

ASSEMBLY DISTRICT BRANCH BEST PRACTICE AWARD SURVEY

Massachusetts Psychiatric Society

Please check where applicable—if checked please elaborate on a separate page.

	Special Efforts That Make Standard Programs Successful	Innovative Programs Other DB's Might Adapt
I: Membership		
A. Recruitment / Retention	_____	__X__
B. Directory	_____	_____
C. Database	_____	_____
II: Finance		
A. Revenue		
1. Dues / Structure	_____	_____
2. Non Dues	_____	_____
3. Grants / Foundation / PAC	_____	_____
B. Budget		
1. Surplus	_____	_____
2. Creative Expenditures	_____	_____
3. More Services For Less Money	_____	_____
III: Newsletter		
A. Production	_____	_____
B. Advertising	_____	_____
C. Frequency	_____	_____
IV: Meetings		
A. General Membership	_____	_____
B. Executive Committee	_____	_____
C. CME	_____	_____
V: Governmental Affairs		
A. Monitoring Legislation	_____	_____
B. Lobbying / Lobbyists	_____	_____
C. Grassroots Efforts	_____	_____
VI: Public Affairs		
A. Media Interface / Training	_____	_____
B. Coalition	_____	_____
C. Mental Illness Awareness Week	_____	_____
VII: Special Member Group Efforts		
A. RFM	_____	_____
B. ECP	_____	_____
C. IMG	_____	_____
D. MUR	_____	_____
VIII: Practice Area Efforts		
A. Academic	_____	_____
B. Private Practice	_____	_____
C. Public and Community Psychiatry	_____	_____
IX: Psychiatric Emergency Preparedness		
A. Committee / Training	_____	_____

See Page 2 for Comments Section

Attachment 1

From: MPS
Sent: Friday, April 22, 2016 11:57 AM
To: Layer, Lynda
Cc: Kealey, Julie; Patel, Mayuri
Subject: MPS - Retirement Discussion Group



A MPS Retirement Discussion Group is Forming

If you are reading this email, you are either retired, considering retirement, considering changing your practice, considering coming back out of retirement, *or denying your age*.

Since we represent a spectrum of behavior from pre-contemplation to relapse prevention, and peer support is always helpful, we want to invite you to a future meeting to talk about this stage in your professional development.

Issues include:

1. Preparing yourself psychologically for a change in practice
2. Sizing up the pros and cons of making a change
3. Setting a time course and plan to scale down or close your practice
4. Closing your practice in an emergency
5. Administrative aspects of closing a practice (records, bills, insurance, communications with colleagues and agencies)
6. Arranging referrals on a large scale
7. Considering alternatives to retirement

To frame the issues, Judy and Gene will each talk about the changes they have made in their work lives over the past couple of years. We will share some of the resources provided by the APA for psychiatrists considering retirement (<https://www.psychiatry.org/join-apa/lifelong-membership>). We will then open the meeting for discussion, mutual support and brainstorming about ways that MPS could help us navigate this stage in our professional lives. Right now we are trying to gauge interest and hope to plan something for early fall.

Please let us know if you would like to be included on a distribution list for a future meeting on these topics, tentatively planned for the fall.

Please RSVP to our Administrative Director, Lynda Layer at 781-237-8100 x 3 or llayer@mms.org.

Judy Feldman and Gene Fierman



Massachusetts Psychiatric Society
Retirement Discussion
June 7, 2016

Massachusetts Medical Society, 860 Winter Street, Waltham
Fenway Conference Room – 1st Floor

Agenda

- | | |
|-----------|---|
| 6:30-7:00 | Dinner |
| 7:00-7:15 | Introductions:
Where is each of us in the retirement process? Setting goals for the evening. |
| 7:15-7:30 | One Retirement Journey – Gene Fierman, MD |
| 7:30-7:45 | Some Alternatives to Retirement – Judy Feldman, MD
APA Resources – Judy Feldman, MD |
| 7:45-8:45 | Open Discussion |
| 8:45-9:00 | Summary: Where do we go from here? What do we need from MPS? |

**Massachusetts Psychiatric Society
Minutes of Discussion Session about Retirement
June 7, 2016 ~ 7:00 pm**

Facilitators: Judith Feldman MD, Eugene Fierman MD
See registration sign in sheet for list of attendees.

A meeting was held at MMS from 7-9 PM on Tuesday, June 7th. Invitations were sent by Gene Fierman and Judy Feldman to all MPS Life Members and Life Fellows. There were 38 who expressed interest and 31 attendees, about 2/3 male and 1/3 female. Most of the participants now work part-time; several work full-time and three were fully retired. Most were in solo private practice.

Gene began the meeting by discussing his road to retirement. He has been in a large, solo, insurance-based practice. When he made the decision to retire, he had 500 patients. He had an EHR and electronic prescribing. He had a younger practice partner who would cover when he travelled. He was doing more and more travel and feeling some responsibility to his practice partner. He wanted to close the practice while he was still healthy, he was feeling less invested in the work, he found the electronic record cumbersome and 'foolish', and he wanted to spend more time with kids and grandchildren.

He embarked on a multi-year process. Several years ago, he started telling patients how old he was. Three years ago he stopped seeing new patients and reduced his panel to 330. He set a date to stop. Six months ahead, he wrote letters to patients he had not seen in two years. Three months ahead he sent letters to all patients. He made a spreadsheet where he could keep track of each patient; what he/she had been told; what referral had been made etc. He began to shred records of everyone he had not seen in ten years. His practice partner agreed to keep all of his records. He met periodically with a colleague who had already retired to get support in the process. He kept his license as he was going to continue doing teaching and consulting.

He does not regret the decision. He enjoys not having to get up in the morning; doing teaching, consulting and travel. The most difficult part of the process was finding referrals for patients, particularly those on Medicare.

Judy shared her "alternative to retirement" process. She has been in solo practice only since 2002 and has an active panel of about 150 patients for psychotherapy and psychopharmacology. She has a subspecialty in eating disorders, and collaborates with several psychotherapists, nutritionists and internists. She also supervises three psychiatric NP's. When she turned 70, started collecting Social Security and grandchildren, she realized she wanted to cut down her work. She also needed to move her office, so she was faced with retirement or signing a new lease. She decided to move and to cut down the part of her work week she hated: dealing with insurance companies. She set a date to stop taking insurance (has continued to bill out-of-network for a handful of existing patients) and negotiated the change with each active patient. Most wanted to continue even if it meant paying out of pocket and applying for reimbursement; a few decided to find another psychiatrist "in-network". The most difficult decisions were leaving Medicare.

The change has worked well. She has had a 15% drop in income (partially made up by Social Security) but a 20% drop in work and a huge drop in headaches. She is able to leave earlier each evening and take some Friday afternoons or long weekends off. She has still not grappled with retirement!

We reviewed the APA **lifelong membership** site. Participants received packets with three of the papers from that site.

APA Website: <https://www.psychiatry.org/join-apa/lifelong-membership>

There was a consensus that a meeting with Jim Hilliard would be very useful. We agreed to plan this meeting for the fall of 2016 and share questions in advance by sending them to Lynda Layer (llayer@mms.org). Several questions emerged from the discussion:

Questions for Jim Hilliard:

- How long to retain records? Adults and kids? Need to write summary for shredded records?
- Storage of records? Where?
- Termination letters vs conversations with patients? How long ahead of time?
- Role of practice administrator? Could it be paid? Could it be informal?
- Requirements for solo practitioners to use EHR?
- What is actually required medicolegally to avoid abandonment? (if unable to find referral) What happens if a patient runs out of meds, you are retired, and there is no referral in place?
- Pros and cons of keeping or surrendering license after retirement
- What written resources are available for retiring psychiatrists? (other than APA site)
- Should you consult a lawyer in the retirement process?

Participants in the meeting openly shared their experiences making decisions about retirement, closing their practice and phasing down their practice:

Decision-making:

- Take lots of time (3-5 years in advance) to stop seeing new patients, write letters etc
- Do some financial planning/make sure you have the money
- Work can become more tiring as you age
- There are losses in retiring or decreasing FTE: you are a “nobody”, no one is counting on you, you miss your patients
- A psychiatrist in a multidisciplinary group practice has a responsibility to the other clinicians as well as the patients when he/she retires
- Retirement can feel like a void if you don’t have ‘passions’ to fill time
- Think about your “bucket list” and how much time/good health is left for you
- Better to retire in a planned way than have to leave suddenly

Process of closing a practice:

- Patients can be lovely and genuine in wishing you well and understanding your decision
- You can set a firm date for retiring or “phase down” in various ways; referring some patients and continuing with others
- Our medical system is more flexible than that in other countries; often (but not always) allows for phased retirement

Referrals:

- Patients stable on meds can be seen by PCP (and possibly a non-medical psychotherapist)
- If you are in a teaching setting, you can refer to trainees
- It is difficult to find referrals. Most colleagues are your own age and younger psychiatrists are not going into private practice or, if they are, they are not taking insurance or are moving out of State
- Need strategies for the helpless/resistant patient, the patient on Mass Health and Medicare, the patient who runs out of meds after you retire

Life after retirement:

- Take a period of time to try things out without commitment to see what you like to do
- Post-retirement activities could include teaching, consulting or volunteering. These will decrease isolation

The atmosphere in the room was a warm, supportive one. Participants shared their fears (being “nobody”, having nothing to do) about retirement and also their concerns about closing a practice (“All my colleagues are my own age so I can’t refer my patients to them when I retire? I don’t know any younger psychiatrists? I don’t feel comfortable asking someone to be my practice administrator.”)

Underlying themes were taking care of ourselves and our families as well as our patients.

Ideas for MPS: Mark Hauser attended the meeting and spoke from the MPS perspective. He is interested in supporting Life Members and Fellows and using their wisdom and experience to inform and enrich the society. He is interested in compiling an oral history from senior psychiatrists. He is also shepherding the re-issuing of the printed membership directory. He said that Jim Hilliard was already compiling a brochure of writings to support retirement and closing of a practice. Suggestions from the participants included:

- Ongoing support group for retirement issues (similar to one we had in residency) and using the MPS website for virtual forum or “chatroom” for retirement issues
- Follow-up meeting of the group with Jim Hilliard
- Setting up a mentorship program (like SCORE) to bring older and younger psychiatrists together. Seniors could supervise in setting up and running practice, juniors could take referrals, sublet space or take over part or all of a practice. Use MPS resources to “match” people

- Discussion with residency directors about mentoring/referrals for trainees starting in practice

Plan:

- A Meeting with Jim Hilliard will be scheduled in the fall. Submit questions in advance to Lynda Layer.
- Gene will begin a dialogue with the MPS Executive Committee about a mentoring program, and about using the website or directory to express interest in referrals or in being a mentor or mentee

As a follow-up to the session, we would like you to respond to the following:

1. Did you find the session helpful? What additional topics would you have liked us to cover?
2. Would you be interested in a (weekday evening) meeting with Jim Hilliard in the fall?
3. Would you be interested in an ongoing (perhaps monthly) support group?
4. If MPS started a mentorship program, would you be interested in participating?

Attachment 4

From: MPS
Sent: Wednesday, August 10, 2016 10:35 AM
To: Layer, Lynda
Cc: Patel, Mayuri; Kealey, Julie
Subject: MPS - The Retiring Psychiatrist; The Importance of Planning Ahead



THE RETIRING PSYCHIATRIST; *The Importance of Planning Ahead*

James T. Hilliard, Esq.

Tuesday, September 20, 2016

Massachusetts Medical Society, Waltham Woods Conference Center, 860 Winter Street, Waltham, MA

Registration is free – Click [HERE](#) to register

So you want to retire from your practice and enjoy the fruits of your efforts from a long career? Retirement from the clinical profession is not an easy task unless you understand well in advance the necessary steps required of you and your practice ethics; requirements for retirement by the Board of Medicine; necessary business steps in closing an office; when and how to inform your patients; arranging for or assisting patients in transferring to another provider; retention of patient records and a protocol for disbursing to patients and subsequent treaters; and malpractice insurance issues, just to mention a few. These issues will be addressed and your questions answered.

6:30 pm – 7:00 pm Registration and Dinner (light dinner included)

7:00 pm – 9:00 pm Program, Questions and Answers

This is a free program presented as a thank you for your long time commitment to MPS. Please register in advance as space will be limited and if your plans change, please notify us to cancel your registration so we have an accurate count for dinner and in case there is a waiting list of attendees.

Eugene J. Fierman, MD and Judith Feldman, MD, Program Co-Chairs

Lynda D. Layer, CAE | Administrative Director | Massachusetts Psychiatric Society
PO Box 549154, Waltham, MA 02454 | 860 Winter Street, Waltham, MA 02451 | e: llayer@mms.org
t: (781) 237-8100 x 3 or (781) 434-7317 | f: (781) 464-4896

Attachment 5

Minutes of MPS Retirement meeting 9/20/16

“A Plan for Retirement from the Practice of Psychiatry”

Jim Hilliard was the featured speaker after a brief introduction by Marc Hauser. A handout, written by Jim Hilliard, was distributed before the meeting. Jim began by saying, “Medicine is the hardest profession to retire from and psychiatry is the most difficult branch of medicine to retire from.” Psychiatrists see patients regularly, for many years. The relationship is not easily transferrable to another individual. Often this relationship is keeping patients alive. In addition, many of us (unlike other doctors) are in solo practice and do not have colleagues or administrators to do the work involved in dismantling a practice.

If you are retiring from the practice of medicine (rather than just closing your practice), you have to *apply* to the Board of Registration, and they have to *accept* your resignation. At the point of resignation, the doctor has to specify that there are no known future complaints or lawsuits against him/her. If you do resign, there are three other categories of license you may apply for (see handout): a *volunteer license, an administrative license or a temporary license*. Each of these categories has specific requirements for malpractice coverage, CME’s etc, and limits the activities of the doctor holding that license. If you are on inactive status, you may reapply for active status within two years. If it is longer than two years, the Board may ask for a skills assessment before reinstating you.

It is perfectly acceptable to close your practice and maintain your active license but you have to continue to pay for malpractice insurance and obtain CME’s

Notification: The first step in a retirement process is notification of patients. It is important to have sufficient lead time and that is determined, in part, by how large a practice you have and how sick your patients are. It is rarely wise to have less than nine months lead time except in the case of an emergency. Active patients should be notified verbally, followed up by a letter. You should specify the date you are planning to retire and say something about followup care. In present times, with the demands of insurance and the relative shortage of psychiatrists, it does not make sense to promise patients that you will find them another psychiatrist; it is wiser to say you will assist them in trying to find followup care if they need it. You cannot guarantee a referral. Patients whom you do not see regularly can be notified by letter. Do not indicate (in the letter or envelope) that you are a psychiatrist since you do not know who might be opening or reading the letter.

Records: even after retirement, you remain “keeper of the records” for your practice. Every patient is entitled to a copy of his/her record unless you deem it harmful to the patient to see the record. In that case, a summary is sufficient. You should always hold on to the original record since the document itself is your property (though the content of the record ‘belongs’ to the patient). Records must be kept at least 7 years by statute. Jim recommends that you keep records for ten years. For patients who might be more likely to sue, you might keep records longer than that.

The reasons for these designations are as follows:

1. The statute of limitations for a lawsuit is three years after an injury (seven years for children under 9 years old)
2. If the injury is not discovered until years later (e.g. foreign object left in patient; recovered memory of sexual trauma) , the patient has three years after that to sue.
3. The statute of repose says that no one gets more than seven years to file a lawsuit.

So...if you retire seven years after you last see a patient and they discover an injury the day after you retire, they have three years left to sue you. This is why you should keep records until ten years have past. Jim recommended that everyone stay current with this and shred records as soon as ten years have passed. Most of us, however, have records from the time we started to practice. He also recommended that we keep a log of all the records shredded, with name, date of last visit and possibly a brief summary of the treatment. However, if we have another, more permanent log of patient visits (like practice management software) that may be sufficient to establish the last date seen, in case there is any question.

There are three scenarios for maintaining role as “keeper of the records”

1. Continue to do it yourself
2. Designate it to a colleague or employee (and pay them for service)
3. Designate it to a commercial enterprise (e.g. Iron Mountain).

The cost of keeping 100 records of 100 pages each for 7 years and then shredding them is about \$7000. If you do not keep the records, you are subject to a lawsuit from a patient who may want his/her record within 7 years of termination. Also, you may be sued for some action within the statute of limitations and it would be useful to have records to back yourself up. If you decide to delegate records keeper function, you need to make sure that the commercial enterprise is competent and HIPAA compliant.

Business records should be kept as long as IRS audit statute of limitations, or six years. Talk with your accountant or tax attorney for any questions.

If a patient requests a record, you are authorized to charge:

\$22.32 to find and look up the record and

\$0.76/pg up to 100 pgs and \$0.39/pg after that to copy the records, and

Any postage charges.

You cannot charge for a request from Medicare or SSI/SSDI Disability

You cannot withhold the record if the patient cannot afford the fees.

Regulatory Agencies/Business issues:

1. Notify DEA/DPH if you are resigning your license and ask them to close your file. Any prescription written before your retirement is still valid.

2. Notify your malpractice carrier. You may need to buy “tail coverage” for three years if you have “claims made” insurance
3. Notify your landlord and your office insurance
4. Notify your accountant
5. Look at your receivables and make sure you have filed insurance claims since insurance can refuse to pay any claim filed later than 90 days after the date of service
6. Notify office staff and check on issues of health insurance and unused vacation time. In MA you are able to terminate employees without notice but you may be liable for unused vacation time.

Emergency Termination: Jim recommended the appointment of a *special administrator* to manage the immediate needs of your patients and business in the event that you become incapacitated or die suddenly while in active practice, This would be a paid role and designated in your will as part of your estate plan. There is a provision in probate law for special administrators. The person does not have to be a psychiatrist or even a clinician.

There were 61 MPS members registered for this event and actually attended. (how many?? Do we know??). Discussion was lively and questions were plentiful. The answers have been incorporated into the text of these minutes.

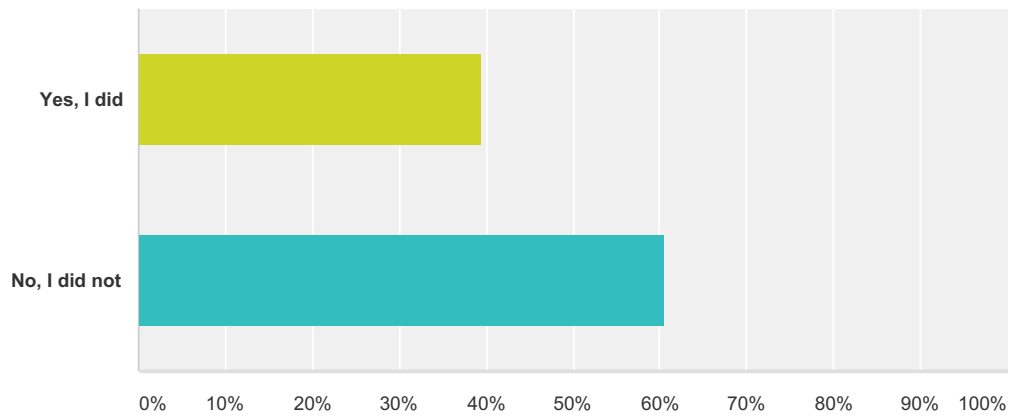
There was no discussion about “next steps” for the retirement discussion group. Please click the link to take a brief survey so we can assess the sense of the group and plan our next meeting.

Judy Feldman

Gene Fierman

Q1 Did you attend the Retirement Discussion, September 20 with Jim Hilliard?

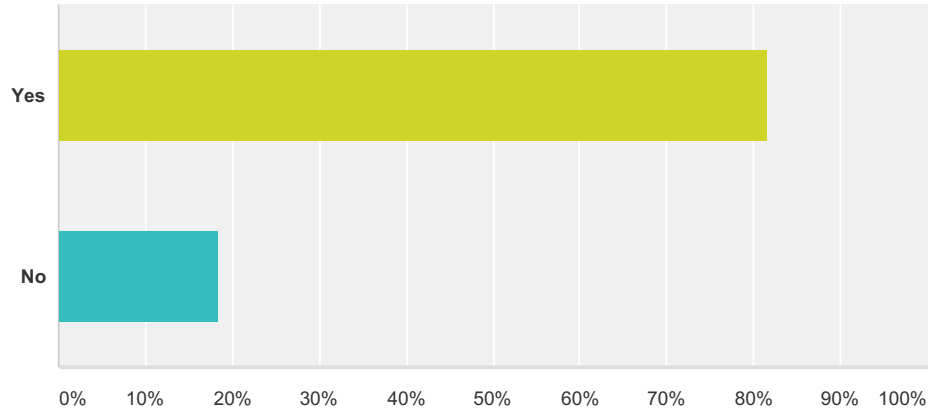
Answered: 38 Skipped: 0



Answer Choices	Responses	
Yes, I did	39.47%	15
No, I did not	60.53%	23
Total		38

Q2 Would you be interested in attending a retirement discussion in December or January?

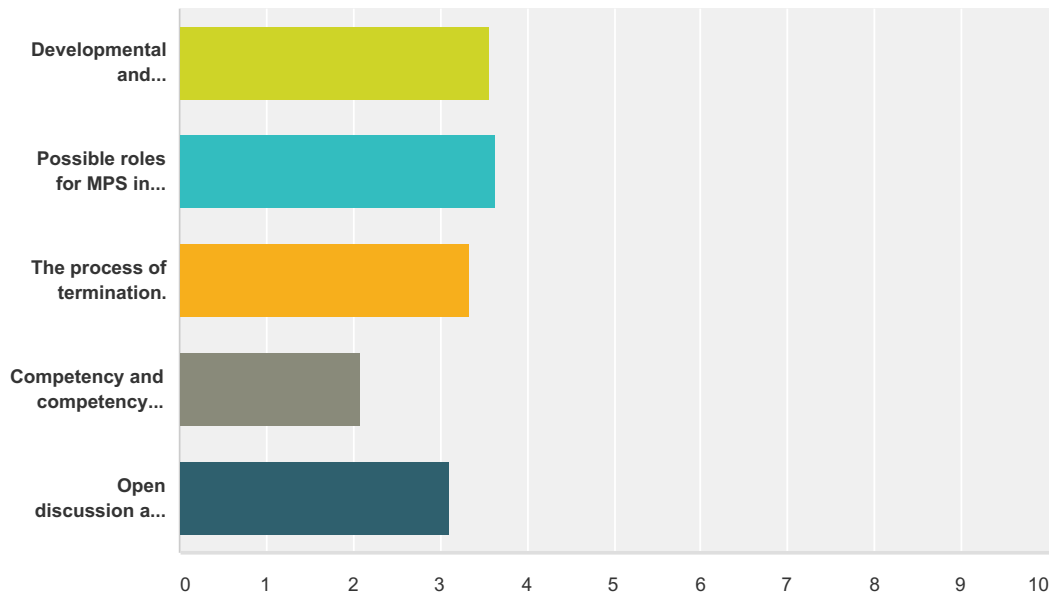
Answered: 38 Skipped: 0



Answer Choices	Responses	
Yes	81.58%	31
No	18.42%	7
Total		38

Q3 Please rank your preference for the topics below (rank 1-5).

Answered: 31 Skipped: 7



	1	2	3	4	5	Total	Score
Developmental and psychodynamic issues for the psychiatrist when approaching retirement	30.43% 7	17.39% 4	34.78% 8	13.04% 3	4.35% 1	23	3.57
Possible roles for MPS in supporting retiring psychiatrists (mentorship program, retirement 'coaching' etc)	29.63% 8	22.22% 6	33.33% 9	11.11% 3	3.70% 1	27	3.63
The process of termination.	23.08% 6	34.62% 9	7.69% 2	23.08% 6	11.54% 3	26	3.35
Competency and competency evaluations	8.33% 2	12.50% 3	8.33% 2	20.83% 5	50.00% 12	24	2.08
Open discussion and support	21.43% 6	21.43% 6	21.43% 6	17.86% 5	17.86% 5	28	3.11

Q4 Other topics of interest.

Answered: 10 Skipped: 28

#	Responses	Date
1	nuts and bolts of retirement planning	11/6/2016 1:45 PM
2	working parttime as a phase in to retirement	11/5/2016 11:19 AM
3	Selling practice. Handling employees. Duty to notify insurance companies.	11/2/2016 12:51 PM
4	Partial retirement vs. full retirement: pros & cons.	11/2/2016 1:08 AM
5	Part time consulting opportunities. State of tele psychiatry???	11/1/2016 5:20 PM
6	Volunteer opportunities, teaching opportunities for the retired psychiatrist, interesting activities that retired psychiatrists have pursued.	11/1/2016 5:04 PM
7	Development of a directory of psychiatrists, facilities, clinics in geographical areas, possible insurances taken, and specialty areas to offer for continuation for patients.	10/24/2016 5:37 PM
8	useful sources of information ie books, articles, etc what might we learn from similar educational and practical efforts among MMS colleagues who are not in psychiatry?	10/24/2016 8:50 AM
9	The issues involved in terminating with some patients and not others. (Gradual process of retirement)	10/23/2016 3:00 PM
10	How to find referrals, esp. those who do meds and therapy, those who can see referrals I timely fashion.	10/22/2016 6:44 PM

Attachment 7

From: MPS
Sent: Wednesday, December 21, 2016 9:39 AM
To: Layer, Lynda
Cc: Patel, Mayuri
Subject: MPS - The Psychology of Retirement: Before, During and After



The Psychology of Retirement: Before, During and After

James Sabin, MD

Dr. Sabin is a Clinical Professor of both Population Medicine and Psychiatry at Harvard Medical School and Director of the Harvard Pilgrim Health Care Ethics Program. As Director of the Harvard Pilgrim Health Care Ethics Program, Dr. Sabin is responsible for a nationally recognized, highly innovative organizational ethics program firmly based in a managed care system. Dr. Sabin is extensively involved in research, teaching, and policy development for managed care and other population-based clinical approaches. His major research interests are in organizational ethics, the clinical and theoretical aspects of fair resource allocation, and the role of consumers in overseeing health policy and practice. He has thought a lot about the psychodynamics of retirement in the context of his own retirement from clinical practice.

Tuesday, January 31, 2017

Massachusetts Medical Society, Commonwealth Room – 2nd floor, 860 Winter Street, Waltham, MA

Registration is free – Click [HERE](#) to register

We are including links to a few articles FYI and will send out a list of discussion questions for the session to those who register for the program:

Retirement intentions of older consultant psychiatrists
<http://pb.rcpsych.org/content/pbrpsych/28/4/130.full.pdf>

The Omnipotence of the Psychoanalyst: Thoughts on the Need to Consider Retirement
<http://apa.sagepub.com/content/63/5/1013.short>

How Senior Psychodynamic Psychiatrists Regard Retirement
<http://guilfordjournals.com/doi/abs/10.1521/pdps.2016.44.2.211>

6:30 pm – 7:00 pm Registration and Dinner (light dinner included)

7:00 pm – 9:00 pm Program, Questions and Answers

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Judith Feldman, MD, and Eugene J. Fierman, MD, Program Co-Chairs

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Attachment 8



MPS Retirement Discussion
Tuesday, March 7, 2017
MMS, Waltham

Presenter: James Sabin, MD
Moderator: Judith Feldman, MD

1. What would a typical weekday look like for you a year after you retire?
2. What would you miss most about your current job? What would you miss least?
3. How many of your current friends are “work friends”? Would you see any of them after you retire?
4. When you envision the PROCESS of retiring, what is the most difficult task you would face?
5. Which activities (trips, courses, projects) have you been putting off until after you retire?
6. What worries you the most with regard to retirement?

Massachusetts Psychiatric Society Retirement Discussion Group

In March of 2016 Drs. Judith Feldman and Eugene Fierman brought a proposal to the MPS Executive Committee for holding a "Retirement Discussion" for MPS members either in the process of retiring or thinking about retiring. The Executive Committee approved sending out an e-mail to gauge interest in holding a first discussion on June 7, 2016 to include an evening meeting and light dinner at the Massachusetts Medical Society. See the attached announcement. (Attachment 1). The announcement was sent out to almost 600 members 65 and older which represents almost 30% of the MPS membership. We received 32 registrations and had 31 attend the session on June 7th. See the attached agenda (Attachment 2) and the notes taken during the session (Attachment 3). In addition to the 32 that registered for the program, an additional 50 members expressed interest in more information or a future program.

Following the June 7th program and based on its success, the Executive Committee decided to continue to support these programs and included this in the promotion "*This is a free program presented as a thank you for your long time commitment to MPS.*" The majority of participants have been long time members of APA and the MPS and it was determined that in this day when so much attention is being made to the early career physicians, we can't forget the members that have been supporting us for so long.

The next program was scheduled for September 20th with the district branch attorney, James T. Hilliard, Esq. presenting "THE RETIRING PSYCHIATRIST; The Importance of Planning Ahead." (Attachment 4) The September program had an attendance of 60 and was very well received. The notes from the evening are attached. (Attachment 5) Materials from this program were posted to the MPS website at <http://www.psychiatry-mps.org/retirement> for anyone to access.

Following the September program a survey was sent to those that had attended at least one of the two sessions or had expressed interest, approximately 80 members. A copy of the survey and results is attached. (Attachment 6)

Based on the survey results another program was scheduled for Tuesday, January 31st with James Sabin, MD entitled "The Psychology of Retirement: Before, during and after." See the attached program invitation. (Attachment 7) Prior to the event we had 42 registered but had to postpone it due to bad weather. The program has been rescheduled for Tuesday, March 7th and we currently have 21 registered with two weeks to go. Attached is the handout to be used in the discussion. (Attachment 8)

Future proposals for the group include: a session with spouses or families to discuss the impact of retirement on the family; a session on impairment and how to recognize it in oneself and one's colleagues; a project to make available 'supervision' of one's retirement process by a newly-retired psychiatrist; and a project to use the MPS website to 'match' early career psychiatrists with senior colleagues who would have referrals and advice about setting up a private practice.

The Executive Committee will continue to support Drs. Feldman and Fierman and their efforts on behalf of the MPS membership and hope to continue to make resources available to our retiring members.