

Thinking about retirement - resources

[Member Services team](#)

There are a number of considerations to help ensure a smooth transition from working in a demanding and rewarding professional environment to a different type of life post-retirement.

We've produced some resources for you, including practical advice and key steps to take, that we hope can support you in your retirement process.

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Below is a list of resources, but not an exhaustive one. We are always happy to receive ideas and advice from those who have experienced retirement. Please get in touch if you would like to add anything to the below list

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Consider your options

Take time to consider your choices for later life career and retirement.

Later life practice and retirement are part of a lifelong career. The choices you make about how and when to change role are just as weighty as those you made about applying for medical school and paediatric training.

You will find plenty of information here to help you manage but like all life transitions, these are a matter of the heart as much as the head.

After years in a role, it's common to experience a sense of unease. It comes from recognition that you are not as tough as you once were, anxiety about losing skills, discomfort about the setting in which you practice and fear of what it would mean to give up the role of doctor. This discomfort can escalate to real anxiety about making a disastrous mistake, right at the end of a good career.

Sometimes there is a crisis: paediatricians are only human and can get ill or burnt out like anyone else. If this happens it's wise to take time out to get some balance rather than making decisions under pressure.

Whilst some people see a clear path to the next step, it's natural to be caught for a while, scared to make a move. It helps to acknowledge that this developmental phase takes time and to share your hopes and fears with colleagues, friends and sometimes a professional coach or mentor.

Choices can seem limited to stick it out a bit longer or retire as soon as possible. In fact, there is a big world out there and stepping back to take stock will bring awareness of new opportunities. Reflecting on the times in your life when you were at your best will remind you of your character strengths and core values. Activities in tune with those will bring you satisfaction. There might be something the younger you couldn't pursue and now is the time.

It takes courage to try something new after years of being established. Imagining what you want is the first step to making it happen. Be proud of your soft skills. Older people are better at navigating difficult interpersonal issues. If you want to stay engaged with children and young people you might do that in the NHS or the voluntary sector. If you want to contribute to service development there are roles outside your old department and trust. You might seek to give back through teaching or mentoring. RCPCH has many roles which benefit from the crystallised experience of senior paediatricians.

If you recognise that you need something to help you think, you may like this 2021 book, [Changing Gear: Creating the Life You Want After a Full-On Career](#)

As you step away from conventional NHS practice and into retirement, you will need to manage your responsibilities to your patients, yourself and the regulator.

Patients

Work with your clinical service to ensure a smooth handover to named individuals. Keep clinical records and governance submissions up to date, confidential and accessible to the right people. Where appropriate involve yourself in supporting colleagues who will be taking over your role. Consider introducing long term patients to their new doctor.

GMC registration and licence to practice

When moving on from clinical practice, a huge concern is what to do about registration and licensing. Many doctors are scared about giving up their licence to practice. It's a big part of your identity and can feel like burning your boats, leaving you without the possibility of future medical activity.

Consider if you still need a licence to practice. In law, it's needed if you are planning to give medical advice, prescribe or sign death certificates. Away from standard clinical practice, some other organisations may want you to have a licence for activities like examining or providing medicolegal opinions.

There is good advice on the [GMC website](#). One option is to remain on the register without a licence.

If you want to keep your licence you will need annual appraisal and revalidation. That's straightforward if you are doing NHS or private clinical work in the UK. You will be attached to a designated body who will support you.

It is more complicated if your only work is paramedical – for instance medico-legal work or examining. Be careful about voluntary work: if it relies on you being a doctor, you will need a licence.

The [GMC has a good tool](#) to help you find an organisation through which you can do appraisal and revalidation in various circumstances.

If you don't need a licence, then contact the GMC to give up your registration, licence or both formally. That way you leave in good standing which makes it cheaper and easier if you change your mind and want to be reinstated.

Common myth: If you give up your licence you can't get it back. Not true, you can apply to be reinstated.

Another myth: You don't have to worry about it until your revalidation date. Not true, the GMC will want to know if you are attached to a designated body and having regular appraisals soon after you leave your employer. You will have months, not years to decide what to do.

Indemnity

Whatever you are doing, let your medical protection society know. You may still need insurance for non-clinical work. If you don't need insurance any longer, most will provide services for issues arising out of your time as a member. Clarify this with them.

NHS Pensions

Let your employer know in good time (at least four months notice) the date you intend to retire and take your pension. They will provide you with forms to complete, fill in the employer's section and send them off. The [NHS pensions website](#) has full information. Your pension should be paid within 30 days of your retirement date. After that it's your responsibility to let NHS pensions know of any changes in address or circumstances. RCPCH also has information on [NHS pensions and tax legislation](#).

HMRC

It's likely you will still need to complete an annual tax return even if your only income is your state and NHS pension.

Top tips

- Make sure the GMC has your contact details. Open emails and respond. If you don't engage you will end up showing on the register as not registered – administrative reason.

- Leave with an up to date appraisal and keep the outputs of appraisal from the last five years. If you do take up another medical job, these are evidence of consistently adhering to GMC.
- Be careful of information governance if you are taking documents with you. Make sure there is no personal data and you comply with GDPR at all times.
- It's good to get your mandatory training up to date and save the certificates. While some organisations may want you to do their version if you take on a new role, many will accept current certificates from other NHS organisations.
- Get your health information from occupational health. You may need proof of vaccination or serology for future roles.
- It is likely that your work email address will expire a few months after you leave your role. Work out how to stay in touch with the colleagues and professional organisations which are important to you.

Practical advice

BMA

[The BMA](#) is probably the most helpful source of advice around pensions etc. Some of it is only available to members. Much of its advice is aimed at employers retaining or re-employing retired doctors. They also have a webinar available for members to watch,

[Royal College of Surgeons of England](#) gives general advice but is also launching a campaign to make it easier for surgeons to retire partially, and continue to support the NHS by doing limited operative work and continuing in teaching, advisory and mentoring roles. Enhancing Senior Surgeons Working Lives (ESSWL).

The Royal College of Physicians have a society specifically for retired members, [Senior Physicians Society](#). Its main purpose is social and educational rather than providing financial or emotional support. There are online talks. There is also an excellent [blog by Dr Hannah Gordon](#) on keeping older physicians in practice.

What to do after retirement - non professional related activities

None of the suggestions listed below require any medical or paediatric qualifications, but for many of them our experience and knowledge will prove very useful. As paediatricians, almost by definition we enjoy working with children, so these are selected with that in mind.

DBS (disclosure and barring service) checks are required for some but not all. Be aware that some organisations (eg education) may not accept your current NHS DBS certificate, and insist on doing their own checks. This is

Academics will already have university links which they can maintain for many years after retirement. For others, some options include:

- [University of the Third Age](#) - their content is not too challenging and open to everyone, online and local groups
- [Open University](#) - with a huge range of undergraduate and postgraduate degree courses, all delivered remotely
- A vast array of online courses on almost anything, many of which are free - one important and comprehensive resource is [FutureLearn](#)

Wildlife and conservation

Every county has its own wildlife trust, and some of them run events specifically for children, such as [Wildlife Watches](#). This is in addition to their

We at RCPCH also have our own very active historical society for paediatricians, [British Society for the History of Paediatrics and Child Health](#) (BSHPCH).

Schools

Many schools ask for volunteers. One popular role is just helping children with their reading on a one-to-one. Some may appreciate help with outings, sports and other activities. You can contact a local primary school directly. No prior link with the school is necessary. Or, you can contact [Beanstalk Charity](#). Becoming a school governor requires a greater commitment, and doesn't necessarily involve much direct contact with children.

Sports coaching

If you enjoy sport, and are reasonably fit, children.

on prognosis is no longer permitted, but you can still provide expert reports on cases. Indeed for historical cases, consultants who were in practice at the time of the events are preferred to younger experts who weren't.

Volunteering overseas as a paediatrician

Many people want to use their medical skills in low-income countries where paediatricians are in short supply. For this you need to be registered to practice in the destination country. This can be challenging and frustrating. Also you need to be in good health and prepared to work and live in low resource settings. If you are involved in teaching / training rather than providing direct patient care it may not be necessary to be registered in the destination country.

This can be done through the RCPCH [Global Links programme](#).

[BMA](#) has advice about volunteering abroad as a doctor.

[VSO](#) (voluntary service overseas) is an umbrella organisation that matches volunteers with placements in resource-poor countries: they welcome retired doctors.

[Medecins Sans Frontieres, or MSF](#) employ paediatricians, though their requirements are quite specific. There are also non-medical voluntary roles, UK and overseas.

[Doctors of the World](#) is an independent humanitarian movement working at home and abroad to empower excluded people to access healthcare.

NHS

- Foundation Trust Governor

Supporting colleagues and trainees

- Coaching, counselling
- National support organisations such as Practitioner Health

NICE

Getting involved in [NICE committees](#).

Supporting refugees and asylum-seekers

- [Refugee Council](#)
- [Doctors of the World](#)

Retirement opportunities at RCPCH

Your representative for senior members

Dr Andrew Long, RCPCH Representative for Senior members, Senior Fellows and Honorary Fellows holds monthly get togethers for senior members over Zoom. All senior members are welcome to join the informal chat. He also sends regular emails with updates from RCPCH as well as any relevant events or information. (Make sure your email address is up to date by [logging in to your RCPCH account](#).)

Volunteering at RCPCH

RCPCH has a number of activities open to retired members. You can explore all the [volunteering opportunities](#) available to support the College's work to improve child health. Do also check for full information on [licence to practise requirements](#) for RCPCH designated roles and other roles.

Examining

- Any retired paediatricians who are or who have been examiners are

examiner modules for examiners. This means that someone assessing for START can not hitch hike onto exams E&D.

- With regards the three years post retirement rule, the GMC has allowed some flexibility with this in the last year or so. This has been particularly important as all colleges have struggled to get examiners.
- For question /scenario writers the College would be happy for input from any paediatrician – no requirement for completion of a training programme or submission of an application.
- A retired paediatrician who is still an examiner does need to have annual appraisal and retain a link to a designated body, this will include the need for appropriate CPD.
- Examiners must have a GMC licence to practice.
- There is [revalidation guidance](#) for appraisers of RCPCH clinical examiners retired from medical practice.

START assessing

START means [Specialty Trainee Assessment of Readiness for Tenure](#), and guides trainees as they prepare for completion of training and practice.

- Our START team certainly welcome retaining assessors pre and post-retirement to support their assessor pool.