

Reentry to Practice

Introduction

Purpose

To help ensure and advance patient safety and quality of care, the Washington Medical Commission (Commission) provides this guideline to assist physicians and physician assistants who take a temporary leave from practice successfully reenter the safe practice of medicine

Background

A growing number of physicians and physician assistants (collectively “practitioners”) take a leave from the clinical practice of medicine at some point in their careers. The break from practice may be for any number of reasons, the most common being the birth of a child, child care, caring for an ill family member, personal health, military service, humanitarian leave, and a change in career path. This issue cuts across genders and specialties, but may affect women more than men. With the projected national physician shortage and considering the public’s investment in education and training physicians, practitioner reentry is becoming increasingly important to the health care delivery system.

While reentry can be complex and challenging, there is evidence that practitioners who participate in a supportive structured educational program were generally successful in returning to practice.¹ Successful reentry to the safe practice of medicine requires the combined efforts of various stakeholders, such as regulators, specialty boards, hospitals, health plans, potential employers and preceptors. Recognizing that reentry to the practice of medicine is becoming an increasingly common part of a practitioner’s career, the Commission creates this guideline to assist practitioners to successfully navigate a return to the practice of medicine in the state of Washington.

Definition(s)

Practitioner reentry is defined as the return to clinical practice in an area or scope of practice for which one has been trained, certified or licensed after an extended period of time away from clinical practice. A practitioner returning to clinical practice in an area or scope of practice in which he or she has not been previously trained or certified or in which he or she has not had an extensive work history is not considered a reentry practitioner for the purpose of this guideline.

¹ Grace ES, Korinek EJ, Weitzel LB, Wentz DK. Physicians reentering clinical practice: Characteristics and clinical abilities. *Journal of Continuing Education in the Health Professions*. 2011;31(1):49-55.

Guideline

Planning ahead before leaving clinical practice

A practitioner considering taking a temporary leave from clinical practice should consider taking some or all of the following steps to help ease the transition back to the practice of medicine.

- Maintain an active license;
- Maintain board certification;
- Keep up with continuing medical education activities; and
- Take advantage of opportunities to stay involved in practice in a limited context. This can include part-time volunteer medical work during the leave from practice.

Reentering Clinical Practice

The Commission encourages practitioners who have been inactive for 24 months or more to complete a reentry program prior to entering clinical practice. Practitioners who are inactive for 12 to 24 months should consider completing an informal reentry program.

Reentry Programs

The length, activities and cost of reentry programs vary. Reentry programs should be comprehensive but practical and flexible enough to address a variety of situations and specialties. Reentry programs should be evidence-based and consistent with lifelong learning expectations for all practitioners. At the very least, reentry programs should include reflective self-assessment, as well as assessment of medical knowledge and skills and performance in practice by qualified preceptors.

The University of Washington School of Medicine has developed a reentry program that meets these criteria. For a current list of reentry programs outside the state of Washington, the Commission directs physicians to a list of reentry programs maintained by [The Physician Reentry into the Workforce Project](#).

Practice Mentors

If the reentry program calls for a practitioner to use a practice mentor upon a return to practice, the practitioner should ensure that the mentor is appropriately qualified and practices in the same clinical area as the practitioner seeking reentry. The practice mentor should have the capacity to serve as a practice mentor, including sufficient time for mentoring, and an active and unrestricted medical license under no active discipline. The practice mentor may require financial compensation or incentives for work associated with practice mentoring.

Substance Use Disorders and Mental or Physical Impairment

A practitioner who has a mental or physical condition or a substance abuse disorder that currently affects or could affect the ability to practice with reasonable skill and safety should meet with the Washington Physicians Health Program and follow all recommendations before reentering the practice of medicine.

Funding

The Commission recognizes that reentry programs may be expensive and that funding will likely be borne by the practitioner, presenting a barrier for some practitioners. The Commission encourages academic medical centers to look for ways to cover some of the cost of reentry programs through research opportunities and generation of revenue through professional fee billing. Federal, state and local funding driven by physician shortages may become a funding source. Potential employers, including community hospitals and large group practices, may be willing to offset individual physician reentry costs in exchange for later service. Practitioners with disabilities may consider applying to the State of Washington Department of Social and Health Services, Division of Vocational Rehabilitation, as another potential source of funding.

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