COMMONWEALTH OF MASSACHUSETTS

BOARD OF REGISTRATION IN MEDICINE

POLICY 24-02

**PHYSICIAN REENTRY PROGRAM**

March 14, 2024

Revised March 27, 2025

The Board of Registration in Medicine adopts the Physician Reentry Program to assist physicians who step away from the practice of medicine for reasons for a significant period, other than retraining, impairment or discipline, and then wish to return to active clinical practice. The goal of the physician reentry plan is to protect patient safety by ensuring that all licensees possess an up-to-date educational background and have a depth of experience and skill in clinical practice.

An applicant who is seeking to change his specialty will not be included in the Physician Reentry Program. Instead, the applicant will be directed to take a mini-residency, a fellowship or a formal retraining program. An applicant who has impairment or disciplinary issues will be included in the Board’s Physician Health Program.

**Glossary**

**Away from Practice** means a period of clinical inactivity, when a physician voluntarily takes an absence from providing direct, consultative or supervisory patient care.

**Current clinical competency** means, looking back for a period of two years from the date of the application, the physician has been engaged in direct patient care, prescribing, consulting or supervising other health care providers who were directly involved in patient care.

**Physician Mentoring** means a relationship in a work environment between two physicians where one is an experienced physician in an active practice and the other is a physician reentering practice. The purpose of the relationship is to provide the reentering physician with knowledge and resources to support safe reentry into practice. The Reentry Agreement will state whether the Mentor will be a supervisor or a mentor and will set forth the Mentor’s responsibilities to the Board.

**Physician Reentry** means a return to clinical practice in the discipline in which one has been trained or certified following an extended period of clinical inactivity not resulting from discipline or impairment.

**Physician Supervising** means a Board-approved process where a Physician Supervisor has a defined responsibility to the Board to assess the reentering physician’s competence and ability to practice independently. The Physician Supervisor has been actively practicing for five prior consecutive years; practices in the same clinical area as the reentering physician; is ABMS or AOA board certified; and has no prior disciplinary history in the past 5 years. These qualifications may be waived by the Board in exceptional circumstances. The Physician Supervisor agrees to report to the Board on a monthly basis for the duration of the Reentry Plan.

**Two Years Away from the Practice of Medicine**

When an applicant for an initial full license,[[1]](#footnote-1) a voluntary license, a change of status or a lapsed license has ceased the practice of medicine for **a period of 24 or more consecutive months immediately preceding the date of the application,** the applicant shall be required to demonstrate current clinical competency. If the applicant cannot establish current clinical competency, the applicant may be required to complete a physician reentry plan to the satisfaction of the Licensing Committee (LC) or the Board. [[2]](#footnote-2)

When a physician answers affirmatively to the license application question “Have you been away from the clinical practice of medicine for 2 or more years, the Board will determine whether the physician can demonstrate current clinical competency and whether a reentry program is necessary.

**Establishing Current Clinical Competency**

The applicant may demonstrate current clinical competency by engaging in one or more of the following within the 24 months immediately preceding the date of the application:

* Taking 100 hours of practice-relevant Continuing Medical Education courses or trainings beyond those required for licensure;
* Passing the Special Purpose Examination (SPEX) or the Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX);
* Being certified or recertified by a specialty board recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA);
* Completing the American Medical Association’s Maintenance of Licensure program;
* Completing a fellowship, a mini-residency or similar extensive training course;
* Recent, successful completion of an Ongoing Physician Performance Evaluation (OPPE) or a Focused Physician Performance Evaluation (FPPE);
* Participating in activities during the period of inactive clinical practice that, to the satisfaction of the Board, develop or enhance clinical competency.

The applicant may be required to appear before the Board for a personal interview to discuss his/her current clinical competency and/or a reentry plan.

The Board may consider any of these factors when determining whether the physician has demonstrated current clinical competency:

* How long was the physician practicing medicine?
* Was the physician involved in any educational, supervisory or mentoring responsibilities?
* Describe the procedures the physician proposes to perform.
* Does the physician have a disciplinary history?

*For example*, a physician who is only 3 years out of post-graduate training might be able to demonstrate current clinical competency by obtaining 100 hours of Continuing Medical Education. That method may not be sufficient to reeducate a physician who has been out for 15 years.

Meeting one of the current clinical competency factors is not a guarantee of demonstrating current clinical competency. The Board reviews each physician on a case-by-case basis and has discretion when evaluating all the relevant factors.

When the Board determines current clinical competency is established, and the applicant has met all other statutory and regulatory licensure requirements, the Board may issue the applicant a full license in Massachusetts.

**Licensure Throughout the Reentry Program**

A Massachusetts medical license is a broad grant of authority to practice medicine. When the Board grants a full license, a licensee may diagnose and treat patients of any age and in any area of practice. There is an important public protection reason for restricting the license of an applicant who has not been in the clinical practice of medicine for an extended period of time. Yet it is important that the applicant and the public know that this is a non-disciplinary restriction on the license.

When an applicant has been away from practice for over 2 years and is not sure about having a clinical practice, Board staff will discuss reentry options. The applicant may be a good fit for a Volunteer License or an Administrative License. For a surgeon seeking only a clinical practice, a Restricted license might be a fit with a non-disciplinary prohibition from types of surgery or all surgery.

An applicant without current clinical competency who has a Board-approved onboarding plan with an employer will receive a non-disciplinary restricted license that will enable the physician to participate in their reentry plan. When the plan has been successfully completed, the physician will receive a full unrestricted license.

An applicant who cannot demonstrate current clinical competency but does not have a prospective employer may wish to participate in Reeducation Program or Fellowship. When enrolled, the applicant will be granted a non-disciplinary restricted license for the duration of the program. When the program or fellowship is successfully completed, the applicant will receive a full license.

**The Physician Reentry Plan**

If the Board determines that the applicant has not demonstrated sufficient current clinical competency, the applicant will be required to participate in a physician reentry plan. A reentry plan may last from 1 month to 12 months.

In evaluating the length and scope of the reentry plan, the Board shall consider the following factors:

* How long has the applicant been out of practice?
* What was the reason for the interruption in practice?
* What is the applicant’s plan for practicing in Massachusetts?
* What skills are required in the intended area of practice?
* How much change has occurred in the area of practice during the period of inactivity?
* How many years of graduate medical education does the applicant have and when did it occur?
* Other factors that the Board or the LC may consider significant.

The applicant shall meet with the Board at such dates, times and places as directed by the LC or Board. The applicant may choose to be represented by legal counsel.

**The Onboarding Program**

When the applicant has a prospective employer who is willing to work with the Board, the parties will develop an onboarding program. Depending upon the needs of the applicant, the program will require a Supervising Physician or a Mentoring Physician. Most physicians who have been away from practice for an extended period will require a Supervising Physician. However, in rare instances, a Mentor may be appropriate. The Board will approve reentry plans on a individualized basis.

The applicant who chooses to participate in an employer-based reentry plan shall identify a physician who is willing to supervise/mentor them. The Supervisor/Mentor shall be approved by the LC or the Board, shall sign the Reentry Agreement and shall make a monthly progress report to the LC or the Board. The onboarding program may consist of shadowing, direct supervision, indirect supervision, chart reviews and consultations. The details of the program will be spelled out in a written Plan that will accompany the Reentry Agreement.

The Physician/Mentor shall immediately notify the Board if the applicant is not performing satisfactorily and in accordance with the physician reentry plan.

 **The Formal Reentry Program**

Alternatively, the applicant may choose to participate in a formal physician reentry program. Here is a list of links to some of the available programs. This list is provided for information purposes and is not an endorsement by the Board.

* [**Drexel University Physician Refresher Reentry Program**](https://drexel.edu/medicine/academics/continuing-education/physician-refresher-re-entry-program/)
* [**UC San Diego School of Medicine Faculty, Physician Retraining & Reentry**](https://prrprogram.com/)
* [**The Center for Personalized Education for Physicians (CPEP) Reentry to Clinical Practice Program**](http://www.cpepdoc.org/assessment-reentry-and-education-plans-2/reentry-to-clinical-practice/)
* [**KSTAR/UTMB Health Mini-Residency Program**](https://www.architexas.org/programs/kstar-physician/utmb-mini-residency.html)
* [**Lifeguard Re-Entry/Re-Instatement**](https://www.foundationpamedsoc.org/docs/librariesprovider3/foundation-documents/re-entry_re-instatement_2019.pdf?sfvrsn=db10f77d_3#:~:text=The%20LifeGuard%20Re-entry%20%2FRe-instatement%20program%20provides%20a%20pathway,clinical%20skills%20and%20readiness%20to%20re-enter%20the%20workforce)

**The Reentry Agreement**

The Physician Reentry Agreement, which includes the Physician Reentry Plan, is drafted by the applicant. It shall be signed by the applicant, the physician Supervising Physician or Mentor and a representative from the Board. The reentry agreement is binding on all the parties.

When the Physician Reentry Agreement has been signed by all the parties, and the applicant has met all other statutory and regulatory licensure requirements, the Board shall issue the applicant a non-disciplinary license restricted to the reentry plan and shall require that the applicant successfully complete the terms of the Reentry Agreement.

The Physician Reentry Agreement is an educational plan and is not punitive or disciplinary in nature. The Board does not report the reentry agreement to the National Practitioner Data Bank.

However, the applicant does not satisfactorily complete the reentry plan, or if the applicant practices outside the scope of the reentry plan, this conduct could constitute misconduct in the practice of medicine. Misconduct could warrant referral to the Enforcement Division or it could provide grounds for the Board to institute a summary suspension of the license pursuant to 243 CMR 1.03(11). The Board will determine satisfactory completion, if an action was outside the scope of the plan or the license granted.

When the applicant has successfully completed his/her reentry plan, the Applicant shall petition the Board to terminate the plan, including in the petition the Physician Supervisor or Mentor’s monthly reports and recommendations, if any. The Board shall terminate the Reentry Plan and the non-disciplinary Restricted License and issue a Full License.

**PHYSICIAN ONBOARDING REENTRY PLAN**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S BASIC INFORMATION

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of License Requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number and Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney, if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number and Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROPOSED PHYSICIAN SUPERVISOR/MENTOR

Supervisor/Mentor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number and Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFFILIATION AND WORKPLACE(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Board Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DETAILS ON THE REENTRY PLAN

Estimated Plan Duration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Work Hours per Week (full or part time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 1: Shadowing**

How long per day? How many weeks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Role and Responsibilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PART 2: Supervised Practice**

How many weeks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Role and Responsibilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PART 3: Independent Practice while Reporting to Mentor**

How many weeks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Role and Responsibilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How frequent is Direct Observation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How frequent is Chart Review? How many charts? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How frequent is one-on-one Evaluation with Supervisor/Mentor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is there anything else about your Physician Reentry Plan that you want the Board to know?

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Is there anything that the Licensing Committee or the Board wishes to add or subtract from the Plan?

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**PHYSICIAN REENTRY AGREEMENT**

This is an agreement between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Applicant) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Physician Supervisor/Mentor) and the Board of Registration in Medicine and its Licensing Committee. The parties agree to participate in an educational program known as a Physician Reentry Plan, which is attached to this document and incorporated therein. Also incorporated herein is Policy 24-02, Policy on Physician Reentry for Initial Full Applicants.

**Purpose**

The purpose of this Physician Reentry Plan is to ensure patient safety by requiring that all initial full licensees have current clinical competency, consisting of an up-to-date educational background and a depth of recent experience in clinical practice. The Physician Reentry Plan is educational and not punitive. This Reentry Plan is not a disciplinary action by the Board of Medicine.

**Overview**

The Reentry Plan consists of three parts. Part 1 is Shadowing. During this stage, the Applicant will shadow the Physician Supervisor/Mentor and will not have any patient responsibilities. Part 2 is Supervised Practice. During this stage, the Applicant will assume some patient care responsibilities under the direct supervision of the Physician Supervisor/Mentor. In Part 3, Independent Practice while Reporting to the Supervisor/Mentor, the Applicant will examine patients independently and will be required to discuss his/her clinical observations, diagnosis and treatment plan for each patient with the Physician Supervisor/Mentor.

**Supervisor/Mentor Reporting**

The Physician Supervisor/Mentor agrees to submit monthly reports to the LC/Board Contact. These reports will describe what part of the Plan occurred, the dates, and any valuable performance measures, for example, the number of chart reviews, random or otherwise. It will be helpful to the LC/Board if the Supervisor/Mentor includes in these reports feedback from clinical and administrative staff with regard to the Physician’s standard of care and professionalism.

**Plan Changes**

By the Physician Supervisor/Mentor with Consent: The length and scope of each of the three Parts of the Reentry Plan can be extended or shortened by the Physician Supervisor/Mentor, as determined in his/her professional judgment. The Physician Supervisor/Mentor agrees to notify the Board or Licensing Committee Contact if any part of the Reentry Plan as agreed to is shortened or extended. The Physician Supervisor/Mentor agrees not to implement the change without LC/Board consent. When consensus cannot be reached, the Physician Supervisor/Mentor and the Applicant can ask for a meeting with the LC/Board to discuss the change.

By the LC/Board Only: The Applicant may not change the Physician Supervisor/Mentor listed in the Physician Reentry Plan and approved by the Board or the Licensing Committee. The Applicant may not practice medicine at any location other than Workplace(s) address(es) listed in the Physician Reentry Plan and approved by the Board or the Licensing Committee.

The Applicant must stop practicing immediately if either the Supervisor/Mentor or the Workplace agreed upon in the Reentry Plan becomes unavailable. If the Applicant wishes to change a Physician Supervisor/Mentor or a Workplace, he/she must petition the LC or the Board, whichever is a party to this Agreement. The Applicant shall provide the necessary documentation to support the petition. The Applicant cannot resume practice until the LC or the Board approves a new Supervisor/Mentor or Workplace.

**Standard of Care**

At all times during the pendency of this Physician Reentry Agreement, the Applicant shall meet or exceed the standard of care applicable to his/her conduct as a physician. If the Physician Supervisor/Mentor determines that the Applicant’s patient care does not meet the standard of care, the Supervisor/Mentor agrees to notify the Board or the LC immediately, by telephone and in writing.

If the applicant does not satisfactorily complete the reentry plan, or if the applicant practices outside the scope of the reentry plan, as determined by the Board, this conduct could constitute misconduct in the practice of medicine and could warrant referral to the Enforcement Division or it could provide grounds for the Board to institute a summary suspension of the license pursuant to 243 CMR 1.03(11).

**Termination of the Agreement**

When the Physician Supervisor/Mentor agrees that the Applicant has successfully completed the Physician Reentry Plan, the Applicant may petition the Board or the Licensing Committee for termination of this Physician Reentry Agreement. The Applicant’s petition shall include the Physician Supervisor/Mentor’s reports and recommendations, if any.

SIGNED on this date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workplace

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Supervisor/Mentor

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Licensing Committee or Board of Medicine Contact

Attached and Incorporated Herein:

1. Policy 24-02 on Physician Reentry
2. Physician Reentry Plan
1. This policy applies to Volunteer License applicants but not to Administrative License applicants, who do not practice clinical medicine. *See* 243 CMR 2.02(11 and 12). In addition, this policy applies to an applicant for a Change of License Status from either a Volunteer or an Administrative License to a Full License, who has not practiced clinical medicine for 24 consecutive months or more. [↑](#footnote-ref-1)
2. For purposes of Policy 24-01, the word “Board” includes the Board’s Licensing Committee. [↑](#footnote-ref-2)