

Physician Re-Entry to Clinical Practice



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Physician Re-Entry Definition



- ▶ A return to clinical practice in the discipline in which one has been trained or certified following an extended period of clinical inactivity not resulting from discipline or impairment; distinct from remediation or retraining.

- American Medical Association. Report of the Council on Medical Education: "Physician Reentry." June 2008

Clinically Inactive Practice Definition



No direct and/or consultative patient care that has been provided in the past 24 months.

- American Board of Medical Specialties. Standards for ABMS MOC® (PARTS 1-4) Program. Approved March 16, 2009



To ensure consumer protection, what requirements are needed of a physician to return to clinical practice?

MBC Survey Results



State	Does the Medical Board have any policies and/or regulations governing physician re-entry into clinical practice	What is the length of time, out of practice, after which an applicant will need to comply with the re-entry policies?	During the renewal process of an active license, do you request information on whether or not the physician is actively practicing medicine?
Alabama	No		Yes
Alaska	Yes	2-Years	No
Arkansas	No - Guideline only	2-Years	N/A
Delaware	Yes	3-Years	No
Hawaii	No		No
Indiana	Yes	3-Years	No
Kansas	Pending Legislation	2-Years	Yes
Kentucky	Yes	2-years	No
Minnesota	No		No
Mississippi	Yes	3-Years	No
Missouri	Yes - Policy	2-Years	No
Montana	Yes	2-Years	No
North Carolina	Yes	2-Years	Yes
Ohio	Yes	2-Years	Yes
Oregon	Yes	2-Years	Yes
Pennsylvania	Yes	4-Years	No
Rhode Island	No		No
South Carolina	Yes	4-Years	N/A
Tennessee	No	2-Years	Yes
Utah	No	5-Years	No
Vermont	Yes	3-Years	Yes
Virginia	Yes	4-Years	No
Washington	No	2-Years	Yes
West Virginia	No	18-months (surgery) - 2-Years	Yes
Wisconsin	No		No

This data is collected from an August 2015 MBC survey.

Notes: This table includes data from all states that responded to the MBC survey.

FSMB SURVEY RESULTS



- ▶ Full report provided in the packet
- ▶ Response rate – 78% (57 of the 65 Boards surveyed).
- ▶ States with a policy on physician re-entry 58 % (33 boards out of 57 that responded)
- ▶ Average length of time out of practice before the Board requires re-entry activity 2.9 years

National Standards



- ▶ There are no set national standards
- ▶ Standards varies from state to state based on statutes, internal guidelines and/or policies
- ▶ For states with regulations, length of time out of practice after which a re-entry program is required varies from 2 to 5 years

National Standards (cont.)



- ▶ Re-entry plans may require one or more of the following actions:
 - Clinical skill assessment
 - Clinical training refresher training
 - Practicing under the supervision of a licensed physician
 - Board interviews
 - Licensing Committee review

Sunset Review Issue



- ▶ What is the length of time an individual should be eligible to remain out of practice without additional training?
 - Board does not have statutory authority
 - License is cancelled if not renewed for five years
 - Licensee can pay the fees and renew that license even if they have not been practicing

Sunset Review Issue (cont.)



- ▶ Licensee would need to be asked at the time of renewal whether they have been practicing or not
 - If not, the licensee would need to do some type of assessment or refresher course.

Sunset Review Issue (cont.)



- ▶ Requirements to come back based on length of time out of practice
 - 3–years may need to take a clinical competence assessment and training
 - Over 5–years may need to take not only clinical competence assessment, but may need to perform clinical practice in a monitored or supervised setting

Discussion Items



- ▶ What would be required to ensure consumer protection?
- ▶ What can a physician do in order to return to clinical practice?
- ▶ How does re-entry affect physicians in an administrative capacity? Does the Board need to consider an exemption for physicians in an administrative capacity only?

Discussion Items



- ▶ What is the length of time an individual should be eligible to remain out of practice without additional training?
- ▶ Does the Board wish to address this issue at this time?
- ▶ Is further research needed?