A PHYSICIAN REENTRY INTO THE WORKFORCE INVENTORY

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LEAVING AND REENTERING THE WORKFORCE SHOULD BE REGARDED AS A NORMAL PART OF A PHYSICIAN'S CAREER TRAJECTORY.

INTRODUCTION

It is becoming increasingly common for physicians to leave clinical practice for some period during their careers and then seek to reenter the workforce. The reasons are many and varied. (See Appendix A) The Physician Reentry into the Workforce Project believes leaving and reentering the workforce should be regarded as a normal part of a physician's career trajectory. As such, just like any other career move, it is something that should be carefully considered and strategically planned.

Physician Reentry, as defined by The Physician Reentry into the Workforce Project, is returning to the professional activity/clinical practice for which one has been trained, certified or licensed after an extended period. It differs in many ways from physician remediation, which the American Medical Association defines as, "the process whereby deficiencies in physician performance identified through an assessment system are corrected." Although some of the suggestions in this document may apply to both groups, this document is primarily intended for those physicians who voluntarily leave clinical practice, and later voluntarily seek to return.

The process of physician reentry involves more than the individual physician. State medical and osteopathic boards, as the regulatory authority for physicians, have a vested interest in the continued competency of the licensees they regulate as part of their ongoing obligation to protect the public. Likewise, patients and the public, better informed than ever, now demand more of their physicians. As a result, maintaining and demonstrating clinical competencies, and the measures that ensure that medicine remains a public good, are all components of the reentry process.

There are currently very few studies to support the concept that a specific duration away from practice is associated with a demonstrable diminution of clinical skills. Some recent, albeit limited data from one study do suggest, however, that years out of practice and increasing age may be contributing factors to poorer performance for reentry physicians[1]. Still, many stakeholders, including state medical boards, are critically examining reentry with an eye toward trying to achieve a very delicate balance – protecting the public while,

1 Grace E et. Al. Physicians reentry clinical practice: Characteristics and clinical abilities JCEHP 30(3): 22010.

at the same time, trying to address numerous barriers that make it difficult or prohibitive for physicians to return to clinical practice. In its 2013 "Report of the Special Committee on Reentry to Practice," the Federation of State Medical Boards identified two years away from practice as the timeframe beyond which physicians should undergo a reentry process.

The Physician Reentry into the Workforce Project encourages physicians who are contemplating leaving the workforce to employ strategies that will enable them to maintain their practice skills and to engage in the practice of lifelong learning. To this end, practical checklists have been developed. They are designed to help physicians assess and answer these key questions:

- What should I know before I leave?
- What should I do before I leave?
- What should I do while I am out of the workforce?
- What should I do now that I have reentered?

A PHYSICIAN WHO LEAVES PRACTICE COMPLETELY IS IN A SIGNIFICANTLY DIFFERENT POSITION FROM THE PHYSICIAN WHO CONTINUES TO PRACTICE. ON A VERY REDUCED SCHEDULE.

The checklists address personal considerations, regulatory issues, medical liability coverage, funding and financial options, and a host of additional relevant information. While this document were initially designed for physicians, much will be relevant for health care providers in other disciplines.

Although every effort was made to ensure that these checklists would be as comprehensive as possible, they are by no means conclusive. State laws and regulations, medical specialty requirements, and hospital privileging processes vary greatly. In addition, each physician's situation will undoubtedly be unique. As a result, the checklists should be considered as one useful guidance document among the many resources within your reentry toolbox, as you strategically plan for your exit and return to clinical practice.

A significant change in your practice pattern can affect a number of areas in your personal and professional life:

- Your competence, both cognitive knowledge and proficiency in procedures
- Your confidence and mental state
- Your family
- Your finances
- Your partners
- Your patients

A physician who leaves practice completely is in a significantly different position from the physician who continues to practice on a very reduced schedule. The major differences in impact will be on competence and confidence, with implications for credentialing and privileges, as well. The extent of the effects will vary by specialty and type of specialty (cognitive versus procedural). Many of the barriers to reentry will be diminished or eliminated if the physician maintains some level of clinical practice, possibly even in a different venue.

A physician who continues to practice, but changes the nature of the practice, such as an OB/GYN specialist who gives up obstetrics and just practices gynecology is in essence leaving a specific aspect of practice completely. If this physician chooses to resume that aspect of practice, then he or she will likely face a number of reentry challenges.

The first section of this inventory begins with general questions to consider. These are the foundation for more specific topics that follow.

WHAT SHOULD I KNOW BEFORE I LEAVE?

GENERAL QUESTIONS TO CONSIDER

What are the reasons for leaving the workforce?

- □ Personal
- □ Illness
- □ Family
- □ Career

Will the leave be temporary with an expectation to return to part- or full-time practice? Or is the leave open-ended without a definite plan to return to part- or full-time practice?

Upon return, will the practice have to be modified due to a medical condition?

Is the decision to leave the workforce a result of a decision to move into practice management or another non-clinical medical field? Are you comfortable leaving clinical practice?

Is the leave planned or unplanned?

How long do you anticipate your leave will be?

PHYSICIANS WHO ARE CONTEMPLATING LEAVING THE WORKFORCE ARE ENCOURAGED TO EMPLOY STRATEGIES THAT WILL ENABLE THEM TO MAINTAIN THEIR PRACTICE SKILLS, AND TO CONTINUE TO PRACTICE LIFELONG LEARNING.

FINANCIAL IMPACT

Assess the financial impact of loss of income.

Assess family/personal impact. Discuss with affected members.

- □ Calculate the costs of maintaining the ability to reenter. For many physicians the costs of maintenance of state licensure, credentialing, memberships in professional organizations, maintenance of board certification, and insurance are paid for through the practice or organization. Will you be able to assume the cost of some or all of these?
- □ Educational programs will have to be financed, along with CME designed for reentry, and lifelong learning.
- □ If the leave is related to illness, inform your provider(s) of your decision to leave the workplace. Also, check your disability policy with regard to coverage for prolonged illness, premium, payment, and coverage.
- □ Check coverage for personal insurance and ways to maintain it. Look at ways to maintain health insurance, life insurance, disability insurance, and malpractice tail insurance.

MENTAL/PSYCHOLOGICAL IMPACT

Consider the potential mental/psychological impact of a prolonged absence from the workforce.

- □ Will it be difficult to adjust to a different schedule/routine?
- □ How much will you miss interacting with other physicians and colleagues?
- □ How much will you miss caring for patients?

PROFESSIONAL ISSUES

What will be the potential impact of your leave on your practice or organization; and what are the possible contingency plans?

Office/Employer

- ☐ Communicate the decision with Human Resources (HR), if applicable. If the leave is planned and there is time, HR can be an invaluable resource to help navigate the process.
- ☐ Communicate the information to patients to allow for the timely transfer of care.

Hospital

- ☐ Review the hospital bylaws. There may be rules requiring timely notification of a leave of absence. If such a review is not possible, then contact the Vice President of Medical Affairs or Medical Staff leadership for guidance.
- ☐ Identify the requirements for maintenance and restoration of hospital credentials. While it may be impractical or impossible to maintain hospital privileges during a leave of absence, having the knowledge will aid in planning a return to the workforce. Simply letting privileges lapse without understanding the process may result in more difficulty at a later date.

Medical Malpractice Insurance

- ☐ Determine the type of coverage you will need to maintain during your leave of absence.
- ☐ Determine if you need tail coverage, and if so, identify whether you or your group is going to pay for this.
- ☐ Contact your insurer, and let them know of your plan to take a leave of absence.

Legal Counsel/Attorney

- ☐ Consider seeking legal counsel, depending on the legal structure of your practice.
- ☐ Some practices may have more complex legal arrangements necessitating legal counsel.

TIP

- Communicate with colleagues your decision to leave as soon as possible after you have finalized your decision to leave. This is especially critical if you share call. Timely notification will also help begin the process of finding a replacement.

Professional Memberships

- ☐ Check the requirements for membership for your local, state, and national organizations.
- ☐ Specifically inquire about the ramifications, if any, of a leave of absence.
- ☐ See if they have a category for clinically inactive members, possibly at a reduced rate.
- ☐ Determine if maintenance of licensure or maintenance of certification is a requirement for your professional membership.
- ☐ Consider the costs of membership.

TIPS

- It may be beneficial to continue your membership, so that you can stay connected, network, and readily learn about CME and other programs that will benefit your situation.
- Find out if your membership organization has a dues structure for members who are taking a leave of absence, working part-time, etc.

REGULATORY ISSUES

Medical License

- ☐ Licensure is a privilege. When applying for licensure, the burden of proof is on the physician to show that he or she has met the appropriate requirements for licensure. Note that it is often harder to get a license back once it has expired.
- ☐ Contact your medical licensing board to find out about its policies regarding a leave of absence. While a review of the statutes that govern medical practice of the state in which you hold a license(s) would be beneficial, contacting the state board for assistance will certainly point you in the right direction in understanding requirements for notification of leave of absence, change of address, change of practice, and requirements for maintenance of licensure. The American Medical Association's yearly publication, *State Medical Licensure Requirements and Statistics*, may be a useful reference, as well.
- ☐ Ask the board how it deals with physicians who have been out of the workforce and what statutes, if any, the state has in place to facilitate or hinder a return to practice. Your state board may issue a limited license if you are not in clinical practice after a specified period of time, and/or it may require that you develop a reentry plan.
- ☐ Determine the costs to maintain your license.

TIP

- Overlooking these simple steps can result in great difficulty and frustration in the future when trying to reinstate a lapsed license.

Drug Enforcement Administration (DEA)

- □ Contact the DEA to inform them of the decision to take a leave of absence.
- □ Determine if there are implications for your narcotics registration. Some states may require more than one registration. Find out what about your state's requirements.

Board Certification

- □ Both the American Board of Medical Specialties and the American Osteopathic Association's Bureau of Osteopathic Specialists member boards all have time-limited certificates. Each specialty board has different requirements for maintaining board certification. Contact the specialty board to determine the requirements for maintaining certification.
- □ Some boards require an active license in order to maintain certification.
- □ Ask the specialty board for guidance regarding your particular situation.
- □ Determine the costs to maintain certification.

TIP

- Contact the specialty board again when you are ready to rejoin. Every board is different. Requirements may change while you are out of clinical practice.

WHAT SHOULD DO BEFORE I LEAVE?

DEVELOP A TIMELINE

- □ Make a timeline for your leave of absence (or reduction of practice) and your reentry into practice. Make the timeline realistic, projecting a length of absence beyond what you intend now.
- □ Prepare a plan that integrates your professional and personal lives for the entire duration of your leave of absence.
- □ Work backward from your planned reentry date, and ensure that your timeline includes action steps and deadlines for meeting requirements, so that it is less likely for there to be unforeseen delays in reentering practice.
- □ Check your timeline at regular intervals to make sure you have the most accurate and up-to-date information for meeting each reentry requirement.

TIPS

- Some physicians are shocked at how long it takes to fulfill the requirements of the various entities and interested parties, and would have initiated the process sooner if they had realized, or would have limited the duration of leave, based on the above information. Realize that some credentialing cannot be accomplished unless other credentialing is in place: for example, you need a valid license to be credentialed by insurance companies.
- It may be helpful to look beyond your planned return to clinical practice and develop a plan that focuses on the next 5 to 10 years of your professional and personal life.

See Appendix A for stories that illustrate the importance of the tips above.

CONTINUING MEDICAL EDUCATION (CME)

- □ Make a plan for ongoing learning during your absence, and keep a detailed and descriptive record of what you accomplish. Maintaining your membership with your specialty society or other organization during your leave-of-absence can help you stay current in your field and meet CME requirements for reentry later.
- □ Devise an ongoing program to stay current with medical knowledge in your specialty.
  - ◦ Cognitive learning
  - ◦ Experiential learning
- □ Devise an ongoing program for maintaining skills in performing procedures.
  - ◦ Cognitive learning
  - ◦ Experiential learning

TIPS

- Maintain CME with emphasis on face-to-face programs where there is ample time for Q&A or access to experts. Know the yearly MOC/OCC and Maintenance of Licensure requirements for your state.
- If you are a procedural specialist, attend programs with hands-on cadaver or simulated practice sessions.
- Do NOT just read journals or listen to CDs or other types of electronic recordings.
- Check with the medical school nearest you to see if they offer any retraining or other academic help.
- Develop a network. Look for opportunities through your local medical chapter/societies, available electronic networks, and other organizations for informal training, as well as venues beyond intellectual sources for continuing medical education.

PRACTICE CONSIDERATIONS

- □ Identify what the state licensing board requirements are for your state for how to inform patients of your leave of absence. Also, see if your practice has a protocol in place for informing patients.
- □ Facilitate the transfer of care of your patients.
- □ If you are a solo practitioner, make a plan for the medical records of your patients to be accessible.

TIPS

- Work out reentry details with your employer or partners as specifically as possible at this stage.
- If you will be working as a contract/salaried physician, negotiate part-time or time-off-the-clock options. It is best do this when first hired.
- If you know in advance that you will be leaving, work out the transfer of care personally with your patients, especially those with complex health histories.
- Identify in advance partners or other physicians in your community who are available and willing to take on new patients.
- Remember that the further ahead you plan the easier the reentry into clinical practice will be.

CONTACTS AND CONNECTIONS

- □ Establish networks to provide support for possible psychological issues associated with leaving clinical practice.
- □ Establish contacts and paths to reconnect through your current workplace and other current resources.
- □ Keep in touch with future employers on a regular basis.
- □ Look for part-time work or consider volunteering.
- □ Stay connected through your county, state, specialty, and other professional societies.
- □ Social networking modalities may be beneficial.

TIPS

- Be open to the possibility that your professional future may take you in a direction you had not considered.
- Consider staying on or joining hospital committees—Pharmacy and Therapeutics, Quality Improvement, etc.
- Maintain contacts with the community, and explore potential alternative clinical practice opportunities.
- Find out about the experiences of your colleagues.
  - Have any of them encountered this situation before?
  - What was their experience?
  - What can you learn from them?
  - What does a reentry plan really look like?
- Network to maintain contacts and exchange experiences.
- Find a mentor to meet with during your period of clinical inactivity.
- Seek support and insights from individuals who have had similar experiences, as well as from others, both professionals and non-professionals (mental health professionals, clergy, colleagues).

FINANCES

- □ Agree with your employer or partners on financial issues.
- □ Any buyout that is relevant, and salary, if transitioning to part-time.
- □ Factors such as a non-competitive agreement, if reentering in a different venue.
- □ Cost of continuing ownership of practice and/or ownership of medical building, as well as the impact of issues related to any buyout and related taxes.
- □ Analyze your ongoing financial needs, especially considering your home mortgage and other major expenses. Consider consulting a financial planner.
- □ Calculate the cost of returning to practice and costs to regain partnership and/or buy in.
- □ Decide how to obtain lost benefits, such as health insurance.

TIPS

- If finances will be limited during your leave from practice (and you have the time to do so) escrow for professional costs during your time out, such as the costs of CME, board MOC/OCC exams and courses, renewal of license/ narcotic certificate, professional/specialty society dues, and for any other process that you expect will be required.
- Look now for other potential employment opportunities, if you are not planning to reenter in the same venue.
- Ask professional associations and specialty societies if they have reduced fees for inactive physicians.
- Find out what the costs will be to maintain your professional license and liability insurance.
- Remain aware of Maintenance of Certification and Maintenance of Licensure requirements.

BENEFITS

- □ Determine benefits if working part-time.
- □ Decide how to obtain lost benefits, such as health/dental insurance, retirement savings, life insurance, disability insurance.

DETERMINE LEVEL OF CLINICAL PRACTICE

- □ Decide if some form of part-time practice is possible, as this could save you giant headaches in the future. Many of the barriers to reentry go away if you keep up some level of clinical activity. This activity could be in the same practice or in another venue.
- □ Work out with your employer or partners the characteristics of a part-time schedule, taking into consideration office hours, hospital rounds, evening/weekend/ overnight call/holiday responsibilities, and scheduling of on-site meetings.
- □ If leaving completely, speak with your current supervising physician(s), partner(s), or associates if you would like to return to your current practice. Explore with your colleagues the possibility of being re-hired to the practice upon your return.

TIPS

- If leaving your current practice, explore opportunities to moonlight or take call at local hospitals, ambulatory centers, and other clinical venues during your absence, as a way of maintaining some clinical activity.
- Find out what you need to do to keep your full, unrestricted license.

WHAT SHOULD I DO WHILE I AM OUT OF THE WORKFORCE?

ADVANCED PLANNING FOR YOUR RETURN

- □ Review all the suggestions in this document and The Physician Reentry into the Workforce Project website at www.physicianreentry.org.
- □ Keep networking skills and contacts active.
- □ Use your reentry timeline to facilitate the planning process long before you actually would like to return to work.
- □ If you have been out of practice, you may want to begin efforts to return to work well in advance of your planned reentry date.
- □ If you had a medical reason for your hiatus, obtain documentation from your physician regarding your fitness for return to practice or any limitations on your ability to practice. Some states might require specific assessments for re-licensure, if you have allowed your license to lapse.

TIPS

- Watch for new developments. Check with your hospital, practice, specialty board, and state licensing board about any changes in credentialing requirements. Note especially all legislative and regulatory changes that may affect your ability to reenter the workforce and to practice. Regularly update your reentry timeline accordingly.
- Periodically check with your state licensing board. This is especially important, since many licensing boards are in the process of developing reentry requirements.
- Beware that the returning process may take a year or more depending on your specialty and state.

CLINICAL ACTIVITY

- □ If you are not working part-time, keep a ”clinical toe in the water” with activities such as volunteering, teaching, moonlighting, taking call, or shadowing a physician. Be aware of any requirements for conducting that activity, such as licensure and liability insurance.
- □ Keep a detailed or descriptive record of the hours and numbers, as well as types of patients, that you see.
- □ Get letters of recommendation or attestations of activity from supervisors and mentors upon the completion of moonlighting, volunteering, teaching, or shadowing.
- □ Stay in touch with the practicing community, both those in your specialty and those who can provide or receive referrals.
- □ Subscribe to medical aggregating information services, both general and specialty specific.

TIPS

- Letters or testimonials from patients or medical related associates may also be of assistance.
- Consider serving on hospital or practice quality committees or finding ways to help colleagues with performance improvement activities. Board Maintenance of Certification requires performance improvement activities.
- Any clinical activity will be beneficial, even more so, if it uses clinical skills related to the clinical practice to which you will return.

CONTINUING MEDICAL EDUCATION

(See Appendix B)

- □ Realize that procedural skills may require special activities both to maintain skills and remain up-to-date with the latest technologies and techniques. Check with your specialty society for possible procedural skill resources related to your particular specialty.
- □ Keep up on the current scientific literature. Maintain and update your knowledge by reading publications in your field, even if they do not offer CME credits, as they can help you to stay current. Do literature searches to complement what you read and keep abreast of non-clinical content, such as developments in practice management, coding and billing, and health care delivery systems.
- □ Meet your CME requirements for the licensing board and your specialty, but be aware that requirements for licensure require more than CME.
- □ Avoid doing all of your CME online. If you are able, do some of your learning in settings that allow you to maintain old professional contacts, or to make new ones. Enroll in live CME events, attend local meetings, or participate in grand rounds.
- □ Local medical society and other meetings also enable you to keep up with changes in local medical referral relationships and other local health system matters.
- □ If you have questions about recent changes in your field, contact former professors or talk to colleagues. Individual consultation and conversations with colleagues can help you make sure you are not internalizing inaccurate concepts or information.
- □ Keep track of everything that you do, including informal CME and study. Someone is going to ask you what you have done to maintain your clinical knowledge and procedural skills while you were out.
- □ Take advantage of your specialty board Maintenance of Certification (MOC) opportunities, or the American Osteopathic Association Bureau of Osteopathic Specialists' Osteopathic Continuous Certification (OCC) Program.
- □ Focus first on those activities that will count for both licensure and MOC/OCC. Check with your specialty board for requirements as most require licensure prior to seeking MOC/OCC.

TIPS

- Recognize that most medical practices will use electronic health records and will require you to demonstrate basic computer skills.
- If you are shadowing, assisting, mentoring, or practicing in some other ancillary capacity, make certain that you have the "permission" you need to be there (for example, just because you are licensed and a colleague has given you permission to scrub with him, does not necessarily mean that you have authorization from the hospital to be present or assist. You may likely need to be credentialed by the hospital's credentialing committee).
- If you will be modifying your practice within your specialty when you return to the workforce, you may want to identify skill sets that you will need to acquire or improve.

PERSONAL

TIPS

- Maintain physical health and strength needed to resume full-time work.
- Do not make plans based on financial decisions alone.
- Use time away from practice for reflection, especially on aspects of practice after reentry: work/life balance, values, motivations, enthusiasm.
- Cultivate a personal and professional network that helps meet your personal needs.
- Recognize that you may need to learn adaptive mechanisms to deal with a disability in your practice setting.

TECHNICALITIES

Ensure that the following are in place:

- □ Maintenance of Certification through the appropriate specialty board or the American Osteopathic Association Bureau of Osteopathic Specialists' Osteopathic Continuous Certification (OCC)
- □ Program Licenses (general and specialty-specific)
- □ Medical liability insurance
- □ DEA registration and state-specific controlled substance prescribing license, if applicable
- □ National Provider Identification Number Credentialing: hospital, insurance panel, other
- □ Applications for insurance provider panels
- □ Current certification in basic life support, advanced life support, as indicated (e.g., NRP, PALS, APLS)
- □ Contracts and partnership agreements
- □ Renew memberships in specialty and professional societies.

TIPS

- Consider incorporation of and other information technology resources that may have evolved during your period of decreased clinical activity, including Up-To-Date, Red Book etc.
- Human resources. Establish a network of colleagues that you can call upon for clinical help and advice.
- Find out what resources are available in your new environment and community, such as what emergency equipment is available on site, the typical response times for ambulances, etc. Recognize that resources may have changed over time.
- Know the organizations that offer services to your patients (elder care, day care, early intervention services, skilled nursing, etc.) in your practice community.

RESOURCES

- □ Information resources:
  - Subscribe to services that are appropriate to your specialty, such as point-of-care resources (e.g., MD Consult, Up-to-Date, Pediatric Care Online). You may need to contact your specialty society to find out how to access these services and to learn if there are fees associated with them.
  - Know how to use these services, particularly how to look up drugs and drug interactions.
  - Download guidelines and/or bookmark guidelines resources in your web browsers.

TIPS

- See Appendix B: Components of Professional Development Programs and Activities for more information.
- Learning is never over: establish a plan for ongoing, lifelong learning even after you have gotten back up to speed.

PROFESSIONAL DEVELOPMENT

- □ After determining your planned scope of practice (inpatient, outpatient, ER, hospitalist, etc.), try to establish or estimate your educational needs based on either a formal reentry program or self-assessment.
- □ Consider participating in a formal evaluation (such as the board examination review courses offered by some specialty societies) before or on return to practice, with additional focused reviews in areas of need.
- □ Consider a pharmacology review.
- □ Consider joining or maintaining membership in specialty practice organizations for valuable CME, specialty society conferences, and journal resources.
- □ Continue the practice of self-reflection as your new professional career unfolds.

ENTERING PRACTICE

- □ Seek out practice settings in which you can interact with other colleagues on-site (i.e., try to avoid solo-practice or single-coverage practices).
- □ Establish or renew relationships with colleagues you can call with questions.
- □ Consider a graduated return that is consistent with your educational needs and your level of confidence, with gradual and progressive increase in responsibility to independent care of patients. Gradually increase patient volume.
- □ Negotiate compensation for the work you will be doing.

TIPS

- Become familiar with the documentation and charting system that you will be using before you actually start, especially if it is an electronic health record; it will save time later. Most organizations will include this training as part of their orientation for new employees.
- Keep track of new perspectives you have gained from the experience of reentry so that you can serve as a resource and/or mentor to others seeking to do the same.

APPENDIX A:

REENTRY SCENARIOS- BUILD A BRIDGE TO REENTRY!

The stories below are provided to help illustrate the importance of planning ahead and thinking about possible challenges that may occur as you leave clinical practice and later reenter. Although it may be impossible to predict every possible scenario for your return to clinical practice, these provide a starting point for thinking about issues you may need to be prepared to address.

35-Year-Old Internal Medicine Physician Who Took Pharmaceutical Job in Japan

- Wanted to travel while young; married, but no children yet.
- Thought it would be exciting to travel, but found the culture shock to be more difficult than anticipated.
- Did not do any clinical work for four years.
- Did not keep up licensure in the states, nor participate in MOC/OCC.
- Did obtain extensive CME.

Now a child is on the way, and he wants to be closer to family. His former company will not pay for moving expenses, because he is no longer employed by them. He does not have a home in the United States. He was told by three boards that he will need to appear before the boards and will probably be asked to take a SPEX exam, and either be proctored or take a mini-residency. The American Board of Internal Medicine (ABIM) prefers further proof of competency and taking MOC. The total cost of return to clinical practice will be high. The time to complete the needed MOC/OCC is estimated to be at least 18 months. He may need legal counsel as well.

Medical Missionaries Who Have Served for 26 Years in Kenya

- Surgeon/husband and nurse/wife team moved to Kenya prior to emphasis on board certification and have not kept licensure current in US.
- Keep extensive log of surgical procedures done, and has tried to stay current with CME, but had difficulty finding current information.

The couple has elderly parents in poor health and they want to return to the United States to work in an underserved area near their parents. The physician cannot get hospital credentialing because of his lack of board certification. The boards will not allow certification without a current license. Licensure is less of an issue, since their home state does not require board certification. However, the licensing board requires a minimum number of clinical encounters in the past year and will want to interview the physician regarding his log and talk to colleagues in Kenya. The possible difficulties in arranging letters or other communications between licensing board and Kenya may need to be considered, as well.

It is estimated that the cost of return to clinical practice will be high as in general the longer away from practice the higher the cost.

27-Year-Old Female Physician With One Special Needs Child and Expecting A Second Child

- In last year of family practice residency, physician decides to delay last year of residency to stay at home with children.
- Does not discuss holding spot in future years with residency director.
- Husband is a small business owner.
- Does not factor in economic issues at home in case husband loses his job, first child needs expensive therapy, or second child has special needs.
- Have very little savings, some educational debt, and a relatively expensive mortgage.
- Did not investigate regulations in her state that require completion of full residency before initial licensure.
- Did not remember that board certification is tied, in part, to holding a full and unrestricted license.
- Attends county medical society meetings and keeps up with literature and goes occasionally to grand rounds at hospital.
- Does not see patients via free clinic or any other method.

Three years later she wants to return to residency, but all slots are taken. To finish, she will need to apply to other programs in other states. Moving will cost husband his job and stretch their budget beyond capacity. She cannot be licensed in her state or sit for boards. It will take one to two years of additional training, and another year to take board exams, obtain hospital privileges and get licensure back on track. The costs will vary depending on whether she has to move or not, but could be considerable, if worst case scenarios develop.

46-Year-Old OB/GYN Female Physician With Ailing Husband and Parents

- Feels the need to care for husband recently diagnosed with cancer and parents with multiple medical problems and incipient dementia.
- Children have finished schooling and live on their own.
- Considers cutting back to just gynecology, but during discussions with partners, they agree to a leave of absence of a full year with consideration of return to full OB and GYN practice at end of that year.
- Several other scenarios discussed, and terms of compensation and alternatives fully explored. Same discussions held with hospital credentialing committee.
- Takes MOC exam in OB/GYN voluntarily just prior to stopping practice.

On checking with licensing board, finds no restrictions on time away from clinical practice and can keep her full and unrestricted license. She decides to volunteer at free clinic one day a week and attends grand rounds. She also offers to do occasional lectures on her specialty at a nearby medical school. As often as possible, she attends state and county medical society and specialty meetings. She puts enough money in savings to cover limited costs of renewal, which could be considerable for annual specialty meeting.

APPENDIX B:

COMPONENTS OF PROFESSIONAL DEVELOPMENT PROGRAMS AND ACTIVITIES

This chart is provided courtesy of the Federation of State Medical Boards and serves as a supplement to the information provided in the Maintenance of Practice Checklist. It describes professional development goals and the possible strategies for achieving them.

GOALS	STRATEGY (HOW)	OPTIONS/ EXAMPLES
1. **Reflective Self Assessment** (What Improvements Do I Need to Make?) Physicians must participate in an ongoing process of reflective self-evaluation, self-assessment and practice assessment, with subsequent successful completion of appropriate educational or improvement activities.	Self assessment incorporates external measures of knowledge and skills or performance benchmarks.	Assessment tools could include: □ Self-review tests such as ◦ MOC and Osteopathic Continuous Certification (OCC) ◦ Home study courses or web-based materials ◦ Medical professional society/ organization or institution-based simulation □ Others approved by the state medical board Professional development activities could include: □ Review of literature in the physician's current practice area □ CME in the physician's current practice area that enhances patient care, performance in practice and or patient outcomes.

GOALS	STRATEGY (HOW)	OPTIONS/ EXAMPLES
2. Assessment of Knowledge and Skills (What Do I Need to Know and Be Able to Do?) Physicians must demonstrate the knowledge, skills and abilities necessary to provide safe, effective patient care within the framework of the six competencies as they apply to their individual practice.	Assessments of knowledge and skills should be structured, valid, practice relevant, and should produce data to identify learning opportunities.	Examples of assessments addressing one or more of the competencies include but are not limited to: □ Practice relevant multiple choice exams, e.g., MOC/OCC exams, National Board of Medical Examiners (NBME) shelf exams, National Board of Osteopathic Medical Examiners (NBOME) COMAT Achievement Tests, NBOME shelf exams □ Standardized patients □ Computer-based clinical case simulations (c □ Patient and peer surveys □ Mentored or proctored observation of procedures □ Performance improvement (PI) CME □ Other performance improvement projects such as the Surgical Care Improvement Project (SCIP), American Medical Institute (AMI), Institute for Healthcare Improvement (IHI), Healthcare Effectiveness Data and Information Set (HEDIS) □ Procedural hospital privileging □ Others approved by SMBs

GOALS	STRATEGY (HOW)	OPTIONS/ EXAMPLES
3. Performance in Practice (How am I Doing?) Physicians must demonstrate accountability for performance in their practice.	Physicians should use a variety of methods that incorporate reference data to assess their performance in practice and guide improvement. 3rd party attestation of participation will satisfy this component.	Assessment tools could include but are not limited to: □ 360-degree/multi-source evaluations (self evaluation, peer assessment and patient surveys). □ Patient reviews, such as satisfaction surveys □ Collection and analysis of practice data such as medical records, claims review, chart review and audit, case review and submission of a case log □ Registries □ American Osteopathic Association (AOA) Clinical Assessment Program □ An approved American Board of Medical Specialties (ABMS) MOC Part IV Practice Improvement activity □ Medical professional society/organization clinical assessment/ practice improvement programs □ Peer review □ Centers for Medicare and Medicaid Services (CMS) and other similar institutional based measures □ Other performance improvement projects such as the Surgical Care Improvement Project (SCIP), American Medical Institute (AMI), Institute for Healthcare Improvement (IHI), Healthcare Effectiveness Data and Information Set (HEDIS) □ Other tools approved by the state medical board

Source: Federation of State Medical Boards policy, April 2010.

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