



# Supervised practice plan and supervisor's agreement for international medical graduates

Profession: **Medical**

This supervised practice plan and supervisor's agreement form is to be completed by the supervisor(s) and applicant for limited or provisional registration when:

1. applying for limited or provisional registration
2. seeking approval to change current supervised practice arrangements.

## Completing this form

- Read and complete all required questions
- Read the *Privacy Notice* on the last page of the plan
- Type or print clearly in **BLOCK LETTERS**
- Place **X** in all applicable boxes
- Ensure that all the pages and required attachments are returned to Ahpra
- Ensure **all supporting documents** are on **A4** size paper

## SECTION A: Details of applicant/international medical graduate

### A1 What are the details of the applicant/international medical graduate?

Family name

Subasic de Azevedo

First given name

Deva

Business hours

Mobile

0 4 1 6 8 3 0 8 2 8

After hours

Email address

deva.subasic.de.azevedo@gmail.com

Registration number (if registered)

M E D

Field of medicine (if applicable)

Emergency

Position/title

Registrar

Name of employing organisation

GERALDTON REGIONAL HOSPITAL

Name of employer contact

DR. KALAIVANI SUPPIAH

Location(s) at which the IMG will be practising

GERALDTON REGIONAL HOSPITAL



## SECTION B: Details of proposed principal supervisor

### B1 What are the details of the proposed principal supervisor?

Family name

SUPPIAH

First given name

KALAIVANI

Registration number (if registered)

M E D 0 0 0 1 5 4 6 5 8 4

Registration type (select all that apply):

☒ General

☒ Specialist – provide details below

Number of years with general and/or specialist registration:

General

19

Specialist

Specialist

Qualifications

B.MED.SC(TAS) MBBS(HONS) CERT EM(ACEM) DIP EM(ACEM) DIP EM ADV(ACEM)

Position/title

DIRECTOR OF CLINICAL TRAINING & EMERGENCY SENIOR MEDICAL PRACTITIONER

Organisation name

GERALDTON REGIONAL HOSPITAL

Organisation location(s)

51 - 85  
SHENTON STREET GERALDTON  
WA 6530

Daytime contact number(s):

Business hours

0 8 9 9 5 6 8 7 4 0

Mobile

0 4 0 0 0 1 1 1 5 0

After hours

Email address

KALA.SUPPIAH@HEALTH.WA.GOV.AU

**Note:** The email address will be provided to the third party provider of the Board's online education and assessment module for supervisors.

### B2 Are you a relative or domestic partner of the IMG?

☐ Yes – I am a relative or domestic partner of the IMG.

**STOP:** You do not meet the requirements for a supervisor in accordance with the Board's *Guidelines - Supervised practice for international medical graduates*. You must nominate an alternative principal supervisor.

☒ No – I am not a relative or domestic partner of the IMG.

### B3 Are you a Director of Medical Services or Director of Clinical Training (or equivalent) in a hospital setting?

☒ Yes

☐ No

### B4 Do you concurrently consult your own patients while providing supervision?

☒ Yes

☐ No


**B5 Have you completed the supervisor's online education and assessment module?**
☒ Yes

☒ No – Login details will be provided via email after the supervision arrangements have been approved.

**Requirements for supervisors**

If the proposed principal supervisor:

- does not have specialist registration, and/or
- is not qualified in the same field of medicine as the proposed position for the IMG, and/or
- does not have three years FTE experience with general and/or specialist registration in Australia,

please provide a written explanation for the Board's consideration as to why the supervisor does not meet the requirement, details of the supervisor's training and experience, why they are suitable to be a supervisor and how it is proposed that effective supervision will be undertaken.

Please attach a separate sheet if your proposal does not fit in the space provided.

Directors of Medical Services or Directors of Clinical Training (or equivalent) in a hospital setting who are not qualified in the same field of medicine as the proposed field of medicine as the proposed position for the IMG and who are applying for approval as a principal supervisor to take responsibility for appointing term co-supervisors for IMGs are not required to provide this proposal. However, they must ensure that each term co-supervisor completes the supervisor's online education and assessment module, meets the requirements for supervisors in the Guidelines and is qualified in the relevant field of medicine for each of the terms of the proposed position for the IMG.

A DMS or DCT in a hospital setting who does not have specialist registration and/or does not have three years FTE practice with general and/or specialist registration in Australia is required to provide a written explanation for the Board's consideration as to why they do not meet the requirement, details of their training and experience and why they are suitable to be a principal supervisor.

**For general practice only**
**B6 Is the practice currently accredited to the RACGP Standards for General Practices (current edition)?**
☒ Yes – **Please select**

- ☒ AGPAL group of companies
- ☒ Quality Practice Accreditation (the program is known as GPA ACCREDITATION plus)
- ☒ Global Mark
- ☒ Australian Council on Healthcare Standards

Please attach a separate sheet if your proposal does not fit in the space provided.

☐ No – You must provide a proposal to the Board (see below).

If the general practice is not currently accredited to the RACGP Standards for General Practices (current edition) you must provide a written explanation to satisfy the Board that you have structures in place to support safe practice by the IMG.

Please attach a separate sheet if your proposal does not fit in the space provided.



## Details of other registrants currently supervised by the principal supervisor

The Board will not normally approve any practitioner to have direct supervisory responsibility for more than four IMGs. Practitioners cannot be the direct supervisor for more than one IMG on level one supervision unless they do not consult with (their own) patients while supervising IMGs. Prospective supervisors who are proposing to supervise more than four IMGs must provide a proposal to the Board as to how they will provide supervision to each IMG.

A DMS or DCT (or equivalent) in a hospital setting who is approved as a principal supervisor, and who takes responsibility for appointing term co-supervisors, must ensure that in delegating supervision, that term co-supervisors will not supervise more than four IMGs at a time. Otherwise they are required to provide a proposal to the Board about how the term co-supervisor will provide supervision to each IMG:

Family name	First given name	Registration number	Level of supervision
		M E D	
		M E D	
		M E D	

## SECTION C: Details of the first proposed co-supervisor

The Board expects principal supervisors to be responsible for the adequate supervision of IMGs regardless of whether co-supervisors have been nominated to supervise the day-to-day practice of IMGs. The principal supervisor is expected to sign off the supervision reports required by the Board.

One or more co-supervisors should also be appointed to ensure the IMG is supervised when the principal supervisor is absent. If a co-supervisor cannot be appointed in advance, the principal supervisor must inform the Board what arrangements will be made for the principal supervisor's absence, for example, for sick leave or annual leave.

A Director of Medical Services or Director of Clinical Training (or equivalent) in a hospital setting who takes responsibility for appointing term co-supervisors may be exempt from completing this section but must ensure that any term co-supervisors appointed meet the requirements defined in the Guidelines

### C1 What are the details of the first proposed co-supervisor?

Family name

JOHNSON

First given name

BRONWYN

Registration number (if registered)

M E D 0 0 0 1 5 4 6 1 2 8

Registration type (select all that apply):

☒ General

☒ Specialist – provide details below

FACEM

Number of years with general and/or specialist registration:

General

15

Specialist

2

Specialist

Qualifications

MBBS, FACEM

Position/title

EMERGENCY CONSULTANT

Organisation name

GERALDTON REGIONAL HOSPITAL

Organisation location(s)

51 - 85  
SHENTON STREET GERALDTON  
WA 6530

**Daytime contact number(s):**

Business hours

Mobile

After hours

Email address

**Note:** The email address will be provided to the third party provider of the Board's online education and assessment module for supervisors.

**C2 Are you a relative or domestic partner of the IMG?**
☒ Yes – The proposed supervisor is a relative or domestic partner of the IMG.

**STOP:** The proposed supervisor does not meet the requirements for a supervisor in accordance with the Board's *Guidelines - Supervised practice for international medical graduates*. You must nominate an alternative co-supervisor.

☒ No – The proposed supervisor is not a relative or domestic partner of the IMG.
**C3 Have they completed the supervisor's online education and assessment module?**
☒ Yes

☒ No – Login details will be provided via email after the supervision arrangements have been approved.
**C4 Do they concurrently consult their own patients while providing supervision?**
☒ Yes

☐ No
**Requirements for supervisors**

If the proposed principal supervisor:

- does not have specialist registration, and/or
- is not qualified in the same field of medicine as the proposed position for the IMG, and/or
- does not have three years FTE experience with general and/or specialist registration in Australia,

please provide a written explanation for the Board's consideration as to why the supervisor does not meet the requirement, details of the supervisor's training and experience, why they are suitable to be a supervisor and how it is proposed that effective supervision will be undertaken.

Please attach a separate sheet if your proposal does not fit in the space provided.

**Details of other registrants currently supervised by the first co-supervisor**

Family name	First given name	Registration number										Level of supervision
		M	E	D								
		M	E	D								
		M	E	D								



## SECTION D: Details of the second proposed co-supervisor (if applicable)

### D1 What are the details of the second proposed co-supervisor?

Family name

First given name

Registration number (if registered)

Registration type (select all that apply):

☒ General

☒ Specialist – *provide details below*

Number of years with general and/or specialist registration:

General

Specialist

Specialist

Qualifications

Position/title

Organisation name

Organisation location(s)

Daytime contact number(s):

Business hours

Mobile

After hours

Email address

**Note:** The email address will be provided to the third party provider of the Board's online education and assessment module for supervisors.

### D2 Are you a relative or domestic partner of the IMG?

☒ Yes – The proposed supervisor is a relative or domestic partner of the IMG.

**STOP:** The proposed supervisor does not meet the requirements for a supervisor in accordance with the Board's *Guidelines – Supervised practice for international medical graduates*. You must nominate an alternative co-supervisor.

☒ No – The proposed supervisor is not a relative or domestic partner of the IMG.

### D3 Have they completed the supervisor's online education and assessment module?

☒ Yes

☒ No – Login details will be provided via email after the supervision arrangements have been approved.

### D4 Do they concurrently consult their own patients while providing supervision?

☒ Yes

☒ No





## Requirements for supervisors

If the proposed co-supervisor:

- does not have specialist registration, and/or
- is not qualified in the same field of medicine as the proposed position for the IMG, and/or
- does not have three years FTE experience with general and/or specialist registration in Australia,

please provide a written explanation for the Board's consideration as to why the supervisor does not meet the requirement, details of the supervisor's training and experience, why they are suitable to be a supervisor and how it is proposed that effective supervision will be undertaken.

Please attach a separate sheet if your proposal does not fit in the space provided.

## Details of other registrants currently supervised by the second co-supervisor

Family name	First given name	Registration number	Level of supervision
		M E D	
		M E D	
		M E D	

## SECTION E: Details of the third proposed co-supervisor (if applicable)

### E1 What are the details of the third proposed co-supervisor?

Family name

First given name

Registration number (if registered)

Registration type (select all that apply):

☒ General

☒ Specialist – *provide details below*

Number of years with general and/or specialist registration:

General

Specialist

Specialist

Qualifications

Position/title

Organisation name



Organisation location(s)

Daytime contact number(s):

Business hours

Mobile

After hours

Email address

**Note:** The email address will be provided to the third party provider of the Board's online education and assessment module for supervisors.

## E2 Are you a relative or domestic partner of the IMG?

☒ Yes – The proposed supervisor is a relative or domestic partner of the IMG.

**STOP:** The proposed supervisor does not meet the requirements for a supervisor in accordance with the Board's *Guidelines – Supervised practice for international medical graduates*. You must nominate an alternative co-supervisor.

☒ No – The proposed supervisor is not a relative or domestic partner of the IMG.

## E3 Have they completed the supervisor's online education and assessment module?

☒ Yes

☒ No – Login details will be provided via email after the supervision arrangements have been approved.

## E4 Do they concurrently consult their own patients while providing supervision?

☒ Yes

☒ No

## Requirements for supervisors

If the proposed co-supervisor:

- does not have specialist registration, and/or
- is not qualified in the same field of medicine as the proposed position for the IMG, and/or
- does not have three years FTE experience with general and/or specialist registration in Australia,

please provide a written explanation for the Board's consideration as to why the supervisor does not meet the requirement, details of the supervisor's training and experience, why they are suitable to be a supervisor and how it is proposed that effective supervision will be undertaken.

Please attach a separate sheet if your proposal does not fit in the space provided.

## Details of other registrants currently supervised by the third co-supervisor

Family name	First given name	Registration number	Level of supervision
		M E D	
		M E D	
		M E D	





## SECTION F: Details of the proposed term co-supervisors (for hospital positions only)

DMSs and DCTs (or equivalent) in a hospital setting can delegate day-to-day supervision to term co-supervisors. DMSs and DCTs (or equivalent) who take responsibility for appointing term co-supervisors must ensure that any term co-supervisors appointed meet the requirements defined in the Guidelines. DMS or DCTs must provide the details of term co-supervisors below, so that they can complete the online education and assessment module for supervisors

### Details of term co-supervisors appointed by a DMS or DCT in a hospital setting

Enter details below or attach a separate sheet with the following details (only include term co-supervisors appointed to supervise this IMG).

#### Details of first term co-supervisor

Family name

First given name

Registration number (if registered)

Registration type (select all that apply):

☒ General

☒ Specialist

Email address

**Note:** The email address will be provided to the third party provider of the Board's online education and assessment module for supervisors.

Have they completed the supervisor's online education and assessment module?

☒ Yes

☒ No – Login details will be provided via email after the supervision arrangements have been approved.

☒ Don't know

#### Details of second term co-supervisor

Family name

First given name

Registration number (if registered)

Registration type (select all that apply):

☒ General

☒ Specialist

Email address

**Note:** The email address will be provided to the third party provider of the Board's online education and assessment module for supervisors.

Have they completed the supervisor's online education and assessment module?

☒ Yes

☒ No – Login details will be provided via email after the supervision arrangements have been approved.

☒ Don't know



### Details of third term co-supervisor

Family name

First given name

Registration number (if registered)

Registration type (select all that apply):



General



Specialist

Email address

**Note:** The email address will be provided to the third party provider of the Board's online education and assessment module for supervisors.

Have they completed the supervisor's online education and assessment module?



Yes



No – Login details will be provided via email after the supervision arrangements have been approved.



Don't know

## SECTION G: The proposed supervised practice plan

### ALL SECTIONS MUST BE COMPLETED

Please ensure the details of the supervised practice plan are completed by the principal supervisor together with the IMG.

Use the space below or attach your own supervised practice plan which includes these elements.

### Learning objectives and recommended training/further professional development

Level 2 Supervision by Principal Supervisor

Increase familiarity with clinical assessment and management of a variety of Emergency

Department presentations

Attend monthly Emergency Department education sessions

Attend simulations and educational meetings run by visiting education specialists

Increase exposure to, and familiarity managing patients from culturally diverse backgrounds and complete associated hospital online training

Practice in a multidisciplinary team environment



### Frequency of meetings with principal supervisor and type of meetings

Monthly informal meetings with principal supervisor to discuss learning needs and ongoing development  
Three monthly formal meeting with principal supervisor for completion of AHPRA work performance reports

### Availability of co-supervisors for assistance. How will the IMG seek assistance?

E.g. face to face, telephone etc

At least one FACEM is rostered for a clinical shift each day, and one is available on-call following completion of clinical duties. While not formal co-supervisors, the role of FACEM in Geraldton Regional Hospital involves supervision of IMGs, registrars and other junior doctors.

### How will the IMG's performance be assessed?

E.g. direct observation of practice, medical record reviews, case reviews etc

The IMGs performance will be assessed in a variety of methods. Primarily by direct observation of practice and clinical case discussions, but the IMG will also be encouraged to participate in completion of Work Based Assessments.


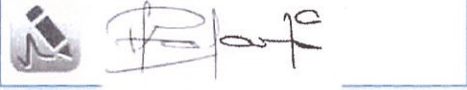
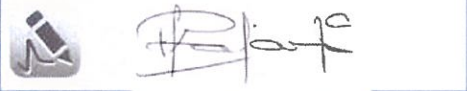





## SECTION H: Signatures

By signing this form, you confirm that:

- the information about you on this form is complete, accurate and up to date, and that you will promptly notify Ahpra changes; and
- 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](http://www.ahpra.gov.au/privacy)

Name of applicant/IMG <input type="text" value="DEVA SUBASIC DE AZEVEDO"/> Date <input type="text" value="23"/> / <input type="text" value="12"/> / <input type="text" value="2022"/>	Signature of applicant/IMG 
Name of principal supervisor <input type="text" value="DR KALAIVANI SUPPIAH"/> Date <input type="text" value="20"/> / <input type="text" value="12"/> / <input type="text" value="2022"/>	Signature of principal supervisor 
Name of employer contact <input type="text" value="DR KALAIVANI SUPPIAH"/> Date <input type="text" value="20"/> / <input type="text" value="12"/> / <input type="text" value="2022"/>	Signature of employer contact 
Name of first co-supervisor <input type="text" value="DR BRONWYN JOHNSON"/> Date <input type="text" value="22"/> / <input type="text" value="12"/> / <input type="text" value="2022"/>	Signature of first co-supervisor 
Name of second co-supervisor <input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Signature of second co-supervisor 
Name of third co-supervisor <input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Signature of third co-supervisor 





## SECTION I: Principal supervisor's agreement

I agree to be the principal supervisor of (name of IMG) **DEVA SUBASIC DE AZEVEDO** and to provide supervision in accordance with the Board's Guidelines. I confirm that I can provide the following levels of supervision. I understand that the level of supervision will be determined by the Board.

**Note:** Refer to the *Guidelines: Supervised practice for international medical graduates* for a full description for each level of supervision. Please mark the relevant boxes below.

- ☐ Level 1 - The supervisor takes direct and principal responsibility for each individual patient
- ☒ Level 2 - The supervisor shares with the IMG responsibility 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

### For IMGs in hospital-based positions

The Medical Board of Australia has published an information sheet – *International medical graduate supervision in hospital-based positions* to provide guidance about supervision to hospitals who employ IMGs.

The hospital must select **ONE** of the following three options:

- ☒ If the hospital can provide a defined level of supervision, the hospital can select one or more level(s) of supervision in the above boxes. The hospital must be able to provide supervision as described for each level.

If the above levels do not correspond to the proposed supervision arrangements, the hospital can:

- ☐ propose 'intern supervision' for an IMG who will need Level 1 equivalent supervision, if the hospital employs interns in accredited intern positions. The IMG does not need to be in an accredited intern position. No further information is required. **OR**
- ☐ describe the level of supervision and supervision structures in the table below.

Required information	Detail required/Examples	To be completed by hospital
<b>Hospital location</b>	Metro/regional/rural Satellite hospitals/ sites/campuses/clinics	
<b>Hospital type</b>	Public/private Tertiary Is there an ED onsite?	
<b>IMG's proposed hours</b>	Average number of hours per fortnight Is there after-hours work?	
<b>Supervisors (required)</b>	Principal supervisor (position) Term co-supervisors (types of positions not names)	
<b>Other clinical supervision</b>	Other medical practitioners who can act in a supervisory capacity (roles not names, such as senior doctor in training, substantially comparable specialist IMG)	
<b>Other practitioners present (optional)</b>	Other medical practitioners present when IMG is practising (roles not names, such as accredited registrar, specialist, etc)	
<b>Mechanisms in place to ensure that everyone is aware of the supervision requirements</b>	Who is responsible for determining the supervision arrangements for the rotation? Who is responsible for determining the supervision arrangements for the shift? How are the supervisors, the IMG and other team members made aware of the supervision arrangements?	
<b>Types of supervision</b>	What proportion will be direct/indirect supervision and who will provide? (roles not names) What proportion will be by onsite/offsite supervisors?	
<b>Escalation protocols for seeking assistance</b>	Routine seek advice, e.g. supervisor, other practitioners Urgent emergency response e.g. MET call, Code Blue. Call criteria and details of response not required	
<b>Any other relevant information (optional)</b>		



I further agree to:

1. ensure as far as possible, that the IMG is practising safely and is not placing the public at risk
2. observe the IMG's work (or where applicable, delegate the observation of day-to-day work to appropriately qualified co-supervisors), conduct case reviews, periodically conduct performance reviews and address any problems that are identified
3. ensure that any term co-supervisors that I appoint that are delegated the day-to-day supervision meet the requirements set in the Board's guidelines (this is only applicable to DMS or DCT (or equivalent) in a hospital setting)
4. ensure before I delegate supervision to a temporary co-supervisor, that he/she has general and/or specialist registration and is appropriately experienced to provide the supervision
5. notify the Board immediately if I have concerns about the IMG's clinical performance, health or conduct or if the IMG fails to comply with conditions, undertakings or requirements of registration
6. ensure that the IMG practises in accordance with work arrangements approved by the Board
7. ensure that Board approval has been obtained for any proposed changes to supervision or work arrangements before they are implemented
8. inform the Board if I am no longer able or willing to undertake the role of the IMG's supervisor
9. provide reports to the Board in a form approved by the Board including an orientation report and a work performance report after three months initial registration and work performance reports at renewal or new application or at subsequent intervals as determined by the Board
10. complete the online education and assessment module (login details will be provided after the supervision arrangements have been approved).

Name of principal supervisor

DR KALAIVANI SUPPIAH

Signature of principal supervisor

Date

20 / 12 / 2022

## Privacy notice

The Medical Board of Australia and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth).

The personal information (that is, information that identifies you) collected in this form is required so that the Board and Ahpra are able to:

- assess proposed supervision arrangements
- assess the eligibility of proposed supervisors to supervise an international medical graduate;
- (as relevant) manage your status as an international medical graduate, or as a supervisor (including by assessing that you understand your obligations as a supervisor);
- ask other people (such as government agencies, health authorities, employers and accrediting agencies) for information relevant to the proposed supervision plan (such as confirming your identity, qualifications and work history); and
- communicate with you and provide you with relevant updates and general information about Ahpra and the Board's activities relevant to supervision.

The information may also be used for the proper operation of the Health Practitioner Regulation National Law (as in force in each state and territory) - e.g. for research relevant to that Law. If you do not provide the required information, it may not be possible for the proposed supervised practice plan to proceed. 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.

The policy can be accessed on the [Privacy page](#).

## Disclosure of supervisor email addresses to third party

All supervisors must successfully complete an online education and assessment module to assess their understanding of the Board's *Guidelines - Supervised practice for international medical graduates*. The module is hosted for the Board by SALT Compliance at GRC Solutions (Governance Risk & Compliance Solutions Pty Ltd). To enable GRC to provide supervisors with the module, Ahpra will forward GRC the email addresses provided on this form.

GRC will use the email addresses to enable supervisors to log in and complete the module. GRC's Privacy Policy is available on their [website](#).

**Post the completed *Supervised practice plan and supervisor's agreement* with the IMG's application form for limited or provisional registration to:**

**Ahpra**  
**GPO Box 9958**  
**IN YOUR CAPITAL CITY** (refer below)

**- OR -** In person by attending your local state or territory Ahpra office. For office details visit [www.ahpra.gov.au/About-Ahpra/Contact-Us](http://www.ahpra.gov.au/About-Ahpra/Contact-Us)

Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001
Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801