

Maine Board of Licensure in Medicine Guidelines for Physicians and Physician Assistants 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 assistants. Physicians and physician assistants 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 assistants who desire to reenter clinical practice while simultaneously protecting the public.

The Decision to Leave Clinical Practice

Physicians and physician assistants 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 assistants 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 assistants 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 assistants 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 assistant 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 shall be incorporated by reference into a reentry to practice consent agreement entered into by the Board, applicant, and the Department of Attorney General. A sample reentry to practice agreement is attached to this guideline. 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

<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/

EFFECTIVE DATE: July 11, 2017

REVISION DATE: 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: _____

Intended Clinical Practice

Intended Specialty: _____

Intended Practice Setting and Location: _____

Description of How I Maintained Competency After Leaving Clinical Practice

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) _____

- Period of General Supervision: _____

- Method of General Supervision and Review of Clinical Care: _____

- Frequency of Written Reports to the Board: _____

4. During Dr. _____'s absence from the practice of medicine, she/he engaged in the following activities related to medicine:

- a. Continuing medical education;
- b. _____; and
- c. _____.

5. Notwithstanding his related professional development, Dr. _____ has not practiced clinical medicine during the past _____ years. Dr. _____ now wishes to return to the practice of clinical medicine. Dr. _____ submitted a reentry to practice plan to the Board, which it reviewed and approved.

COVENANTS

6. Dr. _____ recognizes the Board's responsibility to protect the health, safety, and welfare of patients through its licensing and regulatory authority. Dr. _____ acknowledges that her/his absence from clinical practice necessitates that she/he re-enter the practice of medicine with a conditional license pursuant to this Consent Agreement, and agrees to fully comply with its conditions and cooperate with the Board.

7. Dr. _____ acknowledges that the sole purpose of this Consent Agreement is to establish terms and conditions governing his reentry to the practice of medicine. Dr. _____ agrees to and accepts all terms and conditions herein and agrees to do so in exchange for the Board's issuance of a conditional medical license.

8. Prior to being issued a conditional medical license, Dr.

_____ agrees to (the following measures will vary depending on the particular circumstances of the applicant):

a. Special Purpose Examination (SPEX). Dr.

_____ shall personally arrange, at his own cost, for and successfully complete with a score of at least 75 the Special Purpose Examination (SPEX) of the Federation of State Medical Boards, at the earliest opportunity and do so as a candidate sponsored by the Board. Dr.

_____ understands and agrees that successful passage of the SPEX is a prerequisite to the issuance of a conditional medical license. Dr.

_____ understands and agrees that she/he shall be limited to three attempts to successfully complete and pass the SPEX within a one-year period.

In addition, Dr. _____ understands and agrees that after the third attempt any subsequent examination attempt(s) shall require Board approval and sponsorship, which the Board may or may not grant.

b. Post Licensure Assessment System (PLAS). Dr.

_____ shall personally arrange, at her/his own cost, for and successfully complete a post licensure assessment developed by the Federation of State Medical Boards, at the earliest opportunity, and provide the Board with the results of that assessment. In addition, Dr. _____ shall enroll in and successfully complete courses in any areas identified by the post licensure assessment, and provide the Board with documentation of the successful completion of such course(s). Dr. _____ understands and

agrees that successful completion of a post licensure assessment and any remedial medical education course(s) identified by the assessment are prerequisites to the issuance of a conditional medical license.

c. Mini Residency/Fellowship Program. Dr.

_____ shall personally arrange, at her/his own cost, to participate in a mini residency or fellowship program, which program must be approved by the Board, and provide the Board with documentation of the successful completion of such program. Dr. _____ understands and agrees that her/his successful completion of the mini residency or fellowship program is a prerequisite to the issuance of a conditional medical license.

d. Formal Reentry to Practice Program. Dr.

_____ shall personally arrange, at her/his own cost, to participate in and successfully complete a formal reentry to practice program, which program must be approved by the Board, and provide the Board with documentation of the successful completion of such program. Dr.

_____ understands and agrees that her/his successful completion of the formal reentry to practice program is a prerequisite to the issuance of a conditional medical license.

9. Following the successful completion of any of the requirements contained in paragraph 8 above, Dr. _____ agrees to accept and the Board agrees to issue him a conditional medical license subject to the following terms:

a. Dr. _____ agrees to meet with the Board or any of its committees with regard to his reentry to the practice of medicine, day-to-day practice activities, performance, progress, and other matters related to his medical practice. In complying with this provision, Dr. _____ agrees to execute any authorizations necessary for the release of information to the Board, and understands and agrees that the Board or its agents may communicate orally or in writing at any time with his supervising physician(s) and office staff regarding his professional reentry, clinical practice, patient care, and medical record keeping.

b. Dr. _____ agrees that her/his practice location shall be limited to _____ (name and address of entity/individual). If necessary, Dr. _____ may petition the Board to add different practice locations at a later date, subject to approval or disapproval in the sole discretion of the Board.

c. Dr. _____ agrees that her/his practice of medicine shall be directly monitored by Dr. _____, who will be an agent of the Board for the purposes of this Consent Agreement and who shall provide the Board with written monthly reports regarding Dr. _____'s performance. Such reports shall briefly address Dr. _____'s practice activities, including hours and workload, functioning, knowledge, skills, general professionalism, and deficiencies, and overall ability to practice safely and competently. Dr. _____ will make reasonable efforts to ensure that her/his supervising physician provides written monthly reports to the

Board. In addition to the monthly written reports, the supervising physician shall file a written report to the Board within 48 hours of any instances medical care provided by Dr. _____ that posed a serious threat to patient safety.

d. Dr. _____ shall see and provide “hands-on” care for patients only under the initial direct supervision of Dr. _____ and in a manner generally consistent with accepted rules and procedures for the supervision of residents. The initial period of directly supervised care of patients shall be for a period of at least 240 hours of patient care. Direct supervision requires that the monitoring physician participate in the care of each patient by Dr. _____ to the degree necessary to: be personally responsible for the care rendered; be able to certify as to the quality of such care and Dr. _____’s performance; and promptly provide Dr. _____ with meaningful feedback and guidance as may be required. The period of direct supervision of Dr. _____ will end when the minimum number of patient hours has been met and the supervising physician concludes that it is no longer necessary to ensure patient safety and ensure that applicable standards of care are fully met.

e. Following the period of direct supervision described above, Dr. _____ will practice medicine and provide patient care in consultation with and under the general supervision of Dr. _____ for a period of at least 12 months. Dr. _____’s care of a

representative sample of patients treated during this period regularly shall be retrospectively reviewed and discussed with Dr. _____ by his supervising physician. Dr. _____ understands and agrees that this period of time may be extended in the sole discretion of the Board if information from his supervising physician or practice locations indicates one or more areas of possible deficiencies in Dr. _____'s medical knowledge or clinical practice skills or performance.

f. Dr. _____ understands and agrees that any interruption or cessation of his practice, employment, or supervising physician, will result in her/his voluntary and immediate suspension of medical practice. Dr. _____ shall notify the Board in writing within 48 hours of her/his interruption or cessation of practice or upon termination of employment.

g. Dr. _____ understands and agrees that in the unlikely event that circumstances appear to warrant, the Board in its sole discretion may determine that her/his further efforts to re-enter medical practice is inconsistent with the public health, safety, and welfare or otherwise lacks a reasonable likelihood of success. Dr. _____ understands and agrees that if the Board makes such a determination, he shall cease and desist from the practice of medicine and surrender his conditional medical license.

h. Dr. _____ acknowledges that he must directly communicate with the Board or Board staff and has the obligation to respond

to any request for information or documentation within the timeframe specified or requested. Failure to comply with or respond to any request shall be considered a violation of this Consent Agreement.

10. Violation by Dr. _____ of any of the terms or conditions of this Reentry to Practice Consent Agreement shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of re-licensure.

11. This Reentry to Practice Consent Agreement is not appealable and is effective until modified or rescinded in writing by the parties hereto.

12. The Board and the Department of the Attorney General may communicate and cooperate regarding Dr. _____ or any other matter relating to this Reentry to Practice Consent Agreement.

13. This Reentry to Practice Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

14. This Reentry to Practice Consent Agreement is reportable to the National Practitioner Data Bank (NPDB) and the Federation of State Medical Boards (FSMB).

15. Nothing in this Reentry to Practice Consent Agreement shall be construed to affect any right or interest of any person not a party hereto. If any clause of this Reentry to Practice Consent Agreement is deemed illegal or invalid, then that clause shall be deemed severed from this Reentry to Practice Consent Agreement.

16. Dr. _____ acknowledges by his signature hereto that he has read this Reentry to Practice Consent Agreement, that he has had an opportunity to consult with an attorney before executing this Reentry to Practice Consent Agreement, that he executed this Reentry to Practice Consent Agreement of his own free will and that he agrees to abide by all terms and conditions set forth herein.