College of Intensive Care Medicine of Australia and New Zealand
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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, and standards of practice and research in intensive care medicine in Australia and New Zealand. It aims to foster excellent practice of intensive care medicine to provide the best possible care of the critically ill. The CICM re-entry and re-training programs have been developed to assist Fellows who wish to return to the practice of intensive care medicine after a period of absence, or who have identified themselves, or been identified as requiring re-training.

1 PRACTICE RE-ENTRY PROGRAM

The College considers it important that any Intensive Care specialist who has been absent from the practice of intensive care medicine for any reason has the opportunity to upgrade his or her knowledge, clinical skills and professional qualities before returning to clinical practice The need for up-skilling will depend upon a number of factors that include the duration of the absence, the experience of the specialist prior to the period of absence, the nature of the planned return practice (solo practice or practice in a supportive team environment) and to some extent on the skills and personality of the individual specialist. It may also vary with the nature of the absence where, for instance, that may have involved ongoing clinical practice in a related acute care specialty. Programs should thus be individualised. It is the responsibility of the Fellow to reflect on their knowledge, skills and potential deficiencies, preferably 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.

The Medical Board of Australia provides guidelines for practice re-entry and the College largely supports this framework. 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 Board requires the fellow to complete a minimum of one year's equivalent of Continuing Professional Development (CPD) activities relevant to the intended scope of practice prior to recommencement. After a period of absence from practice of three years or longer, the Medical Board requires a formal practice re-entry program.

In recognition of the difficulties many practitioners encounter in undertaking CPD during a period of absence and in response to anxieties experienced by some specialists returning to practice after even a relatively short period of absence, the College has facilitated access to the ANZCA Critical Care, Resuscitation and Airway Skills (CRASH) program and recommends this course to those returning after an absence of up to 1 year. For those with a longer absence of up to three years, this or a similar workshop should be considered mandatory together with completion of the equivalent of 12 months CPD requirements in ICU-related activities. For specialists planning a return to practice after an absence of longer than 3 years, a formal re-entry program is required in addition to the completion of a relevant workshop and CPD.

The College Practice Re-entry program should be individualised based on the factors discussed above and should include the following:

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 be achieved.

1.2 The program requires a period of 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 the clinical practice of intensive care medicine.

1.3 The Fellow is responsible for identifying and making arrangements with the Intensive Care Unit (ICU) in which this supervised practice will take place and for identifying and seeking the assent of an appropriate supervisor who may be the mentor.

1.4 The Fellow will develop and submit a return to work plan together with the details of the ICU and the supervisor to the Chair of the Fellowship Affairs Committee. The Chair is responsible for determining if the identified ICU provides the appropriate experience necessary for the return to work plan and for confirming the duration of supervised practice that is required. The program and its duration must be endorsed by the Director of the nominated department that will usually but not necessarily be an ICU that is accredited by the College for training in intensive care medicine.

1.5 The Fellow and the supervisor will together determine the assessments (e.g. in-training evaluation reports, work based competency assessments) that are required to ensure the goals of the return to work plan are being met.

1.6 The Fellow and the supervisor will meet regularly to evaluate progress.

1.7 At the end of the supervised practice period, the supervisor will submit a final report to the Chair of the Fellowship Affairs Committee to enable Committee endorsement that the Fellow has satisfactorily completed the Practice Re-entry Program.

This program is applicable to Fellows who were established in practice prior to the period of absence. It does not apply to trainees who undertook a significant period of absence from the practice of intensive care medicine at the completion of Fellowship training. Such trainees may require a further period of supervised training prior to practice entry.

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 re-training program based on the application. The re-entry or re-training program will be developed in consideration of the requirements of the appropriate regulatory authority.

3 RE-TRAINING PROGRAM FOR FELLOWS

A program of re-training may be requested by Fellows who perceive their own need for such a program. These Fellows can use the College CPD program to guide their learning activities, ideally with the guidance of a mentor.

Alternatively, a program of re-training may be requested by regional health authorities, medical boards, medical councils or other regulatory bodies, usually in response to perceptions or determinations of behavioural or performance shortcomings. In this circumstance a performance assessment has usually been undertaken and a formal re-training program is required. If the regulatory authority has determined that there are conduct or health issues, these will be dealt with by the authority rather than the College. The aim of the re-training program is to allow the Fellow to achieve a standard of safe practice equivalent to that of clinical peers to enable return to unsupervised clinical practice.

The process for re-training involves:

a. A written request to the President or Chief Executive Officer of the College.

b. Oversight by the Chair of the Fellowship Affairs Committee (CFAC). This entails review of the request to determine whether a re-training program is appropriate in consideration of 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. The CFAC may co-opt two senior Fellows to form a working group for this review.

c. If, following the review, it is considered that re-training is not appropriate, this will be communicated with a detailed explanation to the person or organisation making the request.

d. If re-training is considered appropriate, the Chair of the Fellowship Affairs Committee will select an appropriate supervisor and seek agreement for the 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 re-training 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 including CICM in-training evaluation reports, work-based competency assessments, 360-degree performance appraisals and other requirements as may be relevant to the nature of the identified problems and the goals of re-training. The Fellow and supervisor must agree on the need for re-training 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 CFAC must be confirmed through the regional health authorities/medical board/medical council or regulatory health authority or other body requesting the assessment and re-training. 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 by other means (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 re-training program, the supervisor will prepare a report for the CFAC 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 CFAC will communicate the outcome to the Fellow and to the person or organisation who submitted the original request.

j. If the goals of the re-training program have not been satisfactorily achieved, the Board may communicate this to the appropriate board or medical council.

k. An ongoing program of practice review and clinical risk management will be instituted as part of the Fellow's CPD requirements. This program should include some monitoring of learning objectives and an 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*

References and sources

Acknowledgments

Further reading

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