Tennessee Board of Osteopathic Examination

Program on Physician Re-entry to Practice

I. Background and Rationale

Physicians sometimes leave clinical practice for a variety of reasons, voluntarily or involuntarily, that require consideration of their potential for re-entry to clinical practice. Sometimes physician licensees leave clinical practice to pursue career opportunities (such as research, administrative and leadership roles, elected office, medical education, personal, physical, and/or mental, or family, health issues, retirement, or a variety of other reasons). The physician who leaves clinical practice may intend to resume practice or, initially may not, but may later discover a need or desire to do so. Regardless of the reason for leaving clinical practice, the physician licensee must be aware that, depending upon many factors, such as, but not limited to, time out of practice, clinical and/or educational activity during absence from practice or possible change in scope or area of practice, they may be required to demonstrate they have maintained the knowledge and skills required for a safe return to clinical practice, involving provision of patient care in a safe manner.

Licensing boards, such as the Tennessee Board of Osteopathic Examination (hereafter, "the Board"), must, in meeting the primary responsibility of protecting the public, consider numerous factors in order to determine, optimally, on a case-by-case basis, when, and under what circumstances, or if, a physician licensee can return safely to medical practice. In doing this, the Board must continually remain focused upon ensuring that all licensed physicians (including those re-entering clinical practice) have all the training and current education needed to practice independently and safely. The process of making this determination operates with an established evaluation framework but must remain inherently flexible. When physician licensees' exit from practice is not voluntary, then additional consideration will be included in the determination of readiness to safely re-enter clinical practice. The Board strives to make its review and determination process comprehensive, transparent, evidence-based when possible, financially and operationally flexible and to develop an understanding on the part of all relevant stakeholders (including physicians, patients, payers, and the public) of the expectations involved in re-entry to clinical practice.

Re-entry to clinical practice after a period of clinical inactivity, for whatever reason, is governed by a process that involves returning physicians applying for reinstatement of a Tennessee license or initial licensure of a physician who has previously been licensed elsewhere. In addition, the Board's policy considers the need to provide education for physician licensees who are considering (or realize

they need to) departure from clinical practice so they, as well as those who are returning are ready to do so safely and with appropriate competence.

Re-Entry Considerations include, but are not necessarily limited to:

a) Duration of time away from clinical practice.
b) Clinical and/or other activities of the physician while away from practice.
c) The degree of assessment of physician competence based on numerous individual factors.
d) Obstacles that re-entering physicians may face in the process of doing so.
e) Considerations related to an absence from clinical practice related to any licensing Board discipline and/or legal action or criminal conviction.
f) Factors involved in return to clinical activity, outside the previous scope and/or setting of practice or in a different specialty or sub specialty; this should involve assessment of preceptor or a detailed description of the proposed practice, including scope, location, etc.
g) Possible organized mentoring, or supervision, needed to objectively establish readiness and competence to resume practice.
h) Continuing medical education needed/obtained in desired area of practice and/or to meet regulatory requirements for licensure, DEA registration (if applicable), etc.
i) As applicable, status of applicant's AOA/ABMS board certification.

II. Criteria for Re-Entry Candidacy

1. Absence from clinical practice for more than two (2) years.
2. Meeting CME requirements for licensure/re-licensure, including specific federal and or state regulatory requirements that apply to all licensees (and, in some cases, to certain specialties/subspecialties); if certified by an AOA and or ABMS boards, participation in the applicable OCC/MOC program.
3. If absence from practice exceeds 2 but is less than 5 years, completion of at least 2 years' CME requirements for Tennessee licensure, of which at least half must be in the prospective licensee's chosen area of practice; consideration of possible need to successfully complete/pass the COMVEX examination of the National Board of Osteopathic Medical Examiners and/or meeting knowledge (and skills, if applicable) requirements of the AOA or ABMS certification board in the licensee's specialty/subspecialty and/or undergo an independent, Board-approved clinical formal assessment of knowledge and skill; possible supervision/mentorship by qualified Board-approved physician(s).
4. If absence from practice exceeds 5 years but is less than 10 years, completion of at least 2 years' CME requirements for Tennessee licensure, at least half of which must be in the prospective licensee's chosen area of practice; consideration of possible need to successfully complete/pass the COMVEX examination of the National Board of Osteopathic Medical Examiners and/or meeting knowledge(and skill, if applicable) requirements of the AOA or ABMS

certification board in the licensee's specially/subspecialty and/or undergo formal, independent Board-approved assessment of clinical knowledge and skill; possible supervision/mentorship by Board-approved qualified physician(s).

5. If absence from practice is equal to or greater than 10 years, completion of at least 2 years' required CME for Tennessee licensure, of which at least half must be in the prospective licensee's chosen area of practice; consideration of possible need to successfully complete/pass the COMVEX examination of the National Board of Osteopathic Medical Examiners and/or meeting knowledge (and skills, if applicable) requirements of the applicable AOA or ABMS certification board in the licensee's specialty/subspecialty and/or undergo a formal, independent, Board-approved assessment of clinical knowledge and skills; possible supervised practice/mentorship with Board-approved qualified physician(s).
6. This process must be inherently flexible, allowing for variation, as warranted, based on the time of absence from practice, practice specialty/scope/setting, clinical and/or educational engagement while absent from practice, etc.

III. The Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX)

This examination is developed by the National Board of Osteopathic Medical Examiners (NBOME) for osteopathic physicians holding, or who have held, a valid license to practice osteopathic medicine in the United States, provides an opportunity for physicians to demonstrate basic osteopathic medical competency. The COMVEX examination provides state and territorial licensing boards with reports and information on an individual physician's understanding and knowledge of current osteopathic medical knowledge and practice under standardized and secure conditions. The COMVEX may be appropriate for osteopathic physicians who request re-entry to clinical practice and reinstatement of licensure after an interruption in their clinical practice career. The COMVEX examination may only be taken if a state/territorial physician licensing board requests that the candidate be provided the examination or approves them to do so.

IV. AOA/ABMS Certification

While licensure and subsequent board certification have the purpose of ensuring the safety and wellness of the public by establishing high standards of practice and professionalism that can provide patients, health care organizations, and the medical profession with a dependable and validated means by which specialists can be identified who have met standards set by their specialty/subspecialty. A physician is not required to be board certified in Tennessee. The Board encourages licensees to consider pursuit of earning and maintaining certification by an AOA/ABMS board and, if the certification expires during absence from practice, to consider, if possible, reactivating that certification and to meet the specialty board's recommendation for specialty-specific CME.

V. Operational Definitions

1. Absence from Clinical Practice is any time period that a physician voluntarily is absent from providing direct, consultative, or supervisory patient care; this does not typically include absence from practice that results from licensing board disciplinary action.
2. Clinically Active Practice refers to a physician licensee who, at the time of license renewal or reinstatement, is engaged in direct, consultative, or supervisory patient care.
3. Mentorship is a dynamic reciprocal cooperative relationship in a clinical practice setting between the licensee and a qualified Board-approved experienced (more than 5 years of full-time specialty-specific practice) physician in active clinical practice who works with a physician re-entering clinical practice in a peer-relationship arrangement designed to provide the re-entering physician with an opportunity to acquire and demonstrate the knowledge, skill, and other abilities needed to safely re-enter clinical practice.
4. Physician Re-Entry- is a return to clinical practice in the specialty/subspecialty in which the physician has been trained (and, as applicable, certified) after an absence from clinical activity of greater than 2 years, not the result of licensing board disciplinary action.
5. Physician Re-Entry Program is a formal, structured and specific, individualized didactic curriculum and clinical experience designed to prepare a physician to safely return to clinical practice after a period of inactivity of at least 2 years.
6. Physician Retraining is a process of learning in order to objectively demonstrate the clinical knowledge and skills to move into a new clinical specialty/scope of practice that is different from the re-entering physician's previous area of medical postgraduate training, practice (and, if applicable, certification).
7. Supervision is a licensing board prescribed process in which an approved qualified physician (with at least 5 years clinical practice experience) observes a re-entering physician for a defined/prescribed period of time and provides requested specific feedback and educational and clinical support intended to ensure, to the greatest extent possible, the physician's safe return to clinical practice.

VI. Formal Assessment of Competence for Re-Entry to Clinical Practice

In cases where absence from clinical practice has been prolonged (over 5 or more years) and/or where other mechanisms (licensing exam scores, maintenance of continuous board certification, CME, etc.) are not sufficient, or applicable, to adequately assess, with reasonable certainty, a licensee's readiness to safely re-enter clinical practice, the Board may use a specialty-specific formal assessment of the physician's medical knowledge and skill to confirm that further remediation is or is not needed or begin a remediation process which could include the aforementioned or other elements. The formal assessment can be done in

cooperation with a medical school, an academic medical center, or in an assigned collaborating agency affiliated with the Federation of State Medical Boards Past Licensure Assessment System (PLAS).

In all cases, the formal assessment must be well documented and include all elements required by the Board and the assessing entity (ies) and must provide an objective recommendation based on available data to the Board. The Board will use such data in its determination of readiness for re-entry to clinical practice but is not bound to follow those recommendations. It is the intent of the Board to allow the re-entering applicant to, as much as feasible, select the assessment program used in order to minimize time and financial costs and other related burdens of this process.

VII. Preceptorship for Re-Entry to Clinical Practice

The Board may, as part of the re-entry process, elect to select and use, or allow the re-entry candidate to select, an appropriately qualified and experienced preceptor (at least 5 years practice) in applicant's (with current board certification) intended specialty with license in good standing. In so doing, a written plan must be provided that includes at least the following:

a) Name of preceptor and practice setting, specially/area of practice, location and setting, and proof of preceptor's qualifications.
b) Schedule (noting days per week, hours per day, estimated number of patient contacts).
c) Direct and indirect supervision.
d) Types of patients seen (diseases/conditions, ages, and procedures, if applicable).
e) Verification that there will be no collaboration with non-physicians as part of the preceptor program.

   Upon receipt and approval of the proposed preceptorship, the Board may issue a limited license for the period of time anticipated, for the completion of the preceptorship and restricted to the specified site, preceptor, and specialty.
f) Written statement confirming that the preceptor and re-entry applicant have completed all requirements of the preceptorship experience, listing all key accomplishments and attesting to the ability of the re-entry candidate to safely and efficiently re-enter the clinical practice of medicine within the desired specialty/area of practice.

VIII. Re-Entry Process Framework

1. The Board should proactively educate licensees/applicants on how to maintain clinical competence if an absence from practice occurs or is anticipated, and

regarding possible issues with re-entry (including, but not limited to, issues related to malpractice and other insurance, CME activity needed, credentialing, and the Board's re-entry process).

2. The determination of readiness to return to clinical practice after an absence will be considered on a case-by-case basis due to significant variation in circumstances. This review will be comprehensive and will feature a review of numerous factors, including:
    a) Review of applicant's medical record documentation and any administrative/consultative activity.
    b) Similarity of prior and intended area/scope of clinical practice.
    c) Possible procedures that may be performed.
    d) Requirements for education, mentorship, supervision, and/or preceptorship experience.
    e) Time in clinical practice before departure.
    f) Participation in AOA or ACGME/AMA accredited CME, and continuous/maintenance of board certification activities (if applicable).
    g) Prior licensure history, including any disciplinary actions and a NPDB query.
    h) Time since completion of medical school and accredited postgraduate training (AOA-COCA or LCME and ACGME).
    i) If absence from clinical activity was voluntary or the result of licensing board discipline and/or criminal conviction.
3. Documentation of applicant's proposed future scope of practice plans including environment, location, patient demographics, procedures, etc.
4. Documentation of completion of all elements of the approved re-entry process.
5. Once all the above requirements are completed, the Board will review all available data and make a determination regarding re-entry to clinical practice and licensure.

Adopted by the Board of Osteopathic Examination May 1, 2024.