



Recency of Practice Guidelines Radiation Oncology

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The Royal Australian
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College of Radiologists®

The Faculty of Radiation Oncology

Recency of Practice Guidelines

Radiation Oncology

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About RANZCR

The Royal Australian and New Zealand College of Radiologists (RANZCR) is committed to improving health outcomes for all, by educating and supporting clinical radiologists and radiation oncologists. RANZCR is dedicated to setting standards, professional training, assessment and accreditation, and advocating access to quality care in both professions to create healthier communities.

RANZCR creates a positive impact by driving change, focusing on the professional development of its members and advancing best practice health policy and advocacy, to enable better patient outcomes. RANZCR members are critical to health services: radiation oncology is a vital component in the treatment of cancer; clinical radiology is central to the diagnosis and treatment of disease and injury.

RANZCR is led by clinicians who are democratically elected by the membership. The ultimate oversight and responsibility for RANZCR is vested in the Board of Directors. The work of the RANZCR is scrutinised and externally accredited against industry standard by the Australian Medical Council and the Medical Council of New Zealand.

Our Vision

RANZCR as the peak group driving best practice in clinical radiology and radiation oncology for the benefit of our patients.

Our Mission

To drive the appropriate, proper and safe use of radiological and radiation oncological medical services for optimum health outcomes by leading, training and sustaining our professionals.

Our Values

Commitment to Best Practice

Exemplified through an evidence-based culture, a focus on patient outcomes and equity of access to high quality care; an attitude of compassion and empathy.

Acting with Integrity

Exemplified through an ethical approach: doing what is right, not what is expedient; a forward thinking and collaborative attitude and patient-centric focus.

Accountability

Exemplified through strong leadership that is accountable to members; patient engagement at professional and organisational levels.

Leadership

Exemplified through a culture of leadership where we demonstrate outcomes.

Code of Ethics

The Code defines the values and principles that underpin the best practice of clinical radiology and radiation oncology and makes explicit the standards of ethical conduct the College expects of its members.

1. INTRODUCTION

1.1 Background

The College recognises that Radiation Oncologists returning to the workforce after a leave 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.

1.2 Purpose and Scope

This Recency of Practice Guidelines outline the requirements and recommendations for Radiation Oncologists returning to practice after a period of leave of absence.

1.3 Definitions

In the Recency of Practice Guidelines for Radiation Oncology:

Audit Instrument means a mechanism to identify clinical errors made by Fellows who have returned to clinical practice

College means The Royal Australian and New Zealand College of Radiologists.

Leave means absence from clinical practice. This may include time spent in a non-clinical role such as research; or absence due to carers' leave, sick leave, maternity leave, a career break or retirement.

Member means a member of the College.

Mentorship means a system of practical training and consultation that fosters ongoing professional development to yield sustainable high-quality clinical care outcomes (WHO 2006). A mentor must be:

- (a) a Radiation Oncologist;
- (b) in the same department as the returning Fellow;
- (c) of suitable seniority; and
- (d) available to provide support and guidance.

MSF Tool means a Multi-Source Feedback (MSF) tool used by the College to collect information for recency of practice.

2. REGENCY OF PRACTICE REQUIREMENTS

A member re-entering the workforce in Australia must adhere to the *Medical Board of Australia: Recency of Practice Registration Standard*, and complete mandatory Continuing Professional Development (CPD) requirements.

A member re-entering the workforce in New Zealand must adhere to the *Medical Council of New Zealand: Policy on doctors returning to medical practice after an absence from practice for three or more years*, and complete mandatory Continuing Professional Development (CPD) requirements.

A member re-entering the workforce in Singapore must adhere to the *Singapore Medical Council: Policies on Compulsory CME and Renewal of Medical Registration*.

As per the *Medical Board of Australia: Recency of Practice Registration Standard*, **members who return to practice within their previous field and have at least two years' experience** prior to the leave must fulfil the following requirements detailed from sections 2.2.1, 2.3.1 and 2.4.1 below.

As per the *Medical Council of New Zealand: Policy on doctors returning to medical practice after an absence from practice for three or more years*, members who return to practice within their previous field must fulfil the following requirements detailed from sections 2.2.2, 2.3.2 and 2.4.2 below.

As per the *Medical Council of Singapore: Policies on Compulsory CME and Renewal of Medical Registration* practitioners, member who return to practice within their previous field must fulfil the following requirements detailed from section 2.2.3 below.

2.1 Minimum number of practice hours from Medical Board of Australia

To meet this registration standard, a member in Australia must practice within his or her scope of practice at any time for a minimum total of:

- Four weeks full-time equivalent in one registration period, which is a total of 152 hours, or
- 12 weeks full-time equivalent over three consecutive registration periods, which is a total of 456 hours.

Full-time equivalent is 38 hours per week. The maximum number of hours that can be counted per week is 38 hours.

Medical practitioners who work part-time must complete the same minimum number of hours of practice – this can be completed part-time.

Meeting the Board's minimum requirements for recency of practice does not automatically satisfy your professional and ethical responsibilities to ensure that you recognise and work within the limits of your competence and maintain adequate knowledge and skills to provide safe and effective care.

2.2 Leave of less than one year

2.2.1 Medical Board of Australia: no specific requirements to be met before recommencing practice.

2.2.2 Medical Council of New Zealand:

- (a) Practitioners need to be registered to practice medicine in New Zealand. The practitioner must adhere to the Medical Council of New Zealand's *Policy on Restoration to the Medical Register* (please refer to section 6) if their registration has been cancelled.
- (b) If the Practitioner is still registered to practice medicine in New Zealand, the Medical Council of New Zealand states that it is an offence to practise without a current practising certificate. Practitioners need to ensure that they have a current practising certificate before returning to practice.
- (c) When applying for an Annual Practising Certificate, please refer to the *Annual Practising Certificate: A guide to completing the annual practising certificate application and workforce survey* (in Section 6).
- (d) To have an annual practising certificate issued each year, you must participate in approved continuing professional development activities (if you are registered in a vocational scope it must be in a Council-approved recertification programme). Please refer to the policies in *Recertification and Continuing Professional Development* (in Section 6).

2.2.3 The Medical Council of Singapore states that a Practitioner must meet the CME requirements (either the total minimum points or core points requirement) at the end of his/her CME qualifying period prior to recommencing practice.

If a Practitioner who was voluntarily de-registered wishes to be re-instated and applies for a Practising Certificate (PC) in Singapore after 1 Jan 2005, he/she must show documentary evidence of having obtained at least 25 Continuing Medical Education (CME) points or equivalent within the preceding 12 months before he/she can be issued with a PC. The Practitioner can submit credit claims for attendance at relevant overseas conferences, provided that the programme details and certificates are available.

If the Practitioner has been practising overseas in the last 12 months prior to his/her application for re-instatement, he/she will also have to produce a valid certificate of good standing from the medical regulatory body of the last country where he/she has worked.

2.2.4 In addition, the College recommends the following:

- (a) Mentorship: Identification of the mentor and determination of the duration of mentorship are the responsibilities of the employing department.
- (b) Pre-treatment peer review audit of patients:
 - (i) It is strongly recommended that at least 20 cases be prospectively reviewed upon return to practice.
 - (ii) The use of the RANZCR Radiation Oncology Peer Review Audit Instrument is recommended.

2.3 Leave of 1-3 years

2.3.1 A Radiation Oncologist in Australia must complete a minimum of one year's pro rata of CPD activities relevant to the intended scope of practice prior to recommencement of practice to maintain and update clinical knowledge and judgement.

2.3.2 A Radiation Oncologist in New Zealand must adhere to:

- (a) The *Restoration to the Medical Register Policy* if not registered to practice medicine in New Zealand;
- (b) Or if still registered, the Annual Practising Certificate: A guide to completing the *annual practising certificate application and workforce survey* (refer to Section 6);
- (c) For Continuing Professional Development requirements, Practitioners registered in a vocational scope must adhere to the *Recertification and Continuing Professional Development* (refer to Section 6).

2.3.3 A Radiation Oncologist in Singapore must adhere to the Singapore Medical Council Policies on *Compulsory CME* and *Renewal of Practising Certificates*.

2.3.4 In addition, the College recommends the following:

- (a) Mentorship: Identification of the mentor and determination of the duration of mentorship are the responsibilities of the employing department.
- (b) Pre-treatment peer review audit of patients:
 - (i) It is strongly recommended that at least 20 cases be prospectively reviewed upon return to practice.
 - (ii) The use of the RANZCR Radiation Oncology Peer Review Audit Instrument is recommended.

- (c) Multi-Source Feedback (MSF).

2.4 Leave of more than 3 years

2.4.1 *Medical Board of Australia: Recency of Practice Registration Standard*: The practitioner must provide a plan for professional development and for re-entry to practice to the Board for consideration. Refer: *Medical Board of Australia: Information on returning to practice* document and the *Plan for professional development and re-entry to practice template* (refer to Section 6).

In addition, the Medical Board of Australia suggests referring to Section 5(c) of the Board's *Continuing Professional Development' Registration Standard* (refer to Section 6).

Practitioners in Australia returning to practice after an absence of 12 months or longer, and who have **less than two years' experience** prior to the absence must commence work under supervision in a training position approved by the Medical Board of Australia.

2.4.2 *Medical Council of New Zealand*: The practitioner must adhere to the Medical Council of New Zealand's *Policy on doctors returning to medical practice after an absence from practice for three or more years* (refer to Section 6).

2.4.3 In addition, the College recommends the following:

- (a) Mentorship: Mentorship: Identification of the mentor and determination of the duration of mentorship are the responsibilities of the employing department.
- (b) Pre-treatment peer review audit of patients:
- (i) It is strongly recommended that at least 20 cases be prospectively reviewed upon return to practice.
 - (ii) The use of the RANZCR Radiation Oncology Peer Review Audit Instrument is recommended.
- (c) Multi Source Feedback (MSF).

3. RESPONSIBILITY OF COLLEGE MEMBER AND ADMINISTRATIVE HEAD OF CLINICAL PRACTICE

The College considers that the onus for determining the clinical competency of College members returning to work, particularly clinical practice, after an extended period of leave, lies with the College member and the employer.

4. SUPPORT OFFERED BY THE COLLEGE

The College considers that the onus is on the College member who has been on extended leave from clinical practice and the employing department to ensure that clinical competence is evident upon return to practice, the College may provide the following assistance if requested:

- Provide these guidelines to the College member and Administrative Head of clinical practice of the employing department on the process to follow in terms of Recency of Practice situations;
- Provide relevant tools for determining clinical competence;
- Facilitate the MSF process;
- Facilitate contact with the FRO PPC Chief of Professional Practice during the Recency of Practice process.

5. RELATED DOCUMENTS

- Medical Board of Australia: Recency of Practice Registration Standard: <http://www.medicalboard.gov.au/Registration-Standards.aspx>
- Medical Board of Australia: Continuing Professional Development' Registration Standard: <http://www.medicalboard.gov.au/Registration-Standards.aspx>
- Medical Board of Australia: Information on returning to practice: <http://www.medicalboard.gov.au/FAQ-and-Fact-Sheets.aspx>
- Medical Board of Australia: Plan for professional development and re-entry to practice: <http://www.medicalboard.gov.au/FAQ-and-Fact-Sheets.aspx>
- Medical Council of New Zealand: restoration to the medical register: <http://www.mcnz.org.nz/registration/maintain-or-renew-registration/restoration-to-the-register/>
- Medical Council of New Zealand: A guide to completing the annual practising certificate: <http://www.mcnz.org.nz/assets/Publications/Booklets/a02718ee9a/Guide-to-completing-APC-application.pdf>
- Medical Council of New Zealand: Recertification and Continuing Professional Development: <http://www.mcnz.org.nz/registration/maintain-or-renew-registration/recertification-and-professional-development/>
- Medical Council of New Zealand: Taking a break or retiring from medical practice: <http://www.mcnz.org.nz/registration/maintain-or-renew-registration/taking-a-break-or-retiring-from-medical-practice/>
- Singapore Medical Council: Policies on Compulsory CME and Renewal of Medical Registration: <http://www.healthprofessional.gov.sg/smc>
- RANZCR Radiation Oncology CPD Handbook: [Click here](#)

6. REFERENCES

- Medical Board of Australia: Recency of Practice Registration Standard.
- Medical Board of Australia: Continuing Professional Development Registration Standard.
- Medical Board of Australia: Information on returning to practice.
- Medical Board of Australia: Plan for professional development and re-entry to practice.
- Medical Council of New Zealand: restoration to the medical register.
- Medical Council of New Zealand: A guide to completing the annual practising certificate.
- Medical Council of New Zealand: Recertification and Continuing Professional Development.
- Medical Council of New Zealand: Taking a break or retiring from medical practice.
- Singapore Medical Council: Policies on Compulsory CME and Renewal of Medical Registration.
- RANZCR Radiation Oncology CPD Handbook