



Cognitive Screening for Physicians

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On average, the U.S. physician workforce is aging, with many physicians working much later in life than in previous generations.

Data from the latest *FSMB Census of Licensed Physicians in the United States* (see page 57 of this *JMR* issue) indicates that the mean age of licensed physicians is now 51.7 years—a full year higher than the mean age reported by the Census in 2010. Moreover, these physicians represent a significant portion of the overall physician workforce: The number of licensed physicians age 60 years and older increased by 48% between 2010 and 2020, compared with only a 16% increase for physicians age 49 years and younger.

At the same time, there is general agreement that future physician workforce shortages are likely in the United States; while estimates vary, the Association of American Medical Colleges predicts that the shortage could reach more than 120,000 physicians by 2035.

Complicating the workforce picture is the insidious problem of physician stress and burnout, which in recent years has become a significant concern. The latest annual *Medscape National Physician Burnout & Suicide Report* found that more than 40% of physicians continue to report symptoms of burnout, with some specialties reporting a burnout rate over 50% among practitioners. During the pandemic, the issue has been exacerbated—with many physicians signaling a desire to retire from medical practice altogether, much earlier than they had originally planned.

With an aging physician population, projected workforce shortages, and an increasingly stressful work environment, a national discussion has emerged about the need for new measures to ensure physician health and competency. Various organizations, including the National Academy of Medicine, have launched major initiatives exploring the issue.

Among the topics for consideration is the question of how best to gauge practicing physicians' cognitive abilities as they age—a critical component of safe, successful medical practice. For some, formal cognitive screening of physicians provides a promising pathway that could be widely applied

in the future to determine competence and ensure patient safety.

In this issue of *JMR*, we offer a pair of articles addressing the topic of cognitive screening for physicians—one advocating for screening throughout a physician's career and the other a pilot study of a process for screening older physicians.

The first article, by David E. J. Bazzo, MD; Patricia Smith, MPH; and Elizabeth F. Wenghofer, PhD, presents a pilot study of cognitive and performance assessment of older physicians who volunteered to be studied. The authors assert that basic health, hearing and vision testing—along with psychological and cognitive assessment—can reinforce if an older physician is fit for practice or not. Medical regulators wanting to keep individuals in practice longer—especially considering current and projected workforce shortages—will need this type of evidence to justify continuing to allow older physicians to practice.

In the second article, authors Christopher Bundy, MD, and Betsy White Williams, PhD, note that, in general, there is some decline in performance as physicians age—and that variability in cognition and performance among physicians increases as the years pass. Bundy and Williams propose a strategy of early educational activities for students, residents and practicing physicians, providing a potential path to better health and higher performance in the physician workforce. General health and cognitive testing may identify early actionable factors to facilitate ongoing health and practice-excellence for physicians.

It is clear that well-being is critical at all stages of a physician's career. It is not clear which approach to health and cognitive screening will be best. In fulfilling *JMR's* goal of serving as a forum for discussion of diverse regulatory policy views, we offer these articles for consideration—and we hope they will start a conversation that will lead eventually to the adoption of best practices by the regulatory community.

We invite your input on this topic: Readers with opinions are encouraged to send them to us via email at editor@fsmb.org. We will include your thoughts in a future issue of *JMR*.