

## Appendix B – Interview Guide – semi-structured format.

Introduction of the investigator (RS) who will conduct the interview, and confirmation that interviewee:

- has received the plain language document.
- agrees to recording of the interview.

Introduction of interviewee – describe interviewee position, current work and representations e.g. professional college, regulatory authority, hospital employer or other.

### QUESTIONS

1. With respect to the performance of the specialist surgeon, would you consider age as a relevant factor? (If answer ‘no’, proceed to Q4)
2. If answer “Yes” to Q1, why?
3. If we agree that age is one of several factors affecting performance, what would you regard as a reasonable ‘threshold’ age to begin assessment and ‘age-related’ additional review or surveillance? Reasons for selecting this?
4. Are you aware of any other professions or occupations that currently have mandatory age-based assessments?
5. When we use the term ‘performance’, in what domains of practice do you consider this reflects?
6. In your view, are ageing-related changes in performance more relevant to procedural specialities such as surgery, or equally relevant to non-procedural specialties such as psychiatry?
7. In your organisation have you been aware of a surgeon that may have placed patient safety at risk as a result of age-related changes in performance?
8. What factors should determine when a surgeon ceases operating?
9. What is your understanding of the current assessments that are, or could be, applied to surgeons at an agreed age?
10. What do you see as the possible or likely response from surgeons if mandatory age-based assessment of some form were to be introduced?
11. What specific characteristics of surgeons, if any, would a) support or b) resist such assessment?
12. If an under-performing surgeon is identified by (mandated) age-based assessment, how do you see this best managed? Who should lead this (peer review) process?  
Internal/External?
13. There are 5 possible agencies (amongst others) that could contribute to Age Based Assessment and management of the resulting surgeon reviews:
  - 13.1. The surgeon themselves
  - 13.2. The employers (hospitals)
  - 13.3. The professional professional colleges
  - 13.4. The regulatory authorities
  - 13.5. The medical indemnity organisations
 Where do you see each of these playing a role?
14. Do you see a role of reduced, modified, or restricted scope of practice for the older surgeon? If so, what form(s) might this take?
15. What are some of the reasons for surgeons to continue working beyond the age of 65?
16. What are some of the positive qualities that older surgeons have to offer?

17. Do you know of any surgeons (without providing names) who have struggled with the transition to retirement and, if so, in what way?
18. Focussing on your particular organisation: (Enter stakeholder role and specific organisation name here for record)
  - 18.1. What if any policies and regulations are you aware of for members relating to age and continuing registration/membership/employment?
  - 18.2. What data on the demographics of your membership/employees do you know of?
  - 18.3. What policies and/or regulations are in the planning or development stage?
  - 18.4. Which persons or group would be responsible for this area of regulation should it exist?
  - 18.5. How should the subjects (the practising surgeons) be engaged in these processes?
  - 18.6. If not your particular body, who should have governance over any policy or regulation relating to age and surgical practice?
19. Does your organisation provide any specific transition to retirement support?
20. Could transition to retirement planning be integrated into ongoing annual appraisal tools? If so, at what age?
21. For Australian interviewees:
  - 21.1. Are you aware of the new Medical Board of Australia professional development plans (as described in the Expert Advisory Group report of 2017)?
  - 21.2. The Medical Board of Australia has indicated that age 70 is the defined point at which additional health assessments (including cognitive testing) will be introduced for all registered doctors in Australia. Do you agree/disagree with this?
22. Other than using age as an isolated marker for increased scrutiny of practice, what other variables do you see as being useful in this context? Eg. outcome data for individual surgeons
23. For employers:
  - 23.1. Are you comfortable to discuss age as a factor when appointing/re-appointing and credentialing surgeons?
24. For medical indemnity organisations:
  - 24.1. Should age be a factor in setting differential premiums for surgeons?
  - 24.2. Does your organisation have specific processes in place to support the ageing and transitioning surgeon?
25. How do you feel this qualitative research on the issue of the ageing surgeon would be best utilised to promote best practice and patient safety?
26. Would your membership be interested in any of the following?
  - 26.1. Reading the results of this research
  - 26.2. Having the results presented at a meeting of your organisation
  - 26.3. Being surveyed to enable response to the findings.
27. Do you have any further comments that you see as relevant to this study?

Conclusion of interview.