

Practical Considerations for the Academic Physician Moving to a New State

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Abstract: Moving from one state to another for a new position or opportunity is a common event for academic physicians. Although moving can be personally and professionally disruptive for everyone, it can be particularly challenging for academic physicians. From practical considerations such as applying for a new state medical license to professional challenges such as minimizing disruption to educational or research projects, there are numerous challenges associated with relocating to an academic institution in a new state. Despite the frequency with which academic physicians move between institutions in different states, we could not identify any practical guidance about moving in the literature. We searched the peer-reviewed literature, reviewed non-peer-reviewed open access sources, and drew from our own experience as academic physicians who have recently moved, and collated pertinent resources to develop a guide of what physicians need to consider when planning a move to a new position in a new state. Our review and guidance considers the following issues: state licensing, governmental certification, maintaining communication with collaborators and colleagues, working with institutional review boards regarding ongoing research projects, transferring funds from grants, transitioning out of clinical practice, and transferring data and resources. Anticipating the requirements and challenges of moving can help academic physicians, whether at the beginning, middle, or end of their careers, with the process of moving to a new state for a new position.

Key Words: academic physician, accreditation, career development, professionalism

Whether at the end of training or when accepting a new position or promotion, moving to a new state for an academic medical job is a common occurrence for most academic

physicians. There are many professional reasons for moving from one state to another, including the observation that geographic mobility has been associated with career advancement.¹ Although moving is stressful and fraught with pitfalls, regardless of occupation, academic physicians have additional considerations related to relocating, especially when moving out of state. Despite the frequency with which academic physicians move among cities and institutions, we could not identify a practical guide delineating important considerations for relocating in the literature. As such, we developed this review to assist academic physicians with what needs to be accomplished from a professional perspective when moving and starting a new position in another state within the United States.

Hospital Privileges, State Licensing, and Government Certifications

Once a physician has accepted a new position, if the position is in a new state, the state license process should begin immediately (Table 1). Although few states publish the duration between applying for and issuance of medical licenses, many physicians report 3 to 6 months as an average processing time for applications without any issues. The Federation of State Medical Boards (FSMB) advises that even for uncomplicated applications, physicians should plan for at least a 2-month delay between submitting an application and receiving a medical license.² If any documents are missing from the initial medical license application or if a physician has studied or worked abroad, then delays may be longer.

States vary greatly in their requirements for the licensing process. Many states use the Federation Credentials Verification Service through the FSMB. The FSMB Web site maintains a list

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Key Points

- Understanding and anticipating the various professional and personal challenges of moving as an academic physician is necessary to mitigate the disruption of transferring positions from one academic center to another in a different state.
- Anticipating the specific steps and time line needed to transition one's clinical, research, and educational activities to a new institution is critical to decrease the disruption of moving.
- Understanding the state medical licensing requirements and hospital credentialing requirements in the new state and hospital can expedite the process of being able to practice clinically after moving.

Table 1. Timeline and checklist of tasks to be completed by academic physicians before moving

Time before anticipated move	Action
6–9 mo	<input type="checkbox"/> Consider final day of work <input type="checkbox"/> Set up permanent, institution-independent professional e-mail <input type="checkbox"/> Start state licensing application <input type="checkbox"/> Obtain 3–4 passport-sized photos <input type="checkbox"/> Find convenient notary service <input type="checkbox"/> Create and store digital copies of pertinent documents for licensing and credentialing applications <input type="checkbox"/> Request recommendation letters for new state license application (if applicable) <input type="checkbox"/> Request copies of prior/current state licenses be sent to new state <input type="checkbox"/> Locate all current documents, as listed in Table 2 <input type="checkbox"/> Prioritize completion of all ongoing academic projects
4–5 mo	<input type="checkbox"/> Fill out accreditation paperwork for hospital privileges <input type="checkbox"/> Fill out paperwork for commercial health insurance plans <input type="checkbox"/> Contact grant administrators at current institution to initiate process of fund transfers <input type="checkbox"/> Notify funding agencies of the impending move and obtain guidance for fund transfers
3 mo	<input type="checkbox"/> Notify in writing chief/chair/medical director of final day of work <input type="checkbox"/> Notify collaborators and partners of move (cc new institution-independent e-mail address on all e-mails) <input type="checkbox"/> Notify collaborators at other institutions of move <input type="checkbox"/> Identify new PIs for existing research projects <input type="checkbox"/> Contact grant administrators at the destination institution regarding fund transfers
2 mo	<input type="checkbox"/> Apply for new state controlled substances license (if new state medical license has been issued) <input type="checkbox"/> Verify current type of malpractice insurance coverage <input type="checkbox"/> Consider purchasing tail coverage, if applicable <input type="checkbox"/> Verify health insurance coverage for time between termination and onboarding <input type="checkbox"/> Consider arranging for COBRA coverage, if applicable
1 mo	<input type="checkbox"/> Notify in writing IRB at current institution of move <input type="checkbox"/> Notify specialty certifying boards of the move <input type="checkbox"/> Change existing projects to new PI(s) <input type="checkbox"/> Identify and log on to new e-mail account at the destination institution <input type="checkbox"/> Update federal DEA address to new location <input type="checkbox"/> Have in-person state license interview (if applicable)
2–3 wk	<input type="checkbox"/> Confirm list of updated contacts available in new e-mail <input type="checkbox"/> Ensure that appropriate files and digital resources have been saved in a portable or cloud-based platform <input type="checkbox"/> Inform the board of medicine in the current state of the move and upcoming change of address
1 wk	<input type="checkbox"/> Update professional societies and journals of the change in address and change in e-mail address
1–2 d	<input type="checkbox"/> Set up an out of office notification on current work e-mail, routing contacts to independent and/or new work e-mail

COBRA, Consolidated Omnibus Budget Reconciliation Act; DEA, Drug Enforcement Agency; IRB, institutional review board; PI, principal investigator.

of the requirements and application procedures for the State Medical Board for all 50 states and many US territories (<http://www.fsmb.org/licensure/fcvs/state-requirements>).

Before beginning the application paperwork, every physician should locate all of his or her professional paperwork, as listed in Table 2. Because multiple documents will likely be sent to numerous licensing agencies, the physician can take digital photographs of each document and use simple software to generate digital copies. These copies then can be stored in a secure, password-protected electronic location of the physician's choosing to allow easy access during the process. Acquiring multiple 2 × 2-in. passport-style photographs of the face and shoulders to use on applications also is necessary. In addition, an easily accessible notary will ease the process. Electronic signature software for smartphones or tablets or an electronic document generator application allows for rapid document signing without the need to print, sign, and scan. These programs are usually available for a few dollars for most smartphone or tablet platforms.

Some states require background checks with fingerprinting. Although fingerprinting itself is not time-consuming, the physician

must make the time to have the fingerprinting performed. In some cities, police stations will perform this service, while in other cities specialty businesses (eg, private investigators) will fingerprint for a fee.

Delaware, South Carolina, West Virginia, Wyoming, and Idaho are among the states that require an in-person interview for issuance of the full license after the initial application is approved. Depending upon travel considerations, this interview may need to occur before the physician moves to that state, and time for this trip should be factored into premove planning.

In addition to applying to and working with the board of medicine in the state to which the physician is moving, the physician must inform the board in the state he or she is leaving of the move and change in address. Most boards of medicine require that physicians report changes in address in writing within 30 days of moving.^{3,4}

Finally, the physician must update the federal Drug Enforcement Administration (DEA) of the anticipated change in address and apply for a new state controlled substance registration certificate. Obtaining the DEA and state certificates occurs after

Table 2. Professional documents to be made into digital files

- Current state medical license
- Current federal DEA license
- Current state controlled substances license
- Original state license application
- Most recent state license renewal application
- Board certification verification document(s)
- Undergraduate college/university diploma
- Medical school diploma
- Residency diploma
- Fellowship diploma, if applicable
- NPI number and password
- BLS, ACLS, PALS, NRP, and/or ATLS certification(s), as applicable
- Medicaid ID and password
- Medicare ID and password
- Malpractice insurance confirmation for the last 10 y, as applicable
- List of names and contact information for professional references
- Collect a list of all addresses and telephone numbers for all past institutions, including educational institutions
- Typed description of any “yes” responses to the personal history questions
- CME certificates for the last 3 y
- Passport
- Driver’s license
- Social Security card

ACLS, Advanced Cardiovascular Life Support; ATLS, Advanced Trauma Life Support; BLS, Basic Life Support; CME, continuing medical education; DEA, Drug Enforcement Agency; ID, identification; NPI, National Provider Identifier; NRP, Neonatal Resuscitation; PALS, Pediatric Advanced Life Support.

receiving the new state medical license and has a much shorter processing time because the DEA change of address is processed immediately and the new certificate usually takes <4 to 6 weeks to be issued.⁵

Hospital accreditation paperwork, both for hospital admitting privileges and for insurance plans, must be completed in a timely fashion to ensure that the physician can engage in clinical care of patients at the destination institution with minimal delay. Typically, completing this paperwork 4 to 5 months before moving is appropriate because administrative processing times for credentialing and insurance paperwork can be substantive. Some training and local administrative compliance obligations, such as completing electronic medical record and mandatory compliance modules (eg, Health Insurance Portability and Accountability Act of 1996 training (HIPAA)), can be completed before moving. Asking administrative staff at the destination institution to assist with identifying such training activities before the move can further streamline the transition to the new institution.

Professional Contacts

An academic physician has multiple professional contacts to consider. The e-mail address provided by the institution the physician is leaving will be shut down on or shortly after the last day of employment. As such, once one accepts a new position, it is

appropriate to create a new, professional, institution-neutral e-mail address. When choosing a new professional e-mail address, avoid nicknames or unprofessional terms because this e-mail can act as a permanent mode of contact to smooth the transition between two work-affiliated e-mails.

The physician should specifically inquire about when access to e-mail at the departing institution will end, and the physician should dedicate time to review saved e-mails and forward potentially important e-mails to the personal institution-neutral e-mail account, or the account at the destination institution (if that account is available and accessible).

Once the physician is comfortable publicly announcing the change in locale and position, he or she should begin to notify contacts of the impending move. All prior, current, and potential collaborators at other institutions should be made aware of the relocation, and the physician should copy the new, institution-independent e-mail address on all professional communications to ensure wide distribution.

The physician should contact all of the journals to which he or she has submitted work and/or for which he or she serves as a reviewer or editor, updating contact information and providing the new e-mail address to minimize confusion. All professional societies and specialty boards should be updated. In most circumstances, updating journals and professional societies can be done through the organizations’ Web sites by updating profile contact information.

Determining one’s e-mail address at the destination institution as early as possible also can help facilitate smooth communication during the transition period. Asking administrative staff at the destination institution may be helpful, but contacting Information Support (IS) at the institution may be necessary to identify and access the new e-mail account. Alternatively, administrative staff also can look up the physician’s name in the institutional e-mail directory (eg, Microsoft Outlook) to see whether an e-mail address exists. If an e-mail account does exist, then it may take further effort to determine how to access it; however, this is worth doing because people at the destination institution may be sending messages to that e-mail address even before the physician has arrived.

It is reasonable to set up an out of office alert for one’s current e-mail address with ample lead time before the move. The out of office alert can include new e-mail address(es), the anticipated move date, and the destination institution. This is another means to ensure that contacts are aware of the move and of how to contact the physician during and after the move.

Research, Data, and Documents

Moving is disruptive, but with careful advanced planning, the untoward effects of moving one’s research and scholarly projects can be minimized. Projects that are not portable for logistical, administrative, or political reasons should be identified early in the process, ideally while the decision to move to another institution is being made. Planning to identify collaborators at the institution one is leaving who can take over a project is critical

to ensure that the project continues with minimal disturbance. This is particularly important for projects for which the physician is the principal investigator (PI), as co-investigators may be uninterested, unwilling, or unable to take over as PI, and collaborators not currently involved in the project may need to be identified.

Projects in nascent stages of planning need to be considered critically. Moving will take significant time and effort on the part of the academic physician, and devoting energy to starting a new research project while planning to relocate may not be prudent. If possible, it may be more reasonable to either hand off the project to a colleague or wait to start the project at the destination institution. For projects that are farther along, the physician should prioritize finishing any work he has committed to do as soon as possible, because as the actual move gets closer, time for research and scholarly work will diminish.

The institutional review board (IRB) at the institution the physician is leaving should be contacted regarding the status of his or her research projects. Projects that will not end before the physician leaves should either be transferred to the destination institution or a new PI at the original site should be named. Clinical research studies that have begun to enroll patients are not portable, for example, because subjects cannot be transferred to the new institution. In this scenario, identifying a new PI is obligatory. Contacting the IRB at the destination institution to facilitate transferring research projects should occur with adequate lead time to minimize the disruption of moving research projects from one medical center to another. IRB staff at both the physician's current and destination institutions can assist with these issues, and contacting them early can help ensure that projects are not interrupted or put on hold because of a lack of oversight.

Similar to planning transitions for research projects, the physician should determine the portability of current grants. Investigator-initiated R series grants through the National Institutes of Health, as well as K series career development awards, are portable and may be transferred to the destination institution.⁶ P or U series grants, which represent multi-investigator and consortium awards, respectively, are typically not movable. Transferring a grant can be time-consuming, and it is imperative to contact appropriate personnel at the institution that the physician is leaving and at the sponsoring National Institutes of Health institute or center. Processing initial transfer request paperwork can take 4 to 6 weeks, and typically includes a thorough financial assessment of cost-sharing commitments, subcontractor status, and equipment purchases before the move. Following this, grant administrators at the destination institution must be contacted to begin the process of finalizing the transfer of funds. The duration of the entire grant transfer process can vary, but it may take months to complete. Close and frequent communication with grant administrators at both institutions and with the sponsoring agency is essential to streamline the process.

Identifying a new mentor for K series career awards at the destination institution should have occurred while the physician was interviewing and negotiating for the new position; however,

ensuring that there is clear and frequent communication between mentors at the physician's current and destination institution is a critical aspect of moving. Determining the extent to which one's current mentor will be involved in the physician's research and career development is similarly important, as clear delineation of responsibilities for mentors before physically moving will minimize the risk of wasting time during and after transitioning to the new institution. Furthermore, identifying a mentor at the destination institution and coordinating communication between mentors will help with streamlining logistical challenges related to moving laboratory equipment, animals (eg, mice), and other biologic samples.

Portable foundation or other nongovernmental grants have varying requirements with regard to notification and processing of transfers, and contacting sponsoring organizations and grant administrators early is prudent to allow ample time for paperwork and processing.

Most academic institutions provide free access to resources such as data storage, reference managers, survey systems, and statistical programs. When the physician leaves, his or her access to those resources ceases. Anticipating the loss of access allows the physician to transfer the data and documents to alternative storage destinations, including cloud-based options (eg, Dropbox, Box, Google Drive, Amazon Cloud Storage), portable external drives, or other computers. In addition to research data and files, other documents to review and save could include letters of recommendation, copies of submitted and accepted manuscripts and abstracts, documents regarding local and national committee work, PowerPoint presentations, and teaching and presentation materials. The physician should clarify whether there are restrictions regarding the use of specific cloud-based storage services with both the current and destination institution, because some medical centers and universities do not allow the use of some services for security concerns. Intellectual property ownership is an important consideration, and physicians must be sure to transfer only their own data. Library staff may be helpful in determining whether it is possible to transfer data from a reference manager to a new system, and IS may have information regarding the portability of Web-based surveys (eg, REDCap, Qualtrics). Finally, preserving the code for statistical programs can help maintain progress for data analyses for projects that are not finished before the move.

Access to library resources can affect scholarly productivity during and after moving, so predetermining how to access electronic journals and books at the destination institution is reasonable. Online portals to library materials may be easy to locate, but obtaining access credentials may require library administrator or IS assistance.

Clinical Considerations

In addition to research and scholarly activities, the physician moving to a new institution must ensure that his or her clinical obligations are addressed. Physicians with outpatient clinics or longitudinal relationships with patients should notify patients and clinic staff of the anticipated move. Academic medical

centers have different protocols for alerting patients that their physician is leaving the institution, dependent on legal requirements, local administrative practices, and the urgency of establishing continuity of care. Many states have laws mandating that patients be notified when their doctor is moving.⁷ In general, patients will receive either a form letter or a telephone call. In addition, physicians may elect to personally advise patients of their departure by sending a personalized letter to patients and/or calling individual patients. The literature supports informing patients of transfers in care; one study of Internal Medicine resident physicians demonstrated significantly increased patient satisfaction when patients were directly informed that their doctor would be leaving.⁸ After the decision to move has been made and announced, the physician should tell his or her clinic staff and specifically discuss how the staff should let patients know that the physician is leaving. When seeing patients in clinic, the physician should inform them of the move and be prepared to field questions about the reasons for moving and what options the patient has with regard to future medical care.

It is appropriate to review one's malpractice coverage before leaving, specifically to determine whether the institution that the physician is leaving provides tail coverage. If the physician learns that he or she was receiving claims made (and not tail) coverage, then either the physician or the destination institution may want to purchase supplemental tail coverage.⁷

In general, the academic medical center will retain patients' medical records and make them accessible to patients and other providers as needed for medical care. If a physician needs to transport medical records, however, this should be coordinated with clinic managers and the medical records office. Awareness of the guidance provided by HIPAA is critical because even unintentional HIPAA violations can result in substantial penalties.

Administrative Duties

It is important to transition leadership positions and committee work in a coordinated and intentional manner. Obligations related to these activities include working with the relevant stakeholders to develop succession planning, providing orientation and training to successors as needed, and ensuring that lines of communication remain open during and after moving. Similarly, transitioning mentorship of students and other mentees to other local faculty should occur before moving. Providing mentees with one's contact information for the destination institution is necessary to maintain longitudinal mentorship and support.

When the physician tells the division chief or department chair that he or she is leaving, the physician should have a clear

sense of what day will be his or her last day of work. The physician's contract may stipulate a minimum required notice, but many physicians in academic medicine do not have explicit contracts. If a contractual minimum required notice does not exist, then conventional practice is to give at least 3 months between announcing one is leaving and actually leaving. If it is convenient or desirable for the physician to give >3 months' notice, there is no prohibition against doing so. More than 6 months' notice, however, may be considered excessive.

Finally, physicians should contact Human Resources at the institution they are leaving. Assessing the status of benefit coverage around the time of the move can help determine the need for supplemental or short-term health insurance, particularly if there is a gap between the physician's termination and new hire dates. Moving also can be an impetus to review retirement savings, and Human Resources can assist in understanding the status of retirement accounts.

Conclusions

Although moving is disruptive and stressful, it is a common occurrence for academic physicians. Awareness of important considerations for obtaining licensure, maintaining communication with contacts, transitioning research projects and grants, and leaving one's existing position can facilitate effective planning to minimize the strain of moving.

References

1. McLean MR, Morahan PS, Dannels SA, et al. Geographic mobility advances careers: study of the Executive Leadership in Academic Medicine (ELAM) program for women. *Acad Med* 2013;88:1700–1716.
2. American Medical Association. Obtaining a medical license. <https://www.ama-assn.org/residents-students/transition-practice/obtaining-medical-license>. Accessed April 1, 2019.
3. US Department of Justice, Office of Diversion Control. Registration Guidelines. <http://www.deadiversion.usdoj.gov/drugreg>. Accessed November 16, 2018.
4. Federation Credentials Verification Service. Tips for applying. <http://www.fsvb.org/licensure/fcvs/tips-for-applying>. Accessed November 21, 2018.
5. American Medical Association. State Medical Licensure Requirements and Statistics 2014. https://commerce.ama-assn.org/store/catalog/productDetail.jsp?product_id=prod2420007. Accessed April 1, 2019.
6. National Institutes of Health. Grants & funding. Types of grant programs. http://grants.nih.gov/grants/funding/funding_program.htm. Accessed November 18, 2018.
7. Wall JD. A must-do list for the departing physician. *Fam Pract Manag* 2005;12:54–56.
8. Roy MJ, Herbers JE, Seidman A, et al. Improving patient satisfaction with the transfer of care. A randomized controlled trial. *J Gen Intern Med* 2003;18:364–369.