

**FINAL DRAFT  
GUIDELINES FOR  
LATE CAREER TRANSITION**

**DEPARTMENT OF SURGERY  
UNIVERSITY OF TORONTO**

**PREAMBLE**

In the absence of a defined retirement age, Department members need to develop plans for transition as they approach the end of their academic surgical careers. The development of a plan for late career transition represents an opportunity for Department members to initiate a constructive process in co-operation with the Department, as represented by their Surgeon-in-Chief, the Hospital Division Head, and the University Division Chair. The goal of the process is to develop an individual plan for each Department member that is agreeable to the academic surgeon, informs the relevant stakeholders and allows the late career surgeon, the Hospital, the Division and the Department to make plans for the future. The following guidelines were developed to assist Department members in the development of individual plans for late career transition.

**GUIDELINES**

1. All Department members should develop an awareness of and a plan for their late career transition.
2. The development of a constructive plan for late career transition takes several years and discussion of individual plans should be initiated as part of the annual review process by the Surgeon-in-Chief at the Hospital.
3. University Departmental and Divisional policies and initiatives, such as the annual Assessment of Academic Performance, should be acknowledged and used to inform and guide the annual discussion regarding transition that occurs between the Surgeon-in-Chief and late career transition surgeons.
4. Hospital resource utilization by individual surgeons is linked to on-call responsibilities and both should decrease in a planned and orderly fashion as late career transition occurs.
5. Academic opportunities for surgeons can continue or even increase as reduced hospital resource utilization occurs. The involvement of late career surgeons, whose careers are transitioning, in mentoring and resource sharing with new recruits initiating their academic surgical practice is encouraged.
6. A marked diminution of surgical activity does not preclude ongoing meaningful participation in Departmental activities, including teaching, research and administration.
7. The Surgeon-in-Chief, Hospital Division Head, and University Division Chair should ensure that the contributions of late career surgeons are recognized at an appropriate point in each Department member's career.
8. The provision of optimum patient care is of paramount importance to all stakeholders and plans for late career transition need to be developed with this in mind.

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