

## Retirement from General Practice

At Medisec, our members often request guidance and practical tips when planning for their retirement. For many GPs, this can be a challenging and sometimes uncertain time, and there may not always be a clear succession plan in place for their practice. This factsheet provides some practical considerations and risk management strategies for GPs who are considering retirement. This is not an exhaustive list, and we appreciate that every practice is unique and there may be specific circumstances or considerations not addressed in this document, but we hope it serves as a useful guide to members.

Whether retirement is planned or unplanned (e.g. due to ill health) having a process in place to assist with the orderly closure of the practice, with sufficient notice, may help to provide continuity of patient care, assist with appropriate management of patients' medical records, protect the GP from any potential future claim or complaint and, assist practice staff in transitioning to new employment.

## Communication with key stakeholders

Whether a GP is retiring from a group practice partnership, or a single-handed practice, with or without a successor in place, there are several key stakeholders that should be informed of their impending retirement, to include: -

- **GP colleagues/Practice Staff**

If you are in a practice partnership or group practice it is important to have open discussions with your colleagues at the earliest possible convenience so that plans to recruit a successor or the dissolution of a partnership may be arranged.

If you are a GP employee of a practice you will need to notify your employer of your intention to retire in line with any contractual arrangements, as detailed in your employment contract.

Staff members should receive adequate notice about the intended retirement of the GP. If the impending retirement results in a practice closure or uncertainty regarding future employment of the practice staff, information should be provided about the forthcoming arrangements to allow them adequate time to seek alternative employment arrangements.

We strongly advise that GPs develop a detailed exit strategy and consider enlisting the services of an accountant or personal solicitor to assist with financial and/or legal affairs that may arise on retirement such as partnership matters, tenancy agreements, and any employment law matters that may arise; these areas are outside the scope of advice that Medisec can provide to our members.

- **HSE contractual obligations**

If a GP provides services under the GMS contract, they are required to give the HSE three months' written notice of their intention to retire. It is essential to inform the manager of your local primary care unit of the proposed date of your retirement.

- **Patients**

General practitioners have a legal and ethical duty to provide continuity of care to their patients.

Paragraph 40 of the Medical Council's Guide to Professional Conduct & Ethics states:

*40.1 Patient care can be impacted where doctors are no longer able to provide care and where continuity of care arrangements are not in place. You should have plans in place to deal with foreseen and unforeseen cessation of practice.*

*40.2 If you are planning to reduce your patient list or cease practice, you should make arrangements for continuity of patient care and facilitate the transfer of your patients to another doctor or service. You should let your patients know before these arrangements take effect. With the patient's consent, all relevant medical records should be sent to the doctor taking over the care of the patient.*

Informing patients of your impending retirement is vital to ensure continuity of care, as it allows for a timely clinical handover to another doctor of the patient's choice. Patient well-being should be a key concern when retiring from practice and ample written and verbal notice of the scheduled retirement should be provided within a reasonable timeframe.

### **Private patients**

Where private patients are concerned, the GP should notify them of their impending retirement and on receipt of appropriate explicit consent from the patient, arrange for the secure transfer of their records to their new nominated GP.

You may wish to consider the following issues when writing a patient notification letter:

- Patients should be informed of the GP's proposed retirement date unless the reason is of a sensitive or private nature.
- The letter should include a medical records consent form that enables the patient to provide consent to have their records transferred to their new nominated GP. The form should explain the purpose and specify a timeframe for completing and returning it.
- Patients should be reminded that their medical records are confidential and that copies of their records will be directed to their nominated GP with their explicit consent. In some instances, this may be the retired GP's successor at the practice.
- The letter should inform patients that if the form is not completed and signed before the stated deadline, their records will not be transferred to a new GP but will be retained in accordance with the usual recommended retention periods, as set out by the HSE. Patients should be reminded that for continuity of care purposes, it is best to have their records transferred to their new GPs without delay.
- Details should be given as to whom patients should contact in the future to obtain copies of or to have their records transferred to, a new GP.
- You may also wish to thank patients for their loyalty and emphasise the importance of continued healthcare for appropriate management of known illnesses, and overall well-being.

The time for this notification to patients and the transfer period of records should be factored into any proposed retirement plans.

If a GP in a group practice is retiring, a simplified approach to the above correspondence could be used. For example, patients could be notified about their retirement and seek confirmation as to whether the patients wish to move to another doctor within the practice.

### **GMS patients**

If the HSE has undertaken to appoint a GP successor to the retiring GP's GMS list or disperse the GMS list, the HSE will inform GMS patients directly of the GP's retirement and their transfer to another GMS list.

Once the GMS list of the retiring GP has been reallocated, the retiring GP should arrange for the transfer of GMS patient records to their new GP without delay; the HSE may be in a position to assist, and the retiring

GP should contact them for advice. The incoming GP has a contract with the GMS and is entitled to the records of all patients on the GMS list.

### **Professional organisations and regulatory bodies**

In addition to notifying staff members and patients about your impending retirement, you should also notify professional and regulatory bodies and healthcare organisations. The following is an example of professional bodies and organisations you may wish to consider, and please note this is not an exhaustive list:

- Cervical Check
- Mother and Infant Scheme
- Social Welfare Department
- Healthmail
- Healthlink
- Local area immunisations office
- Private health insurance companies
- Irish Medical Council
- Irish College of General Practitioners
- Local Out of Hours organisation
- Local pharmacist
- Local public health nurse department

Local hospitals, private consultants, laboratories, and radiology services where the retiring GP has routinely referred patients, should also be formally notified. Such notifications are key to ensuring future patient correspondence is directed to the patient's new GP. Failure to communicate a patient's medical information appropriately and promptly to the correct GP may subsequently result in patient harm or a delay in the patient receiving results/treatment, for example. Following retirement, any outstanding urgent and non-urgent test results and patient correspondence must be communicated to the patient's new GP in a timely manner. Failure to do so may result in serious patient harm.

### **Additional strategies**

Below are some additional practical strategies to inform patients about an impending retirement: -

- Place notices in your practice waiting room/ reception to inform patients of the impending retirement. Staff can reinforce this message when patients call and attend for appointments. Messages attached to billing notifications, and footnotes of prescriptions can also help to reinforce the message.
- Consider placing an announcement in the local newspaper, and on the practice website and social media sites.

If retirement will result in the closure of the practice, following the closure: -

- keep a message on the practice voicemail system for a reasonable timeframe, informing callers of the date when the practice closed and how patients can request copies of their medical records.
- have messages on the outgoing voicemail of the practice telephone numbers and "out of office" responses on the practice email addresses ensuring that it is clear to anyone trying to contact the practice that it is no longer open and include contact details in case of an emergency and who they can contact if they are seeking access to medical records.
- Notices on the building can also help and if new occupants are in the building, it is important to ensure they have the relevant contact details for any patient inquiries regarding medical records etc.

### **Medical Council registration**

It is worth noting that if you plan on retiring you may wish to voluntarily withdraw your name from the Medical Council's Register, which means that you can no longer practice as a doctor in any capacity. Removing your name from the Register also means that it is not possible for anyone to make a complaint against you to the Medical Council as you would no longer be a registered medical practitioner.

Some GPs who are not ready to retire fully from clinical practice opt to remain on the Register e.g. to do locum work periodically. If you choose to remain on the Register, you must comply with the same CPD requirements as practising doctors, even if you are not in clinical practice.

Some GPs opt to stay on the Register stating that they may wish to prescribe medication for family members. In that regard, it is important to be aware of paragraph 48.1 of the Medical Council's Ethical Guide which states:

*In relation to people with whom you have a close personal relationship:*

- *You should not treat, prescribe, or issue sick certificates or reports except in emergencies.*
- *You must not prescribe controlled substances except in emergencies.*

## Ownership and transfer of medical records

The issue of ownership and transfer of medical records between healthcare professionals may arise in practice for various reasons, for example, when a GP retires, where a GP leaves the practice, and following a partnership dissolution.

The Medical Council's Ethical Guide states:

*38.3 You must comply with data protection and any other legislation and regulations relating to maintenance, storage, disposal and access to records.*

The use of the term "you must" is used where there is an absolute duty on the doctor to comply with the guidance that follows.

While most GP practices hold fully electronic records, it is important to be aware that any paper records must also be dealt with appropriately and in accordance with data protection legislation in respect of storage, disposal and access. If the retiring GP retains possession of patient records that are not being transferred and do not yet satisfy the retention periods for disposal, those records should be archived and/or securely stored in accordance with data protection principles, until such time as they can be securely destroyed.

In August 2024 the HSE published an updated policy entitled "*HSE National Records Retention Policy*", which extended the period for retention of records. These updated retention periods are, in general, much longer than what was required by the HSE previously, and for the most part, advises that records must be kept for the lifetime of the patient, plus a further 8 years. The policy was due for revision on 26 November 2024 but as we understand it, has not yet been finalised. We continue to monitor the situation and will update members accordingly on release of any updated HSE guidance.

It is advisable for a retiring GP to retain copies of patient records. If a copy is not retained, a GP may find themselves in a position where they will be reliant on the record-keeping practices of a third party, over which they have no control, to defend themselves against a legal claim or complaint that might arise in the future, after retirement. If upon retirement, however, a GP is unable to securely retain or archive a copy of their original records, they should ensure that they retain a right of access to the original patient records, should it be required. This may involve entering into an agreement with the patient's new GP and this should be contemplated in advance of transferring patient records.

When there is a takeover of a practice, it is important that clear terms are agreed as to who is responsible for the secure transfer, storage and, if appropriate, disposal of patient records. Will this fall to the retiring GP, for example, or will the new GP agree to take on some of the responsibilities? If the new GP does not seek clarification on these details, they may be deemed to have assumed responsibility for the entirety of records remaining in the practice, this could include all duties and obligations in relation to those records and the associated costs; therefore, prior agreement is strongly advised.

GPs should be mindful of security when transferring patient records by electronic means and it is important to ensure that there are appropriate levels of encryption in place. GPs should consult their IT provider to ensure that proper safeguards are in place so that clinical system information remains as secure as possible.

For more detailed guidance, please see our factsheet entitled “*Ownership and Transfer of Patient Records*”, available on our website.

## Closing a practice premises

Should your retirement from practice result in you having to close your practice premises, there are many important legal, regulatory, and insurance issues to bear in mind.

The Medical Council’s *Guide to Professional Conduct and Ethics for Registered Medical Practitioners*, 9th Edition, 2024, states that you should have plans in place to deal with foreseen and unforeseen cessation of practice. If a practice closure is planned, preparation should start as soon as reasonably possible. As mentioned above, we recommend the practice develop an exit strategy and consider enlisting the services of an accountant or personal solicitor to assist with financial and/or legal affairs such as partnership, tenancy agreements, and any employment law matters that may arise.

If you are retiring due to ill health and have to close your practice, we are aware of emergency supports from the ICGP and the HSE in such circumstances. We have also set out additional guidance on unplanned closures and absence from practice, in our factsheets entitled “*Practice closures – planned and unplanned*” and “*Absence from Practice and Cessation of Practice*”, available on our website. At Medisec, we are also here to assist our members in any way that we can.

## Professional medical indemnity insurance

In line with the terms and conditions of your professional indemnity insurance policy, you must notify Medisec of any changes to your agreed number of sessions at any stage in your career, and in particular when retiring or closing a practice. If you are planning to continue to do some sessional or locum work it is imperative that you contact us directly to ensure you have the appropriate level of professional indemnity insurance cover in place. For further queries regarding your medical indemnity please contact a member of the Medisec team on 01 6610504

## Conclusion

Retirement from practice is recognised as one of the biggest transitional periods in one’s professional life. Having robust systems and processes in place associated with your impending retirement may reduce patient safety risks and facilitate a smooth and orderly retirement process, whilst ensuring continuity of patient care. Careful planning, advice and consideration of the above issues may assist in making the transition as seamless as possible so you can move on and enjoy your retirement, which is very much deserved.

Please do not hesitate to contact Medisec if you have any queries regarding this factsheet.

**The contents of this publication are indicative of current developments and contain guidance on general medico-legal queries. It does not constitute and should not be relied upon as definitive legal clinical or other advice and if you have any specific queries, please contact Medisec for advice.**