



ROADMAP TO REENTRY



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INTRODUCTION

With the implementation of the Patient Protection and Affordable Care Act and Colorado's need for primary care providers, it is critical to identify innovative, cost effective, and timely pathways to address primary care workforce shortages. Physicians and physician assistants (collectively referred to as "clinicians") returning to the workforce after an absence from clinical practice have the potential to serve as an important part of the solution to workforce shortages; however, barriers exist that discourage them from returning to practice or significantly delay a return to practice.



Medicine is a public good and involves many stakeholders; including regulators, health plans, hospitals, clinics, potential employers, and others. Reentering the workforce can be a complex and sometimes daunting process for the clinician who must fulfill a multitude of requirements from a variety of entities. Many of these hurdles can be removed or reduced if stakeholders come together to identify solutions, and find agreement on the types of documentation and/or educational preparation that is needed from the clinician reentering practice. With funding from The Colorado Trust's [Convening for Colorado](#) grant program, the Center for Personalized Education for Physicians (CPEP) and the American Academy of Pediatrics' The Physician Reentry into the Workforce Project, brought together key stakeholders to foster collaboration and develop a "Roadmap to Reentry".

The Convening Process

In two facilitated face-to-face meetings held during the summer of 2013 in Denver, Colorado, convening participants came to the table to share knowledge and to explore new strategies, methods, and systems to facilitate a clinician's return to clinical practice. Additional information was gathered from participants during pre-meeting engagements as well as through interim and post-meeting follow-up. Subsequently, the information gathered from the Convening was compiled to create the *Roadmap to Reentry*. To view the recorded webinar prepared for Convening for Reentry participants click [Convening for Reentry Webinar](#).

The Purpose of the Roadmap

The primary purpose of the *Roadmap to Reentry* is to provide guidelines for physicians and physician assistants (PA) seeking to navigate the reentry process. In addition, the *Roadmap* aims to provide valuable information for stakeholders to support and facilitate their work with reentry clinicians. The *Roadmap to Reentry* may also serve as a tool to facilitate a coordinated

approach across these diverse sectors and to create a common language (see Appendix A: “Glossary of Terms”) and a shared understanding of the process.

The intent of this *Roadmap* is to provide a resource for individuals and organizations in Colorado as well as nationally. While some of the information in the *Roadmap* is specific to Colorado, the general principals may be applicable to other states. Also, the *Roadmap* may be helpful to other health professionals, such as advance practice nurses and podiatrists, seeking to resume practice.

What is Reentry?

Reentry is defined by the Physician Reentry into the Workforce Project of the American Academy of Pediatrics as *“Returning to professional activity/clinical practice for which one has been trained, certified or licensed after an extended period.”*¹ Reentry does not involve remediation resulting from disciplinary intervention action by a hospital, licensing board, or other entity. Reentry applies to clinicians who left practice voluntarily for a variety of reasons, such as family obligations, personal health reasons, alternate careers, or retirement, and wish to return to the workforce to practice in the same specialty.

Who are the Stakeholders?

There are multiple stakeholders across different sectors of the healthcare environment involved at varying levels in the reentry process, including licensing boards, hospitals, third-party payers, employers, and others.

Stakeholders Involved in the Reentry Process



¹The Physician Reentry into the Workforce Project webpage: <http://physician-reentry.org/>

LICENSURE AND BOARD CERTIFICATION

The Role of the State Medical Board

It is the responsibility of the state medical and osteopathic boards to determine whether a licensee/applicant, who has been absent from clinical practice, demonstrates that he or she is competent to return to practice. The process required for clinicians to demonstrate competence varies by state. According to information in the American Medical Association's (AMA) *State Medical Licensure Requirements and Statistics*, the majority of state medical boards either have or are developing a policy on physician reentry.² These policies vary by state, and may include requirements related to competence testing and education.

State-by-state licensure requirements, including reentry, may be accessed by contacting the state medical or osteopathic board (a directory is available on the [Federation of State Medical Boards Website](#)) or in the AMA's publication, "*State Medical Licensure Requirements and Statistics*." This publication is compiled annually and is available for purchase through the [AMA Online Store](#).

Colorado Licensure

In Colorado, physicians and PAs who have been out of clinical practice for two or more years and are applying for initial licensure, reinstatement, or reactivation of a license must demonstrate competence to practice and meet other state medical board requirements. In most cases, the Colorado Medical Board requires the applicant to be evaluated by a program approved by the Board and complete any recommended reentry education activities. In 2010, Colorado established a Reentry License, which allows the physician or PA to engage in supervised practice while completing an education program or reentry requirements.

Questions about the Medical Board's role in the reentry process in Colorado should be directed to:

Camille "Camie" Mojar

Colorado Medical Board
1560 Broadway, Suite 1350
Denver, Colorado 80202
Phone (303) 894-7716

www.dora.state.co.us/medical

²<http://www.ama-assn.org/resources/doc/med-ed-products/physician-reentry-regulations.pdf>

COLORADO MEDICAL BOARD REENTRY RULES & REGULATIONS

Full Text: [Rule 120 \(3 CCR 713-22\)](#)

- If the applicant has practiced medicine only for a portion of the two year period immediately preceding the filing of the application, the medical board may determine on a case by case basis in its discretion whether the applicant has adequately demonstrated continued competence to practice medicine.
- Otherwise, to demonstrate continued competence, the medical board will require an applicant to submit to a competence assessment or evaluation conducted by a program approved by the board. Although the board retains the discretion as to the method of determining continued competence based on the applicant's specific circumstances, a competence assessment or evaluation conducted by a board-approved program is the board's standard operating procedure.
- If the board determines that the applicant requires a period of supervised practice and/or the completion of an educational program, the board, at its discretion, may either issue the applicant a license subject to probationary terms or a reentry license.

The Reentry License: The board will consider an applicant to be ineligible for a reentry license if their period of inactive practice resulted from disciplinary action or unprofessional conduct. If a reentry license is issued, such a license is valid only for three years from the date of issue and is not renewable. Failure to complete the training requirements before the end of the three year period will result in the reentry license being administratively inactivated.

COLORADO MEDICAL BOARD PHYSICIAN ASSISTANTS REENTRY RULES & REGULATIONS

[Full Text](#)

For those physician assistants who have been out of practice as a physician assistant for four or more years, (a) submit to the board a personalized competency evaluation report prepared by a program approved by the board, and (b) complete any education and/or training recommended by the program as a result of the evaluation prior to obtaining a license. At the discretion of the board, the physician assistant may be able to receive a limited license prior to completing the education and/or training recommended by the program for the purpose of facilitating the completion of such education and/or training. The board may require additional or different approaches on a case by case basis.

Failure to register a primary physician supervisor with the board within 180 days from original licensure, reinstatement, reactivation or loss of a supervisor will result in inactivation of a license.

Board Certification

For physicians, specialty board certification is often a requirement for credentialing and privileging, and may be a requirement for employment. Typically, licensure (active and in good standing) is a requirement to maintain specialty board certification. Thus, physicians who have allowed medical licensure to lapse or expire may have (sometimes unknowingly) lost their specialty board certification.

For PAs, certification by the National Commission on Certification of Physician Assistants, including passage of the National Certifying Examination, may be required for initial licensure and/or employment.

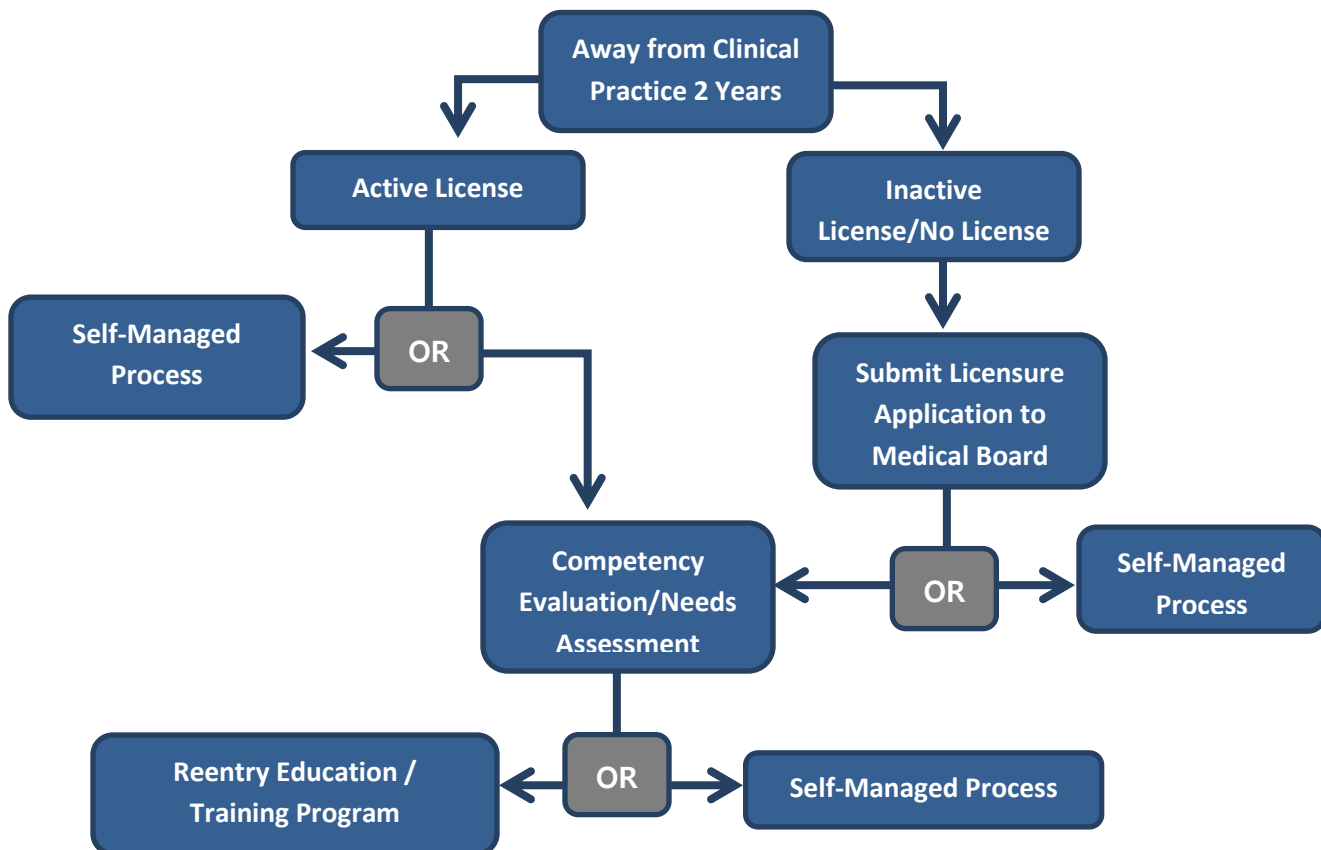
Physicians and PAs should confirm their certification status early, and if lapsed, explore what the requirements will be to regain their certified status.

THE REENTRY PLAN: OPTIONS FOR REENTRY CLINICIANS

Even when the clinician seeking reentry has maintained his/her active state license, he/she may be required to demonstrate competence in order to join a practice, become employed, complete hospital or health plan credentialing, or obtain malpractice insurance.

The clinician may choose to participate in a formal reentry training program, such as the program offered by CPEP, or engage in a self-managed reentry process.

Figure 1: Licensure and Reentry Flow Chart



Formal Reentry Programs

There are a handful of formal reentry programs across the country that provide assessment and evaluation services, as well as the development and coordination of education, and training to prepare clinicians to return to practice safely and effectively. The length, activities, and cost of these programs vary. Directories of reentry programs are available on both the [Physician Reentry to the Workforce Project](#) and [Federation of State Medical Boards](#) websites. Even if not required by any entity or agency, clinicians may appreciate the benefits of an objective assessment of clinical skills prior to returning to practice, as it may be difficult to self-identify one's own educational gaps. Reentry programs can also facilitate the educational process for the clinician.

CPEP Clinical Practice Reentry Program

The CPEP Clinical Practice Reentry Program, based in Denver, works with clinicians from around the country to help them safely achieve their goal of returning to clinical practice. Through the Reentry Program, participants can demonstrate current competence, identify educational needs, and receive the educational support they need.

Reentry Program participants first complete a clinical skills analysis to demonstrate clinical competence and obtain an inventory of their educational needs. The clinician can then address his/her educational needs through a structured Reentry Plan that includes focused study, precepted education, and resumption of clinical activities under gradually decreasing levels of oversight.

The time to complete the CPEP Reentry Program is relatively short (4 to 12 months), although it may be extended (6 months or more) as participants secure clinical privileges and liability insurance, enroll with health plans, and locate a preceptor site.

The Reentry activities can be carried out in the participant's home community. For participants in primary care and some selected specialties, preceptor sites in Colorado will be available in 2014. The timeframe for completing the CPEP Reentry Plan clinical and educational activities ranges from 4 to 12 months, depending on the clinician's educational needs. Initiation of clinical activities may be delayed as participants secure clinical privileges and liability insurance, enroll with health plans, and locate a preceptor site. For more information, visit <http://www.cpepdoc.org/reentry>.

Self-Managed Reentry Process

As an alternative to participating in a formal reentry program, clinicians may consider a self-managed process. The “Inventory” prepared by The Physician Reentry into the Workforce Project includes some useful guidance (www.physicianreentry.org). The North Carolina State Medical Board provides, for clinicians in their state, guidelines for developing a self-managed reentry plan at

http://www.ncmedboard.org/images/uploads/other_pdfs/ReentryContentGuidlines.pdf

Any self-managed option should start by the clinician contacting their state medical board to see if they have any specific requirements.

Preceptorship

Reentry clinicians may benefit from or be required to initially practice while under the supervision of a preceptor to address their educational needs and receive collegial support during the reentry process. Typically the level of supervision will be more intensive, initially, with gradually increasing levels of independent responsibility. Clinicians should expect the state medical board to request information regarding their preceptor and prior approval of the preceptor may be required by the medical board.

Finding a Preceptor

Finding a preceptor may be challenging and time consuming. Currently there is no directory or database of available preceptors or preceptor practice sites. Considerations and suggestions for reentry clinicians regarding how to find a preceptor include:

- Check with your residency or PA training program. Would someone at the program or a program graduate be willing to provide supervision?
- Network within your specialty. Attend meetings of your specialty organizations and ask about possible opportunities for preceptorships.
- Speak with former co-workers and supervisors.
- Ideally, in what practice or setting would you like to practice? Identification of a qualified and willing preceptor candidate at a site where you might like to practice gives you an opportunity to learn about that practice and allows the prospective practice to get to know you.
- If you are willing to relocate for training, some reentry programs offer mini-residencies, preceptorships, or observational training experiences.

Preceptor Qualifications

Choosing a qualified preceptor is a key element of the overall quality of the reentry education experience. The generally accepted minimum requirements for preceptors include:

- Active state license without discipline;
- Board certification in the same specialty or subspecialty as the participant;
- PAs should be precepted by a physician with an active state license.

To maximize the benefits of the educational experience, CPEP also suggests that preceptors meet the following qualifications:

- Interest in and experience caring for the specific patient setting in which the returning clinician wishes to practice (e.g., inner city indigent care clinic, rural practice, hospital care);
- In active practice or recently retired (within the past two years);
- Objective relationship with the returning clinician, without any actual or perceived conflict of interest, or a personal relationship with the clinician.

GUIDELINES FOR PRECEPTORS

Preceptors should expect to take an active role in the returning clinician's reentry plan.

Responsibilities may vary but generally include:

- Review of the returning clinician's formal assessment report or self-evaluation as well as the reentry plan;
- Be available to work with the returning clinician to the extent necessary to carry out the plan;
- Review charts submitted by the returning clinician;
- Provide instruction, coaching, and analytical and constructive feedback to the returning clinician to assist with the successful completion of the plan.

GUIDELINES FOR PRECEPTOR SITES

In order to successfully return to the workforce, reentry clinicians may seek to identify a clinical setting in which they carry out a preceptorship or supervised clinical experience. Healthcare facilities such as hospitals and clinics play an important role in the reentry process by being willing to serve as a clinical training site. The following tips are provided as guidelines to help the clinical site make sure the experience is positive:

- **Interview:** In order to insure a good fit for the site as well as the clinician, the site should engage in a formal interview process before accepting a returning clinician for preceptorship.
- **Onboarding:** Sites should require reentry clinicians to participate in the same onboarding (orientation) and training process utilized for other new employees or providers, including safety, security, human resources policies, internal processes, and use of electronic medical records and other technology.
- **Validation of Clinical Competence:** The site should request validation of the returning clinician's current level of competence and request review of the reentry plan for approval.
- **Reimbursement:** Returning clinicians who are able to see patients independently without supervision are generally able to bill Medicare, Medicaid, and commercial health plans if they have completed the contracting or enrollment and credentialing processes.
- **Cost of Providing a Preceptor Experience:** Clinicians serving as preceptors may experience diminished productivity during the initial stage of the reentry process as the preceptor will need to devote time to the supervision of the reentry clinician. Some practices have reported that they recoup this loss later as the returning clinician begins to see patients independently with limited oversight by the preceptor.
- **CME Credit:** Continuing Medical Education (CME) credit may be available for preceptors. For more information, go to: <http://www.accme.org/>

CREDENTIALING

Credentialing is a process used by various organizations and agencies to ensure that clinicians meet necessary requirements and are appropriately qualified. The credentialing organization will request and verify information such as background, experience, education and training, board certifications, licensure, liability claims history, etc. In addition, information may also be requested to evaluate the practice, training, skill level, and capacity to administer specific services or carryout specific procedures.

Specific credentialing guidelines are included in the Joint Commission Hospital Accreditation Standards as well as by the National Committee for Quality Assurance (NCQA) accreditation standards for health plans. Each of these accrediting bodies requires that the healthcare organization investigate any chronological gaps in the clinician's practice timeline. This directly impacts reentry clinicians. Reentry clinicians must be prepared to provide a written explanation for an absence from clinical practice. As noted previously, in order to successfully complete the credentialing process, reentry clinicians may be required to participate in a reentry program and/or a self-managed learning plan that can provide detailed information regarding the outcome.

BE PROACTIVE!

Even if the clinician does not have all of the required components in place to complete the credentialing process, the clinician should proactively engage in credentialing activities as soon as possible.

This process is time consuming and can result in significant delays. Even if the process goes smoothly, it can take up to six months to complete.

Reentry clinicians should be prepared to provide detailed explanations for absence from practice, the reentry process/plan and any missing information up front.

The Colorado Health Professions Credentials Application

In order to initiate the credentialing process in hospitals, health systems, or health plans in Colorado, clinicians must complete the [Colorado Health Professions Credentials Application](#), a uniform application mandated by Section 25-1-108.7, Colorado Revised Statutes. The State of Colorado does not retain, maintain, or distribute the information entered by applicants on the application form. Clinicians must complete the application and save the document as a file to be submitted to individual organizations as part of the credentialing process. Organizations may request additional information or other items from applicants.

HOSPITAL CREDENTIALING AND PRIVILEGING

Hospital Credentialing

There are no consistent credentialing policies, guidelines, or universal standards for hospitals. Each hospital or system has its own process and requirements. The best way to find out about the process is to contact each hospital and speak to a representative in the Medical Staff Services Department (also known as the “Medical Staff Office”). To access a list of Colorado hospitals with links to each facility’s website, visit the Colorado Hospital Association’s [“Find a Hospital”](#) page.

Although hospital credentialing criteria and processes vary, there are general requirements that applicants can expect within each facility. The items typically requested are included in the checklist below. In addition, based on a recent survey of medical staff service professionals in Denver area hospitals, respondents consistently stated that reentry clinicians should contact the Medical Staff Services Department and explain their situation prior to submitting an application. Hospitals typically address these issues on a case-by-case basis. Credentialing applications are subject to multiple layers of review such as credentials and medical executive committees prior to final approval. Becoming familiar with the hospital’s unique requirements and submitting all requested items and information are keys to successfully completing the process.

HOSPITAL CREDENTIALING CHECKLIST

Items/information commonly requested to complete the credentialing process

- ☒ Curriculum Vitae
- ☒ Work History
- ☒ Educational Background
- ☒ Post-Graduate Training (Residency, Internship, Fellowship, etc.)
- ☒ Current State Licensure
- ☒ Previous State Licensure, if applicable
- ☒ Board Certification
- ☒ Proof of Professional Liability Insurance
- ☒ Malpractice Claims History
- ☒ Current Drug Enforcement Agency (DEA) Certification
- ☒ Current BLS, ACLS, ATLS certificates, if applicable
- ☒ Delineation of Privileges Form (specific to each hospital)
- ☒ Statement of Affirmation/Release of Information Statement
- ☒ Peer References
- ☒ Sanctions, restrictions or limitations in scope of practice, as defined by regulatory agencies such as the State Medical Board, licensing agencies, or Medicare
- ☒ Explanation of chronological gaps in education, training, or work history

Hospital Privileging

Privileging is a component of the process for joining the staff of a hospital. This term refers to the process of approving privileges for clinicians to engage in specified clinical activities.

Clinicians apply for privileges by completing a form that delineates the privileges requested and outlines the minimum criteria for approval.

MINIMUM CRITERIA BARRIER

Minimum criteria for approval of privileges usually include documentation of training (either during residency/fellowship or other type of course) and/or the performance of a minimum number of procedures within the **previous 24 months**. This can be a significant barrier for a clinician who has been out of practice for a number of years.

Reentry clinicians should be aware that the minimum criteria for approval of privileges usually include documentation of training (either during residency/fellowship or other type of course) and/or the performance of a minimum number of procedures within the **previous 24 months**. This can be a significant barrier for a clinician who has been out of practice for a number of years.

The reentry clinician should request guidance from the hospital's Medical Staff Services personnel

regarding the process for submitting a special request for an exception to the minimum criteria if there is a timeframe or volume requirement. The hospital may be willing to approve the privileges on a provisional basis or require supervision by a proctor for a certain time period.

Focused Professional Practice Evaluation (FPPE)

Effective January 1, 2008, the Joint Commission required accredited hospitals to implement a period of focused practice evaluation for all newly appointed members of the medical staff. The FPPE applies to a period of review for initially requested privileges to confirm the competence of a practitioner. Each individual hospital develops its own FPPE performance process, which may include chart review, proctoring, evaluation, and/or reporting. Reentry clinicians should be aware that they may be subject to the FPPE process even if they complete a reentry program prior to joining the medical staff of a hospital.

Medical Staff Categories

There are different types of categories of medical staff membership for clinicians who have satisfied the qualifications and conditions of appointment to the medical staff according to the hospital's policies and procedures and/or bylaws. In many hospitals, medical staff membership is restricted to physicians. Other types of clinicians, such as PAs or advanced practice nurses are usually considered members of the "Allied Health" staff, although this is changing in some hospital systems.

The approval process has multiple steps, such as review by the clinical department, credentials committee, medical executive committee, and finally, the hospital Board of Directors. There are various staff privilege categories (such as active, courtesy, or associate), which permit different levels of service. The clinician needs to be certain that they are applying for the appropriate category.

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COMMUNICATING WITH THE HOSPITAL MEDICAL STAFF SERVICES DEPARTMENT

Prior to contacting the Medical Staff Services Department at your target hospital(s), develop a script or narrative about your time out of clinical practice. This script can also be used in your introductory letters to health plans and hospitals. Your script should include:

- The number of years you have been out of practice
- The reason you left practice (e.g. non clinical position, raising children)
- A description of how you have kept your skills up-to-date through continuing medical education (CME) or how you intend to update your skills
- Your reentry plan (either a formal program or self-managed process)
- Emphasize that you left practice in good standing, with no disciplinary action
- Provide information about your licensure status and board certification

Develop a rapport with the medical staff services professionals and remember their time is limited; they are processing many medical staff applications.

Questions to Ask:

- Based on your provider type or intentions for working with the hospital, do you actually need to be credentialed?
- What are the minimum criteria for privileges?
- Does the hospital have an established reentry program or process? If not, would they consider working with a returning clinician?

INTRODUCTORY LETTER

Your introductory letter should be short and concise. Examples of how to explain time away from clinical practice are provided below:

"Five years ago, I left clinical practice to become the chief medical officer of XXX Hospital in Denver, CO. I have been asked to join a family practice in the metro area comprising of three physicians. I found I missed the interaction with patients and have accepted the practice position. During my time away from clinical practice, I completed XX hours of CME as well as attending monthly grand rounds at the hospital. As part of my process to reenter clinical practice, I have enrolled in XX Reentry Program. I had no disciplinary actions against my previous Colorado license and have applied to the Colorado Medical Board for a Reentry License. My application is currently under review."

OR

"Eight years ago, I left clinical practice to stay home to raise my children. Now that they are in school I find I miss the interaction with colleagues and patients. I have been accepted to practice with a pediatric group of three physicians in Grand Junction. During my time out of practice I have completed XX hours of CME. I have maintained my Colorado license as well as my board certification. As part of my process to reenter clinical practice I have developed a reentry plan after an assessment of my strengths and weaknesses in core competencies following self-reflection, evaluations by my mentor/previous colleagues, as well as other sources. I have developed an education plan to address my deficiencies. I have included a copy of this plan with my application for your review."

HEALTH PLAN CONTRACTING AND CREDENTIALING

In order to receive reimbursement for services provided to insured patients, clinicians are required to contract with commercial health plans or enroll with public health plans, such as Medicare and Medicaid. While it is possible to receive reimbursement from some health plans as an “out-of-network” provider without a contractual arrangement, reimbursement for out-of-network providers is typically paid at a lower rate than in-network providers; and in addition, the patient may incur higher out of pocket costs. In addition to the contracting process, clinicians are required to be credentialed by health plans in order to receive reimbursement. As is the case with hospital credentialing and privileging, clinicians reentering the workforce should initiate health plan contracting and credentialing as soon as possible, as the process may take up to six months or more to complete for each health plan.

CONTRACTING & CREDENTIALING:

START EARLY!

Even if all of components of reentry are not in place, initiate health plan contracting and credentialing **as soon as possible, as the process may take up to six months or more** to complete for each health plan. Be prepared to explain missing items.

Health Plan Contracting

Clinicians should work with the administrative office staff and/or provider of the practice in which they will resume clinical activities to determine which plans to contact for privileges.

The contract is the fundamental document which frames, defines, and governs the relationship between the clinician and the health plan. The provisions of the contract may be related to payment, practice structure, procedures, access to medical records, as well as clinical decision-making. The clinician should carefully review and understand the provisions of a contract before making the commitment to comply with the terms.

TIP:

Always use certified mail when sending documents to hospitals or health plans for credentialing!

Types of Contracts: Health plans vary greatly with regard to contracting options. Some plans may offer one group contract for the entire practice/clinic and all services provided to covered members are

billed under one contract and one provider number. With this scenario, reentry clinicians joining a group practice would simply become designated (or affiliated) with the particular group by the health plan, and it would not be necessary to execute an individual contract.

Some health plans will only agree to contract with licensed, individual providers. In this case, each clinician would hold a contract with the health plan. Even if the reentry clinician is joining an established practice, he/she would be required to execute an individual contract. Of course, a reentry clinician, who is not joining an existing practice but is establishing a new practice, would be required to go through the entire process of executing a contract with each health plan.


Health Plan Credentialing

In order to contract with a health plan, participate in the health plan's network, and receive reimbursement for services provided to health plan members, clinicians must complete the health plan's credentialing process. Generally speaking, health plans consider clinicians as contracted once they have signed a contract and become enrolled and credentialed. Similarly, Medicare, Medicaid, and other public payers will generally only reimburse clinicians who are formally enrolled.

Most commercial health insurers follow the credentialing standards established by the NCQA. These standards require initial and ongoing verification of all of the following:

- State License
- Drug Enforcement Administration (DEA) certification
- Work history
- Professional liability claims history
- Sanctions, restrictions or limitations in scope of practice, as defined by regulatory agencies such as a State Medical Board, licensing agencies, or Medicare
- Application with signed attestation statement

As with hospital credentialing, clinicians applying for health plan credentialing should include an explanation of chronological gaps in education, training, or work history. This is particularly important with respect to any work they did in the field of science during their absence from practice.

Most major commercial health plans utilize the Council for Affordable Quality Healthcare (CAQH), [Universal Provider Datasource®](#)  (UPD), which provides a standardized online application, eliminating the need to complete multiple credentialing applications, and is free of charge to clinicians. In order for a clinician to utilize CAQH, one health plan must obtain a provider identification number for the clinician from CAQH, and provide it to the clinician to log-in and set up a profile. Once the profile is set up, health plans will be able to access the information. The clinician is responsible for keeping track of the CAQH provider number, login number, and password; and must log-in at least quarterly to re-attest to the data.

If a provider has a CAQH UPD login from their previous clinical practice and has attested to their information every 120 days as required, they may continue to use this login.

Medicare Enrollment

In order to receive reimbursement from Medicare, clinicians must complete the Medicare enrollment process. The process begins with the submission of an enrollment application to the Centers for Medicare and Medicaid Services. The internet-based PECOS (Provider Enrollment, Chain and Ownership System) allows physicians and non-physician practitioners to enroll, make a change in their Medicare enrollment, or view their Medicare enrollment information on file with Medicare. Information for PECOS and the enrollment process can be found by logging on to the Medicare Provider and Supplier Enrollment webpage www.cms.gov/MedicareProviderSupEnroll.

The National Provider Identifier (NPI)

The NPI is a unique 10-digit identification number issued to health care providers by the Centers for Medicare and Medicaid Services. The NPI has replaced the former unique provider identification number (UPIN) as the required identifier for Medicare services, and is used by other payers, including commercial insurers. The transition to the NPI was mandated as part of the Administrative Simplifications portion of the Health Insurance Portability and Accountability Act (HIPAA). Each provider has a Type 1 NPI number, which is unique to him/her. Each group practice has Type 2 NPI number. The Type 1 can be associated with multiple Type 2s. All providers and suppliers, who provide services and bill Medicare for services provided to Medicare beneficiaries, must have an NPI.

A NPI number never expires. The provider's password expires after 60 days and the user ID expires after one year of inactivity, however the NPI number remains. Providers can reset their password by accessing the link on any login page. In order to apply for an NPI number, go to <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.

The Provider Transaction Access Number (PTAN)

The PTAN is issued by the Medicare contractor (or fiscal intermediary) to providers upon enrollment to Medicare. While only the NPI is submitted on claims for billing, the PTAN is a critical number directly linked to the provider's NPI.

The NPI and the PTAN are related to each other for Medicare purposes. A provider must have one NPI and will have one, or more, related PTAN(s) in the Medicare system. If the provider

has relationships with one or more medical groups or practices or with multiple Medicare contractors, separate PTANS are generally assigned.

Together, the NPI and PTAN identify the provider or supplier in the Medicare program. CMS maintains both the NPI and PTAN in the Provider Enrollment Chain and Ownership System (PECOS), the master provider and supplier enrollment system.

Medicaid Enrollment

The process for Medicaid enrollment varies by state. In Colorado for example, clinicians must download, complete, and submit the Colorado Medical Assistance Program Provider Enrollment Application. Instructions are available on the Colorado Department of Health Care Policy and Financing website at <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542696393>.

If the provider is joining a group already enrolled with Colorado Medicaid, then he/she will complete the Rendering Provider application. This will enroll the provider and link him/her to the group. If the Group needs to enroll with Medicaid, then the application would be the Standard Provider application to enroll the group and the Rendering Provider application to enroll the new physician.

LIABILITY AND RISK MANAGEMENT

Professional Liability during the Reentry Process for Clinicians

In most states, clinicians are required to maintain professional liability coverage (or other proven financial responsibility) as required by state law. Clinicians who have been out of practice for a period of time (e.g., two years or more) may be considered higher risk and may be unable to obtain coverage in the standard market at standard rates. Reentry clinicians may apply to carriers to find out if they meet underwriting eligibility and if not, coverage can generally be found in the excess and surplus lines insurance market. This coverage is typically offered at increased rates and may carry restrictive coverage terms and conditions. Once clinicians complete a reentry program, they should be able to meet underwriting eligibility standards and may be able to find coverage at standard market rates.

INSURANCE APPLICATION CHECKLIST

*These items may be needed as part of insurance application
and other requirements if approved for coverage*

- ☒ Curriculum Vitae/Resume
- ☒ Work History
- ☒ CMEs, Medical Conferences, Training (typically related to the practice gap period – to help determine if proficiencies have been maintained)
- ☒ Active Medical License Verification
- ☒ Explanation for Gap in Medical Practice
- ☒ Letters of Recommendation
- ☒ Practice/Education Plan (i.e., CPEP Reentry Program)
- ☒ Practice Plan Progress Updates
- ☒ Risk Management Program Requirements (i.e., office and chart reviews, other required educational requirements)

The application and approval process is generally completed within 30-days. However, it is advisable to begin this process early (60-90 days before coverage is needed) so coverage will be in place by the time the clinician initiates direct patient care.

The rules regarding malpractice insurance and minimum coverage amounts vary by state. In Colorado, the minimum coverage requirement is \$1,000,000 per incident and \$3,000,000 annual aggregate. The exceptions to this are physicians who fall under the Colorado Governmental Immunity Act and a few other circumstances that are noted in Colorado Medical Board Rule-220.

PAs are usually covered under their supervising physician's malpractice coverage. The American Academy of Physician Assistants (AAPA) offers some malpractice options. For more information contact the AAPA at (703) 836-2272 or www.aapa.org.

If the clinician is providing services as a volunteer in a free clinic, as qualified under federal regulations, then he/she may be eligible to receive malpractice coverage through the *Free Clinic Federal Tort Claims Act (FTCA) Medical Malpractice Program*. Information may be found at <http://bphc.hrsa.gov/policiesregulations/policies/pin200424.html>.

Professional Liability for Preceptors and Preceptor Site

Preceptors and preceptor sites working with reentry clinicians should verify with their current professional liability carriers that these activities are covered. Colorado courts, for example, have held that, as a matter of law, one physician may be vicariously liable for the professional negligence of another physician where a physician supervises and directs another licensed physician in the care of a patient.³ Depending on the facts of the case, the supervising physician may or may not have liability, but one should not assume this potential additional exposure is automatically covered by the provider's malpractice insurance.

Professional liability carriers may require information about the procedures the reentry clinician will be allowed to perform in the facility (i.e., credentials and privileges) and the plan for supervision. Details of the educational needs and the arrangement for oversight of the reentry clinician may be requested. Requirements may be different for physicians and PAs.

Note: This information is provided as a general guide and may not apply across all states and/or medical provider types. It is important to check with the state medical board and/or insurance carrier for specifics before entering into a reentry agreement.

JOB SEARCH AND PLACEMENT ASSISTANCE

One of the greatest challenges for reentry clinicians is finding a position in the workforce that is the right fit for his/her background, history, experience, and practice preference. Often reentry clinicians are not considered for positions because the hiring entity is concerned that the reentry clinician may not be adequately prepared to return. This makes it extremely important for the reentry clinician to have detailed documentation regarding the reentry plan and/or educational activities he/she has completed. In addition, due to the absence from the workforce, the reentry clinician may not have maintained close connections or continued to network and engage in the healthcare environment, which can exacerbate the challenge of finding employment upon return.

The following organizations provide assistance with the placement of health professionals in employed or contracted positions:

³*Hall v. Frankel*, 190 P.3d 852, 861 (Colo. App. 2008) http://www.courts.state.co.us/Courts/Court_Of_Appeals/opinion/2008/2008q2/05CA2696.pdf

American Academy of Pediatrics PedJobs: PedJobs is a free resource for job seekers.

Registered users receive access to the best employers and jobs in pediatrics. PedJobs lists both full- and part-time positions, and includes salary information for pediatricians, PAs, and nurse practitioners. There are also many useful tools ranging from CV formats to pre-retirement checklists.

Colorado Academy of Physician Assistants: The Colorado Academy of Physician Assistants represents PAs in the state, promotes the Physician Assistant profession within the state, and furthers education of our members.

Colorado Primary Care Office: The Primary Care Office (PCO) works to coordinate local, state, and federal resources to address workforce issues and to aid in the delivery of primary care services in the State of Colorado. As part of these efforts, the PCO works to identify areas of unmet need for primary care services by assisting communities in acquiring designation as federal Health Professional Shortage Areas and Medically Underserved Areas/Populations, facilitates the National Health Service Corps application process, and administers the Colorado Health Service Corps loan forgiveness program for health professionals.

Colorado Provider Recruitment Program (CPR): The CPR program is a placement service administered by the Colorado Rural Health Center, Colorado's non-profit State Office of Rural Health. CPR matches health professionals with communities in rural and underserved areas across Colorado.

Community Health Association of Mountain/Plains States (CHAMPS): The CHAMPS job bank provides a list of open positions at Federally Qualified Health Centers (FQHCs), including community, migrant, and homeless health centers (CHCs) of Region VIII (CO, MT, ND, SD, UT, and WY).

JAMA Career Center: Presents physician career opportunities, news, and information relevant to the full spectrum of medical practice. Job postings are available for virtually every specialty, practice setting, and region in the United States. This site also presents selected international physician employment and physician volunteer opportunities, as well as essential reference matter for physicians mapping career strategy and navigating key transition points.

NEJM Career Center: Provides a full suite of physician job searching tools, including automated job alerts and search functionality that includes specialty and geography.

Clinicians may also want to check with *state medical societies* and/or *specialty societies* as many have job listings in newsletters or on their website.

COST OF REENTRY

Based on the results of two surveys on physician reentry conducted by the AMA, reentry program directors have identified money/financial issues as a barrier for program participants.⁴ The major source of funding for reentry programs is fees paid by participants. These costs may be prohibitive for clinicians without a source of income. In addition, lack of convenient access to programs may require physicians travel or re-locate, which increases the financial burden for the clinician.

CPEP estimates that costs for participation in the Clinical Practice Reentry Program range from \$7,000 to \$20,000, depending on the extent of the education needs and whether the participant completes their educational activities through the CPEP Program. Costs for other formal reentry programs vary. It is possible that the clinician will also need to cover living expenses. A portion of these costs may be offset if the clinician is offered compensation for patient care provided during the preceptorship, once the clinician is clinical productive and seeing patients under lesser degrees of supervision.

Financial Assistance

At the present time there are no formal financial assistance programs available to returning clinicians, although some financial institutions are amenable to personal loans. It is suggested that returning clinicians contact their financial institutions to explore the possibility.

Colorado Business Bank: Colorado Business Bank currently serves the healthcare community and has expressed willingness to explore funding options with returning clinicians. For more information please contact:

Jody McNerney, Colorado Business Bank, 720.264.5652, jmcnerney@cobizbank.com

Hospital Recruitment Funds: Since returning clinicians are trained, knowledgeable, and experienced practitioners, hospitals may choose to target such clinicians as a solution for workforce vacancies. Many hospitals have recruitment budgets and they may be able to help pay reentry clinicians' training expenses with these funds.

⁴<http://www.ama-assn.org/resources/doc/council-on-med-ed/cme-report1i-09.pdf>

NON-CLINICAL TRAINING RESOURCES

In addition to enhancing clinical skill levels, reentry clinicians should also update their non-clinical knowledge in areas such as:

- Electronic medical records, including [Meaningful Use](#)
- Practice Management
- [HIPAA](#)
- [The HITECH Act](#)

It is suggested that the returning clinician update his/her knowledge in these areas prior to resuming clinical practice. Training information can be found through the following organizations:

- American Medical Association www.ama-assn.org
- Medical Group Management Association www.mgma.com

This is not intended to be a complete list. Training may also be obtained through the clinician's specialty association, preceptor site, or a medical school.

SUMMARY

According to the Physician Reentry into the Workforce Project, “With the knowledge and understanding that good physicians are a valued resource, employers across the country are finding that communities, patients, practices, and healthcare systems benefit tremendously from helping good physicians return to clinical practice. With looming physician shortages, it is both appropriate and potentially more cost-effective to facilitate a physician’s return to practice than to recruit a new physician.”⁵ The *Roadmap* is a guide to best practices in reentry and provides a common terminology to help clinicians and stakeholders successfully navigate the reentry process. While reentering practice can be daunting for the individual clinician, it is the hope of CPEP and our Convening Collaborators that the *Roadmap* will help facilitate that process and remove barriers to reentry – ultimately encouraging more inactive providers to return to clinical practice, and increasing access to care for the people of Colorado.

TOP TEN THINGS TO DO TO MAKE YOUR REENTRY EXPERIENCE A POSITIVE ONE

1. Verify the status of your *state license* and/or *specialty board* or *professional certification*, and update as soon as possible.
2. Obtain or reactivate your *DEA registration*, if applicable, as soon as possible.
3. Give consideration to possible *preceptor* candidates.
4. Initiate dialogue with *potential preceptor or practice settings* (hospital, clinic, private practice) to find out about requirements for credentialing, privileging, and staff appointment. What are the requirements? What timeframe should be expected?
5. *Document* all conversations regarding placement possibilities – track names and contact information.
6. *Increase visibility* with potential practice locations, if appropriate (e.g., participate in educational offerings at local hospitals).
7. *Network* with colleagues through medical society meetings, local specialty association meetings, etc.
8. Participate in, and document, ongoing *self-study and continuing medical education*, utilizing current, peer-reviewed, evidence-based resources.
9. Maintain a *positive attitude and patience* – the reentry process will take time.
10. Make sure that you have a *strong personal support system*.

Source: CPEP

⁵ Physician Reentry into the Workforce Project. Physician Reentry: What Employers Need to Know. Elk Grove Village, Ill. American Academy of Pediatrics; 2011

ABOUT US

Center for Personalized Education for Physicians (CPEP)



CPEP's mission is to improve the quality of patient care and promote patient safety by providing clinical competence assessment and education services for physicians and other health professionals.

CPEP was created in 1990 to develop personalized education programs to support physicians whose skills were in question and restore physicians to safe practice, maintaining a valuable resource in the community. CPEP has expanded to address additional unmet educational needs and serves clients from all 50 states and Canada including physicians, PAs, nurses, podiatrists, dentists, and physical therapists. CPEP's work is focused in the following areas: 1) Competence Assessment and Educational Intervention Program; 2) Clinical Practice Reentry Program; 3) Patient Care Documentation Seminars; and 4) ProBE Program (Professional/Problem Based Ethics).

CPEP has played a key role in addressing workforce shortages through its core programs. The Competence Assessment and Educational Intervention Program helps retain clinicians in communities and improves quality of care through personalized assessment and community-based remedial education programs.

CPEP's Reentry Program assists physicians, PAs, and other healthcare clinicians (collectively "clinicians") return to clinical practice after a voluntary absence. Since 2003, CPEP has worked with 71 Colorado clinicians (65 physicians and 6 PAs; 52% in primary care) as well as more than 65 clinicians from 25 other states seeking to reenter practice. Through the Reentry Program, participants can demonstrate current competence, identify educational needs, and receive the educational support they need to resume clinical practice. CPEP is a nationally-recognized leader in reentry education, authoring one of the most comprehensive reentry studies⁶ published and speaking at national forums on the subject. For more information visit www.cpepdoc.org.

Physician Reentry into the Workforce Project



The Physician Reentry into the Workforce Project is a collaborative effort that addresses the wide range of issues related to physician departure and subsequent reentry into the workforce, specifically clinical practice. Although its focus is not limited to the specialty of pediatrics, it has been supported by the American Academy of Pediatrics since its start in 2005.

⁶ Physicians reentering clinical practice: Characteristics and clinical abilities. *Journal of Continuing Education in the Health Professions*, Summer 2010, Volume 30, Number 3, pages 180–186

The Physician Reentry into the Workforce Project disseminates information from a variety of sources. The Project has also developed tools (e.g. The Inventory) and other resources for both physicians seeking to reenter the workforce and others interested in the issue, including employers, educators, regulatory groups, and medical and specialty societies. The Project team members frequently speak at organizational meetings to explain and promote physician reentry, and collaborate with many organizations and individuals on physician reentry related activities including policy development, educational programming, research, and publications. The Project's website is www.physicianreentry.org and its email address is info@physicianreentry.org.

The Colorado Trust



The Mission of the Colorado Trust is *Advancing the health and well-being of the people of Colorado*. The Colorado Trust is dedicated to achieving access to health for all Coloradans.

To realize mission of advancing the health and well-being of the people of Colorado and to achieve our vision of achieving access to health for all Coloradans, The Colorado Trust is committed to the values that lie at the core of our work:

- **Stewardship.** Manage our resources with integrity and diligence to most effectively advance the health and well-being of the people of Colorado.
- **Collaboration.** Engage the talents, knowledge and capabilities of our staff and partners, working together to realize mutual goals and achieve the best possible outcomes.
- **Respect.** Value differing views and the worth of others with empathy and an open mind. Earn respect with everyday actions that demonstrate professionalism, competence and a sense of equity.
- **Strategic Learning.** Use evidence and learning in our work to improve outcomes.
- **Innovation.** Embrace risks by courageously advancing new ways to achieve our goals.
- **Ethics.** Conduct all aspects of our work with integrity and transparency.

The Colorado Trust has worked closely with nonprofit organizations in every county across the state to improve health and well-being, ranging from bringing 9-1-1 emergency medical care to 38 Colorado counties to helping foster the development of the state's second largest regional transportation district in the Roaring Fork Valley, and much more.

To build on these efforts and address growing needs to expand health coverage and improve and expand health care within Colorado, The Trust committed to a 10-year goal to achieve access to health for all Coloradans by 2018.

CONVENING FOR REENTRY PARTICIPANTS

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APPENDIX A: GLOSSARY OF TERMS

Physician Reentry into the Workforce Project

Elk Grove Village, Ill. American Academy of Pediatrics; 2013

AAP Definition of Physician Reentry: Returning to professional activity/clinical practice for which one has been trained, certified or licensed after an extended period.¹

AMA Definition of Physician Reentry: 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; distinct from remediation or retraining.²

Assessment: A system of evaluation of professional accomplishments using defined criteria and usually including an attempt at measurement either by grading on a rough scale or by assigning numerical value. The purpose of assessment in an educational context is to make a judgment about the level of skills or knowledge, to measure improvement over time, to evaluate strengths and weaknesses, to rank students for selection or exclusion, or to motivate.³

Claims-Made Policy: A policy type that covers an insured against any claim made (reported) at or after the policy retroactive date and before the policy expiration date.

Clinically active practice: Clinically active status is defined as any amount of direct and/or consultative patient care that has been provided in the preceding 24 months.⁴

Clinically inactive practice: No direct and/or consultative patient care that has been provided in the past 24 months.⁴

Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX): The evaluative instrument offered by the National Board of Osteopathic Medical Examiners for osteopathic physicians who need to demonstrate application of clinical knowledge for the practice of osteopathic medicine.⁵

Continuing Education Unit (CEU): A unit of credit for participation in an accredited program designed for professionals with certificates or licenses to practice various professions. Certain professions require that practitioners earn a specific number of CEUs per year to ensure that they are up-to-date with current practices in their field. Proof of credits earned is necessary in order to renew a license to practice. The number of credits required varies by industry and state.

Continuing Medical Education (CME): Educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public or the profession. The content of

CME is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine and the provision of health care to the public.⁶

Continuity of care: The delivery of a 'seamless service' through integration, coordination and the sharing of information between different providers, including “case management” and “multidisciplinary team working.” Continuity in the experience of care relates conceptually to patients' satisfaction with both the interpersonal aspects of care and the coordination of that care.⁷

Council for Affordable Quality Health Care (CAQH): A non-profit alliance of health plans and trade associations administering initiatives such as the Universal Provider Datasource, a database that streamlines of provider data electronically for use in credentialing, claims processing, quality assurance, emergency response, and member services.

COPIC Insurance Company: Medical liability insurance carrier serving Colorado and Nebraska, based in Denver, Colorado.

Credentialing: The practice of verification of the license, education, training, and competence of health professionals.

Criterion-referenced assessment: Testing against an absolute standard such as an individual's performance against a benchmark.³

Education: The process whereby deficiencies in physician performance identified through an assessment system are corrected.⁵

Evaluation: A process that attempts to systematically and objectively determine the relevance, effectiveness, and impact of activities in light of their objectives. Evaluation can be related to structure, process, or outcome.^{3,2}

Flextime: A work arrangement involving flexible starting and/or ending times for the work day. Benefits to flextime may include: preserving visibility on the job, maintaining accessibility to “your” patients, arranging hours around family or personal activities, and offering extended hours in your practice.⁸

Formative assessment: Testing that is part of the developmental or ongoing teaching/learning process. It should include delivery of feedback to the student.³

Formative individual evaluation: Providing feedback to an individual (usually a learner) in order to improve that individual's performance. This type of evaluation identifies areas for improvement and provides specific suggestions for improvement serving as an educational tool.³

Hospital credentialing: Credentialing is the practice by which hospitals evaluate and verify the qualifications of their healthcare providers to ensure that each individual practitioner possesses the necessary qualifications to provide medical services to patients. The process of credentialing and privileging occurs after a physician has already met the state's licensure requirements.⁹

Hospital privileging: The process occurring after the practitioner has met the credentialing requirements for the hospital during which the practitioner's expertise in a specific practice is further evaluated. The process of credentialing and privileging occurs after a physician has already met the state's licensure requirements.⁹

Impaired physician: A physician who is unable to fulfill personal or professional responsibility because of psychiatric illness, senility, alcoholism, or drug dependency.^{2,5}

Lifelong learning: Continuous training over the course of a professional career.³

Learning plan: A specific, multi-faceted action plan designed to facilitate a physician's reentry into the workforce. This plan would consist, at a minimum, of Continuing Medical Education, networking, staying abreast of changes in state licensure requirements, and volunteerism. Ideally, this learning plan is developed before the physician leaves clinical practice, and is implemented, on an ongoing basis, while the physician is on his or her leave of absence. Some components of the learning plan may be dictated by the physician's state medical board, hospital credentialing committee, and/or the practice to which he or she plans to return.

Leave of absence: An extended period of time, usually longer than 6 months, away from the practice of medicine.

Locum tenens: Most commonly referring to temporary physicians, locum tenens doctors contract with recruitment agencies to perform medical services for a healthcare organization over a certain period of time. The physician works as an independent contractor paid through the staffing agency, which is in turn paid by the healthcare facility.¹⁰

Maintenance of Certification: In 2000, the 24 member boards of the American Board of Medical Specialties (ABMS) agreed to evolve their recertification programs to one of continuous professional development – ABMS Maintenance of Certification® (ABMS MOC®). ABMS MOC assures that the physician is committed to lifelong learning and competence in a specialty and/or subspecialty by requiring ongoing measurement of six core competencies adopted by ABMS and the Accreditation Council for Graduate Medical Education (ACGME) in 1999.^{11,3}

Maintenance of Licensure: Maintenance of Licensure is a system of continuous professional development that requires all licensed physicians to demonstrate, as a condition of license renewal, their involvement in lifelong learning that is objective, relevant to practice and improves performance over time.⁵

Maintenance of Practice: The process undertaken by a reentry physician or other healthcare professional of actively planning ahead for reentry into clinical practice by engaging in strategic career planning prior to leaving the clinical workforce.

Mentee: A physician who is reentering the workforce (clinical practice) and is working under the guidance of another individual, usually another physician in the same specialty and practice, to become familiar with day-to-day routine of the practice, identify areas where additional information/education is needed, and successfully transition back into the workforce.

Mentor: An individual, most often a physician, who helps acclimate the reentering physician to day-to-day clinical practice by providing guidance and support.

Mentoring: A dynamic, reciprocal relationship in a work environment between two individuals where, often but not always, one is an advanced career incumbent and the other is a less experienced person. The relationship is aimed at fostering the development of the less experienced person.¹²

Mini-residency: A program of medical specialty education focused on achieving the competencies necessary to practice one's specialty without direct supervision. It is usually not as long as a full graduate medical education residency program, since the focus is only on the competencies needed by the individual reentry candidate.

Osteopathic Continuous Certification: The American Osteopathic Association's Bureau of Osteopathic Specialists (AOA BOS) has mandated that each specialty certifying board implement "Osteopathic Continuous Certification" (OCC). OCC will serve as a way for board certified DOs to maintain currency and demonstrate competence in their specialty areas. The American Osteopathic Association's seven core competencies are: 1) medical knowledge, 2) patient care, 3) practice-based learning and improvement, 4) interpersonal and communication skills, 5) professionalism, 6) systems-based practice, and 7) osteopathic philosophy and osteopathic manipulative medicine.⁵

Part-time/reduced-hours practice: Work arrangements that involve a shortened work day, a shortened work week, or job sharing that results in working in working fewer hours.⁸

Physician Assistant Certification Maintenance Process: The National Commission on Certification of Physician Assistants includes long-standing requirements for continuing medical education and regular retesting, which offers new self-assessment activities and performance improvement activities.⁵

Physician reentry program: Structured curriculum and clinical experience which prepares physicians to return to clinical practice following an extended period of clinical inactivity.^{2,5}

Physician reentry program system: Provides a way of organizing and planning physician reentry programs.^{2, 5, 4}

Physician retraining: The process of updating one's skills or learning the necessary skills to move into a new clinical area.^{2, 5}

Practice impact: Determine the overall effect of the physician's departure on the practice.

Preceptor: A practicing physician who gives personal instruction, training, and supervision to a medical student, young physician, or physician who is reentering clinical practice after an extended absence.¹³

Preceptorship: A period of practical experience and training for a physician reentering the workforce that is supervised by an expert or specialist in a particular field.¹³

Privileging: The process of approving privileges for clinicians who meet certain criteria to engage in specified clinical activities, such as admitting patients to a hospital or performing procedures.

Remediation: The process whereby deficiencies in physician performance identified through an assessment system are corrected.²

Reporting Endorsement (aka Tail Coverage): This provides coverage for claims caused by acts or omissions that occurred during a policy period but are reported after a policy has expired or been canceled.

Shadowing: Following a physician while he or she performs day-to-day duties. This is an observational experience only. It is intended to serve as a reminder or refresher for the reentry physician regarding routine activities.

Simulation: A method used in health care education to replace or amplify real patient experiences with scenarios designed to replicate real health encounters, using lifelike mannequins, physical models, standardized patients, or computers.¹⁴

Special Purpose Examination (SPEX): The SPEX is a multiple-choice examination of current knowledge requisite for the general, undifferentiated practice of medicine and is used by medical boards to reexamine a licensed or previously licensed physician's ongoing level of basic medical knowledge.¹⁵

State medical boards: State medical and osteopathic licensing boards that oversee the activities of the physicians licensed in the states, District of Columbia and U.S. Territories, assuring that a high standard of practice by the physicians is maintained.¹⁶

Summative assessment: Testing which often occurs at the end of a term or course, used primarily to provide information about how much the student has learned and how well the course was taught.⁹

Summative individual evaluation: measures whether specific objectives were accomplished by an individual in order to place a value on the performance of that individual. It may certify competence or lack of competence in performance in a particular area.

Tail coverage: A supplemental policy to claims-made liability insurance that provides coverage for any incident that occurs while the claims-made insurance was in effect although the claim was filed after the insurer-policyholder relationship was terminated.¹⁷

Telecommuting: Working at home during part of your scheduled hours of work.⁸

Telemedicine: The practice of medicine using electronic communication, information technology or other means between a physician in one location and a patient in another location with or without an intervening health care provider.¹⁸

Glossary Sources

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¹⁷American Academy of Pediatrics, Committee on Medical Liability and Risk Management. "Policy statement: Professional liability insurance and medicolegal education for pediatric residents and fellows." *Pediatrics*. 128;3: 624-629. <http://pediatrics.aappublications.org/content/128/3/624.full.pdf+html?sid=47cb219a-c315-4105-9949-4e00b97884ed>

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Revised by the Physician Reentry into the Workforce Project, July 2013. For more information on The Physician Reentry into the Workforce Project visit www.physicianreentry.org

The Physician Reentry into the Workforce Project is supported by the American Academy of Pediatrics, Division of Workforce and Medical Education Policy

APPENDIX B: LIST OF ACRONYMS

- **AAP** – American Academy of Pediatrics
- **AAPA** – American Academy of Physician Assistants
- **ABMS** – American Board of Medical Specialties
- **ACLS** – Advanced Cardiac Life Support
- **AMA** – American Medical Association
- **ATLS** – Advanced Trauma Life Support
- **BLS** – Basic Life Support
- **CAQH** – Council for Affordable Quality Healthcare
- **CHAMPS** – Community Health Association or Mountain/Plains States CMB – Colorado Medical Board
- **CME** – Continuing Medical Education
- **CPEP** – Center for Personalized Education for Physicians
- **CPR** – Colorado Provider Recruitment Program
- **DEA** – Drug Enforcement Agency
- **FPPE** – Focused Professional Practice Evaluation
- **FSMB** – Federation of State Medical Boards
- **JAMA** – Journal of American Medical Association
- **NCCPA** – National Commission on Certification of Physician Assistants
- **NCQA** – National Committee for Quality Assurance
- **NCSMB** – North Carolina State Medical Board
- **NEJM** – New England Journal of Medicine
- **NPI** – National Provider Identifier
- **PA(s)** – Physician Assistant(s)
- **PCO** – Colorado Primary Care Office
- **PECOS** – Provider Enrollment, Chain and Ownership System
- **PTAN** – Provider Transaction Access Number

APPENDIX C: RESOURCES

AMA State Medical Licensure Requirements and Statistics

https://commerce.ama-assn.org/store/catalog/productDetail.jsp?product_id=prod1250063&navAction=push

CME Credit:

www.accme.org

Colorado Health Professions Credentials Application:

<http://www.multiplan.com/pdf/providers/howtowork/credentialingforms/CO%20Cred%20Form.pdf>

Colorado Hospital Association List of Hospitals

http://www.cha.com/CHA/Colorado_Hospitals/Find_A_Hospital_1/CHA_CO_Hospitals/Find_a_Hospital.aspx?hkey=3bd53586-d323-453c-b6b2-137f0e5efde8

Colorado Medicaid Instructions:

<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542696393>

Council for Affordable Quality Healthcare standardized online application:

http://www.caqh.org/eft_enrollment.php

CPEP Clinical Practice Reentry Program

<http://www.cpepdoc.org/reentry>

FSMB Directory of State Medical Boards

http://www.fsmb.org/directory_smb.html

Medicare Enrollment:

www.cms.gov/MedicareProviderSupEnroll

National Provider Identifier form:

<http://nppes.cms.hhs.gov/NPPES/Welcome.do>

North Carolina State Medical Board Self-Managed Reentry Process

http://www.ncmedboard.org/images/uploads/other_pdfs/ReentryContentGuidelines.pdf

Physician Reentry into the Workforce Project Directories of reentry programs:

<http://physician-reentry.org/program-profiles/reentry-program-links/>