



Return to practice report for specialist international medical graduate (SIMG)

Personal details

SIMG name	_____			
College ID	_____			
Hospital	_____			
FTE	1.0 FTE	0.75 FTE	0.5 FTE	Other
Supervisor's name	_____			
Period of assessment	From:			To:

Criteria

Medical Expert	Score
Knowledge – basic science	_____
Knowledge – clinical medicine	_____
Knowledge – clinical anaesthesia	_____
Patient care – pre-assessment and consent	_____
Patient care – intraoperative management	_____
Patient care – postoperative management	_____
Vigilance	_____
Crisis management	_____
Problem solving/decision –making	_____
Infection control	_____
Documentation	_____

Communicator

Interaction with patients

Collaborator

Team interaction and co-operation

Manager

Organisation /efficiency

Professional

Professionalism

Integrity

Insight

Ethical behaviour

Advocate

Advocate

Scholar

Scholar

Suitability for that particular position

Confirmation of completion of orientation (application to first three month CPA report only)

Limitation of practice

Comments

Supervision

At the time of observation of Dr _____'s practice he/she was assessed as suitable to practice (tick of the below)

With 1:1 supervision.

With on-site supervision.

With remote supervision.

Independently (even though remote supervision may be available).

Supervisor's name _____

SIMG name _____

Signed _____

Signed _____

Date _____

Date _____

INSTRUCTIONS FOR COMPLETING THE RTP FORM

SIMG name

This field must contain the first and surname of the specialist international medical graduate. If your name has changed since registration by marriage or deed poll, and you have not yet notified the College, you must include a copy of your marriage certificate or change of name notice.

Hospital

This field must contain the name of the hospital (not the area health service) that has been approved for this return to practice (RTP) period. The hospital name must be written in full and must not be written as an acronym.

If the RTP period has been undertaken in more than one location, please list all locations in this field.

Assessors' name

This field must contain the first and surname of the assessor conducting this assessment. This assessor must be the international medical graduate specialist's nominated supervisor as listed on their position description. If the person completing this report is not the international medical graduate specialist's nominated supervisor justification for this must be attached to the report. Please note that if someone other than the nominated supervisor completes this report, the period may not be counted towards the required clinical practice assessment period.

Period of assessment

Must be written as day/month/year. RTP reports must be submitted monthly throughout the RTP period unless otherwise specified by the College.

Explanation of criteria

• Knowledge – basic science

• Knowledge – clinical medicine

• Knowledge – clinical anaesthesia

• Patient care – pre-assessment and consent

Performs a complete and appropriate assessment of the patients and presents well-documented findings, explains procedure to patient and obtains adequate informed consent.

• Patient care – intraoperative management

• Patient care – postoperative management

Arranges and documents plans for postoperative care, prescribes and documents appropriate postoperative pain management.

• Vigilance

Demonstrates situational awareness through constant monitoring of the patient, procedure and other personnel avoiding distraction.

• Crisis management

Manages crises appropriately, practises to reduce medical error, complies with College and hospital protocols and guidelines.

• Problem solving/decision-making

Demonstrates sound judgment and sound clinical decision-making.

• Infection control

Demonstrates aseptic/clean techniques and standard (universal) precautions.

• Documentation

Comprehensively, concisely and legibly documents relevant matters.

• Interaction with patients

Develops trust and rapport, accurately elicits, synthesises and conveys relevant information, develops a common understanding of issues, problems and plans.

• Team interaction and co-operation

Participates effectively and appropriately in an inter-professional healthcare team, consults, negotiates and enlists other team members' co-operation.

• Organisation/efficiency

Creates a well-organised workspace, works efficiently and effectively, prioritises cases effectively.

• Professionalism

Shows respect for confidentiality and privacy of patients and colleagues, is punctual, works in a calm and considered manner, responds promptly to requests for assistance.

• Integrity

Honest and reliable verbal and written communication. Maintains contact so readily available when needed.

• Insight

Recognises the limits of their experience and expertise, knows when to seek assistance.

• Ethical behaviour

Responds appropriately to ethical issues encountered in practice, demonstrates cultural sensitivity, adheres to the regulatory framework of their practice.

• Advocate

Advocates for treatment and care that is in the best interests of the patient, respects patient's privacy and dignity, actively promotes safety and risk reduction, uses opportunities in their practice to promote health and prevent disease.

• Scholar

Commitment to reflective learning, participation in teaching (as available).

Scoring

Please enter a score of 0-5 for each of the criteria listed on the clinical practice assessment report. Below is an explanation of the scoring system.

5 = excellent This means that the specialist international medical graduate is performing better than most fellows of ANZCA of comparable age and/or experience.

4 = above average This means that the specialist international medical graduate is performing better than some fellows of ANZCA of comparable age and/or experience.

3 = average This means that the specialist international medical graduate is performing at a comparable level to an ANZCA-trained anaesthetist in a similar position (trainee or Fellow of ANZCA).

Examples:

- If the specialist international medical graduate is employed at an advanced trainee equivalent level they are performing at a similar level to that which is expected of an ANZCA provisional fellow (fifth year of anaesthetic training).

- If the specialist international medical graduate is employed in a specialist or Area of Need specialist position they are performing at a similar level that which is expected of a Fellows of ANZCA.

2 = below average This means that the specialist international medical graduate is performing at a level lower than is expected for the position for which they are employed (see examples above).

1 = poor This indicates that there are major concerns regarding quality of practice.

0 = not assessed This indicates that during the assessment period you have not been able to sufficiently observe the specialist international medical graduate fulfilling the requirements of the particular criterion. This is most likely in the assessment of crisis management.

If you give a score of 1, 2 or 5 for any criteria you must include a justification in the comments section of this report.

Orientation

- in Australia to AHPRA – MBA Form: ORIG-30 orientation report for specialist international medical graduates with limited or provisional registration.
- In New Zealand – this will be part of the job description required by MCNZ for approval of the initial position.

ANZCA request only that confirmation of completion of orientation activities is indicated by marking the tick box on the first CPA report at 3 months.

Limitations to practice

You should include any limitations to practice in this section. These may include:

- Subspecialty anaesthesia where there is minimal recent experience.
- Contemporary technical procedures that are expected of a Fellows of ANZCA.

Comments

Please include any comments that support this assessment in the comments section. Please attach additional pages if required.

Supervision

In assessing the level of independence, you must select only one option from those listed.

Signatures

This assessment must be discussed between the assessor and the specialist international medical graduate and must be signed by both parties following the discussion. RTP reports that are not signed by both parties may not be accepted towards the clinical practice assessment period.



Guidelines on Return to Anaesthesia Practice for Anaesthetists

1. Introduction

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. There is a large degree of individual variation in the impact of these factors, thus return to practice programs must be tailored to individual needs.

2. Purpose

These guidelines are intended to advise anaesthetists whose absence from clinical anaesthesia practice has been sufficient to warrant a formal return to practice program. Its purpose is to guide anaesthetists and those assisting them in developing, monitoring and successfully completing a return to practice program. The overall aim is to ensure that the returning anaesthetist provides safe and up-to-date care. Each individual anaesthetist has a responsibility to ensure that this is the case.

3. Scope

This document applies to all anaesthetists, irrespective of the reason for their absence from practice. It applies to both mandated and voluntary return to practice programs. Return to practice programs may be mandated by jurisdictional authorities, employers, or institutions. In the absence of such a mandate from another body, compliance with any return to practice program is voluntary but strongly recommended.

A return to practice program is highly recommended after an absence from anaesthesia practice for more than one year. A regulatory authority may stipulate a shorter period in which case their timeframe takes precedence.

It is not intended to apply to anaesthesia trainees, as absences will be addressed for them under the vocational training program in [Regulation 37 Training in Anaesthesia Leading to FANZCA, and Accreditation of Facilities to Deliver this Curriculum](#).¹

4. Background

Absences from clinical practice occur for a variety of reasons including prolonged recreational leave, family commitments, practice in another area of medicine, practice

¹ Under development at the time of consultation on PS50-2016.



overseas in a health service that is markedly different from that in Australia or New Zealand, or return from 'retirement' or illness. Where an absence has occurred as a result of jurisdictional determination, such as suspension of registration, ANZCA may be requested by the jurisdictional authority to endorse the practitioner's return to practice program plan. In such cases, it is the jurisdictional authority that gives final approval of the return to practice plan for the purposes of registration, not ANZCA.

It is acknowledged that return to practice may be a stressful period, and it is suggested that personal and/or professional support be sought. Return to practice can be facilitated by maintaining regular professional contact with colleagues such as at group or departmental meetings, or CME events, and regularly updating knowledge during periods of absence from practice.

This will aid in maintaining 'currency' and facilitating interactions with colleagues during this time. For those returning to practice in Australia, maintaining their CPD requirements will assist in meeting the Medical Board of Australia (MBA) *Recency of practice registration standard*.

5. Definitions

- 5.1 **Prolonged absence** – any absence from clinical anaesthesia exceeding twelve months in duration. Some anaesthetists may require a return to anaesthesia practice program after shorter durations of absence.
- 5.2 **Supervision (ANZCA)** – Levels of supervision are those used into the ANZCA training program.
- 5.3 **Supervision (MBA)** – Levels of supervision are those described in the MBA Guidelines: *Supervised practice for limited registration* ^{2,3}
- 5.4 **Supervisor** – A specialist anaesthetist who oversees the return to practice program, arranges any assessments and provides a report on the outcome of the return to practice program. It is recommended that this is an ANZCA Fellow, in good standing.⁴
- 5.5 **Clinical anaesthesia** – means direct patient contact with responsibility for perioperative management (including anaesthesia) for surgical or interventional procedures

6. Principles

- 6.1 The return to practice program should be based on the ANZCA roles in practice (see the ANZCA training program and ANZCA CPD program).
- 6.2 The program should incorporate the ANZCA CPD program philosophy.
- 6.3 A needs analysis should inform the return to practice program.
- 6.4 Significant concerns about clinical practice during the return to practice program should be managed in accordance with hospital policies and procedures, and

² The ANZCA and MBA levels of supervision differ.

³ The Medical Council of New Zealand (MCNZ) has not specified any definition for levels of supervision as applied to return to practice programs.

⁴ 'Fellow in good standing' means one who has current FANZCA, and does not have any outstanding complaints or other actions against them with ANZCA.

relevant regulatory requirements.⁵

- 6.5 The program and associated processes should be underpinned by the principles of natural justice.⁶

7. Return to practice program outline

The total duration of a formal return to practice program will be determined by the learning needs analysis. The starting point for calculating the total duration is one month per year of absence from anaesthesia practice. The duration of the program and its components may be shortened or lengthened depending on the learning needs analysis and progress with the program.

The following framework must be followed where return to practice has been mandated in order to gain ANZCA endorsement of the planned program, and may be of assistance to those undertaking a voluntary return to practice program:

- 7.1 **Stage 1** - to be undertaken prior to commencement of or early in the return to practice period:
- 7.1.1 CPD emergency response activities CICO and cardiac arrest (with a provider and course recognised for the ANZCA CPD program) unless undertaken within the last three years; and CPD knowledge and skills activities as directed by the needs analysis, including a formal CPD plan.
- 7.2 **Stage 2** - to be undertaken on commencement:
- 7.2.1 An initial period of one-on-one supervision (similar to level 1 FANZCA program definition), the duration of which should be informed by the learning needs analysis and duration of absence from practice, followed by;
- 7.2.2 A structured assessment of ability to practice without one-on-one supervision using ANZCA CPD program peer review of practice format.
- 7.3 **Stage 3** - to be undertaken after successfully moving beyond one-on-one supervision and prior to completion of the return to practice program:
- 7.3.1 A period of oversight by the supervisor; and
- 7.3.2 A practice evaluation activity as outlined in the ANZCA CPD standard/program, such as multisource feedback (MSF), peer review or an audit of clinical care outcomes, at least once, and more often as indicated by any gaps identified;

⁵ Whilst ANZCA does not assess the performance of anaesthetists practising independently, the college can provide assistance as per regulation 27 'Performance assessment of anaesthetists (assistance to outside bodies)'.

⁶ The principles of natural justice are described as the right to a fair hearing free from bias.

7.3.3 Regular discussion of cases with the supervisor (or nominee).
During the period of return to practice, the anaesthetist should maintain a log book of cases to facilitate this case discussion.

7.4 **Stage 4** - at the satisfactory completion of the program, the primary supervisor will submit a written report to the college confirming that the anaesthetist has satisfactorily completed the program. ANZCA will then endorse the anaesthetist as having satisfactorily completed a return to practice program. If the named supervisor is unable to confirm satisfactory completion of the return to practice program, the program should be extended until satisfactory completion can be confirmed.

8. The return to practice program documentation

8.1 A formal return to practice program endorsed by ANZCA must include a written plan, which must contain the following information:

8.1.1 Name of primary supervisor, other supervisors and the department(s) / hospital(s) within which the program will occur,

8.1.2 Reason for absence from practice,

8.1.3 A learning needs analysis (using the framework for developing a CPD plan), developed following self-assessment and discussion with the primary supervisor, and goals of the program.

8.1.4 A description of the department(s) / hospital(s) within which the program will occur, the intended duration and timeframe of the program agreed with the primary supervisor and details of the clinical experience to be undertaken during the program,

8.1.5 The program details as outlined above in stages 1-4 of the return to practice outline.

8.1.5.1 For anesthetists practising in New Zealand – use the relevant regulatory authority template, guided by Appendix 1: *Guide to completing MCNZ template for returning to practice.*

8.1.5.2 For anesthetists practising in Australia – use the ANZCA template *Return to anaesthesia practice plan - for anaesthetists practising in Australia* provided in Appendix 2.

8.2 Accompanying documentation:

8.2.1 An agreement with the supervisor and department head / chair of the credentialing committee (or other person in a similar role).

8.2.2 Written confirmation from the treating doctor that the practitioner is fit to practise if absence from practice was due to health and/or fitness issues

9. Communication with ANZCA

The Executive DPA and / or the DPA Policy are available for advice about return to practice programs and ANZCA endorsement of programs.

RELATED ANZCA DOCUMENTS

PS50 BP Guidelines on Return to Anaesthesia Practice for Anaesthetists Background Paper

PS16 Statement on the Standards of Practice of a Specialist Anaesthetist

PS57 Statement on Duties of Specialist Anaesthetists

PS58 Guidelines on Quality Assurance in Anaesthesia

Regulation 27 Performance Assessment of Anaesthetists and Pain Medicine Physicians
(Assistance to Outside Bodies)

Regulations 37 Training in Anaesthesia Leading to FANZCA, and Accreditation of Facilities
to Deliver this Curriculum

ANZCA CPD program handbook

REFERENCES

1. 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. Medical Board of Australia. Plan for professional development and re-entry to
practice. Available at [http://www.medicalboard.gov.au/Codes-Guidelines-
Policies/FAQ.aspx](http://www.medicalboard.gov.au/Codes-Guidelines-Policies/FAQ.aspx) Accessed 29 February 2016.
3. 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.
4. Medical Council of New Zealand. Practice intentions. Form APC2 April 2014
Available at <https://www.mcnz.org.nz/assets/Forms/APC2-Practice-Intentions.pdf>
Accessed 29 June 2015.

Professional documents of the Australian and New Zealand College of Anaesthetists (ANZCA) are intended to apply wherever anaesthesia is administered and perioperative medicine practised within Australia and New Zealand. It is the responsibility of each practitioner to have express regard to the particular circumstances of each case, and the application of these ANZCA documents in each case. It is recognised that there may be exceptional situations (for example, some emergencies) in which the interests of patients override the requirement for compliance with some or all of these ANZCA documents. Each document is prepared in the context of the entire body of the College's professional documents, and should be interpreted in this way.

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.

Whilst ANZCA endeavours to ensure that its professional documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

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Website: www.anzca.edu.au email: ceoanzca@anzca.edu.au*

ANZCA website: www.anzca.edu.au

Appendix 1:

GUIDE TO COMPLETING MCNZ TEMPLATE FOR RETURNING TO PRACTICE FOR ANAESTHETISTS PRACTISING IN NEW ZEALAND

Medical Council of New Zealand (Practice intentions form - APC2)

- ❖ **Section 1**, “continuing medical education”, should list professional development activities as in the ANZCA CPD Program, namely:
 - Practice evaluation,
 - Knowledge and skills,
 - Emergency responses.

- ❖ **Section 2**, proposed employment, should detail:
 - Proposed workplace: Name and type of institution (public, private, whether accredited for FANZCA training in clinical anaesthesia, and if so, for how many years),
 - Proposed work role: title of post (e.g. registrar, specialist), and whether an employee or an independent contractor,
 - Proposed scope of practice will be anaesthesia,
 - An attachment should include the weekly proposed work plan including the hours of work and the types of work (e.g. operating lists with specialties, acute pain rounds, pre-assessment clinic), and on call commitments if any.

- ❖ **Proposed CME** should list professional development activities as in the ANZCA CPD Program, namely:
 - Practice evaluation,
 - Knowledge and skills,
 - Emergency responses.

- ❖ **Section 4**, attachments, the “supervision plan” should specify:
 - Planned duration of one-on-one supervision,
 - Planned duration of oversight following one-on-one supervision, and whether on-site or by telephone.
 - Assessments to be undertaken during supervision period:
 - Structured assessment of the ability to practice without one-on-one supervision (using CPD Program (appendices 7,8,9) – proposed date and assessor,
 - Multisource feedback using CPD Program (appendices 4, 5) - number and proposed date,
 - Clinical audit – topic(s) using CPD Program (appendices),
 - Case-based discussion(s) – using CPD Program (appendix 11) as a guide.
 - Details of action to be taken if:

- The learning needs are not satisfactorily met within the anticipated time frame,
- Concerns about safety to practise arise.

Appendix 2:

**RETURN TO ANAESTHESIA PRACTICE PLAN – FOR ANAESTHETISTS PRACTISING
IN AUSTRALIA**

See attached.

Please contact ANZCA Policy via email (profdocs@anzca.edu.au) for a user-friendly Word version of this tool.



PS50 Guideline on return to anaesthesia practice for anaesthetists appendix 2

Return to anaesthesia practice plan- for anaesthetists practising in Australia

Section A: Applicant details

1. Full name and MBA registration number

2. Address

3. Contact number

4. Practice prior to absence from practice

Include any subspecialty practice, whether full time or part time practice, and whether involved in afterhours work.

5. Proposed role after return to practice

Details of proposed work after return to practice

6. Name of employer (if employed as staff or VMO)

7. Name of institution(s) in which practice will occur
- *Public hospital /private practice group*
 - *Accredited for FANZCA training* Yes No

-
8. Description of employment
- *Title of post (e.g. registrar, specialist), and whether an employee or an independent contractor.*
 - *Weekly proposed work plan including the hours of work and the types of work (e.g. operating lists with specialties, acute pain rounds, pre-assessment clinic), and on call commitments if any.*
-

Section B: Details of your professional development and return to practice plan

Learning needs analysis

You should consider the knowledge and skills that are required for your future anaesthesia practice in order to determine any gaps in your knowledge and skills. In consultation with your supervisor, you should then develop a program to address your learning needs.

List any gaps in your knowledge and skills and provide the measures to address these. For example, list any professional development, training or programs to be completed. Include goals to be achieved and expected outcomes and timeframes for achievement of goals.

- The ANZCA CPD program appendix 17 “CPD Plan” should be used as a guide to completing this section

Provide reason for absence from practice (if returning from absence due to health and/or fitness issues, please provide a medical certificate indicating fitness for practice)

List details of any non-anaesthesia medical practice undertaken during absence from anaesthesia practice

Learning needs	How you will address these learning needs	Timeframe, success indicators
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Professional development activities

- Boxes 2 and 3 should list professional development activities as in the ANZCA CPA program, namely Practice Evaluation, Knowledge and Skills, Emergency Responses

2. List any professional development activities you have undertaken in the 12 months prior to the submission of your plan

3. Describe the professional development activities that you will undertake in the next 12 months

Supervision and feedback

When you return to work after a period of absence, ANZCA expects that you will have support and supervision for safe practice.

Detail the following (attach additional pages if more space is required)

4. Name and position of principle supervisor

5. Name and position of any secondary supervisor/s

6. Describe the proposed orientation to the workplace

7. Describe how the supervision will take place and the level of supervision that will be provided (e.g. direct, on site, telephone)

- *Planned duration of one-on-one supervision*
- *Planned duration of oversight following one-on-one supervision, and whether on-site or by teleconference.*

8. How will your performance be monitored and reviewed? (e.g. log books, record reviews, audit, multi-source feedback)

- *Structured assessment of the ability to practice without one-on-one supervision (using CPD Program (appendices 7,8,9) – proposed date and assessor,*
- *Multisource feedback using CPD Program (appendices 4, 5) - number and proposed date,*
- *Clinical audit – topic(s) using CPD Program (appendices),*
- *Case-based discussion(s) – using CPD Program (appendix 11) as a guide.*

9. What is the anticipated date for completion of the return to practice plan?

10. What measures will be put in place if the learning needs are not satisfactorily met within the anticipated time frame, or there are any concerns about safety to practice?

- *Each question should be answered separately*

Section C: Practitioner and supervisor agreement

Practitioner statement

I agree to abide by the plan for return to practice that has been approved by the ANZCA.

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 ANZCA if he or she has concerns about my professional performance.

Applicant name _____

Applicant signature _____

Date _____

Supervisor Statement

I agree to undertake the supervisory and support role outlined in the plan for return to practice that has been approved by the ANZCA.

I will notify MBA if I am concerned that the professional performance of _____ is placing the public at risk and if I cannot provide the necessary support to ensure the safety of the public.

I will report to ANZCA when _____ has completed the plan for return to practice and I will confirm whether or not _____ is safe to practise independently in his or her current position.

Supervisor name _____

ANZCA ID _____

Supervisor signature _____

Date _____

Send the completed plan for return to practice to:

via email to: simg@anzca.edu.au

Don't forget attachments required:

1. An agreement with the supervisor and department head / chair of the credentialing committee (or other person in a similar role).
2. Written confirmation from the treating doctor that the practitioner is fit to practise if absence from practice was due to health and/or fitness issues.