



Re-entry to practice and retraining policy

Re-entry to practice following a prolonged absence and retraining pathways for Fellows

Purpose and scope

The Vision of the College is to pursue excellence in the delivery of health care to women throughout their lives. The RANZCOG re-entry and retraining policy has been developed to support the Vision by assisting RANZCOG Fellows who wish to return to active practice following a prolonged absence or who have identified themselves, or have been identified by a Regional Health Board, Medical Board or Medical Council, as requiring retraining.

The RANZCOG re-entry and retraining policy provides pathways for supervised return to clinical practice after an extended period of absence. This may have been for a variety of reasons, e.g. prolonged illness, parental leave, absence following resignation or retirement or other extended periods of non-clinical work. The College recognises the need to provide a formal structure to address the potential loss of confidence and reduction of skills resulting from a prolonged period of absence.

This document provides a pathway for Fellows or retired Fellows seeking re-elevation to Fellowship.

Pathways for re-entry or retraining require an individual to recognise that their knowledge and skill may not be at the same level as when engaged in active practice and that this should be balanced with his or her level of experience. It is the responsibility of the Fellow who has had an extended period of absence from practice, or who is undertaking retraining, to self-assess their knowledge and skill levels and discuss it with a colleague or supervisor prior to resuming practice. A re-entry or retraining plan will generally be developed to address those areas of clinical competence in which the Fellow intends to practice (subject to appropriate health jurisdiction credentialing). This document provides guidance to those who require a re-entry pathway and to those who require a retraining pathway.

1. Re-entry pathways

The aim of the re-entry pathways is to enable a Fellow who has had a prolonged period of absence from clinical practice, or an element of practice, to return to active clinical practice by demonstrating the same standard of safe practice as his/her peers.

The RANZCOG re-entry pathways are based on the framework established for the RANZCOG curriculum which outlines the essential attributes and key competencies expected for clinical competency across and within the three domains of:

Clinical Expertise (medical expertise and effective communication);

Academic Abilities (self-learning and research abilities and the capacity to teach); and

Professional Qualities (management responsibilities, practice review and development, teamwork, ethical attitudes and conduct, a commitment to what is best for the patient and health advocacy).

On returning to active practice following an absence it is a requirement that the following be completed relevant to the period of absence:

- [Pathway for an absence from practice of up to and including 12 months](#)- there are no additional requirements that have to be met¹. Fellows are strongly encouraged to seek out a suitable mentor (Fellow of the College in good standing) to discuss their return to work.

- [Pathway for an absence from practice of between 13 months and up to and including 24 months](#)- Fellows must complete a minimum of one years' CPD activities ie minimum of 50 CPD points, relevant to their intended scope of practice and designed to maintain and update their knowledge and clinical judgement¹. The CPD activities must be completed and logged in CPD online prior to recommencement of practice. Fellows are also strongly encouraged to seek out a suitable mentor (Fellow of the College in good standing) to discuss their return to work.
- [Pathway for an absence from practice of more than 24 months](#)- a formal plan for re-entry to practice is required.

Where a Fellow is returning to practice after an absence of more than 36 months they are also required to complete the specific re-entry requirements in accordance with the relevant Regulatory Authority ie Medical Board of Australia¹ or Medical Council of New Zealand².

2. Formal plan for re-entry to practice pathway

Where a Fellow has had an absence from practice of more than 24 months (including returning from retirement) they are required to:

- select an appropriate supervisor (should be a Fellow of the College in good standing) to discuss their return to work and supervision requirements. In the event that the Fellow is unable to find a suitable supervisor, contact should be made with the hospital Credentialing Committee.
- complete a formal plan for re-entry to practice. The Fellow will identify the key clinical skills required to resume practice and to make a self-assessment of their current skill level. The College has developed a 'Plan for re-entry to practice' application form. This is available online (https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/CPD/Re-entry-plan.pdf).

The Fellow considering re-entry to practice should refer to the following documents when undertaking a self-assessment:

- The College Statements C-Gen 19 and C-Gen 20 provide information about the attributes, key competencies and scope of practice expected of a RANZCOG Fellow;
- The Clinical Training Reports that form the basis of the 6 monthly summative reports for RANZCOG Advanced Trainees and;
- Procedural and Surgical Skill levels expected as outlined in the RANZCOG Curriculum

¹ Medical Board of Australia, Registration standard: Recency of practice, effective from 1 October 2016.

² Policy on doctors returning to medical practice after an absence from practice for three or more years. Medical Council of New Zealand June 2004.

- Fellows returning to public hospital practice should be supported by the hospital infrastructure and the credentialing requirements. An appropriate training and assessment plan should be tailored to enable the Fellow to resume practice in his/her specified practice profile.
- For Fellows returning to private practice it is recommended that consideration be given to a clinical attachment focusing on the key clinical skills required.
- All processes must be underpinned by the principles of natural justice, namely a right to be heard and freedom of bias from the procedure. Advice on developing an appropriate re-entry to practice plan will be provided on request to the RANZCOG Chair Fellowship Review Committee and the Director of Education and Training.

2.1 Developing a plan for re-entry to practice

A RANZCOG plan for re-entry to practice will include:

- information about the proposed employer;
- information about the proposed scope of practice;
- information about previous clinical experience;
- a self-assessment identifying learning needs and goals for achieving competency in each of the RANZCOG domains Clinical Expertise, Academic Abilities and Professional Qualities- refer to College Statement C-Gen 20;
- a plan for Continuing Professional Development;
- a plan for supervision including-
 - monitoring that aligns with the requirements of the relevant Registration Authority;

- review of progress (including a 360 Multisource Feedback [MSF]) at a pre-determined time after commencing implementation of the re-entry plan. The MSF developed for Advanced Trainees will meet the criteria for this assessment;
- logbook of de-identified cases; and
- performance assessment based on RANZCOG clinical training reports and Procedural and Surgical Skills Assessment Forms applicable to RANZCOG Advanced Trainees
- an anticipated timeframe for implementing and completing the re-entry to practice plan.

The plan will be submitted to the College Fellowship Review Committee for consideration. The Fellow and supervisor will be notified of the decision of the Committee. If the plan is approved the Fellow can implement their plan for re-entry to practice.

2.2 Re-entry to practice report

At the conclusion of the agreed timeframe for implementing the plan for re-entry to practice, the supervisor will prepare a report for the Fellowship Review Committee. The report will include the extent to which the goals of the plan have been achieved. The report will include:

- reference to
 - areas of practice and knowledge identified at the commencement of the re-entry period requiring specific attention;
 - RANZCOG Curriculum and;
- the outcome of Hospital Credentialing with details of the Fellow's approved scope of clinical practice;
- review of progress (including the 360 Multisource Feedback [MSF]);
- logbook of de-identified cases and;
- performance assessments (RANZCOG clinical training reports and Procedural and Surgical Skills Assessment Forms applicable to RANZCOG Advanced Trainees)

2.3 Re-entry to practice outcome

- Following consideration of the report by the Fellowship Review Committee, the College will communicate to the Fellow the outcome of their re-entry to practice report.
- If the goals of the re-entry to practice plan have not been satisfactorily achieved, the College may communicate this to the appropriate Medical Board or Medical Council.

3. Retraining pathway

The aim of the retraining pathway is to enable the Fellow to achieve the same standard of safe practice as his/her peers on return to unsupervised clinical practice. Retraining is directed at those areas of clinical competence in which the Fellow intends to practice (subject to appropriate health jurisdiction credentialing).

3.1 Retraining guidelines for Fellows

The RANZCOG retraining pathway has been developed to assist Fellows who have identified themselves, or have been identified by a Regional Health Board, Medical Board or Medical Council, as requiring retraining.

3.2 Retraining request process

Requests for retraining of RANZCOG Fellows may come from:

- the Fellow who has self-identified the need for retraining and who does not currently have any formal requirement for retraining in place from an overseeing or regulatory authority, or
- Regional Health Authorities, Medical Boards or Medical Councils.

All requests must be made in writing to the President or Chief Executive Officer.

- Following receipt of the retraining request, a College Vice-President will be assigned to oversee the process.

- In consultation with the Regional Chair, the Subspecialty Chair, in the case of a Subspecialist, and others as appropriate, the Vice-President will review the retraining request to determine if retraining is appropriate. All processes must be underpinned by the principles of natural justice, namely a right to be heard and freedom of bias from the procedure.

In this determination, consideration will be given *inter alia* to:

- adverse events, complaints or Medical Board reports of unsatisfactory performance and;
- if the Fellow is not currently practicing, the length of time since the Fellow was in active practice.

Key areas of concern and/or deficiencies in clinical practice will be identified.

- If following the review it is considered that retraining is not appropriate, this will be communicated to the person or organisation making the request, and reasons for the decision provided.
- If retraining is considered appropriate, the Vice-President will select an appropriate supervisor to co-ordinate a retraining plan focusing on the key areas of concern.

3.3 Developing a retraining plan

In consultation with the supervisor and the Fellow, a plan for retraining will be developed, including at least the following elements:

- information about proposed employer;
- information about proposed scope of practice;
- information about previous clinical experience;
- a self-assessment identifying learning needs and goals for achieving competency in each of the RANZCOG domains Clinical Expertise, Academic Abilities and Professional Qualities- refer to College Statement C-Gen 20;
- a plan for Continuing Professional Development;
- a plan for supervision including-
 - monitoring that aligns with the requirements of the relevant registration body;
 - review of progress (including a 360 Multisource Feedback [MSF]) at a pre-determined time after commencing implementation of the retaining plan. The MSF developed for Advanced Trainees will meet the criteria for this assessment;
 - logbook of de-identified cases and;
 - performance assessment based on RANZCOG clinical training reports and Procedural and Surgical Skills Assessment Forms
- an anticipated timeframe for implementing and completing the retraining.
- Supervision must be at least at the level appropriate for a College trainee in the Advanced Training program.
- The supervisor and the Fellow must agree on the need for retraining and on the content and possible outcomes of the retraining plan for retraining to commence. The retraining plan must be submitted to the Vice-President for approval. The Fellow and supervisor will be notified of the decision of the Vice-President. If the retraining plan is approved the Fellow can commence retraining.
- Clinical privileges and medical indemnity for the Fellow in the training institution must be in place.
- Indemnity for the Vice-President must be confirmed in writing through the relevant Regional Health Authorities/Medical Board/Medical Council or Regulatory Health Authority or other body requesting the assessment. Where the request originated from a College Fellow, the Vice-President must satisfy him/herself that he/she is appropriately indemnified through either the College Insurer or some other vehicle (e.g. the medical insurer of the Fellow or the Vice-President).
- The Fellow should be encouraged to seek support from a colleague or may be offered the support of an independent RANZCOG Councillor/Regional Committee member.

3.4 Retraining report

At the conclusion of the retraining timeframe, the supervisor will prepare a report for the Vice-President. The report will include the extent to which the goals of retraining have been achieved.

The report will include:

- reference to
 - areas of practice and knowledge identified at the commencement of the re-entry period requiring specific attention;
 - RANZCOG Curriculum and;
- the outcome of Hospital Credentialing with details of the Fellow's approved scope of clinical practice;
- review of progress (including the 360 Multisource Feedback [MSF]);
- logbook of de-identified cases and;
- performance assessments (RANZCOG clinical training reports and Procedural and Surgical Skills Assessment Forms applicable to RANZCOG Advanced Trainees)

3.5 Retraining outcome

- Following consideration of the report by the Board, the Vice-President will communicate with the person or organisation making the request.
- If the goals of retraining have not been satisfactorily achieved, the Board may communicate this to the appropriate Medical Board or Medical Council.

4. Retired Fellows seeking reinstatement to Active Fellowship

Retired Fellows wishing to be reinstated to active Fellowship must apply in writing to the Chair, Fellowship Review Committee and provide documentation as per the requirements of the relevant duration of absence. The re-entry or retraining plan must be developed in consideration of regional medical board or medical council requirements.

The Fellowship Review Committee will review the application and recommend a re-entry or retraining pathway based on the applicant's proposed clinical profile and the duration of the absence from practice.

5. Recertification (Continuing Professional Development) requirements for retired Fellows seeking reinstatement to active Fellowship

Where a Fellow retires from practice during a compulsory recertification period (i.e. 3-year CPD cycle) and is reinstated to active Fellowship within a period of two (2) years from having retired from clinical practice¹, the Fellow in question will be required to complete the recertification requirements in place at the time of retirement, with the timeframe for such completion extended by the period for which the Fellow was retired.

¹Taken from the date on the correspondence indicating receipt by the College of the Fellow's completed Retirement Declaration Form

6. Monitoring and evaluation

This policy and the impact on the outcomes of Fellows re-entry or retraining pathway following the processes outlined will be monitored and evaluated by the College's Fellowship Review Committee.

7. Other suggested reading

- Academy of Medical Royal College (AOMRC): Return to practice guidance, April 2012.
- Australian Safety and Quality Council. National Guidelines for Credentials and Clinical Privileges, July 2002.
- Epstein, R.M Hundert E.M. Defining and Assessing Professional Competence, JAMA, Vol 287, No 2. 226-235.

- Medical Board of Australia: Information on Returning to Practice, effective 1 October 2016.
- Medical Board of Australia: Registration Standard: Continuing Professional Development, effective 1 October 2016.
- Medical Board of Australia: Registration Standard: Recency of practice, effective 1 October 2016.
- Medical Council of New Zealand, Standards and guidelines.
- Policy on doctors returning to medical practice after an absence from practice for three or more years. Medical Council of New Zealand June 2004.
- RANZCOG Curriculum, 3rd edn 2015.
- Report of an RCOG Working Party: Discussion Document on Further Training for Doctors in Difficulty, April 2002.

7.1 Related RANZCOG documents

- College Statements C-Gen 19
- College Statements C-Gen 20

Appendix Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.

Policy Revision	1
Policy Owner	Education Development
Policy Approved By	RANZCOG Board, November 2016
Review of Policy	As required or no later than November 2018