



Orientation report for international medical graduates with limited or provisional registration

Profession: **Medical**

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

The international medical graduate and the supervisor must complete this orientation report:

1. after the first three months of initial registration, and
2. in addition to a work performance report.

Completing this form

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

SECTION A: International medical graduate details

Family name

First given name

Registration number (if registered)

M	E	D																	
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date commenced in approved position*

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

SECTION B: Orientation report

Medical practitioners should be familiar with the structure of the Australian health care system and the roles of the various bodies with which contact would occur or which have particular areas of responsibility.

Orientation to the Australian healthcare system

- Structure and funding of the Australian healthcare system, interface between private and public health services
- State Department of Health, Department of Veterans Affairs, Medicare Australia, Workcover authority
- Medical Board of Australia – registration, code of conduct, professional performance, conduct and health assessment and monitoring relevant under the Health Practitioner Regulation National Law as in force in each state and territory
- Australian Medical Association (AMA), specialist colleges, postgraduate medical councils
- Provider and Prescriber numbers
- Prescribing – Pharmaceutical Benefits Scheme, authority prescriptions, therapeutic guidelines
- Doctor's bag – legal requirements relating to S8 prescribing, drugs of dependence
- Referral system – pathology, radiology, other specialists, allied health services, hospital emergency departments,
- Ambulance Service, community services, sexual assault support services, local support groups. The employer should provide a list of service providers and their contact details
- Other contact phone numbers – supervisors, interpreter service, drugs and poisons information

Orientation to the hospital/practice

- Policy and procedures manual — including infection control, patient confidentiality, clinical records, complaint processes
- IT systems for example prescribing, pathology and radiology ordering and reporting
- Infection control
- Occupational health and safety

Orientation to legislation and professional practice

- Legislative framework governing practice in state or territory, including the Coroner's Act
- Mental health legislation
- Mandatory reporting – suspected child abuse
- Patient rights and responsibilities, patient complaints
- Patient consent and adolescent autonomy
- Access to health/medical records
- Litigation and indemnity
- Organ transplantation

Professional development

- Medical education and training
- Access to clinical publications
- Australian Medicines Handbook, therapeutic guidelines, relevant college guidelines, Cochrane Library

Cultural diversity and social context of care

- Cultural awareness and respect
- Australian society, including multiculturalism, the status of women, children and the elderly
- Aboriginal and Torres Strait Islander culture
- Domestic violence
- Drug seeking patient
- Doctor/patient relationship

Other topics included in initial orientation:

SECTION C: Signatures

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

<p>Name of IMG</p> <input style="width: 95%;" type="text"/>	<p>Signature of IMG</p> <div style="border: 1px solid #ccc; padding: 5px; text-align: center;"> SIGN HERE </div>
<p>Date</p> <div style="display: flex; gap: 10px;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>	

<p>Name of principal supervisor</p> <input style="width: 95%;" type="text"/>	<p>Signature of principal supervisor</p> <div style="border: 1px solid #ccc; padding: 5px; text-align: center;"> SIGN HERE </div>
<p>Date</p> <div style="display: flex; gap: 10px;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>	

If relevant, co-supervisor’s signatures

<p>Name of first co-supervisor</p> <input style="width: 95%;" type="text"/>	<p>Signature of first co-supervisor</p> <div style="border: 1px solid #ccc; padding: 5px; text-align: center;"> SIGN HERE </div>
<p>Date</p> <div style="display: flex; gap: 10px;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>	

<p>Name of second co-supervisor</p> <input style="width: 95%;" type="text"/>	<p>Signature of second co-supervisor</p> <div style="border: 1px solid #ccc; padding: 5px; text-align: center;"> SIGN HERE </div>
<p>Date</p> <div style="display: flex; gap: 10px;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>	

<p>Name of third co-supervisor</p> <input style="width: 95%;" type="text"/>	<p>Signature of third co-supervisor</p> <div style="border: 1px solid #ccc; padding: 5px; text-align: center;"> SIGN HERE </div>
<p>Date</p> <div style="display: flex; gap: 10px;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>	

