Preliminary Assessment for District of Workforce Shortage'?

☐ Yes

☐ No, Please ring 02-6289 5903 to obtain this assessment

(New applications for Area of Need in Private Practice can not be assessed without a 'Preliminary Assessment for District of Workforce Shortage')

Please describe efforts to fill vacancy:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Please provide details on the number of medical practitioners providing a similar service in the area and the population being served (including drainage patterns):

.....

.....

.....

.....

Please provide details of supervision and support to be provided to the practitioner and family:

.....

.....

.....

.....

.....

## ATTACHMENT B

### Recruitment of Senior Medical Staff to Queensland Health Service Districts Area of Need positions

#### Instructions

- This form **is to be** completed by **all Health Services Districts** wishing to appoint an **International Medical Graduate** to a senior medical staff position under Special Purpose Section 135 – Area of Need registration.
- Senior medical staff positions in Queensland Health are - Senior Medical Officer (SMO), Medical Officer with Right of Private Practice (MORPP), Medical Superintendent with Right of Private Practice (MSRPP), Medical Superintendent (MS), Executive Director of Medical Services (EDMS), Specialist and Staff Specialist.
- This form **must be** accompanied by the Area of Need Certificate.
- This form **is to** be completed for new International Medical Graduates commencing work in Queensland Health.
- This form **is not to be** completed if extending registration of an International Medical Graduate who is currently working in Queensland Health and is staying at the same District Health Service in the same position.
- This form **is to be** completed if an International Medical Graduate is currently working in Queensland Health and is moving to a different Health Service District.
- Queensland Health may audit the information supplied on this form.

#### **Details of Applicant:**

Surname: ..... Given name(s): .....

Position (SMO, MORPP, MSRPP or Specialist): .....

Department/Specialty: ..... Sub Specialty: .....

Employing Health Service District: .....

#### **Assessment:**

The Assessment Panel is to comprise of at a minimum, the following members and this application must be signed by all members:

- Specialist of relevant field
- Medical Superintendent/ Executive Director of Medical Services or delegate
- one other appropriate member

This Senior Medical Officer has been assessed by face-to-face interview, telephone interview or equivalent and through the information obtained during this assessment and also through documentation received, we believe he/she:

- has the appropriate experience and capabilities for the position; and
- possesses the educational and professional requirements specified in the position description for the position

1.

Name: ..... Position: .....

Signature: ..... Date: .....

2.

Name: ..... Position: .....

Signature: ..... Date: .....

3.

Name: ..... Position: .....

Signature: ..... Date: .....



**Reference Checks** (name, position, relationship etc. of two referees contacted):

1.

Name: ..... Position: .....

Relationship: (ie. supervisor, coworker, etc) .....

Year Referee worked with applicant ..... Date referee contacted .....

2.

Name: ..... Position: .....

Relationship: (ie. supervisor, coworker, etc) .....

Year Referee worked with applicant ..... Date referee contacted .....

I have conducted detailed and probing reference checks with the above referees to verify:

(i) the experience and capabilities of the individual for the Position; and

(ii) the accuracy and completeness of any information supplied by the individual in relation to the individual's previous employment history and experience during the previous five years.

Name: ..... Position: .....

Signature: ..... Date: .....

**Clinical Supervisor/Mentor:** (name, position and location of doctor supervising applicant)

Name: ..... Position: .....

Location: ..... Registration number.....

(The clinical supervisor/mentor must have either general, specialist or section 138 Registration with the Medical Board of Queensland)

**District Manager or delegate declaration:**

**I support the assessment panel's decision to appoint this applicant to the position identified within the Health Service District.**

Name: .....

Signature: .....

Position: .....

Date: .....