Government of **Western Australia**
Department of **Health**

Area of Need

Online Application Guide

Last revision: 31 March 2023

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1.0 Introduction

1.1 Purpose

The purpose of this document is to guide applicants through the Area of Need application process. Applicants are required to complete the Area of Need Application Checklist prior to submitting an online application and can refer to this guide for additional information.

1.2 Scope

The information and processes outlined in this guide are applicable to the WA Area of Need Program's methodology and online solution to be implemented from April 2023.

For information on the management of pre-existing Area of Need declarations please refer to the section 'AoN declarations in-place prior to April 2023'.

1.3 Disclaimer

This document is intended as a guide only. The WA Area of Need Program Team (AoN Team) will endeavour to update and re-publish the guide when there are significant changes, however delays may occur.

The WA Department of Health Chief Medical Officer may change or overrule processes and requirements outlined in this guide at their discretion.

2.0 Background

2.1 Area of Need

An Area of Need (AoN) is an identified geographical location where the medical needs of the population cannot be met by the currently available medical workforce.

AoN is a workforce distribution classification that allows employers unable to fill medical practitioner positions with suitable Australian-qualified practitioners, to recruit International Medical Graduates (IMGs) who would require *limited registration for area of need* with the Medical Board of Australia.

IMGs cannot apply directly for an AoN, applications must be submitted by employing health services or an authorised third party acting on behalf of the employer.

An Area of Need declaration does not guarantee *limited registration for area of need*, medical practitioners must still meet all eligibility requirements as assessed by the Australian Health Practitioner Regulation Agency (Ahpra).

2.2 WA Area of Need Program

The AoN program specific to the State of Western Australia is administered by the WA Department of Health. Each Australian state or territory will have varying processes and requirements.

In accordance with section 67(5) of the *Health Practitioner Regulation National Law (WA) Act 2010* an Area of Need is declared by the WA Minister for Health (the Minister) or authorised delegate(s). In WA, the Minister has delegated this authority to the WA Department of Health Chief Medical Officer.

3.0 Area of Need declarations in-place prior to April 2023

AoN declarations in place prior to the implementation of the online application system will continue to be managed under the same conditions as was determined at the time of the declaration.

If a pre-existing declaration is still required beyond its expiry date a new AoN application must be submitted using the on-line application form and in accordance with the published processes and requirements of the WA AoN Program at that time.

Employers must monitor the course progress of currently employed doctors who hold *limited registration for area of need* and ensure a new AoN application is submitted (prior to the declaration expiry date) if required.

4.0 Contact us
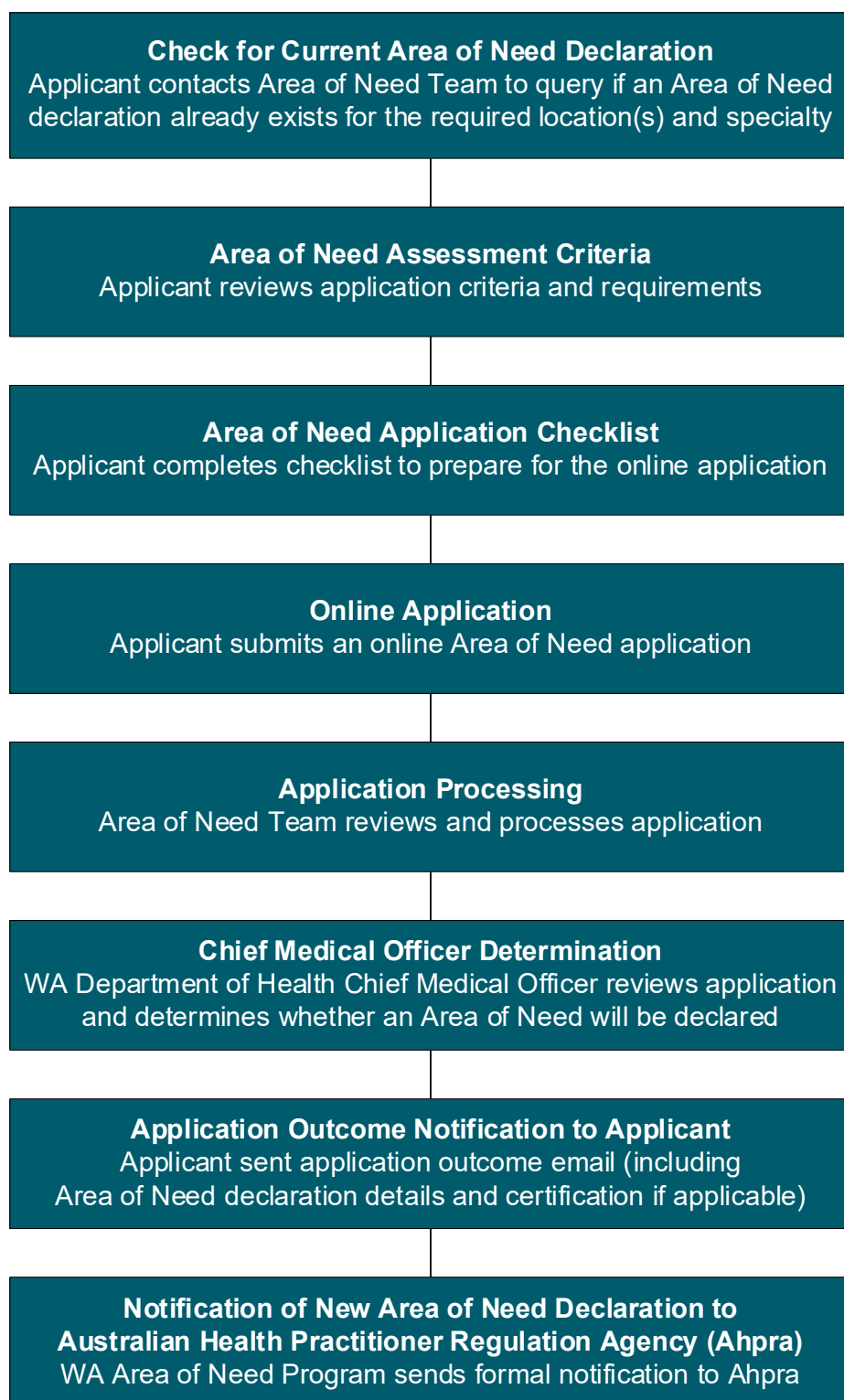
AoN applicants (employers) can contact the AoN Team by emailing

   areaofneed@health.wa.gov.au

If the query relates to a specific AoN application or declaration please quote the relevant reference number e.g. application reference number or declaration number.

Additional resources to assist applicants can be found on the WA Area of Need website (health.wa.gov.au).

5.0 Application flowchart

Check for Current Area of Need Declaration
Applicant contacts Area of Need Team to query if an Area of Need declaration already exists for the required location(s) and specialty

Area of Need Assessment Criteria
Applicant reviews application criteria and requirements

Area of Need Application Checklist
Applicant completes checklist to prepare for the online application

Online Application
Applicant submits an online Area of Need application

Application Processing
Area of Need Team reviews and processes application

Chief Medical Officer Determination
WA Department of Health Chief Medical Officer reviews application and determines whether an Area of Need will be declared

Application Outcome Notification to Applicant
Applicant sent application outcome email (including Area of Need declaration details and certification if applicable)

Notification of New Area of Need Declaration to Australian Health Practitioner Regulation Agency (Ahpra)
WA Area of Need Program sends formal notification to Ahpra

6.0 Application process

6.1 Check if a suitable Area of Need declaration is already available

Employers are advised to contact the AoN Team before proceeding with an application to see if an AoN declaration is already in-place for the required location(s) and specialty that may be suitable to use.

Email areaofneed@health.wa.gov.au

Please specify the required AoN location(s) and specialty along with any other relevant information/context e.g. if a new AoN declaration is sought to replace one that is soon to expire.

6.2 Preparing your application

Before applying, applicants are advised to:

- review the **Area of Need Assessment Criteria** to ensure eligibility requirements will be met
- complete the **Area of Need Application Checklist** to prepare the required information and supporting documentation
- refer to the **Area of Need Application Guide** for further information
- contact the AoN Team if further clarity is required on application processes and requirements areaofneed@health.wa.gov.au

The documents above are published on the WA Area of Need website.

6.3 Submitting an application

- Allow 15-30 minutes to complete the online AoN application form
- Ensure your collated application information and documentation is ready to enter or upload
- Navigate to the online AoN application form via the link published on the WA Area of Need website
- Refer to the Area of Need Application Checklist, Guide and Assessment Criteria as you complete your application
- Save and return to your application if required (see next section)
- All fields in the application form are mandatory unless marked as optional.

6.4 Save and return to an online application

Applicants should only start an online application if they have prepared by completing the Area of Need Application Checklist and intend to submit the online application in one attempt; however, in unforeseen circumstances (interruptions etc) the applicant may wish to save and return to the online application using the steps below.

1. Select 'Save & Return Later' at the bottom of the online application form
2. Copy/write down the return code provided on the screen and select 'Close'
3. An option is provided to send an email with the link to the partially completed survey (application). Applicants will still need to make a note of the return code which is **not** provided in the email.
4. Close the screen

5. Navigate back to the application by one of the following methods:
- select the 'Apply' on the [WA Area of Need website](#) (as if starting a new application) then select 'Returning?' at the top right of the application form screen and enter your return code; or
- select the link provided in the email (if the email option was used in step 3) and enter your return code.

If you have misplaced your return code or would like to withdraw your partially completed application, please contact the AoN Team [areaofneed@health.wa.gov.au.](mailto:areaofneed@health.wa.gov.au)

Please note that incomplete applications will periodically be deleted from the system, unless the AoN team has been informed to the contrary, if they have not progressed to submission in a reasonable amount of time, have minimal details entered, or appear to be duplicate applications.

6.5   What happens after you submit your application?

When an online AoN application form is submitted, the applicant (nominated contact) will receive an automatic confirmation email with an application reference number and attached copy of the submission for their records.

The AoN Team will receive an automatic system notification of the new submission and proceed with processing the application.

AoN applications can take up to eight weeks to process and assess from the time a complete application (with all the required information) is received. This timeframe may be extended if the AoN Team are required to follow up with the applicant for further information.

6.6   Notification of application outcome

Once the WA Department of Health Chief Medical Officer (CMO) has reviewed the application and made their determination, the applicant (nominated contact) will be notified of the application outcome by email.

If the application was successful the application outcome email will include certification and details of the declared AoN e.g. declaration number, specialty, locations, expiry. The Australian Health Practitioner Regulation Agency (Ahpra) will be sent notification of new AoN declarations.

In some situations, an AoN application will not progress to the CMO for a determination, e.g. if the application assessment criteria are not met. The applicant will be notified of the application outcome and reason for not progressing and a new application will be required if an AoN declaration is still sought.

6.7   Appeals process

If an AoN application is unsuccessful, the applicant may choose to appeal the decision by submitting an appeal request within 28 days of the application outcome notification. Information on the appeals process including acceptable grounds for appeal can be found on the [WA Area of Need website.](#)

7.0 Application guidance by section

The online application is made up a number of sections to capture the required information and evidence to best inform an AoN determination.

The application form contains fields for input based on selections made by the applicant that will automatically hide fields or sections of the form that do not apply based on selections made by the applicant.

The guidance provided below covers all possible sections of the form.

7.1 Application contact and authority delegate

Contact person

- First and last name of officer responsible for all aspects of the application process i.e. the person completing the online application
- This must be a named individual i.e. not a designated team
- Enter one contact person only
- Include any titles to be used in correspondence e.g. Dr, Mr, Ms
- The nominated contact person can be updated (after submission) by email request to the AoN Team. A record of the original contact person/applicant will still remain on file.

Position / role

Example: Practice Manager

- Enter the role or position title of the specified contact person.

Health service / practice / organisation

The organisation of the contact person

- This may be an authorised third party organisation acting on behalf of a different organisation.

Address (full)

Example: Suite 2 157 Williams Street Hidden Valley WA 6111

Address of contact person's organisation

- This address may differ from the proposed Area of Need location(s).

Contact phone number

Example: 0891231234

- Enter without spaces
- Enter the best work number to reach the contact person (direct line if possible)
- Only one phone number can be provided in this field
- The contact phone number can be changed (after submission) by email request to the AoN Team.

Contact email address

- Enter one email address only
- Ensure the email address is entered correctly as important communications about the application and any subsequent AoN declaration will be sent to this address
- The contact email address can be changed (after submission) by email request to the AoN Team.

Have you been authorised by the employer(s) to act on their behalf throughout the Area of Need application process?

a) I am the Employer
b) Yes, I am an Authorised Delegate acting on behalf of my/the Employer
c) Yes, I have been nominated as an Authorised Agent (Third Party)

This question aims to establish that the person completing and signing the Application Form has the appropriate level of authority or delegation to submit the application.

Authorising employer's name (specific person) (if applicable)

• Enter the Authorising Employer's first and last name e.g. name of Practice Manager
• If applying on behalf of multiple organisations, please separate employer names entered in the free-text field using a semi colon.

Employer's organisation

Name of Authorising Employer's organisation

• If applying on behalf of multiple organisations, please separate the organisation names using a semi colon and enter in the corresponding order to match the employer names entered in the previous field.

Please attach the authorising Nomination of Third Party Letter(s) (if applicable)

• A Third Party Application Letter Template can be found on the WA Area of Need website
• 1 upload field is available – if an application is being made on behalf of multiple organisations, third party letters can be compiled and uploaded as 1 attachment or uploaded in the 5 available 'Additional Documentation' fields at the end of the form.

7.2 Service type and specialty

Service Type

a) General Practitioner Services
b) Non-GP Specialty Services

• This question identifies whether Distribution Priority Area (DPA) or District of Workforce Shortage (DWS) classification will apply to the application
• General Practitioner Services = DPA
• Non-GP Specialty Services = DWS.

Specialty service (selected from list)

• Select the specialty service (and sub-specialty if applicable) for the proposed AoN
• The specialty field will not display if 'General Practitioner Services' was selected as the service type as the specialty will have automatically defaulted to 'General Practice'
• Only one specialty (and sub-specialty if applicable) can be selected per application
• An asterisk (*) next to a primary specialty indicates that a sub-specialty must be selected from the indented list
• Selection of a sub-specialty is optional if the primary specialty does not have an asterisk

Specialty service options:

a) Addiction Medicine
b) Anaesthesia
c) Dermatology
d) Emergency Medicine
e) Intensive Care Medicine
f) Medical Administration
g) Obstetrics and Gynaecology
- Gynaecological oncology
- Maternal-Fetal Medicine
- Obstetrics and Gynaecological ultrasound
- Reproductive Endocrinology and Infertility
- Urogynaecology
h) Occupational and Environmental Medicine
i) Ophthalmology
j) *Paediatrics and Child Health
- General Paediatrics
- Child and adolescent psychiatry – select Psychiatry
- Clinical Genetics
- Community Child Health
- Cardiology
- Clinical Pharmacology
- Emergency Medicine
- Endocrinology
- Gastroenterology and Hepatology
- Haematology
- Immunology and Allergy
- Infectious Diseases
- Intensive Care Medicine
- Medical Oncology
- Neonatal and Perinatal Medicine
- Nephrology
- Neurology
- Nuclear Medicine
- Palliative Medicine
- Paediatric surgery – select Surgery
- Rehabilitation Medicine
- Respiratory and Sleep Medicine
- Rheumatology
k) Pain Medicine
l) Palliative Medicine
m) Pathology
- Anatomical Pathology (Including Cytopathology)
- Chemical Pathology
- Forensic Pathology
- General Pathology
- Haematology
- Immunology
- Microbiology

n) *Physician
- Cardiology
- Clinical Genetics
- Clinical Pharmacology
- Endocrinology
- Gastroenterology and Hepatology
- General Medicine
- Geriatric Medicine
- Infectious Diseases
- Medical Oncology
- Nephrology
- Neurology
- Respiratory and Sleep Medicine
- Rheumatology
o) Psychiatry
- Addiction Psychiatry
- Adult Psychiatry
- Child and Adolescent Psychiatry
- Consultation-Liaison
- Forensic Psychiatry
- Old Age Psychiatry
- Perinatal Psychiatry
- Psychotherapy
- Young Adult Psychiatry
p) Public Health Medicine
q) Radiation Oncology
r) Radiology
- Diagnostic Radiology
- Diagnostic Ultrasound
- Nuclear Medicine
s) Rehabilitation Medicine
t) Sexual Health Medicine
u) Sport and Exercise Medicine
v) *Surgery
- Cardiothoracic Surgery
- General Surgery
- Neurosurgery
- Oral and Maxillofacial Surgery
- Orthopaedic Surgery
- Otolaryngology-Head and Neck (ENT) Surgery
- Paediatric Surgery
- Plastic Surgery
- Urology
- Vascular Surgery

7.3   Proposed Area of Need location(s)

Area Type (for proposed Area of Need)

    a) Suburb(s)
    b) Local Government Area(s) (City/Shire/Town)
    c) Region(s)
    d) Statewide

- An application must reasonably support the proposed area type and location(s)
- AoN areas are based on the established geographical boundaries of suburbs, local government areas (LGAs), regions or statewide
- Applications from country/rural health services can be for any area type i.e. the proposed AoN does not necessarily need to be for region(s)
- A mixture of area types cannot be used i.e. the AoN must be for suburbs or LGAs or regions or statewide.

Locations

Applicants will select the specific suburb(s), LGA(s) or region(s) from drop-down menus

One application can be for:

- up to 15 suburbs; or
- up to 15 LGAs; or
- up to 5 regions; or
- statewide

Regions that can be selected are:

- Gascoyne
- Goldfields-Esperance
- Great Southern
- Kimberley
- Midwest
- Perth and Peel
- Pilbara
- Southwest
- Wheatbelt

Are there any exclusions to the area(s) specified?

    a) Yes
    b) No

- An applicant may wish to exclude part of a defined geographical area (e.g. part of a region) if it is not classified as a DPA or DWS and would prevent the application from meeting the assessment/eligibility criteria
- The Chief Medical Officer may exclude areas from an AoN declaration regardless of the proposed locations selected in the application.

Details of the excluded areas(s)

For example: 'excluding Perth statistical area'

- Free-text field

Letters of support for the application (optional)

For example: letters from Rural Health West, WA Country Health Service or other organisations with relevant expertise in the service need.

- While letters of support are optional, they are recommended for regional and statewide applications
- 1 upload field available - multiple documents can be compiled and uploaded as 1 attachment or uploaded using the 5 additional upload fields at the end of the form.

Statement of need

- Free-text field for applicants to provide a brief statement (no more than 750 characters) outlining why there is a need to employ an IMG in the proposed location(s)
- The statement may include details of the number of recruitment attempts, geographical pressures, or specify that the application is for an IMG who holds limited registration for area of need under an expiring AoN declaration and will require an extended period to complete their Australian qualification.

7.4   Employment locations / sites

Note: this section of the form is not completed for statewide or region applications

Name and address of employment locations/sites

- Free text field to enter the name and full address of the specific medical practice(s) / health service(s) where the IMG(s) will be employed to work.

7.5   Distribution Priority Area or District of Workforce Shortage status

Applicants will be asked to provide evidence of the current Distribution Priority Area (DPA) or District of Workforce Shortage (DWS) status of the proposed AoN location(s) or a valid exemption (19AB exemption).

- General Practice (GP) applications - DPA status or a valid exemption is required
- Non-GP Specialist applications - DWS status or a valid exemption is required

Current DPA and DWS locations are to be identified using the Australian Government's Health Workforce Locator Map.

Is the proposed Area of Need location currently classified as a DPA or DWS?

a) Yes
b) No

- DPA and DWS locations can be searched on the Health Workforce Locator Map

Evidence of current DPA or DWS classification

Example: a copy of a recent DPA/DWS determination email or a screenshot from the Health Workforce Locator Map

- 1 upload field available - multiple documents can be compiled and uploaded as 1 attachment or uploaded using the 5 additional upload fields at the end of the form.

DPA/DWS exemption (19AB exemption)

If the proposed AoN locations are not currently classified as a DPA/DWS applicants will need to specify the exemption that applies and provide evidence. Information on 19AB exemptions can be found on the Australian Government website.

Exemption options:

a) Aboriginal and Torres Strait Islander Primary Health Service Exemption
b) Assistance at Operations Exemption
c) Academic Exemption
d) Specialties in Acute Shortage Exemption
e) Locum Exemption
f) Spousal Exemption
g) Replacement Exemption
h) Previous DPA/DWS – practitioner using their original MPN (Medicare Provider Number)
i) CMO (Chief Medical Officer) pre-approved to apply – exceptional circumstances only
j) Multiple exemptions above
k) None of the above (application will cease)

- Employers must provide evidence of the granted exemption, exemptions are not self determined
- AoN declarations resulting from applications submitted with a DPA/DWS exemption will be limited for use to the doctor(s) to whom the DPA/DWS exemption applies
- If 'none of the above' is selected, the online application will cease as eligibility requirements will not be met.

Evidence of DPA/DWS exemption

Example: copy of 19AB email

- 1 upload field available - multiple documents can be compiled and uploaded as 1 attachment or uploaded using the 5 additional upload fields at the end of the form

7.6   Health service details

Note: this section of the form is not completed for statewide or region applications

Number of medical practitioners currently employed at the requesting health service(s) in the categories below

- Full-Time
- Part-Time
- IMGs with limited registration for area of need

A number must be entered into each of the fields above (enter '0' if there are no doctors in the category).

Health service business hours

- Weekdays (Monday to Friday)
- Saturday
- Sunday
- Public Holidays
- Additional Comments (optional)
- Upload Option (for multiple sites)

- Enter business hours into each of the free-text fields
- To provide business hours for multiple health services/sites enter an 'X' in each of the free-text fields and attach a single document capturing the business Hours for all applicable sites in the 'Upload Option' field.

7.7   Current Area of Need status

Are you aware of any Area of Need declaration(s) currently in place for the proposed location(s) and specialty service?

For example: a soon to expire AoN declaration

    a) Yes
    b) No (skip to labour market testing section)

Current Area of Need declaration number(s) and expiry date(s) (if applicable)

- Free-text field to enter the declaration number and expiry date

Is the application <u>solely</u> to support <u>currently</u> <u>contracted</u> doctors who already hold *limited registration for area of need* (for the proposed AoN locations and specialty) or a valid 19AB exemption?

    a) Yes
    b) No (skip to labour market testing section)

- For standard applications the answer to this question will be 'No' and evidence of labour market testing (LMT) will be required
- 'Yes' should be selected for 'extension applications' being made solely to support currently employed medical practitioners who already hold *limited registration for area of need* and are working in the proposed Area of Need location(s) and specialty
- If 'Yes' is selected, evidence of LMT will not be required however details of the currently contracted doctor(s) and their Australian qualification progress must be provided.

If you are unsure how to answer this question please contact the AoN Team to seek advice specific to your situation areaofneed@health.wa.gov.au.

Details of doctor(s) (if 'Yes' was answered in previous question)

- Full Name
- Ahpra registration number
- Expected date of Australian qualification/fellowship attainment
- Current AoN declaration number being used
- Evidence of current course progress (towards Australian qualification) (to be uploaded) e.g. results statement or letter from the relevant college

An AoN declaration resulting from an LMT exempt application will be limited for use to the doctor(s) specified in the application and named in the declaration certification.

7.8   Labour market testing

The underpinning philosophy of the AoN program is that the priority remains for an employer to continue their efforts to attract and recruit Australian-qualified medical practitioners.

Applicants must be able to demonstrate that LMT and advertising requirements outlined in the Area of Need Assessment Criteria have been met.

Position title

- Enter the title of the vacant position (as advertised)

Job description form or statement of duties for vacant position(s)

- Upload the job description form (JDF) or statement of duties which details the benefits, role and responsibilities of the vacant position
- 1 upload field available - multiple documents can be compiled and uploaded as 1 attachment or uploaded using the 5 additional upload fields at the end of the form.

Advertisement 1 (medical college or professional body)

Advertising forum (Ad 1)

Example: RACGP - Recruit GP

- Enter the name of the advertising forum i.e. publication/website
- The forum for advertisement 1 must be a relevant medical college or professional body.

Advertising start and end date (Ad 1)

- Enter the advertising start and end dates (for Ad 1)
- A minimum of 4 consecutive weeks (28 days) of advertising must have taken place within the last 6 months.

Evidence of advertisement and proof of advertising date and duration (Ad 1)

For example: a copy of the advertisement when it was live and a copy of the advertising booking showing dates and duration

- 2 upload fields available
- Refer to the [Area of Need Assessment Criteria](#) to ensure that proof and evidence provided will clearly demonstrate that the advertising requirements have been met.

Advertisement 2 (State / National)

Advertising forum (Ad 2)

- Enter name of State/National advertising forum i.e. publication/website

Advertising start and end date (Ad 2)

- Same requirements as Ad 1

Evidence of advertisement and proof of advertising date and duration (Ad 1)

- Same requirements as Ad 1.

7.9 Outcome of labour market testing

Did any Australian qualified doctors apply for the advertised vacancy?

    a) Yes
    b) No

Number of Australian qualified doctors who applied (if applicable)

- Enter number

Were all the Australian qualified doctors offered employment? (if applicable)

    a) Yes
    b) No

Brief statement explaining why the Australian qualified doctor(s) were not offered employment (if applicable)

- Do not include names or confidential details of applicants

Did any Australian qualified doctors decline an employment offer or withdraw their application? (if applicable)

    a) Yes
    b) No

Without breaching confidentiality, please provide the reason for which the doctor(s) declined or withdrew (if applicable)

Example: 'offered employment elsewhere', 'change in personal circumstance'

- Free text field
- Do not include names or confidential details of applicants.

Did any doctors who will require *limited registration for area of need*, apply?

    a) Yes
    b) No

Were any of these doctors offered a contract, subject to registration with the Medical Board of Australia? (if applicable)

    a) Yes
    b) No

7.10   Additional information (optional)

Additional comments (optional)

- Optional free-text field to enter any additional comments

Additional Documentation (optional)

- 5 optional upload fields for additional documentation.

7.11   Declaration and submission

Declaration

By signing and submitting this application, I, the Employer, Authorised Agent or Authorised Delegate, confirm that all information provided in this application is true, correct and complete.

- The authorised person completing the online application must sign the declaration shown above by selecting 'add signature' at the end of the form. The signature is made on-screen using a mouse/touchpad – these signatures do not have to be perfect but will formally confirm an applicant's declaration.

Submit application

- Once the 'Submit' button has been selected the applicant will be prompted with an on screen message if mandatory fields still require completion
- When an application is successfully submitted a message will display on the screen and an automatic confirmation email will be sent to the applicant with an attached copy of the submission
- The AoN Team will receive automatic notification of the submission and begin to process the application.