INSIDE

Career: Identifying a Cultural Fit in Physician Job Opportunities. Pg. 1

Career: Eyeing Physician Career Boost Via Formal Business Education. Pg. 7

Career: Physician Employment Contracts: Strategies for Avoiding Pitfalls. Pg. 15

The latest physician jobs brought to you by the NEJM CareerCenter
Dear Physician:

As you near completion of your training, I’m sure that making career decisions is a top priority for you. The New England Journal of Medicine is the leading source of information about physician job openings in the United States. To assist you in this important search, we’ve sent you this complimentary copy of the new 2020 Career Guide: MD Career Path edition

This special resource guide contains practical career articles and job-seeking tips taken directly from NEJMCareerCenter.org. Also included is a list of physician job openings from across the country. NEJM CareerCenter continues to receive positive feedback from its physician users. Since the site was designed based on advice from your colleagues, many physicians depend on it for their job searches and welcome the confidentiality safeguards that keep personal and job search information private.

At the NEJM CareerCenter, you will find:

• Hundreds of quality, current openings — not jobs that were filled months ago
• Email alerts that automatically notify you about new opportunities
• Sophisticated search capabilities to help you pinpoint the jobs matching your search criteria
• A comprehensive Career Resources Center with career-focused articles and job-seeking tips
• An iPhone app that sends automatic notifications when there is a new job that matches your job search criteria

If you are not currently a subscriber to NEJM, I invite you to become one to take advantage of the many recent enhancements that will become more valuable to you as you move forward in your career.

Our popular Clinical Practice articles offer evidence-based reviews of topics relevant to practicing physicians. We also have audio versions of Clinical Practice articles. These are available free at our website or at the iTunes store and save you time, because you can listen to the full article while at your desk, driving, or exercising. You can learn more details about this feature at NEJM.org.

To subscribe to NEJM, please call Customer Service at (800) 841-6356 or visit NEJM.org.

A career in medicine is challenging, and current practice leaves little time for keeping up with new information. While the New England Journal of Medicine’s commitment to delivering top-quality research and clinical content remains unchanged, we are continually developing new features and enhancements to bring you the best, most relevant information each week in a practical and clinically useful format.

On behalf of the entire staff of the New England Journal of Medicine, please accept my best wishes for a rewarding career.

Sincerely,

Christopher R. Lynch
Vice President for Publishing

Identifying a Cultural Fit in Physician Job Opportunities

Self-assessment, up-front research, and ample time for interactions are key

By Bonnie Darves

Practicing medicine in an organization that has established a strong, positive culture can make all the difference in terms of physician satisfaction. Studies and surveys have found, just as a toxic culture can create a miserable experience for all practice staff, in fact, a negative or unsupportive culture is consistently among the leading reasons physicians cite when they leave a job.

So, how can job-seeking physicians, particularly residents and fellows eyeing a first job, ensure that they’re not heading into a bad situation when they explore practice opportunities? It’s not always easy to spot a “problem practice,” but by doing some advance research and asking the right questions, physicians might be able to avoid this pitfall. This is not to suggest that undesirable culture is rampant among practices and physician organizations, but rather that young physicians generally aren’t proactive enough about looking into a practice’s culture before accepting opportunities, according to recruiters.

One of the first steps physicians should take when looking for a good cultural fit is to identify what’s important — or possibly even nonnegotiable — in the practice’s cultural environment. Ideally, this self-assessment should occur before starting the job search. Patrice Streicher, senior operations manager for Vista Staffing Solutions, recommends that physicians create a list of “absolute must-haves” and “would be nice to have” to guide their discussions with recruiters and, later, with the prospective employers’ hiring team. These categories, Ms. Streicher said, can be very helpful overall in evaluating practice opportunities and gauging potential cultural fit.

Ms. Streicher also stresses the importance of physicians being honest with themselves (and recruiters) about what they’ll need to practice successfully in any cultural environment. “Physicians should be realistic about their abilities, their competency level, and their confidence in their own autonomy. These answers will inform the degree of collegial support they’ll need in a new position,” she said.
Physicians who have identified their preferred practice location should start their culture research even before they start scheduling site interviews, advises Louis Caligiuri, director of physician services for North Shore Medical Center, in Peabody, Massachusetts. “It’s important to connect with other physicians in the area — physicians in your field in several practices and people you trained with, in addition prospective colleagues, if possible — to get a sense of the cultural environment in area practices,” Mr. Caligiuri said. “Those connections can be very meaningful and informative.”

Self-assessment key in determining cultural fit

In the early stages of a job search, physicians should also tap their recruiter’s expertise and experience to help identify a potentially positive match. And that means vetting the recruiter to determine how well she or he knows the opportunities under consideration, according to Michelle Baker, a recruitment director for Merritt Hawkins & Associates. “Once candidates do that, they should let the recruiter know their specific needs and concerns about cultural fit, and what their priorities are for themselves and their families,” she said.

A well-informed recruiter should be able to provide ready answers to the following: Why there’s an opening, when the other physicians joined the practice, and what the physician turnover rate is. Candidates should also ask about physician satisfaction scores and for a view of the “day or week in the life” of prospective physician colleagues (or the physicians who left). The responses to such questions are often good indicators of the organization’s culture, Ms. Baker said.

Brigitta Glick, founder and chief executive officer of the staffing firm Provenir Healthcare in San Antonio, Texas, advises physicians to get into the nitty-gritty with the recruiter about the working environment, which is often predictive of both culture and physician-satisfaction levels. “Physicians should ask about the makeup of the team and the logistics of the working environment,” she said. For example, physicians should find out if they would essentially be working “on an island” or with dedicated, accessible staff in close proximity. “You want to know if you’ll be essentially in a pod or on your own, and whether you’d be working with your own support staff rather than ‘borrowed’ extenders,” she said.

Ms. Baker reminds candidates that the organization’s scheduling practices and financial priorities might also be helpful cultural barometers. For example, if there’s a focus on schedule flexibility, structured hours, and minimal call, the opportunity will “fall on the quality-of-life end of the [culture] spectrum,” she said. Conversely, an opportunity that entails aggressive production goals and a more intensive schedule “reflects a more entrepreneurially, financially driven culture,” Ms. Baker said.

Finally, the recruiter can also play a vital “messenger” role in assessing cultural fit in the early job-search stages, according to Katie Cole, president of Harlequin Recruiting in Denver. “The recruiter can ask the uncomfortable questions of the prospective employer, and that won’t be held against the candidate personally,” said Ms. Cole, whose firm focuses on surgeon recruitment. “If there’s a specific aspect of culture that the physician wants to avoid, the recruiter can determine the related situation before an engagement or scheduling a site visit.”

Ms. Streicher adds a further recommendation regarding the tough questions: Don’t relegate such important discussions to informal electronic exchanges.

“I advise against written discussions over email or via text messages,” she said. “Sensitive disclosure about cultural aspects or practice preferences should take place during a telephone conversation with a professional recruiter.” Such formal discussions, she added, also help the physician evaluate the recruiter’s credibility, working knowledge, and communication professionalism.

All recruiters interviewed for this article concurred that physicians tend to avoid asking the sensitive questions or delving into the organization’s culture, before they agree to site visits. The sources also agreed that relatively few young physicians, in their experience, ask very direct questions in the site-interview setting, about matters that would be key in ensuring a good engagement or scheduling a site visit.

Ms. Streicher adds a further recommendation regarding the tough questions: Don’t relegate such important discussions to informal electronic exchanges.

“I advise against written discussions over email or via text messages,” she said. “Sensitive disclosure about cultural aspects or practice preferences should take place during a telephone conversation with a professional recruiter.” Such formal discussions, she added, also help the physician evaluate the recruiter’s credibility, working knowledge, and communication professionalism.

All recruiters interviewed for this article concurred that physicians tend to avoid asking the sensitive questions or delving into the organization’s culture, before they agree to site visits. The sources also agreed that relatively few young physicians, in their experience, ask very direct questions in the site-interview setting, about matters that would be key in ensuring a good cultural and professional fit.

“As for practice culture, for most physicians, a compatible atmosphere is understandably going to be based on their individual style, preferences, and value systems,” Ms. Streicher said, “so they should be very clear about what they’re seeking in those regards.”

When onsite, ask focused questions

Physicians who’ve done their due diligence before agreeing to a site interview should still be prepared to revisit the important questions with the interviewing team. The tone, tenor, and completeness of that interviewers’
responses will either validate what the candidate has already discovered or, possibly, raise new questions or concerns.

The best place to start, recruiters advise, is by focusing on the cultural “must haves” and potential concerns. For example, the surgeon who seeks adequate support staff in a collegial environment in which colleagues are available to pitch in as needed when call gets unmanageable should articulate that in a direct question. She might ask, Would I have dedicated clinical support staff, and if not, how is staffing arranged to ensure I have the support I need?

Likewise, the internist who wants to ensure that he’ll be able to attend his son’s Thursday afternoon soccer games regularly, as feasible, will have to pose a question whose response will indicate how family-friendly the culture is. An example might be the following: How does the practice accommodate physicians who want to schedule time away for family activities during the work week?

When assessing culture, expect answers to challenging questions

“The two things physicians should keep in mind are that no questions about culture are ‘off limits’ and that good practices really want physicians to ask the challenging questions,” Ms. Glick said, because that’s an indication of how seriously they’re considering the opportunity. “Physicians should be prepared to show up as they are and be very clear about what they’re seeking and what they hope to avoid.” She offers the following as examples of questions whose responses provide insight into the practice culture:

• How are decisions made in the practice, and how are physicians involved in that process?
• What causes conflict here, and when that happens, how is conflict resolved?
• Who has the power to get things done in the practice?
• What do you celebrate here — and how do you celebrate?
• How does the organization support professional growth?

Ms. Glick said that even tangential questions, such as how much physician PTO (personal time off) is left on the table at the end of the year, can provide a good sense of culture and expectations, and how well the practice is structured to permit the promised time off.

The point, Ms. Baker said, is that candidates have to raise the issues that are important to them, from not only a professional standpoint but also a personal one. For example, she thinks it’s appropriate to ask questions about topics such as gender diversity and neutrality, and whether internal medical graduates are accepted by colleagues and patients. “Physicians should also ask about practice or hospital leaders — do they value physician input or is it our way or the highway?” she said.

When inquiring about the reason for the job opening and physician turnover, physicians should ask detailed questions and expect honest, detailed answers, Mr. Caligiuri said. “If the interviewers say that they don’t know the [turnover] data or aren’t candid about why there’s an opening, that’s not a good sign,” he said.

Don’t skimp on social time with potential colleagues

In preparing for the onsite interview, physicians should request time outside of the interview to meet with prospective colleagues, ideally outside the workday and the practice setting, Mr. Caliguiri suggests. “It’s best to schedule a dinner or lunch meeting offsite, when physicians won’t be running off to see the next patient,” he said.

Job-seeking physicians often don’t set aside enough time for such interactions, as important as those encounters are, according to Ms. Glick. “In my experience, residents and fellows often do themselves a big disservice by trying to cut the visit short,” Ms. Glick said, or by trying to fit in too many site interviews in a short period of time.

“You really need two days to get a good feel for a practice,” she said. “It’s not beneficial to try to fit in eight site visits in a few months; do your research and due diligence to narrow the list, and then pursue three or four opportunities.”

Ms. Glick and Ms. Caligiuri both recommend that candidates request a few hours to shadow a prospective colleague, to observe a typical workday and to thoroughly assess the level of physician support and the cultural environment. If a practice is reluctant to allow for offsite social opportunities or a shadowing experience, that might indicate problems or issues that the practice is trying to hide.
“It’s a red flag if the practice doesn’t facilitate those interactions or if the head of the practice doesn’t make the time to meet with the candidate,” Mr. Caligiuri said. He also stressed the importance of candidates visiting all practice locations where they might work. In his organization, candidates are encouraged to come back for a second visit if the initial schedule doesn’t accommodate requested social and worksite activities.

“The social setting may provide the best opportunity to gauge whether you fit culturally,” Ms. Baker pointed out. Such opportunities enable candidates to find out whether the potential partners share your sense of humor, your values, or even your attitude toward raising children, she added. “That social gathering can tell you a lot about the ‘feel’ of the practice,” she said, “that you might not get during the interview.”

Mr. Caligiuri adds another important reminder for job-searching physicians: practices are also looking for a good match, and the social gathering gives prospective colleagues an opportunity to gauge whether the candidate will fit in. “It gives them a chance to ascertain the candidate’s suitability — and that’s obviously important for everyone involved,” he said.

Although being well informed and proactive and asking the important questions can go a long way toward finding a good cultural fit, at a certain point the candidate also needs to just trust his or her instincts, Ms. Streicher said, because those are telling, too. “If you have concerns that there is a misalignment of your beliefs with the core values or practice culture with an opportunity, I suggest keep looking,” she said, “because the right practice culture match is out there.”

Eyeing Physician Career Boost Via Formal Business Education

Getting a business degree can be highly rewarding, but planning and foresight are essential

By Bonnie Darves

Physicians pursue formal business education for a whole host of reasons, but there are some common threads. For many, it’s a desire to effect change within their organizations or even health care delivery as a whole. For others, a master of business administration (MBA) or master of medical management degree (MMM), or the Certified Physician Executive (CPE) credential, is viewed as a way to better position them as credible participants in big-picture discussions about organizational direction or in decisions that affect their professional lives or their specialty’s future.

Increasingly, especially in large organizations, the business degree may be a requirement for seeking a senior leadership position. Some physicians have a specific reason for getting an MBA or MMM, such as launching a new clinical service. A final subset of physicians obtains formal business education as a first step toward exiting clinical medicine and moving wholesale into a nonclinical leadership role.

For internist Pamela Sullivan, MD, MBA, the driver was twofold. She needed a better understanding of the business world to help her perform more effectively in the leadership realm in which she was already functioning as a medical director. She also wanted to make a better-informed decision about how to focus the rest of her career.

“I realized that I needed to know more, and that I needed to be able to speak the [business] language whether I was in a clinical meeting or a business meeting,” said Dr. Sullivan, who is chief clinical officer of implementation for Landmark Health, which partners with health plans and uses a “house calls” model to care for patients with multiple chronic conditions. “The MBA program gave me the confidence I needed to do that.”

Dr. Sullivan opted for the one-year physician executive MBA program at the University of Tennessee’s Haslam School of Business. In part, she chose it because it was shorter than some MBA programs, but also because she wanted a practical curriculum and the face-to-face experience of the four weeks of
onsite residence. “I learn by doing, and this program was not about taking exams — we got real-life practical assignments. It was so energizing,” Dr. Sullivan said.

Andrew Furman, MD, MMM, took a more stepwise, protracted approach to getting his master’s in medical management. The emergency medicine physician started by taking courses through the American College of Healthcare Executives and the American Association for Physician Leadership (AAPL) over a few years. He then carried those credits into the MMM program at University of Southern California (USC) in Los Angeles, which he completed in 2017. Today, after stints at Geisinger Health System, and Salem Health in Oregon, he is medical director for Accolade, Inc., an innovative private care-delivery and benefits company serving self-insured employers.

The slower approach enabled Dr. Furman to initially select courses on topics that related to issues he was encountering in his work, while allowing him to accrue credits toward an eventual master’s degree. “I started piecemeal when I was three years out of residency and was doing committee work. The AAPL courses were fantastic because they set me on a path to a one-year USC program,” Dr. Furman said.

From the outset, Dr. Furman was clear about his motivation for learning about business: “I wanted to be part of the change in health care, and any change that occurs affects physicians,” he said. “If you just want the three letters after your name, you might not get much out of it. If you want to shake up the mess we're in in health care, you will.” For Anil Singh, MD, MPH, MMM, executive medical director of clinical transformation at Highmark Health and system division director of Critical Care at Allegheny Health Network in Pittsburgh, Pennsylvania, the decision to obtain a business degree arose in part out of frustration. “I was being asked increasingly to do things that did not involve patient care, and to help fix issues,” said Dr. Singh, who obtained his MMM from Carnegie Mellon University. Business people sometimes asked him to write a pro forma or show ROI (return on investment) when he proposed a solution.

“I had no idea what they were talking about and decided I needed to understand the jargon. Being in the program opened up a different side of my brain that I’d never used before,” Dr. Singh said. “Now, when I speak to businesspeople in their own language, I’ve got immediate ‘street cred’.”

Benefits of business education: professional and personal

Like Dr. Singh, other physicians interviewed for this article were unanimous on one key benefit of formal business education: becoming conversant in the language spoken in board rooms and management meetings.

“I knew that if I was going to be communicating with CEOs and CFOs, and marketing directors, I needed to understand their language — and I needed the credentials and knowledge to participate effectively. The MBA gave me that confidence,” said anesthesiologist Talal Ghazal, MD, MBA, co-director of the Holy Cross Hospital Pain Center in Wheaton, Maryland. “I also wanted to learn about something I wasn’t trained in. I found that business is no big mystery — it’s a matter of understanding the fundamentals and concepts.”

Physicians who pursued MMM and MBA degrees that included an onsite component also cited interactions and continued networking with their cohort members as a major benefit.

“Working on an MBA, MMM, or CPE helps you develop a network of colleagues with similar goals or interests, who become an ongoing resource for advice or counsel,” according to John Jurica, MD, MPH, CPE, medical director of an Illinois urgent care network who blogs and delivers podcasts on physician leadership.

For Dr. Furman, the networking was especially gratifying. “The cohort experience was amazing. You learn so much from being in the room with people with varied backgrounds who often are experiencing similar issues,” he said. The diverse specialty and background profiles of a typical MBA cohort enrich the learning experience, notes Kate Atchley, PhD, executive director of the University of Tennessee’s Physician Executive MBA program. “In a typical year, we’ll draw physicians who are entrepreneurial-minded, some who are in mid-career or are already in administrative positions who want business acumen, and younger physicians who know that medicine is changing and want to be part of that change,” she said. “The benefit of the physician-only environment is that the students come in with the same educational background and the same experience of clinical work — they can relate to each other.”

Dr. Singh’s cohort, for example, included hospitalists, internists, cardiologists, a pathologist, and a palliative medicine physician. “Learning from the other physicians was a phenomenal experience,” he said.
Rex Kovacevich, MBA, a professor of clinical marketing in USC’s MMM program, sees those valuable interactions firsthand. He often witnesses physicians sharing their stories and experiences, and in doing so, helping each other deal with situations in their own organizations or professional lives. “That’s one of the key benefits of the cohort model — the physicians become comfortable sharing with each other,” said Mr. Kovacevich.

Monique Butler, MD, MBA, chief medical officer for Swedish Medical Center, in Englewood, Colorado, cites those networking benefits and the resulting relationships she built as an important outcome of her participation in the University of Tennessee’s Physician Executive MBA program. “The cohort experience gives you a huge support network. We’re able to just pick up the phone and call each other when we’re working through a challenge,” she said. “It’s been incredibly helpful.”

Weighing the education options

The chief decision physicians face when they decide to pursue business education is choosing which route to take. The formal physician executive MBA, MMM, and CPE programs teach similar content, but their formats differ. The traditional MBA program, offered online or in a hybrid online/on-campus format, or as an immersive on-campus experience, ranges from one to two years and focuses on business theory, concepts, and principles. There are more than two dozen traditional MBA programs that have a health care business or leadership focus. Several universities now offer physician-only executive MBA degrees structured to accommodate the schedule constraints of practicing physicians and to deliver targeted content. Programs developed as part-time offerings often impose a maximum time for completion.

The MMM, a more recent entrant in the business-degree realm, is designed specifically for physicians and typically targets those who are at least three years out of residency. Physicians who pursue an MMM often end up serving as medical directors, department chairs, chief medical officers, or president/vice president of medical affairs. The programs run 12 to 18 months, and prerequisites might be required. These programs incorporate online learning and an onsite residential component several times annually. Common courses include organizational management, health economics, health policy, health finance, health law, and operations management.

Maeleine Mira, director of the MMM program at USC’s Marshall School of Business, said that a key feature of the MMM curriculum is that it’s designed to teach students how the business cases apply in health care. “That’s one of the benefits of the MMM compared to traditional MBA programs,” she said. “Every student graduates with an implementable capstone, so that they’re ready to go back and institute changes.” USC also offers a pre-MMM fellowship option for final-year residents.

When considering any MBA or MMM program, prospective participants should carefully evaluate the content focus to choose a program that suits their individual needs or career objectives, several sources pointed out. Physicians should also keep in mind that some programs require that participants have three to five years of clinical experience post-residency.

The CPE that AAPL offers focuses heavily on both business content and leadership training and is pursued on a course-by-course basis in a 150-credit curriculum consisting of online learning and live events. The focus is on hands-on learning. The CPE offers flexibility for participants who might need to complete the curriculum at an uneven rate or over a longer period, and it requires a final capstone project and audiovisual presentation. A sophisticated technology platform facilitates interaction among learners, and AAPL also provides professional development resources such as career assessment and executive coaching.

Typically, physicians earn their CPE designation in two to 2½ years, according to Peter Angood, MD, AAPL’s president and chief executive officer. AAPL also partners with five universities to enable students to complete prerequisites toward master’s degrees and easily transition into those programs.

Other degrees that include some business content include the master in healthcare quality and safety management (MS-HQSM) and master of science in the science of healthcare delivery (MS-SHCD), as well as clinical informatics degrees. The master of health administration also includes business principles but focuses on applied health care experience.

When choosing a degree program, especially an MBA, physicians should be fairly clear about what they want to achieve, Dr. Jurica advises, in part because of the financial investment. That might range from under $10,000 for an online-only program to $100,000 for a big-name university MBA. The CPE path is generally less expensive than the traditional MBA or MMM program, he added. “It might be worth waiting to start a program, if
there’s a way to get your employer to help with the costs,” Dr. Jurica said. He also advised physicians who aren’t ready to commit to a program to consider taking business courses through the AAPL, specialty organizations, online programs, or local education institutions.

“It’s important to decide whether you need the name recognition — which might be the case for those who will compete for a senior management position at a large organization — or just the degree and the core business knowledge,” Dr. Jurica said. In the latter case, an economical online program might suffice.

What to expect

The prospect of continuing clinical practice while obtaining a business degree can be daunting, but it’s doable for physicians who organize their time efficiently and strategically, sources agreed. The MBA and MMM programs typically carry a workload of 12 to 25 hours weekly, in addition to the onsite periods.

Physicians who want to get a business degree should plan well in advance, all sources said, and should ensure they will have support from their families, colleagues, and organizations before they start. Ideally, they should also try to either reduce or reconfigure their clinical hours to accommodate program demands. “The most important aspects of preparing for a graduate business degree are figuring out how you’ll arrange your time when you add the program to your other responsibilities and making sure that those close to you — your spouse, your coworkers, your children — are onboard,” said Mr. Kovacevich.

That’s one reason that Dr. Ghazal, who obtained his health care MBA from George Washington University in Washington, D.C., encourages physicians who are eyeing a specific role to consider getting a degree earlier in their careers. “By the time you get to mid-career, and have a demanding practice and a family, it can be a challenge to fit it in because of the time requirements — you basically have a deadline every week.”

Deborah Vinton, MD, medical director of the emergency department at the University of Virginia in Charlottesville, found herself on a crash course path when she began the University of Tennessee Physician Executive MBA, five years after delivering her third child. Despite the logistical challenges, the timing was important: she had an opportunity to participate in planning the UVA’s new emergency department and needed business credentials to be effective.

“I wanted to be a physician leader at this academic center, and I knew I needed this education,” Dr. Vinton said. The school and her cohort were “amazingly supportive,” she said, and she was able to bring her infant daughter with her for the onsite residency portions. “I was surprised by how accommodating everyone was — I didn’t expect that,” she said.

For Jamie Eng, MD, MMM, who completed her MMM at USC as a continuation of the administrative emergency fellowship that program offers, the degree better equipped her for the administrative work she was already doing at USC-Los Angeles County Medical Center. “It was fortuitous because the fellowship actually required me do the MMM. I looked at other administration fellowships, but this was such a good fit that I decided I might as well get the degree,” said Dr. Eng, who is associate medical director of emergency medicine at Providence Tarzana Medical Center in Tarzana, California, and director of the USC Administrative Emergency Medicine Fellowship program.

“The cohort was fantastic,” Dr. Eng said. “I feel like my administrative experience was sped up by a decade learning from the experiences of others.”

Tips for choosing a program and planning the journey

Physicians interviewed for this article offered the following additional guidance for their colleagues planning to pursue formal business education:

“When you’re evaluating programs, look at how the curriculum and the schedule can intersect with your job. If you’re not able to merge your work with the requirements, you might have to consider other options.” — Deborah Vinton, MD, MBA

“I think it’s important to get awareness of the various learning opportunities, so that you have a better sense of what you want for your professional growth.”

— Peter Angood, MD, AAPL president and CEO

“When you’re looking at programs, be clear about your career and where you want to be in five years — and how a particular program or fellowship is going to get you there.”

— Jamie Eng, MD, MMM
“You must be able to make the commitment before you start a program. You need a game plan, the financial resources, and the buy-in from family and colleagues. I ended up devoting two full days a week to my studies.” — Pamela Sullivan, MD, MBA

“Truly understand the time commitment. Programs might cite a certain number of hours per week but assume that that’s the minimum. It might take more time to meet your requirements.” — Talal Ghazal, MD, MBA

“Do the degree at the right time in your career. It’s important to be a good doctor first and to have that credibility. I think five years in practice is the minimum, and that seven to 10 might be the sweet spot.” — Anil Singh, MD, MPH, MMM

Physician Employment Contracts: Strategies for Avoiding Pitfalls
By Bonnie Darves

As physicians increasingly opt for practice opportunities in employed-model arrangements, and hiring entities move toward standardizing employment contracts to simplify matters and ensure equitable treatment of existing and incoming physicians, it might appear that there’s scant room for negotiating contract terms.

That’s not a prudent attitude to take about such an important document, contract lawyers maintain. That employment agreement not only dictates the next year or two of a physician’s career but also could potentially negatively affect his or her personal and professional life for years into the future.

Benjamin J. Mayer, JD, MBA, a Denver lawyer whose firm specializes in physician contracts, advises physicians to take the position that any terms that aren’t favorable can — and should — be made more reasonable. “The physician might not be able to get a higher starting salary or a larger signing bonus but definitely should negotiate anything that’s explicitly unfair or clearly intentionally ambiguous,” Mr. Mayer said.

Key examples he cites are contracts with onerous non-compete provisions that would prevent a departing physician from working within, say, a 60-mile radius of any of the employer’s locations, or contracts that contain little detail about weekly work hours and schedules, or call requirements. Essentially, anything that is vague or an overreach should be modified and specified. “The physician needs to require reasonable boundaries on all of the contract’s terms,” Mr. Mayer said. For example, any non-compete radius should be drawn from a single primary location, not from all of a sprawling mega–health system’s hospitals and clinics. Similarly, regarding schedules, the contract should at least specify a cap on total weekly hours or days worked and should dictate an equitable call schedule.

“Duties, hours, and responsibilities should be spelled out, and if the call coverage isn’t specified, the contract should at least state that those duties will be ‘equally divided among all physicians’ in the group,” Mr. Mayer said. He acknowledged that some young physicians might be willing to shoulder commensurately more call duty than their peers if they’re trying to pay off medical school loans, for example, but such special arrangements are best addressed outside of the contract.
Michael Schaff, cochair of health law for Wilentz, Goldman & Spitzer, P.A. in Woodbridge, New Jersey, suggests that young physicians in surgical and other call-intensive specialties should determine whether practice culture or bylaws issues might translate into an inordinate call burden that they’re not willing to assume. For example, Mr. Schaff noted, some practices enable physicians who reach a certain age — 55 or 60 is common — to opt out of call altogether. If several senior doctors stop taking call, younger physicians “equally divided duties” might be unmanageable. To be safe, the contract should specify a “not-to-exceed” number of call days per week or month, Mr. Schaff and other sources advised.

Emerging “super groups” affect contracts

On a global scale, practice acquisition and management trends — specifically, the growing influence of private equity on physician practice and facility management and the creation of huge organizations that operate scores of groups — are affecting physician employments. Rebecca Gwilt, a Richmond, Virginia, lawyer and partner in Nixon Law Group, said she is witnessing a “trickle-down effect” on contracts as private equity–operated super groups emerge.

“We’re seeing a more sophisticated framework for physician contracts,” Ms. Gwilt said, as well as a tendency toward both shorter employment terms and slimmer benefits. “Legally, these companies aren’t permitted to influence the delivery of services, but in general, they’re non-physician companies, which means that the MBAs are making contract decisions, not physicians,” said Ms. Gwilt, who frequently speaks on physician contract issues. “So, as this [model] becomes more common, market salaries and benefits could change.”

Although the trend toward super-group formation isn’t inherently negative — such groups have more bargaining power regarding physicians’ reimbursement rates than smaller ones do, generally — it does call for due diligence and research on the part of physicians who consider interviewing with such entities. “You first should find out who runs the company, because you will have less room to negotiate a contract than with a physician-owned practice,” Ms. Gwilt said. “You want to know what it’s like to work there, so I advise clients to ask for the name of the last physician hired — someone who’s been there for a year — and then talk to that physician.”

The movement toward “corporatization” of medicine, in tandem with the fluctuating health care economic, reimbursement, and policy environment, is prompting employers to reduce their financial risk wherever possible. One example is instituting shorter contract employment terms, which enables employers to more easily let go of poor-performing physicians. Another recent development is the setting of limits on how much individual physicians can earn, regardless of their productivity, according to Kyle Claussen, CEO of Resolve Physician Agency, a Missouri-based firm that counsels physicians on contract issues.

“It’s becoming more prevalent to see clauses with caps on compensation, such as the 75th or 90th percentile in a major national survey such as the Medical Group Management Association survey,” Mr. Claussen said. Although such caps aren’t likely to affect most physicians coming out of residency because starting salaries are rarely set at those percentiles, the caps could penalize high-income specialties such as neurosurgery and orthopedic surgery as those physicians move into their second and third years of practice. “I’ve seen some high-income specialists walk away from those potential jobs,” he said. He added — and other sources concurred — that sign-on bonuses are less common now than they were a few years ago, possibly for some of the same economic reasons.

Another contract area where shifts are occurring involves bonuses and productivity-based compensation, several sources mentioned. As employers, as well as government and commercial insurers, move toward providing monetary incentives to physicians for performance on measures ranging from patient satisfaction to hospital readmissions, it’s important to know how such payments are handled on the employer side. This is particularly the case with any bonuses or incentive payments that may be due a physician, Mr. Schaff pointed out.

For example, if the contract states that incentives and bonuses are paid only through the employment period or only at the end of a calendar year, the physician might lose out on a substantial sum if he or she leaves the job on, say, Dec. 22, rather than Jan. 1 of the following year. Ideally, the contract should call for payment of “all bonuses earned through the time of termination.”

Ditto for accounts receivable monies that physicians might be due. It’s very common for such monies to continue flowing to the practice for several...
months after a physician departs, so ideally, Mr. Schaff suggested, the contract should call for reporting on such funds for a specific period after termination and ultimately paying out what’s due at, say, 60, 90, or even 180 days post-termination of employment. “This is all over the map in contracts I’ve seen,” Mr. Schaff said. “I’ve even seen contracts that state that the physician only receives payments through the last day of employment. This is something that should be negotiated.”

At the other end of the spectrum, physicians whose contracts set minimum or expected productivity or quality performance targets in order to continue the base salary beyond year one should understand not only what those requirements are but also — and more importantly — whether they’re achievable and reasonable. That means talking to other physicians at the prospective practice to see how they’ve fared in year two in productivity. It’s also helpful to find out how much personal effort is required to track the performance metrics that underlie performance payments, several sources advised. Mr. Mayer said that when a base salary arrangement converts to a totally productivity-based one at the end of the first year, he often negotiates for something less dramatic, such as continuation of the base salary for an extended period or and perhaps a part-base/part-productivity structure.

“The point is that your contract governs how your money works, and compensation structures are becoming increasingly complicated,” Ms. Gwilt said. “That’s why it’s really important that physicians understand those structures and obtain legal review.” It’s not uncommon for compensation methodologies to incorporate a half-dozen components beyond base salary, such as incentive bonuses or “clawbacks” (monies returned to the employer for under-performance or other reasons) based on quality measures, cost metrics, patient-specific clinical measure reporting, compliance, and shared-savings, to name a handful.

On a final note, all sources stressed the importance of physicians reading every word of the contract and obtaining expert review. The point is to make sure that physicians understand what the contract entails and what its provisions would look like in their daily lives, by requesting specific examples of not only what’s expected of them but also what might happen should they leave the position prematurely. “One thing that physicians need to think about but are reluctant to ask is this: What happens if they want to get out or if the employer wants to terminate the contract?” Ms. Gwilt said. “If there’s a penalty clause, that should be highly negotiated.”

Contract pitfalls to watch for

Contract language that’s vague and highly employer favorable. Such language might show up in any area of the contract, but it’s especially problematic when it comes to physician schedules and duties, according to Ms. Gwilt. “You want to beware of anything that states, ‘X will be determined by the practice at its discretion,’” she said. That leaves the physician open to whatever the employer decides at any time during the contract period. At the least, physicians should negotiate to add that the terms be “fair and reasonable, and in accordance with [requirements] for all like colleagues.”

Mr. Mayer provides an example of where “at the practice’s discretion” could have a serious lifestyle effect: unspecified practice locations. As organizations merge and/or add satellite facilities, a vague location clause might mean that physicians could be required to commute to or travel among four different clinics or hospitals. Mr. Mayer suggests that physicians ask prospective employers to specify locations and limit their number contractually, or at least give the physician the opportunity to decide if she or he is willing to expand the number.

Highly restrictive non-compete clauses. Syracuse, New York, attorney Andrew Knoll, JD, MD, cautions physicians to beware of and negotiate onerous non-compete terms when employers aim to keep physicians from working for a slew of specific competitors. “I’ve seen clauses that state, ‘Within two years of leaving the practice, the physician cannot work for health system Y or hospitals A, B, or C.’ That’s overly broad. Others might restrict the employee from going to a particular large health system, but not to smaller hospitals or systems in the same urban area,” Mr. Knoll said. “These clauses should always be reviewed.”

Unreasonable benefit start dates. One pitfall with benefits is not ensuring that they commence at a reasonable time, Mr. Schaff observed. For example, if a contract stipulates that that health insurance benefits start on the first day of the month following hiring or 90 days hence, he said, “The physician could be on the hook for paying the premiums for COBRA (continued coverage from the previous employer). At the least, if the benefits start date can’t be modified, the incoming physician might try to negotiate that the employer pay the COBRA premiums until the coverage starts.”
Onerous — or unspecific — indemnification or liquid damages clauses, especially regarding malpractice claims. The first order of business here is to understand any limitations that employer-paid malpractice coverage might have, and then ensure that the employed or contracted physician isn’t on the hook fully for additional damages that the policy doesn’t cover, Mr. Mayer advised. For example, if the malpractice coverage tops out at $1 million and the judgment comes in at $1.25 million, some contracts might shift the entire shortfall to the physician, explicitly or not so explicitly. “Such a provision might say that ‘the practice and the doctor agree to indemnify and hold each other harmless for any liability caused by the other,’” Mr. Mayer said. “It sounds and seems fair, but in practice, the malpractice claim will usually follow the physician, not the practice. This is something that requires careful review and possibly negotiation.”
Family life or locum tenens?

With jobs near and far, parents can choose opportunities close to home or even take their loved ones along with them on the road.

Get the facts at locumstory.com

When opportunity knocks, it's probably us.

CrossCountrySearch.com

Where work and life balance.

At UCHealth, we coined the phrase, “Work hard. Play hard.” Here, we provide personalized care at the highest level, offering some of the most innovative procedures, advanced treatments and medical technologies in the nation. Then, life seamlessly transitions from work to play in the Rocky Mountain region.

Explore new opportunities:
joinuchealth.org
physician.careers@uchealth.org

Explore new opportunities:
locumstory.com

WHAT KIND OF DOCTOR WORKS IN CORRECTIONS?

DOCTORS JUST LIKE YOU.

By now, doctors know California Correctional Health Care Services offers much more than just great pay and lots of California benefits. Whatever your professional interest, we can help you continue to hone your skills in public health, disease prevention and education, addiction medicine, and so much more. All without the burdens of battling insurance companies or unrealistic RVUs.

We Are Seeking:

• Physicians in Family Practice (FP), Internal Medicine (IM), or Family Medicine (IM/FP)

What You Will Do:

• Practice within the health system at the institution(s) / facility(ies) you choose

What We Offer:

• Generous base salary
• Robust 401(k) and 457 retirement plans – tax defer up to $59,000, plus very competitive employer contributions
• 425 East 61st St., 4th Floor, Suite 402, New York, NY 10065
• 646-962-9453 (voice mail) 646-962-2333 (office)
• msn9004@med.cornell.edu
• Weill Cornell Medical College
• Weill Cornell Medical Center
• Clinical Director, Pulmonary and Critical Care Medicine
• Associate Division Chief
• Michael S. Niederman, M.D.

Compensation Package, Including:

• 40-hour workweek
• State of California retirement that vests in 5 years
• Lifetime Board Certified
• Relocation allowance for those new to State of California service
• 40-hour workweek

Join Doctors Just Like You in One of the Following Locations:

• California Correctional Center – Susanville
• Chuckawalla Valley State Prison – Blythe
• Pelican Bay State Prison – Crescent City
• Sierra Conservation Center – Jamestown
• Valley State Prison – Chowchilla

Where we work and live:

• California Correctional Health Care Services offers more than just great pay and lots of California benefits. Whatever your professional interest, we can help you continue to hone your skills in public health, disease prevention and education, addiction medicine, and so much more. All without the burdens of battling insurance companies or unrealistic RVUs.

We Also Offer a Competitive Compensation Package, Including:

• 40-hour workweek
• State of California retirement that vests in 5 years
• Lifetime Board Certified
• Relocation assistance for those new to State of California service
• 40-hour workweek

For more information, contact Danny Richardson (916) 986-3056, CentralizedHiringUnit@cdcr.ca.gov
or www.cchcs.ca.gov

where work and life balance.
Cambridge Health Alliance (CHA) is an award-winning health system based in Cambridge, Somerville, and Boston’s metro-north communities. We provide innovative, primary, specialty, and emergency care to our diverse patient population throughout 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 providing high quality care to our multicultural community of underserved patients.

We are currently recruiting for the following departments and positions:

✦ Core Faculty Family Medicine
  – Director, Maternity Education
  – Float
  – Med/Peds
  – Internal Medicine
  – Regional Medical Director
  – Adult Outpatient
  – Primary Care Integration
  – Child/Adolescent Outpatient
  – Adult Outpatient
  – Pediatric
  – Pediatric Urgent Care
  – Float
  – Core Faculty Family Medicine – Director: Minority Education
  – Tufts Family Medicine Residency

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

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, gender, sexual orientation, national origin, disability, veteran status, age, or any other characteristic protected by law.

The US Oncology Network brings the expertise of nearly 1,000 oncologists to fight for approximately 750,000 cancer patients each year. Delivering cutting-edge technology and advanced, evidence-based care to communities across the nation, we believe that together is a better way to fight.

You’re a person, not just a white coat.
Most staffing agencies stop at finding candidates, while we focus on finding people who that person is. From lucum to permanent placements, let’s find what’s right for you.

comhealth.com 844.217.9193
CIVILIANMEDICALJOBS.COM

The US Oncology Network is supported by US Oncology. © 2014 US Oncology Specialty Health. All rights reserved.

The US Oncology Network

See More at
NEJMCareerCenter.org

SEEKING MEDICAL ONCOLOGISTS AND HEMATOLOGISTS

Join a hospital-based academic practice with multiple locations along the Gulf Coast in Mobile and Baldwin counties. As the leading research facility in the region, USA Health Mitchell Cancer Institute (MCI) serves as a center for advanced services in the treatment of cancer with radiation, surgical and medical oncology.

MCI is comprised of multi-specialty teams of doctors, nurses and health care professionals committed to providing comprehensive care to people with cancer. Currently, we have seven medical oncologists, five gynecologic oncologists, four radiation oncologists and five surgical oncologists. Our cancer specialists and their teams work together to develop new and better ways to treat cancer, so patients can live their lives cancer free. Our oncologists provide state-of-the-art solutions for the treatment of cancer and blood disorders and have the opportunity to be an active researcher. We provide personalized treatment and cutting-edge clinical trials to our patients in the growing, active communities that USA MCI serves, and we house the only Phase I unit in our region.

We welcome physicians with special interests in the management of oncologic diseases such as breast cancer, lung and esophageal cancer, GU cancers and malignant & benign hematology. MCI physicians have many opportunities to take advantage of, including:

✦ A continued learning opportunity with incorporation of Grand Rounds, Fellow lecture series, Journal clubs and Tumor specific boards

✦ Opportunity to collaborate with basic scientists (drug discovery unit, DNA repair, cancer disparity program) and be involved in translational research.

✦ Teaching fellows, residents and medical students – both in clinic and hospital settings

✦ Comprehensive benefits package to include generous time off, annual CME allowance, malpractice insurance, retirement plan. For more benefits, visit https://www.southalabama.edu/departments/financialaffairs/hr/benefits.html.

Our physicians are committed to providing a multi-disciplinary approach to the provision of patient care and supporting the mission of USA Health University Hospital, USA and Mitchell Cancer Institute.

WE ACCEPT H1B AND J1 VISA.

CONTACT
Mooh D Khushman, M.D.
251.895.4244
mci.mdanc.cv@health.southalabama.edu

USA HEALTH
MITCHELL CANCER INSTITUTE
www.usahc.com #HowWeSeeIt

The US Oncology Network, D-2, United Nations Department of Operational Support, New York

Are you a senior medical executive with expertise in healthcare management with oversight of clinical services and occupational health at a facility, state, national or international level?

The United Nations Secretariat is seeking a Medical Director at the D-2 level in the Department of Operational Support.

The Medical Director oversees the work of the Division of Healthcare Management and Occupational Safety and Health, and acts as a principal adviser on all matters related to the UN Personnel Welfare, occupational health and safety, and the provision of assistance to UN personnel during deployments.

Submit your applications before 4 June 2020

For more information about this position and how to apply, go to https://careers.un.org

Dc3@jobdetail.aspx?id=343554&Lang=en-US

The United Nations is committed to achieving gender balance in its staff. Female candidates are strongly encouraged to apply for this position.

careers.un.org

PHYSICIAN CAREERS AT US Oncology

The US Oncology Network brings the expertise of nearly 1,000 oncologists to fight for approximately 750,000 cancer patients each year. Delivering cutting-edge technology and advanced, evidence-based care to communities across the nation, we believe that together is a better way to fight.

usoncology.com

To learn more about physician jobs, email physicianmarketing@usoncology.com

THE BENEFITS YOU NEED.

• Competitive Salary
• Generous Paid Time Off
• Recruitment Bonuses
• Worldwide Locations
• Job Security
• Flexible Schedules
• Financial Planning Assistance
• Retirement Plans
• Tax-Advantaged Health Plans
• Life/Loss of Partner (Loss of Spouse) Insurance
• Paid Leave for Family Caregiving
• Disability Benefits

THE WORK-LIFE BALANCE YOU DESERVE.

• Worldwide Locations
• Job Security
• Flexible Schedules
• Financial Planning Assistance
• Retirement Plans
• Tax-Advantaged Health Plans
• Life/Loss of Partner (Loss of Spouse) Insurance
• Paid Leave for Family Caregiving
• Disability Benefits

THE WORK-LIFE BALANCE YOU DESERVE, THE BENEFITS YOU NEED.

Most staffing agencies stop at finding candidates, while we focus on finding people who that person is. From locum to permanent placements, let’s find what’s right for you.

comhealth.com 844.217.9193

The Defense Health Agency offers you the opportunity to practice as an active Duty military physician, either within the US or as a deployee.

• Flexible Schedules
• Recruitment Bonuses
• Generous Paid Time Off
• Competitive Salary

Submit your applications before 4 June 2020

For more information about this position and how to apply, go to https://careers.un.org/Dc3@jobdetail.aspx?id=343554&Lang=en-US

The United Nations is committed to achieving gender balance in its staff. Female candidates are strongly encouraged to apply for this position.

careers.un.org
More Support for Your Practice.

We are committed to providing physicians with the tools and resources they need to allow their expertise, compassion and wealth of talent to flourish. We empower our physicians to do what is best for their patients, seek new innovations in care, introduce new technologies and build or expand programs and services. Through our exceptional health care services, we reveal the healing presence of God.

Visit JoinSSMHealth.com

SSMHealth.

Even the Opportunities are Sunnier

The region’s most comprehensive and preferred health system, located in one of the nation’s most sought-after destinations, is seeking physicians in the following specialties:

OBGYN • Family and Internal Medicine • Vascular Neurology • Interventional Cardiology • Pulmonary, Critical Care, Sleep Medicine • Neuromuscular • Psychiatry • Geriatrics

Ideal Place to Practice

- Structurally and financially strong organization
- Work-life balance
- High-caliber, physician-led teams
- Extensive support from the region’s largest and most comprehensive clinically integrated network

World Class Quality of Life

- Northeast Florida is alive with over 1,100 miles of beaches and waterways, 80,000 acres of parks and trails, a strong and prosperous economy, multiple professional sports teams, renowned golf courses and diverse cultural experiences
- The area serves as home to some of the Sunshine State’s best cost of living and the nation’s most sought after quality of life
- Jacksonville was recently ranked by Forbes Magazine as the second most desirable city for relocation in the United States
- No state income tax

Top Reasons to Choose the Intermountain West:

- World-Class Skiing, Hiking, and Biking • Incredible National Parks • 4 Distinct Seasons • Endless Outdoor Recreation Opportunities

What are you looking for in a career? Is it a stimulating and challenging clinical position working with outstanding colleagues in state-of-the-art facilities? A location close to New York City attractions, while offering more affordable living and less congestion?

We look forward to hearing from you. Sound interesting?

For more information and to meet the needs of Utah’s and Southern Idaho’s rapid growth, please visit PhysicianJobsIntermountain.org

If interested contact:

physicianrecruit@crystalrunhealthcare.com

We are asking for physicians in nearly 40 fields, Crystal Run Healthcare has transformed how a medical practice delivers patient care. We are located in the beautiful central region of the Hudson Valley, NY with practice locations throughout Orange County, NY (Middletown, Newburgh, Monroe) as well as Sullivan County, NY (Rock Hill), and Rockland County, NY (West Nyack, Pomona, Suffern).

• COMPETITIVE SALARY WITH TRANSITION TO PRODUCTION AND ADDITIONAL COMPENSATION
• EMPLOYMENT WITH INTERMOUNTAIN HEALTHCARE • RELocations PROVIDED, UP TO $15K
• FULL BENEFITS THAT INCLUDE MEDICAL, DENTAL, VISION, & MORE
• COMPETITIVE SALARY WITH TRANSITION TO PRODUCTION AND ADDITIONAL COMPENSATION FOR MEETING QUALITY GOALS FOR MOST POSITIONS
• UNLESS OTHERWISE SPECIFIED, VISA SPONSORSHIP NOT AVAILABLE

UTAH & IDAHO: We are seeking physicians in the following specialties:

• OB/GYN
• Family Medicine
• Internal Medicine
• General Surgery
• Orthopedic Surgery
• Neurology
• Neurosurgery
• Ophthalmology
• Otolaryngology
• OB/GYN
• Rheumatology
• Cardiology
• Dermatology
• Endocrinology
• Gastroenterology
• Hematology & Oncology
• Infectious Disease
• Nephrology
• Neurology
• Ophthalmology
• Orthopedic Surgery
• Otolaryngology
• Pediatrics
• Physical Medicine & Rehabilitation
• Psychiatry
• Psychology
• Pulmonary & Critical Care Medicine
• Neonatology
• General Surgery
• Vascular Surgery
• Urology
• Urgent Care
• Two-room Endoscopy Suite
• Infusion Center
• Urgent Care
• Diagnostic Testing Services Including:
  • Clinical Laboratory
  • Diagnostic Imaging: MRI, CT, X-Ray, Ultrasound & Echocardiography
  • Women’s Imaging: Mammography, Ultrasound & Bone Density

www.crystalrunhealthcare.com

If interested contact: physicianrecruitment@crystalrunhealthcare.com

Sign up for FREE physician job alerts today!

Jobs for you, right to your inbox.

It’s quick and easy to set up and can give you a valuable edge in finding your next job. Simply set your specialty and location and we’ll automatically send you new jobs that match your criteria.

Get started now at: nejmcareercenter.org/alerts

Helping people live the healthiest lives possible

What are you looking for in a career? Is it a stimulating and challenging clinical position working with outstanding colleagues in state-of-the-art facilities? A location close to New York City attractions, while offering more affordable living and less congestion?

We look forward to hearing from you.

For more information and to meet the needs of Utah’s and Southern Idaho’s rapid growth, please visit PhysicianJobsIntermountain.org

If interested contact:

physicianrecruit@imail.org  |  800.888.3134  |  PhysicianJobsIntermountain.org

What are you looking for in a career? Is it a stimulating and challenging clinical position working with outstanding colleagues in state-of-the-art facilities? A location close to New York City attractions, while offering more affordable living and less congestion?

We look forward to hearing from you.

For more information and to meet the needs of Utah’s and Southern Idaho’s rapid growth, please visit PhysicianJobsIntermountain.org

If interested contact:

physicianrecruit@imail.org  |  800.888.3134  |  PhysicianJobsIntermountain.org
Atrius Health

Atrius Health is a well-established, Boston based, nonprofit healthcare organization and for over 50 years, we have been nationally recognized for transforming healthcare through clinical innovations and quality improvement.

At Atrius Health we are working together to develop and share best practices to coordinate organization and for over 50 years, we have been nationally recognized for transforming healthcare through clinical innovations and quality improvement.

Atrius Health is a teaching affiliate of Harvard Medical School/Tufts University School of Medicine and offer both teaching and research opportunities.

Our physicians enjoy close clinical relationships, superior staffing resources, minimal call, a fully integrated EMR (Epic), excellent salaries and an exceptional benefits package.

We have openings in the following specialties:

- Cardiology – Heart Failure
- Cardiology – Interventional
- Cardiovascular Surgery
- Family/Internal Medicine
- Gastroenterology
- General Surgery

Search or browse quality physician jobs by specialty and/or location.

Receive notification of new jobs that match your search criteria.

Save jobs with the touch of a button.

Email or tweet jobs to your network.

Apply for jobs directly from your phone!

To learn more about BMG and our current opportunities, visit BMGPhysicians.org, email your CV to bmgproviderrecruitment@baycare.org or call (813) 586-8237.

California Correctional Health Care Services is seeking proactive, knowledgeable psychiatrists to join our multidisciplinary teams. Within the California Department of Corrections and Rehabilitation’s facilities, you will find like-minded professionals well versed in the intricate psychiatric and medical interplay necessary to treat our diverse patient population. Here, you will see and develop treatment plans for cases you won’t encounter in any other practice. And with the support of our dedicated medical assistants, you’ll be able to devote your time to practicing and honing advanced psychopharmacological skills. Plus, with locations throughout California, you’re sure to find your perfect fit.

In return for your efforts, we offer:

- 40-hour workweek with flexible schedules, including 4/10s
- Generous paid time off and holiday schedule
- 401(k) and 457 plans (tax defer up to $39,000 - $52,000 per year)
- State of California retirement that vests in five years (visit CopERS.ca.gov for retirement formulas)
- $10,000 Thank You Bonus to professionals newly hired with the State of California
- Relocation assistance available to professionals newly hired with the State of California
- Paid insurance, license, and DEA renewal
- Visa sponsorship opportunities

Take the first step in joining one of our teams and contact LaTreese Phillips at (916) 691-4818 or CentralizedHiringUnit@cdcr.ca.gov.

You may also apply online at www.cchcs.ca.gov.

Visit our website at www.atriushealth.org, or send confidential CV to: Laura Schofield, 275 Grove Street, Suite 3-300, Newton, MA 02466-2275 E-mail: Laura_Schofield@atriushealth.org
The FDA’s Center for Biologics Evaluation and Research (CBER), Office of Tissues and Advanced Therapies (OTAT) is recruiting to fill multiple Physician positions. Apply today for this exciting career opportunity for qualified candidates with interest in the drug development, review of clinical trials, and critical interpretation of study design and clinical data analysis.

If you are a physician with primary care or specialty expertise in medicine and/or surgery, we are looking for you.

QUALIFICATIONS:
Must be U.S. citizen with Doctor of Medicine (M.D.), Doctor of Osteopathic Medicine (D.O.) or equivalent degree. Official transcripts will be required prior to appointment. Applicants must possess current, active, full, and unrestricted license or registration as a Physician from a State, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States and 5 years of graduate-level training in the specialty of the position to be filled or equivalent experience and training. U.S. Public Health Service Commissioned Corps Officers may also apply.

SALARY:
Salary will be commensurate with education and experience. An excellent federal employee benefits package is available. Team lead or supervisory positions may be filled through this advertisement, and candidates may be subject to peer review prior to appointment. Additional selections may be made within the same geographical area FDA-wide.

LOCATION:
Silver Spring, MD

HOW TO APPLY:
Submit electronic resume or curriculum vitae (CV) and supporting documentation to CBER.Employment@fda.hhs.gov. Supporting documentation may include: educational transcripts, medical license, board certifications. Applications will be accepted through June 30, 2020, although applicants will be considered as resumes are received. Please reference Job Code: OTAT-19-07-NEJ.

NOTE:
This position may be subject to FDA’s strict prohibited financial interest regulation and may require the incumbent to divest of certain financial interests. Applicants are strongly advised to seek additional information on this requirement from the FDA hiring official before accepting a position. A probationary period for first-time supervisors/managers may be required for supervisory positions.

DEPARTMENT OF HEALTH AND HUMAN SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER WITH A SMOKE FREE ENVIRONMENT

At Takeda, you will be empowered to deliver your best, every day

• MD degree, US board certified Gastroenterology
• 7 years of relevant clinical practice, research, academic and or Pharmaceutical industry experience
• Clinical research, publication activities, congress presentations and public speaking
• Based in Lexington, MA office
• Visit https://www.takedajobs.com/

Better Health, Brighter Future

WE’RE IN THIS TOGETHER

Clinicians are our most valuable resource
Thank you for your tireless efforts and dedication to safe, high-quality patient care.

TEAMHealth.
Empower yourself at teamhealth.com or call 866.694.7866

Empowering Our People to Shine
Secure a Fulfilling Practice and More Balanced Lifestyle.

Our experienced recruiters guide you every step of the way. Let them help you find practice opportunities that match your life and career needs.

Find Your Next Dream Job at:
jobs.jacksonphysiciansearch.com
866.284.3328