Age & Practice: A MIPS Discussion

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Jayson Nagpiing
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As mature practitioners approach later life, their physical and cognitive capabilities may be called into question whilst practising. Practitioners have a legal duty of care to their patients and of course can be found liable for harm or damage caused to patients where it has been assessed there has been negligence in their treatment.

To ensure the needs and safety expectations of the public are met, it is AHPRA's responsibility as the health practitioner regulator to potentially assess if practitioners are still suited to practise safely and competently.

AHPRA outlines guidelines to maintaining professional conduct and its primary concern is to ensure the public and their interests are protected. Any practitioner found to have evidence of a deterioration of skills or judgement or who pose a danger in any way to the public may have registration conditions and or practice restrictions imposed on them.

Healthcare practitioners tend to retire in their 60s. Currently, there are approximately 15,000 medical practitioners in their 60s but less than half that amount in their 70s. There are 2,800 dental practitioners in their 60s, but just a quarter of that in their 70s (AHPRA registrations 30 June 2019).

Age bracket	AHPRA medical practitioner registered	Proportion of registered practitioners
25-29	13,181	11.1%
30-34	17,268	14.6%
35-39	16,227	13.7%
40-44	15,041	12.7%
45-49	12,888	10.9%
50-54	10,832	9.2%
55-59	10,216	8.6%
60-64	8,768	7.4%
65-69	6,218	5.3%
70-74	4,139	3.5%
75-79	2,127	1.8%
80+	1,369	1.2%
Total	118,274	100.0%

For specialities that require precision hand skills and keen eyesight such as surgery or general dentistry, the physical capacity and competence of a practitioner is paramount. However, for disciplines such as non-procedural physicians you may be able to continue to practise unaffected despite the natural level of decline in physical skills.

The risks may increase for any practitioner working on their own. Practitioners working in hospitals or large practices can benefit from interacting and learning from fellow practitioners. When it comes to cognitive decline, often denial or lack of ownership can be a barrier to insight preventing practitioners from reassessing their ability to continue to practise.

Broadly speaking, some tell-tale signs that your fellow practitioners may experience that may lead to the need to reassess their practice include:

- Confusion when dealing with patients
- Changes in personality, behaviour and appearance
- Incoherence when offering explanations to patients and/or colleagues
- Frequently failing to remember daily procedures, eg order test results or follow up patients
- Major changes in referral patterns
- Evidence of poor judgement
- Unusual tardiness
- Vision or hearing impairments
- Uncharacteristic tremors when handling instruments

Insight into such characteristics is vitally important but is not always in place. A willingness to listen to your colleagues and take on board their comments is much preferred to intervention by a regulator. "A recent Harvard study was undertaken because the relation between a doctor's age and performance remains largely unknown, particularly with respect to patient outcomes. Clinical skills and knowledge accumulated by more experienced doctors can lead to improved quality of care. Doctors' skills, however, can also become outdated as scientific knowledge, technology, and clinical guidelines change."

The BMJ study concluded that "patients treated by older physicians had higher mortality than patients cared for by younger physicians, except those physicians treating high volumes of patients."

The results demonstrated that patients' mortality rates measured at 10.8% for doctors aged <40, 11.1% for doctors aged 40-49, 11.3% for doctors aged 50-59 and 12.1% for doctors aged ≥60.

Contrarily, a study of US malpractice claims (2013) found that the age of the physician was unrelated to the likelihood of a claim, suggesting inexperience is not necessarily a factor.

Some jurisdictions rely on mandatory screening procedures while others are optional. You may see this referred to as competency assessment, fitness for duty evaluation, later career health screening or practitioner assessment. These measure cognition, health, strength, motor skills, balance and reaction time.

In Australia, there isn't a mandatory screening process or forced compulsory retirement age. Communities already enforce this in different ways for other activities or occupations. Forced retirement is considered age discrimination in Australia with the exception of defence force personnel who are required to retire at age 60 and reservists at age 65 (doctors included). South Australia requires all drivers age 70+ to take an annual vision and medical test to continue holding a licence and pilots in the US have a mandatory retirement age of 65 with air traffic controllers being required to retire at the age of 56. Judges are often forced to retire in different jurisdictions at age 70, such as the Federal Court in Australia.

MIPS does not advocate for change in Australia regarding mandatory screening or forced retirement and considers competency to practice an issue that can affect practitioners of any age. MIPS monitors and reviews the severity and frequency of notifications of all members as well as meeting the Constitutional object of "honourable practice". Where a member's profile presents some concerns and or differs considerably from the expected profile of peers, MIPS may discuss further with the member for clarification. This process is entirely irrespective of the age of a member.

The Medical Board of Australia has developed a Professional Performance Framework, which will be implemented progressively. The Board plans to commission clinical advice on what constitutes a practical and effective health check for doctors aged 70 years and over.

MIPS will keep members appropriately informed.

If you have any questions about your membership, contact MIPS for Clinico-Legal Support on 1800 061 113.

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