



Notice of change in circumstances

For hospital-based international medical graduates with limited or provisional registration

Profession: Medical

Health Practitioner Regulation National Law (the National Law)

The form is only to be used by the Director of Medical Services (or equivalent) in specific circumstances. See the *Information* section of this form for further details.

Any proposed changes to other approved supervision arrangements, such as for general practice positions, proposed new position in a new hospital network and proposed changes in supervision to level three or four must be made using the form *Request for change in circumstances for international medical graduates with limited or provisional registration – ACCL-30* and must be approved by the Medical Board of Australia (the Board).

**Once completed, please email the form to
regadmin@ahpra.gov.au.**

Ahpra will confirm receipt of your notice and the named international medical graduate's (IMG's) public register entry will be updated where relevant.

SECTION A: Personal details

1. What are the details of the international medical graduate (IMG)?

Full name

Date of birth

 / /

Registration number

 M E D

2. What are the details of the Director of Medical Services (DMS) or equivalent?

Full name

Position title

Business hours phone

Email

3. What are the organisation details?

Hospital / Health service name

Address

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

State or territory (e.g. VIC, ACT)

Postcode

4. When did the change(s) take effect?

Date the changes took effect

 / /



SECTION B: Details of the IMG's change of circumstances in the same hospital or health network



Please read the *Information* section of this form to ensure the changes made comply with the Board's requirements.

5. Select the applicable change(s) in your circumstance and provide the details in the relevant section(s).

- Change in principal supervisor (same level of supervision) – **Complete Section B1**
- Change of co-supervisors (excludes temporary/term supervisors) – **Complete Section B2**
- Change in IMG's position (same level of supervision) – **Complete Section B3**
- Same position, additional work sites added – **Complete Section B4**
- Change from Level 1 to Level 2 supervision – **Read the information below**



A change from level 1 to level 2 supervision is only acceptable where:

- there is no change to the principal supervisor previously approved by the Board
- the international medical graduate has been on level 1 supervision for a minimum of two months, and
- the Director of Medical Services (or equivalent) is confident that the international medical graduate has demonstrated sufficient competence to practise safely under level 2 supervision.

Section B1 – Change in principal supervisor

Name of new principal supervisor

Position title

Type of registration

- General Specialist

No. of years with general registration

No. of years with specialist registration

Business hours phone

Email

Section B2 – Change of co-supervisors

Co-supervisor 1

Name of co-supervisor

Type of registration

- General Specialist

Registration number

Hospital / Health service name

Address

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

State or territory (e.g. VIC, ACT)

Postcode

Business hours phone

Email



**Co-supervisor 2**

Name of co-supervisor

Type of registration
 General Specialist

Registration number

M	E	D				
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Hospital / Health service name

Address

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

State or territory (e.g. VIC, ACT)

Postcode

Business hours phone

Email

You **must** attach a separate sheet for details of additional co-supervisors that do not fit in the space provided.**Section B3 – Change in IMG's position**

New position title

Hospital / Health service name

Site 1

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

State or territory (e.g. VIC, ACT)

Postcode

Business hours phone

Email

Site 2

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

State or territory (e.g. VIC, ACT)

Postcode

Business hours phone

Email

You **must** attach a separate sheet for details of additional sites that do not fit in the space provided.



Section B4 – Same position, additional work sites added

Site 1

Hospital / Health service name

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

State or territory (e.g. VIC, ACT)

Postcode

Site 2

Hospital / Health service name

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

State or territory (e.g. VIC, ACT)

Postcode



You **must** attach a separate sheet for details of additional sites that do not fit in the space provided.

SECTION C: Declarations

Director of medical services (or equivalent)

I confirm that these changes comply with the Board's requirements.

Full name of director of medical services (or equivalent)

Signature of director of medical services (or equivalent)



SIGN HERE

Date

DD / MM / YY YY YY

International medical graduate declaration

I confirm that I consent to the change(s) related to my medical registration.

Full name of international medical graduate

Signature of international medical graduate



SIGN HERE

Date

DD / MM / YY YY YY





Information

This form is for hospital-based international medical graduates (IMG) with limited or provisional registration. It is only to be used in the following circumstances.

Change in principal supervisor in the following circumstances:

- The position is the same as previously approved by the Board or is within the same hospital or health network.
- The same level of supervision is proposed.
- The supervisor meets the requirements for supervisors including that they:
 - do not have conditions imposed on their registration or undertakings accepted as a result of health, performance or conduct issues
 - have specialist registration. If they have only general registration, they must have at least three years full time practice and the DMS must be confident that they are skilled to provide safe supervision
 - are appropriately qualified, preferably in the same field of medicine as the position proposed for the IMG
 - are not a relative or domestic partner or employee of the IMG, and
 - undertake to complete the online supervisor's module within three months.

For more information refer to the *Guidelines – Supervised practice for international medical graduates* available at www.medicalboard.gov.au/Codes-Guidelines-Policies

Change to an IMG's position in the following circumstances:

- The position is with the same hospital or health network.
- The position is with the same supervisor or, if it is with a different supervisor, the new supervisor meets the Board's requirements (see above).
- The same level of supervision is proposed.
- IMGs in the short-term training in a medical specialty pathway can change positions, if the training in the proposed position aligns directly with the training that the specialist college approved originally.

Changing from level 1 to level 2 supervision in the following circumstances:

- The IMG has been on level 1 supervision for a minimum of two months.
- The Director of Medical Services is confident that the IMG has demonstrated sufficient competence to practise safely under level two supervision.

Privacy and confidentiality

The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and Australian Health Practitioner Regulation Agency (Ahpra) may collect, use and disclose your information are set out in the collection statement relevant to this application, available at www.ahpra.gov.au/privacy.

By signing this form, you confirm that you have read the collection statement. 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.

