

CIRCULAR NO (DHP/2025/12)

From	Department of Healthcare Professions / Ministry of Public Health
To	- All licensed healthcare Practitioners in Qatar - All licensed healthcare facilities
Subject	Regulatory guidelines for age-related fitness assessments of Healthcare Practitioners
Date	02/10/2025

Greetings from the Department of Healthcare Professions (DHP)

The Department of Healthcare Professions (DHP) is committed to ensuring high-quality patient care and protecting patients from harm by identifying health-related concerns among healthcare practitioners. At the same time, DHP remains an advocate for the healthcare workforce by safeguarding them from arbitrary or unreliable judgments regarding their fitness to practice.

Accordingly, the DHP stipulates the following:

- Physicians performing complex surgeries (see Appendix A) who are aged 65 and above must undergo a Health Fitness Assessment every 2 years, and annually after the age of 70, or sooner in the event of identified high concerns regarding their ability to practice safely.
- *All other healthcare practitioners aged 70 and above must undergo Health Fitness Assessment every 4 years, and every 2 years after the age of 75, or in case of any identified high concerns.
- Medical Directors of all healthcare facilities and/or healthcare practitioners shall be held accountable for ensuring compliance with these guidelines. They are required to maintain (in the facility) complete records of all Health Fitness Assessments and must notify DHP immediately in case of any serious concerns related to practitioner performance, competency, or safety.
- All healthcare practitioners are personally responsible for reporting any physical, motor, cognitive, or neurological impairments to their Medical Director and to DHP (Fitness to Practice Section).
- A grace period of six (6) months from the date of this circular is granted, with full implementation required by 1st March 2026.

For key components of the Health Fitness Assessment for other healthcare practitioners*, please refer to Appendix B.

For further information, please contact: Fitness to Practice Section FTP@moph.gov.qa

Thank you for your cooperation,

Department of Healthcare Professions
Ministry of Public Health



Appendix A

Surgeon age appears to have a greater impact on outcomes in certain surgical procedures, particularly those that are complex and high-risk. Research indicates that older surgeons performing operations such as Coronary Artery Bypass Grafting (CABG), Carotid Endarterectomy (CEA), and Esophagectomy experience higher patient mortality rates compared to their middle-aged counterparts. In contrast, surgeon age does not significantly influence outcomes for many common or less complex procedures. This effect is especially pronounced in surgeries that require high precision and current technical expertise, where age-related declines in physical and cognitive abilities may play a more significant role.

Complex Surgeries Requiring Advanced Cognitive and Motor Skills with Recommended Fitness Assessments

This document outlines, but is not limited to, various complex surgical procedures that demand elevated cognitive, motor, sensory, and psychological skills. It also includes recommended fitness assessments designed to evaluate a surgeon's readiness and capability to perform these surgeries safely and effectively.

Surgical Specialty / Procedure	Examples of Complex Surgeries	Key Skills Required	Recommended Fitness Tests
Neurosurgery	Brain Tumour Resection, Aneurysm Clipping, Spine Decompression	High cognitive load, precision, fine motor coordination	Trail Making Test, Grooved Pegboard Test, Purdue Pegboard
Cardiothoracic / Vascular Surgery	CABG, Valve Replacement, Lung Lobectomy, Open AAA Repair / EVAR Carotid Endarterectomy Aorto-Bifemoral Bypass, Thrombectomy / Embolectomy Angioplasty/Stenting	Hand-eye coordination, stamina, decision-making	Cardiopulmonary fitness test, Finger Tapping Test, MoCA Neurological Assessments, MoCA, Stroop Test, Pegboard Test, Stereopsis, Tremor evaluation, HRV
Orthopedic Surgery	Joint Replacement, Complex Spine Surgery, Fracture Fixation	Strength, spatial reasoning, manual dexterity	Handgrip strength, 9-Hole Peg Test, Visual-Spatial reasoning (CANTAB)
Microsurgery	Replantation, Nerve grafting, Free Flap Surgery	Steady hands, depth perception, tactile feedback	Microsurgical dexterity test, Stereopsis test, Purdue Pegboard
Ophthalmologic Surgery	Cataract Extraction, Vitrectomy, Retinal Detachment Repair	Visual acuity, hand stability, depth perception	Snellen chart, Ocular Dominance test, Tremor analysis
ENT	Cochlear Implantation, Skull Base Surgery	Auditory-visual integration, fine motor skills	Grooved Pegboard, MoCA, Auditory processing tests
Robotic Surgery	Prostatectomy, Hysterectomy, Colectomy	3D navigation, dual-hand coordination, cognitive focus	Robotic surgical simulator, Reaction time testing, Situational judgment tests

Vascular Surgery	Endovascular Aneurysm Repair, Bypass Grafting	Visual-motor integration, decision-making under stress	Visuomotor reaction test, Stroop Test, Dexterity test
Pediatric Surgery	Congenital Malformation Correction, Neonatal Surgery	Emotional regulation, precise technique, adaptability	Stress response scale, Pediatric surgical simulator
Trauma/Emergency Surgery	Damage Control Laparotomy, Polytrauma Management	Rapid decision-making, multitasking, resilience	SAGAT, Heart rate variability test
Transplant Surgery	Liver, Kidney, Pancreas Transplantation	Sustained attention, teamwork, fine motor accuracy	Vigilance task test, Team simulation drills, Dexterity board

Domains of Assessment Explained:

1. Cognitive: Encompasses memory, attention, decision-making, and situational awareness. The Montreal Cognitive Assessment (MoCA) is a commonly used screening tool for detecting mild cognitive impairment (MCI) and early stages of Alzheimer's disease.
2. Motor: Involves dexterity, grip strength, coordination, and control of tremors.
3. Sensory: Includes visual acuity, peripheral vision, depth perception, and tactile sensitivity.
4. Stamina / Physical: Covers cardiovascular fitness, endurance, and musculoskeletal health.
5. Neurological Assessment & Examination: Evaluates memory, attention, executive function, and processing speed.

Appendix B

The Department of Healthcare Professions (DHP) has adopted a Wellness Initiative and Late Career Practitioner Policy aimed at assessing ageing healthcare practitioners. This policy focuses on health and fitness evaluations for senior practitioners and how these assessments may impact hospital privileges or the scope of their practice. Age is used as a criterion to identify practitioners who require cognitive and physical testing, with follow-up assessments mandated every three years. A central element of this monitoring programme is the emphasis on both physical fitness and cognitive function.

Key elements include the following:

1. Cognitive Function Assessment

- Mini-Mental State Examination (MMSE) or Montreal Cognitive Assessment (MoCA)
- Evaluation of memory, executive function, attention, and processing speed
- Early detection of cognitive decline that may affect clinical performance

2. Sensory Evaluation

- Vision testing, including visual acuity, peripheral vision, and depth perception

3. Functional Physical Assessment

- Mobility and balance tests, such as the Timed Up and Go test and gait analysis
- Evaluation of fine motor skills and grip strength
- Assessment of stamina and tolerance to fatigue
- Dexterity tests to assess fine motor coordination, hand-eye coordination, and neuromuscular function. These tests are valuable for identifying age-related decline or the effects of conditions such as arthritis, Parkinson's disease, or stroke.

4. Assessment:- Concerning the handling of narcotic drugs, their possession, or their misuse.

References

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- [SMC | Fitness to Practice \(Health\)](#)
- [Licensing of a Doctor | Ministry of Health and Prevention - UAE](#)