

Addressing Safety Concerns With Late-Career Practitioners

Question

Do late-career practitioners pose safety or risk concerns? Should healthcare organizations use mandatory assessments or late-career practitioner policies to address these concerns?

Answer

Late-career practitioners may pose a concern for patient safety. Studies demonstrate that aging directly affects specific physiological and cognitive functions that practitioners use to fulfill their job-related responsibilities. With age, cognitive abilities and processing speeds decline,¹ hearing and visual acuity is reduced, and decreased manual dexterity and visuospatial ability occurs. These decreased capacities may interfere with a practitioner safely performing complex tasks (e.g., surgical procedures) and pose patient safety risks. Yet, the level at which these age-related declines occur varies among practitioners.

Addressing safety and wellness issues related to late-career practice raises many issues. Implementing a mandatory retirement age may be inappropriate, discriminatory, and could possibly result in a physician shortage by eliminating some competent practitioners from practice based solely on age and not performance.² But ultimately, healthcare organizations must oversee the quality of care provided by their medical practitioners.

Some organizations have addressed these concerns by establishing late-career practitioner policies that include mandatory age-based evaluations. These policies typically require every practitioner (e.g., physician, nurse practitioner, physician assistant, certified registered nurse anesthetist, etc.) of a certain age, upon applying for new or renewed privileges, to undergo a comprehensive history and physical examination, a peer assessment, and a neurocognitive screening evaluation.

Ultimately, late-career practitioner policies are designed to (a) provide patients with safe, high-quality medical care that reduces the risk of harm, (b) identify issues that may be pertinent to the health and clinical practice of medical staff members, (c) support members of the medical staff, and (d) apply evaluation criteria objectively, equitably, respectfully, and confidentially.

As a component of ongoing professional practice evaluation, healthcare organizations may consider developing a late-career practitioner policy that requires mandatory assessments of practitioners for wellness and competence starting at a certain age. Additionally, here are other strategies for healthcare organizations to consider when dealing with the aging of healthcare practitioners:

- Mandate screening evaluations for all practitioners at a given age to enhance patient safety, decrease organizational liability, and maintain practitioners' dignity.
- Establish transition flexibility and career transition discussions for practitioners early and throughout their careers. Provide educational programs that make it easier for practitioners to recognize when they are developing decreased abilities and transition in a productive way to activities that they can do well.
- Create teaching, mentoring, coaching, and/or administrative opportunities for practitioners in modified clinical or nonclinical roles. Encourage practitioners to voluntarily assess their neurocognitive function using confidential online tools.
- Ensure that quality and risk management programs support identifying and communicating concerns about late-career practitioners.

Resources

- [The Aging Physician and the Medical Profession](#) (American Medical Association)
- [Assessing Late Career Practitioners: Policies and Procedures for Age-based Screening](#) (California Public Protection and Physician Health, Inc.)
- [Balancing Safety with Dignity When Evaluating Aging Practitioners](#) (American Association for Physician Leadership)
- [Statement on the Aging Surgeons](#) (American College of Surgeons)

¹ Salthouse, T. (2012). Consequences of age-related cognitive declines. *Annual Review of Psychology*, 63:201-26.

² Dellinger, E. P., Pellegrini, C. A., Gallagher, T. H. (2017). The aging physician and the medical profession: A review. *JAMA Surgery*, 152(10), 967-971. doi: <https://doi.org/10.1001/jamasurg.2017.2342>

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