DOCTOR'S CROSSING
CARPE DIEM PODCAST
BY HEATHER FORK, MD, MCC

TRANSCRIPT

EPISODE 165

With guest Dr. Rob Steele

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RS: "The desire to just cut and run is so tempting that our licenses expire, become inactive. We really have to remember your medical license, it is a very valuable commodity. You've worked a long time to get there. It is very valuable in allowing you to have a fair amount of options for employment."

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.

Hi there and welcome back to the Doctor's Crossing Carpe Diem podcast. I'm your host Heather Fork and you're listening to episode number 165. Have you had a recurring nightmare about being in practice? Well, I have.

But before getting into that, I wanted to thank you so much for being a listener on this podcast. I'm really happy to have you here with me. I think of you when I'm recording. Your presence means a lot, and I appreciate anything and everything you may be doing

to let other physicians know about the podcast so they can benefit from this 100% free resource. It will always be free.

I'd love it if at the end of this episode, you can think of someone who could benefit from this topic and share a link. That would be great.

Now getting back to this nightmare, this is a dream that I have had several times where I wake up in a panic and hyperventilating. It reminds me of the recurring nightmare I'm sure some of you may have had where it's exam time and you realize you haven't gone to that physics or calculus class all semester, or you haven't read the book for the English course and it's just a nightmare.

But this is not that dream. This is much worse. In the dream I'm referring to, I'm on a locums assignment. I've been seeing derm patients all day long, busy, busy, busy. And finally the day is done. And as I'm walking out to the parking lot to my car, I suddenly realized to my horror that I've been wearing my pajamas all day long and I can't understand why my MA didn't say something to me. I'm mortified. But then it dawns on me that I do not have an active medical license. That I've been taking care of patients all day long, writing in the chart, prescribing meds, doing biopsies, all without a license. I see the Texas Medical Board coming after me. I see myself in stripes going to prison, and the horror of it all jolts me awake and I wake up hyperventilating.

Luckily, I haven't had that dream in a while, but in real life, when I did stop practicing dermatology, after two years I let my license expire because I wasn't planning on returning. However, in retrospect, I would've kept my license and board certification active much longer because now I know that there are a lot of different clinical options and nonclinical opportunities that physicians can do besides traditional practice.

In today's podcast, I have a very special returning guest to talk about how to keep your license active when you leave medicine. And also different ways physicians have gotten back into practice after a gap without doing a formal reentry program.

My guest, family physician Dr. Robert Steele, has worked in the area of physician assessment and reentry for over 20 years. Dr. Steele has been a former medical director of the KSTAR Physician Reentry Program and has helped many physicians regain the ability to practice. I'm very excited to welcome Dr. Robert Steele back to the podcast. Hi Rob, how are you?

RS: Hi Heather. Thank you very much for inviting me back. I'm very happy to be here.

HF: Yes. And you were on episode number 15 way back where we talked about reentry - 'can you get back in if you leave'?

RS: Absolutely. Absolutely. I heard that it was very popular too.

HF: Yes, and it still is a very popular episode. And in that episode we talk a lot about physicians who did leave and had a fairly significant gap. It could have been three years, five years, 10 years more, and how often the path back into medicine was doing a formal re-entry program such as through KSTAR.

RS: It's nice because then we were talking about after the fact how to get back in. What's nice about what we'll be talking about today is doing some preventative medicine really when it comes to our careers. And your nightmare that you described really touches on this perfectly in that it is a nightmare if you lose your medical license for whatever reason. And sometimes in life we just need to take a break from medicine. It's just for whatever reason, whether there's a family problem, personal illness, just burnout. "I can't stand it, I've got to get away from this for a while. This is not what I thought."

And it's very understandable. It's part of the normal trajectory of clinical medical practice to take some time off because that's just the way life is. We can't always be working in medicine. We do have to take time off for very good reasons.

But here's the thing, and you also mentioned this, that when we decide that I'm going to stop practicing often because it's just we've had enough. And if we sometimes are overwhelmed, sometimes we have PTSD, but we just can't imagine or there's just no way we can make our lives work well anymore. And so, we leave.

And the trick here to help prevent some of the nightmares that can happen is to not just let everything go, but to allow yourself some time to say, "Okay, this is my time. I need to go out now to help my parents, to tend to my own medical issues or whatever. However, I'm not necessarily closing the door."

I think most of us like to keep our options open. But in this case, sometimes I think that the desire to just cut and run is so tempting that we just leave that license issue lying out there and our licenses expire, become inactive or whatever.

But here's the thing that we really have to remember, even in those painful moments of having to do this, is that your medical license, you've worked a long time to get there. It was a long road. You may not remember all the little things you did to get there, but it is a very valuable commodity. And even though it may not be serving you right now with what's going on in your life, it is very valuable in allowing you to still have a fair amount of options for employment. And it also will allow you to change your mind, and believe it, it happens a lot.

HF: Yes. I'm so glad you said everything and I loved how you used this term preventative medicine for our career and our medical license to be proactive because you're so right. It's much easier to keep it alive than to resurrect it.

We're going to be going into some examples of how physicians have gotten back in, but before we do that, let's talk about physicians who are maybe considering even doing a nonclinical career and testing the waters or they have a disability, but maybe there's a different way they can practice, but there's a gap. And you also mentioned family illnesses, medical challenges. So, let's take, maybe a couple different examples of what physicians could and should do preventatively.

RS: Okay. First of all, you may want to check what your medical board that you belong to, or the boards you belong to, what their rules are about that, and make sure that you follow them. And if you're an employed physician, make sure that you finished out any administrative things you have with them. But really I think one of the things you need to do is make sure that you're doing your continuing medical education and things like that and maintaining your DEA. Sometimes that gets lost in the pile there, but your DEA you need to hang onto too.

HF: I know when I was looking into leaving and my license, if I had really just paid the dues, done my CME and I don't think I even had to have an active malpractice. I could be wrong about that. I don't think I did for Texas. I could have kept it going in perpetuity. I could have still had it now. So, it really wasn't a whole lot, but I think you're absolutely right in saying check with your individual medical board because some of those details vary.

RS: One thing I would add too along that line is regarding malpractice. You don't have to if you're not seeing patients, but you should maintain the tail coverage if you have that type of liability. Maintain the tail coverage. That came up in a meeting that I was at very recently. Sometimes that gets missed.

HF: Okay, those are great suggestions because I know a lot of physicians think if they go nonclinical that they don't need their license, but actually a good number of nonclinical jobs still want you to have that active license. So, hold onto it and then also consider

your board certification. Because that can be a really important feather in your cap too when you're applying for nonclinical jobs to keep that up as well.

RS: Absolutely. I totally agree with you.

HF: And some specialties do have certain clinical activity requirements for board certification. So, also check with your board specialty and find out what those details are.

RS: Absolutely. The specialty boards are usually really responsive to that too. And basically you want to make sure that you don't fall into a hole or miss something. That's right. Maintain your board certification if you can. It really is another feather cap, at the very least, make sure you maintain your license. Board certification is a great plus.

HF: Okay, now let's look at some specific examples and we'll be looking at some clinician examples, some surgeon examples because there are some differences there. Where would you like to start us off, Rob?

RS: Okay. First of all, Heather, I think what I'd like to do is just tell people about when it comes time to trying to get back into practice. You got to figure out how your own state board, medical board handles these situations. Again, there are a lot of different medical boards, they all have different rules and you need to understand what they are.

For the most part, right now, most boards, if they even have a policy on reentry, and many of them don't. If they do, they usually use two years as the cutoff for, “Is this person really ready to go back to medicine? Are they competent?” It's the first mark where they say, “This is where we're starting to look like a reentry person who may at least lead to have some type of verification or evaluation.”

Two years right now seems to be the number that people are settling on. I will tell you that there's not a lot of evidence behind it. It's mainly an expert opinion right now, but it hasn't wavered in many years and it's going to probably remain that number.

Now, if you're less than two years out and you've been doing things to keep yourself somewhat current in medicine, there's a good chance that you can probably just go back into medicine depending on what your own board says, that you may have to go talk to them, they may want to interview you, they may even give you a clinical interview. Up to two years often people can move back in without much ado and without a big assessment or significant mediation.

HF: How would you differentiate that if someone is say a neurosurgeon or an orthopedic surgeon?

RS: For a surgeon, or a neurosurgeon, generally the same rules are going to apply from a medical knowledge and clinical standpoint. But from surgical skills we run into another entity and that's credentialing and own specialties themselves. And what they do is basically the rules are much tighter for those because they're technical. They rely on skills that have to be done frequently and maintained for patient safety. There are, for example, obstetrics and gynecology, general surgery. You have difficulty getting credentialed if you haven't done procedures in say more than six to 12 months. I think 12 months is definitely a cutoff mark for a lot of them. So, your need for some type of training or verification of your skills is really going to go up by the 12 month mark if you haven't been practicing.

HF: Right. And that's often a cutoff that locums companies use as well.

RS: Yes, yes. They tend to follow the credentialing companies pretty closely and that actually makes it easier for us sometimes to figure it out. But the bottom line, just as you said

before, know what your state's rules are, they're all different. So, you have to basically find out what they're, and talk to them. Usually they're very willing to talk to you.

HF: Okay. And do you have an example of someone who maybe was three to five years out and then how they got back in without a formal reentry program?

RS: Okay. For a person who's been out for maybe two to five years, the good news is that in most states, they don't all follow the two year rule. And there are some people that can return to practice safely after two to five years. It partly depends on their performance and what they've been doing in the meantime. Have they been totally inactive in medicine or are they inactive? The boards, they can vet that or they can figure that out when they talk to you.

I'm aware of a physician once that did have a little bit of testing done and it was determined that his medical knowledge was still intact. And a way that can be done is that if people are regularly doing their maintenance of certification and they're doing well on it, it's tracked. So, you've got a track record.

If you've got a track record like that that says yeah, you're in the 80th percentile and you're talking to your medical board and say, "I've done this, I've been doing this, I've been doing my MOC, I've been following along, I've been going to conferences, I've been doing medical podcasts, this or that." That's how you get back in.

And this physician basically was a little over the five year mark and was able to get back into practice by securing just a mentor, someone who is a peer that had an informal relationship and was able to basically be available to give advice and to talk about tough cases or interesting cases at times, but was not really as formal supervisor. And that works. That works. Having a mentor sometimes is all people need to get back in. And that's a smart thing too because mentors can help you figure out the system you're working in instead of trying to read through your charts and things like that.

HF: Now, Rob, typically would a mentor be on location where the physician is or could it be someone maybe even that they knew from their training or from where they maybe worked before that they can consult with?

RS: Mentors are really flexible. It can be all those things and they do not have to be even on site in my opinion. Although someone can certainly say maybe they need to be on site for two weeks and then after that you let the rope out a little bit as we say. But I think that mentoring relationships or agreements can be very flexible. And that can be sometimes negotiated with the board. In rural areas maybe it's the next town or the next county, maybe it's by zoom, maybe it's a phone call once in a while. But it's basically some type of connection so that you have a little bit of a lifeline while you're going back into practice because you may still know what to do, but sometimes it's easy to struggle with a new system if you're working in a new system.

HF: Absolutely. And typically would this be a paid mentorship? Would the physician need to pay the mentor?

RS: It can be anything that you want it to be. Mentors often work for free. They don't have to be paid. If you're someone who's going back into practice, one thing that it helps to do is think about what will my practice look like? And if you've talked with a doctor, you've got a friend or a colleague who is willing to be your mentor, you can ask them to do it and it can be for nothing or whatever you agree on. It does not have to be a negotiated financial agreement.

HF: I see. Okay. What would be the next step up from mentorship?

RS: Probably supervision, direct supervision. Having someone who's supervising you to some extent, maybe not all the time, but is going through your charts with you. Sometimes even reporting back to the board. A supervisor on site usually monitors often someone offsite who's looking through your charts. Monitoring and supervision of the

next step up. And that's just to make sure that when they look at your charts that they make sense, that the diagnoses match the treatment and that the history is complete enough so that everything falls together.

HF: Could that be someone who even would accompany the physician into the OR for example, say it was an OB-GYN physician or it was a surgeon where the supervisor could be there during procedures and surgeries?

RS: Yeah. That happens with surgeons and OB-GYNs not infrequently because they can still have their medical license, but they can't be credentialed if they're outside of a certain timeline for doing procedures. And so, what they do is usually one of their colleagues or one of their people who was sharing a call with them will come in with them and operate with them. They're actually in there watching and seeing what's going on or they're in there in case something needs to happen and to make sure that the procedure is being done correctly. And that's done with the hospital's blessing to do that. I think basically that's a very common thing to have happen and it works well and it's safe.

HF: Have you seen situations where a physician wants to get back in, maybe they had an assessment and they said, "Yes, you really need a supervisor for maybe three months or something", but then they can't find anybody and they're sort of caught in this no man's land?

RS: Yeah, it is a really hard situation. Sometimes it takes a while to find a supervisor. The first thing is don't give up. Just because you made a few phone calls and no one said they wanted to do it, the reentry thing is a little different and not everyone's going to feel comfortable.

Sometimes you have to be persistent in trying to find someone to do it and you may need to change your approach a little bit because sometimes we all want to go for the low hanging fruit. You may have to do something that's not your preference, but that

still can be worked on. It just takes time. If you absolutely can't, it might be worthwhile to see if there is actually a formal training site that you can go through like the reentry training programs that are available. And they do provide that clinical experience. They usually require that you undergo a needs assessment before you have the education intervention in the clinical practice. And those programs are usually very thorough.

But admittedly they're not everywhere. So, you have to go to them or at least report back to them regularly through whoever you're working with. But those are your options. If you can't find someone, it's unfortunate. I don't think it's impossible. I think it just takes longer and it takes a lot of creativity. You have to basically start talking to your friends too. Friends and friends who know other people. That's usually where people end up finding somebody to help them out.

HF: Yeah. I'm glad you're encouraging people not to give up because often when we're in a situation where we feel we're a bit non-traditional, we can feel even a little embarrassed or ashamed or not really know how to talk about maybe even why we were away and then we're more hesitant to reach out. But if we just think, "Okay, what's the goal here? I want to use my skills and abilities to help people. I'm sure other people will want to encourage and support me in that effort." Just think of the goal and don't worry so much about reaching out to people. If they want to do it, they will. If they can't or it's not going to fit for them, they'll say no, but it's not personal.

Now I want to get to a few more examples that you have, Rob, but before that I'm going to take a quick break to share a resource and then we'll be right back.

All right, my dear listeners. I wanted to let you know about a freebie I have and it's the Physician Transition starter kit. This is a pretty hefty PDF which walks you through a situation when you're at the crossroads and you're trying to decide "Should I stay, should I go, what are my options?" And these are a lot of things that you can do with your medical license and with your board certification and also some of them without.

If you're interested in this freebie, you can go to the doctorscrossing.com website, hit the freebie tab at the top of the page, and then you'll see the Physician Transition starter kit there, plus a number of other freebies. I'll also have a link for this in the show notes.

All right, I'm back here with my wonderful guest, Dr. Rob Steele. And I'm wondering, Rob, do you have another example or two of physicians who were out, had a gap and then were able to get back in?

RS: Absolutely. In my career I've worked with a number of physicians who have been out for a number of years, like five to 10 years. And they've been out because of impairment. Basically the history of impairment can be cognitive, it could be from substance abuse, but I had a physician who really almost seemed hopeless. The situation was really tough and we were talking about a license that had actually been revoked. Revocation is the worst thing you want to hear about your license because it's gone and it usually is not going to come back.

But this physician was able to pull everything together, but it took about 10 years to do so. Each step took quite a bit of time, but basically had to be polite and persistent. And with time, the board of the state that she was working with was willing to think about giving her license back, but it would have to be one that was restricted initially.

They ended up doing that. And I think part of it was time had passed and she had changed and the people on the board had changed and their attitude toward her had changed too. That change was able to happen. And eventually after doing a lot of work, she ended up doing quite a bit of homework. And she worked on, I believe it was internal medicine. But as she was able to get current on that, she ended up doing a three month reentry program out in the community and basically had to talk a friend into asking another friend to do that.

But the thing is that she did it nicely. She would take "no" for an answer initially, but she would circle back politely. And she was able to get through the mini residency program quite well. It took a while, but she was able to get her first job and that took knowing the friend of a friend of a friend.

HF: Oh my gosh. Wow.

RS: But it ended up, and now this doctor is back in full unrestricted practice.

HF: That's amazing.

RS: She still has to do some other things to keep her life on track of it. To go from board revocation back into practice is really hard. Anything short of revocation in my mind can be done, but it just might not be on your original timeline.

HF: Thank you for sharing that. You can tell this did take an incredible amount of persistence and will and it is inspiring when you hear this because like you said, if your license hasn't been revoked, then you can be like, "Okay, she was able to do it. Let me give this a try." I know we're getting a little bit close on time, but is there anything else you wanted to share? Any other examples, Rob?

RS: There's another physician that I worked with who had been out for a number of years and wanted to return to practice. She had a child with special needs and she wanted to spend time with her child to help her child. And she was always a good physician. She was in primary care and never had any troubles with her practice, but she had a child that she wanted to get up to a certain age before she even thought about going back to practice.

But in that time she did not spend much time staying current on her medical knowledge and her license. It expired basically. And so, she worked with us at KSTAR to get a

temporary training license so that she could do some training. She was assessed by us, she was trained by us and she was eventually able to get back to practice.

But the really cool thing about her story is she needed to change her practice to fit her life and her goals. She ended up not practicing full-time and she ended up taking care of a lot of children who had the same abnormality that her child had and she became kind of a specialist in it and she became a regional resource in a rural area. And so, it was really a really cool story that if you go out of practice for a reason like that, there are ways back in. There really are. And it took her some time, but she did end up finding the practice that she wanted. And the last I heard she was doing very well.

HF: I love that story and I think there's some real important points here in that sometimes when you leave, there are real specific reasons that relate to practicing medicine and you can be resistant to going back thinking, "Well, okay, I had a break, I had a gap, I had a sabbatical, I'm going to go back but within a couple months I'm going to be burned out because it's not going to be any different."

But this is a good example of how you can morph what you're doing and really try to structure it so it will work for you. And I think physicians are getting a lot more creative and there are more options about how to do that with telemedicine and having more boutique type practices and approaches.

RS: Absolutely. I think one of the gifts of leaving practice for a while is that it can offer an opportunity to reevaluate how you practice medicine. How could you practice medicine in a way that still brings you joy that allows you to say, "Wow, I had a good day today or I like what I'm doing or I'm doing something that's really helping other people." Because they often weren't feeling that way when they left.

When they can sit back and get out of the situation and think about it, they sometimes can come up with something and doors start opening. They do. And sometimes you have

to free your own mind and say, "Just relax. What would my ideal job look like?" And if you can do something that you like and comes easy to you, that's the best job you can ever get.

HF: Yes, absolutely. It's so true. I'm going to have a guest on the podcast a bit down the road who is an orthopedic surgeon to tell her story about how she left and she realized she really still had a heart for her specialty and then she came back in a new way. And you're right, these are excellent stories and we sometimes need to leave to come back. To assess how our heart feels. Is it done? Is it really ready to move on? Or what's going to start to resurface when we're not under all that pressure and stress? I really thank you for adding that because I think a lot of physicians are really trying to answer that question for themselves.

RS: You bet. Heather, I think one thing to think about and I hope everybody will think about this, is you may feel really bad about your medical practice and you might feel like I got to get out of here. But believe me, you may not feel that way in two years. You may not feel that way in six months. So, that's why we suggest that you think about the implications of licensure and your DEA and everything because you may feel very differently. And hanging onto your license is so much easier than trying to get it back.

HF: Oh, yes, it is. Don't burn the boats. Just get on a life raft, get on an island for a little bit and reevaluate. Well, Rob, this has been a wonderful conversation. I thank you so much for coming on, not once but twice, and I'm going to link to your earlier podcast episode number 15 where we really talk more about reentry programs. We have other examples because that's another good one to listen to. Thank you again and I so appreciate you.

RS: Thank you, Heather. I always enjoy it.

HF: My pleasure. All right, my dear listeners, thank you for being here. As I mentioned in the beginning, if there's someone you can think of who could benefit from this episode,

whether to help prepare them just be preventative with their license or maybe they're already out and thinking they can't get back in, please, please share it. I would really thank you and someone else will too. And as always, don't forget 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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