


Policy Title: Late Career Practitioner

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Departments Affected: All Medical Staff

I. PURPOSE

- A. 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.
- B. 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.
- C. The Medical Staff of Stanford Health Care (SHC) and Lucile Packard Children's Hospital Stanford (LPCHS) adopt this policy in order to:
 1. Provide patients with medical care of high quality and safety and protect them from harm
 2. Identify issues that may be pertinent to the health and clinical practice of medical staff members
 3. Support members of the medical staff
 4. Apply evaluation criteria objectively, equitably, respectfully, and confidentially

II. SCOPE

- A. This policy applies to all members of, and applicants to, the Medical Staff of Stanford Health Care (SHC) and Lucile Packard Children's Hospital Stanford (LPCHS) excluding anyone in the Affiliate Category, Refer and Follow Category (LPCHS), and the Administrative Category (SHC). This amendment is effective August 2017 and supersedes any previous policy in this area.

III. POLICY

- A. At the time of initial appointment or beginning with the first re-appointment, and for every re-appointment thereafter that occurs after reaching the age of 75, prospective members or members of the Medical staff will complete, as a part of the application process, a peer clinical skills assessment and health screening that address his/her capacity to competently perform the clinical privileges requested. In addition, the SHC/LPCHS Credentials and Privileging Committee ("Credentials Committee"), may request that any practitioner regardless of age complete this skills assessment and these screenings.
- B. The clinical skills assessment and health screening described in this policy must indicate that the practitioner has no detected problem(s) 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/LPCHS Medical Staff Bylaws.



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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 medical staff members, trainees, advanced practice professionals, nurses and other hospital staff who are in a position to evaluate the applicant's clinical performance. The applicable Service Chief will identify the individuals to conduct the assessment and forward them directly to the Director of Medical Staff Services Department or designee. A modified version of the Clinical Excellence Core Competencies Evaluation will be used for this purpose (Appendix A). The Medical Staff Services Department will directly contact each of the individuals selected to request that they complete the evaluation form.
 - a) A comprehensive history and physical examination, to be arranged and paid for by the practitioner using the forms provided in Appendix B. The practitioner being evaluated must provide the name of the evaluating physician in advance.
 - b) The Director of Medical Staff Services Department or designee in consultation with the chair of the Credentials Committee will approve the provider performing the H&P.
- B. Notification to the practitioner will include:
1. The required elements of the evaluation (Appendices A and B)
 2. The request for the name of the physician of choice for the health screening and the date when that name in addition to email address and phone number must be submitted to the Medical Staff Services Department
 3. The date that the results of the health screening is due to the Medical Staff Services Department
 4. The fact that both 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 are 75 or older will be required to complete both components within in 6 months of the date of the initial notification. Non-compliance will result in an administrative suspension of membership and privileges until the process has been completed.
 5. A copy of this policy
 6. A copy of the current clinical privileges held (or privileges requested) by the practitioner.



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C. Review of assessments

1. The completed Clinical Core Competencies evaluations (Appendix A) will be submitted to the Medical Staff Services Department.
2. The History and Physical Examination Attestation Form (Appendix B) 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 if issues are identified on the H&P form or if peer evaluators rate the practitioner less than 3. 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 process will then proceed as specified in the 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 MEC upon recommendation of its Credentials Committee, with input from the Service Chief. Specific findings that would identify potential concerns include low ratings (ratings less than 3) on any Clinical Excellence Core Competencies Evaluation form 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.
 - 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 (SHC) or Medical Staff President (LPCHS) 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 Medical Staff Bylaws.
- E. 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 (SHC) or Medical Staff President (LPCHS) or designee.



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V. APPENDICES

- A. Appendix A – Clinical Core Competencies Evaluation
- B. Appendix B – History and Physical Examination: General Information and Attestation Form

VI. DOCUMENT INFORMATION

- A. Author/Original Date
 - 1. Director, Medical Staff Services, 06/2012
- B. Gatekeeper of Original Document
 - 1. Director, Medical Staff Services
- C. Distribution and Training Requirements
 - 1. This policy resides in the Medical Staff Policy Manual of SHC.
- D. Review and Renewal Requirements
 - 1. This policy will be reviewed and/or revised every three years or as required by change of law or practice.
- E. Review and Revision History:
 - 1. MM/YYYY name, title, department; name, title, department
- F. Approvals
 - 1. 07/2012 SHC and LPCHS MEC; SHC and LPCHS Board
 - 2. 10/2013 SHC Board
 - 3. 08/2012 SHC and LPCHS MEC;
 - 4. 08/2014 SHC and LPCHS MEC; SHC and LPCHS Board
 - 5. 08/2017 SHC and LPCHS MEC; SHC and LPCHS Board; SHC and LPCHS Board; SHC Board
 - 6. 8/2020 SHC MEC and SHC Board Approval

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**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: 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.

GENERAL CLINICAL PROFICIENCY	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 <i>(REQUIRED for ratings of "Significant Concern" or "Minor Concern")</i> <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>
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	1	2	3	4	5		
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 <i>(REQUIRED for ratings of "Significant Concern" or "Minor Concern")</i> <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>
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	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	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>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		<input type="checkbox"/>

*COMMENTS ARE REQUIRED for ratings of "Significant Concern" or "Minor Concern"

	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") 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.
SYSTEMS-BASED PRACTICE							
Effectively coordinates patient care within the healthcare system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	
Appropriately considers cost of care in medical decision-making	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	
Participates in quality improvement activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates leadership in clinical program development and administration	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	
OVERALL	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.
Overall clinical performance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	

ADDITIONAL COMMENTS:

Please have the service chief contact me regarding this evaluation

Signature

Print Name

Appendix B: History and Physical Examination: General Information and Attestation Form**History and Physical Examination for Late Career Practitioners****NOTE TO THE EXAMINING PHYSICIAN:**

The Medical Staff of Stanford Hospital and Clinics, as a part of their efforts to protect both patients and practitioners, require a comprehensive history and physical examination of practitioners applying or reapplying for clinical privileges beyond a certain age. Important components of this assessment include a review of systems that addresses functional status, and comprehensive sensory examinations including tests of hearing, visual acuity with eye chart and exam, and a thorough neurological exam. 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.

I. Practitioner's Name: __

(Name of Person being evaluated)

Requested Clinical Privileges: See attached Clinical Privileges Delineation Checklist

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.

II. 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

III. 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

IV. Do you have any recommendations for further study or evaluation?

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

V. Additional Comments:

Name: _____ **Specialty:** _____

Signature: _____ **Date:** _____

Please Fax or email the completed form to: 650.724.2191 or bborders@stanfordhealthcare.org