

New Doctor Checklist



GP Details

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Phone (H): _____ Mobile: _____

Email: _____

Next of Kin: _____

Phone: _____ Relationship: _____

Emergency contact: _____

Phone: _____ Relationship: _____

Employment Details	Details	Copy Received		Date
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Provider Number (Location Specific)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Prescriber Number		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Medical Board of Australia AHPRA www.ahpra.gov.au	Number: Expiry:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Medical Indemnity Cover	Number: Expiry:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
QA & CPD Number:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Employment/Service Agreement		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Tax File Number		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Australian Business Number (ABN)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Banking Details Form		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Superannuation		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Additional Notes:				

Forms To Be Completed

Medicare Australia	Details	Copy Received		Date
Provider Number Application (Location Specific)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Additional Provider Number Application (Location Specific)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Prescriber Number		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Payee Provider—Banking Detail Form		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Register for online Claiming -(For GPs who have not used online claiming before)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Register Healthcare Professional Individual Certificate Application for PIP eHealth Incentive—PKI		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Application for Recognition as a GP		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Vocational Registration Eligibility		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
ACIR— Register as an immunisation Provider		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
ACIR—Bank account details for immunisation Provider		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
ACIR—46E agreement		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
General Practice Immunisation Report Incentives Report (GPII020A) request		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
PIP—Part G Form		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
SIP— Banking Detail Form		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
90 Day Cheque Agreement		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Health Professional Online Services (HPOS)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Register Prescription Shopping Program		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Register National Bowel Cancer Screening Program		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
DVA— Information for Medical Practitioners	DVA Website	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
National Prescribing Service (NPS)	Clinical Audits and activities For PIP	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Additional Notes				

Tasks To Be Completed

Description	Details	Completed		Date
Administration				
After Hours—advise of arrangement for After Hours/advise Medical Deputising Service of additional GP		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Application for membership of Division		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Notify Division of New GP		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Business Cards		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Advertising—Public Notices		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Computers				
User Name and Password for clinical software program		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
User Name and Password for management software program		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Set up sessions and appointment times in appointment book		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Notify software provider of new user		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Install PKI		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Set up & Install secure messaging www.nehta.gov.au/PIP-vendors		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Pathology				
QML		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sullivan & Nicolaides		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Gribbles		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Radiology				
QDI		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Southern XRay		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Workcover—payment detail form		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Workcover—provider online		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Tasks To Be Completed

Orientation	Details	Completed		Date
Practice				
Introduce to other GPs and Staff		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Tour of practice and medical equipment		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Rosters		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Telephone protocols		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Dr Preferences form to be completed		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
MBS Online & billing procedures		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
List of Common Item Numbers		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Policy & Procedure Manual		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Computers				
User Name and Password for clinical software program		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
User Name and Password for management software program		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
How to use knowNOW!		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
How to use secure messaging		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
How to use internal messaging		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Training in clinical and management Software programs		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Clinical				
Clinical guidelines		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Oxygen—PrimaryCare Sidebar				
RACGP standards		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Pathology and X-ray facilities		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Local Hospitals		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Referrals		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Drs preferences (see under Practice)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
ECG		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Spirometry		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Drs Bag orders/Prescription Pads		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Safe, Key and protocols for S8 Drugs		Yes <input type="checkbox"/>	No <input type="checkbox"/>	