



RACP
Specialists. Together

Return to Training Plan

Using this plan

The Return to Training Plan (RTP) is for trainees returning from an extended interruption of training.

- If your break was more than 24 continuous months, you must complete this form
- If your break was 12–24 months, completing the form is optional but recommended if you'd like additional support.

The form is part of the return to training support pathway process. It helps identify what support you may need in your first 6 months back from interruption and provides structure for regular check-ins between you and your DPE/Supervisor(s).

Support for dual or new specialties

If you're in dual specialties or moving to a new specialty, your RTP will continue in your new area until completion.

Handover details will be shared with your new supervisors or training committee to make sure your support continues without interruption.

Submitting your RTP

1. Complete and sign the form with your DPE or supervisor.
2. Email it to the Training Support Unit via trainingsupport@racp.edu.au or trainingsupport@racp.org.nz
3. A Case Officer from the Training Support Unit will then contact you and may also speak with your DPE or supervisor.

Note: If you were already on the Training Support Pathway (TSP) before your interruption, you don't need to complete this form. You'll continue to be supported through the TSP process.

Your details

Trainee name

MIN

Interruption start date

Interruption end date

Prior to your Interruption of Training, were you on Stage 2 or 3 of the Training Support Pathway (TSP)?

Yes

No

If you selected yes, you don't need to complete this form. Instead, please contact the Training Support Unit via trainingsupport@racp.edu.au or trainingsupport@racp.org.nz so they can support your return to training via the TSP process.

Training program details

Please list all relevant training programs

Rotation start date		Rotation end date	
Site		Rotation and position	
Primary DPE/Supervisor			
Co-Supervisor(s)			

Reason for interruption

- Parental leave
- Medical/sick leave
- Research
- Pursuing other professional development opportunities
- Personal

Other:

Have you identified any challenges with returning to training after an extended interruption? Please outline below.

Goals and activities

1. Plan and monitor your transition back to physician training

Liaise with your employer to ensure workplace supervision is tailored to individual context and promotes both patient and trainee safety.

For example, negotiate additional on-call back-up requirements.

Checkpoint 1	Checkpoint 2	Checkpoint 3
Overall comments		
Complete Yes <input type="checkbox"/> No <input type="checkbox"/>		

Goals and activities

Develop and evaluate a learning needs analysis/learning contract every three months. This activity is required irrespective of full-time equivalence of training.

Checkpoint 1	Checkpoint 2	Checkpoint 3
Overall comments		
Complete Yes <input type="checkbox"/> No <input type="checkbox"/>		

Complete Yes No

Goals and activities

Compliance with medical registration requirements, such as Ahpra Recency of Practice Standard (Ahpra FAQ and fact sheets) and the MCNZ policy on returning to practice after 3 years, including restoration to the register.

Checkpoint 1	Checkpoint 2	Checkpoint 3
Overall comments		
Complete Yes <input type="checkbox"/> No <input type="checkbox"/>		

Goals and activities

Familiarise yourself with and meet the requirements of any workplace policies related to returning to work

Checkpoint 1	Checkpoint 2	Checkpoint 3
Overall comments		
Complete Yes <input type="checkbox"/> No <input type="checkbox"/>		

Goals and activities

2. Use performance feedback to identify development needs and track progress

- Complete regular work-based assessments.
- Basic Trainees: Complete one MCEX each rotation. This is required regardless of full-time or part-time training.
- Advanced Trainees: Complete all required work-based assessments, teaching, and learning activities. This is required regardless of full-time or part-time training.

Checkpoint 1	Checkpoint 2	Checkpoint 3
Overall comments		
Complete Yes <input type="checkbox"/> No <input type="checkbox"/>		

Goals and activities

Formally meet with your Education Supervisor (Basic Trainees) or Supervisor (Advanced Trainees) at the start of the rotation, and again at 3 and 6 months, or more often if needed.

Checkpoint 1	Checkpoint 2	Checkpoint 3
Overall comments		
Complete Yes <input type="checkbox"/> No <input type="checkbox"/>		

Goals and activities

Review and update this Return to Training Plan in formal meetings with supervisor.

Checkpoint 1	Checkpoint 2	Checkpoint 3
Overall comments		
Complete Yes <input type="checkbox"/> No <input type="checkbox"/>		

Goals and activities

3. Actively engage with a supportive network, especially throughout this transition

Identify a mentor as an addition support through the transition and potentially beyond

Checkpoint 1	Checkpoint 2	Checkpoint 3
Overall comments		
Complete Yes <input type="checkbox"/> No <input type="checkbox"/>		

Goals and activities

Identify and participate in a peer group study.

Checkpoint 1	Checkpoint 2	Checkpoint 3
Overall comments		
Complete Yes <input type="checkbox"/> No <input type="checkbox"/>		

Goals and activities

4. Additional personalised goals

Checkpoint 1	Checkpoint 2	Checkpoint 3
Overall comments		

Further considerations and support

Have you identified any issues since the trainee returned to training? If yes, please describe them below and ensure additional goals to help address them have been added above.

Supervisor/DPE comments

Trainee comments

Return to Training Plan (RTP) Agreement

Trainee commitments

By signing this plan, I confirm that:

- I have reviewed the RTP
- I will complete the actions in this plan
- I understand the RTP does not guarantee that all issues with returning to training will be resolved
- I understand the RTP may be used to guide College decisions about further support, including referral to the Training Support Pathway if needed

This record is accurate and reflects what was discussed.

Trainee acknowledgment

Supervisor/DPE confirmation

By signing this plan, I confirm that:

- This record is accurate and reflects what was discussed.

Supervisor/DPE acknowledgement

Additional support

Referral to the Training Support Pathway is recommended

Trainee	Primary DPE/Supervisor	Co-supervisor(s)
Name: <hr/> X	Name: <hr/> X	Name: <hr/> X
Date:	Date:	Date:

