Australian and New Zealand College of Anaesthetists (ANZCA)

Guidelines on Return to Anaesthesia Practice for Anaesthetists

Background Paper

1. PURPOSE OF REVIEW

PS50 was originally promulgated in 2004 and re-published without revision in 2013. The current review has been undertaken to fulfill the following:

1.1 Meet ANZCA's mission "to serve the community by fostering safe and high quality patient care in anaesthesia, perioperative medicine and pain medicine;

1.2 Provide support to anaesthetists who are returning to anaesthesia practice after absence for any reason;

1.3 Assist regulatory authorities and other bodies who have mandated return to practice programs for anaesthetists.

The title of the document has been changed from *PS50 Recommendations on Practice Re-entry for a Specialist Anaesthetist* to *PS50 Guidelines on Return to Anaesthesia Practice for an Anaesthetist*. This aligns with the current classification of professional documents outlined in *A01 Policy for the Development and Review of Professional Documents*.

2. BACKGROUND

Anaesthesia is a high acuity specialty that requires the ability to make rapid and accurate clinical assessments; often concurrently with time-critical management decisions as well as undertake a range of technical skills. Performance of tasks at optimal levels depends on recent clinical practice. Performance deteriorates when there is an interruption to clinical activities; at a rate which is related to a number of factors including duration of the interruption, duration of specialist practice prior to the interruption, and cognitive changes with ageing or illness.

3. REVIEW OF ISSUES CONSIDERED (BASIS AND LIMITATIONS OF EACH RECOMMENDATION)

3.1 All reasons for absence will be covered, and the same overall process recommended for all anaesthetists in both Australia and New Zealand

There are a variety of reasons for absence from practice, such as illness, parental leave, social circumstances, employer-directed and regulatory authority mandated. These guidelines will focus on meeting the individual needs identified in the needs analysis for successful return to anaesthesia practice, rather than the reasons for that absence, although the reason for the absence will inform the needs analysis.

Written confirmation of fitness to practise will be required after absence due to significant illness that could affect the anaesthetist's fitness to practise. This is because of ANZCA's mission to promote safe and high quality patient care and also because some illnesses such as a major head injury can affect the abilities and skills required for safe patient care.

Both the Medical Board of Australia (MBA) and Medical Council of New Zealand (MCNZ) have return to practice policies / standards. Although there are significant differences between the two policies / standards, there is enough consistency to allow ANZCA to develop one version of PS 50.

3.2 Participation in a re-entry program is strongly recommended but is not mandated by ANZCA

ANZCA will support the regulatory authorities in their application of the relevant policies / standards in their respective countries.

The MBA has mandated participation in a return to practice program, in Australia, after one to three years absence depending on duration of experience prior to absence, and the MCNZ after three years absence in New Zealand. The full details of their requirements are provided in their policies / standards. The regulatory authorities control medical registration and thus are able to enforce participation. ANZCA does not have comparable powers.

A voluntary scheme for those not subject to the regulatory authority rules is in keeping with ANZCA's philosophy of supporting Fellows.

ANZCA will provide endorsement of an individual program which complies with PS 50 if asked to do so by a regulatory authority, employer or an individual anaesthetist.

3.3 These guidelines apply to anaesthetists in independent practice and do not apply to trainees

Return to anaesthesia practice for ANZCA trainees is not covered by PS 50, but is rather part of the ANZCA curriculum and regulations.

3.4 ANZCA encourages a return to anaesthesia practice program after one year's absence from anaesthesia practice, although this is voluntary (unless mandated by a regulatory or other body)

The mandated regulatory authority policies / standards mentioned above apply across all areas of medical practice. Most other Australian and New Zealand colleges require a return to practice program after three years absence, with a few after two years absence. Some have reproduced the MBA standard in their policies. In the United Kingdom, the Royal College of Anaesthetists has extra CPD requirements after six months absence, and a supervised re-training period with formal assessment after three years absence; the Academy of Royal Colleges has CPD requirements after three months absence, and the National Clinical Assessment Service re-training after six months absence.

The expert group reviewed the relevant evidence such as the requirements of other like bodies noted above, the paucity of good scientific evidence, the variation

between anaesthetists' skills, abilities and reasons for absence, and the fact that regulatory bodies' policies / standards cover all types of medical practice. They agreed that the maximum duration of absence before a return to anaesthesia practice program must occur should remain at one year, as in the previous version of PS 50.

The expert group maintained their support for one year maximum absence because, as noted in the background of this paper, anaesthesia is a high acuity specialty that requires the ability to make rapid and accurate clinical assessments; often concurrently with time-critical management decisions as well as undertake a range of technical skills.

3.5 The ANZCA guidelines will explicitly refer to the regulatory authorities' standard/policy on return to practice, and will be consistent with that standard/policy

As noted above, although there are significant differences between the MBA and MCNZ policies / standards, there is enough consistency for both to be addressed within one version of PS 50.

3.6 Documenting the return to practice plan

Both the MBA and MCNZ have templates for medical practitioners registered in their countries to use for their return to practice program documentation. While the two templates differ, there is significant consistency between them. However, as a result of consultation with both regulatory authorities, different documentation will be used for Australia and New Zealand.

3.6.1 The MCNZ template will be used for documenting the return to practice plan for anaesthetists practicing in New Zealand

As all medical practitioners in New Zealand, not just anaesthetists, must use this template, ANZCA has provided guidance for completion of template components including CPD and assessments.

3.6.2 The ANZCA template will be used for documenting the return to practice plan for anaesthetists practicing in Australia

The MBA advised that their preference is for ANZCA to develop its own template, based on the MBA template, to ensure that there is a clear distinction between ANZCA and MBA roles in assessing return to practice plans. They advised that for anaesthetists completing an MBA-mandated return to practice program, they would consider using the plan documented on the ANZCA template on a case-by-case basis.

3.7 The return to practice program can be undertaken in a variety of settings

Anaesthetists practise in a variety of settings, which include hospitals accredited for FANZCA training, hospitals not accredited for FANZCA training, small rural hospitals, and private hospitals. While there may be a view that a hospital with experience in training and assessing vocational trainees is desirable for return to practice programs, the expert group considered that such a setting wasn't mandatory, and may also pose access difficulties for an anaesthetist normally practicing in a non-ANZCA accredited setting. It is also appropriate that the return to practice program occurs in the setting in which the anaesthetist will continue

working following program completion. However, the setting will be taken into account in the needs analysis and program development.

3.8 The return to practice program will be underpinned by the philosophy of the ANZCA CPD standard and use the tools of the ANZCA CPD Program

The ANZCA CPD Standard and Program are applicable to practising anaesthetists, and thus are suited to anaesthetists returning to anaesthesia practice. They have the tools such as CPD planning, multisource feedback (MSF) and peer review of practice that are appropriate for a return to practice program. Anaesthetists already use such tools so will be familiar with them.

3.9 The duration of the return to practice program will be determined by the learning needs analysis

No minimum duration of a return to practice program is specified. The starting point for determining the duration of a return to practice program should be four weeks per full year of absence from anaesthesia practice, as in the previous version of PS 50. However, the duration of the program and its components would then be shortened or lengthened depending on the learning needs analysis and progress in the program. This change from the previous version of PS 50 was made because:

3.9.1 The duration of and reason(s) for absence, along with practice experience prior to absence vary considerably between anaeshetists.

3.9.2 An individualised learning needs analysis, which must be entirely appropriate to the intended scope of practice, has been introduced to guide the program

3.9.3 A staged approach with assessments has been introduced to allow for variation of learning needs and progress in return to work.

3.10 The content of the return to practice programs will include:

3.10.1 A period of level 1 supervision (as defined in the FANZCA training program). Depending upon the circumstances, this period may be quite short.

3.10.2 A structured assessment of ability to practise without one-on-one supervision using the ANZCA CPD peer review of practice format. This is to provide assurance of safe practice, and to allow variation in the time spent in level 1 supervision depending on the learning needs analysis and progression in the return to practice program.

3.10.3 A subsequent period of practice under the supervisor's oversight and monitoring. During this period evaluation should include regular MSF and practice evaluation activities, to monitor the outcomes of the return to practice program

3.10.4 Emergency response course participation: at a minimum a cardiac arrest and CICO course if not undertaken within the last three years, with an EMAC course recommended but not mandated. The two courses (cardiac arrest and CICO) were chosen because of their essential nature; the three-year recency was chosen as being consistent with the ANZCA CPD standard and program.

4. DOCUMENTATION OF LITERATURE SEARCH STRATEGIES, METHOD OF EXPERT CONSENSUS DEVELOPMENT

The group met by teleconference twice, with repeated circulation of draft documents between and after meetings until consensus was achieved. The literature reviewed is listed below.

5. SUMMARY

PS50 has been reviewed as part of ANZCA's mission, to support anaesthetists in returning to anaesthesia practice after periods of absence, as well as the need to ensure a consistent and robust process for anaesthetists are required to complete a return to practice program by regulatory authorities.

REFERENCES - Lists of publications and all other documents reviewed

1. Australian and New Zealand regulatory authority policies on practice re-entry:
    a. Medical Council of New Zealand. Policy on doctors returning to medical practice after an absence from practice for three or more years. 2004. Available at http://www.mcnz.org.nz/assets/Policies/Returning-to-practice-after-3-years.pdf Accessed 29 June 2015
    b. Medical Board of Australia. Recency of Practice Registration Standard. July 2010 Available at http://www.medicalboard.gov.au/Registration-Standards Accessed 29 June 2015.
2. Policies of other Australian and New Zealand medical colleges:
    a. Australasian College of Dermatologists: Recency of Practice Policy https://www.dermcoll.edu.au/wp-content/uploads/2014/05/RecencyPracV4.pdf accessed on 26th June 2015
    b. Australasian College of Emergency Medicine: Re-entry Policy https://www.acem.org.au/Continuing-Professional-Development/policies-and-forms.aspx?tab=Re-entry#course-content accessed on 26th June 2015
    c. College of Intensive Care Medicine of Australia and New Zealand: Guidelines on Practice Re-Entry, Re-Training and Remediation for Intensive Care Specialists http://www.cicm.org.au/CICM_Media/CICMSite/CICM-Website/Resources/Professional%20Documents/IC-15-Recommendations-on-Practice-Re-entry,-Retraining-and-Remediation_1.pdf accessed on 26th June 2015
    d. Royal Australian College of Medical Administrators: Review of Performance/Competency and Retraining Policy http://www.racma.edu.au/index.php?option=com_content&view=article&id=5:review-of-performance-competency-and-retraining&catid=1:college-policies&Itemid=132 accessed on 26th June 2015
    e. Royal Australian College of Surgeons: Re-skilling and Re-entry Program Guidelines http://www.surgeons.org/media/312190/pol_2012_06_19_re-skilling_and_re-entry_program_guidelines.pdf accessed on 26th June 2015
    f. Royal Australian and New Zealand College of Opthalmologists: CPD Policy: Returning to Practice http://www.ranzco.edu/images/NEW_SITE/Policy_and_Advocacy/Policies/CPD_PolicyReturningToPractice.pdf accessed on 26th June 2015
    g. Royal Australian and New Zealand College of Psychiatrists: Specialist Refresher Program https://www.ranzcp.org/Publications/Refresher-and-remediation-programs.aspx accessed on 26th June 2015

h. Royal Australian and New Zealand College of Radiologists: Recency of Practice Guidelines available at http://www.ranzcr.edu.au/resources/professional-documents/guidelines accessed on 6th July 2015

3. United Kingdom guidelines:

   a. Royal College of Anaesthetists: Returning to work recommendations https://www.rcoa.ac.uk/system/files/PUB-ReturnToWork2012.pdf accessed on 26th June 2015

   b. Academy of Royal Medical Colleges: 'Return to Practice Guidance' http://www.aomrc.org.uk/doc_view/9486-return-to-practice-guidance accessed on 26th June 2015

   c. (NHS) National Clinical Assessment Service: "The Back on Track Framework for Further Training. Restoring practitioners to safe and valuable practice". http://www.ncas.nhs.uk/resources/back-on-track-framework/ accessed on 26th June 2015

4. Peer reviewed literature:

   a. Goulet F, et al, An innovative approach to remedial continuing education, 1992-2002. Academic Medicine 2005; **80(6):** 533-540

   b. Grace ES, et al, Physicians re-entering clinical practice: characteristics and clinical abilities. Contin Educ Health Prof 2011; **31(1):** 49-55

   c. Steele RS, A summary of the coalition for physician enhancement's spring 2011 meeting: "exploring physician re-entry: policies and processes". J Med Regulation **97(1):** 8-9

DOCUMENT DEVELOPMENT GROUP

Dr Leona Wilson, Director of Professional Affairs (Chair) (NZ)

Dr Diarmuid McCoy, Faculty of Pain Medicine representative (Vic)

Dr Lindy Roberts, Councilor (WA)

Dr Peter Roessler, Director of Professional Affairs (Professional Documents) (Vic)

Dr Bruce Ryley, Director of Anaesthesia (Vic)

Ms Juliette Whittington, Operations Manager, Records Management (Vic) - until October 2014

Ms Lee-Anne Pollard, General Manager, Training & Assessment (Vic) - from October 2014

Ms Linda Sorrell, Chief Executive Officer (Vic) – until July 2015 - provided expert advice

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ANZCA professional documents are reviewed from time to time, and it is the responsibility of each practitioner to ensure that he or she has obtained the current version which is available from the College website (www.anzca.edu.au). The professional documents have been prepared having regard to the information available at the time of their preparation, and practitioners should therefore take into account any information that may have been published or has become available subsequently.

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Promulgated: 2016
Date of current document: April 2017

ANZCA website: www.anzca.edu.au