CHALLENGES
- As an older practitioner you should consider the possibility that the changes that occur with age in body and mind might affect your performance. All bodily systems become less efficient as we age.
- Sleep efficiency decreases with age, and adaptability to unfamiliar clinical situations may also decrease.
- Decreased competence may put patient safety in jeopardy.
- To recognise any decrement in skills, you need insight into your professional performance. Insight is necessary to recognise decreased competence.
- Develop and maintain a habit of ‘mindful practice’ (Epstein, 1999). Mindfulness is a process which includes being aware at all times of what you are thinking and doing.
- If you are finding the responsibilities of anaesthesia becoming increasingly stressful, or anxiety–provoking, then you might consider ceasing clinical work.
- Deterioration in competence can compromise both mental and financial well-being.
- Some anaesthetists who retire early do so because of the increasing stress of night work, (especially if work the next day is necessary).
- Some anaesthetists who retire early do so because of ill health; health problems (which may be unrecognised), can affect performance.

CLINICAL ISSUES
- Where feasible, older anaesthetists should be given the option of continuing to work without participating in the night call roster.
- “Winding down” your practice is a common pathway: familiar work with surgeons you know and like is recommended. High turnover lists may not be ideal. Back up should be available.
• Be aware that working part time (or occasional professional duties) may not be sufficient to maintain full clinical competence. This is particularly true for the rare complications of anaesthesia.
• Maintain your commitment to teaching junior colleagues (and allow them to teach you).
• Maintain and update your knowledge base by regular active participation in continuing professional development activities, and by discussing clinical problems with colleagues. Attend your group’s morbidity and mortality meetings regularly.
• Ensure that you take adequate breaks after being on call overnight, as well as regular recreation leave
• Sit in occasionally with a colleague, in outpatients or theatre, to remind yourself of others’ expertise and methods of working
• Consider having an audit of competence conducted by a trusted junior colleague, and ask him or her to be your “buddy”.
• Ask your buddy to inform you if s/he thinks (or hears others’ opinions) that your skills and judgement are declining.
• Consider taking part in the ANZCA CPD activity of Peer Review of Clinical Practice

FINANCE AND SUPERANNUATION
(see Resource Document 02)
Decide when you wish to retire and work towards having the resources to be able to do so. Start early, contribute regularly, plan effectively and to be aware of the ongoing changes to superannuation regulations.
• Develop a budget and check it regularly.
• Establish a savings plan – regular amounts from an early age take advantage of compounding interest, and are easier than trying to catch up later in life - and keep saving.
• Diversify your assets and strategies.
• Develop a long-term association with an experienced and reputable financial consultant and/or personal accountant.
• Commence financial planning for retirement at an appropriate (early) age. There are many available superannuation packages and pensions plans, which must be started early, so that you can retire when you wish to do so, with the resources you will need. Discover which plan is best for you.
• Work out early how much you will need in retirement, and work with your planner to ensure you have sufficient assets to provide this income. Be conservative in any estimates of asset performance.
• Reduce or abolish major long-term debts prior to retirement – and keep solvent.
• Don’t rely on government schemes or assistance as your sole income – they are unlikely to meet your needs.
• In retirement, although costs are lower, you will probably need to live at a lower level of income. But recognise that you will probably use all your financial resources.
HOBBIES - KEEP BUSY

- Retire “into something” not “from something”. Be aware that professional duties should not be your “whole life”, so develop alternative activities - a balanced mix of intellectual, physical cultural and social activities (especially hobbies) - well in advance of retirement.
- Consider retirement as “intellectual re-formatting” or “Continuing Professional Development”.

HEALTH - KEEP FIT

Maintain regular health checks and physical activity – see RD 01.

PROFESSIONAL ACTIVITIES - KEEP IN TOUCH

- Maintain an interest in your profession – you can attend continuing medical education meetings, often with free or reduced registration.
- Maintain contact with your colleagues and professional friends.
- There are retired anaesthetist activities at the major meetings, as well as groups in many areas.
- History of anaesthesia groups and sessions may be attractive for the older and/or retired anaesthetist.

OTHER CAREER POSSIBILITIES

Clinical, paid or voluntary

- Teacher and Mentor
  - Medical Education
  - University - teaching medical students
  - Director of Clinical Training
- Non-clinical duties with a professional body
- Pre-operative assessment clinics
- Blood transfusion services
- Acute or Chronic Pain Services
- Palliative care
- Immigration Medicals
- Medico-legal
- Surgical Assisting
- Management, Government or committee work
- Research
- Overseas aid
Non-clinical

- History of anaesthesia
- Travel
- Research
- Hobbies
- Volunteer work
- Sport
- U3A
- Probus
- Writing
- Collections
- Re-training or further degree
- Music
- Garden
- Sorting out
- Autobiography

PLANS FOR LATER LIFE EVENTS

- Develop a long-term association with a lawyer (for maintenance of estate planning in the light of any changes in personal circumstances).
- Ensure you have made a will.
- Will your spouse be retiring too? Is he or she comfortable with your plans?
- New activities will lead to the development of new social groups (and a new “status”), which may eventually compensate for the loss of the old ones
- Ensure a family member or close friend knows details of your affairs and wishes in the event of you becoming unable to manage your own affairs.
- Institute an enduring power of attorney (EPOA) for personal and/or financial affairs (preferably keep sane!)
- Consider an advance health directive (AHD) if you have specific requests for plans in the event of you becoming incompetent to make decisions.
- Plan for late life care, recognising its significant expense. If you wish to stay in your own house, make sure it is “wheelchair friendly”
- Ensure your family know your consent (or otherwise) for organ donation

Further reading:

Alley, Pat. 2009. Life after Practice: a surgeon’s view. Surgical News vol 10, no 6; July 2009
Fenwick D. 2009. letter MJA; 190 (8) 464
McDermott PL. 2003. ASA Newsletter Jan
Retiring from Medicine – do you have what it takes? 2002. Edited by Harvey White. Royal Society of Medicine UK
Seeley H. 2002 Launching into the third age, glancing back at the second. Guest editorial: Bulletin 13 RCA

Welfare of Anaesthetists’ Special Interest Group Resource Documents (RDs)
RD 02 Financial Issues

Older references which may be useful

Cass, Noel. Preparing for retirement.
Symposia; GSM Sydney
April 1985. Retirement from Surgery and Anaesthesia. RACS/FARCS.

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Promulgated: 1996
Date of current document: 2016

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