Objectives

- Understand the unique challenges faced by the medical staff when working with a physician who is returning to practice or resuming specific procedures or privileges after an absence
- Improve medical staff policies regarding credentialing physicians who have a 2+ year practice gap
- Identify resources or processes to support the physician's return to direct patient care activities or to his/her original scope of practice

What do you think?

- Surgeon in an administrative position for 5 years; wants to rejoin his practice group at your facility
- A small hospital desperately needs pediatric coverage; internist on staff was boarded in IM/Peds 25 years ago; he is willing to sit for his pediatric boards
- OB/GYN left practice for 13 years raising children; she is divorcing and needs to resume practice
- A family physician in outpatient practice for 10 years; new practice requires him to provide inpatient care
- Orthopedic surgeon out of practice for 2.5 years following a car accident; ready to resume limited practice

Defining Terms

Reentry

"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"

AMA - State Medical Licensure Requirements and Statistics 2011

Key Points

- Returning to the same specialty
- Left practice **voluntarily**
  - Not due to disciplinary action
- Extended period of time

Reentry Physician

Voluntary Absence

Not a Reentry Physician

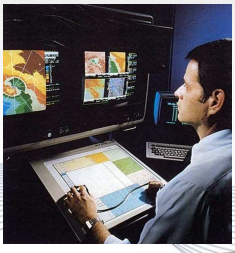
Changing Specialty, Competence Questions, Sanctions or Disciplinary Actions

Competence assessment programs or more rigorous processes are available to help in these situations

Physicians returning to practice…

Family responsibilities…

Other careers…



Financial issues…

Extended illness…

Emerging trend: changing practice scope

Seeking to resume/change scope of practice

- Refresh skillsets they have not used in several years
- Often due to change in employment or practice requirements
- Do not fit traditional reentry definition but present the same credentialing conundrums

Reentry physicians: Who are they?

AMA survey of inactive physicians (< age 65)

1,162 respondents; 36% response rate

- 37.5% fully retired
- 43% not currently active
- 19.5% reentered practice

- 43% female; 57% male
- 40% primary care

A national survey of 'inactive' physicians in the United States of America: enticements to reentry
Jewett *et al, Human Resources for Health 2017, 9:2*

Reentry physicians: Who are they?

AMA Survey: Respondents *currently inactive*

Length of time out of practice

< 1 year:	6.7 %	**18.5%**
1-2 years:	11.8%	
3-4 years:	19.1%	**81.5%**
5-10 years:	38.3%	
>10 years:	24.1%	

60% had been out of practice for 5 years or more

A national survey of 'inactive' physicians in the United States of America: enticements to reentry Jewett *et al, Human Resources for Health 2011, 9:7*

National focus on physician reentry

Changing demographics

Aging Physician Population
- 30% active licensed physicians are >60 years old
- 52% active licensed physicians are >50 years old

Changing gender distribution
- 34% of female physicians are <40 years old
- 19% of male physicians are <40 years old

More physicians will be retiring or reducing scope of practice
More physicians are taking breaks from practice

FSMB Census of Actively Licensed Physicians 2016

U.S. faces shortage of physicians

78% of hospital executives report physician shortages

- 83% of hospital leaders are "extremely concerned" or "somewhat concerned" about clinical staff vacancies

AMR Healthcare: *Clinical Workforce Survey 2013*

The greater good

"Communities, patients, practices and healthcare systems benefit tremendously from helping good physicians return to clinical practice…

It is both appropriate and potentially more cost-effective to facilitate a physician's return to practice than to recruit a new physician."

Holly Mulvey, M.A.

Physician Reentry into the Workforce Project

That sounds great but…

"People say it's like riding a bike, but that's not true. Technology changes, methods change, medications change…quickly."

Pat Eller, CPMSM
Manager, Medical Staff Services
Erlanger Health System
Member Tennessee Board of Medical Examiners

Skills fade

- Substantial evidence that time out of practice does impact an individual's skills
  - Declines occur over periods ranging from 6 to 18 months, according to a curve, with steeper decline at the outset and more gradual decline as time passes
- Some activities can mitigate skills fade
  - Keeping in touch with peers, staying aware of developments, etc.
- The higher the level of learning and proficiency prior to the break from work, the higher the level of retained skill
- Self-assessment of competence *does not necessarily match* the findings of objective assessments

Graduate Medical Council, UK; Skills Fade Review: http://www.gmc-uk.org/about/research/26013.asp

Preparation to return to practice

AMA Survey: Respondents reentered practice

Activities completed to prepare for return to practice*:

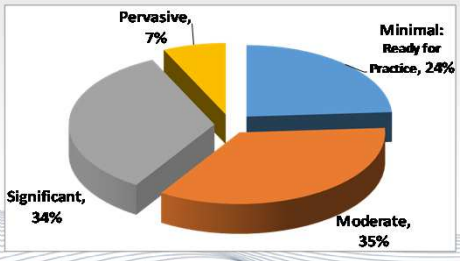
• Live CME	22%
• Online CME	16%
• Shadowing a physician	11%
• Formal reentry program	3.1%
• Mini-residency	2.2%
• Other	16%

37% reported they had prepared before reentering medicine…

2/3rds did not report any preparation to return to practice

A national survey of 'inactive' physicians in the United States of America: enticements to reentry Jewett *et al, Human Resources for Health 2013, 9:7*

Educational needs: Reentry physicians



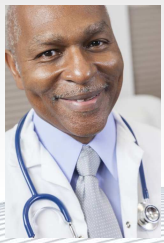
Characteristics and Clinical Abilities of Reentry Physicians; Elizabeth S. Grace, M.D. et al *Journal of Continuing Education in the Health Professions* 2011
Reprinted: *Journal of Medical Regulation* 2011

Clinical abilities of reentry physicians

- Many reentry physicians *are not ready* to "jump into" practice
  - 25% demonstrated current competence;
  - 75% needed educational support
- Increasing *age* and *time away from practice* correlate with more educational needs
- Physicians *can successfully return* to practice
  - Educational support is important!

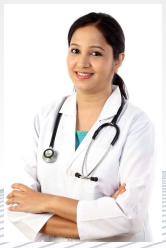
Characteristics and Clinical Abilities of Reentry Physicians; Elizabeth S. Grace, M.D. et al; *Journal of Continuing Education in the Health Professions* 2011; Reprinted: *Journal of Medical Regulation* 2011

Case Study: Recovery



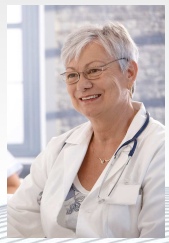
- Anesthesiologist
- Left practice 7 years ago due to substance abuse
- Clean for 5 years
- Worked in pharmaceutical industry
- Seeking to resume practice

Case Study: Family obligations



- Pediatrician
- Left practice to raise young children (out 4 years)
- Recently passed boards
- Returning to part-time practice

Case Study: Helping hand



- 64 year-old Family Physician
- Left practice in good standing 2.5 years ago
- Now wants to help out
- Recruited by small hospital to oversee PAs 2 weekends/month
- Seeking license in state where hospital is located

Case Study: Privileging screen

- APN out of practice for 1 year did not meet specific clinical privileging requirements
- Medical center referred for privileging screen

Barriers to reentry

- Licensure
- Credentialing
- Specialty board certification
- Professional liability insurance
- Practice circumstances and logistics
- Finding practice location
- Readiness to return

Roadmap to Reentry

The Roadmap provides direction for

- Clinicians seeking to navigate the process of reentry after an absence
- Stakeholders to facilitate their work with reentry clinicians

http://www.cpepdoc.org/wp-content/uploads/2016/11/CPEP-Resource-The-Roadmap-to-Reentry.pdf

Funded by Convening for Colorado Grant from the Colorado Trust

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

CPEP

State licensure requirements

- Most state licensing boards have reentry licensure policies
- Most common cut off is 2 years out of practice
- Requirements vary
  - Demonstration of competence (testing)
  - CME
  - Submission of reentry plan
  - Preceptorship
  - Formal reentry program

Credentialing and privileging

- Explanation of chronological gaps in education, training, or work history
- Handle exceptions on a case-by-case basis
- Minimum criteria for privileges usually include:
  - Documentation of training (residency, fellowship or other training) and/or
  - Performance of a minimum number of procedures within the previous 24 months

This can be a significant barrier for a clinician who has been out of practice for a number of years

Credentialing conundrum

The physician needs to gain direct patient care experience

But they don't fit the profile

Not a student…

Not a resident…

Not a new grad…

No recent experience…

Expanding scope of practice

Currently practicing physicians who are requesting to resume privileges after years away from a practice area

- Face the same barriers to resuming skills
- Present the same challenges for the credentialing
- Must meet the same criteria for privileging

Planning a break from practice…

If someone on your staff is thinking about taking a break, it helps to plan ahead

Resources

The Physician Reentry Inventory
http://physician-reentry.org/wp-content/uploads/AAPReentryInventory.pdf

What Employers Need to Know 2015
http://physician-reentry.org/wp-content/uploads/PhysicianReentryEmployers2015.pdf

Physician Reentry into the Workforce Project

Returning to practice: Initial questions to ask

Did you leave practice in good standing?
i.e., without any disciplinary action, suspension, restriction from a medical board, hospital or other oversight organization?
- If no, you may want to suggestion the physician complete a competence assessment or more rigorous process

Do you have a license to practice medicine in the state where you live/plan to practice?
- If no, advise the physician to check with the state medical board to find out about requirements for licensure

Have you done anything to prepare for reentry?
- If no, advise them to *start now* – begin studying, doing board review courses, shadowing

Do you have a plan for your reentry process? Has someone agreed to proctor you?
- If no, suggest they begin networking, create a written plan or consider enrollment in a formal reentry program

The BIG Question

Are they ready to return to practice?

"Nurse, get on the Internet, go to Surgery911.com, scroll down and click on the 'Are You Lost?' icon."

Issues to consider in medical staff policies

- Determine how to demonstrate current competence
  - What criteria or processes can used to determine current competence?
- Determine educational needs
  - What criteria will be used to determine educational needs?
    - The physician may self-identify needs
    - There may be additional needs of which the physicians unaware
- Determine how to prepare to resume practice
  - Who is responsible for approving a reentry process including what resources are needed and content to cover?
  - How can the physician reacquire technical skills?
- Determine how to know the process is successfully completed
  - How do you document that the physician is ready to resume practice?

Paths to reentry: *Self-guided process*

- Clinician undertakes self study and other activities to prepare for practice, including
  - Review courses or on-line reading
  - Board certification preparation
  - Shadowing/volunteer
  - Identifies preceptor or consultation resources
- FPPE process of proctoring as physician resumes practice
- Best if written structured plan
  - Timelines, levels of independence, amount of proctoring

Paths to reentry: *Reentry Programs*

A means to address the questions of both the clinician and the hospital/employer

- Inform hospital about the clinical competence of professional returning to practice
- Assist the clinician in the preparing for transition to practice
- Provide documentation/record of vetting/training process

Ensure patient safety while supporting safe return to practice

Several reentry programs available in U.S.

Process and costs vary

Initial educational needs assessment (evaluation)

- Some may begin with evaluation (1-2 days) to determine competence and direct education
- Others do not complete initial assessment

Educational components may include:

- CME: on-line; home study; in-person classes
- Observation (shadowing) in clinical setting
- Hands-on clinical experience in supervised setting (academic or community-based)

Reentry evaluation (needs assessment)

Why start with an evaluation?

- Means to demonstrate competence and assess readiness to resume practice
- Serves as a foundation and provides direction for educational efforts
- Determines the level of oversight needed
- Provides objective basis for initial privileging
- Overcomes lack of insight inherent in self-assessment

Let's you know if the physician has the basic skills needed to practice with safety

Reentry education

Practice-based educational experiences
Completed in a community facility or in an academic setting

- Point of Care Education
  - Supervised patient care as participant updates technical skills and knowledge
  - Gradually increase levels of independence
- Transitional Clinical Experience
  - Independent

Pipeline for physician reentry

- Reentry process takes 4 to 12 months
- Physician may have medical license to practice
- In some programs, the physician begins providing patient care early in this process

REENTRY PROGRAM
Participant Outcomes 2015-2017

Status	# Rec'd License or Employment	%
No	5	15%
Unknown	2	6%
Yes	**27**	**79%**
Grand Total	34	100%

*Excludes 10 participants still in process with CPEP

Statistics from CPEP Reentry to Clinical Practice Program

Value of reentry plan
(either self-guided or with reentry program)

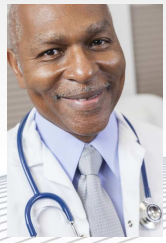
- Provides clear plan and expectations for all involved
- Sets specific and measurable goals
- Helps clinician:
  - Gain confidence
  - Reduce second guessing
  - Develop consulting relationships
  - Create trust among colleagues and staff
- Helps ensure patient safety and may reduce liability

Use FPPE process

- Use FPPE process to monitor progress
  - May overlap with Reentry Plan objectives
  - Would be more intensive than usual FPPE process
- FPPE could include
  - Proctoring and direct observation of care
  - Case reviews for specific time period or number of cases, or of specific procedures/diagnoses
  - Consulting arrangements and check-ins
  - Monitoring performance data

Case Study: Recovery

Anesthesiologist – Substance Abuse

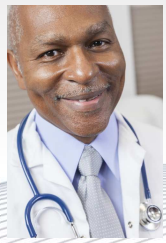


Assessment Findings

- Good foundation of knowledge and judgement
- Educational needs
  - Pharmacology
  - Lacked familiarity and experience with new airway devices and technology
- Recognized limitations

Case Study: Recovery

Anesthesiologist – Substance Abuse



Reentry Education Plan

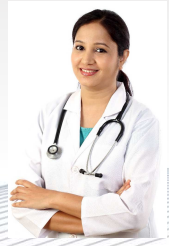
- Prior to initiating patient care
  - Review courses
  - Difficult airway course
- Point of Care Experience
  - Shadowing (20 cases)
  - Direct supervision
  - Concurrent case review (30 cases)

Outcome

- Hired by University as faculty member

Case Study: Family obligations

Pediatrician – Stay at Home Mom



Assessment Findings

- Knowledge gaps
- Judgement marred by lack of confidence
  - *Lacked experience to allow her to apply knowledge in practical setting*

Reentry Education Plan

- Participated in structured education, including initial supervision

Outcome

- Resumed practice

Case Study: Helping hands

Family Physician – Returning to Practice

Assessment findings

- Inadequate knowledge/judgment
- Said she would ask PAs and pharmacists if she wasn't sure what to do
- Cognitive function screen results poor
- Did not demonstrate ability to practice with skill and safety

Outcome

- Withdrew

Case Study: Privileging screen

APN seeking to resume OB privileges

Screen components

- 1 clinical interview
- High fidelity obstetric simulation test of
  - Normal delivery,
  - Delivery with shoulder dystocia
  - Post-partum hemorrhage
- Fetal monitor strip (FMS) interpretation exercise

Educational Recommendations

- FMS review course

Outcome

- Credentialed and is working on the labor deck

Summary

- Reentry physician can be an important resource to meet staffing needs
- Provide information to physicians considering a leave to help them plan ahead and retain skills
- Set clear policies related to physicians who do not meet privileging criteria
- Reliance on physician self-assessment may be problematic
- Patient safety is paramount
- Formal, structured evaluation and education resources are available if needed

Directory of Reentry Programs

Physician Reentry into the Workforce Project
http://physician-reentry.org/program-profiles/reentry-program-links/

AMA website page on Physician Reentry
http://www.ama-assn.org/ama/pub/education-careers/finding-position/physician-reentry.page

Additional resources

- **AMA Physician Reentry**
  http://www.ama-assn.org/ama/pub/education-careers/finding-position/physician-reentry.page
- **Physician Reentry into the Workforce Project**
  www.physicianreentry.org
- **ACOG Reentry Statement and Resources**
  http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Patient-Safety-and-Quality-Improvement/Re-entering-the-Practice-of-Obstetrics-and-Gynecology
- **CPEP Roadmap to Reentry**
  http://www.cpepdoc.org/wp-content/uploads/2016/11/CPEP-Resource-The-Roadmap-to-Reentry.pdf

Questions!

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