

Division:	Fellowship Engagement	Ref. No.	POL-3039
Department:	Professional Standards		
Title:	Re-skilling and Re-entry Program Guidelines		

1. PURPOSE AND SCOPE

This policy outlines the Royal Australasian College of Surgeons (RACS) Re-Skilling and Re-entry Program Guidelines.

The College has a process of re-training and re-skilling surgeons, with each term having a specific meaning:

Re-training applies to surgeons who previously possessed the skills in the areas where there are now deficiencies. These deficiencies may be technical or non-technical skills.

Re-skilling requires the attainment of skills not previously possessed which may pertain to a new procedure or an alteration in devices used. This is particularly relevant to surgeons returning to practice after an absence, or those who have not kept up with surgical developments. This pertains mainly to technical skills and less commonly to non-technical areas.

2. KEYWORDS

Re-skilling, Re-entry, Re-training

3. BODY OF POLICY

3.1. Background

The aim of the Re-skilling and Re-entry Program is to enable the Fellow to achieve the same standard of safe practice as their peers on return to unsupervised clinical practice.

This policy is relevant for Fellows who have self-identified and/or who been identified by the Medical Board of Australia or Medical Council of New Zealand as requiring re-skilling; or Fellows who have had an extended period of absence from clinical practice or an element of clinical practice and wish to return to active practice.

3.2. Aims

RACS aims to provide safe, comprehensive surgical care of high standard to the communities we serve. In order to achieve this goal, the aim of the RACS training and professional development programs is to equip Specialist Surgeons with the following competencies:

- 3.2.1. Medical Expertise
- 3.2.2. Technical Expertise
- 3.2.3. Judgement – Clinical Decision Making
- 3.2.4. Communication
- 3.2.5. Collaboration
- 3.2.6. Management and Leadership
- 3.2.7. Health Advocacy
- 3.2.8. Scholar and Teacher
- 3.2.9. Professionalism
- 3.2.10. RACS asserts that clinical expertise is dependent on well-developed abilities in both medicine and communication. Similarly, academic abilities

Approved By:	Professional Development and Standards Board	Original Issue:	October 2006
Document Owner:	Manager, Professional Standards	Version:	3
		Approval Date:	August 2016
		Review Date:	August 2019

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and professional qualities are considered essential factors in the acquisition of clinical competency. Participation in ongoing audit and peer review of a Fellow's clinical practice is fundamental to minimising risk and ensuring safe and optimal management of patients. These various practice components are core to the re-skilling and re-entry Program for Fellows.

- 3.2.11. The College recommends that Fellows returning to active practice or an element of clinical practice following a prolonged absence make contact with the Executive Director for Surgical Affairs (EDSA) to facilitate the development of a structured Re-skilling and Re-entry Program.
- 3.2.12. Requests for re-training of Fellows of RACS from Regional Health Authorities, or regulatory bodies must be made in writing to the EDSA (Australia or New Zealand).

3.3. Guidelines

The following guidelines are commended for the development of a structured Re-skilling and Re-entry Program for Fellows:

- 3.3.1. Following receipt of the re-training request, the EDSA in Australia or New Zealand will be assigned to oversee the process.
- 3.3.2. The EDSA is the first point of contact for Fellows who have self-identified re-skilling or re-entry requirements.
- 3.3.3. The EDSA, in discussion with the President of the relevant Specialty Society, will review the re-skilling and re-entry requests to determine if a structured program is appropriate. In this determination consideration will be given inter alia to:
- a. Adverse events, complaints, or restrictions on practice imposed by regulators;
 - b. Length of time away from active practice;
 - c. Results of a review of current practice, if this has been undertaken.
- 3.3.4. If key areas of concern and/or deficiencies in clinical practice have been identified and if these pose a risk to patient safety then the regulators will be notified as required by relevant legislation.
- 3.3.5. If following review it is considered re-skilling is not appropriate, this will be communicated to the person or organisation making the request, with reasons.
- 3.3.6. If re-skilling is considered appropriate, the EDSA will select and gain agreement with an appropriate supervisor to coordinate a clinical attachment focusing on the key areas of concern.

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- 3.3.7. In consultation with the supervisor and the Fellow, a structured re-skilling and re-entry Program will be developed, including at least the following elements:
- a. goals
 - b. achievement of expected competencies
 - c. clear competencies to be achieved
 - d. allocated time for regular feedback to the Fellow
 - e. performance assessment based on the Specialty Training Board's training assessment reports
- 3.3.8. The supervisor and the Fellow must agree on the need for re-skilling and on the content and expected outcomes of the program for the program to proceed.
- 3.3.9. Clinical privileges and medical indemnity for the Fellow in the training institution must be in place, but are not the responsibility of the College.
- 3.3.10. Supervision must be at an appropriate level.
- 3.3.11. Appropriate remuneration and costs must be borne by the employing authority or individual requesting re-skilling or re-entry when applicable, and are not the responsibility of RACS.
- 3.3.12. The Fellow undergoing re-training must maintain a logbook of surgical procedures using the appropriate data set recommended in the Surgical Audit and Peer Review Guide.
- 3.3.13. The Fellow will be encouraged to seek support from a colleague, or may be offered the support of an independent RACS Councillor/Regional Committee member not involved in the supervision and retraining process.
- 3.3.14. At the completion of the re-skilling and re-entry program, the supervisor will prepare a report for the EDSA on the program, including the extent to which the goals of the program have been achieved.
- 3.3.15. Following consideration of the supervisor's report, the EDSA will communicate with the person or organisation making the request.
- 3.3.16. If the goals of the re-skilling and re-entry program have not been satisfactorily achieved, the College may communicate this to the appropriate authorities.
- 3.3.17. All processes must be underpinned by the principles of natural justice.

3.4. Fellows returning to active practice after a period of absence

In addition to College/Specialty Society support, Fellows returning to:

- 3.4.1. Public hospital practice;
- Should be supported by the hospital infrastructure and the credentialing requirements. An appropriate training and assessment program should be tailored to enable the Fellow to resume practice in his/her specified practice profile.

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- 3.4.2. Private practice;
Should consider a clinical attachment focusing on the key clinical skills required.

3.5. Retired Fellows seeking re-elevation to an active status

- 3.5.1. Retired Fellows wishing to regain their active Fellowship status must apply in writing to the EDSA.
- 3.5.2. The EDSA will review the application, discuss re-skilling or supervision requirements and may collaborate with an appropriate representative of the relevant Specialty Society to develop a structured re-skilling and re-entry Program based on the applicant's proposed clinical profile.
- 3.5.3. Resuming active practice will have implications for medical registration, credentialing, College subscriptions and participation in the RACS Continuing Professional Development (CPD) Program.
- 3.5.4. Retired Fellows who wish to return to recommence active practice (including medico legal work, surgical assisting, teaching or general clinical practice) are required to inform the College of this change and apply in writing to the EDSA. The EDSA will review the application and discuss any re-skilling or supervision requirements based on the Fellow's proposed work.

3.6. CPD requirements for returning to active status following retirement or period of absence

- 3.6.1. If a surgeon wishes to return to active practice after a period of absence she/he must demonstrate participation in CPD activities equivalent to those required of RACS Fellows.
- 3.6.2. If the applicant has not participated in a recognised CPD Program, they will be required to complete their CPD Online Diary for the relevant year. They may be required to provide evidence of participation in the activities claimed.

4. ASSOCIATED DOCUMENTS

Continuing Professional Development Guide

Surgical Audit and Peer Review Guide

Fellowship: Retired and Deceased Fellows Policy

Approver Professional Development and Standards Board
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