Re-entry to Practice Supervisor Report

At the conclusion of the agreed timeframe for implementing the plan for re-entry to practice, the principal supervisor must complete this report for the Fellowship Review Committee to provide feedback on the Fellow’s performance and extent to which the goals of the plan have been achieved.

If you require any support in completing this report, please contact [cpd@ranzcog.edu.au](mailto:cpd@ranzcog.edu.au).

## Please submit the completed Report to [cpd@ranzcog.edu.au](mailto:cpd@ranzcog.edu.au?subject=Submission%20of%20Re-entry%20to%20practice%20supervisor%20report%20for%20-%20[add%20practitioner%20First%20Name%20and%20Last%20Name]) for review by the Fellowship Review Committee.

Re-entry to Practice Supervisor Report

Principal Supervisor

1. **Fellow returning to practice**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First name:** |  | | **Last name:** |  |
| **RANZCOG ID:** |  | | **Email:** |  |
| **Date report is being completed** | | Click or tap to enter a date. | | |

|  |  |
| --- | --- |
| 1. **Principal Supervisor** |  |
| **Name of principal supervisor** |  |
| **Organisation/ institution:** |  |
| **Position of principal supervisor:** |  |
| **RANZOCG ID** |  |

1. **To what extent have the goals of the Re-entry to Practice Plan been achieved? Please complete the following four questions:**

|  |  |  |
| --- | --- | --- |
| **1** | **Are there any areas of practice and knowledge identified at the commencement of the re-entry period requiring specific attention?**  **If yes, please describe.** | *Type your answer here* |
| **2** | **What was the outcome of Hospital Credentialing?**  **If no, please state reasons.** | *Type your answer here* |
| **3** | **If the Hospital Credentialing was approved, please provide details of the Fellow’s approved scope of clinical practice.** | *Type your answer here* |
| **4** | **Provide a summary of the practitioner’s performance review outcomes against the areas described in the Plan, eg log books, record reviews, audit, APSS, multi-source feedback - MSF)** | *Type your answer here* |

1. **Principal Supervisor Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor Name:** |  | **Date:** | Click or tap to enter a date. |
| **Signature:** |  | | |

## Please submit this Report to [cpd@ranzcog.edu.au](mailto:cpd@ranzcog.edu.au?subject=Submission%20of%20Re-entry%20to%20practice%20supervisor%20report%20for%20-%20[add%20practitioner%20First%20Name%20and%20Last%20Name]) for review by the Fellowship Review Committee.