

HMH Medical Staff Policy Late Career Practitioner

PURPOSE:

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. It is imperative, from the point of view of both patient safety as well as physician well-being, to establish a process by which late career physicians' performance and capacities may be fairly and accurately evaluated.

Mandatory retirement age is inappropriate and unfair due to the vast variability in function among older individuals. It is difficult for practitioners to objectively assess their own continuing skills. Waiting for an adverse event to trigger peer review is not consistent with the HMH Network's commitment of practitioners to do no harm.

This policy is designed to assure high quality of care for the patient, to be supportive and respectful of the practitioner, and to address issues that the individual practitioner may not recognize.

SCOPE:

For the Medical Staffs of HMH hospitals, this policy applies to:

1. All members of the Medical Staff with clinical privileges
2. All applicants for clinical privileges to the Medical Staffs
3. All members or applicants to the Allied Health Staff

Members who do not hold clinical privileges are exempt from this policy

DEFINITIONS:

1. **Late Career Practitioner:** Practitioner age 74 years or older at the time of initial appointment or reappointment
2. **Practitioner:** Physician; Advanced Practice Provider
3. **Physician:** M.D.; D.O.; D.P.M; D.D.S.; D.M.D.;
4. **Advanced Practice Provider:** P.A.; N.P.; CNM; CRNA; Clinical Psychologist

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POLICY:

The objective of this policy is:

1. To promote safe, competent, patient care
2. To provide a fair mechanism to allow late career practitioners to continue to practice according to their expertise and capabilities
3. To comply with legal requirements related to age discrimination, recognizing that no privileging determination may be based upon chronologic age

PROCEDURE:

I. Late Career Practitioner Health Evaluation

Practitioners holding clinical privileges age 74 or older applying for initial appointment at an HMH Hospital, and current practitioners at their first re-appointment after age 74 years and each subsequent re-appointment, will be subject to the following procedures:

A. Comprehensive History and Physical examination

This will be performed with a report on those aspects of the practitioner's health, if any, that have the potential to affect the practitioner's ability to safely practice. The cost of the evaluation will be at the expense of the practitioner or his/her Health Insurance Company. The examining practitioner will submit a confidential report to the Medical Staff Office

- The practitioner being evaluated may choose their evaluating practitioner

B. Comprehensive Eye Examination

This will be at the practitioner or his/her health insurance company's expense. The examining practitioner (ophthalmologist/optometrist) will submit a confidential written report to the Medical Staff Office

C. Cognitive Screening Examination

The examining primary care physician may choose any validated cognitive assessment screening tool. The results of this testing will be incorporated into a confidential written report to the Medical Staff Office

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II. Review of Late Career Practitioner Health Evaluation

- A. Within 60 days of receiving all of the above elements of evaluation, the Department Chairperson will assess the practitioner's professional qualifications based on the Ongoing Professional Practice Evaluation (OPPE) and Health Evaluation

- B. The Departmental Chairperson will determine whether the practitioner is appropriate to continue current privileges
 - If the practitioner requests an accommodation, the Credentials Chair; President of the Medical Staff and CMO shall be notified

- C. The Departmental Chairperson will make a recommendation to the Credentials Committee

- D. A decision by the Credentials Committee to approve continued privileges will not require further action

- E. If the Department Chair recommendation/Credentials Committee determine that there are issues regarding ability to perform essential functions, or the reasonableness of potential accommodations, the Chair of the Department; Credentials Chair and CMO shall meet with the practitioner and consider collegial and voluntary steps to accommodate (i.e. restructuring privileges; FPPE; proctoring; education, etc.)

- F. In the event that no reasonable accommodation or voluntary resolution is reached, the Credentials Committee will make a recommendation to the Medical Executive Committee and the Chair of Credentials will notify the practitioner of the decision

III. Review of adverse Recommendation

- An adverse recommendation will be forwarded to the MEC for review and action
- If the MEC upholds the adverse recommendation, the practitioner will be afforded due process in accordance with the HMH Medical Staff Bylaws.

IV. Failure to comply

In the event a practitioner fails to undergo the Health Evaluation, their application for appointment or reappointment will be considered incomplete.

This will not be considered an adverse professional review action and the affected practitioner will not have a right to a hearing under the HMH Medical Staff Bylaws

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APPENDIX A

**History and Physical Examination for Practitioners Age 74 and Older
To be returned to the Medical Staff Office**

NOTE TO EXAMINING PHYSICIAN

Hackensack Meridian Hospitals, as part of their efforts to protect both patients and practitioners, require a comprehensive history and physical examination, eye examination, and a Cognitive Screening Examination

In order to respect the confidentiality of the practitioners' medical information, please submit **only** on the form attached to this document when sending the results of your examination to the relevant Medical Staff Office.

Late Career Practitioners Name: _____

History & Physical / Laboratory testing:

Pertinent findings:

Recommendations for further study or evaluation:

Eye examination:

Left: Uncorrected _____
Corrected: _____

Right: Uncorrected _____
Corrected: _____

Cognitive Screening Result:

Physician name (print) _____

Signature: _____

Date: _____