

THE PHYSICIAN REENTRY INTO THE WORKFORCE PROJECT

HISTORY AND TIMELINE

The American Academy of Pediatrics (AAP) Division of Workforce and Medical Education Policy (hereinafter, “the Division”) has a longstanding interest in physician reentry issues and their impact on workforce planning.

2005

An overwhelming percentage of pediatricians are women, who often take extended leave from clinical practice to raise children and care for other family members. For this reason, the Division recognized that the issue of reentry was of great importance to the field of pediatrics.

The idea to formalize the Division’s efforts surrounding physician reentry into The Physician Reentry into the Workforce Project was developed at the Council on Graduate Medical Education (COGME) meeting in September 2005, after hearing a presentation on the issue from Saralyn Mark, MD, Senior Medical Advisor for the U.S. Department of Health and Human Services. Dr. Mark is the co-author of the seminal article, “Reentry into Clinical Practice: Challenges and Strategies”, which was published in the *Journal of the American Medical Association* in 2002.

To inform the development of the Division’s work, questions about reentry were included on a survey of pediatricians over the age of 50, which was jointly conducted from February to May 2006 by the AAP and the Association of American Medical Colleges (AAMC).

2006

In June 2006, the Division presented the issue of physician reentry to the AAP Committee on Pediatric Workforce (COPW), which hosted a roundtable discussion that focused on reentry. This roundtable included Dr. Saralyn Mark and representatives from The American Congress of Obstetricians and Gynecologists (ACOG) and the American Medical Association (AMA) Women Physicians Congress.

The COPW agreed that the topic merited further exploration, and the Division subsequently decided to proactively move forward in its implementation efforts regarding The Physician Reentry into the Workforce Project (hereinafter, “the Reentry Project”).

The Reentry Project then posted an online survey on physician reentry on its website in July to gather additional information from physicians. In particular, the online survey sought to learn if the respondents had undertaken any retraining prior to reentering the workforce. Survey results demonstrated that the majority had not. On September 7,

the AAP Committee on Pediatric Education (COPE) heard a presentation from the Division on physician reentry. COPE agreed that the topic was important and added its weight to the project's focus.

The Reentry Project next convened a series of three conference calls of potential stakeholders in September and October. More than 30 individuals representing nearly 20 organizations participated in these calls, demonstrating a widespread interest in this topic and laying the groundwork for the Reentry Project's future initiatives.

As an outcome from the conference calls, the Reentry Project formed four workgroups: (1) Assessment and Evaluation; (2) Education; (3) Licensure, Credentialing, and Maintenance of Certification; and (4) Workforce. More than 35 individuals participated in these four workgroups and generated physician reentry resources ranging from "A Framework for Discussing Assessment and Evaluation" to "A Learner's Bill of Rights."

The Reentry Project expanded from these three initial conference calls to include 22 organizations among its participants, whose members serve on the project's four workgroups and/or provided support as stakeholders.

In January 2007, the Reentry Project launched its website www.physicianreentry.org to serve as a clearinghouse for resources and activities on physician reentry issues.

2007

In May, the Division presented on the topic of physician reentry at the Association of American Medical Colleges (AAMC) Third Annual Physician Workforce Research Conference.

Also in 2007, Ethan Alexander Jewett, MA, then Co-Director of the Reentry Project, was the recipient of the 2007 Joan F. Giambalvo Memorial Scholarship conferred by the AMA Women Physicians Congress to fund his proposal for a survey of inactive physicians in all specialties from the AMA Physician Masterfile regarding physician reentry.

From January to March 2008, the Project fielded this Physician Reentry into the Workforce Survey to almost 5,000 physicians who were designated inactive in the AMA Physician Masterfile. The survey obtained critically needed data on a variety of issues related to physician reentry.

In June 2008, findings from the survey were presented at a national meeting of the AMA Women Physicians Congress.

At the 2008 AMA Annual Meeting in June, the AMA Council on Medical Education (AMA-

2008

CME) issued Report 6, "Physician Reentry", which acknowledges the leadership of the AAP and the Reentry Project in this field: "For the purposes of this report, the AMA has drawn from the important work of the American Academy of Pediatrics (AAP) Physician Reentry into the Workforce Project."

The continued collaboration of the AAP and the AMA CME led to joint sponsorship of the Physician Reentry into the Workforce Conference, which was held for several days in September 2008, at the AAP headquarters. The conference shared data and information on the four content areas addressed by the Reentry Project workgroups and developed priorities and pragmatic strategies for new initiatives.

At the conclusion of this conference work began on a series of Issue Briefs that incorporated and enhanced the information discussed at the September conference.

In the spring of 2009, the Division presented a poster, “Career Trends of Inactive, Retired, and Reentered Physicians”, at the AAMC’s Fifth Annual Physician Workforce Research Conference. Also at this conference, the

2009

Reentry Project was invited to make a presentation entitled, “Data from the Physician Reentry into the Workforce Survey.”

The summer of 2009 marked the beginning of a period of enhanced activity for the Reentry Project. First, recognition of a physician’s critical need to plan ahead before leaving clinical practice resulted in the launch of the Maintenance of Practice initiative. Several Issue Briefs on topics related to Maintenance of Practice were then developed and disseminated.

Also, the Reentry Project conducted two electronic surveys of key AMA groups for additional feedback. In July, the Reentry Project fielded a survey to the AMA Women Physicians Congress. In August, a similar survey was fielded to the AMA Section on Young Physicians. Findings from these surveys were developed into two additional Issue Briefs that focused on flexibility of practice arrangements and reentry perspectives among these groups.

In May of 2010, the AAP, the AMA, and the Federation of State Medical Boards (FSMB) convened the “Physician Reentry to Clinical Practice: Overcoming Regulatory Challenges Conference”, which was designed to identify components of a model physician reentry system

2010

that supports the needs and expectations of a variety of constituents, including physicians, state medical licensing boards, medical specialty boards, and other groups responsible for developing reentry programs.

In October, two articles by the Reentry Project were accepted for publication in peer-reviewed journals. The first, “A National Survey of ‘Inactive’ Physicians in the United States: Enticements to Reentry”, was accepted by the journal *Human Resources for Health* and presents findings from the Physician Reentry into the Workforce Survey. The second, “Pediatricians over 50 Reentering Clinical Practice: Implications for Physicians and the Regulatory Community”, which analyzed data from the AAMC-AAP Survey of Pediatricians over 50, was accepted by the *Journal of Medical Regulation*.

In August, the Reentry Project was invited to serve on the FSMB’s Special Committee on Reentry to Practice. The Report was adopted at the FSMB Annual Meeting in April 2012.

The AAP also was one of three organizations represented on a panel during an educational session, “Physician Reentry to Clinical Practice: What You Need to Know”, at the AMA Interim Meeting in November.

In January 2011, the AAP issued a news release to launch “A Physician Reentry into the Workforce Inventory”. Developed by the Reentry Project’s Maintenance of Practice team, this is a non-specialty specific reference guide provides checklists and strategies to assist physicians who may wish or

2011

need to leave clinical practice and then reenter.

In early 2011, recognizing that previous work focused on the needs of the physician, the Maintenance of Practice team launched a companion initiative. This initiative resulted in the publication of the document entitled “Physician Reentry: What Employers Need to Know” in October. This resource focuses on identifying tips and tools to help the employer of a physician who plans to take an extended leave-of-absence and/or is seeking to reenter the workforce.

The Reentry Project also began work on a new venture, the Pediatrician Reentry Portal. The goal of this venture is to develop a web-based interactive tool that serves as the online resource for pediatricians seeking to reenter and/or planning to leave clinical practice. The first planning session for this project was held in February 2011. It is anticipated that this portal will also serve as a model for other specialty societies.

In early spring, Reentry Project staff, as part of the CMSS’s Workforce Leads Component Group, participated in the development of the CMSS’s position statement on physician reentry. This position statement was approved by CMSS in November 2011.

A proposal from the Reentry Project for a collaborative approach to implementing the above referenced CMSS policy statement was accepted.

2012

Pediatricians over 50 reentering clinical practice: implications for physicians and the regulatory community won the Ray L. Casterline, MD Award for Excellence in Writing from the Federation of State Medical Boards (FSMB).

Reentry Project Co-Director participated in a panel presentation on physician reentry during the FSMB Annual Meeting. The presentation focused on available data, the needs of reentering physicians, and the challenges to regulatory agencies.

In collaboration with the CMSS, Reentry Project co-directors were the keynote speakers for a CMSS Webinar, Physician Reentry into the Workforce: Current Status & Moving Forward on basic concepts of physician reentry, and the important role of medical specialty societies in preparing physicians to reenter the workforce.

New issue brief added to website: Ten Things To Keep in Mind if You are Considering a Mini-Residency.

In January of 2013, The Reentry Project Co-Director visited the Center for Personalized Education for Physicians (CPEP) to explore possible ways to collaborate.

2013

In late winter, the Reentry Project unveiled a new logo as well as a newly designed website. The new website was designed to have greater social media functionality.

In the spring, The Reentry Project began work with CPEP to convene a conference in Denver entitled, “Colorado Convening on Reentry into Clinical Practice”. With funding from The Colorado Trust this event brought together key Colorado stateholders to foster state-level collaboration and develop a roadmap for reentry for the state of Colorado.

The Reentry Project reviewed a draft report by the FSMB’s Special Committee on Reentry for the Ill Physician, a companion piece to its comprehensive report on physician reentry adopted at their 2012 annual meeting. This report was adopted at the FSMB annual meeting in April.

In collaboration with the CMSS, as part of its strategy to implement its reentry policy a medical specialty society assessment tool was field tested in the summer.

In the fall, the Reentry Project updated and revised its key resources including

Issue Briefs, “A Physician Reentry into the Workforce Inventory”, and the toolkit, “Physician Reentry: What Employers Need to Know”.

The Reentry Project’s glossary of reentry terms was revised in the fall, posted on its website and used as part of CPEP’s Roadmap mentioned above.

The Reentry Project continues its efforts
and activities ...

2014



Publications by The Physician Reentry into the Workforce Project:

American Academy of Pediatrics. A Physician Reentry into the Workforce Inventory. Elk Grove Village, IL: American Academy of Pediatrics. 2010. (www.physicianreentry.org)

American Academy of Pediatrics: Physician Reentry: What Employers Need to Know. Elk Grove Village, IL: American Academy of Pediatrics. 2011. (www.physicianreentry.org) Mulvey HJ, Jewett EA, Merline A, & Towey KJ. Pediatricians over 50 reentering clinical practice: implications for physicians and the regulatory community. *Journal of Medical Regulation* vol.96, no. 2, 2010. 7-12.

Jewett, EA, Brotherton, SE, Ruch-Ross H. A national survey of 'inactive' physician in the United States of America: enticements to reentry. *Human Resources for Health*. 2011 9:7 (17 February 2011) (www.human-resources-health.com/content/9/1/7)

The Physician Reentry into the Workforce Project staff:

**Current and Past Co-Directors of
The Physician Reentry into the Workforce Project:**

Holly J. Mulvey, MA: 2005–present

Kelly J. Towey, M.Ed.: September 2009–present

Ethan A. Jewett, MA: 2005–September 2009

Consultant:

Kelly J. Towey, M.Ed.: 2006–present

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Saralyn Mark, MD: 2005–present