Physician Assessment and Remediation

- Historical Assessment Sources in the US:
  - Licensing Boards
  - Post-licensure, assessment is complaint-driven
  - Hospitals
    - Credentialing and Privileging: Initial then renewal
      - References
      - Peer review: cases based on quality assessment standards
      - Limited to physicians with privileges
Remediation Background (continued)

- Specialty Certification Organizations
  - Initial Board Certification: examination and cases
  - Re-certification: traditionally a combination of self-assessment, case review, exam at five- to seven-year intervals
  - Maintenance of Certification (2005): six competencies of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communications skills, professionalism, systems-based practice
  - All limited to certified physicians
Survey of Remediation Resources

- Survey conducted by Citizen Advocacy Center in 2003 of all state medical and nursing licensing boards; responses from 19 nursing boards and 46 medical boards

- Many resources available, which fell into 3 groups:
  - Testing (e.g. SPEX, COMVEX, certifying board exam, state-specific jurisprudence or ethics examinations)
  - Formal assessments (e.g. formal assessment centers, medical school or residency assessment programs)
  - Informal assessments (e.g. board-hired experts)
Testing Assessment Tools

- 12 of 46 in survey (26%) used a certification or re-certification exam by ABMS-member boards

- 25 of 46 boards in survey (54%) used the SPEX exam
  - NBME and FSMB developed in 1988
  - Multiple-choice exam designed to evaluate general medical knowledge in a practicing physician

- 9 of 46 states use an exam developed by the state
  - COMVEX exam: examines practicing osteopathic physicians
  - Examinations of competency by formal assessment programs or oral competency examinations
  - Jurisprudence (familiarity with laws and rules) or ethics exam
Assessment Tools: Formal Programs

- 17 of 46 boards (37%) use formal assessments by one of the large national assessment centers
  - Only seven state boards report using >5 formal assessments in the last 12 months
- Formal, external remediation programs more widely used than assessment centers (30 of 46 boards, or 65%), but the number of referrals was also small
Assessment Tools: Formal Programs

Formal Remediation Programs

- Clinical prescribing assessment and remediation programs used by 35 of 46 boards (76%)
- 22 of 46 boards (48%) use ethics assessment and remediation programs
- Medical records/documentation (28 of 46 boards, or 61%)
- Specific clinical areas, for which 8 states had developed programs covering different areas (e.g. Florida’s use of a computer-assisted mannequin to assess various endoscopic techniques)
Assessment Tools: Informal Programs

- 22 of 46 boards (48%) use informal assessments by members of board or staff or outside physicians
- But there are concerns
  - Not standardized
  - May be more subjective
National Task Force on Re-entry into Clinical Practice

Recommendations:

- Conduct a national needs assessment
- Develop an institutional database
- Create a national directory of re-entry programs
- Explore how lessons learned from nursing re-entry programs may or may not apply to physician re-entry programs
- Widely advertise and recruit for the program
- Conduct program evaluations
- Explore how re-entry programs can address educational and personal needs
- Make re-entry programs mandatory after a certain time away from practice
- Address health disparities by having graduates of a federally funded program consider serving or be required to serve the underserved populations

Purpose of the Re-entry program: Provide opportunity for service; ensure patient safety
The Future of Formal Assessment and Remediation Programs

- The Coalition for Physician Enhancement (www.physicianenhancement.org)
  - Members include formal assessment and remediation programs, some US and Canadian Medical Schools with assessment or remediation programs, FSMB, NBME, other organizations
  - Goals: Increased utilization, information sharing, research into impact of these programs
Coalition for Physician Enhancement

- Research initiatives:
  - Common variables, to allow evaluations between programs and their “graduates”
  - Chart Audit Tool
  - Best practices in reporting of assessment and remediation results
Obstacles to Wide Acceptance

- Assessment and remediation viewed as punitive
- Lack of awareness, understanding or trust in assessment and remediation resources by licensing boards, hospitals, managed care organizations, physicians
- The few existing resources are not being used to capacity, so are financially unstable
- The use of resources is often expensive and/or inconvenient (e.g. cost of assessment and remediation, loss of work time, travel)
- No research on ability of programs to show long-term changes in practice
Summary

- More resources available than is widely known
  - Many are under-used and so financially unstable
  - Little funding for program development or evaluation

- Things that will make formal assessment and remediation resources more widely used will also more closely meet the needs of the re-entering physician
  - Toolbox rather than one-size-fits-all
  - Use of distance learning where appropriate
  - Outcome information is made available