

**Physician Reentry into the Workforce Project
Assessment and Evaluation Workgroup
Conference Call Summary
September 24, 2007**

Conference Call Participants:

Workgroup Members

Nielufar Varjavand, MD- Co-Chair
Claudette E. Dalton, MD
Stuart C. Gilman, MD, MPH
Donald E. Girard, MD
Thomas R. Henzel, EdD
William A. Norcross, MD
Mary E. Rimsza, MD

Consultant

Kelly Towey, M.Ed.- Reentry Project
Consultant

Guests/Observers

Ethan A. Jewett, MA, Reentry Project Co-
Director
Saralyn Mark, MD, Content Expert (absent)

Absent Workgroup Members

Patrick C. Alguire, MD, - Co-Chair
Gregory S. Balschke, MD, MPH

Key Points:

Review of National Board of Medical Examiners (NBME) information & discussion:

Workgroup members reviewed the documents provided by Dr. Thomas R. Henzel (Update to the AAP Physician Reentry Assessment Workgroup; Post-Licensure Assessment System CCS and MCQ Examination Resources & Description of Menu-based Assessments). These documents provide information on NBME current assessment tools and modalities, possible future items, and research studies on the measures that have come out of the NBME.

Workgroup members discussed issues associated with the various assessment modalities including costs and the lack of standardization of assessment tools. It was also noted that these assessment tools can only be used in association with programs such as PACE.

Don Girard spoke briefly about the PACE program in Oregon. This program is mainly available to Oregon area physicians.

Evaluation and Assessment:

Workgroup members discussed differences in length of training needed and how this varies for individual physicians and specialties. It was noted that reentry programs could document the focus of the training that has been completed but not a doctor's ability to clinically practice medicine. Dr. Norcross noted that he may be able to provide a sample of a final report from a PACE program participant.

The availability of regional vs, national assessment programs, and the level of assessment each was capable of offering, was discussed and the role of regulatory agencies in overseeing the process.

The common thread amongst all assessment programs is the need for a high volume of participants to keep the program open, and the expense and complicated nature of assessing the individual needs of physicians.

Next steps:

The Workgroup may work with the Education Workgroup to determine what the core elements should be for pre- and post-assessment programs for physicians. This information would build on the Learner's Bill of Rights that the Education Workgroup has developed.

Members of the Workgroup may consider attending the Coalition for Physician Enhancement meeting in early April 2008, which will focus on physician reentry.