

Application for Return to Work

Name

RACGP no.

ACRRM no.

Address

Postcode

Date of birth

Email

Mobile

Phone

Fax

Qualification/s *(Please attach written verification)*

Primary medical degree

Date

Country

Anaesthesia qualifications

Date

Country

Other qualifications

Date

Country

Anaesthetics training

Hospital/practice

Time (weeks)

Dates (from)

Dates (to)

—

—

—

—

How does this training meet the learning objectives and training requirements of the Curriculum for general practitioner anaesthesia, sixth edition, 2020?

Current anaesthesia practice

| Full | Part-time | No. of years | Yes, details below | No |
|--------------------------|------------------------------|--------------|---------------------|-----------------|
| | | | Dates | — |
| Cases/year (avg)* | | | | |
| | GA | | Regional | Combined GA/Reg |
| | LA/Sed | | Other | Total |
| Regional* | | | | |
| | Spinal | | Epidural | Other (specify) |
| Type of surgery* | | | | |
| | General | | Orthopaedics | Obstetrics |
| | Gynaecology | | Urology | ENT |
| | Ophthalmology | | Vascular | Other |
| | Paediatric anaesthesia (<10) | | Minimum age (years) | |
| | Elective | | Emergency | |

*Please indicate numbers, even if approximate

Anaesthesia practice prior to absence from practice

Location

| Full | Part-time | No. of years | Dates | — |
|--------------------------|------------------------------|--------------|---------------------|-----------------|
| | | | | |
| Cases/year (avg)* | | | | |
| | GA | | Regional | Combined GA/Reg |
| | LA/Sed | | Other | Total |
| Regional* | | | | |
| | Spinal | | Epidural | Other (specify) |
| Type of surgery* | | | | |
| | General | | Orthopaedics | Obstetrics |
| | Gynaecology | | Urology | ENT |
| | Ophthalmology | | Vascular | Other |
| | Paediatric anaesthesia (<10) | | Minimum age (years) | |
| | Elective | | Emergency | |

*Please indicate numbers, even if approximate



Sample log book

A sample of a log of anaesthesia cases is to be provided along the lines of the proforma from the current anaesthesia practice and the original anaesthesia training.

Current hospital accreditation(s)

Return to practice program

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.

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

Learning needs

How you will address these learning needs.

| Learning needs | How you will address these learning needs | Timeframe, success indicator(s) |
|----------------|---|---------------------------------|
|----------------|---|---------------------------------|

Return to practice program

Each of the following questions should be answered separately.

How will your performance be monitored and reviewed? (eg. logbooks, record reviews, audit, multisource feedback)

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 timeframe, or there are any concerns about safety to practice?

When you return to work after a period of absence, the JCCA expects that you will have ongoing support and supervision for safe practice. Detail the proposed supervision.

Details of your plan for CPD. Please include any CPD activities you have undertaken in the 12 months prior to the submission of your plan.

Referees

Doctor name

Doctor name

Doctor name

Address

Address

Address

Telephone No.

Telephone No.

Telephone No.

Email

Email

Email

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 JCCA.

I will notify the JCCA if I am concerned that the professional performance of Dr _____ 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 the JCCA when Dr _____ has completed the plan for return to practice and I will confirm whether or not they are safe to practise independently as a general practitioner providing anaesthesia services in accordance with the JCCA's Curriculum for General Practitioner Anaesthesia, **sixth edition 2020**.

Supervisor name

Signature of supervisor

Date

Practitioner statement

I agree to abide by the plan for return to practice that has been approved by the JCCA.

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 CPD activities to enable me to overcome any deficiencies in my professional knowledge or skills.

I give permission for my supervisor to contact JCCA if s/he has concerns about my professional performance.

Applicant name

Signature of applicant

Date

How to lodge this application

This application is to be completed and forwarded to the JCCA Secretariat.

Email: jcc@racgp.org.au

For more information email jcc@racgp.org.au

Note: It is advisable to save the completed version of this application form to your documents library.