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Survey data from the American Medical Group Association (AMGA) supports Ms. Streicher’s contention, according to Wayne Hartley, MHA, growth and service line development officer for AMGA’s consulting organization and a longtime physician compensation consultant. “It’s not like physicians are getting paid 30 percent more in rural areas,” he said. “It’s more like 5 to 10 percent.”

Tony Stajduhar, president of Jackson Physician Search in Alpharetta, Georgia, which places approximately 40 percent of its candidates in rural practice opportunities, said that his company’s recent data found a difference of an additional 9 to 10 percent in salaries in rural compared to urban starting compensation offers. (His firm defines rural as a population of 20,000 or fewer.) “Some of the survey data shows a differential closer to 5 percent, but we’re seeing about 10 percent, and in some specialties, slightly more than that depending on the community and circumstances,” Mr. Stajduhar said.

He added that rural practicing physicians often have an earnings advantage ultimately over their city colleagues because of a factor that few young physicians consider — the payer mix and associated reimbursement rates. “The payer mix is often better in rural areas because insurers have less leverage there than in urban areas,” he said, that are well supplied with physicians. “This can make a real difference over time.”

Ken Hertz, a principal consultant with the Medical Group Management Association (MGMA), cautions young physicians to avoid being enticed primarily by offers of much higher earnings. “If it sounds too good to be true, it probably is,” he said. “And it’s far more important to take a position because it interests you and you want to be in the community — to build your practice with less competition and to serve that community. The reality is that you’re not going to become a millionaire in three years just because you chose a rural opportunity over an urban one.”

Data extracted from MGMA’s recent national compensation survey showed only minor differences in first-year primary care physicians’ guaranteed compensation for non-metropolitan areas and urban ones — a median of $205,588 in smaller areas versus $200,000 in larger metropolitan ones. Physicians taking the non-urban positions received more generous relocation stipends than their counterparts, however. For surgical specialists as a group, the findings for the same two groups were surprising: first-year guaranteed compensation median was $250,000 in non-metro areas and $320,000 in urban ones. Mr. Hertz noted, however, that because rural practicing specialists have little competition, their earnings might outstrip their urban counterparts’ compensation when productivity structures come into play in subsequent years.

Incentives enrich rural offers

The relatively minimal salary difference is hardly dire news, however, for physicians who are exploring rural opportunities. Where they are likely to fare better financially than those pursuing urban opportunities is in the realm of incentives. Ms. Streicher reported that she has seen signing bonuses for non-urban opportunities as high as $100,000 — particularly for primary care positions. “There is not a plethora of these, but they do exist. And I recently encountered a candidate who received multiple six-figure signing bonus offers.” The point, she said, is that rural communities have “more motivation and eagerness to offer signing bonuses, better relocation packages, or other incentives. They’re going to offer those bells and whistles above and beyond what you’ll see in some urban settings.”

The other common area where incentives enrich a starting offer in rural locations is education loan repayment. A secondary analysis of data from the 2018 AMGA Medical Group Compensation and Productivity Survey found that for primary care packages in rural areas, the median loan forgiveness amount offered primary care physicians was $75,000 and the 75th percentile was $100,000. Mr. Hartley cautions that the sample size is small but that based on his consulting experience, such amounts are not uncommon. He also reminds young physicians that any such incentives are generally retention bonuses.

“These dollars are typically linked to a term of service of three to five years, and there are ‘claw-back’ [required repayment] provisions if the term of service is not completed,” Mr. Hartley said. “And as with any contract, all types of recruitment incentives should undergo legal counsel review.”

Ms. Streicher also cautions physicians to thoroughly understand the structure of any incentive they’re offered, as in most cases, there are strings attached. “The signing bonus is usually a retention bonus, and if the physician leaves soon after joining, she’ll likely have to pay it back.” The other consideration, she added, is that leaving an opportunity after just a year or 18 months — when an organization has invested substantially to bring in the physician — doesn’t work out well for anyone involved. “Remember that you’re building a career — your CV is a reputation that you should hold in high regard.”
One financial benefit worth considering, Mr. Stajduhar points out, is that rural locations typically offer a far lower cost of living than urban ones, and the funds saved because of lower housing costs can position prudent young physicians well financially over time. “When I’m speaking to groups of residents, to illustrate this I’ll often compare Atlanta living costs to rural area costs — a house for $400,000 in a rural area might be a mansion compared to the fixer-upper that $400,000 will buy in the city,” he said. “That, combined with the fact that a lot of rural employers are willing to help younger physicians with loan repayments, can make a real difference financially over several years.”

All sources mentioned an important reminder about why there’s no such thing as “the sky’s the limit” in rural offers. For one, numerous state and federal laws govern how much hiring health care entities can pay incoming physicians — in salaries and incentives — and all compensation structures must meet the standard for fair market value. In addition, in this age of information transparency, organizations simply cannot (and most would not, for political and ethical reasons) offer incoming physicians a higher salary than their same-specialty colleagues already practicing there.

Comparing rural areas’ compensation structures

There is insufficient survey data to determine just where in the country rural offers will be the most financial attractive because samples are small and factors such as the employer’s stability and market position, the payer dynamics, and even the Medicare and Medicaid reimbursement rates may affect the compensation employers offer. All sources concurred, however, that the most lucrative offers are likely to come from rural areas that have historically had great difficulty attracting physicians.

Overall, the 2018 Medscape Physician Compensation Report bears out the regional compensation differences and alludes to the rural added salary differential that physicians newly trained physicians might see in rural offers. Across all specialties, median physician compensation in the North Central region, which includes a lot of rural areas, was $319,000, compared to $275,000 in the far more densely populated Northeast region.

Travis Singleton, executive vice president at the national recruiting firm Merritt Hawkins, notes that payer mix and market conditions account for physician compensation differences to the same extent that location might affect earnings. “The Midwest, the Southeast, and Texas have long been bastions of fee-for-service medicine, which has kept physician incomes relatively high in those areas — which also include a preponderance of rural areas,” he said. He added that these areas typically must pay more to attract physicians. “And since there is less competition among physicians in these areas, their earning potential often is higher than in urban settings,” he said.

Nonetheless, at the hiring juncture, the salary and incentives that different rural locations offer are determined primarily by a factor outside the employer’s control, Mr. Singleton observed. “I wish I could say there’s a complicated algorithm that drives compensation differences that can be calculated and adjusted for, but it’s far simpler: supply and demand,” he said. More physicians want larger, metropolitan areas, putting rural areas at a disadvantage from the start with fewer candidates to pursue. Merritt Hawkins’ recent Survey of Final Year Residents found that only three percent of residents completing their training would prefer to practice in a community of 25,000 people or less. “That causes rural facilities to ‘up the ante’ in compensation,” he said, which historically, has meant 10 to 15 percent higher starting salaries and higher signing bonuses.

Further, like Ms. Streicher, Mr. Singleton has observed that variation among compensation structures is lessening regardless of where the opportunity is offered. Given the consolidation and commoditization in medicine, he said, there isn’t as much variation in compensation and contract structures as there used to be. “Perhaps one myth now is that physicians can heavily negotiate contracts with large integrated health systems,” he said. The chance that a large system will substantively amend a contract to accommodate one physician when they employ thousands, he added, “is relatively small,” he said. “However, there is still some wiggle room when it comes to schedule, and sometimes smaller, rural facilities have more latitude to tailor compensation and practice parameters to a candidate’s needs.”

Negotiating room might exist in non-monetary perks

Several sources mentioned that rural employers are both amenable to accommodating incoming physicians’ schedule-flexibility requests and lifestyle considerations where feasible, and some have figured out that strategic marketing of those perks can increase the candidate pool for hard-to-fill positions. Ms. Streicher cites an organization in rural Maine that successfully enticed a highly qualified young psychiatrist by creating a creative schedule. The position is structured so that the psychiatrist...
works onsite part of the time and treats patients using telemedicine the rest of the time, allowing greater schedule flexibility. “Technology may offer a real explosion of possibilities in candidates that rural organizations might not have seen otherwise,” she said.

Mr. Hartley cited the example of a rural community that needs a general surgeon but doesn’t have enough volume to keep the physician busy full-time. “Because the hospital might not be able to recruit a part-time surgeon, they might have to hire an FTE [full-time equivalent]. In that case the surgeon might be able to earn median compensation for part-time work,” he said, “even if the schedule includes a lot of call.”

Mr. Hertz points to other potential lifestyle benefits that young physicians who are outdoors enthusiasts or want more time with family — a growing number today cite just such preferences — might find in rural settings. There’s usually no traffic to contend with and the commute might be nonexistent, he said, and proximity to nature can be a draw. He cites the case of a young physician who practices in rural Montana and is a mere 10 minutes from skiing. “She often skis in the morning before coming to work,” he said, and she is able to arrange her schedule so that she can occasionally pop out to compete in a competition during the workday.

Another potential benefit to the smaller setting is the flexibility, for surgeons and primary care physicians, to pursue professional interests in a far less crowded and competitive environment. “It’s like the difference in working in a big versus a small company. In the latter case, you can carve out your niche and pursue your specific interests and wear a lot of different hats without stepping on colleagues’ toes,” Ms. Streicher said. “You can bring a real entrepreneurial spirit to a rural community if you bring a talent and expertise they don’t have. Besides, you get to build your practice on someone else’s dime.”

Finally, physicians who accept offers in rural settings usually find a rather large welcome mat and a willingness to go out of their way to help physicians and their families settle in. “If you’re willing to make a commitment, there are places that will make an investment in you because it’s really expensive to be reliant on locum tenens or deal with turnover,” Mr. Hartley said. “They have a vested interest in keeping you there.”

In some areas, benefits are becoming richer; in others, they’re stagnating or declining

By Bonnie Darves

Many young physicians who are evaluating compensation packages — or if they’re fortunate, comparing two attractive offers — focus primarily on the cash salary component and how competitive that number is. That’s an important consideration, of course, but looking at salary outside the context of the entire compensation package is short-sighted. Benefits, those humdrum components of the picture, are much more important from a financial perspective than some physicians might realize, experts say, in both the short term and the long term.

“To compare two compensation packages, you have to really look at the details of the benefits and the monetary value of the benefits,” said Mary Heymans, managing director and senior advisor for physician services at Integrated Healthcare Strategies in Minneapolis, which advises health care organizations and physician groups on physician compensation plans.

“One plan might have a cash component that’s $10,000 higher, but if the other plan has much richer benefits, the physician might lose as much as $35,000 by taking the higher-salary position.”

As example of the potential difference, Ms. Heymans notes, is in employers’ 401(k) retirement plan offerings. If one organization offers a 5% employer-paid match for plan contributions and the other has no matching provision, the difference over even a 10-year period could be substantial. Likewise, if one organization picks up the tab for 90% of health care premiums and covers dependents, and another organization pays only 80% and requires a higher cost-sharing expense for family members’ coverage, the difference might significantly affect the physician’s annual finances.

Full employer-paid health insurance coverage, as in 100% of premiums and no cost-sharing, is pretty much gone, as is the case in most industry sectors today because of the rising expense. The data from SullivanCotter & Associates, a national health care workforce consulting firm, illustrates the new reality. The firm’s 2018 compensation survey found that typical health coverage cost sharing is now an 80%/20% employer/employee split, and a 70/30 split for dependent coverage.
“From a design perspective, physicians are usually eligible for the same basic health coverage, dental coverage, and qualified retirement plans as other employees,” said Mark Rumans, MD, chief medical officer and a managing principal at SullivanCotter. “Most organizations offer several different coverage options, from a PPO to an HMO or a high-deductible plan.”

On a countering note, health care employers are increasingly incorporating wellness programs that might qualify the physician — or any employee — for a discount on premiums. “Approximately 80% of physician employers offer wellness programs now,” Ms. Heymans said, “and 75% of those will reduce your premium if you participate in the program.”

Benefits’ dollar value rising
The thing to keep in mind is that the value of employer-paid benefits is a big-ticket item that easily tops $30,000 annually and might even be double that amount. Benefits’ value is likely to be the equivalent of between 10% and 20% of total cash compensation, depending on the physician specialty. Data from the American Medical Group Association’s 2018 Medical Group Compensation and Productivity Survey found that employer-sponsored benefits’ value commonly ranges from 12% to 18% of cash compensation.

“Specialties with higher cash compensation usually have a lower benefits expense as a percentage of compensation,” said Wayne Hartley, MHA, chief operating officer of AMGA Consulting. That means that the percentage is less meaningful across specialties than within them, because benefits will account for a higher percentage of a pediatrician’s salary than a neurosurgeon’s.

Ms. Heymans cites, as an example, a typical primary care physician compensation range. Her company’s 2017 Integrated Healthcare Strategies/Arthur J. Gallagher & Co. National Physician Survey Report found that median benefit expenditures for a physician earning $250,000 is 18.92%, which equates to $47,300. “This is the amount the employer pays on the physician’s behalf,” she said. For comparison purposes, the benefits component typically includes medical, dental, and vision coverage, life insurance, short-term and long-term disability coverage, a retirement plan, and payroll taxes including Social Security and Medicare.

Jennifer Moody, an associate principal with the ECG Management Consultants in Dallas, reports that her firm has seen a continuing increase in the dollar value of physician benefits packages in recent years.
Overall, Mr. Hartley observed, there is continued movement toward using benefits as a retention tool. For example, retirement or pension options might include five-year or longer vesting periods, he said. “Many organizations have continued to add wellness benefits such as gym memberships,” he added.

Paid CME and relocation-expense allocation remain prevalent, too, but both are generally flat — with CME topping out in the $4,000-annually range and relocation increasingly subject to a cap of around $10,000 in many organizations. It’s worth noting that relocation reimbursement is now taxable to the physician, regardless of the amount. In evaluating CME benefits, physicians should ask whether the benefit includes associated paid time off and travel expenses.

In terms of new or relatively new benefits, many physician employers now offer Section 125 flexible-spending plans for managing health and childcare expenses through payroll deductions. There’s also a trend toward offering long-term disability coverage at reduced group rates if it’s not fully employer paid — rare these days, several sources said.

The AMGA survey data found that typical long-term disability protection covers 60% to 66% of the physician’s salary, Dr. Rumans noted, and that only 28% of organizations offer full salary continuation.

PTO: More generous but less flexible

One area where things are shifting is paid time off, or PTO. “PTO has become much more clearly defined in recent years,” Ms. Caldwell said. Organizations today are stating the exact number of permitted days off (four to six weeks annually is the common range now), defining what constitutes paid vs. unpaid leave, and being firm on what happens with accrued leave that isn’t taken.

Things used to be more negotiable in the PTO area, but that’s no longer the case with most large physician employers, Ms. Caldwell observed. “Fewer employers are offering PTO buyout anymore,” she said, referring to the option of converting unused PTO days to cash. She added that the current generation of millennial physicians also tend to want to use their PTO, not bank it.

“It’s more common to see ‘use it or lose it’ PTO systems now,” Ms. Heymans said.

Several sources cautioned that rich PTO benefits are less common in independent physician groups than in hospital- or health system-employment models. Mr. Hartley noted that AMGA has seen some movement away from PTO or vacation pay for physicians who work in production-based compensation plans.

Another area where there’s potentially wide variation among employers or groups is physician retirement plans. Although most organizations that employ physicians offer some defined-contribution (employee funded through deferrals) retirement plan – 76%, according to SullivanCotter survey data – employer matching might be either rich or nonexistent, depending on the organization. Last year, 22% of organizations SullivanCotter surveyed provided an employer-funded nonqualified benefit of between 3% and 7% of salary.

Physicians who work in government-employed positions for county, state, or national organizations will have access to potentially richer retirement benefits than their private-sector counterparts, possibly including a defined-benefit plan, which is effectively a pension plan. However, physicians in academic centers generally earn lower salaries — sometimes far lower — than those working for hospitals, health systems, or large physician groups.

At the outside, most financially attractive end of the retirement-plan spectrum, Mr. Hartley pointed out, are employer-sponsored deferred-compensation options or supplemental retirement benefits, designed to help earners reduce their tax burden. “Those are still available in some organizations and can be very valuable over the long run,” he said. Ken Sammut, vice president of recruiting at Cejka Search, a national firm, noted that such options are far more common in private groups than in health systems.

Comparing packages? Be thorough, and ask questions

Young physicians who are evaluating and ultimately comparing practice opportunities’ compensation packages tend to be too focused on the cash component and too casual about the benefits, all sources agreed. That’s inadvisable for two reasons. First, the total value and availability of benefits might vary significantly from one employer organization to another. In addition, the details and minutiae matter, and can make a big difference in areas such as health coverage and retirement plans.
Although few prospective employers provide complete financial details on benefits unless they’re prepared to make an offer, organizations should be willing to provide a comprehensive listing of all benefits, according to Ms. Moody. “If they’re not, that’s a potential red flag,” she said.

Mr. Sammut advises physicians to be somewhat assertive, ideally toward the end of a successful onsite interview, about obtaining an opportunity to review benefits. “A good way to handle this is to say, ‘should things go well, is there someone who can walk me through the benefits that you offer?’” he said. He cautioned that the first site visit is not the time to try to negotiate benefits.

Following are other issues physicians should keep in mind when they review or compare benefits in the context of an employment offer:

Request a pro forma document that details the benefits’ monetary value. This document, Ms. Moody explains, should provide full details on the value of the individual benefits and any out-of-pocket costs that physicians will or might have to absorb. “If the physician is expected to assume high costs for health insurance or other benefits, that usually means the organization isn’t competitive,” she said.

Understand how much employers would pay on your behalf. Even if an organization offers a wide array of benefits, it’s important to look at the employer’s outlay for those benefits. That amount might vary considerably from one organization to another, Ms. Heymans said.

Keep employers’ constraints and economic considerations in mind. In a highly competitive market, physicians might be tempted to request benefits adjustments or more perks, but that might not be feasible. For one, employers might be prohibited legally from offering anything deemed above fair market value. Also, employers don’t want to risk political fallout from an arrangement that smacks of unequal treatment or favoritism.

Mr. Sammut urges young physicians to keep in mind that benefits’ total value and, to some extent, composition, tend to be very regionally based and driven by market factors. In the Northeast, where large numbers of physicians train and many want to remain, benefits packages, like cash compensation, are generally less rich than in rural areas, for example, or the Southeast. The same goes for incentives. A signing bonus of $10,000 to $20,000 is a common range, but he has seen bonuses as high as $50,000 in recruitment-challenged areas.

Finally, Mr. Hartley reminds physicians that groups, hospitals, and health systems operate in a somewhat volatile revenue and reimbursement environment, and they don’t necessarily have the “deep pockets” that some physicians might think they have. “There is cost pressure everywhere. Employers attempt to be competitive for their local and national market, but they have limits on what they can offer physicians,” he said.

Did you find this article helpful? What other topics would you like to see covered? Please send us an email to let us know what you thought at resourcecenter@nejm.org.
Creating a Physician CV That Shines

Simple format, brevity, and absolute accuracy — and avoiding including extraneous details — are musts.

By Bonnie Darves

Physician residents and fellows who start writing their curriculum vitae (CV) usually approach the task expecting that it will be a straightforward matter of letting the world know where they’ve been and what they’ve done, in a document that is about three pages in length. In theory, that’s about right. In practice, however, many young physicians, especially those about to launch their first job search, quickly find themselves sweating the details. They wrestle with how much detail to include and how to structure their CV as the selling tool they intend it to be: a document that sets them apart from the crowd.

Fretting a bit about getting it right is not a bad thing, say recruiters and physicians who are on the receiving end and who review scores of CVs each year. Too often, young physicians don’t take the time to ensure that their CV is not only polished and error-free, but also an accurate reflection of important accomplishments that prospective employers care about.

John D. “Jack” Buckley, MD, vice chair for education in the department of medicine at Indiana University School of Medicine, frequently encounters CVs that leave out the kinds of details that might be differentiators: committee work, quality-improvement initiative involvement, medical student teaching or mentoring, or even assistance on a hospital IT project.

“Ideally, everything that is on your work calendar should be on your CV, and there should be a brief description and timeline of those roles or assignments,” said Dr. Buckley. In his experience, residents usually include their research work but sometimes leave out these kinds of quasi-extracurricular activities, thus missing an opportunity to demonstrate their willingness to go above and beyond what’s required of them.

Sapna Kuehl, MD, director of the internal medicine residency at Saint Agnes Healthcare in Baltimore, Maryland, also urges physicians to briefly describe their roles in committee, task force, or initiative work, and associated accomplishments. “People who are hiring physicians out of training are looking for evidence of dedication and persistence,” she said.

Format: keep it simple

Choosing a CV format is perhaps the easiest aspect of preparing a professional-looking CV. Examples abound online, and most training programs provide a recommended template for physicians seeking structure guidance. The basic content and suggested order of information appearance, for trainees seeking an initial practice opportunity, are as follows:

• Name and contact information
• Education, undergraduate through internships, residencies, and fellowships — including specific clinical roles and any leadership roles
• Licensure (status of applications planned or underway, if any)
• Board certification or status
• Professional experience (medicine-related only), including procedure and patient volumes, if/as applicable to the specialty, and administrative roles or duties
• Activities and committee memberships, including roles and brief descriptions of associated accomplishments
• Honors, awards, and professional affiliations
• Publications and presentations

All dated entries should be chronologically arranged on the page from present to past, in a month/year format. Physicians should be prepared to explain any gap of more than three months in a conversation or a cover letter, all sources agreed, and should never attempt to “fudge” or cover up a gap. “A gap can be a red flag to a recruiter, even if the reason is completely understandable,” said Laura Schofield, a recruiter with Boston-based Atrius Health, which employs approximately 950 physicians.

Christopher Shireman, who is chief executive officer of Western Neurosurgery Ltd., in Tucson, Arizona, and has vetted scores of physician candidates over his 20 years in health care leadership, expects physicians to explain any sizable timeline gaps in an accompanying cover letter, not in the body of the CV. “I had one candidate who had a one-year gap before medical school, who spent that year working in an emergency room. In another case, the candidate took off a year during training to take care of his
dying mother,” Mr. Shireman said. “Most of the time, it’s just a matter of letting people know why there’s a gap.”

Regarding date and timeline entries, physicians should double-check all dates before finalizing the document and ensure that the CV is up to date, according to Jeffery Johns, MD, medical director of the Vanderbilt Stallworth Rehabilitation Hospital in Nashville, Tennessee. “It’s important that your CV is up to date as of the day you send it. If you have an entry that reads ‘2013—present,’ for example, ensure that’s correct,” said Dr. Johns. Failing to address such an important detail reflects poorly on the physician.

“When I review CVs, I am looking for meticulous attention to detail.”

The CV should be rendered in a simple sans serif font in an easily readable font size — at least 11 or 12 points — and physicians should stick to a single font and size, and a very simple presentation format. “Remember that this is not an art contest,” Dr. Buckley said.

Brenda Reed, who is director of physician and medical staff recruitment at Atrius Health, considers a “busy” CV — one with several fonts or font sizes, or documents that contain graphics — not only annoying but also cause for mild suspicion. It can give the impression that the physician is trying too hard. “I have seen a beautiful CV hide a candidate who had serious performance issues or other problems, so I am a bit wary when I see a fancy CV,” she said.

In that same vein, Dr. Johns recommends that physicians who are preparing hard copies of their CVs to hand out at conferences or job fairs use a decent-quality paper stock — something slightly heavier than 20 lb. bond copier paper — but nothing dense, elaborate, or textured.

Keep recipient in mind

Rita Essaian, DM, MHA, executive administrator, human resources, at the Southern California Permanente Medical Group (SCPMG), which employs more than 9,000 physicians, stresses the importance of ensuring that the CV is error-free and professional in appearance. “The CV should be crisp, clean, and clearly written — no grammar or spelling errors — but also succinct,” Ms. Essaian said. SCPMG hired between 500 and 900 physicians annually in the past three years, and its recruiters receive more than 4,000 CVs in a given year, she explained. A recent cardiology position posting, for example, attracted 100 CVs. Given such volume, a physician whose CV is illegible, error-ridden, or difficult to follow might not make the first cut.

“Physicians should always have their CVs reviewed and proofread before sending them,” Ms. Essaian said. She added that potential candidates reaching out about a particular posted position should also ensure that the CV and cover letter clearly indicate relevance to the position of interest. The recruiters who do the initial screening, she said, will first match CVs to posted opportunities, and also screen on the basis of criteria the department chief provides before forwarding CVs to reviewing physicians.

Dr. Buckley agreed. “Residents and fellows should always have someone they trust review their CV draft,” he said. Several sources recommended that trainees whose first language is not English should seek professional help crafting and polishing the document if such services are not readily available through their program.

Physicians should also pay attention to seemingly minor formatting details that, if not handled properly, could frustrate potential readers who review scores of CVs as part of their job. Page numbers and an identifying footer including the physician’s name should appear on all pages. Further, ensure that the document’s file name isn’t cryptic, urges Ms. Reed. “One of my pet peeves is when candidates send a perfectly lovely CV, but then name the file ‘myCV.’ Always think about how something will be received on the other end,” she said, because attachments can and do get separated from the email message. She and other sources gave their votes to file names that start with the physician’s last name, followed by first name.

Finally, it’s advisable to prepare the CV in PDF format. That’s not a guarantee that the CV won’t be altered by a recipient — unfortunately, this does happen, recruiters said. Using a PDF is a deterrent, at least, because someone who decides to alter the document for whatever reason would have to first go through the trouble of converting it to another file format.

What to include, or possibly exclude

Regarding information that should not be included in the physician CV, sources interviewed for this article had mixed opinions in some cases. Most sources advised against residents including a career statement or job objective at the top, below contact details. That information is usually more appropriate for a cover letter or accompanying email note, unless its inclusion in the CV is requested.

There might be exceptions, however, depending on the employer. The Permanente medical groups’ recruiters and physician reviewers appreciate
seeing a brief opening statement in a CV, especially if the physician has been in practice for several years. “In those cases, we really like to see a half-page career summary on the first page,” Ms. Essaian said. Another reasonable exception, several sources acknowledged, might be for internal medicine physicians who know that they only want a hospitalist position, not an outpatient practice job.

Regarding whether cover letters or explanatory notes should be supplied with CVs, the general consensus was that doing so is usually helpful and is definitely in the category of “can’t hurt.” At the very least, the accompanying document provides an opportunity for the physician to state why she or he is interested in either the organization or a posted position.

Dr. Kuehl, who favors a brief personal statement or cover letter, advises that the document should be employer focused. “It shouldn’t be too ‘I’ focused,” she said. “It’s an opportunity to talk about what you would bring to the organization that might distinguish you from other candidates — such as work in population management, IT expertise, patient counseling skills, or practice improvement experience,” she said.

Ms. Essaian noted that her organization also likes to see evidence in the cover letter that the candidate has gone to the effort to learn something about Kaiser Permanente health plan and its medical groups, which are independent entities that care for health plan members.

Sources offered mixed opinions on whether to include test scores. The general consensus was that unless the scores are very high, such as 220 or higher on the USMLE, it’s best not to include them.

Some recruiters and physicians favored a final section that lists personal interests and hobbies; others considered such detail extraneous. Ms. Essaian, for instance, said that her organization prefers not to see any personal details. Those who voted for including personal interests stressed the importance of employing brevity — two lines at most — and, of course, using good judgment in choosing what to reveal.

“I appreciate knowing a little bit about physician candidates’ interests — if they like hiking or snorkeling or skiing, for example, because that often helps with icebreakers and gives me a sense of who they are,” said Ms. Reed.

In the hobbies category, short-and-sweet is a must, according to Janet Jokela, MD, MPH, acting regional dean at the University of Illinois College of Medicine at Urbana. “I counsel residents that they don’t need to include their interests. But if they do, it should be a simple, short list, separated by commas, with no explanatory detail,” she said. “A resident who once asked me to review his CV draft had included three sentences on his background home-brewing operation — not advisable.”

Mr. Shireman, who has reviewed numerous physician specialists’ CVs, appreciates knowing about candidates’ personal interests for the same reason. Ms. Reed cites. “Especially in an intense field like neurosurgery, I want to see that information — just a line or two — because it shows they’re human and that they have a life outside of medicine,” he said.

The issue of whether to include a photo elicited varying responses, but most sources advised against including one — and definitely not embedded in the CV document — unless a photo is requested. “There is always the possibility of unconscious bias, so I think it’s best to avoid including one,” Dr. Buckley said. Ms. Schofield noted that some training programs encourage their international medical graduates to send photos and that some hospitals seeking candidates may require them, though she herself opposes the idea.

It should go without saying that physicians should never inflate, embellish, or mischaracterize their achievements in an attempt to give a better impression. Besides being dishonest, such tactics are likely to backfire at some point, with potentially career-damaging repercussions. “Honesty and complete accuracy are the most important aspects of a CV. Physicians should never inflate anything,” Dr. Jokela said.

Sources agreed that physicians should keep to the standard order of information appearance while attempting to position potentially distinguishing details on the first page, if possible. “Residents and fellows who have received awards or special recognition should consider moving up that information so that it appears on the first page, if it’s not too awkward to do so,” said Dr. Jokela. At the very least, she added, important awards shouldn’t be buried at the bottom of the document.

There appears to be general agreement that the following information generally should not be included on the physician CV, under most circumstances:

**Birthdates, Social Security numbers, and any other official identification number.** These should be excluded for both security and bias-avoidance reasons.
Marital status. This detail falls under the category of extraneous information, all sources agreed. Besides, if a candidate proceeds to a site interview or even a formal pre-interview call, that detail will likely emerge in the context of a conversation, even though recruiters and individuals involved in hiring are prohibited by law from asking for such information.

References. Including references before they’ve been requested can give a recipient the wrong impression. And besides, Mr. Shireman points out, references usually won’t be checked until a candidate has completed a site interview and the organization is considering setting a second site interview or drafting an offer. “Listing references before they’re asked for can make it look like you’re trying too hard,” he said.

Extensive publication details. Ideally, the publication citations should include only the basic details — the article author(s), title, and journal name and publication date.

Conference attendance. Several sources mentioned that they have occasionally received residents’ CVs that list conferences attended. This isn’t an important detail, except in cases when the resident gave a presentation or talk at the conference. That information would go under the category of invited speeches/presentations, below publications.

CV length and ‘version control’

The ideal length for a physician CV varies depending on the individual and the type of position being sought. In most cases, residents’ CVs can and should be rendered in a few pages (three or fewer) unless the trainee happens to have an unusually extensive research or publishing history. Most sources thought that a single CV version should suffice in most cases, but several noted that there might be situations that warrant creating a short and long version. Physicians seeking a research position, for instance, might create a short version including the basics and a longer version detailing their research interests and accomplishments, and then offer recipients the opportunity to receive the longer one. Likewise, physicians seeking an administrative position or one in which special skills in health care IT are a plus, for example, might craft an additional document or addendum that describes their related experience.

“In most cases, a longer-version CV is really more appropriate for senior faculty members than for young physicians,” Dr. Jokela said.
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YOU are the future of patient-focused medicine. You’re a fellow or final-year resident ready to make your mark. Make us your destination. With our new models of care, procedures, treatments and technologies, we empower advancement within you. At Rochester Regional Health, our culture of ongoing improvement will enable you to deliver superior patient care and outcomes throughout western New York and the Finger Lakes region.

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Rochester Regional Health is a nationally recognized system that’s progressive, rich in resources, and driven by innovation and best practices. We’ll provide you with the infrastructure, tools, new procedures and technologies you need to advance your skills and treat patients from all walks of life. Plus, we have a dedicated staff and administrative support to make practicing easier, every day.

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How to Advertise

We charge $9.50 per word per insertion. A 2- to 4-time frequency discount rate of $6.90 per word per insertion is available. A 5-time frequency discount rate of $6.70 per word per insertion is also available. In order to earn the 2- to 4-time or 5-time discount rate, the request for an ad to run in multiple issues must be made upon insertion placement. The issues do not need to be consecutive. Web fee: Classified line advertisers may choose to have their ads placed on NEJM CareerCenter for a fee of $110.00 per issue per advertisement. The web fee for each insertion is available. A 5-time discount rate of $6.70 per word per insertion is also available.

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Contact Information

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The New England Journal of Medicine

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A 5-word charge is $110.00 per issue per advertisement. A response fee of $10.00 per issue per advertisement is available. A response fee of $10.00 per issue per advertisement is also available.

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We define a word as one or more letters bound by spaces. Following are some typical examples:

Bradley S. Smith III, MD ..................................... = 5 words

Send CV ............................................. = 2 words

Dental Resume ......................................... = 3 words

Obstetrician/Gynecologist .................................. = 1 word

A .......................................................... = 3 words

Dental, MD .............................................. = 3 words

A 5-word charge is $110.00 per issue per advertisement. A response fee of $10.00 per issue per advertisement is also available.

All advertisements are subject to the consistency guidelines of NEJM.

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All orders, cancellations, and changes must be received in writing. Email your advertisement to us at ads@nejm.org, or fax it to 1-781-893-1956 or 1-781-893-3955. We will contact you if your advertisement is not accepted for publication. A price list is available. We provide a 5-word charge for one insertion. A response fee of $10.00 per issue per advertisement is also available. The deadline for display advertising is typically the Friday 20 days prior to publication date. Send all advertising to: Classified Department, The New England Journal of Medicine, 860 Winter Street, Waltham, MA 02451-1412.

All classified line ads are subject to the classification heading you would like your ad to appear under (see listings above). If no classification is offered, we will determine the most appropriate classification. Cancellations must be made 20 days prior to publication date. Send all advertisements to the address listed above.

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Classified Ad Deadline

Issue Closing Date

July 11 June 21

July 26 June 27

July 3 July 3

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The New England Journal of Medicine

Vol. 380 No. 22 • May 30, 2019

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PHYSICIANS (HOSPITALISTS) — Real Physicians, Inc. is seeking multiple full-time Physicians (MD/DO) in multiple Indias, to admit and treat inpatient and outpatient adult and geriatric patient. Contact: Ann Powell, Manager, Provider Recruitment, 1100 Reid Parkway, Richmond, IN 47374.
One doctor’s mission to spread treatment around the world

What do the summits of Everest and Kilimanjaro, a small cancer clinic in Ghana, and Alaska’s historic 1,000-mile Iditarod Trail all have in common? For most people, they’re remote “bucket list” destinations with a mystique of adventure or danger. For radiation oncologist Dr. Larry Daugherty, they’re all places that have either improved his life, or given him a chance to improve the lives of others.

In 2010, they started Radiating Hope to help improve access to cancer treatment services in developing countries. Supporters can dedicate flags, take part in climbing adventures around the world, and make direct donations toward radiation oncology equipment.

Today, Dr. Daugherty works in Anchorage, Alaska at a multidisciplinary cancer center where he is the only radiation oncologist. Having worked locum tenens during his residency, he knows the benefits a locums doctor can bring to a practice and he often has a locums physician in his place while he is out having adventures or working with his non-profit.

He says, “One of the things that brought me up to Alaska was the opportunity to race in the Iditarod. I take time off to go out mushing, mountain climbing, or fishing with my kids. When I was looking at this job, the ability to take time off worried me because I’m essentially working by myself. It hasn’t been a problem at all being able to have locums as an option to come in and cover for me.”

Dr. Daugherty loves his work and says there’s nothing he’d rather do. “There’s never a question when I go home at night whether I made a difference in the world. I always feel like I did.” So far, he’s managed to make a difference in 14 countries, as well as in many communities around the United States — and there’s no telling where the positive ripple effects will go from there.

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- J-1 waivers
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RUTGERS
Robert Wood Johnson Medical School

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Department of Medicine
Rutgers Robert Wood Johnson Medical School

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The Vice Chair will be a liaison and provide oversight to clinical operations that impact medicine services within Rutgers Robert Wood Johnson Medical School.

This position will report to the Chair of the DOM at Rutgers Robert Wood Johnson Medical School.

We invite suitable candidates eligible for appointment at the Associate Professor or Professor level with board certification in internal medicine and/or its subspecialties to apply to: Ranita Sharma, MD, Chair, Search Committee at sharmar1@njms.rutgers.edu.

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Cleveland Clinic

The Sydell and Arnold Miller Family Heart and Vascular Institute
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An opportunity to join the #1 heart care program in the country and a top ranked hospital nationwide per U.S. News & World Report 2018–2019 Best Hospital Rankings.

The world class cardiovascular medicine program at Cleveland Clinic is seeking candidates for Non-Invasive, Invasive Cardiologist to join our established and highly respected health system. Dynamic positions combine outpatient clinical care with impactful services at our state-of-the-art facilities in the Greater Cleveland area. The Cleveland Clinic Health System includes 11 hospitals and over 100 outpatient facilities in Northeastern Ohio. The Department of Cardiology has 200 physicians treating patients in all cardiovascular subspecialties over 20 different locations within the greater Cleveland & Akron areas. In 2018, the practices completed more than 113,000 office visits and over 5,000 procedures.

The Cleveland Clinic Health System is all tertiary referral and teaching centers in close proximity to Cleveland Clinic Main Campus. Opportunity to develop a thriving practice within the following key features:

- New and enhanced facilities with comprehensive cardiac services
- Ability to perform cardiac catheterization, echocardiography, stress testing, and TEE
- Cleveland Clinic Heart and Vascular Institute, adult Cardiology and Cardiothoracic Surgery program has been ranked 1st in the nation by U.S. News & World Report for more than 20 years
- Development of community expansion and outreach
- Newly remodeled cardiac catheterization suite with state-of-the-art imaging and ultrasound technology
- Dedicated Coronary Care and Cardiac Surgery Intensive Care & Observation Units
- Intersocietal Accreditation Commission for Echocardiography (IAC) certified

Opportunity to participate in resident training and education.

The successful candidate will have a joint appointment with Cleveland Clinic’s Heart and Vascular Institute at the Main campus. This position reports to the leadership at the Heart and Vascular Institute at the Main Campus. Moreover, our physicians enjoy full access to a distinguished team of caregivers in academics, research, or a better work/life balance.

If you are an outstanding clinician with a proven track record of professional achievement, this is an excellent opportunity to join a progressive organization.

Interested candidates should submit an application in confidence with Cover Letter and current CV online by going to: https://jobs.clevelandclinic.org/physicians.html

Dedham Medical Associates, Granite Medical Group
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Dedham Medical Associates is looking for the following specialties:

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- OB/GYN
- Urology, Gastroenterology, Pulmonary
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BayCare Medical Group

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At Atrius Health we are working together to develop and share best practices for transforming healthcare through clinical innovations and quality improvement.

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- Primary Care, Psychiatry
- Adult Cardiology
- Endocrinology
- OB/GYN
- Dermatology
- OB/GYN
- Outpatient Primary Care - Internal Medicine and Family Medicine

To learn more about rewarding physician opportunities:

(617) 450-2200

Email your CV to Brenda_Reed@atriushealth.org

www.atriushealth.org
Head and Neck Medical Oncologist
Center for Head and Neck Oncology

The Head and Neck Oncology Center, Department of Medical Oncology at the Dana-Farber Cancer Institute and the Department of Medicine at Brigham and Women's Hospital, are seeking a Medical Oncologist/Clinical Investigator with focus on clinical investigation and clinical care of patients with head and neck malignancies. The successful candidate will also engage in teaching students, housestaff, and fellows in the clinic and inpatient settings. The successful candidate is expected to develop, participate, and lead clinical and translational research projects in head and neck malignancies and take an active role in the Center's multidisciplinary clinical activities. Multiple opportunities exist for investigator-initiated and pharmaceutical industry-sponsored clinical research.

The position will be based in both the Department of Medical Oncology at DFIC and the Department of Medicine at the Brigham and Women's Hospital, and includes collaboration with other institutions affiliated with the Dana-Farber/Harvard Cancer Center and the Harvard Medical School.

The academic appointment will be at the Instructor, Assistant or Associate Professor level at Harvard Medical School and determined by the applicant's credentials. Salary and benefits will be competitive with other institutions. Applicants should have a MD or MD/PhD degree and should be board certified or board eligible in Internal Medicine and Medical Oncology.

Interested candidates must submit a letter of interest, CV and names of three references to: Brian Rasmussen, Provider Recruitment, providerrecruitment@peacehealth.org

For more information please visit us at: choosebaystatehealth.org

You may also call us at: 413-794-2571

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Baystate Health

Baystate Health is a western Massachusetts premier healthcare provider and home to the University of Massachusetts Medical School - Baystate. The cornerstone of our organization is Baystate Medical Center, a 716-bed tertiary care hospital which boasts the state's single busiest emergency department and the region's only Level I trauma center. With 3 community hospitals, Baystate Children's Hospital and Baystate Primary Care Medical Practices, we offer a diverse culture that provides outstanding opportunities for physicians and associate providers to start or advance their career.

Current Opportunities Include:

- Breast Surgery
- Cardiology
- Child Neurology - Chief
- Emergency Medicine
- Endocrinology
- Gastroenterology
- Geriatrics
- General Surgery
- Gynecology/Oncology
- Heart Failure
- Hospital Medicine - Chief
- Hospitalist
- Maternal Fetal Medicine
- Neonatology
- Neurology
- Non-Invasive Cardiology
- Orthopedic Surgery
- Pediatric Critical Care
- Pediatric Gastroenterology
- Psychiatry
- Primary Care
- Pulmonary/Critical Care
- Thoracic Surgery
- Trauma & Acute Care Surgery

For more information please visit us online at: choosebaystatehealth.org

You may also call us at: 413-794-2571

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Cambridge Health Alliance (CHA) is an award-winning health system based in Cambridge, Somerville, and Boston’s metro-north communities. We provide innovative specialty, and emergency care to our diverse patient population through an established network of outpatient clinics and two full-service hospitals. As a Harvard Medical School and Tufts University School of Medicine affiliate, we offer ample teaching opportunities with medical students and residents. We utilize fully integrated EMR and offer competitive compensation packages and comprehensive benefits for our employees and their families. Ideal Candidates will have a strong commitment to providing high-quality care to our multicultural community of underserved patients.

We are currently recruiting for the following departments and positions:

- Psychiatry & Psychology
- Obstetrics & Gynecology
- Emergency Medicine
- Endocrinology
- General Surgery
- Gynecology/Oncology
- Cardiology
- Neurology
- General Medicine
- Hospital Medicine
- Pediatric Medicine
- Maternal Fetal Medicine
- Neonatology
- Neurology
- Critical Care
- Oncology
- Pathology
- Psychiatry
- Primary Care
- Pulmonary/Critical Care
- Thoracic Surgery
- Trauma & Acute Care Surgery

To apply please visit www.CHAproviders.org. Candidates may submit CV confidentially via email to ProviderRecruitment@cha.org

CHA Provider Recruitment - Tel: 617-663-1535 Fax: 617-663-1549

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NYU Langone Health

Faculty Group Practice Physicians
General Endocrinology - Florida (West Palm and Delray)

Full-Time Immediate Openings

We are actively seeking Endocrinology candidates for our Florida outpatient locations in West Palm and Delray. The ideal physicians are motivated with an interest in being part of a growing World-Class, Patient-Centered Network!

Position Qualifications:
- Medical License
- Board Eligible or Board Certified in Endocrinology

NYU Langone Health Faculty Group Practice (FGP) is a group of more than 2,400 physicians in more than 250 sites owned and operated as part of the NYU Langone Health and the NYU School of Medicine. Our rapidly growing portfolio of satellite sites and our expertise of care continues to expand throughout the New York boroughs, Westchester, and Long Island. We seek to create a platform for evidence-based health promotion and disease prevention at the neighborhood level. Additionally, patients have enhanced access to our vast range of highly specialized medical and surgical care at our hospital campuses as well as the growing network of ambulatory facilities. When you join us, the Physician Network Development Office will work with you to build and maintain relationships that promote access to the world-class care and research available at NYU Langone Health.

For consideration, please send your CV to: Networkdevelopers@nyulangone.org

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- Opportunity for early partnership
- Medical and dental insurance
- Retirement – 401K and savings plan
- Malpractice coverage
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- Medical and dental insurance
- Retirement – 401K and savings plan
- Malpractice coverage
- Opportunity for early partnership

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Trinity Health Of New England—the region’s largest nonprofit health system—seeks dedicated physicians to join our expanding teams in Hartford and Waterbury, Connecticut and in Springfield, Massachusetts.

This is an excellent opportunity to be part of a multi-location, integrated health system. We continue to expand and broaden our specialized services and have exciting opportunities at prestigious facilities throughout the Trinity Health Of New England family of hospitals.

We currently have opportunities in the following areas:
- CV and Thoracic Surgery
- Hematology/Oncology
- Hospitalist/Nocturnist
- Neurologists
  - Specializing in: Multiple Sclerosis, Stroke, Epilepsy and General Neurology
- OB/GYN

**About Us**

Trinity Health Of New England is proud of its history of provider collaboration. Our practice model empowers our physicians to work at their highest level, while allowing time for professional development and family life. Whether you are focused on providing outstanding patient-centered care or driven to grow into a leadership role, you will thrive at Trinity Health Of New England.

For additional information, please call Daniele Howe, Senior Physician and Advanced Practitioner Recruitment Specialist, Trinity Health Of New England, at 413-523-0824 today.

Or email your CV and letter of interest to Daniele.Howe@sphs.com

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