

# PENNSYLVANIA STATE BOARD OF MEDICINE



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## Physician Competence and Cognitive Problems

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The ability of physicians to provide clinically competent, high-quality care has long been a concern of physicians, their patients and of the public at large. As physicians we are not immune to the effects of aging and disease, and neither are our professional skills.

Just as computers are prone to slow down in the processing, storage and retrieval of information, and thus in their problem-solving capacities, our brains are also subject to such variability of performance. Causes for decline in performance can range from a simple failure to keep up with new information to more complex factors, including variable degrees of psychiatric disorders (e.g., mood disorders, anxiety, psychosis), substance abuse, situational stresses, metabolic and vascular disorders, early age-related decline and early organic dementia and other disorders.

The State Board of Medicine is charged with protecting the public health and safety, and one aspect of this is monitoring physician competence. Physicians with competence issues may come to the attention of the medical board due to the occurrence of medical liability suits or by various disciplinary actions.

In evaluating physician competency, the value of neuropsychological assessment in general cognitive processing and proficiency has recently been studied and reported upon in [Do Physicians Referred for Competency Evaluations Have Underlying Cognitive Problems?](#) by Korinek, LL, Thompson LL, McRae C, and Korinek E. *Acad. Med* 2009; 84:1015-1021. The organization that did the study is the national Center for Personalized Education for Physicians, based in Denver, Colo.

The brief answer to the title question is, yes. A summary

of the study comparing physicians referred for competency evaluations to a control group of physicians indicated that 24 percent of the competency-evaluation physicians scored in a range suggesting cognitive difficulties. The physician control group scored significantly higher than the competency-evaluation group on three cognitive global functioning scores and four of five specific neuropsychological domains.

While the entire article is worthy of study, the findings confirm the value of screening for cognitive problems in physicians who have demonstrated clinical deficiencies in their medical practices. If cognitive problems are uncovered in the screening process, then a more comprehensive evaluation is indicated.

This approach has value for groups evaluating physician competence, such as the Board of Medicine or employer groups. The results also are of value to the physician being evaluated, either in the development of a professional remediation plan or for planning for accommodative life and career transitions.

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