

Nearing retirement – what you need to think about

Key messages



Plan ahead

Start thinking about your retirement plans at least five years before you are likely to retire including any potential changes to your job plan.



Recognise your value

Remember your experience and flexibility means you add immense value to your department. However, maintaining job satisfaction and motivation is just as important.



Communicate early

Have early discussions with your clinical director/manager/team appraiser/peers about your plans as it will help to have them on board.



Clarify mutual benefits

Be clear about how any changes to your role will benefit both you and your employer.



Consider role adjustments

Consider whether you may want to adjust your clinical and professional activity roles.



Stay open-minded

Be flexible and open-minded about the future.



Prioritise your wellbeing

Align your decisions with your personal values and overall wellbeing.



Know your options

Partial retirement, retire and return, and full retirement.



Understand your pension and financial options

Consider seeking independent financial advice to understand your pension options, tax implications and future financial planning.

Initial planning: around 5 years before you plan to retire



- Request a retirement conversation.
- Start to think about if you are retiring completely or partially. Know your retirement options.
- Encourage early conversations with colleagues and leadership about retirement goals. Continue to have these conversations in the lead-up to retirement.
- Discuss on-call commitments but bear in mind that coming off the rota is at the discretion of the employer.
- Remember to consider all your roles and employer. For example, if you undertake university, private or medicolegal work you need to take advice on how to step back from this.

5 years pre-retirement checklist



Professional advice

Find out if your employer offers pension advice but also consider obtaining specialist medical financial advice as this will take into account your personal financial circumstances.

Pension and benefits

Review pension entitlements (NHS pension scheme website and NHS Pensions retirement guide – [see useful links](#) below) and understand retirement options, such as lump sum payouts, annuities or deferred retirement.

For those who are no longer with the pension scheme or intend to leave the scheme, consult your local pensions department or financial advisers.

Tax implications

Consider the tax impact of pension withdrawals and any additional income from part-time or locum roles (and other incomes).

HR policies

Review your trust or health boards HR website to understand practical issues such as 'What notice do you need to give to apply for retirement benefits'. ([NHS retirement guide – see useful links](#))

Budget for retirement

Plan for changes in living expenses post-retirement.

Pre-retirement roles – options for different ways of working



You may want to explore the possibility of working in different ways as you approach retirement (hours, scope, site etc).

Researching your options

Research your options for reducing workload, such as job-sharing, locum work or taking on other roles. Consider roles that may maintain or enhance personal or professional interests but not overwhelm.

Some examples of different roles:

- Mentorship role
- Revalidation and appraisal roles
- Educational roles, including teaching clinics, research, or national/RCR training roles

- Support and wellbeing champion role
- Reduced clinical duties, including coming off the on-call rota.

The RCR advertises various opportunities to support the specialty by getting involved in College work.

Tips to get your employer on board

- If you wish to work in a different way you will need to have the support of your department/organisation.
- Have early discussions with leadership to allow them plenty of time to consider your requests and also sufficient time to implement any changes.

Explain how working in a different way is a real benefit to your team and employer. For example:

- You are likely to stay longer in post with your team benefiting from your expertise and experience

- You may be able to work more flexibly than other colleagues.

[See useful links](#) section for more information.

Know your retirement options



1. Partial retirement 2. Retire and return 3. Full retirement

Partial retirement

Partial retirement is when you choose to take part or all of your pension benefits while continuing to work in the NHS and is available to members of the 2008 and 2025 schemes. It requires at least 10% reduction in pensionable pay (and that reduction must remain in place for at least 12 months) but enables you to keep on the same contract and benefits.

www.nhsbsa.nhs.uk/member-hub/partial-retirement

- Know your rights and what should be considered.
- Discuss with your team how you can adjust your job plan so it can be handed on with space for a new consultant to develop the role.
- Discuss at your appraisal at the earliest opportunity – think what you enjoy and what you want to achieve.
- Discuss with your clinical team – explore new ways of team working such as opportunity for longer breaks or holidays outside of school holidays.

Retire and return

With retire and return you retire from your job and take your pension. Then after a short break you return to work and can rejoin the NHS Pension Scheme to keep building future pension benefits. However, you must return on a new contract and depending on the circumstances it may not be possible to return to the same role and you may lose some benefits. It is an option if you have reached minimum pension age.

More information can be found here:

www.nhsemployers.org/publications/using-flexible-retirement-support-retention

www.england.nhs.uk/looking-after-our-people/the-programme-and-resources/pensions-and-flexible-working-in-your-later-career/retire-and-return/NHS

Full retirement and post-retirement opportunities

Your NHS Pension Scheme section determines when you can take your pension, which may range from age 55 (or in some cases 50) to state pension age. You may be able to take early retirement with reduced benefits or retire at your scheme's normal pension age (60 for the 1995 scheme) for full benefits.

The amount you receive will depend on your scheme, pensionable service and tax considerations. If however you do not draw your 1995 pension from the age of 60, it is diminishing in value.

In the case of ill-health retirement, rules can be very complex and specialist input is definitely required.

Mental health and identity – Retirement can be a significant emotional transition. Consider how to stay connected to the profession and maintain a sense of purpose, for example through the [NHS Retirement Fellowship](#).

Professional engagement – Attend conferences or events to stay updated and network with colleagues or offer time and expertise to charities, global health initiatives or community health programmes.

Registration – decide whether to:

- Fully maintain registration with a licence to practise – needed for any medical work in the UK
- Remain registered without a licence to practise – can use the Dr title but not treat patients
- Fully relinquish GMC registration – maintaining a licence to practise requires ongoing revalidation, which may be impractical after retirement.

Case studies

These case studies illustrate how two clinicians have approached partial retirement with adjusted roles in clinical oncology and radiology. Each journey is unique, and these examples are shared to highlight the range of flexible options available.

Case study: returning to clinical radiology with a revised role (retire and return)

This consultant returned to clinical radiology after retirement in a part-time diagnostic role, having previously worked in interventional radiology. The new role involves around four DCC sessions focused on cross-sectional GI imaging, without on-call duties.

The shift was motivated by the challenges of part-time interventional work, which requires constant availability, long procedures and follow-up care. Moving to diagnostic work offered greater flexibility and sustainability, while allowing space for younger colleagues to grow into interventional roles.

Support from the department and strong clinical relationships helped ease the transition.

Continued participation in MDTs and clinical meetings maintained a sense of connection and value within the team.

Benefits include maintaining professional identity and wellbeing, focusing on the most rewarding aspects of clinical work and contributing senior input without administrative burdens. The department retained valuable experience and guidance.

Tips for others:

- Start planning early and gain agreement on your future role and responsibilities
- Help prepare successors well in advance
- Stay engaged through professional networks and appraisal
- Consider how your expertise can continue to support the team in a new capacity.

Case study: adjusting clinical workload through partial retirement (clinical oncology)

This clinical oncologist in their late 50s transitioned to partial retirement from a demanding 13PA clinical role, which included a level 9 local CEA but no management duties. The decision was driven by concerns over rising annual allowance tax payments and changes in pension scheme contributions – from the 1995 scheme to the 2015 scheme.

Professional financial advice helped model various retirement scenarios. They chose partial retirement at age 58 as it enabled access to the 1995 lump sum and a monthly pension with minimal reduction. To meet pension rules, they reduced pensionable pay by 10% and moved to a four-day working week.

This change improved work–life balance significantly, offering greater financial flexibility and a three-day weekend for leisure. Stress was mitigated by relinquishing a fixed clinical commitment, avoiding the risk of compressing five days of work into four.

Benefits include enhanced wellbeing, better balance between work and personal life, and the likelihood of extending working years due to improved sustainability.

Tips for others:

- Start planning early and seek professional financial advice
- Understand pension scheme rules and model different scenarios
- Consider workload adjustments to maintain wellbeing
- Be open to giving up fixed commitments to reduce stress.

Useful links and resources

[NHS England Retaining doctors in late stage career guidance](#)

Within the long read guidance there is a section headed as further reading that has a list of links to other resources too.

Academy Workforce Committee guidance, August 2024:

www.aomrc.org.uk/wp-content/uploads/2024/08/AWC_Retention_Flexibility_Principles_Senior_Doctors_270824.pdf

BMA supporting an ageing medical workforce report, June 2024:

www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/the-ageing-workforce/supporting-an-ageing-medical-workforce

BMA pensions and retirement guidance:

www.bma.org.uk/pay-and-contracts/pensions

My NHS Pensions portal:

mynhspension.nhsbsa.nhs.uk/

Getting an estimate of your pension:

www.nhsbsa.nhs.uk/member-hub/getting-estimate-your-pension

NHS Pensions Retirement Guide 2025:

www.nhsbsa.nhs.uk/sites/default/files/2025-10/Retirement%20Guide%20%28V26.1%29%20-%2010.2025.pdf

NHS partial retirement hub:

www.nhsbsa.nhs.uk/member-hub/partial-retirement

NHS employers partial retirement employment guidance:

www.nhsemployers.org/publications/partial-retirement-employment-guidance

Retire and return:

www.nhsemployers.org/articles/flexible-retirement

NHSE pensions, flexible working and retirement guidance:

www.england.nhs.uk/looking-after-our-people/the-programme-and-resources/pensions-and-flexible-working-in-your-later-career/retire-and-return/NHS

RCR Mentoring schemes:

www.rcr.ac.uk/career-development/mentoring-schemes

Opportunities to get involved with the RCR:

www.rcr.ac.uk/get-involved

RCR Support and Wellbeing:

www.rcr.ac.uk/career-development/support-wellbeing

Professional engagement – events and courses:

www.rcr.ac.uk/cpd-and-events/events-webinars/events

NHS Retirement Fellowship:

nhsrf.org.uk

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Disclaimer: This information is correct at time of publication.

Please refer to relevant links and resources for the most up-to-date information.

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