Plan for CPD and Re-Entry to Practice Form - MCNZ

This form is to be completed by Fellows resuming clinical practice in New Zealand after an absence of three (3) or more years’ duration. (It is also to be completed by Retired Fellows seeking reinstatement to active Fellowship and former Fellows seeking reinstatement to membership as a Fellow, when required to do by the MCNZ.)

# Applicant Details and History

## Applicant Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Practitioner: |  | | | | | |
| Member Number: |  | | | | | |
| Period of absence from practice: | Date from: |  | Date to: |  | Total Years: |  |
| Reason for absence from practice: |  | | | | | |

## Details of Proposed/Current Employer *(if applicable)*

|  |  |
| --- | --- |
| Name of Employer: |  |
| Name of Organisation: |  |
| Address: |  |
| Phone No. (BH): |  |
| Specialty: |  |
| Role: |  |
| Description of role: |  |

**Attach:**

1. Written confirmation of job offer (if applicable) on the proposed employer’s letterhead, signed and dated by an authorised person.

## Most Recent Previous Clinical Role

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Employer: |  | | | | |
| Name of Organisation: |  | | | | |
| Dates of practice in this role: | Date from: |  | Date to: |  | *(use dd/mm/yy format)* |
| Specialty: |  | | | | |
| Role: |  | | | | |
| Description of role: |  | | | | |

## Additional Previous Clinical Role

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Employer: |  | | | | |
| Name of Organisation: |  | | | | |
| Dates of practice in this role: | Date from: |  | Date to: |  | *(use dd/mm/yy format)* |
| Specialty: |  | | | | |
| Role: |  | | | | |
| Description of role: |  | | | | |

## Attachments

|  |  |
| --- | --- |
|  | most recent clinical role – documentation relating to description of role *(if available)* |
| additional previous clinical role – documentation relating to description of role *(if available)* |
|  | copies of recent performance practice reviews *(if available / optional)*  *Written confirmation of job offer (if applicable) on the proposed employer’s letterhead, signed and dated by an authorised person.* |

# Learning Needs Analysis

### Aims:

* To consider the knowledge and skills that are required in order to determine any gaps in knowledge and skills.
* To develop a program to address the learning needs.

Learning needs are divided into the eight ACEM domains and include learning needs identified by the Medical Board of Australia (MBA).

Using the table below, for each domain required:

1. List the gaps in knowledge and skills
2. List the goals to be achieved, expected outcomes and timeframes
3. List Continuing Professional Development, training or programs to be completed

## ACEM Domain: Medical Expertise

* MBA ‘General Clinical Knowledge’
* MBA ‘Specific Clinical Requirements’
* MBA ‘Procedural Skills

### Gaps in knowledge of skills:

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| --- |
|  |

### Goals to address the gaps, expected outcomes and time frame:

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| --- |
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### Continuing Professional Development plans:

|  |
| --- |
|  |

## ACEM Domain: Communication

### Gaps in knowledge of skills:

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| --- |
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### Goals to address the gaps, expected outcomes and time frame:

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### Continuing Professional Development plans:

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| --- |
|  |

## ACEM Domain: Collaboration

### Gaps in knowledge of skills:

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### Goals to address the gaps, expected outcomes and time frame:

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### Continuing Professional Development plans:

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| --- |
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## ACEM Domain: Health Advocacy

### Gaps in knowledge of skills:

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| --- |
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### Goals to address the gaps, expected outcomes and time frame:

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| --- |
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### Continuing Professional Development plans:

|  |
| --- |
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## ACEM Domain: Leadership and Management

* MCNZ ‘Administrative Roles’

### Gaps in knowledge of skills:

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| --- |
|  |

### Goals to address the gaps, expected outcomes and time frame:

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| --- |
|  |

### Continuing Professional Development plans:

|  |
| --- |
|  |

## ACEM Domain: Prioritisation and Decision-Making

### Gaps in knowledge of skills:

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| --- |
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### Goals to address the gaps, expected outcomes and time frame:

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| --- |
|  |

### Continuing Professional Development plans:

|  |
| --- |
|  |

## ACEM Domain: Professionalism

### Gaps in knowledge of skills:

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| --- |
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### Goals to address the gaps, expected outcomes and time frame:

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| --- |
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### Continuing Professional Development plans:

|  |
| --- |
|  |

## ACEM Domain: Scholar/Teacher

### Gaps in knowledge of skills:

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### Goals to address the gaps, expected outcomes and time frame:

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### Continuing Professional Development plans:

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## Jurisdictional Issues

### Gaps in knowledge of skills:

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### Goals to address the gaps, expected outcomes and time frame

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### Continuing Professional Development plans:

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# Continuing Professional Development Activities

## Current CPD activity

List any formal CPD activities undertaken in the 12 months prior to submission of your plan.

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| --- | --- | --- | --- |
|  | Activity or Program | Provider | Month/Year |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |

## Proposed CPD activity

Describe the CPD activities you plan to undertake in the next 12 months.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Activity or Program | Provider | Month/Year |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |

# Supervision and Feedback

This Part is to be completed by the nominated principal FACEM supervisor.

ACEM expects that a FACEM returning to work after a period of absence will have a nominated supervisor and access to appropriate support for safe practice.

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| --- | --- | --- | --- |
|  | Name | Position | M’ship No |
| Principal supervisor: |  |  |  |
| Secondary supervisor/s: |  |  |  |
|  |  |  |  |

Describe the proposed orientation to the workplace.

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| --- |
|  |

Describe how the supervision will take place and the level of supervision that will be provided (eg direct, on-site/telephone) and the frequency of feedback to be provided.

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How will the practitioner’s performance be monitored and reviewed? (eg log books, record reviews, audit, multi-source feedback)

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What is the anticipated date for completion of the re-entry to practice plan?

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What measures will be put in place if the learning needs are not satisfactorily met within the anticipated time frame, or if there are concerns about safety to practice?

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## Attachments

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| --- | --- | --- |
|  | Additional documentation regarding the above questions. | |
| *(specify question numbers)* | |  |

# PRACTITIONER AND ACEM SUPERVISOR AGREEMENT

### Practitioner Statement:

I agree to abide by the plan for professional development and for re-entry to practice that has been approved by the Australasian College for Emergency Medicine.

I agree that I am responsible for my own professional development and learning needs. I will work within my level of competence and will seek assistance when necessary. I will undertake professional development activities to enable me to overcome any deficiencies in my professional knowledge or skills.

I give permission for my supervisor to contact the ACEM if there are concerns about my professional performance.

Signature of Practitioner: Date:

*(Please print name):*

### Supervisor Statement:

I agree to undertake the supervisory and support role outlined in the plan for professional development and for re-entry to practice that has been approved by the Australasian College for Emergency Medicine.

I will notify the ACEM if I am concerned that the professional performance of the practitioner named above is placing the public at risk and if I cannot provide the necessary supports to ensure the safety of the public.

I will report to the ACEM on progress and when the practitioner has completed the plan for professional development and re-entry to practice and I will confirm whether or not the applicant is safe to practice independently in his or her current position.

Signature of Supervisor: Date:

*(Please print name):*

|  |
| --- |
| Submit this completed application, together with: **a)** a covering letter addressed to the Chair of the CPD Subcommittee, and **b)** further information regarding any question, where the space provided is insufficient:   * by email to: [cpd@acem.org.au](mailto:cpd@acem.org.au) (form must be signed and scanned) – *preferred method* * by mail or by hand to: The Australasian College for Emergency Medicine, Attn: CPD Office,   34 Jeffcott Street, West Melbourne, Victoria, 3003. |

# APPROVAL OF THE PLAN

The plan is APPROVED without modification

The plan is APPROVED with modifications as follows:

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| --- |
|  |

The plan is NOT APPROVED for the following reasons:

|  |
| --- |
|  |

Signature of CPD Chair: Date:

*(Please print name):*