

ISSUE BRIEF:

ASSESSMENT & EVALUATION

INTRODUCTION

The AAP Physician Reentry¹ into the Workforce Project believes that assessment and evaluation is a critical component of any process to ensure that reentry physicians provide safe, competent, and cost-effective care to patients. The following Issue Brief serves as a summary of some of the major themes and perspectives raised in the Reentry Project’s discussions with a wide range of stakeholders. These themes comprise four major categories: economic, legislative and legal, sociopolitical, and assessment/evaluation.

ECONOMIC AND FINANCIAL

Economic and financial considerations are often viewed as key barriers to assessing and evaluating the needs of reentry physicians. There are several layers to the financial component of the reentry process, including the reentry physician, assessment centers, and the research and development requirements of an assessment and evaluation system, among others.

Those with experience in the current assessment of physicians are aware of how expensive it can be to undertake these evaluations; and indeed, the development of tailored, cutting-edge assessments for reentry physicians may likely be even more

¹ The Reentry Project defines physician reentry as “is returning to the professional activity/clinical practice for which one has been trained, certified or licensed after an extended period.”

costly. Various reentry programs have tried different business models with mixed results. It is worth noting that even the financially viable assessment centers often rely on revenues from educational courses and grants to survive. If the profession is to regulate itself, as many prominent medical organizations advocate, it can be argued that the health care community should be willing to invest in reentry programs.

Such a commitment is consistent with the growing consensus within organized medicine that reclaiming a physician who has been out of practice is a far more responsible use of health care dollars than training a new physician. Reentry represents a recuperation of the public's and health care system's investment in the physician's cognitive knowledge, procedural skills, and other valuable aptitudes. However, physicians who have been out of practice often do not have the resources to pay for assessments and educational experiences that a return to clinical practice requires. While it is often suggested that the reentering physician should share some financial responsibility for reentry, many would also agree that there should be additional funding resources available to support the process, so that assessment programs will not simply identify who can pay, but rather will facilitate and incentivize the return of the most competent and needed physicians to the workforce.

Funding to create new practice-based assessments should likewise be sought. Given the parlous state of government finances, it would seem appropriate to campaign within the profession to identify groups to contribute resources to ensure the high-quality practice of its members. Continuing to enlist the aid of major foundations and charitable organizations will be an important step, as well.

LEGISLATIVE AND LEGAL

There are many layers to the legislative and legal perspective, including liability protection, legislative initiatives including medical practice acts, and the evolution of processes used by medical licensing authorities. Even if individual reentry physicians are not limited by competency issues, disciplinary sanctions, or litigation, training requirements and long-term potential for malpractice cases will necessitate the protection of assessment centers, training programs and preceptors from legal liability.

For example, a major impediment to the creation of mini-residencies for retraining in clinical care--in addition to cost--is the institutional concern for liability. The question of who is responsible, if anyone, for attesting to physician competence and the liability issues of assessment/evaluation needs to be addressed. In addition, any gate-keeping system will be subject to challenge from those who

are excluded for a number of reasons, including those who cannot afford to take part in assessment courses. Developing uniformity in assessment processes, including confidentiality measures, will go a long way toward circumscribing what could become a new frontier in medico-legal suits.

THE 'WHO' OF REENTRY ASSESSMENT AND EVALUATION

The 'who' of physician reentry usually raises some thorny questions. Who should be assessed and evaluated? Who should pay for this assessment and evaluation? Who should be involved in formulating and implementing a specific assessment mechanism? Who makes the decision about whether a physician is ready to return to practice, following a formal assessment of the physician's competencies and skills? Some have wondered whether it is necessary to assess all reentry physicians and have commended the idea of waivers or exclusions to assessment. While most agree that every reentering physician should be assessed in some way, there is much disagreement about the specific method of assessment to be used, and whether this assessment needs to be standardized across specialties, disciplines, and practice settings.

Any cost-effective assessment system will by necessity have to encompass more than reentering physicians. Reentry physicians will have the same need as any others to be assessed in the context of their intended practice. Their assessment might be more focused or require less remedial educational, but the competencies to be evaluated, the assessment tools, processes and reports will be very similar, regardless of the reason for the assessment.

ASSESSMENT AND EVALUATION

The final consideration to be discussed is assessment and evaluation itself, which encompasses both generic measures that would be applied to all reentry physicians, and more specific measures tailored to the specialty, practice, setting, patient population, and other unique circumstances of an individual physician. Some of the key issues to be addressed include defining what assessment and evaluation actually mean, what areas of practice (competencies) must be assessed, the physician's scope of practice, and establishing baseline levels for performance on assessment.

The six global competencies² identified by the Accreditation Council for Graduate Medical Education (ACGME) has been noted as a place to start. Possible areas of content range from mechanisms of disease to pharmacotherapeutics, interpersonal and communication skills, data gathering, record keeping, and decision-making. It is thought that an initial needs assessment could be followed by educational intervals and evaluation at the end of those events. How and what those needs assessments would be and what an educational plan might look like are yet to be determined, but many agree that the scope of the assessment should be tailored to meet the needs of the intended practice.

CONCLUSION

Physicians returning to the workforce will face questions about their competence to resume clinical practice. It is hoped that this document provides a framework for discussions around issues of assessment and evaluation and the development of appropriate methods for retraining physicians who seek to reenter the workforce.

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This document was developed from a draft originally written by Thomas Henzel, EdD as part of the Assessment and Evaluation Workgroup of The AAP Physician Reentry into the Workforce Project with input from the members of this Workgroup.

RESOURCES

The Web site at www.physicianreentry.org provides additional information on the Physician Reentry into the Workforce Project. The Web site also contains practical resources for both physicians seeking to reenter the workforce and others interested in the issue, including employers, educators, regulatory groups, and medical and specialty societies.

Created by The Physician Reentry into the Workforce Project- Maintenance of Practice™ Project Members, August 2009 and revised by The Physician Reentry into the Workforce Project, March 2015.

² The six ACGME core competencies are: patient care, medical knowledge, professionalism, systems-based practice, practice-based learning, interpersonal and communication skills.

For more information on The Physician Reentry into the Workforce Project visit www.physicianreentry.org

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