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CORRESPONDENCE

Physician Planning for Retirement: Improving the Physician Experience and Reducing Impacts to Patients in North Carolina

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To the Editor—North Carolina is projected to become the seventh most populous US state by 2030, and 1 in 5 residents are expected to be over age 65 by that time.[1] With that changing population, there are looming needs for health care services amongst the young and aging within the state. However, a continuing complication of health care access in North Carolina—both for these current and future needs—is the "graying" of physicians. About 30.6% of physicians in North Carolina were over age 60, as of 2021.[2] Additionally, the average age of North Carolinian physicians has gradually increased since 2000, especially for rural physicians where there is more than a 4-year age gap compared to their metro-located colleagues.[3]

As North Carolinian physicians continue to age, planning for retirement is critical for both the physicians and their patients. For patients, some qualitative research suggests that physician retirement, especially in the primary care context, can be associated with poor patient experience, adverse clinical outcomes, and increased use of health care services and higher expenditures.[4-7] For physicians, many report being concerned about inadequate financial preparations and the loss of identity associated with retirement, among other factors.[8,9] However, these impacts, both patient- and physician-focused, can be mitigated with appropriate foresight and planning.

North Carolinian physicians should seek out available resources that describe best practices for making the transition to retirement in order to improve their experience and lessen patient impacts. For example, the North Carolina Medical Board has a free published guide which provides practical, localized recommendations associated with winding down a medical practice.[10] Additionally, the Board's website provides a useful overview of licensure options for retirees that can facilitate continued, valuable involvement in medicine despite a departure from full-time practice.[11] In a broader context, professional groups, such as the American Medical Association's Senior Physician Section, can provide additional resources and peer support.[12]

This increasingly aging physician workforce is a simple truth across the Southeast (including my academic domain of Mississippi, home of Virginia, or within this context of neighboring North Carolina). While physicians are a critical part of the health of North Carolina's communities, there comes a time when physicians have a right to reap the rewards for decades of service to those communities through retirement, whether that means retiring to the Outer Banks or the mountains or identifying new opportunities to continue to serve their communities. Prospective planning for this time is one way to help reduce impacts on patients and improve physicians' career transition experience.

Disclosure of interests

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