

Could the Physician Job Search Nightmare Hit You?

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You should be able to avoid a new job that turns out to be a nightmare if you take serious precautions. First look beyond the employer's sales pitch, whether the position is with a hospital, group practice, pharmaceutical, managed care company or university. Base your new job decision on sound analysis of professional and personal factors. Once you've made that analysis, don't let hysteria over physician job choices sway you from making a legitimate career move. Move ahead with confidence and stand up for yourself as needed. Also note, many new physician positions would be acceptable for long-term employment if the doctor had asked the right questions in the first place. In turn, he/she would know what to expect and not be overly concerned when facing shortcomings on the job. Also, identifying these concerns may mitigate many problems before the position is accepted. It is a misnomer to think any position is non-negotiable. This includes positions at the largest universities and managed care companies. Also realize, many of the most important concerns will not be in the contract.

Here are a few steps you can take to protect yourself.

- Know your risks and ability to earn your income. For most specialties, you should determine your prospective patient mix and the number of patients that you're likely to see per day. Is there a safety net for your future income if the patients and/or revenue are not there? Is your income guaranteed in the form of a base salary, or are you strictly on productivity or a combination of both? In any case, is there a written projection on the volume of patients you should see, by case load/procedures? Is there a financial proforma that shows how this equates to your financial earnings, whether measured by wRVU or other measurement?
- Because you'll possibly have one or more jobs after this one, what is your exit strategy? For example, what is the non-compete clause? Is this even allowed in that state? If so, is it reasonable? If you someday leave the employment of the practice, will you have to pay money in order to move on? Shockingly, thousands of physicians are under such contracts and pay substantial money in order to be free to take a new position. In the old days, they called this indentured servitude and it's surprises me that so many physicians still sign these contracts.
- Know their physician-turnover rate. Nationally, hospitals average 8% annual physician turnover, and clinics/group practices average 6%. Anything higher could signal problems. Consider their staff turnover as well.
- Who do you report to? Studies have shown for decades, that the person you report to drives the greatest determinant for your job satisfaction. Is he/she accessible? Does he truly support you? Does he defend you and go to bat for you? Does he have the ability and political savvy to get you the funding, equipment, facility and staffing that you need? If he is a clinician, does he respect you and your training so you can practice medicine the way you see fit, or are you just a junior physician and will be seen that way for years to come?
- Carefully consider who is on your team. Do you need a senior physician to mentor you, or are you the new senior physician and you'll be expected to assist younger physicians? Will you have a PA, NP, RN or MA in clinic, in surgery and/or to handle most call coverage? Will you have a scribe to make your day much more efficient? For your clinical or surgical support staff, specifically what is their experience and training? But use common sense. A relatively uneducated MA with 12 years experience in the practice may be preferred over a PA or NP who just graduated.

- Know the current incentive packages for your specialty and geographical region. Have your advisor discuss the packages offered to other physicians in your specialty. Be very careful with hospital employment. But fraud and abuse concerns (over payment to you) shouldn't be a worry, as long as there's a legitimate community need for your specialty, and your incentive package is in the same ballpark as other physicians' compensation.
- Hire an experienced independent advisor to review documents and their financial implications. Your most qualified expert may be a practice management professional or human resources expert within the medical industry. But make sure that your advisor is well versed in all aspects of physician practices and careers. Especially don't depend on someone who only knows technicalities. You need a comprehensive 360-degree view. **The vast majority of the practice opportunity will not be in the contract.** Above all, do not rely on the employer's counsel for advice.
- What technology and training is available? Does the practice and hospital have the most up to date software for medical records, and other software you need. Are computers readily available for your clinic, personal office, hospital and home? What medical devices and robotics are you expected to use, or can they obtain what you need before you begin? You often have great power to negotiate this before you sign a contract.
- What metrics are available? First, consider any measurements for the clinical medicine that you provide, or related specialties or procedures. You should have multiple variables to assess. Just because they can afford to pay you a large salary does not mean you can practice good medicine. On the business side of medicine, can they truly afford to hire you, and keep you in practice where you can continue to make an income that is comparable or exceeds others in your specialty?
- Talk to other doctors. Prospective colleagues should be able to give you the inside story on the employer's reputation, its competitive situation, the market for physicians – and whether your personality is a good fit. Carefully consider if you need to conduct a background check on the physicians or management. Employers often do this on you, the individual physician, and today we often recommend the same so you know whom you're potentially joining, especially if there are any yellow flags or if you're going to later become a partner.
- Also when you're speaking with other physicians, don't neglect personal concerns such as the quality of schools, your commute, crime and housing. Again, don't rely on the sales pitch you receive about a community. Think for yourself. As I've always said at a time like this, "Trust no one."
- Pay attention to the details on call coverage. A new physician employment contract may say exactly what the next one says, such as "evenly distributed call coverage." But upon further examination, we discover at one of those practices, the two oldest physicians no longer take call.
- One of the most frequent surprises is for a new physician to later be required to go to one or more locations where he/she didn't expect to practice. Such as an outlying hospital or parttime clinic that is 90 minutes away. Maybe that is acceptable if rotated with other physicians, but often the senior physicians are too busy to take a turn. We always get locations in writing.
- Don't sign too quickly. Each year, thousands of physicians take new jobs and many sign far too quickly without comparing positions, or improving the position where they are about to sign. Without exception, each month I see physicians shop around and dramatically increase their income with positions that are a much better fit, personally and professionally.

Sometimes I need to push the physician to consider those options, but "that's what I do."

*If you want to know more about physician contracts or if you would be interested in having me help you with your career and review your contract, go to PhysicianCareerAdvisor.com and see my [YouTube videos](#). I'm also available to speak at your next national or regional conference or Grand Rounds. Additionally, you'll find PhysicianCareerAdvisor.com on [Facebook](#), [LinkedIn](#) and [Twitter](#). **Call my office at 770-649-7150. Text me at 770-356-9541. Email me at Rbonds@PhysicianCareerAdvisor.com.***