

The Med-Peds Job Search

American Academy of Pediatrics
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Section on Med-Peds



American College
of Physicians

American Society
of Internal Medicine

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Finding a Med-Peds Position: Getting Started

What do I need to know before I start?

The better one can define what they are looking for, the more likely they are to recognize it when found. Career decisions do have significant ramifications for professional growth, personal happiness, and life style. The weight of such decisions can seem overwhelming, and challenge one's ability to prioritize values. We usually choose based on what has felt best in our medical experiences. The fit we test includes both the professional and personal aspects of the career. Much frequently hinges on role models we have had. Understanding the career elements that sustain our dominant role models can mitigate the confounding influence of personality. Best choices require an adequate experiential base. Seeking broad experiences during training facilitates preparing to choose.

Starting a job search begins with developing a sense of the answers to the following questions:

1. What part of the country/world do I want to live in?
2. What career path do I want to follow?
3. What practice setting do I seek?
4. What elements (patient care, research, teaching, administration, etc.) do I want in my professional life?
5. What elements do I want in my personal life?

It can be helpful to weight or rank the different criteria for selecting a position. For example, you may feel it is more important to pick a location near family than it is to have a private practice vs. HMO practice. Or salary may be less important than job responsibilities.

The process of a job search is a learning experience. Treat it as such. Ask questions as you go.

What steps are involved in a Med-Peds job search?

1. Develop a sense of what you are looking for.
2. Establish a timeline.
3. Prepare background materials.
4. Become familiar with the resources that facilitate your search.
5. Gather a list of potential positions using those resources.
6. Contact prospective employers.
7. Interview with prospective employers.
8. Negotiate a contract.

How much time do I need to do a job search?

Allow at least 6 months to do a thorough job of evaluating options. Adequate lead-time allows time to:

1. Identify an array of opportunities
2. Several visits to prospective employers if needed
3. Negotiation of a fair contract
4. Reflection on choices
5. Meeting signing deadlines
6. Credentialing in the state/hospitals/systems

Consider establishing a time line (figure one below) or look at:

<http://www.acponline.org/counseling/index.html>

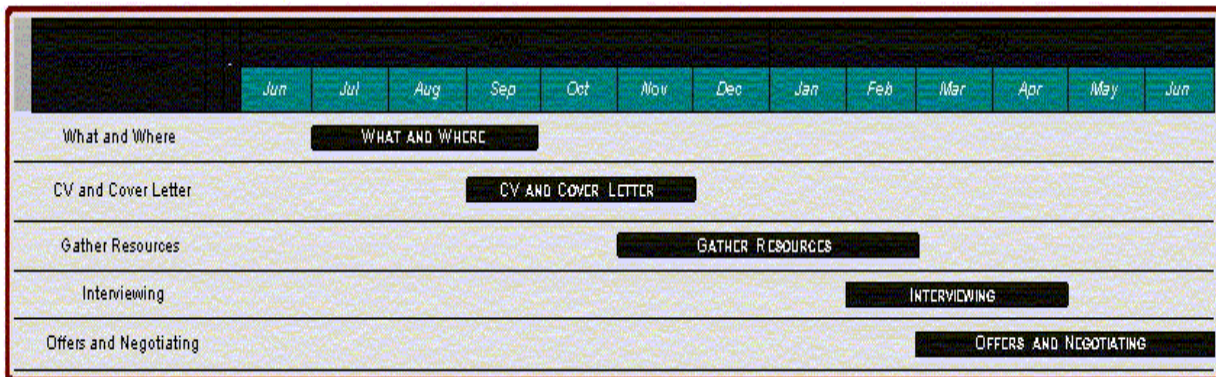


figure one: suggested timeline for the job search

What materials do I need for a job search?

Prepare a cover letter, and resume or curriculum vitae.

First impressions are important. First contacts with most professional opportunities are best made through a well-prepared cover letter, accompanied by a resume or curriculum vitae.

A cover letter should be focused, accurate, and interesting. Ideally, it should be customized to the job opportunity you are exploring, based on your research of the position. Introduce yourself; highlight your professional career, special interests, or training. Outline the specifics of the position that appeal to you, and what you have to offer. Emphasize your best qualities. Provide your contact information but not references, which would be premature. Without exception, the letter should be a maximum of one page in length.

Assume you're a car for sale. The resume is the advertisement, while the curriculum vitae is the owner's manual. A resume is used to strongly present your education and accomplishments in brief. A potential employer can quickly review it. It should include your contact information, education, work experiences, special skills, honors and awards, and extracurricular activities. Education and work experience is usually listed from most recent to earliest. A resume outline can be viewed at www.acponline.org/counseling/resout.htm

Early in ones career, a resume and curriculum vitae (CV) look similar. Eventually, a CV becomes more exhaustive than a resume. A CV lists all academic and professional accomplishments in detail. It includes personal information, present academic rank and position, education, board certification, medical licensure, military service, present professional positions and appointments, teaching experience, journal editorial/reviewer positions, administrative responsibilities, committee memberships, professional and society memberships, presentations, clinical practice, research interests, civic activities, and bibliography. A sample CV can be obtained from www.acponline.org/counseling/cv.htm

Print the cover letter, resume or CV on a laser printer using matching quality bond paper with matching envelope. Double proofread all documents, and then have a friend proofread. Explain any gaps of time in the education or training sequence. Sign the cover letter legibly.

Finding a Med-Peds Position: Med-Peds Career Options

What are the career paths of Med-Peds physicians?

Med-Peds physicians have pursued a vast array of career paths. They include:

1. Academic generalist
2. Academic subspecialist
3. Primary care solo or group practice
4. Subspecialty solo or group practice
5. Emergency room physician
6. Urgent care physician
7. Hospitalist
8. International health
9. Indian Health Service or National Health Service Corps
10. Administration

What is the scope of Med-Peds practice?

Med-Peds physicians as a group practice in all the settings in which they train. That includes various ambulatory settings including nursing homes, general medicine and pediatric wards, delivery room coverage, newborn nurseries, PICUs, MICUs, and CCUs. Few report practicing in NICUs. The scope of individual physician's practices varies widely, depending largely on their practice setting and partnership arrangements. Some have developed a practice that includes a specific disease state or interest niche that transitions the two disciplines, such as cystic fibrosis or adolescent medicine.

What practice settings are Med-Peds physicians in?

The setting has in part reflected the career path.

Academic Med-Peds generalists or subspecialists have usually found their 'academic home' within a single department. This has promoted career growth, and helped limit the need to be responsive to two department chairs with administrative needs. Their practice setting has usually been hospital based or sponsored.

Practitioners have practiced solo, or with a variety of partners that have included other Med-Peds physicians, categorical Internists or Pediatricians, Family Practitioners, and surgical specialists/subspecialists. Practices may be independently owned, partially subsidized by hospitals or systems, or wholly owned by hospitals or systems. Patient demographics vary with the setting.

Urgent care, emergency room, and hospitalist physicians have worked as independent contractors or within a single or multi-specialty group. Patient spectrum varies, and may be single discipline or dual.

What are the implications of a solo practice?

When last surveyed, 10% of Med-Peds graduates reported being in solo practice. Though the only physician in the group, many report working with physician extenders.

Advantages:

1. You get to make all the decisions
2. Office style, hours fit your image
3. Office staff accountable to one physician

Disadvantages

1. You have to make all the decisions
2. Need cooperative call schedule to avoid burnout
3. Financial responsibility entirely yours
4. No leverage with insurers
5. Resources for 'big ticket' items (EKG machine, office billing systems, etc.) more limited
6. CME breaks and vacations can be a challenge
7. Rounding at more than one institution difficult

What are the implications of a multispecialty group practice?

When last surveyed, about 50% of Med-Peds in group practices have multiple specialties within the group.

Group practices in general provide some economy of scale for administrative costs. Physician administrative responsibilities (e.g. personnel, call schedule, finances, physical plant) can also be divided. Each group has its own dynamic. They require communication structure, administrative structure, decision-making structure, compensation structure, and patient distribution and flow structure. The details of how well these are conceived and implemented may vary greatly from group to group, and significantly flavor the functionality of the group.

Advantages of a multispecialty group practice

1. Marketing to the community
2. Financial resources are pooled
3. Shared staff resources
4. Complimentary specialties can benefit patients and practitioners
5. In-house referrals have convenience and financial advantages
6. Contracting leverage with insurers if adequate size

Disadvantages

1. Division of call can be complicated
2. Compensation equity can be an issue
3. Requires attention to the details of structure of group practice
4. Sometimes cultures of different disciplines clash
5. Assignment of new patients can be a source of discord

What are the implications of a Med-Peds group practice?

When last surveyed, 30% of Med-Peds graduates reported practicing with another Med-Peds physician.

Advantages

1. Similar training
2. Patient's expectations become tailored to a Med-Peds practice
3. Easiest hospital, on-call, and vacation coverage arrangements
4. The advantages of scale of a group practice
5. Compensation issues may be more easily made equitable

Disadvantages

1. Fewer strictly Med-Peds practices available
2. No categorical specialty partners to enhance learning
3. Marketing as a dual specialty remains a challenge in some locations
4. Requires attention to the details of structure of group practice

What are the implications of partnering with Family Practitioners?

When last surveyed, 30% of Med-Peds physicians reported practicing with Family Practice physicians.

Advantages

1. Complimentary training
2. Name recognition
3. Abundance of FP practices
4. Dual specialty coverage
5. May serve as in-house referral source

Disadvantages

1. Philosophy may be different
2. Hospital, ICU, nursery coverage may be problematic
3. Complicated patients may migrate/be referred to Med-Peds, with financial disadvantages if compensation not properly structured
4. Requires attention to the details of structure of group practice

What are the implications of working in an institutionally owned practice?

When last surveyed, 5% of Med-Peds physicians worked for government agencies, HMO groups, or student health clinics. An unknown percentage have their practice partially or completely subsidized in some fashion by hospitals and academic institutions. Such subsidies usually are coupled with a component of corporate/institutional control, which may impact hours of operation, staffing, patient population, compensation, capital expenditures, additional patient care or teaching responsibilities, etc.

Advantages of an institutionally owned practice

1. Defined patient population
2. Generally low financial risk, at least for first couple years
3. Potential financial support
4. Purchasing power
5. Identity can be good

Disadvantages

1. Financial risk may accrue
2. Often lack flexibility
3. Often lower compensation
4. Productivity expectations not always tied to compensation
5. Bureaucracy
6. Identity can be bad

What are the implications of working in an academic setting?

When last surveyed, 50% of Med-Peds physicians had a faculty appointment, with one third of those being full-time salaried positions.

Advantages

1. Teaching and research opportunities
2. Academic mentoring
3. CME resources
4. Institutional resources
5. Stimulating environment

Disadvantages

1. Teaching time may not be protected
2. Need to learn to teach efficiently
3. Productivity expectations may be escalating
4. Need to know the recipe for success in each institution
5. Need to find an academic mentor
6. Few Med-Peds researchers have developed as role models
7. Call partners may be assigned not chosen
8. Bureaucracy

What are the implications of an Emergency Medicine career path?

When last surveyed, 2% of Med-Peds physicians worked in urgent care centers or emergency rooms. Many more are thought to work in these locations part time. The durability of an ER career varies. Some cite a tendency to burn out in 3-6 years, but others have sustained this career path for 2 decades. The number of hours worked and adequacy of surgical and critical backup are mentioned as mitigating influences. Patient demographics and responsibility will vary with community size and site. It is possible to be triple "certified" by adding ER boards through the American Association of Physician Specialists (<http://www.aapsga.com>). Sitting for the AAPSGA Board requires passage of either the ABP or ABIM, practicing Emergency Medicine for 5 years, and accumulating at least 7000 hours of practice in Emergency

Medicine. Passing provides Board Certification in Emergency Medicine but not that of specifically ER trained physicians who may take a Board exam through the ACEM. AAPSGA certification is recognized by many, but not EM academia.

Advantages

1. Set hours
2. No call
3. Partnerships unnecessary, if present focus largely on schedule and compensation
4. Instant gratification

Disadvantages

1. No continuity of care
2. Walk in patient population
3. Burn out
4. Credentialing

What are the implications of an Indian Health Service or National Health Service Corps career path?

Created in 1970, the National Health Service Corps (NHSC) is a program of the federal agency: the Bureau of Primary Health Care. The NHSC serves to encourage health providers to provide care in underserved urban and rural communities. The Indian Health Service (IHS), created under the Snyder Act of 1921, serves members of federally designated Indian tribes in the United States. Both of these programs offer opportunities for physicians to practice primary care in medically underserved communities. Each NHSC and IHS site is unique. Some of the larger programs operate as group practices with Internists, Pediatricians, FP's, and med-peds working together. Other sites resemble solo practice arrangements. Some sites are purely outpatient and others offer both an inpatient and an outpatient practice.

Advantages:

1. Care to the underserved is ethically satisfying.
2. Loan repayment (above and beyond your salary) is often available through federal programs.
3. Continuity of care is good.
4. Benefits often mirror the federal system: good health care and retirement is available.

Disadvantages:

1. Bureaucracy and politics.
2. Burn out.

For more information about the HIS, visit their web site at: <http://www.ihs.gov/>.

For more information about the NHSC visit their site at: <http://bhpr.hrsa.gov/nhsc/>.

What are the implications of a Hospitalist career path?

The term "Hospitalist" was first coined in 1996 in an article in the *New England Journal of Medicine*. It refers to physicians whose practice focus is patients admitted to a hospital. The National Association of Inpatient Physicians (NAIP) reports 89% of Hospitalists are Internists and 5% Pediatricians. The corollary is that Med-Peds Hospitalists may be more likely to work with adults than children.

Some of the most commonly cited reasons for choosing Hospitalist practice are as follows:

1. The opportunity to focus on inpatient care - some find it more rewarding and stimulating than ambulatory care
2. Many Hospitalists feel like their training provided better preparation for inpatient care than ambulatory care
3. Hospitalist practice may be a simpler business to manage than outpatient private practice
4. A Hospitalist can be busy on the first day of work and doesn't need to spend months or years building a practice, as can be the case for office-based practice
5. Greater flexibility in scheduling, e.g., many Hospitalists don't follow a typical Monday to Friday schedule

Hospitalist practice may be a 24-hour a day, 7 day a week enterprise. That creates some challenges in scheduling, and can result in a schedule that requires working more nights and weekends than in outpatient based practice. This may be offset by more weekdays off.

Hospitalist incomes vary widely. According to the NAIP, it is similar or slightly higher than a doctor with the same training working in a traditional (inpatient and outpatient) practice in the same market.

There are a number of common models for Hospitalist practice. They differ primarily in who employs the Hospitalist. In order of approximate prevalence, Hospitalists are employed by (most to least common):

1. Hospitals
2. Managed care organizations
3. Local medical groups, usually large multispecialty groups
4. Geographically diverse, for profit, Hospitalist companies
5. Academic Hospitalist practice
6. Self-employed

Hospitalist positions vary widely in scope. Hospitalists may occupy a small service niche within an institution, or cover the majority of patients admitted. Coverage may exclude or include ICUs. Some comment that every Hospitalist position is different. There may be teaching, research or administrative components. The challenge of working with or within two departments mirrors those with academic career paths. It is not currently known for how many Med-Peds physicians a Hospitalist position is a durable career path, or an intermediate step to something else.

Information on Hospitalists is available at the WEB sites of the NAIP: <http://www.naiponline.org> or the AAP Section on Hospital Care <http://www.aap.org/sections/hospcare/>

Finding a Med-Peds Position: Gathering Information

What resources are available for job searching?

This is potentially the most complex, energy-requiring component of a Med-Peds job search. Like other disciplines, Med-Peds positions available are not systematically posted in any one place, medium, or forum. To optimize the probability of finding the right match, one needs time, a strategy, and a multifaceted approach.

The seven most commonly utilized resources for job searching include:

1. Networking colleagues
2. Professional organizations
3. Professional publications
4. Physician recruiters
5. Database companies
6. Locum tenens and other temporary positions
7. The Internet

How do I find out about ‘word of mouth’ positions?

Some, if not the majority, of the most desirable non-academic positions are not advertised. This may reflect a desire on the part of practices for discretion and selectivity, a lack of knowledge of available options, or unwillingness to pay advertising or recruitment fees. Attending physicians, colleagues, and residency alumni may be your greatest resource in learning about the right local job opportunity. They may know of unlisted jobs, may know enough about you to have a sense of your needs and fit, and may have a vested interest in your success. Word of mouth networking is inefficient. The more people aware of your interest, the greater the probability those with jobs to offer will become aware of your interest. If your interest is in another region, the same strategy can be employed by sending your cover letter and resume or CV to all the Med-Peds physicians in that region. Names of most Pediatricians and Med-Peds physicians in a region will be listed in the AAP Fellowship Directory.

What professional organizations have information about Med-Peds positions?

The AAP, ACP-ASIM, and AMA have local, regional, and national chapters that may have listings of opportunities for Med-Peds physicians. Contacting a local chapter in a region of interest may yield useful leads. The web sites of the AAP and ACP-ASIM are linked to searchable repositories of job opportunities. The AAP’s PedJobs (<http://www.pedjobs.org/pedjobs/>) offers the opportunity to search a job database that includes a Med-Peds category, create and post a CV online to all or selective employers, or post available positions. PedJobs is free to AAP members or subscribers to AAP News and Pediatrics. Others can access for a fee of \$75 for 30 days. The Society of General Internal Medicine lists a small number of job opportunities.

What professional publications have information about Med-Peds positions?

Medical journals carry classified ads in print and online, and may list Med-Peds opportunities. Classified ads can be a barometer of salary and job markets. ACPonline lists career openings from current issues of *Annals of Internal Medicine*, *ACP-ASIM Observer*, *Effective Clinical Practice*, and *The Hospitalist* (see: <http://www.acponline.org/jobs/index.html>). Listings are posted two weeks before the print publication date. Some career opportunities are posted exclusively online. Ads can be searched by State, Region, or Specialty. Med-Peds is not listed separately, and will require a search of the Internal Medicine/Primary Care and Multispecialty Group postings. The *NEJM* site CareerLinks (<http://www.nejm.org/careerlinks/>) features the last 2 issues of the *NEJM*, can be searched on-line, and has a separate category for Med-Peds physicians. *Pediatrics* also houses classified ads. Beware of responding to ads listing only a post office box, which may be a database company more interested in adding your CV to its database than actively assisting your search.

What are the ramifications of submitting my name to a job database?

Database companies collect information about available physicians and practice opportunities. They can be useful if you are willing to share your CV and personal information with a wide variety of potential employers. To avoid inquires that don't match your interest, one needs to be as specific as possible regarding the location and practice setting one is seeking. PedJobs is an example of this type database, and there are numerous others.

How do I find positions in a specific geographic area?

Multiple strategies should be employed. Canvas the area by sending your cover letter and resume or CV to all the Med-Peds physicians in that region. Names of most Pediatricians and Med-Peds physicians in a region will be listed in the AAP Fellowship Directory. Consider contacting the Med-Peds training program if there is one in the vicinity. Check job postings in national organizations, national publications, and databases. If no opportunities are apparent consider using a physician recruiter, spending time at a temporary position/locum tenons in the area, or marketing yourself to Family Practice or multispecialty groups in the region that are seeking Family Practitioners, Internists, or Pediatricians.

What are the ramifications of using a physician recruiter (“headhunter”)?

There are a large number and variety of physician recruiters, each with different agendas. They include hospital-based recruiters, retained recruiting firms, and contingent recruiters. Some are regional, others national in scope. Some purport to be specifically interested in Med-Peds physicians. None charge a fee to the physician candidate. Hospital based and retained recruiters seek to find, screen, and present candidates with a certain profile, matching the needs of the institution or practice. As part of their fee is provided regardless of securing a match, they have historically perhaps been less inclined than contingent recruiters to seek any match rather than the right one.

The best recruiter is one who gets to know in depth both the professional and personal interests of the physician, as well as the cultural and professional opportunities of the position. They should present a balanced view. The more time they spend getting to know you, the less likely they are to waste your time with incongruent positions. Retaining a recruiter can have implications for positions you identify independent of the recruiter. Be aware of those ramifications. The same issues prohibit use of more than one recruiter.

Before retaining a recruiter, talk with previous clients to ascertain the depth of knowledge and service the recruiter manifest, and what surprises occurred after the match. Seek a list of clients who have been matched to a position in which they have stayed at least 3 years. A discussion of physician recruiters is available at: <http://www.acponline.org/counseling/search.htm>

How do I find an academic position?

Like practice opportunities, some academic positions are only known by word of mouth. Some academic positions are listed by professional organizations, others in professional publications, and some by data base companies. The best place to find academic positions may be the AAMC endorsed WEB site Academic Physician and Scientist (<http://www.acphysci.com/>). Another source is the Alliance for Academic Internal Medicine Job Bank <http://apdim.med.edu/cgi-bin/org-jobbank?org=aaam&jfx=writetypechooser>

What job information is available via the Internet?

The Internet has become the portal of access to many of the resources previously mentioned. There are also resources only available on the Internet. For example, the best site for academic positions may be the AAMC endorsed Academic Physician and Scientist. The Med-Peds listserv occasionally posts career opportunities. Subscription instructions are available at <http://www.aap.org/sections/med-peds/Othrmed.htm>. Some of the other sites listed below allow the option to be placed on an e-mail list of new job postings. Reviewing Internet listed positions will consume as much time as you wish to devote to it. A Google search for 'physician positions' will yield over 550 hits, including institution postings, databases, and physician recruiters, along with numerous irrelevant sites. Refining the search to 'Med-Peds physician positions' yields over 100 sites, unfortunately eliminating many useful as well as irrelevant sites.

Internet Based Job Searching Resources

Professional Organizations

American Academy of Pediatrics	PedJobs	http://pedjobs.org/pedjobs/userAbout.cfm
Society of General Internal Medicine	SGIM	http://www.sgim.org/Positionopens.cfm
National Med-Peds Residents Assoc.	NMPRA	http://www.medpeds.org/jobs.htm
American Medical Association	AMA	http://www.ama-assn.org/cgi-bin/webad
Alliance for Academic Internal Medicine	Job Bank	http://apdim.med.edu/cgi-bin/org-jobbank?org=aaim&jfx=writetypechooser

Professional Publications

American College of Physicians	ACPonline	http://www.acponline.org/jobs/index.html
New England Journal of Medicine	CareerLinks	http://www.nejm.org/careerlinks/index.asp

Recruitment Firms (examples only)

Merritt, Hawkins, & Associates	http://www.merrithawkins.com/
Global	http://www.global-medicalsearch.com/

Internet Based Job Databases (examples only)

Academic Physician and Scientist	http://www.acphysci.com/aps.htm
MedBulletin	http://www.medbulletin.com/
Physicians Employment	http://www.physemp.com/
Medsearch	http://www.medsearch.com/
NationJob Network	http://www.nationjob.com/medical/
Practice Link	http://www.practicelink.com/
<u>PhysicianWork</u>	http://www.physicianwork.com/
<u>DoctorWork</u>	http://www.doctorwork.com/
<u>LocumTenensWork</u>	http://www.locumtenenswork.com/

What are the advantages of doing a locum tenens or other temporary position?

For physicians with time, Locum tenens or temporary Emergency Room positions offer several unique insights. They provide an opportunity to ‘try before you buy’ the culture and practice character. This maximizes the probability of a good fit. They offer a chance to network within a community, which may reveal other opportunities, create a referral base, and create an identity for the physician. Locums and ER positions may be accessed via national or regional companies, and frequently by the Internet.

What are the ramifications of marketing yourself to practices seeking a single specialty physician?

In some areas of the country there are relatively few advertised listings for Med-Peds graduates. This can make the job market look problematic for Med-Peds graduates or students considering Med-Peds training. The lack of published positions does not imply a lack of opportunity. California, for example, lists few positions, but houses the third highest number of Med-Peds graduates of any state.

A strategy to expand opportunities is to market yourself to employers or institutions seeking a single specialty physician. They may not be aware of the existence of Med-Peds trained physicians, and frequently the response to inquiry is quite positive. General Medicine or Pediatric divisions may be quite willing to arrange a joint appointment with clinical and teaching involvement in both departments. Multispecialty groups similarly easily find a niche for Med-Peds physicians. For the first Med-Peds graduate joining such a group or faculty, there are challenges. They include identity issues, site of service issues, call and coverage issues, and compensation issues. It is easier for large organizations to make adaptations of this type, as they are more accustomed to part-time physicians and reduced call arrangements.

What credentialing issues arise when applying for a position?

Four credentialing issues usually arise when applying for a job as a physician. They are:

1. Board eligibility or certification
2. State licensure
3. Prescription drug license (DEA number)
4. Malpractice carrier and limits of coverage

Three groups are likely to require this information. They are:

1. Your employer
2. Hospitals where you seek privileges
3. Insurers

Seldom do the three groups share a common credentialing committee, though sometimes the local Medical Society fills that role. Anticipate 60-90 days to obtain a DEA number and malpractice coverage once you apply. Anticipate at least that long for hospitals and insurers to ‘credential’ you. Most will allow you to apply while only Board eligible, but proof of state licensure, DEA number, and malpractice certificate will usually be required before hospitals and insurers acknowledge credentials and allow participation.

Your employer should help guide you through the steps. Plan ahead and start early.

Finding a Med-Peds Position: Contacting Prospective Employers and Interviewing

How should I make initial contact with a prospective employer?

First impressions are important. First contacts with most professional opportunities are best made through a well-prepared cover letter, accompanied by a resume or curriculum vitae. This allows prospective employers to review some general background information about you. It permits them to contact you at their convenience, and by the person they feel is most appropriate. It sets the precedent for unhurried communication done in a thoughtful, courteous manner.

How much ‘on-site’ time should I plan to evaluate a practice?

Solid job prospects should be thoroughly evaluated by an interview. Plan to spend at least a full day.

How should I spend my ‘on-site’ time?

Ask to meet with both practitioners and administrators. Know what type of information you need and is best obtained from each person you meet. Devote time looking at each clinical site proportionate to the time you will spend there. That may include the office/clinic, ER, hospital wards, ICUs, nurseries, labs, etc. If the position is inpatient intensive, meeting with the chief of Medicine or Pediatrics, or their representative, may be appropriate. If an academic position, additional time should be spent with your likely mentor. Reserve ample time to develop a sense of the community that will be your home.

How do I get the most out of an interview?

Prospective employers may provide a written summary of the opportunity they present. Develop questions as needed to elaborate on it's content. If none is provided, create an outline to cover all the topics that need to be addressed in correspondence and an interview. If a position sounds tenuous, address make or break issues through a short list of key questions via preliminary correspondence. If that correspondence is by phone, be prepared with a written list of questions, and your CV to answer questions in return. Anticipate likely questions the interviewer will ask you, prepare answers, and practice them.

Having crafted a list of issues to be addressed in the interview, know what is most important to you, the ‘drop dead’ issues. Be prepared to be flexible on others.

An interview is the opportunity to sell yourself. Get a good night sleep before the interview. Dress professionally. Take notes. Refer to them when posing follow-up questions. Note the tenor as well as content of answers. Develop a sense during the interview of how negotiable the contract is.

What questions am I likely to be asked?

Employers are generally looking for quality physicians who get along and fill a need. They will generally judge your competence by your letters of reference, communication skills, and demeanor. They may ask questions designed to ascertain how you interact with ancillary staff, colleagues and patients. More questions are likely to focus on what you have to offer them. Know the difference between Med-Peds and Family Practice. Be prepared to diplomatically explain it to them. The most salient differences are duration of training, distribution of rotations, and who the teachers are. Be aware of the inherent strengths of Pediatricians and Internists, and be prepared to explain them. (see Med-Peds 101 at <http://www.aap.org/sections/med-peds/101.htm>) Know your own special talents and how to explain them. Know their need before your visit, and be prepared to explain how you can contribute to their practice and fill that need.

What questions should I ask?

Prepare questions in each of the personal and professional domains that will determine your satisfaction. They should include:

1. Practice demographics
2. Workload
3. Hospital work
4. Activities of daily living
5. Call
6. Teaching
7. Financial health of employer
8. Compensation
9. Benefits
10. Partnership
11. Administration
12. Personal life

What should I learn about the practice demographics?

1. What is the current age distribution of patients?
2. How likely is it to change?
3. Can one develop a balanced Med-Peds practice?
4. How many newborns are seen a month?
5. How long did it take for the last physician to develop a full practice?
6. Why do they want a Med-Peds physician?
7. How are new physicians promoted to the practice and community?

How do I evaluate the expected workload in a practice?

Ask questions regarding each clinical area of responsibility. They usually include:

Office Workload

1. How many sessions constitute a workweek?
2. How many hours in a session?
3. What patient volume is expected to be seen in a session?
4. What if you are faster or slower than average?
5. When is hospital work done?
6. Is the workday open or closed ended?

Hospital Workload

1. Does it include the delivery room, newborn nursery, ED, and ICU?
2. Is rounding by usual physician or a block responsibility?
3. What are the coverage responsibilities for Medicine and Pediatrics?
4. What committee, administrative, and unassigned patient responsibilities are included?
5. Is there in-house coverage for urgent problems?
6. How many hospitals are covered?

Call

1. What is the intensity and frequency?
2. Separate arrangements for Medicine and Pediatrics?
3. When does it start and end?
4. What responsibilities are included?
5. Is it balanced across all partners?

What should I know about ‘activities of daily living’?

1. How is the office set up?
2. What is the doctor to staff ratio?
3. What is the staff stability?
4. What is the charting method?
5. How are mid-level providers utilized?
6. Who does phone triage?
7. How are acute illnesses handled?
8. How much time is allowed for periodic health exams, by age?
9. How are new patients allocated?
10. When are phone calls made? By whom?

What additional professional activities should I inquire about?

These will vary greatly between academic and non-academic positions. They may include:

Teaching

1. How much is expected or available?
2. Is it compensated?
3. Is an academic appointment expected or included?
4. What faculty development is offered?

Committees

1. How many are you expected to serve on?
2. When do they meet?
3. How often?

Administrative Responsibilities

1. What are they?
2. When do they occur?
3. Are they compensated?
4. Do they rotate?

Research

1. Is it expected?
2. Is mentorship and/or start up help available?

What issues unrelated to the practice should I ask about?

Though you can get a sense of the community from interacting with its members, you can only learn from those close to them what kind of life the physicians in the practice have in the community.

1. What kind of life do the physicians have outside the practice?
2. What do their families feel about the practice?
3. How much time off do they take?
4. Do they have time for family, and civic responsibilities?

What do I need to know about the administration of a practice?

1. Who makes administrative decisions?
2. Who decides when to add/replace/remove physicians or staff?
3. When will your voice be heard?
4. How congruent are the practice philosophies and principles of practice amongst physicians in the group?
5. What is the clinical reputation of physicians in the group?
6. What is the turnover and length of employment of physicians?
7. How much administrative responsibility/opportunity will you have?
8. How flexible is the practice to new ideas?
9. Does anyone work part time? How are they viewed and compensated?

How do I evaluate the financial health of a practice?

Though you should be told what the physicians in the practice make, you need to know how hard they work to make it. Answers to the following questions can help ascertain that.

1. What are the managed care, private insurance, Medicare, Medicaid, and self-pay mix in the practice?
2. What year's RVUs are in place, and what percentage of the Medicare conversion factor is reflected in managed care and private insurance contracts?
3. What percentage of gross revenues of the practice goes to overhead?
4. What do the profit/loss and balance sheets look like?
5. What is the aged accounts receivable?
6. What is the bad debt ratio?
7. What is the capital expenditures and debt expense?
8. Who owns the practice building? Can you buy in, and how?
9. Is the rent equitable?

What compensation and benefit issues should I inquire about?

Compensation

1. Is it straight salary, production based, or a hybrid with salary plus bonus?
2. Are bonuses based on productivity, patient satisfaction, efficiency ('expense management'), citizenship, research, or teaching?
3. What is the formula to allocate overhead to physicians?
4. Are there opportunities for gain sharing?

Benefits

1. What is included: Paid vacation, CME, journals, health insurance, life insurance, and disability insurance?
2. Does the compensation formula equitable attribute the costs of benefits to those with more?

What salary models exist?

There are numerous models, most variations of 3 common ones:

Production Based

In this model, you are paid a percentage of the revenue you generate.

Pros: You control your income.

Cons: Can adversely incentivize physicians to see more patients.
Little time for other activities

Straight Salary

In this model, you get paid a constant salary no matter what your productivity.

Pros: Constant Salary

Cons: No correlation with revenue that is generated.

Base Salary plus Bonus

In this model, a portion of your salary is guaranteed and you receive additional reimbursement for the extra work you do.

Pros: Aligns incentives

Cons: Must be calculated correctly.

Base Salary determined by the market and is a % of prior year's total salary.

Benchmark data suggest it should be 44-48% of revenue.

Bonus criterion can be varied.

Note: Factors that contribute to the bonus may include productivity, patient satisfaction, expense management, citizenship, research, and/or teaching. The bonus should be no more than 25% of total compensation

Traditionally, the first year or two in a practice, new physicians are placed on a salary while they build their patient base. Bonuses may not be earned or paid until the new physician becomes a full partner.

What do I need to know about partnership?

After a period of time, salaried physicians can be expected to be offered partnership in a practice. At that time they may be asked or expected to sign a new contract. Even if the latter is the case, it is wise to know 'up front' the expectations of partnership and that contract. The major issues of partnership usually focus on additional administrative responsibility, voting rights, a change in compensation model, and sometimes a 'buy-in'. Find out the conditions that must be met to be offered full partnership. Is it based on time, your repaying costs realized by the practice as a result of your employment, or both? Ascertain the differences between how new physicians and full partners are compensated,

and what happens if productivity expectations are not met or exceeded. Who decides if you become a partner? What are the added responsibilities? Are there added benefits? Find out if there is a 'buy in' when offered partnership, what it is you are buying, how long the 'buy in' may take, and if you are guaranteed the same 'buy-out' if you leave. A 'buy-in' may be reasonable if it is for the new partner's share of the depreciated value of tangible assets such as furniture, equipment, supplies, and computers. It should be adjusted for any outstanding loan against those assets if the partner will become responsible for the loan. Some of these issues are covered further under Contracts and Negotiating

How can I ascertain if physicians are happy in a practice?

It never hurts to ask them, but their need for a partner may hamper candor. The duration physicians have been in a practice can be one indicator. Conversations of physicians who have left can also be valuable, particularly if they reflect their departure was amicable and driven by extrinsic reasons.

It may be best to view this as a relative question. Ask members of the practice what one or two things they would change in the practice if they could. If common themes arise, are they minor issues, or reflective of substantial dysfunction or stress in the practice? How much would those issues bother you?

How do I ascertain how a practice is viewed in the community?

"When in doubt, ask a nurse." Nurses and other health professionals may your best window to how a practice is perceived. Other physicians may be competitors, or the recipients of referrals from the practice, which can affect answers. Referral sources to the practice can yield insights, if identifiable, but by definition are also satisfied with the physicians in the group. Medical societies, hospitals, and systems may express views based on membership and affiliation. Though potentially biased, if those systems are major influences in the area, their opinions may be important. Seek opinions from enough sources that you are satisfied with the validity of the conclusions you draw.

What do I do after interviewing with a prospective employer?

Follow-up the interviews with a phone call or letter. Summarize briefly what you liked about the practice, and the people you met. Cite specific comments and details, to show you are an apt listener. Re-iterate how you feel your talents would blend in and contribute. Address any issues or questions that were directed to you and unresolved during your visit. Express gratitude for the time and hospitality people extended to you. Set a time-line and plan for further communication.

Following an interview, or concurrent with it, anticipate a request for 1 or 2 letters of reference. Avoid the temptation to provide more than the number requested. Also avoid the temptation to request a letter of reference from someone with a prominent reputation or title who knows you peripherally. It is better to ask for letters from clinicians who know you well, and think well of you. Don't assume the latter. It is fair to ask: "Do you feel you could write a strong letter of reference for me?" Hesitation or a negative response avoids a situation where you, the writer, and the recipient are each uncomfortable with the content that is conveyed. If your request is met affirmatively, provide the writer with your cover letter, resume or CV, so they know as much about all your talents as the potential employer.

Finding a Med-Peds Position: Contracts and Negotiating

What are the key components of a contract?

A contract should be a summary of what is discussed and reviewed in other correspondence and the interview. As a legal document it supersedes and may not always accurately reflect what has preceded. Review it carefully.

An employment contract will cover both economic and non-economic issues. The most important economic issue will be your compensation. Understand thoroughly how it is determined, and what influences it. The most important non-economic issues are frequently restrictive covenants or non-compete clauses. They restrict physicians from engaging in practice within a specified geographic area for a specified period of time should he or she leave the practice.

Most contracts will cover the at least the following issues:

Economic

1. Base salary, how and when it is paid
2. Bonus structure
3. Malpractice coverage and amounts
4. Health, disability, and life insurance
5. Retirement plan participation
6. How receipts and expenses are tracked and attributed
7. Buy in/out provisions

Non-economic

1. Restrictive covenants
2. Staff, educational, practice support provided
3. Vacation and leave policy
4. Principles of practice
5. Workweek and coverage expectations
6. Outside employment
7. Administrative and partnership hierarchy
8. Partnership and voting provisions
9. Termination policy and proceedings
10. Changes to the contract

What is the purpose of a contract?

Contracts are intended to specify the expectations of the parties signing them. It will also specify recourse if either party fails to honor one or more provisions of the contract. They are written to protect the interests of the party sponsoring the contract, thereby limiting their liability. As such, particularly with the original draft, it may not equally protect the interests of both the employer and employed physician. A good contract will be fair to both parties. It may take negotiation to reach that equity.

How long should a contract last?

A contract should give a newly employed physician ample time to succeed. It should also permit either party to get out of an untenable relationship with reasonable alacrity. Pragmatically, a newly employed physician should seek a 3-year economic commitment to balance salary advanced against receipts generated. Either party will generally desire the option to terminate the contract with or without cause with 90-360 days notice.

What are the common pitfalls of the initial contract?

There are several common pitfalls in contracts. The first is non-compete clauses or restrictive covenants. These restrict your ability to practice in proximity if you leave the employment of the group. Avoid them. If unavoidable, negotiate for a radius of no more than 5 miles, and a period of no greater than 2 years.

Second, pay careful attention to what is included in compensation, and how overhead costs are calculated and tracked. What happens to honorariums, and income generating moonlighting? Is compensation and overhead based on accrued charges, or receipts? What happens if the practice errors in billing, or fails to diligently pursue accounts receivable?

Third, make sure contract termination and grievance policies are fair. Define expectations of you and by you in as much detail as possible. How equitably is call distributed? Clarify under what circumstances the contract can be changed.

Lastly, make sure the contract provides you with the opportunity to succeed. Avoid situations that require you negate expenses experienced by the practice on your behalf in less than a 2-3 year time frame.

What should I make sure is in a contract?

If it is important to you, get it in writing before you sign. No matter what was discussed in interviews, if it isn't in writing, it will be difficult to enforce. Don't assume anything. A good contract will cover all the issues you raised in the interview and other correspondence. Your leverage is lost once the contract is signed, at least until it is due for renewal.

How do I negotiate?

There are several rules of thumb in negotiating a contract. Treat everything as negotiable until told otherwise. You don't have to sign the first draft. Figure out your interests. Understand theirs. Seek fairness. Identify options. Focus on issues, not people. Know what you can live with, what your aspirations are. Sometimes it is wise to ask for concessions in several areas that are less important and can be relinquished gracefully while protecting contract concessions of greater value to you. Your leverage exists during contract negotiations, and is lost once you sign. Consider asking for a signing bonus. Know when to walk away.

When should I get an attorney involved?

As soon as you receive a contract to review, it is time to get competent legal advice from an attorney used to working with physicians and contracts. Local medical societies can frequently suggest names. A contract is a legal document containing many terms that require a professional to interpret. They can be quite complicated. You will have to live with it throughout the term defined by the contract. A competent attorney knows how to guide your negotiations. An attorney skilled in employment agreements can both interpret contract language, and make suggestions for changes beneficial to you.

How do I know when to walk away and look elsewhere?

Having your attorney involved from early on in the contract negotiation helps you know when it is time to quit asking for concessions. Be clear to yourself and your prospective employer what the make or break issues for the contract are to you. If you are not making progress toward securing those provisions, and your attorney tells you your position is fair, it is probably time to seek opportunity elsewhere.

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