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Title	Planning for retirement from medicine: a mixed methods study
Authors	Michelle Pannor Silver PhD, Laura K. Easty MDCM
Reviewer 1	Owen Adams PhD
Institution	Health Policy, Canadian Medical Association, Ottawa, Ont.
General comments (author response in bold)	This is a timely and topical paper -- I think the methods complemented each other well. 1. One point that should be noted is that because these were physicians in an academic setting some of them (GFTs) might have had pension plans. For example I met a physician two weeks ago who said that he had retired from U Of Calgary and had entered private practice. So the pension plan could be one of those institutional rigid structure. I was surprised to see in the findings no mention of the desirability of pension plans. **We thank the reviewer for his review of our manuscript. The reviewer brings up an important point. The manuscript has been revised to note the distinctions and desirability of available pension plans for physicians in academic settings.** 2. Another issue that I did not see that might pertain more to physicians in community-based practice is that an issue I have heard about is that physicians might be unable to share a billing number which means that they cannot bring on a replacement gradually. An issue that would pertain more to rural practice is that often doctors simply cannot find replacements for themselves. A 51% response rate on an electronic survey is excellent in my experience. **Thank you for raising this issue as well. Please find that mention of the challenges associated with bringing on replacements, particularly in rural areas, has been included in the revised manuscript.**
Reviewer 2	Brett Schrewe
Institution	University of British Columbia, Vancouver, BC
General comments (author response in bold)	Thanks for the opportunity to read your work. I've included summative comments first, and then by section below. My position to your text is as an early career consultant general pediatrician in the first five years of practice, as well as an MA-level qualitative researcher and now PhD student whose expertise is situated primarily in ethnography, genealogy and critical discourse analysis and used to address questions and topics primarily within health professions education. Overall Comments: Well, I'm between major revisions and outright rejection of this work. And I don't say that lightly, because writing papers after doing research is a lot of work. When I read the abstract, I was initially quite excited. It seemed pretty tightly written and addressed what feels like an important area. I didn't quite connect up measuring satisfaction with retirement planning versus obstacles, but I assumed this would be cleared up in the body of the text. However, from then on, I struggled with several things, which are laid out below in quite a bit of detail. My overall sense is that there are either some flaws in the overall design of this study or the ways in which the data was analyzed. There seem to be issues with flow, background literature searches and a sticking together of physician attitudes towards satisfaction with obstacles that could be much better combined. The two aren't mutually exclusive, but there was really no connection here I could ascertain and that troubled me. Given the author affiliations, I expected much more articulation in the methods section: justification is absent, rationale is absent, and orientation to data and researcher position are nowhere to be found. The last particularly to me is a critical omission and if this was not identified or understood prior to data collection and analysis, also troubles me for results and validity of themes elucidated. I was struck between the lack of clarity in the analysis and then a very clear interpretation section. What this feels like (key word here: feels - but I think substantiated from my reading of the text twice) is a position taken by the authors that may be more ideologically informed than empirically derived. Again, these are not mutually exclusive of course, but there seemed to be some jumps between the analysis section and the interpretation and conclusion (which I would add, do have some interesting suggestions and useful ways forward). The limitations section for this type of paper is also, well, more limited than I would have expected. So, overall, I actually like the conclusions and the practical suggestions, because retirement is a black box in many ways in the lifecourse of a physician. However, I'm not sure that the path by which the authors got to that point was as rigorous or informed as it should be for a peer-reviewed publication that, one hopes, would be read by a wide readership across the country. Abstract: 1. Background: Overall, seemed concise and pretty well-written. I think that I would look for alternative ways to phrase "physicians are poor at planning for retirement" because as a first line for what I suspect will be a predominantly physician audience, I think this professional group might be turned off by being told they are poor at something. I felt like there was a bit of a disconnect between measuring satisfaction and measuring obstacles, simply because one felt primarily individual and I couldn't tell if the latter was solely to be individual obstacles and/or institutional obstacles. **Thank you for sharing these comments. We have revised the wording in the abstract to remove the description of physicians as being poor at planning.** 2. Methods: Seems sound to answer the question at hand. The details are somewhat vague here, though (i.e.,

assuming this was primarily physicians but given above confusion about possible institutional obstacles, wasn't sure if this group was going to include administrative people, people from the provincial college, physician health groups, financial planners, et cetera). So maybe just explicitly identify who it was you were talking to.
We thank you for your comment and have provided additional details in the revised abstract.

3. Results: Well-written and seemed to lay out barriers at multiple levels. I'm hopeful that later in the text "professional cultural norms" will be unpacked more as "culture" continues to be an overused term in professional biomedicine and HPE these days without receiving the robust exploration it deserves (pardon my bias !). That being said, said barriers are laid out well for the audience and the facilitators seem to mostly harmonize in step with those barriers.
Thank you for these comments.

4. Interpretation: Reasonable, although given the prior three sections attention to both individual and larger structural/organizational forces, it feels like there is an absence of interpretation here on the individual level (i.e., all of the onus is put on institutions, which is fine, but I would have expected a parallel suggestion for things individuals could do).
We thank you for your comment on it being reasonable and again appreciate your sharing your thoughts.

Introduction:
5. The first line (the either early burnout or later retirement) of this section I really struggled with because it seemed out of keeping with a paper whose abstract presents an intent to deeply understand what the authors have identified and made me feel to be an important area. Reducing complex professional lived experience to an either/or seems out of place and makes me wonder about whether this paper will proceed with a rich investigation and analysis that its abstract led me to expect. The second line feels like an opinion and isn't supported by a reference. Nothing wrong with speculation, I suppose, especially if no one has looked at this, but it doesn't sit well as the second line of an intro looking to lay out a "what is known" approach to the area. As above, I would watch describing physicians as "poor financial managers" as done in line 13.
Please see the revised introduction, the phrase 'poor financial planners' has been removed. The sentence regarding lack of time has been moved to the section focusing on academic physicians and a citation for work-life balance challenges has been included.

6. The second part of the first intro paragraph feels more concise and better supported by literature (lines 15-22).
Thank you.

7. I am having a hard time connecting the intro line of paragraph 2 (line 25-26) to the actual content of the following paragraph. It is about inadequate planning, but then the paragraph itself is more about actual retirement causing shortages. I think the ideas are good, but it may just need to be tightened up or have better flow. The final statement "However, less is known" is reasonable in its articulation, and lays out what the authors ostensibly are going to look for, but the gap it is trying to fill doesn't seem quite yet well-identified and so its arrival as a sentence feels rushed and perhaps not as substantiated as it could. For example, why are they asking about individual satisfaction if they haven't yet explored the literature (or mentioned it). Preferences about gradual or full retirement emerge quite unexpectedly too, without really any other initial support. I suspect these do fit and they do matter, of course, but my sense is that the people reading this are, as the authors mention, those with limited personal time trying to read this journal maybe off the side of their desk or before going to bed. The less work they have to do to follow a line of investigation and a justification, the far more useful this intro and piece will be to them (which at the end of the day, is probably a key metric of why we research, write and disseminate in the first place!).
This paragraph has been amended to clarify the consequences for individual physicians and some of the retirement strategies (abrupt/mandatory, phased or part-time), that have been discussed in the literature.

8. Choosing an academic medicine setting is well justified here, which I thought was a strength of this section. I'm hoping that a paper that has brought up cultural norms as a key finding addresses that academic medicine, however, is not a unitary culture in their limitations section, as that would further justify/ground their decision (i.e., geographical and institutional contexts matter, internists are not surgeons are not pediatricians, et cetera)
Thank you for this comment – please see our revised introduction and limitation sections, which further details the benefits and limitations of using an academic setting.

Methods Section:
9. Methods are listed but not justified. These are three different ways of knowledge making and I expected a bit more explanation of why all were chosen and how they linked together. If I was not a qual researcher, I would have a harder time making the link between them. I was left uncertain as to why early-career stage clinicians needed a focus group, and why there needed to be focus groups and in-depth semi-structured interviews. Organization of interview and focus group sessions are made, but I don't know who did the interviewing. There is no mention of the interviewer or researchers' position. Meeting several times together is mentioned, but if we don't know the researchers' orientation to the data, it is difficult to comment on how useful serial meetings are for explanatory power. It is good to note that there was checking with participants, however, and I find that to be a strength here.
Thank you for these comments, we appreciate being able to provide more information. Please see the revised methods section which includes further clarification regarding the mixed methods design and details on the authors' position in relation to each other and to contact with participants.

Results Section:
10. I liked that there were clear results from the survey portion and I'm making the assumption that a 51% response

	rate is valid. "Gradually Retire" though is really broad; what was the definition of "gradually"? 1 year? 5 years? 10 years? 0.75 FTE? 0.5 FTE? 0.25 FTE? That needs to be drawn out more, I think. **The 51% response rate has been characterized as both an excellent and fair response rate for an electronic survey. The term "Gradually Retire" was the language used in the survey without clarification, thus we are not comfortable drawing out more from it.** 11. There also seems to be a disconnect between measuring satisfaction and then asking about barriers to planning. They seem to be not quite connected up as they should be, and I don't know if that is a study design issue or an analysis issue. The connection for me isn't so obvious, but maybe I'm missing something that others might find intuitive. Do we assume that not being satisfied is wholly related to difficulties with planning? **Please see the re-written opening paragraph of the results clarifying the overall findings from each component of the study.** 12. One other thing, playing the Canadian card here: "favour" in page 3, line 49 please, not "favor". **Thank you, this has been corrected.** The Poor Personal Financial Management Section 13. It's now more apparent why talking to early career people was useful. The juxtaposition with early versus late in the first part is useful. There is a sentence fragment in page 4 line 32-36, of note. The wording in lines 52-54 is confusing around "not interested in retiring and/or divorces". **The wording of these sentences have been corrected.** The Rigid Institutional Structures Section 14. I had a hard time connecting up the initial sentence and the one that followed with a quote about how retirement worked. My sense is that quotes are best used when they can shed light /substantiate a previous comment and I didn't find this was the case here. This section also feels quite short. **To allow for clearer flow of this section, quotes have been moved to tables in the revised manuscript.** The Professional Cultural Norms Section 15. Page 5, Line 42 I think is meant to be "ensue' not "insure". This section felt richer than the other two; there is some promise in an exploration of "professional culture" but seems to not make a difference between local cultures of practice and broader cultural norms, so I'm not sure that this section should be labelled cultural norms. **Thank you, that correction has been made, and the heading has been amended to 'professional norms'.** Facilitators 16. This section seemed well laid out and made clear connections with the data set. What is encouraging in it too is how much useful suggestions are awaiting administrators and health care institution designers if they ask those that are professionally living/experiencing in these places. **Thank you.** Interpretation: 17. The first line of this section is well-written...however, I'm not sure that the analysis section is robust enough to make these claims, which seem to be broad and sweeping, despite a lack of this as presented by the data analysis. This section almost feels like it is from a different paper in tone, clarity and interpretation, as compared to the previous sections. That being said, the suggestions and recommendations do feel useful and seem to be contributory to a broader conversation. **Thank you, we hope adjustments throughout the revised manuscript further justify its contribution to the literature.** Limitations Section: 18. Good point about the urban/rural divide, although as we know from a significant body of literature on distributed medical education (in which Canada has been a world leader) the differences in practice context and local cultures of practice go beyond that initial divide. The fully employed comment I expected to reference that others work part time, but it didnt go there. For a study situated in an academic medicine centre, curiously, the study does not bring up the wide variety of duties that make up a physician career in these places (teaching, clinical duties, educational roles, research or other scholarship, administration, et cetera). The limitations to the methods arent justified. **Please see the revised limitations section, which included further detail on the limitations of using an academic medical centre. The complex demands (teaching, clinical, etc), of academic physicians was noted in the introduction.** Conclusion Section: **Reasonable and seems to move in useful directions.**
Reviewer 3	Abraham Rudnick PhD
Institution	Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, Ont.
General comments (author response in bold)	This is a well written paper reporting a relatively well conducted study about physician retirement. Below find recommendations to improve the paper: 1. On page 2 in the 1st paragraph, clarify why academic physicians make for an ideal point of reference, considering that they may not sufficiently represent many other physicians (as noted in the limitations section later); alternatively, revise that statement. **Thank you for highlighting this discrepancy. The revised paragraph includes further detail on why an academic**

	centre was used as a point of reference, and the limitations section has included clarification of the resulting possible limitations to the generalizability 2. On page 2 in the 2nd paragraph, define what is early career vs later career. **The revised manuscript defines early vs. late career participants in the focus groups.** 3. On page 3 in the 1st paragraph, clarify whether validation of verbatim transcription was conducted for data quality assurance, which is fairly standard in qualitative research, and if not why not. **Thank you for allowing us to note this important point. Validation of verbatim transcription was conducted for data quality assurance. This is noted in the revised manuscript.** 4. On page 3 in the 2nd paragraph, add how many participants were involved in member checking and their method of selection. **Thank you for permitting us to clarify this. The lead author consulted with 11 participants who were selected on the basis of their work as an academic physician at one of each of the 11 hospitals affiliated with the DOM. Please note that the revised manuscript includes additional details regarding the member checking we performed.**