



**RCSI**

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# LATE CAREER SURGEON REPORT

JUNE 2024

## BACKGROUND AND CONTEXT

There are currently 3,814 consultants employed in the HSE, (HSE Medical Workforce Report 2023) of these 697 are surgeons. This number has been increasing over the past number of years with a 5.4% p.a. over the period of 2018 to 2022, between 2021 and 2022 there was an increase of 6.8%.

The HSE report that 30% of the consultant population in Ireland is over the age of 55, compared with 28% in 2021, with 32% (194) of Surgeons working in the HSE over the age of 55.

Specialty	Numbers in Post	Age >55 years
Anaesthesiology	435	35%
Emergency Medicine	140	24%
Intensive Care Medicine	38	11%
Medicine	995	26%
Obstetrics & Gynaecology	192	36%
Paediatrics	257	26%
Pathology	300	26%
Psychiatry	492	37%
Public Health Medicine	32	38%
Radiology	326	27%
<b>Surgery</b>	<b>607</b>	<b>32%</b>

(HSE/NDTP Medical Workforce Report 2022-2023)

The age at which consultants retire varies however, the average of a consultant leaves the service is **62 years**.

## ESTABLISHMENT OF THE SHORT LIFE WORKING GROUP (SLWG) AND MEMBERSHIP

In 2022 the President of the RCSI established a Short Life Working Group, the purpose of which was to provide recommendations on how RCSI can better support surgeons who are in the later stages of their career.

The group Chaired by Mr Thomas Lynch supported by a membership which had broad stakeholder participation and benefited from a range of expertise including experts in the field of finance, the law and health and wellbeing.

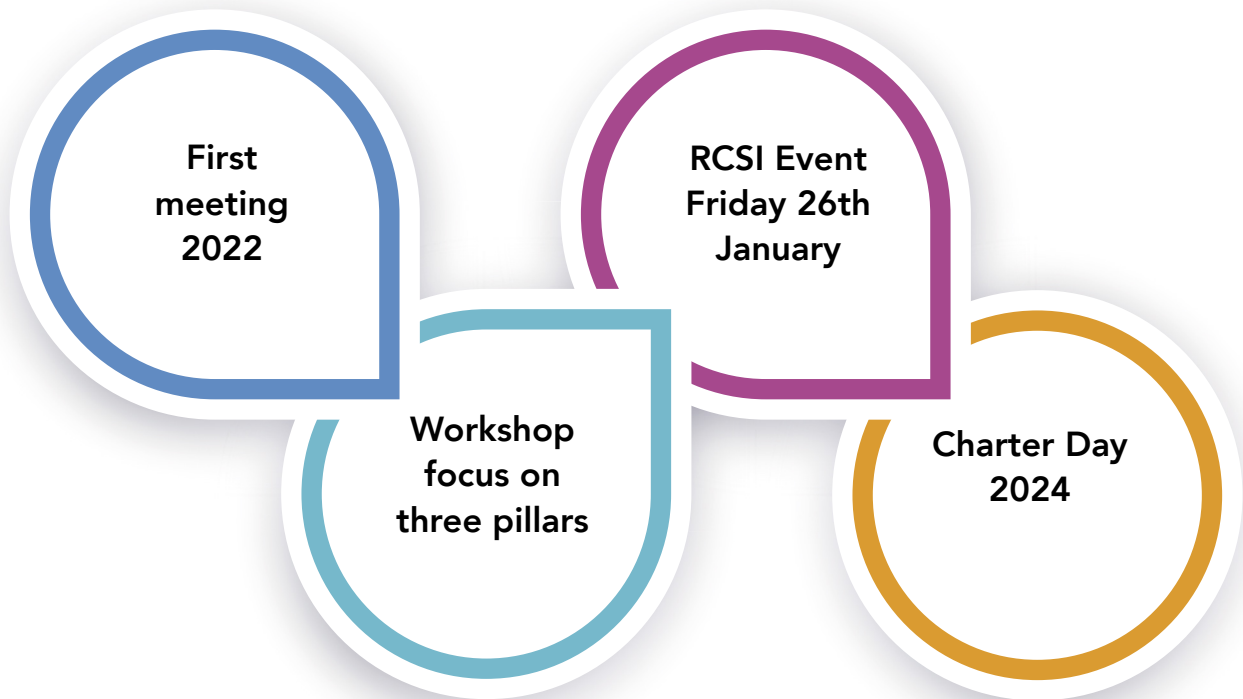
The full membership of the group is outlined in the table below:

Prof Thomas Lynch	Chair – RCSI Council Member
Prof Laura Viani	President – RCSI
Ms Margaret O'Donnell	RCSI Council Member
Prof Paul Ridgway	RCSI Council Member
Prof Kevin Conlon	Professor of Surgery Trinity College Dublin
Mr Peter Kelly	RCSI Council Member (legal expert)
Mr James Geraghty	RCSI Council Member
Prof Rose Ann Kenny	Regius Professor of Physics, Professor of Medical Gerontology
Prof Ciaran O'Boyle	Director of the Director of Centre for Positive Psychology
Mr Philip Crowley	National Director Strategy and Research
Mr Ronan McGrath	Financial Expert
Dr Edward Kelly	The Third Act - Founder
Mr Peter Gillen	RCSI – Associate Professor
Mr Kieran Ryan	Managing Director RCSI, Department of Surgical Affairs
Ms Catherine Jordan	RCSI Fellows and Members



## METHODOLOGY

The project adopted a phased approach to completing its work:



## PHASES OF THE PROJECT

<b>Phase 1</b>	<p><b>Project Group meeting took place with experts from different fields:</b></p> <p>The first meeting of this group was an exploratory session where the membership examined the issues surrounding this complex subject and identified three workstreams that the project would focus on.</p> <p>The work streams identified were:</p> <ul style="list-style-type: none"> <li>• Professionalism – Evolving Career</li> <li>• Health and Wellbeing</li> <li>• Financial Planning</li> </ul>
<b>Phase 2</b>	<p><b>Workshop – Chairs appointed to individual work-streams</b></p> <p>The group held a focussed workshop where the Chairs of each work-stream outlined the specific areas that needed further investigation and a work plan agreed prior to the first Late Career Surgeon Event scheduled for January 2024</p>
<b>Phase 3</b>	<p><b>RCSI Late Stage Career Event</b></p> <p>Boucher Hayes Lecture Theatre, RCSI, Friday 24 January</p> <p>The event was well attended, and included presentations from experts in the field of finance, health and wellbeing and those who have expertise in how surgical careers evolve</p>
<b>Phase 4</b>	<p><b>Charter Day 2024</b></p>

## PROFESSIONALISM – EVOLVING CAREER – PROFESSOR PAUL RIDGWAY



### A SURGICAL CAREER IS NOT A STATIC CONCEPT BUT ONE THAT IS CONSTANTLY EVOLVING

Surgeons at the early stages of their career often invest time in acquiring specialist knowledge and developing a clinical practice that serves the needs of their patient cohort. Surgeons are trained in technical and non-technical skills and considerable testing on skills and know how takes place during the training process, however, there is no recertification later on during a clinical career.

Rather than considering an age limit, each individual must be aware that there are changes over a lifetime, which include deterioration in vision/hearing/hand coordination and cognition.

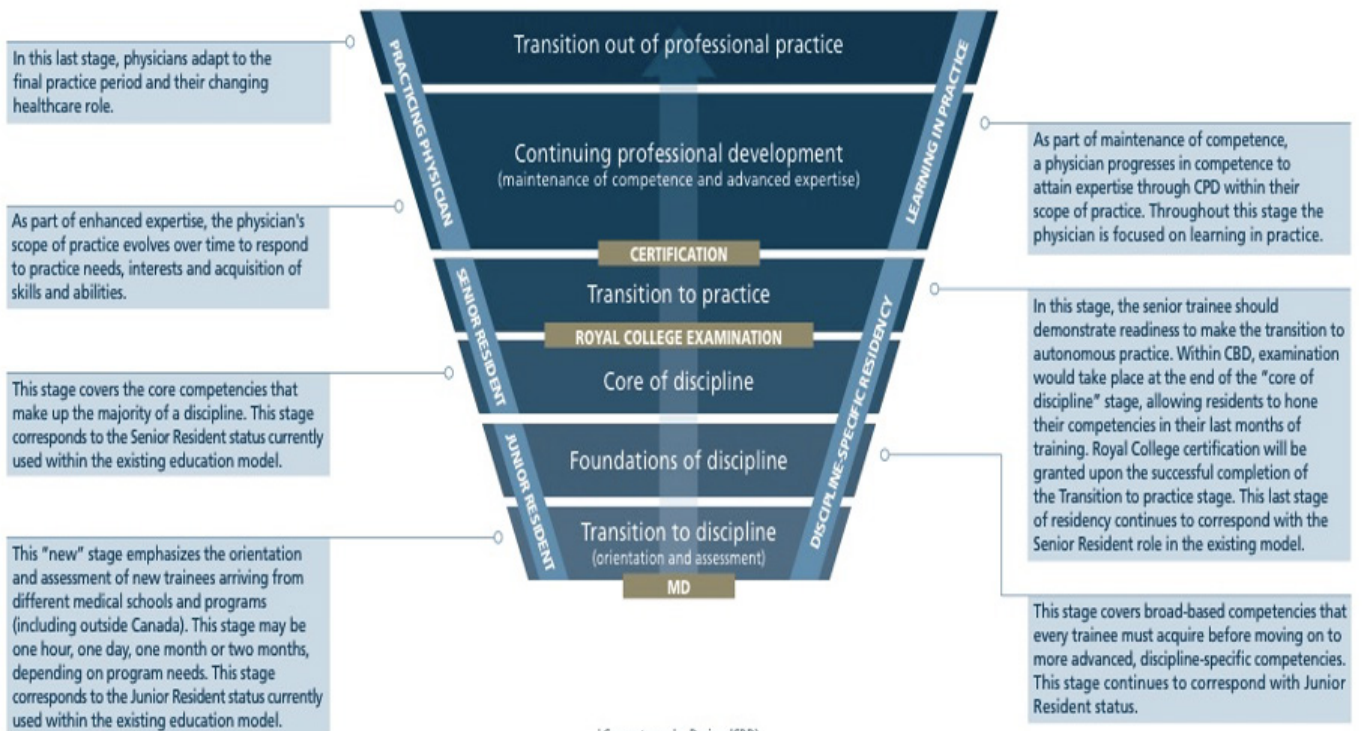
An individual may not have insight into these changes, or be willing to adapt appropriately. However, from a patient safety perspective it is important that doctors are educated in identifying and dealing with such issues in themselves and their colleagues.

An international example is Cleveland clinic where surgeons move into management or research early in career.

**When should a surgeon retire:** There is no, one time that works for everyone and the concept of transitioning out of practice is now a more appropriate model. The Canadians developed a CanMeds model in 2015, which sees a focus on assessments and a focus on certification at the later stages of a surgeon's career.

## The CBD<sup>1,2</sup> Competence Continuum

By introducing a competency-based medical education model to resident training and specialty practice, the CBD initiative will break down specialist education into a series of integrated stages — starting at transition to discipline and moving through practice. The CBD Competence Continuum provides a quick look at the new stages which begin upon entry into a discipline-specific residency following the attainment of the MD designation.



<sup>1</sup> Competence by Design (CBD)

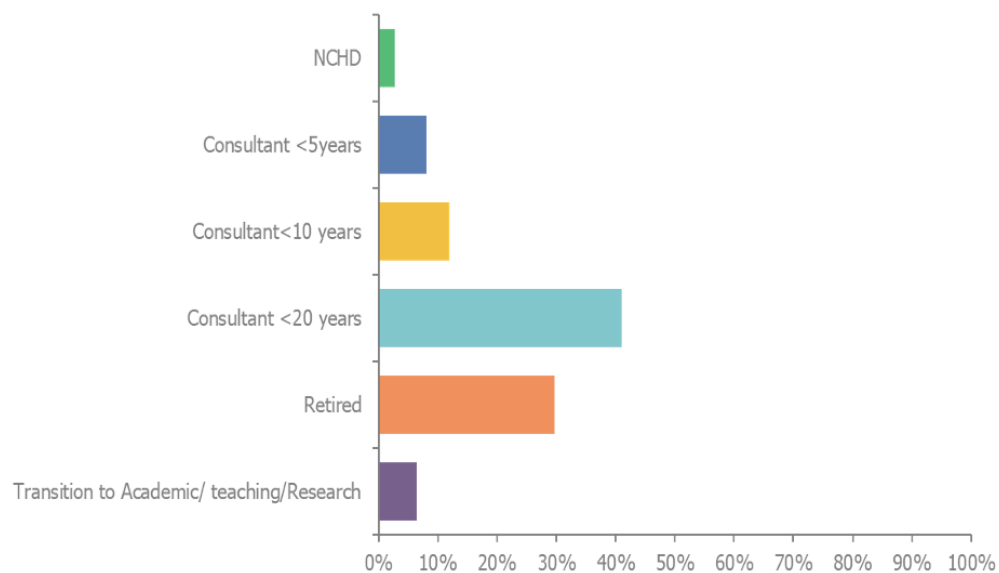
<sup>2</sup> Milestones at each stage describe terminal competencies



## THIS WORK-STREAM LED BY PROFESSOR PAUL RIDGWAY CARRIED OUT A SURVEY OF CONSULTANTS IN DECEMBER 2023

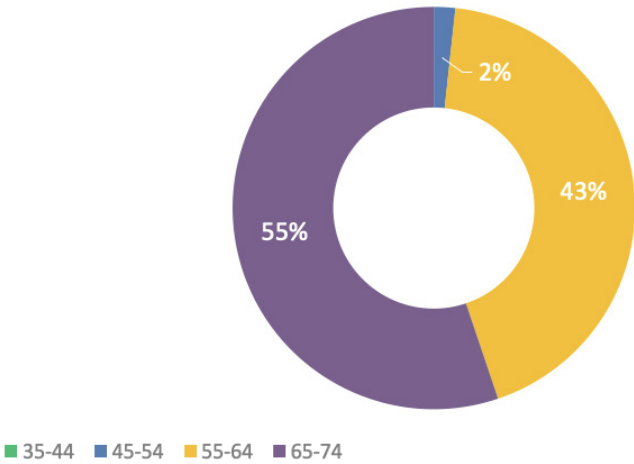
The number of respondents was 192 with the vast majority in practice more than 20 years

### Ages



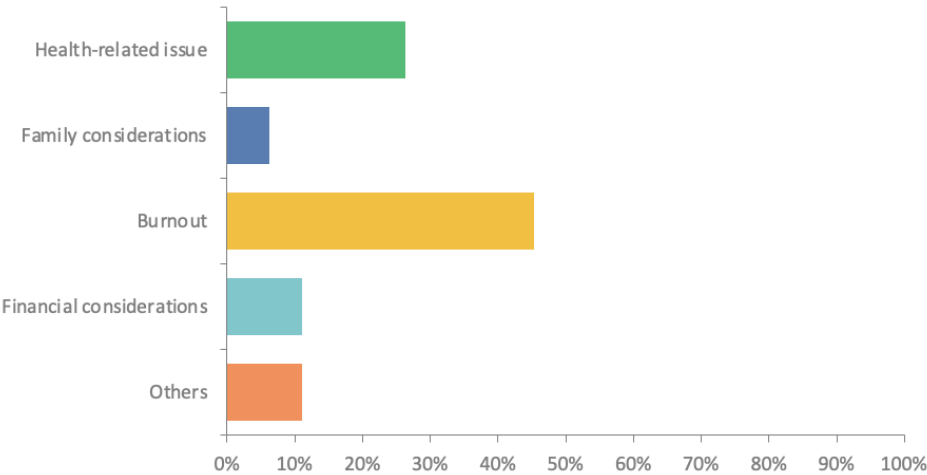
Planned Retirement Age

The survey asked when people planned to retire the vast majority planned to retire over the age of 55 years



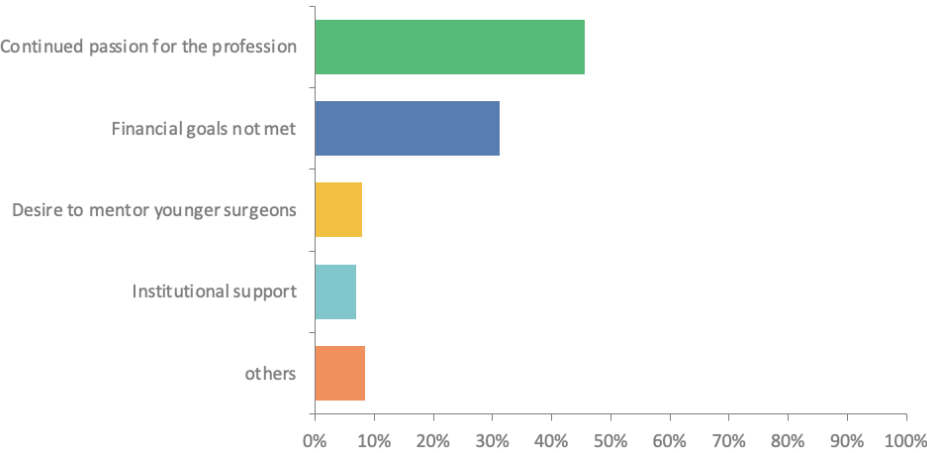
Early Retirement

What factors that would influence your decision to retire early: Burnout and Health Related issues were the most predominant answers



Factors for Late Retirement

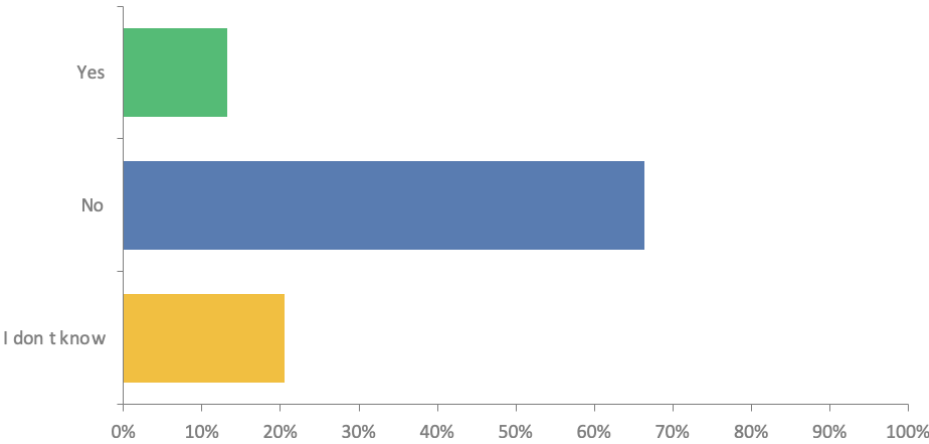
A continued passion for the profession was the most important factor identified as the reason to stay practicing surgery





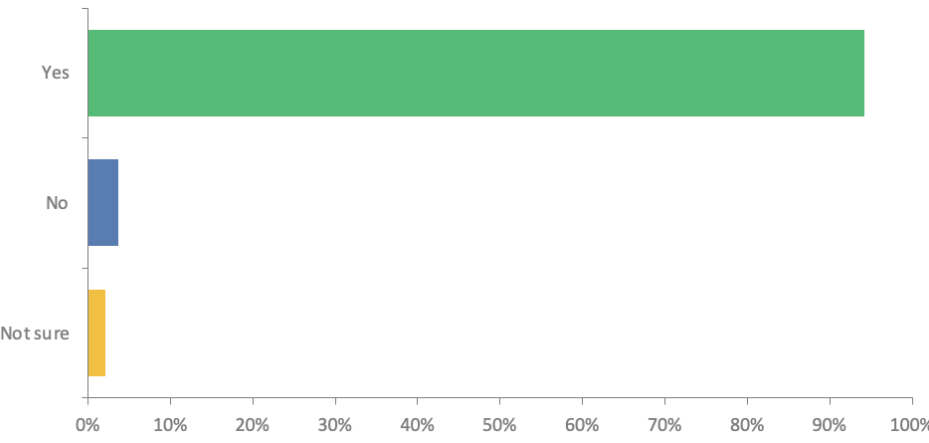
**Retirement Planning – Support and Resources**

Large majority believed there was very little support for retirement planning.  
More support needed



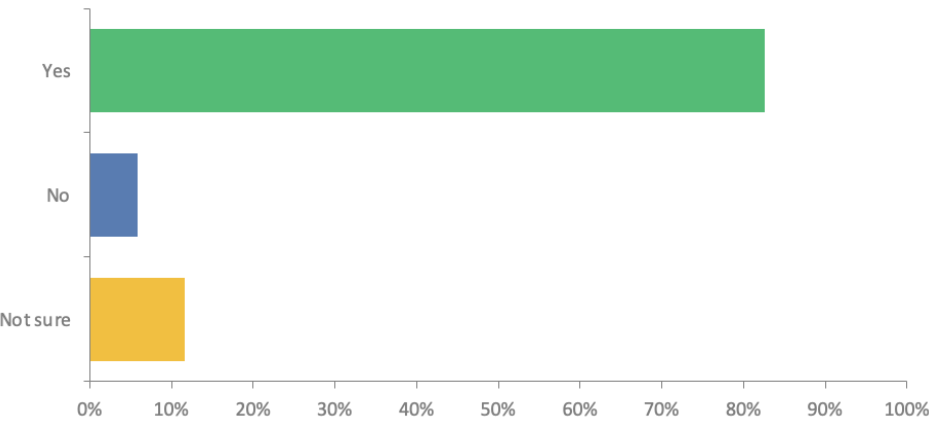
**Should Workload be adjusted?**

Respondents were very strongly of the view that roles and responsibilities do need to change



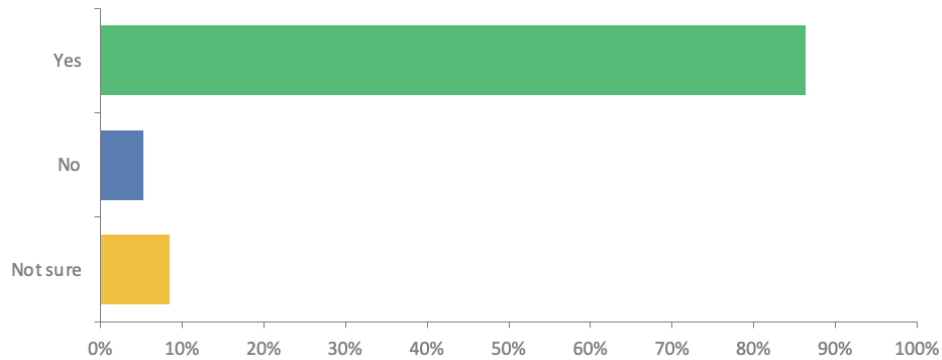
**Training opportunities to adapt to new technologies?**

Strong support for the concept of having the opportunity to retrain during your career



### Formal Mentorship Programmes

Experienced surgeons want to support their younger colleagues and get involved in giving back to their specialty



### THE WORLD HEALTH ORGANIZATION DEFINITION OF AGEISM IS:

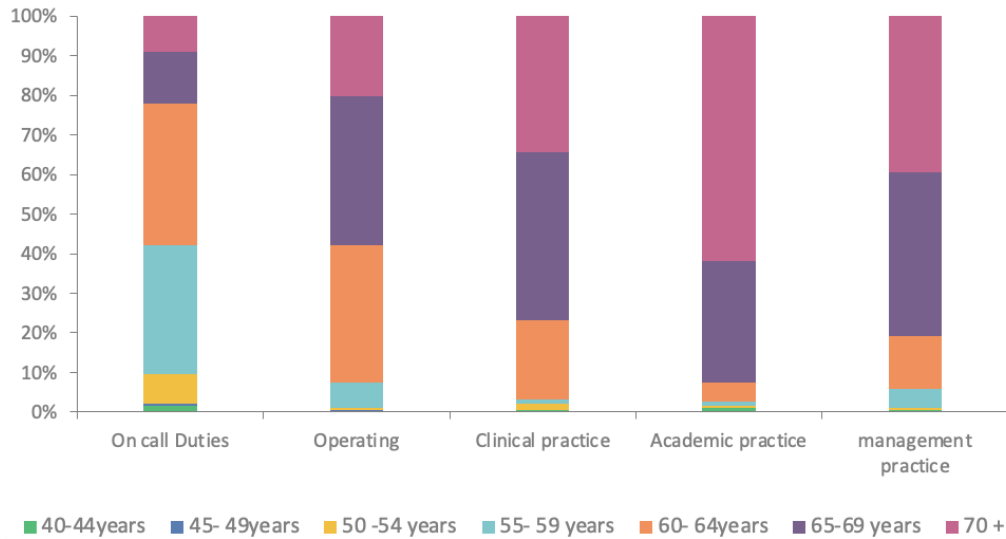
Ageism refers to the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age.

Ageism is undoubtedly a factor in requiring people to retire from posts, this leads to a loss of control and impacts on both the physical and mental health of the individual.



## WHEN SHOULD SURGEONS STOP...

The respondents agreed that workload should be adjusted, however, the key questions is what elements of the workload should stop and when.



- **On call duties:** should cease about the age of 60 years
- **Operating:** the majority believed the age of 65 years was an appropriate age to stop
- **Clinical duties:** can be preserved longer
- Academic Practice and Management Practice can continue



## SURVEY SUMMARY

### Younger Surgeons Wanted

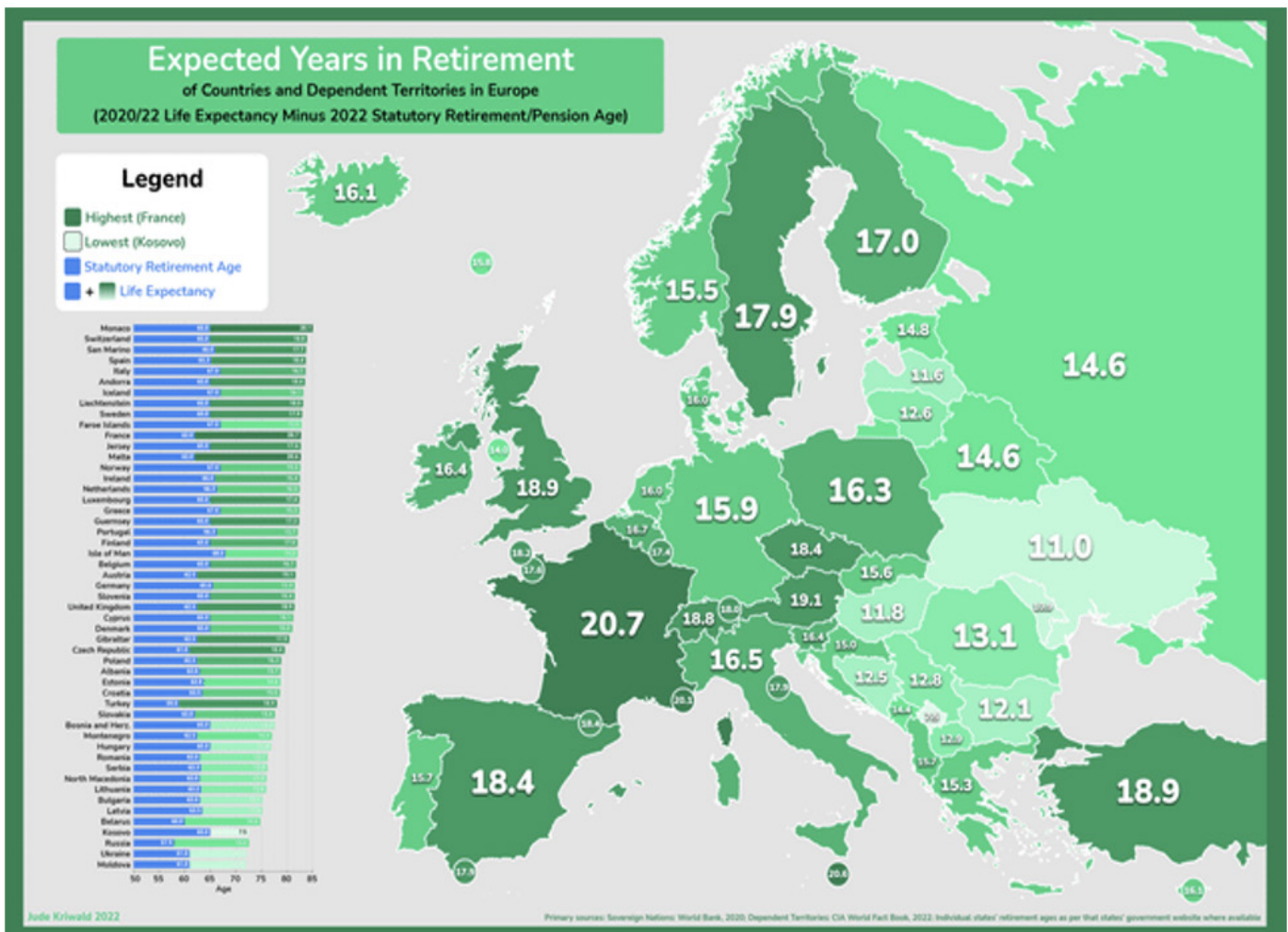
- Mentorship
- Workload Adjusted overtime

### Late Career Surgeons Wanted

- Training in new technology
- To stop call at 60
- To stop operating at 65
- Academic and management careers to continue

### EXPECTED YEARS IN RETIREMENT

The statutory retirement age across the world varies from age 50 to 70 years, and in some countries such as the U.S.A. there is no statutory retirement age, there is now an older ageing demographic of well people including surgeons who continue to practice medicine. If we examine effective years after retirement after statutory age, the French have the longest number of years.





## SURGEONS DON'T JUST DO SURGERY – MS MARGARET O'DONNELL

It is important to remember that as a surgeon's career progresses they develop both clinical and non-clinical skills. Experienced surgeons have many opportunities open to them as they have a range of expertise, knowledge and skills that are in wide demand across, medicine, research and industry.

There are many roles open to surgeons within the RCSI and also in the clinical settings throughout the country.

### SURGEONS CARRY OUT MANY ROLES

Teaching

Academia

RCSI Roles

Hospital Management

Clinical Governance

HSE / Department of Health Roles

Board Member

### RCSI ROLES DURING CAREER

Teaching at Under Graduate Level

Teaching at Post Graduate Level

Interviewing at Core and Higher Specialty Training

Examiners at MRCSH and National Surgical Competition

Assessor or supervisors on Masters in Surgery Programme

Research activities – National Surgical Research Support Centre

**When surgeons have finished active clinical practice there are many other roles that they become involved at the RCSI in they include:**

### RCSI ROLES

Anatomy demonstrators

OSCE Core Trainees

Faculty on OSS and CPD programmes and Human Factors

Faculty on the CCrISP, BLS and ATLS courses

Opportunities to engage with RCSI activities internationally

## NON-HSE HOSPITAL NETWORK

The private hospital network in Ireland is one that many surgeons are familiar with and there are significant opportunities for experienced surgeons at management level, for those who have the knowledge and capability of how hospitals function and how to lead multi-disciplinary teams.

The opportunities include:

- **Clinical Director**
- **Operational Roles**
- **Senior Management team (SMT)**
- **Multi-disciplinary team**

### CLINICAL GOVERNANCE

Roles within Clinical Governance are oversight roles when there is a systematic approach to maintaining and improving the quality of patient care. These are senior roles reporting to the Board with training and development opportunities.

Those in clinical governance roles address structures, systems and processes that assure the quality, accountability and proper management of an organisation's operation and delivery of service.

These are hands off roles looking at policies and process, clinical KPIs, risk mitigation and incident report systems.



## HEALTH AND WELLBEING – CHAIR DR PHILIP CROWLEY

Health and Wellbeing is a key work stream of the project and has many different elements.

A surgical career can be a significant part of an individual's identity.

Fears including loss of self-esteem and peer support is very important and can influence the decision making process of many in the later stages of their career.

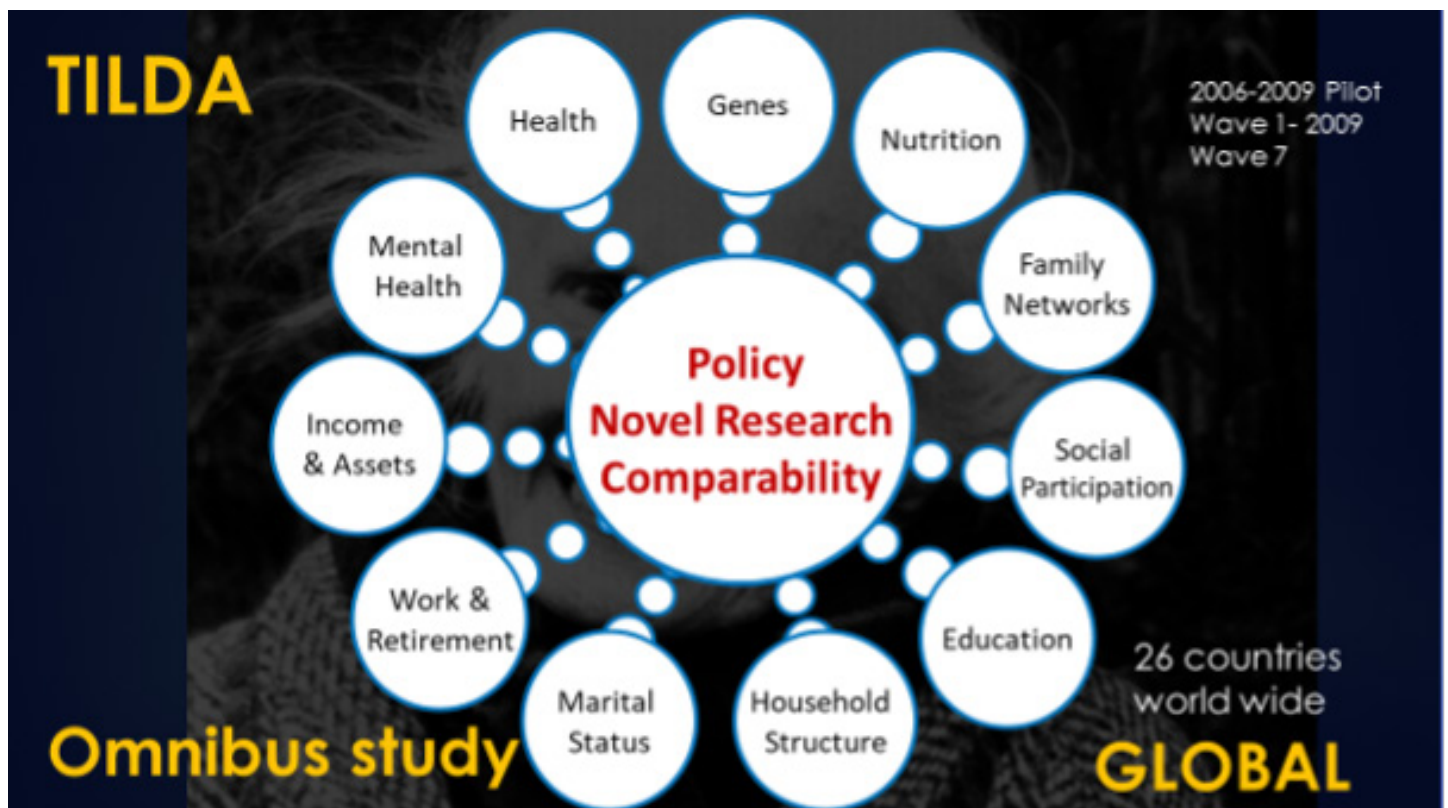
This work-stream examined a number of different aspects of the Health and Wellbeing of surgeons approaching retirement.

## SCIENCE OF AGEING – PROFESSOR ROSE ANNE KENNY

The Irish Longitudinal study on ageing (TILDA) has been running for 15 years, this is a random sample of over 9,000 people who are revisited every 2 years in order to get longitudinal data.

The Principal Investigator on this project Professor Rose Anne Kenny from Trinity College, a key member of this group, shared the data from TILDA on the science of ageing.

The TILDA study collects data on a wide range of topics and include both objective and subjective health assessments as no single factor influences how we age. The data is used to influence policy.



There are a number of areas identified as crucial to successful ageing and key among those is the importance of Social Relationships.

A number of studies that have linked Social Relationships and the Risk of Mortality. The study by Holt-Lunstad concluded a 50% increased likelihood of survival for participants with stronger social relationships.

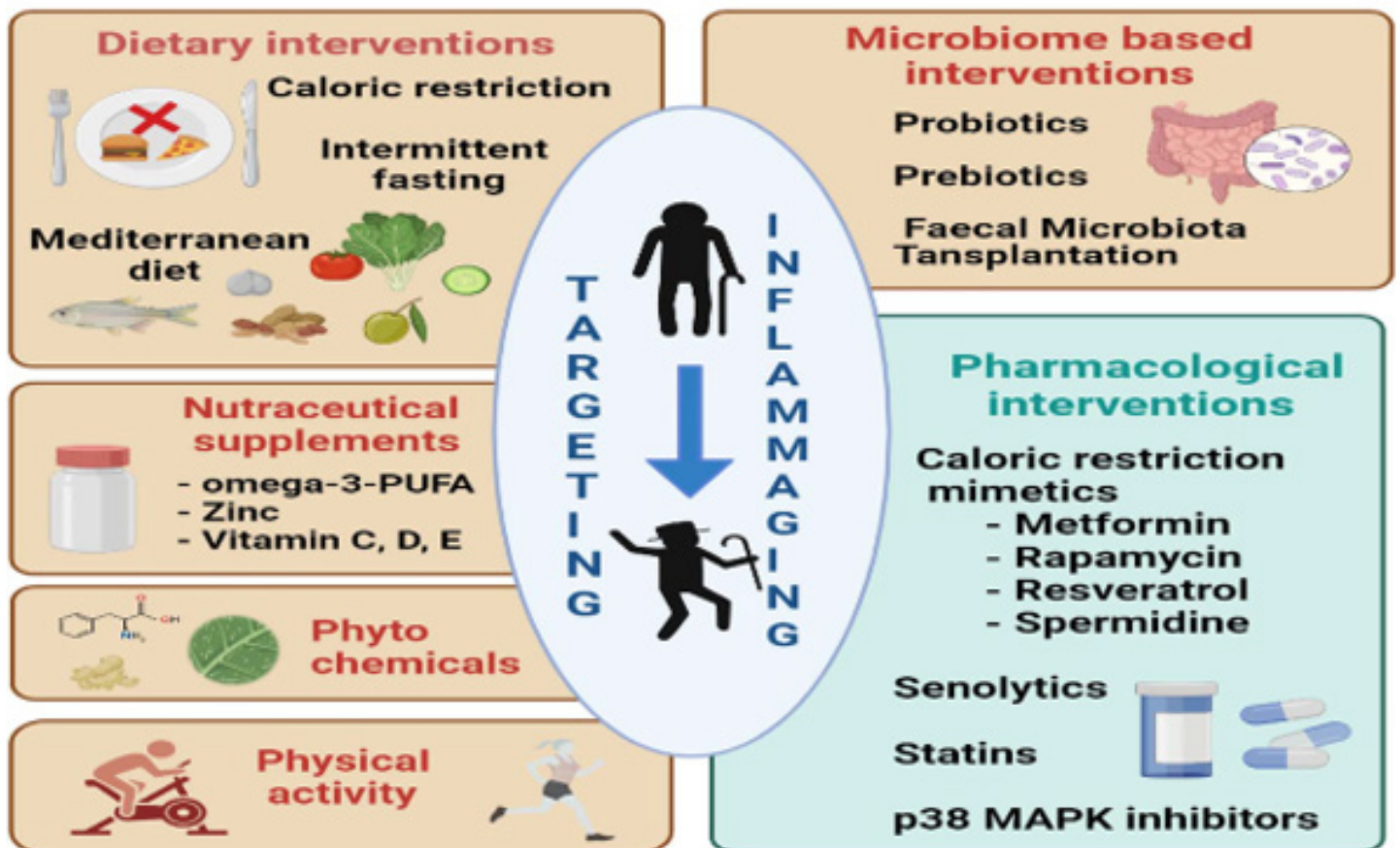
### SOCIAL RELATIONSHIPS AND MORTALITY RISK: A META-ANALYTIC REVIEW

Julianne Holt-Lunstad<sup>1#</sup>, Timothy B. Smith<sup>2#</sup>, J. Bradley Layton<sup>3</sup>

PLOS One 2010

- **148 studies** (308,849 participants)
- a 50% increased likelihood of survival for participants with **stronger social relationships**.
- The influence of **social relationships** on risk for mortality same as well-established risk factors for mortality - smoking, alcohol excess, low physical activity, high cholesterol.

There are many things that individuals can do to influence the ageing process, however, scientific research has identified.



Dugan B et al. *Age and Ageing* 2023; 52: 1–15



### LIFE GETS BETTER AFTER 50

There are a number of scientific studies including TILDA that demonstrate that life improves after the age of 50, quality of life metrics improve over the age of 50 and continue to improve up to the age in Ireland up to the age of 78 years.



## PROFESSOR CIARAN O'BOYLE

"Our conversations with ourselves involved three marriages: self, other, work. If we choose one of the other two, we become impoverished" *David Whyte – Poet*

As a surgeon's work can dominate a surgeon's life and moving away from this can lead to a fear of loss of self. There is considerable amount of research on this issue and there are six elements that have been identified as necessary for a happy self.

### The Happy Self

- **Growth** - ongoing personal change, development and psychological growth
- **Relatedness** - positive, warm, affectionate relationships with others
- **Autonomy** - self-determination and freedom
- **Purpose in life** - goals, meaningfulness, and a sense of direction in life
- **Environment mastery** - a sense of mastery over environment and everyday affairs
- **Self-acceptance** - positive view of oneself and one's current past life

"We make ourselves for our work and then our work makes us"

*David Whyte*

Ryff, Carol & Singer, Burton. (2008). Know Thyself and Become What You Are: A Eudaimonic Approach to Psychological Well-Being. *Journal of Happiness Studies*. 9, 13-39. 10.1007/s10902-006-9019-0.

A surgical career provides most people with many of the components of the "happy life". The challenge for individuals is how to retain these as they move from a full time career in surgery, where can you then find the elements of a happy life?

The answer to this may be to think of other possibilities, invest in work and non-work roles to manage the transition from full time practice to the next stage of a career and life.

"The only real voyage of discovery consists not in seeking new landscapes but in having new eyes"

*Marcel Proust*

# FINANCIAL PLANNING FOR MEDICAL PROFESSIONALS – CHAIR MR RONAN MCGRATH

Pensions are complex and surgeons often have dearth of understanding of their benefits and can find it very challenging to get accurate up to date information.

This is complicated further by having benefits from both from their public contracts and other pension products that they may have. Individuals need to have an awareness of the system benefits including UK benefits as many have spent time working in the UK.

The vast majority of surgeons will have worked in a number of different hospitals in Ireland, both in the voluntary and HSE sector and the importance of collating the different pension amounts into one location can't be understated.

Expertise in consultant pensions is not always available at hospital or HSE HR departments and getting reliable, accurate information that surgeons can trust can be difficult.

Surgeons need to be aware of the importance of specifically financial planning and specifically pension planning.

Planning for retirement is an issue that many avoid or put off until a later date. However, there is a requirement to have a plan and not to leave it to others.

## **Mistakes that people often make:**

1. Underestimate the cost of living and inflation
2. Underestimate how long you will live
3. Overestimate your income
4. Invest too conservatively
5. Increased Cost – Healthcare & Long Term Care

*Based on the 2002 Natixis Global Survey  
– 2,700 respondents across 16 countries surveyed in 2022.*

Emphasis should be placed on the fiscal and taxation consequences of retirement particularly in respect of aggregation of pension funds and their liability to excel tax calculated by reference to the Pension Threshold certificate.

The above 5 points should be considered when devising a financial plan should allow for this. Inflation will impact significantly on funds on deposit, most notably during times of high inflation. On retirement it may be advisable to invest funds where a reasonable return is expected.

## WHAT CAN HAPPEN TO CONSULTANTS WHO ARE APPROACHING RETIREMENT:

- Many don't have a plan
- Many don't have an understanding of their day-to-day expenses
- There's a lack of clear information on pension entitlements
- Often entitlements aren't claimed
- Some receive incorrect advice on how to drawdown benefits
- Increased tax liability can result from incorrect advice
- Not aware of the available tax breaks

*Oakwood Financial Advisors, regulated by the Central Bank of Ireland*

## Important: Get professional advice

### SUMMARY OF FINANCIAL PLANNING

- Have a plan
- Understanding your spending and income needs in retirement
- Manage debt wisely
- Protect against inflation – Invest in Growth Assets
- Diversify your investments
- Stay disciplined – patience is key
- Make (update) your will
- Ensures tax efficient passing on of assets
- Get advice from a financial advisor who understands pension rules

*Ronan McGrath Oakwood Financial Advisors*

## Do not let tax dictate when you retire



### RECOMMENDATIONS

The recommendations from this short-life working group were designed to ensure that the work carried out by the group is embedded into an RCSI support structure for surgeons at all stages of the careers.

#### 1. Annual Event

The RCSI will hold an annual event with a similar structure to the event held this year. The event will be similar to this year and will cover the three areas that identified by the SLWG membership.

#### 2. Fellows and Members portal

A portal on the RCSI website is currently under construction, this will be the go to place for surgeons looking for information relating to evolving careers, health and wellbeing and financial planning.

#### 3. Emphasis on Late Career Surgeons

The work of the SLWG has highlighted this issue within the RCSI. The establishment of the annual event and the provision of information on the Fellows and Members Portal should ensure that experienced surgeons will have information that will support their decision making process as their careers evolve.



**USEFUL LINKS:**[The Pensions Authority](#)[The Pension Ombudsman](#)[RCSI Become an Examiner MRCS Examiner](#)**TEACHING OPPORTUNITIES AT RCSI**

Activity	Contact Person	email
Teaching at Post Graduate Level including faculty on OSS and CPD courses	Prof Barry McGuire Professor of Postgraduate Surgical Education and Academic Development RCSI	<a href="mailto:barrymcguire@rcsi.ie">barrymcguire@rcsi.ie</a>
Teaching at Under Graduate level	Prof Arnold Hill Dean of Medical Programmes at RCSI	<a href="mailto:adkhill@rcsi.ie">adkhill@rcsi.ie</a>
Anatomy demonstrators	Anatomy Department	
MRCS examiners	Padraig Kelly Associate Director Department of Surgical Affairs	<a href="mailto:padraigkelly@rcsi.ie">padraigkelly@rcsi.ie</a>
Interviewing at core and higher specialist training	Caroline McGuinness Associate Director of Training Department of Surgical affairs	<a href="mailto:cmguinness@rcsi.ie">cmguinness@rcsi.ie</a>
Assessors or supervisors on masters programmes	Padraig Kelly Associate Director Department of Surgical Affairs	<a href="mailto:padraigkelly@rcsi.ie">padraigkelly@rcsi.ie</a>
Research Activities	Anne Marie Byrne Programme Manager / National Surgical Support Centre (NSRSC)	<a href="mailto:annemariebyrne@rcsi.ie">annemariebyrne@rcsi.ie</a>
Faculty on CRiSP, BLS and ATLS courses	Paula Mansell Professional Education and Learning Manager	<a href="mailto:pmansell@rcsi.ie">pmansell@rcsi.ie</a>

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Dugan B et al ageing 2023

Ryff, Carol & Singer, Burton. (2008). Know Thyself and Become What You Are: A Eudaimonic Approach to Pyschological, Well-Being. *Journal of Happiness Studies*. 9. 13-39. 10. 1007/s10902-006-9019-0



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