

# Guidance on Physician Reentry

## Issue:

Determining a physician's readiness to reenter practice can be a challenge given the variety of reasons that may lead to departure from practice. Evidence-based criteria to help make these determinations as well as resources for the evaluation and retraining of such physicians vary and may be lacking. This brief explores these challenges, existing resources, and potential strategies to address this issue.

## Background:

The American Medical Association (AMA) has defined [physician reentry](#) as 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 (e.g., personal health, family issues, relocation, career dissatisfaction, burnout). Approximately 10,000 physicians qualify to reenter practice each year after a period of clinical inactivity. Criteria for medical licensure usually do not include an expectation of ongoing clinical practice, but physicians who maintain a license but do not practice for a period of time may reenter the workforce deficient in some practice competencies. Research indicates that regulatory agencies are increasing their requirements for additional training, standardized testing, and fitness to practice evaluations prior to restarting clinical work. The burden of proof is on the reentering physician to meet such requirements. Given patient care and safety are paramount to the practice of medicine, these physicians and the regulatory bodies evaluating them may benefit from additional tools and resources to support physician reentry.

The process of physician reentry is influenced by the perspectives of several relevant entities including individual physicians, patients, specialty boards, professional organizations, state medical boards, health systems, payers, and employers. One key organization in this process is the Federation of State Medical Boards (FSMB). The [FSMB](#) provides "comprehensive resources, data access, and legislative advocacy to advance and promote the work of state medical boards and support the nation's interconnected healthcare environment." This organization has invested significant efforts to address and support physician reentry. In 2012, the FSMB adopted policy and released [guidance](#) to help state medical boards facilitate physician reentry to practice while simultaneously ensuring the public is protected. The FSMB released further [recommendations](#) in 2013 to encourage common standards and terminology around license restrictions and formed a workgroup to study risk and support factors affecting physician performance. This workgroup published a [report](#) in 2021 that encouraged the FSMB and state medical boards to develop their own tools and resources on reentry to clinical practice. In 2024, the FSMB produced a [list](#) of board-specific requirements on reentry to practice, such as having policy on physician reentry, making decisions on a case-by-case basis, and utilizations of Special Purpose Examination, Comprehensive Osteopathic Medical Licensing Examination, and fitness-to-practice evaluations. This organization also published a board-by-board [overview](#) of reentry to practice requirements for physicians and physician assistants and a [directory](#) for physicians seeking assessment programs and remedial education programs.

Most recently, the FSMB released a 2025 [report](#) on reentry to practice. It contains "guidance for state medical boards when considering potential reentry to practice requirements for physicians seeking to resume active practice following a significant absence." Recommendations offered in the document reflect an appreciation for the unique situations that may exist for some physicians. The report also provides a roadmap for those considering temporarily leaving practice, a sample supervision assessment feedback form for reentry to practice, and a template reentry-to-practice plan, as well as links to resources from the other leading organizations.

Reentry programs, offered in a variety of modes, have shown promise (e.g., Oregon Health and Science University; Drexel University College of Medicine; the Center for Personalized Education for Physicians; and a partnership between the medical board of the State of New Mexico and the University of New Mexico). Specialty organizations, such as the American Society of Anesthesiologists and American Academy of Pediatrics (AAP), have taken proactive approaches to supporting their physicians for reentry. Organizations such as the AMA, FSMB, AAP, and American Academy of Family Physicians have historically sponsored and/or participated in related workgroups. Other organizations, such as the American Medical Women's Association, offer resources on reentry. However, information on the outcomes and participants' perspectives of these programs and resources is limited and dated.

One important aspect of reentry is competency. In 2021, the AMA Council on Medical Education published a [report](#) on "Guiding Principles and Appropriate Criteria for Assessing the Competency of Physicians Across the Professional Continuum." It provides direction and guidelines for screening and assessing physicians. AMA policy [D-300.984](#) "Physician Reentry" offers guiding principles for use as a basis for all reentry programs such that they be comprehensive, ethical, flexible, modular, innovative, accountable, stable, and responsive. Opinion 8.13 of the AMA Code of Medical Ethics, [Physician Competence, Self-Assessment & Self-Awareness](#), addresses related issues.

## Potential Strategies:

While some resources are available for those who have left practice for reasons other than discipline, substance use, or mental health issues, consideration can also be given to new or expanded efforts such as:

- Encouraging academic medical centers to work with the FSMB and state licensing boards to evaluate physician reentry policies, procedures, and retraining.
- Encouraging the development and promotion of competency- and evidence-based assessments and criteria for determining a physician's readiness to reenter practice.
- Supporting interdisciplinary collaboration, inclusive of physicians, patients, specialty boards, professional organizations, state medical boards, health systems, payers, and employers on issues regarding physician reentry programs.
- Supporting efforts to address the unique liability issues related to reentry programs.
- Supporting legislative and other attempts to help offset the direct costs to physicians of participating in reentry processes.

## Moving Forward:

The AMA is committed to the health, well-being, and competence of all physicians. Supportive policies include:

- [Physician Reentry D-300.984](#)
- [AMA Support for Justice Reinvestment Initiatives H-95.931](#)
- [Reentry into Physician Practice H-230.953](#)
- [Principles for Advancing Gender Equity in Medicine H-65.961](#)
- [Educating Physicians About Physician Health Programs and Advocating for Standards D-405.990](#)
- [Physician Health Programs H-405.961](#)
- [Confidentiality of Enrollment in Physicians \(Professional\) Health Programs D-405.984](#)
- [Physician Impairment H-95.955](#)
- [Competence, Self-Assessment and Self-Awareness H-140.829](#)

## AMA Resources:

- [ChangeMedEd®](#)
- [AMA Council on Medical Education](#)
- [Physician Health](#)
- [Health Care Advocacy](#)
- [AMA EdHub™](#)
- [AMA Policy Finder](#)