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September 5, 2019

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Eric J. Rubin, MD, PhD

Demystifying Urban Versus Rural Physician Compensation

Salary Differences Are Minimal, but Incentives and Perks Might Make Rural Opportunities More Attractive

By Bonnie Darves

In physician recruiting, the basic principle of supply and demand has always been a contributing factor in the ultimate compensation package that job-seeking physicians are offered; and the prevailing thinking is that the harder it is to recruit to a location, the more likely it is that newly trained physicians who accept opportunities there will earn more than their urban counterparts.

Even though that might be the case for some opportunities in rural areas — defined variably in the market as either a population of 20,000 or fewer or up to 50,000 and fewer — it's not that straightforward. And where a differential does exist that positions a rural practice opportunity as more financially lucrative than a comparable urban one, the compensation difference might not be as significant as some young physicians think. Recruiting professionals and consultants who help organizations structure physicians' compensation packages concur that while physicians who consider rural opportunities will surely be wooed, welcomed, and financially accommodated to the extent that hiring organizations are able, they shouldn't expect a bonanza.

In other words, urban myths — that physicians who take a rural opportunity in the Plains region will start out earning 25 to 30 percent more annually than their colleagues in Chicago are just that: myths. The reality, according to Patrice Streicher, senior operations manager in Vista Staffing's permanent search division, is that the difference will be more in the neighborhood of 5 to 10 percent. "I can say on the record that, based on what we're seeing, the difference will be minimal — maybe 10 percent at the most — between compensation in a rural versus urban or mid-sized community." And the salary component of the offer is pretty much the same, regardless of the location, said Ms. Streicher, a National Association of Physician Recruiters board member.

"Five years ago, the rural offers might have had much higher salaries and different structures than urban ones, but with the growth of telemedicine and other market developments, that's no longer the case," she said.

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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 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.”

 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.

Outside the Fold: Exploring Nonclinical Work Opportunities for Physicians

By Bonnie Darves

Most physicians go into medicine fully expecting to spend their careers in patient care, and the vast majority do just that for three decades or so. Some physicians, however, might decide that they want to expand or alter their horizons — or even leave clinical practice altogether — by pursuing other types of work. Twenty years ago, it might have been difficult to make a major transition from patient care to nonclinical work. That’s not the case anymore. Within the health care realm generally, there are many kinds of nonclinical work available, and much of that work can be done on either a part-time or full-time basis.

Residency-trained physicians, particularly those who have spent at least three to five years in patient care, find many nonclinical avenues where their skills and experience might yield gratifying work. Common areas where such jobs are plentiful include pharmaceutical drug development and consulting, medical technology and informatics, health insurance and utilization management, and within regulatory agencies. Public health, education, and hospital leadership also offer numerous nonclinical opportunities, as do nonprofit organizations. In addition, “side gigs” abound in chart review, expert witness work, and, of late, in biotechnology and the ever-growing health care business and technology startup sectors. Still others find gratifying, if not necessarily highly compensated, work in medical writing.

The reasons that physicians choose to explore nonclinical work are myriad, but the key ones are a desire to seek new challenges or the awakening that full-time patient care isn’t the best fit. In some cases, physicians pursue nonclinical work almost by happenstance, when they’re exposed to something in the course of their clinical practice or are trying to figure out their own next move.

That’s what happened for Heather Fork, MD, a dermatologist turned career coach. Although she liked dermatology, after a decade in the field she decided that she needed to find a different way to help people. That led her to become a master certified coach and, eventually, to focus on physicians. Today, Dr. Fork operates The Doctor’s Crossing, a Texas firm that counsels physicians seeking to invigorate their careers or transition to nonclinical pursuits.

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Dr. Fork encourages physicians to explore new career options if they're feeling stuck or less than gratified with patient care, but she cautions them to ensure they're not just running away from something. "Before making any changes, I always recommend doing everything you can at your current position to make things better. Part of this process involves gaining clarity on what is and isn't working," she said. For some physicians, she explained, that process leads them to the realization that if they can work fewer hours and have more flexibility, their current job is actually okay. For others, who might be in a toxic environment, the solution might be finding a better practice setting. "A thorough self-assessment might also reveal that medicine was never the right fit to begin with, and that a new path is in order. Taking on new challenges and interests, either in medicine or outside medicine as a sideline or hobby, can help feed the mind and spirit," she said.

Following interests to find nonclinical opportunities

Yasmine S. Ali, MD, a cardiologist at Vanderbilt University in Tennessee, was struggling with her decade-old career when she decided to shake it up by parlaying two of her longtime interests — writing and preventive medicine — into two new ventures. Today, as president of LastSky Writing, LLC, Dr. Ali works with individuals and companies seeking medical consulting and writing services across a broad range of health and wellness areas. She also helps physicians launch their own writing careers, and now operates a preventive medicine practice. "In my cardiology practice, I felt like I was doing a lot of damage control, so I decided to pursue my interest in preventive medicine by starting my own practice and writing about health and wellness," said Dr. Ali.

Today, Dr. Ali serves as chief editor of the atherosclerosis and congenital heart disease sections at Medscape. She also writes for pharmaceutical and nutrition companies, and she writes and speaks frequently on wellness and disease risk prevention. "It took me a long time to realize that I could help patients in other ways," she said. "I've discovered the power of writing to expand my impact, and it's been very gratifying."

Nisha Mehta, MD, a radiologist in Charlotte, North Carolina, like Dr. Ali, turned the concept of exploring nonclinical opportunities into her own business. She founded and operates a Facebook forum called Physician Side Gigs, a three-year-old venture that now has 38,500 physician members.

"It's a very active forum. It draws physicians who want to learn about business or finance or are looking to shift direction to pursue nonclinical opportunities or something they're passionate about. Some simply want to supplement their income or pay off their loans faster," said Dr. Mehta, by exploring opportunities in real estate or investing, for example. "What our group says, I think, is that it's OK not to want to be a traditional doctor. We try to connect physicians to opportunities, regardless of whether they're related to the physician market." Overall, the forum has evolved as a vibrant networking forum, she adds, that connects physicians from across the specialties.

In Dr. Mehta's case, Physician Side Gigs provides a revenue stream from public speaking and other activities associated with the forum. She practices full time at the VA. "For me personally, I think that my Sides Gigs venture is actually promoting my career longevity. It has enabled me to pursue something fulfilling in a different way," she said.

Straddling clinical and nonclinical realms

Hodon Mohamed, MD, a Michigan obstetrician-gynecologist, also moves between clinical and nonclinical work. She still practices two shifts a week as an OB/GYN hospitalist but has pursued a handful of sidelines in recent years, as a medical director, in utilization management, and as a career coach for physicians. "I enjoy my specialty, but I was definitely feeling the burn from the system," she says. "I wanted to try something new."

Dr. Mohamed has enjoyed all her side gigs but finds the coaching — she focuses on physicians in transition — especially rewarding. "I have found that as physicians, we don't really talk to each other about the issues we experience in our lives. That's why I really enjoy helping physicians find their passions beyond medicine, whether they stay in clinical practice or not," she said.

Some physicians decide to make the transition to nonclinical in a relatively rapid fashion. Ophthalmologist Frances Cosgrove, MD, did that when she moved from clinical practice to the pharmaceutical sector about a year ago. Today, she is a clinical case manager and medical reviewer in the Global Patient Safety division for Eli Lilly and Company in Indiana. As she tells it, she had reached a juncture in her medical career, after nearly a decade in practice, where she wasn't sure she wanted to spend another 20 years doing essentially the same thing. She started out by doing contract work

in the pharmaceutical field and found she liked it, then took the job at Eli Lilly.

The focus of her work now is looking at side effects and adverse events that might be associated with drugs that are either in development or already on the market, performing pharmacovigilance. It's been a good move, even if it required substantial adjustment. "It's been a while since I learned a whole new culture — one that's very different than the one I knew. And I've enjoyed it," she said. "I've been very impressed, too, by all the continuous learning opportunities in the industry." She also appreciates the fact that it's a Monday–Friday job. "No more nights and weekends," she said.

Physicians who move into nonclinical work often do so for a combination of professional and personal reasons. Family medicine physician Lisa Ho, MD, was looking for more flexibility in her work life — she has four children — than a breakneck-paced practice would permit, without losing a connection to patients. She found it in a mixed portfolio of part-time jobs, as a Social Security disability consultant, nursing home reviewer, and Medicaid utilization management specialist. "I still get the chance to work as a doctor, but I'm not tied to an 8–5 — or sometimes 8–10! — job, and I get to work from home. The jobs are flexible, and I can choose my hours and the amount of work I do," Dr. Ho said. "What I like best is that what I do is necessary, because I think we all realize that resource utilization is important."

Gauging income potential in nonclinical work

Dr. Ho has also found that nonclinical work does not, as a rule, pay less than clinical work. "I think a lot of physicians think that they'll take a pay cut, but that's not necessarily the case," she said. Other sources interviewed for this article concurred. What physicians will — or potentially can — earn in nonclinical work depends on several factors. These range from their time in practice, to their specialty, to their skills sets and their ability to wax entrepreneurial when the opportunity arises.

Some nonclinical jobs' compensation is on par with a physician's salary, Dr. Fork reported, while other jobs may be lower earning and still others, significantly higher. For example, entry-level jobs in health insurance, utilization management, the pharmaceutical industry, and physician-advising pay between \$160,000 and \$300,000, but there can be considerable upside income potential as physicians advance, Dr. Fork and other sources said.

Further, physicians who obtain business, health administration, or clinical informatics degrees are likely to find themselves in high demand and with the potential to command very good salaries. Those in highly compensated specialties such as surgery, however, might need to prepare for a drop in income, Dr. Fork said.

Testing the nonclinical waters, over time

Following personal and professional interests where they lead, in an incremental fashion, is a prudent way to find a new career path, some physicians contend. That's how a long-term journey from patient care-focused practice to clinical informatics evolved for pediatrician Feliciano "Pele" Yu, MD, chief medical information officer at Arkansas Children's Hospital in Little Rock. He began his transition nearly two decades ago, when he became interested in computers, learned to code, and developed a "miniature" electronic medical record (EMR) for his practice. Over the ensuing years, while still practicing pediatrics, he did a fellowship in health services research via a National Institutes of Health award and picked up degrees in public health and health informatics.

Today, Dr. Yu works in a full-time administrative role in which he focuses on the intersection of health informatics, outcomes research, and quality of care. Although he misses direct patient care, in his view he is still involved by extension. "I truly feel that I am still taking care of patients, but in a different way now," he said, "and it's an exciting time for clinical informatics." From an informal sideline that once attracted a handful of "geeky" physicians, clinical informatics is now an American Board of Medical Examiners-designated specialty, and there are 33 ACGME-accredited programs.

For physicians who are interested in informatics but don't want, or aren't ready to leave their practice positions, there are avenues, paid and volunteer, to explore the field part time, Dr. Yu said. Health care organizations of all sizes are seeking physicians who can act as subject-matter experts (SMEs) to help them optimize their existing EMRs and information systems to improve quality and extract useful data. He also recommends attending informatics conferences (or devoted presentations or tracks at specialty conferences). In addition, medical software and information systems vendors are often looking for physicians to act as SMEs or consult on their products.

“There are plenty of opportunities for physicians to pursue their interests or check out the field,” Dr. Yu said. He added that physicians working in informatics full time are also happy to connect with young physicians.

Like Dr. Yu, Jeffrey Grice, MD, also took the long road to his nonclinical career. As medical director for member experience and branding for Kaiser Permanente in Washington, the Seattle-based obstetrician-gynecologist has held numerous leadership roles over the years. He helped build a women’s cancer department, served as department chair and later chief of medicine, and then, in 2015, took a senior role in corporate human resources and compliance in Kaiser’s California headquarters before taking his current position. He reluctantly stepped away from part-time clinical practice because it just wasn’t feasible to continue, but Dr. Grice finds that his current work still provides the satisfaction that he is helping patients.

“In a typical week, I’ll bounce from working with the marketing and branding team, to analyzing data on our performance, to spending time with a patient who experienced a complication of surgery and didn’t feel supported enough,” Dr. Grice said. He urges young physicians to try something new every seven to 10 years, to challenge themselves intellectually and keep their professional lives fresh. He also counsels physicians to rejuvenate themselves by looking first for opportunities around them, whether that is working on a committee that interests them, engaging in quality improvement, doing peer review, or taking leadership courses. “It’s helpful to start by looking for an unmet need that interests you and taking it from there,” he said.

Be prepared for pushback

One issue that physicians contemplating nonclinical work face is concern about what their colleagues — especially their mentors — will think. That’s a valid consideration, but it shouldn’t deter physicians from seeking another path. The thing to keep in mind, Drs. Ali and Mohamed said, is that being true to yourself is a lot more important than reacting to what others say or think. That response, in most cases, will be fleeting, as most physicians are more focused on their own careers than those of a former residency or clinical colleague.

“At first, there was a reaction of surprise to what I was doing, and then the conversation began to go in a different direction. People started asking questions,” Dr. Ali said. “The thing to remember is that when people

appear to question what you’re doing, it’s really more about their perceptions and opinions than it is about you.”

“There will be some backlash — but you’ll get over it,” Dr. Hodon said. “I think that will change, though. The younger generation of physicians is saying ‘this is my life, and I should do what I find gratifying.’”

Physicians who enter leadership nonclinical roles, whether early or mid-career, might also face opposition from colleagues, whether that sentiment is uttered or not, Dr. Grice admitted. “Unfortunately, there’s still a bit of the us-versus-them mentality, that physicians who go into leadership in nonclinical roles have ‘gone to the dark side.’ You have to remember that the work you are doing still benefits patients, but in a different way,” he said.

Planning the transition

The physicians interviewed for this article offered a range of helpful tips for their colleagues who are considering moving into nonclinical work on a part-time or full-time basis. Here are a few:

Thoroughly explore your options — and your motivations. Dr. Fork recommends that physicians spend considerable time looking at what’s out there in the way of nonclinical work, by visiting social media sites (see Resources) and doing research. “It’s also very important to talk to someone who doesn’t have an agenda to help you sort out your thoughts and feelings,” Dr. Fork said. “A trusted colleague or mentor can be helpful. What’s not helpful is talking with physicians who are very negative about their situation but are unwilling to do anything about it.”

Start networking and keep doing it. Physicians tend to underestimate both the importance and value of networking when they’re considering any kind of shift, Dr. Cosgrove said, but it’s critically important. “I think many physicians are concerned about saying out loud that they want to make a change, but every time I reached out and heard someone’s story or sought their counsel, it made me feel a bit better about what I was considering,” she said.

Don’t quit your day job — yet — and don’t expect greener pastures. Physicians considering leaving clinical medicine altogether should plan on a minimum two-year transition timeframe, according to Dr. Hodon. They should also be prepared to invest in themselves by gaining skills during that period

CLINICAL PRACTICE

Caren G. Solomon, M.D., M.P.H., *Editor*

Measles

Peter M. Strebel, M.B., Ch.B., M.P.H., and Walter A. Orenstein, M.D.

This Journal feature begins with a case vignette highlighting a common clinical problem. Evidence supporting various strategies is then presented, followed by a review of formal guidelines, when they exist. The article ends with the authors' clinical recommendations.

A 38-year-old man presents to his primary care physician with a 3-day history of fever and cough. He is a father of two children, his wife is pregnant, and he has a history of recent travel outside the United States. The physical examination is notable for a body temperature of 39°C, conjunctivitis, and rhonchi on chest auscultation. The physician suspects bronchitis and prescribes antibiotic agents. Two days later, the patient returns with a red blotchy rash over his face and trunk. The physician becomes concerned about the possibility of measles. How should this case be further evaluated and managed? How might measles have been prevented, and what can be done to prevent the spread of the disease within the patient's family and community?

THE CLINICAL PROBLEM

MEASLES VIRUS IS ONE OF THE MOST HIGHLY CONTAGIOUS HUMAN pathogens known. In a 100% susceptible population, a single case of measles results in 12 to 18 secondary cases, on average.¹ Two doses of measles-containing vaccine is the standard of care for the prevention of measles.²

MEASLES IN THE UNITED STATES

Measles vaccine was first licensed in the United States in 1963, after which the incidence of measles declined rapidly (Fig. 1). Measles was certified as eliminated in the United States (i.e., no sustained transmission for >1 year) in 2000.³ Strategies for elimination included achieving and maintaining very high coverage with two doses of measles-containing vaccine, implementation of vaccination requirements for school attendance in every state, sensitive laboratory-supported surveillance, and rapid outbreak detection and response.⁴

Although the incidence of measles has remained lower than 1 case per million population, an analysis of confirmed cases in the United States between 2001 and 2015 showed that importations were leading to progressively more transmission in the United States, particularly among unvaccinated persons.⁵ From 2001 to 2016, a median of 28 imported cases of measles were documented each year (range, 18 to 80); among the persons with imported cases, 62% were U.S. residents and 87% were unvaccinated or had an unknown vaccination status.⁶ Since 2016, a year in which 86 cases of measles were confirmed in the United States, the annual number of cases has increased. The number of cases reported so far this year (1077 as of June 20, 2019) is greater than the number reported in any entire year since measles was declared eliminated in 2000 and, in fact, exceeds the number of cases in any entire year since 1992 (Fig. 1). The high number of cases in 2019 is heavily

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and finding people in the envisioned pursuit to guide them. Dr. Fork adds that physicians should really ensure that they're not running away. "Doing an honest self-assessment about what you truly want [from a] job and what would be a good match for your personality, skills, and interests is a key part of avoiding career-change mistakes. You don't want to end up in a remote nonclinical job that doesn't interest you and where you're tied to a computer," she said.

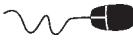
Resources

Nonclinical careers podcast: <https://vitalpe.net/pnc-podcast>

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KEY CLINICAL POINTS

MEASLES

- Clinicians should suspect measles in persons who have a febrile illness with rash, especially if they lack documentation of measles vaccination, have recently traveled overseas, or are part of a community with low vaccine acceptance.
- Clinical specimens (e.g., serum and nasopharyngeal swab) for laboratory confirmation should be obtained from all patients suspected to have measles at their first contact with a health care provider.
- All suspected cases of measles should be reported immediately to the local or state health department without waiting for diagnostic test results.
- U.S. travelers to other countries account for a high proportion of imported cases of measles, which emphasizes the importance of measles vaccination of U.S. residents who are 6 months of age or older before international travel.
- Serious adverse events after measles–mumps–rubella vaccination are rare and much less common than those associated with natural measles infection.
- Clinicians play a critical role in managing parental concerns about vaccination and in maintaining trust in vaccines.

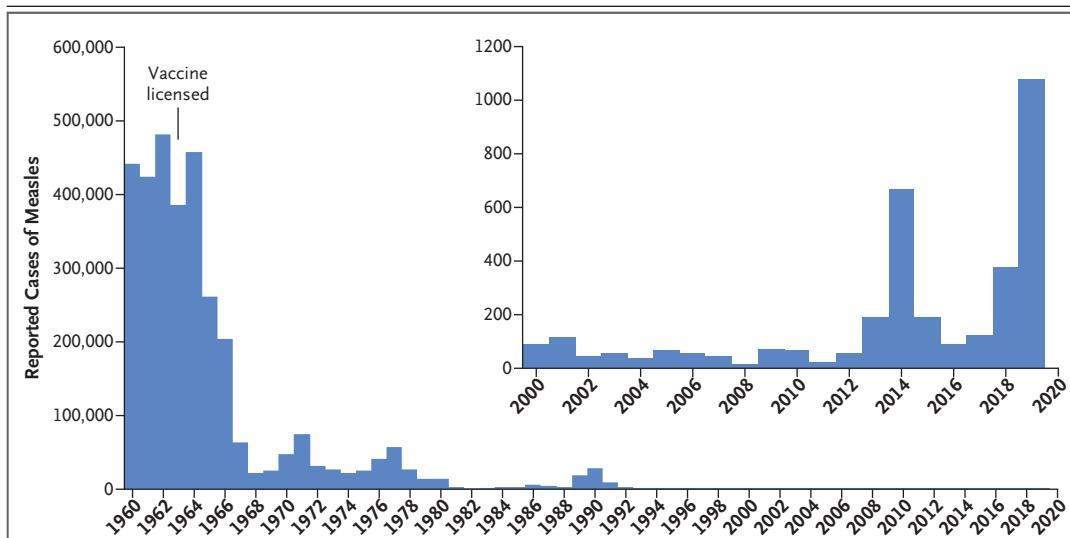


Figure 1. Numbers of Cases of Measles Reported Each Year, United States, 1960–2019.

The inset shows data from the Centers for Disease Control and Prevention (www.cdc.gov/measles/cases-outbreaks.html) on the numbers of cases of measles during the period from 2000 through June 20, 2019. In general, numbers of reported cases are an underestimate of true numbers of cases because of underdiagnosis and underreporting.

influenced by three outbreaks that started in late 2018 — one in Washington State and two in New York — in close-knit, underimmunized communities.⁷ These outbreaks are linked to travelers who brought measles back from other countries such as Israel, Ukraine, and the Philippines, where large measles outbreaks are occurring. The Centers for Disease Control and Prevention (CDC) reported that an important factor contributing to the outbreaks in New York is misinformation in the communities about the safety of the measles–mumps–rubella (MMR) vaccine.⁸

MEASLES GLOBALLY

Between 2000 and 2017, the global annual incidence of reported cases of measles declined by 83%, from 145 to 25 cases per million population. In 2017, it is estimated that there were 109,000 deaths from measles worldwide, down from 545,000 in 2000; cumulatively during this period, as compared with no measles vaccination, measles vaccination prevented an estimated 21.1 million deaths.⁹ Recent increases in the incidence of measles in the United States and other industrialized countries are part of a global

upswing in reported cases of measles that began in 2018 and is continuing into 2019. Countries with the largest numbers of reported cases over the most recent 6-month period include Madagascar, Ukraine, India, Brazil, Philippines, Venezuela, Thailand, Kazakhstan, Nigeria, and Pakistan.¹⁰ Although the vast majority of cases worldwide occur in countries with weak health systems, vaccine refusal is emerging as a risk factor for measles outbreaks, and the World Health Organization (WHO) has identified vaccine hesitancy as one of the top 10 global health threats in 2019.¹¹

All six WHO regions have the goal of measles elimination by or before 2020. The Americas is the only region that had been verified to be free of endemic measles. However, an outbreak of measles that started in Venezuela in 2017 is still ongoing, indicating that endemic measles transmission has been reestablished in the Americas.¹²

STRATEGIES AND EVIDENCE

CLINICAL PRESENTATION

Measles is an acute viral illness that starts with a prodromal phase, lasting 2 to 4 days, of fever and at least one of the “three Cs” (cough, coryza, and conjunctivitis), similar to any upper respiratory tract infection.¹³ The characteristic measles rash — an erythematous maculopapular exanthem — appears 2 to 4 days after the onset of fever, first on the face and head and then on the trunk and extremities; it may be confluent on the face and upper body (Fig. 2). During the ensuing 3 to 5 days, the rash in different parts of the body fades in the order in which it appeared, and full recovery occurs within 7 days after rash onset in uncomplicated cases. Koplik spots, small bluish white plaques on the buccal mucosa, are present in up to 70% of cases and are considered pathognomonic of measles; they may appear 1 to 2 days before the onset of rash and may be present for an additional 1 to 2 days after rash onset (Fig. 2).¹⁵

Complications associated with measles infection in industrialized countries include otitis media (7 to 9% of patients), pneumonia (1 to 6%), diarrhea (8%), postinfectious encephalitis (approximately 1 per 1000), subacute sclerosing panencephalitis (a progressive degenerative disease with onset usually 5 to 10 years after acute measles; approximately 1 per 10,000), and death (approximately 1 per 1000). The risk of complications is increased among infants, adults older

than 20 years of age, pregnant women, undernourished children (particularly those with vitamin A deficiency), and persons with immune suppression (e.g., cancer or human immunodeficiency virus [HIV] infection). An acute progressive encephalitis (measles inclusion-body encephalitis¹⁶) and a characteristic giant-cell pneumonia (Hecht’s pneumonia¹⁷) are two especially severe complications that may occur in rare cases in persons with immune suppression.

Measles runs a more devastating course in children in developing countries, a phenomenon related to undernutrition, overcrowding, and lack of access to care, with mortality as high as 1 to 15%.¹⁸ Measles infection during pregnancy is associated with an increased risk of complications, including miscarriage, preterm birth, neonatal low birth weight, and maternal death.¹⁹

DIAGNOSIS

Whereas a typical case of measles is easily recognized during outbreaks, the clinical diagnosis is challenging to many clinicians who have not seen measles and in patients who present before the onset of rash or whose rash is less apparent (e.g., infants with residual maternally acquired antibodies, previous receipt of immunoglobulin, or vaccination after exposure). The typical measles rash may be absent in persons with impaired cell-mediated immunity.²⁰

The differential diagnosis includes rubella, dengue fever, parvovirus B19 infection, human herpesvirus 6 infection, and other infections, as well as reactions to measles vaccine. The measles case definition recommended by the CDC (i.e., generalized maculopapular rash, fever [body temperature, $\geq 38.3^{\circ}\text{C}$], and cough, coryza, or conjunctivitis [or a combination of these symptoms]) has a high sensitivity (75 to 90%) but a low positive predictive value in low-incidence settings, indicating the need for laboratory confirmation.²¹

The most common laboratory method for confirming measles is detection of measles virus-specific IgM antibodies in a blood specimen (sensitivity, 83 to 89%; specificity, 95 to 99%).²² These antibodies are not detectable in approximately 25% of persons within the first 72 hours after rash onset but are almost always present after 4 days of rash. A real-time polymerase-chain-reaction (PCR) assay for measles virus RNA in urine, blood, oral fluid, or nasopharyngeal spec-



Figure 2. Manifestations of Measles in Children.

Panel A shows an infant with measles conjunctivitis and rash. Patients with measles rash are shown in Panels B, C, and D. In Panel B, pigmentation and desquamation of the measles skin rash (complications that are most often seen in undernourished children) are visible; these signs are evident approximately 5 days after the onset of rash and may continue for weeks. Panel E shows a patient with Koplik spots on the buccal mucosa. Panels A and D were provided by M. Bring of the World Health Organization (WHO), Panel B by the WHO,¹⁴ Panel C by U. Sharapov of the Centers for Disease Control and Prevention (CDC), and Panel E by the Office of the Associate Director for Communications, Division of Public Affairs, CDC.

imens can identify infection with a sensitivity of 94% and a specificity of 99%²³ before measles IgM antibodies are detectable, and it allows geno-

typing of the measles virus, which is useful for tracking virus importations and spread.²⁴ All cases of suspected measles should be reported

immediately — without waiting for diagnostic test results — to the local or state health department, which can assist with obtaining tests and take actions to minimize spread of virus.

MANAGEMENT

Because there is no specific antiviral medication available, treatment of measles consists of supportive therapy to prevent dehydration and, in some cases, to treat nutritional deficiencies, as well as early detection and treatment of secondary bacterial infections such as pneumonia and otitis media. High doses of vitamin A have been shown to decrease mortality and the risk of complications in young children hospitalized with measles in developing countries.²⁵ In the United States, children with measles have been found to have low levels of serum retinol, and levels tend to be lower among those with more severe illness.²⁶ The American Academy of Pediatrics (AAP) recommends vitamin A administration for all children with severe measles (e.g., requiring hospitalization), with the use of the following age-specific doses: 200,000 IU for children 12 months of age or older; 100,000 IU for infants 6 to 11 months of age; and 50,000 IU for infants younger than 6 months.²⁷ A third age-specific dose should be given 2 to 4 weeks later to children who have clinical signs and symptoms of vitamin A deficiency. In addition, vitamin A therapy should be administered to children with measles who have immunosuppression, have clinical evidence of vitamin A deficiency, or have recently immigrated from areas with a high mortality from measles. Antibiotics, in the absence of pneumonia, sepsis, or other signs of a secondary bacterial complication, are generally not recommended.²⁸ To prevent nosocomial transmission, patients who are suspected to have measles should be triaged in outpatient settings, and hospitalized patients with measles should be isolated with precautions to prevent airborne transmission.²⁷ Patients with measles are infectious from 4 days before to 4 days after the onset of their rash.

POSTEXPOSURE PROPHYLAXIS

Measles vaccine given within 72 hours after measles exposure, or human immune globulin given up to 6 days after exposure, can prevent or attenuate disease in susceptible persons.²⁹ In household or classroom settings in which the timing

of first exposure can be determined, prophylaxis has been shown to be highly effective (up to 90% after vaccine³⁰ and 95% after immune globulin³¹). Measles-containing vaccine should be considered for all exposed persons who do not have contraindications and who have not been vaccinated or have received only one dose of vaccine.

Administration of immune globulin is particularly critical for patients who are at risk for severe disease, including infants younger than 12 months of age, pregnant women without evidence of measles immunity, and severely immunocompromised persons. The Advisory Committee on Immunization Practices recommends a dose of 0.5 ml per kilogram of body weight administered intramuscularly for persons with a body weight of up to 30 kg and a dose of 400 mg per kilogram intravenously for persons weighing more than 30 kg.²⁹ Because the immunity to measles conferred by administration of immune globulin is temporary, persons who receive immune globulin should subsequently receive MMR vaccine, administered no earlier than 6 months after intramuscular immune globulin or 8 months after intravenous immune globulin.

Severely immunocompromised patients (e.g., bone marrow transplant recipients, as well as persons who have acquired immunodeficiency syndrome or HIV infection with severe immunosuppression and those who have not received MMR vaccine since receiving effective antiretroviral therapy) who are exposed to measles should receive prophylaxis with intravenous immune globulin regardless of their immunologic or vaccination status, because they might not have been protected by vaccination.²⁹

VACCINE EFFECTIVENESS

Field studies of the effectiveness of the measles vaccine have found high effectiveness after one dose administered at the age of 12 months or later (median effectiveness, 93%; range, 39 to 100) and even higher effectiveness after two doses (median, 97%; range, 67 to 100).²⁹ The WHO recommends two doses of measles-containing vaccine as the standard of care for the prevention of measles in all countries.² Two doses are needed to reach herd-immunity thresholds and terminate transmission. Vaccine-induced immunity is probably lifelong in the vast majority of vaccinees.³²

Table 1. Comparison of the Risk of Complications Associated with Measles and the Risk of Serious Adverse Events after Measles Vaccination.*

Complication or Serious Adverse Event	Risk after Natural Disease†	Risk after Vaccination‡
Otitis media	7 to 9 per 100	0
Diarrhea	8 per 100	0
Pneumonia	1 to 6 per 100	0
Subacute sclerosing panencephalitis	4 to 11 per 100,000	0
Encephalitis	0.5 to 1 per 1000	<1 per 1,000,000
Death	Approximately 1 per 1000 (1 to 15 per 100 in developing countries)	0
Febrile seizure	—§	1 per 3000
Thrombocytopenic purpura	—§	1 per 30,000
Anaphylaxis	0	2 to 14 per 1,000,000

* Information is from the Institute of Medicine³⁵ and Pless et al.³⁶

† Risk is expressed as the number of events per number of cases of measles.

‡ Risk is expressed as the number of events per number of vaccine doses administered.

§ Complication has been described in measles case reports, but the risk is not well quantified.

VACCINE SAFETY

After 50 years of licensure and with more than 100 million doses administered worldwide each year since 2000, measles-containing vaccines have a well-established safety record. The MMR vaccine has an acceptable side-effect profile. Adverse events include fever (<15% of recipients), transient rashes occurring 7 to 12 days after vaccination (5%), transient lymphadenopathy (5% of children and 20% of adults), parotitis (<1%), and aseptic meningitis (1 to 10 per million).^{33,34} Serious adverse events are rare and much less common than the risks associated with natural measles infection; these include anaphylaxis (2 to 14 cases per million doses), febrile seizures (1 case per 3000 doses), thrombocytopenic purpura (1 case per 30,000 doses), and measles inclusion-body encephalitis in persons with demonstrated immunodeficiencies (Table 1).^{35,36} The rubella component of MMR can cause transient arthralgia or arthritis, primarily in susceptible postpubertal female patients.

Antivaccine groups continue to postulate that the MMR vaccine may be a cause of inflammatory bowel disease and autism on the basis of a case series published in 1998 that was later retracted because of falsification of clinical information.³⁷ Subsequent laboratory and epidemiologic studies have not supported an association between the MMR vaccine and these conditions.^{38,39}

GENERAL RECOMMENDATIONS FOR MEASLES

VACCINATION

Measles-control programs throughout the world have shown that measles is eliminated if national immunization schedules are fully implemented and high vaccination coverage is achieved and maintained, whereas measles outbreaks occur when populations are not adequately vaccinated. The U.S. recommendations²⁹ are shown in Table 2; schedules for other countries can be found at http://apps.who.int/immunization_monitoring/globalsummary/schedules.

In addition to ongoing vaccination of new birth cohorts, prevention of measles outbreaks requires the identification and vaccination of persons who are at high risk on the basis of exposure or contact frequency (e.g., school-attending children, college students, international travelers, and health care workers) and others who are more likely to have missed both vaccination and natural infection, such as persons from underserved or geographically or socially isolated communities.

In the United States, the only measles-containing vaccines are the MMR vaccine and the combined measles–mumps–rubella–varicella (MMR-V) vaccine. The CDC recommends that the MMR and varicella vaccines be administered separately for the first dose, but they can be given as the MMR-V for the second dose.²⁹ MMR is the vaccine of choice for the prevention of measles in

Table 2. Summary of Measles Vaccination Recommendations in the United States.*

Age Group	Vaccination Recommendation
Preschool children	
Routine childhood schedule	First dose at 12 to 15 months (MMR vaccine); second dose at 4 to 6 years (MMR-V vaccine)
Outbreak settings or before international travel	First dose may be given as early as 6 months, with repeat of first dose at 12 months; second dose given as early as 13 months†
HIV infection	First dose at 12 months; second dose given as early as 13 months‡
Schoolchildren and adolescents	All children in kindergarten through 12th grade should have documentation of two doses of MMR unless they have other evidence of immunity§
Adults (≥18 years of age)	Documentation of receipt of at least one dose of MMR unless they have other evidence of immunity§
High-risk settings	Students and staff in colleges and other post–high school educational institutions, persons working in health care facilities, and international travelers should have documentation of receipt of two doses of measles vaccine unless they have other evidence of immunity§

* Information is from McLean et al.²⁹ All recommendations exclude persons for whom measles vaccination is contraindicated. MMR denotes measles–mumps–rubella, and MMR-V measles–mumps–rubella–varicella.

† Clinicians should wait at least 28 days after any dose before giving a subsequent dose.

‡ Revaccination is recommended for persons with perinatal human immunodeficiency virus infection who were vaccinated before establishment of effective antiretroviral therapy (ART) with two appropriately spaced doses of MMR vaccine after effective ART has been established.

§ Other evidence can include birth before 1957 or laboratory confirmation of disease or laboratory evidence of immunity.

adolescents and adults and in infants 6 to 11 months of age who are at increased risk for exposure (e.g., during outbreaks or international travel) (Table 2). Recommendations regarding acceptable evidence of immunity are available to guide decisions about who should or should not be vaccinated against measles (Table 3).

AREAS OF UNCERTAINTY

Antiviral agents (e.g., ribavirin and interferon) have been used to treat severely affected and immunocompromised patients with measles, and positive outcomes have been reported.⁴¹ However, randomized controlled trials are lacking, and ribavirin is not licensed by the Food and Drug Administration for the treatment of measles. Further research is needed to determine the benefits and risks of antiviral agents in the treatment of severe cases of measles.

Although measles meets the criteria for a disease that can be eradicated, strategies are needed to increase and maintain uptake of recommended vaccine schedules. Study is needed of new vaccine-delivery technologies (e.g., microarray patches) or new vaccines that could improve on the current two-dose strategies.

GUIDELINES

Guidelines have been published by the AAP²⁷ and the WHO¹⁴ on management of measles and by the CDC²⁹ and the WHO² on the use of measles vaccine and immune globulin. The recommendations in the present article are concordant with these guidelines.

CONCLUSIONS AND RECOMMENDATIONS

Clinicians should suspect measles in an infant, child, adolescent, or adult who has a febrile rash illness, especially if the person lacks documentation of measles vaccination, has traveled overseas (as the patient described in the vignette did) or is part of a community with low vaccine acceptance. Once measles is suspected, the clinician should immediately contact the state or local health department, which can provide advice regarding clinical specimens for laboratory diagnosis, treatment of household contacts, and follow-up of contacts to determine the need for vaccine or immune globulin. If the patient's wife, who is pregnant, lacks evidence of immunity to measles, she should receive intravenous immune globulin

Table 3. Centers for Disease Control and Prevention Recommendations for Acceptable Evidence of Immunity to Measles in the United States.*

Type of Evidence	Age Group	Comments
Written documentation of vaccination with live measles-containing vaccine	Preschool-age children (documentation of one dose) School-age children, kindergarten through 12th grade (documentation of two doses) Adults not at high risk (documentation of one dose) Adults at high risk (documentation of two doses)	Date of vaccination should appear on the vaccination card or in medical records. Adults at high risk include all students in post-high school educational institutions, health care personnel, and international travelers.
Laboratory evidence of immunity	All ages	Immunity is indicated by positivity for measles IgG.
Laboratory evidence of prior measles	All ages	A previous case of measles should have been confirmed by measles IgM positivity, IgG seroconversion or a substantial increase in measles IgG between acute- and convalescent-phase serum specimens, or a positive PCR result.
Date of birth	Born before 1957	Persons born before 1957 are assumed to have acquired measles during childhood and therefore to be immune.

* Information is from McLean et al.²⁹ and Gastanaduy et al.⁴⁰ Persons who do not have at least one of the criteria listed should be vaccinated. PCR denotes polymerase chain reaction.

because of the complications of measles in pregnancy and the hypothetical risk of live vaccines during pregnancy.⁴² If either of the patient's children are unvaccinated or have received only one dose, they should be vaccinated with the MMR vaccine as soon as possible. To avoid further spread of measles in his community, the patient should be isolated at home for 4 days after the onset of his rash.

To minimize the risk of new cases and outbreaks, clinicians should advise patients who are planning international travel about indications for measles vaccination. With the increasing spread of inaccurate information regarding vac-

cine-associated risks on social media, clinicians play a key role in responding to questions from patients regarding the rationale for, and safety of, the MMR vaccine, as well as in maintaining trust in vaccination among their patients and their families. Comprehensive guidance for clinicians about managing parental concerns about vaccination is available in a recent AAP publication⁴³ and in online material from the CDC (www.cdc.gov/measles/index.html).

No potential conflict of interest relevant to this article was reported.

Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

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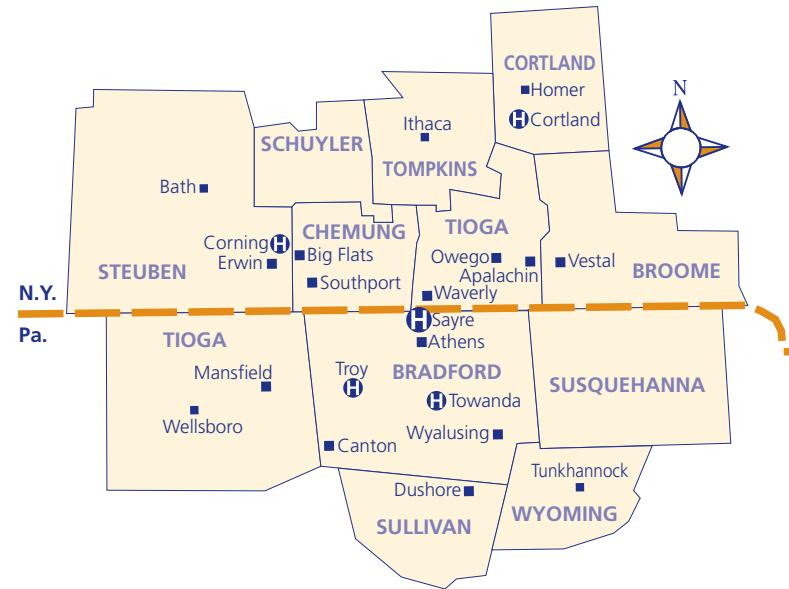
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Since 1910, Guthrie has remained devoted to its founding principle that every patient deserves a team focused on one thing, the patient. It's the way we've practiced medicine since Dr. Donald Guthrie arrived in Sayre more than 100 years ago.

Guthrie is searching for people who share this commitment to the patient. Physicians, advanced practice providers, nurses, administrators, employees – we are all responsible for ensuring our patients receive the best care and the best experience.



About Guthrie

Guthrie is a non-profit, physician-led, integrated health care system that includes primary and specialty care, home health and health care services, pharmacy and durable medical equipment services. Our robust Graduate Medical Education program and Research Institute offer providers additional opportunities to develop their skills.

We care for patients in 12 counties from northern Pennsylvania to central New York, with primary care or walk-in service at 30 locations.

As a member of the Mayo Clinic Care Network, Guthrie specialists have access to the expertise of Mayo Clinic specialists through eConsults and other online resources.

Guthrie at a Glance

- 5 hospitals
- 45 regional offices
- 295+ physicians
- 175+ advanced care providers
- 1 million clinic visits per year
- 9 stars for robust implementation and application of Epic, placing Guthrie in the top 10 percent of Epic customers
- 12-county market share leader in services including cardiovascular, general surgery, and orthopaedics



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Classified Advertising Section

Sequence of Classifications

Table with 4 columns listing medical specialties such as Addiction Medicine, Allergy & Clinical Immunology, Ambulatory Medicine, etc.

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How to Advertise

All orders, cancellations, and changes must be received in writing. E-mail your advertisement to us at ads@nejmcareercenter.org.

offered, we will determine the most appropriate classification. Cancellations must be made 20 days prior to publication date.

Contact Information

Classified Advertising
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860 Winter Street, Waltham, MA 02451-1412

How to Calculate the Cost of Your Ad

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
December 10, 2007 = 3 words

As a further example, here is a typical ad and how the pricing for each insertion is calculated:

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This advertisement is 58 words. At \$9.50 per word, it equals \$551.00. Because a reply box was requested, there is an additional charge of \$75.00 for each insertion.

\$626.00 for each insertion of the ad. This ad would be placed under the Chiefs/Directors/Department Heads classification.

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When a reply box number is indicated in an ad, responses should be sent to the indicated box number at the address under "Contact Information."

Classified Ads Online

Advertisers may choose to have their classified line and display advertisements placed on NEJM CareerCenter for a fee. The web fee for line ads is \$110.00 per issue per advertisement and \$180.00 per issue per advertisement for display ads.

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All advertisements for employment must be non-discriminatory and comply with all applicable laws and regulations. Ads that discriminate against applicants based on sex, age, race, religion, marital status or physical handicap will not be accepted.

NEJM is unable to forward product and service solicitations directed to our advertisers through our reply box service.

Classified Ad Deadlines

Issue	Closing Date
October 10	September 20
October 17	September 27
October 24	October 4
October 31	October 10

Cardiology

INTERVENTIONAL CARDIOLOGIST — The Division of Cardiology at the New York Presbyterian-Cornell University Medical Center is seeking a talented BC/BE Interventional Cardiologist with expertise in complex angioplasty. Please send CV to: JAP2024@med.cornell.edu. Weill Cornell Medicine is an employer and educator recognized for valuing AA/EOE/M/F/Protected Veterans and Individuals with Disabilities.

SEEKING INVASIVE CARDIOLOGIST — For busy Chicagoland practice affiliated with UOC hospital for July 2020. H1-B and J-1 applicants can apply. Competitive salary and path to partnership. Reply to: cdc1.cardiology@gmail.com

Critical Care Medicine

INTENSIVISTS — Yale New Haven Hospital seeks night-time Critical Care Intensivists. Physician provides and supervises comprehensive care to medical intensive care unit patients in collaboration with the medical house staff, Director of the MICU, and Attending Internists. Intensivist works a flexible schedule of nights, assisting the medical house staff in assessment of patients, development of plans of care, and the performance of invasive procedures. Applicants must be BE/BC in Internal Medicine and Critical Care Medicine with demonstrated excellence in clinical and teaching skills. Please send your CV to Tim Daszeno, Senior Manager Hospitalist Service, at: timothy.daszeno@ynhh.org

Gastroenterology

DR. SAMUEL CHO, MD, PC — We are looking for an experienced Gastroenterologist. We are located at: Flushing, New York. We have run the practice for over 20 years and we are well established. Korean or Spanish speaker preferred. You need to be board certified, active malpractice, competitive salary. If you're interested, please submit your resume at: Flushingmedicaloffice123@gmail.com; or call us at: 718-316-5502; www.atlanticendoscopy.com

IMMEDIATE OPENING — 100% Outpatient GI practice with adjacent AAAHC-accredited endoscopy center in suburban Washington, DC. Busy turnkey practice for BC/BE gastroenterologist. We perform high-quality consultative work while enjoying true work/life balance; no ER/hospital call or rounds. Off every weekend and major holidays. Early pathway to partnership. E-mail resume to: drdbd1@gmail.com

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Hematology-Oncology

THRIVING PRACTICE IN NORTHERN NJ — Looking for BC/BE Hematologist/Oncologist. Single office on hospital campus. 30+ year reputation in community with established referral base. Forward CV to: abernstein@regionalcancer.org

PREMIER SOUTHEAST FLORIDA PRIVATE PRACTICE OPPORTUNITY — With top-tier income potential seeks a highly motivated BE/BC Hematologist/Oncologist to join very busy established group. Highly competitive compensation package includes signing bonus and track to full equal partnership. Practice serves as a full center with own infusion facility, research, dispensary, imaging, etc. Opportunity to teach medical students if desired. A 1:6 equal call allows you to enjoy a beautiful coastal location with outdoor activities and A rated schools. Please email resume to: job.inquiry88@gmail.com

Infectious Disease

EXCELLENT OPPORTUNITY TO JOIN ID GROUP — In very attractive area in southern New Jersey/suburban Philadelphia. Fully 100% ID services group of excellent, highly respected clinicians, we perform ID consultations, direct Infection Control, Antibiotic Stewardship, provide antibiotic office infusion therapy, travel, health. Ancillary support from our ID nurse navigator. Every sixth weekend call coverage. Extremely competitive salary with desirable 401K plan, relocation expenses. Position available now or July 2020. Easy access, 15 minutes from Philadelphia and 90 minutes to NYC. Available to meet at ID week Oct 2019. E-mail CV to: awetzel@virtua.org

SEEKING BC/BE INFECTIOUS DISEASES PHYSICIAN — For FT/PT position in busy New York City Infectious Diseases practice located at large teaching hospital. E-mail CV to: JBGRYG@aol.com

Nephrology

LARGE, 100% NEPHROLOGY PRIVATE PRACTICE IN NORTHERN NEW JERSEY — Looking for a Clinical Nephrologist and a Transplant Nephrologist. Weekend calls are 2/7. Competitive salary and partnership track available. Spanish speaking is a plus but not required. Just 25 minutes from New York City, easily access and enjoy the arts and entertainment, fine dining, and endless possibilities the cultural center of the East Coast has to offer. Interested candidates, please e-mail CV to: melmomd@aol.com

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LARGE, GROWTH-ORIENTED NEPHROLOGY PRACTICE IN THE CHICAGOLAND AREA — Is seeking a Nephrologist who enjoys practicing both clinical and vascular interventional nephrology. If candidate is not ASDIN certified, training will be provided. Please submit CVs to: charlotte.chapple@ainmd.com

LOS ANGELES AREA — BC/BE Nephrologist to join busy Nephrology group. Excellent salary and benefits. E-mail CV to: levitanmd@hotmail.com

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HCA RECRUITING PRIMARY CARE, PORTSMOUTH, NEW HAMPSHIRE — Recruiting 1-2 Primary Care Internists to join a practice of four practitioners in Portsmouth, New Hampshire. Looking for physicians who want to make a career of caring for wonderful patients in a seasoned practice. Competitive salary and benefits. Opportunity to participate in a Residency Training Program. Must be able to productively collaborate with APPs. Send CV and reply letter to JoAnn Turner, NH Market Recruitment Liaison: 207-337-0448; Joann.turner@hcahealthcare.com

Pulmonary Disease

LONGSTANDING PULMONARY GROUP IN FREDERICK, MARYLAND — Needs another Pulmonologist. Pulmonary, Sleep, and Critical Care opportunities. Office, hospital, and vent unit. 35 miles from DC and Baltimore. Pleasant community, good schools, nice lifestyle. Respond to Penny D. Reid, MBA at: preid@fredmedpulp.com. Immediate availability.

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Using locum tenens to sail the seas

Living on a sailboat while still practicing medicine didn't seem like a realistic goal, but then Dr. Robin Mangione was introduced to locum tenens. It not only made practicing medicine while sailing a possibility, but it suited it perfectly.

"I was always afraid that medicine was going to keep us from doing this," she says, "but quite the opposite: it has actually been the thing that has made it possible. It's allowed us to travel and do and see things and meet people that I wouldn't have the opportunity to do prior."

The origins of a lifelong dream

Dr. Mangione and her husband began sailing in 1999, and what started as "cool way to spend time together and travel" evolved into a full-blown romance with the sailing life.

"My husband read Maiden Voyage by Tania Aebi who, between the ages of 19 – 21, completed a solo circumnavigation of the globe, and after reading it he fell in love with the idea of sailing. So we bought a sailboat and taught ourselves to sail," she shares.

"Locum tenens has allowed this dream to be a reality," she says.

"It's allowed us to do this while we're young and healthy, since sailing is physically demanding."

Sailing has provided them seemingly endless opportunities for exploration

Because of their mobility, they've been able to see parts of the world that just wouldn't have been possible if they lived permanently in their home in Arkansas. The amount of locum tenens assignments has made seeing the different parts of the country a lot easier, and Dr. Mangione is able to pick and choose where and how long her assignment will be; she also uses this autonomy to decide how long between assignments she'd like to take off.

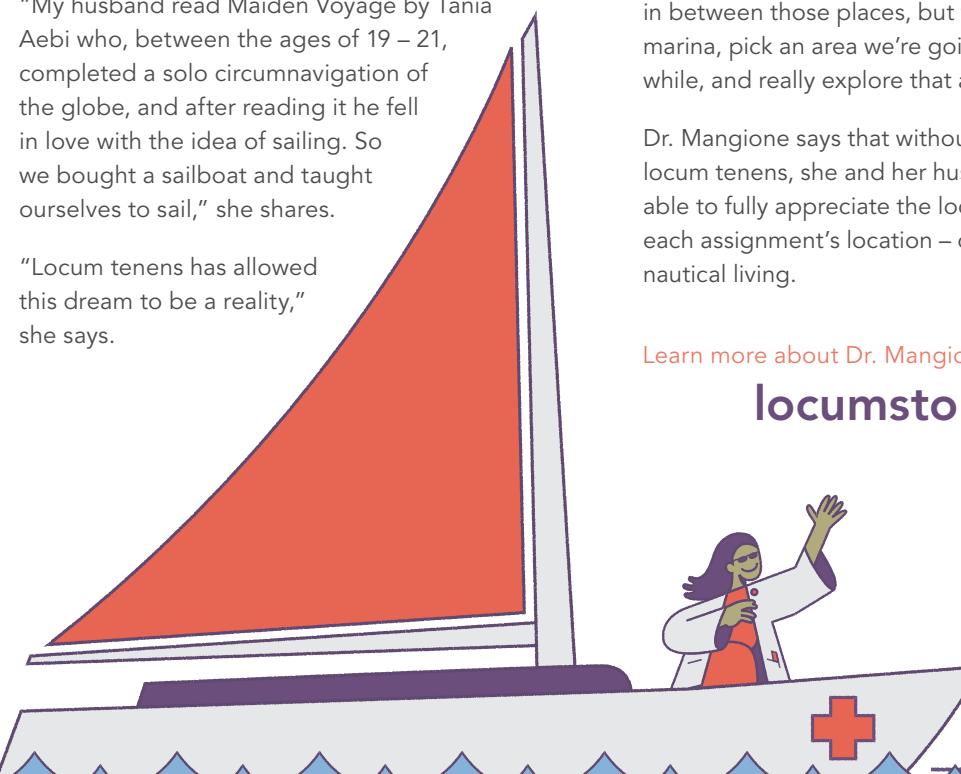
Assignments of three to four months is the perfect amount of time for exploration, but Dr. Mangione says she also likes to choose assignments of a week or weekend, since right now she's decided not to work full time.

"We've stayed in the Keys for three months, we've stayed in Titusville, Florida, for a winter," she says. "I took an assignment near Baltimore, in the Annapolis area for about four or five months, and we were in Maryland so that we could be near DC. So, we travel in between those places, but we'll usually stay in a marina, pick an area we're going to hang out for a while, and really explore that area."

Dr. Mangione says that without the flexibility of locum tenens, she and her husband wouldn't be able to fully appreciate the local area and culture of each assignment's location – or follow their dream of nautical living.

Learn more about Dr. Mangione and locum tenens at

locumstory.com





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For more information please visit www.hartfordhealthcare.org.

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Internal Medicine Division: **Hospital Medicine**
Job Title: **Academic Hospitalist**

The University of New Mexico, Health Sciences Center, Department of Internal Medicine, seeks exceptional faculty members to join a dedicated group of medical educators in the Division of Hospital Medicine. The position is open rank and open track. Salary will be commensurate with experience and education. **Minimum Requirements:** 1.) Must be board certified or board eligible in Internal Medicine by date of hire; 2.) Must be eligible to work in U.S.; and 3.) Minimal teaching experience requirements: candidate must have attended a U.S. Medical school as a third and fourth year medical student OR served at least two years in a residency that provides education to U.S. medical students during their core clerkship in internal medicine OR served on the faculty of a medical school. **Preferred Qualifications:** 1.) Experience/interest in hospital medicine; 2.) Experience/interest in medical education; 3.) Experience/interest in quality improvement activities; and 4.) Preference will be given to current and former New Mexico Residents. Applicants will be required to obtain New Mexico licensure and be eligible for DEA licensure and NM State Board of Pharmacy narcotics license. This position may be subject to a criminal records screening in accordance with New Mexico law.

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- ◊ Faculty appointment within UNM School of Medicine
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- ◊ Early opportunities for protected time within the Division of Hospital Medicine for education, leadership and quality improvement
- ◊ Opportunities for advancement and protected time are also available within the Hospital and School of Medicine, as our hospitalists hold leadership roles in quality improvement, anticoagulation, antimicrobial stewardship, resident and medical student education, medical floor directorship, executive hospital leadership, and research.
- ◊ Competitive salary with extra pay for working on direct care services, backup and extra shifts.

The positions are open until filled.

For complete description and application requirements for Posting Requisition #10049. Please see the UNM jobs application system at: <https://unmjobs.unm.edu>.

Inquires may be directed to: **Dr. Deepti Rao, Associate Professor, Division of Hospital Medicine, Department of Internal Medicine, University of New Mexico, MSC 10 5550, 1 University of New Mexico, Albuquerque, NM 87131; Attn: (Drao@salud.unm.edu)**.

UNM's confidential policy ("Disclosure of Information about Candidates for Employment," UNM Board of Regents' Policy Manual 6.7), which includes information about public disclosure of documents submitted by applicants, is located at <http://policy.unm.edu/regents-policies/section-6/6-7.html>

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Application deadline is October 1, 2019.

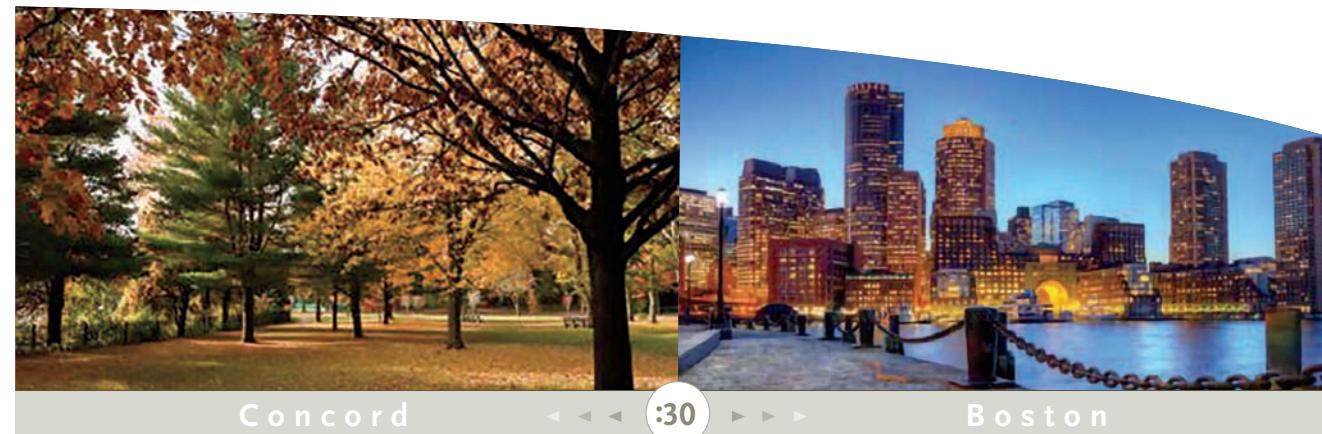
Address questions to
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If you would like more information please contact:

Diane Forte
dforte@emersonhosp.org
phone: 978-287-3002
fax: 978-287-3600

About Concord, MA and Emerson Hospital



Located in Concord, Massachusetts Emerson is a 179-bed community

hospital with satellite facilities in Westford, Groton and Sudbury. The hospital provides advanced medical services to over 300,000 individuals in over 25 towns.

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EVMS
Eastern Virginia Medical School

POS #1012001

Endocrinologist- Norfolk, VA

The Eastern Virginia Medical School is seeking an Endocrinologist for a tenure track appointment as an Assistant or Associate Professor commensurate with experience. The candidate will participate in the clinical and educational activities of the Endocrinology Division, and should have completed a fellowship program and be BC/BE in Internal Medicine and Endocrinology. Opportunities for program development include, inpatient diabetes program including glucometrics, thyroid cancer program and metabolic bone disease. Involvement in clinical research is highly encouraged. The position includes a faculty appointment, teaching opportunities and a competitive salary and benefit package. Previous training or experience with thyroid ultrasound, FNA and/or DEXA scan interpretation is preferred.

The Division of Endocrine & Metabolic Disorders runs the Strelitz Diabetes Center as well as general endocrine clinics. It has an ACGME accredited Endocrinology fellowship program. In addition, it maintains an ADA recognized diabetes program and owns thyroid ultrasound & DEXA scan. It collaborates with Sentara Norfolk General Hospital, our primary teaching hospital and has developed an innovative Cardiovascular Diabetes Program. The Sentara Diabetes Program and Heart Program have both been ranked in the top 35 nationally by the *US News & World report* in 2018.

The Norfolk/ Virginia Beach area is a highly sought-after area for comfortable living and raising a family.

TO APPLY: All applicants must apply through:

http://www.evms.edu/about_evms/administrative_offices/human_resources/jobs

For additional information please contact Ella Bray at (757) - 446-5291 or brayeg@evms.edu

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EVMS
Eastern Virginia Medical School

POS #1019459

Endocrinologist- Norfolk, VA

The Eastern Virginia Medical School (EVMS) is seeking an Endocrinologist with a strong track record as a clinical researcher or physician scientist for a tenure track appointment as an Associate or Assistant Professor. The candidate will participate in the clinical and educational activities of the Endocrinology Division, and should have completed a fellowship program and be BC/BE in Internal Medicine and Endocrinology. In addition, the candidate will be expected to develop a strong clinical, translational or basic research program in the area of diabetes, obesity and metabolism. The Strelitz Diabetes Center at EVMS has a strong clinical research infrastructure, manpower and space and has been in the forefront of diabetes research for decades. Laboratory space will be made available for translational and basic research activity.

The Division of Endocrine & Metabolic Disorders runs the Strelitz Diabetes Center as well as general endocrine clinics. It has an ACGME accredited Endocrinology fellowship program. In addition, it maintains an ADA recognized diabetes program and owns thyroid ultrasound & DEXA scan. It collaborates with Sentara Norfolk General Hospital, our primary teaching hospital and has developed an innovative Cardiovascular Diabetes Program. The Sentara Diabetes Program and Heart Program have both been ranked in the top 35 nationally by the *US News & World report* in 2018.

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COMPREHENSIVE CANCER CARE

Breast and Gynecologic Medical Oncology

Bergen County, New Jersey

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Valley has joined forces with New York's Mount Sinai Health System to bring exceptional and distinctive programs to patients in northern New Jersey. Valley-Mount Sinai Comprehensive Cancer Care, our cancer program, offers unique clinical programs for our patients, as well as extensive educational and research opportunities.

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Valley-Mount Sinai Comprehensive Cancer Care
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COMPREHENSIVE CANCER CARE

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Bergen County, New Jersey

The Valley Health System is seeking a hematologist/medical oncologist for its growing cancer program. The successful candidate will **focus on hematology and hematologic oncology** as part of an integrated, collaborative team of outstanding physicians and nurse practitioners.

Distinguished by its culture of excellence and by its talented medical staff, Valley has a long tradition of outstanding patient-centered care. Valley has joined forces with New York's Mount Sinai Health System to bring exceptional and distinctive programs to patients in northern New Jersey. Valley-Mount Sinai Comprehensive Cancer Care, our cancer program, offers unique clinical programs for our patients, as well as extensive educational and research opportunities. To meet the growing needs of our community, Valley plans to open a new state-of-the-art hospital in 2023, directly across from our beautiful 100,000 sq. ft. cancer center in Paramus, NJ.

We offer a supportive, collegial environment, and a generous income and benefits package. Bergen County is one of the most desirable counties in the United States, with excellent schools, numerous recreational and cultural activities, and proximity to NYC. **Appointment to the faculty of the Icahn School of Medicine** at a level commensurate with experience and potential is anticipated.

This is an extraordinary opportunity for a compassionate, dedicated, and forward-thinking hematologist/oncologist to learn, grow, and excel, as part of a premier community-based practice.

Applicants should submit a letter of interest and a CV to:

Ephraim S. Casper, MD, FACP, Chief Medical Officer
Valley-Mount Sinai Comprehensive Cancer Care
ecasper@valleyhealth.com



Internal Medicine Division: Hospital Medicine

Job Title: Academic Nocturnist

The University of New Mexico, Health Sciences Center, Department of Internal Medicine seeks a full-time Academic Nocturnist to join a dedicated group of medical educators in the Division of Hospital Medicine. The position is open rank and open track. Salary will be commensurate with experience and education. **Minimum Requirements:** 1.) Must be board certified or board eligible in Internal Medicine by date of hire; and 2.) Must be eligible to work in U.S.; **Preferred Qualifications:** 1.) Experience/interest in hospital medicine; 2.) Experience/interest in medical education; 3.) Experience/interest in quality improvement activities; and 4.) Preference will be given to current and former New Mexico Residents. Applicants will be required to obtain New Mexico licensure and be eligible for DEA licensure and NM State Board of Pharmacy narcotics license. This position may be subject to a criminal records screening in accordance with New Mexico law.

Benefits of being a hospitalist at UNMH include:

- ◆ Faculty appointment within UNM School of Medicine
- ◆ Overseeing upper level residents/APP's in their cross-cover and admitting roles
- ◆ Intensivists in house 24/7, limited procedural requirements for hospitalist
- ◆ Option to pursue mixed model day and night roles
- ◆ Opportunity to teach medical students and resident physicians in both pre-clinical and clinical years of training
- ◆ Early opportunities for protected time for education, leadership and quality improvement
- ◆ Competitive salary with extra pay for working on direct care services, and at night

The positions are open until filled.

For complete description and application requirements for **Posting Requisition#10051**. Please see the UNM jobs application system at: <https://unmjobs.unm.edu>.

Inquires may be directed to: **Dr. Deepti Rao, Associate Professor, Division of Hospital Medicine, Department of Internal Medicine, University of New Mexico, MSC 10 5550, 1 University of New Mexico, Albuquerque, NM 87131; Attn: (Drao@salud.unm.edu)**.

UNM's confidential policy ("Disclosure of Information about Candidates for Employment," UNM Board of Regents' Policy Manual 6.7), which includes information about public disclosure of documents submitted by applicants, is located at <http://policy.unm.edu/regents-policies/section-6/6-7.html>

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A Mass General Community Hospital

Anesthesiologists & CRNAs

Wentworth-Douglass Hospital, a subsidiary of Massachusetts General Hospital, is renowned as one of the largest acute care hospitals in the Seacoast region of New Hampshire and Southern Maine. Just 15 miles from the beaches of NH and Maine and an hour north of Boston, Dover is centrally located for many outdoor activities such as biking, hiking and skiing. At Wentworth-Douglass, we believe that our people, values and focus on quality care make the difference for our community.

We are seeking Anesthesiologists & CRNAs to join our dynamic OR team! Offering a sign-on bonus!

We offer a generous benefits package starting on day one which includes:

- Competitive health insurance
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- Reduced membership fees to our beautiful fitness facility
- Paid time off for volunteering
- Adoption assistance
- Generous CME stipend
- 403b and pension plans, and more

Interested candidates are invited to email their CV to Rhonda.Wilson@WDHospital.org.

For more information, visit www.wdhospital.org/wdh/careers



PHYSICIAN (Multiple Positions)

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 **October 31, 2019**, 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.

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The Sydell and Arnold Miller Family Heart and Vascular Institute Cleveland Clinic Health System

Academic Non-Invasive, Invasive Cardiologist

An opportunity to join the #1 heart care program in the country and a top ranked hospital nationwide per U.S. News and World Report 2019-2020 Best Hospital Rankings.

Academic Noninvasive and Invasive Cardiologists

Heart and Vascular Institute at Cleveland Clinic announces its search for BE/BC noninvasive and invasive cardiologists to join our Department of Cardiovascular Medicine in the Section of Clinical Cardiology. Specialized expertise/interest in a cardiac condition/ area is highly desired. This may include specific disease states like sarcoidosis or amyloidosis, or areas of expertise like conduct of clinical trials, cardio-oncology etc.

Cardiologists in the Clinical Section collaborate with our talented team of subspecialists and our outstanding Cardiovascular surgeons to manage and deliver impactful and outstanding care to patients with complex cardiac conditions in both the inpatient and outpatient setting. The position will provide opportunity for clinical and research productivity with a goal of attaining both national and international prominence. The ideal candidate will also be a passionate educator with a desire to contribute and mentor our highly accomplished fellowship trainees. The candidate will be an ambitious, motivated, physician who is committed to contributing to the growth and long terms goals of the department.

General Cardiologists

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 inpatient services at our state of the art facilities in the Greater Cleveland area. The Cleveland Clinic Health System includes 11 hospitals and over 180 outpatient facilities in Northeastern Ohio. The Cleveland Clinic Health System are all tertiary referral and teaching centers in close proximity to Cleveland Clinic Main Campus.

Opportunity to develop a rewarding practice while benefiting from these 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
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- Newly remodeled cardiac catheterization suite with state-of-the-art imaging and ultrasound technology

Interested parties should apply online at:

<https://jobs.clevelandclinic.org/physicians.html>

The same vitality that permeates the Cleveland Clinic extends to life in Greater Cleveland. Cleveland is a vibrant metropolitan area with comfortable and affordable housing, professional sport teams, internationally reputed cultural institutions, and offers top rated public and private schools and universities.



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Hartford HealthCare (HHC) is Connecticut's most comprehensive health care system, offering acute care hospitals including one of the largest academic medical centers in the northeast, the largest behavioral health network in New England, and a leading multi-specialty medical group with more than 600 providers practicing primary care and 33 specialties throughout CT and Rhode Island.

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Interested candidates should email Mary Ann Tanguay, Physician Recruiter at maryann.tanguay@hhchealth.org and visit www.hartfordhealthcare.org.



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- › Top Rated K-12 Charter Schools for Employees Only
- › Endless Recreational Activities

A High Growth Organization

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- › Professional and Leadership Development
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We are currently seeking candidates for: General and Interventional Cardiology, Emergency Medicine, Family Medicine, Gastroenterology, Day Hospitalists and Nocturnists, Internal Medicine and Pulmonary/Critical Care.

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 - Neurology
 - OBGYN
 - Endocrinology

- Annapolis and Surrounding Area:**
- Endocrinology
 - OB/GYN
 - URO/GYN
 - GYN/ONC
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To learn more call
Kim Collins, CMSR
or **Courtney Gould at 443-481-5166**
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CENTER FOR BIOLOGICS EVALUATION & RESEARCH

(PHYSICIAN – ONCOLOGY), GP-0602-14
OFFICE OF TISSUES AND ADVANCED THERAPIES (OTAT)
CENTER FOR BIOLOGICS EVALUATION AND RESEARCH (CBER)
FOOD AND DRUG ADMINISTRATION (FDA)
DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

The FDA's Center for Biologics Evaluation and Research (CBER), is seeking an oncologist, with expertise in either of pediatric, medical, surgical, radiation or gynecological oncology, to serve as a Physician in the Office of Tissues and Advanced Therapies (OTAT). This Office reviews, evaluates and approves most innovative cancer immunotherapeutics with curative potential. Examples include chimeric antigen receptor (CAR) T-cells, dendritic cells, adoptive T-cell therapies, tumor neoantigen-based personalized medicine (vaccine or cell therapy), natural killer cells, oncolytic viruses, therapeutic cancer vaccines, and combinations of these immune-oncologic therapeutics with checkpoint inhibitors and other agents. The oncologist will be responsible for the review of clinical trial protocols and facilitation of clinical development of these products for the treatment of adult and pediatric malignancies. This person will also represent the agency at meetings with academic and industry sponsors of basic and clinical oncology, and at medical conferences.

Qualifications:
Must be a U.S. citizen with a Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O.), or equivalent degree from a school in the United States or Canada. The degree must have been approved by a recognized accrediting body at the time the degree was obtained.

A Doctor of Medicine or equivalent degree from a foreign medical school that provided education and medical knowledge substantially equivalent to accredited schools in the United States may be demonstrated by permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG), or a fifth pathway certificate for Americans who completed pre-medical education in the United States and graduate education in a foreign country. Candidates for Civil Service or U.S. Commissioned Corps must possess a valid license to practice medicine in any state in the U.S. It is highly desired that the prospective candidate has Board Certification or eligibility in either of Pediatric, Medical, Surgical, Radiation or Gynecological Oncology.

Salary:
Salary is equivalent to GP-602-14 plus physician market pay (Title 38). An excellent benefits package is also available. The position may also be filled by appointment in the U.S. Public Health Service, Commissioned Corps.

Location:
Positions are located on the FDA Campus in Silver Spring, Maryland

How to Apply:
Submit electronic resume or curriculum vitae with cover letter to: ke.liu@fda.hhs.gov

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Atrius Health is a well-established, Boston based, physician led, 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 and improve the care delivered in our communities throughout eastern Massachusetts. We are 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:

<p>Leadership</p> <ul style="list-style-type: none"> • Associate Medical Director of Performance Excellence • Associate Chief of Geriatrics/ECF • Chief of Hematology Oncology • Chief of Urgent Care – Plymouth • Medical Director - Primary Care/Chelmsford 	<p>Clinical Staff</p> <ul style="list-style-type: none"> • Adult and Child Psychiatry • Adult & Pediatric Weekend Urgent Care Moonlighting Opportunities • Adult Weekday & Weekend Urgent Care – Braintree • Non Invasive Cardiology • OB/GYN • Outpatient Primary Care - Internal Medicine and Family Medicine
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UNIVERSITY of MARYLAND SCHOOL OF MEDICINE

Academic Endocrinologist (Position 3-309-1011). The Endocrinology, Diabetes and Nutrition Division at the University of Maryland School of Medicine is seeking a clinician educator to expand our outpatient programs in diabetes and general endocrinology for the University of Maryland Center for Diabetes and Endocrinology, as well as to provide endocrinology/diabetes in-patient consultation service. Ideal candidates will possess outstanding clinical skills with a strong commitment to patient care and teaching. Successful applicants will be expected to share in the teaching duties of the Division and to participate in existing clinical/translational science programs. This position requires a medical degree from a recognized accredited domestic university (or foreign equivalent), BE/BC in Endocrinology, and all candidates must be eligible for an unrestricted license in the State of Maryland.

Expected faculty rank is Assistant Professor or higher, however, final rank, tenure status and salary will be dependent on selected candidate's qualifications. We offer competitive salary and benefits. When applying, please submit a current CV, brief description of career plans and goals and four references. Qualified candidates should apply online at the following link:

<https://umb.taleo.net/careersection/jobdetail.ftl?job=1900011S&lang=en>

For additional questions after application, please email: facultypostings@medicine.umaryland.edu

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UNIVERSITY of MARYLAND SCHOOL OF MEDICINE

The University of Maryland School of Medicine and the University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center, located in Baltimore, MD, are currently recruiting two full-time physicians to join their faculty team. The first position is a hematologist with a focus on adult benign hematology or benign and malignant hematology. The second is a hematologist with a focus on adult sickle cell disease to lead the development of an integrated Sickle Cell program.

Benign hematologist or benign and malignant hematologist (Position #3-309-970)
The essential functions of the position include outpatient consultation and longitudinal patient care, inpatient consultation and teaching service, education and mentoring of Hematology/Medical Oncology fellows, residents and medical students in inpatient and outpatient settings, and clinical and/or translational research.

Sickle Cell Disease Hematologist (Position # 3-309-1005)
The essential functions of the position include patient care in the outpatient and inpatient consultation settings, education, research, and administration. In collaboration with existing physician expertise, this physician will be expected to develop:

1. Long-term sickle cell disease programmatic leadership
2. Coordinated care for patients with sickle cell disease
3. Formal plan for patient transition between pediatric and adult practices
4. Integration of emergency medicine into the continuum of care for patients with sickle cell disease

For both positions, therapeutic clinical trials and translational research are supported by the UMCCC Clinical Research Office and by UMCCC Shared Services in our Center for Innovative Biomedical Resources (CIBR). Interaction with basic and translational scientists is strongly encouraged and supported.

Candidates must have an M.D or M.D./Ph.D. degree and fellowship training and experience in hematology and must be board-certified in Internal Medicine and board-eligible in Hematology and eligible for a medical license in Maryland. Applicants must demonstrate excellent qualifications in clinical care, education and research. Expected rank is Assistant Professor or higher, with rank and tenure status dependent on candidate qualifications.

Applications for position 3-309-970 must be submitted using the following link:
<https://umb.taleo.net/careersection/jobdetail.ftl?job=1800015Z&lang=en>

Applications for position 3-309-1005 must be submitted using the following link:
<https://umb.taleo.net/careersection/jobdetail.ftl?job=1900001F&lang=en>

When applying, please submit a CV and names of four references. For additional questions after application, please email facultypostings@medicine.umaryland.edu

The University of Maryland, Baltimore is an Equal Opportunity/Affirmative Action Employer. Minorities, women, individuals with disabilities, and protected veterans are encouraged to apply.

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Hospital Review
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The Division of Rheumatology & Clinical Immunology in the Department of Medicine at the University of Maryland School of Medicine is seeking candidates for a full-time faculty position. This position includes a hospital-based clinical practice, primarily in the outpatient setting, teaching of medical students, residents and postdoctoral fellows, and the development of an active clinical research program. This position is currently open and recruitment will continue until the position is filled.

Candidates must have an M.D. or equivalent degree, be board certified/eligible in both Internal Medicine and Rheumatology, and eligible to obtain an unrestricted license to practice medicine in the State of Maryland. In addition, an advanced degree with training in clinical research: eg., M.Sc. in Clinical Research, M.P.H. or equivalent, is preferred. Expected faculty rank is Assistant Professor or higher, however, rank, tenure status and salary will be dependent upon the selected candidate's qualifications and experience.

We offer competitive salary and benefits. Qualified candidates should apply online at the following link:

<https://umb.taleo.net/careersection/jobdetail.ftl?job=1900001T&lang=en>

When submitting your application please provide a cover letter, current CV, and the names of four references. For questions after application, please email facultypostings@medicine.umaryland.edu

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Northwell Health has many opportunities available!

Northwell Health is NYS largest health care provider and private employer, with 23 hospitals, nearly 700 outpatient facilities and more than 13,600 affiliated physicians. We are located throughout Long Island, Manhattan, Queens, Brooklyn, Staten Island, and Westchester. We care for over two million people annually in the New York metro area and beyond, thanks to philanthropic support from our communities. Our 68,000 employees – 16,000-plus nurses and 4,000 employed doctors, including members of Northwell Health Physician Partners – are working to change health care for the better.

All candidates will receive **competitive salaries**, a comprehensive **benefits package**, and **eligibility for tuition reimbursement**. Physicians will be employed as members of Northwell Physician Partners, the fifth largest medical group in the country. Academic Appointment to The Zucker School of Medicine at Hofstra/Northwell is commensurate with credentials and experience.

For Further details regarding our opportunities, please contact:

**Office of Physician Recruitment
Northwell Health; OPR@northwell.edu**

EOE M/F/D/V



Vascular Medicine Fellowship

Cleveland Clinic is accepting applications for 1-year clinical fellowship **beginning July 2020** Applications accepted thru **Dec. 9, 2019**.

Structured program directed at internal medicine graduates and cardiology fellow graduates with interest in acquiring training and expertise in the non-invasive diagnosis and treatment of peripheral arterial disease, arterial and venous thrombosis, hypercoagulable states, venous insufficiency, varicose veins, lymphatic diseases, and vascular wound care. We have an active noninvasive vascular laboratory with ample opportunities for clinical research.

Fellows are eligible to sit for the American Board of Vascular Medicine and Registered Physician in Vascular Interpretation exams upon graduation.

Submit CV, three letters of recommendation, including one from the Program Director or supervising physician, and personal statement to:

**Dr. Deborah Hornacek
Cleveland Clinic
9500 Euclid Avenue (J3-5)
Cleveland, OH 44195**

or contact **Millie Cuevas, (216) 636-6932**
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 - **Chico, CA** – Primary Care
 - **Yuba City, CA** – Primary Care
 - **Redding, CA** – Primary Care, GI
- Several locations throughout Northern California*

The VA Northern California Health Care System is seeking BC/BE physicians. Benefits: 26 days vacation, 13 days sick leave, 10 Federal Holidays, Competitive Salary, Malpractice coverage, Annual Physician Performance Pay, a variety of health plans (FSA, LTC, Dental, etc), Retirement options.

Northern California has a lot to offer to those seeking good weather and an abundance of outdoor activities whether you prefer, beach, mountains, snow, etc. Whether you're interested in academics, research, or a better work/life balance, you'll find the VA has a lot to offer, including the unmatched satisfaction you'll get from caring for those who have served our country. Must: 1) have U.S. medical license any State, 2) be a U.S. Citizen, 3) be board-prepared in specialty.

**Recruitment & Education
Incentives Available**

Interested candidates may send a current CV or questions to VANCHCS Physician Recruiter:

crystal.keeler@va.gov
(916) 843-9256



The Ralph H. Johnson Veterans Affairs Medical Center (RHJ VAMC), located in Charleston, SC, in partnership with our academic affiliate, the Medical University of South Carolina (MUSC), seeks to recruit a Chief of Gastroenterology / Hepatology. This leader will build on the existing strengths and commitment to service excellence, high quality Veteran care, education, and scholarly endeavors in an environment that underscores a respect for diversity, equity, and inclusion.

Applicants must have an MD or equivalent degree and must be ABIM Board eligible/certified in Gastroenterology/Hepatology. Previous leadership and VA experience is a strong plus. The appropriate candidate will have experience and training supporting requirements for an academic appointment at a mid-career or higher level. If you are interested in this opportunity, please submit your application to the following:

<https://www.usajobs.gov/GetJob/ViewDetails/528719900>



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 to providing high quality care to our multicultural community of underinsured patients.

We are currently recruiting for the following departments and positions

- | | |
|--|--|
| <ul style="list-style-type: none"> ◆ Psychiatry & Psychology Adult & Child/Adolescent Divisions Inpatient & Outpatient Director, Continuing Medical Education Primary Care Integration | <ul style="list-style-type: none"> ◆ Otolaryngology Chief of ENT General ENT ◆ Urologist ◆ Vascular Surgeon ◆ General Surgeon ◆ Physiatrist ◆ General Radiologist ◆ Dentistry Residency Program/Clinical Director General Dentist ◆ Dermatologist ◆ Primary Care Physician Assistant |
| <ul style="list-style-type: none"> ◆ Primary Care Regional Medical Director Internal Medicine Family Medicine Med/Peds Pediatrics Float ◆ Hospitalist/Nocturnist ◆ ICU/Nocturnist ◆ Moonlighter Hospitalists ◆ Optometrist ◆ Medical Retina Specialist | |

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

CHA Provider Recruitment – Tel: 617-665-3555/Fax: 617-665-3553

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— HEMATOLOGY/ONCOLOGY FACULTY POSITIONS —

The Hunter Holmes McGuire Department of Veterans Affairs Medical Center, Richmond, Virginia, and Virginia Commonwealth University are seeking **multiple BE/BC Hematologist/Oncologists** to join the McGuire Cancer Center. The candidate will have a unique opportunity to work at the soon-to-be-built state-of-the-art McGuire Cancer Center (VA) and our partner Massey Cancer Center (VCU) (NCI-CC).

We especially invite applications from candidates with a strong laboratory research background on the **physician-scientist track**. Candidates with a strong publication record and funding will have potential opportunities for leadership roles. For a highly qualified candidate, a comprehensive package including laboratory space, personnel, and supplies will be offered to establish a robust research program. Preference will be given to those with a strong interest in hematological malignancies. For additional information regarding the position, please contact **Dr. Ronald Gartenhaus, Director, McGuire Cancer Center**, email: Ronald.Gartenhaus@va.gov

We also invite application from dynamic clinicians with a keen interest and background in clinical research to apply on the **clinical-investigator track** or **clinician-educator track** based on prior research experience and training. Preference will be given to those with interest in thoracic, prostate, liver, and/or plasma cell malignancies. Duties include patient care, research, and teaching. For additional information regarding the positions, please contact **Dr. Bhaumik B. Patel, Chief, Hematology/Oncology Section**, e-mail: bhaumik.patel@vcuhealth.org or **Dr. Ronald Gartenhaus**, email: Ronald.Gartenhaus@vcuhealth.org

The successful candidate should be eligible to hold a faculty appointment at the Assistant/Associate Professor level at the Virginia Commonwealth University School of Medicine. For consideration in confidence, please forward a CV, letter of interest and the names of three references to **Armita Neal, Human Resources Specialist (0552)**, VA Medical Center, 1201 Broad Rock Blvd., Richmond, VA 23249. Telephone (804) 675-5000, ext. 2234; fax 804-675-5308; e-mail: armita.neal@va.gov. Please also look at our announcement on the USA Job website at: <https://www.usajobs.gov/GetJob/ViewDetails/473226000>.

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Western Massachusetts



Physician Opportunities at Baystate Health!

Baystate Health (BH) is 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 to start or advance their career.

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- ▶ Emergency Medicine
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- ▶ Geriatric Medicine/Palliative Care
- ▶ Heart Failure
- ▶ Hospital Medicine - Chief
- ▶ Internal Medicine - Ambulatory
- ▶ Neuromuscular
- ▶ Neurosurgery
- ▶ Non-Invasive Cardiology
- ▶ Pediatric Critical Care
- ▶ Pediatric Gastroenterology
- ▶ PM&R
- ▶ Plastic Surgery
- ▶ Primary Care
- ▶ Psychiatry

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

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Montefiore Health System's network of primary care practices, known as Montefiore Medical Group (MMG) is actively seeking a Medical Director for our outpatient primary care site in New Rochelle, NY.

As the academic medical center and University Hospital for Albert Einstein College of Medicine, Montefiore Health System is nationally recognized for providing clinical excellence. Our mission; to heal, to teach, to discover and to advance the health of the communities we serve is what Montefiore Health System and all affiliates practice every day.

General Description: Under general supervision of the Vice President and Regional Medical Directors, the Medical Director develops, implements, and evaluates the medical practice delivery model in accordance with the goals of Montefiore Medical Group (MMG). The Medical Director shares in the administrative functions that directly impact medical services and collaborates with the management team in overall planning. The Medical Director assures delivery of quality services to all patients.

RESPONSIBILITIES:

- ◆ Provides medical direction and administration in developing clinical practice guidelines
- ◆ Supervise physicians, mid-levels, and residents; performing quality assurance activities and performance feedback
- ◆ Direct and manage the activities of the site in alignment with MMG's strategic plan and performance objectives
- ◆ Collaborate with Residency Director and Site Administrator
- ◆ Assure adherence to clinical quality, patient safety, and practice improvement issues
- ◆ Plan, monitor, and manage budget in collaboration with the Senior Leadership team
- ◆ Coordinate primary care expectations and deliverables
- ◆ Oversee medical staff compliance with the MMG by-laws rules and regulations
- ◆ Direct the interviewing and selection of new providers and staff
- ◆ Investigate and respond to patient complaints in collaboration with the site administrator
- ◆ Actively contribute toward the creation of a positive work environment

QUALIFICATIONS:

- ▶ NYS Medical License
- ▶ Board Certification
- ▶ Minimum of two years of leadership experience or proven ability to grow into leadership role

Interested candidates should submit CV to:

Amanda Gilbert, 914-326-1329, agilbert@montefiore.org

Montefiore is an equal employment opportunity employer. Montefiore will recruit, hire, train, transfer, promote, layoff, and discharge associates in all job classifications without regard to their race, color, religion, creed, national origin, alienage or citizenship status, age, gender, actual or presumed disability, history of disability, sexual orientation, gender identity, gender expression, genetic predisposition or carrier status, pregnancy, military status, marital status, or partnership status, or any other characteristic protected by law.



Chief Scientific Officer The US Oncology Network, McKesson Corporation

The US Oncology Network is looking for a nationally recognized oncologist with a track record of excellence in clinical research and drug development to serve as Chief Scientific Officer. This role supports The US Oncology Network, US Oncology Research (USOR) and McKesson as we continue to enhance our clinical research program across a national network of oncology practices. This leader will be charged with continuing our journey to build an internationally recognized research program and a stronger culture of research within a group of 2,000 cancer care clinicians. The successful candidate for this position will have the opportunity to impact the direction of cancer care on a national scale.

The Chief Scientific Officer will lead US Oncology Research (USOR) organization within US Oncology. Through the program, more than 77,000 patients have enrolled in clinical trials, including approximately 3,000 - 6,000 patients enrolled in roughly 300 open clinical trials annually. USOR has participated in one-third of all the pivotal trials underpinning FDA approval of oncology drugs over the last decade. The centralized USOR team located in The Woodlands, Texas, manages contracts, regulatory issues and program management while coordinating with two USOR dedicated independent institutional review boards. Physician investigators conduct research at more than 150 sites in The Network, supported by several hundred research nurses, clinical research associates and data managers. The program reviews 400 trial concepts vetted by our clinical research program leaders in Early Development, Developmental Therapeutics and Breast, Thoracic, Gastrointestinal, Genitourinary, Gynecologic, and Hematology

The Chief Scientific Officer (CSO) will be the senior-most clinician scientist on The US Oncology Network leadership team and will have a broad set of responsibilities including participating on The Network and McKesson leadership teams and collaborating with physicians within The Network, and manufacturers, laboratory companies and device companies. Finally, a qualified candidate for this role will be forward-thinking and strategic in evaluating emerging technologies - including consumer-facing technologies, digital platforms and artificial intelligence strategies - that might accelerate the conduct of research within The US Oncology Network.

Interested applicants such forward a cover letter and their CV to:

sandra.warren@mckesson.com



General Neurologist

Cleveland Clinic's Neurological Institute is recruiting full-time Neurologists for the Center of General Neurology. The successful candidate will have skills and expertise in all aspects of General Neurology.

The Center for General Neurology at the Cleveland Clinic specializes in the diagnosis, treatment, and research of neurological disorders. The Department deservedly enjoys a national reputation for excellence in clinical care and patient outcomes. Primary responsibilities will include an active clinical practice as well as inpatient call coverage.

We invite highly qualified candidates who are committed to excellence in patient care, possess strong clinical skills and have an interest in clinical investigation and education. Candidates with neurological sub-specialty interests will also be considered.

This dynamic position commands a competitive salary enhanced by an attractive benefits package including medical malpractice coverage and a collegial work environment. A faculty appointment at a rank commensurate with experience is available at the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University.

Interested candidates should forward a current CV and cover letter to:

**Nathan Elting, Physician Recruiter
Office of Professional Staff Affairs
eltingn@ccf.org**

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Saint Mary's Hospital
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Mount Sinai Rehabilitation Hospital



Shandong First Medical University (Shandong Academy of Medical Sciences)

Shandong First Medical University (Shandong Academy of Medical Sciences) is headquartered in Jinan, Shandong, a national historical and cultural city renowned for its springs. The University has campuses in Jinan, Tai'an and Zhangqiu, research institutes in Jinan, Qingdao and Jining, as well as 9 affiliated 3A tertiary hospitals. In total, the campuses encompass an area of more than 4,000,000 m², with 1,120,300-m² facilities.

Overview

After approval by the Ministry of Education of China in November 2018, Taishan Medical University, Shandong Academy of Medical Sciences and other resources were merged to form a new medical university, Shandong First Medical University (SDFMU). The merger will deepen the implementation of the "Healthy China" strategy, optimize the higher education structure, achieve an organic growth model, and accelerate the transformation from the old to the new economic model and the modernization in Shandong. SDFMU, together with the Shandong Academy of Medical Sciences, was officially established in February 2019.

Formerly known as the Loude Branch of Shandong Medical College established in 1974, Taishan Medical University was officially launched as a provincial undergraduate medical college in 1981. Established in 1958, Shandong Academy of Medical Sciences is a comprehensive medical research institution, with a broad mission in research, health care, disease prevention and control, education, and R&D support and management.

Goal

SDFMU strives to become a top medical university in China, the largest medical university in Shandong, and an internationally renowned medical research center in about 5 years. In about 10 years, SDFMU aims to be one of the top 10 national medical universities, with some world-class specialties. By then, it will be an exemplar of an integrated research and education system, industry-academia research, and organizational innovation.

Faculty

SDFMU has 5,566 faculty and staff, including 1,831 senior-level faculty members and researchers. Among them, there are 3 academicians of Chinese Academy of Engineering. Other prominent faculty members include national Ten Thousand Talents Program experts, the Distinguished Young Scholars of the National Science Fund, experts with the State Council Special Allowance, the Taishan Scholars Climbing Program, and junior experts with outstanding contributions at the province and ministry level.



Campuses

- With a global vision and international standards, the main campus in Jinan focuses on advanced programs. The elites education model aims to qualify for the national 5+3 and 9-year medical degree programs. It will collaborate with prestigious foreign universities for joint programs.
- The Tai'an campus specializes in high-quality vocational training programs, focusing on the specialties with a national shortage, the needs of primary healthcare, and the development of medical technology and well-being management.

Education

SDFMU is one of the first universities that can issue a master degree approved by the Academic Degrees Committee of the State Council, and one of the first universities in the national pilot training program for outstanding doctors. With a focus on medicine, the university also teaches courses or carries out research in liberal arts, law, science, engineering, management, and education, among others. For its 22,300 students, SDFMU offers 44 undergraduate programs, 64 master's programs in 5 subject areas, and 1 joint doctoral program. Clinical medicine, pharmacology and toxicology, and biology and biochemistry are ranked top 1% by Essential Science Indicators (ESI).

Research

Since the turn of the century, SDFMU has won 7 second prizes in the National Science and Technology Progress Award, 2 Science and Technology Progress Awards from the Ho Leung Ho Lee Foundation, and 4 top prizes and 27 first prizes in the Shandong Science and Technology Awards. SDFMU is in the leading position nationally and at the forefront internationally in the following research fields: corneal diseases, tumor radiotherapy, endocrine and metabolic diseases, and leprosy & other skin diseases. The University has established advanced high-quality research platforms, including State Key Laboratory Breeding Base, National Health Commission Key Laboratory, Chinese Traditional Medicine Research Laboratory of State Administration of Traditional Chinese Medicine, and Shandong Provincial Key Laboratory.

Clinical Medicine

The affiliated hospitals of SDFMU have been providing high-quality health care to its patients. The hospitals include nine 3A tertiary hospitals (4 general hospitals and 5 specialized hospitals), 16 national key specialties, 6 national clinical trial institutions and 6 Shandong Clinical Research Centers. One of the hospitals is ranked 16th for its overall strength in eastern China in the Fudan University China Hospital Rankings. Two specialized hospitals are among the national top 10 hospitals in the Good Reputation category of the same ranking, with a third hospital nominated. The Shandong Proton Tumor Therapy Center is being developed.

Disease Control and Prevention

Shandong was the first province in the country to largely eliminate major infectious diseases, such as kala-azar, filariasis, malaria, and leprosy, that had seriously endangered the health of its people. The success was a record in the disease control history in China, and was recognized by the World Health Organization as "China's successful experience" and "creative achievements". Shandong Academy of Medical Sciences played a leading role in this achievement. At present, it guides the province to carry out the control and prevention of occupational diseases, skin diseases, parasitic diseases, radiation, blindness, and rare diseases. It also leads the efforts in the early diagnosis and treatment of cancer.

International Collaboration

SDFMU has established collaborations with universities and medical institutions in more than 30 countries and regions, including UK, US, Australia, Russia, Japan, Korea, Israel, Taiwan, Hong Kong and Macao. In the last 5 years, SDFMU has joined over one hundred international programs, such as China-UK Global Health Support Project of the Ministry of Commerce, and key projects of the Strategic International S&T Innovation and Cooperation Program, part of the National Key Research and Development Program of the Ministry of Science and Technology. Six foreign experts of SDFMU won the Qilu Friendship Award. As one of the first universities issuing Shandong provincial government scholarships to foreign students, it has enrolled students from more than 20 countries and regions in its undergraduate and master's programs since 2004.

Inviting Global Talents to Join Us

Shandong First Medical University (Shandong Academy of Medical Sciences) is building up a talented faculty team to achieve research and education excellence. We sincerely invite outstanding domestic and international talents to join us. We provide ample resources to support your research and teaching, and offer attractive compensation packages.

To apply, please send your resume to rszp@sdfmu.edu.cn. For inquiries, please call +86-531-82919821 or +86-538-6229961. For more information, please visit www.sdfmu.edu.cn.





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