



UC SAN DIEGO PACE PROGRAM
ORGANIZATIONAL PORTFOLIO ON THE TOPIC OF PHYSICIAN AGING
Updated April 16, 2014

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Articles and Publications

1. This [2006 California Medical Board Action Report](http://www.mbc.ca.gov/publications/newsletters/action_report_2006_01.pdf) (http://www.mbc.ca.gov/publications/newsletters/action_report_2006_01.pdf) on page 6 features an article by Dr. Norcross entitled "Toward a More Accountable Profession: The Case of the Aging Physician."
2. In early 2011, Dr. Norcross was included in a NYT article entitled "[As Doctors Age, Worries About Their Ability Grow](http://www.nytimes.com/2011/01/25/health/25doctors.html?_r=1&pagewanted=all)". (http://www.nytimes.com/2011/01/25/health/25doctors.html?_r=1&pagewanted=all)
3. Synergy Magazine (the official publication of the National Association of Medical Staff Services) has an article by Larry Harman, Ph.D., which describes the PACE Competence Assessment as a "Level 3" solution for evaluating aging physicians. (Volume 39, No. 5, September/October 2011)
4. William Heisel from "Reporting on Health" interviewed Dr. Norcross in May, 2012 about the aging physician. The interview was published in two parts. Part 1: "[Q&A with Dr. William Norcross: Stopping Aging Doctors Before They Harm](http://www.reportingonhealth.org/blogs/2012/04/30/qa-dr-william-norcross-stopping-aging-doctors-they-harm)" (<http://www.reportingonhealth.org/blogs/2012/04/30/qa-dr-william-norcross-stopping-aging-doctors-they-harm>), Part 2: "[Q&A with Dr. William Norcross, Part 2: Aging Physicians May Not Know They Are Impaired](http://www.reportingonhealth.org/blogs/2012/05/02/qa-dr-william-norcross-part-2-aging-physicians-may-not-know-they-are-impaired)" (<http://www.reportingonhealth.org/blogs/2012/05/02/qa-dr-william-norcross-part-2-aging-physicians-may-not-know-they-are-impaired>)
5. The American Medical News (AMA) featured Dr. Norcross in "[Physician quality: What's age got to do with it?](http://www.amednews.com/article/20120730/profession/307309938/4/)" (<http://www.amednews.com/article/20120730/profession/307309938/4/>), published July 30, 2012.
6. Indiana University's Radio Program "Sound Medicine" featured and interview with Dr. Norcross for a segment called "[When should doctors retire?](http://soundmedicine.iu.edu/show/508)" (<http://soundmedicine.iu.edu/show/508>), November , 2012.

7. Conference Proceedings for the 2011 conference (below) were published in the San Diego County Medical Society's "San Diego Physician" magazine: "[Practicing Medicine Longer: The Impact of Aging on Physician Clinical Performance and Quality of Care](http://issuu.com/mamsden/docs/201112sdp_final/1)" (http://issuu.com/mamsden/docs/201112sdp_final/1), December, 2012.
8. The New Jersey Star Ledger interviewed Dr. Norcross for an article, "[As doctors age, concern grows over how to measure performance](http://www.nj.com/news/index.ssf/2013/03/as_doctors_age_concern_grows_o.html)" (http://www.nj.com/news/index.ssf/2013/03/as_doctors_age_concern_grows_o.html), published March 2013.
9. The New York World interviewed Dr. Norcross for an article, "[Are some doctors too old to practice medicine?](http://www.thenewyorkworld.com/2013/04/11/old-doctors/)" (<http://www.thenewyorkworld.com/2013/04/11/old-doctors/>), published April, 2013.
10. Conference proceedings for the 2011 conference (below) were published in the Journal of Medical Regulation in 2013. This article received the "Federation of State Medical Boards Ray L. Casterline Award for Excellence in Writing" for 2013: <http://jmr.fsmb.org/pdf/FeaturedArticles/jmr-aging-physicians.pdf>
11. Drs. Norcross and Bazzo were interviewed for the Association of American Medical Colleges (AAMC Reporter April 2013): [Policies Targeted Toward Aging Physicians May Keep Doctors Working Longer, Smarter](https://www.aamc.org/newsroom/reporter/april2013/334334/aging-physicians.html) (<https://www.aamc.org/newsroom/reporter/april2013/334334/aging-physicians.html>)
12. Dr. Norcross was featured in an article by Sara Stankorb for Proto entitled "Out of Practice: Does being a physician come with an expiration date? And if it should, how can age-related competence be measured?" on June 10, 2015. <http://protomag.com/articles/out-of-practice>
13. Dr. Bazzo was featured in an article by Cheryl Clark entitled "Aging Doctors: Time for Mandatory Competency Testing?", which was published on June 29, 2015 in Medpage Today. <http://www.medpagetoday.com/PublicHealthPolicy/GeneralProfessionalIssues/52363>
14. Drs. Bazzo and Norcross were featured in an article by Cheryl Clark entitled "Aging Docs: Contractor Offers Turnkey Assessment", which was published on August 5, 2015 in Medpage Today. <http://www.medpagetoday.com/PublicHealthPolicy/GeneralProfessionalIssues/52936>
15. Dr. Bazzo was interviewed for "Midday Edition" on KPBS 89.5 and "Evening Edition" on KPBS TV in San Diego on August 18, 2015: "Hospitals, medical groups start to worry about skills of older doctors". <http://www.kpbs.org/news/2015/aug/18/hospitals-medical-groups-start-worry-about-skills-/>

Presentations

(Not including talks provided to hospitals and medical groups.)

1. In November, 2011, PACE hosted a conference that was themed on the aging physician on behalf of the Coalition for Physician Enhancement, which is a bi-national association of programs similar to PACE. Attendees included attorneys, medical board members/staff, administrative law judges and other healthcare

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professionals. Video footage of a good deal of this conference is available at our UCSD-TV page here: <http://www.ucsd.tv/pace/>.

2. Drs. Perry and Norcross, presented “Assessing the physician population: Psychological and Neuropsychological factors” to the California Administrative Law Judges on October 19, 2012. (Dr. Perry does Neuropsychological Evaluations for PACE Competence and Fitness for Duty Assessments.)
3. Dr. Perry presented to the Medical Board of California on January 31, 2013. The topic of the presentation was: “Assessing the Aging Physician: Neuropsychological and Psychological Factors Pertaining to Fitness for Duty”
4. Dr. Perry presented “Assessing the Aging Physician: Neuropsychological and Psychological Factors Pertaining to Fitness for Duty” at the California Association of Medical Staff Services (CAMSS) Annual Conference on May 30, 2013.
5. Dr. Perry presented “Assessing the Aging Physician: Neuropsychological and Psychological Factors Pertaining to Fitness for Duty” at a workshop offered by San Diego Region of the California Public Protection & Physician Health, (CPPPH) Inc. on July 13, 2013.
6. Dr. Norcross presented “Senior Physicians and Competency and Physician Well-Being” to the Community Memorial Health System on Saturday, August 10, 2013.
7. Dr. Perry presented “Assessing the Aging Physician: Neuropsychological and Psychological Factors Pertaining to Fitness for Duty” at the California Academy of Attorneys of Health Care Professionals CLE Conference in September, 2013.
8. Dr. Miller presented “The Aging Physician: Practical Solutions for a Sensitive Issue” to the National Association of Medical Staff Services Annual Conference on September 25, 2013.
9. Dr. Perry presented “Assessing the Aging Physician: Neuropsychological and Psychological Factors Pertaining to Fitness for Duty” to the California Medical Association Organized Medical Staff Section on October 10, 2013.
10. Dr. Perry presented “Conducting Neuropsychological Fitness for Duty Evaluations: Assessing the Aging Physician” at the National Academy of Neuropsychology Annual Meeting on October 17, 2013.
11. Dr. Perry presented “Assessing the Aging Physician: Neuropsychological and Psychological Factors Pertaining to Fitness for Duty” at a workshop offered by Los Angeles Region of California Public Protection & Physician Health, (CPPPH) Inc. on February 8, 2014.
12. Dr. Perry presented “The Aging Physician” at the 2014 San Diego and Orange County California Association of Medical Staff Services Meeting on February 28, 2014.

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13. Dr. Miller co-presented “Practicing Medicine Longer: Legal and Clinical Considerations for an Aging Physician Population” with Libby Snelson, J.D. on March 11, 2014 via webinar for HCPro. Recorded webcast is available for download (\$199) at: <http://hcmarketplace.com/practicing-medicine-longer>.
14. Dr. Perry presented “Assessing the Aging Physician: Neuropsychological and Psychological Factors Pertaining to Fitness for Duty” to the Sierra Sacramento Valley Region meeting of the California Public Protection & Physician Health, (CPPPH) Inc. on March 15, 2014.
15. Dr. Bazzo presented on the topic to the Senior Physician’s Section of the AMA on June 7, 2014.
<http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/senior-physicians-section/meetings/previous-meeting-highlights.page?>
16. Dr. Bazzo presented “PACE Aging Physician Assessment” to the International Physician Assessment Coalition / Coalition for Physician Enhancement Joint Meeting on September 6, 2014.
17. Dr. Norcross presented “The Aging Physician: Practical Solutions for a Sensitive Issue” as part of a panel entitled “Assessing Late-Career Physicians: What is Possible? What is Practical?” at the Federation for State Physician Health Programs annual meeting on April 25, 2014.
<http://www.fsphp.org/AssessingLateCareerPhysicians-Norcross.pdf>
18. Dr. Bazzo presented “Fitness, Competence, and Performance: Helping Physicians to Assure Patient Safety” to the annual National Association of Medical Staff Services Meeting on October 8, 2014.
19. Dr. Bazzo provided a presentation to the AMA Work Group on Assessment of Senior/Late Career Physicians convened by the Council on Medical Education in collaboration with the Senior Physicians Section to inform AMA upcoming policy on “[Assuring Safe and Effective Care for Patients by Senior/Late Career Physicians \(A-15\)](#)”

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The aging physician:

Free sample aging physician questionnaire (sent to all medical staff by a hospital via SurveyMonkey)

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1. My current age (this is the only demographic question you will be asked):
 - A. Under 30
 - B. 30 - 44
 - C. 45 - 54
 - D. 55 - 64
 - E. Over 65

2. At what age do you think you will retire?
 - A. No plans yet - too far in the future
 - B. Before 65
 - C. By 70
 - D. By 75
 - E. Never

3. Has the national economic downturn of 2008 changed your retirement plans?
 - A. Yes
 - B. No

4. Should the Medical Staff have a mandatory retirement age?
 - A. Yes
 - B. No

5. Proposed age for mandatory retirement from Medical Staff?
 - A. by 65
 - B. by 70
 - C. by 75
 - D. by 80
 - E. by 85
 - F. by 90

6. What is the most significant factor that might force you to retire "earlier" than you would like?
 - A. Call responsibilities
 - B. Personal health issues
 - C. Family responsibilities
 - D. Feeling like I cannot keep up and provide good care

- E. Frustrations with where "health care" is going, locally or nationally
- F. None of the above
- G. Other (please specify)

7. Should the medical staff institute regular screening for age-related impairments in performance after a certain age?

- A. Yes
- B. No

8. What age should screening begin?

- A. by 60
- B. by 65
- C. by 70
- D. by 75
- E. by 80
- F. by 85
- G. by 90

9. What type of screening should be initiated?

10. Should the Medical Staff have a mandatory age to begin "fitness to practice" assessments?

- A. Yes
- B. No

11. Proposed age for mandatory "Fitness to Practice" Assessment

- A. before 65
- B. between 65-70
- C. between 70-75
- D. between 75-80
- E. between 80-85
- F. after 85
- G. Other (please specify)

12. Should the "fitness to practice" of procedural-based specialists be assessed any differently than those who rely on cognition alone?

- A. Yes
- B. No
- C. Other (please specify)

13. Does your specialty board have a Maintenance of Certification (MOC) program?

- A. I am required to participate (e.g., timed limited certification)
- B. I voluntarily participate (e.g., even though I am "grandfathered")
- C. I am "grandfathered" and choose not to participate
- D. No participation required

14. Is participation in your MOC program sufficient as a "fitness to practice" assessment?
- A. Yes
 - B. No
 - C. Other (please specify)
15. If a "fitness to practice" examination is given, who should provide it?
- A. Medical Staff Services
 - B. Outside body
 - C. Assurance Commission, the Joint Commission (or other government agency)
 - D. State Medical Society
 - E. Other (please specify)
16. The Ongoing Professional Practice Evaluation (OPPE) done as part of recredentialing is sufficient to assess "fitness to practice".
- A. Yes
 - B. Yes, but should be more frequent than every 9 months for physicians over a certain age
 - C. No
 - D. Other (please specify)
17. Extra Credit: The State of [xxxxxxx] has a specific test for drivers over a certain age to renew their drivers' licenses
- A. True
 - B. False
18. Extra Credit: By law commercial pilots are required to retire at what age?
- A. 55
 - B. 60
 - C. 62
 - D. 65
 - E. 67

DRISCOLL CHILDREN'S HOSPITAL	Document Number:
	Department / # :
PROCEDURE/POLICY/GUIDELINE	Owner :
	Approver :
Medical Staff Policy on the Physical Assessment of Practitioners Over the Age of 70	Approval Signature:
	Approval Date:
	Effective Date:
	Next Review:

1.0 KEY WORDS:

Medical Staff, Practitioners, Aging, Cognitive/Mental Status Exam, Credentials, Medical Executive Committee, Clinical Privileges, and Confidentiality

2.0 PURPOSE:

The objective of this policy is to assure that patient safety and quality are adequately supported by carefully assessing the capabilities, competencies (cognitive and technical/procedural) and health status (ability to perform privileges granted) of each practitioner who is granted privileges upon reaching the age of 70 and thereafter.

3.0 DOCUMENT HISTORY:

Date	Revision Number	Action Made On Document	Reviewed With No Changes (Date)
3/2010		New Document	

4.0 PERSONS AFFECTED:

Practitioners privileged through the Medical Staff.

5.0 STANDARD/POLICY STATEMENT:

It is the policy of the Medical Staff that the Credentials Committee and Medical Executive Committee specifically assess, on an ongoing basis, the capabilities, competencies and health status of each practitioner who is granted privileges in accordance with the Medical Staff Bylaws, Credentials Policy and other Medical Staff guidelines or procedures related to clinical privileging.

6.0 DEFINITIONS/RELATED INFORMATION:

6.1 Background:

In granting clinical privileges, the Medical Staff and Governing Board are required to assess the ability of each practitioner to safely and competently perform all requested privileges. As individuals age, both the natural aging process and specific medical conditions have the potential to adversely impact the capacity of a practitioner to perform some or all of the clinical privileges requested. Therefore, the Medical Staff and the Governing Board are obligated to establish an approach to evaluating the impact of aging on a practitioner's capacity to perform requested clinical privileges in the facility.

Recognizing that there is no national consensus concerning the best approach to the challenge of aging practitioners, the Medical Staff adopts this policy in order to:

- Support physicians and other privileged practitioners
- Protect physician and other privileged practitioner rights
- Apply such evaluation criteria objectively, equitably, respectfully, and confidentially
- Strive to provide patients with a high level of clinical quality and safety and protect them from harm.

6.2 Practitioner: Includes everyone privileged through the Medical Staff.

7.0 PROCEDURE/GUIDELINE:

7.1 As a part of any application process for initial appointment or reappointment on or after the age of 70 or on request of the Credentials Committee, each practitioner requesting clinical privileges shall undergo and submit as a required element of his/her application the report of a comprehensive examination that addresses both physical and mental capacity to competently perform the clinical privileges requested.

- The physical and mental examinations will be conducted by a physician acceptable to the Credentials Committee, and the report(s) of such examinations must be in a format acceptable to the Credentials Committee.
- Suggested elements for such examinations will be identified by the Credentials Committee and may include psychological testing and assessment.
- It shall be the responsibility of the practitioner to arrange for the required evaluations and the submission of required reports, and the application for appointment or reappointment will be considered incomplete, and therefore will not be processed, until such reports of the required evaluations are received.

7.2 The examinations described in this policy constitute a "fitness for work" evaluation, and must indicate that the practitioner has no physical or mental problem that might interfere with the safe and effective provision of care permitted with the clinical privileges requested.

- Adverse findings that might interfere with the safe and effective provision of care with the privileges requested will be processed in accordance with the applicable Medical Staff procedure, including adherence to state and federally mandated reporting requirements.

7.3 In addition to the examinations described above, a practitioner may be required to undergo proctoring of his/her clinical performance as a part of the assessment of his/her capacity to perform requested privileges. Such proctoring may be required in the absence of any previous performance concerns.

- The scope and duration of the proctoring shall be determined by the Medical Executive Committee upon recommendation of the MSPI Committee, Department Chair and/or the Credentials Committee.
- 7.4 For any practitioner who will be age 70 or greater at the time of appointment or reappointment or who is otherwise requested by the Credentials Committee to undergo evaluation, the Medical Staff Services Office will notify the practitioner of the examinations required by this policy. The notification will include:
- The suggested elements of a screening evaluation (Appendix A) a copy of the approved form (Appendix B) upon which the examination must be documented for reporting the results of such examinations
 - The date that the results of the examination are due
 - The fact that his/her application will not be processed until such reports are received, and that a delay in receipt may result in a lapse of Medical Staff membership and clinical privileges
 - Notice that the required examinations must be performed by a physician acceptable to the Credentials Committee
 - A copy of this policy
 - A copy of the current clinical privileges held (or requested) by the practitioner
- 7.5 Confidentiality is of utmost importance. Details of the practitioner's physical and mental status exam will remain in the custody of the practitioner's physician. The practitioner's examining physician is only required to provide a completed copy of the DCH approved form (Appendix B) as a report of the examination results. In order to maintain the confidentiality of the information obtained, upon receipt of the reports of examination results (Appendix B) the Credentialing Specialist will review the results with the Chairman of the Credentials Committee and the Chief of Staff.
- If findings do not identify potential patient care concerns, the results will be filed in a confidential file and the Credentials File will only reflect that the examination process has been completed with no significant concerns identified.
 - However, if in the opinion of the above reviewers there are findings of potential concern, the information will be confidentially evaluated by the Credentials Committee.
- 7.6 If the conclusion of the Credentials Committee is that the practitioner has been unable to establish his capability to safely and competently perform the privileges requested, discussion with the practitioner should be undertaken by a representative of the Credentials Committee regarding alternative practice patterns or modification of requested privileges.
- The goal of such discussion is to be supportive and respectful of the practitioner, and to suggest resources to assist the practitioner.

8.0 REFERENCES:

- 8.1 Improving Patient Care; Systematic Review: The Relationship between Clinical Experience and Quality of Health Care. 2005 American College of Physicians. 260-273.
- 8.2 The aging physician: Balancing safety, respect, and dignity; Medical Staff Leader Connection, September 23, 2009.
- 8.3 Joint Commission

8.4 Americans with Disabilities Act

9.0 INTERNAL CROSS-REFERENCES:

- 9.1 Credential Policy
- 9.2 Physician Health Policy
- 9.3 Proctoring Policy
- 9.4 FPPE/OPPE Policy

10.0 ATTACHMENTS

- 10.1 Suggested Elements of a Screening Evaluation for Practitioners Age 70 and Older (Appendix A)
- 10.2 Screening Evaluation Report Form (Appendix B)

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I. PURPOSE

Clinical excellence is a complex composite of performance in many domains, including, among others, cognitive ability, technical proficiency, communication skills, professional judgment, productivity, and stamina. As individuals age, both the natural aging process and specific medical conditions and medications have the potential to adversely affect the capacity of practitioners to carry out their clinical responsibilities. Given this reality, it is imperative, from the point of view of patient safety as well as physician well being, to establish a process by which late career clinicians' performance and capacities can be fairly and accurately evaluated. The purpose of this policy is to establish this evaluation process.

Key elements of this policy are to assure high quality care for the patient, to be supportive of the practitioner and to address issues that the individual may not recognize.

The Medical Staffs of Stanford Hospital and Clinics (SHC) and the Lucile Packard Children's Hospital (LPCH) adopt this policy in order to:

- Provide patients with medical care of high quality and safety and protect them from harm
- Identify issues that may be pertinent to the health and clinical practice of medical staff members
- Support members of the medical staff
- Apply evaluation criteria objectively, equitably, respectfully, and confidentially

II. SCOPE

This policy applies to all members of, and applicants to, the Medical Staffs of Stanford Hospital and Clinics (SHC) and Lucile Packard Children's Hospital (LPCH). It is effective as of September 2012 and supersedes any previous policy in this area.

III. POLICY

Any practitioner aged 74 ½ or older who applies for appointment to the Medical Staff will complete, as a part of the application process, a peer clinical skills assessment and physical and cognitive screenings that address his/her capacity to competently perform the clinical privileges requested. Physicians who are currently on the medical staff who are 75 or older will be asked to complete these

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assessments every 2 years during the first quarter of the calendar year. In addition, the SHC Credentials and Privileging Committee or the LPCH Credentials Committee, as applicable (“Credentials Committee”), may request that any practitioner regardless of age complete this skills assessment and these screenings.

The clinical skills assessment and physical and cognitive screenings described in this policy must indicate that the practitioner has no detected physical or cognitive problem that might interfere with the safe and effective provision of care permitted with the clinical privileges requested (for applicants) or currently in effect (for current members of the medical staff). Adverse findings that indicate potential interference with the safe and effective provision of care with the clinical privileges requested (for applicants) or currently in effect (for current members of the medical staff) will be assessed along with other pertinent factors by the applicable Service Chief and Credentials Committee in formulating their recommendations regarding appointment and clinical privileges to the applicable Medical Executive Committee [hereafter MEC] as provided in the SHC or LPCH Medical Staff Bylaws. The Service Chief/Credentials Committee has the right to request additional information for further evaluation if necessary.

IV. PROCEDURE

A. Components of the assessment: For any practitioner aged 74 ½ or older at the time of his/her application for appointment or who is otherwise asked by the Credentials Committee to undergo evaluation (including the biennial assessment of current members of the medical staff aged 75 or older), the Medical Staff Services Department will notify the practitioner of the assessment and screenings required by this policy. These are as follows:

1. A peer assessment of the applicant’s clinical performance by three medical staff members who are in a position to evaluate the applicant’s clinical performance. The Clinical Excellence Core Competencies Evaluation will be used for this purpose (Appendix A). In order to carry out this assessment the practitioner will provide to the Medical Staff Services Department a list of six individuals, including email and phone numbers, who could evaluate his or her clinical skills. The applicable Service Chief will nominate three of these individuals to conduct the assessment, subject to the review and approval of the Chair of the Credentials Committee. The Medical Staff Services

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Department will directly contact each of the subset of practitioners selected to request that they complete the evaluation form.

2. A comprehensive history and physical examination, to be arranged and paid for by the practitioner using the forms provided in Appendix B. The individual performing this examination must be approved in advance by the Chair of the Credentials Committee.
3. A cognitive screening, to be scheduled by the practitioner using the information provided by the Medical Staff Services Department. The screening will be performed under the direction of the Stanford Neuropsychiatry Department. The Medical Staff Services Department will arrange for payment for the screening.

B. Notification to the practitioner will include:

1. The required elements of the evaluation (Appendices A, B, and C)
2. The request for the names of clinical peers along with email and phone number and a date by which they should be submitted to the Medical Staff Services Department
3. The request for the name of the physician of choice for the physical screening and the date when that name in addition to email address and phone number must be submitted to the Medical Staff Services Department
4. The contact information to schedule the cognitive screening
5. The date that the results of the physical and cognitive screenings are due to the Medical Staff Services Department
6. The fact that all three components of this evaluation process are required for the application process and must be completed before processing of the initial application, and that a delay in receipt of the completed evaluation materials may result in voluntary withdrawal of application for Medical Staff membership and clinical privileges. Physicians who are currently on the medical staff who older than 75 will be required to complete all 3 components within in 6 months of

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request or membership and/or privileges will be suspended for lack of compliance with this policy.

7. A copy of this policy
8. A copy of the current clinical privileges held (or privileges requested) by the practitioner

C. Review of assessments

1. The completed Clinical Excellence Core Competencies evaluations (Appendix A) will be submitted to the Medical Staff Services Department.
2. The History and Physical Examination Attestation Form (Appendix B) and Cognitive Screening Attestation Form (Appendix C) will be submitted to the Medical Staff Services Department.
3. This information, which will be treated as highly confidential, will be reviewed by the applicable Service Chief and Chair of the Credentials Committee. Additional evaluation and consultation may be sought regarding the interpretation of the results as needed.

D. Outcomes of review

1. If the findings do not identify potential patient care concerns in relation to the expected level of performance of the requested privileges, the results will be filed in a confidential file maintained by the Medical Staff Services Department, and the Credentials File will only reflect that the assessment and screening process has been completed with no significant concerns identified. The appointment process will then proceed as specified in the applicable Medical Staff Bylaws.
2. If the findings identify potential patient care concerns, the Service Chief and the Credentials Committee will, on a confidential basis, evaluate the results and will recommend further evaluation if indicated. This could include proctoring of the practitioner's clinical performance, the scope and duration of which would be determined by the applicable MEC upon recommendation of its Credentials Committee, with input from the Service Chief. Specific findings that would identify potential concerns include low ratings on the Clinical Excellence Core Competencies Evaluation or the

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cognitive screening or significant health issues that would interfere with the ability to practice medicine in the physician's specialty. The complete evaluation/findings will be maintained by the Medical Staff Services Department in the practitioner's Credential file.

- a. If the Credentials Committee concludes that the practitioner is *not* able to safely and competently perform the privileges requested, either after the initial evaluation or after undergoing further evaluation as in C.3 or D.2 above, a representative of the committee and/or the Chief of Staff will discuss alternative practice patterns or modification of requested privileges, including the possibility of revocation of privileges, with the practitioner. *The goal of such discussion is to be supportive and respectful of the practitioner and to suggest resources to assist the practitioner.*
- b. If the committee recommends modification, restriction or revocation of clinical privileges to the MEC, and if that recommendation is approved by the MEC, the practitioner may request a hearing under the applicable Medical Staff Bylaws.

V. Throughout this process the intent of each step is to protect patient safety, provide support, to the practitioner and assist in any resulting changes in practice patterns or transitions. This process is also available to individual practitioners who, on their own, express concerns. Inquiries by such practitioners should be directed to the Chief of Staff or designee.

VI. **APPENDICES**

- *Appendix A – Clinical Excellence Core Competencies Evaluation*
- *Appendix B – History and Physical Examination: General Information and Attestation Form*
- *Appendix C - Cognitive Screening Evaluation: General Information and Attestation Form*

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Departments Affected: All Medical Staff and Advance Practice Providers	

DOCUMENT INFORMATION

- A. Author/Original Date: June 2012

- B. Gatekeeper of Original Document
Director, Medical Staff Services

- C. Distribution and Training Requirements
 - 1. This policy resides in the Medical Staff Policy Manual of SHC and LPCH.

Approvals: SHC and LPCH MEC July 2012
SHC and LPCH Board July 2012

**Stanford University Medical Center Late Career Practitioner Policy
Appendix A: Clinical Excellence Core Competencies Evaluation (CONFIDENTIAL)**

Candidate: _____ **Date:** _____

INSTRUCTIONS

Clinical care at Stanford is expected to reflect excellence beyond basic professional competence. In completing each item of this assessment, you are asked to consider the candidate's performance relative to Stanford's expectation of excellence. Please be as candid as possible. These forms (including the identity of their authors) will be treated as strictly confidential within the Medical Staff appointment and credentialing processes.

PLEASE TELL US ABOUT YOURSELF.

1. Please indicate the nature of your relationship to the candidate (choose the single best fit):
 - Trainee of the candidate
 - Clinical administrator (for example, nurse manager or clinic manager)
 - Allied healthcare provider (for example, nurse practitioner or physician assistant)
 - Physician (not trainee)
 - Other _____

This relationship is (circle one): current / past

2. Please indicate **your** departmental affiliation and/or clinical specialty, if applicable:

Dept./Div. _____ Specialty _____

3. Please indicate the nature of your familiarity with the candidate's performance (choose the single best fit):
 - General knowledge by reputation only (no direct observation)
 - Direct knowledge of patient outcomes and/or chart review
 - Direct observation of candidate's work in the clinical setting
 - Insufficient information on which to base an evaluation (**if you select this answer, STOP.** Do not complete the remainder of the evaluation).

This knowledge is (circle one): current / past

PLEASE COMPLETE THE FOLLOWING SURVEY.

For each item, ratings are explained as follows:

- "Significant Concern**"
- "Minor Concern"
- "Average" – basic professional competence (but short of "excellent" as defined below)
- "Excellent" – comparable to what should be expected at an academic medical center like Stanford
- "Outstanding" – a clinician who is widely recognized locally, regionally or nationally.

Please note that for any items on which you rate the candidate's performance either "Significant Concern" or "Minor Concern" an explanation is required. We once again ask you to be as candid as possible.

Candidate: _____

	Significant Concern* (comment required)	Minor Concern* (comment required)	Average (basic professional competence)	Excellent (expected at top academic medical center)	Outstanding (widely recognized locally, regionally or nationally)	Not applicable or don't know	COMMENTS (REQUIRED for ratings of "Significant Concern" or "Minor Concern") If applicable, please describe specific observed performance or behavior that influenced your assessment. Describe history and frequency of this performance or behavior, including any trend toward improvement or worsening over time. Continue on back or separate sheet if necessary.
GENERAL CLINICAL PROFICIENCY	1	2	3	4	5		
	Maintains up-to-date knowledge base appropriate to scope of practice						
	1	2	3	4	5		
	Maintains current technical/procedural proficiency						
	1	2	3	4	5		
	Applies sound diagnostic reasoning and judgment						
	1	2	3	4	5		
	Applies sound therapeutic reasoning and judgment						
1	2	3	4	5			
Applies evidence from relevant scientific studies							
1	2	3	4	5			
Seeks consultation from other care providers when appropriate							
1	2	3	4	5			
Demonstrates reliability in meeting clinical commitments							
COMMUNICATION	Significant Concern* (comment required)	Minor Concern* (comment required)	Average (basic professional competence)	Excellent (expected at top academic medical center)	Outstanding (widely recognized locally, regionally or nationally)	Not applicable or don't know	COMMENTS (REQUIRED for ratings of "Significant Concern" or "Minor Concern") If applicable, please describe specific observed performance or behavior that influenced your assessment. Describe history and frequency of this performance or behavior, including any trend toward improvement or worsening over time. Continue on back or separate sheet if necessary.
	1	2	3	4	5		
	Communicates effectively with patients and their families						
	1	2	3	4	5		
Communicates effectively with physician peers							
1	2	3	4	5			
Communicates effectively with trainees							

Candidate: _____

	1	2	3	4	5		
Communicates effectively with other members of the health care team (for example, nurses, clinical administrators, respiratory therapists, pharmacists)	1	2	3	4	5		
Maintains appropriate medical documentation	1	2	3	4	5		
PROFESSIONALISM	Significant Concern* (comment required)	Minor Concern * (comment required)	Average (basic professional competence)	Excellent (expected at top academic medical center)	Outstanding (widely recognized locally, regionally or nationally)		Not applicable or don't know
Treats patients with compassion and respect	1	2	3	4	5		
Serves as patient advocate (puts the patient first)	1	2	3	4	5		
Shows sensitivity to cultural issues	1	2	3	4	5		
Treats physician peers with respect	1	2	3	4	5		
Treats trainees with respect	1	2	3	4	5		
Treats other members of the health care team (for example, nurses, clinical administrators, respiratory therapists, pharmacists) with respect	1	2	3	4	5		
Available to colleagues	1	2	3	4	5		
Responds in a timely manner	1	2	3	4	5		
Respects patient confidentiality	1	2	3	4	5		

COMMENTS
(REQUIRED for ratings of "Significant Concern" or "Minor Concern")

If applicable, please describe specific observed performance or behavior that influenced your assessment. Describe history and frequency of this performance or behavior, including any trend toward improvement or worsening over time. Continue on back or separate sheet if necessary.

Candidate: _____

	Significant Concern* (comment required)	Minor Concern* (comment required)	Average (basic professional competence)	Excellent (expected at top academic medical center)	Outstanding (widely recognized locally, regionally or nationally)	Not applicable or don't know	COMMENTS (REQUIRED for ratings of "Significant Concern" or "Extraordinary") <i>If applicable, please describe specific observed performance or behavior that influenced your assessment. Describe history and frequency of this performance or behavior, including any trend toward improvement or worsening over time. Continue on back or separate sheet if necessary.</i>
SYSTEMS-BASED PRACTICE							
Effectively coordinates patient care within the healthcare system	1	2	3	4	5		
Appropriately considers cost of care in medical decision-making	1	2	3	4	5		
Participates in quality improvement activities	1	2	3	4	5		
Demonstrates leadership in clinical program development and administration	1	2	3	4	5		
OVERALL							
Overall clinical performance	1	2	3	4	5	Not applicable or don't know	COMMENTS (REQUIRED for ratings of "Significant Concern" or "Minor Concern") <i>If applicable, please describe specific observed performance or behavior that influenced your assessment. Describe history and frequency of this performance or behavior, including any trend toward improvement or worsening over time. Continue on back or separate sheet if necessary.</i>

ADDITIONAL COMMENTS: _____

Signature: _____ Date: _____

Appendix B
History and Physical Examination for Practitioners Age 75 and Older

NOTE TO THE EXAMINING PHYSICIAN:

The Medical Staffs of Stanford Hospital and Clinics and Lucile Packard Children's Hospital, as a part of their efforts to protect both patients and practitioners, require a comprehensive history and physical examination of practitioners applying for clinical privileges beyond a certain age. The elements of the examination should be modified as appropriate to address the age, clinical condition, medical problems and the clinical privileges requested by the practitioner. *Therefore, please be sure to review the practitioner's requested privileges before conducting your examination.*

In order to respect the confidentiality of the practitioner's medical information, please submit **only** the form attached to this document when sending the results of your examination to the relevant Medical Staff office. As noted on the form, the Medical Staff is only interested in, and should only receive a detailed report on, those aspects of the practitioner's health, if any, that have the potential to adversely affect the practitioner's ability to safely perform the requested privileges, or that document his/her ability to do so. You may supply additional information that you feel would be helpful to the Medical Staff in this assessment.

Late Career Practitioner's Name: _____

Requested Clinical Privileges: See attached Clinical Privileges Delineation Checklist

Practitioner's Name: _____ ID# _____

History and Physical Attestation Form

I attest that I have performed a comprehensive history and physical examination on this practitioner, and that I have reviewed the clinical privileges requested by this practitioner.

In the history and physical examination the practitioner has no apparent findings that would necessarily preclude him/her from performing the privileges requested.

Agree: _____ Disagree: _____ If disagree, please elaborate below

In tests and studies performed on this practitioner, he/she has no apparent findings that would necessarily preclude him/her from performing the privileges requested.

Agree: _____ Disagree: _____ If disagree, please elaborate below

Do you have any recommendations for further study or evaluation?

No: _____ Yes: _____ If yes, please elaborate below

Additional Comments:

Signature: _____ Date: _____

Please return the completed form to: _____

Appendix C
Cognitive Screening for Practitioners Age 75 and Older

NOTE TO THE EXAMINING NEUROLOGIST/NEUROPSYCHOLOGIST:

The Medical Staffs of Stanford Hospital and Clinics and Lucile Packard Children's Hospital, as a part of their efforts to protect both patients and practitioners, require a cognitive screening evaluation of practitioners beyond a certain age applying for clinical privileges.

In order to protect the confidentiality of the practitioner's medical information, please use **only** the form attached to this document to submit the outcome of the screening to the relevant Medical Staff office. As noted on the form, the Medical Staff is only interested in, and should only receive a detailed report on, those aspects of the screening, if any, that have the potential to adversely affect the practitioner's ability to safely perform the requested privileges. You may supply additional information that you feel would be helpful to the Medical Staff in this assessment, including recommendations for further evaluation.

Late Career Practitioner's Name: _____

Requested Clinical Privileges: See attached **Clinical Privileges Delineation Checklist**

Practitioner's Name: _____ ID# _____

Cognitive Screening Attestation Form

I attest that I have administered the cognitive screen requested by the relevant Chief of Staff Office to this practitioner and have interpreted the results. I have also reviewed the clinical privileges requested by this practitioner and have taken these into account in my interpretation.

The results of these cognitive screens indicate that the practitioner has no apparent findings that would necessarily preclude him/her from performing the privileges requested.

Agree: _____ Disagree: _____ If disagree, please elaborate below.

Do you have any recommendations for further study or evaluation?

No: _____ Yes: _____ If yes, please elaborate below.

Additional Comments:

Signature: _____ Date: _____

Please return the completed form to: _____



Clinical Staff Executive Committee

MEDICAL CENTER POLICY NO. 0294

A. SUBJECT: The Aging Practitioner (R)

B. EFFECTIVE DATE: July 1, 2012

C. POLICY STATEMENT:

The University of Virginia Clinical Staff is obligated to assess each member's capacity to perform requested privileges. This policy establishes a procedure for assessing the impact of aging on that capacity.

D. DEFINITIONS AND PROCEDURE:

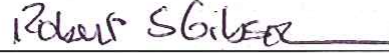
The term of clinical privileges for practitioners who are 69 years old will be set such that their privileges expire during the year they reach the age of 70.

1. The first time a practitioner applies for privileges after reaching the age of 70, he/she shall complete an examination that addresses both physical and mental capacity for the privileges requested. This exam shall be conducted under the auspices of the Physician Wellness Program. The results of this exam shall be forwarded to the practitioner's Department Chair/Division Chief for his/her consideration and for inclusion with the other required privileging documents submitted to the Credentials Committee. If the Practitioner is a Department Chair, the Dean of the School of Medicine shall take the place of the Department Chair for purposes of this Policy.
2. After reaching the age of 75, practitioners holding clinical privileges shall complete an annual examination that addresses both physical and mental capacity for the privileges requested. This exam shall be conducted under the auspices of the Physician Wellness Program. The results of this exam shall be forwarded to the practitioner's Department Chair/Division Chief, or, as applicable, the Dean of the School of Medicine, for his/her consideration and for inclusion with the other required privileging documents submitted to the Credentials Committee. The standard term of clinical privileges shall be one year for practitioners 75 years of age or older (privileges must be renewed annually once a practitioner reaches age 75).
3. The Department Chair/Division Chief, or where applicable, the Dean of the School of Medicine, must also indicate approval of the requested privileges through his/her signature on the privileging application. The physical and mental capacity examination described above is an adjunct to, not a substitute for, appropriate consideration by the Department Chair/Division Chief /Dean regarding the practitioner's capacity to provide the specialty specific clinical services for which privileges are requested. Both documentation of the examination and

(SUBJECT: The Aging Practitioner)

approval of the Department Chair/Division Chief, or, as applicable, the Dean, are required for an application to be considered by the Credentials Committee.


SIGNATURES:



Robert S. Gibson, M.D., President Clinical Staff



R. Edward Howell, CEO, UVA Medical Center



DATE:

Medical Center Policy No. 0294 (R)
Approved July 2011
Revised June 2012
Approved by Credentials Committee
Approved by Clinical Staff Executive Committee