DOCTOR'S CROSSING
CARPE DIEM PODCAST
TRANSCRIPT

Episode 15 - Reentry - Can You Get Back in if You Leave Medicine?

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RS: "Don't close the door completely on the idea of returning to medicine. If there's a way for you to do a little bit of practice, like one day every other week, that will make things a lot better, if and when you do decide to return to medicine".

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So pull up a chair, my friend, and let's carpe that diem.

Hello, hello, and welcome back to the Doctor's Crossing Carpe Diem podcast. Are you wondering if you leave medicine and then decide to go back, what would happen? Would it be too late? Would you have lost vital skills and have no way to retrain? It can be scary to think about leaving medicine and then wanting or needing to go back, but finding the doors shut.

Today, I have a very special guest who's an expert on physician re-entry. I am honored and excited to bring to you, Dr. Rob Steele, a board-certified family practice physician, who is the medical director for the KSTAR physician assessment and reentry program.
He has almost 20 years of experience in helping physicians improve their clinical skills and also find a path back to medicine if they've left. We're going to be talking about what you should know before you consider leaving medicine, as well as some actual reentry options if you're trying to return. I'd like to give a very warm welcome to Dr. Rob Steele. And I know you can't see

him, but he is a dead ringer for the late actor Robin Williams. Hi Rob, how's it going there in Galveston?

RS: Hi Heather, I'm doing very well. And thank you for the reference to Robin Williams. I consider that a high compliment.

HF: It's very true. And if you want to listeners, you can go to the website and see a photograph of him. So, Robin, I mean, Rob, would you like to tell us a little bit about the KSTAR program and your involvement with it?

RS: Yes. The KSTAR program is a physician assessment and training program at the Texas A&M University's Health Science Center. It's in existence for about 12 years now. And we evaluate physicians who have identified concerns or problems, or are needing specific types of education to resolve whatever issues they're confronting. That would include people who have been out of practice for a while and need to demonstrate that they're competent to return to practice.

HF: And there aren't very many programs like this, and most physicians don't even know that something like this is out there. So, I thought it might be interesting if you started with a case study of a physician who needed some retraining and found you.

RS: I have one here who is an OB-GYN, and I'm going to say upfront that I've changed some of the identifying data to make it not identifiable.

HF: Sure, sure. Yeah.

RS: This is a male physician in his late thirties, trained in OB-GYN, and did well in his residency program. But he didn't begin practice after finishing residency due to needing to do assist with several serious family health issues. After those matters had stabilized, it was about five years since he had not practiced at all, even in residency. And he was not licensed to practice in any state, never had a full medical license. So, the state where he wanted to practice, which was a different state from where he trained, required that an assessment and a reentry training be done or completed to be considered for full licensure.

And his further goal was to work in an academic setting as a clinician and teaching type of position. This physician completed the KSTAR assessment and did very well overall. And his medical knowledge and communication skills were noted to be superior and better than most of the other physicians that we've evaluated in recent years.

HF: Nice. That helps!

RS: Yeah, it does. The communications part really means a lot to us, by the way. It's one of the core competencies. And he completed three months of reentry training at the University of Texas Medical Branch in Galveston, which is one of our clinical training partners, including doing deliveries, C-sections and minor GYN surgeries. He did some major GYN surgeries, but there isn't as much of that going on these days in residency education.

He was promptly given a full medical license when he turned in his assessment and reentry report. He ended up getting the position of his choosing in the academic training center in the Upper Midwest. So, he got what he wanted. And he had several big hurdles to get over too.

HF: He did it. And I loved that story because I'm sure there are physicians out there who after that kind of gap would think, "Well, what am I going to do? Work at Starbucks?" And not know there is a path back to medicine.
Now, UTMB, I just have to say is my Alma mater. I love UTMB in Galveston. Great place. Could you tell us a little bit about this program and some of the specialties that can be retrained there?

RS: Absolutely. UTMB is a very large teaching center. It's the oldest medical school in Texas, if people didn't know that. And they have almost every specialty and subspecialty for training there. They've made the commitment to work with people who want to reenter practice. They had done it informally initially. And when KSTAR approached them about working with us, they very rapidly invited us to work with them on providing the reentry training education. So, I think UTMB has been a great partner to work with. And I think they're very forward-thinking.

HF: Let's look at an example of perhaps a physician is listening to this. Maybe they've been out for 5 years, 10 years. Perhaps they have a license, perhaps they don't. What would be the steps that

they would start taking to even explore this possibility of reentry? And let's for the example say they're not in Texas.

RS: Okay. Well, what I would do first of all, is to understand what your state's requirements are for reentry, if they have them. Over half of the states now have specific requirements. For example, if you've been out for two years, which is probably one of the most frequently cited periods of time for requirement for reentry. To understand what the interval is, because if you're beyond two years, then you probably do have to start looking at either getting an assessment or some training to demonstrate that you're competent. But the bottom line is to understand your state's laws and rules regarding reentry.

HF: That is such a great point. And that two years is something I hear very often and it can be even shorter when it's a surgeon or some specialties have to keep doing something clinical every year, if they like to renew their board certification.

RS: Yes, yes. After understanding what that is, the other big challenge is, “Where do I get this type of evaluation and training?” Well, the good news Heather, is that there are more options now than there were 15 to 20 years ago. The bad news is there are still not a lot of options and they do operate off of different models, but I'm sure we'll discuss that later. But the thing is to understand “What type of training am I going to need and where do I look for it?”

One of the resources that I send people to a lot is the Federation of State Medical Boards. It keeps a grid or a chart of the programs who provide assessments and remedial training and reentry training for physicians who are in this situation. And last I counted, there are probably five major programs that do some type of reentry training in the United States. I am sure there are more entities who are doing reentry training on a more informal basis, but of the programs that definitely have a dedicated program, there are four or five of us and we all work off of different models.

HF: And what I'll do within the show notes, I will link to the Federation of State Medical Boards and also link to these other known programs. All right. Let's continue with our example with this physician checking with their state requirements and then looking for some assessment program. Could they reach out to you?

RS: Absolutely. And if someone reaches out to us, we certainly will let them know what we can provide, but we also realized that we can't provide everything to everyone. And sometimes other programs have resources that are better suited to their needs. So that's part of what we feel our role is in helping people get back to practices, to helping them get what they want. So, they certainly can contact us and we'll let them know what the options are as we see them currently.

HF: Okay, perfect. Let's say this physician comes to you, you're able to help them. And then it's determined that they need a reentry training program. What are the specialties that you offer training for at UTMB?

RS: We have developed these based on need. And the ones that we have done far and we do the most are include internal medicine, obstetrics and gynecology, pediatrics, anesthesiology, family medicine, general surgery, neonatology, neurosurgery and we will soon be having our first vascular surgeon to go through UTMB. And that doesn't limit us in any way, but if someone would come to us with another specialty or subspecialty like endocrinology, we would try to do what we could do to accommodate that, if they have room to do the training at UTMB.

HF: That's a good list, I know it's been growing. So that's really nice to hear. Now when this physician actually goes to do the training program and I think it's usually about three months, is that right?

RS: Yes. It can be three, but we have the flexibility to train more than three months. We've had, three to six months seems to be the range we end up in with most people, but three is the rule.

HF: Okay. What is it like for this physician to integrate into what was probably a residency program with residents who are used to having their fellow residents and then all of a sudden, there's this physician from the outside? What's that like?

RS: You know what? At first, it's a bit daunting for the physicians because they basically have to go back in time and assume a different position. And things have changed. We have electronic health records. We have quality measures. We're doing things now that we didn't do 10 or 20 years ago. We're not doing some of the things we did 10 or 20 years ago in medical education.

So, it's a new world in medical training now, and COVID has only magnified that, but our doctors seem to get through it.

What I have learned is that in the first month of training, it's important for me to stay pretty tightly in contact with them. And I try to meet with them every week or two for a sit-down meeting and to just go through how they are getting through it, and to see if they're having any distresses or any emotions or anxieties that are really holding them back. Part of my job, I think is just to hold their hand and give reassurance that things are going to go okay. And they almost always do.

HF: Well, you have a very reassuring personality, Rob. I can see you're well suited for this role. So, I could imagine a physician, maybe they're not from Texas. They get dropped on the island, literally and figuratively thinking that "I'm just here by myself", but they have you to help them integrate that. I think that would really ease some fears. Do you have another example that you would like to share?

RS: Let me see. I do have my cases here. Okay, here's another one. It's an internal medicine reentry case, and this is a female physician in her late thirties, again. Trained in internal medicine, then completed a fellowship in rheumatology. She developed a severe and debilitating disease and had to discontinue practice. And she had been out of practice for four and a half years before she decided to reentry.

When treatment became available for the disease that she had, she experienced remarkable improvement, and she decided that she had the stamina and just the desire to return to medicine. And it was apparent to us when we first met her and did her assessment that she absolutely loved practicing medicine. So, she was one of those people you really wanted to get her back into the game. Her goal was to return to an ambulatory general internal medicine practice and leave the rheumatology behind for now.

She thought that's how much she could bite off and she was always a wonderful internist. And so that was going to fit her life situation better to go back to that scope of practice. When we assessed her, she tested out very highly in medical knowledge. She had some minor gaps that could be easily addressed in many residency. And those more had to do with communication

and on focal areas of knowledge that needed to be addressed, but really overall, just a stellar candidate.

She did very well in the three-month residency. She worked at the internal medicine outpatient clinic, working with residents, fellows, and faculty. She was up on the front line and she was seeing new patients every day. She was seeing overflow. She was seeing new patients that hadn't been established yet. And she was basically an overflow valve. And so, she got a lot of experience with some very complex patients.

The one thing that I think really made it easier for her is she trained at UTMB. So, it was really not hard for her. She knew the electronic health record, so that made her transition back into patient care much easier. From day one she knew how to maneuver through the electronic health record, which is a big deal nowadays.

And then they really liked her at UTMB. She really worked hard. They just really valued her contribution to the medical team. And she was invited to apply for several positions at UTMB, of course. She did end up taking finding a position that it was a community clinic that largely served. She served the underserved and she really felt like that was where she wanted to work. She worked there for a while, while she was doing her many residency training. And so, she's very happy. We keep in touch with our docs and she's one of the happiest there because she could not practice and doing what she loved for a long time.

HF: Yeah, that must be so rewarding to be able to help these physicians who really want to get back and do what they are trained to do, be purposeful and contribute in a way that they planned on all along.

RS: Right. And you know what, Heather? I think UTMB discovered that they have a pretty good recruiting tool. Because three months is a pretty long tryout for a job.

HF: It is. I know, I know. I'm sure depending on what the staffing is like for the residents, that having these extra hands and another person to do call, that they could really welcome this person.

RS: Yes. A more recent graduate internal medicine, mini-residency graduate. She told me that she was told that after she left, that they were considering hiring someone at 30% or 40% time to cover what that doctor was. I don't know, but it was substantial. They felt that having that person filling that role that she was doing was valuable enough to hire someone to do it. I'm kind of hoping maybe they didn't because I'd like to be able to keep putting people into that spot, but I know they'll find a place. They'll find a place. Yeah.

HF: Good, good. Now, in your examples we've talked about physicians who are like four or five years out. Is there a maximum cut-off for physicians depending on how long they've been gone? Is there like, "Sorry. Sorry, Charlie. It's too late"?

RS: You know what, Heather? We haven't found a too old or too many years out numbers yet.

HF: Wow.

RS: We've had success getting people who have been out for 10, 15, and even 20 plus years back to practice.

HF: Wow.

RS: Sometimes they change their scope of practice. Sometimes what they return to is like ambulatory, sort of ambulatory plus hospital care. But we've been able to work with them. We have not found a magic number where we have to tell people no. And until we do, we're going to keep trying, because if we're getting up to 20 plus years in people, and we haven't found that hard stop, then we're going to measure people by other factors and not get too hung up on their age or time out of practice.

HF: That is fantastic news. I'm sure there are people listening out there who this is going to be a game-changer. They may have thought "It's too late, not me". And feeling like it's all over. So, your phone may be ringing up after this Rob. Like 2021 can be a game-changing year for them.

RS: I hope that is the case for everybody.

HF: I do too. I mentioned in the intro that we're going to talk about what to know before you consider leaving. And we mentioned this two-year mark and checking with your board. But let's say for example, a physician is maybe wanting to take time off for family reasons or even to do a nonclinical career. What are some things that they can do to help make it easier in the event that they decide they want to go back?

RS: Okay. Number one is this. Hang on to your medical license. Don't let it lapsed. It's very difficult to get your license restarted again. If you let it lapse, you have to go through the application process again. And in case you don't remember it, it's daunting and it takes a long time.

HF: Yes This is not easy.

RS: Yeah. But it is elsewhere also, and so, hang onto your license. That's the most thing. Hang on to an active license. And also, number two, hang on to your board certification too. It's very important to have that feather in your cap when you're out looking for a job after you've completed your training, if you do have to, or whenever you return. So, license, hang on to it. Your board certification, hold onto that. Do all your maintenance of certification stuff even if you're not seeing patients.

And I would say number three is don't close the door completely on the idea of returning to medicine. I say this because when they have looked at reasons why people go out of medicine, one of the biggest reasons is health, but not far behind that are factors related to burnout. And so, when people are burned out, sometimes they're just ready to leave. And they say, "I'm never going to come back". And I've heard that many times from people.

HF: Me too. Never say never. Never say never.

RS: Never say never. So, if there's a way for you to do a little bit of practice, like one day every other week or whatever you can do to maintain some clinical credibility, that would be looked on I think better than not practicing at all. And try to keep up on your CME too and stay current. It has some work, but it's not as much work as working full-time in a clinic. So, try to stay engaged with medicine, at least from that perspective. And that will make things a lot better if and when you do decide to return to medicine. Those are the big three that I can think of.

The other things, I think, keep your mind open to the fact that you may want to. When it comes to insurance, you may want to let your insurer know that you're going to be clinically inactive if you're going to continue with them, that might help. In my experience, insurers have been very supportive and stirring people who go back into these training programs. We in Texas are very lucky to work with Texas Medical Liability Trust. And they write three-month policies for our trainees. And if that trainee has been associated with TMLT before, then it's even easier to get them approved right away. So, consider staying in touch with your liability company in case you need their help again.

HF: Those are excellent points, Rob. And in case the listeners didn't catch it, that program at UTMB will grant you temporary license and temporary malpractice insurance so you can be covered when you do their training. Is that correct, Rob?

RS: It is, but, you're right. But the grantors are Texas TMLT. We work with them on KSTAR basically works with TMLT secure the coverage for them, and we have to work with them. And then when it comes to the license, Texas has what's called a visiting physician training permit. And that can be used by KSTAR for reentry training only. And that's doled out in a three months peer increments.
And so, we help coordinate the GPTP also, but it does require some paperwork, both at the training end and by the person who's going through the training. But we've got that figured out and that usually goes very smoothly, especially if they've completed the KSTAR assessment and they performed adequately.

HF: Great. Though, I'd love to keep going on with this but we're getting close to the end here and I'm sure people are wondering "This sounds great, but how much does it cost?" Can you talk a little bit about what's involved there?

RS: Absolutely, not a problem. As you might imagine, this is pretty labor-intensive and it's labor-intensive with physicians. And so, the assessment and training is expensive. The two-day multimodal assessment that we do at Texas A&M is a little over $10,000 for that evaluation. And then the training at UTMB is approximately with ongoing administrative fees and for training, it's about $3,700 per month. And if they have to train beyond three months, the price goes down a

little bit per month because the additional education that we provide from KSTAR will have already been done. So, we're talking about a little over $20,000 to do that. And that doesn't cover living expenses here on the island of Galveston or in the surrounding area and transportation and things like that. So, it's an investment.

HF: Galveston, it's more affordable than some places like LA or New York City.

RS: Yeah, exactly. There is affordable housing here, but one thing that I will follow up with it is saying, it's not unusual for people to say, "I can't believe it costs that much. Really?" But the thing is no one has ever complained about it when they got back to work.

HF: Exactly. And the thing is, I know physicians who are out of medicine consider doing an MPH or an MBA to try to open doors. And that can be $50,000 or $100,000. There is no guarantee of a job after that.

RS: Right.

HF: I think for what you're getting and the chance back to make a very good income and do what you want to do, that is actually a deal.

RS: We like to think so. But also, I feel for people because if people have been out of practice for a long time, sometimes they're in a financial where $10,000, $20,000 does not appear out of nowhere. And people have had to work other jobs that they're not used to working to get the money, to pay to do that. And that has to be humbling.

HF: I'm sure.

RS: And so, we were aware of that and we feel for people like that. But the nice thing is the longer game here is that once you get your career back, you get your paycheck back and a lot of those problems go away. And it's so nice when people call us back at KSTAR, we get Christmas cards and things like that. And then we ask people to call us when important milestones are achieved, like licensure. And it's just so fun to talk to them because they go from being kind of worried and anxious as they're going initially.

HF: Demoralized, I'm sure. Yeah.

RS: But when they're done and they get these things happening, they're truly the happiest people in the world.

HF: Yes. They get their life back. They get their sense of self back and that is priceless.

RS: Yes.

HF: Well, this has been such a wonderful interview. It's such an honor to have you. Are there any closing thoughts or anything you want to say before we wrap up?

RS: Yes. One thing I'd like to tell people who are considering going down this road is that nothing happens quickly. There are a lot of very deliberate processes that are in place. And there are sometimes some roadblocks that you can't see your way around. What I'm going to say is don't give up, keep trying. Sometimes things don't happen easily or right away. But everyone that I've worked with who really wanted to get back to practice gets back there. You just have to be patient and realize that this isn't going to be easy, but it's going to be really worth it in the long run.

And with that, Heather, I want to thank you very much for allowing me to have this wonderful conversation with you and to share my experience and expertise with others. And I hope it really helps people out.

HF: You're so, so welcome. And thank you, Rob. It's completely my pleasure. I'm so honored that we connected. A number of years ago we did a blog together, which people can find on my website, and now to get to have you on my podcast, which is great. And I just want to let folks know that if you go to doctorscrossing.com for this episode in the show notes, I will have those links. There will also be the KSTAR program where you could reach out to Dr. Steele, if you have questions and want to find your path back. So, thank you again, Rob, we'll keep in touch. And don't forget guys to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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