

REVIEW ARTICLE

The Practice of Emergency Medicine

Physician reentry—A timely topic for emergency medicine

Todd A Guth MD, MHPE¹ | Samuel D. Luber MD, MPH² | Evie Marcolini MD³ |
 Bruce M. Lo MD, MBA⁴

¹ Department of Emergency Medicine, University of Colorado, School of Medicine, Aurora, Colorado, USA

² Department of Emergency Medicine, McGovern Medical School at UTHealth, Houston, Texas, USA

³ Emergency Medicine and Neurology, Geisel School of Medicine at Dartmouth, Hanover, New Hampshire, USA

⁴ Department of Emergency Medicine, Eastern Virginia Medical School/Sentara Norfolk General Hospital, Norfolk, Virginia, USA

Correspondence

Todd A. Guth, MD, MHPE, University of Colorado School of Medicine, Department of Emergency Medicine, Anschutz Medical Campus, Leprino Building, 7th Floor, Campus Box B-215, 12401 E. 17th Avenue, Aurora, CO 80045, USA.
 Email: todd.guth@CUAnschutz.edu

Funding and support: By JACEP Open policy, all authors are required to disclose any and all commercial, financial, and other relationships in any way related to the subject of this article as per ICMJE conflict of interest guidelines (see www.icmje.org). The authors have stated that no such relationships exist.

Abstract

As physician workforce shortages persist, physician reentry is an important and timely issue for the specialty of emergency medicine. Physician reentry is defined as a return to clinical practice following an extended period of clinical inactivity not resulting from discipline or impairment. This review provides a general overview of the physician reentry published literature with a focus on the specialty of emergency medicine. Transition into a non-clinical position, personal health, family issues, and career dissatisfaction all contribute to physicians leaving the workforce voluntarily. Previously, the majority of reentry physicians did not pursue additional training prior to returning to the workforce; however, regulatory agencies are now increasingly requiring additional training, standardized testing, and fitness to practice evaluations prior to restarting clinical work. The burden of proof is on the reentry physician to meet the appropriate requirements for licensure, certification, and credentialing prior to returning to clinical work.

KEYWORDS

certification, credentialing, licensure, reentry, regulatory, workforce

1 | INTRODUCTION

The importance of physician reentry as a workforce policy issue achieved national recognition following the publication of a *Journal of the American Medical Association (JAMA)* article in 2002 in which physician reentry was defined as returning to professional activity following an extended time lag after one has been trained or certified.¹ The American Medical Association (AMA) defines physician reentry as 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.²

It is important to keep the concept of physician reentry distinct from physician retraining and remediation. The term reentry is used for physicians in good standing who take time off from clinical practice whereas retraining refers to learning a new clinical area or procedure.³ The term remediation is used for physicians who require additional training because of diminution of clinical skills, impairment due to substance use, or disciplinary actions.³

Another concept, re-eligibility, is also relevant to understand for emergency physicians. Residency graduates must pass the written examination within 5 years of graduation and then pass the oral

Supervising Editor: Henry E. Wang, MD, MS

This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial-NoDerivs](https://creativecommons.org/licenses/by-nc-nd/4.0/) License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2020 The Authors. JACEP Open published by Wiley Periodicals LLC on behalf of the American College of Emergency Physicians.

examination within 10 years of graduation. If an emergency physician does not complete specific milestones in a set period of time, then the physician will no longer be board eligible. The physician must participate in a program that reestablishes board eligibility, thus making him/her reeligible.⁴

National medical organizations, such as the AMA and the Federation of State Medical Boards (FSMB), have seen physician reentry as an issue in need of a cohesive national policy. These organizations have had to rely on state medical boards, specialty certification boards, and local institutions to define the context and requirements for physicians to reenter clinical practice.^{2,3,5} For example, no uniform standard length of time of physician inactivity exists, and individual states have been left to determine how clinical inactivity is defined if at all. The process of returning to clinical practice is coming under scrutiny because of the public's increasing demand for transparency regarding physician competence.³ Criteria for medical licensure often do not include an expectation of ongoing clinical practice. Physicians who maintain a license but do not practice for a period of time may be reentering the workforce with uncertain competency to practice.³ As physician shortages in the United States continue to be significant, the topic of physician reentry continues to garner attention as one possible solution to the shortfall of physicians and the demand for physician services in medically underserved regions.⁶ Reentry physicians could also add to the physician workforce during a public health crisis, such as the recent severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic.⁷

Ultimately, state medical boards, specialty medical boards, and local institutions regulate the specifics of how a physician is able to reenter clinical practice. Specialty boards regulate the specifics for board eligibility in a given clinical specialty and state medical boards regulate physicians in a given practice jurisdiction. Local institutions delineate and grant clinical privileges to individual physicians based on training and certifications.

For emergency physicians seeking reentry, the American Board of Emergency Medicine (ABEM) provides specific guidance in regard to medical licensure and regaining certification if certification lapses, but there is not a specific policy on physician reentry.^{9,10} According to ABEM policies, emergency physicians are considered board certified if they hold an active medical license and participate in the ABEM maintenance of certification requirements. The FSMB surveyed state licensing boards in regard to state-specific physician reentry requirements including the presence of a policy on physician reentry, requirements for standardized testing, continuing medical education, and the need for a fitness to practice evaluation before returning to clinical practice.¹¹ Appendix A reproduces a table from this report from the FSMB providing state-specific physician reentry information.

The aim of this review is to provide a general review of the published literature on the topic of physician reentry with a focus on the specialty of emergency medicine. Before describing the published literature, a general framework for physician reentry is presented. The review of the literature will identify the causes of physician clinical inactivity and barriers to reentry as well as outcomes of programs assisting physi-

cians seeking reentry. Following the review of the literature, specific guidance, next steps, and special considerations for emergency physicians reentering the workforce will be presented as well as a charge to the specialty of emergency medicine to advocate for a more cohesive set of guidelines and definitions related to physician reentry.

1.1 | General considerations for physician reentry

The topic of physician reentry is influenced by a number of stakeholders including individual physicians, patients, specialty board, professional organizations, state medical boards, health systems, payers, and employers. The multiple perspectives represented by these stakeholders can make physician reentry complicated. Stakeholders appreciate the need to retain and ensure highly qualified practicing physicians while also providing the opportunity for physicians who have had a period of clinical inactivity to return to a successful professional career. Issues related to personal autonomy, equity, public safety, compensation, funding, physician competence, and health care quality all affect the topic of physician reentry. In order to understand the complexity of the process, physicians considering reentry should reflect upon the personal, clinical practice, and legal and regulatory considerations as detailed in Figure 1.

Personal considerations such as family dynamics, personal health, financial compensation, well-being, and work satisfaction can be extensive and varied. Personal considerations serve as both incentives and barriers to reentry. Clinical practice considerations include clinical competence, such as procedural skill, cognitive abilities, and confidence in addition to site-specific considerations that include practice setting, patient demographics, and patient acuity. Reentry physicians need to be thoughtful in identifying personal knowledge, and skill gaps while working to address those deficiencies for the practice environment under considerations. Legal and regulatory considerations must also be considered as medical liability, board certification, state requirements, and institutional regulations will dictate many of the details involved in the process of reentry.

1.2 | Summary of existing literature

A subcommittee from the American College of Emergency Physicians' (ACEP) Academic Affairs Committee performed a review of the topic of physician reentry. The authors planned a general review of the topic of physician reentry and looked specifically for articles with a focus on the specialty of emergency medicine.

A systematic search of PubMed produced publications on the topic of physician reentry from 2000 to the present. Physician reentry and reentry were the search terms used with an emphasis on the specialty of emergency medicine. Two authors conducted the search and selected the articles for inclusion in the manuscript based on relevance to the topic of physician reentry. Additionally, authors performed a general online search for additional articles, programs, and resources related to physician reentry from sources including national and state

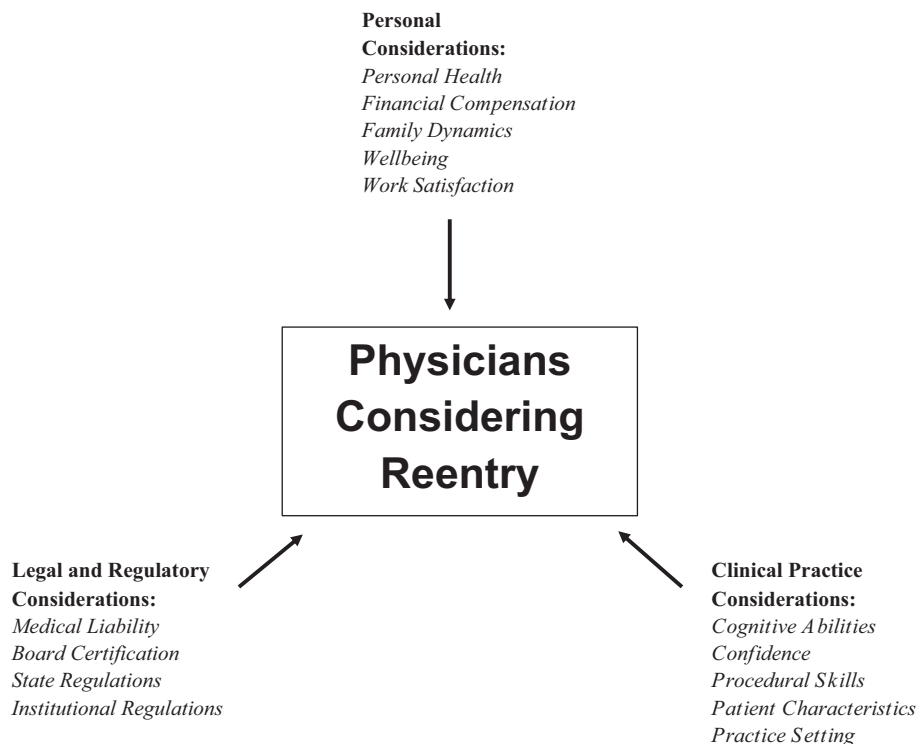


FIGURE 1 Framework for physicians considering reentry

medical organizations. Authors contacted both ABEM and the FSMB for additional references and publications relevant to the topic of physician reentry.

Authors identified a total of 33 articles on the topic of physician reentry through database searching and an additional 12 articles through other searches and recommendations from ABEM and the FSMB. Authors screened and assessed 45 records for relevance, and a total of 27 articles were ultimately included in the review. Importantly, no records focusing on the specialty of emergency medicine were discovered. The reviewed articles came under one of four different categories: (1) physician reentry surveys, (2) physician reentry program outcomes, (3) specialty specific programs and (4) medical society working group recommendations

1.3 | Physician reentry surveys

Multiple articles describe the reasons physicians leave clinical practice and the barriers for reentry. Additionally, articles did not use a consistent definition for clinical inactivity. However, there were no articles specifically focusing on emergency medicine.

A 2002 JAMA review of the topic cited caretaking responsibilities, personal illness, career dissatisfaction, and alternative careers as common causes of physician reentry.¹ More recent studies suggest that changes in career paths into a non-clinical position (such as administration), family issues, military deployments, and career dissatisfaction also contribute to physicians leaving the workforce voluntarily.^{8,12-13,15} A survey of over 6000 pediatricians younger than

65 found that 12% of respondents indicated they had experienced a period of clinical inactivity lasting >12 months. Women were more likely than men (16% vs 7%) to have had periods of clinical inactivity and general pediatricians were as likely as subspecialist pediatricians to report a past period of clinical inactivity.¹⁴

An estimated 10,000 physicians qualify to reenter practice each year after a period of clinical inactivity.¹³ Most physicians seeking reentry do not seek additional training, especially if not required by state or medical specialty boards. In a national survey of clinically inactive physicians in 2011, only 37% of physicians reentering the workforce pursued additional training prior to reentry.¹² A survey of pediatricians over 50 showed that most pediatricians reentering the workforce did not have any additional training prior to reentry.⁸

In the national survey of clinically inactive physicians in 2011, retired and currently inactive physicians used similar strategies to explore reentry. In both groups, 83% thought the process would be difficult; among those who had reentered practice, 35.9% reported it was difficult.¹² The most commonly identified barriers in this national survey included limited opportunities for part-time or flexible work hours, insurance company requirements, state licensure requirements, and limited opportunities for retraining. One significant barrier was the lack of access to formal reentry programs because of the limited number of programs, proximity, and relatively high costs for participation.⁵ Part-time or flexible work hours allowed physicians to more easily reenter the workforce.¹² Many associations and academic medical institutions acknowledge the critical importance of retaining and promoting highly qualified individuals in the practice of medicine; however, it is equally important for health care professionals to have

the opportunity to return to a successful professional career following extended clinical inactivity.¹

1.4 | Physician reentry program outcomes

Physician reentry programs create an avenue for physicians who have left medicine in good standing to return to clinical practice and fulfill fitness to practice requirements of some state medical boards and medical specialties.⁵ At the time of writing, 6 physician reentry programs were open to applicants seeking reentry and have an active website with appropriate point of contact. (See Appendix B.) Other physician reentry programs likely exist but contact information and active websites were not easily found. Requirements from state medical boards for a fitness to practice evaluation for physician reentry has driven the creation of these programs despite the costs involved for participating physicians.⁵ Upon completion of the reentry program, physicians usually receive a certificate or letter detailing the successful completion of the program as a testament to the physician's fitness to practice. Current published studies are limited based on their methodology, small sample size, and no comparison group. No specific studies on emergency medicine exist.

Four reentry programs in the United States have published outcomes of participants having completed their training programs. The programs offer a variety of training options such as supervised clinical experience, preceptorship, and mini-residency. At Oregon Health Sciences University, 14 reentering physicians across a range of specialties successfully participated in a paid supervised clinical practice program.⁶ Thirty-six reentry physicians across a range of specialties completed the Drexel Medicine Physician Reentry/Refresher course that included a self-assessment, future career goals, recommendations of referring organizations, and a quantitative assessment of knowledge and skills that were used to create individualized learning objectives and a personalized curriculum.¹⁶ At the Center for Personalized Education for Physicians, 62 physicians participated in an educational program and clinical competency assessment that included objective clinical skills assessment including clinical interviews by specialty-matched board-certified physicians, simulated patient encounters, a documentation exercise, and a cognitive function screen.¹³ An innovative solution to physician reentry between the medical board of the State of New Mexico and the University of New Mexico showed that their mini-sabbatical program was very successful over the course of their 10-year collaborative effort, with 11 out of 12 students attaining unrestricted medical licenses.¹⁷

1.5 | Specialty specific programs

Some medical specialties, especially obstetrics-gynecology and anesthesia, have taken a proactive approach to physician reentry. The specialty of obstetrics and gynecology reports several small, specialty-specific supervised clinical experiences based at specific institutions to allow for successful reentry into clinical practice.^{11,16,18} The spe-

cialty of anesthesia has the greatest number of specialty-specific publications related to physician reentry. Both high-stakes simulation assessments^{19,20} and individualized or advanced specialty training programs that include supervised practice^{21,22} were used to certify that anesthesiologists were ready to return to clinical practice. A review article focusing on the reentry of surgeons suggested continuing medical education as an opportunity to assist reentry for general surgeons,²³ and another review article focusing on gastroenterologists advocated for skills retraining for procedural competence prior to a return to clinical practice.²⁴ At the time of writing, there was no reentry program specifically designed for emergency physicians.

1.6 | Medical society working group recommendations

A number of medical associations and organizations, including the AMA, FSMB, the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians, have developed working groups focused on the issue of physician reentry. The AMA developed a set of Guiding Principles for Physician Reentry Programs to promote enhanced coordination among reentry programs, as a reference for setting priorities and standards for action for state medical boards, and as a resource for physicians seeking reentry.⁵ The Post-Licensure Assessment System (PLAS), a joint project between the National Board of Medical Examiners (NBME) and the FSMB, and the Special Purpose Exam (SPEX) were developed to assist allopathic medical licensing authorities and state medical boards in assessing physicians who have already been licensed and are seeking to reenter the workforce. A similar examination, the Comprehensive Osteopathic Medical Variable Purpose Examination (COMVEX), was developed for osteopathic physicians. These examinations are a combination of computer-based clinical simulation and multiple-choice questions.²⁵

1.7 | Considerations for emergency physicians

As mentioned earlier, emergency physicians seeking to reenter the workforce must take into account personal considerations and clinical practice considerations as well as a number of legal and regulatory considerations imposed by individual institutions, state medical boards, and specialty boards. Regulatory issues from the specialty board and the state medical board will be the initial professional considerations that an emergency physician must navigate in the process of physician reentry; however, the local institutions have the authority and responsibility to delineate the scope of clinical privileges for individual physicians. Unfortunately, guidance is limited on this topic, especially for emergency medicine. Regardless, reentry physicians must understand the 3 levels of requirements (medical specialties, state medical boards, and local institutions) when seeking reentry. The burden of proof is on the reentry physician to show that he/she has met the appropriate requirements for licensure, certification, and credentialing. A checklist of suggested steps when approaching the process of physician reentry

Emergency Physician Reentry Checklist

- o **Complete State Medical Board Licensure Requirements**
 - Check Appendix A for state specific policies and testing or performance evaluation requirements related to physician reentry.
 - Contact the state medical board overseeing the jurisdiction where you are interested in practicing to verify reentry requirements and initiate the reentry process.

- o **Regain Certification Status with ABEM**
 - If certification expired five or fewer years ago, reentry EPs must complete all missing requirements for certification including the Lifelong Learning and Self-Assessment Modules, Improvement in Medical Practice, and pass either the ConCert Examination or MyEMCert Modules.
 - If certification expired greater than five years ago or was not obtained following residency training, reentry EPs must contact the ABEM office to apply for certification and pass the ConCert and the Oral Certification Examinations.

- o **Complete Credentialing Requirements for Local Institutions**
 - Compile and submit common credentialing documents including: Curriculum Vitae with work history, educational background, post-graduate training; current and previous state licensure; professional liability insurance and prior malpractice claims; peer references; and limitations in scope of practice or gaps in training or work history.
 - Delineate the scope of your clinical practice and complete any required certifications such as Drug Enforcement Agency (DEA) and Advanced Cardiac Life Support (ACLS) certifications.

FIGURE 2 Emergency physician reentry checklist for legal and regulatory considerations ABEM, American Board of Emergency Medicine

is listed in Figure 2. The process of seeking reentry is time intensive and likely to take a number of months, especially if additional training or a fitness to practice evaluation is required. Developing a plan and a timeline to complete the process of reentry will be important to navigate the process successfully. Reentry physicians should recognize that some aspects of the process will be out the individual physician's control, such as state-specific regulations and local credentialing requirements.

Although ABEM does not have an official policy on physician reentry, emergency physicians must also comply with the requirements for certification or regaining certification in order to be considered a board-certified emergency physician.¹⁰ Additionally, emergency physicians are required by ABEM to maintain an active, valid, unrestricted, unqualified medical license.⁹ In addition to the professional requirements from ABEM, returning physicians need to know the requirements of the state medical board of the jurisdiction in which they are going to practice. Most states have specific guidance for reentry physicians and a current listing of requirements, if any, from each state medical board are detailed in Appendix A.¹¹ Approximately three-quarters of state medical licensing boards who responded to a survey sent by the AMA either have a physician reentry policy or are in the process of developing or planning to develop one.³ State medical boards typically

make decisions on a case-by-case basis and may require the PLAS or SPEX or COMVEX examination, additional specialty training, and/or a fitness to practice evaluation by a physician reentry program in order for a physician to obtain a medical license. Unfortunately, the data on physician reentry programs remain very limited, and a uniform state or a specialty approach to the process of physician reentry does not exist. A listing of known physician reentry programs with descriptions of the program and hyperlinks are detailed in Appendix B. Reentry physicians should make use of published resources, state-specific recommendations, and specialty groups for support and guidance during the process.

2 | CONCLUSIONS

Currently there is an absence of literature in emergency medicine on physician reentry. Developing specialty-specific definitions, guidelines, and recommendations for reentry emergency physicians is much needed. Specialty organizations should develop resources to support emergency physicians seeking reentry and help create policies and recommendations to guide and shape the policies of state medical boards and physician reentry programs. Future research defining the scope of

inactive emergency physicians, their demographics, reasons for leaving practice, barriers to reentry, and the desire to reenter the workforce is also needed. Outcomes data on the effectiveness of physician reentry programs and the performance of emergency physicians who have reentered the workforce will be equally important to establishing the baseline data about physician reentry. National medical societies, specialty societies, and state medical boards should seek to develop more comprehensive, uniform approaches to address the issue of physician reentry. Such cooperation can play an invaluable role in supporting returning physicians and their reentry journey while ensuring high levels of safety and high-quality care. Departure from and return to clinical practice should be seen as a normal career path of emergency physicians, and their journeys should be supported by medical institutions and regulatory bodies.

ACKNOWLEDGMENTS

The authors would like to thank Loren Rives, senior manager, Academic Affairs, at the American College of Emergency Physicians for her continued support for the Academic Affairs Committee and for managing the activities of the subcommittee working on this objective and assisting with the logistics in the creation of this manuscript.

CONFLICTS OF INTEREST

Dr. Guth accepted an invitation from the Center for Personalized Education for Physicians to develop a series of high-fidelity simulations for use in their physician reentry program. Dr. Guth received no compensation for this activity. Luber: no conflicts. Marcolini: no conflicts. Lo: no conflicts.

REFERENCES

1. Mark S, Gupta J. Reentry into clinical practice: challenges and strategies. *JAMA*. 2002;288(9):1091-1096.
2. Association of American Medical Colleges. Resources for Physicians Returning to Clinical Practice. <https://www.ama-assn.org/practice-management/career-development/resources-physicians-returning-clinical-practice>. Accessed May 30, 2020.
3. Kenagy GP, Schneidman BS, Barzansky B, Dalton CE, Sirio CA, Skochelak SE. Physician reentry into clinical practice: regulatory challenges. *J Med Regul*. 2011;97(1):10-15.
4. American Board of Emergency Medicine. Board Eligibility. <https://www.abem.org/public/become-certified/board-eligibility>. Accessed May 30, 2020.
5. Kenagy GP, Schneidman BS, Barzansky B, Dalton C, Sirio CA, Skochelak SE. Guiding principles for physician reentry programs. *J Contin Educ Health Prof*. 2011;31(2):117-121.
6. Bower EA, English C, Choi D, Cedfeldt AS, Girard DE. Education to return nonpracticing physicians to clinical activity: a case study in physician reentry. *J Contin Educ Health Prof* 2010;30(2):89-94. 7.
7. Chen C, Pittman P, Westergaard S, Salsberg E, Erikson C. Emerging Health Workforce Strategies to Address COVID-19. *Health Affairs Blog*. <https://www.healthaffairs.org/doi/10.1377/hblog20200414.197056/full/>. 2020. Accessed June 9, 2020.
8. Mulvey HJ, Jewett EA, Merline A, Towe KJ. Pediatricians over 50 reentering clinical practice: implications for physicians and the regulatory community. *J Med Regul*. 2010;96:7-12.
9. American Board of Emergency Medicine. Policy on Medical Licensure. 2020. https://www.abem.org/public/docs/default-source/policies-faqs/policy-on-regaining-certification.pdf?sfvrsn=1bb6c9f4_10. Accessed May 30, 2020.
10. American Board of Emergency Medicine. Policy on Regaining Certification. 2020. https://www.abem.org/public/docs/default-source/policies-faqs/policy-on-regaining-certification.pdf?sfvrsn=1bb6c9f4_10. Accessed on May 30, 2020.
11. Federation of State Medical Boards. US Medical Regulatory Trends and Actions 2018. 2018. <https://www.fsmb.org/siteassets/advocacy/publications/us-medical-regulatory-trends-actions.pdf>. Accessed May 30, 2020.
12. Adams KE, Allen R, Cain JM. Physician Reentry: a Concept Whose Time Has Come. *Obstet Gynecol*. 2008;111(5):1195-1198.
13. Grace ES, Korinek EJ, Weitzel LB, Wentz DK. Physicians reentering clinical practice: characteristics and clinical abilities. *J Contin Educ Health Prof*. 2011;31(1):49-55.
14. Freed GL, Abraham LM, Brzoznowski KF. Inactive physicians: the state of our understanding. *J Pediatr*. 2007;150(6):577-578.
15. Braun L, Sawyer T, Kavanagh L, Deering S. Facilitating physician reentry to practice: perceived effects of deployments on US Army pediatricians' clinical and procedural skills. *J Contin Educ Health Prof*. 2014;34(4):252-259.
16. Varjavand N, Pereira N, Delvadia D. Returning inactive obstetrics and gynecology physicians to clinical practice: the drexel experience. *J Contin Educ Health Prof*. 2015;35(1):65-70.
17. Rayburn WF, Quintana A, Cosgrove E, La Farge G. Facilitating physician relicensure and reentry into clinical practice. *J Med Regul*. 2016;102(3):18-22.
18. Cass I, Gordon LA, Kilpatrick S. Lessons Learned in Physician Reentry. *Obstet Gynecol*. 2012;120(2):360-364.
19. De Maria S, Samuelson ST, Schwartz AD, Sim AJ, Levine AI. Simulation-based assessment and retraining for the anesthesiologist seeking reentry to clinical practice a case series. *Anesthesiol*. 2013;119(1):206-210.
20. Goldberg A, Samuelson S, Levine A, DeMaria S. High-stakes simulation-based assessment for retraining and returning physicians to practice. *Int Anesthesiol Clin*. 2015;53(4):70-80.
21. Green MS, Iqbal U, Hoffman CR, Green P, Varjavand N. Success and Challenge When Returning to Clinical Practice: a Case Series in Anesthesiologist Reentry. *Anesthesiol Resear Pract*. 2019;2019:1-6.
22. Larson CP, Steadman RH. An advanced specialty training program in anesthesiology: a special educational fellowship designed to return community anesthesiologists to clinical practice. *Anesthes Analges*. 2006;103:126-130.
23. Luchtefeld M, Kerwel TG. Continuing medical education, maintenance of certification, and physician reentry. *Clin Colon Rect Surg*. 2012;25(3):171-176.
24. Decross AJ, Pardi DS, Proctor DD. Report of the AGA institute education and training committee task force on physician reentry. *Gastroenterol*. 2010;139(3):e17-26.
25. Iroku-Malize T, Bonanno R. Medical education and reentry: finding ways to re-educate the physician who wants to come back to clinical practice. *Cogent Medicine*. 2016;3(1):1-7.

How to cite this article: Guth TA, Luber SD, Marcolini E, Lo BM. Physician Reentry—A timely topic for emergency medicine. *JACEP Open*. 2020;1:1614–1622. <https://doi.org/10.1002/emp2.12317>

APPENDIX A: Board Requirements on Reentry to Practice by State

	Board has policy on physician reentry to practice	Decide on case by case basis	SPEX/OMVEX	CME	Fitness-to-practice Evaluation	Citation
AL	X	X	X	X	X	Ala. Board of Med. Exam. Admin. Code Ch. 540-X-23-.03
AK	X	X	X	X	X	Alaska Stat. § 08.64.276
AZ-M	X	X	X	—	—	Ariz. Rev. Stat. § 32-1431
AZ-O	X	X	X	X	X	Application Procedures For Doctors Re-Entering Practice
AR	X	X	X	X	X	Ark. Med. Board Reg. 39
CA-M	X	X	X	X	X	Cal. Bus & Prof Code § 704 Cal. Bus & Prof Code § 2428
CA-O	X	X	X	X	X	Cal. Bus & Prof Code § 2428
CO	X	X	—	X	X	Col. Rev. Stat. § 12-36-114.5 Col. Med. Board Rules 120 & 130
CT	—	X	X	X	X	Conn. Gen Stat § 20-10b
DE	X	X	—	X	—	Del. Code tit. 24 § 1723 Del. Admin. Code Title 24.7
DC	X	X	X	X	X	Policy Re-Entry to Active Practice (Revised)
FL-M	—	X	X	X	X	Fla. Stat § 458.321
FL-O	X	X	X	X		Fla. Admin. Code Rule 64B15-12.0075
GA	X	X	X		X	Ga. Code § 43-34-26
GU	X	X	X	X	—	Guam Code Ann. § 12215
HI	—	X	X	X	X	
ID	—	X	X	X	—	Idaho Admin. Code § 22.01.01.078.04 Physician Re-Entry After Absence From Practice Application For Medical Licensure
IL	X	X	X	X	X	Ill. Admin. Code tit 68 § 1285.130
IN	—	X	X	X	X	Ind. Code 25-22.5-7-1
IA	X	X	X	X	X	Iowa Code § 148Iowa Admin Code § 653-9.15
KS	—	X	—	X	—	Kan. Stat. Ann. § 65-2809(e)
KY	X	X		X		Kent. Admin. Reg. § 201-9-051
LA	X	X	X	X	X	La. Admin. Code tit. 46:XLV § 413
ME-M	X	X	X	X	X	Reentry to Practice Guidelines Me. Rev. Stat. tit. 32 ch. 48 § 3280-A(4)
ME-O	X	X		X		Me. Rev. Stat. tit. 32 ch. 36 § 2581
MD	X	X		X		Md. Code Ann. § 14-317
MA	—	X	X	X	X	Code of Mass. Reg. tit. 243 § 2.06
MI-M	X	X	X	X	—	Mich. Admin. Code r. 338.2437 Mich. Comp. Laws § 333.16201
MI-O	X	X	X	X	—	
MN	—	—	—	—	—	
MS	X	—	—	—	X	Miss. State Board of Medical Licensure; Admin. Code Part 2601 ch. 1 Rule 1.3
MO		X		X	X	Mo. Rev. Stat. tit. XXII ch. 32 § 334.002
MP	X	X	—	X	X	Commonwealth Reg. § 140-50.3-4635
MT	X	X	X	X	X	Mont. Admin. R. 24.156.618
NE	X	X	X	X	X	Neb. Rev. Stat. § 38-2026.01

(Continues)

	Board has policy on physician reentry to practice	Decide on case by case basis	SPEX/OMVEX	CME	Fitness-to-practice Evaluation	Citation
NV-M	X	X	X	—	X	Nev. Rev. Stat. § 630.257
NV-O	^	—	—	†	—	Nev. Rev. Stat. § 633.491
NH		X		X	X	N.H. Rev. Stat. Ann. § 329:16-h
NJ	—	X	X	X	—	N.J. Rev. Stat. § 45:9-6.1
NM-M	X	X	X	X	X	N.M. Code R. § 16.10.7.16-18
NM-O	X	X	X	X	—	N.M. Code R. § 16.17.6.8
NY	—	X	X	X	X	
NC	X	X	—	X	—	21 N.C. Admin. Code 32B.1370
ND	—	X	X	X	X	N.D. Cent. Code § 43-17-26.1
OH	—	X	X	X	X	Ohio Rev. Code § 4731.281(c) Ohio Rev. Code § 4731.222
OK-M	X	X	X	X	X	Okla. Stat. tit. 59, § 59-495(h) OK Board of Med Guidelines on Re-Entry
OK-O	—	X	X	X	X	Okla. Stat. tit. 59, § 59-642(b)
OR	X	X	X	X	—	Or. Admin. R. 847-001-0045; 847-020-0183
PA-M	X	X	X	X	X	63 Pa. Cons. Stat. § 422-43 49 Pa. Code § 16.15
PA-O	—	X	—	X	—	49 Pa. Code § 25.271
RI	NA	X	NA	X	NA	Rules and Regulations For The Licensure And Discipline Of Physicians § 9
SC	X	X	X	X	X	S.C. Code Ann. § 40-47-42
SD		X				S.D. Codified Laws § 36-4-24.2
TN-M	X	X	X	X	X	Tenn. Code Ann. § 63-6-210 Tenn. Comp. R. & Regs. 0880-02-10(3)
TN-O	X		X	X		Tenn. Comp. R. & Regs. 1050-02-07 & .08
TX	—	X	X	X	—	22 Tex. Admin. Code Part 9 § 163.10
UT-M	—	X	X	X	X	Utah Admin. Code r. 156-67-302(d)(2) Utah Admin. Code r. 156-1-308(g)
UT-O	—	X	X	X	X	Utah Admin. Code r. 156-1-308(g)
VT-M	—	X	—	X	—	Vt. Stat. Ann. Tit 26, § 1400(g) Vt. Rules of the Board of Medical Practice § 9
VT-O	X	X	X	X		4 Vt. Code R. 030-220-3-3.2-3.4
VA	X	X	X	X	X	Va. Code Ann. § 54.1-2904 18 Va. Admin. Code § 85-20-240
WA-M	X	X	X	X	—	Wash. Admin. Code § 246-12-040 Wash. Admin. Code § 246-919-475 Wash. Med. Qual. Assurance Comm. Interpretative Statement; Guideline
WA-O	X	X	X	X	X	Wash. Admin. Code § 246-853-245
WV-M	X	X	X	X	X	W. Va. Code § 30-3-12
WV-O	X	X	X	X	X	W. Va. Code § 30-14-10
WI	—	—	—	X	—	
WY	X	X	X	X	—	Wyo. Stat. Ann. § 33-26-305 Wyo. Board of Med. Rules & Regs § 11-12

CME, continuing medical education; COMVEX, Comprehensive Osteopathic Medical Variable Purpose Examination; M, Allopathic Board; O, Osteopathic Board; SPEX, Special Purpose Exam

Appendix A is reproduced in this manuscript from the Federation of State Medical Boards US Medical Regulatory Trends and Actions 2018 Report with permission from the FSMB.

APPENDIX B

- A. The Center for Personalized Education for Physicians
Denver, Colorado and Raleigh, North Carolina
CPEP is a non-profit organization providing competence assessment and intensive education services to physicians and other healthcare professionals. Many of these clinicians are referred by licensing boards, credentialing bodies, and medical liability insurers, while a smaller number “self-refer.” CPEP’s Assessment and Reentry to Clinical Practice programs have worked with more than 2,000 physicians and others over 29 years. These programs give professionals the opportunity to demonstrate clinical competence and address areas of knowledge, skills, or judgment where improvements may be recommended.
- B. Drexel Medicine Physician Refresher/Reentry Course
Philadelphia, Pennsylvania
Drexel’s Physician Refresher/Reentry program offers a range of activities (education and assessment programs) for physicians who intend to return to active clinical practice, want to enhance their focus or area of interest, or want to prepare for admission to U.S. graduate medical education training programs.
- C. Florida CARES Program Gainesville, FL
The Florida Comprehensive Assessment and Remedial Education Services Program (Florida CARES) provides a specialty specific assessment of a physician’s medical knowledge, decision making process, patient communication skills and level of psychological functioning. It is designed to help organizations such as the Board of Medicine and hospital medical staff’s make decisions regarding whether a physician demonstrates the abilities and attributes to practice medicine in a safe and competent manner.
- D. LifeGuard Harrisburg, Pennsylvania
The LifeGuard Reentry /Re-Instatement program provides a pathway for physicians who wish to reenter the practice of medicine after an absence or for reinstatement of a license following a disciplinary action. We provide an unbiased, targeted assessment that can validate a physician’s clinical skills and readiness to reenter the workforce. If deficiencies are identified, LifeGuard will provide a recommended path for remediation to address concerns in the most efficient manner possible.
- E. KSTAR/UTMB Health Mini-Residency Program
College Station, Texas
The Texas A&M KSTAR Physician Assessment Program has partnered with the University of Texas Medical Branch (UTMB) in Galveston, TX to create the KSTAR/UTMB Health Mini-Residency program. This collaboration provides three-month, residency-based reentry education experiences for physicians who want to return to medical practice after an interruption in their career. Most specialty and subspecialty programs will be possible for those physicians who qualify.
- F. University of San Diego Physician Assessment Education Program
San Diego, California
Since 1996, the PACESM Program has committed itself to promoting a culture of ongoing quality improvement and professional development in the medical field. It is our mission to better the quality of healthcare throughout the nation by offering assessment and remediation services to medical professionals. These assessments can be performed on practicing physicians as well as those who are seeking to reenter practice or obtain initial licensure. We also offer physician monitoring services through our Physician Enhancement Program (or PEP) and a number of continuing professional development (also known as continuing medical education) courses.