



Guidelines on Return to Anaesthesia / Intensive Care / Pain Medicine Practice in Hong Kong for HKCA fellows

1. Introduction

Anaesthesia / intensive care / pain medicine are high acuity specialties that require the ability to make rapid and accurate clinical assessments, often concurrently with time-critical management decisions as well as undertake a range of technical skills. Performance of tasks at optimal levels depends on recent clinical practice. Performance deteriorates when there is an interruption to clinical activities, at a rate which is related to a number of factors including duration of the interruption, duration of specialist practice prior to the interruption, and cognitive changes with ageing or illness. There is a large degree of individual variation in the impact of these factors, thus return to practice programmes must be tailored to individual needs.

2. Purpose

These guidelines are intended to advise HKCA fellows whose absence from clinical practice has been sufficient to warrant a formal return to practice program. Its purpose is to guide fellows and those assisting them in developing, monitoring and successfully completing a return to practice program. The overall aim is to ensure that the returning fellow provides safe and up-to-date care. Each individual fellow has a responsibility to ensure that this is the case.

3. Scope

This document applies to all HKCA fellows irrespective of the reason for their absence from practice. It applies to mandated return to practice programmes. Return to practice programmes may be mandated by jurisdictional authorities, employers, or institutions.

A return to practice programme is highly recommended after an absence from anaesthesia practice for **more than 365 days, including public holidays**. A regulatory authority may stipulate a shorter period in which case the timeframe takes precedence. It is not intended to apply to trainees, as absences will be addressed for them under the HKCA vocational training program.

4. Background

Where an absence has occurred as a result of jurisdictional determination, such as suspension of registration, HKCA may be requested by the jurisdictional authority to endorse the practitioner's return to practice programme plan. In such cases, it is the jurisdictional authority that gives final approval of the return to practice plan for the purposes of registration, not HKCA.



It is acknowledged that return to practice may be a stressful period, and it is suggested that personal and/or professional support be sought. Return to practice can be facilitated by maintaining regular professional contact with colleagues such as at group or departmental meetings, or CME/CPD events, and regularly updating knowledge during periods of absence from practice.

5. Definitions

- 5.1 Prolonged absence – any absence from clinical anaesthesia exceeding 365 days, including public holidays, in duration.
- 5.2 Supervision (HKCA) – Levels of supervision are those used into the HKCA training program.
- 5.3 Supervisor – A HKCA specialist in anaesthesiology / intensive care / pain medicine who oversees the return to practice program, arranges any assessments and provides a report on the outcome of the return to practice program. It is recommended that this is an HKCA Fellow, in good standing.¹
- 5.4 Clinical anaesthesia – means direct patient contact with responsibility for perioperative management (including anaesthesia) for surgical or interventional procedures.

6. Principles

- 6.1 The return to practice programme should be based on the HKCA roles in practice (with reference to the HKCA vocational training programme and Hong Kong Academy of Medicine (HKAM) CME/CPD program).
- 6.2 The programme should incorporate the HKAM CME/CPD programme philosophy.
- 6.3 A needs analysis should inform the return to practice program.
- 6.4 Significant concerns about clinical practice during the return to practice programme should be managed in accordance with hospital policies and procedures, and relevant regulatory requirements.
- 6.5 The programme and associated processes should be underpinned by the principles of natural justice.

7. Returning to practice programme outline

The total duration of a formal return to practice programme will be determined by the learning needs analysis. The starting point for calculating the total duration is one month per 365 days of absence from anaesthesia/intensive care/pain medicine practice, including public holidays.



The duration of the programme and its components may be shortened or lengthened depending on the learning needs analysis and progress with the program.

The following framework must be followed where return to practice has been mandated in order to gain HKCA endorsement of the planned programme.

7.1 **Stage 1** – to be undertaken prior to commencement of or early in the return to practice period:

7.1.1 Mandatory training on airway crisis and cardiovascular life support, and HKAM CME/CPD knowledge and skills activities as directed by the needs analysis, including a formal CME/CPD plan.

7.2 **Stage 2** - to be undertaken on commencement:

An initial period of one-on-one supervision (similar to level 1 supervision in FHKCA vocational training programme definition), the duration of which should be informed by the learning needs analysis and duration of absence from practice, followed by;

7.2.1 A structured assessment of ability to practice without one-on-one supervision using CME/CPD programme peer review of practice format.

7.3 **Stage 3** - to be undertaken after successfully moving beyond one-on-one supervision and prior to completion of the return to practice program:

7.3.1 A period of oversight by the supervisor; and

7.3.2 Regular discussion of cases with the supervisor (or nominee). During the period of return to practice, the fellow should maintain a log book of cases to facilitate this case discussion.

7.4 **Stage 4** - at the satisfactory completion of the programme, the primary supervisor will submit a written report to the college confirming that the fellow has satisfactorily completed the program. HKCA will then endorse the fellow as having satisfactorily completed a return to practice program. If the named supervisor is unable to confirm satisfactory completion of the return to practice program, the programme should be extended until satisfactory completion can be confirmed.

8. The return to practice programme documentation

8.1 A formal return to practice programme endorsed by HKCA must include a written plan, which must contain the following information:

8.1.1 Name of primary supervisor, other supervisors and the department(s) / hospital(s) within which the programme will occur,



- 8.1.2 Reason for absence from practice,
 - 8.1.3 A learning needs analysis (using the framework for developing a CME/CPD plan), developed following self-assessment and discussion with the primary supervisor, and goals of the program.
 - 8.1.4 A description of the department(s) / hospital(s) within which the programme will occur, the intended duration and timeframe of the programme agreed with the primary supervisor and details of the clinical experience to be undertaken during the program,
 - 8.1.5 The programme details as outlined above in stages 1-4 of the return to practice outline.
- 8.2 Accompanying documentation:
- 8.2.1 An agreement with the supervisor and department head / chair of the credentialing committee (or another person in a similar role).
 - 8.2.2 Written confirmation from the treating doctor that the practitioner is fit to practice if absence from practice was due to health and/or fitness issues.

Notes:

¹ 'Fellow in good standing' means one who has current FHKCA, and does not have any outstanding complaints or other actions against them with HKCA.

² The principles of natural justice are described as the right to a fair hearing free from bias.

Related documents

- HKAM Guidelines on Reinstatement of Fellowship
- HKCA-P7 Guidelines on Quality Assurance
- HKCA-E02 Vocational Training Guide for trainees starting 1 July 2018
- HKCA-E07 Guidelines on Trainee Supervision
- ANZCA FPM PS16 Statement on the Standards of Practice of a Specialist Anaesthetist
- ANZCA FPM PS50 Guideline on return to anaesthesia practice for anaesthetists
- ANZCA FPM PS57 Statement on Duties of Specialist Anaesthetists

Appendix

- Return to anaesthesia practice plan application form

Endorsed by Council 24 February 2026



Return to anaesthesia/pain/intensive care practice plan application form

This form should be used by fellows returning to practice in anaesthesia/pain/intensive care in Hong Kong.

1. Personal details

Surname: _____ First Name: _____
HKCA membership number: _____ Mobile number: _____
Email address: _____

2. Practice prior to absence from practice:

Include any subspecialty practice, whether full time or part time practice, and whether involved in afterhours work.

Proposed role after return to practice:

3. Details of proposed work after return to practice

Name of employer and/or Name of institution(s) in which practice will occur:

- Public hospital / private hospital / private practice group
- Indicate if accredited for FHKCA training

4. Description of employment:

- *Title of post (e.g. resident, consultant) and whether an employee or an independent contractor*
- *Weekly proposed work plan including the hours of work and the types of work (e.g. operating lists with specialties, acute pain rounds, pre-assessment clinic), and on call commitments if any.*



5. Details of your professional development and return to practice plan

Learning needs analysis

You should consider the knowledge and skills that are required for your future anaesthesia practice in order to determine any gaps in your knowledge and skills. In consultation with your supervisor, you should then develop a programme to address your learning needs.

List any gaps in your knowledge and skills and provide the measures to address these. For example, list any professional development, training or programmes to be completed. Include goals to be achieved and expected outcomes and timeframes for achievement of goals.

The *HKAM CME/CPD Principles and Guidelines* should be used as a guide to completing this section.

Provide reason for absence from practice:

If returning from absence due to health and/or fitness issues, please provide a medical certificate indicating fitness for practice.

List details of any non-anaesthesia related medical practice undertaken during absence from anaesthesia/pain/intensive care practice:



What are your learning needs?	How will you address these needs?	Timeframe, success indicator(s)

6. Professional development activities

Your responses below should list professional development activities as in the HKAM CME/CPD programme in anaesthesia/pain/intensive care, namely: Practice evaluation, Knowledge and skills, Emergency responses.

List any professional development activities you have undertaken in the 12 months prior to the submission of your plan:

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Describe the professional development activities that you will undertake in the next 12 months:

7. Supervision and feedback

When you return to work after a period of absence, HKCA expects that you will have support and supervision for safe practice.

Name and position of principal supervisor: _____

Name and position of any secondary supervisor/s: _____

Describe the proposed orientation to the workplace:

Describe how the supervision will take place and the level of supervision that will be provided:

Planned duration of one-on-one supervision

- Planned duration of one-on-one supervision
- Planned duration of oversight following one-on-one supervision, and whether on-site or by telephone

8. How will your performance be monitored and reviewed?

- Structured assessment of the ability to practice without one-on-one supervision (with reference to HKCA vocational training curriculum) – proposed date and assessor:



What is the anticipated date for completion of the return to practice plan?

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

Each question should be answered separately

9. Practitioner and supervisor agreement

Practitioner statement

I agree to abide by the plan for return to practice that has been approved by the HKCA.

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 HKCA if he or she has concerns about my professional performance.

Signature : _____

Name of applicant : _____ Date : _____

Supervisor statement

I agree to undertake the supervisory and support role outlined in the plan for return to practice that has been approved by the HKCA.

I will notify the relevant regulatory authority if I am concerned that the professional performance of _____ (practitioner) is placing the public at risk and if I cannot provide the necessary support to ensure the safety of the public.

I will report to HKCA when _____ (practitioner) has completed the plan for return to practice and I will confirm whether or not he/she safe to practise independently in his/her current position.

Supervisor name: _____ HKCA membership no. _____

Signature: _____ Date: _____



香港麻醉科醫學院
THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS
(Incorporated as a Charitable Organisation with Limited Liability in Hong Kong since 1989)



Submit your completed return to practice plan and accompanying documents to the following address.

The Hong Kong College of Anaesthesiologists

Room 807 Hong Kong Academy of Medicine Jockey Club Building,

99 Wong Chuk Hang Road, Aberdeen, Hong Kong

For any queries, please contact subscription@hkca.edu.hk

Please attach any correlating documents:

1. An agreement with the supervisor and department head / chair of the credentialing committee (or another person in a similar role).
2. Written confirmation from the treating doctor that the practitioner is fit to practice if absence from practice was due to health and/or fitness issues.