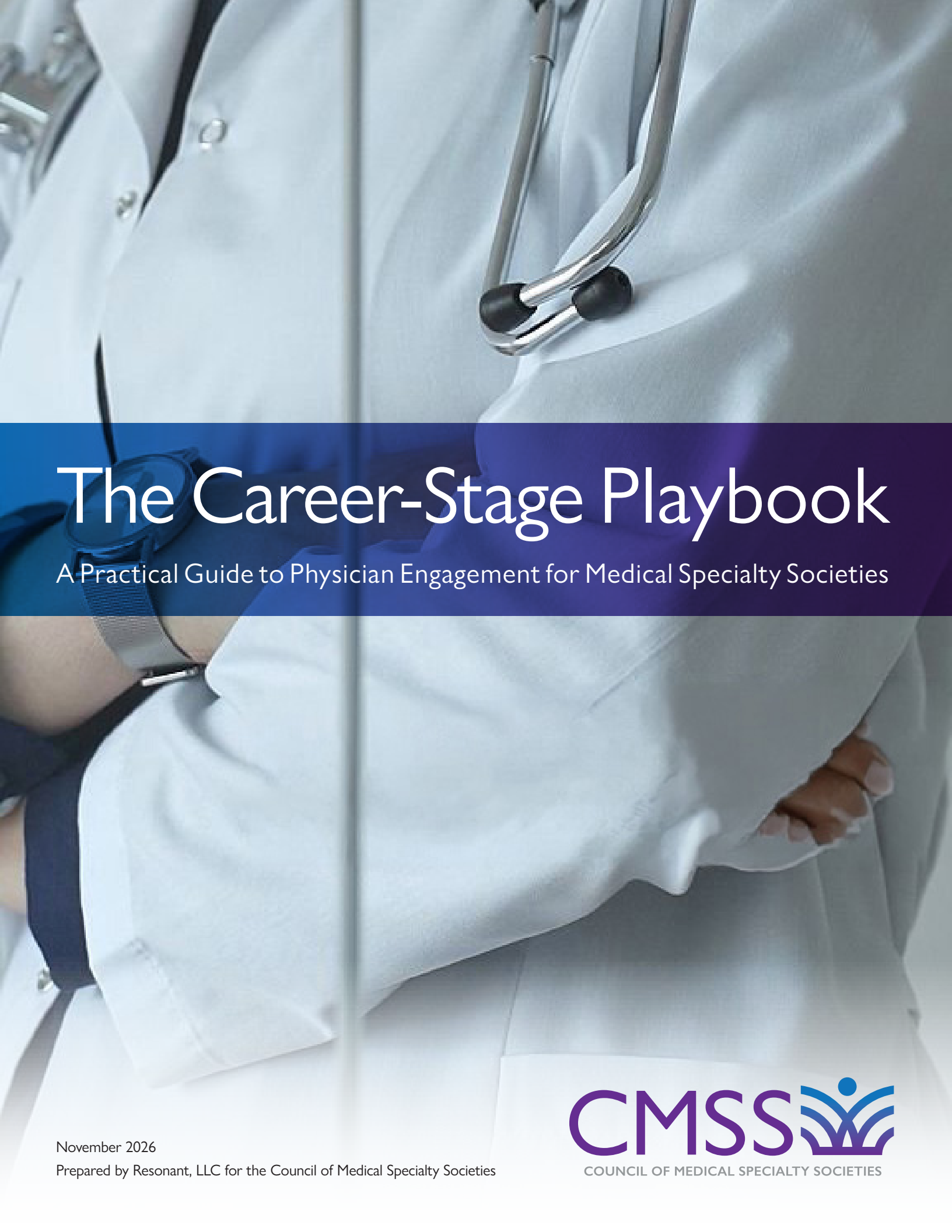


The Career-Stage Playbook

A Practical Guide to Physician Engagement for Medical Specialty Societies

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Prepared by Resonant, LLC for the Council of Medical Specialty Societies

CMSS
COUNCIL OF MEDICAL SPECIALTY SOCIETIES

Executive Summary

This work addresses one of the most challenging aspects that medical specialty societies face in meeting their members' needs: addressing those needs by career stage. Each career stage brings its own distinct set of challenges:

- **Early-career physicians** are navigating the sharpest transition of their professional lives, moving from the structured, cohort-based world of training into professional practice, and depend on a specialty society to carry forward the peer community and professional footing that training once provided.
- **Mid-career physicians** face a long stretch where professional and personal demands peak simultaneously, a stage that the evidence shows is both the most vulnerable to genuine disengagement and the most programmatically neglected across the sector.
- **Late-career physicians** are working through a genuine reckoning with professional identity as retirement approaches, and need a specialty society that supports them in treating this stage as a meaningful final chapter.

The recommendations that follow translate these needs into four areas of action:

1. **Build a portable, persistent peer community** that follows physicians across every career stage, replacing the connection that training once provided and that no single job reliably sustains.
2. **Invest in formal mentorship and leadership development** that evolves with the physician, from career guidance early on to peer exchange and leadership preparation at mid-career to legacy contribution late in the career.
3. **Design volunteer and contribution pathways around the realities of each career stage,** so that physicians can engage in ways that fit where they actually are.
4. **Advocate explicitly for physician interests** across the whole career, addressing the concerns most pressing at each stage and giving physicians a voice that specialty societies are uniquely positioned to provide.

While specialty societies never treat a patient directly, sustaining physicians throughout their careers is one significant way they contribute to patient care. A physician who is well-supported, whether newly in practice, navigating the demands of mid-career, or approaching retirement, is better positioned to provide excellent care. The society's investment in the physician is, at every stage, an investment in the patients that physician treats.

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Introduction

Membership in a medical specialty society was once a career expectation: physicians joined because the profession expected it and renewed because they always had.

Today, joining and renewal are active decisions that members may make based on the value that membership offers.

Combined with declining industry-wide first-year renewal rates, societies have the opportunity to consider what physicians need at different points in their careers and to deliberately design for those needs.

- A first-year attending navigating institutional employment for the first time, as the training-to-practice transition is accompanied by a decline in wellbeing support, peer community, and professional optimism.
- Mid-career brings the profession's peak burnout, growing leadership and administrative work, and the collapse of the mentorship and peer structures that sustained physicians in earlier stages.
- Late career raises questions of professional identity and potential continued contribution into a phased retirement.

At each stage, the specialty society occupies a distinctive position: it is the one relationship that follows the physician across institutions and across every career stage from training through retirement understanding that not all of your members' career paths will be linear.

While your members' career paths may not always be linear, treating these groups solely as a single membership population leaves real value on the table, as products and programming calibrated to each career stage can serve members better.

The societies that have designed deliberately for career stage demonstrate what is possible, and offer models that other societies can draw on as they consider their own approaches.

This playbook gives medical specialty societies an evidence base for acting. It describes what physicians experience at each career stage, what they need from a professional society, and what leading societies have built in response.

How to Use This Playbook

This playbook is intended for society leadership and professional staff responsible for member engagement and programming design. *Medical societies should not simply sell benefits to members. They should accompany physicians through their professional lives and sustain physicians, and therefore the care they provide, across the entire arc of a medical career.*

Use it to assess where existing programming already meets physicians at each career stage, to identify the gaps most likely to affect renewal and engagement, and to evaluate the recommendations and models that follow against your society's own resources and membership composition. Gaps may be addressed either by creating new programs or tailoring existing ones to meet the needs of physicians in each career stage.

Two further notes on this Playbook:

- Throughout this playbook, leadership development refers broadly to preparing physicians for leadership in their clinical field, within their specialty society, and beyond. Programs that support this broad array of roles will have the widest appeal.
- This playbook focuses on engaging physicians practicing in the United States. For CMSS's research on global membership engagement, see Navigating the Rocky Shores of Global Expansion: Business Intelligence on International Physician Engagement with US Medical Societies.

Career Stages

How This Playbook Defines Career Stage

Early career: First ten years of professional practice. Currently, they are predominantly Millennial (born approximately 1981–1996), with Gen Z now entering this group as they complete their training.

Mid-career: Years 10–20 of professional practice. Currently, they are predominantly Gen X (born approximately 1965–1980).

Late career: 21 or more years of professional practice. Currently, they are predominantly Baby Boomers (born approximately 1946–1964).

These boundaries are approximate. Medicine's long training pipeline means physicians enter professional practice at different ages, and cohort boundaries are not sharp.

Why Career Stage, Not Generation?

A McKinsey analysis found that most apparent generational differences in workplace preferences disappear when controlling for career stage and life stage.[1] The ASAE Research Foundation notes that career stage is a more accurate predictor of members' education and content needs than age or generational cohort.[2] Birth year also introduces a timing distortion specific to medicine: a physician who completes fellowship at 32 enters professional practice at an age when professionals in many other fields are already mid-career.

Where generational cohorts appear in this playbook –Millennials at early career, Gen X at mid-career, Boomers at late career – they are used as rough descriptive shorthand, not as the explanatory variable. Societies that design for career stage can produce programming that meets physicians where they actually are. At the same time, individual circumstances vary widely within any career stage, and some societies may benefit by keeping programming accessible across those boundaries.

Physicians from different generations trained under different conditions, absorbed different financial pressures, and built their professional identities in relationship to institutions that were themselves changing. Those experiences leave marks on what feels normal, what feels like a loss, and what types of support feel meaningful.

The Membership Landscape: Trends, Pressures, and the Adaptation Gap

The key findings describe what physicians experience across career stages. This section provides the surrounding context regarding trends in individual membership organizations.

Where This Information Comes From

Two sources inform this section. The first is the Marketing General Incorporated (MGI) Membership Marketing Benchmarking Report, an annual survey of association executives fielded across hundreds of organizations in multiple industries. It is not specific to medical specialty societies, although healthcare associations represent about 20 percent of the sample, but it provides the most robust cross-sector benchmarking data available for individual membership organizations. The second is research CMSS conducted directly with medical specialty societies through Professional Peer Group discussions at the 2025 CMSS Annual Meeting, a survey, and website analysis.

The Performance Picture

Membership growth is slowing, and confidence in the value proposition of society membership has declined alongside it. Forty-five percent of individual membership organizations reported membership growth in 2024, down from 47 percent the prior year.[3,4] Only 11 percent describe their value proposition as "very compelling."[3]

The first-year renewal data tell a more urgent story. Nearly half of individual membership organizations now report first-year renewal rates below 60 percent, and that figure worsened between 2023 and 2024.[3,4]

The Generational Composition Shift

The demographic makeup of association membership is changing. Millennial representation held at 21 percent for four consecutive years (2020 through 2023) before jumping four points to 25 percent in a single year.3,4 Baby Boomer representation has declined steadily over the same period: from 32 percent to 29 percent to 27 percent in 2024, with the pace of decline accelerating.[3,4]

The relationship between younger membership and membership growth is consistent and durable. Across multiple years of MGI data, associations with higher proportions of younger members are significantly more likely to report membership growth.[3,4] As Baby Boomer physicians exit and Millennial physicians enter professional practice in larger numbers, the societies that have designed programming to engage earlier-career members are better positioned to grow.

What the Non-Renewal Data Say

Lack of engagement is the primary driver of non-renewal, not dissatisfaction, and not cost. When association executives identify the leading cause of non-renewal across sectors, 52 percent cite members who simply do not use their benefits.[3] That figure has risen from 47 percent the prior year.[3,4] This highlights an opportunity for all associations, including medical specialty societies, to engage members at the career moments when connection to a professional community matters most.

Opportunity for Action

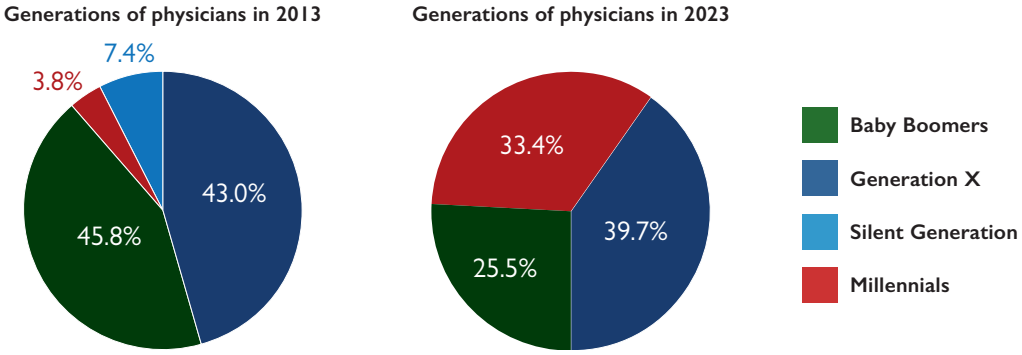
Cross-sector, nearly half of individual membership organizations have made no adaptations for generational differences in their membership programming. Forty-seven percent report having taken no action 3. Among those that have acted, only 15 percent have taken the more substantive step of tailoring membership benefits by age or career stage.[3] The remainder have largely pursued surface-level interventions, social media strategies, multi-generational networking events, mentorship programs, and most rate their efforts as only "somewhat effective."[3]

The CMSS research provides the confirming layer that cross-sector data cannot. Society leaders identified career-stage tailoring as the first of five critical opportunities when asked directly about membership value and engagement.[5] Professional Peer Group discussions at the 2025 CMSS Annual Meeting named the gap between society programming and member needs explicitly, across societies and specialties.[5]

The Changing Physician Workforce

The physicians occupying early, mid, and late career today are not the same generations who occupied those roles a decade ago. In 2013, Baby Boomers – then concentrated in mid- and late-career roles – represented 45.8 percent of U.S. MDs, Generation X 43.0 percent, Millennials just 3.8 percent, and the Silent Generation 7.4 percent. By 2023, Millennials, now the generation populating most of the early career phase, accounted for one-third of the workforce – 33.4 percent – while the Baby Boomer share, concentrated in late career, had fallen to 25.5 percent. Generation X, spanning mid- to late-career today, remained the largest group at 39.7 percent.[6]

In a single decade, the combined share of Generation X and Millennial physicians – together spanning early through late career – grew from 46.8 percent to 73.1 percent.



Different Specialties, Different Timelines

Specialties are moving through this career-stage shift at different rates. Physicians in early career, largely Millennials, now predominate among hospitalists and constitute approximately half of emergency physicians. Physicians in late career, largely Baby Boomers, still represent more than 30 percent of cardiology, gastroenterology, and psychiatry.[6]

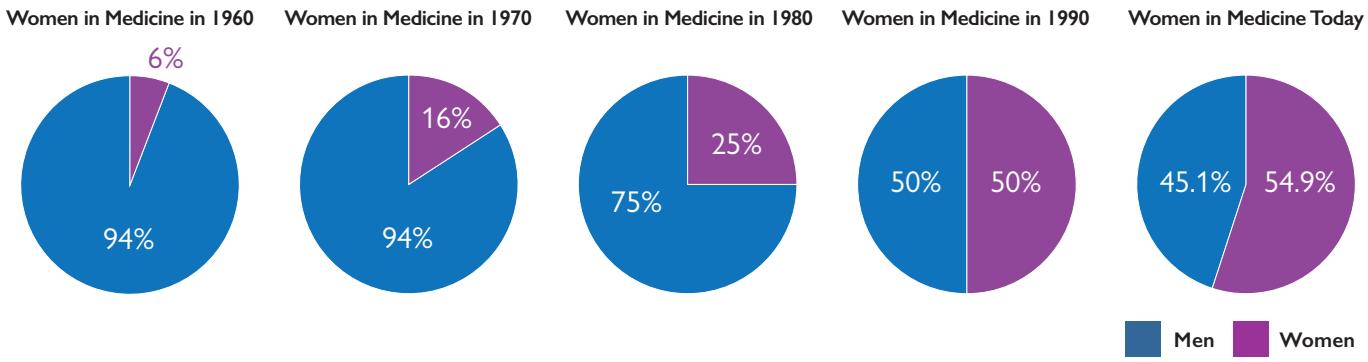
The differences point to distinct challenges for different specialty societies. Those with a large share of late-career physicians face more immediate questions about retirement, leadership succession, and knowledge transfer. Those with a younger, earlier-career workforce are already serving physicians whose training and early-career experiences differ substantially from those of the generations before them.

Women in Medicine

Women's representation in medicine has grown dramatically over the past six decades, and physicians at different career stages entered training at very different points along that climb.

- Physicians now in late career, mostly Baby Boomers, entered medical school when women constituted approximately 6 percent of enrollment in the 1960s and 16 percent in the 1970s.[7]

- Physicians now in mid- to late-career, mostly Generation X, entered medical school as women's representation rose steadily. Women accounted for 25 percent of medical-school graduates in 1980–81 and moved closer to parity during the 1990s and early 2000s.[8]
- Physicians now in early career, predominantly Millennials, entered medical school when women already represented nearly half of students and graduates. Women became the majority of all enrolled medical students in 2019 and accounted for 54.9 percent of enrollment in 2024–25.[9,10]



These numbers describe very different training experiences by career stage. Most late-career physicians entered classes in which women were a small minority. Mid-career physicians, by contrast, trained during the greatest movement toward parity. And for most physicians in early career, medical school meant training alongside a class where women were already at or near parity.

Changes in women's representation have not occurred evenly across specialties. Between 2004 and 2022, the proportion of women increased from 28 to 43 percent in family medicine, 30 to 40 percent in internal medicine, and 20 to 30 percent in emergency medicine.[11]

The change was larger in some historically male-dominated fields, but substantial differences remain. Women's representation increased from 11 to 24 percent in general surgery, but from only 3 to 6 percent in orthopedic surgery.[11]

By 2022, women constituted a majority of physicians in pediatrics, obstetrics and gynecology, and dermatology. They remained a minority in most of the largest specialties.[11] Even physicians at the same career stage, then, may have trained alongside classes where women's representation looked very different, depending on their specialty.

What This Means for Medical Specialty Societies

How this shift plays out varies significantly from one specialty society to the next. Each society's experience depends on the career-stage, generational, gender, and specialty composition of its membership.

Some societies already serve memberships increasingly composed of early-career physicians and women. Others face a more immediate concentration of late-career male physicians nearing retirement and leadership transition. Understanding these differences provides essential context for how physicians experience society membership – and why their needs may vary across career stages.

Early Career

At a Glance: Early Career

First ten years of professional practice; predominantly Millennial, with Gen Z now entering

Within the first year or two, physicians lose wellbeing support, peer cohort, and professional optimism [12]

About one-third of medical specialty societies offer discounted dues for newly graduated residents [13]

Only 42.7% of early-career members say they will definitely renew, the lowest of any career stage [14]

For most physicians, the first year or two after training ends is the most professionally disorienting period of their career. They navigate significant changes that will shape the next decade of their professional lives, such as their first employment contract, educational loan repayments, and major purchases.

At the same time:

- Wellbeing support provided during residency largely disappears: six in ten residents feel their employer prioritizes their wellbeing, compared with only three in ten practicing physicians[12]
- Their peer cohort from training, the most protective professional bond many physicians will ever form, shifts as colleagues move to different cities and institutions
- Optimism about the future of the medical profession drops sharply, from around 50% among residents to around 30% among practicing physicians[12]

Membership renewal data from cross-industry sources highlight the risk of disconnection for early-career physicians: only 42.7% say they will definitely renew, compared with 60.8% at mid-career and 68.6% at late career [14], and first-year renewal rates have been declining year over year .[3]

Who They Are

Early-career physicians are predominantly Millennial, with Gen Z now beginning to enter the cohort. They entered medicine after electronic health records were standard and when institutional employment was already the default career path – physician-owned practice was rarely a realistic option.[15,16] Medical school debt is a significant financial burden for many, and physicians who completed residency or fellowship in the past six years stay at their first job for less than two years on average.[17]

Goal clarification is the most underestimated challenge of this career stage. After years of training organized around externally set milestones – rotations, match, boards – early-career physicians are, for the first time, responsible for setting their own direction. That transition is harder than it looks: many physicians find themselves years into a position that is not on their desired path.[17]

Distress is real and concentrated in this group. Compared with older physicians, those under 45 are more likely to report social withdrawal (49% vs. 28%), anxiety (59% vs. 46%), and hopelessness (34% vs. 26%), and are more likely to seek mental health support.[12]

At a Glance: Early Career

Gen Z physicians are now entering practice. Early signals suggest three differences from the Millennials who preceded them:

Discovery through social media. They discover specialties and form professional identity primarily through social media platforms, making the geographic and institutional constraints that shaped prior cohorts' network-building less relevant for this group.[18]

Flatter engagement. They are less comfortable with traditional hierarchical structures in professional engagement and respond better to flatter, project-based participation.[19]

Wellbeing as baseline, not benefit. They treat wellbeing support as a basic expectation of any professional community, rather than as a benefit.[20]

Based on qualitative and practitioner sources; longitudinal physician-specific data does not yet exist.

What They Need

Early-career physicians have four core needs that specialty societies can fill with tailored programming.

- A peer community that is not tied to their employer or training program. Connection with peers is the strongest predictor of physician professional wellbeing.[21] Early-career physicians have just lost the peer community that sustained them through training – and the less-than-two-year average tenure at first jobs means any new work-based community will dissolve again just as quickly.[17]
- Mentorship for career guidance. Formal mentorship is among the strongest predictors of physician engagement at any career stage.[22] Among early-career physicians seeking mentors, half want help with career planning and guidance specifically.[22]
- Help navigating the business of medicine. Early-career physicians are negotiating employer contracts, non-compete clauses, and compensation structures for the first time and without neutral guidance.[15,17] CMSS member society leaders have identified business-of-medicine education on these topics as one of the clearest unmet needs for this cohort.[5]
- Advocacy on policy issues that matter to them. Specialty societies advocate for physician interests directly, and early-career physicians show a heightened interest in policy change. For this cohort, advocacy is one of the most concrete and differentiated values a society offers.

Five Models Worth Knowing

1 American College of Cardiology – *Financial access and well-being programming*

Membership is complimentary for the first two years post-training, with tiered dues through year four.[23] Annual meeting programming addresses both the practical dimensions of the transition to professional practice, such as credentialing and career navigation, and the personal ones, with sessions on coping with difficult patient outcomes and avoiding burnout.

2 American Society of Anesthesiologists – *The simplest pricing model in the sector*

A single upfront payment buys three consecutive years of American Society of Anesthesiologists membership, bundled with continuing education and meeting registration credits.[24,25] One decision, at one moment, with the value made explicit. The American Society of Anesthesiologists describes the design goal as removing friction – consistent with cross-industry association research finding that 95 percent engagement rates correlate with members who describe initial involvement as very easy.[26]

3 American College of Physicians – *Credential as early engagement*

The Guided Fellowship Program allows physicians within two years of completing residency to earn the FACP designation through an accelerated pathway, with certain requirements waived.[27] The share of FACP designations awarded through this pathway grew from 18.6 percent to 24.4 percent in three years.

3 American College of Surgeons – *Auto-enrollment eliminates the awareness barrier*

Residents receive free membership and are automatically enrolled in the Resident and Associate Society; Fellows aged 45 and under are automatically enrolled in the Young Fellows Association upon receiving the FACS designation.28,29 Members do not need to find the program – the program finds them.

3 American Academy of Orthopaedic Surgeons – *The only published outcome data*

The Bridge Experience is an 18-month program for members moving from residency into practice, organized around three themes: preparing for the realities of professional practice, building a peer and mentor network, and claiming the professional identity of a practicing surgeon rather than a resident.[30] One insight from AAOS's work with Highland Solutions anchors the design: the decision to join during residency is functional – access to clinical guidelines, exam prep, discounted rates – while the decision to stay once in practice is emotional – identity, belonging, feeling seen and supported during a disorienting transition.[30] Programming that addresses only the functional side will not hold members mid-identity-shift.

Mid-Career

At a Glance: Mid-Career

Years 10–20 of practice. Predominantly Gen X.

Burnout peaks at this stage – confirmed by a national survey of 7,288 physicians and a BMJ meta-analysis[31,32]

Cross-industry data show a mid-career Net Promoter Score of 7.4 (with barely more promotors than detractors) despite 60.8 percent saying they will definitely renew. This combination signals a group at risk of genuine disengagement.[14]

The most programmatically neglected career stage.[31]

Mid-career physicians are, by most measures, the profession's backbone – its most productive clinicians, its most active mentors, its most reliable organizational leaders. They are also most subject to burnout.

Multiple studies show that mid-career physicians have higher levels of burnout and emotional exhaustion, the lowest satisfaction with their choice of specialty, and a 25.4 percent likelihood of leaving their current practice within two years.[31,32,33]

The same peer-reviewed literature acknowledges that there is little research evaluating the impact of potential interventions to support mid-career physicians.[31]

Who They Are

A generation shaped by the shift to institutional employment

Mid-career spans 10–20 years of professional practice. The cohort is predominantly Gen X, who entered medicine as physician ownership was declining and often chose between a practice ownership path and institutional employment.[15,16] Many are now institutionally employed, facing the efficiency pressures and autonomy constraints of large-organization medicine.

The workforce's engine, carrying leadership it may not have been trained for

Mid-career physicians carry the largest patient panels, the greatest administrative burden, and leadership responsibilities such as mentoring trainees and managing colleagues, often without formal training.[31] Yet the support structures of early career – mentorship, onboarding, transition programming – have evaporated.

The Mentorship Cliff

In academic medicine, formal mentorship participation falls from 45.1 percent among assistant professors to 32.9 percent among associate professors – a 12-point drop that occurs just as physicians' needs shift from career guidance to peer exchange, validation, and help navigating leadership.[22]

What They Need

- Peer exchange. What mid-career physicians need from a professional community shifts toward peer validation and connection. Longitudinal peer discussion groups – small, unfacilitated, and structured around sustained connection rather than agenda – are associated with decreased burnout, depressive symptoms, and intent to leave.[31] They are low cost and scalable, and a specialty society can offer a peer community drawn from across the specialty.
- Leadership development they were never given. Mid-career physicians take on complex leadership roles – department heads, committee chairs, division directors – often without formal preparation. A specialty society can offer leadership development grounded in the specialty's own values and standards of practice.
- Volunteer pathways that fit how they actually work. Mid-career members are the natural volunteer and leadership pipeline of medical specialty societies. In cross-industry research, more than one in seven mid-career members say they remain in their association primarily to share their knowledge and expertise – the highest proportion of any career stage.[14] Project-based, time-bounded commitments alongside traditional multi-year committee service can open this pipeline: a physician who cannot commit to a three-year term may still co-design a guidance document, review educational materials, or lead a single conference session.
- Advocacy for the conditions of practice. Mid-career, institutionally employed physicians navigate prior authorization burdens, productivity benchmarks, and administrative encroachment on clinical time. Specialty societies can and do advocate on these issues, including documentation requirements, EHR mandates, and administrative tasks.[31] Advocacy on these issues may be the most concrete and differentiated value the society provides for mid-career physicians.

Four Models Worth Knowing

1 ACC Sandra J. Lewis Mid-Career Women's Leadership Development Institute – *A cohort focus*

The Sandra J. Lewis Mid-Career Women's Leadership Development Institute was launched by the American College of Cardiology in 2021, serving women 12–21 years post-fellowship. Cardiologists participate in two-year cohorts of approximately 12 participants, with quarterly sessions, mentor connections with established leaders, in-person programming at the annual meeting, and individual career reassessment support.[34,35] The program provides the opportunity to "re-assess, re-imagine, re-invent,"[34,35] an identity-oriented framing that acknowledges mid-career as a moment when professional identity can erode, and that a specialty society can help physicians reclaim it.

2 ACC Cardio Renew – *Addressing burnout*

Cardio Renew is explicitly designed to support re-engagement for those experiencing mid-career burnout. Its "three R's" framing – resilience, reflection, reconnection – directly address isolation, exhaustion, and erosion of meaning and purpose.[31] Launched in December 2025, the seven-month virtual program for mid-career cardiovascular professionals includes interactive modules, optional one-on-one coaching, and an in-person gathering at the ACC annual meeting.[36]

3 American College of Surgeons Aspiring Leaders Program – *Mid-career mentoring*

The American College of Surgeons Aspiring Leaders Program pairs mid-career Fellows one-on-one with senior surgeon mentor-coaches for one year.[37] An external coaching vendor provides structure and training for the mentor side of the relationship. This program develops late-career surgeons' coaching and mentoring skills while leveraging their experience and expertise to support those in mid-career.

3 American College of Surgeons Colleague Connection Program – *The always-on alternative*

The Colleague Connection Program makes any Fellow eligible to seek confidential consultation with a senior surgeon on non-clinical matters, including practice management, colleague relations, and personal and financial issues.[38] The program is not limited to mid-career members, but may be most directly relevant to them as they navigate highly complex situations and may not be able to rely on peers within their own organizations for unbiased advice.

Late Career

At a Glance: Late Career

21+ years of professional practice, predominantly Baby Boomer.

More than 40 percent of the current US physician workforce is late career or beyond – the largest single workforce segment [39,40]

68.6 percent say they will renew their membership – the highest of any career stage – but this reflects self-selection: the Boomers still practicing are those who chose to stay [14]

Their defining challenge as they draw nearer to retirement is who they will be once active practice has ended [41]

Late-career physicians are navigating some of the most consequential questions of their professional lives – about purpose, identity, and what comes next. While continued support such as emeritus categories, reduced dues, and conference discounts are helpful, medical specialty societies also have the opportunity to address the deeper questions of purpose and identity that arise at this stage.

Late career is defined by a transition between two major life stages and may be characterized by uncertainty.[40] These physicians are making an impact in their current work while preparing – emotionally, socially, financially, relationally – for a life after medicine, often asking fear-based questions: Do I really have to retire? Am I still making a difference? Will I be relevant? How will my purpose change?

Late career can be understood as an encore invested with wisdom and crystallized experience.[40] For specialty societies, this offers the opportunity to help create a meaningful career stage where the physician's most experienced years are put to good use.

This matters for specialty societies because late career is the stage where members are both most trusting of their society and most likely to renew their membership. At this career stage, specialty societies are most distinctively positioned to offer a community of professional peers navigating the same transition.

Who They Are

The workforce's largest segment

Late-career physicians – those 21 or more years into professional practice – are the single largest segment of the physician workforce. Physicians ages 55 to 64 represent 22 percent of the current US physician workforce, and those 65 and older another 20 percent.40 More than a third of currently active physicians are estimated to retire within the next decade.[40]

A generation divided by two paths into practice

Late career currently spans two distinct cohorts, shaped by different paths into medical practice. Boomers built careers largely in physician-governed settings. Many experienced the wave of changes that followed – hospital acquisitions, private equity entry, and a drop in physician practice ownership – as a major disruption.[15] Older Gen X physicians are now entering late career having made more deliberate choices about institutional versus independent practice in a landscape where consolidation was already underway.

Renewal stability, examined

Cross-industry renewal intent looks stable at 68.6 percent.[14] However, workforce research consistently shows that engagement increases with age among those who remain in the workforce, partly because the disengaged have already left.[42,43] The late-career physicians still in practice and maintaining active society membership are a committed, high-engagement cohort who have chosen continued participation.[44]

What They Need

- Peer community for the liminality transition. What late-career physicians want most from their society is peer connection with others navigating the same transition.[45] A panel presentation on retirement planning is less valuable than two hours with colleagues working through the same questions. The evidence points toward peer-led experiential content, such as discussion groups, podcasts, and vignettes of different retirement paths, as valuable offerings.[45]
- Relationship and social investment beginning a decade before retirement. Social investment should begin at least ten years before retirement and is as important as financial planning, since close relationships buffer against life stress and protect physical health.[40] Physicians whose primary social network exists at work risk isolation in retirement – a gap specialty societies are uniquely positioned to help close through early, intentional outreach.
- Holistic support that addresses identity. The central challenge of late career is personal identity: who the physician is once their practice of medicine has ended.[41] Retired physicians may find themselves unprepared for sudden invisibility – no longer valued by the institutions they gave their careers to.[41] The specialty society is the institution most capable of supporting this identity transition.
- Advocacy for practice structure flexibility. Late-career physicians who want to reduce their clinical load often face a binary choice: full practice or full exit. Senior cardiologists, for example, leave the field earlier than desired because employers offer no middle path between full practice and exit.[46] Part-time arrangements, modified call schedules, and phased retirement pathways exist in some settings but are not standard, and specialty societies may be ideally positioned to advocate on behalf of their collective members.
- A meaningful contributor role. Late-career physicians want continued relevance, and research on retired faculty finds that they are more available than active colleagues and more willing to discuss work-life integration.[41] A specialty society is uniquely positioned to formalize that contribution by connecting them with early- and mid-career physicians in need of unconflicted guidance.

Three Models Worth Knowing

1 ACC Advanced Career Professionals Section – *Purpose-built programming for late career*

The ACC Advanced Career Professionals Section serves approximately 16,000 members age 60 and older.[47] The section's programming centers on networking, mentoring and education for younger colleagues, and participation in annual meetings and regional gatherings. It positions itself explicitly alongside the Early Career and Fellows-in-Training sections.

2 ACS Senior Fellows Society – *The lifecycle program*

The American College of Surgeons uses the term "lifecycle programs" explicitly in its own publications, framing late career as a component of a member relationship that began at the residency stage.[38,28] The Senior Fellows Society is the latest addition to that lifecycle architecture. Its mission is to enable senior surgeons to share knowledge and experience with younger colleagues and to serve as a focal point for collaboration across all of the ACS's career-stage programs.

3 ASCO Emeritus Membership – *The retirement-as-identity model*

Beyond reduced-cost membership for retirees, ASCO's Emeritus Membership approach pairs the emeritus category with member-facing content that treats retirement itself as an identity transition worth exploring. This includes member interviews describing what retirement means to them and encouragement to stay engaged through mentoring, volunteering, and continued publication.[48] Retirement is treated as a passage to navigate with active society engagement.

Recommendations

The evidence reviewed for this project, CMSS Methods for The Career-Stage Playbook, points to four cross-cutting recommendations. Each is grounded in what medical specialty societies are uniquely positioned to provide, and each takes a different form at early, mid, and late career.

Several of the recommendations that follow draw on programs built by well-resourced societies, but smaller societies need not adopt any of them wholesale. Any society can address many of these issues through intentionally designed, low-cost options.

In cases where a society already offers what physicians at a given career stage need, it can be helpful to make that fit explicit by showing members how an existing program or resource addresses something they need. Societies that draw this connection out directly in communications, event framing, and program descriptions make the value of existing programming visible in terms that match what physicians of different career stages may be experiencing.

Cross-Cutting Recommendation #1: Build a portable, persistent peer community at every career stage

Physicians experience a predictable community dissolution arc. The peer community formed during training – the most protective professional bond most physicians will form – dissolves when training ends. Mid-career's convergence of peak professional and family demands crowds out the investment that might otherwise replace it. Late career and retirement strip away what remains of a work-based peer network. At every point, a specialty society can uniquely provide a professional community that is portable across jobs, persistent across career phases, and present at every transition.[17,31,40,41]

Early Career

Establish a virtual-first peer community program explicitly designed to replace the training cohort that members have lost. Frame membership in this community as belonging to the specialty and persisting through employment changes.

Mid-Career

Launch structured peer discussion groups for members 10–20 years in practice, modeled on COMPASS – Colleagues Meeting to Promote and Sustain Satisfaction, developed by physician wellbeing researchers and tested in health system settings.[49] Longitudinal peer groups at this stage are associated with decreased burnout, fewer depressive symptoms, and lower intent to leave.[31] They require no expert speakers, no large budget, and no clinical content – only intentional design and a society willing to convene and hold the space.

Late Career

Create a peer community for members 20 or more years post-training, with quarterly sessions oriented to transition, identity, and continued contribution.

Cross-Cutting Recommendation #2: Invest in formal mentorship and leadership development at every career stage

Formal mentorship is among the strongest predictors of physician engagement across career stages. AAMC StandPoint data from nearly 18,000 faculty found that physicians with formal mentors show an engagement rate of 82.5 percent, compared with 64.0 percent among those without.[22]

What mentorship provides changes by career stage: career planning and neutral guidance at early career; peer exchange and leadership development at mid-career; legacy contribution and cross-generational knowledge transfer at late career. In some cases, physicians who request mentorship may instead be asking for direct access to senior leaders, which is an additional offering that societies may provide (for example, through meet-the-expert gatherings at conferences.)

The specialty society is the only institution positioned to offer mentorship that is neutral, unconflicted, and oriented to the physician's own interests across the full career.

Early Career

Build a formal mentorship structure oriented to neutral career guidance for members in their first five years of post-training practice. Half of early-career physicians seeking mentors want help specifically with career planning and guidance.[22]

Mid-Career

Shift the mentorship model to peer exchange and leadership development, since mid-career physicians often take on leadership responsibilities without formal preparation.[31]

Late Career

Frame opportunities for late-career physicians as contributors to a cross-generational mentorship exchange. Retired and near-retired physicians paired with junior colleagues are, by the evidence, more available, more willing to discuss work-life integration, and free of conflict-of-interest.[41] The specialty society is the natural broker of this relationship at scale.

Cross-Cutting Recommendation #3: Design volunteer and contribution pathways for the career stage

Cross-industry association research points to a persistent gap between members' stated commitment to volunteering and their actual participation. That gap traces not to indifference but to contribution pathways that do not fit how members work.[50] For medical specialty societies, the implication is to redesign those pathways by career stage: lower-threshold for early career, time-bounded for mid-career, encore-framed for late career.

Early Career

Lower the threshold to first contribution before asking for committee service. A single, defined contribution opportunity – a project, a panel, a content review – builds belonging before the society asks for a multi-year commitment.

Mid-Career

Mid-career professionals are more likely to say that they remain in their society to share knowledge and expertise.[14] Create project-based, time-bounded commitments – clinical guidance documents, educational content, conference programming – alongside traditional committee service, and make these opportunities explicitly visible in society communications.

Late Career

Formalize the encore contribution role. Late-career physicians who are offered a meaningful role in the society's work are more likely to remain engaged.

Cross-Cutting Recommendation #4: Advocate explicitly for physician interests

Advocacy that speaks to the whole physician career is something only a specialty society can do, and it is consistently one of the clearest value propositions that medical society leaders articulate when asked why membership matters.[5]

That advocacy operates on two levels. At the individual level, specialty societies can provide neutral guidance, tools, and peer resources on a wide variety of topics. At the legislative and regulatory level, specialty societies can advocate on payment policy, prior authorization reform, scope-of-practice legislation, and regulatory burden without the conflicts of interest that constrain health systems from challenging the payer relationships and regulatory structures they depend on operationally. This dimension of advocacy is particularly salient for early- and mid-career physicians.[5]

Early Career

Equip early-career physicians to advocate on their own behalf with direct, accessible resources for contract navigation, non-compete guidance, compensation benchmarking, and financial planning. [5] Early-career physicians are also among the most motivated by political and policy advocacy, where the society speaks on their behalf at the legislative and regulatory level.[5]

Mid-Career

Advocate on prior authorization burdens, productivity benchmarks, and administrative encroachment on clinical practice time. Prior authorization advocacy specifically has produced documented results: since 2024, nearly a dozen states have passed reform legislation driven by medical society advocacy, and a 2024 CMS rule on prior authorization in Medicare Advantage reflected years of sustained specialty society pressure.[51,52] Complement this external advocacy with business-of-medicine content grounded in the specialty's own practice, to support mid-career members who may be stepping into leadership roles.

Late Career

Advocate for practice structure flexibility – part-time arrangements, modified call schedules, phased retirement pathways – that lets late-career physicians reduce their clinical load short of full retirement. Specialty societies can advocate for physicians remaining active at a reduced level of clinical contribution.

Additional Stage-Specific Recommendations

The following recommendations address needs specific to a single career stage and are not represented among the four cross-cutting recommendations above.

Early Career

Create a transition program for the first year or two after training that combines affordable or complimentary dues, bundled education access, and a peer community component as a single integrated offer, rather than three separate benefits. Physicians at this stage are already navigating a high-pressure transition with many sequential decisions to make, and a single integrated offer reduces friction at exactly the moment friction is most likely to cause disengagement. Ease of initial involvement is one of the strongest predictors of long-term member engagement.[26]

Mid-Career

Develop a mid-career re-engagement program explicitly oriented to resilience, reflection, and reconnection, such as a virtual program with optional coaching and at least one in-person element. Give the program its own distinct name and identity, separate from general membership communications – the act of naming mid-career as a stage that requires distinct support is itself part of the intervention, since it signals to members that the society has recognized this stage's specific challenges.

Late Career

Build a deliberate late-career engagement pathway beginning 5–10 years before anticipated retirement. Social and relational investment should be an explicit component, since physicians whose primary social network exists at work face profound isolation at retirement, and building relationships outside medicine requires sustained investment.[40]

Conclusion – The Irreplaceable Relationship

The specialty society has no interest in whether a physician stays at a particular institution, advances within a particular hierarchy, or continues generating clinical revenue. It is the only professional institution in a physician's life that can offer guidance without a conflicting stake in the outcome, at every stage, across the full arc of a career that may span four decades or more.

What makes the society irreplaceable is its ability to remain present across a physician's entire career. The physician-employer relationship is transactional and bounded, existing within a single institution, serving that institution's interests, and ending when the physician's productivity does. The society relationship is portable across jobs, persistent across career phases, and present at every transition, without a conflicting institutional interest in the outcome.

While a specialty society never treats a patient directly, sustaining physicians throughout their careers is how it contributes to patient care. A physician who is well-supported, whether newly in practice, navigating the demands of mid-career, or approaching retirement, is better positioned to provide excellent care. The society's investment in the physician is, at every stage, an investment in the patients that physician treats.

No health system, training program, or online community is structured to offer all of this. A specialty society is. The societies that recognize this, and design deliberately for each career stage, are not offering a better membership product. They are building the only professional relationship that accompanies a physician through their entire career.

About the Research

This project is grounded in a structured review conducted by Resonant LLC on behalf of CMSS. The research was designed to answer a question for which no single published source provides a direct answer: how do physicians at different career stages experience the medical profession and their relationship with their specialty societies, and what can those societies do to better serve members at each stage?

The evidence was drawn from more than 80 sources across four planned research streams. These include physician-specific survey data from Medscape, the Physicians Foundation, and AAMC; general workforce generational research from McKinsey, Deloitte, and Gallup; association membership research including the MGI Membership Marketing Benchmarking Report; specialty society case studies; and peer-reviewed academic literature, with priority given to the Mayo Clinic Proceedings Career Life Cycle series, five articles published between September 2025 and January 2026.

The research is organized around career stage rather than generational birth-year cohort. Early career encompasses approximately the first ten years of professional practice; mid-career, years ten through twenty; and late career, twenty-one or more years in practice. Generational cohorts, Millennial, Gen X, Baby Boomer, serve as rough secondary proxies. This organizing principle is consistent with ASAE Research Foundation's finding that career stage is a more reliable predictor of members' professional needs than age or generational identity.

For More Information

A detailed account of this project's research design, source categories, and limitations is available in the companion report, Methods for The Career-Stage Playbook.

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