TR 021 Return to Clinical General Practice Training after Extended Leave Policy and Procedure

1. Purpose

MCCC GP Training recognises that registrars who have had extended periods of absence from general practice training, may require additional support to facilitate their return to clinical practice and fulfil training requirements. This procedure outlines a standardised approach to the assessment and planning for additional support where required. For the purposes of this procedure, extended leave is defined as a period of time exceeding twelve months from clinical general practice. Extended leave also includes time taken to do Advanced skills or Advanced Rural Skills Training.

2. Scope of this procedure

This procedure is applicable to all registrars enrolled in the Australian General Practice Training (AGPT) RACGP and ACRRM programs, Regional Heads of Education (RHEs), relevant administrative support officers and the portfolio leads for Registrar Monitoring, Assessment and Progression and Pastoral and Learning Support (PALS).

3. Principles

MCCC GP Training recognises that registrars may take leave or not work in clinical general practice for a variety of reasons, and that there are a number of factors that may affect their ability to transition back into clinical work and training commitments. These include but are not limited to:

- How long the GPR has been away
- Reasons for absence, and potential for this to impact on their return to training
- Were there any concerns about the GPR before they went on leave?
- Has the registrar undertaken any study or otherwise made attempts at maintain knowledge and skills whilst absent?
- Do any workplace modifications or accommodations have to be made?

In order to successfully support safe return to training, MCCC GP Training advocates an early assessment, with subsequent development of an individualized Focused Learning Intervention (FLI) where appropriate, recognising the specific needs of each registrar.

4. Procedure

1. Registrars who have been absent from clinical general practice training for longer than twelve months are identified by relevant administration staff and notified to the RHE. This initiates a process for assessment of the registrar as per Level 2 of the PALS pathway.

2. The RHE (or delegate) will arrange a meeting with the registrar to discuss their return to training and identify any significant issues that may need to be considered.

3. Where the registrar has already matched with a practice, the practice should be advised that the registrar has had an extended period of leave and informed of the assessment procedure. If the registrar has not secured a position, the RTO should assist in facilitating this.

MCCC may amend and vary this policy and/or procedure from time to time.
4. The registrar will undergo an assessment, depending on their stage of training:

   a. Registrars returning at the start of PRRT/GPT 1 will undergo Initial Assessment (IA) with the rest of the PRRT/GPT 1 cohort.

   b. Registrars returning part of the way through PRRT/GPT 1 will sit the IA MCQ prior to their return, and have an ECTV, Practice Manager report and Supervisor report in the first two to four weeks of practice.

   c. Registrars returning at the start of PRRT/GPT 2, will sit the Further Assessment (FA) MCQ prior to their return and have an ECTV, Practice manager report and Supervisor report in the first two to four weeks of practice.

   d. Registrars returning part of the way through PRRT/GPT 2 level and beyond, will sit the FA MCQ prior to their return and have an ECTV, Practice manager report and Supervisor report in the first two to four weeks of practice.

   e. Registrars who return to PRRT/GPT 3 or 4 and have passed their relevant college Fellowship exams will require an early supervisor report in the first two to four weeks of practice. They may also require an early ECTV depending on the report.

5. The RHE (or delegate) will review the assessment results and provide information to the allocated Training Advisor to facilitate feedback to the registrar.

6. Early allocation of a Training Advisor is recommended to provide a point of contact and support for the registrar.

   Registrars returning at the start of PRRT/GPT 1 will have a Training Advisor Review Meeting (TARM) in line with the standard IA procedure.

   For all other registrars, the first TARM will ideally occur in the fourth to sixth week after the registrar re-commences to discuss feedback from the assessment process and review their learning plan and/or FLI where applicable. Additional TARMs may be held as needed.

7. The RHE will involve the local PALS ME if any issues have been identified during the assessment process. Additional assessment may be needed as per the PALS procedure Level 2, to provide clarification of these issues.

8. Where a registrar is identified as requiring additional support, the procedure for PALS Level 3 or 4 should be followed, depending on the additional resources and needs identified.

5. Related documents

MCCC related documents

ED 005 Registrar in Difficulty Procedure
ACCRM Fellowship Handbook

External related documents

Australian Medical Board “Information on Returning to Practice” Factsheet
Australian Medical Board Registration Standard: “Recency of Practice”

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