

Re-entry and Remediation Resources for Physicians

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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