Sample Policy & Procedure

Medical Staff Policy on Physical Assessment of Practitioners Over the Age of [n]

Background
In addressing privileges, medical staffs are obligated to assess each practitioner’s capacity to perform all requested privileges. As physicians and other practitioners age, both the natural aging process as well as specific diseases have the potential to adversely impact these clinicians’ capacity to perform some or all of their requested privileges. Therefore, medical staffs are obligated to establish an approach to assessing the impact of aging on all practitioners’ capacity to perform requested privileges.

However, no national consensus has developed concerning the best approach to the challenge of aging physicians. The medical staff adopts this policy in order to support physicians and other privileged practitioners, protect physician and other privileged practitioner rights, and protect patients from harm.

Objective
The objective of this policy is to assure that patient safety and quality are adequately ensured by assessing the capabilities, competencies (cognitive and technical/procedural) and health status (ability to perform) of each appointee who has been granted privileges upon reaching the age of [n] and thereafter.

Policy
It is the policy of the medical staff that the [credentials committee / medical executive committee] specifically consider, on an ongoing basis, the capabilities, competencies and health status (ability to perform) of each practitioner who has privileges in accordance with the medical staff bylaws and policies and procedures related to clinical privileging.

In conjunction with their biennial reappraisal/reappointment*, at the age of [n] practitioners holding clinical privileges shall complete an examination that addresses both the physical and mental capacity for the privileges requested. The physical and mental exam will be conducted by a physician acceptable to the [credentials committee / medical executive committee]. Suggested elements for such a screening evaluation are covered in Appendix A. The outcome must be documented on the approved form (see Appendix B) and submitted by the date requested by the [credentials committee / medical executive committee].

At the age of [n] practitioners shall complete an annual examination that addresses both the physical and mental capacity for the privileges requested. The annual physical and mental exams (see Appendix A for a sample scope of evaluation) are to be conducted by a physician acceptable to the [credentials committee / medical executive committee], documented on the approved form (see Appendix B) and submitted by the date requested by the [credentials committee / medical executive committee].

[Brackets] identify suggested options
- When the asterisk appears, the draft policy language reflects the health assessment is linked to biennial reappraisal/reappointment. Another option medical staffs may wish to consider is to separate the health assessment from the biennial reappraisal/reappointment.
The physical examination is a ‘fitness to work’ evaluation and must indicate that the physician has no physical or mental problem that may interfere with the safe and effective provision of care permitted under the privileges granted. Adverse findings that interfere with the safe and effective provision of care under the privileges requested are processed in accordance with the applicable medical staff bylaws including adherence to state or federally mandated reporting requirements.

In addition to the physician examination, a practitioner may be required to undergo proctoring of their clinical performance as part of the assessment of their 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 department chair and credentials committee.

The board must also receive a recommendation from the medical executive committee stating that the practitioner has been found to be clinically competent and is recommended for the privileges requested.*

Upon attaining the age of [n], medical staff appointees shall automatically relinquish all clinical privileges [and will be reassigned to the appropriate medical staff category].

**Procedure**

[At the time of reappraisal/reappointment / Upon reaching the age of (n)],* the medical staff office will notify affected practitioners of the requirement for the physical and mental examination in accordance with the above policy.

The notification from the medical staff office will include:
- The suggested elements of a screening evaluation (Appendix A)
- A copy of the approved form upon which the examination must be documented (Appendix B)
- The date that the results of the examination is due
- A copy of the current clinical privileges held [or requested*] by the practitioner

In order to maintain confidentiality of the information obtained, upon receipt of the examination results, the director/manager of the medical staff office will review the results with the [chairman of the credentials committee / president of the medical staff]. If findings do not identify potential patient care concerns, the results will be filed in a confidential file as a matter of routine. However, if in the opinion of the medical staff representative, the results are of concern, the information will be shared with the committee designated by this policy.

If a required examination is not obtained [within (n) days of notification / in accordance with current bylaw requirements], the practitioner will be considered to have voluntarily relinquished his or her privileges and any application for reappraisal/reappointment will not be processed further.

Note: Hospitals should keep in mind state reporting statutes and the application of the Americans with Disabilities Act or other anti-discrimination laws. Hospitals must seek expert legal advice when implementing this policy and procedure. Provisions of this recommended policy might conflict with medical staff bylaws or fair hearing procedures. Hospitals must address such conflicts before finalizing this policy.
Appendix A: Suggested Elements of a Screening Evaluation for Practitioners Age [n] and Older

NOTE TO THE EXAMINING PHYSICIAN:
The following elements of a medical evaluation, including history, physical examination and laboratory assessment, should be modified as appropriate to address the age, clinical condition, and privileges requested by the practitioner. Therefore please be sure to review the practitioner’s requested privileges before conducting this evaluation.

In order to respect the confidentiality of the practitioner’s medical information, the [Hospital] medical staff does not expect you as the examining physician to submit the complete results of your medical evaluation. The medical staff is only interested in, and should only receive a report on, those aspects of the practitioner’s health that have the potential to adversely affect their ability to carry out the requested privileges. Please use the form attached to this document in submitting the results of your assessment to the medical staff rather than submitting a complete history and physical examination.

- Name
- Current Clinical Privileges with requirements (call, extended surgeries, potential uninterrupted hours of work etc.)
- Medication list
- Allergies
- Past medical history
- Past surgical history
- Family History
- Social History
- Immunization history
- Physical exam:
  - Vital Signs
  - HEENT – with visual acuity and auditory acuity
  - Neck/thyroid
  - Heart
  - Lungs
  - Abdomen
  - Genital
  - Rectal
  - Pulses
  - Extremities (evidence or circulatory or neurological deficits)
- Neurological Exam (cranial nerves, motor, sensory, cerebellar)
- Mental Status Exam: (this exam or alternate exam)
  - Orientation: Year, season, date, day month
  - Orientation: state, county, town, building, floor
  - Registration: name three objects (record the number of trials required to learn)
  - Attention and calculation: serial 7 subtraction-subtract 100 by 7 (stop after 5 answers
  - Spell ‘world’ backwards

[Brackets] identify suggested options

- When the asterisk appears, the draft policy language reflects the health assessment is linked to biennial reappraisal/reappointment. Another option medical staffs may wish to consider is to separate the health assessment from the biennial reappraisal/reappointment.
• Recall: recall the three objects registered above
• Language: Name 2 objects (pencil and watch)
• Repeat: 'no ifs, ands, or buts'
• Follow a 3 step command
• Read and obey: Close your eyes (written in print large enough for the patient to see clearly)
• Write a sentence
• Copy a picture of intersecting pentagons
  • Immunizations: pneumococcal vaccine, influenza, Tetanus-diphtheria boosters, hepatitis B vaccine
  • Potential Interventions: PPD
  • Laboratory/Radiology Screening: CBC plus differential, basic metabolic profile (glucose, BUN/Creatinine, electrolytes), HIV screen if indicated
    o EKG if indicated
    o More advanced studies predicated upon focused past medical history and positive findings
  • Requirement for follow up based upon positive findings.
  • Quality issues would require a more customized approach with a comprehensive physical/neurological evaluation with interpretation by a similar specialist cognitive of impairments and their effect upon the capacity to perform granted privileges in this specific area.
Appendix B: Suggested Screening Evaluation Report Form

Patient: ____________________________

On history there are symptoms or conditions that raise concern about this clinician’s ability to consistently perform the requested privileges in a safe and effective manner:
No: ______
Yes: ______ If yes, please enumerate:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

On physical examination there are findings that raise concern about this clinician’s ability to consistently perform the requested privileges in a safe and effective manner:
General: No: ______ Yes: ______
Cognitive Abilities: No: ______ Yes: ______
Motor Skills: No: ______ Yes: ______
Sensory Functioning: No: ______ Yes: ______.
If you answered yes to any of the concerns on physician examination, please enumerate:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Tests and studies performed on this clinician raise concern about this clinician’s ability to consistently perform the requested privileges in a safe and effective manner:
No: ______ Yes: ______ If yes, please enumerate.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Recommendations for further study or evaluation:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

[Brackets] identify suggested options
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I attest that I have performed a complete history and physical exam on ________________ on this date and have reviewed the privileges requested by this practitioner.

I recommend that this practitioner is:

- [ ] Capable of all privileges requested
- [ ] Capable of all privileges requested except __________________
- [ ] Incapable of all privileges requested
- [ ] Requires further evaluation regarding __________________
- [ ] Requires proctoring for further evaluation

Signature: ________________________________  Date: __________________

Please print name: ______________________________