

North Dakota Board of Medicine

Guidelines for Physicians Regarding Reentry to Practice

Purpose

The North Dakota Board of Medicine (“Board”) mission is to ensure that North Dakota citizens are served by competent, professional, and ethical physicians and physician assistants. Physicians and physician assistants who choose to take a break from the practice of medicine and allow their licenses to lapse for a period of two or more years are required to demonstrate current clinical competency prior to the full reinstatement of their licenses. This guideline is designed to assist practitioners who desire to reenter clinical practice while simultaneously protecting the public.

The Decision to Leave Clinical Practice

Physicians who are considering taking a break from clinical practice, should be aware of the following, which may impact reentry to practice:

- In general, the longer the break from active clinical practice, the greater the potential deficit in current knowledge and skills at the time of reentry.
- Maintaining an active license enables one to practice – even in a limited way – in order to stay current with some clinical skills.
- Maintaining an active license requires CME, which aids in retaining current medical knowledge.
- Maintaining national specialty board certification may aid in retaining current medical knowledge.
- Maintaining contacts with colleagues within the active medical community may aid in securing a mentor to assist with reentry to practice.
- Allowing a license to lapse and completely leaving clinical practice will present a significant barrier to the return to licensure and active clinical practice. Physicians who apply for reinstatement and who cannot provide evidence satisfactory to the Board of having actively engaged in clinical practice for at least the previous 24 months under the license of another jurisdiction of the United States or Canada may not be licensed unless they satisfy the Board of their current clinical competency shown by the passage of examination(s), successful completion of additional training, or successful completion of a formal reentry to clinical practice program approved by the Board.

Resources are provided at the end of this packet that physicians considering leaving practice may utilize to better understand the challenges of returning to licensure and active clinical practice.

Reentry to Practice Application Plan

1. Create a reentry plan with the required information outlined below.
2. Interview before the Board at its next available meeting to discuss reentry plan.
3. Execution of a reentry agreement or conditional license with the Board that implements the reentry to practice plan.

Reentry to Practice Plan

Physicians who have not practiced in a clinical setting for two or more years immediately preceding their application date, but meet all other requirements for licensure, may either request an administrative license under N.D.A.C. 50-02-02.1, or provide a reentry to practice plan to the Board for review.

The following factors may affect the length and scope of the reentry plan and the applicant will be responsible for providing information on the following:

1. The amount of time away from practice;
2. The length and nature of the prior practice;
3. The reason for the interruption in practice;
4. Activities during the interruption in practice including the amount of practice-relevant CME;
5. The area of medical specialty and the required skills for that specialty;
6. The amount of change in the medical specialty during the period of non-practice;
7. The number of years since the completion of graduate medical education; and
8. The date of the most recent national medical specialty board certification.

NOTE: A licensee whose license has lapsed for more than three years shall apply for a new license in order to practice medicine in North Dakota.

The applicant shall propose a Reentry to Practice Plan. The plan must provide information on the above and may include one or more of the following components. The Board shall review the proposed reentry plan and interview the applicant before determining whether to provide licensure.

1. Receive a passing score on the Special Purpose Examination (SPEX) or the Comprehensive Osteopathic Medical Variable Purpose Examination (COMVEX) within the last six months.
2. Certification or re-certification or participate in maintenance of certification by ABMS or AOA.
3. Completion of one year of accredited postgraduate or clinical fellowship training pre-

approved by the Board.

4. Obtain a competency evaluation or reentry to practice assessment from the Center for Personalized Education for Physicians (CPEP) or from a Board approved program/facility outlined in the FSMB Directory of Physician Assessment and Remedial Education Programs (see resources). If any education or other requirements are identified by the assessment to fill gaps in medical knowledge, the applicant will present these findings to the Board with a reentry to practice plan, at its next available meeting.
5. Practice for a period of time under a mentoring physician with information provided on assessment and education/training. The mentoring physician should have the same specialty as the applicant and shall be responsible for providing an assessment of the applicant's current strengths and weakness in his/her intended areas of practice and areas needing improvement in regard to core competencies. The mentoring physician will then create an education and training plan to address the applicant's areas of needed improvement.
 - A reentry period of retraining and education under the guidance of the mentoring physician must be approved by the Board as part of the reentry plan and may include the following:
 - Phase 1 – Observation Phase. During the observation phase, the licensee will not practice, but will observe the mentor/supervising physician in practice.
 - Phase 2 – Direct Supervision Phase. During the direct supervision phase, the licensee shall practice under the direct supervision of the mentoring physician. Guided by core competencies, the mentoring physician shall reassess the licensee's progress in addressing identified areas of needed improvement.
 - Phase 3 – Indirect Supervision Phase. During the indirect supervision phase, the licensee shall continue to practice with supervision of the mentoring physician. Guided by the core competencies, and using review of patient charts and regular meetings, the mentoring physician shall reassess the licensee's progress in addressing the areas of needed improvement.
 - If the mentoring physician reassesses the licensee and concludes that the licensee requires an extended reentry period or if additional areas of needed improvement are identified during Phases 2 or 3, the Board, the licensee, and the mentoring physician shall amend the reentry agreement.

Reentry to Practice Agreement/Conditional License

Upon receiving a completed application, the applicant may be called to interview before the Board at its next regularly scheduled meeting with his/her proposed Reentry to Practice Plan.

If the Board approves an applicant's Reentry to Practice Plan, the approved plan may be incorporated by reference into a conditional license.

Unsatisfactory completion of the reentry plan or practicing outside of the scope of practice of the conditional license shall result in the automatic inactivation of the conditional license.

If a conditional license is issued, the licensee will be responsible to petition the Board for removal of the conditions placed upon the license upon showing acceptable completion of the Reentry to Practice Plan. Upon successful completion, and Board approval after such a petition, the Board may issue a full and unconditioned license.

Fees

- Fees for obtaining evaluations and implementing reentry plans vary greatly. The costs associated with reentry are the responsibility of the applicant.

Resources

<https://www.fsmb.org/spex-plas>

<https://www.fsmb.org/siteassets/spex/pdfs/remedprog.pdf>

<https://www.nbome.org/assessments/comvex/>

EFFECTIVE DATE: October 27, 2023

SAMPLE REENTRY TO PRACTICE PLAN

Clinical Experience

Previous Specialty: _____

Time Spent in previous Clinical Practice: _____

Date and Location of Last Clinical Practice: _____

Reason for Leaving Clinical Practice: _____

Intended Reentry Clinical Practice

Intended Specialty: _____

Intended Practice Setting and Location: _____

Description of How I Maintained Competency After Leaving Clinical Practice:

Plan for Assessment of Medical Knowledge and Clinical Skills

(check one or more of the following including date(s) if this is to be incorporated into your reentry to practice plan)

SPEX: _____

COMVEX: _____

ABMS Certification: _____

CPEP _____

Other reentry/remedial education program _____

Plan for Obtaining Remedial Medical Education

(provide information on the following including date(s) if this is to be incorporated into your reentry to practice plan)

Continuing Medical Education: _____

Refresher Course(s) Offered by a Medical School or Other Formal Program: _____

Plan for Obtaining Remedial Clinical Competency

(provide information on the following including date if this is to be incorporated into your reentry to practice plan)

Mini-Residency: _____

Fellowship: _____

Mentorship/Preceptorship: _____

- Name/Medical Specialty of Mentor/Preceptor: _____
- Number of Work Days/Hours per Week: _____
- Period of Direct Supervision: (e.g. 240 hours of patient care) _____
- Method of Direct Supervision and Review of Clinical Care: (e.g. The mentor shall participate in the care of each patient to the degree necessary to be personally responsible for the care rendered, to be able to certify to the quality of such care, and to provide prompt meaningful feedback and guidance): _____

- Period of General Supervision: _____
- Method of General Supervision and Review of Clinical Care: _____

- Frequency of Written Reports to the Board: _____
- Content of Written Reports to the Board: (e.g. Practice activities, hours, workload, functioning, knowledge, skills, general professionalism, any deficiencies, and overall ability to practice safely and competently): _____

Plan for Assessing Medical Knowledge and Clinical Skills Following Remedial Education and Training:
