

Reentry problems

Taking a break from your practice might sound like a good idea, but returning to work might not be that easy. Texas and several other states require skills evaluation and retraining for physicians seeking to reenter practice after absences of as short as one year.

Dr. Willerson to leave UT-Houston

University of Texas Health Science Center at Houston President James T. Willerson, MD, will leave that post after seven years to become president of the Texas Heart Institute. He will remain until a successor is named.

Dr. Suskind dismissed as founding dean of El Paso medical school

Robert Suskind, MD, founding dean of Texas Tech University Health Sciences Center's medical school in El Paso, has been fired. Vice Dean Jose Manuel de la Rosa, MD, has replaced him. The *El Paso Times* says the firing caused some potential new faculty recruits to have second thoughts.

Reentry problems**Returning to practice after a break not easy**

BY KEN ORTOLON

If you are thinking of taking an extended break from your medical practice to raise a family, take an administrative position, or even recover from professional burnout, you might want to think again. It might not be that easy to pick up where you left off.

San Antonio palliative care specialist Dennis Pacl, MD, learned that lesson when he closed his practice for about 18 months in 2002 and 2003 after a health plan for which he provided pain care services went bankrupt. He took a job doing disability claim reviews but quickly became bored with that and returned to practice. While he had maintained his medical license, it still took several months for him to get recredentialed and regain his hospital privileges, he says.

"That got old and I definitely missed hands-on patient care," Dr. Pacl said of his temporary job, which he called "Dilbert hell."

Physicians across the country are finding it is not always as easy as they thought to resume their clinical practice after a lengthy hiatus. The Texas Medical Board (TMB) and at least 12 other state boards have policies requiring skills evaluation and retraining for physicians seeking to reenter practice after absences of as short as one year. And, the path back to clinical practice is further complicated because few retraining programs exist. Those that do exist can be quite expensive.

"If people realized that once you leave there's going to be a lot of barriers to getting back in, maybe they'd look harder at staying involved," said Holly J. Mulvey, MA, director of the Di-

vision of Graduate Medical Education and Pediatric Workforce for the American Academy of Pediatrics (AAP).

AAP, in cooperation with about 20 other organizations, has launched a National Physician Re-Entry into the Workforce Project to try to develop resources to help physicians seeking to reenter clinical practice. And medical schools and other organizations in several states, including Texas, also are developing physician assessment and retraining programs for those who want to return to active practice.

In October, the Texas Medical Association Council on Medical Education also began an in-depth discussion of physician reentry. Former council member Russell Thomas, DO, an Eagle Lake family physician, participated in that discussion. Dr. Thomas, a former member of TMB and the Board of Directors of the Federation of State Medical Boards (FSMB), says he hopes the council's efforts will lead in the development of additional resources here in Texas to help physicians reenter medical practice.

Where's the data?

There is no hard data on how many physicians seek to reenter practice, but specialty society leaders and other stakeholders believe the numbers are increasing. Part of the reason may be the increasing number of women physicians.

"We think of it as women who have to leave the workforce to take care of children and then seek to come back when their children are raised," said Ms. Mulvey.

In fact, an AAP survey of 1,158 >

Medical Education

pediatricians found female physicians are more likely than their male counterparts to take a leave of absence of six months or more and are more likely to leave practice to take care of children or other family members.

But experts say both male and female physicians are dropping out for other reasons, including the stress of practice, personal health issues, and high liability insurance costs. Many of these doctors later decide they miss medical practice or need to return for financial reasons, the experts say.

The Texas requirement

Getting back into practice is difficult for many physicians, particularly if they have let their medical license lapse. Besides Texas, medical boards in Colorado, Florida, Mississippi, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Virginia, and Washington require physicians who have taken a voluntary leave of absence to go through evaluation and/or retraining.

Dr. Thomas says most state medical boards consider an absence of two

years as the point at which assessment and retraining should be required, although time periods vary from one to five years, depending on the state.

But physicians who have let their license lapse or out-of-state physicians seeking a Texas license for the first time must demonstrate that they were in active practice at least one of the preceding two years. The board defines active practice as working a minimum of 20 hours per week for 40 weeks per year.

If a license applicant can't meet that requirement, TMB may require what Ms. Garanflo calls a "mini-residency" or some type of skills assessment.

"It depends on the applicant and how long he or she has been out of practice," she said. "We look at each case individually."

In some recent cases, the board has required mini-residencies of as long as 90 days.

Sharpening your skills

But physicians complain that only a few structured training programs are available, and those that exist are expensive. Ms. Garanflo admits that's true.

"We're struggling with that because we really do believe the need is there to

probably the "most mature" retraining program in the country, Dr. Thomas says. CPEP has graduated 36 physicians from a program it started in 2003 for doctors wanting to practice after a voluntary hiatus.

Here in Texas, physicians at John Peter Smith Hospital in Fort Worth are pilot testing a physician retraining program. Joane Baumer, MD, chair of the Department of Family Medicine at John Peter Smith, says the program will partner with Texas A&M University System Health Science Center, which recently established a physician assessment center.

Working with A&M, the program will assess a physician's skill level and then develop an individualized educational plan for that physician.

"Sometimes that would include some clinical training; sometimes clinical training will not be needed," Dr. Baumer said.

She says physicians needing clinical training would participate in a mini-residency program for at least a month but more likely 90 days. Once they return to practice, they will be monitored through chart reviews.

The program likely will cost the physician \$7,000 to \$8,000 per month for the training program, plus another \$5,000 to \$10,000 for the skills assessment. Those costs are similar to other programs, Dr. Baumer says.

Dr. Baumer plans to present her proposal to TMB in November. If it supports the program, she will move forward with the project. Dr. Baumer already has between 25 and 30 physicians on a waiting list.

Finding resources

Meanwhile, AAP and other groups are attempting to assess just how many physicians might be interested in reentering the profession, as well as develop some standard guidelines for assessing those doctors' skill levels.

Ms. Mulvey says the Physician Re-Entry into the Workforce Project has set up a series of work groups looking at appropriate methods for evaluating an individual physician's competence and need for retraining, how best to >

"Two years is kind of a trigger. That is a point where they want physicians to show that they've still got it."

Jaime Garanflo, TMB director of licensure and customer affairs, says Texas does not require evaluation or retraining for physicians who have maintained their Texas license and fulfilled their continuing medical education requirements during their hiatus.

be able to demonstrate hands-on clinical competence over a period of time and not just necessarily pass a test," she said.

TMB has arranged mini-residencies for reentering physicians with some of the state's residency programs, Ms. Garanflo says. But experts say more programs specifically targeted toward reentering physicians are needed.

"Right now, there's an absolute vacuum" of retraining programs, Dr. Thomas said.

The Center for Personalized Education for Physicians (CPEP) in Denver is

address each physician's educational needs, and how to help physicians maintain their license and credentials or regain them if they lose them during a hiatus.

FSMB, one of the partners in the AAP project, also is looking at reentry through its Special Committee on Maintenance of Licensure. That group plans to issue recommendations on re-entry and other issues next spring, said FSMB spokesperson Drew Carlson. ★

Ken Ortolon is senior editor of *Texas Medicine*. He can be reached by telephone at (800) 880-1300, ext. 1392, or (512) 370-1392; by fax at (512) 370-1629; or by e-mail at ken.ortolon@texmed.org.