DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION AND LICENSING ADMINISTRATION
BOARD OF MEDICINE

Policy No. 13-01 **September 12, 2013**

POLICY RE-ENTRY TO ACTIVE PRACTICE (REVISED)

PREAMBLE

The practice of medicine results from a complex interaction of knowledge, physical skills, judgment, and character, tempered by experience leading to competence. Maintenance of competence requires a commitment to lifelong learning and the continuous practice of medicine in whatever field one has chosen. Absence from the active practice of medicine for any reason leads to the attenuation of the ability to practice medicine competently.

This policy is intended to ensure public safety and to provide guidance to practitioners for the safe return to the active practice of medicine.

POLICY OBJECTIVES

It is the Board's objective to:

1) Protect patients and the public by providing guidance to practitioners on the safe return to practice following a period of absence from the practice of medicine;

2) Establish a transparent pathway for the safe return to the practice of medicine for physicians and other health care professionals licensed by, or seeking licensure from, the Board , and to establish re-entry to the practice of medicine;

3) Meet the needs of each medical professional under the Board's governance, and to identify each individual's needs and to tailor a proportionate and flexible re-entry program based on the individual's absence from the practice of medicine. In all cases, where the absence from the practice of medicine is two or more years, the need for a formal re-training and re-entry process is mandatory;

4) Offer a cost-effective means to address the national physician shortage and to respond to local and national emergencies; and

5) Require a multi-level approach to re-entry that may include, but not be limited to: self-study, external examination assessment, external clinical skills assessment through a mentor or professional organization, sub-specialty board certifications, and any other means deemed necessary by the Board.

POLICY

I. Where a practitioner has not actively provided direct clinical care services for a period of two or more years preceding the present renewal period, or where a practitioner has allowed his or her clinical skills to erode or degrade significantly, as determined by the Board, the practitioner must submit to the Board, for the Board's determination, a detailed and comprehensive re-entry to practice plan that charts the steps necessary for achieving an acceptable level of clinical care competency.

II. The Board, in its discretion and sound judgment, may approve the re-entry to practice plan or may amend the plan to ensure clinical care competency.

III. The Board may take any of the following actions when considering a re-entry to practice plan:

A. Deny licensure, in accordance with D.C. Official Code, §§ 3-1201, *et seq.* (2009);

B. Require additional training;

C. Order a fitness to practice evaluation;

D. Require monitored or supervised clinical practice for a specified period of time under the direction and supervision of a licensed physician monitor;

E. Order the practitioner to undergo further examination (as set by national standards) or other clinical competency evaluation;

F. Require the practitioner to satisfy or fulfill any outstanding obligations due to the Board, the District of Columbia, or any state or federal licensing authority; or

G. Any other measure the Board deems necessary for the practitioner to achieve competency as determined by the Board.

IV. A practitioner shall be required to submit to the Board for its review and approval a re-entry to practice plan that achieves an acceptable level of competency as determined by the Board if the practitioner:

A. Has not been actively practicing for a period of two or more years; or

B. Has otherwise demonstrated a loss or significant diminution of competency, as determined by the Board.

C. In assessing the skills referenced in Section V below, the Board will assess those skills by examining a licensee's current residency (to the extent applicable), assessment by a mentor (if required), and any other information regarding the licensee's clinical skills and assessments as the Board deems necessary.

V. The re-entry plan must include, among other things, at least the following:

A. Scope of future practice plans;

B. Personal assessment regarding the practitioner's strengths related to:
1. Patient care;
2. Medical knowledge and skills;
3. Practice-based learning and improvement;
4. Interpersonal and communication skills;
5. Professional behavior; and/or
6. Systems-based practice.

C. Personal assessment regarding the practitioner's weaknesses related to:
1. New medications;
2. Current practice guidelines; and
3. Current clinical skills.

D. Re-acquisition of skills program including the following:
1. Clinical observation (*e.g.*, continuing medical education, mentorship, supervised practice, etc.);
2. Patient care with supervision;
3. Independent supervised care; and/or
4. Any other skill(s) the Board deems necessary for re-entry.

E. External assessment demonstrated by:
1. Current medical knowledge;
2. Current clinical skills;
3. Current assessment skills;
4. Special Purpose Examination (SPEX) and Specialty Board examination;
5. Dedicated specialty training (*e.g.*, coursework, *etc.*); and/or
6. Any other assessment(s) the Board deems necessary for re-entry.

VI. In the event the Board requires the taking of the SPEX, a practitioner must furnish proof of satisfactory passage of the SPEX within six months of submission of the re-entry to practice plan or an application for renewal, reactivation or new license.

VII. Re-entry practitioners must satisfy all applicable licensing requirements under D.C. Official Code, §§ 3-1201, *et seq.* (2009).

DISTRICT OF COLUMBIA BOARD OF MEDICINE

Janis M. Orlowski MD

September 12, 2013
Date

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Chairperson

(Rev.9/12/13)