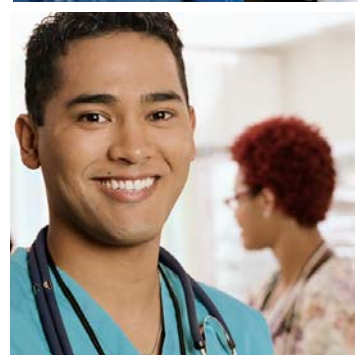
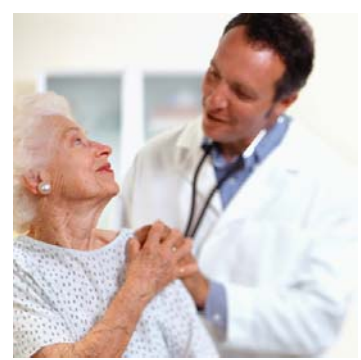


Physician Reentry: Overview and Guiding Principles

Physician Reentry into the Workforce
Conference
September 10, 2008

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Chair, Council on Medical Education



Physician Reentry as a Priority Area

- Council on Medical Education
 - Identified workforce issues including reentry as key issue for consideration
- Women's Physician Congress
 - Developed physician reentry policy statement
- Young Physicians Section
 - Submitted resolution on reentry to the HOD
- ITME
 - Established physician reentry as a priority area
- Council on Medical Education
 - Writes report on physician reentry



Background: The Initiative to Transform Medical Education (ITME)

- **Goal of ITME:** Promote excellence in patient care by implementing reforms in the medical education and training system across the continuum from pre-medical preparation and medical school admission through continuing physician professional development
- Launched in December, 2005



General Recommendations

Change is needed in all the following areas:

ADMISSIONS

Add weight to interpersonal domain

****MEDICAL EDUCATION CONTINUUM**

Allow enhanced flexibility to reenter and retrain

CURRICULUM

Implement core competencies across the continuum in new content areas.

Use new learning formats

EVALUATION

Employ new methods of evaluation

FACULTY

Make faculty development an expectation



General Recommendations, continued

ORGANIZATIONAL REWARD SYSTEM

Provide financial and other incentives for participation in teaching and educational planning at all levels of education

LEARNING ENVIRONMENT

Assure that faculty and others provide appropriate role models

FINANCING

Need enhanced mechanisms for support of medical education across the continuum

EVALUATE OUTCOMES

Determine if changes impact practice and patient outcomes

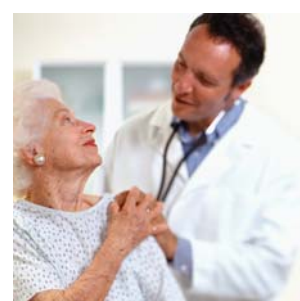
ITME Priority on Physician Reentry



**Consider creating alternatives
to the current sequence
of the medical education continuum,
including introducing options
so that physicians
can re-enter or modify their practice
(June 2007).**

AMA Council on Medical Education (CME) Report 6 on Physician Reentry

- Adopted at the AMA House of Delegates Meeting in June 2008.
- Discussed the need for re-entry programs and defined the term, “Reentry”.
- Summarized the current status of existing reentry programs and state guidelines
- Presented alternatives to reentry and outlined the work of key organizations
- Developed Guiding Principles for a Physician Reentry (PREP) System.
- Presented priorities and next steps



Recommendations-CME Report 6

- Continue collaborations
- Hold a conference on reentry with partners
- Establish a reentry database that is accessible and useful
- Support efforts to keep PREPs affordable and accessible
- Establish and disseminate the Guiding Principles
- Through ITME and with partners, develop model program standards and report back at I-09.

Definition of Physician Reentry

A return to clinical practice in the discipline in which one has been trained or certified following an extended period of clinical inactivity not resulting from discipline or impairment.

NOT remediation or retraining. These will be taken up in subsequent reports.

Guiding Principles

- 1. **Accessible**: The PREP system is accessible by geography, time and cost.
 - National, Regional
 - Standardized (Length of program)
 - Cost
- 2. **Collaborative**: The physician reentry program system is designed to be collaborative to improve communication and resource sharing.
 - Share information across specialties
 - Common nomenclature



Guiding Principles Continued

- 3. **Comprehensive**: The PREP system is comprehensive to maximize program utility.
 - Training in discipline and practice setting
- 4. **Ethical**: The PREP system is based on accepted principles of medical ethics.
 - Licensure, Professionalism
- 5. **Flexible**: The PREP system is flexible in structure in order to maximize program relevancy and usefulness.
 - Adaptive to changes in program requirements



Guiding Principles Continued

- 6. **Modular**: Physician reentry programs are modularized and individualized.
- 7. **Innovative**: Innovation is built into a PREP system allowing programs to offer state of the art learning and meet the diverse and changing needs of reentry physicians.

Guiding Principles Continued

- 8. **Accountable**: The PREP system has mechanisms for assessment and is open to evaluation.
- 9. **Stable**: A funding scheme is in place to ensure the PREP system is financially stable over the long-term.
- 10. **Responsive**: The PREP system makes refinements, updates and other changes when necessary.
 - Prepared to respond to national health threats



Priorities and Next Steps



- The AMA will make the physician reentry program (PREP) system's Guiding Principles available to all interested parties for use as a basis for all reentry programs.
- The AMA will continue to collaborate with other appropriate organizations on physician reentry issues including research on the need for and the effectiveness of reentry programs.
- CME will explore conducting a survey to catalogue experiences and barriers regarding reentry.
- The AMA will also look at remediation and retraining issues.

Moving Forward: Key Areas for Consideration

- Needs Related to Reentry Programs
 - Physicians
 - Institutions
 - Further gap analysis, especially pertaining to hospital credentialing
- Program Development
 - Structure
 - Cost
 - Quality
- Research
- Program Assessment
 - Purpose
 - Methodologies, tools



Acknowledgements

- American Academy of Pediatrics (AAP) Reentry into the Workforce Project
- Coalition for Physician Enhancement (CPE)
- Women's Physician Congress (WPC)
- The staffs and leadership of all of these groups
- The physicians willing to share their stories with us

