



Succession Planning for Health-Care Organizations and Recruiters

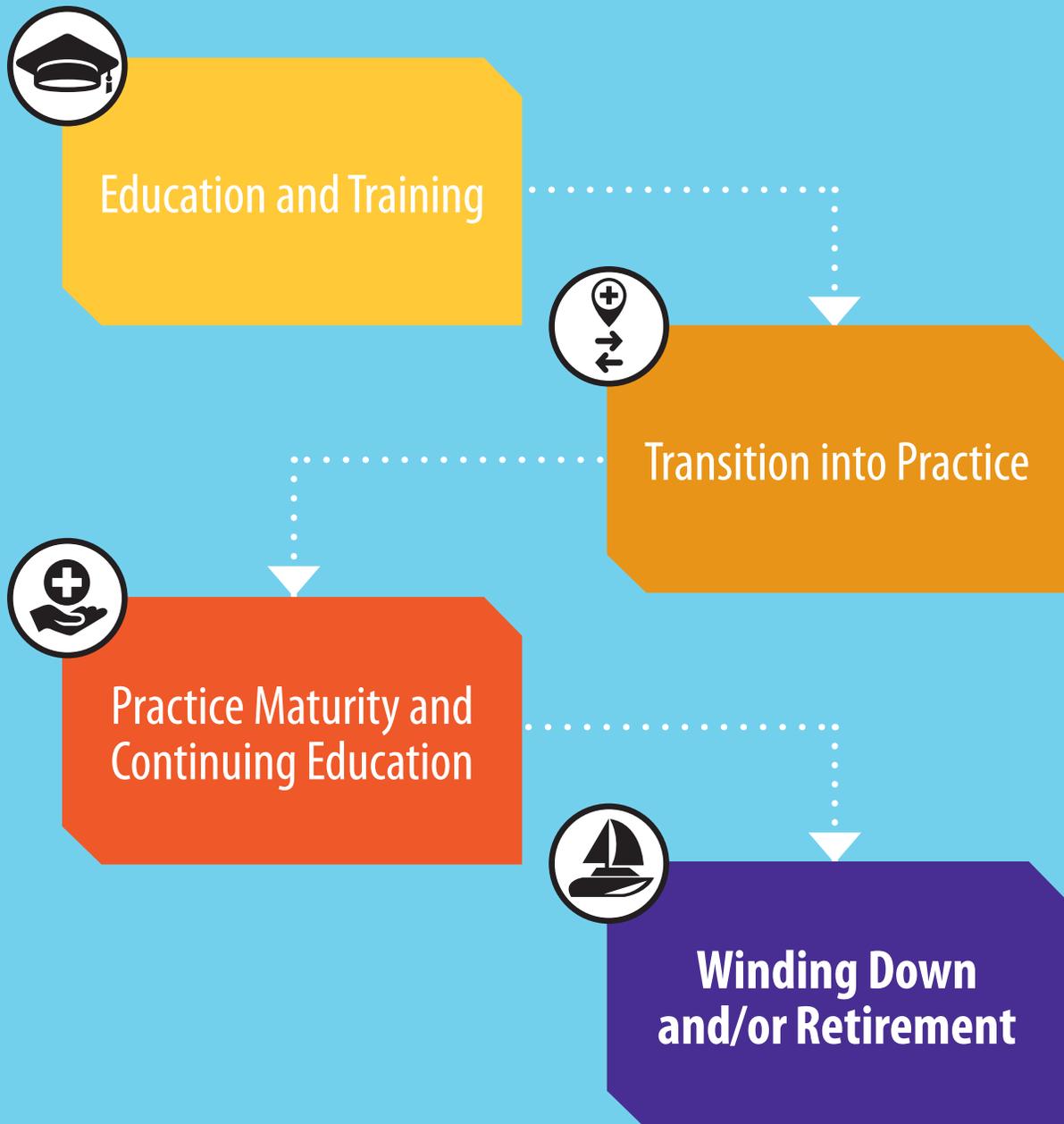
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I. Introduction

Succession planning for physicians is a dynamic, ongoing process, which supports the continuity of patient care and is an important element of an overall recruitment strategy. This module has been written to provide health-care organizations and community recruiters with a toolkit to address needs that arise when physicians transition out of practice. The guide will help organizations and recruiters develop a picture of local physician human resources needs now and into the future, and create and execute a plan to address those needs.

Physician human resources planning includes well developed strategies for all of a physician's career stages: education and training, transition into practice, practice maturity and continuing education, and winding down and/or retiring.



What is succession planning?

Succession planning¹ is commonly defined as the set of processes to identify and develop potential successors for key positions in an organization, through a systematic evaluation process and development plans. Physicians are independent professionals, therefore it's important to consider succession planning in the health-care context as a process that relates to the many different physicians who are serving patients in a community across various organizations/groups.

For the purposes of this module, succession planning is defined as a set of processes or activities that accomplish two tasks:

1. **Develop a picture of the local physician human resources needs now and into the future**
2. **Create and execute the plan to address those needs.**

Physician succession planning activities include:

- Recruitment planning - finding replacement physicians to fill the service gap that will result from a retirement
- Retention planning - enabling later career physicians to share their expertise and mentor early career physicians
- Retirement planning – supporting later career physicians as they decrease their practice and reduce their workload.

A succession plan is valuable because it:

- Looks into the future to determine recruitment needs
- Minimizes risks often associated with physicians leaving an active practice
- Draws upon the valuable contributions a physician makes to health-care delivery.

Establishing plans to ensure the physician complement can meet or enhance service demands in a particular region/community/organization is key to ongoing access to care.



¹Succession planning definition adapted from resources provided by the Human Resources Professionals Association (HRPA) Workshop: Building Success with Succession Planning by Alan Ward (January 2015) and the [HR Council of Canada – Succession Planning – on-line Toolkit](#).

II. Succession Planning Framework

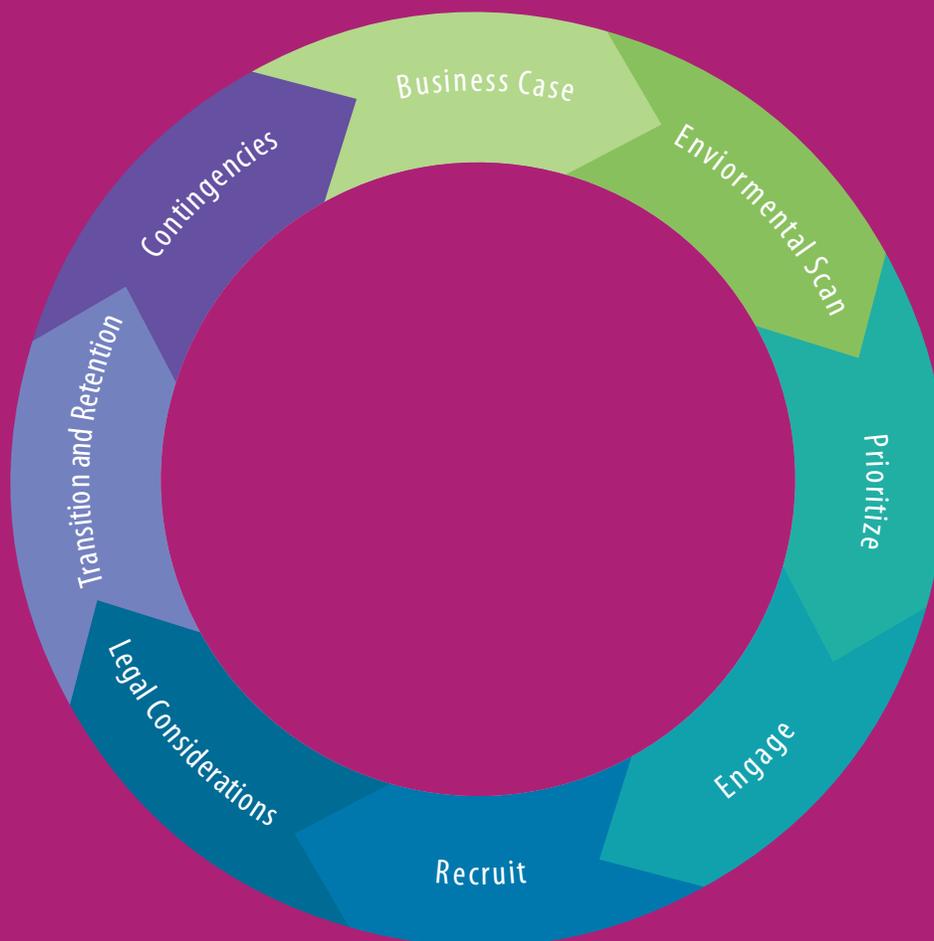
Succession planning processes and activities can be depicted as a simple **framework** that is implemented concurrently and over time.

1. Develop a picture of local physician human resources needs now and into the future:

- A. Develop a Business Case:** Create a case for why investing time and resources into succession planning is necessary.
- B. Conduct an Environmental Scan:** Analyze data and information about existing physicians, their demographics and skill sets, patient needs, volumes, and programs. Include an assessment of the external environment that will impact needs.
- C. Prioritize the Needs:** Based on the environmental scan, determine the number of physicians needed (by specialty, department, community, clinic, etc.) and prioritize based on risks associated with service gaps.

2. Create and execute a succession plan to address physician human resources needs:

- D. Engage Stakeholders:** Meet with key stakeholders including retiring physicians to assist with recruitment readiness and determine an approach to recruitment.
- E. Begin the Recruitment Process:** Conduct recruitment activities to find replacement physicians.
- F. Consider a Legal Agreement:** Seek legal advice to create a letter of understanding between the physician transitioning out-of-practice and the physician transitioning into practice.
- G. Apply Transition and Retention Best Practices:** Develop an approach to successfully onboard new physicians and support retention for the longer term.
- H. Create a Contingency Plan:** Determine potential approaches if a physician dies, becomes ill, or a replacement cannot be found.



1. Develop a picture of local physician human resources needs now and into the future

A. Develop a Business Case

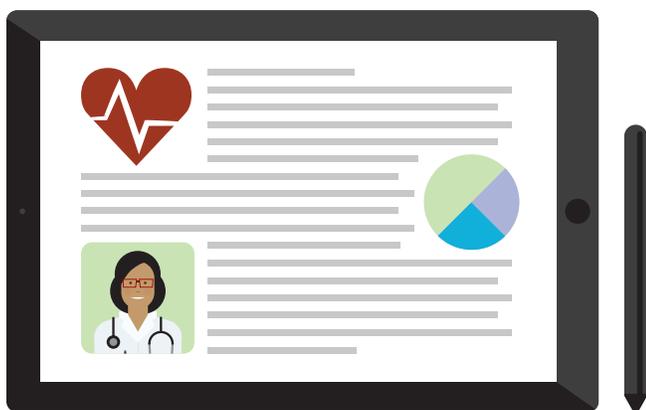
As you begin or further refine your succession planning activities, you may be asked to develop a business case to explain the importance of succession planning and how it fits into the larger physician recruitment strategy. Generally, succession planning supports continuity of patient care and is an important element of an overall recruitment strategy.

When a well organized transition between two physicians takes place, the experience can be positive for patients, practice colleagues, staff, and families. The return on investment that results from succession planning activities is immeasurable.

A strong business case will clearly identify:

- the purpose of developing a succession plan
- community(ies)/organization(s) affected
- all tasks involved
- resources needed
- deliverables and timelines.

Each community/organization has unique characteristics, therefore be sure to include them in the business case you create.



A business case includes information that answers the following questions:

• Goals of Succession Planning

- What are you planning to achieve through succession planning?

Potential goals:

- Determine the number of retiring doctors in your community.
- Develop a recruitment strategy to address potential gaps that will result from retirement.
- Create a plan to recruit potential replacements.

• Community(ies)/Organization(s)

- What community or organization is the focus for the succession planning work?
 - If you are a medical staff recruiter for a hospital/organization, what departments will be the focus for the succession planning work?

• Statement of Planned Activities

- What activities will be included in the scope of your work? (e.g. an environmental scan)
 - Is there learning that you need to do? For example, do you need to learn more about billing or how to transfer a practice?

• Rationale for Succession Planning and Risk Analysis

- What are the reasons to do succession planning and what are the risks to not taking this approach?

• Additional Resources Needed

- Are there activities that will require additional resources?
 - Potential costs for surveying or database software.
 - Potential costs for holding an event for retiring physicians.

• Timeline and Deliverables

- What are the target dates for each element of the succession planning framework? While much of the work will be ongoing, ideally you will be able specify dates and timing for milestones.
- What are the key deliverables?

• Conclusion and Recommendation

- Summarize the plan and your recommended approach.

A template to create a business case is provided in the **Tools section** of this guide.

B. Conduct an Environmental Scan

With endorsement of your business case, you can move forward with your succession planning activities. To begin, conduct an environmental scan, which includes:

- a. Collection and analysis of physician data; and
- b. A review of the health-system trends and directions that may affect the need for physicians.

a. Collection and Analysis of Physician Data

To plan medical resource needs effectively, you need to project when physicians are planning to retire. The following tools and information sources will help with your projections:

1. Medical Resources Planning Survey
2. Physician HR Planner
3. Data Sources and Health-System Trends

Incorporate multiple methods of collecting data and compile the information together.

TIP You may need to use more than one source of information to provide a full picture of your needs.

1. Medical Resources Planning Survey

One way for organizations and communities to determine potential retirement numbers is to conduct a survey of physicians. Whether you are collecting data for a single health-care organization or for the practices/clinics situated throughout a community or region, it is important to consider the complexity of health care and how physician practices take many forms and can spread across multiple locations.

Two survey templates are provided in the Tools section of this module:

1. [Medical Resources Planning Survey – Individual Physicians](#)
2. [Medical Resources Planning Survey – Clinics/Practices](#)



Conducting an Effective Physician Retirement Survey

TIP Retirement plans may change from year to year, so it is important to realize the survey information is a snapshot in time, and needs to be updated regularly, possibly every one to two years.

- ▶ Include an introduction **letter/email** to communicate the importance of completing the survey and how the data will be used
- ▶ Keep it short and simple
- ▶ Let physicians know how long it will take to complete (15 minutes maximum)
- ▶ Set a deadline for submission
- ▶ Set up your survey online (free survey tools such as Survey Monkey are available) and send the link out via email
- ▶ Provide another means of filling out the survey, including in-person, mail, telephone, or fax responses
- ▶ Provide contact information for the main person responsible for receiving and tabulating the responses, so respondents can ask questions or access help to complete the survey
- ▶ Assure physicians their responses will remain confidential
- ▶ Never include personal information or details when sharing results with stakeholders (e.g.) recruitment committees, leadership teams, and physician groups.

Physicians can be reluctant to share this information, so it is important to reassure them the information will be kept in strict confidence and will only be used to determine future need in the organization/community to support recruitment efforts. The survey is also an opportunity to educate physicians about the value of planning for retirement.

TIP Early in the process, involve key leaders and stakeholders (e.g. Chief of Staff, LHIN Primary Care Lead) to help you decide on the best way to collect information and champion the need for physicians to respond. This is an important step to gain support for succession planning.

Estimating Physician Retirement without Conducting a Survey

If you do not have all of the contact information for the physicians in your community, conducting a survey may not be feasible. As an alternative, the [College of Physicians & Surgeons of Ontario \(CPSO\) Public Register](#) is a good source to collect information about the doctors in your community.

Collecting the information from the CPSO Public Register will take time, as you will need to search for and manually enter information into a database or spreadsheet. It is possible to refine your search by speciality, registration status, location (city/town or postal code), and hospital privileges. Information that will help you estimate a retirement date includes:

- Registration status and class
- When certificate was issued and date effective
- Medical school and year of graduation

See sample [Physician HR Planner](#).

TIP Generally a physician's work life from medical school graduation is estimated to be 35 to 40 years. Calculate the estimated year of retirement by adding 35 or 40 to the year of medical school graduation. This process will work for the majority of physicians in your community. There will be some exceptions who entered medical school at a later stage in life, and those individuals will require one-on-one follow up.

Various factors may influence when a physician chooses to retire:

- The payment model
- The practice model
- The call requirement or the hospital work required
- The physician's family situation, such as if children are in university
- The ability to find a replacement
- The economy, the stock market, the housing market and/or the performance of the physician's investments
- The physician's health and well being

Based on anecdotal evidence physicians typically retire between their late 60s and early 70s. However for recruiting purposes, the need to replace a physician comes up when a physician is in his/her early 60s. It is at this point when physicians may decide to release full-time clinic work and take on locum and part-time work in settings such as retirement homes or in the hospital. There is no clear data to definitively indicate the timing of retirement and there is no longer mandatory retirement in Ontario. As independent practitioners, the decision about when and how to retire or wind down a practice is a personal choice.

2. Physician HR Planner

A **Physician HR Planner** is a good way to organize information so you can develop an informed estimate of how many physicians will be retiring and their approximate retirement timelines. Based on this information, you can establish a plan that is two, five, or even 10 years out.

Whether conducting a survey or using the information from CPSO, ideally you consolidate the information gathered for use. Perhaps you use a Customer Relationship Management (CRM) software/database for this purpose, and if so you can enter updated information into that database. If you don't use CRM software/database software, you can use database software, such as Microsoft Excel. You populate or update a database with survey data you collected.

A Physician HR Planner could include the following information:

- | | |
|-----------------------------|-------------------------|
| • Physician Name/Group Name | • Roster Size |
| • Specialty/Sub-specialty | • Address/Location |
| • Medical School | • Programs and Services |
| • License Date | • Hospital Privileges. |
| • Projected Retirement Date | |
| • Compensation Model | |



3. Data Sources – Health System Trends

In addition to the survey results and your Physician HR Planner, it is beneficial to look at other data sources or reports related to physician supply and demand to build the picture of potential need.

Relevant Data Sources:

1. [The Ontario Physician Human Resources Data Centre \(OPHRDC\)](#) has information on physician demographics in the province. The website is free and provides physician age reports that can be used to estimate potential upcoming retirement patterns. The reports show the average age of physicians by specialty area and by LHIN. The information in the reports does not include physicians' personal information due to privacy legislation.
2. [College of Physicians and Surgeons of Ontario \(CPSO\)](#) has a tool to search for up-to-date physician education and licensing information.
3. [Canadian Post-M.D. Education Registry \(CAPER\)](#) has information about Post-M.D. trainees, including reports by speciality and medical school.
4. [Canadian Medical Association Physician Data Centre](#) has information about physician demographics and supply. [Specialty profiles](#) are also available.
5. [National Physician Survey](#) has reports on the national census survey of physicians in Canada.
6. [Canadian Institute for Health Information \(CIHI\)](#) issues statistical reports related the Canadian health workforce, including physicians.
7. Work with your [Local Health Integration Network \(LHIN\)](#) and HFO MRA [Regional Advisor](#) to request information from the Ministry of Health and Long-Term Care (MOHLTC).

Health-system trends and policies can affect the need for physicians

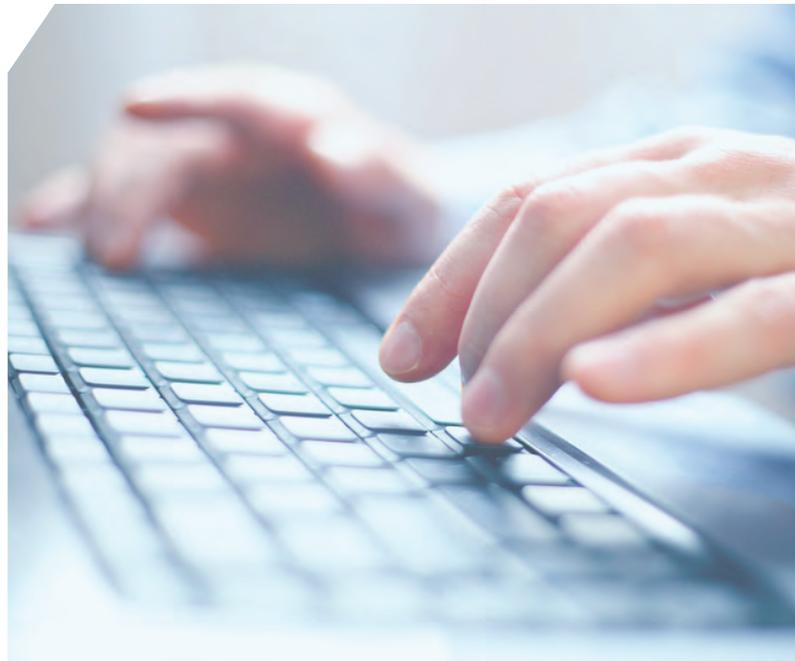
Consider the trends and policies that affect the supply and demand for physicians now and into the future. Familiarize yourself with reports and information that relate to the health services in your local community.

As well, keep apprised of the latest news and information that can affect physician services and/or health care in your community.

- [Local Health Integration Networks \(LHIN\)](#) – See the Consolidated Environmental Scan for the Integrated Health Services Plan and your LHIN's website.
- [The College of Family Physicians of Canada \(CFPC\)](#)
- [Royal College of Physicians and Surgeons of Canada \(RCPC\)](#)

- [Ontario Medical Association \(OMA\)](#)
- [Canadian Medical Association \(CMA\)](#)
- [Ministry of Health and Long-Term Care \(MOHLTC\)](#)
- Ontario Health Insurance Plan (OHIP) - [Physician Schedule of Benefits](#)
- Ontario Health Insurance Plan (OHIP) - [Bulletins for Physician Services](#)
- [Health Quality Ontario \(HQO\)](#)

*In his paper **Putting the Stethoscope Away for Good? Toward a New Perspective on Physician Recruitment**, Raymond W. Pong found that physician intention to retire and actual retirements are not always aligned. He concluded few physicians actually retire within their planned timelines. Furthermore, retirement isn't always defined as cessation of medical practice, but more often changing how physicians practise and how much time is spent in medicine. Succession plans should take this into account so physician needs are not over-estimated.*



C. Prioritize the Needs

The environmental scan provides a good understanding of the overall health system and will help determine the priorities for physician recruitment. With your populated Physician HR Planner, you will see which physicians will be transitioning out-of-practice and therefore need to be replaced. The **9-Box Tool** is used to prioritize succession planning activities based on when it's projected a physician will be leaving a practice and the potential impact of his/her departure on patient care. The 9-Box Tool is a great visual that demonstrates needs when presenting to stakeholders.

9-Box Tool				
Retention Risk				
Impact on patient care as a result of departure	High			
	Med			
	Low			
		5 years	2-5 years	less than 2 years
Projected departure date				

How to Use the 9-Box Tool:

- Projected departure date is determined using your **Physician HR Planner**.
- Affect on patient care is subjective but factors to consider include:
 - Roster size
 - Affect of departure on wait times, ED visits, and access to care
 - Physician group size or other physicians in the community with the same speciality
 - Number of patients waiting for referral on Health Care Connect
 - Scope of clinical skills (e.g.) low-risk obstetrics, ED coverage
 - Complexity of patient population
 - Local community needs for physicians.

Populate the 9-Box with the names of the physicians based on departure date and the assessment of effect on patient care. The identified physicians in the yellow and red sections of the 9-Box are the higher priority and this is where to focus your recruitment efforts in the short term. Remember to remove any confidential information from the 9-Box when sharing the data with stakeholders.

See the Tools section for a downloadable version of the [9-Box Tool](#).

2. Create and execute a plan

D. Engage Stakeholders

Now that you have gathered information about your current and future needs for succession planning, you can use this knowledge when engaging with stakeholders.

Retiring Physicians

Going forward, an important part of the work will be to meet with physicians who are planning to retire, starting with those who plan to retire within the next two years. By meeting with the potential retirees, you can gain an understanding of the following:

- The physician's preferences for how he/she would like to wind-down and transition out of practice
- Practice characteristics: Roster size, referral sources, location(s), staff, primary care model/specialist group, clinic staff, EMR
- Full scope of the physician's work: What other services does the physician provide? Long-term care, home coverage, teaching, hospitalist work, coroner, etc.
- Steps that need to take place prior to retirement to enable recruitment efforts, (e.g.) implement an EMR, join an existing physician group.

TIP When meeting with physicians, use the **Succession Planning Physician Interview Guide** found in the Tools section as a guide for gathering information.

Other key stakeholders that may be important to engage and inform through the succession planning process include:

- Physician Recruitment Committees
- Physician Group Members (Primary Care: FHO, FHN, RNPGA, etc.) (Specialist: Practice or Call Group)
- Chiefs of Staff / Departments in hospitals
- Medical Affairs Co-ordinators
- Clinic Managers/Co-ordinators
- Executive Directors / CEOs
- LHIN Physician Leads (ED, Primary Care, and Critical Care)
- Long-Term Care Home Executive Directors
- OMA Regional Managers

TIP When a physician scales back and a replacement physician is recruited, it will affect the team (dynamics, schedules, culture, etc.), so it is important to get the team's support early on.

Engaging with retiring physicians and key stakeholders will add to the information you have gathered through the analysis and prioritization activities. With knowledge and understanding about expected retirement date(s) and desired approach to the transition, it's more likely you'll recruit a replacement.

TIP Offer retirement seminars and invite local physicians who are close to retirement age. Provide opportunities to network with other retiring physicians and make it a relaxed social time.

E. Begin the Recruitment Process

Ultimately, the goal of succession planning work is to meet or enhance the needs of patients and this involves recruiting physicians.

Start by reviewing *Recruitment Essentials - Physician Recruitment and Retention*. This resource along with your own expertise and knowledge of your community(ies)/organization(s) will result in a robust recruitment plan.

Recruitment Best Practices Highlights

- **Start early.** On average, it takes about 12 to 18 months to recruit a family medicine physician in Ontario. The average recruitment time for specialists varies depending on the specialty and location. Begin recruiting at least 12 months from a planned retirement date to find the right fit for a clinic, team, or organization.
- **Market your opportunity and community.** For tips on how to market your opportunity and your community, see *Recruitment Essentials - Marketing*.
- **Use job posting best practices.** Create a job posting that generates interest and attracts a qualified pool of candidates. Find job posting best practices and templates in the Recruitment Essentials module *Recruitment and Retention*.

- **Provide opportunities for locums.** Locum opportunities can be an effective recruitment tool. Consider encouraging physicians to locum with your clinic/department to become familiar with the practice/hospital, the dynamics of the workplace, and the team. The physician will also get exposure to the community while working as a locum. See *Recruitment Essentials – Locums: Making Them “Work” for You and Your Community!*
- **Consider the practical steps related to transitioning.** What are the implications for a replacement physician when transferring patients from the retiring physician to the new recruit? Contact the MOHLTC, Primary Care Branch or SPCU early in the process to determine timelines and responsibilities for the transfer of patients. Meet with the specialist and specialty team early on to discuss the changes that may have an impact on the team. Determine who need to be involved in the recruitment process and at what stage.

Pipeline Map

Keep track of your recruiting activities using a *Physician Pipeline Map*. The prioritization you have already completed will determine which physicians need to be replaced in the immediate future.

What New Physicians Are Looking For:

- ▶ Collegial practices with friendly staff and a welcoming environment
- ▶ Ability to work in a team with other health professionals
- ▶ Flexibility and balance for their work life
- ▶ Opportunity to test a practice by doing a locum
- ▶ Time to adjust and learn from an experienced mentor
- ▶ A modern office with an EMR.

F. Consider a Legal Agreement

When making an offer to a new physician, seek legal advice to create a letter of understanding that outlines the agreed-upon requirements and obligations of both the physician transitioning out-of-practice and the physician transitioning into practice. Each party should take time to review with his/her own lawyer.

A letter of understanding could include:

- Requirements of the physician transitioning out with respect to medical records (transition and storage), notification of patients, and notification of staff
- Requirements of the new physician with respect to working as a locum until acceptance into the practice group

- Expectations of both physicians during and after the transition related to other functions or services, such as nursing homes, hospital on-call, teaching and after-hours
- Requirements of the physician transitioning out and the new physician related to costs associated to the transfer of the practice (e.g. utilities, leases, staff, and other fees)
- PEM Model (FHG/FHN/FHO) Agreement (if applicable)
- FHT Agreement (if applicable)
- Practice or clinic operating agreements/procedures/policies
- Obligations of the new physician related to staff
- Disclosure of financial records (balance sheet and income/expense reports)
- Professional corporations.

For general advice contact OMA Legal Services

Toll-Free: 1-800-268-7215

Main Line: 416-599-2580

Fax: 416-340-2857

Email: practicemanagement@oma.org

Reference: Based on information provided by Jane Walker, Hamilton Physicians.

G. Establish and Implement Transition and Retention Best Practices

Further to the goal of finding a replacement, it is also a good idea to provide a smooth pathway to a rewarding practice and quality patient care. This entails orientation of a new physician, including activities that engage the new physician and integrate him/her into the practice community. Seek opportunities for the stakeholders who have been engaged in the succession planning process to contribute towards a successful transition experience by acting as mentors to new recruits.

TIP Stakeholders may be willing to assist with the transition of a new physician into a practice. Ask how other physicians in the clinic and community could be involved and for their advice in transitioning physicians.

See the Practice Start-up and Move-in Phase section (page 9) of *Recruitment Essentials - Physician Recruitment and Retention* for additional information.

Transition Best Practice Highlights

TIP Tailor transition activities to the physician's experience level. Engage other physicians in the process to facilitate a smooth on-boarding process.

- **Overlap transition in and transition out.** The incoming physician could start before the retiring physician leaves, which would allow some cross-over time for orientation to office or hospital procedures, patient transfer, and connecting with medical partners (the lab, for instance). If a cross-over period is not possible, think about who might be available to facilitate the transition and answer questions the incoming physician may have.
- **Facilitate community engagement.** Consider whether a community recruiter or someone in the organization can introduce the physician (and his or her family) to the community and provide information on available resources and local leisure activities and events. This is known as "onboarding," a process that integrates the physician, spouse, and family into the community, and is often offered by the hospital, community, or clinic directly.
- **Complete the needed paperwork.** Develop an internal checklist of documents that need to be completed by the new recruit. Include the checklist in an effort to receive completed documents from the new recruit in a timely manner. If hospital credentials are required, start before the new recruit arrives, so approvals are received by the time he/she is scheduled to start practising.

What is important to new recruits?

Understanding of...

- ▶ Workplace rules, policies, and procedures
- ▶ Organizational offerings: CME, development, awards
- ▶ Mission, goals, and strategies of the organization
- ▶ Unique language: how many acronyms do you use in your organization?
- ▶ Culture, values, customs.

- **Integrate the new recruit into the team or organization.** Share with your new recruit the clinical attributes of your community and organization. If your organization has satellite clinics or hospital alliance sites, arrange for a tour and introductions at each location. Provide the new physician with an opportunity to become familiar with the formal and informal policies and procedures involved in the day-to-day practice.
- **Address steps related to primary care rostering.** In a primary care setting, speak with your ministry representative when reducing practices to help understand possible implications.

A detailed [Practice Transition Checklist](#) with suggested guidelines is provided in the Tools section to help you to keep track of the steps.

Transition for the Retiring Physician

There is also often a transition process for the retiring physician. Some retiring physicians may not wish to stop practising altogether. As noted earlier, many will provide locum coverage to fill in for vacations, CME, etc.

There are two locum programs that may be of interest to retiring physicians who wish to continue to practise, on a part-time or short-term basis:

[Northern Specialist Locum Programs \(NSLP\)](#)

[Rural Family Medicine Locum Program \(RFMLP\)](#)

Retention Best Practices Highlights

Once the new physician is on-board, the goal is to retain his/her valued skills and expertise within the organization well into the future. The initial months of practice are critical to the retention process and the transition best practices mentioned previously will help to retain a new physician over the long-term.

Mentoring

- New physicians who have a mentor they can go to for advice are likely to feel more confident in the initial days in the practice. Continuing the mentorship relationship will maintain the supportive and collegial approach that helps foster retention.

Exit Interviews

- There will be instances where physicians choose to leave an organization prior to a planned retirement date. Turnover is inevitable and it can be positive for all involved. To improve upon recruitment and retention practices, engaging in an exit review process is a valuable exercise. For more information about exit interviews, see page 15 of [Recruitment Essentials – Physician Recruitment and Retention](#).



H. Create a Contingency Plan

Despite best efforts, there are instances where a replacement will not be found before a physician retires. Occasionally, a physician passes away unexpectedly, leaving a hospital or clinic with an unplanned vacancy. With a contingency plan in place, hospitals and clinics are better positioned to maintain continuity of service for their patients.

If a physician passes away or is suddenly unable to practise, consider the following:

- ▶ Notify his/her patients immediately. Send a letter to the affected patient base (including information on [Health Care Connect](#)), post a notice in the local newspaper, and update the organization's voicemail message.
- ▶ Contact the **Primary Care Branch of the Ministry of Health and Long-Term Care** (the ministry), Blended Models Unit, Primary Health Care Branch
1075 Bay Street, 9th Floor
Toronto, ON M5S 2B1
Phone: 1-866-766-0266
- ▶ Ontario Medical Association
150 Bloor Street West, Suite 900
Toronto, ON M5S 3C1
◦ Phone: 1-800-268-7215
◦ Email: practicemanagement@oma.org
◦ [OMA Practice Management & Advisory Services \(PMAS\)](#)
- ▶ Notify the [College of Physicians and Surgeons of Ontario \(CPSO\)](#)
 - [Practice Management Considerations for Physicians Who Cease to Practise, Take an Extended Leave of Absence or Close Their Practice Due to Relocation](#)
 - [Medical Records](#)
- ▶ Notify the [Canadian Medical Protective Association \(CMPA\)](#)
 - [CMPA – Considerations when leaving medical practice](#)
 - [CMPA – Winding down your practice](#)
 - [CMPA – A matter of records: Retention and transfer of medical clinical records](#)

- ▶ Notify the Royal College of Physicians and Surgeons of Canada (RCPSC) – member services
 - Phone: 1-800-668-3740
 - Web: www.rcpsc.medical.org
- ▶ Notify the College of Family Physicians of Canada (CFPC)
 - Phone: 1-800-387-6197
- ▶ Contact your Regional Advisor, HFO MRA
 - Email: practiceontario@healthforceontario.ca
 - Phone: 1-800-596-4046
- ▶ Seek the appropriate legal counsel in cases where the physician's estate may need to be involved in the process. OMA and CMA offer legal services to members
- ▶ If the physician had additional duties (for example, in a long-term care home), notify and engage the affected organization(s) and allow them to plan accordingly
- ▶ Engage your local physicians to provide support and short-term coverage while you recruit a new physician
- ▶ If you cannot find an immediate replacement, consider using locums to cover clinical duties in the interim. See Recruitment Essentials – Locums: Making Them “Work” for You and Your Community!

Additional Resources:

The *OMA – Winding Down Your Practice Guide* outlines the necessary steps to closing a practice. The guide includes information related to:

- Notifying your patients
- Notifying staff
- Securing and storing medical records
- Disposal of drugs
- Disposition of medical equipment
- Informing professional bodies, business contacts, suppliers
- Ensuring charts include a medical history summary

MD Financial Management also has a resource for closing down your practice.



III. Conclusion

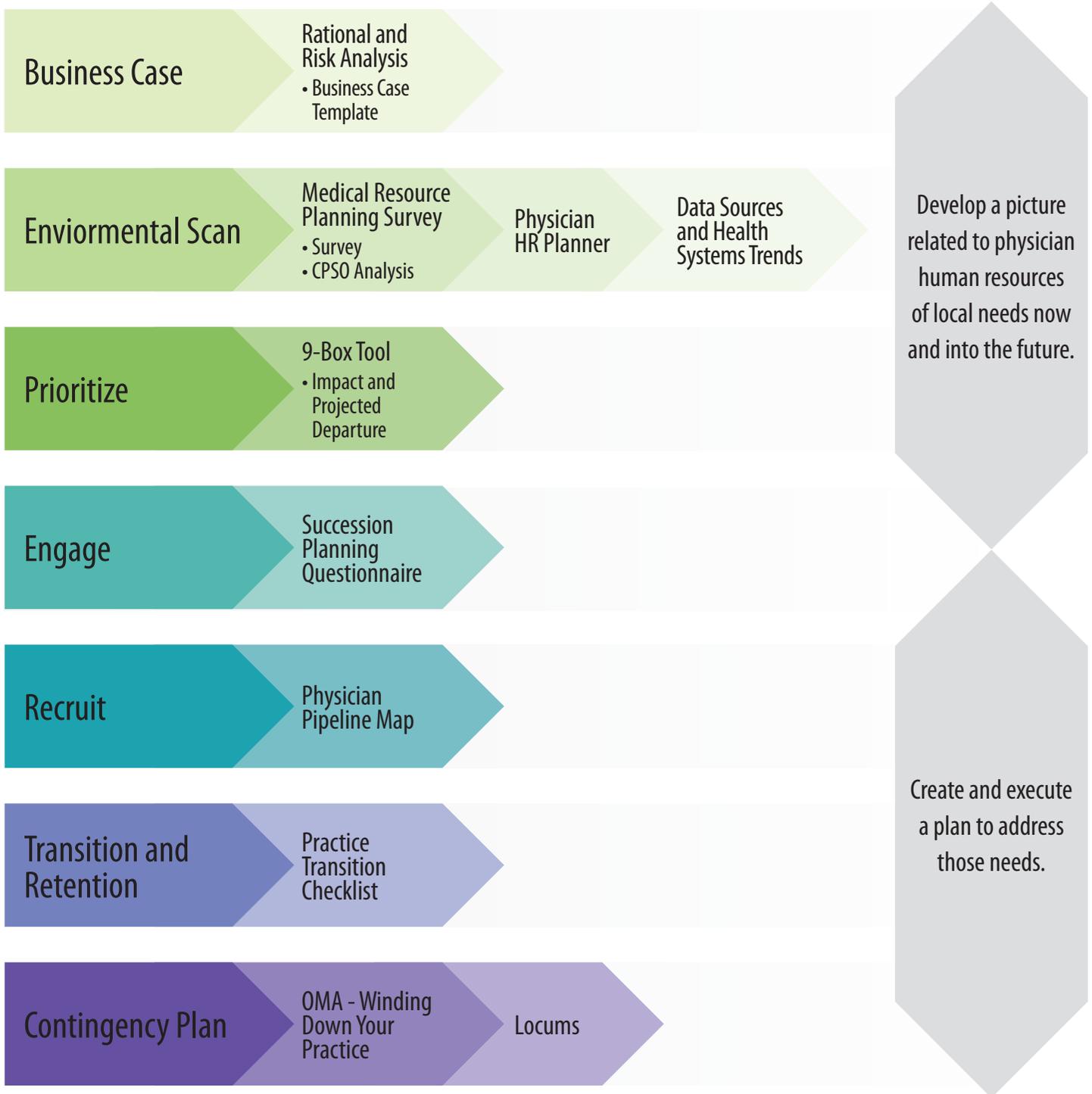
By planning and taking action, you minimize the risk of potential gaps in much needed physician services. This module and the tools provided can be applied in a way that allows you to customize your succession plan to the unique needs of your community/organization. And your **HFO MRA Regional Advisor** is available as a resource to help you. Happy succession planning!



IV. Tools and templates



A. Succession Planning Framework



B. Business Case Template

Title:

Initiated By:	Date:
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Goals of succession planning:

What are you trying to achieve with your succession planning activities?

Community(ies)/Organization

What community or organization is the focus of the succession planning work?

Statement of planned activities

What activities will be included in the scope of your succession planning work?

Rationale for succession planning and risk analysis:

What are the reasons to do succession planning and what are the risks if planning is not initiated?

Additional resources:

What additional resources will be required for succession planning? Include specific information about each planned cost.

Timeline

Activities * Insert rows when needed.	Date: (Estimated timeline for completion of each activity)
Environmental Scan Activities	
Prioritizing Activities	
Engaging Activities	
Recruiting Activities	
Transition and Retention Activities	
Contingency Plan Activities	

Conclusion and recommendation

Summarize the plan and recommended approach.

C. Templates for a Medical Staff Succession Planning Survey

i. Medical Resources Succession Planning Survey - Survey Introduction Letter

Dear physicians,

Please find below a link to an online survey to help us with our medical resources planning in Community X. This survey should take you less than two minutes to complete and will be requested annually. Your response, which is very important and sincerely appreciated, will be treated with the highest level of confidentiality.

Please see attached document containing the same survey questions, in case you would prefer to complete the survey in hard copy. Mail and fax options are included in the document, as well as a contact name and number to provide responses by phone.

Thank you in advance for taking the time to fill out the survey,

Name of Relevant Senior Management/Physician Leader



ii. Medical Resources Succession Planning Survey – Individual Physicians

CLICK HERE TO DOWNLOAD THIS TEMPLATE FOR USE.

(Send to individual physicians.)

How many years are you from retirement?

- 1 to 2 years
- 2 to 5 years
- 5 to 10 years
- More than 10 years

** Note: You may choose to include an “undecided” option; however, it may skew the results.

What are your plans for transitioning out of your current practice?

- Slowly wind down your practice (If so, please indicate over how long _____)
- Have another physician take over your patient load/practice
- You have not considered how you want to retire
- Other (please explain _____)

How much advance warning do you plan to give prior to retiring?

- 6 months
- 12 months
- More than 12 months
- Not sure

What age range are you currently in?

- Under 40
- 40 to 49
- 50 to 59
- 60 to 64
- 65 to 70
- Over 70

List specific skill sets that will be needed to replace you when you leave:

- OB
- ER
- Palliative Care
- Additional Languages: _____
- Teaching
- Long-Term Care
- Other: _____
- Hospital Privileges
- Hospitalist
- ATLS/ACLS

Please provide us with the following:

Full name:

Email or other contact information:

Specialty:

Affiliations (clinic, hospital, other):

Number of patients:

Other relevant information:

iii. Medical Resources Succession Planning Survey- Clinics/Practices in a Community or Region

CLICK HERE TO DOWNLOAD THIS TEMPLATE FOR USE.

(Send to the clinics/practices in a community/region).

Practice Name	Model FHO FHN FHG CCM FFS – SOLO CHC	Practice Municipality or List Clinic Locations	Number of Physicians Include vacant positions open for applications	Number of Physicians Planning to Retire or Wind-Down During the Next 0-5 Years	Number of Patients on the Roster(s)	Taking on New Patients (Yes/No)	Contact Name, Email and Phone Number

D. Physician HR Planner Template

[CLICK HERE TO DOWNLOAD THIS TEMPLATE FOR USE. \(EXCEL\)](#)

Last Name	First Name	Specialty	Sub-Specialty	2nd Sub-Specialty	Medical School	License Date	Med School Date	Projected Retirement Date	Compensation Model	FHT	Group Name	Roster Size	EMR	Services			City/Town	Primary Address	Secondary Address	Privileges				Notes			
														Surgical Asst	ER	Ptvt				OB	1	2	3		4		
Medicine	Pat	FM	OB/GYN		U of T	1975	1974	2017	FHO	Y	Family Medicine Group FHO	2816	Y	N	Y	N	Y	1 Main Street, Unit A		Anytown General Hospital	Other town General Hospital						Currently looking for locum coverage

LEGEND

Last and First: Physician name

Specialty: List the physician's specialty training. Based on CPSO data.

Sub-Specialty: List sub-specialty training (if applicable). Based on CPSO data.

2nd Sub-Specialty: List any other sub-specialty training (if applicable). Based on CPSO data.

Medical School: List the name of the school the physician attended. Based on CPSO data.

License Date: Year the physician received (or is projected to receive) independent license. If the physician currently has a restricted license requiring supervision, use the date the restricted license was granted. Based on CPSO data.

Med School Date: Year the physician completed medical school. Based on CPSO data.

Projected Retirement Date: An estimate of the year the physician may retire. Establish a baseline using Med school grad date + 35 or 40. This date can be refined through interviews, surveys, and other information gathered from the physician.

Compensation Model: Compensation model for physician (CHC, FHG, FHN, CEM, CHC, FHO, FFS).

FHT: List name of Family Health Team the physician is affiliated with (if applicable). Leave blank if no affiliation.

Group Name: Name of practice or clinic in which the physician works. If hospital, the name of the department.

Roster Size: Applicable to physicians who maintain an active roster of patients.

EMR: Check Y if the physician uses an EMR, N if the physician uses paper charts. Leave blank if unknown.

Services: List and check any special services the physician provides within the community (i.e. ER shifts, surgical assists, palliative care, OB call). Other options might include: teaching/academics, research, hospitalist, on-call, long-term home coverage.

City/Town: The municipality where the physician's primary practice is located.

Primary Address: Street number, name, and suite number (as applicable) of physician's primary practice location.

Secondary Address: (If applicable) Municipality (if different than primary address), street number, name, and suite number for any secondary address listed.

Privileges: List all hospitals with which the physician has privileges.

Notes: Any applicable information regarding this physician that will help with succession planning.

This is a sample Physician HR Planner template. You may wish to customize this table for your use and include information that is helpful for your planning purposes.

This Physician HR Planner could be used to capture information collected from a survey and/or review of CPSO information for the doctors in your community(ies)/organization. Populate the table with information collected. You may wish to customize these tables for your use and include information that is helpful for your own planning purposes.

E. 9-Box Tool

See Section C. Prioritize the needs for more information about the 9-Box Tool.

[CLICK HERE TO DOWNLOAD THIS TEMPLATE FOR USE. \(EXCEL\)](#)

Case Study – Tiny Town

- Tiny Town has 18 family medicine physicians, with five over the age of 60 (Dr. A, B, X, Y and Z). Dr. X and Y share a community practice with more than 1,500 patients each, both with a large percentage of complex patients who are high users of the system. They also cover a lot of ED shifts in the local hospital. Both are planning to reduce their time in the ED over the next one-to-two years, and hope to find new doctors to take over their practices.
- Dr. Z is planning to retire in five-to-six years, and is part of the OB call group. Births in the community have been declining over time and the community just secured a general surgeon who performs C-sections.
- Drs A and B want to close their medium-sized practices in three years when their leases expire.
- Dr. A wants to work part-time in the local walk-in after she closes her practice.
- Dr. B is leaving the community.

Based on this information the 9-Box for Tiny Town could be as follows:

		Retention Risk		
		High	Med	Low
Impact on patient care as a result of departure	High			Dr. X and Y
	Med		Dr. B	
	Low	Dr. Z	Dr. A	
		5 years	2-5 years	less than 2 years
		Projected departure date		

Tiny Town's priorities would be to find replacements for Dr. X and Y and work on a transition plan with them to help minimize the effect of their upcoming retirements.

For upcoming retirements within the next two years, initiate active recruitment if it is not already underway. There are two available resources: [Begin the Recruitment Process](#), and [Establish and Implement Transition and Retention Best Practices](#).

Case Study – Urban Centre

Urban Centre is a large city with a few small Patient Enrollment Models (PEMs) and many Fee-For-Service (FFS) physicians with solo practices mainly co-located in five medical arts buildings spread across the city. Many of the FFS physicians have paper records and no electronic medical record (EMR). These physicians are quickly approaching retirement age over the next five years, and are resistant to making changes to their practices.

The recruiter for Urban Centre organizes meetings for physicians within each building and explains to them how younger physicians are interested in group practice models. She explains how a Family Health Group (FHG) model may be more attractive to this group than the FFS model. She suggests the physicians start to organize together now to make their practices more attractive in five years time by applying to create a FHG, to implement an EMR system, and start scanning their paper records into the EMR system. As the existing PEMs already had EMR systems set up, for a reasonable fee they were willing to license their system to the FHG. This is a much less expensive and easier option regarding implementing IT technology in practices.

Through this advanced planning and subsequent changes to primary care delivery, Urban Centre will become more attractive to a new cohort of physicians.

There are instances where succession planning may involve sensitive conversations with a physician about when he/she plans to retire and his/her plans. Your professional and diplomatic approach will be very helpful in these instances. Resources are available to help you, such as a book called **Crucial Conversations: Tools for Talking When Stakes Are High** (2nd Edition), Joseph Grenny, Kerry Patterson, Ron McMillan (McGraw-Hill Education).

F. Physician Pipeline MAP Template

[CLICK HERE TO DOWNLOAD THIS TEMPLATE FOR USE. \(EXCEL\)](#)

Physician Pipeline Map (identifies possible pipelines for specialties, highlights vulnerability GAPS)							
Role	Current Incumbent	Pipeline					Recruitment Strategy
		Emergency Cover	Ready Now	Ready 12-18 months	Ready 2-3 years	External Recruitment needed	
Dermatology	Dr. X	Dr. Y	Dr. Moving	Resident A Dr. Supervise	Resident B Fellow C	no	
Internal Medicine	Dr. GIM				Resident T	yes	
Geriatrics						yes	

How to use:

Populate template with your pipeline - potential replacements. Identify areas of concern and focus on filling in gaps. In the example above, there is no emergency cover for Internal Medicine, so there is a critical gap in the event Dr. GIM needs to take a sudden leave. Possible approaches may involve working with surrounding communities to identify another GIM that may be able to step in and support the practice in an respite capacity, or you could engage the LHIN physician lead in identifying solutions.

For Geriatrics, there is no current incumbent or identified pipeline. Therefore external recruitment is needed. Possible solutions could involve attending job fairs, conferences, use of ads on job boards, engaging with a Regional Advisor at HFO MRA.



G. Succession Planning – Physician Interview Guide

When meeting with a physician about retirement or winding down a practice, gather as much information as you can about his/her plans and the practice. Questions you could ask:

Practice Characteristics and Patients

- **Describe your Practice:**
 - How many patients do you have?
 - How many are active and see you regularly?
 - Do you have patients with complex health-care needs? How many are considered complex?
 - Are there some patients who don't speak English, or English is not their first language?
 - How would you like the transition for your patients to take place?
 - Are you aware of the Health Care Connect service?
 - Who works at your clinic?
 - Are there any other clinic locations?
 - Do you own the building where the clinic is located?
 - Do you have EMR? Which one?
 - Have you summarized your patient records in the EMR or paper charts?
 - How do you handle billing? Do you have a staff member or service provider that takes care of billing for you? What is the billing process?
 - Do you own any of the equipment, fixtures, or furniture in your clinic? What consideration have you given to the transfer or disposal of these assets?
 - Do you have a referral list of specialists?

Practice Model and Practice Management

- **What are some of the key aspects of the practice model and how the practice is managed?**
 - What is the primary care practice model that you operate under? (See list of [Primary Care Models and Agreements](#).) Of which practice group are you a member?
 - What is the process for a new physician joining the practice group?
 - As a specialist, what types of compensation do you receive for the various aspects of your practice? Are you a member of a practice group?
 - What is the process for a new physician joining the practice group?
 - Does your practice include after-hours or on-call work, and if so, what are the locations and hours?

- Generally, what is your gross income and what portion is required to cover all of the practice overhead/expenses?
- What do your practice overhead/expenses include?

Retirement Plans

- **Tell me about your plans to wind down your practice and retire**
 - Have you thought about what you will do when you don't have the responsibility of a full-time practice? Is there other work that interests you? Will you keep doing some of the work in which you are involved?
 - When do you hope to make a transition? What is your timeline?
 - Are you considering a gradual transition out of the practice? Or, would you prefer to establish a specific date to transition the practice to someone new?
 - Have you thought about what is needed if it is not possible to find a replacement within your timeframe?

Recruitment

- **Have you given any thought to finding a replacement?**
 - What steps have you taken to find a replacement, such as posting a job advertisement?
 - Has anyone approached you about taking over or purchasing your practice?
 - Do you have an idea of the characteristics you would like to see in an ideal replacement?
 - Would you like to advertise that you are seeking a replacement or would you prefer a generic posting to maintain confidentiality?

Other Items Related to Transitioning a Practice

- Do you have hospital privileges? What does your hospital work involve in terms of hours and service provided? Do you plan to continue doing that work?
- Do you provide other non-clinic based services? (e.g. ED coverage, OB, pain management, surgical assist, home visits, psychotherapy, palliative care, etc.)
- Would you consider providing supervision for a replacement?
- Who have you contacted already? CMA, OMA, CMPA, CPSO?

H. Practice Transition Checklist

Share and complete this checklist with each physician planning his/her retirement in your community/organization. Many of the tasks will require the support and action of the physician transitioning out of practice.

Task	Target Timing Before Retirement	Resources	Notes	Completed
Develop a Personal Plan (*For physicians to complete)				
a) Retirement lifestyle: Set your goals for retirement. • Set a target date for retirement	2+ years	• Life After Medicine		
b) Gradual vs. full retirement	2+ years			
c) Selling vs. giving away your practice	2+ years	• Accountant • <u>OMA Practice Management & Advisory Services</u> • Local Recruiter / <u>HFO MRA Regional Advisor</u>		
Find a Replacement				
a) Locum coverage	12 – 24 months			
b) Recruitment				
i. Profile	12 – 18 months	• Local Recruiter / <u>HFO MRA Regional Advisor</u> • <u>Recruitment Essentials –Physician Recruitment and Retention</u>	Put together a description of your practice and determine how many physicians you will need to recruit.	
ii. Recruitment readiness	12 – 18 months	• Local Recruiter / <u>HFO MRA Regional Advisor</u>		
iii. Marketing opportunity	12 – 18 months	• <u>HFOJobs.ca</u> • <u>Recruitment Essentials – Marketing</u>		
iv. Conduct visits and interviews	6 – 12 months	• Local Recruiter	• Involve your practice group colleagues and staff in the recruitment selection process.	
v. Make an offer – letter of understanding	3 - 8 months	• Lawyer • See <u>Consider a Legal Agreement</u>	• If it's a FHN or FHO, then 6 – 8 months. • Fee-for-service can be less than 3 months.	
c) The Transition				
i. On-boarding and retention	3 - 6 months			
ii. Arranging for patient care	3 - 8 months			

Task	Target Timing Before Retirement	Resources	Notes	Completed
Transferring/ Closing Your Practice				
a) Practice management				
1. Decide on closing/transition date				
2. Inform your staff	60 days		<ul style="list-style-type: none"> • A physician is to provide 60 days notice, according to the CPSO and CMA. In cases where the practice will be closed, then a longer notification period is desired. Ideally, some patients will meet the new physician before the practice is transferred and will re-roster with the new doctor. 	
3. Notify your patients	3 - 6 months	<ul style="list-style-type: none"> • <u>CMA</u> • <u>CPSO</u> 	<ul style="list-style-type: none"> • Mail a letter of introduction from new physician to all active patients. • Place notice in local paper • Social media • Update website 	
4. Establish a plan for the medical records that helps the new physician begin caring for patients and ensure legal requirements are met.	12 – 24 months	<ul style="list-style-type: none"> • <u>CMA</u> • <u>CPSO</u> • <u>OMA Practice Management & Advisory Services</u> 		
5. Contact your personal advisory team	12 – 24 months	<ul style="list-style-type: none"> • Financial advisor • Insurance advisor • Accountant • Lawyer • Banking partner 	For physicians to complete	
6. Notify professional associations/ organizations	3 - 6 months	<ul style="list-style-type: none"> • <u>OMA</u> • <u>CMA</u> • <u>CPSO</u> • <u>CFPC</u> • <u>OCCP</u> • <u>RCPSO</u> • <u>CMA</u> 	For physicians to complete	
7. Notify other relevant organizations	3 - 6 months	Hospital Labs		

Task	Target Timing Before Retirement	Resources	Notes	Completed
8. Notify your HFO MRA Regional Advisor or local recruiter	12 – 24 months	<ul style="list-style-type: none"> • HFO MRA - HFOJobs.ca 		
9. Investigate potential options to sell/donate medical equipment	6 – 12 months			
10. Review lease and sign over to replacement	12 – 24 months	<ul style="list-style-type: none"> • CMPA • CPSO 		
11. Cancel/transfer phone lines and utilities	3 – 6 months			
12. Determine what to do with computers, pharmaceutical supplies, etc.	6 – 12 months			
b) Ministry of Health and Long-Term Care <ul style="list-style-type: none"> • Primary Care Branch (PEM Models) 	Minimum 90 days	<ul style="list-style-type: none"> • Ministry of Health and Long-Term Care – Primary Care Branch – Customer Service: 1-866-766-0266 • Ministry of Health and Long-Term Care – OHIP Billing – Service Support Centre 1-800-262-6254 or sscontactcentre.moh@ontario.ca 	Aim for 90 days as more information is often required or it's during the holidays and more time is needed. Practices are switched over on the first of the month.	
i. For Primary Care – (PEM Models) <ul style="list-style-type: none"> • Vote by the FHG/FHO/FHN group to accept the new physician. <ul style="list-style-type: none"> ◦ Sign applicable contract(s). • Vote by the FHT Board (if applicable). <ul style="list-style-type: none"> ◦ Sign applicable contract(s). 	3 – 6 months	<ul style="list-style-type: none"> • Ministry of Health and Long-Term Care – Primary Care Branch – Customer Service: 1-866-766-0266 		
c) Re-roster patients to new physician <ul style="list-style-type: none"> • Approval by MOHLTC 	Post-retirement	<ul style="list-style-type: none"> • Ministry of Health and Long-Term Care – Primary Care Branch – Customer Service: 1-866-766-0266 		
d) Personal considerations				

Address Contingencies

If a physician passes away. <ul style="list-style-type: none"> • Arrange for a locum • Take steps to recruit for a replacement (see step 2). 	As soon as possible	<u><i>Recruitment Essentials – Locums: Making Them “Work” for You and Your Community!</i></u> <ul style="list-style-type: none"> • Local Recruiter / HFO MRA Regional Advisor 		
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For more information, contact your Regional Advisor
or email practiceontario@healthforceontario.ca

www.HealthForceOntario.ca/ra

Available in accessible format upon request: www.HealthForceOntario.ca/acs

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