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# MEDIA RELEASE

## **DOCTORS NEED MORE EDUCATION TO TRANSITION TO RETIREMENT**

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CONTROLLING the exit from work and accumulating multiple resources early predict adjustment to retirement for doctors, according to the authors of a Perspective published online today by the *Medical Journal of Australia*.

The final transition in a medical career is one that the profession has largely ignored, write Adjunct Associate Professor Chanaka Wijeratne, a Senior Staff Specialist at Royal North Shore Hospital and the University of Notre Dame Australia, and Associate Professor Joanne Earl from the Department of Psychology at Macquarie University.

This risks “unplanned departures that affect succession planning for practices, continuity of care for patients, and the wellbeing of the practitioner”, they said.

“The eventual introduction of proposed mandatory health checks for practitioners aged 70 years and over in Australia may hasten the retirement of some, which only increases the urgency of retirement planning becoming a routine task for all practitioners.”

Retirement, rather than being a “lone event” comprised three phases, the authors wrote:

- “pre-retirement” phase, during which the practitioner continues to work but may anticipate and prepare for retirement;
- “transition” phase, during which decisions are made about how and when the practitioner should approach stopping work; and,
- “adaptation” phase which may involve some paid work but the practitioner is principally retired.

“Each phase is considered a critical turning point, in which action or neglect can influence the outcome of subsequent phases. Some practitioners may chart a non-linear transition, moving in and out of work,” Wijeratne and Earl wrote.

More than one-third of older practitioners failed to even reach the pre-retirement phase, as they reported no intention of retiring or were unsure about doing so, according to research cited by the authors. Retirement planning may be difficult for doctors for several reasons:

- even considering leaving work may be viewed as a sign of personal weakness;
- financial factors related to inadequate superannuation funds, continuing debt, or other commitments;
- a feeling of responsibility for patients;
- a lack of interests outside of medicine; and,
- a fear of potential changes in their relationship with a spouse.

The authors recommended a series of considerations for a smooth transition to retirement:

- a structured transition to retirement plan – all practitioners formally write an initial transition to retirement plan by the age of 55 at the latest, review it regularly, and the intervals between reviews should become more frequent with time;

- resource accumulation – financial, physical health, social engagement and emotional resources; incorporating a professional advance care plan that outlines a set of premorbid views about ongoing practice in the event that capacity to practise is impaired;
- developing an encore career -- allows the use of skills and experience developed over a career, and helps maintain meaning and engagement; examples include governance roles with accrediting bodies, guardianship or mental health review tribunals, or committee membership, provide leadership through directorships or management roles in hospitals or medical services, teaching or research pursuits such as teaching medical students, mentoring trainees, writing research grants and articles;

“Given medicine’s longstanding neglect of retirement planning, there is also a need for professional bodies to provide education about the transition process and for practitioners themselves to share stories of encore careers and inspire peers to explore avenues for transition,” the authors concluded.

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