

THE PHYSICIAN REENTRY INTO THE WORKFORCE PROJECT

HISTORY & TIMELINE

BACKGROUND

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 leaves 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 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.

2006



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).

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 ground work 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 served on the project’s four workgroups and/or provided support as stakeholders.

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.

2008



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-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.

2009



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 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 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 field 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 focused on flexibility of practice arrangements and reentry perspectives among these groups.

2010



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 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 was also 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.

2011

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 non-specialty specific reference guide provides checklists and strategies to assist physicians who may wish or 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 the 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.

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

2013



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

In late winter, the Reentry Project unveiled a new logo as well as a newly designed website. The new website was designed to have great 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 stakeholders 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 include Issue Briefs, "A Physician Reentry into the Workforce Inventory", and the toolkit, "Physician Reentry: What Employers Need to Know".

2014



As part of the Reentry Project's collaboration with the Center for Personalized Education for Physicians (CPEP) as mentioned in year 2013, a comprehensive, 37-page booklet, entitled "Roadmap to Reentry" was developed as a resource for physicians and physician assistants seeking to return to clinical practice after an extended absence. This endeavor was

funded by the Colorado Trust's Convening for Colorado program.

The Reentry Project was represented in a panel at the American Medical Association's (AMA) Re-entry to Medical Practice: Defining the Needs for Medical Education forum during the AMA's Annual meeting in June. The forum engaged medical education stakeholders in a discussion of how to define and quantify the needs of reentry physicians.

During the Association of American Medical College's (AAMC) annual meeting, The Physician Reentry into the Workforce Project hosted a luncheon table topic session, "Physician Reentry in the Workforce (Clinical Practice)". The discussion included a description of reentry programs in the U.S. as well as the types of resources physician's might need, included those available from the Reentry Project.

A few of the Reentry Project's were updated included Selected Readings on Part-Time/Reduced Hours and the Physician Reentry Inventory.

2015



At the start of 2015 the Reentry Project and the FSMB collaborated on two new documents aimed to assist staff of state medical boards and physicians who are seeking to return to clinical practice after some time away for non-disciplinary reasons: *"Reentry Into Clinical Practice: Tips for Handling Inquiries from Physicians"* and *"Are You Preparing to Leave, or Anticipating Going Back to Clinical Practice? 6 Reasons Why It's a Good Idea to Talk with Your State Medical Board."*

The Physician Reentry Online Portal for Pediatricians (PROPP) was launched to provide pediatricians with a central online place to house personal reentry activities, reentry plans and other valuable information.

The Reentry Project periodically features different reentry programs from across the United States. In early 2015 the Reentry Project spotlighted the Texas A&M KSTAR/UTMB Health Residency in the program profiles section of its physicianreentry.org website.

With the knowledge and understanding that good physicians are a valued resource. The Physician Reentry into the Workforce Project posted on its website *"Insights From A Practice Management Perspective,"* aimed at helping good physicians reenter clinical practice from a practice management perspective.

In the summer, a webinar was produced entitled, "Physician Reentry 101". The webinar provides an overview of physician reentry, covering everything from what physician reentry is, to key resources, data and information for physicians and others looking to find out more about this issue.

The Reentry Project updated publications including the Issue Brief on Reentry Barriers and the “Physician Reentry: What Employers Need to Know” publication.

2016



In early 2016 the Reentry Project created a new briefing sheet that describes 8 key reentry themes identified from the 2014 American Medical Association’s Council on Medical Education stakeholder’s session on physician reentry.

A supplement to the Reentry Project’s “Inventory” was developed that provides insights on physician reentry from the AAP pediatric subspecialties and surgical sections. The insights in this supplement to the non-specialty specific Inventory, are intended to help set the stage for a pediatrician from a medical subspecialty or surgical specialty to be prepared for reentry to clinical practice.

The spring issue of Arizona Medicine, the magazine of the Arizona Medical Association, included an article written by Mary Remza, MD, FAAP, past chair of the AAP Committee on Pediatric Workforce.

Virginia Pediatrics, a publication of the AAP Virginia Chapter, featured an article on physician reentry, written by Bill Moskowitz, MD, FAAP, Chair of the AAP Committee on Pediatric Workforce.

In the fall the Reentry Project, developed a new issue brief, “Are You Considering Pursuing a Non-Clinical Career? This issue brief provides key points to keep in mind when stepping away from clinical practice to pursue a non-clinical career. This new issue brief has been promoted widely to national medical and specialty society organizations.

At the 2016 Association of American Medical Colleges Annual meeting there was a “focused discussion” table topic during a luncheon on “Physician Reentry: Returning to Clinical Practice After an Extended Absence.”

The importance of planning ahead was the key message at a presentation at the annual meeting of the Organization of Program Director Associations.

The Reentry Project’s Physician Reentry Reading List was updated to reflect new articles and publications on physician reentry into clinical practice issues.

By the last quarter of 2016, the “Physician Reentry 101” webinar “ has attained over 700 visits. The website, www.physicianreentry.org now averages 1,371

visits a month - up by more than 200 a month on average. The number of subscribers to our website is 217.

2017



In January the Reentry Project's Co-Directors were presenters for an FMSB Roundtable Webinar, Facilitating Physician Reentry to Practice: Steps Medical Boards Can Take.

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