**Medical Staff Transition to Retirement – Hospital Checklist**

**Appreciation**

Boston Children’s Hospital and the Physician Foundations have created an overview of options to enhance the wellbeing and engagement of faculty as they transition toward retirement. Faculty should discuss with their Department Chair/Chief the menu for their individual transitions. BCH appreciates the years of service of all faculty members.

As faculty transition, BCH and the Departments will notify retiring faculty of how to maintain (if desired) their email addresses, IDs, and access to the BCH Medical Library and the menu of options offered by each Foundation and/or Department. Departments and/or Foundations may offer access to education and/or consultation about financial planning, health insurance, and pension funds.

Non Physicians – Faculty who are non-physician investigators should discuss with their Department, BCH HR, and/or Foundation their options for staying engaged with BCH as they transition toward retirement.

**Terms:**

* **Transitioning Physician Faculty –** Those physician faculty members on a pathway towards retirement but who retain clinical privileges (inclusive of teaching medical students/trainees) and the ability to practice commensurate with their agreed upon role with their Department/Division Chief
* **Retired Physician Faculty –** Those faculty who have relinquished their clinical privileges and no longer practice clinically (inclusive of teaching medical students/trainees)

**Faculty Checklist:**

Faculty are encouraged to discuss with their Chief how to taper the following activities on their transition pathway; please also refer to the PO/Foundation Checklist:

* Clinical Activity
* BCH Appointment/Licensure/Malpractice
* Teaching Activity
  + Medical Students
  + Residents/Fellows
  + Peers
* Research Activity
* Mentorship of Faculty, Trainees, allied health
* Committee Work
* Logistics – Parking, ID/General Access, Office Space, Stipends, Journal Submission Fees, Professional Development (Societies, Conferences, etc.),
* Employment/Salary/Benefits – Education about health insurance, pensions, financial planning
* HMS academic appointment

**Medical Staff Appointments, Credentialing and Privileging**

Medical Staff appointments are to be made in accordance with the Medical Staff Bylaws and Rules and Regulations in the original appointing Department/Division as an individual is tapering practice and transitioning toward retirement with support of their Department/Division Chief.

Options to consider:

1. Re-Appoint as Active or Affiliate Staff, with primary specialty clinical privileges either full or reduced, with a Medical License, Board Certification and Appropriate CRICO Coverage\*

OR

1. Re-Appoint as Active or Affiliate Staff with Transitioning Consulting and Teaching Privileges\*\*, with a Medical License and Teaching CRICO Coverage\*
   1. Note, Teaching CRICO Coverage provides the full coverage CRICO; however, the premium is significantly reduced commensurate with the decrease in risk profile of these clinical activities

OR

1. Re-Appoint to the Emeritus Staff with NO Clinical Privileges and no need to further renew your Medical License
   1. You are still considered a Member of the Medical Staff and you will not need to re-appoint thereafter
   2. In this category you may only give general clinical advice about non-specific patient cohorts
   3. May attend conferences where patients are discussed but may not offer specific advice on a specific patient impacting the direction of the care under discussion
   4. Didactic teaching only, no bedside teaching; for which you may obtain CRICO Teaching Coverage
   5. Shall not have access to the Medical Record (in any capacity)

OR

1. Choose to relinquish your Medical Staff appointment and you are no longer a member of the Medical Staff

*\*Note, you may maintain an Active Staff appointment so long as you maintain your faculty appointment at HMS and with support of your Department/Division Chief*

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\*\*Transitioning Consulting & Teaching Privileges:

* Clinical consulting to other Medical Staff Members of specific patient diseases or conditions in the field of their primary specialty, which may directly impact the treatment or care plan.
* Clinical teaching of medical students, interns, residents and fellows, and peers in an inpatient or outpatient setting and attendance at conferences and rounds for the purposes of education.

Includes:

* Rendering an opinion on a patient’s care or care plan as part of a discussion with another physician or care team but no direct patient contact.
* Read-only access to the Medical Record for the purposes of formulating their opinion, if so directed by the treating provider(s).
* The evaluation, performance and/or supervision of a history and physical examination and medical record access including a review of all available data for the purposes of teaching (read-only). The physician shall not treat, order/prescribe, evaluate and/or diagnose specific patients for the provision of clinical care. Conferences or individual clinical discussions (for example, in curbside consults) do not establish a “patient-doctor relationship.”

| Staff Category | Privileges | Licensure Req? | CRICO | EMR Access | Board Cert Req? |
| --- | --- | --- | --- | --- | --- |
| Active Staff | Specialty Privileges (Full or Reduced) | Yes | Specialty CRICO | Yes | Yes |
| Active Staff | Transitioning Teaching & Consulting | Yes | Teaching CRICO | Read-Only | No |
| Affiliate Staff | Specialty Privileges (Full or Reduced) | Yes | Specialty CRICO | Yes | Yes |
| Affiliate Staff | Transitioning Teaching & Consulting | Yes | Teaching CRICO | Read-Only | No |
| Emeritus Staff | None | No | Teaching CRICO | None | No |

**Dr. Jim Kasser, MD and/or Mathieu Gaulin, CPMSM, CPCS are happy to discuss these options with faculty and Department Chairs.**

**Maintaining your BCH email as a retiring or emeritus/emerita physician faculty:**

Discuss with your Chief about your HMS and BCH roles.

* If you are retaining any level of Clinical Privileges, you should maintain the same PeopleSoft/Associated Personnel (AP) Status
  + If you are changing your clinical privileges necessitating a change in your EMR access (i.e. Read-only), your administrator should submit an OAR form to change your EMR access
* If you are transitioning to Emeritus Staff, your Department/Division Administrator should submit a request to change your PeopleSoft status to: **Affiliated Non-Clinical Staff, per diem**

This designation allows you to maintain your BCH email, BCH ID and access to the BCH intranet.

**HMS appointment and access to Harvard libraries and digital resources, and educational and cultural events**

The Harvard Medical School appointment will be managed through the original appointing department according to the HMS faculty handbook. An academic appointment at HMS is needed for faculty to maintain access to the Countway Library and digital resources. The following is a brief summary of the guidelines for HMS faculty transitioning to retirement:

* **Retiring members of the HMS faculty at a level of Instructor, Assistant Professor, Associate Professor, or Professor, Part Time,** who have completed at least ten (10) years of service to Harvard University, reached the age of 60, and will maintain some role in the academic department may transition to “Corresponding Member of the Faculty” status at the time of retirement, if requested by the Department Head. “Corresponding Members of the Faculty” hold active appointments that must be renewed annually and, to the extent that they and their Department Head’s wish, continue to participate in the academic life of the community.
* **Retiring members who are** **Professor, Full Time** may transition to the title of Professor Emeritus/Emerita. An individual holding an endowed professorship who reduces effort in a transitional state toward retirement may retain the endowed professorial title, modified by the term “Distinguished”. ‘Distinguished’ designation indicates that the faculty member, unless agreed to by arrangement with hospital leadership, will no longer receive financial resources from the Professorship. At the time, an “endowed” Professor transitions to full retirement, their title becomes the “(Name of the endowed chair) Professor Emeritus (or Emerita). Non-endowed Professors who transition toward retirement may serve as a part time professor for a period up to two years before transitioning to Emeritus or Emerita status. Emeritus/Emerita Professors may continue to serve in the academic life of the department by agreement with the department chair person.