



The Business Side of Medicine

Physician Reentry: What Physicians need to know about leaving clinical practice if they may wish to return

Physician reentry into clinical practice can be defined as returning to professional activity/clinical practice for which one has been trained, certified or licensed after an extended period.



**Mary Ellen Rimsza,
MD, FAAP**

Today, many physicians leave clinical medicine to pursue other interests, care for family or in order to manage health issues. However, if they decide they wish to return to clinical practice, these physicians may find it difficult to do so. For example, reentering physicians may find it difficult to obtain hospital privileges, renew their medical license, or obtain liability insurance because of this period of clinical inactivity.

The American Academy of Pediatrics (AAP) Division of Workforce and Medical Education Policy became interested in the issue over 10 years ago, in part because of the growing number of young women entering Pediatrics who might want to take a leave of absence to care for young children.

The AAP soon discovered, however, that physician reentry was an important issue for all physicians in every specialty and age group. Recognizing the need to help physicians return to the workforce, the AAP started the Physician Reentry into the Workforce Project, which now has grown to include the American Medical Association (AMA), Federation of State Medical Boards (FSMB), and other specialty societies.

Helping physicians who are clinically inactive return to the workforce is an especially important issue today because it has been estimated that 5 to 10% of US physicians < 65 years old are clinically inactive. Since there is currently

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In order to assist these physicians, The Physician Reentry Project has created a website: <http://physician-reentry.org/> to serve as a clearinghouse for resources and activities on physician reentry issues. On this site physicians who are thinking about leaving clinical practice or have already left practice can find resources to help them plan for their return to practice.

In June 2015, The Physician Reentry into the Workforce Project developed a Webinar,

“Physician Reentry 101” (<http://physician-reentry.org/new-webinar-available-on-physician-reentry/>). It is designed to help physicians understand what planning is needed before one leaves clinical practice, and what one needs to do in order to facilitate a return.

Each state medical board sets its own requirements for reentering physicians. However, no matter where you decide to practice, the medical board, as well as employers, hospitals, and insurers will likely require you to provide proof that you are clinically competent to practice, especially if you have been out of practice for more than two years.

Your licensing board also may require you to provide a “reentry plan” before they renew your license. For example, you may need to provide a plan that demonstrates how you are going to refresh your clinical skills (eg. mini residency, CME, reentry program, shadowing other physicians). They may also require you to initially work in a supervised setting.

Most physicians set up their own reentry plan but you can also enroll in a reentry program. A list of these programs is available on the Physician Reentry website.

If you have not yet left clinical practice, but are planning to do so, one of the best ways to avoid problems with reentry is to make arrangements to

continue some clinical activity. If your circumstances allow it, consider a working part-time rather than taking a leave of absence. If a part-time position is not feasible for you, might arrange to provide coverage for your former colleagues during their vacations, provide night call coverage, or do volunteer work in a free clinic. By continuing to do some clinical work, you will feel more confident about returning and also be able to provide licensing

agencies and potential employers with current references.

In the past, it was assumed that doctors would enter clinical practice immediately after completing their residency training and then continue to practice for 30 to 40 years. Today, we recognize that many if not most doctors will have periods of clinical activity and this is just a part of our career trajectory.

Reentering physicians may find it difficult to obtain hospital privileges, renew their medical license, or obtain liability insurance because of this period of clinical inactivity.

No matter why you are leaving clinical practice, it is best to assume that you might some day you may want to return to practice and advanced planning can make your return easier. **AM**



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