



Reentry to Practice for Practitioners with Suspended Licenses

Introduction

Purpose

The Washington Medical Commission (Commission) provides this guidance to assist physicians, physician assistants and certified anesthesiologist assistants (collectively “practitioners”) who have been out of practice a period of time due to a suspended license to demonstrate that they have the knowledge and skills to successfully reenter the practice of medicine.

Background

To protect public health, the Commission may find it necessary to suspend the license of a physician, physician assistant or certified anesthesiologist assistant. The suspension may be the result of unprofessional conduct or a physical or mental impairment. At some point the practitioner may seek reinstatement of his or her license to practice. In addition to fully satisfying the requirements of the disciplinary order, the practitioner may have to demonstrate that they have the knowledge and skills necessary to practice medicine with reasonable skill and safety. Evidence shows that practitioners who have been out of practice for a period of time experience a decline in their medical knowledge and skills.

Guidance

The Commission may require a practitioner with a suspended license to demonstrate clinical competence by completing a reentry program prior to entering clinical practice. When determining whether completion of a reentry program is required, the Commission will carefully review all the circumstances in each individual case.

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, assessment of knowledge and skills, and performance in practice.

Practitioners should be aware that some reentry programs will not admit practitioners with licenses under suspension or discipline. A list of reentry programs can be found at the end of this guidance document under Resources.

The Commission will have complete discretion to determine whether the practitioner has satisfactorily completed a reentry program and is competent to reenter clinical practice. If the Commission permits a practitioner to reenter clinical practice, the Commission may impose additional restrictions or limitations on the practitioner’s practice to protect the public, including approval of practice monitors.

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. 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 the State of Washington Department of Social and Health Services, Division of Vocational Rehabilitation, as another potential source of funding.

Resources

[American Medical Association Resources for Physicians Returning to Clinical Practice](#)

[Drexel University College of Medicine Physician Refresher/Re-Entry Program](#)

[Physician Retraining & Reentry at UC San Diego School of Medicine](#)

[The Center for Personalized Education for Physicians \(CPEP\) Reentry to Clinical Practice Program](#)

[KSTAR/Texas A&M Rural and Community Health Institute](#)

[Lifeguard Re-Entry/Reinstatement at Foundation of the Pennsylvania Medical Society](#)

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