

What do I need to know when I retire?

When considering stepping away from medical practice there are many things for doctors to consider, **Abi Rimmer** finds



“Start planning as early as possible”

Benjamin Holdsworth, director of Cavendish Medical

“From a financial perspective you need to focus on what your ideal retirement might look like.

“If you want to keep working, consider what this will involve and whether your trust is amenable to ‘retiring and returning’ or job sharing. If you have a private practice, will this be your focus and do you have an ‘exit strategy’?”

“Start planning as early as possible—preferably within at least five years of your desired retirement. As a busy doctor, the temptation to ignore important financial choices is great and the time available to focus on them is short. However, making well considered decisions now will have a positive impact on your future.

“If you already have a retirement plan in place, check if it’s still an accurate reflection of your objectives. Are your historic savings and investments still fit for purpose?”

“While retirement can be a golden era, with the time and resources to enjoy life, for those who are not financially prepared, despite an apparently comfortable current position, it could be a time to make do on a reduced income. You may enjoy a three decade retirement and will want to ensure your standard of living is not compromised.

“The financial landscape is facing constant change. Seek help from an adviser with experience of NHS remuneration and pension packages.”



“Consider the options for your GMC registration”

Beverley Ward, medico-legal adviser at the Medical Defence Union

“Retirement doesn’t always mean the end of a medical career. Many doctors continue to work while not actually practising. On retirement, there are three options for your registration with the General Medical Council.

“The first is remaining registered with a licence to practise, which will allow you to carry on practising in some way, including prescribing and signing certificates. You will need to continue to pay the full annual GMC retention fee, and follow Good Medical Practice guidance.

“The second option is to remain registered without a licence to practise. This can be useful for a non-clinical role requiring medical knowledge. Again you need to follow Good Medical Practice. You will still be regulated but your retention fee will be reduced and you can re-apply for a licence to practise at any time.

“The final option is to give up your registration and licence to practise (also known as voluntary erasure). This means that your name will stay on the register with the status “Not registered—having relinquished registration.” You will no longer be able to practise medicine or be regulated by the GMC. You can apply for restoration to the register at any time.

“You can continue to use the title ‘Dr’ whichever option you choose, but it would be a criminal offence to present yourself as a registered medical practitioner if you are not.”



“You are an individual, not just a professional”

Richard Rawlins, BMA retired members’ conference chair

“Retiring brings the chance to accomplish many dreams. It can give you the chance to travel, pursue hobbies, and finally sleep in—but it also raises fears and insecurities. Will I become lonely? Will I become bored? Will I stop learning new things?”

“The BMA’s planning for retirement seminars are an ideal way to prepare for this final stage of your career. These seminars take place across the country, with expert speakers providing a thorough explanation of the common retirement issues.

“One of the topics covered at these seminars is how to look after your wellbeing once you are retired by thinking about yourself as more than just a professional, but as a unique individual. They also cover tips to help you keep in touch with the people most important to you.

“Volunteering can support your wellbeing and happiness in retirement. Consider opportunities with Médecins Sans Frontières, Merlin (a charity which aims to help people improve their lives through philosophy), or a royal college. There are also many volunteer prospects with a range of non-medical charities.

“Remember, in a way, doctors don’t ever really retire—they may not have the responsibility of treating patients but the doctors’ mindset never really goes away.”



Sam Guglani is a consultant oncologist in Cheltenham, where he specialises in lung and brain cancers and chairs the hospital's ethics committee. He is director and founder of *Medicine Unboxed*, an events project that aims to engage public and health professionals in exploring medicine, life, and mortality through the arts and humanities. He writes poetry, as well as a column for the *Lancet* titled "The Notes." His first novel, *Histories* (Quercus, 2017), has been widely praised for its insight, telling individual stories that make up the life of a hospital.

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Sam Guglani Life, mortality, and poetry

What was your earliest ambition?

Some or other version of flight.

What was your best career move?

Passing through Bath on the train in 1994 and being caught by its beauty. This took me there for my first house job, to oncology, and my life sort of unfolded.

What was the worst mistake in your career?

On my first day on call as a junior in Gold Coast, Australia, I placed a central line hurriedly and badly, causing much harm.

How is your work-life balance?

Possibly a disaster, possibly perfect. As a new consultant I remember being advised to develop boundaries, but I'm not convinced. Work and life seem to exist in a continuum where everything fun, necessary, and important must be met and achieved. But the balance tips, sometimes this way, sometimes that.

How do you keep fit and healthy?

I've run for almost my whole life—slowly and probably unglamorously, but culminating in one or two very slow half marathons a year.

What single change would you like to see made to the NHS?

Prioritising care alongside the technical aspects of treatment.

What do you wish that you had known when you were younger?

That life is brief and precious; that humans are imperfect and morally ambivalent creatures, capable of acts of great cruelty or real kindness; and that love, in its widest and simplest conception, is challenging and demands much effort.

Do doctors get paid enough?

In this country, yes, we are. Perhaps it's time for doctors to look up from our pay cheques and ask ourselves what we owe this world, not simply what it owes us.

What do you usually wear to work?

Most often, the emperor's new clothes.

Which living doctor do you most admire, and why?

David Nott (London based surgeon who volunteers in war zones), for being the antithesis of pinstriped, complacent Western medicine and for his bravery and self effacement.

What single change has made the most difference in your field?

The steady, if still inadequate, recognition of human mortality and the necessary attention on symptom control, palliative care, and quality of life.

What new technology or development are you most looking forward to?

More of the above. In oncology, not a year passes without huge strides in technological innovation. But we must ask important questions about the limits of medicine, what we as a society value, and when treatments should stop.

What book should every doctor read?

All fiction and poetry. They're as central to medical encounters as anatomy and physiology textbooks.

What would be on the menu for your last supper?

One of my mum's parathas; a pizza with Eve and Joe, ice cream in St Ives; and a glass of shiraz with Alison (the garden steps, a summer's dusk, swallows).

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