LATE CAREER TRANSITION – Culture and Inclusion Portfolio

The transition from an active academic and clinical career to retirement is an inevitable part of a physician's journey. For many, it presents an exciting opportunity to explore new interests, engage in different activities, and continue making meaningful contributions to society. However, this transition either directly from full time to retirement or after a brief period of part time work and ultimately towards retirement can be challenging. Many physicians have difficulty deciding when and how they should reduce or stop taking care of patients. Many physicians feel a loss of relevance as they transition away from leadership roles, academic duties, and research initiatives, while their clinical practice evolves and ultimately winds down.

During this transition, many physicians also experience feelings of being under appreciated. After decades of meaningful contributions, they often leave the Department of Medicine entirely, despite the wealth of experience and wisdom they could offer to learners and faculty at various stages of their careers. Additionally, many physicians enter this transition process without sufficient preparation and may face challenges such as financial pressures, loss of professional identity, or mental health concerns.

The Department of Medicine believes that transition toward pre-retirement and through retirement should be a planned and rewarding part of one's academic medical career. **The Culture and Inclusion Portfolio**[1] in the department is working towards:

- Providing practical advice and support to faculty in transition.
- Promoting a culture change that turns late career transition into a planned and fulfilling process instead of an ad hoc and feared one.
- Developing a framework for transition planning that respects the needs of the late career faculty member, as well as the needs of the department.

The goal of this document is to provide practical advice to faculty members to facilitate planning for the late career transition process and to support our late career faculty members (who are either contemplating or deciding to retire) in a respectful, thoughtful, and compassionate manner.

How to start:

The retirement process is unique to each physician's personal and professional circumstances. However, when an academic physician is considering retirement in the near future, it is important to start planning timelines. Having a clear understanding of your personal timeline (whether 1-2 years or 2-3 years) will help streamline the planning and transition process from the personal, hospital and departmental perspective. A well-planned retirement generally leads to a smoother transition and helps in abiding with the University expectations.

According to the University of Toronto Academic Administrative Procedures Manual[2], faculty are expected to indicate their intention to retire one year in advance of their retirement date (which can be either June 30 or December 31) by submitting the Notice of Intention to Retire Form.

Please note: this applies only to retirement cases that involve a change in salary status. If no change in salary status is required, notification by email is sufficient.

Three key areas of consideration are recommended to help start the conversation and streamline the late career transition process: financial, clinical/administrative, and academic. Financial literacy followed by timely communication with the hospital divisional and departmental leadership[3] and practice plan leads[3] are the most important initial steps in retirement planning.

1. **Financial:**

Personal financial preparedness and financial literacy: the faculty member planning for retirement should have a detailed financial plan regarding their individual financial circumstances (to be gathered from their personal accountant and/or financial planner) **before** starting the conversation around retirement with their hospital site leadership.

Practice Plan: A proper understanding as to what the practice plan represents is of utmost importance. The practice plan is a shared model of revenue in which the money earned by an individual faculty physician is redistributed back to them (i.e. faculty do not "receive" salary from practice plans). Every hospital practice plan may have unique contexts specific to their site. The faculty member's job description (e.g. Clinician Teacher vs. Clinician Scientist) also plays a role in these discussions.

It is possible for a faculty member to hold a **part-time appointment** for a few years before complete retirement and many faculty members do reduce their clinical work to part-time as they transition to retirement. When planning to transition to part-time, it is important to discuss specific details regarding the number of weeks and months on service, on-call requirements, inpatient versus outpatient work, teaching/administrative duties and an actual transition date. Budget support and AFP when transitioning from full time to part-time needs to be discussed with the relevant Physician in Chief[3] and Practice Plan Lead[3] of the base hospital.

Initial financial section of the draft developed by Dr. Caroline Kramer. Further development, additions and revisions by Dr. Umberin Najeeb. Presented at senior exec: Nov 21, 2024. & Jan 16, 2025, Reviewed by PICs (n=4), DDDs (n=6) and late career faculty (n=7).

If a faculty member is a **part of a research institute**, additional conversations with the research institute director regarding the transition to retirement will be needed. These conversations are independent of and outside the purview of DDD and PIC.

Pension: For the small number of faculty who have a pension through the University of Toronto, it is mandatory to start receiving this at the age of 71, even if you have not retired. Faculty members will receive a notification from the university human resources department with information on how to proceed. You may also elect to begin drawing your pension at an earlier date.

2. Clinical and Administrative:

According to CPSO[4], it is the individual physician's responsibility to organize their clinical practice succession (i.e. proper patient referrals and follow up). These arrangements can be supported /facilitated by the hospital, but it is the individual physician's legal responsibility to do so. The physician must communicate with the patient and when referring to a colleague, as well as with the colleague (who may decline the referral). Some hospitals, e.g. WCH, have a specific policy that outlines steps and responsibilities when a physician leaves clinical practice.

Having an academic appointment at a hospital adds further nuances as decisions of hiring and recruitment at the divisional and departmental level are beyond the individual faculty member who is planning to retire. However, an earlier conversation with the relevant stakeholders (i.e. PICs, Division Directors) will help further facilitate the start of this process.

HR aspects, including the management of a physician's administrative staff, research team members, and the retention of clinical paper charts, should be proactively planned and are the responsibility of the individual physician. Potential employment and severance obligations need to be considered carefully. The original chart (paper or electronic) may need to remain in the hospital, but copies can be made for care transfer if required.

3. Academic:

The title of **Professor Emeritus/Emerita**[6,7,8] can be awarded to faculty members upon their retirement to honour their significant and lasting contributions to the University community. To be considered for the title of Professor Emeritus/Emerita, *"faculty members may be neither active staff at a teaching hospital nor full-time clinical faculty members".* While the title is typically reserved for faculty who retire as full professors and have served in a full-time academic capacity, those who retire as associate professors or have worked part-time may also be eligible, provided their contributions to the University are deemed substantial. The details around the process of emeritus/emerita appointment are available at the Department of Medicine website[6,7,8]. Faculty members can **continue to access various services** (e.g. library privileges, institutional email) **and benefits** (e.g. tuition waivers, scholarship programs for dependents) as professor emeritus/ emerita. Emeritus status requires a written request from the faculty member with the planned retirement date; eligibility is reviewed by the Provost.

For faculty members who are cross appointed and/or part of a research institute, there is a separate process for Professor Emeritus/Emerita appointment which needs to be discussed with the director of the research institute.

A professor emeritus/emerita faculty member can continue to engage in a variety of teaching, mentorship, scholarly[8,9], and leadership activities, should they choose to do so. Below are some examples of potential contributions:

- Undergraduate MD teaching
- Postgraduate MD teaching
- Mentorship opportunities for medical learners and faculty
- Collaborations on research studies
- Collaborations in developing scholarship (e.g. authorship, writing)

There are also opportunities (if desired) to work at the provincial, national, and international level (e.g. professional speciality organizations, non-profit organizations, licencing and certification bodies).

The DoM and Culture and Inclusion portfolio aim to ensure that career transitions and retirements are supported in a way that make the end of an academic career as impactful and fulfilling as its beginning. Resources [A] are available to support both personal and professional wellbeing of our late career faculty members during this key period of transition.

A. Resources:

1. Culture and Inclusion Portfolio, Department of Medicine
   a. https://deptmedicine.utoronto.ca/late-career-transitions

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b. Dept. of Medicine, Late Career Transition Workshops https://deptmedicine.utoronto.ca/event/late-career-transition-workshop-2024

2. University of Toronto Academic Administrative Procedures Manual
   Retirement – Academic Administrative Procedures Manual
3. 3a. Physician in Chiefs and Practice Plan Leads
   i. Unity Health:
      Practice Plan Lead: Dr. Jan Christopher Jan.Friedrich@unityhealth.to
      Interim Physician in Chief: Dr. Natalie Wong
   ii. Sunnybrook Health Sciences Centre:
      Practice Plan lead: Dr. Mario Masellis Mario.Masellis@sunnybrook.ca
      Physician in Chief: Dr. Michelle Hladunewich
   iii. Women's College Hospital
      Practice Plan Lead: Dr. Dr. Christian Murray Christian.Murray@wchospital.ca
      Physician in Chief: Dr. Paula Harvey
   iv. University Health Network & Sinai Health:
      Practice Plan Lead: Dr. Andrew Morris Andrew.Morris@uhn.ca
      Physician in Chief: Drs. Kathryn Tinckam and Chaim Bell

   3b. Division of Emergency Medicine:
   University Health Network:
   Medical Director and Practice Plan Lead: Dr. Erin O'Connor: Erin.o'connor@uhn.ca
   Sunnybrook Health Sciences centre:
   Chief: Dr. Justin Hall justin.hall@sunnybrook.ca
   Practice Plan Lead: Lorne Costello lorne.costello@sunnybrook.ca
   Unity Health:
   Chief: Dr. Steven Lin steve.lin@unityhealth.to
   Practice Plan Leads: Drs. Stave Lin and Evelyn Dell Dell.evelyn@gmail.com
   Sinai Health:
   Chief: Dr. David Dushenski david.dushenski@sinaihealth.ca
4. CPSO policies
   a. CPSO - Closing a Medical Practice
   b. CPSO - Advice to the Profession: Closing a Medical Practice
   c. CPSO - Ending the Physician-Patient Relationship
   d. CPSO - Medical Records Management
5. CMPA - Closing or leaving a practice: Tips for physicians
6. Professor Emeritus Professors Emeriti | Department of Medicine
7. Professor Emerita, Dr. Ann Kenshole
   A Personal Perspective on the 'Big R'- Retirement | Department of Medicine
8. Governing Council Policy Emeritus/Emerita Status, Policy on [June 23, 2009]
9. Who can be a Principal Investigator? | Before Engaging in Research
10. Centre of Faculty Development:
    a. https://centreforfacdev.ca/wp-content/uploads/2024/10/LCT_Physician_Retirement_Reading_List_2024_09_17.pdf
    b. https://centreforfacdev.ca/career-transitions/
11. Hedden L. et al. Patterns of physician retirement and pre-retirement activity: a population-based cohort study Lindsay CMAJ December 11, 2017, 189 (49) E1517-E1523; DOI: https://doi.org/10.1503/cmaj 170231
12. Pannor Silver M, Easty LK. Planning for retirement from medicine: a mixed-methods study. CMAJ Open. 2017 Feb 13;5(1): E123-E129. doi: https://doi.org/10.9778/cmajo.20160133
13. Silver MP et al. A systematic review of physician retirement planning. Hum Resour Health. 2016 Nov 15;14(1):67. doi: https://doi.org/10.1186/s12960-016-0166-z
14. Silver, M. Life after Medicine: A Systematic Review of Studies of Physicians' Adjustment to Retirement. Archives of Community Medicine and Public Health. 2016. 001-007. http://dx.doi.org/10.17352/2455-5479.000006
15. Doctors Manitoba | Retirement Readiness Tool
16. Physician retirement: How to know when it's time | Wolters Kluwer

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