Re-entry to Practice Plan

The Plan for re-entry to practice is designed to support a Fellow who has had an absence from practice of more than 24 months (including returning from retirement). Please refer to the [Re-entry to Practice and Retraining Policy](https://ranzcog.edu.au/wp-content/uploads/2022/04/Re-entry-to-practice-and-retraining-policy.pdf).

The Fellow is required to identify the key clinical skills required to resume practice and to make a self-assessment of their current skill level. Please contact cpd@ranzcog.edu.au if you require further support in completing this Plan.

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

* The [RANZCOG Code of Conduct](https://ranzcog.edu.au/wp-content/uploads/2022/04/Code-of-Conduct.pdf) which provides information about the attributes expected of a RANZCOG Fellow;
* [FRANZCOG Curriculum](https://ranzcog.edu.au/wp-content/uploads/2022/05/FRANZCOG-Curriculum.pdf) which provides information about the key competencies and abilities required 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 [FRANZCOG Curriculum](https://ranzcog.edu.au/wp-content/uploads/2022/05/FRANZCOG-Curriculum.pdf)
* [Medical Board of Australia (MBA) Registration standard: Recency of practice, effective from 1 October 2016.](https://www.medicalboard.gov.au/News/2016-09-29-revised-registration-standards.aspx)

* [Medical Council of New Zealand (MCNZ) 2Policy on doctors returning to medical practice after an absence from practice for three or more years. Effective from January 2018.](https://www.mcnz.org.nz/assets/Policies/e2705b1046/Policy-on-returning-to-practice-after-three-years.pdf)

## Please submit the completed Plan to CPD@RANZCOG.edu.au for review by the Fellowship Review Committee.

Plan for re-entry to practice

Practitioner

This plan should be completed in consultation with a nominated Supervisor.

1. **Applicant details and history**

|  |  |  |  |
| --- | --- | --- | --- |
| **First name:** |   | **Last name:** |   |
| **RANZCOG ID:** |   | **Email:** |   |
| **Workplace where re-entry program will be undertaken:**  |  |
| **Please give details of your employer’s proposed orientation program:** |   |

 **Most recent previous clinical role. Give dates of practice in this role:**

*(Attach documentation such as copies of recent performance practice reviews, if available.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date commenced:** |   | **Date ended:** |  Click or tap to enter a date. |
| **Name of employer:**  |  |
| **Name of organisation:** |   |
| **Specialty:** |  |
| **Role:** |  |
| **Description of role:** |  |

 **Additional previous clinical role. Give dates of practice in this role:**

*(Attach documentation such as copies of recent performance practice reviews, if available.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date commenced:** |   | **Date ended:** |  Click or tap to enter a date. |
| **Name of employer:**  |  |
| **Name of organisation:** |   |
| **Specialty:** |  |
| **Role:** |  |
| **Description of role:** |  |

1. **Learning needs analysis**

A learning needs analysis (LNA) aims to:

* Consider the knowledge and skills that are required for the proposed position in order to determine any gaps in knowledge and skills.
* Develop a program to address the learning needs.

Learning needs are divided into the three RANZCOG domains – **Clinical Expertise, Academic Abilities and Professional Qualities** – and include learning needs identified by the Medical Board of Australia (MBA) and Medical Council of New Zealand (MCNZ), appropriate to assess re-entry to practice.

Using the tables below, for each domain required:

* List the gaps in knowledge and skills (refer to curriculum document attached)
* List the goals to be achieved, expected outcomes and timeframes
* List Continuing Professional Development, training, or programs to be completed

*Reference:* [*RANZCOG Curriculum 2017*](https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Training%20and%20Assessment/Specialist%20Training/Curriculum%20and%20Handbook/RANZCOG-Curriculum.pdf)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| RANZCOG Key Competency Domain | List Gaps in knowledge or skills | List goals to address gaps | List expected outcome | Time frame to achieve goals | Self-Assessment of goal achievement  | Continual professional development plan |
| 1. Clinical expertise (CE)
 |  |  |  |  |  |  |
| 1. Academic abilities and (AA)
 |  |  |  |  |  |  |
| 1. Professional qualities (PQ)s
 |  |  |  |  |  |  |

1. **Continuing Professional Development (CPD) activities**

List any professional development activities you have undertaken in the **12 months** **before** the submission of your plan:

*References:* [*RANZCOG CPD Framework*](https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/CPD/CPD-Framework-September-2020.pdf) *;* [*RANZCOG Guide To CPD*](https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/CPD/RANZCOG-Guide-to-CPD.pdf)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Activity or Program** | **Provider** | **Month/year** | **Hours per activity**  | **RANZCOG CPD Framework Domain (EA, OM, PR)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |

Describe the Continuing Professional Development activities that you plan to undertake in the **next 12 months**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Activity or Program** | **Provider** | **Month/year** | **Hours per activity**  | **RANZCOG CPD Framework Domain (EA, OM, PR)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |

1. **Supervision and feedback**

When a practitioner returns to work after a period of absence, RANZCOG expects that they will have support and supervision for safe practice. This section to be completed by the nominated principal Supervisor.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Principal supervisor** |  |  | **Secondary supervisor** |  |
| **Date commenced work:** | Click or tap to enter a date. |  | **Date commenced work:** | Click or tap to enter a date. |
| **Name of supervisor 1** |  |  | **Name of supervisor 2** |  |
| **Position of supervisor**  |  |  | **Position of supervisor** |  |
| **Their RANZCOG ID** |  |  | **Their RANZCOG ID** |  |
| **Start and end date of supervision period which should match return to practice plan** | **From**  Click or tap to enter a date.**To** Click or tap to enter a date. |  | **Start and end date of supervision period which should match return to practice plan** | **From**  Click or tap to enter a date.**To** Click or tap to enter a date. |
| **Organisation/****institution:** |  |  | **Organisation/****institution:** |  |
| **Position of principal supervisor:** |   |  | **Position of secondary supervisor:** |  |
| **RANZOCG ID** |  |  | **RANZOCG ID** |  |

|  |  |
| --- | --- |
| **Describe the proposed orientation to the workplace** | Please enter answer here |
| **Describe how the supervision will take place and the level of supervision that will be provided** *(eg. direct, on-site, telephone)* | Please enter answer here |
| **How will the practitioner’s performance be monitored and reviewed?** *(eg. logbooks, record reviews, audit, APSS, multi-source feedback - MSF)* | Please enter answer here |
| **What is the anticipated date for completion of the re-entry to practice plan?** |  Please enter answer here |
| **What measures will be put in place if the learning needs are not satisfactorily met within the anticipated timeframe, or are there any concerns about safety to practice?** | Please enter answer here |

1. **Practitioner agreement**

Practitioner Statement:

[ ]  I agree to abide by the plan for professional development and for re-entry to practice that has been approved by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

[ ]  I agree that I am responsible for my own professional development and learning needs. I will work within my level of competence and will seek assistance when necessary. I will undertake professional development activities to enable me to overcome any deficiencies in my professional knowledge or skills.

[ ]  I give permission for my supervisor to contact RANZCOG if there are concerns about my professional performance.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant name:** |  | **Date:**  | Click or tap to enter a date. |
| **Signature:**  |  |

1. **Supervisor agreement**

[ ]  I agree to abide by the plan for re-entry to practice as approved by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

[ ]  I will notify RANZCOG if I am concerned that the professional performance of the applicant named above is placing the public at risk and I cannot provide the necessary supports to ensure safety of patients.

[ ]  I will complete the Re-entry to Practice Supervisor Report for review by the Fellowship Review Committee as per the Re-entry to Practice and Retraining Policy.

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

**Please keep a copy of this form for your records and attach to your application when completing the online request form.**

## Please submit the completed Plan to CPD@RANZCOG.edu.au for review by the Fellowship Review Committee.