



COVID-19 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 during the COVID-19 pandemic. See the *Information* section of this form for further details.

All other changes in circumstances, including for general practice positions, position changes to a new hospital network and 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 DDD / MM / YYYYY	Registration number M E D			
2.	What are the details of the Director of Medical Services (DMS) or equivalent?				
	Position title				
	Business hours phone	Email			
3.	What are the organisation details? Hospital / Health service name				
	ddress ddress/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				

Effective from: 6 April 2020 Page 1 of 5

CCOV-30

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



Business hours phone

•	Please read the <i>Information</i> section of this form to ensure the changes made comply with the Board's requirements.						
5.	Sele	elect 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					
	\times	Change in IMG's position (same level of supervision) – <i>Complete Section B3</i>					
	\times	Same position, additional work sites added – <i>Complete Section B4</i>					
	\times	Change from Level 1 to Level 2 supervision – <i>Read the information below</i>					
A change from level 1 to level 2 supervision is only acceptable where: there is no change to the prinicpal 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 suffic competence to practise safely under level 2 supervision.							
	Continu D1 Change in principal supervisor						
	Section B1 – Change in principal supervisor						
Name of new principal supervisor							
Position title							
	1 001						
		of registration General Specialist	No. of years with general registration	No. of years with specialist registration			
Busir		ness hours phone	Email				
	Section B2 – Change of co-supervisors						
		supervisor 1 e of co-supervisor					
	Туре	e of registration	Registration number				

M E D General Specialist 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

Email

Effective from: 6 April 2020 Page 2 of 5

Co-supervisor 2						
Name of co-supervisor						
Type of registration	Registration number					
General Specialist	MED					
Hospital / Health service name						
Address Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT	1A 20 IAMES STREET or DO BOV 1224)					
Address/10 box (e.g. 123 JAINIES AVENUE, OF ONT	TA, 30 SAINLS STILLI, 011 0 BOX 1234)					
City/Suburb/Town	State or territory (e.g. VIC, ACT) Postcode					
Business hours phone	Email					
You must attach a separate sheet for	or 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	Hospital / Health service name					
011-4						
Site 1 Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT	1A 30 JAMES STREET or PO BOX 1234)					
Addition of Box (o.g. 120 of the Eo 7 to Et al.)	THE OUT WHEN OTHER I, OF TO BOX 120 II					
City/Suburb/Town	State or territory (e.g. VIC, ACT) Postcode					
Business hours phone	Email					
Site 2						
Address/P0 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					
only/oubling/fown	oute of territory (e.g. vio, Acr)					
Dualiness have where						
Business hours phone	Email					
You must attach a separate sheet for	or details of additional sites that do not fit in the space provided.					

Effective from: 6 April 2020 Page 3 of 5 CCOV-30

60V-30					
Section B4 – Same position, additional work sites added					
Site 1 Hospital / Health service name					
Address/P0 Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or	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/P0 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)					
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)				
Date / M/M / V/V/V	SIGN HERE				
International medical graduate declaration					
confirm that I consent to the change(s) related to my medical registratio	on.				
Full name of international medical graduate	Signature of international medical graduate				
Date D D / M M / Y Y Y Y	SIGN HERE				

Effective from: 6 April 2020 Page 4 of 5

CCOV-30

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 during the COVID-19 pandemic.

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.qov.au/privacy.