

## **SHC Late Career Practitioner Policy FAQs**

1. *Why was this policy developed?*

As individuals age, 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. Most of us have known at least one physician who practiced beyond the time when he/she was most effective, and many of us have struggled with how to best handle that to protect patients and the reputation and self-esteem of the physician. For this reason it is important, from the point of view of both patient safety and physician well being, to establish a process by which late career physicians' performance and capacities can be fairly and accurately evaluated.

2. *Who developed this policy?*

The policy was developed by a task force appointed by Dean Philip Pizzo that consisted of faculty and community medical staff members. It was reviewed by the Credentials Committee and approved by the Medical Executive Committee and the hospital board.

3. *What are the goals of this policy?*

The policy has the following goals:

- To provide patients with medical care of high quality and safety and protect them from harm
- To identify issues that may be pertinent to the health and clinical practice of medical staff members
- To support members of the medical staff
- To apply evaluation criteria objectively, equitably, respectfully, and confidentially

*Key elements of the 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.*

4. *What are the components of the evaluation?*

The evaluation has three components:

- A peer assessment carried out by medical staff members, trainees, advanced practice professionals, nurses and other hospital staff who are in a position to evaluate the practitioner's clinical performance
- A comprehensive history and physical examination

5. *Who will be expected to undergo this evaluation?*

Any practitioner aged 74 ½ or older who applies for medical privileges at either SHC will complete the evaluation as part of the application process. Practitioners currently on the medical staff of either hospital who are 75 or older will be asked to complete the evaluation every two years during the first quarter of the calendar year.

6. *Why was age 75 chosen?*

The Task Force that developed the policy reviewed data on a number of measures of age-related physical and cognitive changes. All show declines beginning earlier than age 75. However, the clearest age-specific data concerned the rates of Alzheimer's Disease (AD), the most common type of cognitive disease of aging. AD shows a quite specific age-related increase in occurrence: of those who suffer from this condition, only 10% are 74 or younger, while 45% are 75-84 and 45% are 85 or older (Alzheimer's Association 2011). Thus, the Task Force concluded that age 75 is a reasonable starting age for this policy.

7. *Are there any data to support the idea that such a policy will actually alter patient outcomes?*

Because this type of screening has rarely been done, there are no data confirming that this policy will alter patient outcomes. However, there are many data to support the value of evaluating practitioners as we age. The most compelling data are around peer review, showing that well-structured, rigorous peer review is useful in evaluating cognitive and humanistic aspects of physician performance.

8. *Do any other academic medical centers have a late career practitioner policy like this?*

Based on data gathered by emailing colleagues at about a dozen other AMC's and a University Healthcare Consortium listserv survey, we have only been able to identify two other academic medical centers with late practitioner policies, although there are others that are currently working on similar policies.

9. *If I have concerns about a colleague younger than 75, what should I do?*

You should bring your concerns to the Chief of Staff (SHC), who will informally and confidentially follow up on your concerns and determine whether the individual should be evaluated according to this policy.

10. *Who will do the physical exam screening? Do I have a choice?*

The physical exam will be done by a physician of your choice, although he or she must be approved in advance by the Chair of the Credentials Committee. In general the examining physician should be someone not in your own practice and should be a primary care or similar physician (such as ob/gyn). You will be responsible for the cost associated with this exam.

11. *What happens to me if concerns are raised about me during the screening exams?*

If the findings identify potential patient care concerns, the Service Chief and the Credentials Committee will, on a confidential basis, carefully consider the results and will recommend further evaluation if indicated. This could include

proctoring of the your clinical performance, the scope and duration of which would be determined by the Medical Executive 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 significant health issues that would interfere with the ability to practice medicine in the physician's specialty.

If the Credentials Committee concludes that you are *not* able to safely and competently perform the privileges requested, either after the initial evaluation or after undergoing further evaluation described as 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 you. *The goal of such discussion is to be supportive and respectful of your career and contributions and to suggest resources to assist you.*

12. *Can I appeal the decision by the Credentials Committee if I disagree with it?*

Yes, if the Credentials Committee recommends modification, restriction or revocation of clinical privileges to the Medical Executive Committee (MEC), and if that recommendation is approved by the MEC, you may request a hearing under the Medical Staff Bylaws.

13. *Isn't this policy discriminatory based on age?*

The policy is designed to be supportive of the practitioner and to assure that the quality of care for patients is not compromised due to decline in function or cognition. It is analogous to other age-specific requirements such as driving tests at certain ages that recognize the reality of physical and cognitive declines as we age and, most especially, the potential negative consequences *to others* of those declines. Each of the screens is designed to determine whether there may be, but not necessarily are, issues of competence in delivery of care. If a concern is identified, there are further screens, discussions with the chief or chair, and opportunity to appeal an adverse determination. There is also a commitment to help the practitioner to determine how he or she may continue to practice safely.

The policy is not designed nor will it be used to discriminate against anyone of any age, but to provide support to those who may need it.

14. *Where should I go if I have more questions about the policy?*

For questions about the policy, please be in touch with the Medical Staff Services Department (650-497-8920).