A Summary of the Coalition for Physician Enhancement's Spring 2011 Meeting: "Exploring Physician Reentry: Policies and Processes"

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IN BRIEF **The author summarizes the proceedings of a major conference on physician reentry.**

The topic of physician reentry is receiving increasing attention in the health care community — particularly in terms of its impact on anticipated workforce shortages. Trend data and analysis suggest that reentering physicians could help the United States address the coming shortfall of practicing physicians.

Among the concerns and challenges that come up in physician-reentry discussions is the topic of patient safety. As the regulatory community goes about its task of public protection, it will need to find reentry pathways that address patient safety while being accessible, affordable and acceptable for physicians as they seek to transition competently back to the workforce.

A recent program, hosted by the Coalition for Physician Enhancement (CPE), focused on these and other topics. Highlights from the program are offered here as a resource for regulators interested in current trends as they review their own state policies on physician reentry.

Background

"Exploring Physician Reentry: Policies and Processes," presented by CPE and hosted by the University of Wisconsin Physician Assessment Services in Madison, Wisc., was held June 2–3, 2011. Forty-three people from the United States and Canada attended the meeting, including CPE members who are involved with the assessment and education of post-licensure physicians, medical board members, and representatives from the American Medical Association (AMA), the Federation of State Medical Boards (FSMB), the American Board of Medical Specialties (ABMS) and the American Academy of Pediatrics (AAP).

CPE is an incorporated consortium of professionals with expertise in quality assurance, medical education and the assessment, licensing and accreditation of referred physicians seeking higher levels of performance in patient care. Most of the members of CPE, which includes individuals and organizations, are involved in the assessment and remediation of physicians seeking reentry to practice. Many CPE members and organizations have significant experience with these physicians. More information about CPE can be found at www.physicianenhancement.org.

Reentry has workforce and patient safety implications, and it is defined as "returning, after an extended absence, to the professional activity/clinical practice for which one has been trained, certified or licensed."[1] The definition has evolved to also state that no practice or performance problems existed before that absence. Very little data on the number of potential reentry physicians exist; however a survey by Jewett et al found that of physicians aged 65 and over, 19.4 percent (226) of the final sample group (1,162) had reentered practice.[2]

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Meeting Summary

This meeting began with four plenary presentations on the current national status of reentry, the ongoing challenges and opportunities facing this initiative, the definitions associated with reentry and addressing their potential stigma, and a

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presentation and panel on designing assessments for reentry physicians.

Four workshops followed, including "How to assess reentry physicians," "The unique characteristics of reentry physicians and their implications on performance and program design," "Implications and considerations of reentry from the standpoint of medical licensing boards," and "Examining the anchors and important curricular milestones of the reentry process." The final part of the meeting featured the CPE research forum, which included presentations of papers and abstracts that relate to physician reentry and the remedial education of physicians.

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Key points from the meeting

- Availability of part-time work and flexibility are important reasons that physicians return to practice.
- Reentry should be considered a common career trajectory, not an exception to the rule.
- Enhancement of communication between state medical boards, physicians and those involved with the education of physicians decreases barriers to reentry.
- Current licensing board processes may create barriers to physician reentry in some jurisdictions.
- Lifelong learning of physicians should be fostered and promoted, and there should be decreased emphasis on the stigma of remedial education.
- A thoughtful and comprehensive physician assessment is vital before physicians return to practice; it should be individualized, based on their unique circumstances, and should be done independently from the medical board.
- Physicians out of practice for prolonged periods of time may have more educational needs and may merit a more in-depth assessment and a longer clinical education experience.
- Data presented at this meeting suggests that cognitive screening should be considered for all reentry physicians due to a positive screen rate of around 20 percent found in one small study of reentry physicians. More research in the area is needed.
- A clearly defined and enhanced vetting process may be needed for clinical mentors for reentry physicians.
- CPE and other stakeholders could collaborate on tools, guidelines and other educational resources to enhance the performance of reentry mentors.

Next Steps

This meeting brought together key stakeholders in physician reentry and resulted in significant sharing of ideas, data and research. A number of collaborations were suggested or planned by attendees. The verbal and written feedback about the program has been strongly positive. With the help of other stakeholders, CPE will remain active in supporting providers of reentry programs, and will continue to help advance reentry initiatives, including the development of best practices in the assessment, clinical education and curricular design for reentry. We invite ongoing collaboration with other stakeholders. ■

References

1. Mark S, Gupta J. Reentry into clinical practice challenges and strategies. *JAMA.* 2002; 288:1091-1096
2. Jewett E, et al. A national survey of "inactive" physicians in the United States of America: enticements to reentry. *Human Resources for Health.* 2011; 9:7.

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