

May 30, 2008

**DEPARTMENT OF MEDICINE**

**SENIOR PHYSICIAN INITIATIVE (SPI)**

**Task Force Summary Document and Recommendations**

**THE SPI COMMITTEE RECOMMENDS:**

1. That senior physicians in the Department of Medicine (DOM) be recognized as valuable members of the physician work force. Senior physicians often possess an enhanced skill set based on breadth of experience.
2. That the DOM, University of Calgary, Calgary Health Region, and Calgary and Area Physician Association (CAPA) work collaboratively to operationalize innovative ideas for ongoing practice opportunities for senior physicians. (e.g. job sharing, fractional ARP appointments, innovative models of health care delivery such as specialists attending primary care community clinics).
3. That affirmative initiatives for senior physician retention such as SPI should not compromise the income and wellness opportunities of other physicians.
4. That by mutual agreement based on the principles of collegiality and flexibility, it is reasonable to have reduced expectations of on-call service responsibilities for senior physicians (e.g. greater than age 60) such as reduced frequency of call, day off post call, daytime call only. These should be by mutual agreement based on principles of flexibility and collegiality, and will vary according to circumstances and the nature of the clinical service.
5. That we recognize the value of support for senior physicians' exploration of a worthwhile, purposeful, and enjoyable life outside of medicine, and the need for suitable resources .
6. That the clinical service, education, research and administration contributions of senior physicians throughout their career be recognized through ongoing access to institutional resources, through eligibility to commensurate and appropriate support, e. g. space and staffing support, interaction with medical trainees, email address, access to the library and electronic journals, and yearly recognition at an appropriate venue.
7. That the Chair of the DOM report annually on the achievements of the SPI.

## Summary of Process

Dr Jane Lemaire and Dr Jean Wallace have been studying physician wellness over the last several years and a review of the results from the **SEEKING BALANCE** study of physicians from the Department of Medicine (DOM) engendered the exploration of how to address the wellness issues and also retain our more senior physicians who may be looking to retirement. At the same time, Dr Colin Powell, a senior physician and geriatrician with similar ideas was recruited to our DOM and the Senior Physician Initiative (SPI) was conceived. An initial brainstorming session produced our Terms of Reference:

- 1. To develop career opportunities for senior physicians from the Department of Medicine that will be advantageous for both the member and the department.**
- 2. To support the senior physician's exploration of a worthwhile, purposeful, and enjoyable life outside of medicine.**
- 3. To develop and identify resources to facilitate the above.**

We were soon joined by Dr Ray Lewkonja, a senior physician from the DOM with an interest in this topic. Ongoing discussions within the group and with other interested parties such as Dr Dianne Maier from the Alberta Medical Association, and Dr Todd Watkins from the Canadian Medical Association supported the timeliness of this topic given the aging demographics of physicians, the ability of physicians to work longer given their improved health in general, and the manpower crisis in the physician workforce. Other resources included a review of the literature. We also explored existing policies within our department, the university and the health region.

In response to an invitation sent out to all DOM senior members, 15 members from the department and representatives from CAPA and the CHR met over dinner in June 2007 to discuss the topic. The dinner was co-sponsored by the Department of Medicine, the Calgary and Area Physician Association (CAPA) and the Calgary Health Region (CHR) Wellness Portfolio. A wealth of ideas emerged and a summary document was circulated for feedback to all those that were invited in addition to those that attended. In addition, Dr Lemaire met with division chiefs within the DOM to understand the opportunities and challenges that each division faces in managing its physician workforce, and to share the innovative solutions that have already been tested within many of the divisions. Key points are summarized below

## **MAJOR POINTS FROM FOCUS GROUP AND DIVISIONS**

- Most divisions do not have formal policy for retirement or on call requirements at a certain age, although an informal agreement is usually reached on a case by case basis. The key to success is sensitivity, sensibility and flexibility.
- Most divisions have created positions for senior physicians who wish to reduce their work hours or workload. This is usually based on the needs of the division and the senior physicians' skill set, age, efficiency, proficiency, physical and intellectual stamina.
- While some divisions do not see a decline of skill set with age, most suspect there is some element of same, usually related to complex procedures or patient care issues, the type of service while on call (very busy, long hours) or the loss of a base of generalism and/or updating of knowledge. Thus, it is important to monitor the practice of all physicians (ie simulation or recertification), and the skill set and ability of senior physicians should be evaluated on a case by case basis.
- Within certain divisions call is much more onerous than others. In smaller divisions, the loss of one member who takes call has a serious impact on the call schedule of the other members. These factors strongly influence individual divisions' approach.
- Major roles for senior physicians include education and mentoring given their breadth of experience. Other ideas to support senior physicians include reduced clinical workload, co-attending models, splitting busy services or a back up call system for senior physicians.
- It is very feasible for senior physicians to participate in part time work, sessional work, job sharing, and locums as long as they "share a commitment to sharing care".

In the context of the literature and based on the terms of reference of the task force, the focus group discussion and ideas, and the interviews with the division chiefs, the above recommendations have been put forth.

**Respectfully submitted**

### **Task Force Members**

Dr Jane Lemaire, Dr Colin Powell (Co-Chairs), Drs Jean Wallace, Ray Lewkonja, Robert Card, Linda Hames, Richard Dear, Noel Hershfield, Dr John Conly (ex-officio)

### **References**

1. McLeod PJ, Meagher TW, Abrahamowicz M, Steinert Y, Boudreau D. When academic physicians age. Perceptions, concerns and recommendations of senior faculty members at McGill University. *Ann RCPSC* 2000; 33: 281-286.
2. Diagnosing the ageing physician. Collier R. *Can Med Assoc J* 2008; 178: 1121-1123.