**POSITION DETAILS:**

|  |  |
| --- | --- |
| Training Site |  |
| Name of IMG |  |
| Position Title |  |
| Reports To |  |
| Department |  |
| Award: |  |
| Proposed Start/End Date | Start: End: |
| Hours of Work (including on-call availability): |  |

**MAIN PURPOSE OF POSITION:**

|  |
| --- |
|  |

**DETAILS OF TRAINING SITE:**

This should include information relating to the type of setting, type of cases, procedures undertaken, facilities and equipment, number of staff, number of other doctors in training including medical students, post graduate doctors and College registrars, and any other relevant information

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**POSITION REQUIREMENTS**

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**GOALS AND OBJECTIVES FOR THE IMG**

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**CLINICAL ACTIVITIES:**

Please provide a summary of these activities and the level of supervision and support available to the IMG

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**TEACHING ACTIVITIES:**

Please provide a summary of these activities and the level of supervision and support available to the IMG

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**RESEARCH ACTIVITIES:**

Please provide a summary of these activities and the level of supervision and support available to the IMG

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**LEARNING OUTCOMES:**

Please detail how the learning outcomes will be measured during the period of training

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AM - Activity** |  |  |  |  |  |
| No of Trainees per clinic |  |  |  |  |  |
| Supervised or Observed? |  |  |  |  |  |
| Number of Supervisors per clinic (if applicable) |  |  |  |  |  |
|  |  |  |  |  |  |
| **PM - Activity** |  |  |  |  |  |
| No of Trainees per clinic |  |  |  |  |  |
| Supervised or Observed? |  |  |  |  |  |
| Number of Supervisors per clinic (if applicable) |  |  |  |  |  |

In addition to the College requirements, you should be aware of the revised Medical Board of Australia (MBA) Guidelines - Supervised practice for international medical graduates. The guidelines are published on the MBA’s website at the following link: <https://www.medicalboard.gov.au/registration/international-medical-graduates/supervision.aspx>

**SUPERVISOR OF TRAINING**

|  |  |
| --- | --- |
| Name of Supervisor |  |
| Designation |  |
| Email |  |
| Phone |  |
| Have you held specialist registration for more than 3 years? |  |
| Please provide names of all IMGs you currently supervise |  |
| Level of Supervision for the proposed IMG  (*Must be Level 1 or Level 2*) |  |
| How often will you supervise the proposed IMG on a weekly basis? |  |
| Please list the names of all other supervisors available to the IMG in this position |  |
| Have you included a copy of the Supervised Practice Plan & Supervisor’s Agreement (SSPA-30) form? |  |

The DEPARTMENT at TRAINING SITE confirms that

This training position offered to Dr NAME as a POSITION in SPECIALTY constitutes a genuine training position, which complies with the Australian College of Dermatologists and the Medical Board of Australia guidelines

The training position does not disadvantage any trainee in the ACD training program.

The training position is not primarily a service position.

|  |  |
| --- | --- |
| Name of authorised officer |  |
| Signature of authorised officer |  |
| Date |  |