



The Canadian Orthopaedic Association *L'Association Canadienne d'Orthopédie*



GUIDELINES FOR LATE CAREER TRANSITION

Preamble

In the absence of a defined retirement age, Canadian orthopaedic surgeons need to develop plans for transition as they approach the end of their surgical careers. The development of a plan for late career transition represents an opportunity for Association members to initiate a constructive process in co-operation with their hospital colleagues. The goal of this process should be to develop a plan for each surgeon that is agreeable to him or her and to inform the relevant stakeholders. The development of a plan for late career transition allows the surgeon, the hospital, and divisional and departmental colleagues to make plans for the future. The following guidelines were developed to assist Association members in the development of individual plans for late career transition:

Guidelines

1. All members should develop an awareness of and a plan for their late career transition, and the implication this has for recruitment and retention of orthopaedic surgeons in their provincial and local regions.
2. The development of a constructive plan for late career transition takes several years, and discussion of individual plans should be initiated with the relevant hospital colleagues as part of a regular re-appointment process.
3. Hospital resource utilization by individual surgeons should be linked to on-call responsibilities and both should decrease in a planned and orderly fashion as late career transition occurs.
4. Opportunities for surgeons can continue or even increase as reduced hospital resource utilization occurs.
5. The involvement of late career surgeons, whose careers are transitioning, in mentoring and resource sharing with new recruits initiating their surgical practice, should be encouraged.
6. Decreased surgical activities could be linked to meaningful participation in other aspects of surgical practice, including patient assessment, mentoring, assisting, teaching, research and administration.
7. The contributions of late career surgeons should be recognized by his/her colleagues at an appropriate point in each member's career.
8. The provision of optimum patient care is of paramount importance to all stakeholders, and plans for late career transition need to be developed with this in mind.

Comments? Please contact policy@canorth.org.