



Approved January 2021

## *Considerations for Emergency Physicians in Pre-Retirement Years*

Reaffirmed January 2021,  
June 2015

Originally approved  
June 2009

The American College of Emergency Physicians recognizes that an increasing percentage of its members are entering retirement or pre-retirement years. In an effort to enhance and prolong the careers of emergency physicians in the latter stages of their professional lives, to ensure patient safety, to promote continued membership and participation in the College, and to facilitate the transition of emergency physicians from active practice to semi- or full retirement, the following guidelines are offered:

- Physicians and physician groups are encouraged to be mindful of the limitations that may accompany the aging process. In compliance with age discrimination laws, appropriate policies to evaluate and, to the extent possible, accommodate specific limitations can provide the senior physician with a supportive environment in which to deliver quality care.
- As may be feasible or appropriate, a variety of workload modifications can be implemented:
  - Consider minimizing or eliminating assignments to rotating, late evening or night shifts as a means of minimizing circadian stress.
  - Encourage older providers to work more day shifts on weekends in exchange for night shift assignments.
  - Follow scientifically-based scheduling recommendations when possible. This may include consistently scheduling senior physicians to a single shift segment of the day/night cycle to preserve a period of core sleep, or scheduling clockwise rotations (morning, afternoon and night) to minimize circadian disruption.
  - Consider scheduling additional time off for recovery after night shifts.
  - When possible, shorten shifts to periods of eight to ten hours or less, and schedule fewer consecutive clinical shifts.
  - When possible, adopt scheduling strategies that best match patient volume and acuity to the work pace of the senior physician.
  - When possible, allow those senior physicians who are willing to exchange clinical responsibilities for administrative or teaching duties to obtain the requisite training to do so.