Beyond the practice: Resources and strategies for succession planning

October 27, 2026

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Poll #1

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Housekeeping



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Land Acknowledgement

Doctors of BC humbly acknowledges the traditional territories of First Nations within British Columbia and that our offices are situated on the unceded territories of the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), and səlilwətaɬ (Tsleil-Waututh) Nations. For Doctors of BC, acknowledging the traditional territories is an expression of cultural humility that involves recognizing our commitment to support the provision of culturally safe care to First Nations, Inuit, and Métis people in BC.



Speakers & Agenda



Darla MacIver



Dr. Mark Morris



Jennifer Taylor



Dr. Peter Gibson



Shaun Howe

- Divisions
- Physician Business Services
- Physician Health Program
- MNP
- Q&A

BEYOND THE PRACTICE

A personal story about stepping back from family practice

I wasn't trying to stop working.
I was trying to make room for the rest of my life.

Dr. Mark Morris | Doctors of BC | October 27, 2026

MY STORY STARTED BEFORE I HAD A RETIREMENT DATE

Family

Work had become all-consuming. I didn't feel I had enough time with my family.

Perspective

My mother's health challenges changed how I thought about time and priorities.

Financial clarity

A conversation with MD Management confirmed I had reached financial independence.

Once I knew I could afford to step back, the question changed. It wasn’t “Can I retire?” It became “What do I actually want my life to look like?”

RETIREMENT WAS NOT ONE DECISION

Do I want to stop owning a practice?
Do I want to stop seeing patients?
Do I want to stop being a physician?

Those decisions don't have to happen on the same day.

My transition has involved stepping away from ownership, continuing to locum, and gradually reducing leadership roles.

THE RUNWAY: START EARLIER THAN YOU THINK

3–5 YEARS

EXPLORE

Is this really what I want?

2–3 YEARS

PREPARE

Design the life and understand the practice.

12–24 MONTHS

SUCCESSION

Recruit — and expect setbacks.

FINAL 6–12 MO

TRANSITION

Patients, staff, admin and handoff.

3–5 YEARS OUT: EXPLORE

Ask the uncomfortable questions.

Is clinical work still energizing me?

What is work costing me in family time, health and relationships?

Am I financially ready — or just hoping I am?

What do I want more of after practice?

Talk to physicians who have already made the transition.

2–3 YEARS OUT: BUILD THE FOUNDATION

Design the life

Travel, family, part-time clinical work, mentoring, leadership — decide what belongs in the next chapter.

Understand the practice

Panel, overhead, staffing, EMR and the features a successor needs to understand.

Know your non-negotiables

Panel size, continuity, staff treatment and timeline flexibility.

THE PART I UNDERESTIMATED

Succession

I didn’t think finding a replacement would be easy, but I didn’t think it would take three tries and such difficult decisions.

THREE ATTEMPTS — WHAT ACTUALLY HAPPENED

1 UBC IMG

Almost there.

Matched with a resident through the UBC IMG program, but she would take only about 800 of my 1,200 patients. I wasn't willing to leave 400 without a family doctor.

2 PRA-BC (ROS)

No match.

A Practice Ready Assessment (PRA-BC) return-of-service physician. After investing time, hope and planning energy, the clinic did not match.

3 Right fit

Success.

The third attempt finally produced the right successor and a workable transition.

BUILD BUFFER — IN THREE DIRECTIONS

TIME

Recruitment can take longer than expected. Don't make your retirement date depend on one match.

OPTIONS

If appropriate, pursue more than one pathway. Don't put all your hope in one match.

EMOTIONAL ENERGY

A failed attempt is a real setback. Hold to what matters and leave yourself room to regroup.

THE FINAL 6–12 MONTHS: TRANSITION

Patients

How and when will they be informed? How will vulnerable patients be supported?

Staff

They are living through the transition too. Involve them early.

Clinical & administrative close-out

Wind down deliberately: credentials, billing, EMR, contracts, records and other obligations.

Handoff

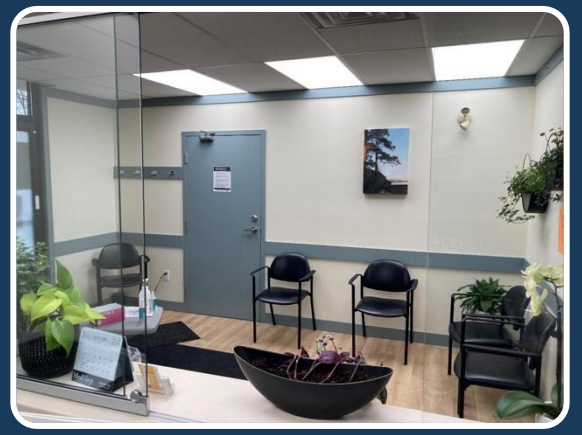
If there is a successor, plan time for orientation and overlap.

YOU DON'T HAVE TO GO FROM 100 → 0

My soft landing

Ownership → Locuming → What's next?







Locuming at my previous clinic has given me a bridge.

I stay connected with staff and patients, maintain clinical skills, continue using my EMR and AI scribe, and have space to decide what comes next.

I'm still figuring out what the final version looks like.

THE EMOTIONAL SIDE IS REAL

You will miss people

Patients and staff can be part of your life for decades. Leaving can feel like a loss even when the decision is right.

People will have opinions

“You're too young to retire.” Having a clear rationale helps — but you don't owe everyone a detailed defense.

Identity changes slowly

Stepping away from physician and leadership roles is a process, not a switch.

WHAT I AM TRYING TO PROTECT

Family

More time with the people who matter.

Health

More activity, a healthier diet and better recovery.

Travel & connection

Mexico, Spain, Japan, and time with family and friends.

Curiosity

Technology, mentoring, fitness and the freedom to explore what comes next.







THE REAL MEASURE OF SUCCESS

Not how clean the handoff was.
Whether I actually use the time for the reasons I left.

IF I COULD GO BACK FIVE YEARS…

1 START EARLIER	Succession takes longer than the first plan suggests.
2 KNOW YOUR NUMBER	Financial clarity unlocks the other decisions.
3 EXPECT A SETBACK	Build time, options and emotional buffer.
4 DESIGN A SOFT LANDING	Retirement doesn't have to mean 100 → 0.
5 PROTECT THE WHY	Leaving practice only works if you make room for the life you wanted.

WHERE TO GET HELP

Doctors of BC / your Division

Divisions' retirement guides: Vancouver "How to Retire" Guide, Richmond Practice Change Toolkit, North Shore Retirement Package.

CPSBC / MSP / CMPA

CPSBC resignation/retirement form (cpsbc.ca); MSP enrolment changes; CMPA scope update; PHSA Private Physician Network.

Financial & legal advisors

MD Management for retirement readiness; accountant and lawyer for corporate, contract and tax matters.

Practice supports

EMR/vendor, records, staff and operational transition planning.

Physician Health Program

Support with the personal and emotional side of transition.

Links and contacts will be shared with the slides.

QUESTIONS & DISCUSSION

What would you like your next chapter to look like?

The goal isn't simply to leave medicine.
It's to make room for the life you want.



With my wife and Coco



Coco, painted by my daughter Emily



Divisions

Jennifer Taylor

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Divisions of Family Practice
An FPSC initiative

A Supported Path to Retirement

How your **Division of Family Practice** can help you plan a safe and supported exit

Start early. Protect continuity. Leave well.

Supports differ by local Division

Presented by:
Jennifer Taylor – Recruitment Coordinator
Central Island Division of Family Practice

RETIREMENT / SUCCESSION PLANNING

Plan retirement as five coordinated stages

1

Early Retirement Planning

3–5 YEARS OUT

- Confidential conversation with Division staff
- Retirement / succession planning
- Practice assessment: panel cleanup and composition
- Identify risks and options

2

Preparing the Practice

1–3 YEARS OUT

- Create an attractive practice or clinic
- Practice optimization
- Financial considerations
- Business considerations

3

Finding a Successor

12–24 MONTHS OUT

- Create a posting; promote through recruitment channels
- Site visits and introductions
- Transition or mentorship

4

Patient Transition

FINAL 3–12 MONTHS

- Identify complex patients needing priority transfer
- Create communications to patients
- Notify clinic staff

5

Closing or Completing Takeover

FINAL MONTHS + AFTER

- Office closure checklist
- Medical records storage (https://medrecords.ca/) & ongoing record responsibilities
- Notify labs and specialists
- Address lease requirements

The sequence is flexible; planning early protects patient continuity and preserves options.

LOCAL NAVIGATION

Your Division coordinates; experts advise

One local navigator connects the work; each partner brings specific expertise.

YOUR DIVISION / PCN

Coordinate the journey

1. **Succession & Recruitment**
   Shape the opportunity and connect candidates via Health Match BC, UBC IMG, PRA-BC
2. **Panel & Continuity**
   Prepare the panel and attachment pathways.
3. **Communications & Wellbeing**
   Support patients, staff and the physician transition.

EXPERT ADVISORS

CPSBC + CMPA

Standards, licensing, continuity and medical legal advice.

DOCTORS OF BC + PSP

Practice optimization, panel/EMR coaching and business resources.

LAWYER + ACCOUNTANT + HR

Contracts, lease, staffing, tax and estate planning.

YOUR NEXT MOVE

Book a transition conversation

1	**A target window**	A date range is enough to start.
2	**A preferred path**	Takeover, share, phase down or close.
3	**Your constraints**	Panel, staff, lease, records and life priorities.

Contact your local Division and book the conversation.

Physician Business Services

Darla MacIver, Business Advisor



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What is Physician Business Services?

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Who We Are

- We are a dedicated team committed to providing accessible business resources for our physician members, including both Family Physicians and Specialists across the province.

What We Do

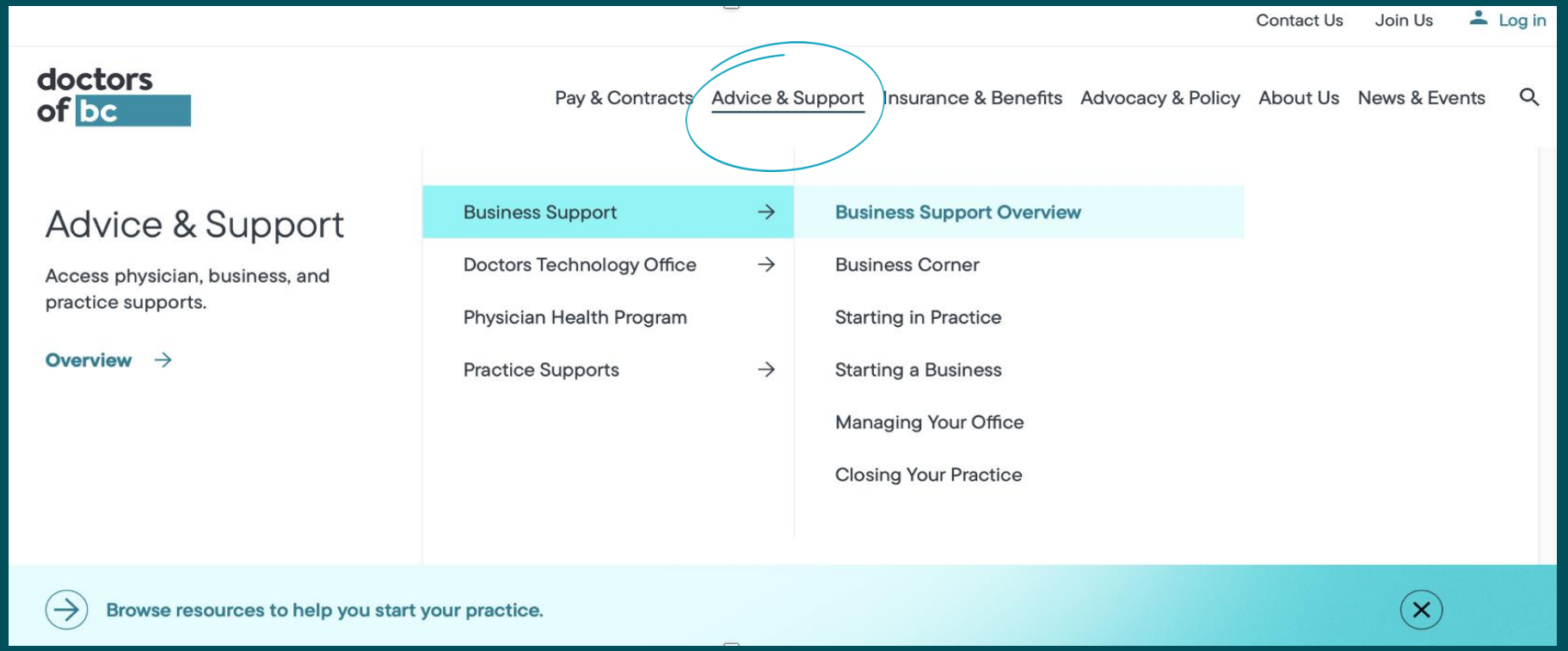
- We provide a range of services tailored to support physicians at every stage of their career journey. Our aim is to support physicians and their staff in managing their practices more efficiently. By reducing the administrative burdens that physicians face, we enable them to concentrate on patient care and other essential tasks throughout their careers.

How We Achieve This

- We offer support and resources through multiple channels, including one-to-one support with our regional business advisors and group education with our billing advisor. Additionally, we offer several toolkits and educational resources, including webinars and articles, in our Business Corner.

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Find us on the Website



Things to consider for succession planning

- Making the practice appealing to successors
- Locums or PRA recruitment
- Notifying associations and programs
- Managing records
- LFP billing model

Supports

- Business Advisors
- Physician Support Program/Doctors Technology Office
- FPSC Billing Support team
- Peers

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Physician Health Program

Dr. Peter Gibson

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Transitions

- Shifting from one phase of one's life to another or changing aspects of one's career
- May be voluntary or involuntary
- May be a positive change or a negative change
- Is usually stressful and can impact one’s sense of identity



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Retirement

- Is a journey not a destination
- May be voluntary or coerced
- May be looked forward to …. or not
- Is an individual experience – each is unique



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Some Statistics

- No mandatory retirement age in BC for physicians
- Average retirement age for physicians in Canada is 65
- Wide variability from 50's to 70's and beyond
- No statistical difference among specialties
  - Slight tendency for some groups to retire later (e.g. surgeons) or earlier (e.g. ED physicians)



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Do not edit
How to change the design



You are at a dinner party and some one asks what you do. How do you answer?

ⓘ The Slido app must be installed on every computer you're presenting from

slido

Do not edit
How to change the design



If you couldn’t use words relating to medicine (eg. Physician, doctor, your specialty) what would you say? If not sure use “Don’t know”

ⓘ The Slido app must be installed on every computer you’re presenting from

slido

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- Medical culture
  - Intense Training
  - Perfectionism
  - Healer Role
- Societal recognition
- Alignment to core values – purpose and meaning



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Impact of Retirement

- **Is a Major Life Change → Stress**
- **Factors Include:**
  - Loss of Core Professional Identity
  - Disruption of Daily Structure and Cognitive Stimulation
  - Social Isolation and loss of Community
  - Psychological Barriers and the "Invincibility" Myth
  - Inadequate Legacy and Transition Planning



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4 Phases of Retirement

Vacation Phase



Loss and Lost



Trial and Error



Reinvent and Rewire



Dr. Riley Moynes: [The Four Phases of Retirement: What to Expect When You're Retiring]

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Vacation Phase

- No set routine – like being on holidays
- Often the ideal view of retirement
- Lasts up to a year
- Becomes boring



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Loss and Lost

- Realization of what's been lost
- Big 5:
  - routine, identity, relationship, purpose and power
- Traumatic
- Also can lead to 3 D's:
  - divorce, depression and decline
- Emotions include fear, anxiety and depression



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Trial and Error

- Regaining meaningfulness
- Experimenting with different activities



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- Not everyone reaches this phase
- What is my mission/purpose
- Often a service to others
- Recovery of the 5 losses



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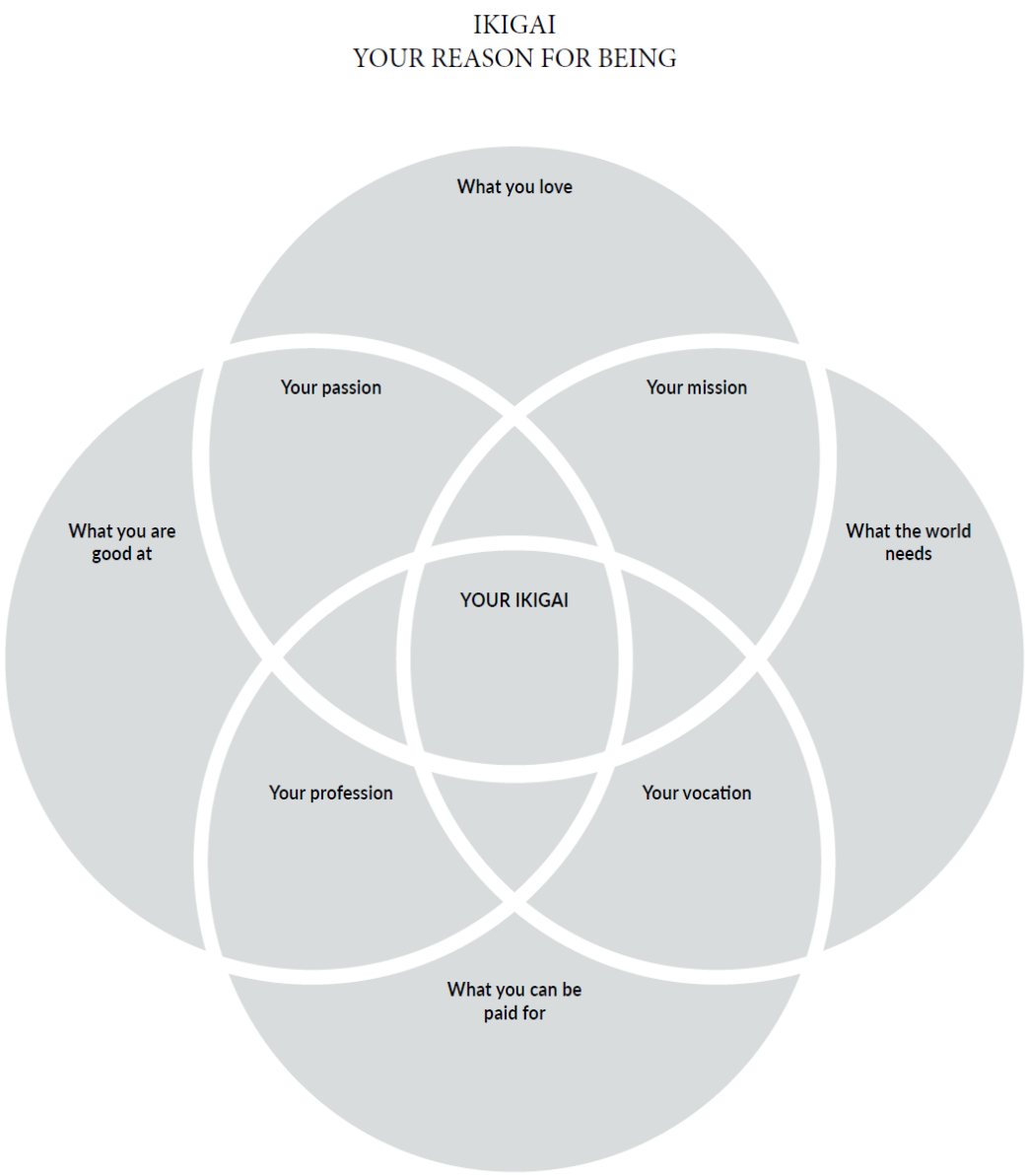
Managing the stress

- **Maximizing Cognitive Resilience**
  - Building and maintaining new routines
  - Regular physical exercise
  - Adequate quality sleep
  - Fostering social connections
  - Healthy diet
  - Mental stimulation
  - Stress management
  - Purpose and meaning



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Ikigai

Japanese for "to live the realization of what one hopes for"; the reason for being; that which makes life worth living

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Scenarios and Resources

- Sudden change (health reasons)
- Consequences of transition
  - Losses -> grieving
  - Relationship issues
- Discovering new purpose and meaning



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Physician Health Program

Our Services



Concerned Colleagues

Receive advice for helping your physician colleague get the support they need



Return to Work/School

Receive support, coaching and planning to transition back to work/school after a leave



Primary Care Connection

Get connected with your own personal primary care provider



Consultations

Receive one-time psychiatric consultations by our in-house psychiatrist and occupational health consultations

"Reaching out to the PHP has been the best decision I have taken during this difficult time. I was offered so many resources, and I was able to choose what was appropriate for me. The PHP has accompanied me during the whole process of medical leave, helping me deal with my disability insurance claim and the negotiation for ending my contract, and has connected me with medical support and therapy sessions."

– Early Career Physician

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Group Participants



BIPOC Peer Support Group



CBT Skills for Physicians & Residents



CBT for Insomnia



Raising Resilient Kids



Executive Function Workshops

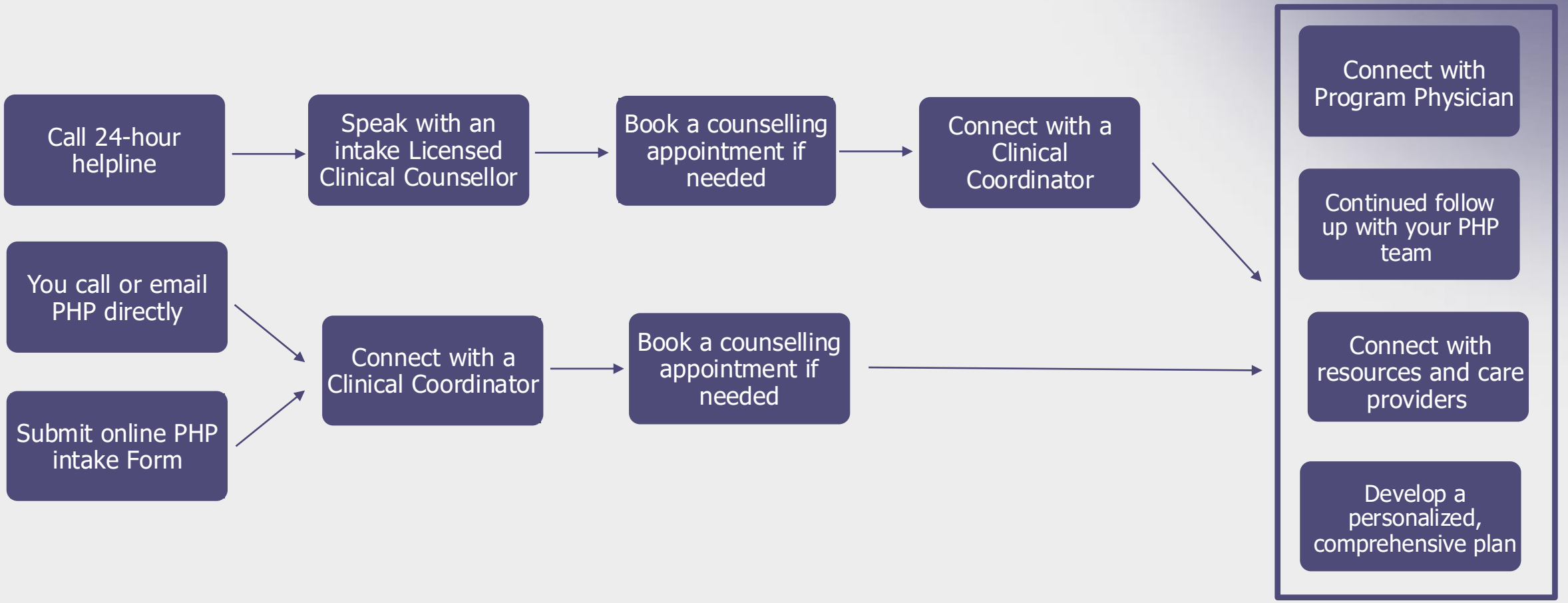


New to Practice Workshop Series

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Physician Health Program

What happens when you call PHP?



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- PHP is confidential - we do NOT receive funding from the College
- We are experts in physician health
- Call us early – don’t wait until rock bottom to call us
- You can call us anonymously
- Concerned about a colleague? Call PHP
- Our services are free



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Physician Health Program

Resources



Coaching:
Canadian Physician Coaches Network:
https://www.coach4md.org/



Physician Health Program

www.physicianhealth.com

24/7 Helpline: 1800 663 6723

Email: info@physicianhealth.com

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Physician Health Program



MNP

Shaun Howe

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Professional Cycle
DELIVERING MORE AT EVERY STAGE.

What happens when you retire?

- Company will de-register from the college, and will become your holding company (name change)
- Regular income will stop, but the company will continue to operate and you can draw from savings
- Possible change to corporations to simplify your structure
- Expenses will decrease. What can you write off going forward?
- Consider a switch to dividends instead of salary

Professional Cycle
DELIVERING MORE AT EVERY STAGE.

How will you fund your retirement?

- Retirement will be funded from a number of sources:
  - CPP and OAS
    - Should you defer or take the benefits as soon as you can?
    - What is OAS clawback?
  - RRSP/RRIF
    - What happens to an RRSP?
    - What is a RRIF?
  - Corporate savings
    - How long do you need to keep your company?
    - How is the income going to be taken?
  - Other savings
    - Real estate
    - TFSA, non-registered, IPP
    - Etc.

Professional Cycle
DELIVERING MORE AT EVERY STAGE.

Common questions/concerns

- Do I have enough to retire?
- Where do I take the funds from first?
- When can I close my company?
- My portfolio and wealth will decrease if I start taking the funds out.
- When do I need to consider estate planning, and what does that mean?
  - Estate freeze
  - Life insurance

Professional Cycle
DELIVERING MORE AT EVERY STAGE.



Poll #2

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Physician Health Program (physicianhealth.com)	• info@physicianhealth.com • **24/7 helpline: 1-800-663-6729**
MNP (mnp.ca)	• shaun.howe@mnp.ca • **(778) 571-3522**

Q&A

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