



# Position Description for Temporary Resident Overseas Trained Doctors

## About this form

This form can be used by employers to create a position description containing the type of information Temporary Resident Overseas Trained Doctor (TROTD) applicants may need to know when determining whether they would like to apply for the position.

The position description will also be used by Boards to consider when deciding whether a TROTD applicant will be suitable for registration in the position.

The form contains 6 parts as outlined below.

**Part A – Position details** – A brief summary of the position.

**Part B – Position description** – This section outlines the requirements of the position including the qualifications and skills required.

**Part C – Practice details** – Information about the practice, its location, the services offered, the patients and the resources available to the practice. Information provided in this section should provide a general overview of the entire practice and an outline of the services the TROTD may be required to undertake.

**Part D – Employer's details** – Contact details for the employer and the supervisor as well as information about the supervision available to the position.

**Part E – Certification**

When completed, Parts A – E of this form should be returned to the SA IMET, DH as part of the application for registration under the state or territory Medical Act.

**Return Parts A – E to:** SA IMET, DH  
PO Box 287 Rundle Mall  
Adelaide SA 5000  
*Facsimile:* (08) 8226 6610  
*Email:* [joanna.krips@health.sa.gov.au](mailto:joanna.krips@health.sa.gov.au)

## Privacy information

The personal information collected on this form will be used for the purposes of employment in Australia, including Medical Registrations. Personal information is information that is capable of identifying a person directly or by inference, including an opinion.

The personal information collected will not be used by state and territory Medical Boards for any other reason.

## PART A Position details

1 **Name of practice where the TROTD will be employed**

2 **Name of practice principal**

3 **Street address of practice**

	Street address	<input type="text"/>	
	State/Territory	<input type="text"/>	Postcode <input type="text"/>

4 **Position title**  
e.g. GP Anaesthetist

5 **Hours the Doctor might work on each of the following**  
e.g. 9am – 5pm

	Practice hours	<input type="text"/>
	On-call / call back	<input type="text"/>
	GP after hours	<input type="text"/>
	Hospital roster	<input type="text"/>
	Other	<input type="text"/>

6 **Is there a probationary period?** No  Yes  > How long?

**Note:** The following three questions do not relate to medical registration

7 **Is the position fee for service or a hospital position with right to private practice?** Fee for service   
Hospital position

8 **Is a provider number required?** No  Yes

9 **Award**

## **PART B      Position description**

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**Note:** All TROTD's must comply with the relevant Medical Board's legislative requirements for registration.

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### **10 Provide an explanation of the key duties of the position including the level of supervisory responsibilities**

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### **11 Provide details of the qualifications and skills required for the position**

Consider position requirements such as, but not limited to:

- minimum level of experience
- specific skills and competencies, e.g. postgraduate training, familiar with intravenous thrombolysis
- level of decision-making, e.g. level of decisions the Doctor will be expected to make with and without consultation with a supervisor
- supervisory experience, for example, level to which the Doctor will be required to supervise, manage and educate University students or junior medical staff, registrars and/or other staff as appropriate.

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### **12 Provide details of any specific challenges of the position**

## PART C Practice details

**13 Type of practice**  
e.g. 24 hour clinic

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**14 Current number of staff employed at the practice**

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**15 Provide an overview of the demographics and environment where the practice is located, for example:**

- description and population of the town, local schools and facilities
- details of local communities
- cultural and linguistic diversity
- environmental factors such as climate
- distance to the nearest major city
- rural Remote Metropolitan Area (RRMA).

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**16 Indicate how often the practice services the following patient categories**  
(mark one for each category)

<i>Patient category</i>	<i>Often</i>	<i>Occasionally</i>	<i>Rarely</i>
Indigenous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multicultural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aged care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – specify below (e.g. industrial injuries)			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

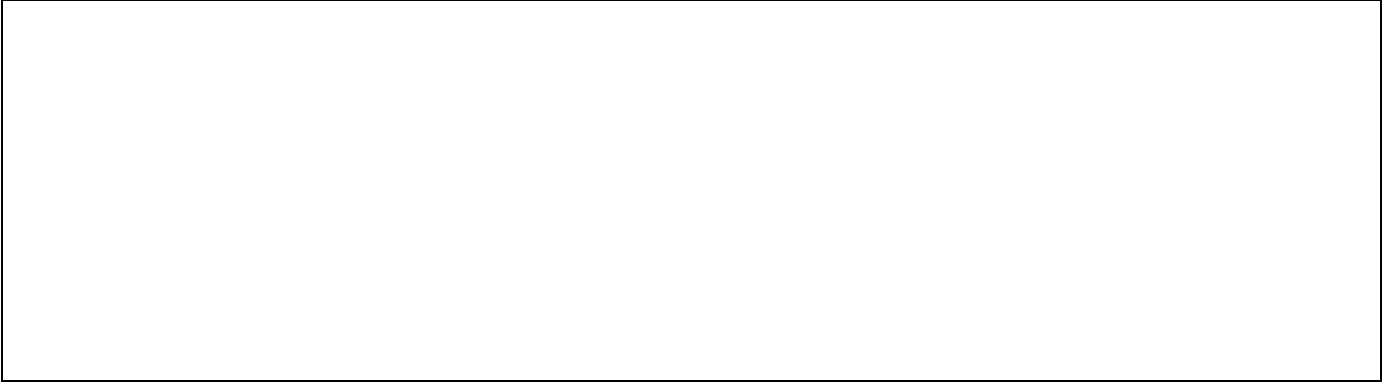
**17 This section provides information about the services offered by the practice.**  
**In the first column, tick the appropriate box to indicate the services offered by the practice.**  
**In the second column, tick the services the TROTD may be required to undertake.**

	<i>Offered by the practice?</i>		<i>To be undertaken by the TROTD?</i>	
General medical care for individuals, families and communities	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
After hours services	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Home visits	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Aged care / nursing home visits	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Prison visits	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Provide reports to worker's compensation cases, solicitors, insurance companies and the Department of Veterans' Affairs (DVA)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Research and training	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Hospital services:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
• On-call responsibilities	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
• Care of inpatients	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
• Accident and emergency	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
• On-site services	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Specific duties	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
e.g. anaesthetic	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
procedures –	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
please specify	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
the duties	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Other services –	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
please specify	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>

**18 Does the practice have other health professionals on-site?** No  Yes  > What resources are available?  
 e.g. physiotherapist, practice nurse

**19 What resources / infrastructure are available at the practice?**  
 e.g. x-ray unit, pathology, radiology, Careflight helicopters, hospitals and consultants

**20 Use this space to provide any other information about the practice that might be relevant to the registration of the TROTD?**

A large, empty rectangular box with a thin black border, intended for providing additional information about the practice relevant to the registration of the TROTD.

## PART D Employer's details

### 21 Contact person's details

Name			
Postal address			
State/Territory		Postcode	
Street address (if different)			
State/Territory		Postcode	
Phone			
Fax			
Mobile			
Email			

### 22 Supervisor's details

Name			
Postal address			
State/Territory		Postcode	
Street address (if different)			
State/Territory		Postcode	
Phone			
Fax			
Mobile			
Email			

### 23 Provide a brief summary of the supervisor's qualifications and experience

### 24 Does this person currently supervise other TROTD's?

No  Yes

**25 Provide details of the level of supervision available for the position, for example:**

- immediate supervision available (colleague present in same practice at all times)
- distance supervision within the same district work within x hours travel
- by telephone
- arrangements with relevant college to support Doctor to gain Fellowship / maintain standards.

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## PART E Certification

***I certify that the information provided in this document is correct***

**Signature of supervisor**

Name (please print)

Position

Contact telephone number

Date

**Signature of Employer**

Name (please print)

Position

Contact telephone number

Date

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