

Putting Away the Stethoscope for Good? Toward a New Perspective on Physician Retirement

Author: Raymond W. Pong, Ph.D.

Organization: Centre for Rural and Northern Health Research, Laurentian University

Commissioned by Canadian Institute for Health Information

Contact information:

Michael Hunt

Director, Pharmaceuticals & Health Workforce Information Services

Canadian Institute for Health Information

Telephone: 613-241-7860

Fax: 613-241-8120

e-mail:MHunt@cihi.ca

Objectives

- To better understand Canadian physician retirement
- To better understand how aging affects Canadian physicians' work

Methods

A review of the pertinent literature was conducted to find out what was known about retirement in general and physician retirement in particular. This was then followed by three empirical analyses:

- 1) Estimating the extent of physician retirement. Comparing survey results (intention to retire) versus actual retirement rates from two Canadian administrative databases.
- 2) Estimating the number of older physicians who were minimally active and could, therefore, be considered retired from a health workforce planning perspective. Using CIHI's National Physician Database, three age groups were used: 55 and older, 60 and older and 65 and older. And three minimally active full-time equivalent (FTE) thresholds were calculated: those whose FTE value for at least three consecutive years was 15% or less, 25% or less or 33% or less of the average FTE values of their average active FTE values.
- 3) Physician workload analysis to understanding how aging affected physicians' clinical practice.

Findings

Should the concept of retirement for physicians be retired? With the few systematic studies on physician retirement in Canada, evidence suggests that physicians tend to retire later than the general working population. This phenomenon is seen internationally as well.

As Canadian physicians age, their workload, as measured by full-time equivalence (FTE), tended to decline. Also, the scope of their practice tended to become narrower, as older physicians relinquished some types of clinical work while retaining others.

Canadian physicians' intention to retire differed from their actual retirement. On the basis of self-reported retirement intentions from the 2007 National Physician Survey, about 3.2% of all physicians planned to retire in each of the two years following the survey. On the other hand, this contrasts with the estimated average annual actual retirement rates of 0.54% and 0.79% reported from two respected Canadian administrative data sources.

Depending on what "older physician" refers to and where the FTE threshold is set, different proportions of older physicians could be considered minimally active – ranging from 4.9% of those age 65 and older to 7.3% of those age 55 and older.

Conclusions

The findings of this study suggest that the impact of an aging medical workforce should be examined from the broader perspective of changing medical practice patterns, rather than from the narrow focus on retirement. The impact of aging is not just on the numbers of physicians reaching or exiting the medical workforce at or after 65, but also on the changing practice patterns of aging physicians before they exit.