



British Society of Gastroenterology and Royal College of Physicians guidance on working aged 55 and over in gastroenterology

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Introduction

This document is aimed for the Consultant considering the later stage of their gastroenterology career. The BSG values the lifetime experience of gastroenterologists and recognises that careers evolve over time. Where possible their contribution to the workforce should be retained. A healthy workforce will include a range of age and experience, which in turn can build resilience amongst colleagues. This guidance does not cover general internal medicine commitments.

UK legislation states that it is not possible for employers to require employees to retire on the grounds of age alone. In the USA 42% of physicians are over 55, and 21% are over 65. They rely on self determination as to when to retire or wind down. Current national pension changes may result in working until at least age 68 to receive a full national pension. The effects of working later, on the health of those who need to maintain complex performance skills, needs careful consideration. Comorbidity increases with age and therefore issues relating to dexterity, stamina, visual acuity and mobility are more common in an older working population. Additionally, ageing affects physiological variability and working at night is more demanding with increasing age. The public needs to be assured that as doctors become older, they remain competent.

Gastroenterology requires not only mental dexterity but also manual dexterity in endoscopy. On-call commitments necessitate the ability to provide immediate emergency endoscopy requiring both these skills 24 hours a day. When is it appropriate to modify a job plan and or stop?

Advice from UK sources:

- RCP Later Careers: there should be discussion from age 55 on plans for future. Opt into on-call at age 60+.
- Academy of Medical Royal Colleges: discussion at age 55 on plans for future. Consider day time on-call only over 60 years. Consider flexible working.
- Association of Anaesthetists: no specific age-related advice but that with increasing age activity should be modified to a shorter working week, with shorter and or less complex lists. Night work should be avoided in older anaesthetists.

- BMA with NHS Improvement: suggest adjustments to the individual to support continued working

Recommendations for gastroenterology

Using RCP and AoMRC advice:

General elective work

- Senior doctors and clinical leads should begin a discussion at age 55 about intentions for the next 10 years. This should then enable proper succession planning and training of junior colleagues using existing skills of senior colleagues.
- Departmental job planning is undertaken in many trusts and the impact of changes to an individual consultant's work plan should be factored into hospital business and workforce planning. This may include reviewing out of hours/ on-call commitments, increasing time allocation for training and mentorship of younger colleagues and considering sharing of workloads. The recently updated BSG job planning document provides useful additional guidance.'
- Make flexible or part-time working options available to senior doctors where possible.
- Proleptic appointments may be appropriate.

Emergency on-call activity

Opt into on-call from age 60. Conversely Trusts and Boards should not take Consultants off on-call based on age alone, as long as the individual has competencies to provide the on-call commitments and wishes to continue.

The following principles apply to on-call:

- There should be adequate provision of daily emergency bleeding lists to facilitate provision of daytime endoscopy. There is no age restriction on day time emergency work, therefore better use of planned daily emergency lists to reduce intensity of out of hours work and utilise senior skills is required.
- Any doctor with health concerns should seek support from occupational health.
- The arrangement of on-call services must account for the impact of disrupted sleep and should always consider the safety of the patient first.

Resources:

<https://www.rcplondon.ac.uk/projects/outputs/later-careers-stemming-drain-expertise-and-skills-profession>

<https://www.aomrc.org.uk/reports-guidance/medical-careers-flexible-approach-later-years/>

<http://www.aagbi.org/AgeandtheAnaesthetist>

<https://www.google.com/search?client=safari&rls=en&q=BMA,+NHS+Improvement,+later+careers&ie=UTF-8&oe=UTF-8>

<https://www.bma.org.uk/news/2018/june/should-consultants-be-excused-night-shifts-once-theyre-50>