



Return to anaesthesia practice plan

This form should be used by fellows returning to practice in Australia or New Zealand.

Personal details

First name _____

Surname _____

College ID _____

Practice prior to absence from practice:

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

Proposed role after return to practice:

Details of proposed work after return to practice

Name of employer (if employed as staff or VMO)

Name of institution(s) in which practice will occur:

- Public hospital / private hospital / private practice group
- Indicate if accredited for FANZCA training



Description of employment:

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

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:

--

What are your learning needs?	How will you address these needs	Timeframe, success indicator(s)

Professional development activities

Your responses below should list professional development activities as in the ANZCA CPD Program, namely: Practice evaluation, Knowledge and skills, Emergency responses.

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

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.

Name and position of principal supervisor: _____

Name and position of any secondary supervisor/s: _____



Describe the proposed orientation to the workplace:

Describe how the supervision will take place and the level of supervision that will be provided:

- Planned duration of one-on-one supervision
- Planned duration of oversight following one-on-one supervision, and whether on-site or by telephone

How will your performance be monitored and reviewed?

- 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.



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 satisfactorily met within the anticipated time frame, or there are any concerns about safety to practice?

Each question should be answered separately

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: _____

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 the relevant regulatory authority 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 practice independently in his or her current position. 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.

Supervisor name: _____

ANZCA ID: _____

Signature: _____ Date: _____

Submit your completed return to practice plan and accompanying documents to the college

ANZCA

Membership Services

PO Box 6095, Melbourne, Victoria 3004, Australia

Email: membership@anzca.edu.au |

For any queries, contact memberhsip@anzca.edu.au or +61 3 9510 6299

Please attach any correlating documents:

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 practice if absence from practice was due to health and/or fitness issues.