

**State of Washington**  
**Medical Quality Assurance Commission**  
**Guideline**

Title:	Reentry to Practice for Suspended Licensees	MD2015-11
References:	RCW 18.71, 18.71A, RCW 18.130.050(14)	
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Approved By:	W. Michelle Terry, MD, Chair (signature on file)	

## Purpose

The Medical Quality Assurance Commission (Commission) provides this guideline to assist physicians and physician assistants (collectively “practitioners”) who have been out of practice a period of time due to a suspended license to demonstrate that they have the knowledge and skills to successfully reenter the practice of medicine.

## Background

To protect the public health, the Commission finds it necessary to suspend the license of a physician or physician assistant. The suspension may be the result of unprofessional conduct or a physical or mental impairment. At some point the practitioner may seek reinstatement of his or her license to practice. In addition to fully satisfying the requirements of the disciplinary order, the practitioner may have to demonstrate that he or she has the knowledge and skills necessary to practice medicine with reasonable skill and safety. Evidence shows that practitioners who have been out of practice for a period of time experience a decline in their medical knowledge and skills.

## Guideline

The Commission may require a practitioner with a suspended license to demonstrate clinical competence by completing a reentry program prior to entering clinical practice. When determining whether completion of a reentry program is required, the Commission will carefully review all the circumstances in each individual case.

The length, activities and cost of reentry programs vary. Reentry programs should be comprehensive but practical and flexible enough to address a variety of situations and specialties. Reentry programs should be evidence-based and consistent with lifelong learning expectations for all practitioners. At the very least, reentry programs should include reflective self-assessment, assessment of knowledge and skills, and performance in practice.

Practitioners should be aware that some reentry programs will not admit practitioners with licenses under suspension or discipline. For a current list of reentry programs, the Commission directs physicians to a list maintained by The Physician Reentry into the Workforce Project:

<http://physician-reentry.org/program-profiles/reentry-program-links/>

The Commission will have complete discretion to determine whether the practitioner has satisfactorily completed a reentry program and is competent to reenter clinical practice. If the Commission permits a practitioner to reenter clinical practice, the Commission may impose additional restrictions or limitations on the practitioner's practice to protect the public, including approval of practice monitors.

The Commission recognizes that reentry programs may be expensive and that funding will likely be borne by the practitioner, presenting a barrier for some practitioners. The Commission encourages academic medical centers to look for ways to cover some of the cost of reentry programs through research opportunities and generation of revenue. Federal, state and local funding driven by physician shortages may become a funding source. Potential employers, including community hospitals and large group practices, may be willing to offset individual physician reentry costs in exchange for later service. Practitioners with disabilities may consider the State of Washington Department of Social and Health Services, Division of Vocational Rehabilitation, as another potential source of funding.

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