



College of Intensive Care Medicine
 of Australia and New Zealand
 ABN: 16 134 292 103

Document type: Guideline
Date established: 2004
Date last reviewed: 2012

GUIDELINES ON PRACTICE RE-ENTRY, RE-TRAINING AND REMEDIATION FOR INTENSIVE CARE SPECIALISTS

INTRODUCTION

The College of Intensive Care Medicine (CICM) is the peak body for the training and continuing professional development of intensive care specialists, standards of intensive care practice and research in intensive care medicine in Australia and New Zealand. It aims to foster excellent intensive care practice to provide the best possible care of the critically ill. The CICM re-entry and retraining programs have been developed to assist Fellows who wish to return to practice after a period of absence or who have identified themselves, or who have been identified by a Regional Health Board, Medical Board or Medical Council, as requiring retraining.

1. PRACTICE RE-ENTRY PROGRAM

The College considers it important that Intensive Care specialists upgrade their knowledge, clinical skills and professional qualities before returning to clinical practice after a period of absence. This is regardless of the reasons for the absence (such as family commitments, practice in another unrelated area of medicine, practice overseas in a volunteer capacity, or a long period of illness). The aim of the re-entry program is to enable the Fellow who has been absent from clinical practice to demonstrate the same standard of safe clinical practice as his/her peers.

The CICM considers that in such circumstances, the specialist should be advised and encouraged to develop an agreed 'practice re-entry' or 'refreshment of knowledge and skills' program before re-entering independent specialist clinical practice. It is the responsibility of the Fellow to reflect on their knowledge and skills (and the deficiencies), perhaps with the assistance of a mentor. This reflection should consider the competencies defined for the expert trainee in the College document *Competencies, Learning Opportunities, Teaching and Assessments for General Intensive Care* or the equivalent for paediatric intensive care.

After a period of absence of less than a year, the Medical Board of Australia has no specific requirements that must be met before recommencing practice. After a period of absence of between one and three years, the Medical Board of Australia requires that the fellow complete a minimum of one year's pro rata of Continuing Professional Development (CPD) activities relevant to the intended scope of practice prior to commencement designed to maintain and update knowledge and clinical judgment.ⁱⁱⁱ

After a period of absence from practice of three years or longer a formal practice re-entry program must be followed.^{iv} The College provides a re-entry program that has the following components:

- 1.1 The Fellow who has been absent from practice should, with the aid of a mentor, construct a return to work plan. This will detail the areas (practice domains, clinical skills, procedures etc.) that require up skilling and the means by which this up skilling will take place.
- 1.2 The program requires supervised experience in an ICU for a duration that is appropriate for the participant's circumstances. The duration of supervised practice would usually be at least four weeks for every year of absence from Intensive Care clinical practice. The Fellow will nominate a unit in which this supervised practice will take place and an appropriate supervisor who may be the mentor.
- 1.3 The Fellow will submit the return to work plan together with the name of the ICU and supervisor to the Chair of the Fellowship Affairs Committee, who will approve that the nominated unit provides the appropriate experience necessary for the return to work plan and confirm the duration of supervised practice that is required. The Director of the nominated department must endorse the program and its duration.
- 1.4 The Fellow and the supervisor will agree on the methods of assessment (e.g. in-training evaluation reports, work based competency assessments) that are required ensure the goals of the return to work plan are being met.
- 1.5 The Fellow and the supervisor will meet regularly to evaluate progress.
- 1.6 At the end of the supervised practice period, the supervisor will submit a final report to the Chair of the Fellowship Affairs Committee for approval and endorsement that the Fellow has satisfactorily completed a Practice Re-entry Program.

2. RETIRED FELLOWS SEEKING REINSTATEMENT OF FELLOWSHIP

Retired Fellows seeking reinstatement to active Fellowship must apply in writing to the President or Chief Executive Officer. The Chair of the Fellowship Affairs Committee will review the application and recommend a re-entry or retraining program based on the application. The re-entry or retraining program will be developed in consideration of medical board or medical council requirements.

3. RE-TRAINING PROGRAM FOR FELLOWS

Fellows who identify themselves as requiring retraining can use the College CPD program to guide their learning activities, perhaps with the help of a mentor. A formal retraining program is required when requests for retraining or remediation come from regional health authorities, medical boards, medical councils or other regulatory bodies. These will usually arise from a series of adverse events or complaints from staff or patients and follow a process in which the Fellow's practice is found to be deficient in one or more areas, such as a performance assessment. If the regulatory authority determines that there are conduct or health issues, these will be dealt with by the authority not the College. The aim of the retraining program is to allow the Fellow to achieve the same standards of safe practice as his/her peers on return to unsupervised clinical practice.

- a. Requests for retraining must be made in writing to the President or Chief Executive Officer of the College.
- b. The Chair of the Fellowship Affairs Committee will oversee the process, and will review the request to determine whether a retraining program is appropriate. Consideration will be given to the nature and seriousness of the unsatisfactory performance identified, and the length of time since the Fellow was in active practice. Key areas of concern and/or deficiencies will be identified from the performance assessment.

- c. If, following the review, it is considered that retraining is not appropriate, this will be communicated to the person or organisation making the request, with reasons.
- d. If retraining is considered appropriate, the Chair of the Fellowship Affairs Committee will select an appropriate supervisor to coordinate a period of supervised clinical practice in an ICU that can provide experience that is relevant to the key areas of concern.
- e. In consultation with the supervisor and the Fellow a retraining program will be developed that will include:
 - Goals which should have reference to the competencies defined for the expert trainee in the College document 'Competencies, learning opportunities, teaching and assessments for general intensive care' or the equivalent for paediatric intensive care, and be specific for the areas of concern and/or deficiencies identified;
 - Expected and other possible outcomes;
 - Clear timeframes;
 - Allocated time for regular feedback to the Fellow;
 - Methods of assessment of attainment of goals (CICM in-training evaluation reports, work-based competency assessments, 360 degree performance appraisal, others depending upon nature of problems and goals). The Fellow and supervisor must agree on the need for retraining and on the content and possible outcomes of the program. Supervision must be at least the level of a College trainee.
- f. Clinical privileges and medical indemnity for the Fellow in the training institution must be in place. Indemnity for the Chair of the Fellowship Affairs Committee must be confirmed through the regional health authorities/medical board/medical council or regulatory health authority or other body requesting the assessment and retraining. Where the request originated from a College Fellow, the Chair of the Fellowship Affairs Committee must be satisfied that he/she is appropriately indemnified through either the College insurer or some other way (e.g. the medical insurer of the Fellow or the Chair of the Fellowship Affairs Committee).
- g. The Fellow should be encouraged to seek the support of a mentor.
- h. At the completion of the retraining program, the supervisor will prepare a report for the Chair of the Fellowship Affairs Committee on the program, including the extent to which the goals of the program have been achieved.
- i. Following consideration of the report by the CICM Board, the Chair of the Fellowship Affairs Committee will communicate with the person or organisation making the request.
- j. If the goals of the retraining program have not been satisfactorily achieved, the Board may communicate this to the appropriate board or medical council.
- k. A program of practice review and clinical risk management will be instituted as part of the Fellow's CPD requirements. This should include monitoring of learning objectives and evaluation of ongoing performance.

4. IMPAIRED INTENSIVISTS

If the College is approached by an individual or hospital regarding a Fellow who is believed to be impaired, the College will advise that it has no program to assist impaired doctors and that the complainant should advise the Fellow to seek appropriate medical assistance and if necessary to make a mandatory notification to the appropriate regulatory body (The Australian Health Practitioner Regulatory Authority (AHPRA) in Australia or the Medical Council of New Zealand).

These guidelines should be interpreted in conjunction with the following Policy Documents of the College of Intensive Care Medicine:

- IC-2 *Intensive Care Specialist Practice in Hospitals Accredited for Training in Intensive Care Medicine*
- IC-3 *Guidelines for Intensive Care Units seeking Accreditation for Training in Intensive Care Medicine*
- IC-4 *The Supervision of Vocational Trainees in Intensive Care Medicine*
- IC-7 *Administrative Services to Intensive Care Units*
- IC-13 *Recommendations on Standards for High Dependency Units Seeking Accreditation for Training in Intensive Care Medicine*

*Promulgated by JFICM: 2004
Republished by CICM: 2010
Reviewed: 2012*

This policy document has been prepared having regard to general circumstances, and it is the responsibility of the practitioner to have regard to the particular circumstances of each case, and the application of this document in each case.

Policy Documents are reviewed at minimum every four years and it is the responsibility of the practitioner to ensure that the practitioner has obtained the current version. Policy Documents have been prepared having regard to the information available at the time of their preparation, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

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ⁱ Medical Board of Australia, Recency of Practice Registration, Standard 2010

ⁱⁱ Medical Board of Australia, Continuing Professional Development Registration, Standard 2010