

Succession Planning in Rheumatology

By Sharon Wilkinson, MD, FRCPC

When considering succession planning and transitions in rheumatology the most important priority is time spent in advance planning. Advance planning will ensure better seamless transitions for your patients, your staff and yourself. The first considerations include whether you are planning complete retirement or some mosaic of parts of your previous practice or a new stage in your medical career. Realistically, some diagnoses in rheumatology do not lend themselves to part-time care that would be acceptable for all concerned (including the Canadian Medical Protective Association [CMPA]). Perhaps the transitioning physician may consider doing locums after closing their full-time practice. For some, medical education activities may be an avenue to explore. Others may wish to explore non-medical activities that would satisfy the stimulation lost from practice in daily life.

Continuity of Patient Care

In terms of continuity of patient care, options include:

- Replacement rheumatologist to overlap with your practice during the transition
- Local rheumatologists who may accept referred patients from your practice
- In some circumstances, enlisting family physicians to aid in the referral of patients outside your geographic location

Transition of Care – Cumulative Patient Profile

It may be very helpful to think of information necessary for transition to another rheumatologist long before the time for such a transition is needed. This is especially important for connective tissue disease and inflammatory arthritis diagnoses. Relevant information for any transfer of care in cumulative patient profiles may include:

- Medication history
- Serology/imaging/lab work
- Tuberculosis [TB] tests/chronic hepatitis screen
- Pertinent vaccine history
- Relevant pathology reports and specialist consultations
- Formulary access documents: EAP, private insurers

In many cases a summary letter would be helpful.

Staff Considerations and Timing

Experienced staff may want to stay with the practice. Familiarize yourself with the Employment Standards Act and consult with your accountant/lawyer. Review your lease agreement if applicable. A reasonable timeframe for transition is 6-12 months.

Checklist for the Practice Closure

1. Inform your staff first.
2. Notify patients. Options include:
 - a. Individual discussion at follow-up when initiating referral process
 - b. An individual letter to patients outlining the transfer of care
3. Notify colleagues.
4. Notify all licensing and professional organizations, including Canadian Medical Protective Association [CMPA], College of Physicians and Surgeons of Ontario [CPSO], Ministry of Health, and the Royal College. Know what is expected of you.
5. Make arrangements for storing or transfer of custody of medical records, including a process for retrieving medical records.

For more information visit www.oma.org for a [Practice Closure Checklist](#).

Post Transition

CMPA Protection continues in retirement because CMPA provides occurrence-based protection.

A medical license is required for writing prescriptions, teaching or providing a medical opinion. Contact the College for specific questions.

Medical record requirements for adults include retention of records for 10 years from the date of last entry. The College recommends 15 years for legal reasons. It is important to know how to retrieve charts. Written authorization is necessary to release files. Keep a list of charts shredded and destroyed.

If the decision is made not to renew your license, it is necessary to provide written formal notice to the College to remain in good standing.

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