

## Return to work/upskilling policy

### Section A: General practitioners providing anaesthesia services to practice after they have been away from anaesthesia practise

#### Training posts

It is the JCCA's policy that a return to work program must be completed where a general practitioner providing anaesthesia services has had time out of Anaesthesia practice. GP Anaesthesia requires the ability to make rapid and accurate clinical assessments, often concurrently with time-critical management decisions as well as undertake a range of technical skills. Performance of tasks at optimal levels depends on recent clinical practice and deteriorates when there is an interruption to clinical practice. As there is a large degree of individual variation in the impact of factors involved return to practice programs must be tailored to individual needs. The overall aim is to ensure that the general practitioner providing anaesthesia services provides safe and up to date care. Each individual general practitioner providing anaesthesia services has a responsibility to ensure that this is the case.

#### Scope

This document applies to all general practitioners providing anaesthesia services irrespective of the reason for their absence from practice. It applies to both mandated and voluntary return to practice programs. Return to practice programs may also be mandated by jurisdictional authorities, employers, or institutions. A regulatory authority may stipulate a shorter period in which case their timeframe takes precedence and they will provide the final approval. The recommended timeframe to follow is set out below.

GP ANAESTHESIA EXPERIENCE	RETURN TO WORK PROGRAM - TIME REQUIRED
More than two years FTE experience/work as a general practitioner providing anaesthesia services who is absent from practise for a period between six and 24 months.	The starting point would usually be four weeks supervised practice per year of absence. A GP who has only undertaken part time GP anaesthesia will require additional time. Subsequent time may be recommended by the supervisor following assessment.
Registrars with less than two years FTE initial general practitioner anaesthesia experience	Four weeks per year of absence. A GP who has only undertaken part time GP anaesthesia will require additional time. Subsequent time may be recommended by the supervisor following assessment.
More than two years absence from FTE practice as a general practitioner providing anaesthesia services	Application is to be made to the JCCA for consideration of how much upskilling and return to work program should take place.

The importance of an individually tailored return to work program developed in conjunction with a mentor/supervisor is emphasised. The variables include degree of experience before leave of absence, the length of absence from practise and the planned return to work environment. The return to work program should be aligned with the principles outlined in [ANZCA PS50](#). The general principles follow.

### Principles

- » This document applies to all general practitioners (GPs) providing anaesthesia services irrespective of the reason for their absence from practice.
- » The return to practice program is to be outlined in the form provided.
- » The program should incorporate participation in the Joint Consultative Committee on Anaesthesia's (JCCA) continuing professional development (CPD) Standard.
- » Learning objectives are to be provided as part of the program.
- » The program should include provision for regular discussion of cases with the supervisor (or nominee).
- » It is recommended that a logbook be maintained.

### Section B: Administrative arrangements

The general practitioner providing anaesthesia services will arrange the attachment directly with the supervisor(s) at the relevant hospital. As a first step the general practitioner providing anaesthesia services should discuss return to work with the supervisor and design a return to work program. This should include:

- » Nomination of the hospital department or anaesthesia practice in which the general practitioner providing anaesthesia services wishes to undertake the practice re-entry program.
- » Details of the clinical experience to be undertaken.
- » The attachment can take place in the general practitioner providing anaesthesia services own environment, eg local regional hospital. A key requirement is for the supervisor (or nominee) to confirm successful completion of the attachment.

Following completion of the attachment:

- » An endorsement of the program and its duration by the director of the nominated department or a senior specialist anaesthetist in the nominated practice is required which states that the general practitioner providing anaesthesia services is either satisfactory or unsatisfactory for independent GP Anaesthesia practice.
- » If the absence from practice was due to health and/or fitness issues written confirmation is required from the treating doctor that the general practitioner providing anaesthesia services is fit to practise.
- » The general practitioner providing anaesthesia services will be issued with a letter from the JCCA to state that they have completed a suitable return to work attachment.

The template for a return to practice plan is in the downloadable form on the website or can be obtained by emailing the JCCA at [jcc@racgp.org.au](mailto:jcc@racgp.org.au)

## Section C: GPAs attending a hospital attachment for the purpose of upskilling

- » It is recommended that general practitioners providing anaesthesia services wishing to update their skills in a hospital attachment should undertake an attachment in a JCCA accredited hospital following the principles of the return to work program outlined in the foregoing. The upskilling period should be for a minimum of two weeks.
- » The general practitioner providing anaesthesia services will arrange the attachment directly with the supervisor(s) at the relevant hospital.
- » Following the attachment the general practitioner providing anaesthesia services submits the documentation to the relevant office for adjudication and recording in the education activity record.

## References

- » Australian and New Zealand College of Anaesthetists (ANZCA) – PS50 BP 2016: Guidelines on Return to Anaesthesia Practice for Anaesthetists – <http://www.anzca.edu.au/documents/ps50bp-2016-guidelines-on-return-to-anaesthesia-pr.pdf>
- » The Royal Australian College of General Practitioners – Re entry to General Practice – <https://www.racgp.org.au/education/qicpd-program/gps/re-entry/>
- » Australian College of Rural and Remote Medicine – **Re-entry after a break from clinical practice** (Fellowship Training Handbook - Item 4.3 Leave / Re-entry after a break from clinical practice).
- » Australian Health Practitioner Regulation Agency (AHPRA) – Recency of practice – <https://www.ahpra.gov.au/Registration/Registration-Standards/Recency-of-practice.aspx>

This policy replaces the Recommendations on hospital attachments for assessment, upskilling, and practice re entry for general practitioner anaesthetists (GPAs), 2008