

# **Maine Board of Licensure in Medicine Guidelines for Physicians and Physician Associates Regarding Reentry to Practice**

## **Purpose**

The Board of Licensure in Medicine (“Board”) has an important mission: To ensure that Maine citizens are served by competent, professional and ethical physicians and physician associates. Physicians and physician associates who choose to take a break from the practice of medicine and allow their licenses to lapse for a period of two or more years are required to demonstrate current clinical competency prior to the full reinstatement of their licenses. This guideline is designed to assist physicians and physician associates who desire to reenter clinical practice while simultaneously protecting the public.

## **The Decision to Leave Clinical Practice**

Physicians and physician associates who are considering taking a break from clinical practice, should be aware of the following, which may impact reentry to practice:

- In general, the longer the break from active clinical practice, the greater the potential deficit in current knowledge and skills at the time of reentry.
- Maintaining an active license enables one to practice – even in a limited way – in order to stay current with some clinical skills.
- Maintaining an active license requires CME, which aids in retaining current medical knowledge.
- Maintaining national specialty board certification may aid in retaining current medical knowledge.
- Maintaining contacts with colleagues within the active medical community may aid in securing a mentor to assist with reentry to practice.
- Allowing a license to lapse and leaving clinical practice totally will present a significant barrier to the return to licensure and active clinical practice. Physicians and physician associates who apply for reinstatement and who cannot provide evidence satisfactory to the Board of having actively engaged in clinical practice for at least the previous 12 months under the license of another jurisdiction of the United States or Canada may not be licensed unless they satisfy the Board of their current clinical competency by passage of examination(s), successful completion of additional training, or successful completion of a formal reentry to clinical practice program approved by the Board.

Physicians and physician associates considering leaving practice may visit the following websites to better understand the challenges of returning to licensure and active clinical practice:

<http://physician-reentry.org/>

<http://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/pub-sp-cmt-reentry.pdf>

## **Reentry to Practice**

### **I. Creation of a Reentry to Practice Plan**

Physicians and physician associates who apply for licensure and who have not been engaged in the practice of clinical medicine for more than two years must develop a reentry to practice plan. A sample reentry to practice plan is attached to this guideline. The reentry to practice plan must address each of the following components:

1. An assessment of current medical knowledge and clinical skills. The purpose of this assessment is to identify any gaps in medical knowledge and clinical skills, as well as to identify areas of strength. The assessment must be performed by an individual and/or entity approved by the Board. Examples of assessments for physicians include the Special Purpose Examination (SPEX) and the Post-Licensure Assessment System (PLAS).
2. Refresher education. This education is designed to fill the gaps in medical knowledge identified by the assessment. This may include completion of a mini-residency program.
3. A clinical preceptorship or the equivalent. This component is designed to provide mentoring and oversight of your clinical care for a specified period by a practice mentor. The practice mentor must have sufficient time and experience, possess a full and unrestricted active license, have no disciplinary history, and provide reports to the Board as required by a reentry to practice agreement.
4. Final assessment of current competency to return to practice. This component is designed to ensure that a physician or physician associate is ready and able to return to clinical practice without further oversight by the Board.

The following factors may affect the length and scope of the reentry plan:

1. The amount of time away from practice;
2. The length and nature of the prior practice;
3. The reason for the interruption in practice;
4. Activities during the interruption in practice;
5. The area of medical specialty and the required skills for that specialty;
6. The amount of change in the medical specialty during the period of non-practice;

7. The number of years since the completion of graduate medical education; and
8. The date of the most recent national medical specialty board certification or NCCPA certification.

**A licensee whose license has lapsed for more than five years shall apply for a new license in order to practice medicine in this State. Formal reentry to clinical practice programs exist that include assessment, education, and mini residency. These programs vary in length and cost, and will be required when an applicant has been unlicensed and out of clinical practice for a period of more than 5 years.**

## **II. Reentry to Practice Agreement**

If the Board approves an applicant's reentry to practice plan, the approved plan may be incorporated by reference into a reentry to practice consent agreement entered into by the Board, applicant, and the Department of Attorney General. Upon execution of the reentry to practice agreement, the Board will issue the applicant a conditional license. Unsatisfactory completion of the reentry agreement or practicing outside of the scope of practice of the reentry agreement shall result in the automatic inactivation of the conditional license. When the Board determines that the licensee has successfully completed the reentry agreement, it may terminate the reentry to practice consent agreement and issue the licensee a full and unconditioned license.

## **III. Reentry to Practice Application Process**

1. Obtain an assessment of current medical knowledge and clinical skill.
2. Obtain any needed medical education and training.
3. Obtain a physician mentor willing to supervise your clinical practice.
4. Develop a reentry to practice plan and submit it to the Board with an application for licensure/reinstatement.
5. Execute a reentry to practice agreement with the Board, which incorporates your reentry to practice plan.
6. Obtain a conditional medical license and implement the reentry to practice plan.

## **IV. Fees**

- Fees for obtaining evaluations and implementing reentry plans vary greatly. The costs associated with reentry are the responsibility of the applicant.

## **V. Resources**

- Lists of entities offering PLAS, remedial education and formal reentry programs:

<http://www.nbme.org/clinicians/collaborators.html>  
[https://www.fsmb.org/licensure/spex\\_plas/plas\\_clinical](https://www.fsmb.org/licensure/spex_plas/plas_clinical)  
<http://physician-reentry.org/program-profiles/reentry-program-links/>  
<https://www.fsmb.org/Media/Default/PDF/USMLE/RemEdProg.pdf>

- Information regarding SPEX:

[https://www.fsmb.org/licensure/spex\\_plas/](https://www.fsmb.org/licensure/spex_plas/)

EFFECTIVE DATE: July 11, 2017

REVISION DATES: August 12, 2025; September 12, 2023; August 8, 2017

## SAMPLE REENTRY TO PRACTICE PLAN

Name: \_\_\_\_\_

### Clinical Experience

Previous Specialty: \_\_\_\_\_

Time Spent in Clinical Practice: \_\_\_\_\_

Date and Location of Last Clinical Practice: \_\_\_\_\_

Reason for Leaving Clinical Practice: \_\_\_\_\_

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### Intended Clinical Practice

Intended Specialty: \_\_\_\_\_

Intended Practice Setting and Location: \_\_\_\_\_

### Description of How I Maintained Competency After Leaving Clinical Practice

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### Plan for Assessment of Medical Knowledge and Clinical Skills

SPEX: \_\_\_\_\_

PLAS: \_\_\_\_\_

ABMS Certification: \_\_\_\_\_

### Plan for Obtaining Remedial Medical Education

Continuing Medical Education: \_\_\_\_\_

Refresher Course(s) Offered by a Medical School or Other Formal Program: \_\_\_\_\_

## Plan for Obtaining Remedial Clinical Competency

Mini-Residency: \_\_\_\_\_

Fellowship: \_\_\_\_\_

Mentorship/Preceptorship: \_\_\_\_\_

- Name/Medical Specialty of Mentor/Preceptor: \_\_\_\_\_
- Number of Work Days/Hours per Week: \_\_\_\_\_
- Period of Direct Supervision: (e.g. 240 hours of patient care) \_\_\_\_\_
- Method of Direct Supervision and Review of Clinical Care: (e.g. The mentor shall participate in the care of each patient to the degree necessary to be personally responsible for the care rendered, to be able to certify to the quality of such care, and to provide prompt meaningful feedback and guidance) \_\_\_\_\_  
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- Period of General Supervision: \_\_\_\_\_
- Method of General Supervision and Review of Clinical Care: \_\_\_\_\_  
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- Frequency of Written Reports to the Board: \_\_\_\_\_

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