# PG50(A) Guideline on return to anaesthesia practice for anaesthetists 2017

## Short title: Return to practice - anaesthesia

### 1. Purpose

This guideline is 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.

### 2. Scope

This document applies to all anaesthetists, including general practitioners who hold the Diploma of Rural Generalist Anaesthesia, 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] Nor is this document intended to apply to rural generalist anaesthesia trainees, as absences for them will be addressed under Regulation 44 *Training in rural generalist anaesthesia leading to DipRGA.*

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

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

[1] Refer to: https://www.anzca.edu.au/getContentAsset/bd1228c4-38f2-4b3b-bab5-04da8244d984/80feb437-d24d-46b8-a858-4a2a28b9b970/Regulation-37-v-2-5.pdf?language=en

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.

## 4. Definitions

4.1 **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.

4.2 **Supervision (ANZCA)** – Levels of supervision are those used into the ANZCA training program.

4.3 **Supervision (MBA)** – Levels of supervision are those described in the MBA Guidelines: *Supervised practice for limited registration* [2,3]

4.4 **Supervisor** – A specialist anaesthetist, or rural generalist 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]

4.5 **Clinical anaesthesia** – means direct patient contact with responsibility for perioperative management (including anaesthesia) for surgical or interventional procedures.

## 5. Principles

5.1 The return to practice program should be based on the ANZCA roles in practice (see the ANZCA training program and ANZCA CPD program).

5.2 The program should incorporate the ANZCA CPD program philosophy.

5.3 A needs analysis should inform the return to practice program.

5.4 Significant concerns about clinical practice during the return to practice program should be managed in accordance with hospital policies and procedures, and relevant regulatory requirements.[5]

5.5 The program and associated processes should be underpinned by the principles of natural justice.[6]

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[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.
[5] While 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.

## 6. 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:

6.1 **Stage 1** – to be undertaken prior to commencement of or early in the return to practice period:

6.1.1 CPD emergency response activities CICO and cardiac arrest (with a provider and course recognised for the ANZCA CPD program) unless undertaken within the past three years; and CPD knowledge and skills activities as directed by the needs analysis, including a formal CPD plan.

6.2 **Stage 2** - to be undertaken on commencement:

6.2.1 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;

6.2.2 A structured assessment of ability to practice without one-on-one supervision using ANZCA CPD program peer review of practice format.

6.3 **Stage 3** - to be undertaken after successfully moving beyond one-on-one supervision and prior to completion of the return to practice program:

6.3.1 A period of oversight by the supervisor; and

6.3.2 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;

6.3.3 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.

6.4 **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.

## 7. The return to practice program documentation

7.1 A formal return to practice program endorsed by ANZCA will include a written plan, containing the following information:

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

7.1.2 Reason for absence from practice.

7.1.3 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.

7.1.4 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.

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

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

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

7.2 Accompanying documentation:

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

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

## 8. 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. They may be contacted via the ANZCA CEO's office (ceo@anzca.edu.au) and anaesthetists are encouraged to do so.

## Related ANZCA documents

PS57(A) Position statement on duties of specialist anaesthetists

PG58(A) Guideline on quality assurance and quality improvement in anaesthesia

Regulation 27 Performance assessment of anaesthetists and pain medicine physicians (Assistance to outside bodies)

Regulation 37 Training in anaesthesia leading to FANZCA, and accreditation of facilities to deliver this curriculum

Regulation 44 Training in rural generalist anaesthesia leading to DipRGA

ANZCA CPD program handbook

**This document is accompanied by a background paper (PG50(A)BP) which provides more detailed information regarding the rationale and interpretation of the Guideline.**

## References

1. Medical Board of Australia. Registration Standard: Recency of Practice. 2010, updated 2016. Available from: http://www.medicalboard.gov.au/Registration-Standards Accessed 8 May 2014.

2. Medical Board of Australia. Plan for professional development and re-entry to practice. 2016. Available at http://www.medicalboard.gov.au/Codes-Guidelines-Policies/FAQ.aspx Accessed 8 May 2024.

3. Medical Council of New Zealand. Policy on practising certificate applications for doctors who have not held a New Zealand practising certificate or lawfully practised medicine within the previous 3 years. 2021. Available at: https://www.mcnz.org.nz/assets/Policies/e2705b1046/Policy-on-returning-to-practice-after-three-years.pdf Accessed 8 May 2024.

4. Medical Council of New Zealand. Form APC2. Practice intentions. Sep 2019. Available at https://www.mcnz.org.nz/assets/Forms/7b0ad9e85d/APC2.pdf Accessed 8 May 2024.

*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.*

*While 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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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 (for example 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 (for example 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 practice arise.

## Appendix 2

## Return to anaesthesia practice plan – for anaesthetists practising in Australia

See attached.

Please contact ANZCA Membership Services via email membership@anzca.edu.au for a user-friendly Word version of this tool.