



Georgia  **ORIP**

Georgia Center for Obstetrics Re-entry Program

Chadburn Ray, MD, FACOG

Associate Professor, Obstetrics & Gynecology

Residency Program Director

Director, Global Women's Health

GRU
GEORGIA REGENTS UNIVERSITY
AUGUSTA

Medical College
of Georgia

Collaboration

- Georgia Obstetrical and Gynecological Society (GOGS)
- Georgia Maternal and Infant Health Research Group (GMIHRG)
- GME programs in OB/GYN statewide for resident education (Emory, GRU, Memorial, Mercer, and Morehouse)

Focus Areas

- Workforce shortages
- L&D unit closures
- Maternal mortality
- Funding graduate medical education
- Education in women's health advocacy



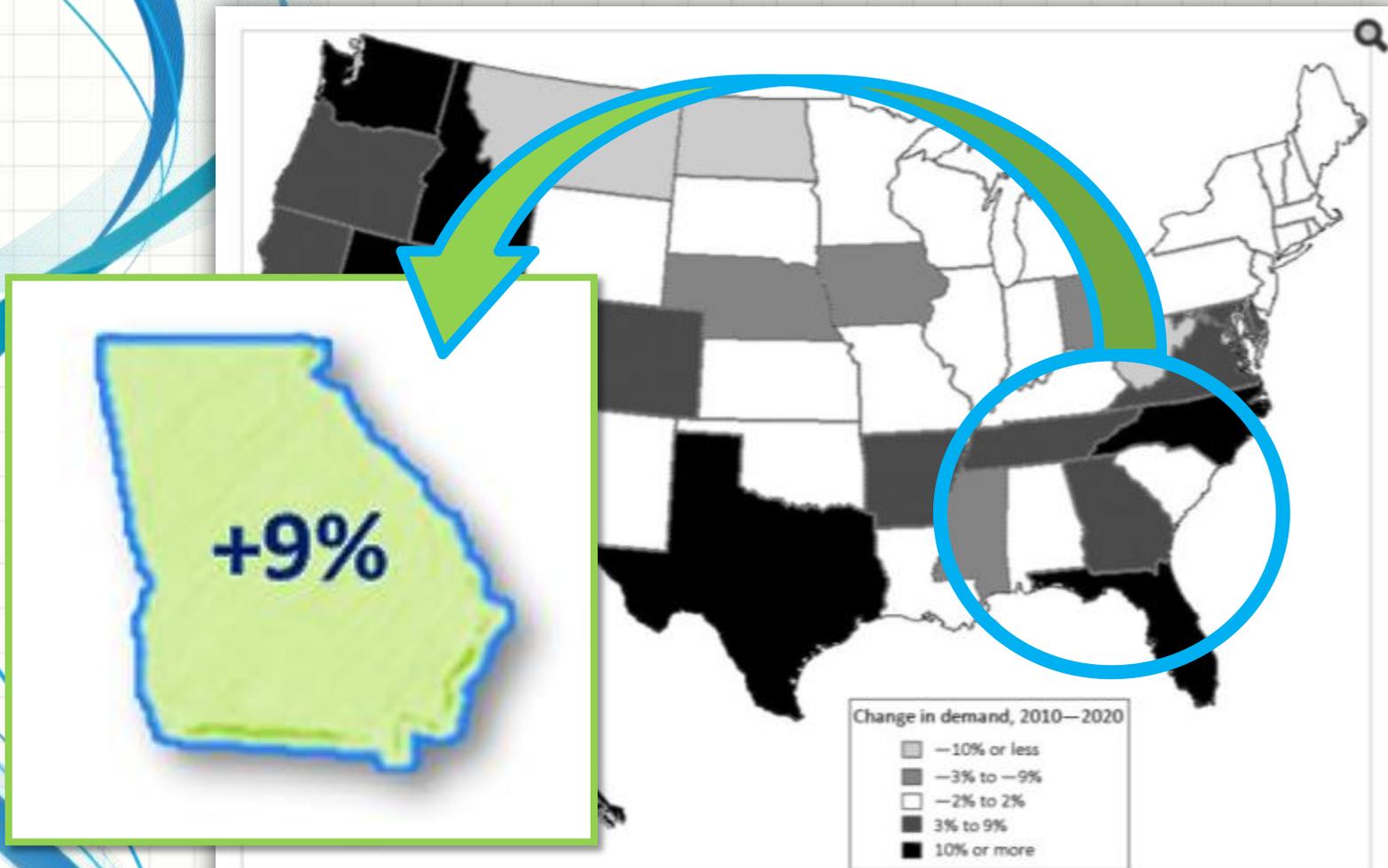
EMPOW^{AR} Georgia

Dr. John Jennings, Dec. 2014 – “The Future of the OBGYN Workforce”

- One-third of practicing OBGYN physicians are over age 55 years
- Nearly 40% are accelerating retirement plans
- Within 3 years, 18% will reduce work hours, 10% will seek a non-clinical job, and 9% will retire
- No substantial increase in OBGYN residents coming out of training in more than 20 years



Rayburn WF. The obstetrician-gynecologist workforce in the United States. Washington DC: American Congress of Obstetricians and Gynecologists; 2011.



Estimated change in demand for women's health services by 2020.

Timothy M. Dall, Ritashree Chakrabarti, Michael V. Storm, Erika C. Elwell, William F. Rayburn. *J Womens Health (Larchmt)*. 2013 Jul; 22(7): 643–648.



The American College of
Obstetricians and Gynecologists

WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

Number 523 • May 2012

Committee on Patient Safety and Quality Improvement

This document reflects emerging concepts on patient safety and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Reaffirmed 2014

Re-entering the Practice of Obstetrics and Gynecology

ABSTRACT: Re-entering the practice of obstetrics and gynecology after a period of inactivity can pose a number of obstacles for a physician. Preparing for the leave of absence may help reduce the difficulties physicians may face upon re-entering practice.

Physicians decide to modify or leave practice for a wide variety of reasons. Factors may include unexpected injury or illness, military service, the need to care for family members, or continuing education. Some physicians may decide to modify their practices, for example, by not

- Licensing and Certification—Become familiar with requirements for change of practice activity because these vary among states. It is important to consider state requirements for maintenance of licensure and whether it is possible to place one's license in

Back to the Fold: Physician Re-entry Programs Allow Doctors to Return to Practice, Serve Local Communities

AAMC Reporter: September 2015

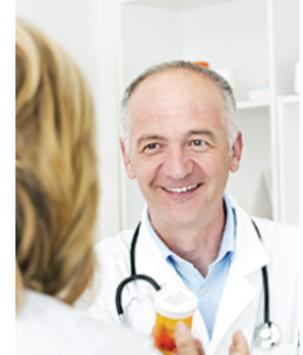
—By Kim Krisberg, special to the *Reporter*

After more than two decades as a reconstructive plastic surgeon with Kaiser Permanente Medical Group, an eye injury forced Stefanie Feldman, MD, to retire from practice. But she wasn't ready to permanently hang up her stethoscope.

Feldman had spent much of her surgical practice repairing cleft lips, and her exit from the operating room left her looking for new ways to use her knowledge and experience to continue helping others. Eventually, her search took her to Physician Retraining & Reentry, a program that retrains retired physicians to re-enter the workforce as primary care practitioners. Founded by Leonard Glass, MD, a retired reconstructive and plastic surgeon, in collaboration with the University of California, San Diego, School of Medicine, the self-paced, mostly online program has welcomed more than 100 physicians since it opened in 2013.

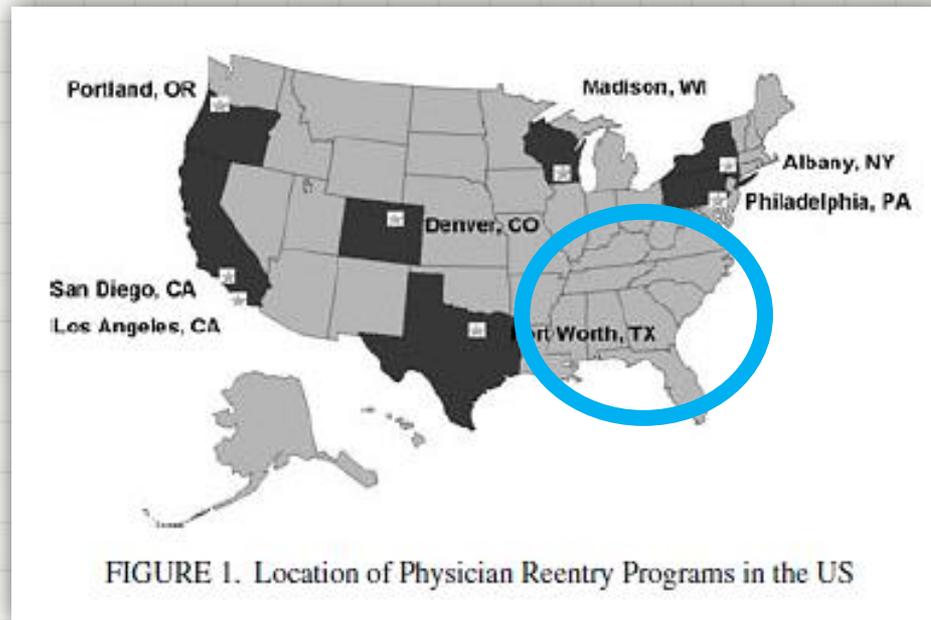
For Feldman, it was a perfect fit. She completed the program's 15-course curriculum and in-person practical exam in about a year. Today she uses her new primary care knowledge to treat uninsured and underserved patients at a free weekly health clinic in Thousand Oaks, Calif. The volunteer work is exactly what she had hoped to do.

September 2015 Reporter



"As a doctor, it's very hard to make that transition to retirement. But now I don't have to. I can still give back and be a doctor."

—Stefanie Feldman, MD



Barriers to Re-entry include:

- Cost, expensive
- Lack of standardization
- Few programs exist
- Location

	OHSU	CPEP	Drexel	RSTAR
Web site	www.ohsu.edu/som/cme	www.cpep.org	http://webcampus.drexel.edu/re/reshar/default.asp	http://umhsc.edu/outreach/rst/Html
Location	Portland, OR	Denver	Philadelphia	Houston
Cost	\$5,000-\$10,000 per month	- Assessment/reentry plan development: \$6,500 - Reentry plan support: \$625/month (varies based)	- Structured preceptorship: \$7,500 - Medical update curriculum assessment online: \$7,500	- \$3,000-\$8,500 for the initial assessment, which may include WebOSCE, standardized patients, chart reviews, and communication and pharmacotherapeutic exams. Other testing may be required.
				2007 Travel to Bryan, TX, for assessment; possible mini-residency in Fort Worth or travel to a preceptorship may be required.
	in Portland	home community. Travel to continuing medical education courses may be required.		

- \$5k/month to \$20k
- Must travel to site

Georgia Center for Obstetrics Re-entry Program

First program in the Southeast US for re-entry

Both evaluation/assessment and retraining

Competency-based, milestones (ACGME)

Individual Needs Assessment

Ambulatory

Procedures

Flexible Curriculum

Module/Didactic

Simulation

Clinical Care with Academic Faculty

Supervision

Evaluation (ACGME)

Considerations

- Georgia certainly as a need for innovative ways to reduce the workforce shortage in OBGYN
- As the largest and only public medical school in the State, MCG is well suited to organize and administer this program
 - Institutional support and dedicated academic faculty
 - Expected to have minimal impact on GME program
- Program is designed to be highly individualized to meet the needs of each provider
- Opportunities exist to expand to CNMs and Family Practice physicians with obstetrics experience
- With the establishment of a program in Georgia and with state funding, the two most important barriers are reduced
- Opportunity to encourage rural healthcare commitment for participants