

Physician's ageing in Ontario – an old story

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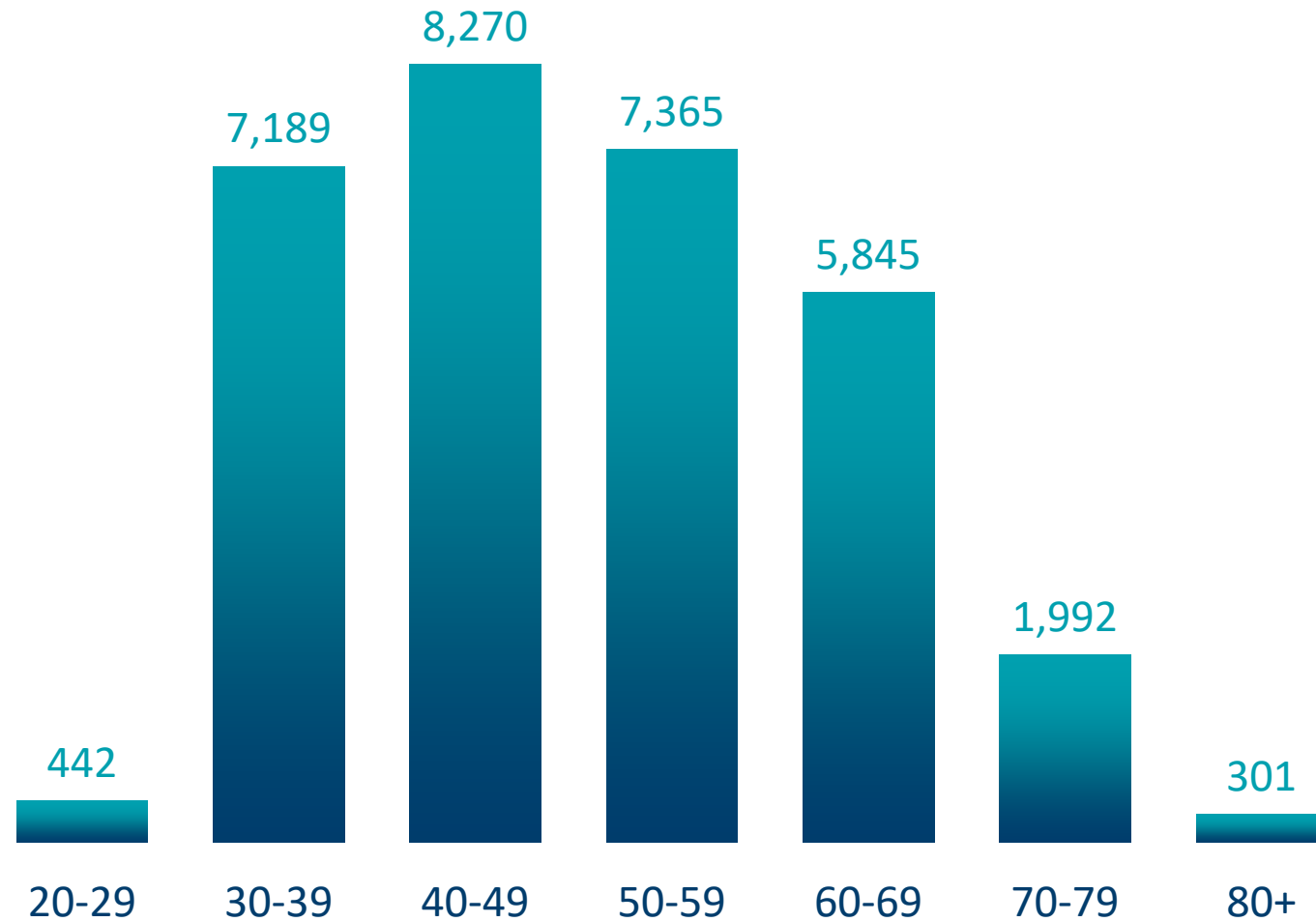
REGULATED HEALTH PROFESSIONS ACT

- In carrying out its objects:

**The College has a duty to
serve and protect the public
interest.**

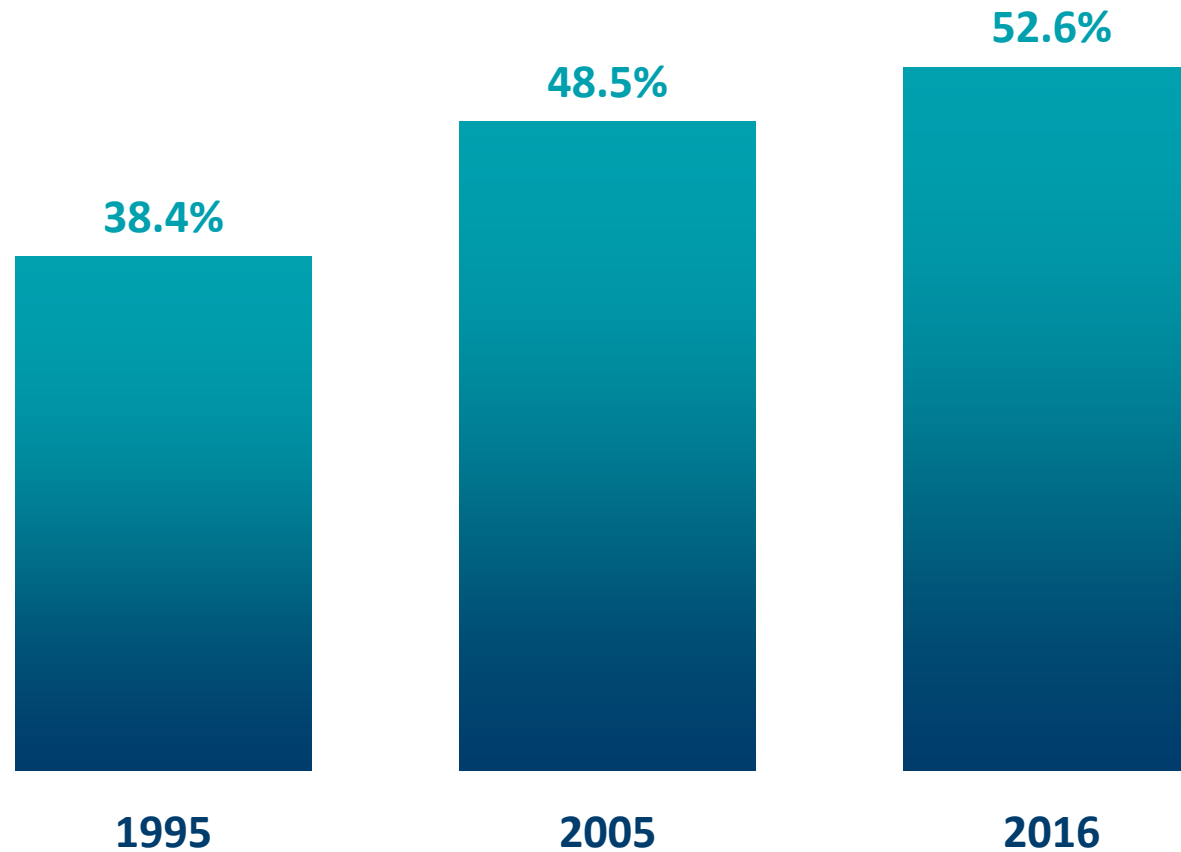


Age Distribution - 2018



Age Distribution

The percentage of physicians over 50 years of age is growing.



AMA Masterfile: Past, Present and Future

- 1985
 - Number in active practice = 476,683
 - Mean age = not known
 - % 65 or older = 9.4
- 2005
 - Number in active practice = 672,531
 - Mean age = 50.0 (SD = 11.4)
 - % 65 or older = 11.7 (n = 78,340)
- 2011
 - Number in active practice = 697,340
 - Mean age = 52.5 (SD = 11.4)
 - % 65 or older = 15.12 (n = 105,464)
- 2020
 - Number in active practice 1,050,000 (estimate)
 - % 65 or older = 18 (n=189,000)
 - % 55 or older = 39 (n=409,500)



CMAJ Projection

- 2008 – 15% > 65
- 2026 – 20% > 65



Interfaces with ageing physicians

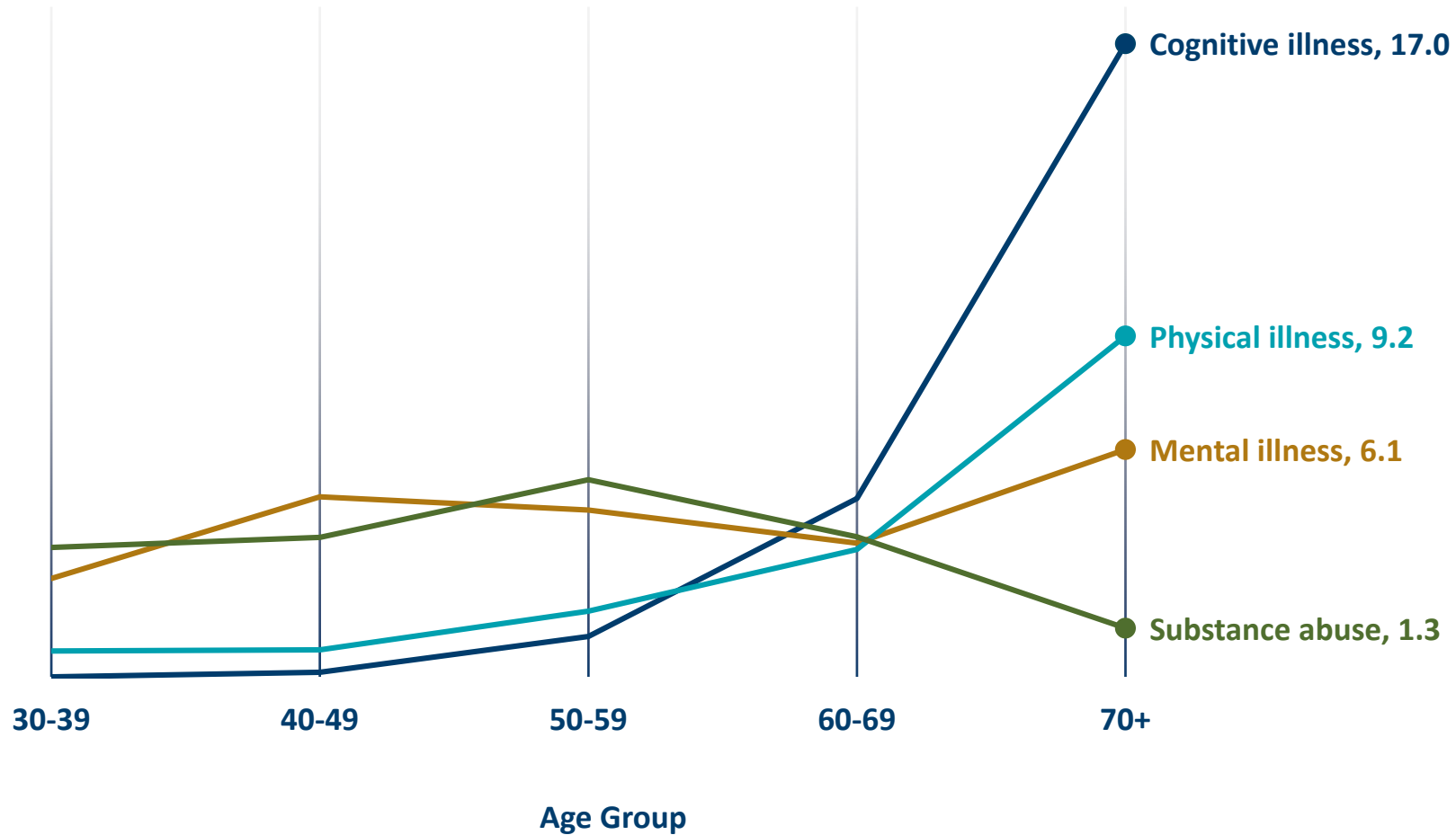
- Annual renewal of licence
- QI/QA – Peer Assessment
- Health Inquiries
- Complaints

- No routine health assessment
- No routine cognitive screening
- No recertification

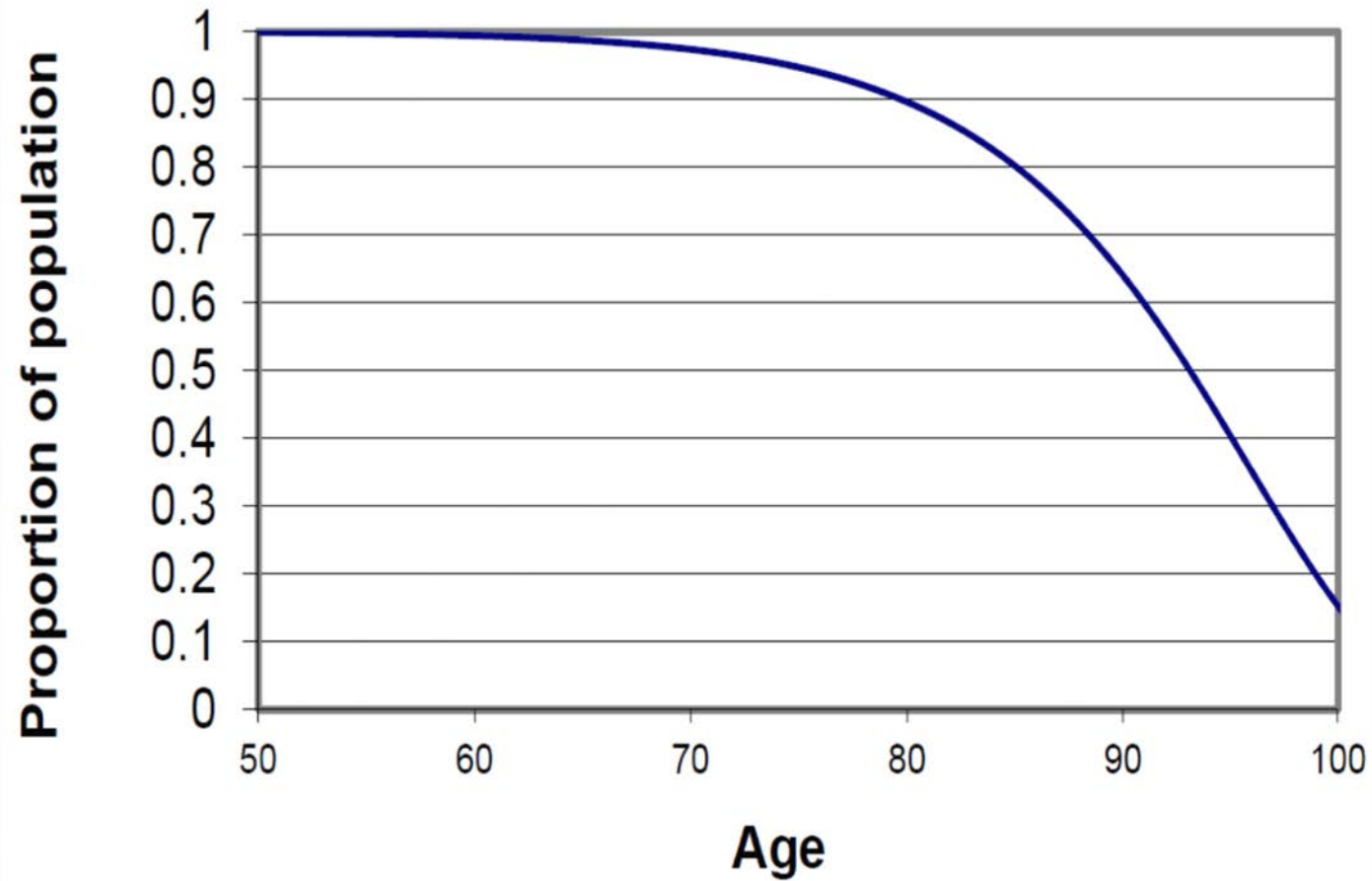


Incidence Rate of Health Issues by Age

Incidence Rate (per 1,000 doctors)



Probability Not Demented



JW Ashford, MD PhD, 2003



SOURCES OF INFORMATION

- Third party – 51% (not mandatory)
 - Pharmacists - information
 - Family members – concerns
 - Colleagues
 - Police
- Institutional, facility or other mandatory reporting – 24%
 - Chief of Staff - Hospitals
 - Facility Directors - Health Facilities
- Patient complaints – 15%
- Self disclosure – 10%
 - Annual application
 - Phone calls to our Physician Advisory Service



Health investigations

- 412 matters received related to a physician's health: 2013 – 2018
- Involved 387 physicians
- 276 (67%) had some form of action taken
 - Represents 1.3% of practicing physicians in Ontario



Health

- Reports – permissive/mandatory
- Preliminary -> formal inquiry
- Can order assessment and collect health information
- Health Inquiries Panel
- Interim Cease to Practice
- Practice Restrictions
- Monitoring
- Fitness to Practice ‘Trial’



PHP

- Physician Focus
- Doctors' Health
- Confidentiality

CPSO

- Legislative Mandate
- Public interest Responsibility

Healthy
Doctors



Patient
Safety



REPORTING OBLIGATIONS

- Mandatory:
 - Hospitals, facilities, other
- Ethical:
 - Treating MDs
 - Colleagues
- Future:
 - Regulation to make treaters obliged to report?
 - Standard of care for treaters to report?

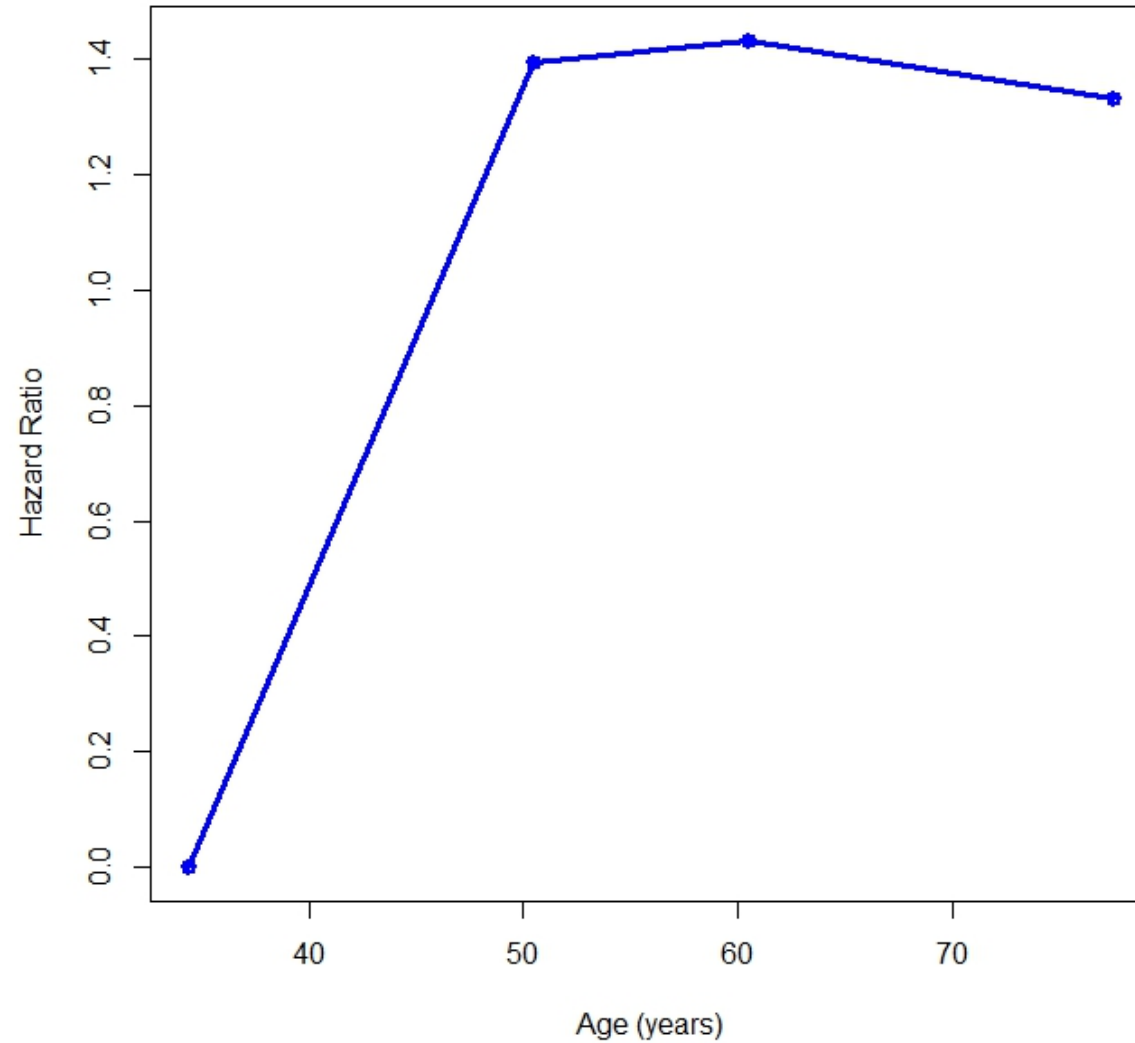


CPSO Complaints 2018

Physician Age Group	# of Physicians	Physicians that underwent an investigation	% Physicians that underwent an investigation
Under 70	29,111	3,062	10.5%
70 or older	2,293	354	15.4%



Effect of Age on Recurrent Investigations



Complaints

- Number of complaints
- Outcome
- Risk factors
- Protective factors

- ? Use as a marker for screening/evaluation



Factor ✓✓✓

Data Sources

Key Findings

Summary and Implications

Age

- Evidence synthesis on aging (83)
- Literature synthesis on complaints (14)
- McMaster rapid synthesis (14)

- General findings from aging evidence synthesis:**
- Physical and cognitive performance declines with age
 - Problems with psychological wellness increases with age
 - Aging negatively impacts patient outcomes
 - Younger doctors perform better on knowledge tests/practice assessments
 - Younger physicians better adhere to guidelines
- Complaints:**
- (5/8) studies found positive associations between age and complaints
 - All studies on complaints in the McMaster document were included in the MRA complaints synthesis

- Summary:**
- Well studied factor
 - Strong predictor of performance
 - Future studies to determine risk factors for early, middle and late career
 - Future studies to examine “how old is old”?
- Mitigating strategies:**
- Take less complex cases
 - Reduce caseload (if appropriate)
 - Utilize support staff
 - Promote health and wellness
 - Promote continuing competence programs
 - Mandatory physical/cognitive reporting
 - Guided self-assessment
 - Develop programs specifically for older physicians

QA/QI

- Under 70 – new approach
- Over 70 – Peer Assessment Every 5 years



QAC Interventions

Physicians over 70 have a higher rate of QAC Intervention (9%) than those under 70 (4%)

(Peer Assessments with Final Outcomes, June 2017 to Aug 2019)

Intervention, with or without OTA



70 & OLDER
(n = 587)

Intervention, with or without OTA



UNDER 70
(n = 1557)



Features of CPSO's QI and QA activities

Proactive Quality Improvement

Reactive Quality Assurance

	Proactive Quality Improvement	Reactive Quality Assurance
Goal	On-going practice improvement	Evaluating performance
What	Self-guided process of learning, measuring, and improving using 'Factors', self audit and PIP	Assessment to ensure & improve appropriate care
When	On-going cyclical process	Age base – 70+5
Who	Self	Peer Assessor
CPSO	'Trust & verify' -> coach	'Ensure & improve'



Annual Renewal

- Initial Application for full licence – health questions
- Annual renewal – health questions, privilege questions, other jurisdictions
- Mandatory
- Attestation that responses are correct
- Pathway to preliminary health inquiries
- ? Different approach at age 60 (integrative)



60+ Suggested Assessment Methodologies

- Peer Review
- Practice Evaluation informed by complaint/QA/QA/'Factors'
- Independent Physical Examination
- Functional Capacity Evaluation
 - Manual dexterity vs. simulation
 - Other (e.g. hand strength)
- Mental Health Evaluation, potential alcohol and substance abuse assessment
- Neurocognitive Screening and Assessment

Goal of assessment would be safe patient care, quality improvement, maximizing physician health

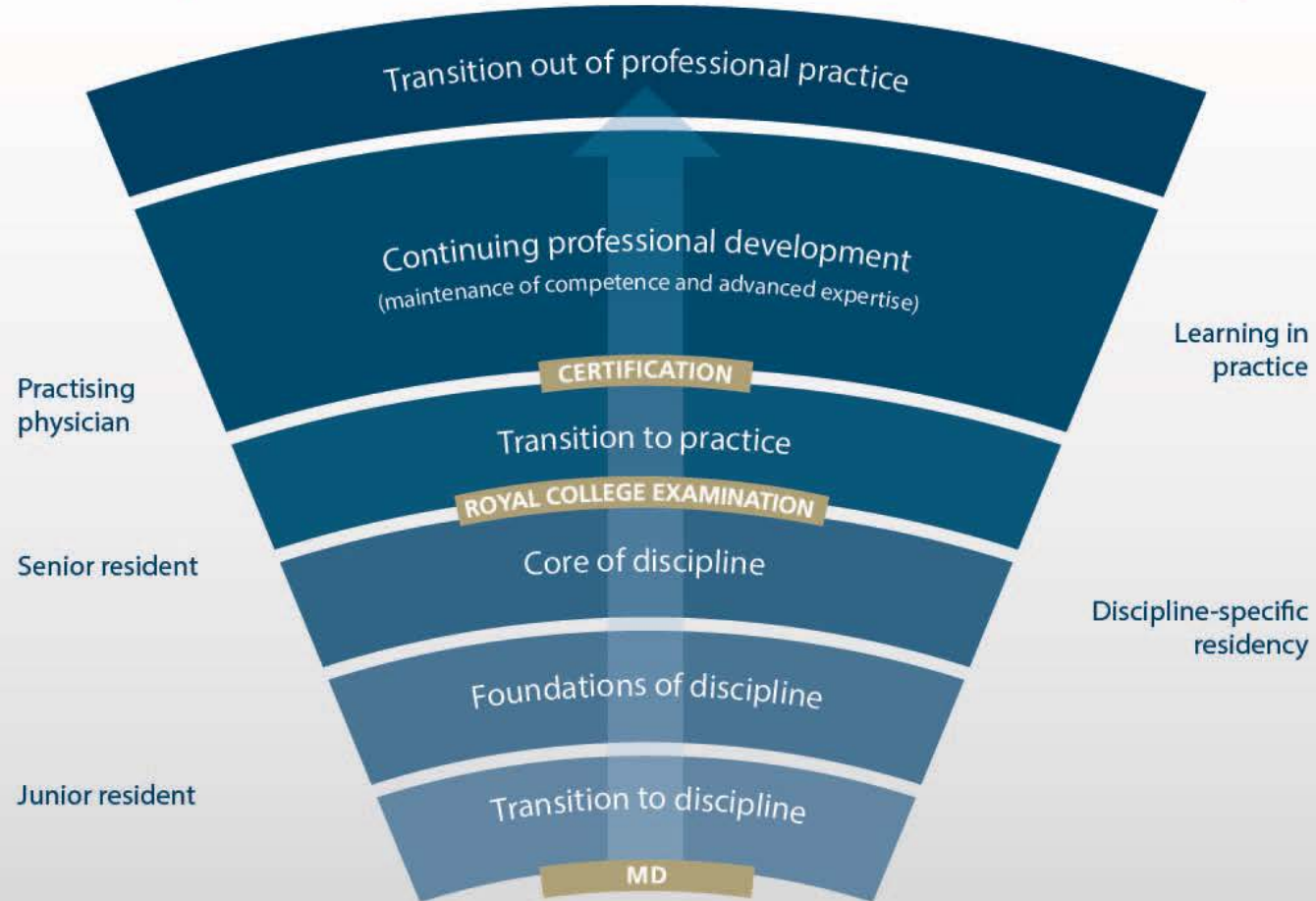


The Competence Continuum

Traditional stages

Proposed CBD stages^{1,2}

Medical education phases



¹ Competence by Design (CBD)

² Milestones at each stage describe terminal competencies