



## Trainee re-entry to practice

This template should be used by DHM trainee who have been absent from DHM training for more than 26 calendar weeks (note that this applies even if you have been practising medicine outside of DHM). This template can be completed either in the few week before or shortly after returning to training. The plan should be discussed with and countersigned by your supervisor of training.

### Trainee details

College ID 

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Full name \_\_\_\_\_

MBA/MCNZ registration number \_\_\_\_\_

Address \_\_\_\_\_

Suburb/State/Postcode \_\_\_\_\_

Country \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

### DHM training prior to absence from practice

*Training time completed including start and end dates and where training was completed, assessments (in-training and exam), courses completed, VOP accruals and other relevant aspects of training*

### Proposed employment after return to practice

**Learning needs analysis**

Please consider the DHM curriculum learning outcomes that are required for future practice in order to determine any gaps in your competencies when you first resume DHM training. It should identify individual requirements in discussion with your supervisor of training, taking into account your prior volume of practice (VOP) accruals, assessments and other relevant aspects of your progress in training prior to the commencement of the period of absence from DHM Training.

List any gaps in your resuming knowledge and skills and provide the measures to address these.

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

## Supervision and feedback

When you return to work after a period of absence, ANZCA expects that all trainees will have support and supervision for safe practice. There should be a gradual process of re-entry, and your supervisor of training should discuss a plan for supervision that is grading in time and graded in responsibility.

Name of supervisor of training \_\_\_\_\_

Position of supervisor of training \_\_\_\_\_

Name of any secondary supervisors \_\_\_\_\_

Position of any secondary supervisors \_\_\_\_\_

Describe the proposed orientation to your workplace on your return to DHM training

Describe how 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 (trainees are expected to have this).*

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 your learning needs are not satisfactorily met within the anticipated time frame, or there are any concerns about your safety to practice?

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

*If there are any concerns about safety to practice, the regulatory authority must be notified according to the provisions of the National Law (Australia) or Act (New Zealand).*

What is the plan for communication with all those who will be supervising you when you return to practice (i.e. regarding the reason for absence and any other relevant information)? Please be aware that only information that the trainee is comfortable disclosing is required, noting that:

- a. Trainees must disclose any information about conditions that may affect fitness to practice.
- b. Trainees must disclose any conditions placed on practice by a regulatory authority, whether mandated or a voluntary undertaking.

## **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 he or she has 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 notify MBA/MCNZ if I am concerned that the trainee's professional performance 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 the trainee has completed the plan for return to practice and I will confirm whether or not the trainee is safe to practise in his or her current position at the expected level of training.

Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

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This template should be used as a support resource only and does not need to be submitted to the college. Satisfactorily completion this plan should be confirmed as part of the subsequent feedback clinical placement review. Should you be unable to meet this plan within the CPR timeframe, the re-entry program should be extended until satisfactory completion can be confirmed. Further information can be found in section 8.2 of the [Handbook for Advanced Diving and Hyperbaric Medicine Training](#).