North Dakota Board of Medicine
Guidelines for Physicians Assistants 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

Physician assistants 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 certification with the NCCPA and required CME which aids 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. Physician assistants 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 as outlined by this packet.

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.

Reentry to Practice Application Process

1. Provide documentation of valid/current NCCPA certification.
2. Submit a completed application for North Dakota licensure.

3. Develop a Reentry to Practice Plan and submit it to the Board with an application for licensure/reinstatement.

4. Interview before the Board at its next scheduled meeting with proposed Reentry Plan.

Reentry to Practice

Physician assistants who apply for licensure/reinstatement and who have not been engaged in the practice of clinical medicine for more than twenty-four consecutive months immediately preceding the date of application must obtain certification by the NCCPA before a license can be issued. The physician assistant must also provide information on reentry to practice which must include either:

1. Examination and CME. Receive a passing score on the Physician Assistant National Recertifying Exam ("PANRE") within the last three months of application. Additionally, verification of fifty hours of category 1 CME obtained in the past year.

OR

2. Reentry to Practice Plan. The plan must include fifty house of category 1 CME obtained in the last year with emphasis on clinical practice and at least one of the following components:

    - Obtaining an assessment from a licensed health care facility or licensed physician that assesses the physician assistant's current strengths, weaknesses, and any shortcomings in his/her intended area of practice. After obtaining the assessment, the facility or physician must then outline required education and training to be obtained by the applicant to address any needed areas of improvement. The reentry to practice plan must outline the specific steps the applicant will be taking to implement the education and training to be undertaken.

    - Enter into a written collaborative agreement with physician mentor who possesses a full, unrestricted, active license. Designate a mentoring physician while will provide mentorship and supervision of your clinical care. The agreement should specify the time period for collaboration which will be no less than 400 hours of direct supervision for each year out of practice that specifies quality collaboration on a regular basis up to 3 years. After three years, the collaboration should require 4,000 hours. The collaborating physician must provide a report to the Board at the end of the specified time that, in their opinion, the PA is safe to return to clinical practice without further oversight by the Board.

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;
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 NCCPA certification.

Reentry to Practice Agreement/Conditional License

Upon presentation of the Reentry to Practice Plan, the Board will assess whether to incorporate the plan into conditions for licensure. Unsatisfactory completion of any terms of the conditioned license or acting outside the scope of practice of conditions for licensure will result in immediate inactivation of the license and possible disciplinary action.

Upon successful completion of the conditions, the licensee may petition the Board to remove the conditions and 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.

EFFECTIVE DATE: October 27, 2023

SAMPLE REENTRY TO PRACTICE PLAN - PA

Name: _____

Clinical Experience

Time Spent in Clinical Practice:_____

Date and Location of Last Clinical Practice: _____

Reason for Leaving Clinical Practice:_____

Intended Clinical Practice

Intended Area of Specialty: _____

Intended Practice Setting and Location:_____

Description of How I Maintained Competency After Leaving Clinical Practice (if any):

_____

_____

Examination

Physician Assistant National Recertifying Exam (PANRE)/date:_____

Remedial Medical Education

Category 1 CME: _____

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

Plan for Obtaining Clinical Competency

Collaborating Physician:_____

- Medical Specialty of Collaborating Physician: _____
- Number of work days/hours per week for collaboration:_____
- Period of Direct Supervision: (e.g. 400 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): _____

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- Frequency of Written Reports to the Board:_____

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

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