

Trainee re-entry to practice plan

Trainee re-entry to practice plan must be completed by RGA trainees who have been absent from RGA training or practicing medicine outside of anaesthesia for more than 13 calendar weeks. This plan can be completed either before or on return to training and should be discussed with and signed by the supervisor of training. Further information can be found in section 3.2 of the [Rural Generalist Anaesthesia Handbook for Training](#).

Trainee details

ANZCA ID

Full name _____

RGA training prior to interrupted training

Training time completed, assessments and other relevant aspects of training

Placement details on return to training:

Training site _____

Start date _____ End date _____

Learning needs analysis

Please consider the RGA curriculum learning outcomes that are required for future practice in order to determine any gaps in your competencies when you first resume RGA training. You should identify requirements in discussion with your supervisor of training, taking into account your training, experience and other relevant aspects of your progress prior to commencing interrupted training.

Please complete the below plan:

| Learning needs | How I will address these learning needs | Timeframe, how success will be measured (e.g. additional WBAs) |
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Supervision and feedback

When returning to RGA training, all trainees require support and supervision for safe practice. There should be a gradual process of re-entry to practice.

Name of supervisor of training _____

Position of supervisor of training _____

Name of any secondary supervisors _____

Position of any secondary supervisors _____

Describe the proposed orientation back into RGA training

Describe how supervision will take place and the level of supervision that will be provided (e.g. direct, on-site, telephone). Please include the expected duration of one-to-one supervision.

How will performance be monitored and reviewed? (Assessment of the ability to practice without one-on-one supervision. Workplace based assessments (e.g. log books, record reviews, audit, multi-source feedback and other WBAs))

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

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

If the learning needs are not met, then a Trainees support process will be initiated

What is the plan for communication with your supervisors on return to practice?

Trainee and supervisor agreement of re-entry plan

Trainee statement

I agree to abide by the plan for return to practice outlined above and that I am responsible for my own learning needs. I will work within my level of competence and will seek assistance when necessary. I will undertake activities to enable me to overcome any deficiencies in my professional knowledge or skills.

I give permission for my supervisor to contact ANZCA if they have concerns about my professional performance.

Signature _____ Date _____

Supervisor statement (or head of department or similar role)

I agree to undertake the supervisory and support role in the plan for return to practice outlined above.

I will report to ANZCA when the trainee has completed the plan for return to practice and I will confirm when the trainee is safe to practise in their current position at the expected level of training.

Supervisor signature _____ Date _____

Please send your completed form along with the supporting document to:

RGA Training
Email: drga@anzca.edu.au

For further information, please email or contact us at +61 3 9510 6299.