Meeting the Late-Career Needs of Faculty Transitioning Through Retirement: One Institution's Approach

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Abstract

Problem

Medical school faculty are aging, but few academic health centers are adequately prepared with policies, programs, and resources (PPR) to assist late-career faculty. The authors sought to examine cultural barriers to successful retirement and create alignment between individual and institutional needs and tasks through PPR that embrace the contributions of senior faculty while enabling retirement transitions at the University of Massachusetts Medical School, 2013–2017.

Approach

Faculty 50 or older were surveyed, programs at other institutions and from the literature (multiple fields) were reviewed, and senior faculty and leaders, including retired faculty, were engaged to develop and implement PPR. Cultural barriers were found to be significant, and a multipronged, multiyear strategy to address these barriers, which sequentially added PPR to support faculty, was put in place. A comprehensive framework of sequenced PPR was developed to address the needs and tasks of late-career transitions within three distinct phases: pre-retirement, retirement, and post-retirement.

Outcomes

This sequential introduction approach has led to important outcomes for all three of the retirement phases, including reduction of cultural barriers, a policy that has been useful in assessing viability of proposed phased retirement plans, transparent and realistic discussions about financial issues, and consideration of roles that retired faculty can provide.

Next Steps

The authors are tracking the issues mentioned in consultations and efficacy of succession planning, and will be resurveying faculty to further refine their work. This framework approach could serve as a template for other academic health centers to address late-career faculty development.

Problem

Nationally, faculty members aged 60 and older have increased from 15.5% of all faculty in 2005 to 23.5% in 2015[1]; this trend is slated to continue and to impact workforce needs. However, few academic health centers (AHCs) are adequately prepared with policies, programs, and resources to assist late-career faculty. The abolition of the mandatory retirement age has left faculty members to make the complex decision to retire with little guidance, and institutions tend to manage faculty workforce from a reactive—rather than a proactive—standpoint, which is compounded by inadequate succession planning.

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For faculty members, retirement may trigger the fear of giving up a professional identity and sense of purpose that has shaped their lives for decades.[2] Additionally, both faculty members and supervisors may be reluctant to raise the "taboo" topic of retirement, constraining discussions of faculty members' plans.

Unplanned retirements disrupt research, education, and clinical programs, triggering a cascade of unanticipated costs and loss of continuity.[3] Although central to late-career transitions, succession planning has also been largely neglected in AHCs.[4] The culture of silence noted above inhibits succession planning, career development for faculty aspiring to take on the roles and responsibilities of senior faculty, and retention of ambitious junior and midcareer faculty by not identifying potential future leadership opportunities.[5] Furthermore, a haphazard approach to retirement may fail to engage faculty after retirement, thereby losing a resource that could bolster mentoring and fundraising efforts and help to fill clinical care and education gaps.[6]

It seems, therefore, that having a framework to create policies, programs, and resources for faculty retirements is critically important to the stability, workforce, and future of AHCs.[7] To address this at our institution, the University of Massachusetts Medical School (UMMS), we sought to examine cultural barriers to successful retirement and create alignment between individual and institutional needs and tasks through the development of policies, programs, and resources that embrace the contributions of senior faculty while enabling retirement transitions, 2013–2017 (Table 1).

Approach

Defining retirement

Historically, retirement meant that an individual ceased all work activities. Now retiring faculty members might undergo a transition period, engage in part-time work, retrain, volunteer, etc. To reflect this, we propose a definition of retirement as the *transition of all or the majority of the customary roles and responsibilities assigned to that individual faculty member*. This definition is not tied to a specific age and does not assume complete cessation of work. Defining

Table 1

Individual and Institutional Needs and Tasks for Retirement Transition by Phase,[a] Identified by UMMHC/UMMS Workgroups, 2013–2017

Individual or institutional	Needs and tasks by phase[b]		
	Pre-retirement	Retirement	Post-retirement
Individual	• Planning finances, insurance, timing, and mentorship tasks	• Human resources (individual pensions and retirement)	• Retention of a faculty identity (appointment, access to e-mail, library, presentations, and options to contribute to academic medicine)
Individual and institutional	• Succession planning • Transition planning	• Negotiation of responsibilities during transition • Negotiation of phased retirement, including phased clinical effort to address physician shortage • Negotiation of tenure relinquishment (as relevant)	• Retain faculty contributions to mentoring, teaching, and assisting with fundraising and referral networks • Preserve institutional history
Institutional	• Ability to make long-term plans for recruitments and current junior and midcareer faculty development • Financial considerations • Program considerations	• Transition that ensures stability, enhances career development for all faculty, models succession planning, and enhances respect for faculty contributions	• Volunteer and part-time support • Advance community support and understanding of academic health center's role and value • Philanthropy

Abbreviations: UMMHC indicates UMass Memorial Health Care; UMMS, University of Massachusetts Medical School.

[a]Faculty members and institutions have both individual and combined interests at stake in faculty transitions through the retirement process.

[b]The authors define pre-retirement as anything prior to the retirement transition, retirement as the point of action for the transition plan, and post-retirement as after transition of all or the majority of the customary roles and responsibilities assigned to that faculty member.

retirement is important to help pinpoint when benefits can be exercised by faculty members, as well as to help identify retirement transition phases.

Development of a framework

In 2013, we recognized that the proportion of faculty 50 and older was over half of the faculty at the UMMS and over a quarter were 60 or older, and that this was continuing to increase.[1,7] This steady increase created an urgent need for us to develop a strategy, based on a three-phase framework (see below), to address retirement.

In fall 2013, we initiated a multipronged, multiyear strategy that started with a survey of UMMS faculty 50 or older to define the goals and scope of the elements that should be included in the retirement framework. This survey identified financial, program continuity, and immediate and long-term engagement with the institution as concerns of faculty. We also assessed retirement programs at other institutions and reviewed the literature on retirement from multiple fields, but found limited information about programs that addressed the unique issues of late-career transitions in the AHC environment.

In 2014, we engaged senior faculty and leaders, including recently retired faculty, in workgroups to help design retirement policies, programs, and resources. We also worked with leaders of both the UMMS and our partner health system, UMass Memorial Health Care (UMMHC), to ensure consistency of the policies, programs, and resources across both organizations where feasible. These groups concluded that the academic medical environment posed significant barriers to addressing retirement, so a multiyear strategy to address these barriers, which sequentially added policies, programs, and resources to support faculty, was initiated.

On the basis of feedback from the workgroups, in 2014, we developed a comprehensive framework that divided the needs and tasks of late-career transitions into three distinct phases (Table 1): pre-retirement, retirement, and post-retirement (for definitions see Table 1). This three-phase framework identifies what types of programs and opportunities are needed during and across the phases to address the needs of both the institution and the faculty member (Figure 1). Using this framework, we have sequentially implemented programs and opportunities such that we now (2017) offer a comprehensive portfolio of resources for faculty members as they progress through the phases of pre-retirement, retirement, and post-retirement.

Pre-retirement

Pre-retirement programs enable faculty members to consider and negotiate options to reach informed decisions for retirement transition. An institutional culture that assumes that retirement is part of the normal career planning of faculty fosters the discussion of retirement transitions without stigma.[5] To move toward this goal, from 2014 to the present, we sequenced programs to promote and normalize public discussion about retirement, provide information and confidential advice, and guide retirement planning.

One of the first of these was a series of seminars, which began in 2014, on career planning for retirement. To frame retirement as a topic that all faculty should consider for themselves, or for others they care for, the seminars covered topics such as long-term care planning, Medicare, Social Security, and financial readiness for retirement. "Encore career" seminars, initiated in 2015, highlighted novel post-retirement careers. To generate support for the seminars, we presented overviews of the topics covered to the chairs council and the faculty council and advertised them through weekly e-mails that reached the entire faculty.

Our survey (see above) revealed that 90% of our faculty who were 50 or older desired that information about retirement

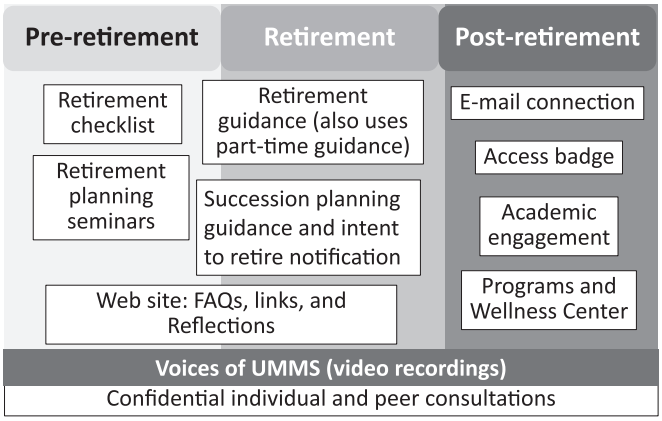

Figure 1 Sequential view of retirement transition support policies, programs, and resources, developed by the authors based on feedback from workgroups (see text), UMMHC/UMMS, 2013–2017. Policies, programs, and resources for transition to retirement are usually specific to a phase of retirement (pre-retirement, retirement, and post-retirement; see Table 1 for definitions) but can span multiple or all three phases. During the post-retirement phase, academic engagement includes activities such as mentoring, returning to bench research to assist a colleague, attending lectures, editing, and teaching. The Wellness Center offers retired faculty ongoing opportunities to exercise and for health training with colleagues on campus. All the policies, programs, and resources referenced in this figure and in the text, including guidelines and videos, can be found at http://www.umassmed.edu/ofa/career/transition/. Abbreviations: FAQ indicates frequently asked questions; UMMS, University of Massachusetts Medical School; UMMHC, UMass Memorial Health Care.

be delivered via Web-based sources. We surmised that this was because faculty desired the privacy and asynchronous availability of Web-based information. Accordingly, we developed a portfolio of online resources, including a retirement checklist, frequently asked questions, links to other resources, and an archive of "Reflections" written by faculty who have experienced the retirement process, as part of our initial offering in 2014. We continue to revise and add to the resources that are available on the Web site.

Identity threat and age bias have been recognized as hurdles for faculty approaching retirement.[2,8] Faculty may have such strong professional identities that other aspects of their identity might be overshadowed and/or atrophied. Such an imbalance can become a barrier to creating an identity after retirement. Quite simply, faculty have difficulty answering the question, "Who am I if I am not…?" To address this need, we implemented a variety of mechanisms to help faculty envision retirement options that they might pursue after they leave their academic position, including the encore career seminars (see above), panel discussions (part of the seminars added in 2014 and 2015), and confidential individual consultations (added in 2015) and peer consultations (added in 2016). Confidential individual consultations with a knowledgeable, senior faculty leader within the Office of Faculty Affairs allow faculty members to explore options before making decisions about retirement and guide them to explore the tasks of setting goals for their retirement, identifying skills and knowledge to be transitioned to others, and defining areas to pursue after retirement. Confidential consultations with selected faculty peers who have successfully navigated through retirement and received focused training by the Office of Faculty Affairs allow faculty members to learn how others have approached retirement.

Retirement

The retirement phase of the framework is the point of action for the transition plan that was secured or negotiated for in the pre-retirement phase. Many institutions require notice to activate pension plans, but few have policies that require notification for the transition of educational, research, service, and clinical duties. In 2016, with input from a new workgroup with broad representation of clinical leadership, we developed guidelines (both a retirement guidance and a succession planning guidance document) that clarify the timeline and expectations during the transition to retirement and provide a template for negotiating a transition plan.

The ideal amount of notice a faculty member should give of intent to retire to allow for an optimal transition is unclear. As the workgroups noted, faculty fear being marginalized as they transition to retirement—the "lame duck" phenomenon. Leaders worry that a prolonged period for phased retirement creates "short timers" who languish in their roles while playing out time until they leave. These worries usually remain unspoken, leading to a failure to define expectations about roles and responsibilities during transition.[6–8] There is little written regarding successful models of assigning authority and responsibility for faculty transitioning to retirement. Likewise, there is no quantitative information on rates of lame duck or short timer behaviors to determine whether these fears have validity.

To minimize these fears, the UMass Memorial Medical Group (UMMMG), of UMMHC, adopted a one-year notification period for retirement transitions in 2016. To assist faculty transition over that year, a guidance document (Intent to Retire Notification), which includes samples of expectations for leadership positions during the transition, was developed to facilitate discussion between faculty and their chair or chief. Having clear expectations for the retiring faculty member reduces the risk of disengagement, loss of efficacy, or marginalization.

An attractive option to structure succession plans is phased retirement, which allows faculty to continue contributing with decreased effort. Phased retirement is defined as moving from full to sequentially reduced part-time effort over time during the retirement transition. It also offers the institution the benefit of retention of clinical expertise, which can address physician shortages by extending the length of clinical contributions. There is a paucity of national examples of policies on phased retirements. Some institutions have used tenure "buyouts" (where the benefits of tenure are voluntarily surrendered for a policy-based or negotiated payment) or similar incentive programs to facilitate retirement for targeted groups. Such programs are usually limited by time and eligibility. Our part-time policy (initiated in 2013), the UMMS/UMMMG Guidance on Part-Time, defines financial, academic,

and other considerations that are weighed in decisions about the feasibility of part-time effort and is referenced in the retirement guidance documents, as the same considerations are useful in assessing the viability of proposed phased retirement plans.

Post-retirement

The academic engagement of retired faculty can be an important resource for AHCs. Continuation of their clinical work during phased retirement may help address physician supply shortages.[9] Retired faculty can also engage in roles such as grant reviewer, mentor, and coach. As the tension with clinical productivity requirements and competition for research funding continues to escalate, faculty are strained to support these activities. Institutions should be intentional and strategic in harnessing the resources of retiring faculty to assist in roles such as those mentioned above.

Recognition of retired faculty through ranks and/or titles can be another opportunity for ongoing engagement with the institution. The criteria for emeritus status often require minimum time served at an institution, as well as achievement of the rank of professor. Those who do not qualify for emeritus designation may have no designated rank or status at retirement, even though they may have faithfully served the institution and earned promotion through those efforts. A broader nomenclature is needed to address this gap. In 2015, we adopted a suffix-modified title such as "Professor (retired) of Department" for those retiring faculty who were not eligible for emeritus status. Additionally, in 2015, we added, at the request of the department, access to lectures, libraries, and the life of the academy as a retired faculty member (through continued e-mail connection, access badge privileges, and access to the Wellness Center) for all retiring faculty.

Retiring faculty are the bearers of significant institutional history for all institutions. Particularly for the UMMS, where our history is beginning to be lost with retirements and deaths, maintaining durable recollections of our history, as well as instruments, books, and other archival materials, is a critical task. We started an ongoing video recording program (Voices of UMMS) to capture individual reflections and will include them in the institutional archives for future faculty and historians. These videos and the Reflections (mentioned above) also provide guidance, education, and perspective to others during the pre-retirement and retirement phases and during retirement planning.

Outcomes

Our sequential introduction approach has led to important outcomes for all three of the retirement phases. In the pre-retirement phase, our efforts have created a community of shared interest across all ages and reduced the cultural barriers surrounding retirement, as evidenced by increased discussion about retirement and reduced concern that attendance at seminars might convey imminent retirement, as noted by members of the original workgroups. The number of initial and repeat retirement consultations has steadily grown from 2015 to 2017 from being rare occurrences to multiple consultations per month, and the timing of consultations has shifted from being mostly for those retiring imminently to those planning several years ahead. Issues raised during these consultations have added to our understanding of faculty member needs for successful retirement transitions (Table 2).

Within the retirement phase, the part-time policy cited in the retirement guidance document has been useful in assessing the viability of proposed phased retirement plans, and transparent and realistic discussions about financial issues have led to innovative solutions (from finding malpractice coverage for faculty to continue to mentor student physical exams to senior researchers working in their former mentees' labs), providing mutually beneficial opportunities for both faculty members and the institution. The policy on notification and succession guidance document has stimulated conversations resulting in

Table 2

Key Issues for Retiring Faculty Members at UMMS,[a] Raised During Confidential Retirement Consultations, 2015–2017

Major area	Key issues
Procedure of retirement	• How to obtain emeritus status or how to use title when retired
	• How to create a firm, written understanding of agreements around retirement
	• Information on post-retirement employment options and restrictions
	• Information on post-retirement volunteer options and requirements
	• Strategy for discussion and negotiation of desired transition plan
Personal direction	• Focus on personal overall mission and goals for retirement activities (similar to need to focus on this area throughout the career life cycle)
	• Opportunity to have dialogue around how personal retirement plans fit or do not fit those clarified goals
	• Opportunity to brainstorm innovative ways to achieve personal goals
	• Opportunity to test various timelines against present succession possibilities and the needs of programs they have developed
	• Identification of what legacy means to them
	• Consideration of "who" they will be or become after retirement
Institutional or clinical tasks	• Consider how to transition patients
	• Consider how to transfer referral networks and relationships
	• Consider how to transition roles and responsibilities
	• Consider how to transition mentees
Legacy	• Decisions about contributing to institutional collections of written (Reflections) and videotaped (Voices of UMMS) documentation
	• Identification of potential contribution of instruments and other durable materials to library or institutional archives
	• Desire for recognition from the institution

Abbreviation: UMMS indicates University of Massachusetts Medical School.
[a]Faculty expressed common concerns (key issues) that fell into four major areas and added to the authors' understanding of faculty member needs for successful retirement transitions.

written agreements that benefit both the individual and the institution.

Finally, the post-retirement phase has led to the consideration of the multiple roles and types of support that retired faculty can provide, with more creative uses of retired faculty in both volunteer and part-time, paid positions that ease the burden on other faculty members, as noted by institutional leaders.

Next Steps

Our institution

In our experience, our multipronged, multiyear strategy that starts with a focus on reducing cultural barriers to successful retirement has proved successful. This sequential rollout has made possible the consideration of intent-to-retire notifications and succession planning, which are integral to comprehensive retirement planning. Identifying individuals who can assume responsibilities quickly and those who can serve as mentors for future positions is important for continuity, but most AHCs lack clear accountability or a process for ensuring that this occurs. We developed a succession planning guidance document in 2016, which is now in pilot use during the annual review of departments during chair and executive leadership meetings and the outcomes of which are being reviewed on an ongoing basis. The recent transitions of several executive leadership positions have been smoothly initiated through deliberate succession planning. We are tracking the general areas and key issues mentioned in consultations and the efficacy of succession planning, and will be resurveying our faculty to further refine our work.

National needs

Academic medical faculty are aging, and many will retire over the next decade.[7,9] Faculty desire ongoing engagement and a means to maintain connection with their institution and their professional identity after retirement. Institutions can capture and use the skills and talents of these faculty members by effectively managing their late-career needs and retirement transitions. In our experience, we have found that a multipronged, multiyear strategy to address cultural barriers and reduce retirement stigma (that, among other things, provides information that can be accessed online and in confidential consultations, and guidance that supports succession planning and innovative retirement options) is necessary to achieve this. Thus, we believe that our three-phrase framework approach can serve as a template for other AHCs to address late-career faculty development.

Every institution should invest in a comprehensive set of policies, programs, and resources to support faculty during this key career transition, as professional development and engagement of retired faculty is an important new frontier for faculty affairs and development.

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