

# REENTRY: The North Carolina Medical Board Experience

2011 A.I.M. “Best of Boards”  
Honorable Mention Presentation

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*Beetle from 1960...*



## 2012 Beetle...



*“True Grit” then...*



*"True Grit" now...*



## Art Deco Then...



## Art Deco Now...



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### Number of physicians then...

“...namely that there will be **a grave deficit of physicians by 1975** unless the medical schools "increase their output of physicians by 50 per cent—graduating 11,000 students annually...”

*from JAMA 1961*



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*And now...*

The American Association of Medical Colleges,  
and the American Academy of Family Practice  
have ***predicted a shortage of physicians*** of all  
specialties by 2020



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*Physician reentry is one way to help meet the predicted shortage*



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**Socrates:**

***“The beginning of wisdom  
is  
the definition of terms”***



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*Physician Reentry is not the return of a doctor from outer space...*

*(thank you, Holly Mulvey)*



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*Physician Reentry is about*  
*fitness and competence to practice*



*For North Carolina:*

*“A physician or physician assistant applying for a license to practice in North Carolina, who has not actively practiced or who has not maintained continued competency, as determined by the Board, for the two-year period immediately preceding the filing of an application for a license...”*



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***Began in 2005***

***Effort led by:***

***E.K. Fretwell Ph.D***

***Michael Norins M.D.***

***Jesse Roberts M.D.***



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*The early years...developing the process and the infrastructure of staff support: licensing, medical, legal, compliance.*



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## NCMB 2006 REENTRY SUMMIT:

- *32 reentry licensees*
- *reentry primarily an observational mentored apprenticeship*
- *specific curriculum, self study*
- *3 - 6 months*
- *followed by final mentor report*



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*the early years...*

## *An early mentor's final report:*

*“She moved in next door, has joined the chamber of commerce, and seems like a nice person...”*



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*Refinements and Improvements...*



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From...



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To...



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## *Evolution of more standardized process:*

- *Early identification of, and criteria for mentor*
- *Mentor participation in core competency based, detailed written self-assessment*
- *Three phase timeline*
- *Detailed and specific plan prior to licensure*
- *Mentor reports to the Board based on Plan*



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## NCMB experience through March 2011:

- *117 licenses issued with reentry agreement*
- *66 physicians, 50 PA's, vast majority cognitive, 15 surgical*
- *83 completed, 25 in process, 9 did not complete/withdrew*
- *Average age 51, range 29 -77, 52 female, 65 male*
- *Average period away: 5 years, range 2 – 26, most 2 -10*
- *Average length of completed plan: 11.9 months*

thank you Barbara Rodrigues



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*Follow up...*



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Successful reentry...



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*108 completed or in progress*

*9 have come to Board attention:*

- *Eight - no Board action (accepted as information)*
- *One - private letter of concern for incomplete paperwork*



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Failed reentry...



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**9 have not completed plan**

**Reasons unknown**



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## Topics for discussion:

- Flexibility: assessment and education
- The role of State Medical Boards
- Critical lack of information
- How big is the need?
  - to address the shortage
  - to help the profession
  - MOL and the currently licensed but inactive practitioner
- What is the ideal solution?



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The Starship *ENTERPRISE*  
*...going where we have not been before.*

