

# THE PHYSICIAN REENTRY INTO THE WORKFORCE PROJECT

## HISTORY AND TIMELINE

### 2005

The American Academy of Pediatrics (AAP) Division of Workforce and Medical Education Policy (hereinafter, “the Division”) has had a longstanding interest in physician reentry issues and their impact on workforce planning.

The idea to formalize the Division’s efforts surrounding physician reentry into *The Physician Reentry into the Workforce Project* was developed at the Council on Graduate Medical Education (COGME) meeting on September 14, 2005, after hearing a presentation on the issue from Saralyn Mark, MD, Senior Medical Advisor for the U.S. Department of Health and Human Services. Dr. Mark is the author of the seminal article, “*Reentry into Clinical Practice: Challenges and Strategies*”, which was published in the *Journal of the American Medical Association* in 2002.

An overwhelming percentage of pediatricians are women, who often take extended leaves from clinical practice to raise children and care for other family members. For this reason, the Division recognized that the issue of reentry was of great importance to the field of pediatrics.

### 2006

The Division first presented the issue of physician reentry to two key AAP committees.

At its June 3–4, 2006 meeting, the AAP Committee on Pediatric Workforce (COPW) hosted a roundtable discussion that focused on physician reentry. This roundtable included Dr. Saralyn Mark and representatives from the American College of Obstetricians and Gynecologists (ACOG) and the American Medical Association (AMA) Women Physicians Congress. On September 7, the AAP Committee on Pediatric Education (COPE) heard a presentation from the Division on physician reentry. Both groups agreed that this topic

merited further exploration. The Division subsequently decided to proactively move forward in its implementation efforts regarding *The Physician Reentry into the Workforce Project* (hereinafter, “Reentry Project”).

To inform the development of the **Reentry Project’s** work, the Division added questions on reentry to a *Survey of Pediatricians over 50*, which was jointly conducted from February to May 2006 by the AAP and the Association of American Medical Colleges (AAMC).

The Division then posted an online survey on physician reentry on its Web site in July to gather additional information from physicians. In particular, the online survey sought to learn if the respondents had undertaken any retraining prior to reentering the workforce. Survey results demonstrated that the majority had not.

The **Reentry Project** next convened a series of conference calls of potential stakeholders on September 26, September 27, and October 25. More than 30 individuals representing nearly 20 organizations participated in these calls, demonstrating a widespread interest in this topic and laying the groundwork for the **Reentry Project’s** future initiatives.

As an outcome from the conference calls, the **Reentry Project** formed four workgroups: (1) Assessment and Evaluation; (2) Education; (3) Licensure, Credentialing, and Maintenance of Certification; and (4) Workforce. More than 35 individuals participated in these four workgroups and generated physician reentry resources ranging from “*A Framework for Discussing Assessment and Evaluation*” to “*A Learner’s Bill of Rights.*”

The **Reentry Project** grew since these three initial conference calls to 22 organizations among its participants, whose members served on the project’s four workgroups and/or provided support as stakeholders.

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### 2007

In January 2007, the **Reentry Project** launched its new [Web site](#) to serve as a clearinghouse for resources and activities on physician reentry issues.

In May, the Division presented on the topic of physician reentry at the Association of American Medical Colleges (AAMC) Third Annual Physician Workforce Research Conference.

Also in 2007, Ethan Alexander Jewett, MA, then Co-Director of the **Reentry Project**, was the recipient of the **2007 Joan F. Giambalvo Memorial Scholarship** conferred by the AMA Women Physicians Congress to fund his proposal for a survey of inactive physicians in all specialties on physician reentry.

### 2008

From January to March 2008, the Reentry Project fielded the **Physician Reentry into the Workforce Survey** to almost 5,000 physicians who were designated as “inactive” in the AMA Masterfile. The survey obtained critically needed data on a variety of issues related to physician reentry. In June 2008, findings from the survey were presented at a national meeting of the AMA Women Physicians Congress.

The AMA Council on Medical Education (CME) issued its **CME Report A-08** on physician reentry in June, in which it acknowledged the leadership of the AAP and the **Reentry Project** in this field: “For the purposes of this report, the AMA has drawn from the important work of the American Academy of Pediatrics (AAP) *Physician Reentry into the Workforce Project*.”

The continued collaboration of the AAP and the AMA CME led to joint sponsorship of the **Physician Reentry into the Workforce Conference**, which was held from September 9 to 11, 2008, at the AAP

headquarters. The conference shared data and information on the four content areas addressed by the Reentry Project workgroups and developed priorities and pragmatic strategies for new initiatives.

Next, work began on a series of **issue briefs** that incorporated and enhanced the information discussed at the September conference.

### 2009

In the spring of 2009, the Division presented a poster, **Career Trends of Inactive, Retired, and Reentered Physicians** at the AAMC’s Fifth Annual Physician Workforce Research Conference.

Division staff also made a presentation on physician workforce supply at this conference: **Data from the Physician Reentry into the Workforce Survey**.

The summer of 2009 marked the beginning of a period of enhanced activity for Division staff and the **Reentry Project**. First, recognition of the critical need to plan ahead before leaving clinical practice resulted in the launch of the **Maintenance of Practice (MOP)** initiative. Several issue briefs on topics related to Maintenance of Practice were then developed and disseminated.

Also, **the Reentry Project conducted two electronic surveys of key AMA groups** for additional feedback. In July, the **Reentry Project** fielded a survey to the AMA Women Physicians Congress. In August, a similar survey was fielded to the AMA Section on Young Physicians. Findings from these surveys were developed into two additional issue briefs that focused on flexibility of practice arrangements and reentry perspectives among these groups.

### 2010

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In May, the AMA, the AAP, and the Federation of State Medical Boards (FSMB) convened *the Physician Reentry to Clinical Practice: Overcoming Regulatory Challenges Conference*. This conference was designed to identify components of a model physician reentry system that supports the needs and expectations of a variety of constituents, including physicians, state medical licensing boards, medical specialty boards, and other groups responsible for developing reentry programs.

In October, two articles by the **Reentry Project** were accepted for publication in peer-reviewed journals. The first, *“A National Survey of ‘Inactive’ Physicians in the United States: Enticements to Reentry”*, was accepted by the journal *Human Resources for Health* and presents findings from the Physician Reentry into the Workforce Survey. The second, *“Pediatricians over 50 Reentering Clinical Practice: Implications for Physicians and the Regulatory Community”*, was accepted by the *Journal of Medical Regulation* and analyzes data from the AAMC-AAP Survey of Pediatricians over 50.

In August, the Division was asked to be a member of the FSMB *Special Committee on Reentry*.

The AAP also was one of three organizations represented on a panel during an educational session, *Physician Reentry to Clinical Practice: What You Need to Know*, at the AMA Interim Meeting in November.

### 2011

In January the AAP issued a “News Release” to launch *A Physician Reentry into the Workforce Inventory*. Developed by the **Reentry Project’s** MOP team, this is a non-specialty specific reference guide. It provides checklists and strategies to assist physicians who may wish or need to leave clinical practice and then reenter.

The **Reentry Project** launched a new initiative, the *Pediatrician Reentry Portal*. This online interactive Web site will serve as the online resource for pediatricians seeking to reenter and/or planning to leave clinical practice. The first planning session was held in February 2011. It is anticipated that it will also serve as a model for other specialty societies.

**Reentry Project’s** Co-Director was the keynote speaker at the Coalition for Physician Enhancement’s spring meeting devoted to the topic of physician reentry.

The AMA Council on Medical Education received an update on **Reentry Project** initiatives during their June meeting.

The Council on Medical Specialty Societies (CMSS) adopted a policy position, “Physician Reentry,” at their November meeting. The policy states:

Medical societies will play a key role by offering continuing medical education courses targeted to the needs of inactive and reentering physicians. These societies should anticipate change and make plans despite the paucity of data. They should also develop resources and mechanisms to assist physicians when they wish to return to practice. Societies can further support their members who are reentering the workforce by promoting flexibility in practice options and educational systems.

This document was co-authored by The Physician Reentry Project team.

**Reentry Project’s** MOP team Chairperson and **Reentry Project’s** Co-Director conducted a session at the AAP National Conference & Exhibition (NCE) on physician reentry.

At the above referenced NCE session, the MOP team unveiled their new toolkit: *Physician Reentry: What Employers Need to Know*. This is to help employers consult with physicians who are planning to leave the workforce, or those who are ready to return to clinical practice. It is a companion piece to the “Physician reentry into the Workforce Inventory,” introduced in January 2011.

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Membership on the FSMB's Special Committee on Physician Reentry continued with a near-final draft ready for review by the FSMB Board in December 2011.

The **Reentry Project** adds a new feature to our Web site: "FSMB Resources."

A [FaceBook Reentry Project Fan page](#) was developed to provide a social media component for physicians and others interested in physician reentry issues.

### **The Physician Reentry into the Workforce Project staff:**

#### **Current and Past Co-Directors of The Physician Reentry into the Workforce Project:**

Holly J. Mulvey, MA: 2005–present

Kelly J. Towey, MEd: Consultant: 2006-2009

Co-Director: 2009-present

Ethan A. Jewett, MA: 2005–2009

#### **Content Expert:**

Saralyn Mark, MD: 2005–present

#### **Administrative Support:**

Diamond U. Lanier: 2005–present

### **2012**

A proposal from the **Reentry Project** for a collaborative approach to implementing the above referenced CMSS policy statement was accepted.

**Reentry Project** Co-Director is an invited speaker at the annual meeting of the Alliance for CME.

### **Publications by The Physician Reentry into the Workforce Project:**

[Physician Reentry: What Employers Need to Know](#). Elk Grove Village, IL: American Academy of Pediatrics. 2011.

[A Physician Reentry into the Workforce Inventory](#). Elk Grove Village, IL: American Academy of Pediatrics. 2010.

Mulvey HJ, Jewett EA, Merline A, & Towey KJ. ***Pediatricians over 50 reentering clinical practice: implications for physicians and the regulatory community***. *Journal of Medical Regulation* vol.96, no. 2, 2010. 7-12.

Jewett, EA, Brotherton, SE, Ruch-Ross H. [A national survey of 'inactive' physician in the United States of America: enticements to reentry](#). *Human Resources for Health*. 2011 9:7 (17 February 2011)