The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Excellence in Women's Health

Re-entry guidelines following a prolonged period of absence from practice and retraining programs for Fellows

This statement has been developed and reviewed by the Fellowship Review Committee and approved by the RANZCOG Board and Council.

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1. Introduction

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 programs have 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.

1.1 Re-entry Guidelines

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

1.2 Retraining Program

The RANZCOG retraining program has been developed to assist Fellows who have identified themselves and those who have been identified by a Regional Health Board, Medical Board or Medical Council, as requiring retraining. The aim of the retraining program is to enable the Fellow to achieve the same standard of safe practice as his/her peers on return to unsupervised clinical practice (refer to retraining program for Fellows later in this document). Retraining is directed at those areas of clinical competence in which the Fellow intends to practice (subject to appropriate health jurisdiction credentialing).

2. Re-entry Guidelines following a prolonged period of absence from practice

The RANZCOG re-entry program is 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 Qqualities (management responsibilities, practice review and development, teamwork, ethical attitudes and conduct, a commitment to what is best for the patient and health advocacy).

The aim of the re-entry program 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.
It is the responsibility of the Fellow who has had an extended period of absence from practice to self-assess their knowledge and skill levels and discuss it with a colleague or supervisor prior to resuming practice. It is the individual's responsibility to recognise that knowledge and skill may not be at the same level as when engaged in active practice and that it should be balanced with his or her level of experience. This document provides a pathway for Fellows or retired Fellows seeking re-elevation to fellowship.

2.1 Fellows

It is not unusual for Fellows to take 12 to 18 months leave from their practice. RANZCOG recommends that, on returning to active practice following an absence of:

- Between one and two years a minimum of one year's pro rata of CPD activities must be completed;[1]

[1] Medical Board of Australia, Continuing professional development registration standard 27 April 2010.

- Two years or longer, a formal re-entry pathway be followed. The Medical Council of New Zealand policies specify that if a practitioner has not had an annual practising certificate for three years then the Medical Council requires that 'the doctor must submit a detailed induction plan'.[2]

Fellows are advised to select an appropriate mentor (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 mentor, contact should be made with the hospital Credentialing Committee.

It is the Fellow's responsibility to identify the key clinical skills required to resume practice and to make a self-assessment of current skill level. The Clinical Training Reports that form the basis of the 6 monthly summative reports for RANZCOG Advanced Trainees, should form the basis for the Fellow's self-assessment. In addition, the Fellow considering re-entry via a mentored and supervised position should refer to the Procedural and Surgical Skill levels expected as outlined in the RANZCOG Curriculum to guide the re-entry process.

In addition, the College Statements C-Gen 19 and C-Gen 20 provide further information about the attributes, key competencies and scope of practice expected of a RANZCOG Fellow.

Fellows returning to public hospital practice will be supported by the hospital infrastructure and the credentialing requirements. An appropriate training and assessment program 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. RANZCOG has developed a model for re-entry (see Model Re-entry Program).

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 an appropriate re-entry program will be provided on request to the RANZCOG Chair CPD Committee and Director of Women's Health. Fellows may choose to participate in the formal RANZCOG retraining program, details of which are outlined in the Retraining Program for Fellows in this document.

2.2 Recertification (Continuing Professional Development) Requirements for retired Fellows Reinstated 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 practice[3], 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.

2.3 Model Re-entry Program

A RANZCOG program will include a self-assessment and/or training in:

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[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.

[3] Taken from the date on the correspondence indicating receipt by the College of the Fellow's completed Retirement Declaration Form.

- clinical skills combining medical expertise and effective communication;
- professional and management responsibilities, practice review and development, teamwork, ethical attitudes and conduct, a commitment to what is best for the patient and health advocacy; and
- academic skills such as self-learning, research and teaching abilities.

Competency in all of the above 3 domains as outlined in the Clinical Training Summary for Advanced Trainees and the College Statement C-Gen 20, can form the basis for re-entry pathway. It is recommended that any re-entry program should have clearly articulated:

- goals;
- expected outcomes;
- clear timeframes;
- allocated time for regular feedback to the Fellow; and
- performance assessment based on RANZCOG clinical training reports and Procedural and Surgical Skills Assessment Forms. .

The Fellow and mentor should:

- negotiate the length of the re-entry program, depending on the requirements of the registration body;
- maintain a training logbook;
- sign off on the training period; and
- undergo a 360 degree Multi Source Feedback (MSF) at a pre-determined time after commencing supervised re-entry training. The MSF developed for Advanced Trainees will meet the criteria for assessment of a Fellow on a pathway to FRANZCOG re-entry.

2.4 Retired Fellows seeking reinstatement to Fellowship

Retired Fellows wishing to be reinstated to active Fellowship must apply in writing to the Chair, Fellowship Review Committee. The Fellowship Review Committee will review the application and recommend a re-entry or retraining program based on the applicant's proposed clinical profile. The re-entry or retraining program will be developed in consideration of regional medical board or medical council requirements.

3. Retraining program for Fellows

The aim of the retraining program is to enable the Fellow to achieve the same standard of safe practice as his/her peers on return to unsupervised clinical practice.

3.1 Retraining Process

1. Requests for retraining of RANZCOG Fellows from Regional Health Authorities, Medical Boards or Medical Councils must be made in writing to the President or Chief Executive Officer.

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

3. 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 a retraining program is appropriate.

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

   - adverse events, complaints or Medical Board reports of unsatisfactory performance; and
   - the length of time since the Fellow was in active practice.

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

4. If, following the review, it is considered that retraining is not appropriate, this will be communicated to the person or organisation making the request, with reasons.

5. If retraining is considered appropriate, the Vice-President, will select an appropriate supervisor to co-ordinate a clinical attachment focusing on the key areas of concern (in a request from a Medical Board or Medical Council).

6. In consultation with the supervisor and the Fellow, a retraining program will be developed, including at least the following elements:

   - goals (utilising a combination of the competencies outlined in the Clinical Training Summary Reports for Advanced Trainees and Procedural and Surgical Skills Assessment Forms.;
   - expected and other possible outcomes;
   - clear timeframes;
   - allocated time for regular feedback to the Fellow; and
   - performance assessment based on RANZCOG training assessment reports, including but not limited to, a 360 degree Multi Source Feedback assessment.

   6.1 The supervisor and the Fellow must agree on the need for retraining and on the content and possible outcomes of the program for the program to continue.

   6.2 Clinical privileges and medical indemnity for the Fellow in the training institution must be in place. Indemnity for the Vice-President must be confirmed 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).

6.3 Supervision must be at least at the level appropriate for a College trainee in the Advanced Training program..

6.4 The Fellow undergoing retraining should maintain a logbook.

7. 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.

8. At the completion of the retraining program, the supervisor will prepare a report for the Vice-President on the program, including the extent to which the goals of the program have been achieved, and the results of the Multi Source Feedback, with specific reference to:

8.1 Areas of practice and knowledge identified at the commencement of the re-training period requiring specific attention.

8.2 The RANZCOG Curriculum.

8.3 The proposed scope of practice for the clinician undergoing re-entry/retraining.

9. Following consideration of the report by the Board, the Vice-President will communicate with the person or organisation making the request.

10. If the goals of the retraining program have not been satisfactorily achieved, the Board may communicate this to the appropriate Medical Board or Medical Council.

11. A program of practice review and clinical risk management will be instituted as part of the Fellows CPD requirements. This should include;

- monitoring key learning objectives; and
- evaluation of on-going performance.

4. Other suggested reading

1. Medical Board of Australia: Continuing professional development registration standard, 27 April 2010.
2. Medical Board of Australia: Recency of practice registration standard, 27 April 2010.
3. Medical Board of Australia: Information on Returning to Practice and Plan for professional development and re-entry to practice, 13 April 2011.
4. RANZCOG Curriculum,2013.
5. Medical Council of New Zealand, Standards and guidelines.
6. RCOG: Advice on returning to clinical work after a period of absence, May 2010.
7. Epstein, R.M Hundert E.M. Defining and Assessing Professional Competence, JAMA, Vol 287, No 2. 226-235.
8. Australian Safety and Quality Council. National Guidelines for Credentials and Clinical Privileges, July 2002.
9. Report of an RCOG Working Party: Discussion Document on Further Training for Doctors in Difficulty, April 2002.
10. RANZCOG: SIMG Competency Maps and Resources, 2011.
11. RANZCOG: SIMG Competencies Assessment Form 2011.
12. Policy on doctors returning to medical practice after an absence from practice for three or more years.' Medical Council of New Zealand June 2004.
13.

5. Links to other College statements

(C-Gen 15) Evidence-based Medicine, Obstetrics and Gynaecology
http://www.ranzcog.edu.au/doc/evidence-based-medicine-obstetrics-and-gynaecology-c-gen-15.html

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.