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| **Division:** | **Fellowship Engagement** | **Ref. No.** | **POL-3039** |

**Department:**

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| **Department:** | **Professional Standards** | | |
| **Title:** | **Re-skilling and Re-entry Program Guidelines** | | |

Approved By:

3.3.7. In consultation with the supervisor and the Fellow, a structured re-skilling and re-entry Program will be developed, including at least the following elements:

a. goals

b. achievement of expected competencies

c. clear competencies to be achieved

d. allocated time for regular feedback to the Fellow

e. training assessment reports

3.3.8. The supervisor and the Fellow must agree on the need for re-skilling and on the content and expected outcomes of the program for the program to proceed.

3.3.9. Clinical privileges and medical indemnity for the Fellow in the training institution must be in place, but are not the responsibility of the College.

3.3.10. Supervision must be at an appropriate level.

3.3.11. Appropriate remuneration and costs must be borne by the employing authority or individual requesting re-skilling or re-entry when applicable, and are not the responsibility of RACS.

3.3.12. The Fellow undergoing re-training must maintain a logbook of surgical procedures using the appropriate data set recommended in the Surgical Audit and Peer Review Guide.

3.3.13. The Fellow will be encouraged to seek support from a colleague, or may be offered the support of an independent RACS Councillor/Regional Committee member not involved in the supervision and retraining process.

3.3.14. At the completion of the re-skilling and re-entry program, the supervisor will prepare a report for the EDSA on the program, including the 0 0 9( i)6(n.79 8471 0 5988

3.4.2. Private practice;

Should consider a clinical attachment focusing on the key clinical skills required.

**3.5. Retired Fellows seeking re-elevation to an active status**

3.5.1. Retired Fellows wishing to regain their active Fellowship status must apply in writing to the EDSA.

3.5.2. The EDSA will review the application, discuss re-skilling or supervision requirements and may collaborate with an appropriate representative of the relevant Specialty Society to develop a structured re-skilling and re-

3.5.3. Resuming active practice will have implications for medical registration, credentialing, College subscriptions and participation in the RACS Continuing Professional Development (CPD) Program.

3.5.4. Retired Fellows who wish to return to recommence active practice (including medico legal work, surgical assisting, teaching or general clinical practice) are required to inform the College of this change and apply in writing to the EDSA. The EDSA will review the application and discuss any re-
proposed work.

**3.6. CPD requirements for returning to active status following retirement or period of absence**

3.6.1. If a surgeon wishes to return to active practice after a period of absence she/he must demonstrate participation in CPD activities equivalent to those required of RACS Fellows.

3.6.2. If the applicant has not participated in a recognised CPD Program, they will be required to complete their CPD Online Diary for the relevant year. They may be required to provide evidence of participation in the activities claimed.

## 4. ASSOCIATED DOCUMENTS

Continuing Professional Development Guide

Surgical Audit and Peer Review Guide

Fellowship: Retired and Deceased Fellows Policy

**Approver** Professional Development and Standards Board
**Authoriser** Council