Pre-employment structured clinical interview position description template - General practitioner



This position description is to be completed when seeking to appoint an international medical graduate (the applicant) to a private or public sector general practice position. It will be used by the Medical Board of Australia and the Royal Australian College of General Practitioners (RACGP) for a Pre-employment structured clinical interview (PESCI) and registration processes.

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PART A: A] Surname	oplicant's details	First name	
Surname		First name	
Name on passport		Practicing name	
PART B: Pr	actice details		
Position title			
Type of practice (tic Solo Group	k all that apply) Multi-site Aboriginal Medica	Other al Service Locum practice	
Is the practice(s) cu			
If no, please provide	further details including when the	e practice will begin operating?	
Site 1			
Name of practice			
rtaine of practice			
Address			
Operating hours			
Day	Hours		
Monday			
Tuesday			
Wednesday			

Thursday
Friday
Saturday
Sunday

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Not applicable

Name of practice

Address

Is the practice(s) currently operating?

Yes

No

If no, please provide further details including when will the practice begin operating?

Operating hours

Day	Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Site 3

Not applicable

Name of practice

Address

Is the practice(s) currently operating?

Yes

No

If no, please provide further details including when will the practice begin operating?

Operating hours

Day	Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Provide information on the types of patients seen in the practice(s)

Patient category	Often	Occassionally	Rarely
Indigenous			
Consultations in a language other than English			
Emergency management			
Mental health			
Chronic disease			
Sexual and reproductive health			
Antenatal/post-natal care			
Women's health			
Skin procedures			
Other (specific below)			

Age Range	Percentage
0-5	
6-12	
13-18	
19-30	
30-60	
60-70	
70-80	
80+	

Gender	Percentage
Male	
Female	
Non-Binary	

List any special services provided within the practice

Special Services	Applicant required to provide service?		
opeoidi dei vided	Yes	No	

ls the	practice accredited	I under the Natior	al General Practice	e Accreditation	(NGPA) Scheme?
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Yes No

If yes, with whom?

ACHS AGPAL Global-Mark QPA IHCA

Accreditation expiry

Provide details of general practitioners (GPs) working in the practice/s, including the supervisor/s

Name	Hours summary (eg p/t M-F)	Qualification (eg FRACGP)	Practice location
Principal supervisor			
First co-supervisor			
Second co-supervisor			
Third co-supervisor			
Third to Supervisor			
Other GPs			

Provide details of other roles situated in the practice(s)

Number of people

Description of the practice organisation

PART C: Location demographics and services

Population of town	
Major industries	
Cultural diversity	
Nearest hospital to practice and distance by road	
Level of care provided by nearest hospital – available services	
Time to transfer patient to nearest hospital	
Nearest regional/tertiary hospital	
Time taken to transfer patient to regional/tertiary hospital	

PART D: Scope of practice for the applicant What are the mandatory selection criteria the applicant needs to meet for the position? The applicant is required to have basic life support skills. Qualifications including post graduate training Knowledge Skills Experience

What are the highly desirable selection criteria for this position? Qualifications including post graduate training
Knowledge
Skills
Experience

Select the offsite services offered by the practice, indicating services the applicant might be required to undertake

Services	Practice	Appl	icant	Supervisor accor	npanies applicant
		Might be required	Will be required	Yes	No
After hours services					
Aged care or nursing home visits					
Home visits					
Prison/Institutional visits					
After hours on call					
Hospital – on call responsibilities					
Hospital – inpatient care					
Hospital – emergency					
Other (please specify below)					

PART E: Hours worked and location

Applicant's roster

Day	Hours	Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

How many patients per hour will the applicant be required to see when they commence employment?

Has the applicant visited the practice?

Yes No

Principal supervisor's roster

Day	Hours	Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

First co-supervisor's roster N/A

Day	Hours	Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Second co-supervisor's roster N/A

Day	Hours	Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

PART F: Australian Health Practitioner Regulation Agency (AHPRA) supervision arrangements for the applicant

What is the level of supervision offered for this position?

Refer to the Guidelines – Supervised practice for international medical graduates for a full description of each level of supervision.

Level 1 - The supervisor takes direct and principal responsibility for each individual patient	
Level 2 - The supervisor shares responsibility with the IMG for each individual patient	
Level 3 – The IMG takes primary responsibility for each individual patient	
Level 4 – The IMG takes full responsibility for each individual patient	

Provide supervision arrangements for the position by completing the AHPRA proposed supervised practice plan (SPPA-30 form) and attach it to this submission.

PART G: Practice orientation plan

When	Content	Resources	By whom	Review of orientation – application of learning
Pre-commencement				
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
Day 8				
Day 9				
Day 10				
Week 3				
Week 4				
Week 5				

PART H:

I/we certify that the above position description accurately reflects the nature of the position.

I/we certify that the information in this position description has been discussed with the applicant.

Signature of employer			
Name			
Position			
Date			
Signature of principal supervisor			
Name			
Position			
Date			
I certify that the information in this position	I certify that the information in this position description has been discussed with me.		
Signature of applicant			
Name			
Position			
Date			
Details of contact person if further information is required.			
Name			
Position			
Phone			
Email			