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CLINICAL COMPETENCE:
NAVIGATING PHYSICIAN RE-ENTRY

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(Please use these recommendations to enhance your current credentialing tools)

Last fall, the HSG Risk Management and Patient Safety (RMPS) Department hosted a well-received webinar offering insights from our perspective on Legal and Risk Management Considerations for Credentialing and Peer Review. The session provided a high-level overview of this complex and critically important area in healthcare operations.

In this article, we focus on one specific subtopic about which the RMPS team frequently receives questions: physician re-entry into clinical practice after a period of inactivity. This area often presents unique credentialing and risk management challenges and our goal is to provide practical insights to help organizations navigate this complex process with confidence and clarity.

Before diving into the complexities of physician re-entry, it is important to understand general hospital privileging practices. Privileging serves as a critical component of the credentialing process and must be based on documented training, relevant experience, demonstrated ability, and current clinical competence. These decisions must align with hospital policies and the Medical Staff Bylaws.

When a physician applies for initial or expanded clinical privileges, the hospital must assess whether the physician has the qualifications and expertise required to perform specific procedures or services requested. **This assessment typically includes three major areas:**

1. **Training:** The hospital evaluates how and where the physician acquired the skills for which they are requesting privileges.

   Key criteria to consider:

   - Completion of required education and training (e.g., fellowships, advanced residency, or specialized training from the manufacturer)
   - Relevant continuing education
   - Board Certification requirements/standards

2. **Experience:** The hospital reviews the physician's practical application of the skills for which they are requesting privileges.

   Key criteria to consider:

   - Documentation of clinical experience in performing the procedure
   - Clinical outcomes and performance data
   - Settings where the skill was practiced/performed
   - Documentation through supervised practice, preceptorships, or mentoring

3. **Competence:** The hospital must ensure competency of the skill set in question and create a process for evaluating ongoing competence.

   Competence is verified through direct observation during training or through a proctoring process conducted by an experienced clinician. It includes the physician's proficiency, clinical judgment, and consistency in performing the task safely and effectively.

   Ongoing Competence: Beyond initial privileging, the hospital must have mechanisms in place to ensure that physicians maintain competence over time. This includes routine monitoring to ensure physicians remain within the scope of their granted privileges and continue to meet performance standards.

Once these foundational aspects of privileging are clearly understood and enforced, hospitals can more confidently approach the unique challenges of **physician re-entry**. Physicians returning to practice after a significant absence require a tailored evaluation to verify that their skills remain sharp and that they are fully prepared to deliver safe, high-quality care.

Credentialing committees and physician re-entry programs play a vital role in upholding patient safety and preserving a hospital's reputation. A robust credentialing system is essential to screen out healthcare professionals who lack the necessary qualifications, thereby lowering the chances of malpractice claims and reducing potential legal risks. The issue of physician re-entry presents challenges in evaluating a physician's clinical abilities after a break from practice. Credentialing extends beyond re-entry and includes the initial approval process, continuous performance evaluation, and granting of clinical privileges.

Currently, the Missouri Board of Registration for the Healing Arts does not have specific regulations or formal policies outlining the requirements for physicians seeking to return to clinical practice after a period of inactivity. As a result, the responsibility falls to hospitals and credentialing bodies to establish a clear, evidence-based pathway for re-entry that ensures patient safety and clinical competency. **Typical Re-Entry Expectations Include:**

1. Documentation demonstrating recent continuing medical education (CME) and evidence of current clinical competency.
2. Completion of supervised retraining or mentorship under the guidance of an actively practicing physician, depending on the length of absence and specialty.

3. A thorough review by the hospital's credentialing committee to verify that the physician is current with evolving technologies, clinical guidelines, treatment protocols, and procedural standards.

Key Questions for Credentialing and Re-entry Consideration:

1. What do the hospital's Medical Staff Bylaws state about re-entry after clinical inactivity?
2. Can membership and clinical privileges be granted on a "conditional" basis by the Medical Executive Committee?
3. Has the hospital reviewed the physician's prior scope of privileges and performance before departure from clinical practice?
4. Did the physician exit practice under a Focused Professional Practice Evaluation (FPPE), investigation, or due to any performance-related concerns?
5. What does the hospital's onboarding and re-acclimation process entail for re-entering physicians?
6. How will FPPE be used to confirm that the returning physician is appropriate for the privileges being requested?

Suggested Evaluation Tools and Methods:

1. Review of performance metrics, such as procedural volumes and compliance with clinical guidelines, safety adherence, and patient outcomes.
2. Direct observation of clinical skills and/or procedural techniques by an impartial peer, proctor, or preceptor.
3. Comprehensive chart reviews **assessing clinical decision-making** and documentation practices.
4. Structured 360° evaluations, including feedback from interdisciplinary team members, such as anesthesiologists, nurses, and support staff.

RESOURCE:

Association of American Medical Colleges. Resources for Physicians Returning to Clinical Practice. https://www.ama-assn.org/practice-management/career-development/resources-physicians-returning-clinical-practice. Accessed April 22, 2025.