



## College Statement

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Title	<b>Re-entry guidelines following a prolonged period of absence from practice and retraining programs for Fellows</b>
Statement No.	<b>WPI-13</b>
Date of this document	<b>July 2006</b>
First endorsed by Council	<b>March 2004</b>
Next review due:	<b>March 2009</b>

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### **Preamble**

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. 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, eg prolonged illness, maternity 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 loss of confidence and reduction of skills resulting from a prolonged period of absence.

#### **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 page 4).

## 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 in which the essential characteristics of a specialist obstetrician and gynaecologist are described as combining:

- 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).

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 their knowledge and skill may not be at the same level as when they were engaged in active practice and that it should be balanced with their level of experience. This document provides a pathway for Fellows or retired Fellows seeking re-elevation to fellowship.

### 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 two years or longer that 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 'will require the employer to provide a supervision/orientation plan, and the doctor will be required to work under supervision for a specified time<sup>1</sup>.

Fellows are advised to select an appropriate mentor to discuss their return to work and supervision requirements.

It is the Fellow's responsibility to identify the key clinical skills required to resume practice and to self assess their current skill level.

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 below).

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<sup>1</sup> 'Policy on doctors returning to medical practice after an absence from practice for three or more years.'  
Medical Council of New Zealand June 2004

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 Manager Fellowship Services. Fellows may choose to participate in the formal RANZCOG retraining program, details of which are outlined in the Retraining Program for Fellows (page 4).

### **Model Re-entry Program**

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

- clinical skills combining medical expertise and effective communication;
- 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.

It is recommended that any re-entry program have clearly articulated:

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

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
- agree on a suitable practice review and clinical risk management (PR&CRM) project to monitor key learning objectives and evaluate on going performance.

### **Retired Fellows seeking re-elevation to Fellowship**

Retired Fellows wishing to regain their 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.

## 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.

### 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, the 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 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;
  - expected and other possible outcomes;
  - clear timeframes;
  - allocated time for regular feedback to the Fellow; and
  - performance assessment based on RANZCOG training assessment reports.
  - 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.
  - 6.3 Supervision must be at least at the level appropriate for a College trainee in elective training.
  - 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.
9. Following consideration of the report by the Executive, 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 Executive 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.

## **References**

RANZCOG Curriculum, 2003

Medical Council of New Zealand, Professional Standards

RCOG: Advice on returning to clinical work after a period of absence, July 2002

Epstein, R.M Hundert E.M. Defining and Assessing Professional Competence, JAMA, Vol 287, No 2, 226-235

Australian Safety and Quality Council. National Guidelines for Credentials and Clinical Privileges, July 2002

Report of an RCOG Working Party: Discussion Document on Further Training for Doctors in Difficulty, April 2002