

# RETURN TO COLLEGE MEMBERSHIP AND RETURN TO PRACTICE POLICY

#### 1. PURPOSE

This policy is intended to advise practitioners who have had a prolonged absence from medical administration practice or whose college membership has been removed due to non-compliance with the Continuing Professional Development (CPD) program. Its purpose is to guide practitioners and those assisting them in developing, monitoring and successfully completing a return to practice program. The overall aim is to ensure that the returning medical administrator provides safe and contemporary practice.

This policy complies with the recency, CPD and return to practice standards and procedures of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ)

#### 2. SCOPE

This document applies to all members of the College, including Fellows and Associate Fellows, irrespective of the reason for their absence from practice. It applies to voluntary return to practice programs and programs mandated by jurisdictional authorities, employers, or institutions.

This policy does not apply to Candidates as absences will be addressed for them under the Fellowship Training Program.

#### 3. BACKGROUND

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.

An absence from practice may also occur because of a regulatory determination, such as a suspension of registration and RACMA may be requested by the regulatory 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 RACMA.

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 continuing medical education activities, and regularly updating knowledge during

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periods of absence from practice. This will aid in maintaining recency 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**

- **Prolonged absence** any absence from practice exceeding three years in duration.
- **Supervision (MBA)** Levels of supervision are those described in the MBA Guidelines *Supervised practice for limited registration*.
- **Supervisor** A specialist medical administrator, who oversees the return to practice program, arranges any assessments and provides a report on the outcome of the return to practice program. This will be a Fellow, in good standing.

#### 5. PRINCIPLES

- 1. A practitioner's return to practice program should be based on the competencies required to provide a safe and contemporary practice in medical administration.
- 2. The program should be based on the RACMA CPD program's philosophy and methods of adult education.
- 3. A needs analysis should inform the return to practice program.
- 4. Significant concerns about practice during the return to practice program should be managed in accordance with policies and procedures of the applicant's employee or hospital, and relevant regulatory requirements.
- 5. The program and associated processes should be underpinned by the principles of natural justice.

# 6. ABSENCE FROM PRACTICE OR COLLEGE MEMBERSHIP FOR LESS THAN THREE YEARS

Completion of the annual RACMA Continuing Professional Development (CPD) program is mandatory for Fellows and Associate Fellows. In special circumstances, the College, through the Continuing Professional Development Program Committee (CPDPC) may grant an exemption from the program for up to a maximum of one year. Fellows and Associate Fellows who fail to undertake the program, without an exemption, will have their college membership removed.

Fellows and Associate Fellows may apply for re-instatement within three years of their membership being removed. They will be required to complete the equivalent of the college CPD program in the year prior to their application and undertake an interview by the Chair

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CPDPC and the relevant Jurisdictional Coordinator for CPD. The interview will determine the recency of the applicant's practice and determine if the applicant should undertake a return to practice program. The Chair CPDPC and Jurisdictional Coordinator for CPD will report their findings to the CPDPC and then to the Education and Training Committee (ETC) who will make a recommendation to the College Board.

# 7. ABSENCE FROM PRACTICE OR COLLEGE MEMBERSHIP FOR MORE THAN THREE YEARS

A Fellow or Associate Fellow who has been absent from practice or college membership for more than three years must undertake a college approved Return to Practice Program.

#### 8. MANDATED RETURN TO PRACTICE PROGRAMS

Return to practice programs may be mandated by jurisdictional authorities, employers, or institutions. The college will be guided by the mandating authority in the requirements and duration of the program.

#### 9. OUTLINE OF RETURN TO PRACTICE PROGRAM

Practitioners requesting to undertake a Return to Practice Program must apply to the College Chief Executive or their delegate. The college will assign a supervisor for the applicant's return to practice program. The supervisor must not have a conflict of interest in supervising the applicant and be available for consulting, mentoring and reviewing the progress of the applicant at least once a month. All costs of the program will be borne by the applicant.

An applicant's learning needs may be mandated by a regulatory authority or be determined by a learning needs analysis undertaken by the applicant with their supervisor and the jurisdictional CPD and Training coordinators. It will be based on the College competencies checklist. The total duration of a formal return to practice program will be determined by the learning needs analysis. The duration of the program and its components may be shortened or lengthened depending on the applicant's progress with the program. The proposed program will be reviewed and endorsed by the CPDPC.

The following framework must be followed for CPDPC endorsement of the planned program:

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

- The applicant and supervisor will agree and document the learning aims, needs and planned duration of program.
- Based on the above, the applicant will complete a Professional Development Plan outlining their CPD program for the next year

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# **Stage 2** - to be undertaken after commencement:

- The supervisor will be available for consultation and mentoring and will review progress with the applicant on at least a monthly basis.
- The supervisor will undertake a documented review every 6 months based on the applicant's progress with their CPD program and learning needs analysis. The supervisor will report progress to the CPDPC.

### **Stage 3** - at the completion of the program:

- The supervisor will submit a written report to the CPDPC confirming that the
  practitioner has satisfactorily completed the program and has the competencies
  required to undertake a safe and contemporary practice in medical administration.
  This will be reported to the ETC and Board, which will decide the status of the
  applicant's college membership.
- If the supervisor is unable to confirm satisfactory completion of the return to practice program, the program should be revised according to the applicant's learning needs and extended until satisfactory completion can be confirmed.
- The supervisor will report to the CPDPC if, in their assessment, the applicant is unable to satisfactorily complete a return to practice program. The CPDPC will decide if any further program or assistance can be offered to the applicant and a report will be made to the RACMA Board.

#### 10. RETURN TO PRACTICE PROGRAM DOCUMENTATION

A written plan for the return to practice program must be reviewed and endorsed by CPDPC. It will be consistent with the requirements of the MBA return to practice policy and will contain the following information:

- 1. The name of supervisor, other supervisors and the workplace within which the program will occur.
- 2. The terms of agreement between the supervisor and applicant.
- 3. The reason for absence from practice.
- 4. A learning needs analysis (using the framework of RACMA competencies), developed following self-assessment and discussion with the supervisor and jurisdictional coordinators of CPD and training. This will include the goals of the program.
- 5. The level of supervision, monitoring and peer review to be undertaken by the supervisor including a timetable for regular meetings feedback and performance review
- 6. A description of the workplace within which the program will occur, the intended duration and timeframe of the program agreed with the supervisor.

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Accompanying documentation:

- a) Documentation from the supervisor and workplace direct manager (or other person in a similar role) indicating their agreement to participate in the program.
- b) 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.

The MBA has provided a template for the written plan which is available at the website.

#### 11. COMMUNICATION WITH RACMA

The applicant may communicate with the college through their supervisor or the College Chief Executive or their delegate. Any appeals against the decision of the supervisor or college committees will be resolved through the Reconsideration, Review and Appeal of Decisions policy.

#### 12. REFERENCES

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- 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
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### 13. VERSION HISTORY

Version	Date	Description
v1.0	New	New policy, replacing the Performance/Competency and Retraining Policy (2016)

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