Re-training Plan

The aim of the retraining pathway is to enable the Fellow to achieve the same standard of safe practice on return to unsupervised clinical practice and assist Fellows who have identified themselves, or have been identified by a Health Authority Board, Medical Board or Medical Council, as requiring retraining. Retraining is directed at those areas of clinical competence in which the Fellow intends to practice (subject to appropriate health jurisdiction credentialing).

Please contact CPD@RANZCOG.edu.au if you require further support in completing this Plan.

Fellows should consider the following documents when preparing the Re-training Plan:

* 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)
* [RANZCOG Guide to CPD](https://ranzcog.edu.au/wp-content/uploads/2022/06/RANZCOG-Guide-to-CPD.pdf)

## Please submit the completed Plan to [CPD@RANZCOG.edu.au](mailto:CPD@RANZCOG.edu.au) for review by the Vice President.

Re-training Plan

Practitioner

T

This plan should be completed in consultation with a nominated Supervisor to agree on the need for training and on content and possible outcomes of this plan.

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:** |  |
| **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:** |  |
| **Name of employer:** |  | | |
| **Name of organisation:** |  | | |
| **Specialty:** |  | | |
| **Role:** |  | | |
| **Description of role:** |  | | |

1. **Learning needs analysis**

A learning needs analysis (LNA) aims to:

* Considerthe 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) 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**

This section to be completed by the nominated principal Supervisor in discussion with the Fellow.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Principal supervisor** |  |  | **Secondary supervisor** |  |
| **Date commenced work:** |  |  | **Date commenced work:** |  |
| **Organisation/**  **institution:** |  |  | **Organisation/**  **institution:** |  |
| **Name of principal supervisor:** |  |  | **Name of secondary supervisor:** |  |
| **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 time frame, or are there any concerns about safety to practice?** | Please enter answer here |

1. **Practitioner agreement**

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:** |  |
| **Signature:** |  |  |  |

1. **Supervisor agreement**

Supervisor Statement:

I agree to abide by the Re-training Plan 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-training Supervisor Report for review by the RANZCOG Vice President as per the Re-entry to Practice and Retraining Policy.

|  |  |  |
| --- | --- | --- |
| **Supervisor name:** |  | **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](mailto:cpd@ranzcog.edu.au) for review by the RANZCOG Vice President