



AUGUSTA
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Georgia
Center for
Obstetrics
Re-Entry
Program



AUGUSTA UNIVERSITY
**MEDICAL COLLEGE
OF GEORGIA**

Georgia Center for Obstetrics Re-Entry Program

Department of Obstetrics & Gynecology



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The Department of Obstetrics and Gynecology at Augusta University, home of the Medical College of Georgia, is committed to serving the healthcare needs of the women in our community, the Central Savannah River Area, and the State of Georgia. Therefore, in an effort to relieve some of the burden on the obstetrics workforce shortage in our state, we offer Georgia CORP as a means for re-entry into obstetrics practice for those individuals in good standing with the Georgia Composite Board of Medical Examiners that have voluntarily left the practice of obstetrics. This program will be ideal for physicians returning to obstetrical practice after an extended leave or those individuals needing additional obstetrics procedural volume for credentialing or hospital privileging.

Background

The State of Georgia is in the midst of a crisis related to maternal and infant care, ranking at or near the bottom in both areas. Like most problems in medicine, this is a multifactorial issue with significant difficulties in identifying all of the causes, accurately capturing data, gaining support from stakeholders, ultimately finding solutions to reverse these negative trends. Analysis of data from the Centers for Disease Control and the World Health Organization reveals a disturbing trend that pregnancy in the US is not getting safer. In addition, the State of Georgia has maternal and infant outcomes mirror similar metrics in developing countries, not consistent with those expected of a state in an industrialized nation spending billions on healthcare annually.

In collaboration with the Georgia Obstetrical and Gynecological Society (GOGS), the Georgia Maternal and Infant Health Research Group (GMIHRG) provides data regarding the dwindling obstetrics workforce in the state. It is readily apparent that the shortage of obstetrics providers and the diminishing numbers of hospitals providing obstetric care will further impair those living in rural areas and likely increase the negative outcomes, especially in maternal morbidity and mortality as we currently see trending upward at an alarming rate.

While strategies to combat the closure of more obstetrical units is gaining traction across the state, the need to address the workforce concerns is perhaps a more daunting problem. An obstetrical unit is useless without adequate provider coverage for maternal and infant care. The shift in workforce demographics and practice patterns of obstetricians over the last decade is apparent, with nearly 80% of the providers being female with an average age of 44 years when stopping the practice of obstetrics. On average, male obstetricians stop performing obstetric care at age 52 years.

Workforce Data

ACOG WORKFORCE FACT SHEET (2014): GEORGIA

Many women seek an obstetrician-gynecologist (ob-gyn) for their preventive health and routine care. Well-woman check-ups offer excellent opportunities for ob-gyns to provide age-specific preventive screening, evaluation, and counseling either annually or as appropriate. As ACOG Fellows, our goal is to ensure that all women have access to the best health care. However, the ob-gyn workforce is aging, the average number of work hours is declining, and an increasing number of ob-gyns are retiring from obstetrics early or altogether. With projections showing fewer general internists and family physicians, an increased number of women in need of health care, and high medical liability insurance premiums, the strain to the ob-gyn workforce could be crippling. As obstetrician/gynecologists, our goal is to provide the best health care for women and to partner with Congress to ensure women have access to the health care they need and deserve.

National Practice Demographics and Services

- Obstetrician-gynecologists represent the largest group of active physicians outside the three other primary care fields – internal medicine (including geriatrics), family medicine, and pediatrics.
- Like pediatricians, ob-gyns represent a group of physicians who provide healthcare for a high proportion of Medicaid patients where reimbursements have been decreasing over time.
- More than 15,000 of the nearly 40,000 actively practicing ob-gyns will likely retire in 10 years.
- The number of ob-gyns retiring now equals the number of residents graduating.

Georgia's Ob-Gyn Workforce

- Georgia has 1,134 ob-gyn physicians serving a population of 3,996,502 women
 - There are 2.84 ob-gyns per 10,000 women, and 5.46 per 10,000 women age 15-45 (national average is 2.65 and 5.42 respectively).
 - Georgia's female population is expected to increase by 24.93% by 2030, while the total US female population is expected to increase by 17.76%.
 - Of Georgia's 159 counties, 79 of them do not have any ob-gyns providers.
 - Georgia has 5 ob-gyn residency programs graduating approximately 26 new physicians per year.
 - Forty-two percent of Georgia's births are financed by Medicaid (45% nationally).
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The American Medical Association (AMA) began focusing on physician re-entry into practice nearly a decade ago. While not specific to Obstetrics and Gynecology, the AMA provides valuable insight and direction into the definition, scope, common questions related to physician re-entry, and guiding principle of a re-entry program. The following information is provided by the AMA.

Definition of physician re-entry

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.

Scope of the issue

How many reentering physicians are there?

The numbers of physicians who either reenter practice or desire to reenter practice are not clear; however, one study has estimated that 10,000 physicians could reenter practice each year.

Why do physicians take a leave of absence from clinical practice?

A physician might take a leave of absence from clinical practice for many reasons, including family leave (maternity and paternity leave, and child rearing); other caretaking and relationship issues; personal health reasons; career dissatisfaction; or alternate careers such as administration, military service, and humanitarian leave.

Why do physicians return to clinical practice?

Physicians seek re-entry to practice when their need to care for family is not as immediate or when their own health improves. Other reasons include community needs, missing the practice of medicine, too much free time, financial considerations, and desire for a new challenge.

What are key barriers to re-entry?

- Lack of information on re-entry programs
- Liability and credentialing issues
- Lack of consistency in regulatory guidelines/licensure and maintenance of certification
- Lack of certification related to program completion
- Financial cost of reentering practice
- Lack of access to existing programs
- Limited number of re-entry programs
- Lack of information on the re-entry process

The AMA's ten guiding principles for a physician re-entry program system

- 1) **Accessible** by geography, time and cost
- 2) **Collaborative** to improve communication and resource sharing
- 3) **Comprehensive** to cover relevant areas
- 4) **Ethical** based on principles of medical ethics
- 5) **Flexible** to maximize program usefulness
- 6) **Modular** to meet the specific needs of individual physicians
- 7) **Innovative** in employing state-of-the-art educational formats and content
- 8) **Accountable** by establishing mechanisms for assessment and evaluation
- 9) **Stable** to ensure adequate funding for programs
- 10) **Responsive** to changing circumstances

Survey of medical boards

The AMA annually publishes the *State Medical Licensure Requirements and Statistics*. The process of compiling information (including physician re-entry) for this annual publication involves sending the *Physician Licensure Survey* to boards of medical examiners (54 allopathic and 14 osteopathic in the United States and its territories). The 2010 *Physician Licensure Survey* was sent to 68 Boards of Medicine, and 78% (N=53) responded. Below are highlights from the findings on physician re-entry.

- 51% of medical boards have a policy on physician re-entry
- 2.8 years is the average length of time out of practice (range is from 1 – 10 years) after which state medical boards require reentering physicians to complete a re-entry program
- 55% of medical boards without a physician re-entry policy are either currently developing or planning to develop a re-entry policy
- 92% of medical boards do not require a physician to engage in a certain amount of patient care for re-licensure



The American Congress of Obstetrics and Gynecology Committee on Patient Safety and Quality Improvement published a Committee Opinion in May 2012 (Reaffirmed 2014) titled “Re-entering the Practice of Obstetrics and Gynecology.” In summary, the document outlines considerations for not only re-entry, but considerations in advance of leaving practice and alternative practice patterns.

In addition, the Committee Opinion outlines the following regarding re-entry programs:

Few organizations have developed re-entry programs for physicians who have taken time off from clinical practice. At the present time, none are endorsed or sponsored by the American College of Obstetricians and Gynecologists. In general, there are two types of re-entry programs: 1) evaluation and assessment and 2) retraining. Evaluation and assessment programs, which constitute the majority of programs currently available, do not involve retraining. They are

*short in duration and last several days at most. They focus on the cognitive component of practice. In contrast, retraining programs may last for weeks to months. They typically cover cognitive skills and fund of knowledge but often not the manual skills applied in surgery. Currently, there are no accrediting bodies that oversee and approve the content of these programs. At the present time, no specialty society has endorsed standards for re-entry programs or suggested standards for hospitals to use when credentialing and privileging re-entering physicians. Procedural and technical certifications are the most challenging component and, at this time, are individualized. **Considerations for the development of a re-entry program include competition with residents for cases, use of simulators for manual skills, and compensation of preceptors.***

<http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Patient-Safety-and-Quality-Improvement/Re-entering-the-Practice-of-Obstetrics-and-Gynecology>

Program



After enrollment in the program, the physician seeking re-entry into obstetrics practice will participate in a formal orientation, in the same manner as a new employee at AU Medical Center (AUMC). This will include orientation to the electronic medical record and completion of all forms and modules required by AUMC Human Resources. An individual needs assessment will be performed prior to entering the program, including a formal self-assessment of clinical skills. Once the individual needs have been determined, a program of clinical practice in the manner of preceptorship will be conducted under the supervision of academic faculty in the department of Obstetrics & Gynecology at AUMC. All faculty are board-certified (or board-eligible) by the American Board of Obstetrics and Gynecology and maintain an active Georgia license for Medicine and Surgery. Faculty will provide oversight into the management of actual clinical scenarios in various settings, including ambulatory practice, Labor and Delivery, and the operating room. Supervising faculty will be the attending physician of record for all clinical care with the program participant, regardless of the skill level of the physician seeking re-entry. Depending on the needs of the participant, clinical care supervision may be tailored to the individual. Simulation using both low- and hi-fidelity models with facilitators skilled in simulation education will be an important aspect of re-entry. Feedback will be given verbally, in real time, and written in evaluations done every two weeks. Evaluations will be in the manner outlined by the ACGME, competency-based and mapped to milestones related to obstetric practice as used in residency training. Following the 3 month evaluation, an examination will be given prior to certification. For individuals requiring additional remediation or procedural volume, certification will held until the metrics for completion are met.

Georgia CORP will strive to meet the needs of the individual and the State of GA by:

- Formulating assessment and evaluation instruments and measures;
- Providing appropriate curricular content and standards for safe obstetrics practice;
- Ensure optimal education would be supported through an infrastructure of faculty development, mentoring, financial and institutional support, and workforce planning, especially minimizing the effects on residents and fellows within the department;
- Maintain a database of reentry participants that would allow the system to track important data on the demographics and outcomes, allowing for the system to be self-reflective and responsive through continuous quality improvement initiatives;
- Interface with regulatory bodies that govern licensure, specialty certification, credentialing and other professional standards and privileges when indicated.

In utilizing the guiding principles outlined by the AMA:

Georgia CORP is **accessible** to physicians in the state, providing all educational activities at the Health Sciences Campus of Augusta University (AU) in Augusta, GA. AU is the home of the Medical College of Georgia, the state's only public medical school. AUMC houses the clinical operations of MCG. Augusta is located on the East-central region of GA on the Savannah River, bordering South Carolina. The 90 day period will likely allow for the individual to meet the metrics for completion of the program and allow the program enough time for assessment, supervision of skills, and evaluation.

Georgia CORP is **collaborative** across the region and the State of Georgia. The re-entry program is the effort of the AU/MCG to support the healthcare of all women in our state. With the support of the Georgia Obstetrical and Gynecological Society and the state government to reverse the negative trends in women's healthcare brought on by the current workforce shortage of obstetricians. Funding has been provided by the State of Georgia to make the program affordable to those wishing to remain in the state for practice, especially those desiring a rural, underserved area.

Georgia CORP is **comprehensive**, yet **flexible**, covering all relevant aspects in the delivery of high quality obstetrics education in a rich academic environment. The modular curriculum will allow for an individual to focus in one area of clinical practice to gain re-entry based on the admission needs assessment.

Georgia CORP is the mission of the academic faculty in OB/GYN at AU/MCG, adhering to the highest **ethical** standards for patient care and advocacy. Georgia CORP remains **accountable** to the women of Georgia for high quality healthcare for all participants gaining certification in the program where safety is paramount.

Georgia CORP works within an academic environment where graduate medical education is a focus, using innovation to provide specialized training to learners of all skill levels, from students to faculty, **stable** since 1828 as the nation's 13th oldest medical school. The Medical College of Georgia at Augusta University is central to the educational needs of all learners and responsive to the ever changing climate in academic medicine.

Aim and Structure

The aim of the program is to alleviate the burden of workforce shortages in providers of obstetric care in the State of Georgia by facilitating re-entry when desired.

The program will assess the following:

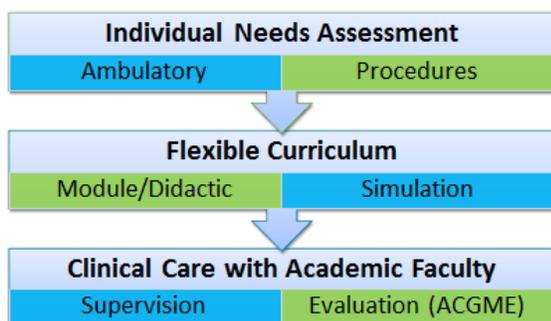
- Appropriateness of the decision-making needed for adequate patient care in obstetrics
- Timing of clinical response to data gathered in clinical settings for obstetrics care
- Depth and breadth of clinical knowledge for safe obstetrics care
- Clinical skills for obstetrics care in a variety of clinical settings and patient demographics
- Ability to function in a multidisciplinary team
- Ability to respond and make appropriate decisions in stressful situations and clinical skills with high acuity patients
- Consistency of care for high- and low-risk obstetric patients

The program will evaluate participants for the following:

- Identification of educational activities needed to enhance physician performance in areas of medical knowledge or procedures related to obstetrics
- Clinical competence in obstetrics for any provider who has been out of practice for at least two years or in a low volume practice requiring additional volume for re-credentialing

Applicants must be *board-certified* by the American Board of Obstetrics and Gynecology with a *current, unrestricted Georgia license for the practice of Medicine and Surgery*, who have *voluntarily* left the practice of Obstetrics (or have low volume practices requiring proctoring for re-credentialing).

Applicants granted admission will be processed as a new (educational in the format of a fellow in a non-ACGME accredited program) hire at AUMC and subject to all requirements by HR at AUMC, including training with the EMR.



Upon admission, a needs assessment will be done by the program to structure a curriculum specific for the individual practitioner needing re-entry. A self-assessment of clinical skills will be completed by the practitioner prior to beginning the program. Participants will be assigned to clinical settings under the supervision of board-certified academic faculty in the Department of OB/GYN at AUHealth. Clinical settings will include L&D, the perinatal

inpatient wards, the operating room, and the ambulatory practice in the Medical Office Building. Evaluations will occur in real-time as verbal debriefing with the supervising faculty and monthly with the program director in a written report in the manner of the ACGME's competency-based educational objectives mapped to milestones. Procedural logs must be kept

to ensure accurate data keeping for completion of the program. A summative report will be given at the completion of the program, anticipated as 90 days from the start of clinical proctoring. A certificate of completion will be given once the program is completed.

Costs and Funding

The annual cost for administration of the program, supervision of the re-entrant, supplies, simulation education, and advertising is subsidized by the State of Georgia with support from the Georgia Assembly and the Governor. Additional fees for the program participant may include the application, processing, credentialing fees for AUMC and living expenses if necessary while in Augusta (housing, meals, etc.). Housing is not provided by Georgia CORP. Applicants must maintain adequate malpractice insurance.

GEORGIA Center for Obstetrics Re-Entry Program

Disclaimer: GA CORP is **not affiliated** with the **Composite Board of Medical Examiners for Georgia nor the American Board of Obstetrics and Gynecology**. This program is **not sanctioned by the American College (Congress) of Obstetrics and Gynecology** but is recognized as important for the demands of a dwindling workforce in OB/GYN. By completing the re-entry program, you will be given a summative report of your clinical skills, milestones met, procedural volume, and a certificate of completion. Applicants should very clearly understand the needs of any regulatory agency as to whether the completion of a re-entry program will be recognized for attainment of any deficiencies required for practice or credentialing. The program will not be held responsible for failure of the participants to maintain licensure, board-certification, or in circumstances of malpractice.

Please email (chray@augusta.edu) or fax completed application to Chadburn Ray, MD, FACOG (706-721-6211). For more information on the GA Center for Obstetrics Re-Entry Program, please call 706-721-2542.

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