

## **POLICY STATEMENT**

### **TENNESSEE BOARD OF MEDICAL EXAMINERS' COMMITTEE ON PHYSICIAN ASSISTANTS**

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#### **PHYSICIAN ASSISTANT REENTRY TO CLINICAL PRACTICE**

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The ability to practice as a physician assistant results from a complex interaction of knowledge, physical skills, judgment and character tempered by experience leading to competence. Maintenance of competence requires a commitment to lifelong learning and the continuous practice of medicine as a physician assistant. Absence from active clinical practice may lead to the atrophy of the ability to practice competently and thus impact patient safety.

It is the position of the Tennessee Board of Medical Examiners' Committee on Physician Assistants that practitioners seeking initial licensure or reinstatement or reactivation of a previously issued license, who have had an interruption, for whatever reason, in the continuous practice of medicine as a physician assistant should be prepared to demonstrate that they have maintained their skills, knowledge and general clinical competence such that they may safely and effectively resume the practice of providing care to patients in Tennessee.

For physician assistants who have been absent from clinical practice for at least four (4) years but less than seven (7) years, applicants may demonstrate such current clinical competence through one of the following means:

- Successful completion of a formal assessment by a PLAS collaborator/ program which recommends no further intervention or training prior to re-entry and confirms the applicant is safe to return to practice or, if the PLAS evaluation identifies deficiencies in the applicant's knowledge or skills, such deficiencies must be cured by either complying with the recommendations of the PLAS collaborator evaluation or coming before the Committee for further review; OR
- Successful completion of a Committee-approved preceptorship to include at least an eight-week clinical rotation in either primary care or the area of intended specialty and instruction in pharmacology. For purposes of this rotation and pursuant to T.C.A. § 63-1-104, the Committee may issue the applicant a temporary limited license for a period of no more than six (6) months which shall be limited to practicing only within the Committee-approved preceptorship. Breach of the terms of the limited license shall be grounds for denial of the application.

For physician assistants who have been absent from clinical practice for at least seven (7) years but less than ten (10) years, applicants may demonstrate such current clinical competence through one of the following means:

- Successful completion of a formal assessment by a PLAS collaborator/ program which recommends no further intervention or training prior to re-entry and confirms the applicant is safe to return to practice or, if the PLAS evaluation identifies deficiencies in the applicant's knowledge or skills, such deficiencies must be cured by either complying with the recommendations of the PLAS collaborator evaluation or coming before the Committee for further review; OR
- Successful completion of a Committee-approved preceptorship to include at least a fifteen-week clinical rotation in either primary care or the area of intended specialty and instruction in pharmacology. For purposes of this rotation and pursuant to T.C.A. § 63-1-104, the Committee may issue the applicant a temporary limited license for a period of no more than nine (9) months

which shall be limited to practicing only within the Committee-approved preceptorship. Breach of the terms of the limited license shall be grounds for denial of the application.

For physician assistants who have been absent from clinical practice in excess of ten (10) years, a formal assessment by a PLAS collaborator/ program must be obtained and reviewed by the Committee.

Costs associated with the assessment or otherwise required to establish current clinical competence are the responsibility of applicant.

In addition to the above standards for demonstration of current clinical competence, when a physician assistant has been absent from clinical practice for at least four (4) years and is seeking initial licensure or reinstatement with the Committee, the applicant must have current, active certification with the National Commission on Certification of Physician Assistants (NCCPA) at the time of application or prior to issuance of a temporary limited license.

For purposes of this policy, “preceptorship” requires the equivalent of full-time work (minimum of 32 hours weekly) for the pertinent required rotation period under this policy. For example, an individual absent from clinical practice for more than four (4) years but less than seven (7) years, must complete a preceptorship of the equivalent of eight weeks’ of full-time practice or at least two-hundred fifty-six (256) hours. During this period of temporary licensure, the licensee must be on-site with the collaborating physician (i.e. may not practice remotely) and must have 100% of charts reviewed by the collaborating physician.

The preceptorship may be, but is not required to be, compensated for purposes of this policy or Committee approval.

For purposes of this policy, “absent from clinical practice” means the applicant has not been personally responsible for the diagnosis or treatment of at least two patients per year during the pertinent time period prior to application.

Individuals who leave a clinical practice to actively participate in medical education were felt to remain actively engaged in the practice as a physician assistant. Therefore, licensees who are primarily engaged in academia are not considered to be “absent from clinical practice” if they are actively engaged in the education of students in professional studies. Paramount to this statement is that the licensee remain compliant with the basic element of continued licensure—CME completion.

At the completion of the PLAS re-entry program (in compliance with evaluation recommendations) or the clinical rotation, the applicant must ensure that a letter from the program or rotation director is sent directly to the Committee confirming successful completion and that the director deems the applicant safe to return to active practice. Upon receipt and review of such documentation by the Committee’s consultant, then the temporary license may be upgraded to an unencumbered license.

If proof of completion of the relevant requirements herein is not received by the Committee’s Administrative Office within twelve months of referral to the re-entry program, the application will be closed. Application fees will not be refunded.

**ADOPTED BY A QUORUM OF THE COMMITTEE ON APRIL 12, 2019.**