



Area of Need (AoN) – Junior Medical Officer (JMO) Positions Department of Health (DoH) and the Hospital and Health Services (HHS)

This form is for use by DoH and HHSs seeking an AoN declaration for a JMO position (JMO comprises of Junior House Officers, Senior House Officers and Principal House Officers) for the purpose of employing an International Medical Graduate.

i For further clarification of terms contained within this form, refer to the *Policy and Procedures for the Determination of Area of Need for Medical Services in Queensland* available on the Department of Health website. <http://www.health.qld.gov.au/aon/>

Do not provide names of any possible candidates for the position

1 Employer details:

Contact name

Contact phone number

Email address

2 Primary location's name and address (incl. HHS if QH)

3 Secondary location(s) name(s) and addresses (if required)

3.1 Are the secondary location(s) owned by the same employing entity as the primary location?

- Yes
- No – Please attach letter of support from secondary location(s) confirming their inclusion in the AoN application.
- Not applicable

4 What AoN position is required? (tick one box only)

- Junior House Officer
- Senior House Officer
- Principal House Officer – specify department

i Please note that a maximum of a one year operational period will be approved.

5 The position must be classified as a critical vacancy. Written advice from the Executive Director of Medical Service (EDMS) or Medical Superintendent of the primary employing HHS is required confirming the nature of the critical vacancy

- Evidence attached

6 Evidence that the position has been advertised in the most recent Resident Medical Officer (RMO) Campaign.

- Evidence attached

7 Evidence of attempts to recruit through RMO Campaign by providing written confirmation from the EDMS or Medical Superintendent of the primary employing HHS that all suitable candidates were contacted and offered the position.

- Evidence attached

8 Please attach comprehensive advertising that has run for a minimum of 4 four weeks within the past 12 months in an acceptable format (i.e. National newspapers, Specialist Medical College websites, medical journals and/or recruitment agency websites.) (Note: 'within the past 12 months' is from the date the application is submitted)

- Evidence attached

i Copies of advertisements must be wide ranging to attract a maximum audience, not be gender specific, state locations listed on the application form and be advertised in Australian or New Zealand based mediums.

Note: Advertising from international or Australian or New Zealand based mediums designed to attract IMGs will not be accepted.

9 Did an Australian or New Zealand trained medical practitioner(s) apply for the position?

Yes – How many? _____

No - Go to **Question 10**

9.1 Was the Australian or New Zealand trained medical practitioner(s) offered employment?

Yes

No – Please provide a detailed explanation as to why they were not appointed and attach supporting evidence as required.

① Australian and New Zealand trained medical practitioners (the practitioner) will only be considered not suitable if:

- a. The practitioner did not meet the mandatory requirements detailed in the position description (a copy of the position description used will be required to be supplied)
- b. The practitioner has a pre-employment screen which precludes employment (e.g. criminal or disciplinary history)
- c. The practitioner is unable to be credentialed by the applicable Credentialing and Defining Scope of Clinical Practice Committee (Credentialing Committee). (Please Note: practitioners that meet the mandatory requirements detailed in the position description and do not have a pre-employment screen which precludes employment are to be processed through the Credentialing Committee and a written copy of the outcome from the Credentialing Committee delegate must be supplied)
- d. The practitioner who applied for the position and subsequently withdrew interest (a written copy of the practitioner's withdrawal of interest must be supplied)

10 Employer Declaration/ Authorised Agent (to be completed by the EDMS of the primary employing HHS):

I confirm that the information provided in this application is true and correct

Name (*Please print*)

Position/Title

Signature

Date

11 Please send the completed application and attachments by one of the following methods:

Mail to: Area of Need Unit
Department of Health
GPO Box 48
BRISBANE QLD 4001

Email to: areaofneed@health.qld.gov.au

① If you have any questions in relation to completing this application please contact the Area of Need unit on (07) 3708 5183

Supporting Documentation Checklist

Please attach the applicable documentation to support the AoN application:

- Complete AoN application
- Letter of support from secondary location(s) not owned by the primary location (refer to **Q 3.1**)
- Letter /memo confirming position is a critical vacancy (public positions only) (refer to **Q 5**)
- Evidence of participation in recent RMO campaign (refer to **Q 6**)
- Letter/memo confirming participation in recent RMO campaign and that all suitable candidates were contacted and offered the position (refer to **Q 7**)
- Evidence of advertising (Refer to **Q 8**)
- Evidence to support why Australian or New Zealand trained medical practitioner(s) was not offered employment (Refer to **Q 9.1**)