APPENDIX G — PHYSICIAN DEPARTURE & TRANSITION TOOLKIT

A complete system for managing resignations, transitions, patient continuity, and internal communication with professionalism and stability

Physician departures are inevitable, but disorganization, emotion-driven decisions, or poor communication do **not** have to be.
This appendix equips leaders with a structured, calm, and professional framework for navigating physician resignations, retirement transitions, internal departures, terminations, and coverage gaps.

A strong transition process protects:

- Patient continuity
- Referral relationships
- Organizational reputation
- Staff morale
- Remaining physicians
- Quality and safety
- Recruitment timelines
- Service-line stability

This toolkit gives you the templates, scripts, and operational pathways to manage departures with clarity and confidence.

SECTION 1 — DEPARTURE PLAYBOOK OVERVIEW

A predictable, repeatable process for any type of departure.

Use the **Departure Playbook** when a physician gives notice for:

- Resignation
- Retirement
- Internal transfer
- Shift to locums
- Exit from employment model
- Personal or family relocation
- Performance-related departure

This process includes:

1. Notification & leadership response
2. Communication strategy
3. Timeline & task mapping
4. Operational transition support
5. Coverage planning
6. Patient panel reassignment
7. Referral communication
8. Credentialing/payor updates
9. Contractual requirements
10. Exit interview & retention learning

SECTION 2 — IMMEDIATE STEPS (FIRST 24–48 HOURS)

Stability begins with leadership's first response.

When a physician resigns:

Step 1 — Acknowledge the resignation professionally

Avoid emotional reactions.

Use this script:

"Thank you for letting me know. I appreciate the professionalism in giving notice, and I want to make sure we support you through a smooth transition."

Step 2 — Confirm notice period

Check the contract for:

- Required notice length (typically 60–180 days)
- Non-compete implications
- Call obligations
- PTO payout rules
- Moonlighting/secondary employment restrictions

Step 3 — Notify core leadership privately

- CMO
- COO
- Chief of Staff
- HR
- Recruitment
- Credentialing
- Communications

- Legal (if needed)

Do NOT notify staff or peers yet — communication must be coordinated.

Step 4 — Schedule a transition meeting within 48 hours

Purpose:

- Get clarity
- Confirm timeline
- Begin transition tasks

Use the "Initial Transition Meeting Checklist" below.

SECTION 3 — INITIAL TRANSITION MEETING CHECKLIST

Use during the first leadership–physician conversation after resignation.

A. Understand the departure

- Reason for leaving
- Alignment or misalignment causes
- Family/community considerations

B. Confirm timeline

- Last day in clinic
- Last day taking a call
- Last OR day
- Final payroll/cutoff
- PTO plans
- Notice period compliance

C. Clarify transition needs

- Outstanding patient issues

- Complex case follow-ups
- Clinical equipment or supply concerns
- Research/administrative projects

D. Discuss communication strategy

- When to notify staff
- When to notify patients
- How to communicate with referring physicians
- Whether the departing physician wants a farewell message

E. Offer support

- Appreciation for service
- Commitment to a smooth transition
- Connection to the necessary departments

SECTION 4 — COMMUNICATION PLAN TEMPLATE

One of the most important parts of a transition.

Communication must be:

- Timely
- Professional
- Fact-based
- Consistent
- Respectful
- Patient-centered

A. Internal Staff Announcement (Template)

Subject: Physician Transition Update

Team,

We want to share that Dr. _____ will be transitioning out of our organization effective _____.

We appreciate their contributions to our patients and community and will work closely with them to ensure a smooth, professional transition.

Our focus now is:

- Continuity of patient care
- Support for our clinical team
- Maintaining access and stability
- Ensuring a seamless experience for patients and referring providers

We will share additional updates, including coverage plans, as soon as they are confirmed.

Please join us in thanking Dr. _____ for their service.

Warmly,

B. External Referring Provider Announcement (Template)

Dear Colleague,

We want to inform you that Dr. _____ will be transitioning from our organization effective _____.

We remain committed to supporting your patients with uninterrupted access to urology care. During this transition:

- Patients may be referred to Dr. _____

- OR urology coverage will remain in place
- Consultations will continue without disruption

If you have urgent needs or questions, please contact _____.

Thank you for your partnership.

C. Patient Notification Letter (Template)

Dear Patient,

We are writing to inform you that Dr. _____ will be leaving the practice on _____.

Your medical records will remain securely on file, and our team is available to help you transition your care seamlessly.
You may choose to:

- Continue care with another urologist in our practice
- Transfer records to another provider of your choice

Please contact _____ for assistance.

We appreciate the trust you place in us and are committed to your continued care during this transition.

Sincerely,

_____

_____

SECTION 5 — TRANSITION TIMELINE (60–180 DAYS)

The full roadmap from resignation to departure.

Phase 1 — Weeks 1–2: Stabilization

- Leadership rounding
- Communication drafted
- Coverage planning initiated
- Patient panel analysis
- Referral volume mapping
- OR block redistribution plan drafted

Phase 2 — Weeks 3–6: Implementation

- Announcements sent
- Locums or coverage support implemented
- Template updates for EMR
- Call schedule adjusted
- Hiring/recruitment activated
- Staff education and cross-training

Phase 3 — Weeks 6–12+: Optimization

- Patient redistribution completed
- Workflow adjustments
- Orientation for temporary or new providers
- Referral outreach
- Monitoring for staff morale concerns

Phase 4 — Final 2 Weeks

- Wrap up open charts
- Complete outstanding follow-ups
- Equipment/clinic space transition
- Offboarding checklist completion
- Farewell communication (if desired)

SECTION 6 — COVERAGE PLANNING WORKSHEET

Used to protect patient access and stabilize operations.

Vacancy Type:

☐ Resignation

☐ Retirement

☐ Leave of absence

☐ Termination

☐ Internal transfer

Coverage Duration:

☐ <30 days

☐ 30–90 days

☐ 90–180 days

☐ 6+ months

Coverage Options (Check all that apply):

☐ Locum tenens

☐ Internal redistribution

☐ Urohospitalist model

☐ Temporary contract physician

☐ Contract with external group

☐ Modified call rotation

☐ Telemedicine support

☐ Redirecting OR time

Coverage Considerations:

Call burden fairness

OR access continuity

Clinic staffing

Patient backlog

Referral expectations

Community sensitivity

SECTION 7 — PATIENT PANEL TRANSITION FRAMEWORK

Protecting continuity and safety.

Step 1 — Stratify the patient panel

- Complex/chronic
- Active care plans
- Upcoming surgeries
- Routine follow-ups
- Stable/annual visits

Step 2 — Assign each group to a receiving provider

- Based on the scope
- Capacity
- Subspecialty match
- Geography
- Call coverage

Step 3 — Communicate changes to patients

Use patient-first language.

Step 4 — Monitor continuity metrics

- Wait times
- No-show rates
- Referral bottlenecks

SECTION 8 — EXIT INTERVIEW TEMPLATE

Turn every departure into a retention learning moment.

Physician Name:

Specialty:

Length of Tenure:

1. Reasons for Leaving

- Career growth
- Compensation
- Call burden
- Operational frustrations

- Culture/team issues
- Leadership visibility
- Community fit
- Personal/family

2. What worked well during your time here?

3. What barriers made your work harder?

4. How could we have supported you better?

5. Would you consider returning in the future?

6. Final recommendations for leadership?

This data should be analyzed **quarterly** to identify trends.

SECTION 9 — DEPARTURE RED FLAGS & RISK PREVENTION

Signs leadership may have missed.

- Increasing frustration
- Frequent workload complaints
- Withdrawn behavior
- Declining enthusiasm
- Decreased involvement
- Trouble with staff
- Performance inconsistency
- Reduction in OR time
- Spouse/community dissatisfaction

Every red flag is preventable when leaders are present, responsive, and supportive.

SECTION 10 — END-OF-TENURE GRATITUDE TEMPLATES

Leadership Message

"Thank you for the care, commitment, and service you brought to our patients and team. We wish you every success in your next chapter and appreciate everything you have contributed."

Team Message

"We will miss your partnership and commitment to our patients. Thank you for your time with us."

Public/Patient Statement

(When appropriate)

"We are grateful for the service Dr. _____ provided to our patients and community."

SECTION 11 — SUMMARY: DEPARTURES MATTER AS MUCH AS ARRIVALS

- Departures shape reputation.
- Patient continuity must remain the top priority.
- Communication must be coordinated and professional.
- Coverage planning protects remaining physicians.
- Exit interviews reveal retention solutions.
- A structured transition process builds organizational maturity.

With a strong departure plan, organizations transition gracefully — and retain trust from patients, staff, and the community.