

Appendix 4. Re-entry to practice – A checklist for the practice

For the practice, there are essentially four stages to the re-entry process:

1. **Preparation**
2. **Terms of engagement** (devising and agreeing to a re-entry plan)
3. **Implementation** of the plan
4. **Completion** of the plan (**evaluation** of the outcomes and **decision making**)

The following is a checklist of the things that a practice needs to consider when preparing for and managing a GP's re-entry to practice.

Preparation

Has the GP worked at this practice before?

If yes: What were the circumstances under which the GP left? What implications does this have with respect to their re-entry?

Review:

- any available documentation, such as information from any investigation, decisions that have been made, medical and other reports, and the learning plan.

Consider:

communication with colleagues regarding the GP's role in the practice

- the need for facilitation or mediation where relationships have been or might be strained
- adjustments that may need to be made to the workplace
- the GP's training and support needs
- the available options for resuming work
- the prospects for success/failure and the possible consequent action.

Can an agreement in principle be reached? If so, what is the proposed re-entry plan?

Organisational action plan

What is the GP's plan for re-entry (including learning needs)? What is the time frame? Is a formal agreement required?

Is AHPRA involved?

Who are the individuals within the practice that will assist with re-entry? What are their respective roles? Is there a need for a supervisor, or an overseeing 'responsible officer'? Who will monitor progress?

How will re-engagement with clinical work be managed? Will a gradual return be beneficial? Is mentoring or supervision required?

Is any assistance required from outside the practice? A mentor? Expert advice?

Formal induction and orientation

What orientation will be conducted to the workplace?

Consider:

- general administrative requirements
- billing
- medical software and note-taking
- protocols such as results checking, recalls, follow-up of outstanding requests and referrals, patient handover, emergency procedures and drugs, vaccines, near misses, OH&S, patient complaints.

Communication

Clarify the lines of communication between the GP, supervisor, mentor, practice manager, and any other involved parties.

Brief the team that the GP will be working in but also, as required, the wider organisation.

Respond to the needs of individual colleagues.

Respond to patient needs and concerns, eg when certain restrictions have been placed on the GP's practice or questions are anticipated from patient groups or the media.

Completion

Who will evaluate the outcomes? How will they be evaluated?

Who is responsible for decision making? Will the GP continue working in the practice? If so, what will be the new terms of engagement?

Who will sign off on completion? Who is responsible for reporting?
