MEDICAL STAFF
MEDICAL STAFF LATE CAREER POLICY

I. Purpose:
To foster an environment of safe patient care that accounts for physician and advanced care practitioner well-being as well as the normal cognitive and physical changes associated with aging and complies with regulatory standards, CaroMont Regional Medical Center’s Medical Staff establishes the following process by which late career Medical Staff can be fairly and accurately evaluated as a part of the reappointment and privileging process. The intent of this policy is to protect patient safety, provide support for, and assist the physician or advanced care practitioner in any resulting changes in practice patterns or transitions.

II. Scope:
This policy applies to all members of, and applicants to, CaroMont Regional Medical Center’s Medical Staff. It is effective as of November 28, 2016 and supersedes any previous policy in this area.

III. Policy:
All physicians and advanced care practitioners aged 72 or older who apply for appointment or reappointment to the Medical Staff will complete, as a part of the application process, a Focused Professional Performance Evaluation (FPPE) and a comprehensive medical examination by his/her physician, specifically addressing whether he/she can perform the privileges requested and duties obligated by the Medical Staff Bylaws. Current members of the Medical Staff who are aged 72 and older will be asked to complete these assessments annually at the time of reappointment. The requirement for assessment applies equally to all applicants and members of the Medical Staff who have reached the age of 72. Adverse findings obtained from the FPPE and/or the medical examination that, in the opinion of the Credentialing Committee, may negatively affect patient safety and effective provision of care will be assessed along with other pertinent factors by the Physician Health and Behavior Committee, which will provide recommendations regarding appointment and clinical privileges to the Credentialing Committee.

IV. Procedure:
A. Components of the assessment: All physicians and advanced care practitioners aged 72 or older at the time of his/her application for appointment or reappointment will undergo the FPPE and medical examination required by this policy. The procedure for the FPPE and medical examination are outlined as follows:
   a. FPPE: A Focused Professional Performance Evaluation designed and approved by the Credentials Committee specifically to evaluate the relevant cognitive and performance of the provider.
   b. Medical Examination: this examination will be arranged and paid for by the applicant/Medical Staff member and performed by a physician of the applicant/Medical Staff member’s choosing. The physician performing the examination must complete the forms provided in Appendix A of this policy.
B. Application for Appointment/Reappointment will include:
a. The required elements of the assessment described in this policy.
b. A request for the name of the physician chosen by the applicant/Medical Staff member to perform
   the medical examination.
c. The fact that both the FPPE and the medical examination are required for the
   application/reappointment process.
d. A copy of this policy.
e. A copy of the current clinical privilege held (or privileges requested) by the physician.

C. Review of Assessments
   a. The FPPE will be evaluated by the Service Line Leadership and submitted to the Credentialing
      Committee.
   b. The completed medical examination forms (Appendix A) will be submitted to the Credentialing
      Committee.
   c. The results of the FPPE and medical examination will be confidential and will be reviewed by the
      Credentialing Committee. Additional evaluation and consultation may be sought regarding the
      interpretation of the results, if necessary.

D. Outcome of Review
   a. If the findings of the FPPE and the medical examination do not reveal potential patient care
      concerns in relation to the expected level of performance of the requested privileges, the results of
      the assessment will be filed in a confidential file maintained by the Credentialing Committee, and
      the physician or advanced care practitioner’s Credentialing File will only reflect that the assessment
      is complete and no significant concerns were identified. The appointment/reappointment process
      will then proceed as specified in the Medical Staff Bylaws.
   b. If the findings of the FPPE and the medical examination reveal potential patient care concerns, the
      Credentialing Committee will confidentially refer the assessment to the Physician Health and
      Behavior Committee for further evaluation. The Physician Health and Behavior Committee can
      request further assessment of the physician or advanced care practitioner including, but not limited
      to, additional medical or neurocognitive evaluation and/or testing; proctoring the physician or
      advanced care practitioner’s performance; and/or imposing CME requirements. If the Physician
      Health and Behavior Committee recommends further medical or neurocognitive evaluation, CaroMont
      Health will provide for 50% of the total cost of the evaluation. The complete evaluation/findings
      will be maintained by the Credentialing Committee in the physician’s Credentialing File.
      i. If the Physician Health and Behavior Committee determines the physician or advanced care
         practitioner is not able to safely and competently perform the privileges requested, it will
         make a recommendation to the Credentialing Committee and the Medical Staff member. Upon
         receipt of the recommendation, a representative of the Credentialing Committee will discuss
         alternative practice patterns or modification of requested privileges, including the possibility of
         denial of appointment/reappointment to the Medical Staff, with the physician or advanced
         care practitioner. If the Physician Health and Behavior Committee recommends, and the
         Credentialing Committee approves, modification, restriction or denial of appointment/reappointment
         to the Medical Staff, the physician or advanced care practitioner may appeal the recommendation
         pursuant to the Medical Staff Bylaws.
Appendix A - CaroMont Regional Medical Center - CLINICAL ASSESSMENT FORM

Dear Physician:

Based on the Medical Staff Documents of CaroMont Regional Medical Center, physicians at the age of 72 and older must have a physical and mental assessment performed by a physician on an annual basis. Please take this form along with the enclosed privilege delineation sheet with you to your physician. We ask that the examining physician complete his/her section and return the form to the Medical Staff Office. An envelope is enclosed. Completion of this form is required for continuation of Medical Staff membership and clinical privileges. The purpose of this form is to confirm whether you are capable of performing the duties and responsibilities of appointment and exercising the clinical privileges requested safely and competently.

Completion of this form is a necessary component of the application process and final action on your application will not be taken until this form is received and reviewed.

1. Do you have any physical or mental condition which could affect your ability to exercise the clinical privileges requested and perform the duties of staff appointment, or that would require an accommodation in order for you to exercise the privileges requested safely and competently?  
   ___Yes ___No

2. Have you been hospitalized at any time during the past five years?  
   ___Yes ___No

3. Have you ever had any problems with alcohol or drug dependency?  
   ___Yes ___No

4. Are you currently taking any medications that may affect either your clinical judgment or motor skills?  
   ___Yes ___No

5. Are you currently under any limitations concerning your activities or workload?  
   ___Yes ___No

If the answer is “yes” to any question, please explain on a separate sheet.

AFFIRMATION

I understand that my appointment and clinical privileges are conditional upon my demonstrating that I am capable of exercising my privileges safely and competently and performing the duties of appointment. I affirm that all my responses provided above are accurate, in accordance with the terms and conditions on the application form I submitted. I understand that the burden is on me to request any proposed accommodation and to justify its reasonableness.

___________________________________  _______________________________
Signature                                      Date

___________________________________
Printed or Typed Name of Practitioner

Examining Physician: (Print Name:________________________)

___ In my professional opinion, the physician listed is physically and mentally able to perform
the privileges enclosed. I concur with Dr. ________________ response above.

___ In my professional opinion, the physician listed is not physically and mentally able to perform
the privileges enclosed. (Please send separate letter of explanation.)

___ Other: ____________________________________________________________

___________________________________  _______________________________
Examining Physician’s Signature            Date

Please return this form to the Medical Staff Office, CaroMont Regional Medical Center, PO Box 1747, Gastonia, NC 28053 by Friday, ________________.