The Afterlife for Retiring Deans and Other Senior Medical Administrators

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Career options for individuals leaving the administrative role as dean of a school of medicine or other senior administrative positions are considered. Options discussed include retirement and a variety of other positions both within schools of medicines and in other venues. Many opportunities exist for a challenging and fulfilling career path after leaving the role as a senior administrator in an academic medical center.

This article focuses primarily on the career options available to deans after they relinquish their administrative role. Since the complexity of modern academic medical centers has led to a variety of central administrative structures and thereby various administrative roles and titles; I will use the term “dean” broadly to encompass all these nondepartmental leadership positions in medical schools and academic medical centers. Furthermore, the movement from a specific dean title to another more senior central administrative position in the same academic medical center will not be viewed as a postdean career option but rather as a continuum of the more general “dean” role.

There are surprisingly little compiled data on what career steps deans take after leaving their administrative position. The former President of the Association of American Medical Colleges (AAMC), Dr Jordan Cohen, a distinguished nephrologist, as well as others in the AAMC indicated that this organization does not have a formal compilation of such data. Furthermore, my literature search, carried out in part with their assistance, uncovered only one article with some information relevant to the career paths that deans of medical schools pursue after relinquishing their administrative appointments; however, it was limited to the time period from 1940 to 1992 (1).

I also identified a few articles I will mention that provide relevant and interesting insights into both the careers of senior faculty and into retirement (2–5).

Although this article focuses primarily on deans and other senior, nondepartmental, medical administrative positions, many of the same issues confront department chairs and to some degree senior faculty who have not served in administrative positions. However, in general, there is continuum between those in dean positions, chairs of larger and smaller departments (and also between chairs of clinical disciplines that are more technique intensive compared with those that are largely cognitive), in regard to the ease with which they can return to full-time clinical and/or research careers after they relinquish their administrative positions (2,3). Obviously, retirement is a career option that needs to be considered by all of these individuals as well as nonadministrative senior faculty.

Given my inability to find a substantial amount of written material or data specifically addressing this topic, I instead solicited input from several colleagues and my own knowledge of this subject to write a largely personal perspective.

As the overall population ages, so too does the life expectancy of those of us in academic medicine (2). Those aging academicians fortunate enough to sufficiently sustain their intellect and energetic enough to wish to continue their careers will need to consider career continuation in other roles (2–4). This will be especially so for those who have served in high level administrative positions. For some, retirement will be the best option, but it too, as elegantly summarized in an article by Moser (5), should be considered a next “career” choice. Furthermore, as noted by Hall (2), in an assessment of career options for senior pediatricians, “a great deal of literature on aging suggests that staying active (physically and mentally) leads to better health and a sense of well-being.”

The decision to depart from a senior administrative position (dean or chair) is sometimes dictated by institutional time limits on such appointments or by an institutional decision to undergo a change in leadership. Alternatively, it may be dictated by the individual because they determine it is time to step aside or for many other reasons, including job satisfaction, interest in pursuing other career options, or desire to retire. Regardless of the reason why change occurs, the next career steps will need to be addressed.

Typically, while serving in the role of “dean,” it is not possible to sustain the commitment to clinical and/or research endeavors with the same vigor that could be pursued before assuming an administrative position. This also pertains to
chairs of large clinical departments but perhaps to a somewhat lesser degree. However, most individuals who achieve these high level positions had distinguished achievements as clinicians, investigators, or teachers, or perhaps all of them, before putting on a demanding administrative hat.

The issue that many of them confront is what to do with their “postdean” existence. One option chosen by some (approximately 15% based on the publication of career paths of those leaving the deanship before 1992) is to completely retire from medicine. Obviously, what to do as a retiree is not a unique issue that confronts academicians. Retirement can offer the opportunity to pursue hobbies, other interests, and other things one always wanted to do but never had time for during a hectic career. For those fortunate enough to have these types of interests and talents, retirement can be a very rewarding stage of their lives; it may provide an opportunity for a new career in something other than medicine (2,5). For example, a retired lawyer friend of ours has gone back to reinvigorate the passion of his youth and is now composing classical music. A retired business executive, whom we know, has returned to an early passion and is playing in a band for those older than 55 years as well as building model airplanes and restoring old Studebakers. These are a few individual examples of people with a zest for something different, who have taken advantage of their retirement years to undertake rewarding activities they did not have the time to pursue during their prior work-driven years.

Many others, who are not inclined to retire from medicine after completing their administrative service, continue in academics as distinguished senior educators and/or clinicians, and provide important service as knowledgeable advisors and admirable role models for their younger colleagues. The role of mentoring younger individuals and watching their careers flourish can certainly be a very rewarding experience. Some who have maintained active research endeavors may continue this pursuit (2,4). Others have applied their considerable skills, experience, and expertise outside of academic centers (approximately 15% based on the data before 1992) (1). Some of these roles, which they are often well suited for based on their prior experience include: directing foundations or major medical organizations, serving as editors of journals, as well as positions in the business world including healthcare delivery, the pharmaceutical industry, and other for-profit organizations.

Based on my own experience, there is also another path that can be taken, albeit one that is not chosen as frequently. My former mentor, a distinguished nephrologist, served as my role model for of this alternative. When he left a senior administrative position late in his career, he embarked on an entirely new second career. This required substantial re-education and led to a number of productive and rewarding years as a health economist. If the excitement for exploring the unknown still burns within, it is possible to retool and start a new phase of one’s academic career all over again in the same fashion as our younger faculty colleagues.

In my case, I never lost the zest for investigation. It simply became something I could not do effectively while pursuing a demanding administrative role. When the administrative role came to an end, it provided an opportunity to start anew.
sustain a youthful vigor in me and stimulated my creativity. My story is not unique for other academicians or for other retirees who have pursued other career paths.

In closing, I would like to recount one striking example, which all of us can take to heart. It is about one of our friends, a businessman-inventor who at the age of 91 was still intellectually vibrant. Unfortunately, however, he suffered from severe physical ailments, including unrelenting back pain requiring high doses of medication as well as Parkinson’s disease, both of which severely limited his mobility. On his way to his rehabilitation physician’s office, he fell and broke his hip. That could have been the final chapter for a lesser individual, but he was determined not to have it deter him. So, while in the hospital recuperating, he and his trainer developed a completely new concept for a mobility assistance device that permits maintenance of upright posture and concurrently decreases the weight load on the spine. He walked out of the hospital using this new device along with a new business he established to produce it. He is now pain free, mobile, intellectually motivated to a high degree, and excited about achieving success with his new business.

He is a wonderful example of “it's not how old you are,” rather, it is “how young you think” that will define one’s postadministrative “joie de vivre.”

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Disclosures

None.

References