



Australasian College
for Emergency Medicine

Policy on re-entry to practice following a period of absence

V3 CPD307

Document Review

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Revision History

Version	Date	Pages revised / Brief Explanation of Revision
v1	Aug-2016	Approved by Council of Education
v2	Dec-2020	Draft for CPD Committee consideration
v2	Jan-2021	Revisions approved by Council of Education
v3	Oct-2023	Revisions to align with revised 2023 Registration Standard

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1. Definitions

Authority

means either the Medical Board of Australia (MBA) or the Medical Council of New Zealand (MCNZ), as appropriate to the jurisdiction in which the individual is practising or intends to practice.

Continuing Professional Development

the means by which ACEM CPD Program participants maintain, improve and broaden their knowledge, expertise and competence and develop the personal and professional qualities throughout their professional lives (Medical Board of Australia).

Participant

for the purposes of this policy, includes all individuals participating in the ACEM CPD Program and any former ACEM CPD Program participants whose membership or association with the College was terminated in accordance with provisions of the ACEM *Constitution* (refer to clauses 4.2 and 4.3).

Period of absence

means the period of time during which a participant has not undertaken clinical practice in emergency medicine.

Retired Fellow

is a sub-class of FACEM membership (refer Regulation A1.3).

2. Purpose and scope

The Australasian College for Emergency Medicine (ACEM; the College) is the peak professional organisation responsible for the training of emergency physicians and the advancement of professional standards in emergency medicine in Australia and New Zealand. The College recognises that emergency physicians returning to clinical practice in the speciality after a period of absence may face challenges, such as: identifying changes in literature and practice, which have taken place during their absence; updating their knowledge and skills; and adopting new technologies and treatments into their practice.

This policy outlines the College's requirements for emergency physicians returning to clinical practice (re-entry) after a period of absence and operates alongside relevant documents of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ).

3. Recency of practice and re-entry requirements

The requirements for re-entry to clinical practice are predicated on the amount of clinical experience the participant had prior to undertaking the relevant period of absence and the duration of absence from clinical practice (recency of practice). The College's approach to re-entry to clinical practice is guided by the requirements of the MBA and the MCNZ, as applicable. Re-entry requirements vary according to recency of practice, as outlined below.

Absence of 12 months or less

Similar to the requirements of the MBA and the MCNZ, both of which have no specific requirements, there are no ACEM requirements to be met by participants with an absence from clinical practice of up to and including 12 months before recommencing practice.

Absence of 12 to 36 months

The MBA requires, at a minimum, before re-commencing practice, participants must complete the equivalent of one year's continuing professional development (CPD) activities, relevant to their intended scope of practice. The CPD activities must be designed to maintain and update their knowledge and clinical judgment. For return to practice arrangements, practitioners returning to practice can complete 50 hours of CPD

educational activities to be considered to have met the standard (activities designed to review performance or measure outcomes are not required). The MCNZ does not have any such re-entry requirements. Similarly, for participants who have absence of between 12 months and up to and including 36 months, ACEM requires at a minimum, before re-commencing practice, participants must complete the equivalent of one year's continuing professional development (CPD) activities, relevant to their intended scope of practice. The CPD activities must be designed to maintain and update their knowledge and clinical judgment. For return to practice arrangements, practitioners returning to practice can complete 50 hours of CPD educational activities to be considered to have met the standard (activities designed to review performance or measure outcomes are not required). There are no ACEM requirements to be met prior to recommencement to practise in Aotearoa New Zealand.

Absence of 36 months or more

Participants returning to clinical practice in emergency medicine after a period of 36 months or more absence are required to demonstrate that their knowledge, clinical skills and professional qualities are consistent with contemporary standards. The ACEM re-entry program provides a pathway for participants who have been absent from clinical practice to demonstrate the same standard of safe clinical practice as their peers.

Participants absent from practice for 36 months or more must follow a formal re-entry program, which meets the practice re-entry requirements of the MBA or the MCNZ, as applicable.

4. Re-entry to practice program

4.1 ACEM notification requirements

Participants resuming practice following a period of absence are required to notify the College in writing of:

- the period of time they have been absent from practice;
- the reason for the period of absence; and
- the date practice is to be recommenced.

In addition, they are required to meet the applicable re-entry requirements and to provide to the College such documentation as may be required by ACEM in association with those requirements.

Note: The above notification requirements do not apply to:

- Retired Fellows and suspended participants seeking reinstatement to active membership, and
- Former participants seeking readmission to College membership.

Applications from such persons are made directly to the ACEM Board in accordance with the provisions of the ACEM Constitution and any associated College regulations and/or policy(ies).

4.2 Formal plan for CPD and re-entry to practice

Participants returning to clinical practice in emergency medicine after a period of absence of 36 months or more are required to submit a formal Plan for CPD and Re-entry to Practice for consideration by the ACEM CPD Committee. The plan must be provided on the prescribed College form, all parts of which must be completed in full. The completed form, together with all required documentation specified therein must be submitted to the College to the attention of the Chair of the ACEM CPD Committee. Where necessary, the Chair of the CPD Committee may require submission of additional documentation on an individual basis.

For the purposes of consideration by the ACEM CPD Committee, the College may accept the re-entry documents required by the MBA or the MCNZ, as applicable, in place of a formal re-entry plan on the prescribed College form. Where deemed necessary, submission of additional documentation may be required on an individual basis.

In developing a formal re-entry plan, participants are encouraged to work closely with a mentor in identifying

their learning needs and goals through the development of a formal plan to assess 'practice re-entry' or 'refreshment of knowledge and skills'. The mentor may be a nominated supervisor or may be a colleague otherwise not involved in the formal re-entry process. Participants may request assistance from the College in locating a suitable mentor, if required.

4.2.1 Supervision

Nominated supervisor(s)

The re-entry plan must specify the principal supervisor and any secondary supervisor(s) who will provide support and supervision for safe practice. The nominated supervisor(s) must be a FACEM. The role of the supervisor(s) is to monitor the execution of the practice re-entry plan and prepare a report at the conclusion of the set period describing the extent to which the goals for re-skilling and re-entry were achieved.

Supervisor eligibility

The prospective FACEM supervisor must:

- i. be at least three (3) years post attaining fellowship
- ii. be of good standing as per [regulation E1.5.1](#)

Supervision requirements

Where re-entry to practice is approved, the appointed principal supervisor must monitor the execution of the practice re-entry plan. In performing this role, the principal supervisor undertakes to notify the ACEM of any concerns in relation to the professional performance of the participant placing the public at risk as well as notify the College if they cannot provide the necessary supports to ensure the safety of the public.

All nominated supervisor(s) will be responsible for:

- providing supervision comparable to that which is provided to a FACEM advanced trainee
- undertaking formal assessment of the participant in accordance with the agreed requirements of the plan, and
- providing feedback to the participant on progress at agreed intervals.

At the conclusion of the set period, the principal supervisor will provide a report to the College describing the extent to which the goals for re-skilling and re-entry were achieved and confirm whether or not the participant is safe to practice independently in their current position. This report should consider the competencies defined for Advanced Training Stage 3 in the ACEM Curriculum Framework.

4.2.2 Review Process

Initial Review

- (a) The Chair of the CPD Committee will review the formal plan for professional development and re-entry to practice and determine if any additional documentation is required to progress the re-entry practice plan application.
- (b) The CPD Committee shall review the formal plan for professional development and re-entry to practice and make a determination as to whether the plan is:
 - approved without modification; or
 - approved with modification (as noted); or
 - not approved.

- (c) The participant shall be notified in writing of the outcome of the initial review and will be given reasons for any modifications or non-approval.

Supervisor's Report/s

- (d) The principal supervisor must submit to the CPD Committee a written report if, at any stage during supervision, they have any concerns about the about the standard of practice or knowledge of the participant being supervised.
- (e) The principal supervisor must submit a final report to the CPD Committee within 28 days of completion of the program. The final report shall include:
- whether or not the goals of the program have been achieved;
 - details of any deficiencies identified in the knowledge and practice of the participant; and
 - whether or not any deficiencies identified have been addressed.

Outcome of Program

- (f) The CPD Committee shall review the supervisor's report/s and make a recommendation to the Council of Education for decision.

5. College support

ACEM is committed to providing its members structured support that is consistent, transparent and robust. The College acknowledges the importance of the wellbeing of its members and their right to a learning environment of professionalism, collegiality and respect.

The College recognises the particular difficulties clinicians may experience on re-entering the specialist workforce following an extended period of absence, and will seek to support returning members, as applicable. Requests for such support should be made in writing to the Membership and Culture Unit. The College also has available for access by its members an employee assistance program (EAP).

6. Associated documents

- ACEM Constitution
- ACEM Regulations
- Plan for CPD and Re-Entry to Practice Form – Australia (CPD597)
- Plan for CPD and Re-Entry to Practice Form – New Zealand (CPD426)



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