



## Fact Sheet on Physician Re-entry

### Definition of physician re-entry

*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.*

### Scope of the issue

*How many reentering physicians are there?*

The numbers of physicians who either reenter practice or desire to reenter practice are not clear; however, one study has estimated that 10,000 physicians could reenter practice each year.

*Why do physicians take a leave of absence from clinical practice?*

A physician might take a leave of absence from clinical practice for many reasons, including family leave (maternity and paternity leave, and child rearing); other caretaking and relationship issues; personal health reasons; career dissatisfaction; or alternate careers such as administration, military service, and humanitarian leave.

*Why do physicians return to clinical practice?*

Physicians seek re-entry to practice when their need to care for family is not as immediate or when their own health improves. Other reasons include community needs, missing the practice of medicine, too much free time, financial considerations, and desire for a new challenge.

*What are key barriers to re-entry?*

- Lack of information on re-entry programs
- Liability and credentialing issues
- Lack of consistency in regulatory guidelines/licensure and maintenance of certification
- Lack of certification related to program completion
- Financial cost of reentering practice
- Lack of access to existing programs
- Limited number of re-entry programs
- Lack of information on the re-entry process

### **The AMA's ten guiding principles for a physician re-entry program system**

1. **Accessible** *by geography, time and cost*
2. **Collaborative** *to improve communication and resource sharing*
3. **Comprehensive** *to cover relevant areas*
4. **Ethical** *based on principles of medical ethics*
5. **Flexible** *to maximize program usefulness*
6. **Modular** *to meet the specific needs of individual physicians*
7. **Innovative** *in employing state-of-the-art educational formats and content*
8. **Accountable** *by establishing mechanisms for assessment and evaluation*
9. **Stable** *to ensure adequate funding for programs*
10. **Responsive** *to changing circumstances*

### **Survey of medical boards**

The AMA annually publishes the *State Medical Licensure Requirements and Statistics*. The process of compiling information (including physician re-entry) for this annual publication involves sending the *Physician Licensure Survey* to boards of medical examiners (54 allopathic and 14 osteopathic in the United States and its territories). The 2010 *Physician Licensure Survey* was sent to 68 Boards of Medicine, and 78% (N=53) responded. Below are highlights from the findings on physician re-entry.

- 51% of medical boards have a policy on physician re-entry
- 2.8 years is the average length of time out of practice (range is from 1 – 10 years) after which state medical boards require reentering physicians to complete a re-entry program
- 55% of medical boards without a physician re-entry policy are either currently developing or planning to develop a re-entry policy
- 92% of medical boards do not require a physician to engage in a certain amount of patient care for relicensure

### **Additional Resources**

American Academy of Pediatrics Physician Reentry into the Workforce Project  
[www.physicianreentry.org](http://www.physicianreentry.org)

American Medical Association Physician Re-entry Website  
<http://www.ama-assn.org/go/reentry>

***For more information, including references, please contact the AMA Medical Education Group, Division of Undergraduate Medical Education***