



Tips When Preparing to Close a Practice

As the average age of Alberta physicians increases, many will begin to think about reducing their hours of practice or retiring from practice. Careful planning is required to meet the unique responsibilities of this phase of professional life. Plans need to address issues related to personal finances and the business of practice as well as clinical practice issues. Patients, colleagues, landlords, suppliers and the College (CPSA Guideline: Closing a Medical Practice, June 2005) have expectations that must be met.

Resources exist through the Medical Association, MD Management and private financial advisors to help physicians with personal financial decisions and business decisions related to their practices. The Canadian Medical Association is developing a program to address the needs of retiring practitioners.

Physicians may have difficulty finding information to guide them as they wind down and ultimately close a medical or surgical practice. The PAR program has compiled some important practice tips based upon working with Alberta physicians who are preparing to retire.

Practice Tips from PAR Physicians Preparing to Close a Practice

1. Summarize medical records to capture important information and highlight it for the physician taking over care of the patient.
2. Update active medication and problem lists during routine visits or during periodic health examinations in order to have a concise current summary of important information when the time comes for chart transfer.
3. Notify patients in advance of retirement plans and consider requesting an office visit dedicated to preparing for the transfer of care.
4. Assist patients with the increasingly difficult task of finding a new physician.

Physicians have three major responsibilities in the months prior to retirement or closing a practice. These are: notification, transfer of care and dealing with medical records. The physician needs to start early to ensure optimal continuity and quality of patient care during the transition to their new physician.

Three Major Responsibilities In The Months Prior To Retirement Or Closing A Practice

1. Notification
2. Transfer of Care
3. Dealing with Medical Records

1. Notification

Notification of patients is the first priority but physicians may also need to notify colleagues, partners, consultants and office staff of their plans. Health Regions, hospitals and continuing care centers will also need to be informed of the intention to close a practice.

Notices in local newspapers can reach large numbers of patients and colleagues but personal letters to patients, families and individuals demonstrate the physician's genuine concern for their patients. It is generally recommended that physicians send notification letters at least three months prior to closing their practice. Earlier notification is ideal but physicians will need to prepare for practice erosion that may accompany early notification.

Notification letters should offer suggestions to assist patients with the challenges of finding a new physician. Patients may be referred to a Health Link number, the College or to a physician known to be accepting new patients.

Some patients will not hear of the physician's retirement prior to the close of a practice regardless of the communication strategy that has been implemented, therefore it is important to keep the phone lines open for at least three months after the practice closes. This allows a message to inform patients and direct them to potential sources of future care.

2. Transfer of Care

Transfer of care is the next clinical responsibility of retiring physicians. This will require skill and careful attention to detail. Some patients in the practice will have chronic illnesses that need ongoing follow-up and others will be in the midst of investigation or management of a health issue. These patients will need special attention. Early preparation will allow a retiring physician to identify these patients many months prior to retirement. This will allow the physician to stage the work of making special arrangements for these individuals.

The PAR program commonly hears from physicians who are reluctant to retire because they know their patients rely on them after many years of care. They do not want to leave their patients without the benefit of their understanding of family backgrounds, personal needs and medical histories. It often seems it would be difficult for another physician to continue care without this extensive historical information. Chart summaries can be a great asset in this situation. This important personalized information can provide essential support for the patient's care in the future. For example, the physician might want to inform the receiving physician that, "this patient has had many medication intolerances in the past and will need a detailed informed consent process prior to prescribing a new medication." Some patients may be asked to make an office visit dedicated exclusively to generating a summary of their medical history. The patient and physician can work together at this visit to ensure the right information is forwarded to the new physician.

3. Dealing with Medical Records

Medical records are a real challenge for the physician. The retiring physician needs to keep the original medical record for at least ten years after the last care has been provided. For children the duration is for two years after the age of majority or for ten years which ever is longer. Further details can be found in the CPSA Policy Statement for Physicians' Office Medical Records, August 2005. A physician may need to find a secure storage facility for the records and the chosen location must allow rapid access to individual files when needed.

Information contained within the medical records must follow the patient to the next physician. Paper records can be copied and given to patients but chart summaries that highlight important clinical features are appreciated by most receiving physicians. Electronic records are easier to summarize, store and access. Many Electronic Medical Records can be transferred to a new physician without difficulty.

All plans for retirement are best done early but what influences the decisions about the timing of retirement. Some of the factors that have influenced physicians working in the PAR Program are listed in Table #1 below.

Table #1

Issues identified by physicians influencing retirement decisions:

1. Reasons to Choose Retirement:

- a. Time for self, family and travel
- b. Marginalized by hospital, department, faculty and colleagues. No longer recognized as a leader in medicine.
- c. Lack energy for night call, long hours and increasing paperwork characteristic of practice today
- d. Stress of dealing with patients with complex psychosocial issues.
- e. Increasingly difficult to meet patients' expectations.
- f. Rapid changes in the health care system make it harder to keep up.
- g. Reduced respect for physicians has taken away an important reward.
- h. Limited resources make it harder to practice.
- i. Adversarial relationships with patients and families are replacing long-standing relationships of trust.

2. Reasons To Continue In Practice:

- a. Practice satisfaction and enjoyment of practice
- b. Financial rewards. Cannot afford to retire.
- c. Being able to enjoy practice without financial pressures
- d. Sense of duty to patients with whom they have shared long term relationships
- e. Difficult to conceive of fulfilling life without practice.

Physicians are advised to discuss the timing of their retirement with colleagues and co-workers and to search their PAR surveys for information to help with decisions about the timing of retirement.

Closing a practice is as difficult and important as starting a practice. It is best done in collaboration with our patients, colleagues and coworkers. Assistance is available for many of the tasks a physician faces at this stage of practice. Thoughtful and early planning will allow the retiring physician to transfer the care of their patients with optimal safety and efficiency.



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