



CMSS Position on Physician Reentry

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Introduction

The Council of Medical Specialty Societies (CMSS) recognizes the need for policy on physician reentry into clinical practice. This need has become more apparent as medical specialty societies, certifying boards and others have recognized that more physicians are seeking to reenter clinical practice after a hiatus. The American Congress of Obstetricians and Gynecologists, for example, has estimated that there could be several hundred inactive obstetricians that could contribute that that specialty's workforce. Physician reentry in a rapidly changing practice environment has an impact on patient safety, workforce shortages, and medical education. Furthermore, physician departure from and later reentry into clinical practice could be viewed as a normal part of the career trajectory of a growing number of physicians.

This document serves as a "call to action" for the CMSS and its member societies to address the complex topic of physician reentry. As decisions are being made that will influence the physician workforce, the individual physician and the public, medical societies must have a strong role. In physician reentry planning, the unique needs of physicians in different specialties have gone largely unaddressed. Medical specialty societies are uniquely positioned to provide these perspectives and to create and implement such policies, since they can both support their reentering colleagues as well as promote patient safety and quality of care in their disciplines. CMSS is uniquely positioned to serve as a convening agency for the many stakeholders who are involved in physician reentry, and to ensure the perspectives of specialty societies figure prominently in these deliberations. To serve the best interests of reentering physicians, to provide protection to society, and to inform regulatory bodies, CMSS should carefully consider both policy on physician reentry and implications for strategic implementation.

Definition

For the purposes of this statement we define physician reentry as returning to the professional activity/clinical practice for which one has been trained, certified, or licensed after an extended period of absence.¹ Physician reentry is not remediation, resulting from disciplinary intervention due to a breach of medical ethics, substance abuse, loss of one's medical license or similar events.²

Reentry Studies

Although the number of studies on physician reentry remains limited, these studies along with anecdotal evidence suggest a myriad of reasons why a physician may leave clinical practice and then seek to reenter. These include, but are not limited to: the need to care for children and/or elders,



personal illness, financial considerations (such as the high cost of medical liability insurance premiums), pursuing a career outside of clinical medicine, military service, and the inability to identify part-time or more flexible practice options. Another category of reentering physicians includes physicians who have retired but, for reasons ranging from financial to personal preference, seek to return to the workforce.²

There is little data available on the number of physicians who are currently inactive, the experience of the physician prior to the hiatus, those who were inactive but have since returned to clinical practice, or those anticipating taking a leave of absence from clinical practice in the foreseeable future. A number of recent, but limited studies provide some much needed information on demographic characteristics of reentering physicians.³⁻⁶ For example, one study published in 2011 looked at inactive physicians under the age of 65 in the American Medical Association (AMA) Masterfile, finding that physicians who had been inactive but had reentered the workforce were evenly divided between genders and were most likely to practice Internal Medicine or Family Medicine.⁶ While the range is from 1-5 years, in most states, physicians who take a leave of absence from practice for a period of 2 or more years are recommended to participate in a physician reentry program before returning to clinical practice.⁷

Educational Needs

As with many complex issues, the challenges posed by the process of physician reentry into the workforce and the special needs of this population of physicians are formidable. Barriers to physician reentry are multiple and diverse. For the individual physician, they range from requirements that may be vague, arbitrary, and may have changed over time (or may in the future) to failure to maintain knowledge in their clinical specialty because they do not anticipate a return to medicine. There are also challenges faced by the prospective employer, hospital credentialing groups and others. While all physicians are involved in lifelong learning, the needs of reentering physician are often different. There may be, for example, in procedural specialties, a lack of understanding and comfort with technological advances that a physician in active practice would not experience.⁷ The educational needs of physicians who wish to return to clinical practice are diverse. For example, how can physicians' needs for a structured, coordinated educational system be balanced with the requirement for tailored, individualized and specialty-specific educational opportunities? Can this be done without creating financial impediments for the physicians as well as the institutions that will need to host and support such programs? How might such programs (and the physicians who participate in them) be funded in the future?

Fortunately, a framework for considering many of these issues and questions has been developed. Working through a consensus process, the American Medical Association, the Federation of State Medical Boards and the American Academy of Pediatrics has developed a series of recommendations. These address broad categories that include: regulatory policies; physician reentry program policies; research and evaluation; program funding; and collaboration and communication among stakeholders.⁸ The timing is propitious for the CMSS to consider these recommendations or others that will advance



specialty societies' involvement in addressing the challenges involved in physician reentry into the workforce.

Role of Medical Societies

CMSS believes there are opportunities to meet these challenges. Medical societies will play a key role by offering continuing medical education courses targeted to the needs of inactive and reentering physicians. Societies should anticipate change and make plans despite the paucity of data. They should also develop resources and mechanisms to assist physicians when they wish to return to practice. Societies can further support their members who are reentering the workforce by promoting flexibility in practice options and educational systems.

Individual physicians need tools that will support their reentry into the workforce, while the public and the patients these physicians will serve are entitled to quality patient care. Medical societies stand at the critical juncture of the needs and interests of all who are involved in physician reentry into the workforce. CMSS is well-suited to educate its members about these complex topics and to provide a forum for their consideration. Equally important will be to work with member societies to develop a strategy to communicate the reentry components and regulatory issues to physicians. Doing so will help ensure that all involved will be kept up-to-date on current policies and procedures.

Recommendation

CMSS calls upon its member medical societies, certifying boards in the specialties, and other key stakeholders such as state licensing authorities, insurers and employers, to collaboratively develop a comprehensive approach to physician reentry into the medical workforce.

References

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Council of Medical Specialty Societies

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