

# Guideline

Title:	Practitioner Competence	GUI2018-02
References:	AMA Code of Ethics 9.3.1 Physician Health & Wellness; RCW 18.71.050; RCW 18.130.170	
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## Assessment Framework

The ongoing assessment of competent medical practice is a life-long process and begins with the practitioner. The Medical Commission recommends practitioners participate in regular health evaluations as part of their professional responsibility. Such evaluations should include physical, dexterity, mental, and cognitive components. In most situations, feedback from external sources such as patients and peers are beneficial tools for self-assessment and monitoring.

Practitioners should commence these evaluations starting with their first certification cycle (ABMS for physicians or NCCPA for physician assistants) following initial certification. If a practitioner does not pursue certification, the practitioner should initiate an evaluation after completing a residency or other postgraduate training. These initial evaluations, beginning at around age 30 for most, will serve as a baseline metric for future comparison during the practitioner's career.

Practitioners may find it convenient to do these assessments in conjunction with their recertification process, which generally occurs every seven to ten years. The Commission generally recommends practitioners reduce the interval between these evaluations as they age to better detect evolving limitations. Practitioners with chronic illnesses, lacking specific senses, or known disabilities should consider increasing the frequency of their assessments regardless of age to better enable monitoring of status changes.

Age	Recommended Frequency
30-55	Every 7-10 years, appropriate health assessment
55-65	Every 5 years, appropriate health assessment

65-75	Every 2 years, appropriate health assessment
75+	Every year, appropriate health assessment

## Practice Modification

Practitioners will commonly encounter a point in their practice when their skills decline. Such decline might be due to a physical limitation, such as a hearing loss, or a disease impacting cognitive function. In many cases such decline will be associated with the normal aging process. It is important for both the practitioner and those in the practitioner’s practice setting to recognize these changes and adapt to them for the safety of the practitioner and the patient. The Medical Commission recommends practitioners consider altering their practices when practitioner responsibilities become mentally or physically burdensome or present a risk to patients. Practitioners may consider practice modifications such as reducing or eliminating overnight call schedules, mandated call recovery periods, part time practice, reducing office hours, and eliminating certain strenuous procedures.

Practitioners should also be aware of the effects of burnout, a psychological response to chronic work-related stress. Burnout may be experienced as irritability, low frustration tolerance, exasperation, fatigue, dreading work, callousness toward patients, interpersonal conflicts, diminished social functioning and existential doubts about career or life choices. Once identified, the Medical Commission recommends that practitioners take active measures to address burnout. This may involve identifying sources of burnout in the practice environment and working collaboratively with leadership to resolve the issues. In other cases, practice modifications, as outlined above, may be required to alleviate burnout and the health risks it poses for both practitioners and patients.

## Conclusion

The Commission encourages practitioners to use regular health evaluations to gauge their abilities to practice over the course of their careers. Such evaluations should identify aspects of practitioners’ practice that may be at risk and what duties the practitioners might consider altering for the safety of the practitioner and the patient. The Washington Physicians Health Program can provide further evaluation and assistance to practitioners when there is concern that a health condition may threaten safe practice.

Conversations regarding health-related declines in practitioner competence and potential modifications should ideally involve the support system of the practitioner to include family, clinical partners, peers, and employment settings. With appropriate consideration of current health and ability status, practitioners can usually modify their practices, as necessary, to extend fruitful and satisfying careers regardless of age. The Commission strongly supports all medical practitioners proactively evaluating their competence on a regular, career-long basis and utilizing the results of such evaluations to help maintain ongoing safe and successful practice.